2022

Community Health Needs Assessment

Greater Pasadena

Huntington Health | An Affiliate of Cedars Sinai

PASADENA PUBLIC HEALTH DEPARTMENT

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EXECUTIVE SUMMARY

Huntington Hospital and the City of Pasadena Public Health Department are pleased to present the 2022 Community Health Needs Assessment of Greater Pasadena. The third health assessment conducted with this partnership. The goal of this collaboration is 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 2022 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, nonprofit organizations, and community constituents to support their planning and improvement efforts.

DATA COLLECTION

Quantitative data collection was done using publicly available data sources and primary analysis using Pasadena Public Health Department (PPHD) data. For each indicator in the social determinants of health and health topics, an Indicator Summary Table is provided. For each metric in the summary table, the local values are compared to other jurisdictions to evaluate how we were doing. Additionally, Huntington Hospital and the PPHD partnered with other San Gabriel Valley hospitals to collect relevant qualitative data for the 2022 CHNA. For the qualitative data collection, twenty (20) telephone interviews were completed during January and February 2022. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the Greater Pasadena Area and in SPA 3 of the San Gabriel Valley who spoke to issues and needs in the community.

SIGNIFICANT COMMUNITY NEEDS

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

- Access to care
- Chronic diseases
- COVID-19
- Dental health
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Substance use and misuse

PRIORITIZATION OF HEALTH NEEDS

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Mental health, COVID-19, housing and homelessness, access to care and substance use were ranked as the top five priority needs in the service area.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHNA report was adopted by the Huntington Hospital Board of Directors on June 23, 2022. This report is widely available on the websites for Huntington Hospital and the Pasadena Public Health Department here: https://www.huntingtonhospital.org/community/community-benefit/
https://www.cityofpasadena.net/public-health/data/

Written feedback for this CHNA can be sent to: ruth.pichaj@huntingtonhospital.com

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 2022 Community Health Needs Assessment of Greater Pasadena will be the foundation upon which we will develop meaningful community health improvement efforts.

The City of Pasadena Public Health Department has developed with significant community guidance and input, the 2018-2022 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 planning as we move toward our 2023 CHIP.

I. INTRODUCTION

Huntington Hospital and the Pasadena Public Health Department are pleased to present their third 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 to provide insight into the health status and needs of the residents of the Greater Pasadena area.

PURPOSE OF A CHNA

A 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 the CHNA spans 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, nonprofit 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:

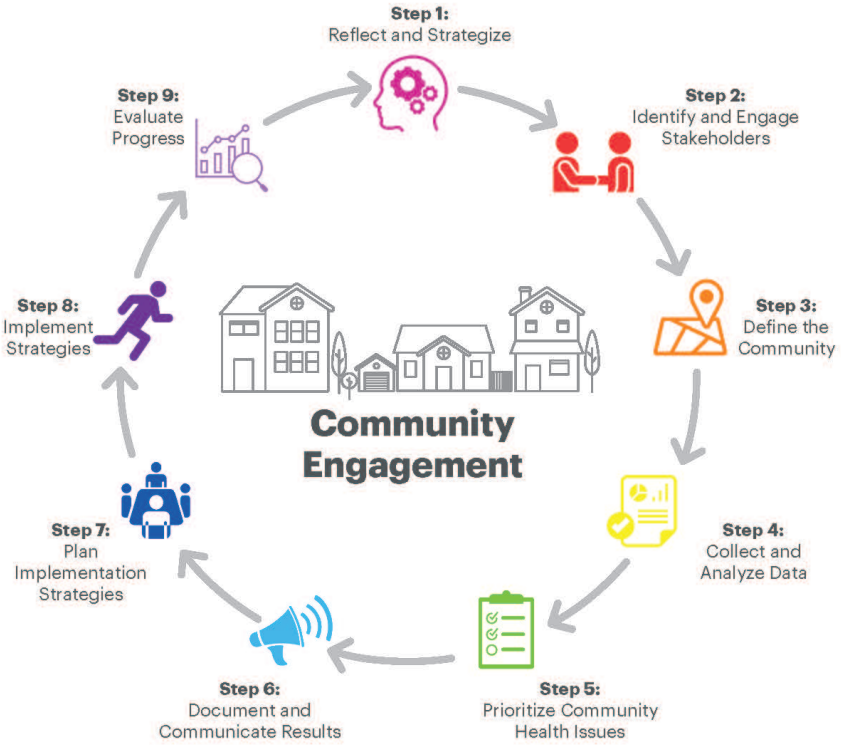
- The overall health of the population
- Contributing factors to poorer health outcomes
- Key health disparities across diverse populations
- Community resources available to improve health

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. While many factors can contribute to the overall health of a community, there are too many to explore in one document. As a result, 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.

ABOUT THE CHNA PROCESS

The 2022 CHNA of Greater Pasadena was developed utilizing a framework adapted from the Association for Community Health Improvement (Figure 1)[1]. There are nine steps to develop a CHNA and its companion community health improvement plan (CHIP) for health departments, and a related document called the Implementation Strategy for hospitals. Our team followed the first five steps to create the CHNA. The final steps were used to develop the CHIP/Implement Strategy.

Figure 1. Association for Community Health Improvement CHNA Process Map



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.

REPORT OF PROGRESS

The most recent CHNA for Greater Pasadena was last conducted in 2019 by the Pasadena Public Health Department and Huntington Hospital. At that time, significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to health care services, older adults and aging, child and adolescent health, and heart disease and stroke through a commitment of community benefit programs and resources. The impact of the actions that Huntington Hospital used to address these significant needs can be found in Appendix A.

PUBLIC COMMENT

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at:
https://www.huntingtonhospital.org/community/community-benefit/.
To date, no comments have been received by Huntington Hospital.

ABOUT THE REGION OF FOCUS

For this CHNA, the region of focus is the Greater Pasadena area, which is 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 Greater Pasadena area. Some data represent the City of Pasadena (Figure 2). Some data represent the population of Los Angeles County Service Planning Area (SPA) 3, an area that includes the entire San Gabriel Valley (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).

Table 1. Greater Pasadena Service Area

City	ZIP Code
Altadena	91001
Pasadena	91101, 91103, 91104, 91105, 91106, 91107
San Marino	91108
South Pasadena	91030

Figure 2. Map of Greater Pasadena Service Area and the City of Pasadena

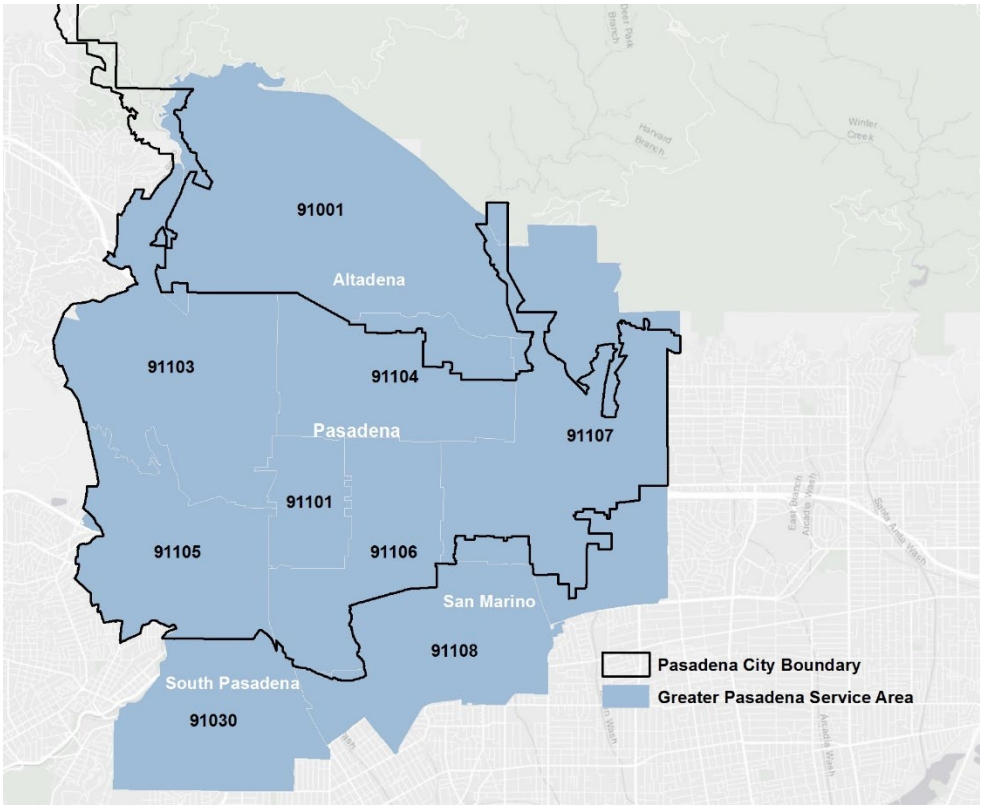


Figure 3. Los Angeles County SPA 3 – San Gabriel Valley

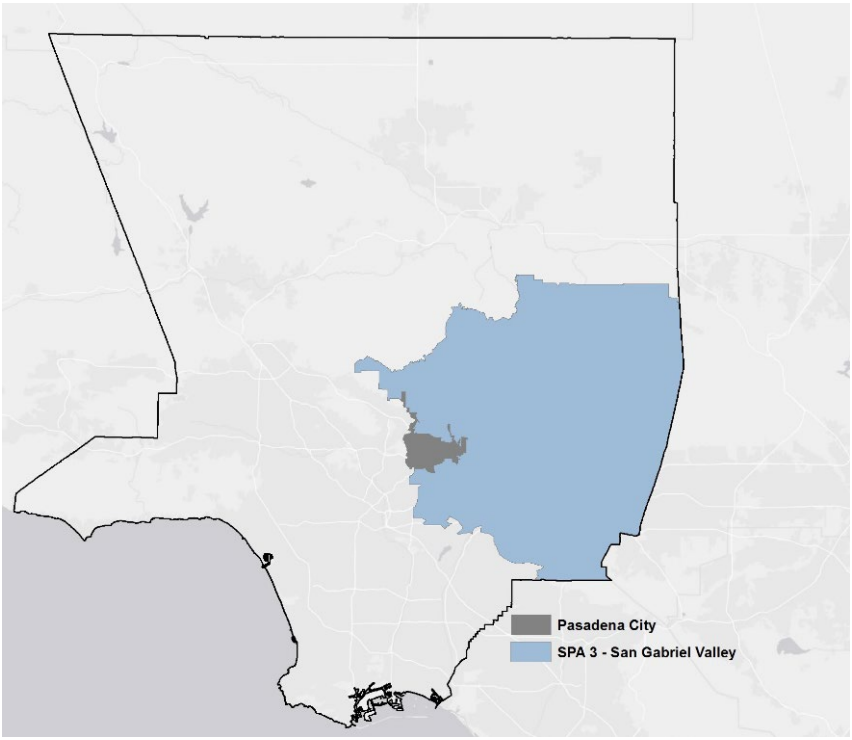
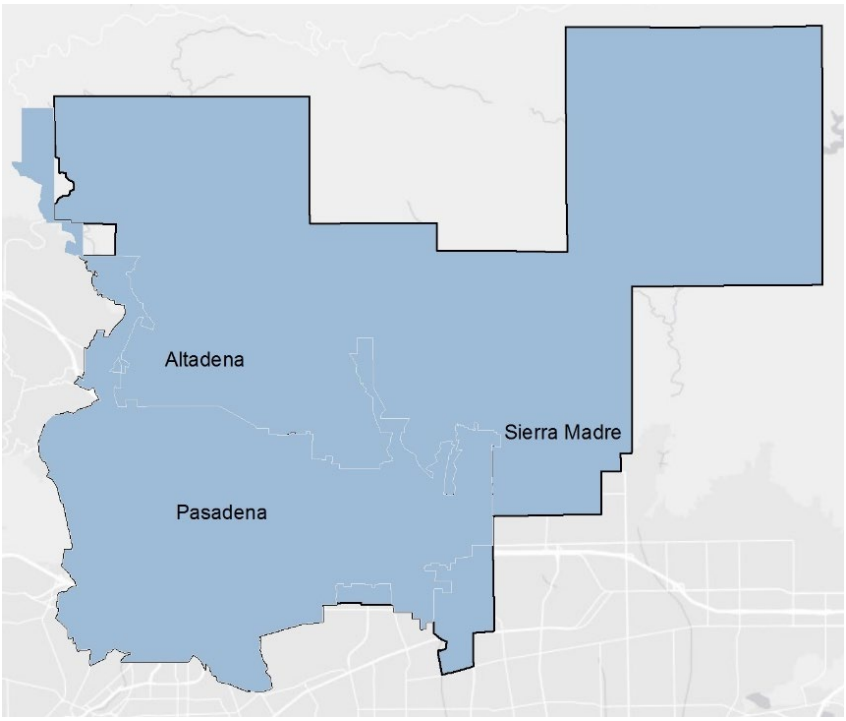


Figure 4. Pasadena Unified School District (PUSD) Service Area



II. DATA OVERVIEW

ABOUT THE DATA

Quantitative and qualitative data were collected and analyzed for the CHNA. Quantitative data refer to information that can be expressed in numerical terms, counted, measured or compared on a scale. Qualitative data refer to information collected from community stakeholders and provides rich, in-depth descriptive information about the topics of interest. Table 2 outlines the data topics included in the CHNA.

Table 2: Data indicator topics included in the 2022 CHNA

Data Indicator Topics	
Demographics **Social Determinants of Health** Income, Housing and Homelessness Education and Academic Achievement Social Environment and Public Safety Transportation and Physical Environment	**Health Topics** Access to Care Maternal, Infant and Child Health Exercise, Nutrition and Weight Diabetes Heart Disease and Stroke Cancer Immunizations and Infectious Disease COVID-19 Respiratory Diseases Older Adults and Aging Mental Health Substance Use Life Expectancy and Mortality

Quantitative Data

The quantitative data collected and analyzed for this assessment come from a variety of sources. They include public sources like the United States Census Bureau, the California Health Interview Survey, the Office of Statewide Health Planning and Development, and the California Department of Education, as well as data maintained by the City of Pasadena. For each indicator in the social determinants of health and health topics, an Indicator Summary Table is provided. 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.

We compared our data indicator values to the available Healthy People 2030 (HP2030) objectives. HP2030 objectives 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 HP2030 objective, we evaluated whether the metric showed an increasing or decreasing health trend. See Table 3 for the data 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 at https://www.cityofpasadena.net/public-health/data/.

Table 3: Scoring Interpretation for Indicator Summary Tables

Trend	Interpretation
↑↓↗	Local values are performing **worse** (higher ↑ /lower ↓ depending on the indicator) when compared to county, state or national values or the indicator has increased significantly over time ↗.
↔↗↘	Local values are 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 ↓ depending on the indicator) 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

Twenty (20) telephone interviews were completed during January to February 2022. Participants included a broad range of stakeholders concerned with the health and wellbeing of residents in the Greater Pasadena Service Area and in SPA 3. A list of the stakeholder interviewees can be found in Appendix B.

The interviews were structured to gather a broader depth and richness of information on health needs. Interview participants were asked from their professional perspective to describe the major health issues, including the social determinants of health contributing to health disparities in our community. Participants were asked to share their perspectives on the issues, challenges and barriers relative to the prioritized health needs (i.e., what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?). Stakeholders also identified resources to address these health needs, such as services, programs and/or community efforts (see Appendix C). Participants were also asked to rate the impact and importance of each health need. Prioritization results are displayed in Appendix D. Feedback from these interviews is paired with the respective quantitative data throughout this report.

Data Considerations

For the 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 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 levels is reported due to limitations in sample size or data availability. For example, data may only be available for the San Gabriel Valley (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 report health indicators among our local students.

III. DEMOGRAPHICS

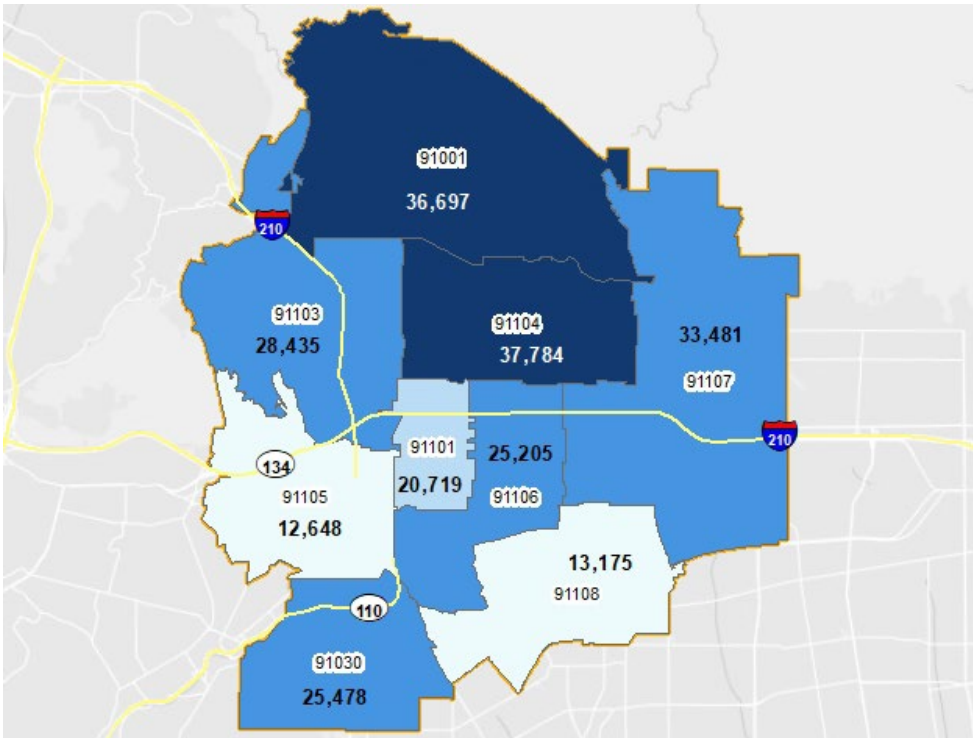
Population Size

The Greater Pasadena area 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. In the 2016 CHNA there were an estimated 236,423 residents in the Greater Pasadena area[2]. According to the 2020 American Community Survey, the Greater Pasadena area had a 1.4% decrease in population over the past five years from 236,423 to an estimated 233,225 residents[3,4]. Proportionally the population in Greater Pasadena area has remained approximately 2.3% of the LAC population[3,4].

233,225 people live in Greater Pasadena.

The Greater Pasadena area is **2.3%** of the Los Angeles County.

Figure 5: Greater Pasadena Population by ZIP Code, 2020[4]



Population by Gender

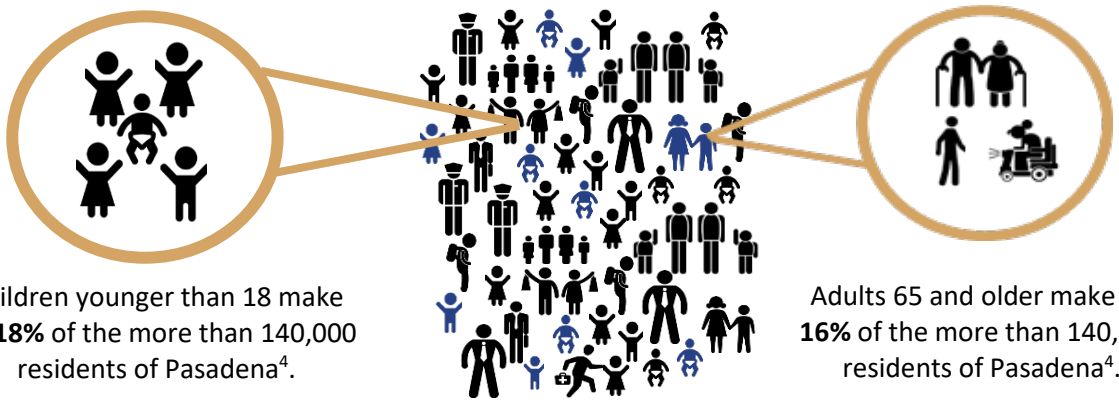
In Greater Pasadena, 48.5% of the population are male and 51.5% are female[4].

Population by Age

The population of the Greater Pasadena area is, on average, older than that of Los Angeles County. In the Greater Pasadena area, the proportion of residents, ages 65 and older, is higher in Greater Pasadena (16.9%) than in Los Angeles County (13.6%)[4]. The population ages 18 and younger in the Greater Pasadena area (19.1%) is lower than in Los Angeles County (21.7%)[4]. Since 2010, there has been a 4.3% and 10.9% decrease in the number of children younger than 6 years old and younger than 18 years old in Pasadena, respectively[4,5]. The median average age is higher in the Greater Pasadena area (40.5 years) compared to Los Angeles County (36.7 years)[4].

25,160 children younger 18 years old live in Pasadena[4].

23,315 adults, ages 65 years and older, lived in Pasadena in 2020[4].



Children younger than 18 make up **18%** of the more than 140,000 residents of Pasadena[4].

There are **11%** fewer children younger than 18 than there were 10 years ago[4].

Adults 65 and older make up **16%** of the more than 140,000 residents of Pasadena[4].

There are **27%** more adults ages 65 and older than there were 10 years ago[4].

Populations Living with a Disability

The U.S. Census defines disability as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play[6]. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. In the city of Pasadena, 9.5% of the population has a disability[4]. For disabled adults, ages 18 to 64, 29.1% live in poverty in Pasadena compared to Los Angeles County and California at 24.4% and 22.9%, respectively[4].

Table 4: Population Living with a Disability[4]

	Pasadena	Los Angeles County	California
Population with disabilities	9.5%	10.1%	10.7%

The table below breakouts specific disabilities by age group in Pasadena, Los Angeles and California. The highest percentage of disability type among Pasadena residents, ages 0-17 and 18-64, was cognitive difficulty at 2.3% and 2.7%, respectively. 23.8% of adults, ages 65 and older, have an ambulatory difficulty, followed by 11.0% who have a hearing difficulty[4].

Table 5: Population Living with a Disability, by Age and Type, 2020[4]

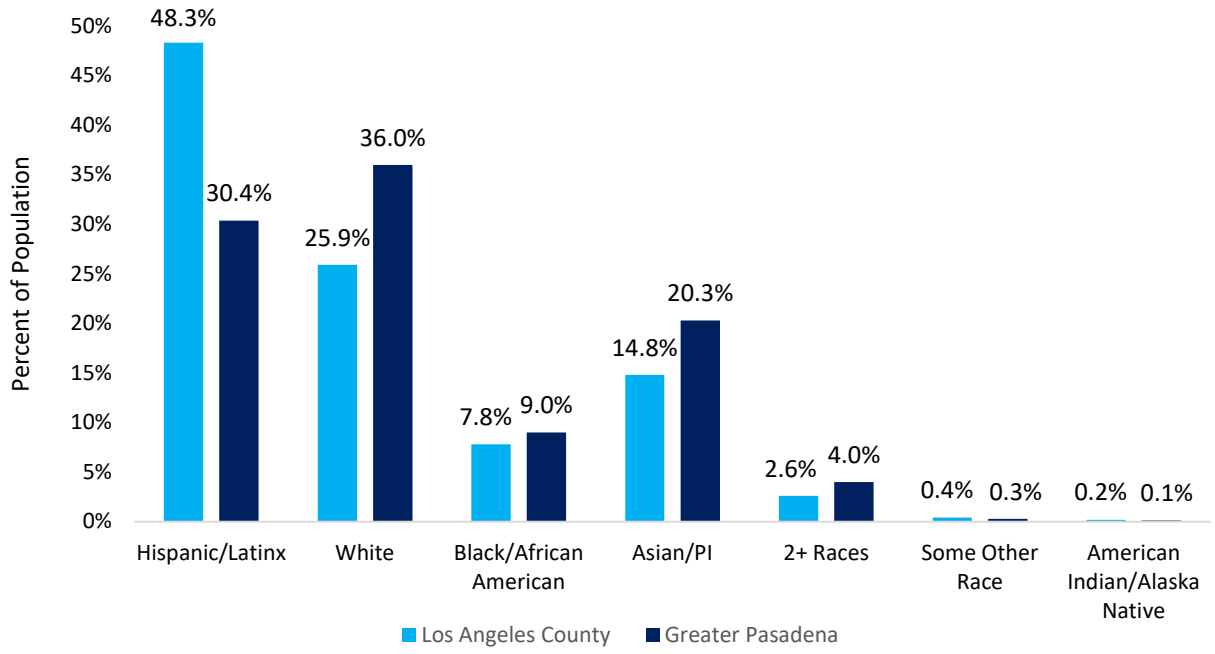
	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty
Pasadena, ages 0-17	0.6%	0.5%	2.3%	0.6%
Pasadena, ages 18-64	0.7%	1.0%	2.7%	2.6%
Pasadena, ages 65 and older	11.0%	4.9%	10.2%	23.8%
Los Angeles County	**2.5%**	**2.0%**	**4.2%**	**5.8%**
California	**3.0%**	**2.0%**	**4.4%**	**5.8%**

Race/Ethnicity

The population of the Greater Pasadena area is less Hispanic/Latinx (30.4%), more White (36.0%), more Black/African American (9.0%), and more Asian/Pacific Islander (PI) (20.3%) than the population of Los Angeles County[4]. Since the 2016 CHNA, the greatest increases have been among people who identify as Asian/PI or 2 or more races[2,4].

Within the Greater Pasadena area, the racial/ethnic backgrounds vary among ZIP Codes. ZIP Code 91103, which includes most of the region known as Northwest Pasadena, has the highest percentage of Hispanic/Latinx residents at 49.8% compared to San Marino ZIP Code 91108 with the lowest percentage of Hispanic/Latinx residents at 7.0%[4]. ZIP Code 91105 has the highest percentage of White (non-Hispanic) residents (54.9%), San Marino ZIP Code 91108 has the highest percentage of Asian/PI residents (64.0%), and Altadena ZIP Code 91001 has the highest percentage of Black/African American residents (22.2%)[4].

Figure 6. Population by Race in Greater Pasadena and Los Angeles County, 2020[4]

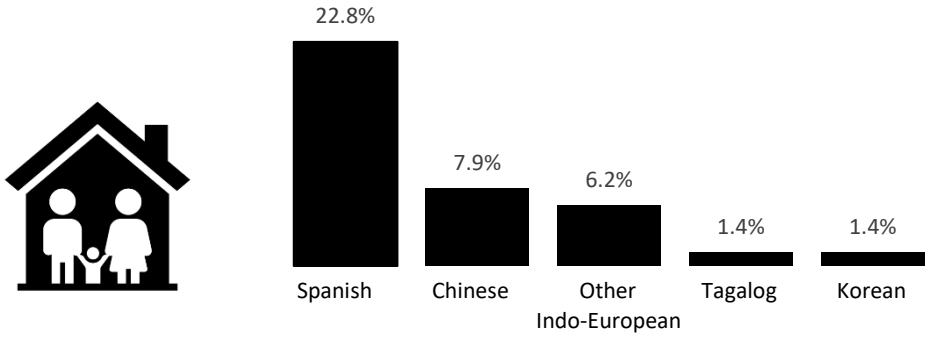


Foreign Born Status and English Language Proficiency

In the Greater Pasadena area, there are fewer foreign-born residents (29.2%) than the population of Los Angeles County (33.7%)[4]. Among the foreign-born residents in the Greater Pasadena area, 57.6% are naturalized U.S. citizens and 42.4% are not U.S. citizens[4]. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

The most common language spoken in the home by Greater Pasadena area residents is English (57.3%). Spanish is the second most common language in the community, though fewer residents (22.8%) speak it compared to Los Angeles County residents (38.7%)[4]. Compared to Los Angeles County, a larger percentage of residents in the Greater Pasadena area (12.8% vs. 10.8%) speak Asian languages (e.g., Mandarin, Cantonese, Korean, Tagalog, etc.) and Indo-European languages (e.g., Armenian, Dutch, French, Russian, etc.) (6.2% vs. 5.4%) at home[4].

Figure 7. Languages Spoken at Home (other than English) in Pasadena, 2020[4]



Linguistic Isolation

Linguistic isolation is defined as the population, ages 5 and older, who speaks English "less than very well." In the service area, 15.5% of the population is linguistically isolated[4].

Table 6. Linguistic Isolation, Population Ages 5 and Older, 2020[4]

	Greater Pasadena	Los Angeles County
Linguistic Isolation	15.5%	23.2%

IV. SOCIAL DETERMINANTS OF HEALTH

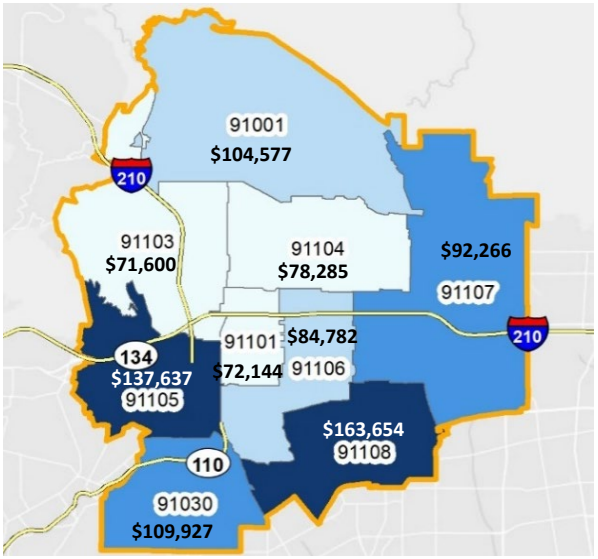
ECONOMY, HOUSING, AND HOMELESSNESS

Income

In the Greater Pasadena area in 2020, the median household income ranged from $85,129 in Pasadena to $164,423 in San Marino[4]. ZIP Codes 91101 and 91103, had the lowest median household income levels in the Greater Pasadena area ($72,144 and $71,600, respectively)[4]. The median household income increased from $76,264 in 2019, representing an almost 12% increase[4,7].

Figure 8. Median Household Income by ZIP Code and Greater Pasadena Jurisdiction, 2020[4]

Jurisdiction	Median Household Income
Altadena	$100,806
Pasadena	$85,129
San Marino	$164,423
South Pasadena	$109,927
Los Angeles County	**$71,358**
California	**$78,672**



While income in Pasadena increased overall in 2020, there were differences by racial/ethnicity. On average, in 2020, Asian and White (non-Hispanic) residents in Pasadena earned an estimated household income of $95,317 and $105,423, respectively, which was more than Black and Latinx residents, who earned an estimated $59,868 and $61,551, respectively[4].

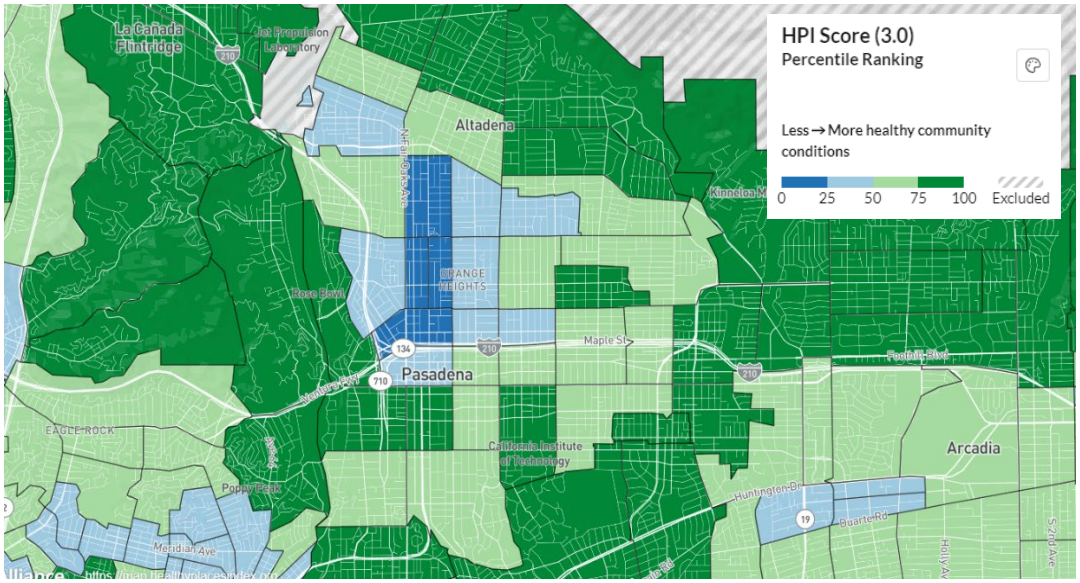
Poverty

The Federal Poverty Level (FPL) is a measurement of the minimum amount of annual income that is needed for individuals and families to pay for essentials, such as housing, childcare, groceries, healthcare, transportation, miscellaneous items, and taxes. The U.S. Department of Health and Human Services updates official poverty levels annually. The FPL is a standard across the United States and does not account for regional costs differences and other additional costs[9]. In 2019, the Federal Poverty Level (FPL) was an annual income of $12,490 for one person and $25,750 for a family of four[10]. Using this threshold, an estimated 14% of the Pasadena families lived below the federal poverty level in 2020, lower than Los Angeles County (14.9%) and California (34.8%), but higher than the estimate in 2017 (8.3%)[4]. In Pasadena, 15.9% of children, ages 0-17, and 15.7% of adults, ages 65 and older, live below the poverty level[4]. Pasadena 91103 had the highest rate of poverty among children (25.9%)[4]. Pasadena 91101 had the highest rates of poverty among adults, ages 65 and older[4]. In the Greater Pasadena area, 27.1% of females as head of household with children were living in poverty[4].

