

2025

Greater Pasadena Community Health Needs Assessment



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Huntington Health

- Cathi Chadwell, Executive Director, Philanthropy and Public Affairs
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About the Organizations

Since 1892, the Pasadena Public Health Department (PPHD) has been responsible for helping protect, maintain, and improve the health of the Pasadena community. The City of Pasadena is one of only three cities in the state of California that maintains its own independent local health jurisdiction with responsibility for a wide variety of services. PPHD is an accredited public health department by the Public Health Accreditation Board. PPHD has been a pioneer in the study of social determinants and their influence on public health and quality of life. In 1989, Pasadena became a charter city in the California Healthy Cities Project. The City's efforts culminated in the release of the 1992 Pasadena Quality of Life Index, one of the first comprehensive community health assessments in the nation. Since 1989, the PPHD has completed at least nine full CHNAs for the broader community.

Since 1892, Huntington Health has been an integral part in Pasadena's growth, health, and vitality. For 133 years, Huntington has grown from a small 16-bed hospital to a nationally recognized health care provider. Huntington Health is a 619-bed non-profit, community-focused regional medical center based in the Pasadena area that includes Pasadena, South Pasadena, Altadena, and San Marino.

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Cindy Levey, MPH, Principal at Forward Community Health Consulting, provided support in the collection and synthesis of the primary data on behalf of Huntington Health. Cindy is experienced in designing, implementing, and evaluating innovative and sustainable community benefit programs. During her 21 years at Cedars-Sinai Medical Center in Los Angeles, most recently as Executive Director of Community Benefit and Social Responsibility Systems, Cindy provided leadership and expertise for all aspects of community benefit regulatory compliance, including data collection, annual Community Benefit reporting, CHNAs/ Implementation Strategies and Schedule H narratives for hospitals. Cindy’s experience includes building system-wide initiatives in community benefit, community health, social determinants of health, strategic grantmaking, and social responsibility.

Executive Summary

The City of Pasadena Public Health Department and Huntington Health are pleased to present the 2025 Community Health Needs Assessment of Greater Pasadena. This is the fourth assessment conducted as a 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 a Community Health Needs Assessment (CHNA) is to inform our community about the health of the population, contributing factors to poorer health outcomes, health disparities across diverse populations, and community resources available to improve health.

The 2025 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 planning to address the health needs of Greater Pasadena residents. Our hope is that the findings of this assessment will assist civic leaders, non-profit organizations, and community constituents to support their planning and improvement efforts.

Data Collection

The Pasadena Public Health Department partnered with Huntington Health to complete the CHNA. The quantitative data were curated and compiled by the Pasadena Public Health Department from a variety of sources, including primary 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 presented jointly with other jurisdictions to evaluate how our region compares. For the qualitative data collection, Huntington Health hired a consultant to conduct 21 stakeholder interviews from November 2024 to February 2025. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the Greater Pasadena Area and in Service Planning Area (SPA) 3 of the San Gabriel Valley who spoke to issues and needs in the community. Additional interviews for oral health were conducted and synthesized by the PPHD.

Report Language

The City of Pasadena Public Health Department (PPHD) staff recognize that individuals have cultural and social identities that may differ from terms that are used within this report. Where appropriate, the PPHD staff worked to align best-practices in culturally, socially competent language that acknowledge language used by those groups. For example, individuals who identify as Hispanic, Latino, Latinx, or Latiné may have different preferences related to these terms, and may not all identify with the term Latino. For this report, the term Latino was selected for use because while “Latinx” has been introduced as a more inclusive, non-gendered term, recent research has shown Latino is a more accepted term. This approach is in alignment with recommendations made by the California Department of Public Health’s Equity Branch. Further, we recognize the diversity and heterogeneity of the people often grouped by their sexual orientation and gender identities: lesbian, gay, bisexual, transgender, queer, intersex, 2-spirit, and more (LGBTQI-2s+). As we are able, we will stratify data for these people based on these different identities and will use the terms used by the original data sources.

Significant Health Needs

This CHNA contains indicators across a diverse set of health topics, and includes 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. The topics presented below are synthesized from the prioritized indicators in Appendix D and mapped across the structure of the CHNA sections. For example, for broad topics in Appendix D like “Preventive Practices” and “Chronic Disease”, granular thematic elements within those sections were mapped to the CHNA topics presented here, and cross-referenced to the existing Pasadena Community Health Improvement Plan (CHIP). From the eighteen total CHNA indicators, eight indicators emerged as areas of greatest need: 1) Access to Care, 2) Mental Health, 3) Substance Abuse, 4) Housing and Homelessness, 5) Overweight and Obesity Prevention, 6) Community Safety and Violence Prevention, 7) Well-being of Older Adults, and 8) Oral Health.

(Note: Items with a “*” denote they are an existing CHIP goal/objective. For more information on the interpretation for the indicator arrows (↔↑↓) see Table 3 on p. 6.)

Access to Care

Key Themes from Community Input



- Finding providers who take specific insurance, especially Medi-Cal.
- Transportation services are scarce.
- Coordination of care, system navigation is difficult.
- Medical appointments especially for primary and specialty care.
- Language access especially for Spanish-speakers.

Relevant Indicators



- Percent of People with health insurance ↔
- Difficulty communicating with provider because of a language barrier ↔
- Difficulty finding specialty care ↑
- Delayed/did not get care due to COVID-19 ↑
- Never able to get appointment within 2 days ↔
- Difficulty finding primary care ↔
- People with usual place to go when sick ↔
- Delayed or did not get medical care ↔

Summary

Access to Care remains a prioritized health topic to the Huntington Health Community Benefit team. As has been observed in previous CHNA cycles, the rate of people with health insurance in the Greater Pasadena and SPA 3 area are higher than LA County and California on average and have been incrementally increasing. Despite insurance coverage, access remains an issue; specifically with navigating the health care system, and transportation to appointments. Finding timely appointments, especially for specialty care and Spanish-speaking, are continued barriers.

Mental Health*

Key Themes from Community Input



- Access is limited for low-income individuals.
- Students are experiencing depression and anxiety.
- The fires cause stress and anxiety.
- Needs more resources for Spanish speakers.

Relevant Indicators



- Adolescents needing help for mental health ↔
- Adolescents who received psychological/emotional counseling in last year ↔
- Ever diagnosed with depression ↔

Summary

Mental health has been prioritized in several CHNAs in the Greater Pasadena area. For mental health, access is a main concern. Emotional well-being among adolescents was identified as a prioritized topic. (*CHIP Goal 6)

Substance Abuse*

Key Themes from Community Input



- E-cigarette use among youth.
- Increase usage and availability of fentanyl.
- Ease of access to marijuana.
- Availability of rehab centers that take Medi-Cal.

Relevant Indicators



- Death rate due to prescription opioid overdose ↗
- Death rate due to fentanyl overdose ↗
- Adults who are current smokers ↔
- Students who use marijuana ↓
- Student who use e-cig/vape in last month ↓

Summary

Substance abuse has been prioritized in other CHNAs in the Greater Pasadena area. For substance abuse, the main concern is among groups that are at higher risk of long-term harm or chemical dependency effects like adolescents, and reducing the risk of fentanyl overdose in the region. (*CHIP Goal 5)

Housing and Homelessness*

Key Themes from Community Input



- Housing affordability in the area is a challenge.
- More assistance to prevent homelessness is needed.
- Chronically homeless people have complex needs.
- Need more programs like rental assistance.
- High amount of older adults below poverty level.

Relevant Indicators



- Median household cost ↑
- Homeownership rates ↓
- Median gross rent ↑
- Older adults living below poverty level ↑
- Adults living below 150% poverty level ↔
- Number of homeless people ↔

Summary

Housing and homelessness has been prioritized in other CHNAs in the Greater Pasadena area, but is unique from the City of Pasadena Continuity of Care plan for homelessness in the focus. A CHNA prioritizes the issues and consequences on health from being at-risk for losing your home or being homeless. Increasing housing costs, waning federal programs, and changes in demographics put this region at risk for evolving health effects due to homelessness. (*CHIP Goal 7)

Overweight and Obesity Prevention*

Key Themes from Community Input



- Healthy eating is a challenge with rising food prices.
- Healthy cooking is difficult with competing issues.
- Navigating for resources like CalFresh and WIC can be cumbersome.

Relevant Indicators



- Adolescents who are overweight or obese ↑
- Adolescents who almost constantly use a computer or mobile device for social media ↑
- Adults who eat fast food regularly ↑
- Children who meet recommended guidelines for muscle-strengthening activity ↓

Summary

Healthy eating and active living have been prioritized in other CHNAs in the Greater Pasadena area. This CHNA cycle focuses on the repercussions of rising food costs, hardships posed by other economic pressures, trends in a more sedentary lifestyle, especially among teens, and creating a built environment that promotes a healthy lifestyle. (*CHIP Goal 3)

Community Safety and Violence Prevention*

Key Themes from Community Input



- Families need to feel safe in parks in the evening for exercise and family time.
- When students do not feel safe in schools, it impacts their mental health.

Relevant Indicators



- Any harassment among adolescents, especially due to race or LGBTQI2+ status ↑
- Violent crime rates among young adults ↑
- Physical fighting among adolescents in schools ↑
- Adults who report physical violence or bullying ↑
- Neighborhood “safe” from crime ↔

Summary

Community safety as an indicator has been identified previously, but has evolved over time. During this CHNA, access to healthy, safe environments to engage and exercise were identified. Data indicators also reinforce previous prioritized issues like harassment and bullying among adolescents, particularly among groups like students of color or who identify as LGBT+. (*CHIP Goal 2)

Well-being of Older Adults*

Key Themes from Community Input



- Evolving access needs for older adults, like telehealth.
- Low-income older adults may face housing insecurity and are more vulnerable in emergencies.
- Fall prevention and education.
- Older adults may need help navigating their healthcare and traveling to the appointments.
- People in long-term care facilities need support.

Relevant Indicators



- Adults (65+) below the federal poverty level ↑
- Death rate due to Alzheimer’s /dementia ↗
- Nursing facilities with a 3-star CMS rating or higher ↔

Summary

Older adults in the area are an increasingly larger sector of our population, and their health needs are complex and evolving. As older adults age-in-place, preventing social isolation, ensuring continuity of care, and access to preventive services is important. Finally, for older adults in congregate care facilities, ensuring quality care is vital to the residents’ well-being. (*CHIP Goal 1)

Oral Health*

Key Themes from Community Input



- Education on the importance of oral health.
- Ensuring preventive oral services in children (<5yrs).
- Access to low-cost services.
- Promoting dental care in adults.

Relevant Indicators



- Students with untreated tooth decay ↑
- Students with dental carries ↑
- People who have been to dentist recently ↔

Summary

Oral health was not prioritized in the broad process (Appendix D), but has its own improvement plan. To ensure its inclusion, special key informant interviews were conducted, and those themes are listed above and in its respective section. Preventive and timely care continue to be priorities in oral health in our area. (*CHIP Goal 4)

One additional topic was selected among “preventive services”, but it did not fit within eight prioritized health categories: immunization services. Key informants identified this as an emerging issue to watch and the CHNA team will continue to monitor and promote immunization services.

Next Steps in Health Improvement Planning

The City of Pasadena Public Health Department (PPHD) has developed with significant community guidance and input, the 2023-2028 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. 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 community's efforts to improve those areas identified in the 2023-2028 CHIP, and will inform revisions of the CHIP. Status updates, resources, and other changes to the CHIP can be viewed here:

<https://dashboards.mysidewalk.com/pasadena-chip/our-story>

Evaluation of Impact

The previous CHNA for Greater Pasadena was last conducted in 2022 by the Pasadena Public Health Department and Huntington Health. 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 2022 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 Health used to address these significant needs can be found in Appendix A: Evaluation of Impact.

Report Adoption, Availability, and Comments

This CHNA report was adopted by the Huntington Hospital Board of Directors on June 26, 2025. In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy is to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy is available widely on the websites for Huntington Health and the Pasadena Public Health Department here:

<https://www.cityofpasadena.net/public-health/data/>

<https://www.huntingtonhospital.org/community/community-benefit/>

Feedback to Huntington Health for this CHNA can be sent to: ruth.pichaj@huntingtonhospital.com.

To date, no comments have been received by Huntington Health.

I. Introduction

The Pasadena Public Health Department and Huntington Health are pleased to present their fourth joint Community Health Needs Assessment (CHNA) report for Greater Pasadena. This report describes findings from a systematic, yearlong 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 the 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, the CHNA team endeavored to present a diverse set of indicators to capture the most urgent health issues in the 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.

Purpose of the CHNA

The 2025 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. The CHNA team followed the first six 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: Map the CHNA Development Process: reflect and seek feedback regarding previous CHNAs, build teams, obtain leadership support, and establish an infrastructure.

Step 2: Identify stakeholders and build trusting relationships

Step 3: Develop a community health profile by identifying the CHNA geographic boundaries, population characteristics/groups, and recognize the societal factors that influence health.

Step 4: Deepen the understanding and increase equity through data by assessing, preparing and updating new data that reflect the broader community

Step 5: Prioritize community health needs and assets in the community

Step 6: Document and communicate the results by publishing the CHNA in a broad and accessible way.

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 by City and ZIP Code

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

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

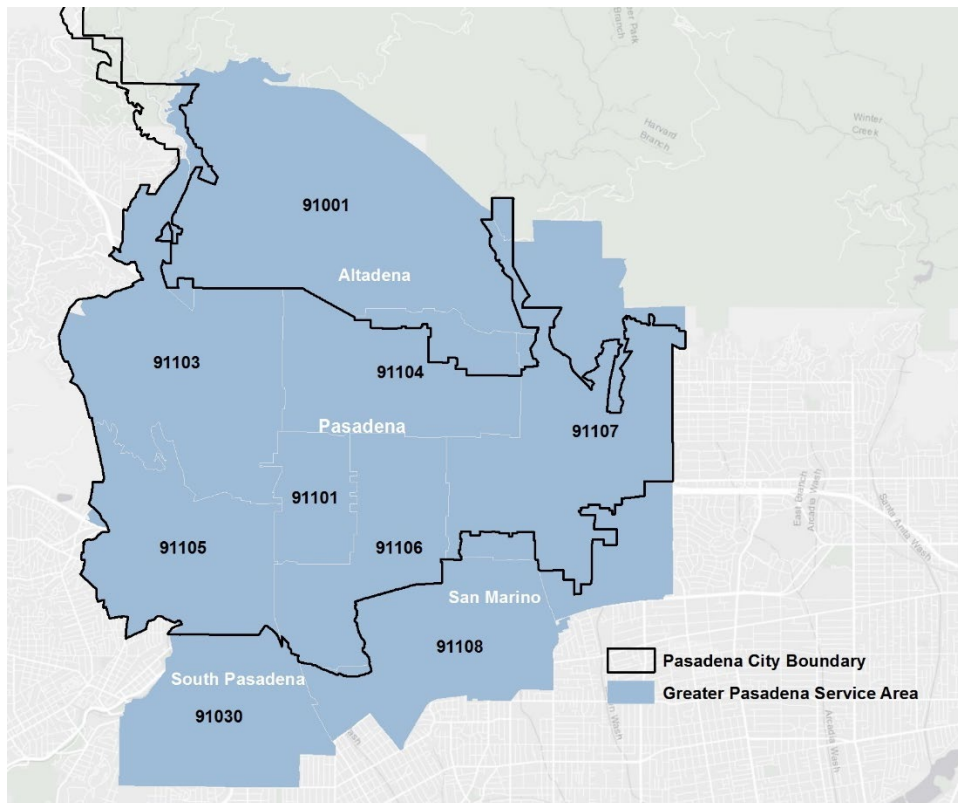


Figure 3: Los Angeles County Service Planning Area (SPA) 3 – San Gabriel Valley

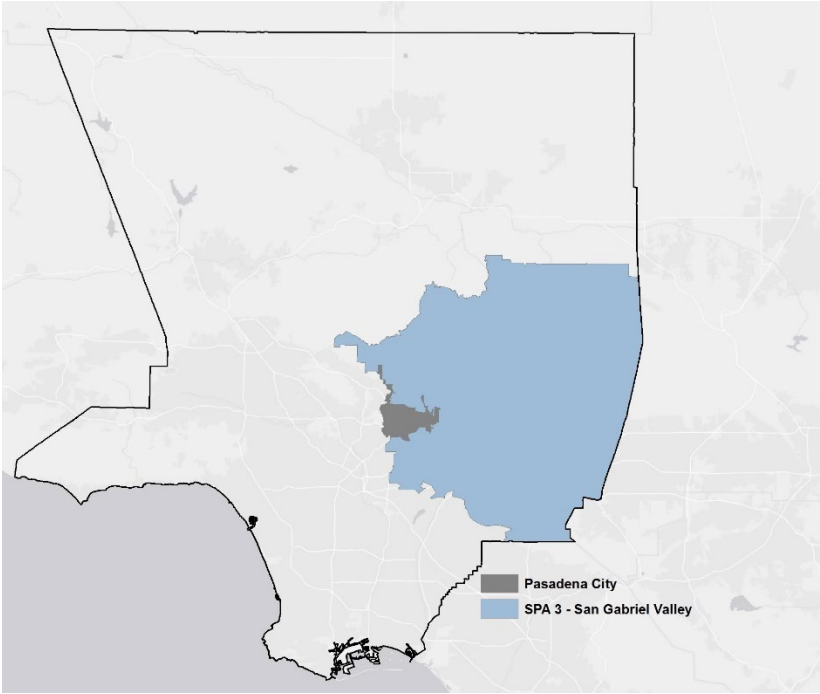
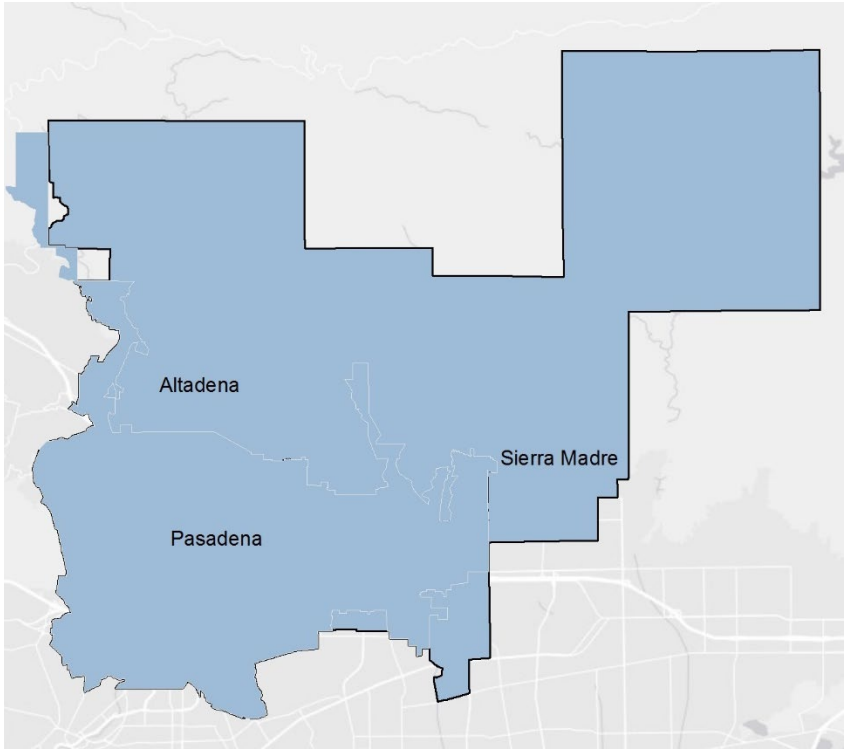


Figure 4: Pasadena Unified School District (PUSD) Service Area



II. Data Overview

About the Data

Quantitative and qualitative data were collected and analyzed for the Community Health Needs Assessment (CHNA). Quantitative data refer to information that can be expressed in numerical terms, counted, measured, or compared on a scale. Qualitative data 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 2025 CHNA

Data Indicator Topics	
Demographics	Health Topics
Social Determinants of Health	Access to Care
Income, Housing, and Homelessness	Maternal, Infant, and Child Health
Education and Academic Achievement	Exercise, Nutrition, and Weight
Social Environment and Public Safety	Diabetes
Transportation and Built Environment	Heart Disease and Stroke
Climate Change and Sustainability	Cancer
	Immunizations and Infectious Disease
	Respiratory Diseases
	Mental Health
	Substance Abuse
	Older Adults and Aging
	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 U.S. Census Bureau, the California Health Interview Survey, the California Department of Health Care Access and Information, and the California Department of Education, as well as data maintained by the City of Pasadena. For each section, an “Indicator Summary Table” is provided. The summary tables contain local values (e.g., Pasadena, Greater Pasadena, SPA 3, or Pasadena Unified School District) alongside other jurisdictions to evaluate how local metrics compare. The comparison values are typically from Los Angeles County (LAC), California, or the United States.