Healthy Places Index

The California Healthy Places Index, developed by the Public Health Alliance of Southern California, is a tool to explore the community conditions that impact life expectancy[11]. The HPI is designed to disrupt structural inequities by using data for change. The HPI combines 25 community characteristics, like access to healthcare, housing, education, and more, into a single indexed HPI score. The healthier a community, the higher the HPI score. The HPI applies a positive frame focusing on assets a community has they can build on, rather than what is lacking. Each HPI indicator is linked to a Policy Action Guide, which highlights equitable solutions to improving community health. Disparities are present within Pasadena area. The Northwest corridor (shaded in dark blue) has a lower HPI score (less healthy community conditions) compared to the rest of the Pasadena area.

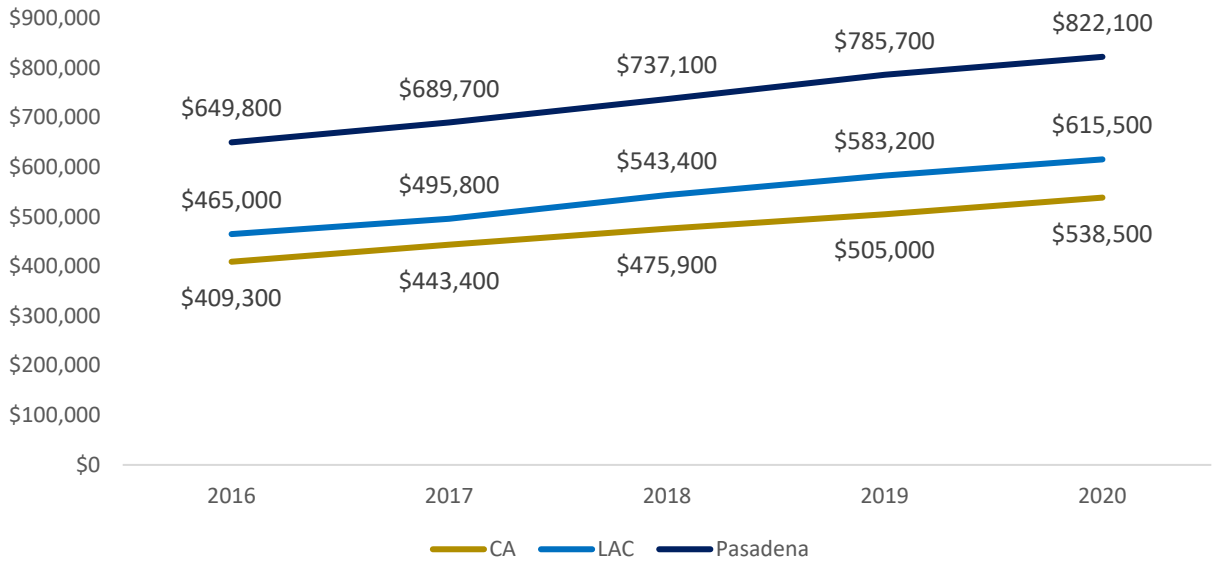
Figure 9. HPI Score (3.0) Community Quartile of Health Rankings by Census Tract, 2022[11]



Homeownership and Overcrowding

In the service area, there were 88,855 households and 97,712 housing units in 2020[4]. The service area population slightly decreased by 0.13% and had a 2.1% gain in housing units during the time period 2016 to 2020[4]. However, in 2020, vacant units increased by 21.6% from 7,281 in 2016 to 8,857[4]. In the Greater Pasadena area, 50.5% of housing units were occupied by homeowners, which was lower than California (55.3%), but higher than Los Angeles County (46.0%)[4]. ZIP Codes 91001 and 91108 had the highest percentages of homes occupied by homeowners (75.9% and 84.8%, respectively), while ZIP Code 91101 had the lowest homeowner rate (16.6%) in 2020[4]. The median cost of a home has increased each year from 2016 to 2020 in California, Los Angeles, and Pasadena. In Pasadena, the median household cost among homeowners increased by around 26% from $649,800 (2016) to $822,100 (2020)[3,4]. Finally, a common measure of overcrowding is the number of occupants per room in a home. Households with more than one occupant per room can be an indicator of crowded housing[12]. Approximately 2.2% of Greater Pasadena households had more than 1.5 occupants per room, which is less than in Los Angeles County (4.7%) and California (3.0%) households[4].

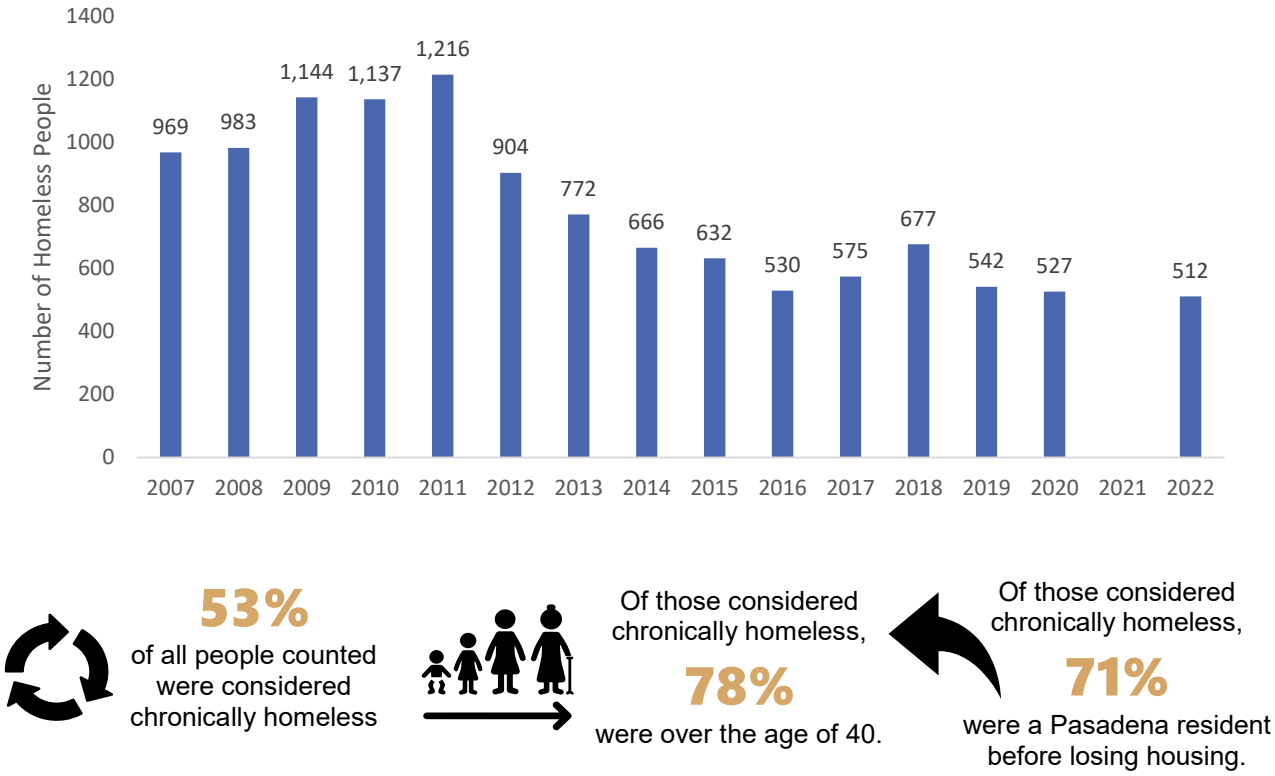
Figure 10. Median Household Cost among Homeowners in California, Los Angeles County, and Pasadena, 2016-2020[4]



Homelessness

As of February 2022, there were 512 people who experienced homelessness in Pasadena, which is fewer than in January 2019 with 677 homeless individuals[13]. Out of the homeless individuals, 66% were unsheltered, a 54% increase from 2020. Among persons experiencing homelessness, 53% were chronically homeless, which has remained steady since 2016[13]. While the rate of people experiencing chronic homelessness for a year or longer (53%) remained stable since 2016, proportionally fewer people counted reported experiencing homelessness for the first time in 2022 (9%) compared to 2020 (19%). According to the Pasadena Homeless Count report, this decrease highlights the success of COVID-related tenant protections and financial assistance programs which has helped people continue living in their homes during the pandemic[13]. People of color are disproportionately affected by homelessness where 33% of people are Black and 44% of people are Latinx. In 2022, additional COVID-19 indicators were measured to further understand how the pandemic impacted people experiencing homelessness. Among the unsheltered residents, 58% indicated receiving a COVID-19 vaccine and 54% reported being fully vaccinated. Among those who were fully vaccinated, 52% received a COVID-19 booster or additional dose. Of those unvaccinated, 22% reported wanting the vaccine. Barriers included ID requirements, not knowing where to go, appointments, and transportation difficulties[13].

Figure 11: Count of Homeless People in Pasadena, 2007-2022[13*]



* Count was not conducted in 2021 due to the COVID-19 pandemic.

Community Input

Income

- Income inequality is a huge problem. People will delay access to care for financial reasons. High costs are causing people to make tradeoffs in terms of what they prioritize they can spend money on.
- In Pasadena, there is still a fairly large separation with income and socioeconomics. There are the 'haves and the have nots'.

Employment

- Employment is still a challenge. If you do not have sick time and must take off work to get care, people will only access care when they need it versus addressing prevention.
- We have many in our community who work multiple jobs.
- If people lost their jobs. as a result of the pandemic, and they have financial troubles, they could have lost their health insurance as well and are not accessing care for those reasons.

Housing

Housing is a foundational issue.

- Having stable housing and food security are huge issues. The high cost of living makes it hard to have stable housing, which leads to good health and the opportunity for employment.
- Finding affordable housing in our area is difficult. There is little available. Even for people who are employed, there is a lack of affordable housing and that puts a lot of economic pressure on people.
- Families are doubling and tripling up in housing.

Economy, Housing and Homelessness				
Indicator	**Pasadena**	**LAC**	**CA**	**Trend**
People 65+ Living Below Poverty Level[4]	15.7%	13.3%	10.3%	↑
Median Gross Rent[4]	1,787	1,534	1,586	↑
Homeownership[4]	42.0%	46.0%	55.3%	↓
Median Household Cost (in dollars)[4]	822,100	615,500	538,500	↑
People Living at or Below 150% of Poverty Level[4]	78.8%	76.3%	79.1%	↔
People Living Below Poverty Level[4]	14.0%	14.2%	12.6%	↔
Median Household Income[4]	$85,129	$71,358	$78,672	↗
Homelessness Count[13,14]	512	54,219*	---	↓
Renters Spending 30% of more of Household Income on Rent[4]	50.7%	57.2%	54.2%	↓
Children Living Below Federal Poverty Level[4]	15.9%	19.5%	16.8%	↓
Households with >1.01 or more occupants per room[4]	5.3%	11.2%	8.2%	↓
Unemployment[4]	5.0%	6.5%	6.2%	↓

* updated 2020

EDUCATION AND ACADEMIC ACHIEVEMENT

Academic Attainment and Preparedness

Overall, the population of Pasadena is highly educated. A majority (55.0%) of adults, ages 25 and older, in the Greater Pasadena area had a Bachelor's degree or higher degree compared to peers in Los Angeles County (33.5%) Still, 9.7% of the Greater Pasadena area adults, ages 25 and older, do not have a high school diploma[4].

High School Graduation Rates

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. Graduation rates ranged from 84.8% in Pasadena Unified to 95.2% in San Marino Unified[15]. In 2016, Pasadena Unified School District (PUSD) graduation rates were similar or slightly higher than Los Angeles County for the first three academic years. However, in 2019-2020 and 2020-2021, PUSD graduation rates fell below those of Los Angeles County[15].

Figure 12: High School Graduation Rates by Unified School District (USD), Academic Year (AY) 2020-2021[15]

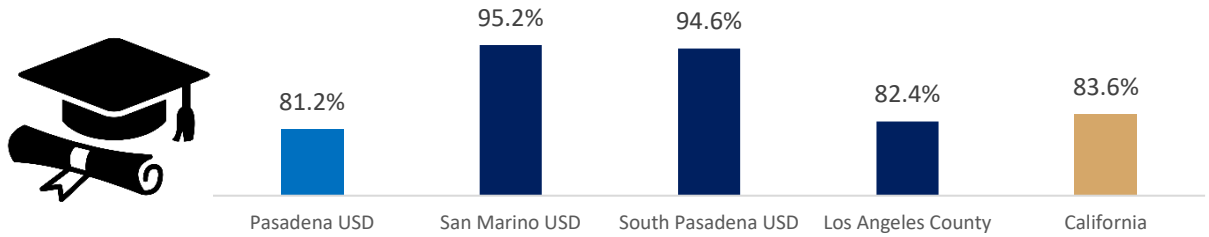
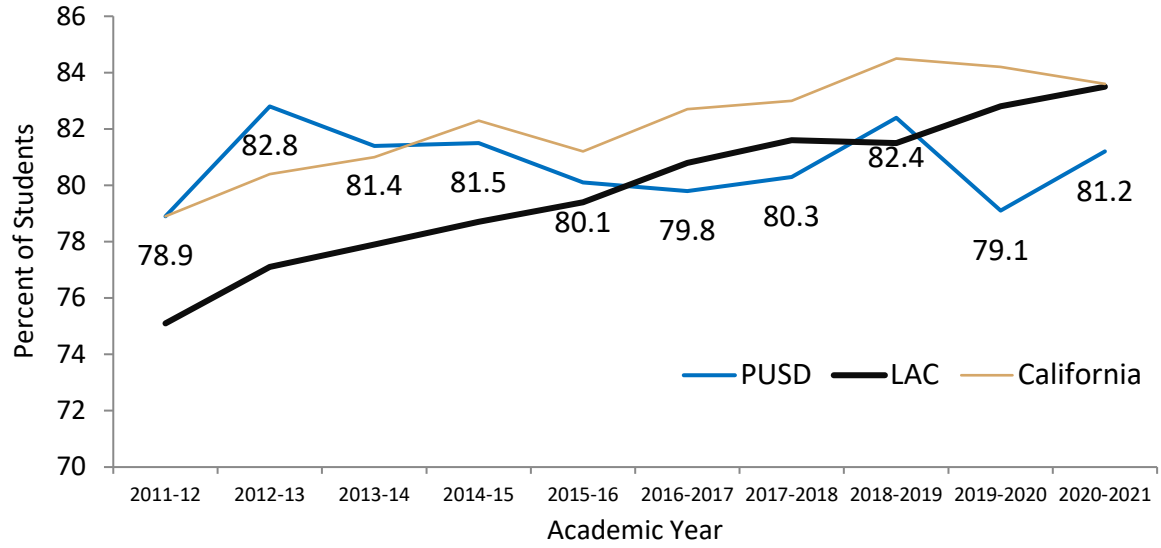


Figure 13. Cohort Graduation Rates: Pasadena Unified School District (PUSD), Los Angeles County (LAC), and California, Academic Years (AY) 2011-2021[15]



Community Input

Stakeholder interviews identified challenges and barriers related to education and academic achievement. Following are their comments summarized and edited for clarity.

> Many kids and teachers are missing school due to isolation and quarantine. Teachers must adapt and make sure kids in isolation have their work available online.

- Virtual learning as a result of the pandemic reduced the influence that educators had on kids. Lags in education might have occurred and resulted in learning loss.
- Some families have limited access to community resources due to their education level.
- Lack of an internet connection is a major issue. Low-income families don't always have access and that puts them at a disadvantage for education, telehealth and all online formats.
- There was an increasing number of students with depression and anxiety, and people report low motivation to attend school and participate when they are in school.

Education & Academic Achievement				
Indicator	**Pasadena**	**LAC**	**CA**	**Trend**
Cohort Graduation Rate (4-year Adjusted)[15]	81.2%	82.4%	83.6%	↔
4th Grade Students Proficient in English/Language Arts[15]	67.0%	63.7%	68.8%	↔
4th Grade Students Proficient in Math[15]	74.7%	70.4%	75.3%	↔
Cohort Graduates Meeting UC/CSU Course Requirements[15]	50.9%	65.2%	52.1%	↔
Kindergarteners entering PUSD who are "not on track"[16]	48.0%*	---	---	↔
Adults (25+years) with a Bachelor's Degree or Higher[4]	55.0%	33.5%	34.7%	↔
Private School Enrollment[4]	33.9%	15.7%	14.3%	↔

* last updated AY2017-2018

SOCIAL ENVIROMNENT AND PUBLIC SAFETY

Safety and Neighborhood Cohesion

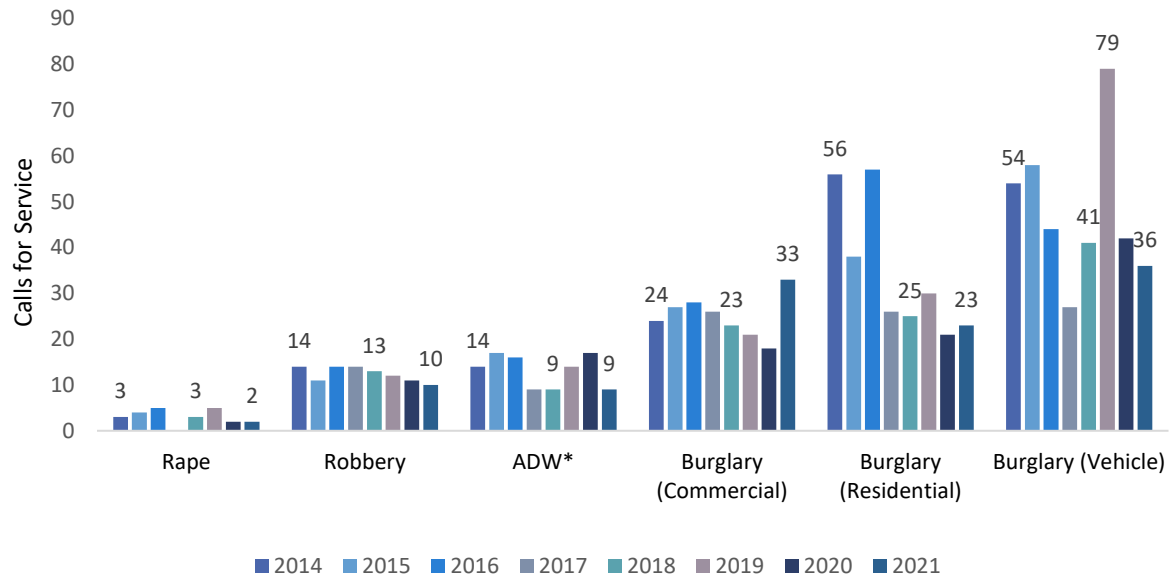
People can be exposed to crime and violence in many ways. They may be victimized directly, witness violence or property crimes in their community, or hear about crime and violence from other residents, all of which can affect their quality of life. Safe neighborhoods are a key component of physical and mental health. Among SPA 3 adults, 89.5% felt safe most/all the time, as compared to the county at 84.3% and the state at 88.0%[17].

When adults were asked about neighborhood cohesion, the majority of residents in SPA 3 agreed/ strongly agreed their neighborhood felt safe most of the time (89.5%), neighbors were willing to help(78.4%), and people in their neighborhood could be trusted (83.0%)[17].

Crimes Rates

In Pasadena, the incidence of crimes tends to fluctuate month-to-month, however, the overall trend has remained steady[18]. Nationally, privately made firearms, or ghost guns, are a growing contributor to violent crime[19]. These guns have been seen in Pasadena[20]. Theft of catalytic converters in Pasadena has increased in recent years. In 2019, there were 1.5 catalytic converter thefts reported per month. In 2021, this was up to 21.4 per month, over a 1,400% increase from 2019[20].

Figure 14. Annual Calls for Service to the Pasadena Police Department by Type, 2014-2021[18]



** Assault with a deadly weapon (ADW)*

Intimate Partner Violence

Intimate partner violence is defined as being hit, slapped, pushed, kicked, or hurt by an intimate partner. In SPA 3, 11.7% of adult women and 5.5% of men reporting experiencing physical violence[17]. Sexual violence is defined as experiencing unwanted sex by an intimate partner. In SPA 3, 6.8% of adult women and 1.6% of adult men reporting experiencing sexual violence[17].

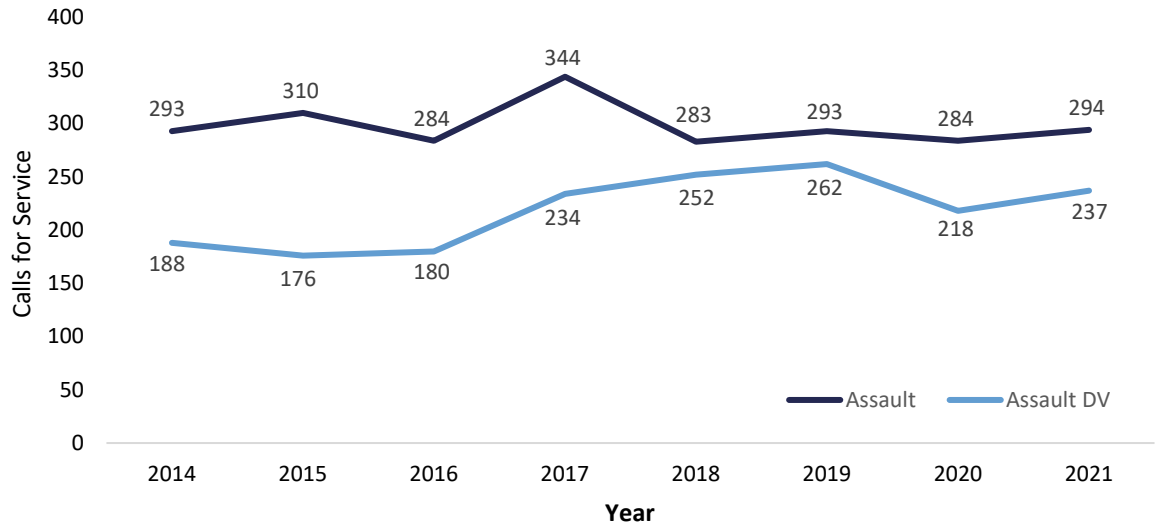
Table 7. People who Self-Reported Intimate Partner Violence by Gender and Jurisdiction, 2019-2020[17*]

	SPA 3	Los Angeles County
Women have experienced physical violence	11.7%	16.0%
Men have experienced physical violence	5.5%	11.8%
Women have experienced sexual violence	6.8%	10.1%
Men have experienced sexual violence	1.6%^	3.3%

** Pooled across 2019-2020 for stability ^ statistically unstable due to sample size.*

Calls for assault to the Pasadena Police Department have remained relatively steady between 2014 and 2021[18]. Calls for domestic violence assault increased between 2014 and 2019 (188 calls in 2014 and 262 calls in 2019). In 2020, domestic violence calls dropped to 218 but then rose in 2021 to 237. Community feedback and firsthand accounts suggest there has been an undocumented increase in domestic violence during the pandemic.

Figure 15: Annual Calls for Service Received by Pasadena Police Department for Assault and Domestic Violence (DV) Assault, 2014-2021[18]



Bullying and Crime with Youth and Adolescents

Among students in PUSD in academic year 2018-2019 (most recent years data were available), 31% reported experiencing harassment or bullying at school, which was no change from the previous year[21]. Non-straight-Gay/Lesbian or Bisexual students reported more than twice the rates of bullying than their straight counterparts (60% vs. 28%)[21]. Additionally, 21% of all students reported that they experienced cyberbullying and 14% reported that they experienced harassment or bullying due to race/ ethnicity[22]. Black and Asian students reported a higher rate of bullying than other racial groups. Females reported a higher rate of bullying than males (35% vs. 27%)[21].

31%
reported ANY harassment or bullying
No change from AY17-18[22]

21%
reported ANY cyberbullying in the last 12 months.
Decrease from 23% in AY17-18[22]

14%
reported harassment due to race/ethnicity
Slight decrease from 15% in AY17-18[22]

Among the same population of students, 11% reported being in a physical fight within the last 12 months, 13% had seen a weapon on campus, and 3% reported gang involvement[22]. Over half of students (57%) perceived their school campus to be safe or very safe[22].

11%
Have been in a physical fight in the last 12 mo.
Decrease from 14% in AY17-18[22]

13%
Have seen a weapon on school campus.
Increase from 11% in AY17-18[22]

57%
Perceive school as very safe or safe.
Increase from 53% in AY17-18[22]

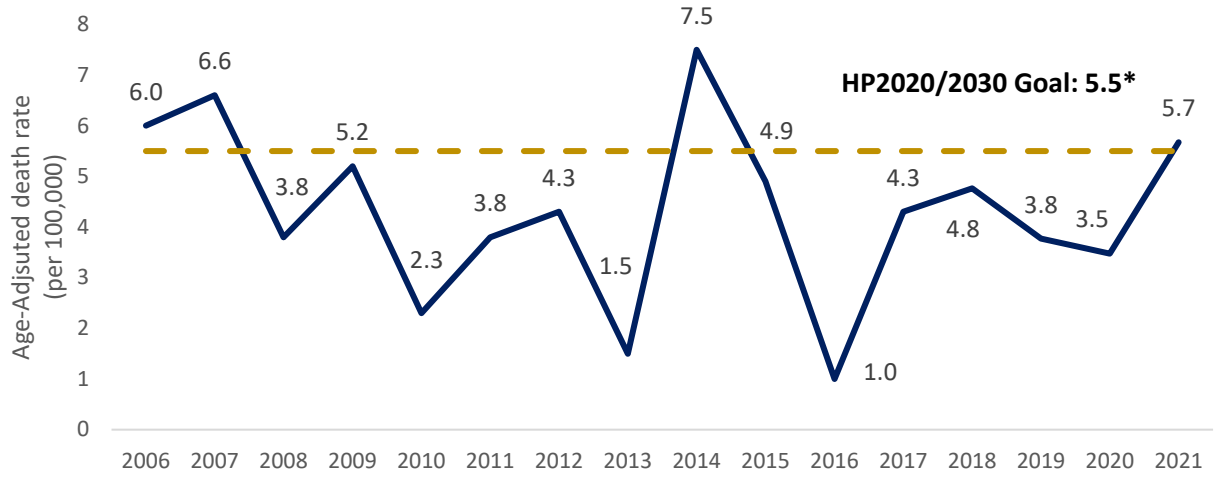
The rate of perpetration of violent crimes among minors and young adults in Pasadena has generally decreased since 2011, but the current rate (307.8 per 1,000 adolescents (ages 10 to 24) is still higher than the Healthy People 2030 objective (199.2 per 1,000 adolescents)[20,23]. The rate of victimization from crimes of violence among minors and young adults remained steady from 2011 to 2017, but has decreased in the last few years to a rate of 5.9 per 1,000 adolescents (ages 10 to 24) in 2021[20]. This is below the Healthy People 2020 objective of 37.8 per 1,000 adolescents (not included in HP2030)[23,24].

Homicide

From 2010-2021, there was an average of 5.2 people who died by homicide per year in Pasadena[25]. Over the last twelve years, Black and Hispanic residents were 5.7 times as likely and 2.0 times as likely, respectively, to die by homicide when compared to their White counterparts[25]. Specifically, the 12-year average homicide rate per 100,000 persons by race in Pasadena was 11.9 (Black), 4.3 (Hispanic/Latinx), 2.1 (White), and 1.1 (Asian/PI) [25]. Approximately 77% of the homicide victims were male. For the first time since 2014, the age-adjusted homicide death rate is higher than the HP2020/2030 objective of 5.5 per 100,000 persons[23–25].

The 12-year average age of death due to homicide by gender was 44.4 years for females and 36.5 years for males[25]. From 2010-2021, firearms (including rifles and handguns) were the primary cause of death in 71.0% of homicides, followed by sharp objects (11.3%), assault (9.7%), suffocation/ strangulation (4.8%), and arson (3.2%)[25]. During this time, firearms were used in an average of 3.7 homicides per year in Pasadena[25].

Figure 16. Age-Adjusted Death Rate Due to Homicide, 2006-2021[25]



*HP Goal has remained unchanged.

Community Input

COVID-19 has done so much damage in the community.

- There is a unique universal trauma everyone has been through, and we must try to navigate that. Some people had resources to help them manage, some had the stability to navigate and take advantage of opportunities that resulted from the pandemic, while other folks were adversely impacted.
- Because of COVID, so many lost family members and friends and it all happened at once. Essential workers had to put their own health at risk. It is really a trauma that is beyond the scale of normal trauma. It will be significant but we do not know how it will impact people long-term.
- There is a level of bias and distrust, which impacts our health care.

Social Environment and Public Safety					
Indicator	**Pasadena**	**LAC**	**CA**	**HP2030**	**Trend**
Bullying among Adolescents[21]	31.0%	---	---	19.9%^^	↑
Violent Crime Perpetration of Young Adults[20*]	307.8	---	---	199.2	↑
Homicide Rate[25*]	5.7	---	---	5.5	↗
Adults who self-report feeling safe all or most of the time[17**]	89.5%	84.3%	88.0%	---	↔
Adults who self-report feeling people in the neighborhood are willing to help[17**]	78.4%	73.6%	78.1%	---	↔
Adults who self-report feeling people in the neighborhood can be trusted[17**]	83.0%	76.8%	81.1%	---	↔
Perceive Neighborhood Safe from Crime[26]	87.3%	85.0%	---	---	↔
Have Firearms in/around Home[26]	9.1%^	11.4%	---	---	↔
Firearm-Related Death Rate (per 100,000)[25*]	4.9	---	---	10.7	↓
Physical Fighting among Adolescents[22]	12.3%	22.7%	28.4%	---	↓
Violent Crime Victimization among Young Adults[20*]	5.9	---	---	37.8^^	↓
Has Internet Access[26]	90.9%	84.8%	---	---	↑

*5-year average rate
^Statistically unstable
** Pooled across 2019-2020 for all locales for stability and comparison.
^^ HP2020 objective, not updated in 2030

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. On average in the last decade, the commute time has increased by a quarter of a second each year[4,5]. Though the change may appear to be subtle, this increase can result in increased stress, loss of work, and increased risk for motor vehicle accidents. Though it is still early to see the full effect, the proportion of residents of Pasadena who reported working from home did increase from 7.0% (2019) to 12.4% (2020)[4].

Figure 17. Mean Travel Time to Work among People who live in Pasadena, Los Angeles County (LAC) and California, 2010-2020[4]

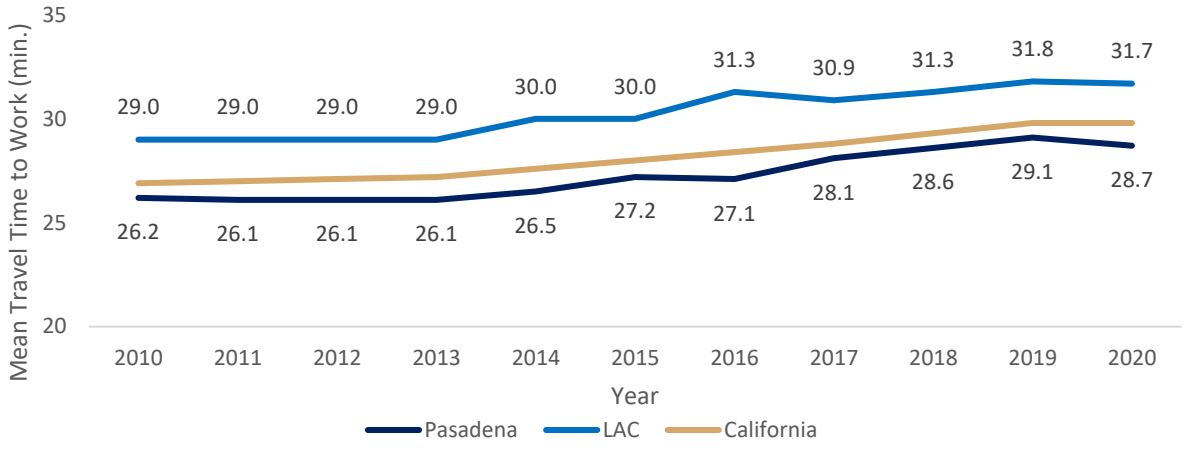
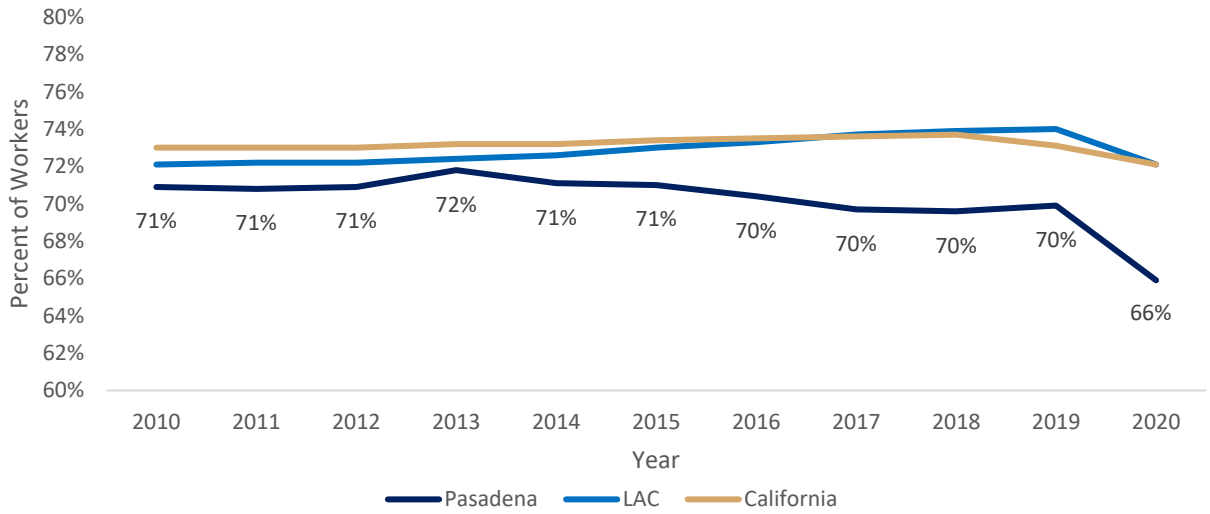


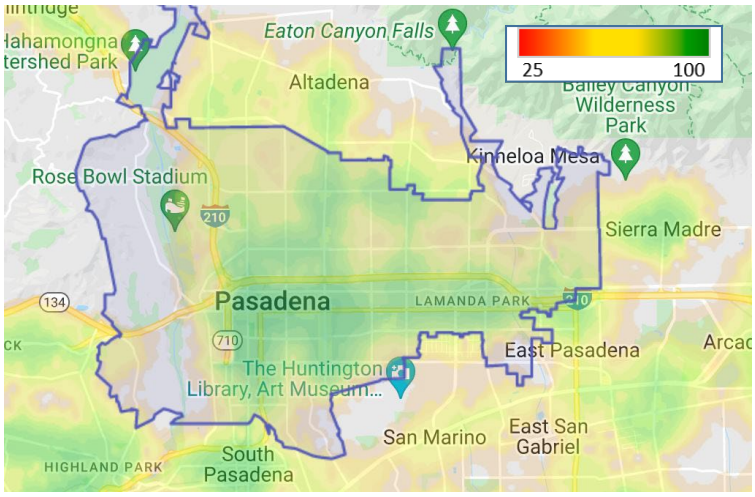
Figure 18. Workers who drove Alone in Pasadena, LAC and California, 2010-2020[4]



Walkability

The Walk Score is a measure developed and processed by WalkScore.com[27]. The score 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 miles) and declines up until a 30-minute walk. Pasadena has an average walk score of 69, which is considered "somewhat walkable." It has a good public transportation (Transit Score of 51) and is very bikeable (Bike Score 70) [27]. The most walkable neighborhoods are Raymond Hills, South Lake, and Downtown[27].

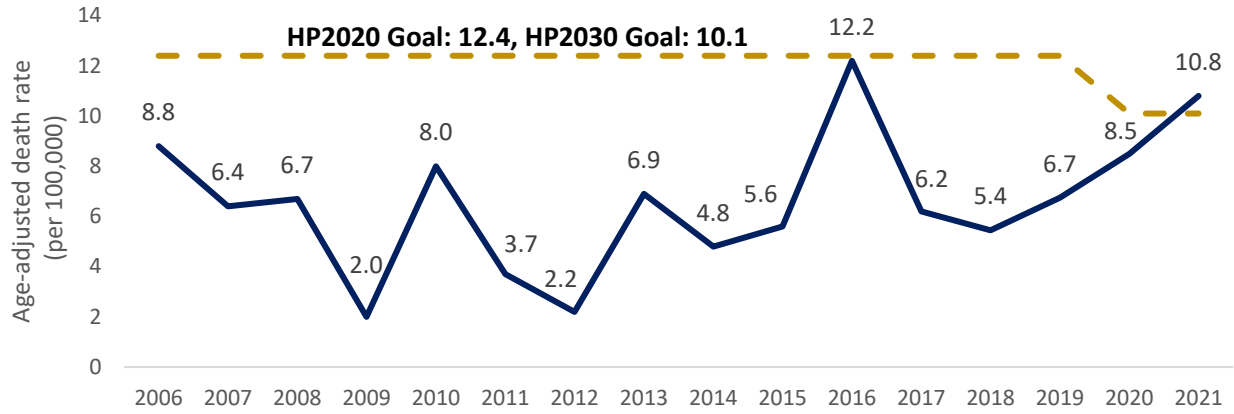
Figure 19. Walkability Scores in and around Pasadena, 2022[27]



Land Transport Accidents

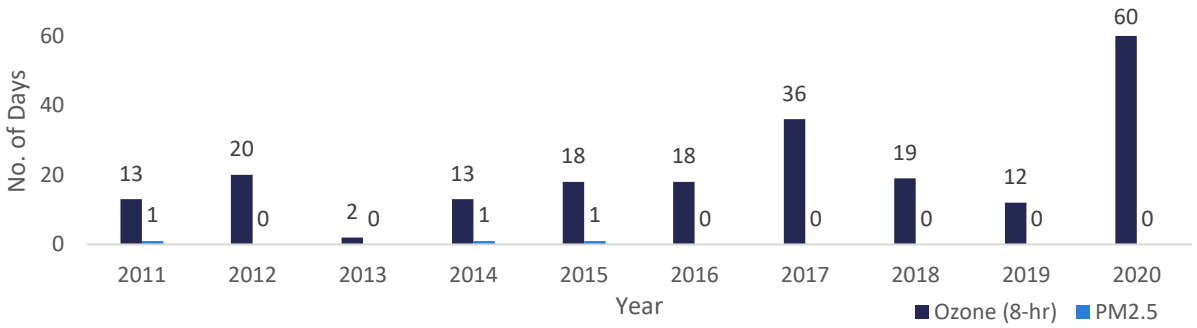
In 2021, land transport accidents, including motor vehicle accidents, was the 4th leading cause of premature death for residents in Pasadena[25]. From 2010-2021, there was an average of 9 deaths per year[25]. Among land transport accident deaths, about 43.0% were car occupants, 27.2% pedestrians, 13.2% motorcyclists, 6.1% pedal bicyclists, 0.9% van/pick-up truck occupants, and 9.6% were heavy transport vehicle or some other vehicle occupants[25].

Figure 20. Age-Adjusted Death Rate Due to Land Transport Accidents, 2006-2021[23–25]



Air Pollution

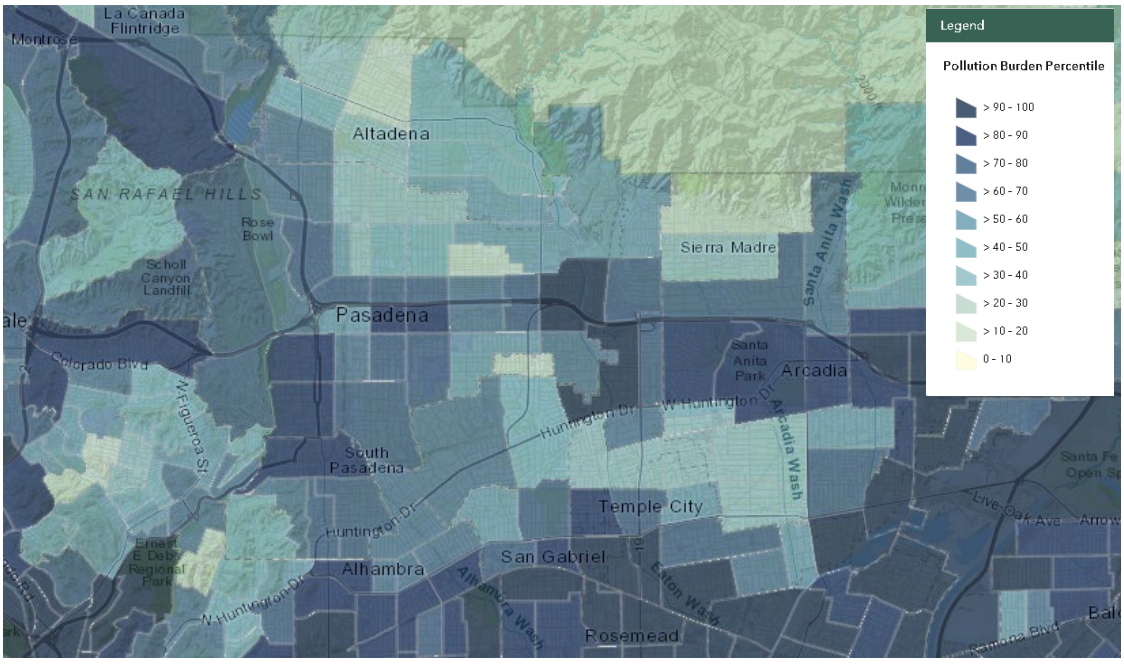
Figure 21. Annual Number of Days per Year Ozone and Particulate Matter (PM) Pollution Exceeded Government Standards in Pasadena, 2011-2020[28]



Pollution Burden

The 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 pollution[29]. The map below shows the Greater Pasadena area, and portions of Los Angeles and east San Gabriel Valley. The percentiles show the risk levels compared to other census tracts in California. The darker the blue, the higher the risk.

Figure 22. Air Pollution Burden Score by Census Tract, 2021[29]



Community Input

Transportation for families is difficult, making it difficult to access services.

- Resources in the community have been reduced, which makes it increasingly challenging for families to access agencies.
- People need places where they can be active and purchase healthy food items. The corner store does not have healthy food or if they do have fresh produce, it is priced higher than at the supermarket.
- There are not enough walkable spaces and parks. And the parks we do have, often people do not feel safe in them.
- People experience barriers, such as a job that doesn't permit them time off, or a lack of transportation.

Transportation and Physical Environment					
Indicator	**Pasadena**	**LAC**	**CA**	**HP2020**	**Trend**
Annual No. of Days Ozone Exceeded Govt. Stds.[28*]	29.0	---	---	---	↗
Annual No. of Days PM2.5 Exceeded Govt. Stds.[28*]	<1	---	---	---	↔
Mean Travel Time to Work[4]	28.7	31.7	29.8	---	↔
Self-Reported Distracted Driving[26]	16.6%^	14.6%	---	---	↔
Walk Score[27]	69	69	---	---	↔
Land Transport Fatality Rates[25*]	7.5	---	---	12.4	↓
Workers who Drove Alone to Work[4]	66%	72%	72%	---	↓

*5-year average rate

^Statistically unstable due to sample size

IV. HEALTH TOPICS

ACCESS TO CARE

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The rate of insured people in Pasadena has increased steadily from 81.0% in 2010 to 93.0% in 2020[4]. In the Greater Pasadena area, 94.1% of the population (all age groups), 97.8% of children/youth, ages 0 to 18, and 91.7% of adults, ages 19 to 64, have health insurance coverage[4]. Health insurance coverage ranged from 90.7% in Pasadena 91103 to 96.0% in San Marino[4]. Among children/youth, health insurance coverage ranged from 96.3% in Pasadena 91104 to 99.1% in South Pasadena. Among adults, ages 19 to 64, health insurance coverage ranged from 86.2% in Pasadena 91103 to 94.6% in San Marino and South Pasadena[4].

Figure 23. People Living in Pasadena (All Ages) with Health Insurance, 2010-2020[4]

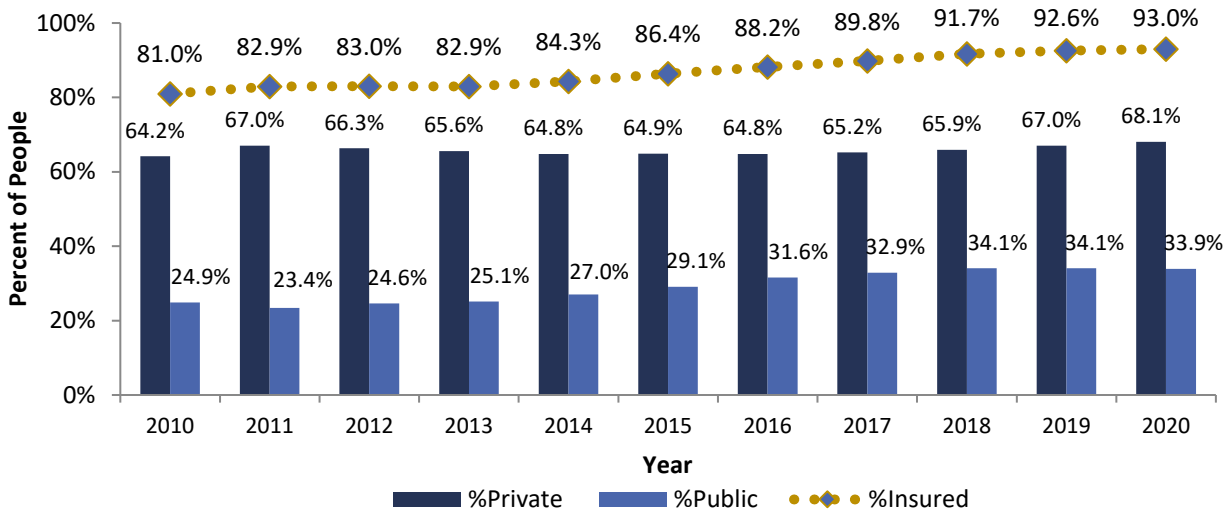


Table 8. Health Insurance Enrollment by Type and Jurisdiction, 2019-2020[17*]

	SPA 3	Los Angeles County	California
Employment-based	49.7%	47.1%	50.9%
Medi-Cal	23.0%	24.0%	21.0%
Medicare and others	10.5%	9.6%	11.1%
Private purchase	3.5%	4.5%	4.7%
Medi-Cal/Medicare	3.1%	4.0%	3.1%
Medicare only	1.6%	1.4%	1.5%
Other public	1.0%**	0.9%	1.0%

** Pooled over 2019-2020 for stability. **Statistically unstable due to sample size.*

Barriers to Health Insurance Enrollment

In SPA 3, 49.9% reported cost and 17.4% reported a change in work or family situation as the main reasons for being currently uninsured[17]. In SPA 3, 5.2% of adults reported their main health insurance was not accepted by a general doctor, and 9.0% of adults reported their main health insurance was not accepted by a medical specialist in the past 12 months[17].

Table 9. Self-Reported Main Reason for being Currently Uninsured, 2019-2020[17*]

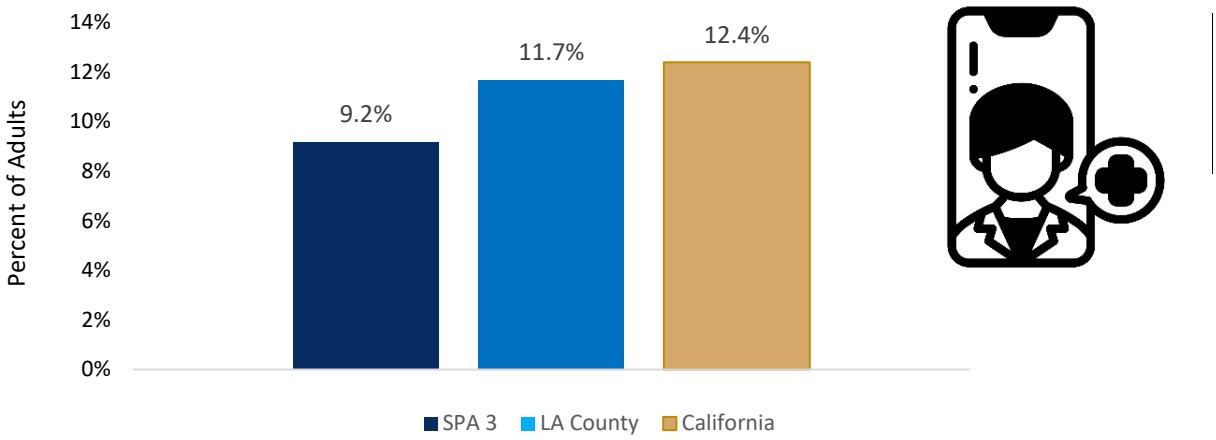
	SPA 3	LA County	California
Cost	49.9%	56.6%	50.7%
Change in working status or family situation	17.4%**	12.5%	12.7%
Does not need or believe in insurance	15.9%	11.3%	10.7%
Learning about insurance coverage or confusion about coverage	6.9%**	7.1%	10.8%
Employer did not offer, ineligible, or insurance dropped/cancelled.	6.6%**	10.2%	10.4%
Other	3.2%	2.2%	4.8%

** Pooled over 2019-2020 for increased stability ** Statistically unstable due to sample size.*

Telemedicine

The COVID-19 pandemic increased telemedicine for medical visits. In SPA 3, 9.2% of adults had received care from their health provider through video and/or phone in the past 12 months, as compared to the county at 11.7% and state at 12.4%[17]. The data source first reported this metric in 2020.

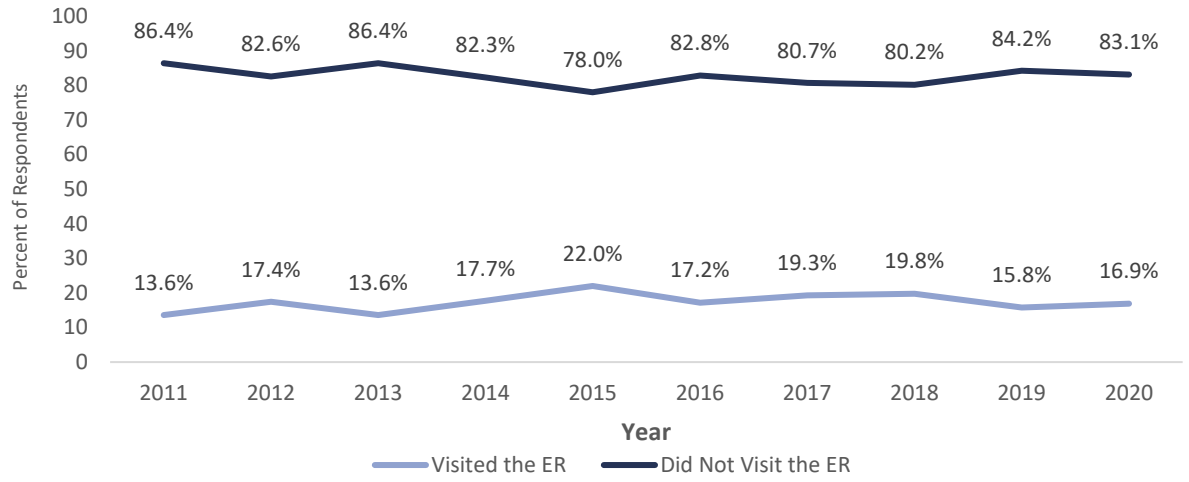
Figure 24. Adults who Received Care by Video and/or Phone by Jurisdiction, 2020[17]



Emergency Room Utilization

In SPA 3, 16.9% of the population visited an emergency room (ER) in the past 12 months, with children (ages 0 to 11) as the most frequent users (20.1%) when compared to adolescents (ages 12-17, 15.3%**), adults (ages 18-64, 15.4%) and seniors (ages 65 and older (17.3%)[17].

Figure 25. Self-Reported Use of Emergency Room in Last 12 Months in SPA 3, 2019-2020[17*]



**Pooled over 2019-2020 for increased stability. **Statistically unstable due to sample size.*

Difficulty Accessing Care

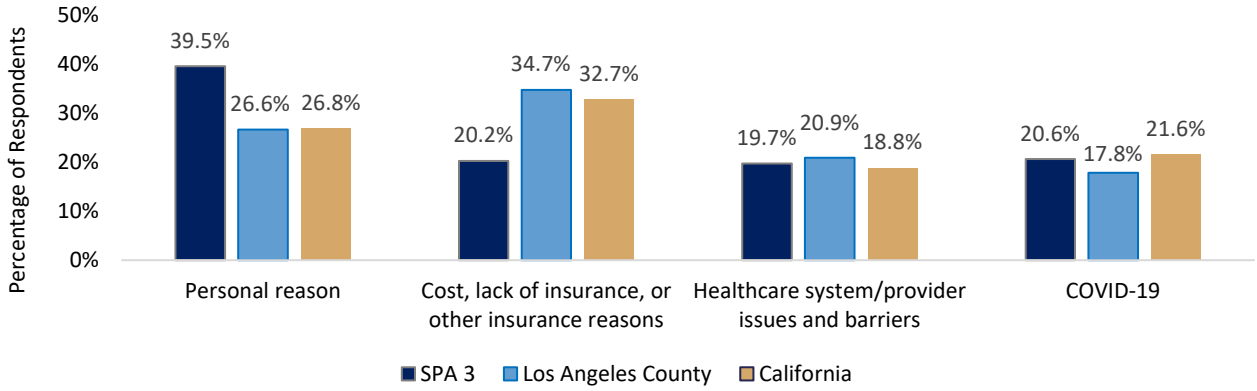
Among SPA 3 adults, 5.7% had difficulty finding primary care, as compared to the county (7.9%) and the state (7.6%)[17]. Typically, individuals find it more difficult to access specialty care than primary care. Among SPA 3 adults, 15.7% had difficulty finding specialty care[17].

Among SPA 3 children, ages 0 to 17 years, 7.9% had difficulty accessing medical care in the previous 12 months, as compared to the county (9.3%)[17]. A delay of needed care can lead to an increased risk of health care complications. Among SPA 3 adults, 16.9% were never able to get a doctor's appointment within two days due to sickness or injury in the past 12 months[17].

Delayed or Forgone Care

Among SPA 3 residents in 2020, 13.5% delayed or did not get medical care within the prior 12 months which is an increase from 9.1% in 2016[17]. Among this population, a personal reason (39.5%) was the most frequent reason to delay or not get medical care. 20.6% stated COVID-19 as a reason to delay or not get medical care. Among the population that delayed or did not get medical care, 53.2% had to forego needed medical care[17]. In SPA 3, 6.0% of the population delayed or did not get prescription medications[17].

Figure 26. Reason for Delayed Care in Past 12 Months (All Ages), 2019-2020[17*]



**Pooled for 2019-2020 for stability.*

Access to Primary Care Community Health Centers

Funded under section 330 of the Public Health Act, Federally Qualified Health Centers (FQHC) provide primary care services including, but not limited to, medical, dental, and mental health services to low-income, uninsured, and medically underserved populations. There are four separate FQHC entities that provide health care services located in the service area, including AltaMed Medical Group, ChapCare, Complete Care Community Health Center and Wesley Health.

Even with the centers in the service area, and those within 2 to 10 miles outside the service area, there are many low-income residents who are not served by at least one of these clinic providers. In 2020, FQHCs and FQHC Look-Alikes served a total of 14,232 patients in the service area, which equates to 25.4% coverage among low-income patients and 6.1% coverage among the total population[30]. However, 74.6% of the population at or below 200% FPL (41,850), were not served by a Community Health Center. Of these individuals, some may be accessing health care services through non-FQHC providers (private, county, other) or not using health care services.

Table 10. Low-Income Patients Served and Not Served by FQHCs and Look-Alikes[30]

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
56,062	14,232	25.38%	6.07%	41,850	74.64%

Community Input

Consistent with other CHNA findings, access to care was often mentioned as a key health priority. Different from other CHNAs, however, was the profound effect COVID-19 has on all facets of the health system.

Delays in Care

- The pandemic caused a delay in routine screenings and other preventive care and these delays persist. There are delays in getting in-person medical appointments, particularly for specialty services and mental health services. The loss of jobs or wages over the last two years, especially among certain populations who were already at risk, is causing more health problems. When people lose their jobs and/or have financial troubles, they can lose their health insurance.

There is a fear about seeing a doctor.

Navigating the System

- The stress of navigating the health system or waiting for a vital referral put a burden on our residents.
- During the pandemic, we experienced a high percentage of people using the emergency room (ER) instead of going to a primary care provider. There is a trust factor in the community.
- There are a lot of structural barriers and gaps in care in locally. For example, low-income people accessing care at a county facility or a Federally Qualified Health Center (FQHC), report experiencing language barriers, long wait times, and/or lack of navigation assistance. There are gaps in specialty care services in SPA 3, particularly for safety net populations and the Medi-Cal and Medicare populations. There are more challenges with finding specialty providers who are culturally competent and speak multiple languages.
- The pandemic opened the door to telehealth. Barriers such as lack of transportation, having to take off from work, and not having sick or vacation days were attenuated with telehealth.
- We see people using social media to get medical advice instead of going to a doctor.

Healthcare Workforce

Our healthcare workforce is…'burned out'.

- Having a healthy workforce who is not burned out and maintaining the volume of services will continue to be an issue. It is difficult to find school nurses to fill vacancies. The impact of staff shortages on our current staff has been great. The impact of staff shortages has been disruptive to providing services.

Access to Care				
Indicator	**Pasadena**	**LAC**	**CA**	**Trend**
Percent of People with Health Insurance[4]	93.0%	90.8%	92.8%	↔
Adults who reported difficulty obtaining needed medical care[26]	13.1%^	21.3%	---	↓
Difficulty communicating with a provider because of a language barrier[26]	---	4.5%	---	N/A
	SPA 3	**LAC**	**CA**	**Trend**
Never able to get doctor's appointment within 2 days (adults) [17]*	16.9%	15.7%	13.2%	↑
Insurance not accepted by general doctor in past year (adults) [17]*	6.9%	6.3%	4.8%	↔
People with a usual place to go when sick or need health advice[17]	87.0%	85.0%	86.5%	↔
Ever experienced unfair treatment getting medical care due to race/ethnicity[17]*	5.6%^	5.5%^	5.1%	↔
Difficulty finding specialty care (adults) [17]*	15.7%	16.2%	14.7%	↔
Delayed or did not get medical care (all ages) [17]*	13.5%	13.8%	13.8%	↔
Delayed or did not get medical care due to COVID-19 (all ages) [17]*	20.6%	17.8%	21.6%	↔
Difficulty understanding doctor among adults who do not speak English "very well"[17]*	8.3%^	8.2%	8.2%	↔
Ever had problems paying for household's medical bill in past year (adults) [17]*	8.0%	9.6%	9.8%	↓
Difficulty finding primary care (adults) [17]*	5.7%	7.9%	7.6%	↓
Had to forgo needed medical care (all ages) [17]*	53.2%	58.7%	59.5%	↓
Delayed care due to cost/lack of insurance (all ages) [17]*	20.2%	34.7%	32.7%	↓
Delayed or did not get prescription meds (all ages) [17]*	6.0%	8.0%	8.1%	↓

^Statistically unstable

*Pooled over 2019-2020 for stability

MATERNAL, INFANT, AND CHILD HEALTH

Birth Rates

There have been 59 fewer births on average each year in Pasadena since 2009, a 33% overall reduction[31]. Overall, there has been a decrease in birth rates in Pasadena and the U.S. By comparing age group cohorts in Pasadena and the U.S., in Pasadena, the only increase in birth rates was among 35-39 years old[31–33]. In the U.S., the only increases were among adults, ages 35-39 and 40-44[31–33]. Finally, the teen birth rate has decreased by 88% over the last 14 years[31–33].

Figure 27. Number and Rate (per 1,000 Live Births) in Pasadena and the U.S., 2009-2020[31–33]

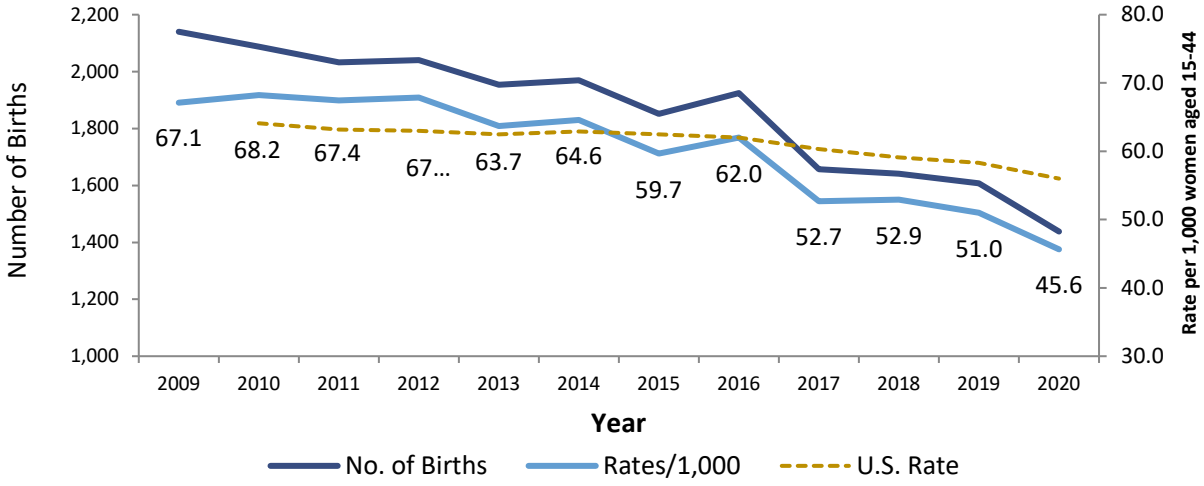
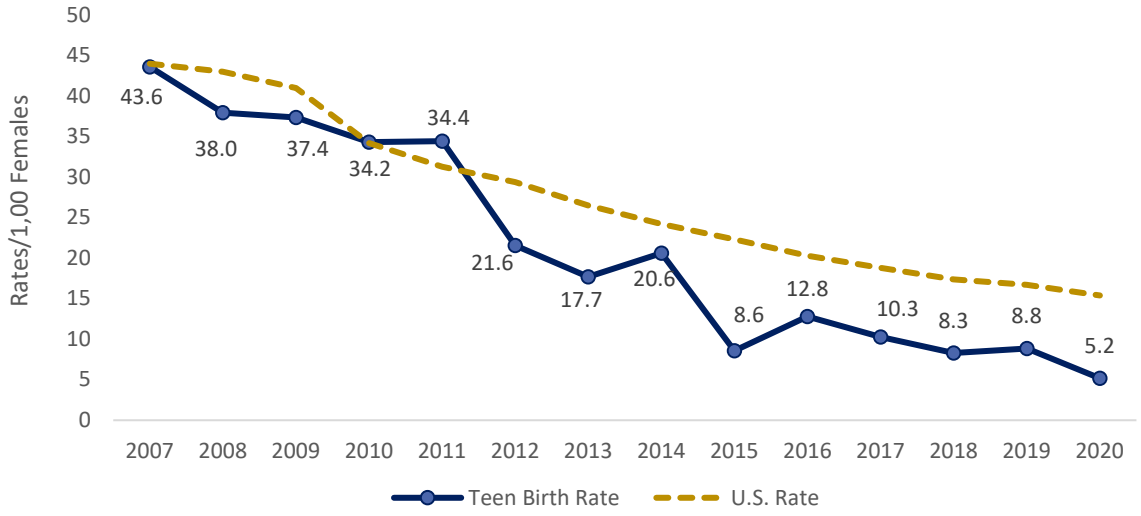


Figure 28. Teen Birth Rate (per 1,000 Females) in Pasadena and the U.S., 2007-2020[31–33]



Prenatal Care

In Pasadena, 91.0% of all pregnant women began prenatal care in the first trimester, as compared to Los Angeles County at 87.0% and state at 86.5%[31,34]. Pasadena has consistently been above national targets[24]. (*Healthy People 2020=77.9%. Healthy People 2030 changed target to "early and adequate care" and may not be comparable to 2020 metrics.*[23,24]) While this is true for Pasadena parents overall, when stratified by race, Asian and White (non-Hispanic) women received prenatal care in the first trimester at higher rates (on average 93%) than their Hispanic/Latinx and Black counterparts but this has been improving[31]. On average, from 2016-2018, the percentage by race was White (non-Hispanic) at 91%, Asian at 89%, Latinx at 83%, and Black at 79% compared to 2019-2020 White (non-Hispanic) at 94%, Asian at 92%, Latinx at 88%, and Black at 83%[31].