Data indicator values were compared to available Healthy People 2030 (HP2030) objectives, when available. HP2030 objectives are benchmarks based on national estimates for key health issues that are updated every ten years. When a comparison value was not available, metrics were evaluated for trends. See Table 3 for the data scoring rubric. Note: this report contains only a curated set of quantitative data indicators. For more data, visit [healthy pasadena.org](https://www.cityofpasadena.net/public-health/data/) 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 (e.g., 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-one (21) stakeholder interviews were completed from November 2024 to February 2025. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Greater Pasadena, who spoke to issues and needs in the community. Stakeholders included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served in the Greater Pasadena service area.” The identified stakeholders were invited by email to participate in the phone interview. The purpose of the interview in the context of the assessment was explained, and the stakeholders were assured their responses would remain confidential. Stakeholders provided consent prior to the start of the interview.

The interviews were structured to obtain greater depth of information and build on the secondary data review. Stakeholders were asked to identify the major health issues and other factors contributing to poor health in the community. They were asked to share their perspectives on the issues, challenges, and barriers relative to significant health needs; and to identify resources to address these health needs, such as services, programs, and/or community efforts. The interviews focused on the following significant health needs, while broadening discussion for additional health issues of concern:

- | | |
|------------------------|------------------------|
| Access to Care | Older Adult Health |
| Chronic Disease | Overweight & Obesity |
| Environmental Health | Preventative Practices |
| Housing & Homelessness | Safety & Violence |
| Mental Health | Substance Use & Misuse |

Stakeholders were sent a link to an electronic survey (SurveyMonkey) in advance of the interview, to rank each identified need. The percentage of responses were noted as people who identified the need as having severe impact on the community, had worsened over time, and had insufficient or absent resources available in the community. Not all survey respondents answered every question. See *Appendix D* for more information about the prioritization of this data.

Oral Health Qualitative Data

The Pasadena Public Health Department also collected specific feedback regarding oral health to ensure proper representation of this specialized health topic. This was to ensure granularity in this topic, and to satisfy requirements to conduct a separate Oral Health Needs Assessment. For simplicity and ease for the community members, the results are presented jointly here in this Greater Pasadena Community Health Needs Assessment.

Community input on oral health was collected through ten key informant interviews with stakeholders in education, dental care, government, and community-based organizations in March 2024. Interviewees were identified based on their leadership and knowledge of oral health services in the region. The interviews were conducted virtually and consisted of eight questions. Questions focused on the greatest oral health needs, barriers to accessing care, the top vulnerable populations, and community strengths promoting oral health. Results from the informant interviews are presented in the Oral Health section.

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 a 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. Community Profile

This community health needs assessment focuses on a region located within Los Angeles County, just eleven miles northwest of downtown Los Angeles but with a unique culture and heritage of its own.

Ancestral Land Acknowledgment

The Pasadena area is located within Tongvaar, close to the historic village of Hahamog’na. This area is the ancestral homelands of the Tongva or Gabrieleno Band of Mission Indians. Indigenous peoples who were variously known as the Hahamog’na Tongva or the Gabrieleno Band of Mission Indians. The PPHD acknowledges the painful history of their forced removal from this land. We honor their on-going stewardship of this region, and give thanks for the opportunity to live and work on their traditional homeland.

Figure 5: Map of the Historical Locations of the Tongva Villages²



European Presence in the San Gabriel Valley

In 1769 the first Europeans passed through the region during the Spanish Portola Expedition, and soon thereafter the Mission San Gabriel was established (1771).³ From the late 1700’s to the mid-1850’s, the region was under Spanish then Mexican leadership as Alta California. During this era, many of the native Tongva people were killed by invasive European diseases.⁴ During this time, the region was dominated by a rural agriculture economy, including cattle and farming.

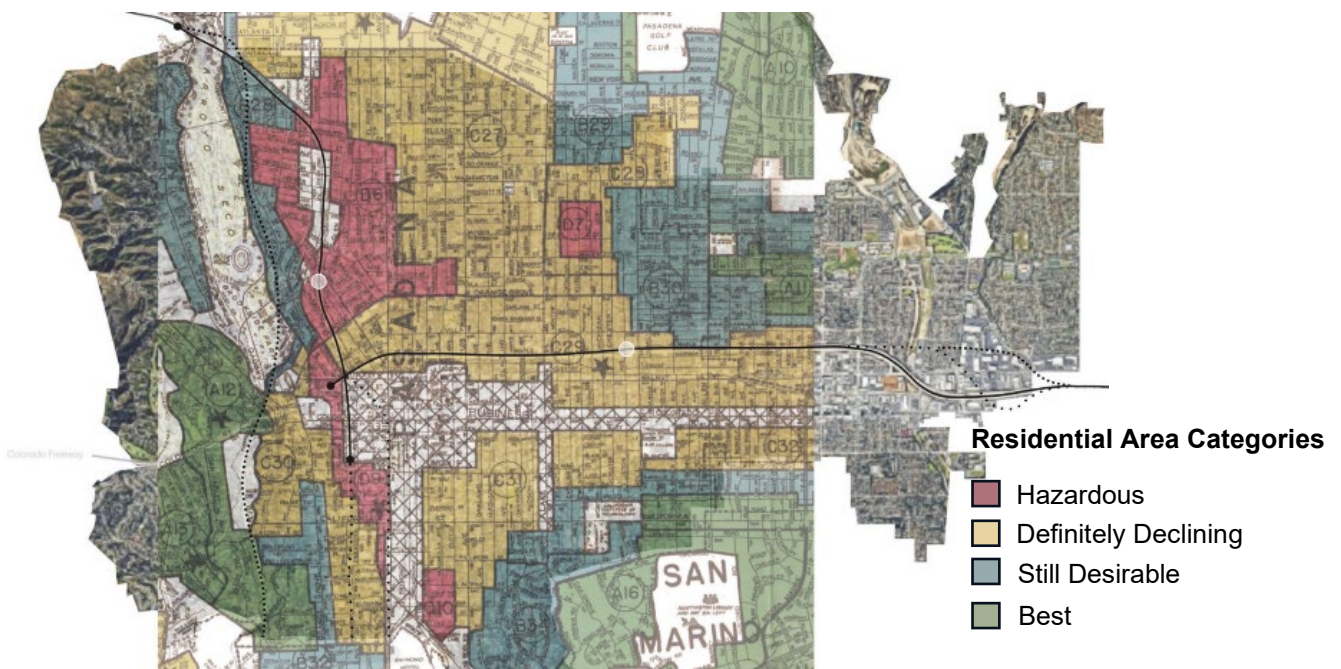
Early Development

Following the California Gold Rush and subsequent statehood of California (1850), the region of Los Angeles began expanding with cities. On June 19, 1886, the City of Pasadena was incorporated, the first city other than Los Angeles to be incorporated in Los Angeles County (excluding Santa Ana and Anaheim which are now part of Orange County).² In the mid-19th and early 20th century, early Asian settlers and pioneers including Chinese, Japanese, Filipino, and South Asians worked the fields of grapes and citrus fruit, which was the core of the San Gabriel Valley economy.³ Additional influxes of population changes and the population swelled from 1900 to 1910 in the region. The area’s population included Chinese and Mexican immigrants, who were brought in to work on the railroads, and Black/African American residents, who moved in and started small businesses or worked as house staff in wealthy homes and hotels.² Early cultural influences and racial makeup were influenced heavily by the industry rising in the region and these cultural identities remain.

The Freeways and Built Racism in Pasadena

As the region grew, the rural ties to agriculture were separating. Increases in population and diversity influenced the developing built environment. Practices like Redlining and the displacement of people of color to build freeways have had long-lasting effects in the region. Redlining is a discriminatory practice in which services are withheld from neighborhoods inhabited by racial and ethnic minorities⁵. In 1939, the Home Owners Loan Corporation (HOLC), established to increase homeownership for working-class Americans under President Franklin Roosevelt’s New Deal, and created a grading system to assess the “desirability” of residential communities. This has had multi-generation consequences that perpetuate racial and socioeconomic inequalities throughout Pasadena. Regionally, Northwest Pasadena was designated a ‘Red-Lined District’, and even today residents, predominantly people of color, have been disproportionately disadvantaged when compared to neighboring areas.

Figure 6: Map of the Home Owners Loan Corporation (HOLC) “Red-Lined” Districts, 1935-1940⁵



The Freeways and Built Racism in Pasadena (continued)

The freeways in the Los Angeles area have carved into historically disadvantaged areas, including Pasadena. In 1941, the first freeway in the United States, the Arroyo Seco Parkway now known as the 110, opened.⁶ To link Pasadena to downtown Los Angeles, many communities, especially Latino neighborhoods, were demolished to make room for the 110. In 1958, the Foothill Freeway (210) began construction at the eastern end of Foothill Boulevard (now La Cañada Flintridge) and across the Arroyo Seco near Devil's Gate Dam to Canada Avenue in Pasadena. An alternate 210 route would have displaced fewer people, but that alternate route at the time had household incomes that were double of the chosen route, and 82% of residents along the chosen path were people of color, compared to 48% in alternate route.⁷ The 210-freeway resulted in the displacement of nearly 3,000 predominantly Black residents in the northwest neighborhoods of Pasadena.⁷ Moreover, on November 18, 1964, the final five (5) miles of the State Route (SR) 7 Freeway (710 Long-Beach Freeway) was scheduled to go through the communities of El Sereno, South Pasadena, and Pasadena, but to date has not been completed.¹³ Despite this, in the early 1970s the City of Pasadena began construction on the northern interchange, resulting in the “Northern Stub”. This resulted in the displacement of 4,000 Pasadena residents and 1,500 homes removed.⁸

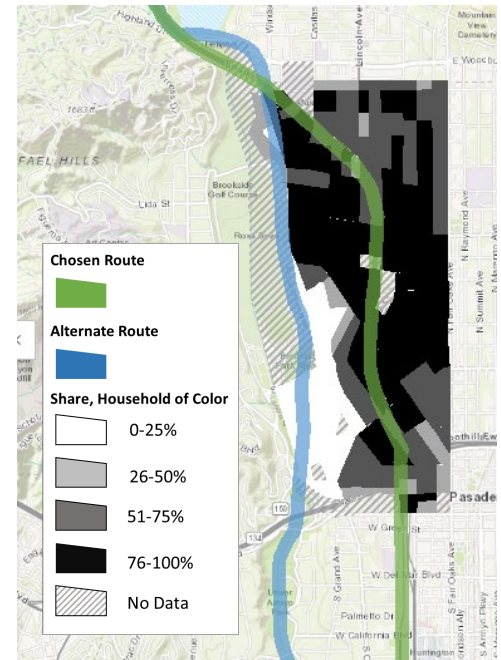
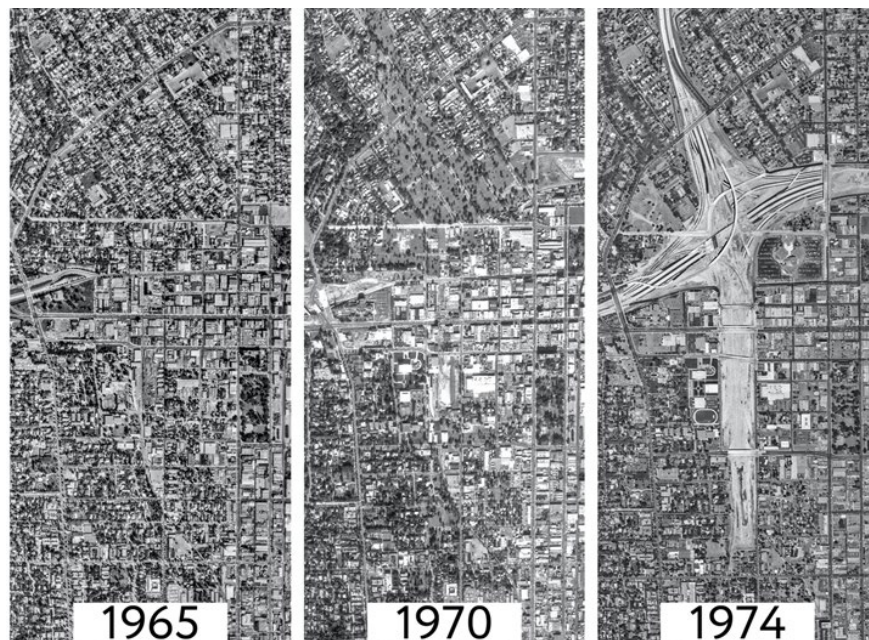


Figure 7: SR-710 North Stub, 1965-1974⁸



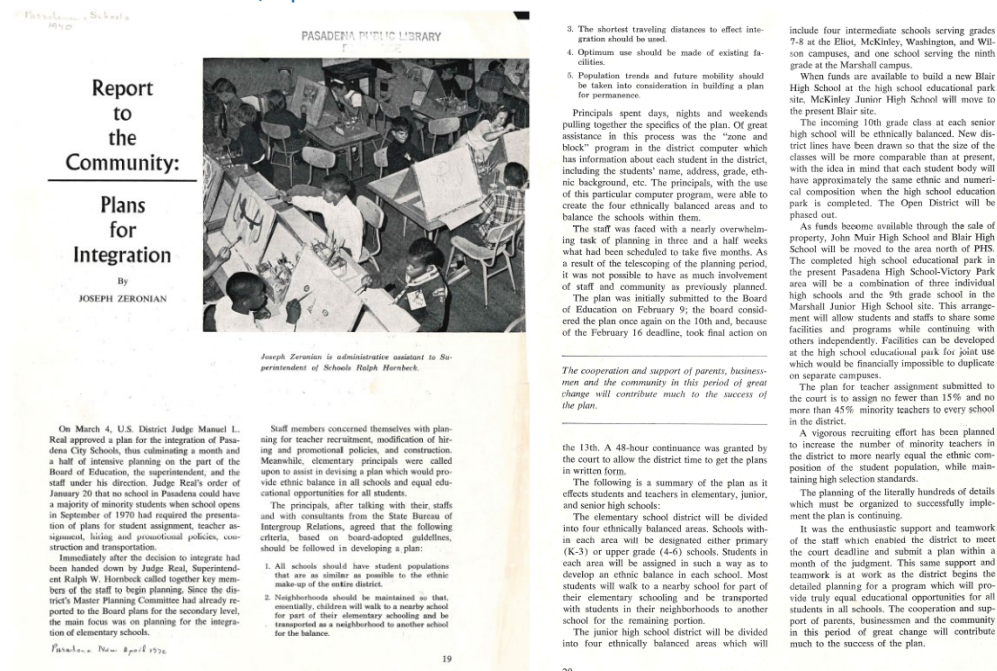
Suburbanization, Civil Rights, and Integration of the School District

With the increase of freeway development and focus on suburbanization, people move from high-density mixed-use urban neighborhoods to low-density residential single-family communities.⁹ In the 1950s, Pasadena's population grew rapidly reaching 104,777 residents, expansion began, and housing tracks were opened.¹⁰ This expansion came at a time with increased pollution, declining investment in the local aerospace industry, higher vacancy rates, and declining property values.¹⁰ The suburbanization of Pasadena resulted in cultural changes and social attitudes among Pasadenans, particularly White residents, of a "blighted" area, and the development of highways had profound effects on the displacement of lower-income residents and people of color in Pasadena.⁷

In tandem with suburbanization, there was the United States Civil Rights movement. In 1968, high school students and parents filed a class action lawsuit against the Pasadena Unified School District (PUSD) seeking relief from allegedly unconstitutional segregation of the public schools in Pasadena^{11,12}. The United States District Court found that PUSD's educational policies and procedures violated the Fourteenth Amendment^{11,12}, and PUSD was ordered to submit a plan to desegregate all Pasadena schools which would take effect in the 1970-1971 school year.¹²

This court case, PUSD v. Spangler, was the first federal case involving school desegregation outside of the Southern United States at a time when the civil rights movement in America was unfolding¹³. Racial prejudices had negative social and economic effects on public schools that primarily affected low-income residents and people of color.

Figure 8: Pasadena Now Article, April 1972¹⁴



The Greater Pasadena Region Now

These historical factors have played a significant role in the development of our region, and are reflected in the health inequities today. Historical context of the region's development provides additional context to the data.

IV. Demographics

Population Size

This report focuses on the Greater Pasadena community which consists of nine ZIP codes (see Figure 2), and includes Altadena, Pasadena and Sierra Madre; and portions of South Pasadena and San Marino.

227,470
people live in
Greater Pasadena.



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

Figure 9: Total Population of Pasadena by Year, 1940-2022^{15,16}

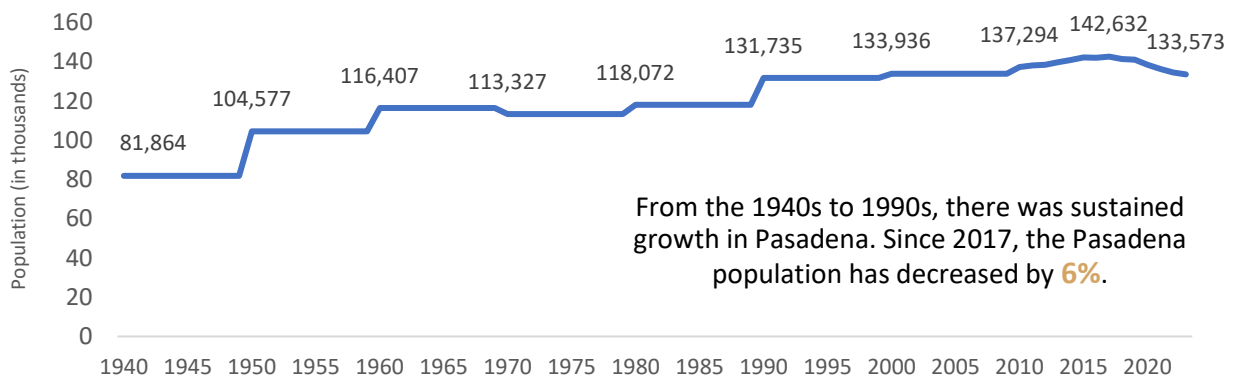
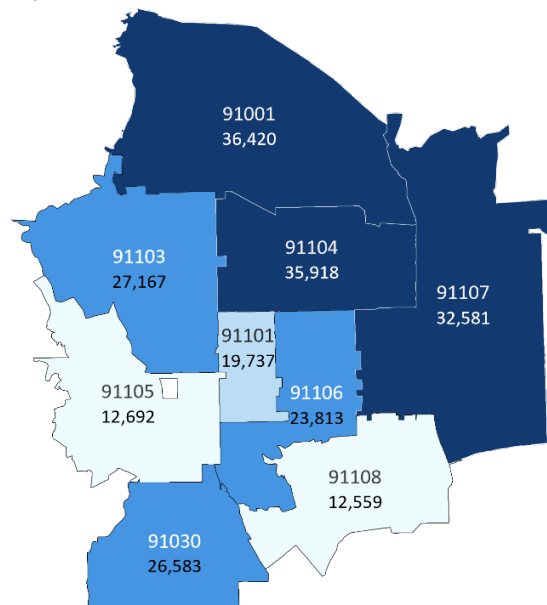


Figure 10: Greater Pasadena Population by ZIP Code and City, 2023^{16,17}

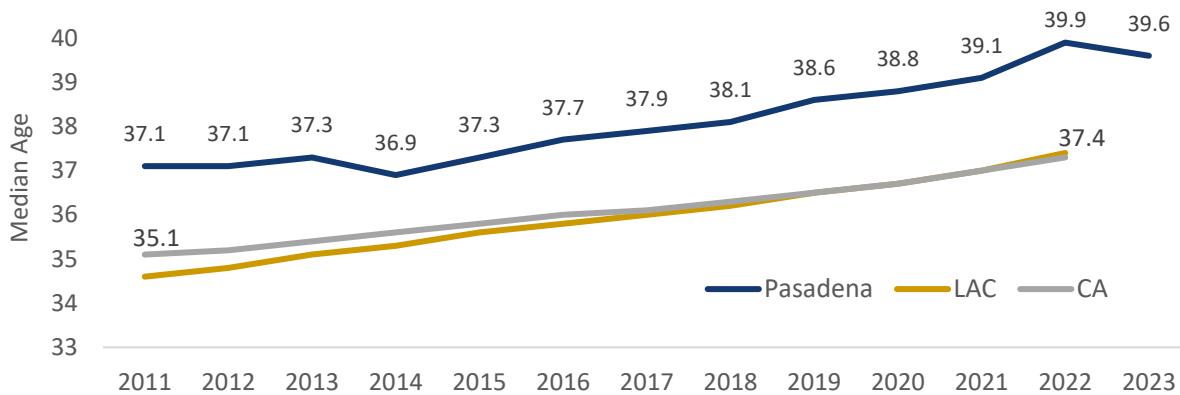
City	Population
Altadena	41,921
Pasadena	133,573
San Marino	12,279
Sierra Madre	11,020
South Pasadena	26,297



Population by Age

The population of the Greater Pasadena area is, on average, older than that of Los Angeles County and has been getting older on average over time.