Figure 29. Percent of Parents who Received Prenatal Care in the First Trimester, 2010-2020[31]

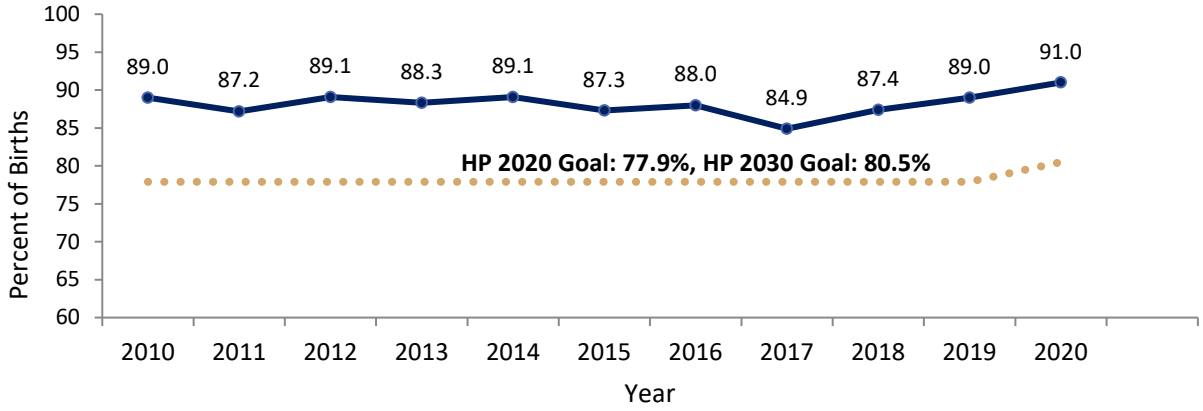
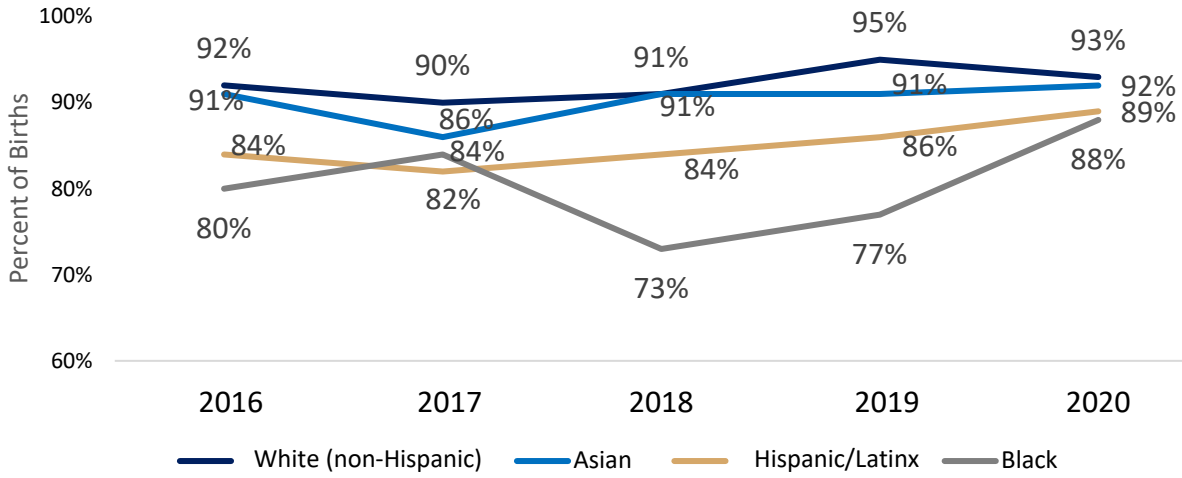


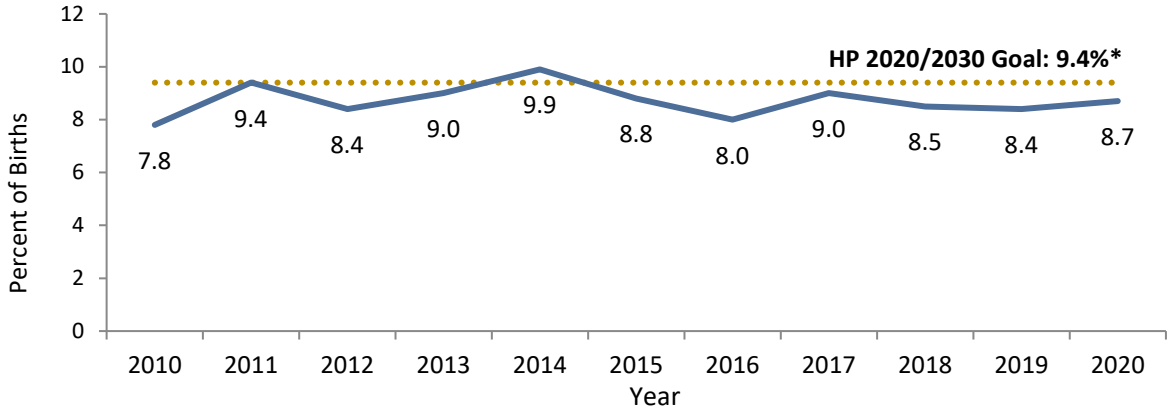
Figure 30. Percent of Parents in Pasadena who Received Prenatal Care in the First Trimester, by Race/Ethnicity, 2016-2020[31]



Preterm Births

The percent of births that were preterm (occurring before the start of the 37th week of gestation) was 8.7% in Pasadena in 2020, which meets the HP2030 objective of 9.4%[23,31]. The National Vital Statistics System reports that this metric has been increasing nationally in recent years[23].

Figure 31. Percent of Births that were Preterm (<37 Weeks Gestation) in Pasadena, 2010-2020[23,31]

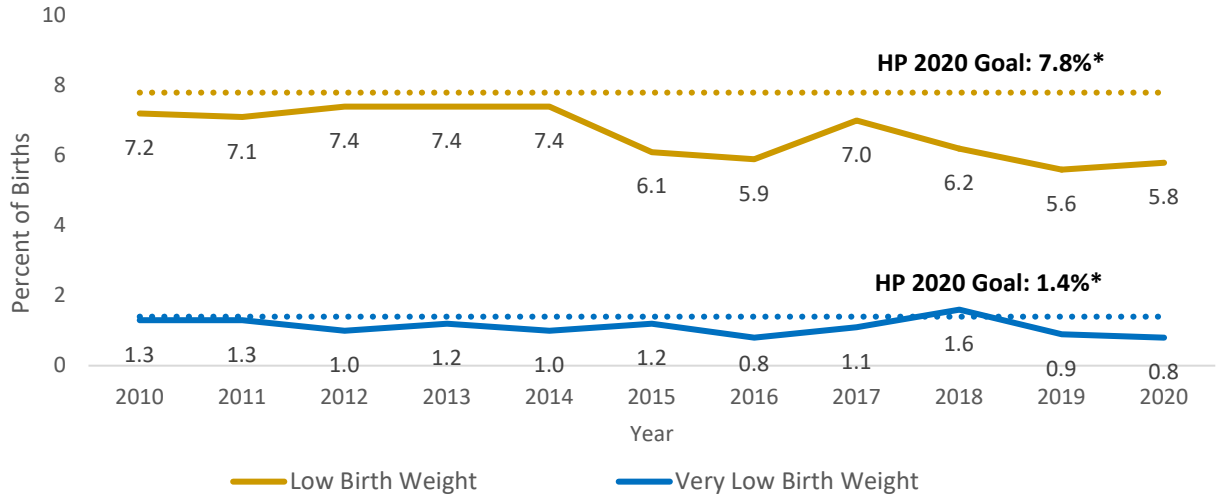


*HP Goal remained unchanged

Low and Very Low Birth Weight

Babies born at a very low birth weight (<1,500g) or low birth weight (<2,500g) are at higher risk for disease, disability, and possible death[24]. In Pasadena, 5.8% of births were low birth weight, and 0.8% were very low-birthweight, which met the Healthy People 2020 objective of 7.8% and 1.4%, respectively[24,31].

Figure 32. Rate of Low Birth Weight and Very Low Birthweight Infants, 2010-2020[24,31]

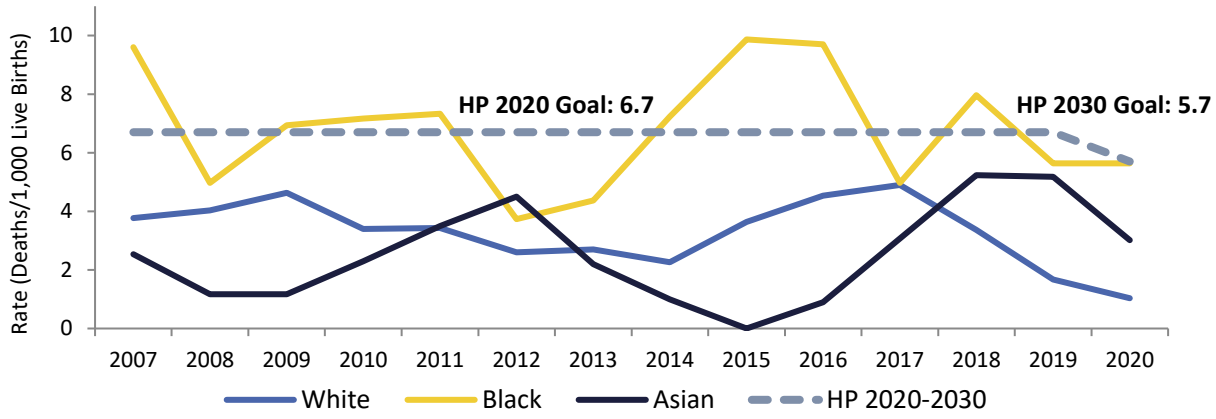


*HP goals were not included in 2030.

Maternal and Infant Mortality

In the last 10 years, Pasadena has had three maternal deaths due to complications of childbirth listed as the cause of death on the death certificate[25]. 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 Healthy People (HP) objectives[23,24,31]. The infant mortality rate (less than one year of age) was 1.4 per 1,000 births in Pasadena, lower than LAC (3.6 per 1,000) and California (3.9 per 1,000)[31,34].

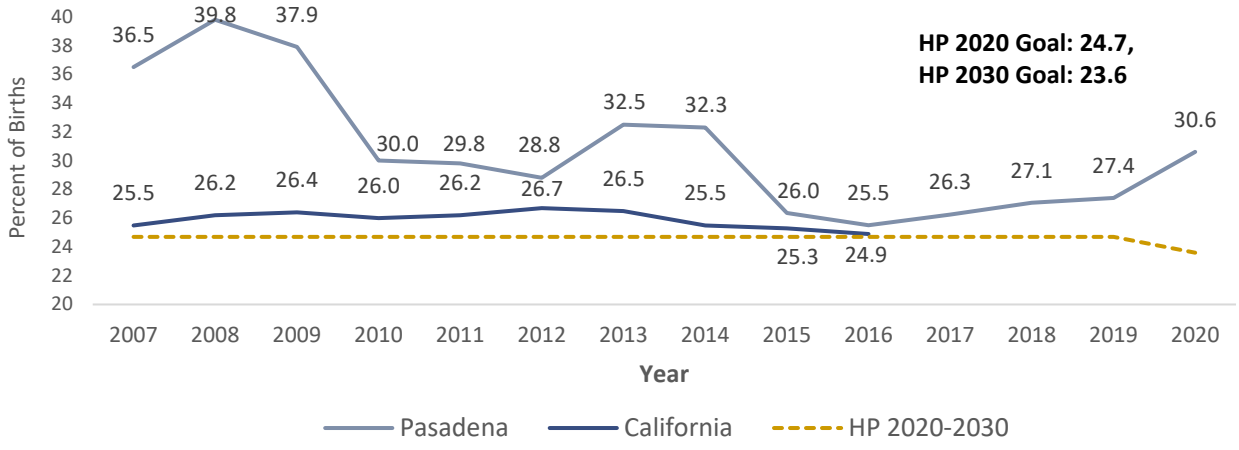
Figure 32. Infant Death Rate (per 1,000 Live Births), 2007-2020[23,24,31]



Cesarean Section (C-Section) Rates

Cesarean deliveries, or C-sections, can prevent injury and death among parents giving birth who are at higher risk of complicated deliveries or have unexpected complications. C-sections can also prevent injury and death in newborns. But C-sections are linked to increased risk of infections and blood clots, and many people who are not at higher risk for delivery complications may get unnecessary C-sections[23,24]. Among births to Pasadena parents, the rate of C-section is consistently above Healthy People targets (HP2020=24.7 and HP2030=23.6) for women with single baby births (nulliparous) and without high-risk conditions that might indicate need for C-sections[23,24,31].

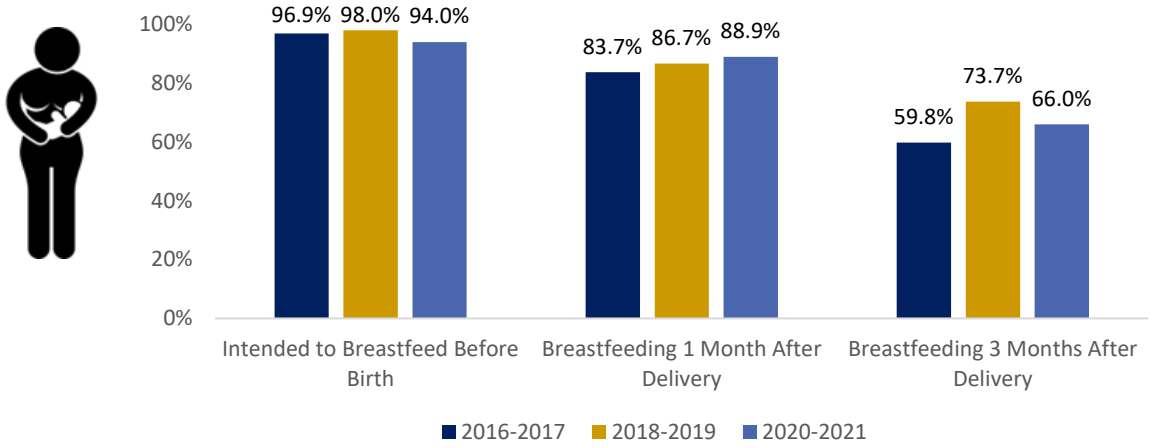
Figure 34. C-Section Rate among Low-Risk Nulliparous Parents in Pasadena, 2007-2020[23,24,31]



Breastfeeding

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Huntington Hospital indicated 95.7% of parents engaged in breastfeeding and 60.7% breastfed exclusively[35]. The rates of exclusive breastfeeding at Huntington Hospital in 2019 were lower than county and state rates[35]. Among respondents to the Pasadena Public Health Department's 2020-2021 Maternal and Infant Health Assessment (MIHA), 94.0% of Pasadena parents intended to breastfeed before birth, which is higher compared to Los Angeles County (LAC) (92.5%) and California (92.9%) in 2016-2018[36,37]. Pasadena parents also had a higher percentage of breastfeeding one month after delivery (88.9%) compared to LAC (85.3%) and California (86.0%) in 2016-2018[36,37]. However, Pasadena parents reported a lower percentage of parents continuing to breastfeed after 3 months (66.0%) than did parents in LAC (67.0%) and California (70.6%) in 2016-2018[36,37].

Figure 35. Breastfeeding Rates in Pasadena, 2016-2021[36–38]



There are ethnic/racial differences in self-reported breastfeeding rates of parents who deliver at Huntington Hospital. Asian mothers were most often reported to engage in breastfeeding (96.6%)[35].

Table 11. In-Hospital Breastfeeding, Huntington Hospital, by Race/Ethnicity of Mother[35]

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
African American	93	94.9%	35	81.4%
Asian	747	96.6%	538	77.3%
Latino/Hispanic	1,677	95.2%	1,307	74.2%
Multiple Race	55	96.5%	51	89.5%
Other Race	11	91.7%	11	91.7%
White	226	94.6%	202	84.5%

Perinatal Depression

Perinatal depression is a mood disorder that can affect parents giving birth during pregnancy and after childbirth. The word "perinatal" refers to the time before and after the birth of a child. Parents with perinatal depression experience feelings of extreme sadness, anxiety, and fatigue that may make it difficult for them to carry out daily tasks, including caring for themselves or others. In general, new Pasadena parents report symptoms of perinatal depression at a higher rate than new parents in California, especially so among parents who gave birth during 2020 at the beginning of the COVID-19 pandemic[36–38].

Prenatal

Pasadena[36,38,39]		**California**[37]	
2016-2017	19.8%	2013-2015	14.1%
2018-2019	11.0%	2016-2018	15.2%
2020-2021	11.6%		

Postpartum

Pasadena[36,38,39]		**California**[37]	
2016-2017	18.9%	2013-2015	13.5%
2018-2019	15.7%	2016-2018	12.3%
2020-2021	22.8%		

Maternal, Infant and Child Health				
Indicator	**Pasadena**	**CA**	**HP2030**	**Trend**
Birth Rates (/1,000)[31]	45.6	---	---	↘
Births delivered by Cesarean section[23,31]	30.6%	---	23.6%	↗
Children conceived within 18 months of previous births[40]	28.3%	26.6%	29.8%	↔
Black infant mortality rates[23,31,34]	5.6*	7.6	5.7	↓
Low birth weight rates[23,31]	5.8	---	7.8	↓
Very low birth weight rates[23,31]	0.8	---	1.4	↓
Mothers who report receiving prenatal care in 1st trimester[24,31,34]	91.0%	86.5	77.9%^	↑
Mothers who reported a postpartum medical visit[36,37]	93.1%	90.3%	---	↑
Teen birth rates (/1,000 females ages 15-19)[31]	5.2	---	---	↘
Preterm birth (<37 weeks) rates[23,31]	8.7	---	9.4	↓
Breastfeeding rates 1 month after delivery[36,37]	88.9%	86.0%	---	↑

*3-year average rate
^Healthy People 2020 objective

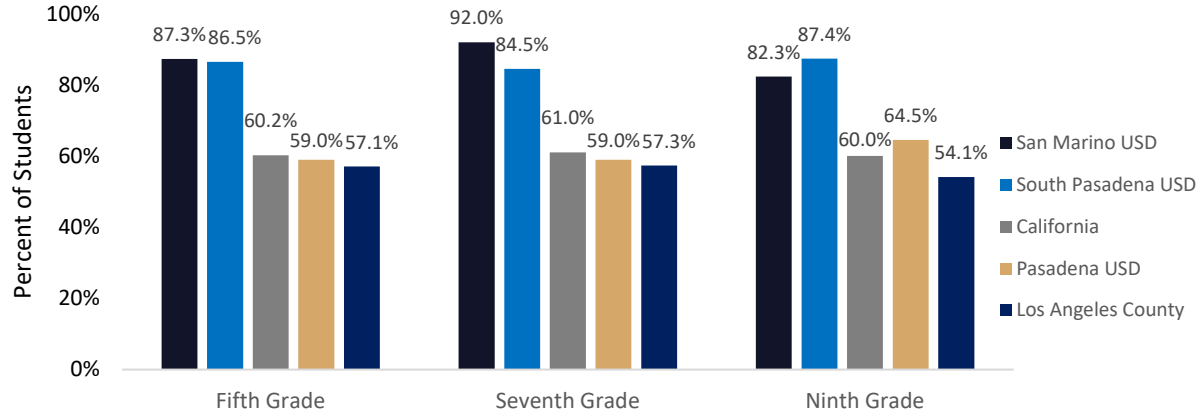
EXERCISE, NUTRTION, AND WEIGHT

Physical Fitness and Exercise

The U.S. Department of Health and Human Services (DHHS) has established physical activity guidelines for adults, and children and adolescents. National fitness recommendations for children and adolescents ages 6 through 17 years should do 60 minutes (1 hour) or more of moderate-to-vigorous physical activity daily that incorporates aerobic, and muscle- and bone-strengthening activities at least 3 times a week, respectively[41]. On average, students in the Pasadena Unified School District reported meeting the fitness standards at lower levels than Los Angeles County (average across grades 5, 7, and 9: 26.9% PUSD versus 30.2% LAC)[42]. Still less than a third of students meet all standards. 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.

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is the measurement of students' aerobic capacity through run and walk tests. Pasadena Unified School District scored lower for all grades as compared to San Marino and South Pasadena Unified School Districts.

Figure 36. Physical Fitness Testing Results by Grade and Unified School District (USD), AY2018-2019[43]



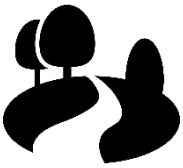
Physical activity guidelines for adults include 1) vigorous activity for at least 75 minutes a week, or 2) moderate activity for at least 150 minutes a week, or 3) an equivalent combination of vigorous and moderate activity[41]. Additionally, adults should engage in muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on two or more days a week. Among Pasadena adults, 35.9% met both aerobic and muscle strengthening guidelines as compared to SPA 3 at 33.4% and the county at 35.1%[26].

Across SPA 3, 30.5% children are physically active for at least one hour per day, in accordance with national physical activity recommendations[17]. More than 16.5% of children (ages 2-17) spend more than 5 hours per day on sedentary activities in SPA 3[17].

Among children (younger than 12 years) living in the San Gabriel Valley (SPA 3)[17]…

30.5%*
Were physically active for at least one hour per day in the past week. (2018)

97.0%*
Visited a park or other open space in the last month. (2018)



20.7%*
Spent 3 or more hours on sedentary activities on a typical weekday after school. (2018)

Among Adolescents (ages 12-17) living in the San Gabriel Valley (SPA 3)[17]…

51.1%
Ate 5 or more servings of fruits and/or vegetables per day. (2020)

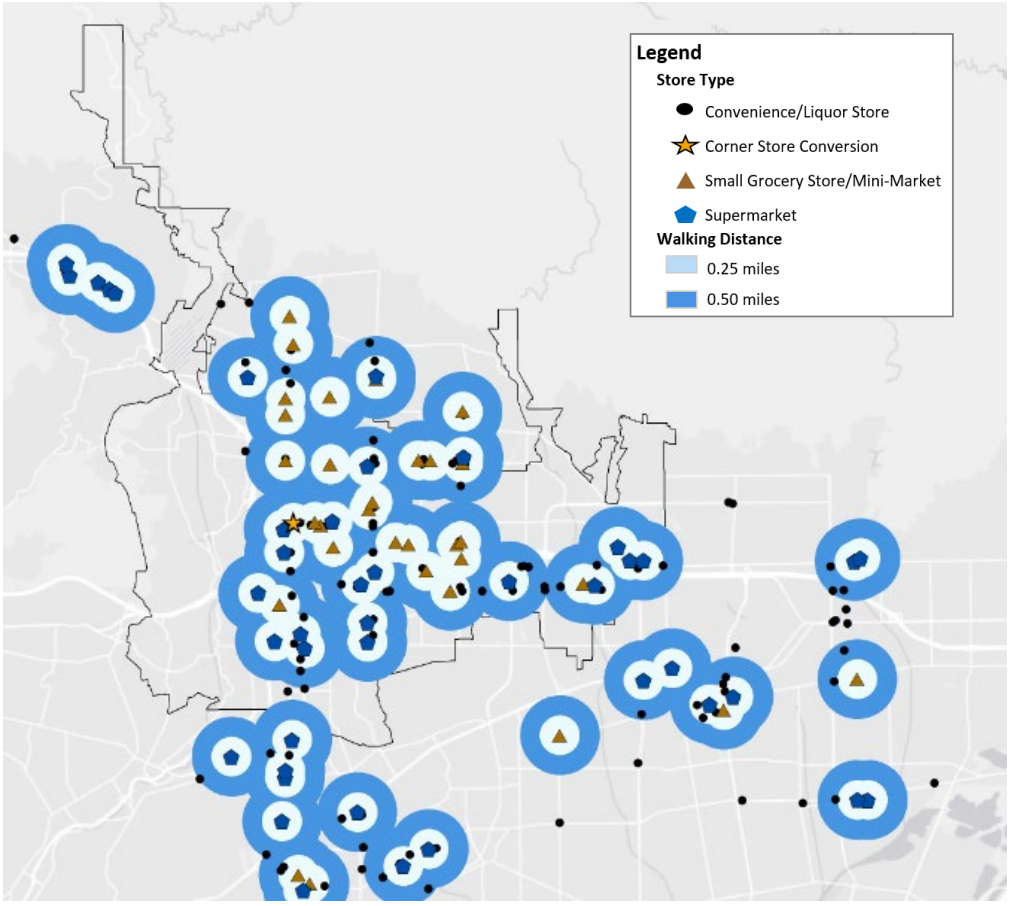
34.5%*
Spent 3 or more hours on sedentary activities on a typical weekday after school. (2018)

* Statistically unstable

Access to Healthy Food

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 previous conversion by the Pasadena Public Health Department is represented by the gold star. When asked directly, among parents/guardians of children, ages 17 and younger, 94.2% in the Pasadena Health District, and 81.5% in SPA 3 rated community access to fresh fruits and vegetables as good or as compared to LA County at 78.2%[17].

Figure 37. Access to Healthy Foods and Walking Distance to Grocery Stores and Markets in Greater Pasadena, 2022[44]



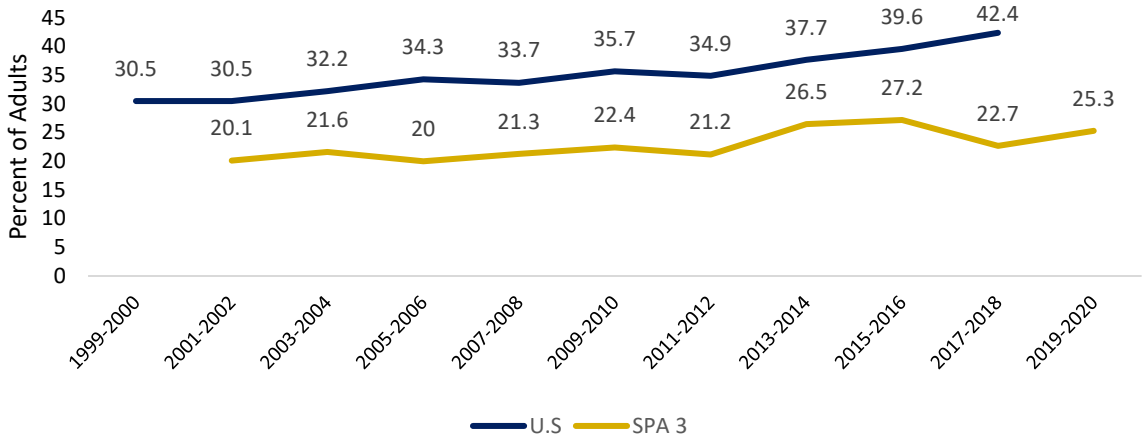
Food Insecurity

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Among households below 300% FPL, 13.9% in the Pasadena Health District, and 21.6% in SPA 3 were food insecure, compared to the county at 26.8%[26]. Among SPA 3 adults living below 200% FPL, 29.9% self-reported not being able to afford food[17]. Among new parents who participated in the Pasadena Maternal Health Assessment (MIHA), 10.7% reported being food insecure[36].

Obesity

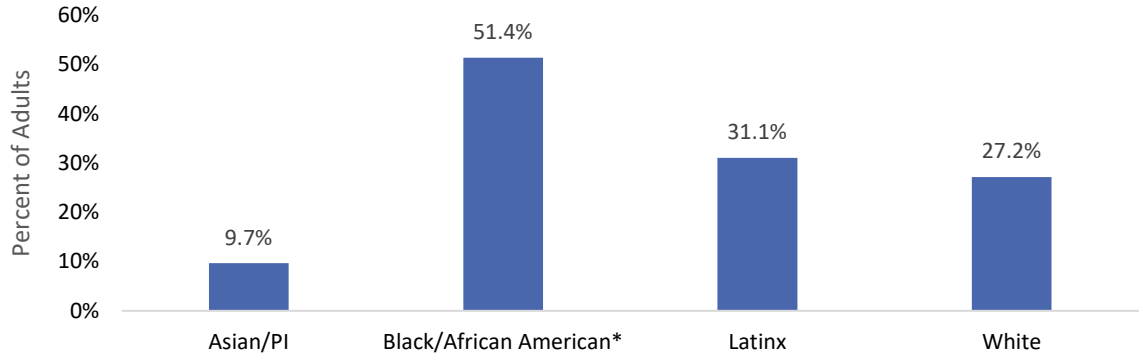
Over 20 years, the proportion of adults with obesity has increased in the United States by 30% such that almost 2 out of 5 (42.4%) adults in the country, ages 20 and older, are now obese[45]. In SPA 3, obesity rates (25.3%) are lower among adults than in the United States[17,45]. In SPA 3, the highest rate of obesity among adults by race was among Black/African American (51.4%), Asian the lowest (9.7%). The rates of adolescents who are overweight/obese in SPA 3 (27.6%) is lower than Los Angeles County (30.5%) and California (28.5%)[17].

Figure 38. Trends in Adult Obesity (Ages 20 and Older) in SPA 3 and the United States, 1999-2020[17,45*]



** Single year estimate for the United States. 2-year pooled estimates for SPA 3.*

Figure 39. Obesity Rates among Adults in SPA 3 by Race/Ethnicity, 2019-2020*



* Pooled across 2019-2020 for stability

Community Input

Exercise, health nutrition and weight control are core principles to prevent chronic diseases. For example, the three riskiest health behaviors (smoking, physical inactivity and a lack of healthy food and nutrition) greatly contribute to diabetes, high blood pressure (hypertension), certain cancers and cardiovascular disease, which cause over 50% of all mortality in the United States. Systemic problems drive inequities in obesity, inactivity and food quality in our communities.

Physical Activity and Access to Space

- Many people live in multigenerational homes and there is not enough space for physical activity and getting outside.
- Many youth sports activities were cancelled due to COVID-19.
- With remote learning, kids are in front of screens more and this decreased their physical activity. That is harmful.

Food Security and Quality

Food insecurity and stress can contribute to overweight and obesity issues.

- COVID-19 exacerbated food security. If you do not have enough money to put food on the table and make the rent, you do not prioritize other factors of health. People for the first time in their lives were experiencing food insecurity. Community groups stepped in to help people who were food insecure and late with paying their rent. It is hard to eat healthy when you have other, more pressing issues on your mind.
- People need places where they can purchase healthy food items. The corner store does not have healthy food or if they do have fresh produce, it may be priced higher than at the supermarket.
- People report that the corner store may sometimes be your closest and best option to buy food but it does not have healthy food or if they do have fresh produce, it is priced higher than at the supermarket.
- We have a number of unhoused residents who are obese and overweight. What they eat is not healthy, generally not by choice. Being housed increases access to refrigeration and cooking vessels. Local housing advocates have seen that once people get off the street they eat better. Access to good health care and housing motivates them to have hope and they feel better.

Funding and Access for Nutrition and Physical Activity Prevention

- Physical activity and nutrition promotion is always related to funding. Without funding, we don't have classes. And we are always having to change our focus - now it is food insecurity. Consistency of funds is what creates meaningful, sustainable change.
- The Women, Infants and Children Program (WIC) is limited to certain populations at the lowest income levels. We need a more consistent nutrition approach that community members can count on.

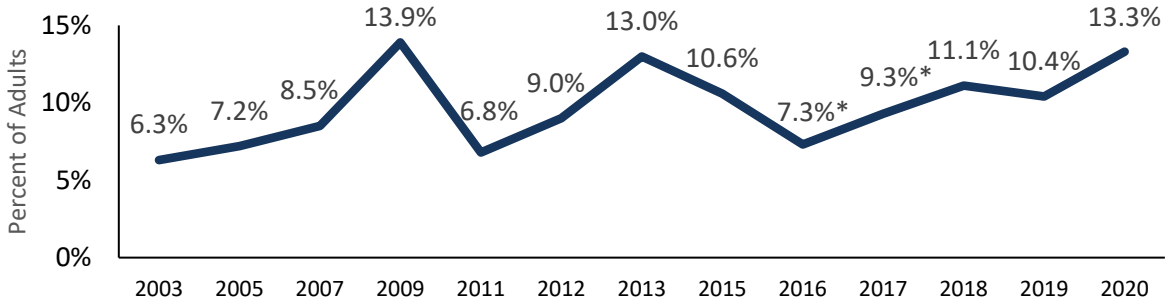
Exercise, Nutrition and Weight				
Indicator	**PUSD**	**LAC**	**CA**	**Trend**
PUSD students meeting physical fitness requirements[42*]	26.9%	30.2%	---	↓
	SPA3	**LAC**	**CA**	
Children who are active at least one hour per day[17]	30.5%^	36.6%	39.8%	↓
Adolescents (12-17) who report almost constantly using computer or mobile device for social media[17]	41.6%	27.3%	23.5%	↑
Adults who are overweight or obese[17**]	60.0%	61.7%	61.4%	↔
Adults (18+) who report almost constantly using computer or mobile device for social media[17]	13.6%	16.3%	13.0%	↔
Adolescents who ate 5 or more servings of fruits and/ or vegetables per day[17]	51.1%	52.3%^	46.5%	↔
Adolescents who are overweight or obese[17**]	27.6%^	30.5%	28.5%	↓
Children who spent 3 or more hours on sedentary activities on a typical weekday after school[17]	20.7%^	26.6%^	26.8%	↓
Adolescents who spent 3 or more hours on sedentary activities on a typical weekday after school[17]	34.5%^	52.3%^	46.5%	↓
Not able to afford food (<200% FPL)[17]	29.9%	39.6%	38.8%	↓
	Pasadena	**SPA 3**	**LAC**	
Adults who met both aerobic and strengthening guidelines[26]	35.9%	33.4%	35.1%	↔
Children and adolescents who met both aerobic and strengthening guidelines[26]	---	12.9%	15.1%	↔
No. days in last month where activity was limited due to health[26]	1.3	2.5	2.7	↓
Parents/guardians of children, ages 17 and younger, who rate community access to fresh fruits and vegetables as good or excellent[26]	94.2%	81.5%	78.2%	↑
Households, <300% FPL that are food insecure[26]	13.9%^	21.6%	26.8%	↓

^Statistically unstable
*5-year average rate, average across grades
**Pooled across 2019-2020

DIABETES

The rate of adults who have ever been diagnosed with diabetes was higher in 2020 for SPA 3 (13.3%) than in Los Angeles County (12.9%) and California (10.9%)[17]. The rate has been increasing for all jurisdictions.

Figure 40. Percent of Adults who Report ever being diagnosed with Diabetes in SPA 3, 2003-2020[17]

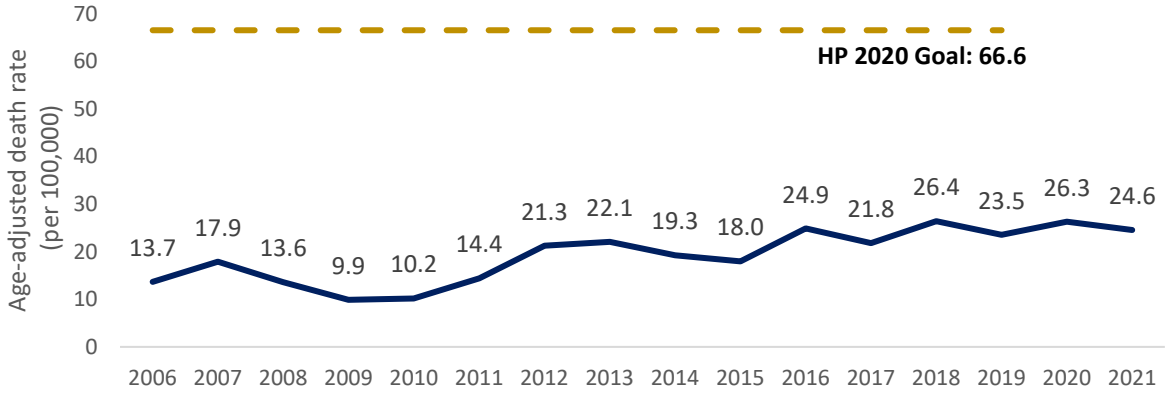


** Estimates were statistically unstable*

Diabetes Mortality

Diabetes may be underreported as a cause of death. Studies have found that 35% to 40% of people with diabetes who died had diabetes listed anywhere on the death certificate and 10% to 15% had it listed as the underlying cause of death[46]. In 2021, diabetes was the 9th leading cause of death in Pasadena[25]. The age-adjusted mortality rate from diabetes in Pasadena was 24.6 per 100,000 persons, which is below the HP2020 objective of 66.6 deaths per 100,000 (not included in HP2030)[24,25].

Figure 41. Age-Adjusted Death Rates Due to Diabetes, 2006-2021[24,25]



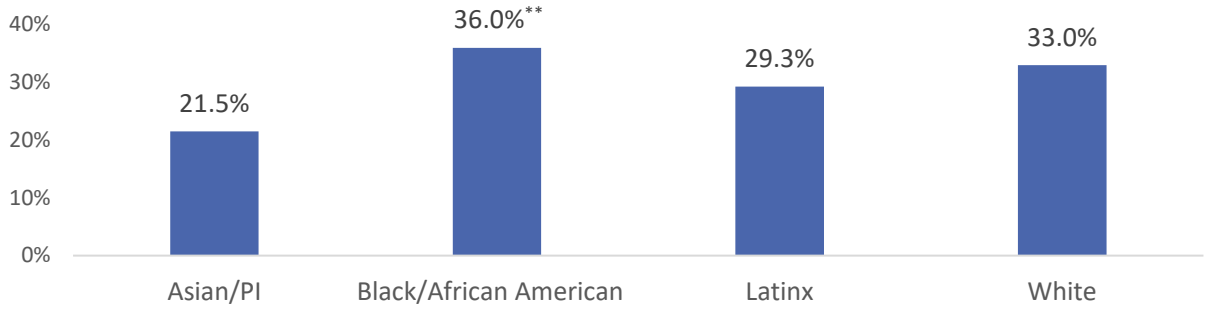
Diabetes					
Indicator	**Pasadena**	**LAC**	**CA**	**HP2020**	**Trend**
Adults ever diagnosed with diabetes[17]	13.3%	12.9%	10.9%	---	↓
Death rates due to diabetes[24,25]	24.6	---	---	66.6	↓

HEART DISEASE AND STROKE

High Blood Pressure

The rate of adults ever diagnosed with high blood pressure in SPA 3 is 27.4%, slightly higher than LAC (26.2%) and California (25.1%)[17]. The same is true for the rates of adults ever diagnosed with heart disease (6.6% SPA 3, 5.9% LAC, and 6.5% California)[17]. In SPA 3, Black/African American adults had the highest rates of high blood pressure (36.0%**) by race, followed by White adults (33.0%), Latinx adults (29.3%), and Asian adults (21.2%)[17].

Figure 42. High Blood Pressure among Adults in SPA 3 by Race/Ethnicity, 2019-2020[17*]

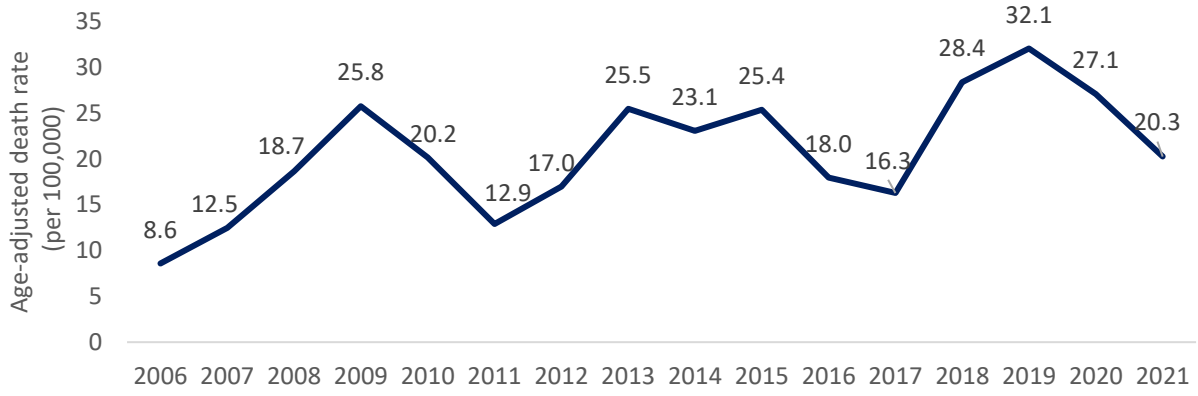


** Pooled across 2019-2020 for stability **Statistically unstable due to sample size.*

Heart Failure Mortality

From 2010-2021, the average age of death due to heart failure was 84.9 years[25]. However, there were significant racial disparities[25]. Black and Hispanic Pasadena residents were more likely to die earlier (mean age 77.6 and 80.1 years, respectively) than their White and Asian counter parts (mean age 86.8 and 87.5, respectively)[25]. In Pasadena, the age-adjusted mortality rate for heart failure was 20.3 per 100,000 persons[25].

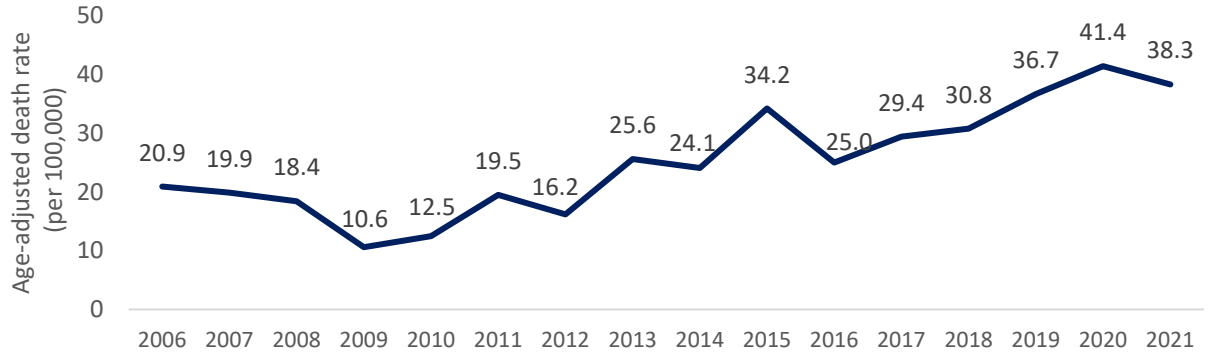
Figure 43. Age-Adjusted Death Rates Due to Heart Failure in Pasadena, 2006-2021[25]



Hypertension Mortality

In 2021, hypertensive disease was the 5th leading cause of death in Pasadena[25]. In 2021, there were 67 deaths related to hypertension in Pasadena[25]. The age-adjusted mortality rate from hypertension in Pasadena was 38.3 per 100,000 persons[25]. Between 2010 and 2021, the average age of death from hypertensive disease was 79.2[25]. Like heart failure, there were significant disparities in the mean age of death by race: 82.0 (White), 81.9 (Asian), 78.5 (Hispanic), and 71.9 (Black)[25].

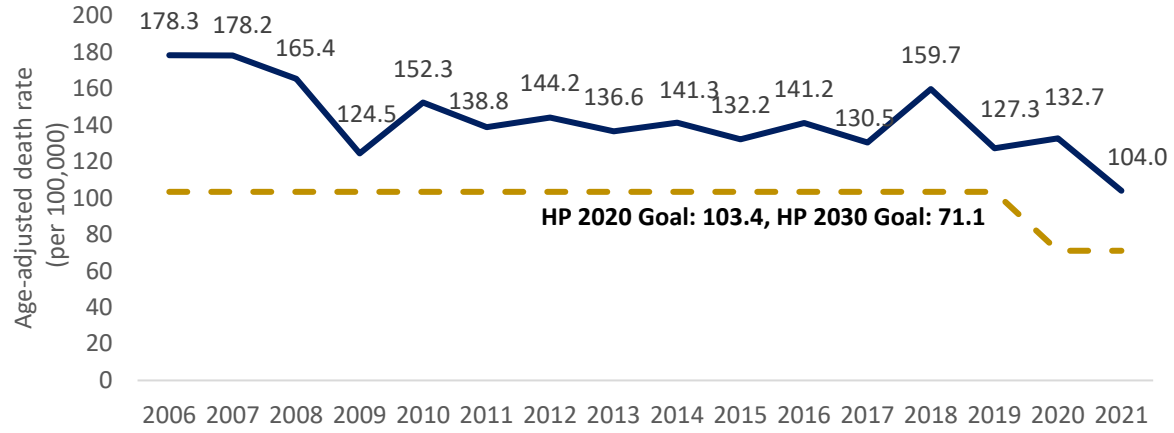
Figure 44. Age-Adjusted Death Rates Due to Hypertension, 2006-2021[25]



Ischemic Heart Disease

The age-adjusted rate of ischemic heart disease deaths was 104.0 per 100,000 persons in Pasadena[25].

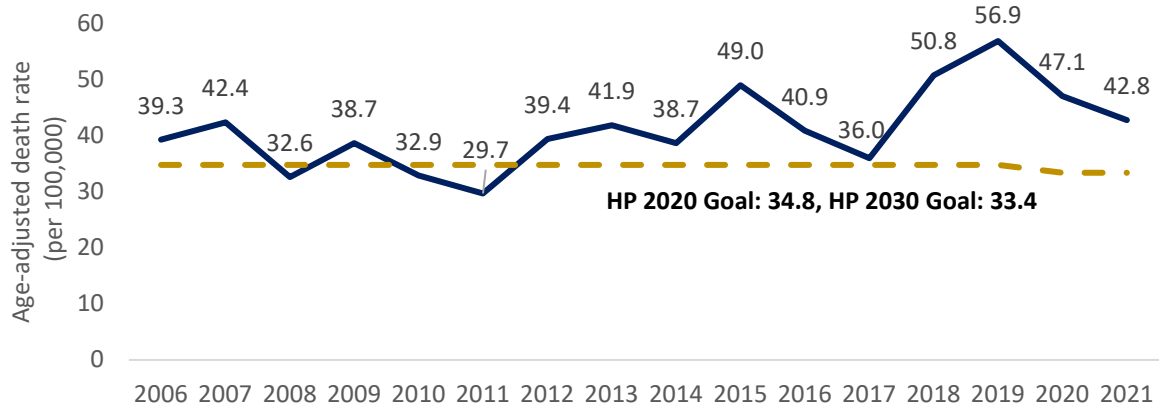
Figure 45. Age-Adjusted Death Rates Due to Ischemic Heart Disease, 2006-2021[23–25]



Stroke Mortality

In 2021, cerebrovascular disease, or stroke, was the 3rd leading cause of death in Pasadena[25]. The age-adjusted rate of death from stroke was 42.8 per 100,000 persons in Pasadena[25], above the HP2030 objective of 33.4 per 100,000[23].

Figure 46. Age-Adjusted Death Rates Due to Stroke, 2006-2021[23–25]



Community Input

- Chronic diseases (including high blood pressure, diabetes, and other heart problems) are complicated at least in part because of neglected access to care and problems associated with continuing to manage these conditions.
- Stress and financial instability exacerbate the management of chronic conditions.

Heart Disease and Stroke				
Indicator	**SPA 3**	**LAC**	**CA**	**Trend**
Adults (18+) with high blood pressure[17]*	27.4%	26.2%	25.1%	↔
Adults (18+) with borderline high blood pressure[17]*	8.3%	7.2%	7.8%	↔
Adults ever diagnosed with heart disease[17]	6.6%	5.9%	6.5%	↔
	Pasadena	**LAC**	**HP2030**	
Age-adjusted death rates due to stroke[25]	42.8	---	33.4	↑
Age-adjusted death rates due to heart failure[25]	20.3	---	---	↔
Age-adjusted death rates due to hypertensive diseases[25]	38.3	---	---	↔
Adults ever diagnosed with high cholesterol[26]	17.6%	26.8%	---	↓

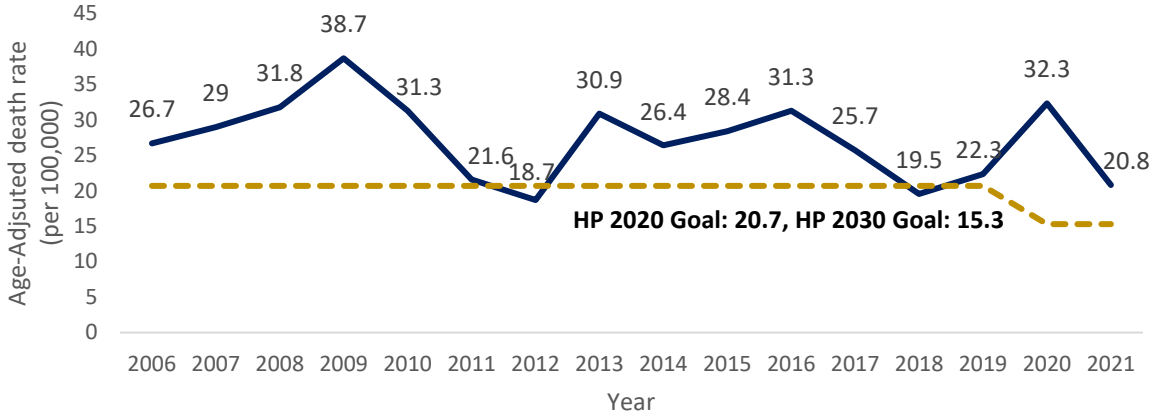
* Pooled across 2019-2020 for stability

CANCER

Breast Cancer

Breast cancer was the 6th leading cause of premature death and 10th leading cause of death, among females in Pasadena[25]. Breast cancer rates have improved compared to 2017 where it was the leading cause of premature death and ranked as the 6th leading cause of death[25]. The age-adjusted rate of breast cancer death in 2021 was 20.8 per 100,000 women in Pasadena, as compared to the county at 19.6 per 100,000 women and the state at 19.4 per 100,000 women[25]. Mammograms are an effective method for early detection of breast cancer. The Healthy People 2030 objective for mammograms is 77.1% of women, ages 50 to 74, to have had a mammogram in the past two years[23]. Among women in Pasadena, 76.7% had a mammogram in the past two years, as compared to SPA 3 at 78.3%, and the county at 77.0%[26].

Figure 47. Age-Adjusted Death Rates Due to Breast Cancer, 2006-2021[23–25]



Human Papilloma Virus Vaccine

In Pasadena, 76.7% of children, ages 11 to 17, received at least one dose of the Human Papilloma Virus (HPV) vaccine which is significantly higher compared to SPA 3 and Los Angeles County[26]. When examined by gender, 79.5% of females and 73.7% of males, ages 11 to 17, received at least one dose of the HPV vaccine[26].

Table 12. Self-Reported Rates of HPV Vaccination (Ages 11-17) by Gender and Jurisdiction, 2018[26]

	Pasadena*	SPA 3	Los Angeles County
Children, ages 11-17	76.7%	47.1%	47.2%
Female	79.5%	50.5%	53.4%
Male	73.7%	44.0%	41.2%

**Pasadena Health District.*

Cervical Cancer Screening

The Healthy People 2030 objective for Pap smears is 84.3% of women, ages 21 to 65, to have been screened for cervical cancer in the past three years[23]. Among women, 69.7% in Pasadena, 80.9% in SPA 3, and 81.4% in the county had a Pap smear in the prior three years[26].

Table 13. Cervical Cancer Screening, Women, Ages 21-65, 2018[26]

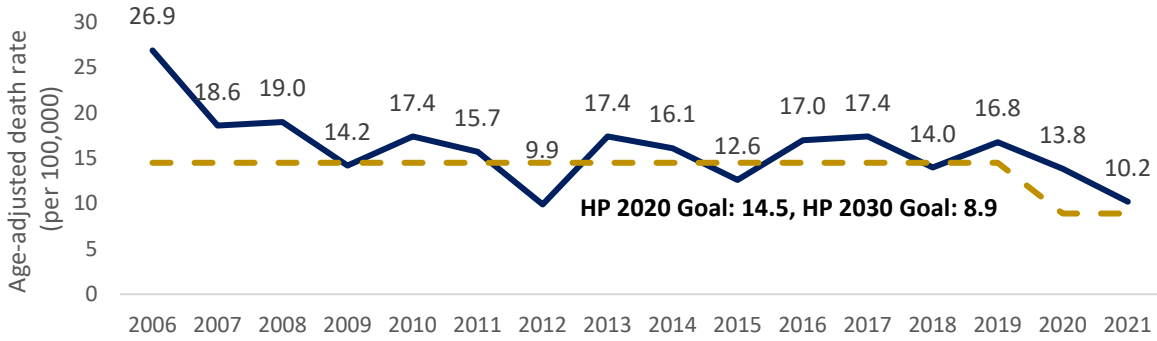
	Pasadena*	SPA 3	Los Angeles County
Pap smear within past 3 years	69.7%	80.9%	81.4%

**Pasadena Health District*

Colorectal Cancer

The age-adjusted rate of colorectal cancer deaths was 10.2 per 100,000 persons in Pasadena, as compared to the county at 13.2 per 100,000 persons and the state at 12.5 per 100,000 persons[25]. From 2006-2021, the average annual number of deaths due to colorectal cancer was 24.3. The 12-year (2010-2021) average rates per 100,000 by race/ethnicity were 24.2 (White), 22.4 (Black), 13.9 (Asian), and 7.2 (Hispanic)[25].

Figure 48. Age-Adjusted Death Rates Due to Colorectal Cancer, 2006-2021[23–25]



The Healthy People 2030 objective for colorectal cancer screening is 74.4% for adults, ages 50 to 74, be screened based on most recent guidelines[23]. Screenings may include blood stool tests, sigmoidoscopy or colonoscopy. In Pasadena, 29.0% of adults completed a blood test in the past 12 months, compared to SPA 3 at 18.5%, and the county at 20.0%[26]. Among adults, ages 50 to 75, 54.9% in Pasadena, 59.5% in SPA 3, and 54.6% in the county received a sigmoidoscopy within the past five years or colonoscopy within the past 10 years[26].

Table 14. Colorectal Cancer Screening among Adults (Ages 50-74) by Jurisdiction, 2018[26]

	Pasadena*	SPA 3	LAC
Blood stool test in past 12 months	29.0%	18.5%	20.0%
Sigmoidoscopy w/in past 5 years or Colonoscopy w/in past 10 years	54.9%	59.5%	54.6%

**Pasadena Health District*

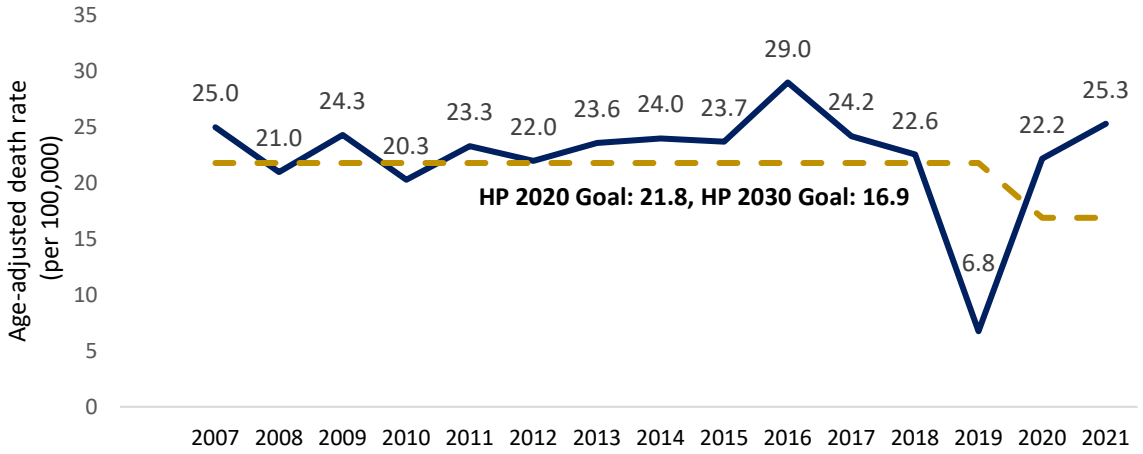
Lung Cancer

Lung cancer was the 8th leading cause of death in Pasadena, and accounted for an average of 45.3 deaths per year (2006-2021)[25]. The age-adjusted rate of lung cancer deaths was 28.3 per 100,000 persons in Pasadena, as compared to the county at 25.5 per 100,000 persons and the state at 28.1 per 100,000 persons[25,47]. Since 2006, the age-adjusted death rate has remained lower than the HP2020 objective of 45.5 deaths per 100,000 persons with the exception of 2011[24,25]. The updated HP2030 objective is 25.1 deaths per 100,000 persons[23]. There are racial disparities in lung cancer mortality. The 12-year average death rate per 100,000 by race/ethnicity was: 54.2 (Black), 43.7 (White), 30.1 (Asian), and 12.9 (Hispanic/Latinx) [25].

Prostate Cancer

The age-adjusted rate of prostate cancer deaths was 25.3 per 100,000 persons in Pasadena, as compared to the county at 20.2 per 100,000 persons and the state at 19.9 per 100,000 persons[25,47]. The rate in Pasadena has been above the HP2020 and HP2030 objectives of 21.8 and 16.9 deaths per 100,000, respectively since 2011 with the exception of 2019[23–25].

Figure 49. Age-Adjusted Death Rates Due to Prostate Cancer, 2007-2021[23–25]



Community Input

- Providers are already reporting people presenting with later stages of cancer because they delayed screenings for several years, especially during COVID-19.

Delays in cancer screening will affect people's health for years to come.

Cancer				
Indicator	**Pasadena**	**LAC**	**HP2030**	**Trend**
Women (21-65 years) who had a pap smear in last 3 years[26]	69.7%	81.4%	84.3%	↓
Age-adjusted death rate due to prostate cancer[23,25,47]	25.3	20.2	16.9	↑
Age-adjusted death rate due to breast cancer (female) [23,25,47]	20.8	19.6	15.3	↑
Age-adjusted death rate due to lung cancer[23,25,47]	28.3	25.5	25.1	↑
Women (50-74 years) who had a mammogram in last 12 months[5]	76.7%	77.0%	77.1%	↔
Adults (50-74 years) who had a blood stool test[26]	29.0%	20.0%	---	↑
Age-adjusted death rate due to colorectal cancer[23,25,47]	10.2	13.20	8.9	↓
Ever had an Human Papillomavirus (HPV) vaccine[26]	76.7%	47.2%	---	↑

IMMUNIZATIONS AND INFECTIOUS DISEASE

Childhood Immunization

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. In academic year 2019-2020, there were 8 schools in PUSD-service area that had vaccination completion rates less than 95%; the lowest at 55%[48].

For the academic year 2019-2020 in service area public school districts, rates of children with up-to-date immunizations upon entry into kindergarten ranged from 93.1% in Pasadena Unified School District to 97.6% San Marino Unified School District[48].

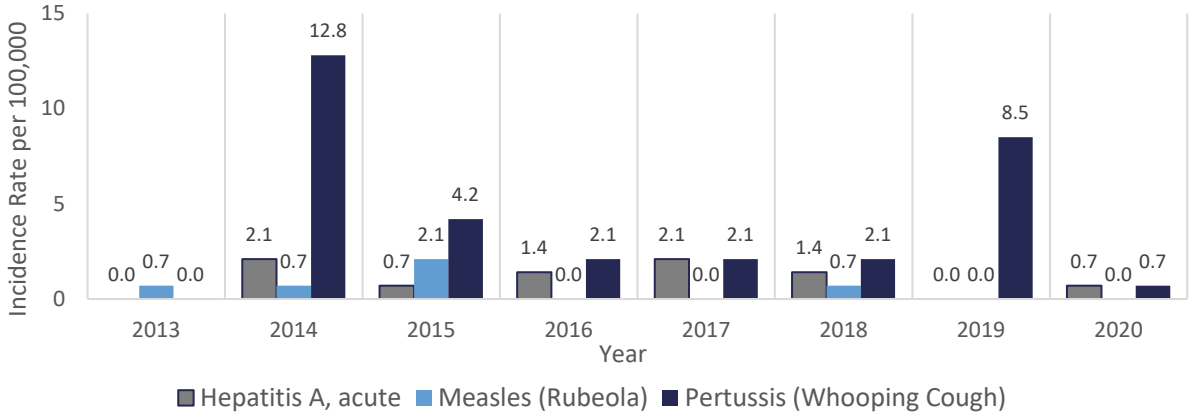
Table 15: Up-to-Date Immunization Rates of Children Entering Kindergarten by District, AY2019-2020[48]

	Immunization Rate
Pasadena Unified School District	93.0%
San Marino Unified School District	97.6%
South Pasadena Unified School District	97.3%
Los Angeles County	**94.5%**
California	**95.3%**

Vaccine-Preventable Diseases

A vaccine-preventable disease (VPD) is an infectious disease for which an effective, preventive vaccine exists. 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 cases[49]. Similarly, Pasadena has experienced cases of pertussis (whooping cough) and hepatitis A that have been associated with larger, statewide and regional outbreaks[49].

Figure 50. Annual Incidence Rates of Select Vaccine-Preventable Diseases in Pasadena, 2013-2020[49]



Human Papilloma Virus Vaccine

In Pasadena, 76.7% of children, ages 11 to 17, have received at least one dose of the Human Papilloma Virus (HPV) vaccine[26]. When stratified by gender, 79.5% of females and 73.7% of males, ages 11 to 17, received at least one dose of the HPV vaccine. Among SPA 3 adults, ages 18 to 26, 64.3% have had an HPV vaccine, as compared to the county at 59.3%[26].

Table 16: Self-Reported Human Papilloma Virus (HPV) Vaccination by Age and Jurisdiction, 2018[26]

	Pasadena*	SPA 3	LAC
Children, ages 11-17	76.7%	47.1%	47.2%
Female	79.5%	50.5%	53.4%
Male	73.7%	44.0%	41.2%
Adults, ages 18-26	-	64.3%	59.3%

**Pasadena Health District*

Influenza (Flu) Vaccine

In Pasadena, 69.8% of children, ages 6 months to 17 years, have had a flu vaccination in the past 12 months[26]. 58.6% of adults, ages 18 and older, and 87.1% of adults, ages 65 and older, have had a flu vaccination in the past 12 months[26].

Table 17: Self-Reported Seasonal Influenza (Flu) Vaccine by Age and Jurisdiction, 2018[26]

	Pasadena*	SPA 3	LAC
Reported having flu vaccination in past 12 months			
Ages 6 months to 17 years	69.8%	58.7%	59.9%
Ages 18 and older	58.6%	49.3%	47.1%
Ages 65 and older	87.1%	78.0%	73.2%

**Pasadena Health District*

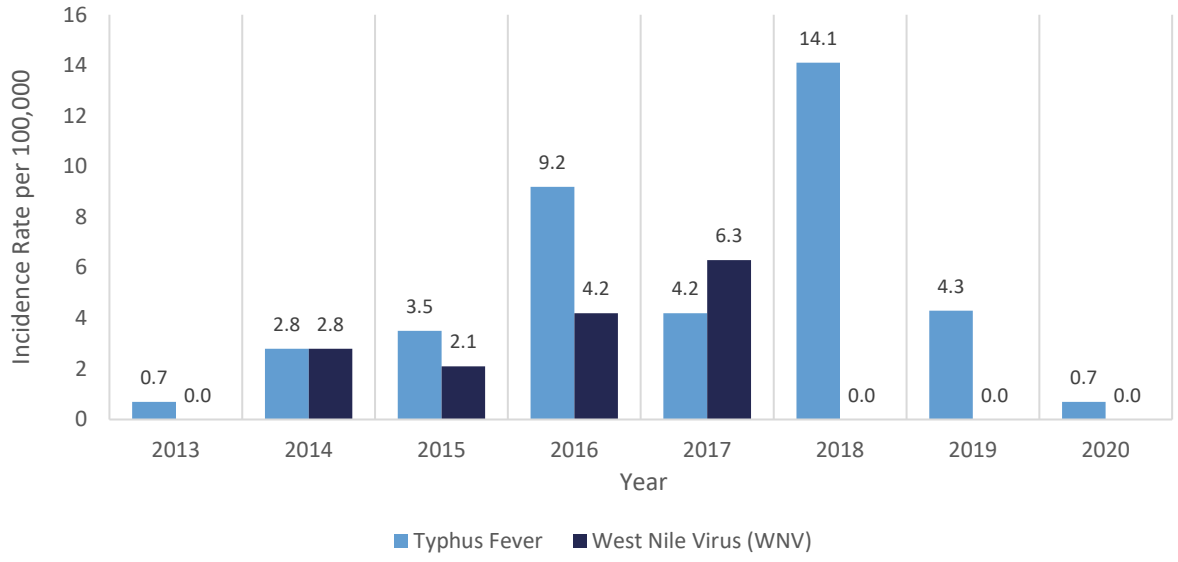
Vector-Borne Diseases

Vector-borne diseases are infections transmitted by vectors, which include animals and insects. The most common disease-carrying vectors include mosquitoes, ticks, flies, and fleas. These vectors spread disease to humans typically by biting a susceptible person. Vector-borne 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)[49].