Figure 11: Median Age by Jurisdiction, 2011-2023¹⁷



In the past decade, we have seen a change in the age distribution in Pasadena. Compared to LA county where the median age is 37.4 years, Pasadena is older with a median age of 39.6 years.^{16,17} This is due to a larger proportion of Pasadena residents (18.1%) being 65 years or older, compared to LA County (13.6%). While fewer Pasadena residents are 18 years or younger (17.6%), compared to LA county (21.7%). Since 2010, in Pasadena there has been a 4.3% decrease in the number of children 6 years and younger, and a 10.9% decrease in the number of youth 18 years and younger.¹⁷

23,508 children younger than 18 years old live in Pasadena in 2023.

24,194 adults, ages 65 years and older, lived in Pasadena in 2023.



Children younger than 18 make up **17.6%** of the more than 133,573 residents of Pasadena.

There are **10.9%** fewer children younger than 18 than there were 10 years ago.



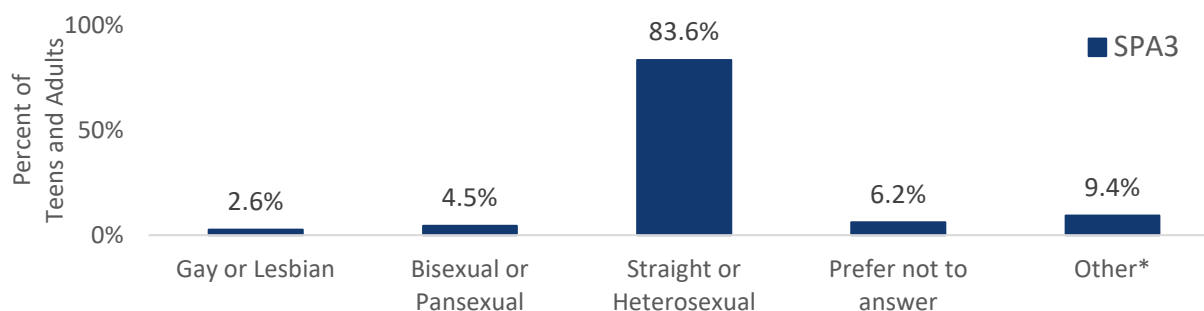
Adults 65 and older make up **18.1%** of the more than 133,573 residents of Pasadena.

There are **19%** more adults ages 65 and older than there were 10 years ago.

Gender Identity and Sexual Orientation

Out of Pasadena’s total population (133,573) the gender distribution is: 62,275 male (48.9%) and 68,298 female (51.1%).¹⁶ In the SPA 3 area, an estimated 8,000 (0.6%) adults identify as transgender or gender expansive.¹⁸ In the San Gabriel Valley (SPA 3), approximately 83.6% of the adult population identifies as straight or heterosexual (1,235,000 out of 1,477,000) compared to 82.7% in Los Angeles County (LAC) and 83.7% in California.¹⁹ Approximately, 2.6% (or 66,000) identifies as gay or lesbian, 0.7% (or 10,000) identifies as bisexual or pansexual.¹⁸

Figure 12: Self-Reported Sexual Orientation among Teens and Adults in SPA 3, 2023¹⁸



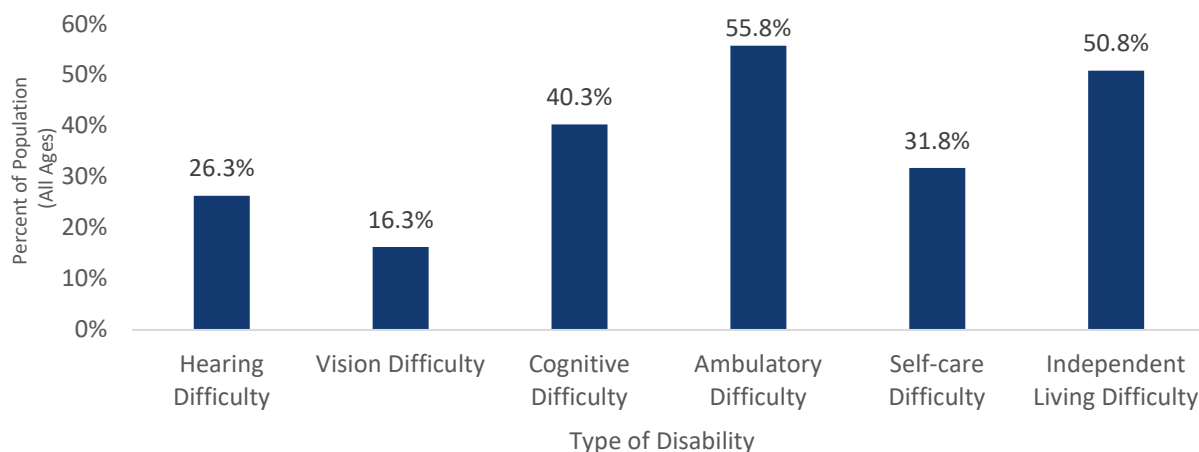
* Other categories included statistically unstable estimates. Other includes “use a different term” and “don’t know”.

Population 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 play²⁰. Disability exists where this interaction results in limitations of activities and restrictions to fully 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 Pasadena, 13,533 (9.9%) people have a disability¹⁷. 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.

Figure 13: Percent of Population in Pasadena Living with a Disability by Type, 2022¹⁷



Race/Ethnicity

Figure 14: Population by Race/Ethnicity and Jurisdiction, 2023¹⁸

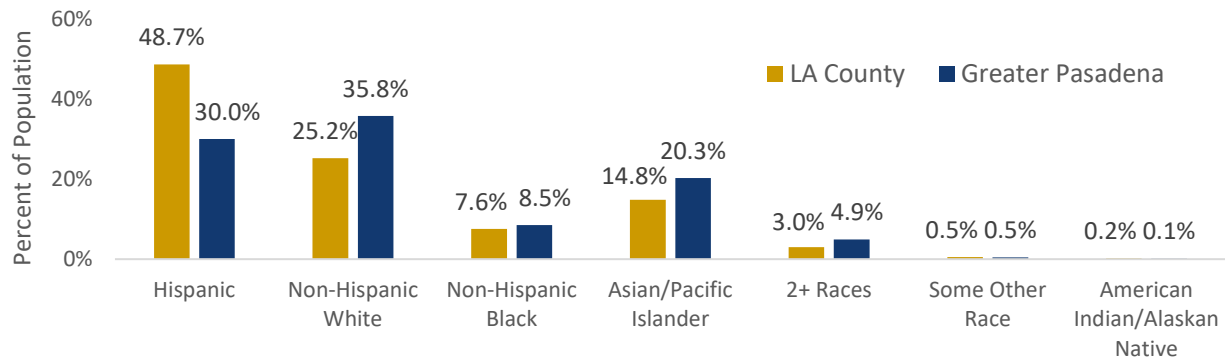


Figure 15: Percentage of the People of Color in the Greater Pasadena Area by Census Tract and the Historically Red-Lined Districts, 2023^{7,17}

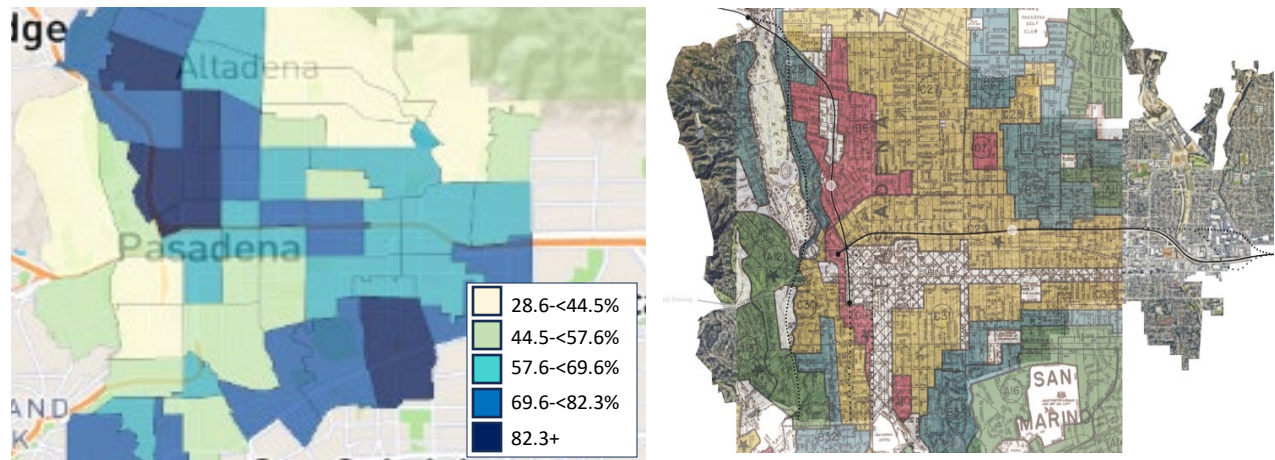
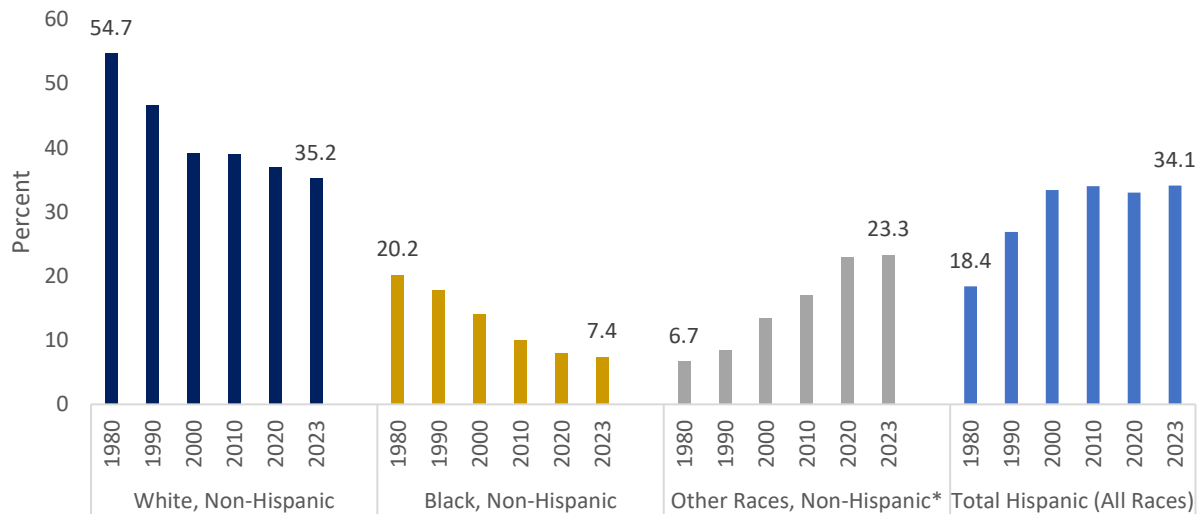


Figure 16: Percent of Total Population by Race/Ethnicity over Time in Pasadena, 1980-2023¹⁵



*Other races include Asian, American Indian/Alaskan Native, Pacific Islander, and Multiple Races.

Foreign-Born Status

In Pasadena, there are fewer foreign-born residents (29.4%) than the population in Los Angeles County (LAC) (33.3%). Among the foreign-born residents in Pasadena, 55.4% are naturalized U.S. citizens compared to 54.2% in LAC and 54.0% in California.¹⁶ It is important to note that not being a U.S. citizen does not indicate an illegal residency status within the United States. Among children (less than 18 years old) in Pasadena, more than 95.8% were born in the United States.¹⁶

English Language Proficiency and Linguistic Isolation

The most common language spoken in the home by Greater Pasadena area residents is English (58.9%).¹⁷ Spanish is the second most common language in the community, though fewer residents (21.8%) speak it compared to LAC residents (38.3%).¹⁷ Compared to LAC, a larger percentage of residents in the Greater Pasadena area (8.1% vs. 4.0%) speak Chinese. Similar percentage of residents in Greater Pasadena and LA County speak other Indo-European languages (4.2% vs. 4.0%), Tagalog (1.6% vs. 2.3%), and Korean (1.5% vs. 1.7%).¹⁷

Figure 17: Languages Spoken at Home (Other than English) in Greater Pasadena, 2022¹⁷

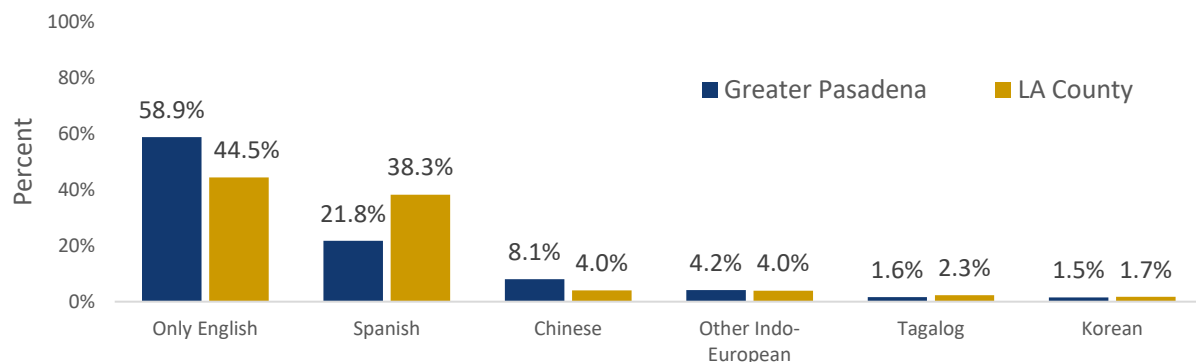
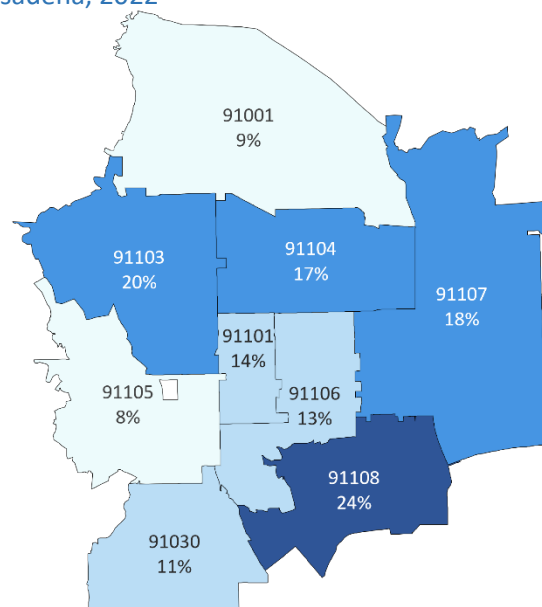


Figure 18: Linguistic Isolation by ZIP Code in Greater Pasadena, 2022¹⁷

Linguistic isolation is defined as the population, ages 5 and older, who speaks English “less than very well.”

In the Greater Pasadena area, roughly **14.7%** of the population is linguistically isolated.

The 91108 ZIP code area has the highest percentage of people with linguistic isolation. This is likely driven by a large proportion of older adults who primarily speak an Asian language.



V. Social Determinants of Health

Income, Housing, and Homelessness

Income

In the Greater Pasadena area in 2023, the median household income by city ranged from \$103,778 in Pasadena to \$187,633 in San Marino.¹⁶ Two ZIP codes, 91103 and 91106, had the lowest median household income levels in the Greater Pasadena region (\$84,683 and \$89,213, respectively). In the city of Pasadena, the median household income increased from \$85,129 in 2020 to \$103,778 in 2023, representing an almost 22% increase¹⁷.

Figure 19: Median Household Income by ZIP and Jurisdiction, 2023¹⁷

Jurisdiction	Median Household Income
Altadena	\$129,123
Pasadena	\$103,778
San Marino	\$187,633
South Pasadena	\$128,105
Los Angeles County	\$87,760
California	\$96,334

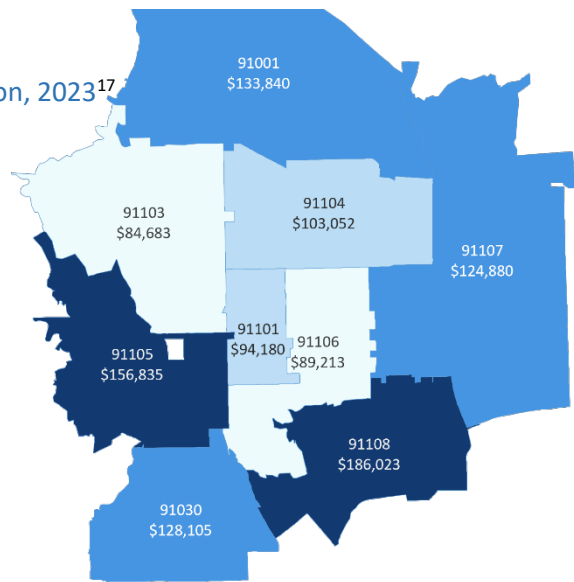
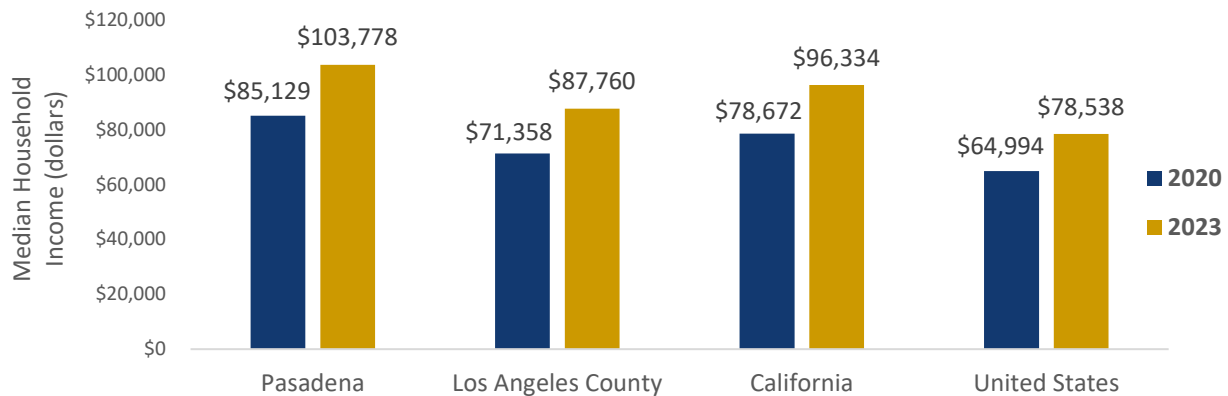


Figure 20: Median Household Income by Geographic Regions, 2020 vs. 2023¹⁷

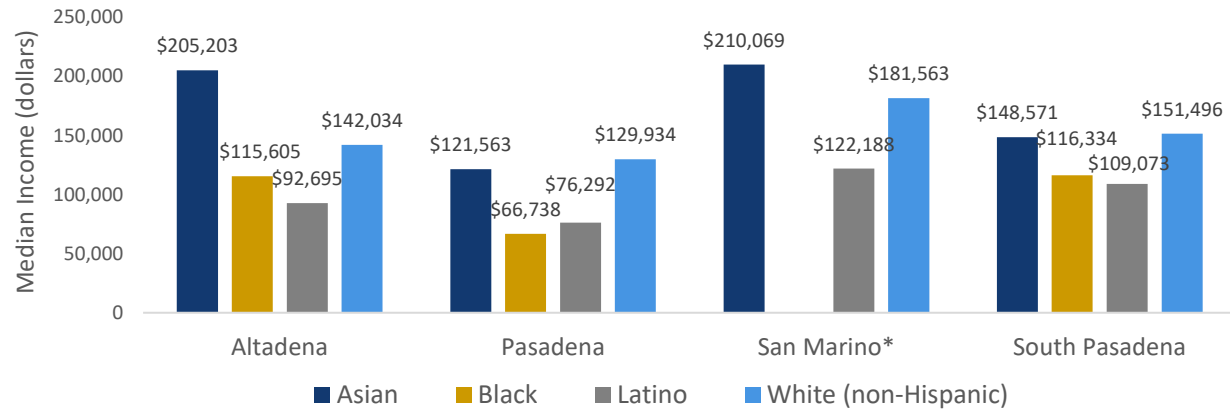


Pasadena had the highest median household income in 2023, compared to LAC, CA and the U.S. The increase in median household income from 2020 to 2023 was similar across all geographic regions with United States at 20.8%, Pasadena at 21.9%, California at 22.5%, and LAC the highest percent increase at 23.0%.¹⁷

Income Disparities by Race

While the income overall increased in 2023, there were differences by racial/ethnic groups and by city. On average, Asian and White residents had higher incomes across all cities compared to Black and Latino residents.¹⁷

Figure 21: Median Household Income by Race/Ethnicity and City, 2023¹⁷

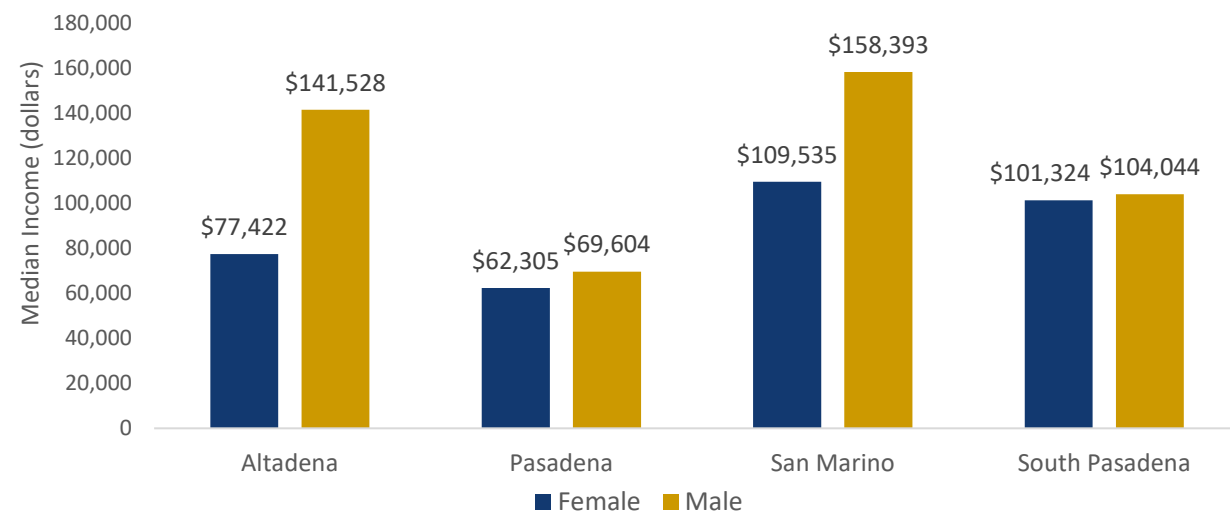


* Median income was unavailable for Black residents in San Marino.

Income Disparities by Gender

In general, male householders with no spouse present earned more compared to female householders with no spouse present in all cities.¹⁷

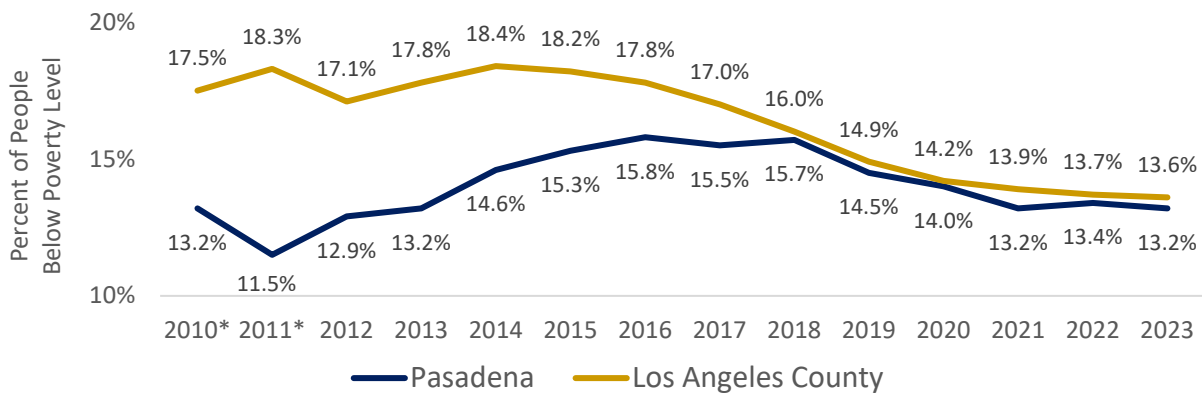
Figure 22: Median Household Income Gaps by City and Gender of Household Lead, 2023¹⁷



Poverty

The Federal Poverty Level (FPL) is defined as the minimum amount of annual income that is needed for individuals and families to pay for essential, like 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.²¹ In 2023, the Federal Poverty Level (FPL) was an annual income of \$14,580 for one person and \$30,000 for a family of four.²² In 2010, Los Angeles County had more people than Pasadena who were below the poverty level, but over time, the gap between LAC and Pasadena decreased. From 2018 to now, there is less than a 1% difference in people living below poverty level between LAC and Pasadena. Among Huntington Health adult inpatients, around 2.1% reported some financial resource strain among those screened.²³

Figure 23: Percent of Population Living Below Poverty Level in Pasadena and LAC, 2010-2023^{16,17}

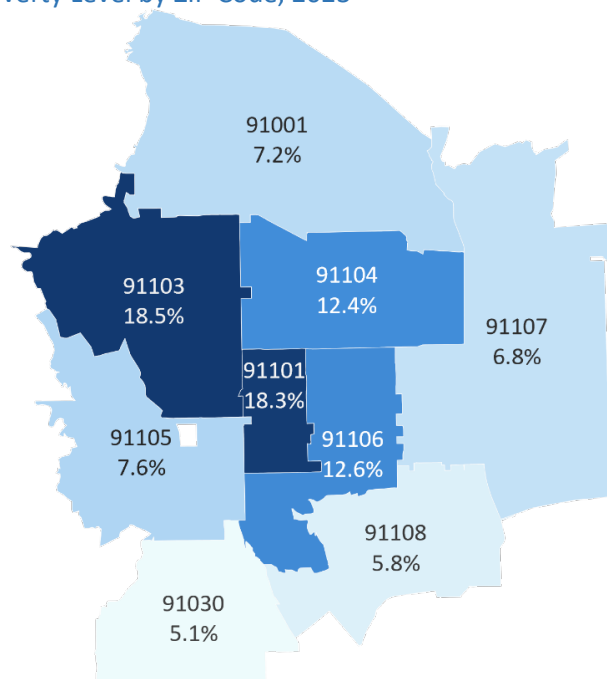


* U.S. Census Bureau, American Community Survey 1-Year Estimates. Retrieved August 2024.

Figure 24: Percent of Population Living Below Poverty Level by ZIP Code, 2023¹⁷

ZIP codes 91103 and 91101 had the highest percent of people living in poverty whereas ZIP codes 91030 and 91108 had the lowest percentage.

There was a **13.4% difference** in poverty status between 91103 and 91030.



Housing

In Greater Pasadena, there were 89,754 occupied housing units and 97,757 total housing units in 2023.¹⁷ Out of the occupied housing units, 51.3% were owner-occupied and 48.7% were renter-occupied.¹⁷ The Greater Pasadena population decreased by 11.2% but had an 8.2% increase in housing units from 2022 to 2023.¹⁷ From 2010 to 2023, 2021 to 2022 had the highest increase in homeownership median cost by jurisdiction. Specifically in Pasadena, homeownership median cost increased by around 14% from \$863,100 (2021) to \$981,600 (2022).¹⁷ For homeownership median costs, the average percent increase across all jurisdictions from 2016 to 2021 was around 6.6%. However, the highest percent change occurred between 2021 and 2022 where the average percent change was at 14.0%.¹⁷

Figure 25: Homeownership Median Cost by Jurisdiction, 2016-2023¹⁷

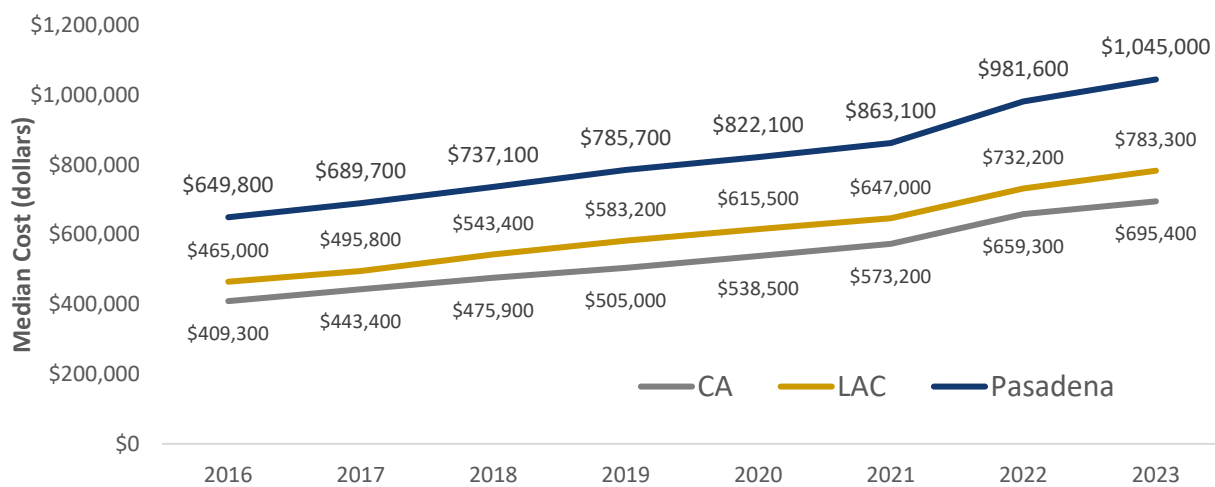
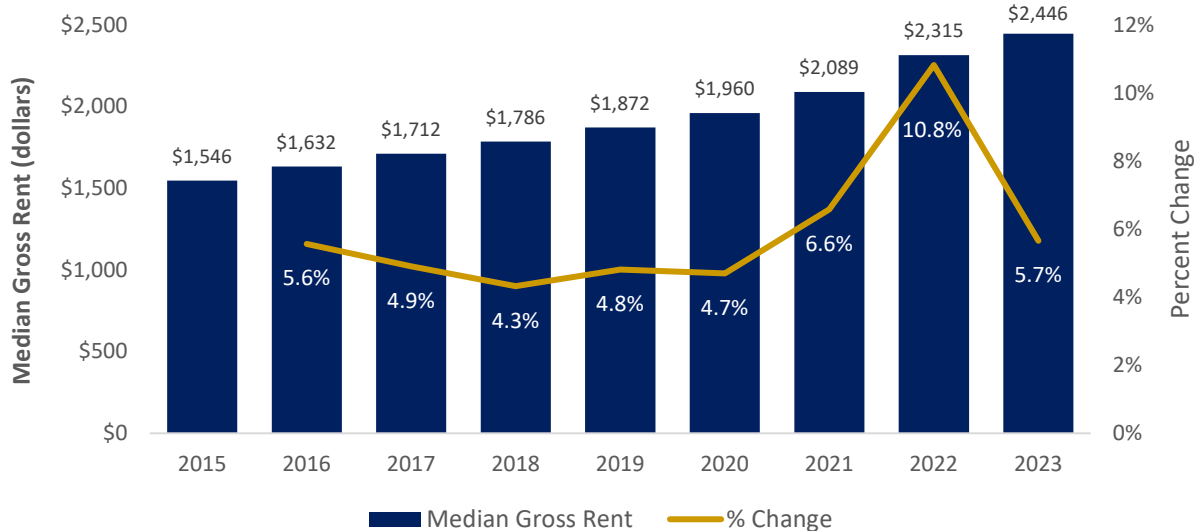


Figure 26: Median Gross Rent for a Two-Bedroom Apartment in Pasadena, 2015-2023¹⁷



Affordable Housing Units

The measurement of affordable housing units was summed by the total number of completed units issued certificates of occupancy for low-income and very low-income (deed and non-deed restricted), and included all structure types (accessory dwelling unit, five or more units per structure, single family detached, 2-, 3-, and 4-plex units per structure, mobile home unit), and both tenure (owner, renter) by each city. From 2018-2023, the total number of affordable housing units in the San Gabriel Valley according to the California Department of Housing and Community Development, Housing Element Annual Progress Report was 526.²⁴ The City of Pasadena generated 259, which was 49.2% of all units generated in the area, despite being 7.8% percent of the population in the San Gabriel Valley.^{24,25}

Figure 27: Affordable Housing Units Generated by City, 2018-2023²⁴

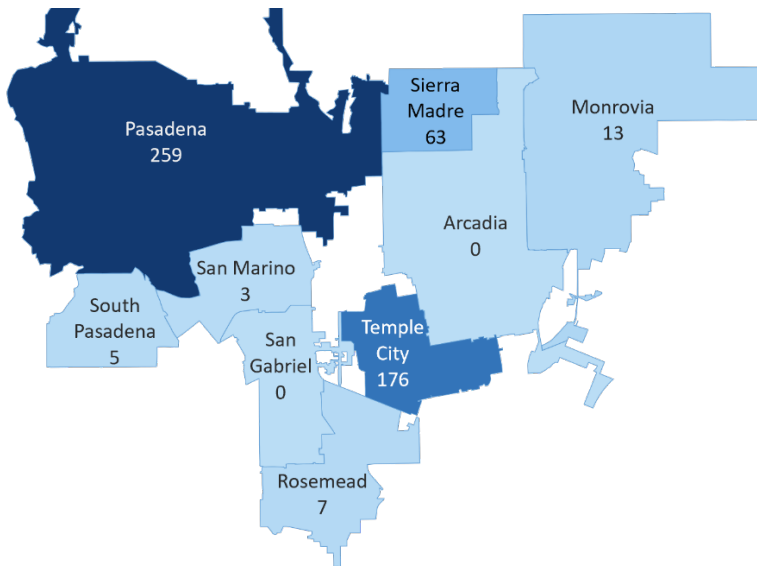
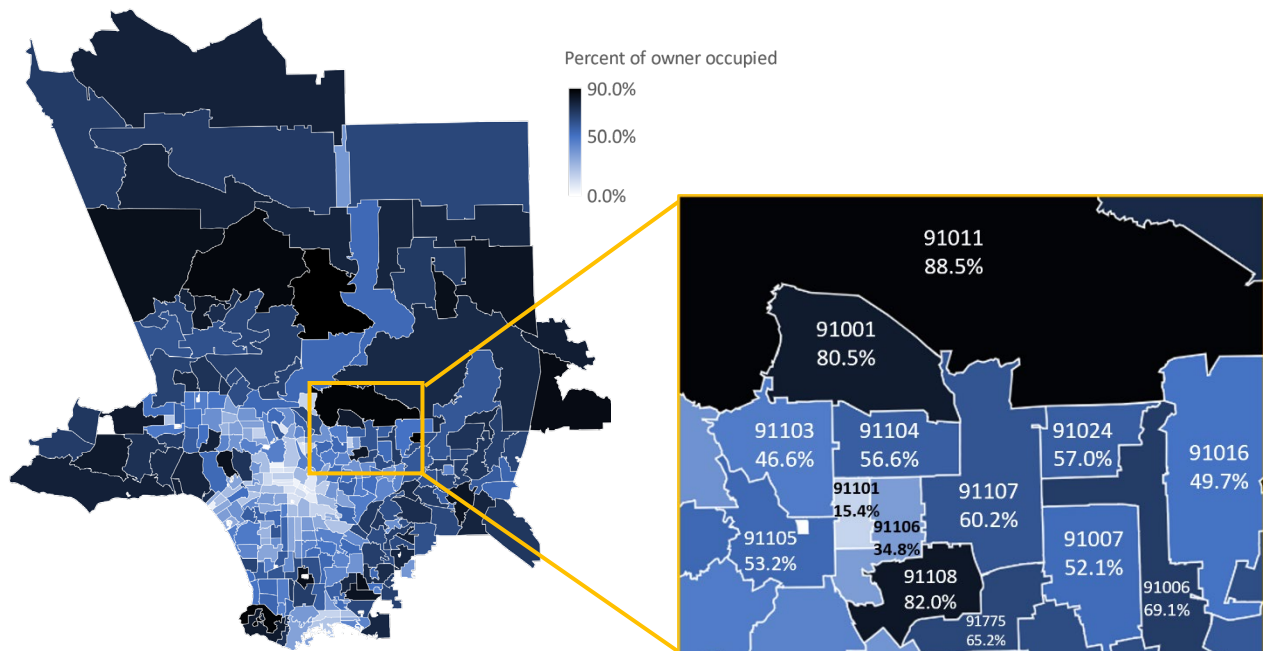


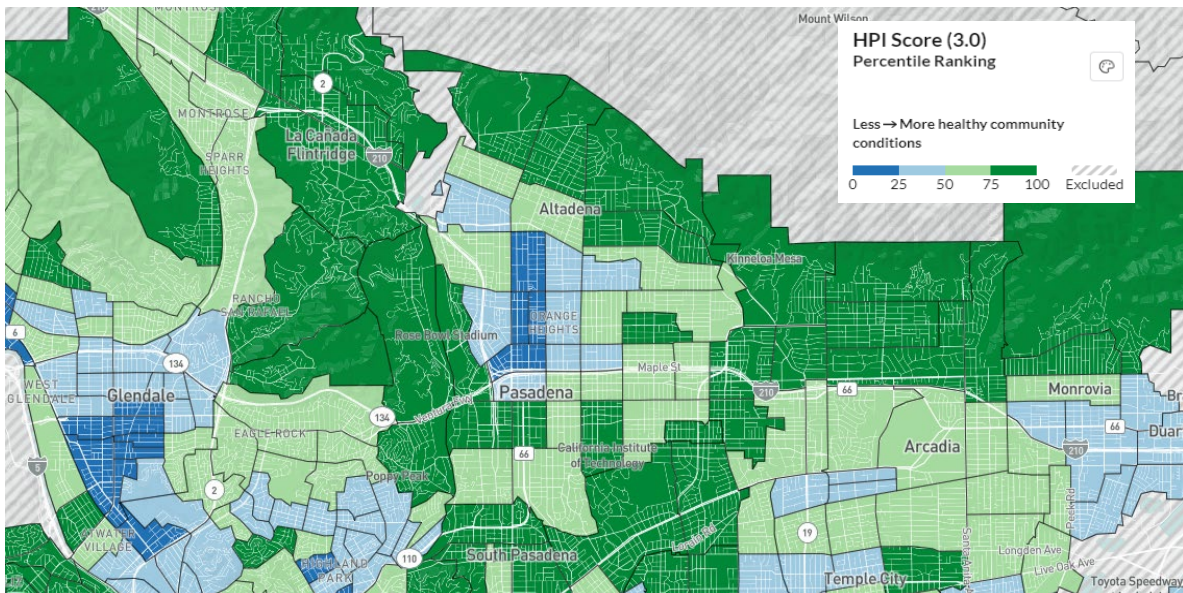
Figure 28: Owner Occupied Housing Units by ZIP Code, 2023¹⁷