Flea-borne Typhus Fever: Flea-borne typhus (*Rickettsia typhi*, and possibly *Rickettsia felis*), is spread by the bite of an infected flea. Through 2018, Pasadena had the highest rates of typhus fever compared with all other city or county health jurisdictions in California[49]. 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, and have risen through 2017. There were no cases of WNV in 2018 to 2020[49].

Figure 51. Annual Incidence Rates of Select Vector-Borne Diseases in Pasadena, 2013-2020[49]



Sexually Transmitted Infections (STIs)

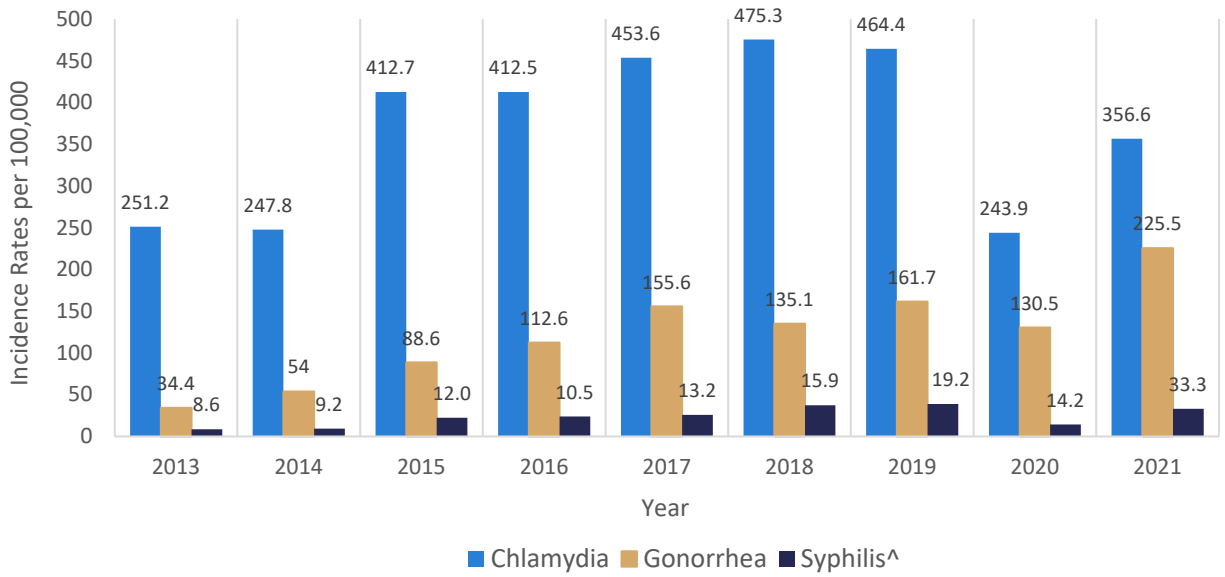
In Pasadena, California and the United States, sexually transmitted diseases have been on the rise. Case rates reached a high in 2019, dropped in 2020 during the first year of the COVID-19 pandemic, and were on the rise again in 2021. While the traditional high-risk groups remain, changing demographics of infections have emerged.

Chlamydia*:* In Pasadena, chlamydia was at its highest level in 2019 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 70% of the chlamydia cases are among people less than 30 years old, with the largest portion of those between the ages of 20 to 24[49].

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 2021 in Pasadena, approximately two-thirds (66.0%) of all reported cases were in men. In that same time period among men, there was nearly an equal number of heterosexual and MSM reports. For females, cases were stable at around 15 cases in previous years, but jumped to 93 in 2019 and 97 in 2021, indicating an increase as well[49].

Syphilis*:* Early syphilis cases (primary, secondary, and early latent) continued to increase across all regions of California to a high in 2019, with an overall 127.8% increase since 2014. In Pasadena, from 2001 to 2014, there were 12 to 15 cases per year. In 2016 to 2017, there were 35 to 36 reported cases, more than double previous rates. From 2013 to 2021, more than 90% of Pasadena's cases were among men, though cases among females of reproductive age are increasing[49].

Figure 52. Annual Incidence Rates of Sexually Transmitted Infections, 2013-2021[49]

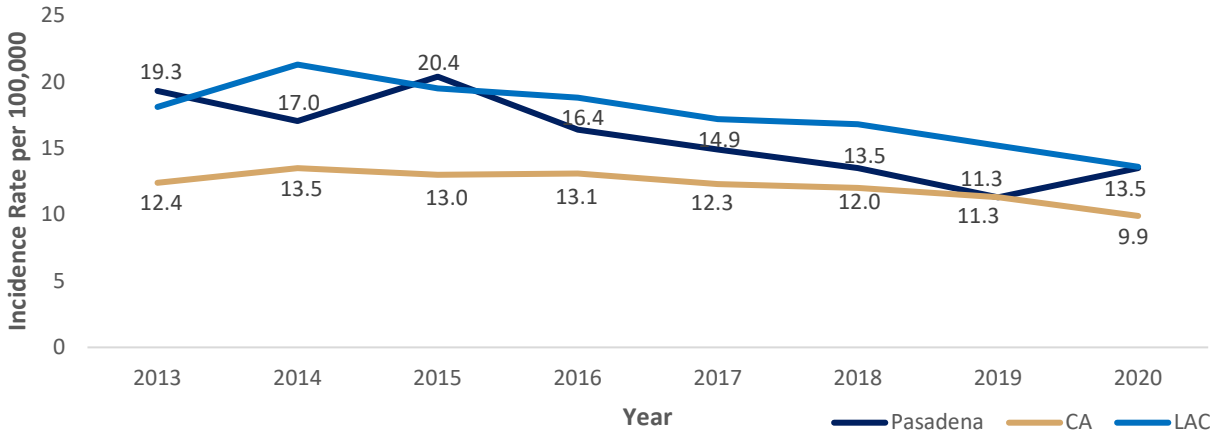


^ Primary and secondary plus early latent syphilis

Human Immunodeficiency Virus (HIV)

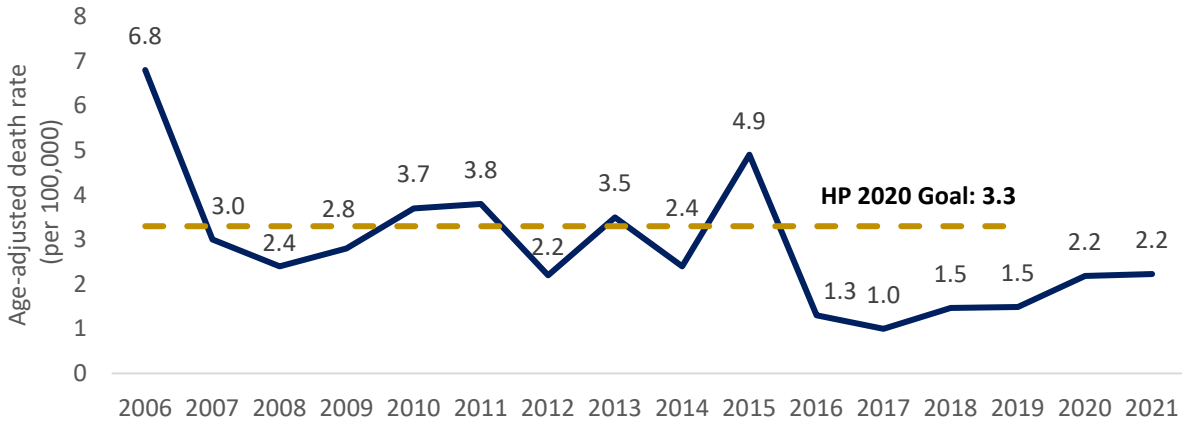
The rate of newly diagnosed HIV cases is higher for Los Angeles County (LAC) (13.6 per 100,000) and Pasadena (13.5 per 100,000) than California (9.9 per 100,000)[50]. The rate of people living with HIV infection stage 3, previously classified as acquired immune deficiency syndrome or AIDS, remains steady after more than a decade of dropping rates[50]. This is due to the introduction of better medication and medical care.

Figure 53. Incidence Rates of Persons Newly Diagnosed with HIV Infection by Year of Diagnosis and Health Jurisdiction, 2013-2020[50–53]



Disparities in death due to HIV exist. The 10-year average death rate due to HIV for Black females was 1.4 per 100,000, which was the highest death rate among all racial and ethnic group, but was lower than the HP2020 objective of 3.3 per 100,000[24,25]. Among males, Black males (10.3 per 100,000) had the highest 10-year average death rate, followed by White (4.0 per 100,000) and Hispanic (3.9 per 100,000) males[25]. The age-adjusted death rate due to HIV in 2021 was 2.2 deaths per 100,000, lower than the HP2020 objective of 3.3 deaths per 100,000 (no longer included in HP2030).

Figure 54. Age-Adjusted Death Rates due to HIV, 2006-2021[24,25]



Community Input

- We have seen people challenged to stay on their HIV preventive medications. People aren't coming in to renew their medications and those medications can be expensive. Lower income residents, young people, and those on Medi-Cal are making tradeoffs and spending their money elsewhere.
- We've seen some issues exacerbated by the pandemic including STIs (sexually transmitted infections). In LA County we have increasing rates of congenital syphilis. All STIs are a huge challenge.

Immunization and Infectious Disease				
Indicator	**Pasadena**	**LAC**	**CA**	**Trend**
Chlamydia incidence rate[49,54^]	464.4	681.5	594.7	↗
Gonorrhea incidence rate[49,54^]	161.7	256.1	201.7	↗
Early Syphilis (primary, secondary, and early non-primary, non-secondary) incidence rate[49,54^**]	19.2	24.9	20.6	↗
Rates of Vectorborne Diseases[49]	*various*	---	---	↔
HIV incidence rate[50^]	13.5	13.6	9.9	↔
Age-adjusted death rate due to pneumonia and influenza[25*]	26.3	---	---	↔
Age-adjusted death rate due to HIV[25*]	1.7*			↓
Tuberculosis incidence rate[49,55]	3.1*	5.0	4.4	↓
Had a flu shot in the past year (ages 65+)[5]	87.1%	73.2%	---	↑

*5-year average rate
^Rate per 100,000 population
** Restricted to 2019 for comparability to California

COVID-19

COVID-19 is a health condition caused by the SARS-CoV-2 virus that was first identified in late 2019. As of May 19, 2022, there have been 82,677,263 cases of COVID-19 and 997,887 COVID-19 deaths in the United States[56]. Case and death rates have varied by state throughout the pandemic. California has a cumulative case rate of 23,753 cases per 100,000 population (9,385,311 cases), ranking 36th among U.S states. California has had 90,219 COVID deaths, with a total death rate of 228 deaths per 100,000 population. While California has the highest absolute number of deaths in the country, it has the 39th highest death rate among U.S. states. For comparison, if California had Florida's death rate of 345 deaths per 100,000 (18th highest in the country), California would have had an estimated 136,637 deaths, or 46,418 additional deaths[56].

Figure 55. COVID-19 Case Rates per 100,000 in the U.S. Reported to the CDC by State/Territory, 2022[56]

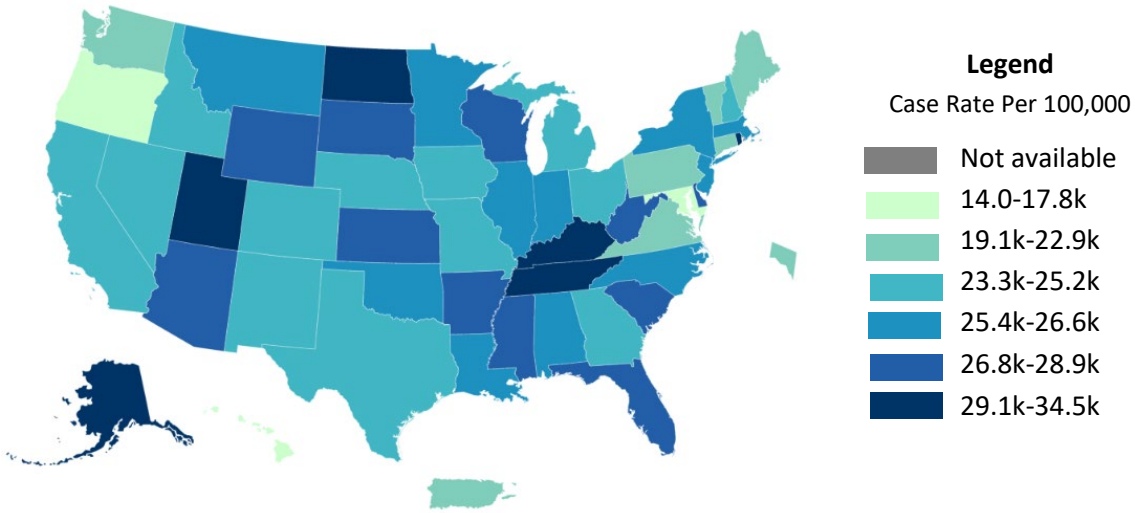
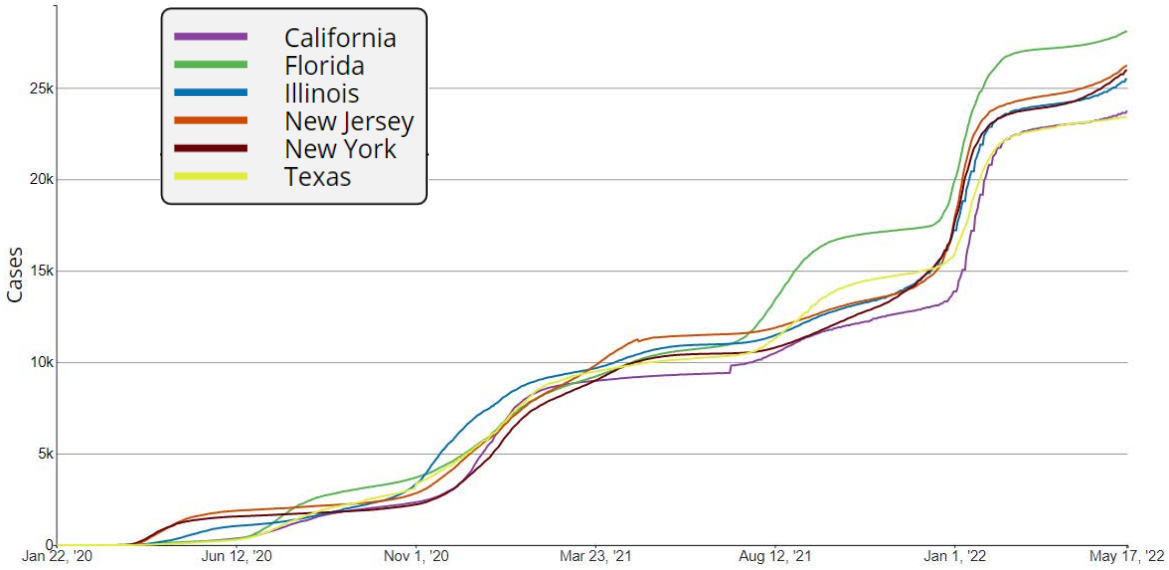


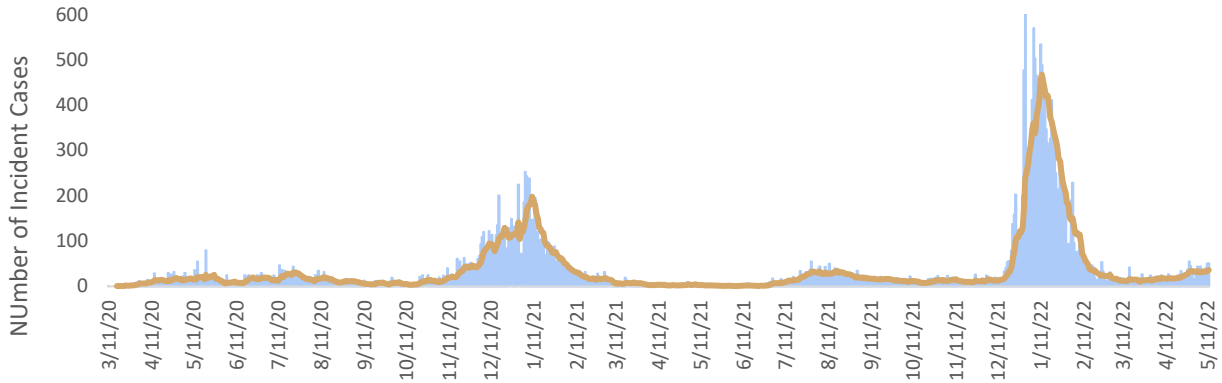
Figure 56. Cumulative Case Rates per 100,000 of COVID-19, Reported among Select States, 2022[56]



Confirmed COVID-19 Cases and Deaths in Pasadena

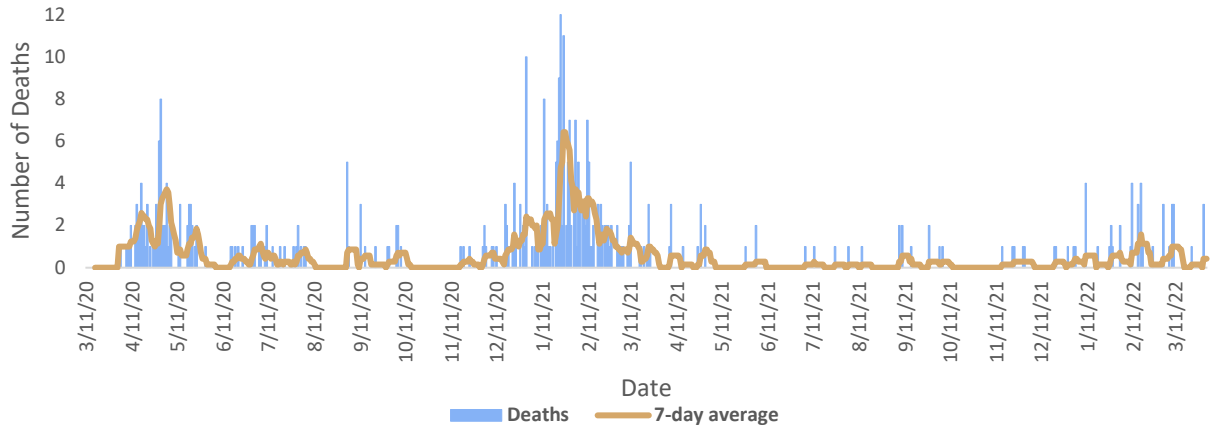
As of May 1, 2022, there have been 28,810 confirmed cases of COVID-19 in Pasadena, with a cumulative case rate of 20,378.6 cases per 100,000 residents[57]. Latinx residents have the highest rates of infection in Pasadena (10,743 cases, 210.3 cases per 1,000 population thus far)[57]. Black/African Americans had the next highest rate at 198.9 cases per 1,000 (2,407 cases), followed by White, non-Hispanic with 139.7 cases per 1,000 (6,477 cases) and Asian/Pacific Islanders 103.8 cases per 1,000 (2,756 cases) [57].

Figure 57. Incidence of Laboratory-Confirmed COVID-19 Cases, by Date Reported with 7-Day Rolling Average in Pasadena, March 2020 to May 2022[57]



As of May 1, 2022, 414 Pasadena residents have died due to COVID-19 complications at a rate of 292.8 deaths per 100,000 persons[57]. Black/African Americans experienced the highest mortality rate in Pasadena (3.88 cases per 1,000 population, 47 deaths), followed by White, non-Hispanic with 3.6 deaths per 1,000 (167 deaths), Latinx with 2.8 deaths per 1,000 (142 deaths), and Asian/Pacific Islanders with 2.0 cases per 1,000 (54 deaths). Of note, the number of COVID-19-related deaths is based on the surveillance case definition of a COVID-19-related death, whereas the cause of death is based on death certificates with COVID-19 listed as the underlying cause of death by ICD-10 code[58–60]. As of May 1, 2022, the City of Pasadena registered 357 Pasadena deaths with COVID-19 as the underlying cause of death[57].

Figure 58. Number of COVID-19-Associated Deaths, by Date of Death with 7-Day Rolling Average in Pasadena, March 2020 to May 2022[57]



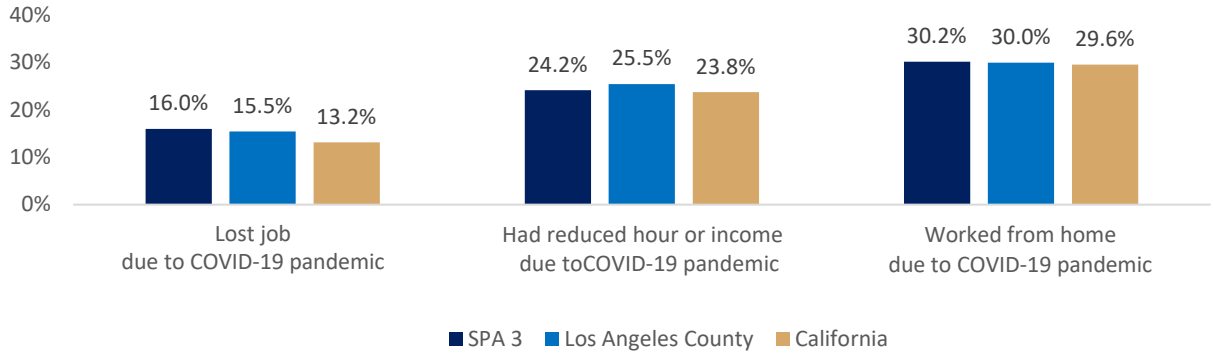
COVID-19 Vaccinations

As of April 5, 2022, there have been 123,271 people who said they were Pasadena residents at the time of being vaccinated. While this represents a high number of Pasadena residents vaccinated, there are disparities. Asian/Pacific Islanders and White (non-Hispanic) Pasadena residents had higher rates of vaccination (both >90% population having received their first dose) than their Hispanic and Black/African American counterparts (69.3% and 66.0%, respectively)[57]. Residents in the 18 to 44 age group and 5 to 11 age group had lower rates of vaccination than other age groups (90.8% and 69.6%, respectively)[57].

Employment Challenges Due to COVID-19

In SPA 3, 16.0% of adults lost their job, 24.2% of adults experienced a reduction in hour or income due to the COVID-19 pandemic, and 30.2% of adults worked from home due to COVID-19[17]. Among new parents in Pasadena, 19.3% reported that they or their partner had pay or hours cutback in 2020[36].

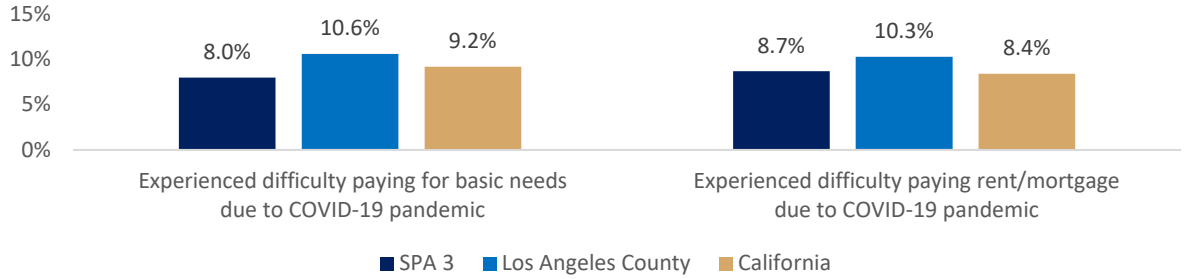
Figure 59. People who Reported Experiencing Employment Challenges due to COVID-19, 2020[17]



Basic Needs Issues due to COVID-19

In SPA 3, 8.0% of adults experienced difficulty paying for basic necessities and 8.7% of adults experienced difficulty paying for rent/mortgage due to COVID-19[17]. Among new parents in Pasadena, 3.3% reported moving due to problems paying rent or mortgage in 2020[36].

Figure 60: Self-Reported Financial Challenges due to COVID-19 by Jurisdiction, 2020[17]



Mental Health

In SPA 3, 1.4% of adults reported experiencing mental health challenges due to COVID-19[17].

Table 18. Adults (Ages 18 and Older) Reporting Mental Health Challenges due to COVID-19, 2020[17]

	SPA 3	LAC	California
Experienced mental health challenges due to COVID-19 pandemic	1.4%*	0.7%	0.5%

**Statistically unstable due to sample size.*

Personal Relationships

In SPA 3, 14.1% of adults experienced an increase in interpersonal conflict and 12.4% of SPA 3 adults reported an increase in snapping and yelling in their household during COVID[17].

Table 19. Adults (Ages 18 and Older) Reporting Interpersonal Conflict due to COVID-19, 2020[17]

	SPA 3	LAC	California
Experienced increase of interpersonal conflict during COVID-19 pandemic	14.1%	13.2%	12.9%
Increase in household of snapping and yelling during COVID-19 pandemic	12.4%	11.6%	12.8%

Childcare Access

Among adults in SPA 3, 12.9% reported not being able to find childcare for a week or longer when needed in the past 12 months[17]. 1.2% experienced childcare difficulties due to COVID-19[17].

Table 20. Adults (Ages 18 and Older) Reporting Childcare Challenges due to COVID-19, 2019-2020[17]

	SPA 3	LAC	California
Difficulty finding childcare ≥ 1 week*	12.9%	10.7%	10.2%
Childcare difficulties due to COVID-19 pandemic‡	1.2%^	1.7%	1.8%

**Pooled across 2019-2020 for stability. ^ Statistically unstable due to sample size. ‡2020 only.*

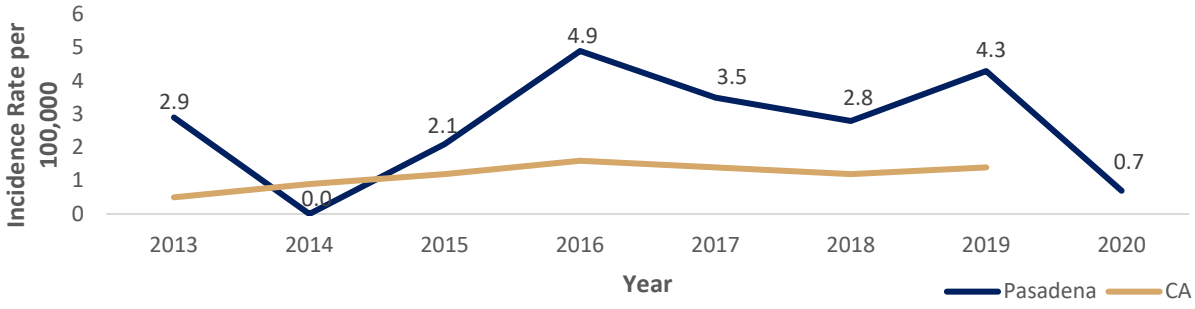
Community Input

- The pandemic illustrated how much on the edge people are living. An interruption of a few months of work can be devastating; they can't provide the most basic things for their families.
- Many people lost their jobs, people are working from home and do not have regular social interactions and that is not good for health and wellness.
- The pandemic highlighted mental health needs and showed us how unprepared we were for the storm that hit us with finances, employment, economics, and overall security.
- We are just learning about the impact of long haul COVID-19 and how it impacts the heart and lungs. We will not know more until we see longitudinal studies on the impact of this virus.
- Many kids and teachers are missing school due to isolation and quarantine. Teachers must adapt and make sure kids in isolation have their work available online. They are also faced with students who are coming to school symptomatic positive. As a result, uncertainty about their own well-being weighs on them.
- Our community has had information about where to get vaccines, but their schedules don't allow for taking time off. We have many in our community who work multiple jobs.
- It is hard to find testing for persons who are homeless. Transportation is an issue and many testing centers don't allow walk-ups. They may not have a phone so they can't make appointments.
- COVID-19 was the first time some of our residents engaged the healthcare system and they found themselves lost and unable to navigate the system. Some lost lives because the system wasn't built with the needed level of cultural competency, language, access, cost, or a combination of these factors to get them the care they needed.

RESPIRATORY DISEASES

Legionellosis

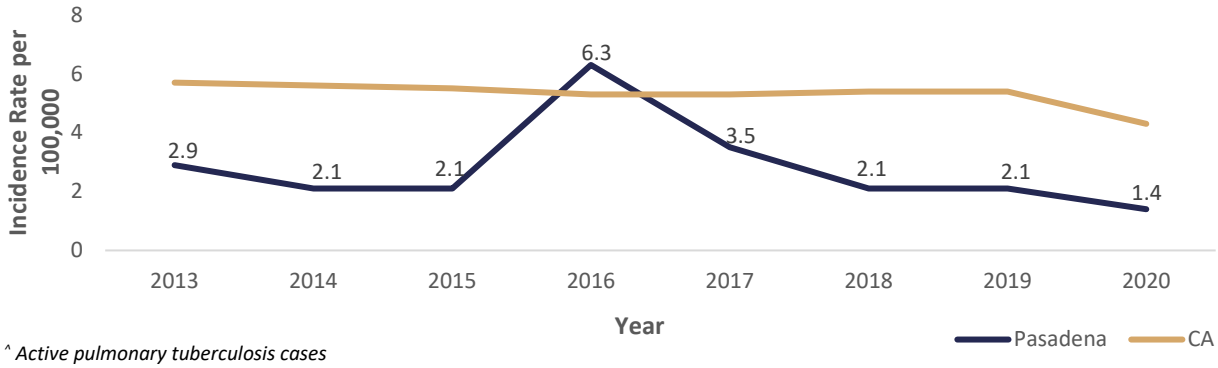
Legionellosis, or Legionnaires' disease, is a serious type of pneumonia caused by the *Legionella* bacteria. People can become infected when they breathe water droplets from misters or spray sources, accidentally swallow water containing *Legionella* bacteria into the lungs, or from invasive medical 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 year and the same increasing trend is apparent in Pasadena. From 2013-2020, 93.3% of all cases in Pasadena were among people age 50 years or older[49].



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 have been declining to a stable rate of around five cases per 100,000 population per year. 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[49].

Figure 62: Annual Incidence Rates of Tuberculosis^ in Pasadena and California, 2013-2020[49,61]

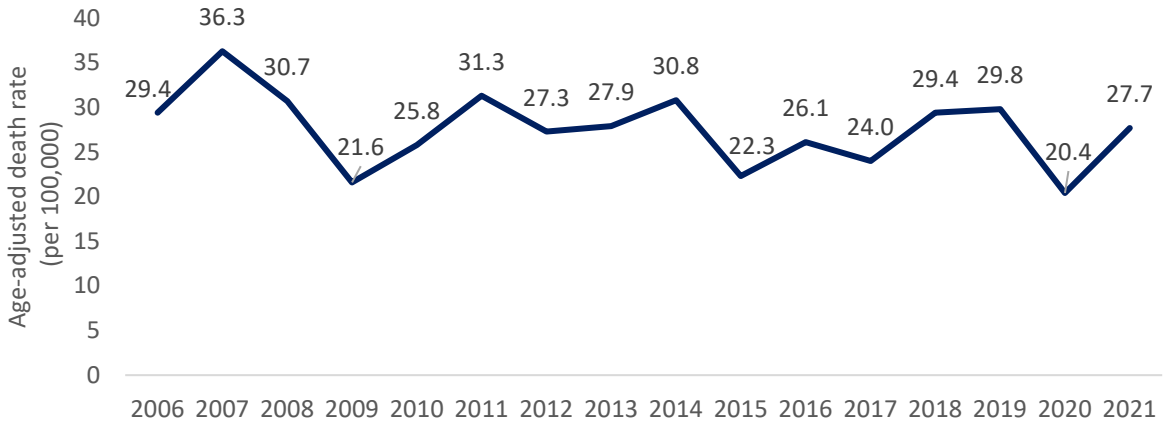


^ *Active pulmonary tuberculosis cases*

Influenza and Pneumonia

In 2021, influenza/pneumonia was the 7th leading cause of death in Pasadena. Between 2010 and 2021, the average age of death was 82.9. There were significant racial disparities. The 10-year average age of death by race was 85.8 (Asian), 84.0 (White), 80.5 (Hispanic), and 77.3 (Black). The pneumonia and influenza age-adjusted death rate was 27.7 per 100,000 persons[25].