Healthy Places Index

The California Healthy Places Index (HPI) is a tool that 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 Northwest corridor (shaded in dark blue) has a lower HPI score (less healthy community conditions) compared to the rest of the Greater Pasadena area.²⁶

Figure 29: HPI Score (3.0) Community Quartile of Health Rankings by Census Tract, 2024²⁶

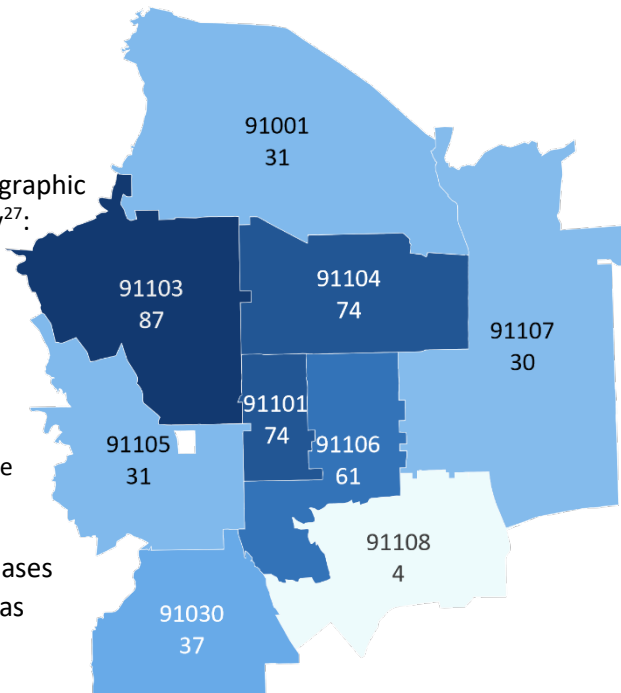


Social Deprivation Index (SDI)

The Social Deprivation Index is based on seven demographic characteristics from the American Community Survey²⁷:

1. Percent living in poverty
2. Percent with less than 12 years of education
3. Percent single-parent households
4. Percent living in the rented housing units
5. Percent living in the overcrowded housing units
6. Percent of households without a car
7. Percent non-employed adults under 65 years of age

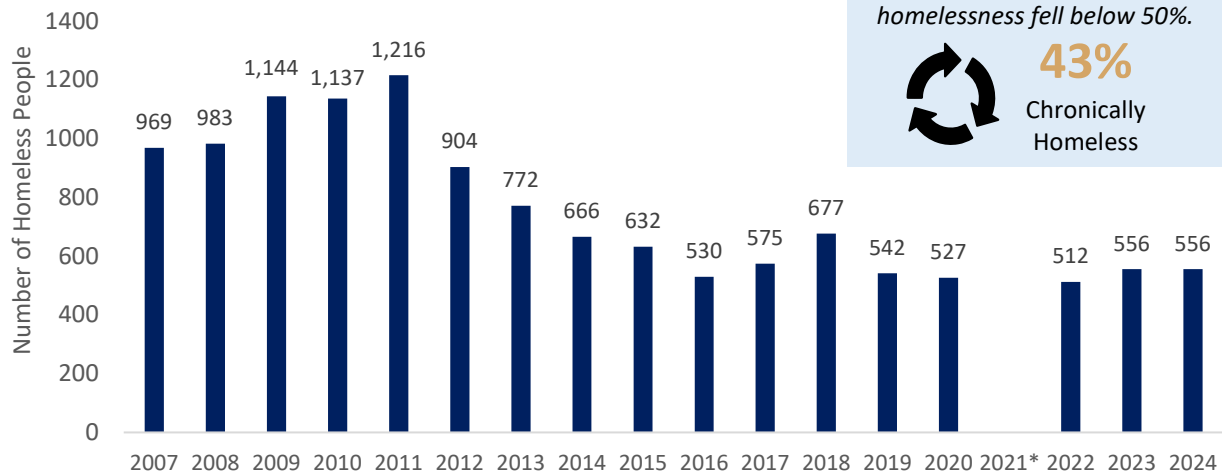
As the SDI increases, the severity of deprivation increases too. ZIP code 91103 had the highest SDI at 87, whereas 91108 had the lowest at 4.



Homelessness

The total number of people who are homeless has remained around 500 people since 2019, but there are disparities by race and complexity that are changing over time.²⁸ Systemic racism continues to impact homelessness, with Black people overrepresented among the unhoused compared to their share of the general population. Hispanic and Latino people now comprise close to half of the unhoused population, compared to 35% of Pasadenans. A recent trend in LA County mirrors national and regional trends, with a 26% increase in persons counted as homeless LA County from 2020-2022.²⁸

Figure 30: Count of Homeless People in Pasadena, 2007-2024*²⁸



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

Figure 31: Black Disparities in Homelessness in Pasadena, 2024²⁸

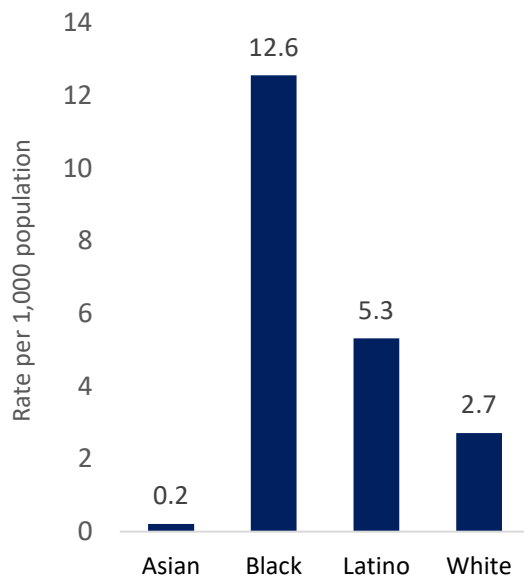
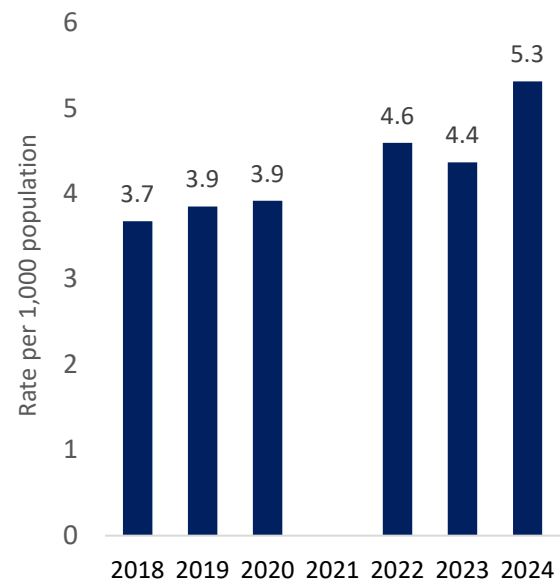


Figure 32: Rise in Latino Homelessness in Pasadena, 2018-2024²⁸



Community Input

Income

- Seniors on fixed incomes can become financially insecure. Even if they have lived in Pasadena for a long time, something may happen in their life that they cannot afford.

“People are hanging onto their homes. They are facing food insecurity and cutting their medications in half to afford rent.”

Housing

- Housing affordability is a challenge. Most of the unhoused people in Pasadena are formerly housed Pasadena residents.
- There are programs in the city where the builder must set aside units for low-income individuals. These low-income housing agreements only last for so many years and then low-income housed individuals, many of whom are seniors, are evicted.
- There is not enough rental assistance for everybody who needs it.
- There are a limited number of low barrier shelters.
- It is challenging to build permanent supportive housing.
- Anyone can become homeless at any time.
- Preventing homelessness is key. For example, more assistance is needed for rent and bill payment to prevent individuals and families from losing their housing.
- Issues that cause homelessness include housing costs, racial issues, difficulty reintegrating after leaving the criminal justice system, domestic violence, trauma, mental health issues, and substance use issues.

“Most people are one emergency away from homelessness.”

Income, Housing, & Homelessness				
Indicator	Pasadena	LAC	CA	Trend
Median household cost (in dollars) ¹⁷	981,600	732,200	659,300	↑
Homeownership ¹⁷	42.1%	46.2%	55.6%	↓
Median gross rent ¹⁷	2,100	1,805	1,856	↑
People 65+ living below poverty level ¹⁷	15.4%	13.9%	11.0%	↑
People living below poverty level ¹⁷	13.4%	13.7%	12.1%	↔
People living at or below 150% of poverty level ¹⁷	79.1%	77.3%	80.0%	↔
Homelessness counts ²⁸⁻³¹	556	79,423	---	↔
Median household income ¹⁷	\$97,818	\$83,411	\$91,905	↑
Renters spending 30% of more of household income on rent ¹⁷	51.2%	57.3%	54.3%	↓
Households with >1.01 or more occupants per room ¹⁷	4.8%	11.0%	8.2%	↓
Unemployment ¹⁷	5.2%	7.0%	6.4%	↓
Children living below federal poverty level ¹⁷	15.3%	18.1%	15.6%	↓

Education and Academic Achievement

Academic Attainment and Preparedness

Overall, the population of Pasadena is highly educated: a large proportion (54.5%) of adults over 25 years of age in Greater Pasadena has a bachelor’s degree or higher compared to peers in Los Angeles County (LAC) (34.6%). Still, 10.4% of Greater Pasadena adults over the age 25 do not have a high school diploma.¹⁷

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. These numbers do not include GED, certificate of completion, certificate of attendance, or any other similar or lesser credential, such as a diploma based on meeting Individualized Education Plan (IEP) goals.

Figure 33: Graduation Rates by Unified School District, Academic Year 2022-2023³²

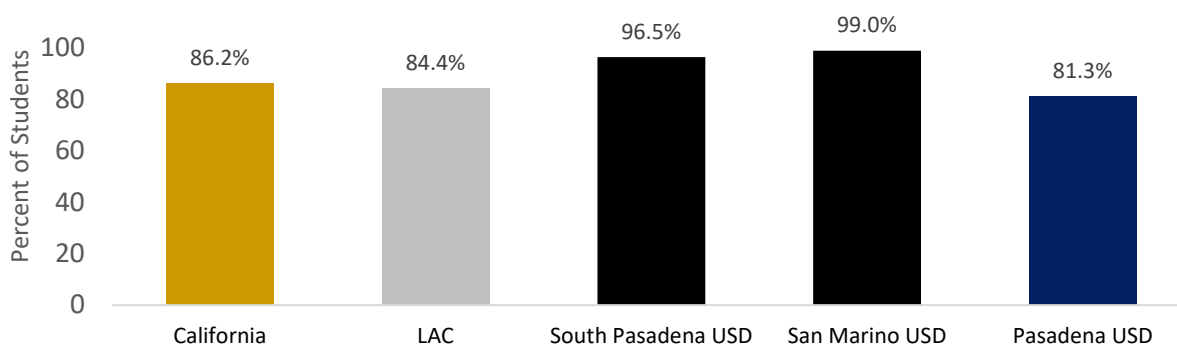
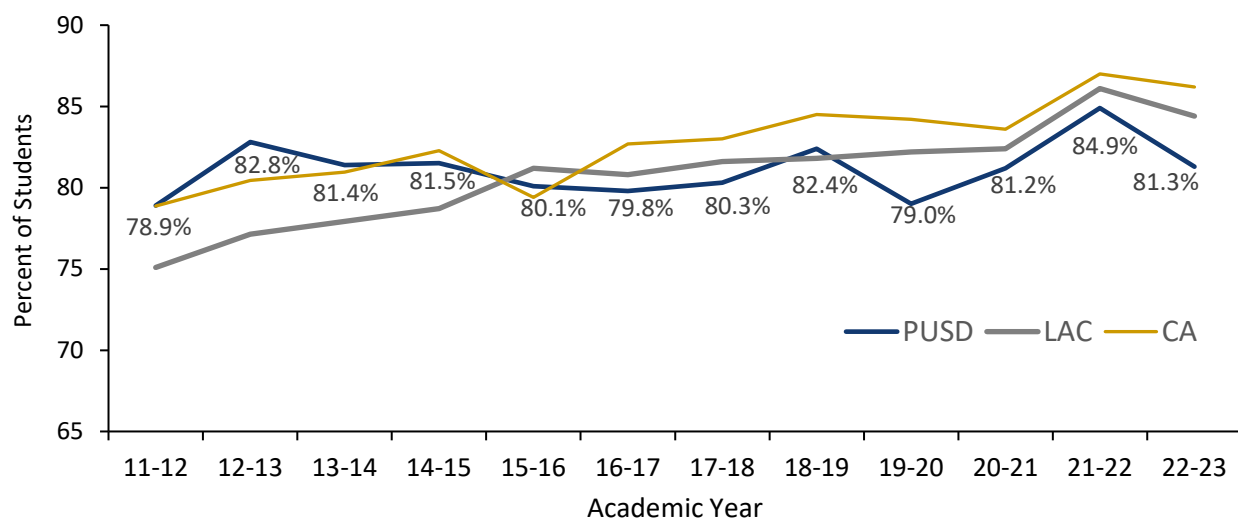


Figure 34: Cohort Graduation Rates for Pasadena Unified School District (PUSD), Los Angeles County (LAC), and California, Academic Years 2011-2023³²



Private School Enrollment

In Los Angeles County around 11% of all school aged children (ages 3-17) enroll in private education compared to around 29% in Pasadena. Pasadena, Sierra Madre, and San Marino are in a small set of communities in Los Angeles County that exceed 20%.¹⁷ Cities or census-designated places with higher rates are labeled in Figure 35.

Figure 35: Percent of Children (ages 3-17) Enrolled in Private School, 2022¹⁷

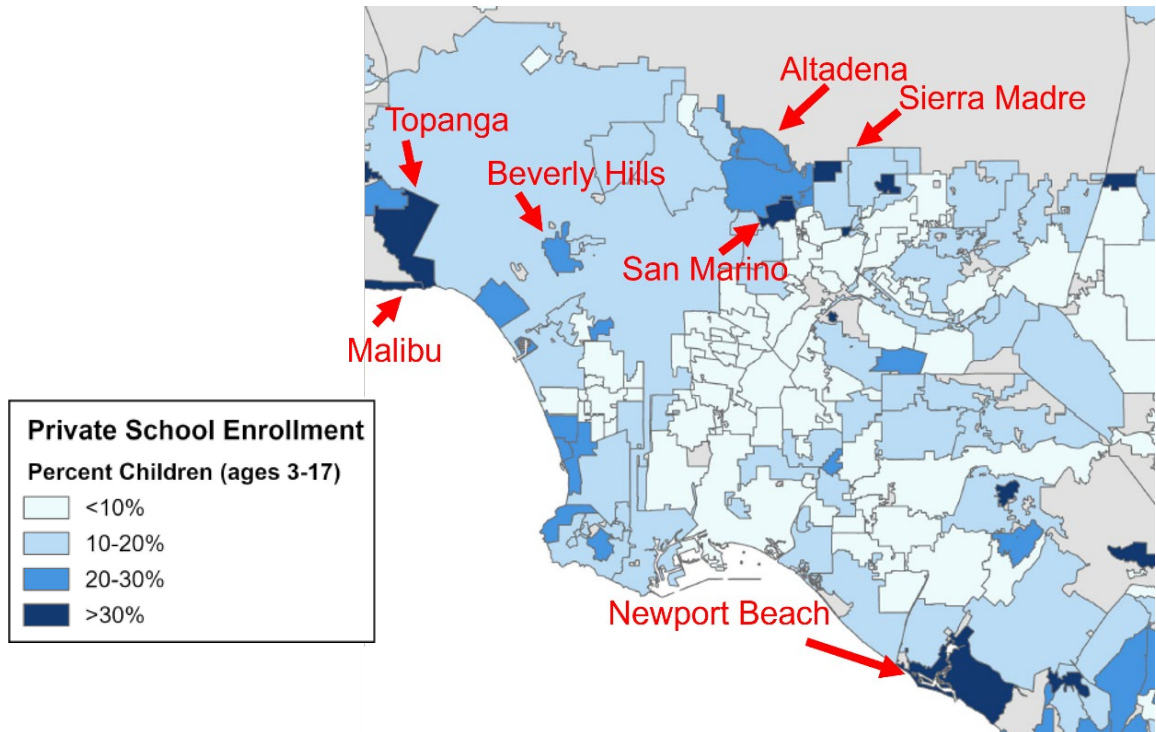
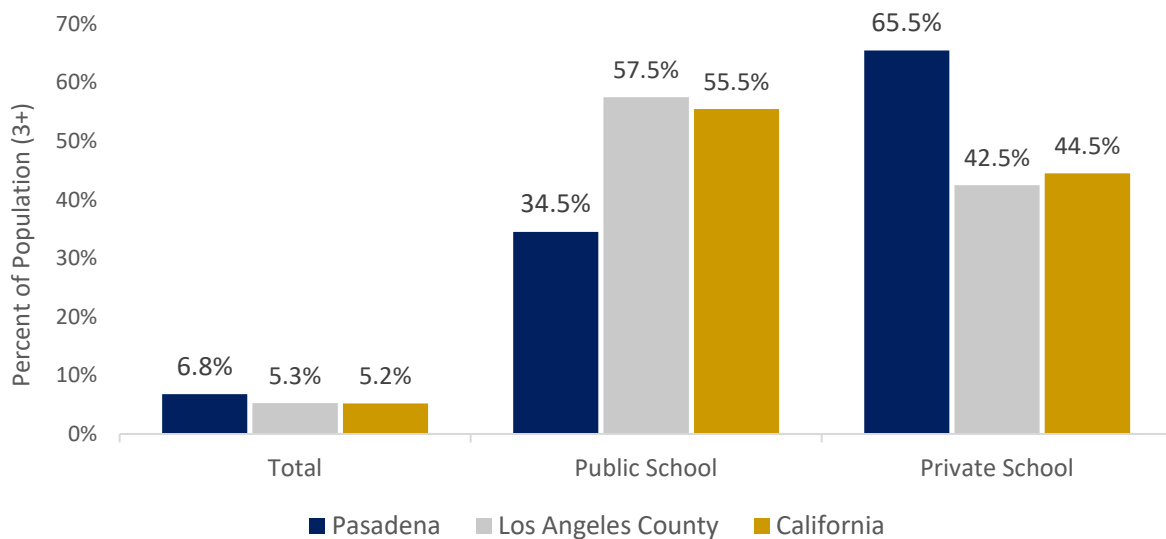


Figure 36: Nursery School Enrollment (3 years and older), Public and Private by Jurisdiction, 2022¹⁷

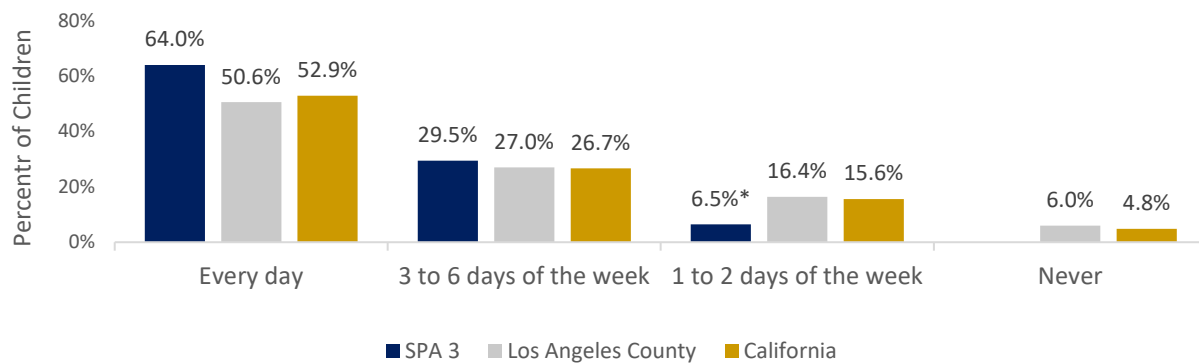


Early Childhood Development

According to the Early Development Instrument (EDI) – a measure of early child development in five key domains (physical health, emotional maturity, social competence, language and cognitive skills, and communications skills and general knowledge) – approximately 44% of students entering PUSD were identified as “not on track” (not ready and somewhat ready) for being ready for kindergarten³³.



Figure 37: Days per Week Reading Books with Children (0-5 years) by Jurisdiction, 2022-2023*¹⁹



*Data pooled across 2022-2023 for statistical stability

Community Input

- No explicit input was provided regarding education and academic achievement.

Education & Academic Achievement				
Indicator	Pasadena	LAC	CA	Trend
Cohort graduation rate (4-year adjusted) ³⁴	84.8%	87.6%	89.1%	↓
Cohort graduates meeting UC/CSU course requirements ³⁵	52.8%	59.8%	52.4%	↔
Kindergarteners entering PUSD who are "not on track" ³³	44.0%	---	---	↔
Private school enrollment ¹⁷	29.0%	11.3%	10.9%	↔
4th grade students proficient in English/language arts ³⁵	51.0%	44.9%	43.7%	↑
4th grade students proficient in math ³⁵	47.3%	42.2%	40.8%	↑
Adults (25+years) with a bachelor's degree or higher ¹⁷	54.5%	34.6%	35.9%	↑

Social Environment and Public Safety

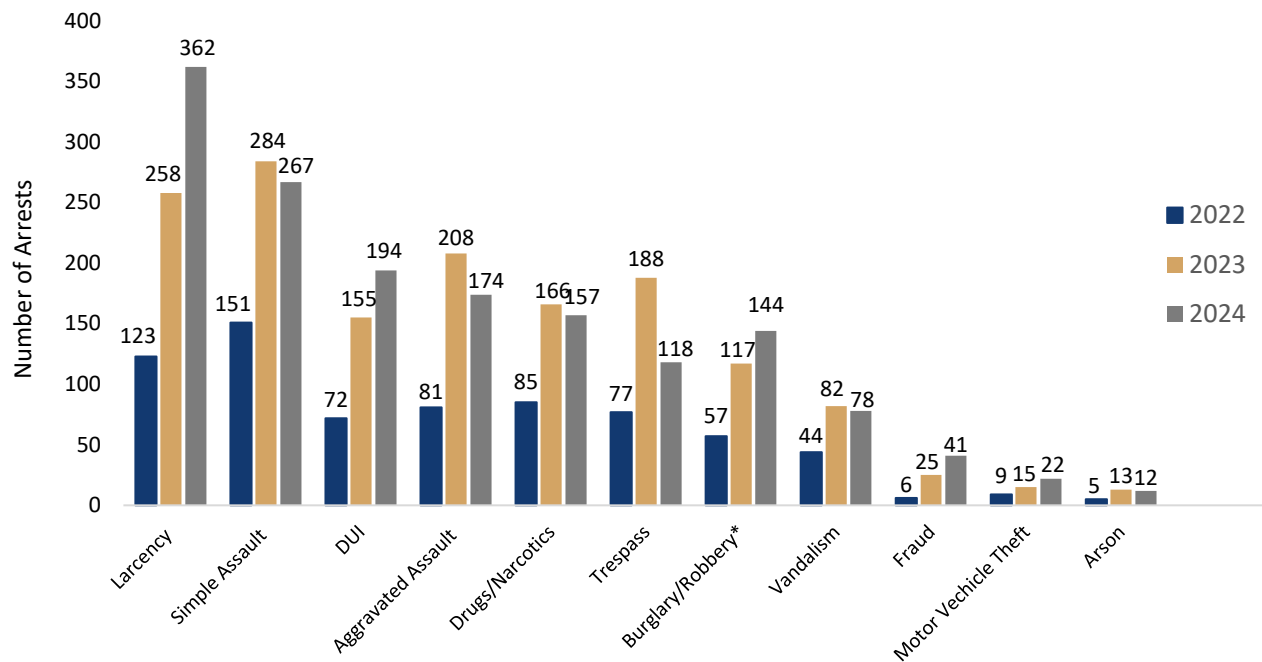
Civic Engagement

Among adults in Service Planning Area 3 (SPA 3-San Gabriel Valley) in 2023, 8.6% reported engaging in formal volunteer work on community problems, lower than both Los Angeles County (10.6%) and California (11.7%).¹⁹ In 2023, among SPA 3 adults, 82.3% reported that within their community they felt people were willing to help, compared to LAC (77.8%) and California (80.7%).¹⁹ Among SPA 3 adults in 2023, 44.1% reported always being engaged in national, state, and local elections and 16.5% reported frequently being engaged.¹⁹ In Los Angeles County, 47% always being engaged and 14.7% frequently being engaged. Overall, California has higher rates of voter engagement when compared to SPA 3 and LA County, reporting 51.1% always being engaged and 13.9% frequently engaged (65%).¹⁹

Sense of Neighborhood and Safety

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 respondents in Pasadena, 88.4% felt their neighborhood was safe from crime, as compared to the county at 74.3%.³⁶ When adults were asked about neighborhood cohesion, most residents (85.5%) in SPA 3 agreed/strongly agreed their neighborhood felt safe most of the time, neighbors were willing to help (82.3%), and people in their neighborhood could be trusted (81.8%).¹⁹

Figure 38: Arrests by the Pasadena Police Department by Select Types of Crime, 2022-2024³⁷



³⁷Prior to 2022, data was captured using the Uniform Crime Reporting Program which included most serious violations. The National Incident-Based Reporting System was implemented in 2022, and captures all violations.

* Burglary and Robbery include other stolen property.

Intimate Partner Violence

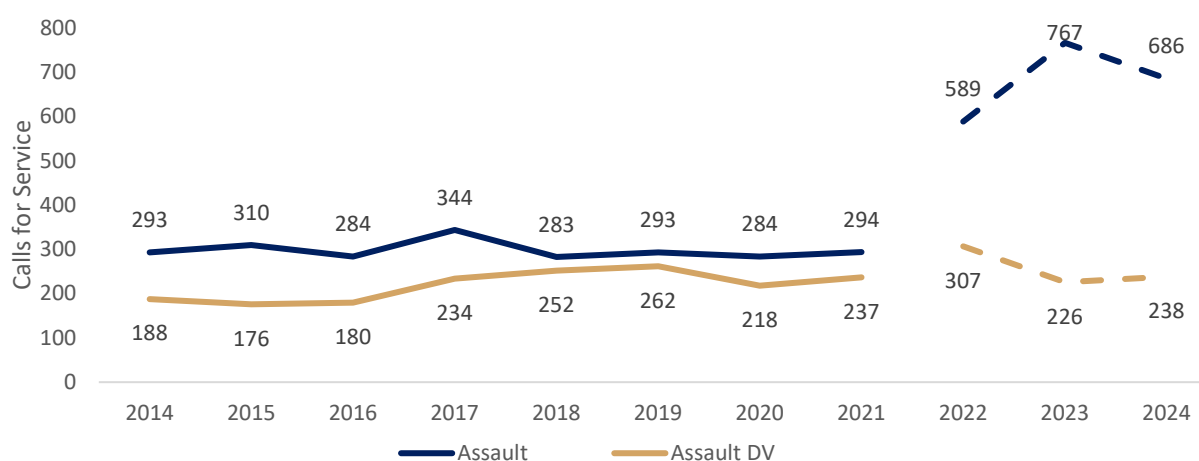
Intimate partner violence is defined as being hit, slapped, pushed, kicked, or hurt by an intimate partner. In SPA 3, 10.1% of adult women and 4.6% of men reported experiencing physical violence.³⁶ Sexual violence is defined as experiencing unwanted sex by an intimate partner. In Pasadena, 15.6% of adults (all genders) compared to 11.2% in LAC ever reported experiencing physical and/or sexual violence by an intimate partner.³⁶

Table 4: People Who Self-Reported Intimate Partner Violence by Gender and Jurisdiction, 2023³⁶

	Pasadena	SPA 3	Los Angeles County
Women who have experienced physical violence	12.0% [^]	10.1%	11.5%
Men who have experienced physical violence	9.0% [^]	4.6%	5.7%
Women who have experienced sexual violence	12.8%	7.7%	8.1%
Men who have experienced sexual violence	**	0.6% [^]	1.6%

[^]statistically unstable due to sample size. ^{**}For the purposes of confidentiality results with cell sizes less than 5 were not reported.

Figure 39: Annual Calls for Service and Crime Reports Received by Pasadena Police Department for Assault and Domestic Violence (DV) Assault, 2014-2024³⁸



[^] Prior to 2022, data was captured using the Uniform Crime Reporting Program which included most serious violations. The National Incident-Based Reporting System was implemented in 2022 and captures all violations. Beginning in 2022, all Assault and Assault DV are not based on calls for service, but rather crime reports in compliance with the National-Incident-Based Reporting System guidelines.

Bullying and Crime with Youth and Adolescents

Among PUSD students in academic year (AY) 2022-2023 (most recent years data were available), 33.3% reported experiencing harassment or bullying at school. Year over year non-straight-gay/lesbian or bisexual students reported higher rates of bullying than their straight counterparts (50.7% vs. 33.3%).³⁹ Additionally, 22.3% of the students reported that they experienced cyberbullying, and 18% reported that they experienced harassment or bullying due to race/ethnicity.³⁹ When stratified by race, Mixed (two or more ethnicities), Black, and Asian students reported a higher rate of bullying than other racial groups. Females reported a higher rate of bullying than males (33% vs. 31.6%).³⁹

Among students in PUSD in AY 23-24³⁹...

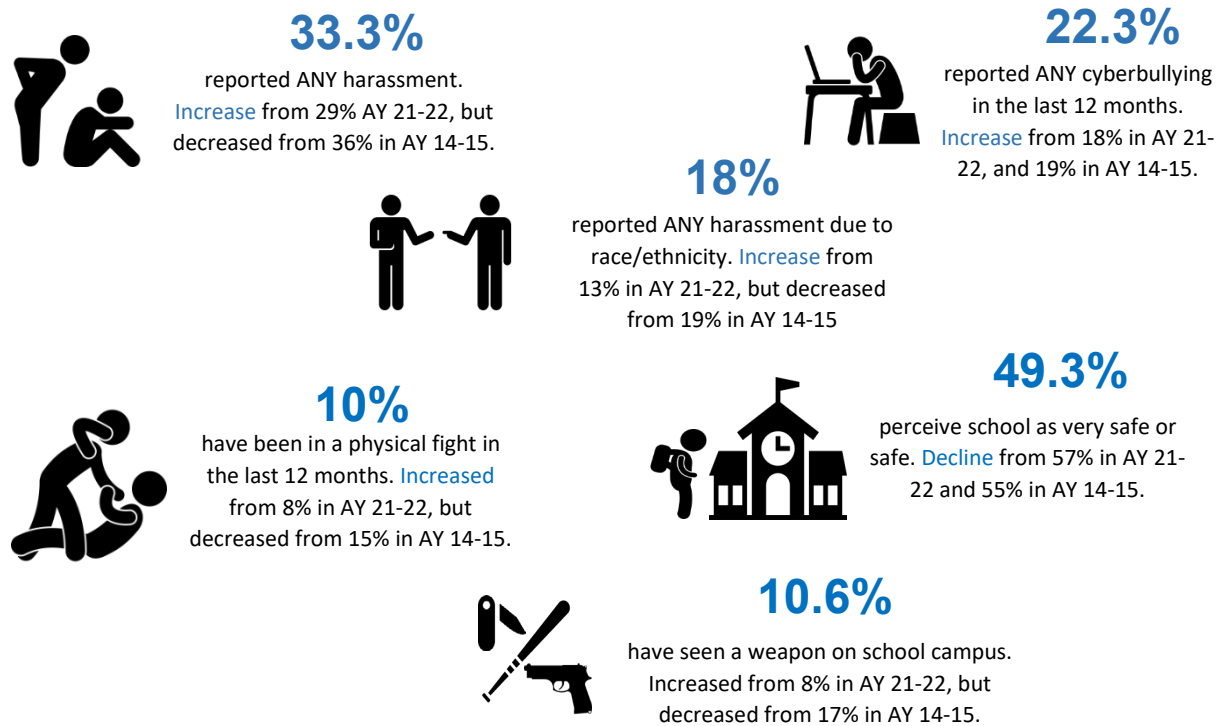
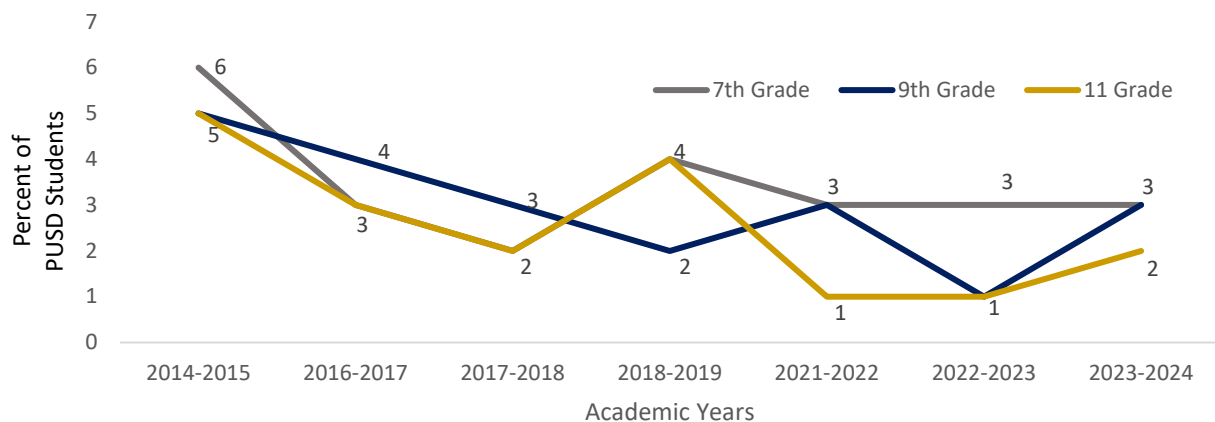


Figure 40: PUSD Students Who Have Identified as a Member of a Gang, AY 2014-2023³⁹⁻⁴¹



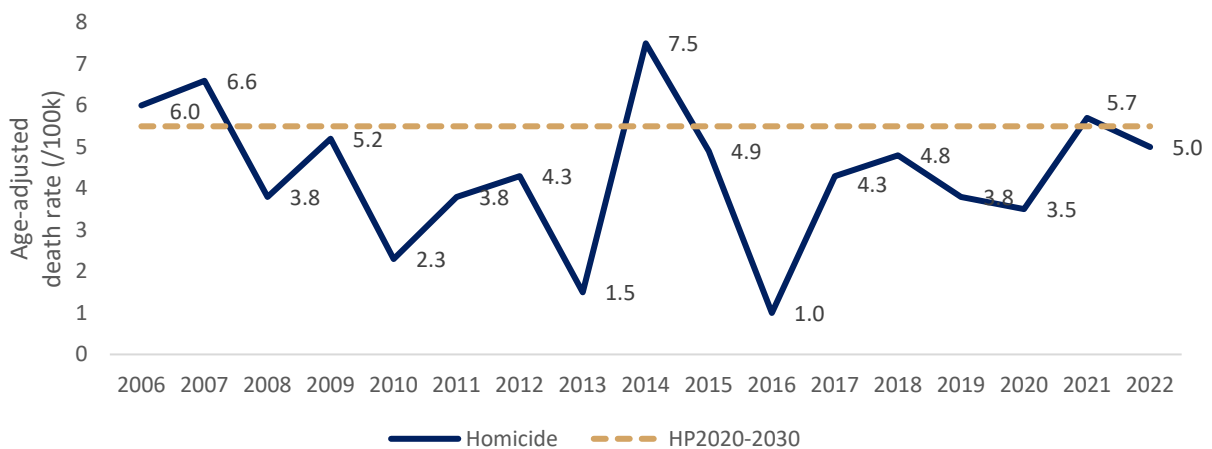
*No data was available for AYs 2015-2016 and 2019-2020

Homicide

From 2010-2022, there has been an average of 5.3 homicides per year in Pasadena.⁴² Over the last thirteen years, Black and Hispanic residents were 6.0 times and 2.1 times as likely, respectively, to die by homicide when compared to their White counterparts.⁴² From 2010-2022, approximately 77.9% of the victims were male. The 13-year mean age of death by gender was 43.4 for females and 37.2 years for males. The age-adjusted homicide death rate is lower than the Healthy People (HP) 2020/2030 objective of 5.5 per 100,000 persons.⁴²

From 2010-2022, 52 Pasadena residents died by firearms (including rifles and handguns), which was 73.2% of the homicides. During that time, firearms were used in an average of around 4 homicides per year in Pasadena.⁴²

Figure 41: Age-Adjusted Death Rate due to Homicide in Pasadena, 2006-2022⁴²



Community Input

- People have already been laid off because of their [immigration] status. That impacts everything. [Immigrants] are more stressed. They don't want to ask for help because of their status.
- The Latino community, especially right now, is anxious. People come to the food bank and want to know how much information they have to disclose before they ask for help. Other vulnerable families and undocumented residents hesitate to come forward and ask for help.
- [Our community] needs to offer access to health care in ways that people don't have to give their private information. [Our community] needs programs where we try to reach people where they are rather than having them come to clinics where they may be fearful of appearing.
- Sometimes women are afraid to report domestic violence for fear of deportation.
- People in violent relationships can convince themselves it is safer to stay than to leave.
- When you can, connect individuals with services and provide constructive support so they can leave the gang life. That model is very successful.

"There are not many queer spaces or services aimed for queer people in Pasadena... when people are seeking LGBT-related services or safe places... they have to go outside of the city."