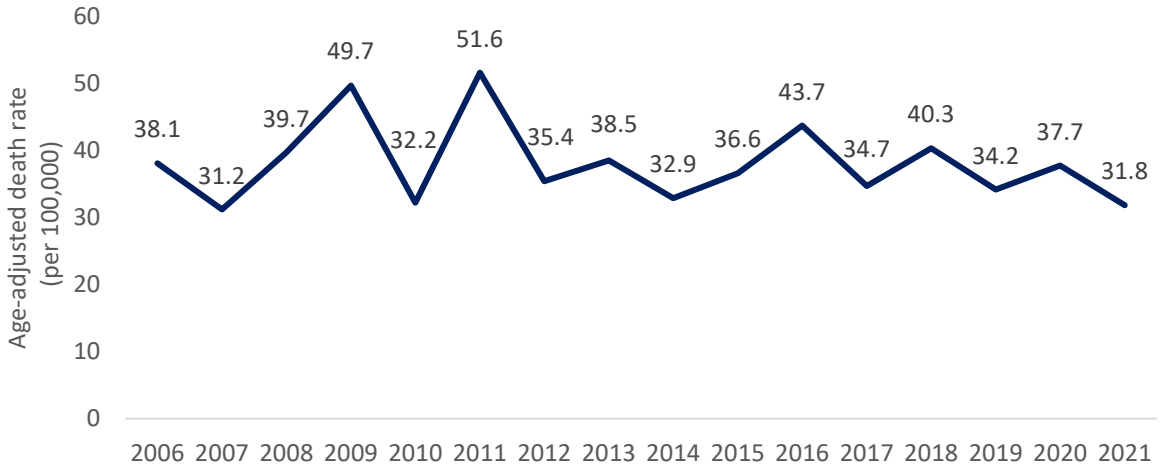
Figure 63. Age-Adjusted Death Rates due to Influenza and Pneumonia, 2006-2021[25]



Chronic Lower Respiratory Disease

Chronic Lower Respiratory Diseases (CLRD) include Chronic Obstructive Pulmonary Disease (COPD) emphysema and bronchitis and others. In 2021, chronic lower respiratory diseases were the 6th leading cause of death[25]. The age-adjusted death rate for chronic lower respiratory disease in Pasadena was 31.8 per 100,000 persons[25].

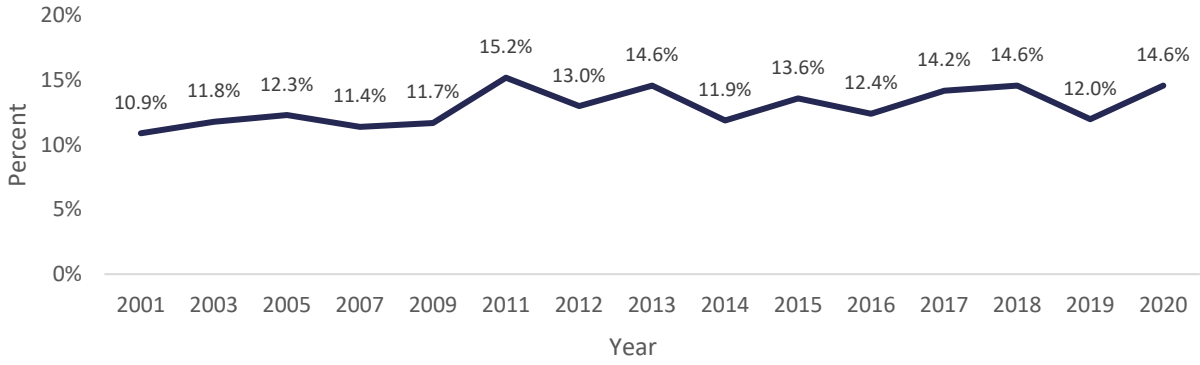
Figure 64. Age-Adjusted Death Rates Due to Chronic Lower Respiratory Disease, 2006-2021[25]



Asthma

Rates of people ever diagnosed with asthma are generally lower in SPA 3 than LAC and California, though estimates vary from 9.3%[26] to 14.6%[17]. This rate has been steady, though increasing, since 2001. In SPA 3, among people diagnosed with asthma, 33.4% had an asthma episode/attack in the past 12 months and 43.0% take daily medication to control their symptoms[17].

Figure 65. People (All Ages) in SPA 3 who Have Asthma, 2001-2020[17]



Respiratory Diseases				
Indicator	**Pasadena**	**LAC**	**CA**	**Trend**
Age-adjusted death rate due to pneumonia and influenza[25*]	26.3	---	---	↔
Age-adjusted death rate due to chronic lower respiratory diseases[25]	31.8	---	---	↔
Age-adjusted death rate due to lung cancer[22, 24, 47]	28.3	25.5		↔
Tuberculosis incidence rate[49,55]	3.1*	5.0	4.4	↓
	SPA3	**LAC**	**CA**	
Adults who have had an asthma episode/attack in past 12 months[17]	31.7%	25.8%	28.7%	↑
Adults who takes daily medication to control asthma[17]	56.8%	46.1%	44.4%	↔
Adults (18+) who are current smokers[17]	5.0%	6.1%	6.5%	↔
Ever diagnosed with asthma[17,26]	9.3-14.6%	11.4-15.1%	15.4%	↓

*5-year average rate

ALCOHOL, TOBACCO, AND SUBSTANCE USE

Alcohol Use

In Pasadena, 61.6% of adults, ages 18 and older, used alcohol in the past month, which is higher compared to SPA 3 and Los Angeles County at 52.7% and 53.8%, respectively[26]. Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among Pasadena adults, 19.4% had engaged in binge drinking in the past month while SPA 3 was at 16.0% and Los Angeles County at 17.9%[26].

Table 21. Adults with Self-Reported Alcohol Use by Jurisdiction, 2018[26]

	Pasadena*	SPA 3	LAC
Alcohol use in past month	61.6%	52.7%	53.8%
Binge drinking in past month	19.4%	16.0%	17.9%

**Pasadena Health District*

Since 2016, the percent of PUSD students who self-reported having had a full alcoholic drink has declined. This trend is most dramatic among older students. Among 11th graders, the percent who have had a full alcoholic drink dropped from 36% in academic year (AY) 2016-2017 to 22% in AY 2018-2019[22]. This trend is also true for binge drinking. Among teens, drinking increased with age. Among 11th grade students, 3% in PUSD, 13% in the San Marino USD and 14% in the South Pasadena USD had engaged in binge drinking[21].

Table 22: Self-Reported Alcohol Use by Grade and Unified School District (USD), AY2019/2020[21,22*]

	One or More Alcoholic Drinks			Binge Drinking		
	7th grade	9th grade	11th grade	7th grade	9th grade	11th grade
Pasadena USD‡	3.0%	6.0%	7.0%	1.0%	3.0%	3.0%
San Marino USD	4.0%	9.0%	22.0%	1.0%	3.0%	13.0%
South Pasadena USD	1.0%	9.0%	30.0%	0.0%	2.0%	14.0%

Academic Year (AY)-2020, ‡AY2018-2019

Among students enrolled in service area school districts, those reporting it was "fairly easy/very easy" to obtain alcohol increased with age. 55% of Pasadena USD 11th graders, 74% of San Marino USD 11th graders and 68% of South Pasadena USD 11th graders found is easy to obtain alcohol[62].

Table 23: Self-Reported Ease in Obtaining Alcohol by School District and Grade, AY2019/2020[62]

	7th grade		9th Grade		11th grade	
	Fairly/Very Easy	Don't Know	Fairly/Very Easy	Don't Know	Fairly/Very Easy	Don't Know
Pasadena USD ‡	22.0%	51.0%	42.0%	38.0%	55.0%	30.0%
San Marino USD	32.0%	42.0%	54.0%	32.0%	74.0%	16.0%
South Pasadena USD	29.0%	47.0%	42.0%	41.0%	68.0%	20.0%

Academic Year (AY)-2020, ‡AY2018-2019

Tobacco Use

Among PUSD students in the academic school year (AY) 17-18, 5% of seventh graders had ever tried e-cigarettes or a vaping product and remained the same in AY18-19[22,63]. However, among 9th and 11th graders, the percentage of students who have ever used e-cigarettes decreased in AY18-19 from AY17-18[22,63]. While e-cigarette use seems to be decreasing, compared with conventional cigarettes and smokeless tobacco use, the rates of e-cigarette usage are still much higher. For example, among 11th graders, students are 5 times as likely to have ever used an e-cigarette compared to a cigarette.

Among SPA 3 adults, 4.3% are current smokers, which is lower than the Healthy People 2030 objective of 5.0%[17]. 32.8% of adult smokers reported thinking about quitting smoking in the next six months[17]. In SPA 3, 2.7% of adults were current e-cigarette smokers[17].

Table 24: Adults (Ages 18 and Older) who Self-Reported Smoking, by Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Current cigarette smoker	4.3%	5.9%	6.4%
Thinking about quitting in the next 6 months	32.8%	63.3%	64.4%
Current e-cigarette user (used in last 30 days)	2.7%	2.8%	3.4%
Former e-cigarette user (not used in last 30 days)	10.1%	12.2%	12.8%

** Pooled across 2019-2020 for stability.*

Marijuana Use

In SPA 3, 31.4% of adults had used marijuana in the past month and 15.4% had used marijuana in the past year[17].

Table 25: Adults (Ages 18 and Older) with Self-Reported Marijuana Use by Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Marijuana use in past month	31.4%	34.8%	33.9%
Marijuana use < than 1 month to 1 year	15.4%	18.6%	17.6%

** Pooled across 2019-2020 for stability.*

In SPA 3, 28.3% of teens, ages 12 to 17, have tried marijuana. Of these teens, 27.0% used marijuana or tetrahydrocannabinol (THC) product in the past month. *(Note: THC is the main psychoactive compound in cannabis that produces a high sensation.)*

Table 26: Adolescents (Ages 12-17) with Self-Reported Marijuana Use by Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Has tried marijuana	28.3%**	15.9%	14.6%
Marijuana or THC^ product use in past month	27.0%**	46.3%	49.5%

** Pooled across 2019-2020 for stability. ** Statistically unstable due to sample size. ^Tetrahydrocannabinol*

Among students enrolled in service area public school districts, those who reported it was "fairly easy/very easy" to obtain marijuana was highest among South Pasadena students[62].

Table 27: Self-Reported Ease in Obtaining Marijuana by School District and Grade, AY 2019-2020

	7th grade		9th Grade		11th grade	
	Fairly/Very Easy	Don't Know	Fairly/Very Easy	Don't Know	Fairly/Very Easy	Don't Know
Pasadena USD ǂ	15.0%	54.0%	44.0%	37.0%	60.0%	28.0%
San Marino USD	10.0%	44.0%	37.0%	44.0%	54.0%	31.0%
South Pasadena USD	29.0%	47.0%	45.0%	41.0%	61.0%	29.0%

Academic Year (AY) 2019-2020, ǂAY2018-2019

Drug Use and Overdose

Drug overdoses accounted for 16 deaths in Pasadena in 2021, and 181 deaths since 2006. In 2020 and 2021, the age-adjusted death rate was 17.9 and 10.7 per 100,000 persons, respectively. The age-adjusted death rate increased compared to the 2018 age-adjusted death rate of 4.6 per 100,000 persons. One limitation to using data from death certificates is that they do not always specify what type of drug was the cause of death. Among the deaths with a drug listed, the most common causes were alcohol intoxication, methamphetamines, cocaine, and opiates (e.g., morphine, heroin, fentanyl, OxyContin).

Community Input

- We've seen some reports of increased substance abuse during the pandemic. Stressors, disruptions to routines, and lack of healthy social interactions have contributed to the increase.
- Substance abuse plays a part with mental health. It diminishes your ability to maintain your health.
- Since marijuana is legal, it is easy to get.
- Alcohol is marketed really well; it is also used to mask issues.
- Oftentimes, we talk about the opioid crisis, which is important and still a challenge, but methamphetamine use is increasing, especially among young people. We are also seeing an increase in injection drugs. Use of methamphetamine impacts the oral health, causing a lot of dental caries.
- Substance abuse is similar to mental health in that people on the street have no access to recovery programs. It is a vicious cycle of not having support and then you get back on the streets. Most substance abuse services for the homeless are outside of our SPA. People go to Pomona, but that is far away. People have to wait several days to detox. If we try to get someone housing, they may not be able to afford it because they are using their funds to obtain substances.
- People cannot find a rehabilitation center due to immigration status. People turn to their churches for assistance.

Alcohol, Tobacco & Other Substance Abuse					
Indicator	**Pasadena**	**LAC**	**CA**	**HP2030**	**Trend**
Students reporting marijuana use in past 30 days[22,23,62*]	6.0%	---	10.7%	5.8%	↔
Adults who binge drank in the last month[23,26]	19.4%	17.9%	---	25.4%	↔
Age-adjusted death rate due to drug overdose (accidental)[25]	10.7	---	---	---	↔
PUSD students who are current cigarette smokers[22,62]	<1%*	---	1.7%	---	↔
PUSD students who have used an e-cig or vaping device in last month[22,62*]	2.0%*	---	8.5%	---	↔
Adults (18+) who are current smokers[17,23,26]	5.0%	6.1%	6.5%	5.0%	↓
Age-adjusted death rate due to prescription opioid overdose[64]	8.1	10.6	11.8	---	↓

^Statistically unstable
*Average across grades 7, 9, 11

ORAL HEALTH

Oral Health Access

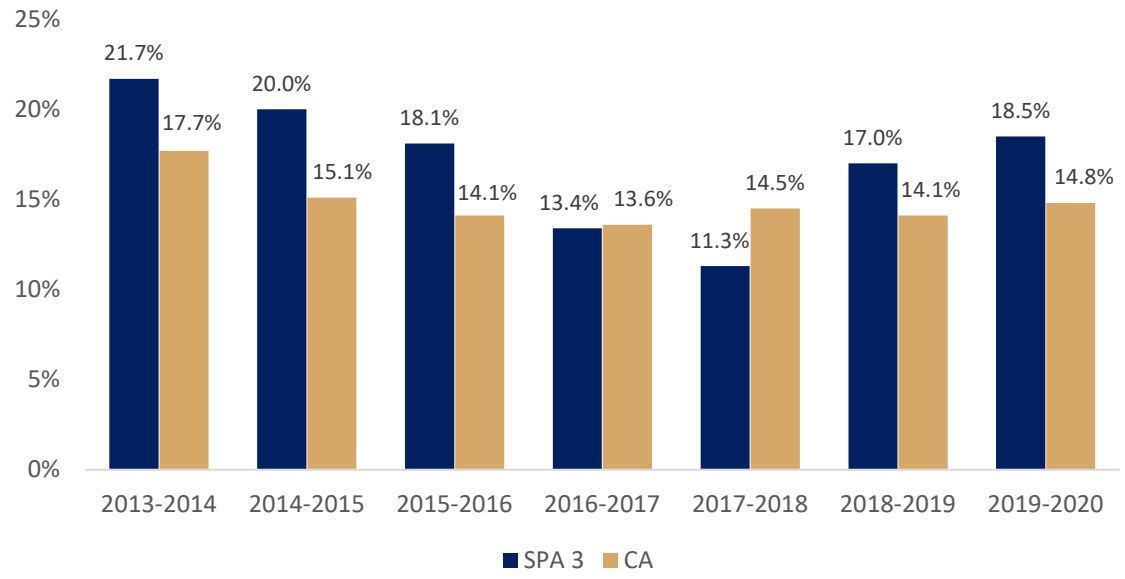
Poor oral hygiene can lead to dental cavities and gum disease, and has also been linked to heart disease, cancer, and diabetes. Poor oral health can impact the ability to chew or swallow food resulting inadequate food intake or malnutrition, as well as affecting mental health and self-esteem, and possible employment. Among SPA 3 children, ages 3 to 11, and ages 2 and younger with teeth, 5.7% lack dental insurance[17]. Among SPA 3 adults, 32.3% lack dental insurance[17]. Regular dental visits are essential for the maintenance of healthy teeth and gums. In SPA 3, 33.2% of adults haven't seen a dentist in over a year[17]. From 2013 to 2020, SPA 3 had a higher percentage of children who have never been to the dentist compared to California with the exception of 2016-2017 and 2017-2018[17].

Table 28: Population without Dental Insurance by Age Group and Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Children without dental insurance	5.7%**	7.5%	7.4%
Adults without dental insurance	32.3%	34.4%	30.7%

** Pooled across 2019-2020 for stability. ** Statistically unstable due to sample size*

Figure 66. Children who have Never Been to the Dentist in SPA 3 and California, 2013-2020[17*]

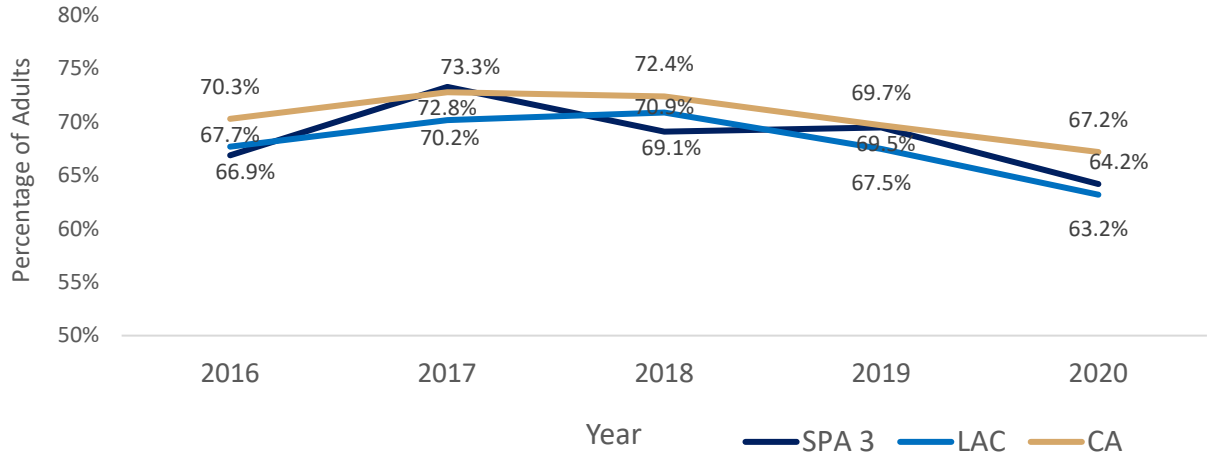


*Pooled across two years for stability

Delayed Oral Health Care

Adults visiting the dentist in the last 12 months was slowly increasing over time across SPA 3, Los Angeles County, and California. However, from 2019 to 2020, the percentage of adults decreased, likely delaying oral health care due to the COVID-19 pandemic[17].

Figure 67. Adults (Ages 18 and Older) who Reported Seeing the Dentist in Last 12 Months, 2016-2020[17]



Community Input

- Early in the pandemic, dental services were delayed except for emergencies and now providers are reporting that the reopening has been difficult with the protocols and daily pivots.
- People will wait until they are in pain before they will access dental services. There's an overall lack of knowledge of resources.
- Many families have not been addressing oral health because other factors are seen as more pressing.
- Dental care begins in the home. We see parents who are not seeking dental care and they do not seek it for their kids either. Many kids miss school because of toothaches.
- There is a recognizable amount of 911 calls and emergency room visits linked to dental care and people not knowing where to go.
- Affordable dental care resources are almost nonexistent and not readily available. Even if you have dental insurance, it does not cover all dental work.
- Dental care is too expensive. People feel their teeth are less important than food on the table.
- For the elderly, there can also be issues in nursing homes. Dental care can be missed in care facilities.
- Medical care is seen as a priority, but dental care is viewed as optional. We have tunnel vison because it is all connected. Kaiser is now doing dental homes in their facilities so there is hope and a shift, but we have a long way to go.
- Many people who live on the street and low-income individuals have really bad teeth. They can't afford implants, crowns and root canals. If substance abuse is involved, this often results in missing teeth and unhealthy gums. Many insurance plans don't cover dentures.

Oral Health					
Indicator	**Pasadena**	**LAC**	**CA**	**HP2030**	**Trend**
Children (ages 6-9) with a dental sealant[23,65]	18.4%	---	17.7%	28.1%	↓
Kindergarteners with untreated dental decay[23,66]	15.7%	10.9%	---	21.4%	↑
ChapCare patients (ages 0-5) receiving dental services[67]	18.0%	---	---	33.3%	↓
Medi-Cal beneficiaries with an annual dental visit[65]	27.6%	29.9%	---	---	↔
Women who visited a dentist during pregnancy[36,37]	56.7%	38.7%	44.3%	---	↑
	SPA 3	**LAC**	**CA**	**HP2030**	
Children who have never been to the dentist[17*]	18.5%^	14.0%	14.8%	---	↑
Adults who drink a soda at least once/week[17*]	41.3%	41.7%	39.6%	---	↔
Children who visited a dentist in the last year[17*]	76.3%^	82.2%	80.8%	---	↔
Adults who visited a dentist in the last year[17*]	66.8%^	65.4%	68.4%	---	↔
Adults who are current smokers[17*]	5.0%	6.1%	6.5%	---	↓

^Statistically unstable

*pooled across 2019, 2020

MENTAL HEALTH

Mental Health Access and Utilization

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals manage stress, relate to others, and make choices. Among SPA 3 adults who received care for mental or emotional problems, 38.1% visited both a primary care physician and a mental health professional[17].

Table 29. Adults (Ages 18 and Older) with Self-Reported Access to Mental Health by Type of Provider in the Past Year and Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Primary care physician only	23.8%	25.5%	25.1%
Mental health professional only	38.1%	38.0%	36.7%
Both	38.1%	36.5%	38.2%

** Pooled across 2019-2020 for stability*

Among adults in SPA 3, 14.5% self-identified the need to see a professional because of problems with mental health emotions, nerves, or use of alcohol or drugs in the past 12 months[17]. Of these adults, 44.6% sought help from their primary care provider or other professional, counselor, psychiatrist, or worker, but did not receive treatment in the past 12 months[17].

Table 30. Adults (Ages 18 and Older) with Self-Reported Need and Utilization for Mental Health by Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Needed help for emotional/mental health problems or use of alcohol or drugs	14.5%	20.6%	21.2%
Sought help but did not receive treatment	44.6%	47.8%	45.4%

** Pooled across 2019-2020 for stability*

Among SPA 3 teens, 31.1% felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the past 12 months[17]. In SPA 3, 14.0% of teens received psychological or emotional counseling in the past year[17].

Table 31. Teens with Self-Reported Need and Utilization for Mental Health, by Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Needed help for emotional or mental health problems	31.1%	30.4%	31.4%
Received psychological/emotional counseling	14.0%^	15.2%	17.6%

** Pooled across 2019-2020 for stability ^ statistically unstable due to sample size*

In SPA 3, 5.1% of adults sought on-line help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs. 4.3% of SPA 3 adults connected on-line with a mental health professional in the past 12 months and 2.5% connected online with people with similar mental health or alcohol/drug status[17].

Table 32. Adults (Ages 18 and Older) with Reported Online Mental Health Utilization by Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Sought help from an online tool for mental health or alcohol issues	5.1%	5.9%	6.5%
Connected with a mental health professional on-line	4.3%	6.1%	5.9%
Connected with people on-line with similar mental health or alcohol/drug status	2.5%	4.2%	4.4%

** Pooled across 2019-2020 for stability*

In SPA 3, 3.4% of teens sought on-line help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs[17]. 8.6% of teens connected on-line with a mental health professional in the past 12 months and 14.7% connected online with people with similar mental health or alcohol/drug status[17].

Table 33. Teens with Self-Reported online mental Health Utilization by Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Sought help from an online tool for mental health/alcohol issues	3.4%^	7.6%	7.2%
Connected with a mental health professional online	8.6%^	6.9%	6.0%
Connected with people on-line with similar mental health or alcohol/drug status	14.7%^	16.0%	12.8%

** Pooled across 2019-2020 for stability ^ statistically unstable due to sample size*

Mental Health Indicators - Adults

In Pasadena, 11.5% of adults were at risk for major depression, and 8.6% were currently diagnosed with depression[26].

Table 34. Adults at Risk for or Diagnosed with Depression by Jurisdiction, 2018[26]

	Pasadena±	SPA 3	LAC
Adults at risk for major depression	11.5%*	12.3%	13.0%
Adults with current diagnosed depression	8.6%*	8.7%	11.5%

**Statistically unstable. ±Pasadena Health District*

In SPA 3, 9.2% of adults likely had serious psychological distress in the past year[17]. Psychological distress for this measure was assessed through the Kessler 6 series. In SPA 3, 6.7% of adults have been on prescription medicine for emotional/mental health issue(s) for at least two weeks in the past year[17]. Adults who reported moderate to severe family life, social life, household chore, or work life impairments in the past year due to emotions ranged from 16.2% to 17.0% in SPA 3[17]. These indicators were lower than the county and state.

Table 35. Adults with Self-Reported Mental Health Indicators by Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Adults who had serious psychological distress during past year	9.2%	12.3%	12.6%
Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year	6.7%	7.8%	10.1%
Adults reporting family life impairment during the past year	16.5%	20.7%	20.9%
Adults reporting social life impairment during the past year	17.0%	20.8%	21.0%
Adults reporting household chore impairment in the past year	16.2%	20.1%	20.1%
Adults reporting work impairment in the past year	16.8%	21.0%	20.6%

** Pooled across 2019-2020 for stability*

Mental Health Indicators - Children and Teens

Among SPA 3 children, ages 4 to 11, 20.7% had difficulties with emotion/concentration/ behavior in the past six months[17]. Parents of children with difficulties provided a severity rank of minor or definite/severe. Among these children, 57.9% had definite and/or severe problems[17].

Table 36. Children (Ages 18 and Younger) with Emotion or Concentration or Behavior Problems by Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Has had emotion or concentration or behavior problem difficulty	20.7%	17.1%	18.2%
Minor problems	42.1%^	51.7%	59.6%
Definite/severe problems	57.9%^	48.3%	40.4%

** Pooled across 2019-2020 for stability ^ statistically unstable due to sample size.*

Mental Health among Youth and Teens

Approximately 31% of PUSD students in grades 7, 9, and 11 reported experiencing chronic sadness or hopelessness, which was the same rate as in 2017-2018[22,63]. The proportion of teens in SPA 3 who reported needing emotional or mental health support has been trending higher over 10 years, with nearly one in three now requiring such support, but only 14.0% reporting receiving care[17].

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

31.0%

Experienced chronic sadness/ hopelessness.

31.1%

Reported needing help for emotional/ mental health problem.

14.0%

Received psychological/ emotional counseling in past year.

Mental Health among Mothers

Among new mothers in Pasadena, 11.6% reported prenatal depression and 22.8% reported postpartum depression[36–39]. Among new mothers in Pasadena and California, the percent reporting symptoms of prenatal and postpartum depression were…

Prenatal

Pasadena		California	
2016-2017	19.8%	2013-2015	14.1%
2018-2019	11.0%	2016-2018	15.2%
2020-2021	11.6%		

Postpartum

Pasadena		California	
2016-2017	18.9%	2013-2015	13.5%
2018-2019	15.7%	2016-2018	12.3%
2020-2021	22.8%		

Suicide Contemplation

Among SPA 3 adults, 7.8% had seriously thought about committing suicide[17]. Adults, ages 18 to 24 (11.2%) had the highest percentage of suicide contemplation in SPA 3[17].

Table 37. Population who Ever Seriously Considered Suicide by Age Group and Jurisdiction, 2019-2020[17*]

	SPA 3	LAC	California
Ever seriously considered suicide	7.8%	11.6%	13.1%
Ages 18-24	11.2%	20.2%	23.8%
Ages 18-64	8.8%	13.1%	14.8%
Ages 65 and older	4.5%^	5.5%	6.5%

** Pooled across 2019-2020 for stability ^ statistically unstable due to sample size.*

Among students in the PUSD, 12% of 7th graders, 13% of 9th graders and 11% of 11th graders had contemplated suicide[21]. In the San Marino USD, 15% of 7th graders, 18% of 9th graders and 25% of 11th graders had contemplated suicide[21]. In the South Pasadena USD, 17% of 7th graders, 14% of 9th graders and 17% of 11th graders had contemplated suicide[21].

Table 38. Students who Ever Seriously Considered Suicide by School District and Grade, AY2019-2020[21]

	7th Grade	9th Grade	11th Grade
Pasadena Unified School District‡	12%	13%	11%
San Marino Unified School District	15%	18%	25%
South Pasadena Unified School District	17%	14%	17%

‡ Academic Year (AY) 2018-2019.

Among youth and teens in PUSD[20,68]…

12.0%

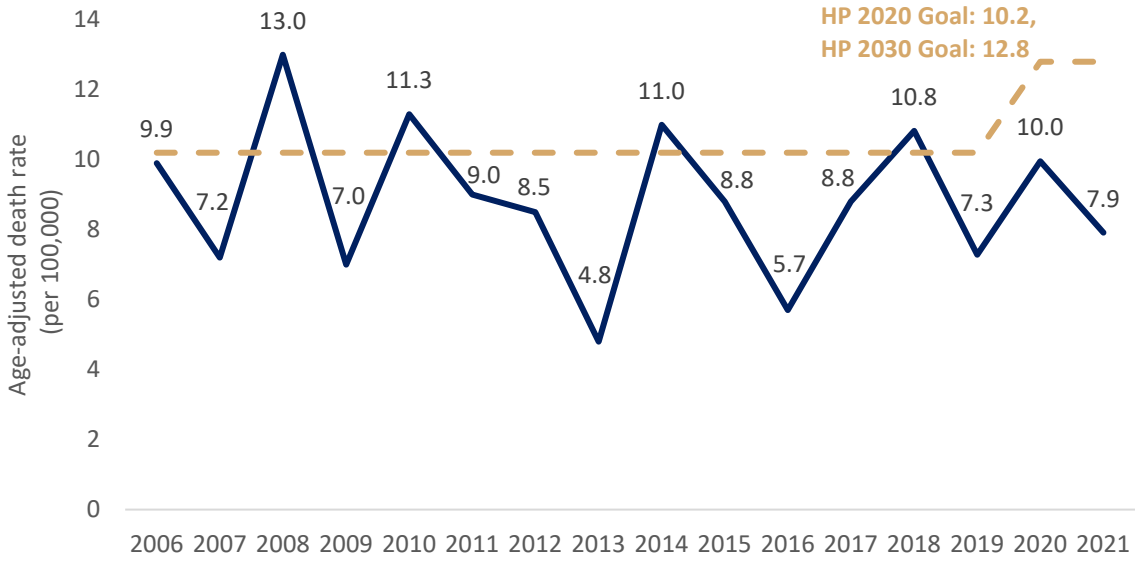
Seriously considered suicide.

Among youth (ages 12-18) there is an average of **<1** suicide attempt reported to Pasadena Police each year.

Suicide

Over the last ten years, Pasadena has had an average of 12 suicides per year and 82% of all suicides were among males[25]. Pasadena generally has a lower age-adjusted death rate due to suicide than the HP2020 and HP2030 objectives of 10.2 and 12.8 deaths per 100,000 persons, respectively[23,24]. However, among Whites (non-Hispanic) the 3-year average age-adjusted death rate was higher than the HP2020 objective at 11.0 per 100,000 persons. In Pasadena, the age-adjusted death rate due to suicide was 7.9 per 100,000 persons which is lower than California's 2019 rate of 11.0 per 100,000 persons[25,69]. The most common method of suicide was by firearm, which accounted for 36% of suicides in California in 2019 and 53% of suicides in the United States in 2020[69,70]. Nationally, suicide rates involving a firearm remained level from 2019 to 2020.

Figure 68. Age-Adjusted Death Rates Due to Suicide, 2006-2021[23–25]



Community Input

- If you did not have mental health problems before, the pandemic may have caused problems because of trauma and stress. If you were already on the margins, you are closer to the edge.
- People have been very aware of mental well-being during these last two years because people talk about it more than before. This may help reduce stigma.
- We need to build or establish trust with populations in need by dispelling myths around mental health and building a bridge between health care and communities. Maybe that means health care comes into the community in a more consistent way.
- With kids, things have gotten better but there is still stigma. We will often see parents who will send their kids to therapy, but they will not participate themselves.
- Culturally, we don't talk about mental health issues. We don't believe in being depressed because we don't talk about it. Some respondents reported among the Black community families may hide it and never seek help. People will say they don't have a problem, but you can see from their behavior that they are struggling.
- The mental health of LGBTQ+ individuals really suffered in SPA 3, especially among young people. We have seen an uptick in young people who are experiencing bullying, harassment and familial abuse. They have had to leave their homes as a result.
- A lot of persons who are homeless are on the severe end of mental health issues. They have trouble getting appointments and remembering to take their medications.

Mental Health				
Indicator	**SPA 3**	**CA**	**HP2030**	**Trend**
Adolescents who reported needing help for mental health problem[17*]	31.1%	31.4%	---	↔
Adolescents who received psychological/emotional counseling in last year[17*]	14.0%^	17.6%	---	↓
	Pasadena	**CA**	**HP2030**	
Students who experienced chronic sadness/ hopelessness in last year[68]	31.0%**	34.0%**	---	↔
Ever diagnosed with depression[26]	13.7%^	16.5%	---	↔
Taking medication and/or receiving counseling for depression[26]	91.7%	78.9%	---	↑
Students who seriously considered suicide[68]	12.0%	16.0%	---	↓
Suicide attempt rate among adolescents (12-18)[4]	<1	---	1.8	↓
Age-adjusted suicide rate[25]	7.9	---	12.8	↓

^Statistically unstable
*pooled across 2019 and 2020 for stability
** Average for grades 7, 9, and 11 in PUSD.

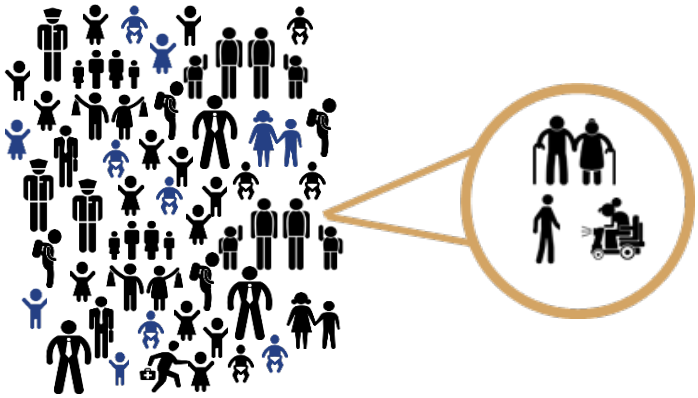
OLDER ADULTS AND AGING

Population changes for adults ages 65 and older

23,315 adults ages 65 years and over lived in Pasadena in 2020.

Adults 65 and over make up **16% of the more** than 140,000 people populating Pasadena.

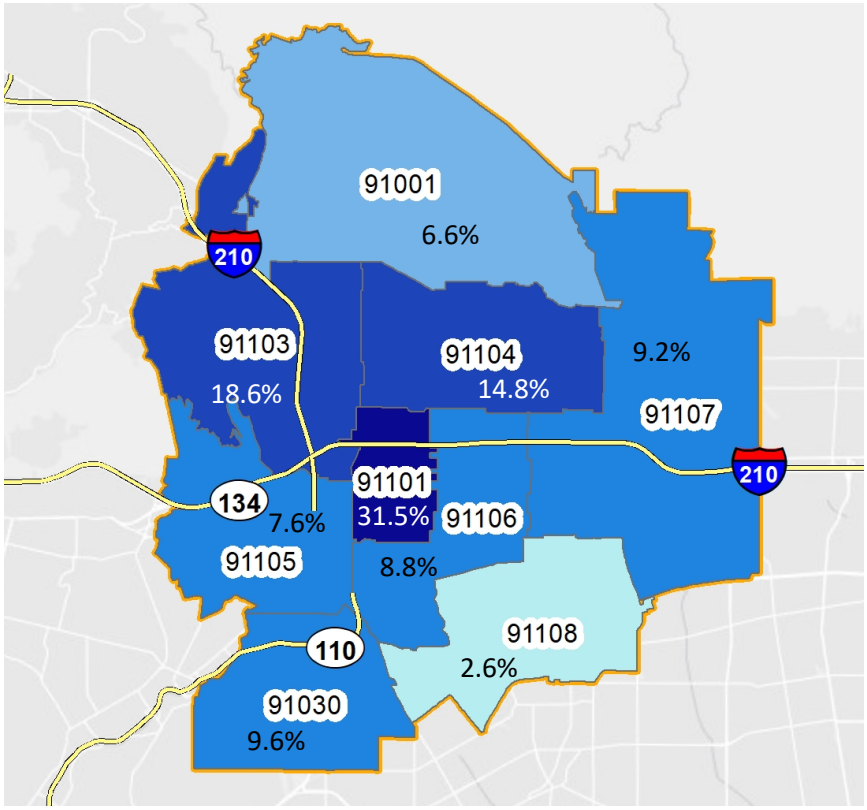
There are **27% more adults** over 65 than there were 10 years ago.



Senior Poverty Levels

Among the Pasadena population, 15.7% of adults, ages 65 and older, live below the poverty level which is higher than in Los Angeles County at 13.3%[4].

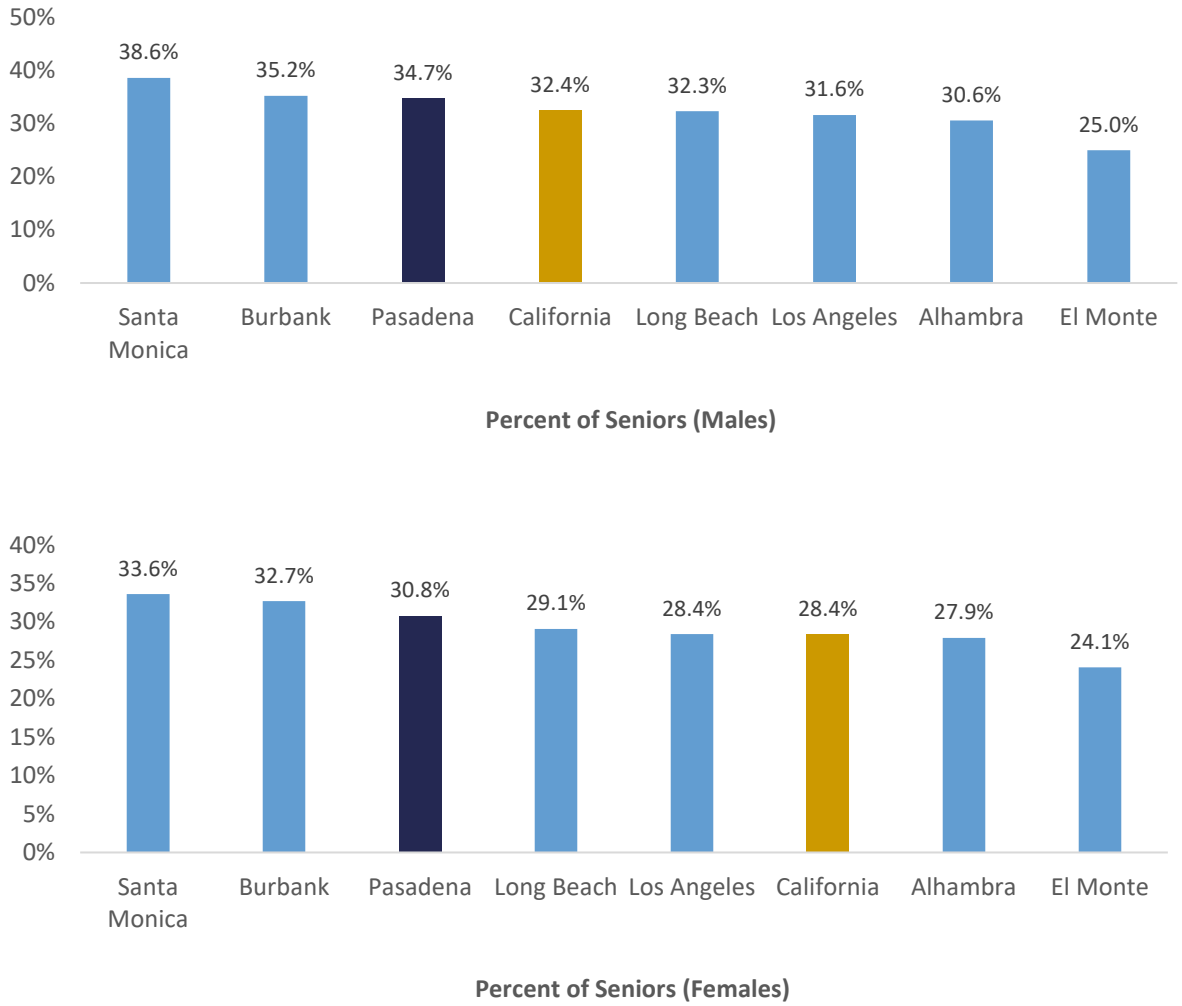
Figure 69. Adults (Ages 65 and Older) Living below the Federal Poverty Level by ZIP code, 2019[8]



Healthy Aging

National experts agree on a set of recommended clinical preventive services for adults, ages 65 and older that can either prevent or delay disease onset, or identify disease at earlier, more treatable stages[71]. These services include influenza vaccination, pneumococcal vaccination, and colorectal cancer screening, plus mammography screening for women. Based on estimates from the CDC, females in Pasadena are doing better than most LAC cities and the United States. Males are outperforming some cities, but have lower rates of accessing preventive care than the US rates[71].

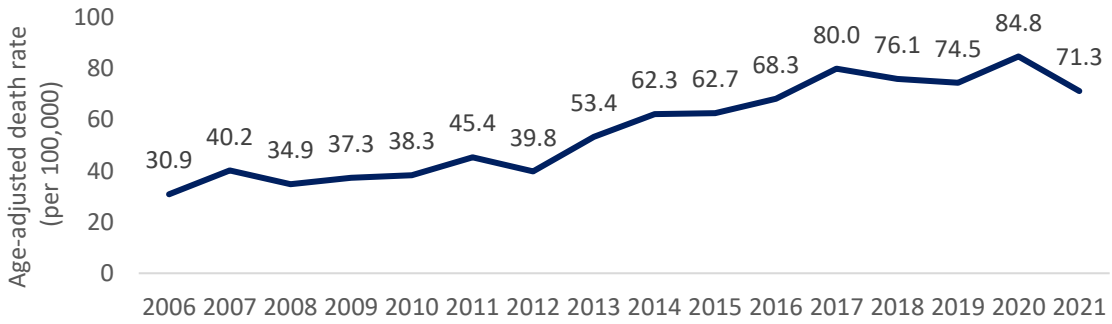
Figure 70. Adults (Ages 65 and Older) who are Up-to-Date on Clinical Preventive Services by Gender and City, 2018[71]



Dementia and Alzheimer's disease

According to the World Health Organization, Alzheimer's disease is the most common form of dementia and may contribute to 60% to 70% of cases[72]. In Pasadena, the age-adjusted mortality rate of dementia and Alzheimer's disease was 71.3 per 100,000 persons[25].

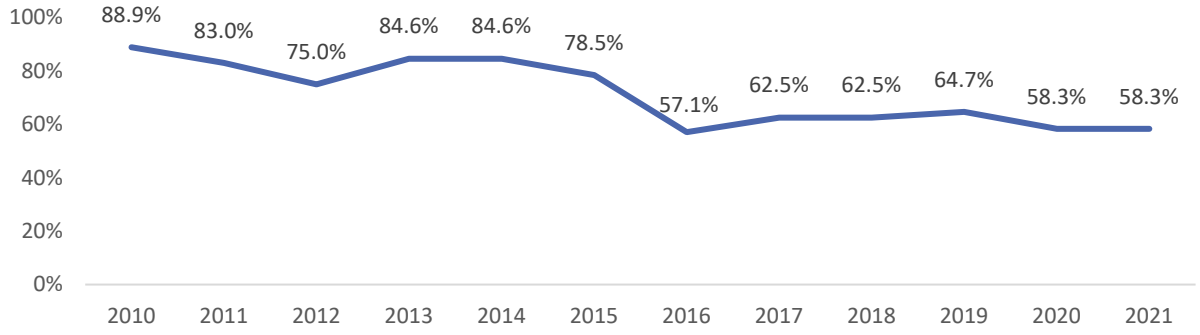
Figure 71. Age-Adjusted Death Rates Due to Dementia and Alzheimer's Disease, 2006-2021[25]



Seniors and Long-term Care Facilities

Long-term care facilities are entrusted with the responsibility of providing a safe, supportive environment for residents to live and receive necessary care. In the city of Pasadena, there are over 1,000 individuals living in 14 nursing homes and over 2,300 individuals living in almost 100 assisted living/residential care facilities in Pasadena[73]. Long-term care facilities (LTCFs) in the United States, including skilled nursing facilities (SNFs) and assisted living facilities (ALFs), are populated by adults who need residential care for underlying medical conditions. ALF residents generally require a limited amount of care, such as help getting dressed or assistance with medications, whereas SNF residents have acute or chronic health conditions, or both, that require 24-hour onsite medical care and often rehabilitative care and therapy. Pasadena has 12 skilled nursing facilities (SNFs) in its health jurisdiction that house hundreds of Pasadena residents. The U.S. Centers for Medicare and Medicaid Services (CMS) rate the quality of these facilities. Each facility is rated out of five stars[74].

Figure 72. Percent of Skilled Nursing Facilities in Pasadena with a 3-Star CMS Rating or Higher, 2010-2021[74]



Older Adult Falls

In Pasadena, 40.8% of adults, ages 65 and older, experienced one or more falls in the past year[26]. Among adults (65 and older), 9.1% in SPA 3 were injured due to a fall[26].

Table 39. Adults (Ages 65 and Older) with a Fall(s) and Self-Reported Injuries From a Fall in the Past Year by Jurisdiction, 2018[26]

	Pasadena*	SPA 3	LAC
Experienced at least 1 or more falls	40.8%	22.4%	26.5%
Injured due to a fall	---	9.1%	11.1%

**Pasadena Health District*

Older Adults with a Disability

The U.S. Census Bureau defines disability as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community[6]. Among adults, ages 65 and older, 31.8% in the Greater Pasadena service area had a disability. Among adults in the Greater Pasadena service area, ages 65 and older, 15.9% had hearing difficulties, 6.3% had vision difficulties, 14.6% had cognitive difficulties, and 36.0% had ambulatory difficulties[8].

Table 40. Adults (Ages 65and Older) Living with a Disability by Jurisdiction, 2019[8]

	Pasadena	LAC	California
Adults (Ages 65 and older) Living with a Disability	31.8%	35.2%	34.5%

Table 41. Adults (Ages 65 and Older) Living with a Disability by Condition and Jurisdiction, 2019[8]

	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty
Greater Pasadena Area	15.9%	6.3%	14.6%	36.0%
Los Angeles County	12.4%	6.7%	10.6%	23.7%
California	13.7%	6.3%	9.7%	22.3%

Community Input

- There is a provider shortage. We are having staffing challenges finding licensed clinicians. Specifically, we have a shortage of LCSWs. That makes it really challenging to serve patients. We have issues finding providers who speak Chinese, Vietnamese, Mandarin, Cantonese, or Armenian. These are real barriers, particularly for older, first-generation immigrants.
- Dental care for seniors continues to be an issue. Medicare doesn't cover dental services.
- There are a lot of barriers for seniors with telehealth, including language and using technology.
- For the elderly who reside in nursing homes there are many significant problems. Dental care can be missed in care facilities. Many insurance plans don't cover dentures. We should focus on saving teeth and managing dental health, even if there are financial implications.

> Coverage isn't the primary barrier as it was before – it is the labyrinth of services.

Older Adults and Aging				
Indicator	**Pasadena**	**LAC**	**US**	**Trend**
Adults (65+) living below the federal poverty level[4]	15.7%	13.3%	10.3%	↑
Renters (Age 65+) Spending 30% of more of Household Income on Rent[4]	61.5%	62.9%	60.8%	↔
Age-adjusted death rate due to Alzheimer's disease and dementia[25]	71.3	---	---	↗
Living with a disability (age 65+)[8]	33.3%	35.1%	34.2%	↔
Ever had a pneumonia vaccination (ages 65+)[26]	78.5%	72.3%	---	↔
Adults with arthritis[71]	17.6%	17.0%	25.1%	↔
Adults (65+) who received the recommended preventive services: female[71]	30.8%	29.2%	32.4%	↔
Adults (65+) who received the recommended preventive services: male[71]	34.7%	30.6%	28.4%	↑
Had a flu vaccine within the last year (ages 65+)[26]	87.1%	73.2%	---	↑

LIFE EXPECTANCY AND MORTALITY

Life Expectancy

Ultimately, the job of the health system is to improve the length and the quality of life of our residents. One key measure of health in our community is life expectancy, which tells us how long a typical resident is expected to live when they are born. In general, Pasadena residents are living longer when compared to California and the United States. In Pasadena, the life expectancy at birth is 82 years, which is higher than California and the United States at 80 and 79 years old, respectively. According to the CDC, it's estimated that the overall life expectancy has decreased in 2020 by 1 year from 2019 to 2020 and is projected to continue decreasing[75].

LIFE EXPECTANCY AT BIRTH ESTIMATES[76]

Pasadena	California	United States
81.8 years	80.3 years	78.8 years

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 illness. Adults who report fair or poor health often have a lower quality of life, reduced productivity in the workplace, and increased health care costs[17].

13%

of the population in SPA 3 reported fair or poor health.

Leading Causes of Death in Pasadena

The number of deaths in 2020 increased by 28% from 2019, mainly due to the emergence of COVID-19. This is the highest death rate Pasadena has seen in at least 15 years, the same was true in California. In 2021, we continued to see high death rates, but there was a 10% decrease compared to 2020[25,77].

In 2021, the five leading causes of death in Pasadena were: 1) COVID-19, 2) ischemic heart disease, 3) dementia and Alzheimer's disease, 4) cerebrovascular diseases (stroke) and 5) hypertensive disease (high blood pressure)[25]. Ischemic heart disease has been the leading cause of death and premature death in Pasadena since 2016[25]. COVID-19 surpassed ischemic heart disease this year, accounting for 13% of deaths. The mean age of death for males was 74.0 years and 80.7 years for females[25]. The mean age of death by race/ethnicity was: 80.3 (White, non-Hispanic), 78.4 (Asian), 73.8 (Black), and 70.5 (White, Hispanic)[25].

Table 42: Leading Causes of Death in Pasadena by Gender, 2021[25]

Gender No. of Deaths Death Rate/100k	#1 Cause No. of Deaths Death Rate	#2 Cause No. of Deaths Death Rate	#3 Cause No. of Deaths Death Rate	#4 Cause No. of Deaths Death Rate	#5 Cause No. of Deaths Death Rate
Male 652 953/100k	COVID-19 96 140/100K	Ischemic Heart Disease 89 130/100K	Dementia & Alzheimer's 44 64/100K	Hypertensive Diseases 30 44/100K	Stroke 29 42/100K
Female 653 887/100K	Dementia & Alzheimer's 85 116/100K	Ischemic Heart Disease 82 111/100K	COVID-19 75 102/100K	Stroke 42 57/100K	Hypertensive Diseases 37 50/100K

Leading Causes of Premature Death in Pasadena

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[25]. To compare the overall impact, the years of life lost before age 75 were calculated. Accidental poisoning and land transport accidents, including motor vehicle accidents, were the 3rd and 4th leading causes of premature death, respectively, because they disproportionately affect younger populations. Among males, these causes were approximately 3.5% of the deaths, but accounted for 15% of the years of life lost[25].

Table 43: Leading Causes of Premature Mortality by Gender in Pasadena, 2021[25]

	#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	COVID-19 646	Ischemic Heart Disease 569	Land Transport Accidents 357	Accidental Poisoning 293	Suicide 271
Female	COVID-19 267	Cirrhosis and other diseases of liver 190	Ischemic Heart Disease 166	Stroke 155	Accidental Poisoning 131

APPENDIX A: REPORT OF PROGRESS*

Huntington Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed: access to health care services, older adults and aging, child and adolescent health, and heart disease and stroke through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

Access to Health Care Services

Financial Assistance, Insurance Enrollment, Medication Assistance and Transportation

The hospital provided financial assistance through free and discounted care for health care services. To address health care access issues, Huntington Hospital offered information and enrollment assistance in low-cost insurance programs. Additionally, discounted or free prescription medications were provided upon discharge for patients who were unable to afford the cost of their medications. The hospital also provided transportation support for those patients and families who were not able to access needed care due to a lack of transportation.

Health Screenings

To empower individuals to enjoy the healthiest lifestyles possible, registered nurses fluent in English and Spanish conducted free health screenings and counseling at diverse locations, including senior centers, grocery stores, libraries and farmers markets. In addition, registered nurses from the Community Outreach Department attended one community health fair (due to safety related protocols associated with COVID-19), providing a variety of services including blood glucose screenings, blood pressure screenings, and Body Mass Index (BMI) measurements.

PORT Team

The Pasadena Outreach Response Team (PORT) is a joint effort of the City of Pasadena Public Health and Fire Departments, and Union Station Homeless Services that addresses homelessness as a public health concern. PORT provided field-based support and advocacy for people who were experiencing homelessness, living with chronic health conditions, diagnosed with mental health and/or substance use disorders. Huntington Hospital provided a registered nurse, 10 hours per week, to assist the program. Additionally, PORT provided field-based health screenings and administered flu and COVID-19 vaccines.

**This section is for Huntington Hospital use and is not a comprehensive report for the City of Pasadena or the Pasadena Public Health Department*

Health Education

Community Outreach Department nurses offered health-related classes in a variety of community settings, including senior centers and public schools. Chair yoga classes were offered at various community locations throughout the year.

Ambulatory Care Clinic

Staffed by the hospital's internal medicine residents, the Huntington Ambulatory Care Clinic (HACC) provided primary and specialty care for uninsured and underinsured community members.

COVID-19 Response

Staff from the hospital assisted with community COVID-19 testing at the Rose Bowl Stadium. The site was operated by the city, county, and Huntington Hospital and was among the first public coronavirus testing sites to open in the county. From April 8 through May 29, 2020, 38 events were held testing over 9,000 local residents and essential workers. Pasadena residents who tested positive for COVID-19 were subsequently contacted by members of the Pasadena Public Health Department to advise on isolation protocols and perform contact tracing for additional positive cases.

In 2021, Huntington Hospital and the Pasadena Public Health Department (PPHD) worked closely to get the vaccine to the community. Huntington Hospital administered over 40,000 COVID-19 vaccine doses.

Huntington Hospital deployed creative tactics to improve access to the COVID-19 vaccine throughout the African American community. Easy access to the vaccine was provided through pop-up clinics at community churches, community centers, schools, and neighborhood events. African American seniors were provided with the first and second doses of the COVID-19 vaccine at a pop-up vaccine clinic that took place outside of the NAACP offices.

Huntington Hospital provided regular updates on the pandemic in local, national, and international news outlets as well as on Huntington Hospital's website. FAQs and prevention tips were available on the COVID-19 information page.

Flu Shots

In 2020, Huntington Hospital administered 3,182 free flu shots to the community at 27 flu shot clinics.

Community Support

Huntington Hospital provided cash donations to nonprofit community organizations dedicated to increasing access to health care.

Child and Adolescent Health

Lactation Support

Under the supervision of a lactation specialist, Huntington Hospital provided lactation support by phone to breastfeeding mothers.

Asthma Education and Clinics

To help children, adolescents and adults better understand their asthma needs and decrease emergency room visits, hospitalizations and missing school or work, Huntington Hospital offered asthma education and management classes (HHCAP). In FY2020, 28 persons participated in 17 asthma education and management sessions. In addition to these specialized classes, Huntington Hospital offered 17 asthma clinics, where allergists assisted 150 underserved children and adults (from June onward, clinics were conducted as telehealth calls).

Trauma-Informed Care

In FY 2020, Huntington Hospital, along with collaborating partners, Pasadena Unified School District (PUSD) and Young & Healthy, received grant funding from the UniHealth Foundation for a new initiative, the Pasadena Trauma-Informed Care Initiative. The final year of the three-year grant began in March 2020, as a result programming and services to be delivered safely virtually and to administer all surveys online. In Year 3 of the grant, a total of 274 community professionals received training: six one-hour virtual training sessions were conducted for PUSD principals, administrators, teachers and other staff; two refresher courses on trauma-informed care for principals and teachers; two sessions on self-care for teachers; and two in-depth sessions on trauma-sensitive classrooms. In collaboration with Young & Healthy, a library of videos on creating trauma-sensitive classrooms was established.

Education

Huntington Hospital offered childbirth and parenting classes for community members. In FY 2020, Huntington Hospital offered classes on a variety of topics such as childbirth preparation, infant care, breastfeeding basics, CPR: Infant and Child, and Baby and Me.

Community Support

Huntington Hospital provided cash donations to nonprofit community organizations dedicated to supporting child and adolescent health.

Heart Disease and Stroke

Health Education and Outreach

Health education sessions on heart health and stroke care were offered through the Senior Care Network.

Chronic Disease Screenings

Registered nurses fluent in English and Spanish conducted free health screenings and counseling at diverse locations, including senior centers, grocery stores, libraries and farmer's markets.

CPR

In 2020, Huntington Hospital CPR instructors taught the basic and proper techniques of Hands-Only CPR at local schools – Willard Elementary School and Washington Elementary School. Huntington Hospital also provided a sidewalk CPR event at a local church.

Food For All

Huntington Hospital is a member of the Food for All San Gabriel Valley Initiative. The program introduced food insecurity screening with patients and used a Social Determinates of Health platform to connect at-risk patients with patient navigators who are located at food agency partners.

Support Groups

Huntington Hospital offered a variety of support groups including nutrition/weight management and stroke.

Community Support

Huntington Hospital provided cash donations to nonprofit community organizations dedicated to preventing and treating heart disease and stroke.

Older Adults and Aging

Flu Vaccines

Free community flu shots were provided at a variety of locations including: local area community centers, senior centers, senior supportive living centers, churches, public libraries, community events, farmers markets. In response to COVID-19, many sites featured drive-through flu shots and outside tables for administration.

Health Education and Exercise Activities

Health education sessions and chair yoga were offered to seniors at senior and community centers.

Senior Care Network

The Senior Care Network (SCN) helps older adults and adults with disabilities and their families remain healthy and independent and live safely in their homes. The community-based team includes over 30 staff and additional volunteers and students. They responded to phone inquiries from the general public, provided a variety of educational lectures, and distributed biannual Health Connection Newsletters, containing information and advice on aging and disease management.

Community Support

Huntington Hospital provided cash donations to nonprofit community organizations dedicated to the care of older adults.

APPENDIX B: KEY INFORMANT INTERVIEW RESPONDENTS

Name	Title	Organization
Steven Abramson	Chief Operations Officer	ChapCare Medical and Dental Health Center
Lee Adishian, BS, RDH	Executive Director	San Gabriel Valley Dental Society
Ana “Ria” Apodaca, MEd	Director of Health Programs	Pasadena Unified School District
Julieta Aragon	Minimum Wage Coordinator	Pasadena Job Center, National Day Laborer Organizing Network (NDLON)
Isaac Arreola	Union Station Homeless Services Representative	Pasadena Outreach Response Team
Erin Butler, ASW	HOPE Team Street Outreach and Service Liaison	Union Station Homeless Services and Pasadena Police Department, Homeless Outreach Psychiatric Evaluation (HOPE) Team
Mary Donnelly-Crocker, MA	Executive Director	Young and Health Tiny Teeth Program
Judith Dunaway	Division Manager, Health Promotion & Policy Development	City of Pasadena, Public Health Department
Allen Edson	President	Pasadena National Association for the Advancement of Colored People (NAACP)
Ying-Ying Goh, MD	Director and Health Officer	City of Pasadena, Public Health Department
Rabbi Joshua Levine Grater, MRb	Executive Director	Friends in Deed
Whitney Harrison, MPA	Division Manager, Social and Mental Health	City of Pasadena, Public Health Department
Shatisha Mann	Program Coordinator, GEM Link	City of Pasadena, Public Health Department
Christian Port, MPA	Senior Manager of Business Development	Planned Parenthood Pasadena and San Gabriel Valley
Nathan Press	Social Worker	Pasadena Outreach Response Team
Nancy Song	Community Impact Director	American Heart Association
Tashera Taylor, MA	Chief Executive Officer	Foothill Unity Center
Diane Trejo, MPH	Housing Assistance Officer	City of Pasadena Housing Department
Kathy Watson	Substance Abuse Intervention Specialist	Rose City High School, Pasadena Unified School District
Tony Zee	Firefighter	City of Pasadena Outreach Response Team

APPENDIX C: COMMUNITY RESOURCES

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Los Angeles County at https://www.211la.org/.

Needs	Community Resources
Access to care	211, Alzheimer's Association, American Cancer Society, American Diabetes Association, American Heart Association, ChapCare Medical and Dental Health Center, East SGV Health Neighborhood, El Monte Health Neighborhood, Greater SGV Hospital Collaborative, Health Consortium of San Gabriel Valley, Lions Clubs International, Pasadena/Altadena Coalition of Transformative Leaders PACTL, Pasadena Partnership Healthcare Committee, Pomona Wellness Community, PH SPA Resource Guides, QueensCare, Wesley Health Centers, Young & Healthy
Chronic diseases	ChapCare Medical and Dental Health Center, Day One, National Day Labor Organizing Network, Pasadena/Altadena Coalition of Transformative Leaders PACTL, Pasadena Partnership Healthcare Committee, Pomona Wellness Community, QueensCare, Young & Healthy, Wesley Health Centers
COVID-19	Barrios Action Youth and Family Center, CHIRLA The Coalition for Human Immigrant Rights, First African Methodist Episcopal Church, Pasadena Partnership Healthcare Committee, Pasadena Tournament of Roses, QueensCare, Seventh Day Adventist Church in Altadena, Young & Healthy, Wesley Health Centers
Dental health	American Dental Association, California Dental Association, CDA Cares, ChapCare Medical and Dental Health Center, Denti-Cal, Herald Christian Health Center, Pasadena Oral Health Program, San Gabriel Valley Dental Society, Tiny Teeth Program, Tzi Chu Health Center, USC Mobile Dental Clinic, Wesley Health Clinic, Young & Healthy
Housing and homelessness	CHIRLA The Coalition for Human Immigrant Rights, Door of Hope, Foothill Unity Center, Friends in Deed, Homeless Outreach Psychiatric Evaluation (HOPE), Hope of the Valley, Huntington Hospital Navigator Program and the Liaison Program, Jackie Robinson Community Center, Lake Avenue Church, Los Angeles Homeless Services Authority, Pasadena Continuum of Care Network, Pasadena Outreach Response Team (PORT), Project RoomKey, Salvation Army, Shower of Hope, Union Station Homeless Services, Youth Moving On
Mental health	Adelante Youth Alliance (AYA), Barrios Action Youth and Family Center, Behavioral Health Action, Behavioral Health Urgent Care Center (BHUCC), D'Veal Family and Youth Services, East SGV Health Neighborhood, El Monte Health Neighborhood, Exodus Recovery, Families Forward Learning Center, Five Acres, Foothill Family, Foothill Unity Center, Friends in Deed, Hathaway Sycamores, Insight Treatment, Pacific Clinics, Star View Community Services
Overweight and obesity	Barrios Action Youth and Family Center, ChapCare Medical and Dental Health Center, Day One, Families Forward Learning Center, Pasadena Partnership Healthcare Committee, Pomona Wellness Community, QueensCare, Wesley Health Centers, Young & Healthy
Preventive practices	ChapCare Medical and Dental Health Center, Pasadena/Altadena Coalition of Transformative Leaders (PACTL) Pomona Wellness Community, QueensCare, Wesley Health Centers, Young & Healthy
Substance use and misuse	Aegis Treatment Centers, Casa Treatment Center, CRI-Help Addiction and Drug Rehab Center, Friends in Deed, Grandview Foundation, Help Stay Alive, Impact House, Latinos Alcohol Recovery, Pacific Clinics, Pasadena Council on Alcoholism and Drug Dependence, Social Model Recovery Systems

APPENDIX D: PRIORITIZATION OF COMMUNITY NEEDS

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. COVID-19, mental health, housing and homelessness and substance use had the highest scores for severe and very severe impact on the community. Mental health and housing and homelessness were the top two needs that had worsened over time. Mental health, housing and homelessness, and substance use had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	72.2%	17.7%	64.7%
Chronic diseases	58.8%	26.7%	60%
COVID-19	94.4%	38.9%	61.1%
Dental health	42.1%	33.3%	66.7%
Housing and homelessness	88.9%	76.5%	88.2%
Mental health	94.4%	88.2%	100%
Overweight and obesity	38.9%	18.8%	50%
Preventive practices	64.7%	12.5%	37.5%
Substance use and misuse	82.4%	50%	81.3%

The community stakeholders were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, COVID-19, housing and homelessness, access to care and substance use were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.94
COVID-19	3.83
Housing and homelessness	3.83
Access to care	3.82
Substance use and misuse	3.59
Chronic diseases	3.41
Dental health	3.39
Preventive practices	3.25
Overweight and obesity	2.80

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