Social Environment & Public Safety

Indicator	Pasadena	LAC	CA	HP2030	Trend
Any harassment among adolescents ³⁹	30%	27%	31%	19.9%	↑
Any harassment among adolescents due to race/ethnicity ³⁹	15%	13%	--		↑
Violent crime perpetration of young adults ³⁸	688.3	---	---	199.2	↑
Physical fighting among adolescents ³⁹	9%	8%	11%	---	↑
Adults living in households with firearms in or around the home who reported storing their firearms safely ³⁶	58.9%	68.3%	---	---	↓
Adults who reported ever being hit, slapped, pushed, kicked, or hurt in any way by an intimate partner ³⁶	11.3%	8.7%	---	---	↑
Adults who reported ever being called names, insulted, humiliated, or intimidated by an intimate partner ³⁶	20.4%	14.0%	---	---	↑
Adults who reported ever experiencing physical and/or sexual violence by an intimate partner ³⁶	15.6%	11.2%	---	---	↑
Households that have firearms in/around home ³⁶	8.9%	12.0%	---	---	↔
Adults who reported they have been experiencing loneliness ³⁶	29.2%	25.8%	---	---	↔
Perceive neighborhood safe from crime ³⁶	88.4%	74.3%	---	---	↔
Firearm-related death rate (per 100,000) ^{43,44}	4.2	4.3	4.3	10.7	↔
Any cyberbully among adolescents ³⁹	20%	22%			↓
Adults who had anything stolen/damaged inside/outside home ³⁶	17.0%	23.2%	---	---	↓
Violent crime victimization among young adults ³⁸	13.5	---	---	37.8	↓
Homicide rate ^{43,45}	5.0	7.0	4.8	5.5	↓
Households that own or use a desktop or laptop computer ³⁶	94.4%	84.5%	---	---	↑
	SPA3	LAC	CA	HP2030	Trend
Adults who reported engagement in formal volunteer work on community problems in past year ¹⁹	8.6%	10.6%	11.7%	---	↓
Adults who reported always or frequent voter engagement in national, state, and local elections ¹⁹	60.6%	61.7%	65.0%	---	↔
Adults who reported feeling safe all or most of the time ¹⁹	85.5%	80.3%	86.3%	---	↔
Adults who reported neighborhood is willing to help ¹⁹	82.3%	77.8%	80.7%	---	↔
Adults who reported people in neighborhood can be trusted ¹⁹	81.8%	74.6%	80.2%	---	↔
Adults who reported feeling safe all or most of the time ¹⁹	85.5%	80.3%	86.3%	---	↔

Transportation and Built Environment

Commute Times

The travel time to work for Pasadena and LA County (LAC) residents has been increasing year-over-year for the past 10 years, but on average decreased since 2019.¹⁷ 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. From 2019 to 2020, the proportion of Pasadena residents who reported working from home increased from 7.0% (2019) to 12.4% (2020), and has remained elevated 24.0% (2023).¹⁶

Figure 42: Mean Travel Time to Work by Locale, 2010-2022¹⁷

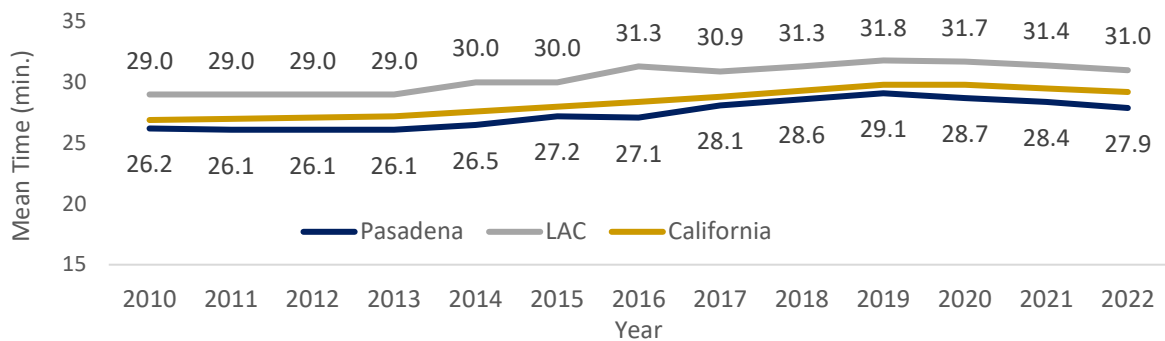
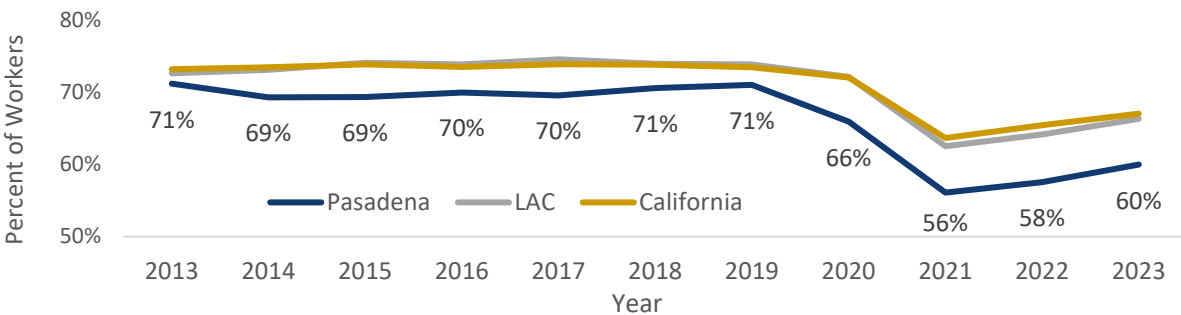


Figure 43: Workers who Drove Alone in Pasadena, LA County (LAC), and California, 2010-2023¹⁶



The census defines the number of households without a vehicle as those without at least 1 vehicle (i.e., rented, leased, or owned cars, vans, and pickup or panel trucks) kept at home and available for the use of household members. The percent of households without a vehicle was 6.3% in Pasadena, compared to 9.1% in LA County and 7.3% in California in 2022.¹⁷ Among adults who were screened at Huntington Health, around 3.6% had unmet transportation needs, which includes any limitation that impaired transportation to destinations that are required for all aspects of daily living²³.

Walkability⁴⁶



Walkability Score

Pasadena: 69
Los Angeles: 69



Transit Score

Pasadena: 51
Los Angeles: 53



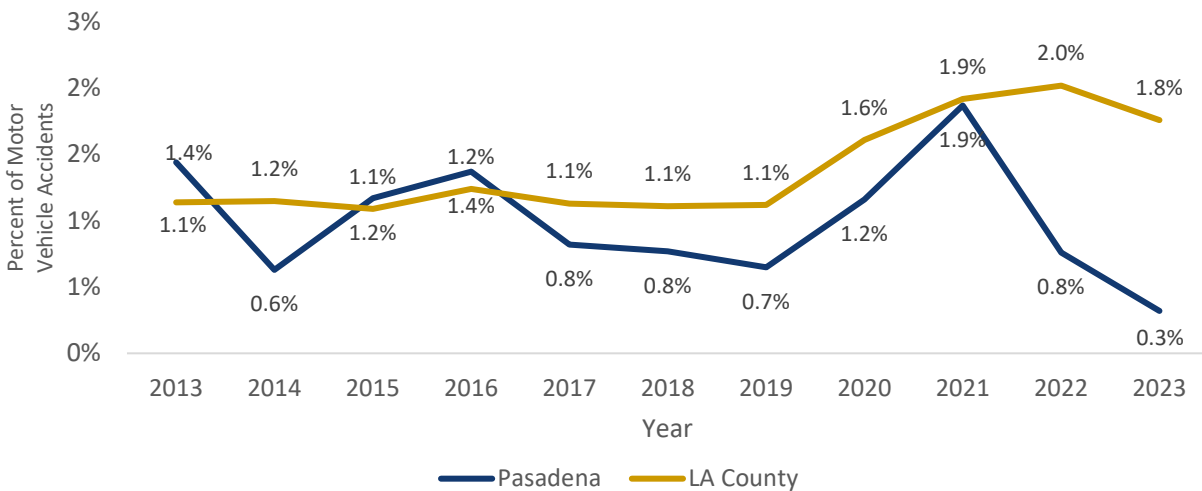
Bike Score

Pasadena: 70
Los Angeles: 59

Motor Vehicle Accidents

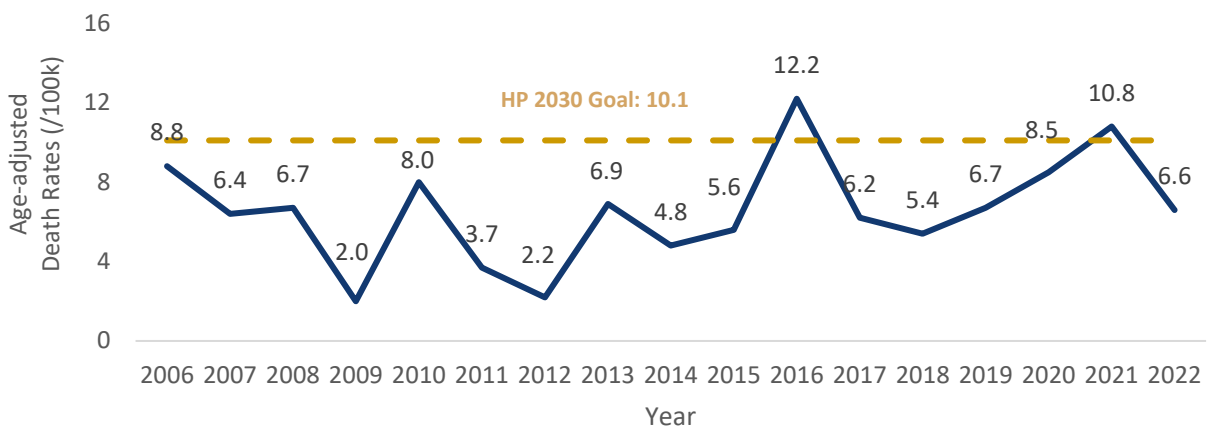
Over the last ten years, the average rate of fatal motor vehicle accidents per 100,000 residents in Pasadena was 6.0 compared to 7.4 in Los Angeles County and 9.1 in California.⁴⁷ Overall deaths in the U.S. have decreased since the 1970s, but from 2019-2022 has increased by 6.4%.⁴⁸ Fatal crash risk increases in rural areas, at night, and for passengers not wearing seatbelts.⁴⁹

Figure 44: Percent of Motor Vehicle Accidents that Were Fatal by Jurisdiction, 2013-2023⁴⁷



In 2022, land transport accidents, including motor vehicle accidents, accounted for nine deaths in Pasadena, which is lower than the 10-year average of 10.5 deaths per year. Of all land transport accident deaths, 43.9% of the decedents were car occupants, 27.6% pedestrians, 13.0% motorcyclists, 8.9% heavy transport vehicle or some other vehicle occupants, 5.7% pedal bicyclists, and 0.8% van/pick-up truck occupants.⁴²

Figure 45: Age-Adjusted Death Rate due to Land Transport Accidents in Pasadena, 2006-2022⁴²



Community Input

- We have built up a lot of townhouses, apartments, and multi-units; and we do not have enough infrastructure for it. Traffic is terrible and we don't have enough green spaces to support this influx of population.
- People do not have green space and safe places to walk, or can't afford a gym membership.

Built Environment & Transportation					
Indicator	Pasadena	LAC	CA	HP2030	Trend
Annual number of days ozone exceeded government stds ⁵⁰	33*	---	---	---	↗
Annual number of days PM2.5 exceeded government stds ⁵⁰	<1*	---	---	---	↘
Mean travel time to work (in minutes) ¹⁶	20.9	26.8	24.9	---	↔
Drove within 3 hours of using marijuana ³⁶	5.5%^	3.7%	---	---	↔
Walk score ⁴⁶	69	69	---	---	↔
Transit score ⁴⁶	51	53	---	---	↔
Bike score ⁴⁶	70	59	---	---	↑
Workers who drive alone to work ¹⁶	60%	66%	67%	---	↔
Households without a vehicle ¹⁷	6.3%	9.1%	7.3%	---	↔
Land transport fatality rates (/100,000) ⁴²	7.6*	---	---	10.1	↓

^Statistically unstable, *5-yr average rate

Climate Change and Sustainability

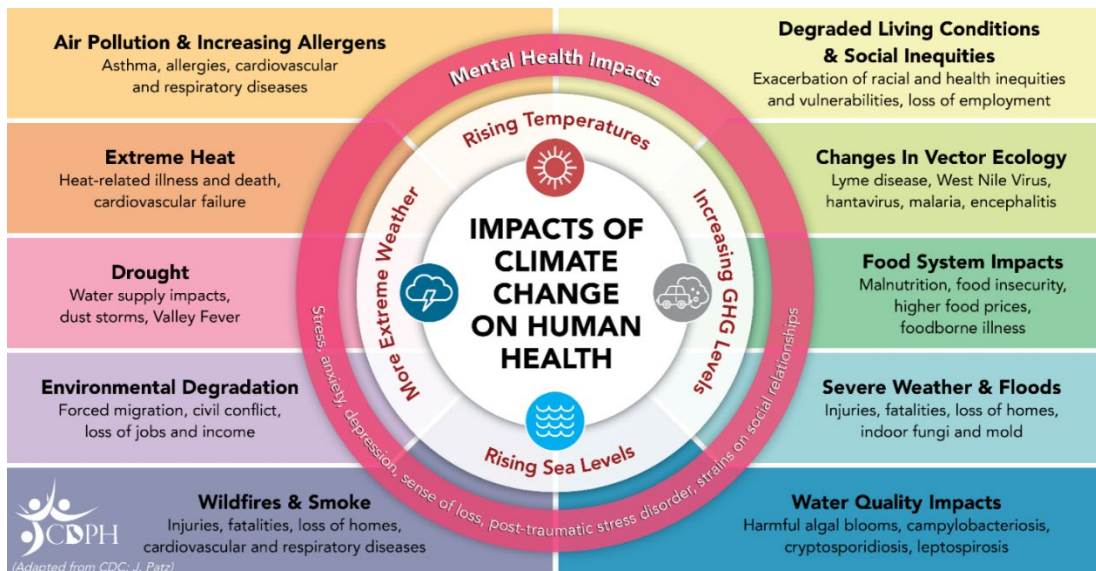
(Note: This report was written at the end of 2024 and January 2025. At the time of the publication, our region was still responding to, and understanding the devastation of the Eaton Fire. We understand the statistics here do not reflect the sweeping, long-term effects of this fire, but cursory data is included here.)

While all Californians are affected by climate change, populations facing racial and health inequities, or systemic differences in racial or health status are impacted disproportionately. Certain population groups also have greater susceptibility to the health effects of climate change because of their proximity and sensitivity to climate-related environmental exposures and hazards.⁵¹

The resulting human health impacts include, but are not limited to, increased number of cases of heat-related illness and death, more air pollution-related cardiovascular and respiratory disease events, increased injury, and loss of life due to wildfires, severe storms, and flooding, increased occurrences of vector-borne and water-borne diseases, and stress and mental trauma from loss of livelihoods, property loss, and displacement.⁵¹

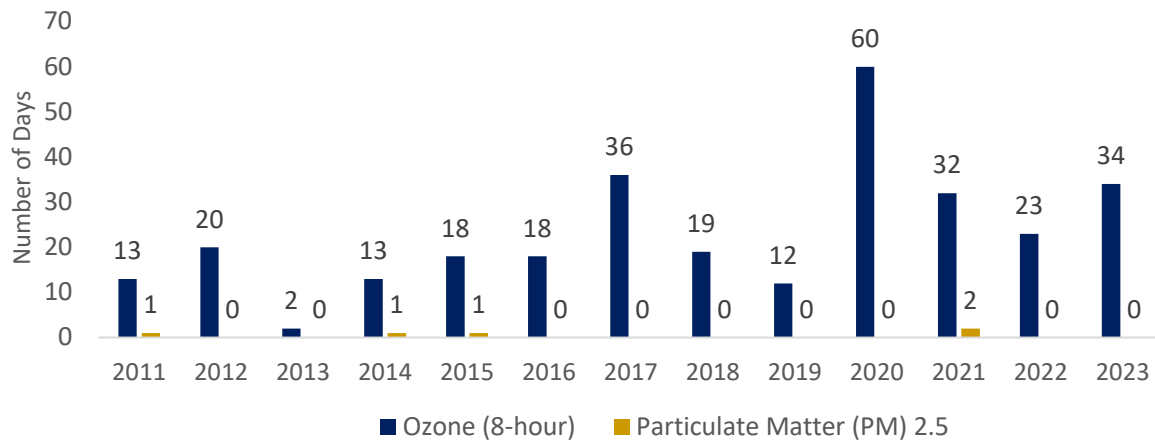
For this community health assessment, the CHNA team adapted the California Building Resiliency Against Climate Effects (CalBRACE) Framework to quantify the health effects of climate change locally. For the purposes of this section, the portions of CalBRACE include here are air pollution and allergens, extreme heat, drought/water availability, and wildfires/smoke. Issues in vector ecology and food insecurity are included in other relevant sections.

CalBRACE Framework on climate change impacts on human health⁵¹



Air Pollution

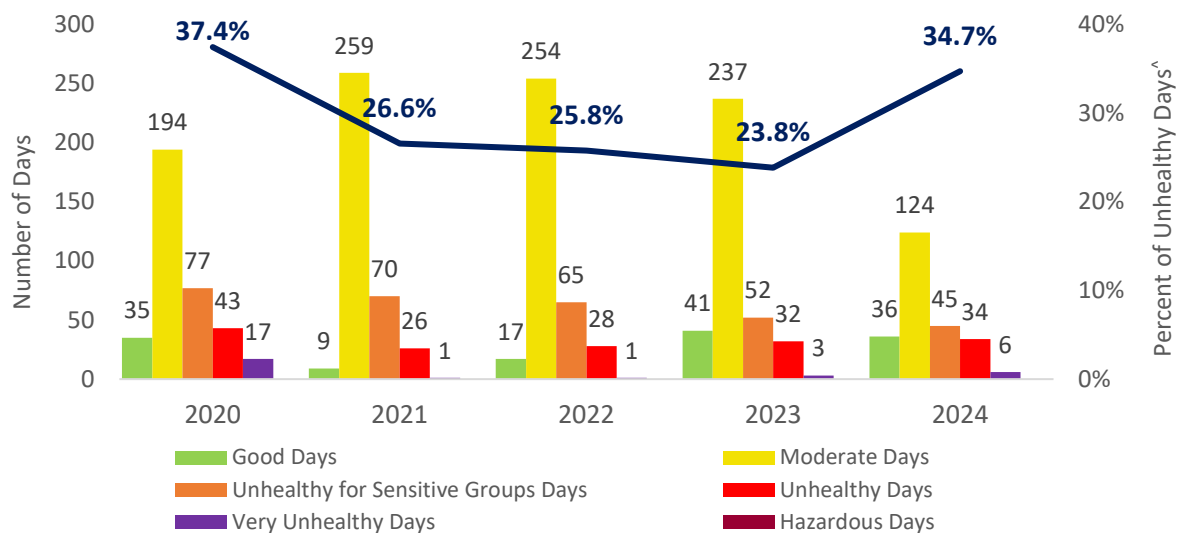
Figure 46: Annual Number of Days per Year Ozone and Particulate Matter (PM) Pollution Exceeded Government Standards in Pasadena, 2011-2023⁵⁰



Air Quality Index (AQI)

The AQI is a number that ranges from 0 to 500. It indicates how clean/polluted the air is, the health effects to diverse individuals within a population, and precautions recommended at each level.⁵⁰ The higher the AQI value, the greater the level of air pollution. The AQI focuses on health effects people may experience within a few hours or days after breathing the air. There were increases in high levels of ozone and particulate matter. The two main smog-forming pollutants are combustion gases (i.e., nitrogen oxides and chemical vapors), and solvents called volatile organic compounds (“VOCs”). South Coast Air Quality Management District (SCAQMD) estimates that during the stay-at-home period of the 2020 COVID response, nitrogen oxide emissions dropped 20%, but have since rebounded. VOCs are released by “everything from paint, hairspray, and other consumer products to trees and plants,” and remained constant or increased during the pandemic, possibly playing a larger role in recent smog formation.⁵⁰

Figure 47: Number of Days Air Quality Index (AQI) were Unhealthy in Los Angeles County, 2020-2024⁵²

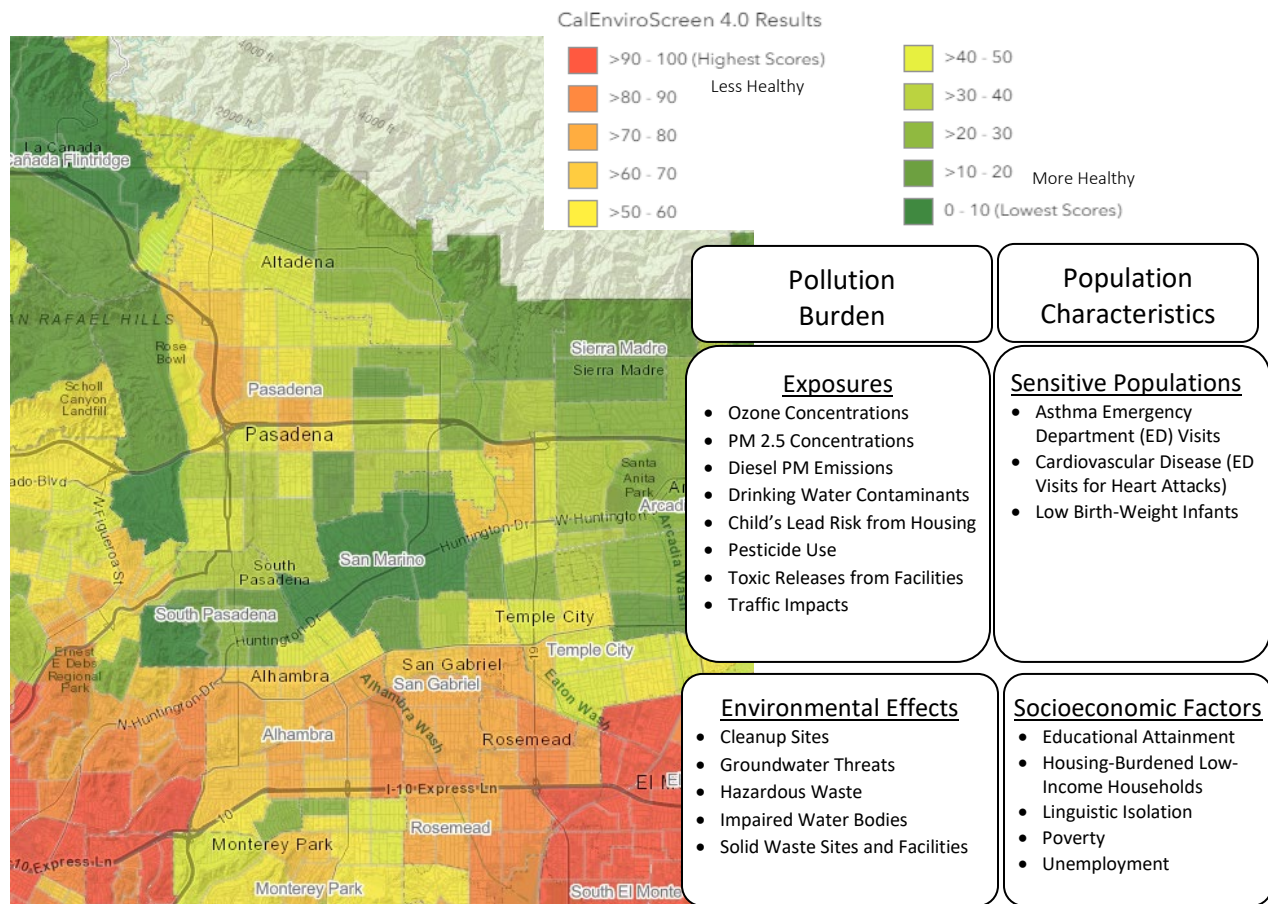


[^]Note that for 2024, there were only a total of 245 AQI days, the rest of the years were 365 AQI days.

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.⁵³ 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.

Figure 48: CalEnviroScreen Score by Census Tract, 2021⁵³

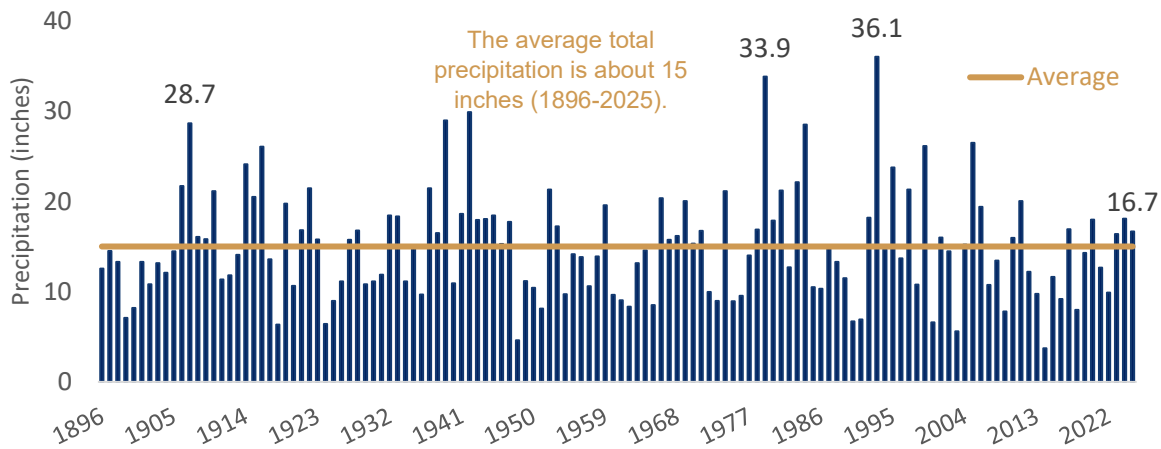


Reasons why areas within the Greater Pasadena region, including the outlying San Gabriel Valley, has a higher CalEnviroScreen score are: higher diesel particulate matter, traffic impacts, lead from aging housing, higher rates of sensitive populations, and lower socioeconomic status in some areas. Pasadena air quality has lower scores due to local and regional air pollution emissions as well as its weather and topography, which can create a trapping effect, elevating measured air quality levels.⁵³

Water Quality and Drought

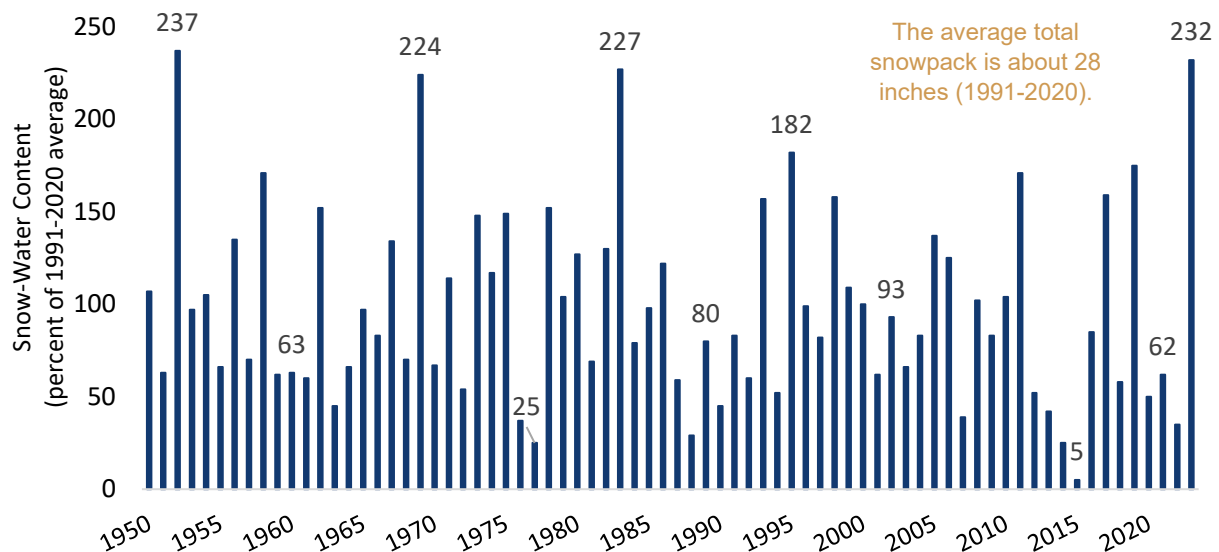
In 1938, Los Angeles County experienced record-breaking rainfalls from two storms and received almost one year’s worth of rainfall over a span of five days.⁵⁴ This caused a flood that damaged over 6,000 homes and 108,000 acres, evacuated thousands of people, and took the lives of 115 people. The Los Angeles River was the culprit for the flooding and there was a need for better flood control which led to channelizing the river in concrete.⁵⁴ That historical solution solved one problem, but has led to shortages in ground penetration and aquifer replenishment, which will be complicated by increasing patterns of wet/dry years and less snow pack which are primary contributors to our water supply.

Figure 49: Total Precipitation in Los Angeles County, 1896-2025*⁵⁵



*Time range is from February to January for each year.

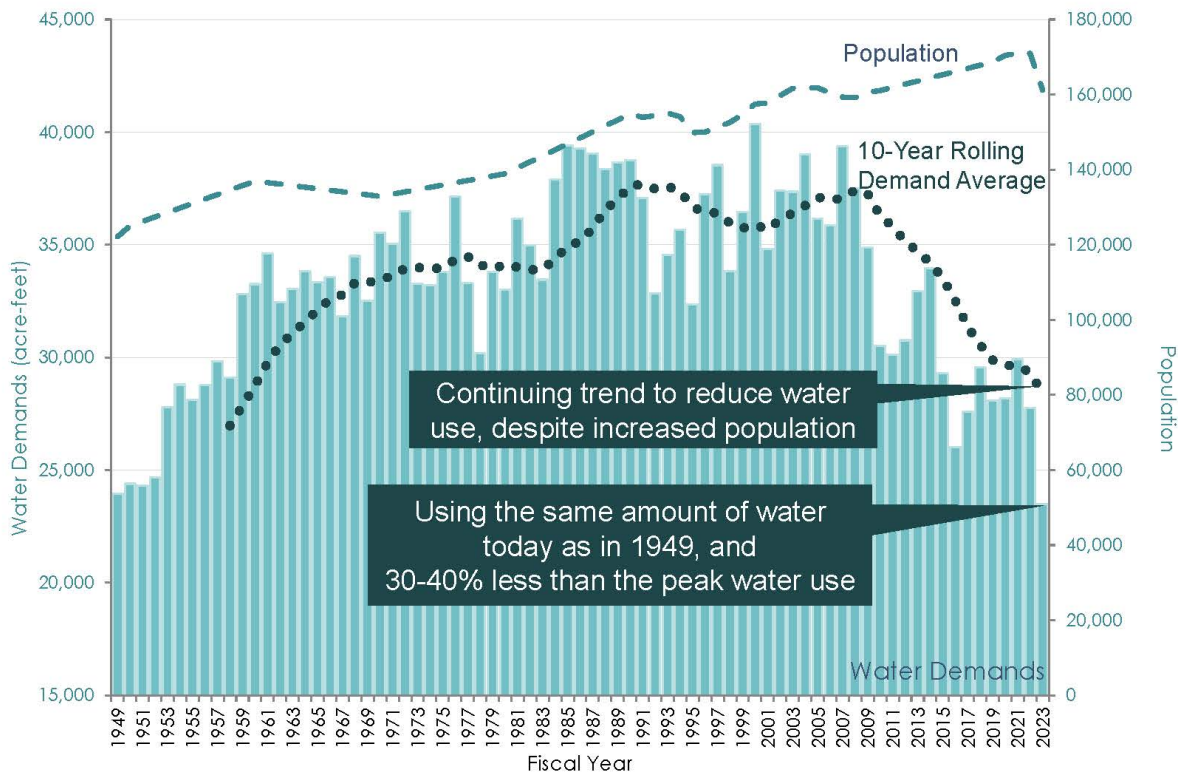
Figure 50: Snow Water Content in California, 1950-2023*⁵⁶



*Measurements are taken around April 1 of each year.

Water Usage

Figure 51: Water Usage in Pasadena versus Population, 1949-2023⁵⁷



Water Costs

In 2023, Pasadena Water and Power provided approximately 23,800 acre-feet or 8.6 billion gallons of water to serve more than 160,000 customers in Pasadena and portions of the unincorporated areas of Altadena, East Pasadena, and San Gabriel.⁵⁸ Approximately 60% of the area’s water is imported via the Metropolitan Water District of Southern California and 40% come from the Raymond Basin (local groundwater source).⁵⁸ In 2024, the Pasadena City Council adopted the water rate increases to account for the rising water costs occurring nationally. Nationally, water costs increased by about 24.1% from 2019-2024, compared to Pasadena which increase by 28.9% from 2019 to 2024.^{57,59} In years where there is a drought, a percent increase to an average customer’s bill can be enacted as a standard practice by water departments. For example, in Pasadena once the City Council declares a drought level (Tiers 1-3), the Water and Power Department’s General Manager has the option to implement adjusted rates that can increase costs for the average household.⁶⁰ If droughts become more frequent, costs will increase.

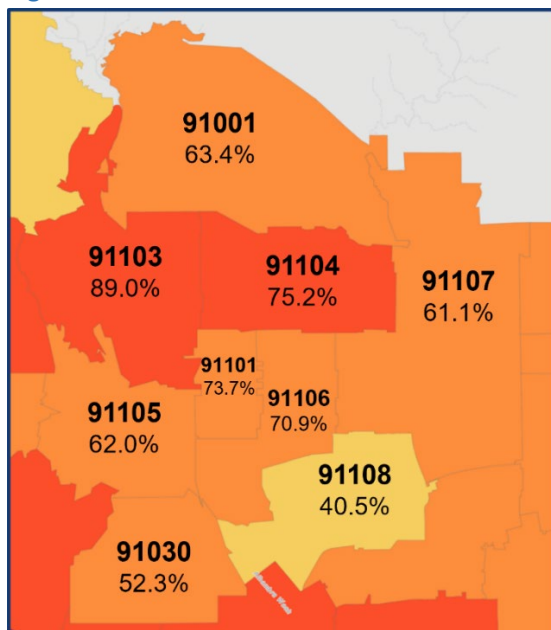
Extreme Heat

Overall temperatures are projected to rise in California during the 21st century. In Pasadena, the temperature is projected to increase at least by 4.3°F by 2035.⁶¹ The Heat and Health Index (HHI) is a national tool that incorporates historical temperature, heat-related illness, and community characteristics data by ZIP codes to identify areas most likely to experience negative health outcomes from heat and help communities prepare for heat in a changing climate.⁶² Each ZIP code has a single ranking for the overall HHI and rankings for individual components so that users can make informed decisions to prepare for and prevent the negative health impacts from heat in their communities.

Heat and Health Index Indicators

Historical Heat and Health Burden	Number of Extreme Heat Days	Sensitivity	Coronary Health Disease	
	Heat-Related Illnesses		Obesity	
Sociodemographic	Lack of Health Insurance		Diabetes	Chronic Obstructive Pulmonary Disease
	Poverty		Asthma	Poor Mental Health
	Unemployment		Natural and Built Environment	Impervious Surfaces
	No High School Diploma			Tree Canopy
	Living Alone			No Vehicle
	Speaks English “Less than Well”			Mobile Homes
	Outdoor Workers		Renters	
	Age 65 and older		Ozone/PM 2.5	
Age 5 and Younger				

Figure 52: Heat and Health Index in Greater Pasadena by ZIP Code, 2024⁶²



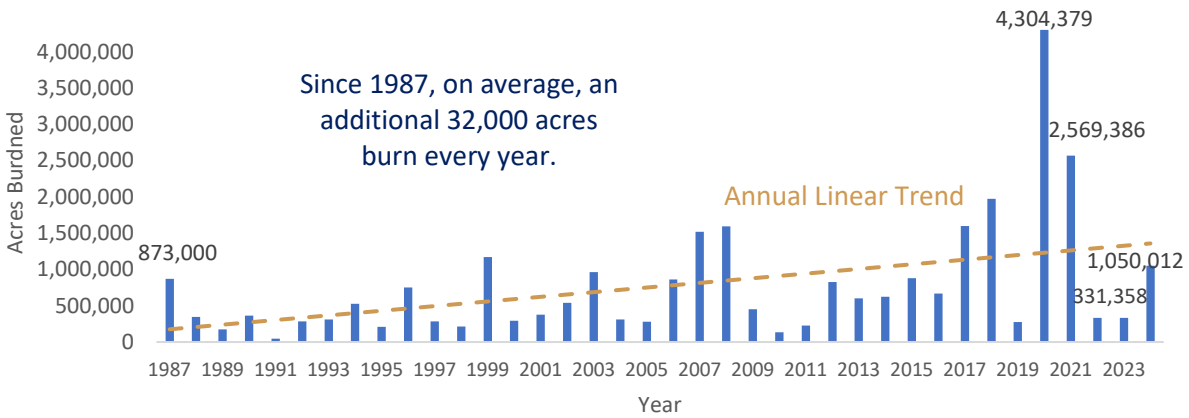
In Greater Pasadena, ZIP codes 91103 and 91104 have a higher Heat and Health Index compared to other ZIP codes. 91103 and 91104 are more vulnerable to the social and demographic factors that increase exposure or sensitivity to heat or reduce one’s capacity to handle extreme heat. Some of the sociodemographic factors that were higher in 91103 and 91104 were “speaks English less than well”, no high school diploma, age under 5, poverty, and lack of health insurance.

The deeper red areas in the ZIPs 91103 and 91104 suggests a greater risk of heat-related illness within the community and where precautions like cooling centers or outreach to at-risk populations is more needed.

Wildfire and Smoke

Many regions across the state have no projections for wildfire risk, and therefore the wildfire data is not complete, but California can expect an increase of wildfire, with a wildfire season that starts earlier, runs longer, and features more extreme fire events.⁶³ In fact, California has seen, on average, an additional 32,000 acres burned every year since 1987.⁶⁴

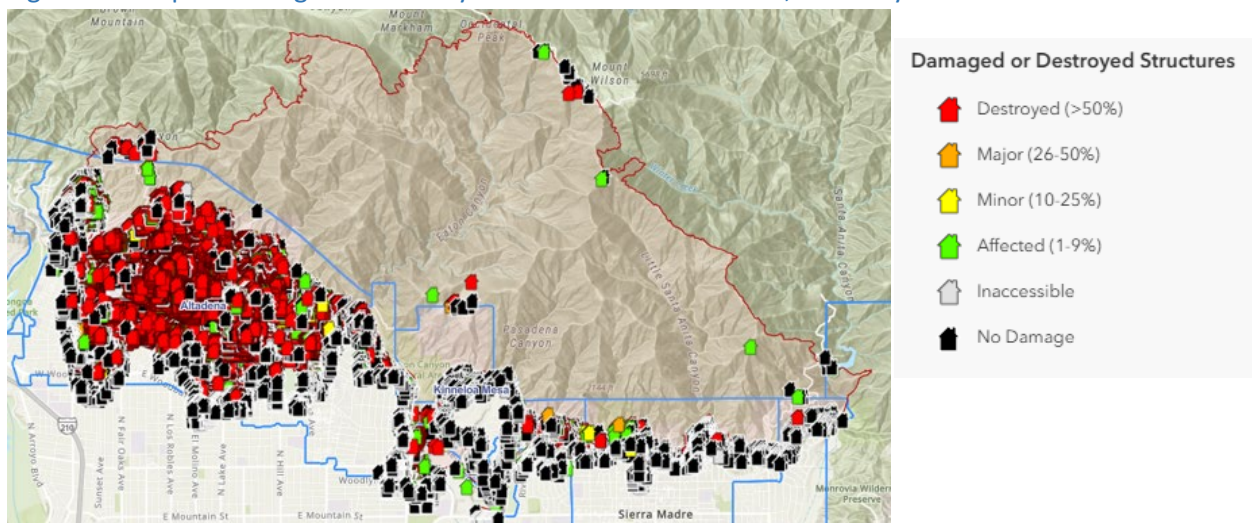
Figure 53: Total Acres Burned in Wildfires by Year in California, 1987-2024⁶⁴



Eaton Fire Response Statistics

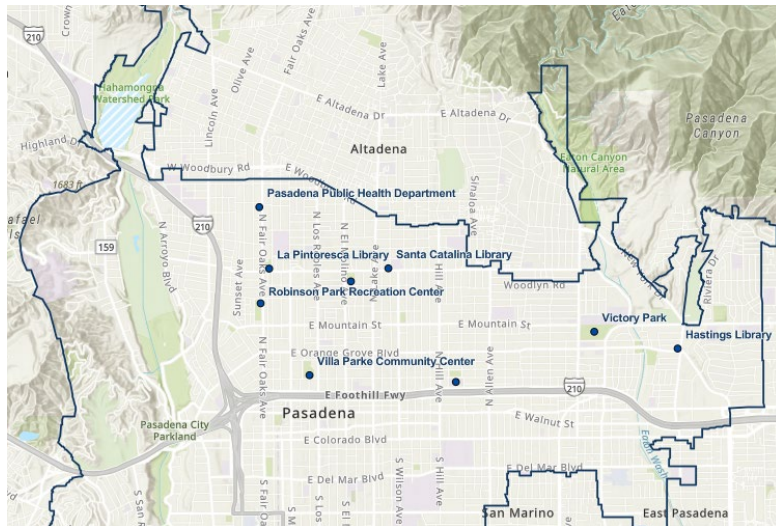
At 6:18 pm on January 7, 2025, a wildfire started near Altadena and Midwick Drive in the Eaton Canyon area of Pasadena and Altadena. Extraordinarily high winds fueled the spread and destruction of the fire.⁶⁴⁻⁶⁶ More than 14,021 acres were burned, resulting in 17 fatalities occurred, 9,413 destroyed structures, and 1,074 damaged structures. The density and intensity of the urban wildfire, combined with the concurrent existence of the Palisades Fire and smaller fires like the Sunset Fire provided levels of unprecedented complexity. More than 102,000 people were estimated to be within the evacuated area.⁶⁶ This included at least ten skilled nursing facilities and more than 25 assisted living facilities (around 1,800 residents). An evacuation shelter at Pasadena Convention Center initially housed more than 1,700 individuals.⁴³

Figure 54: Map of Damaged or Destroyed Structures in Eaton Fire, February 2025⁶⁶



Eaton Fire Health Impact Assessments

Figure 55: Environmental Monitoring Results, 2025⁶⁵

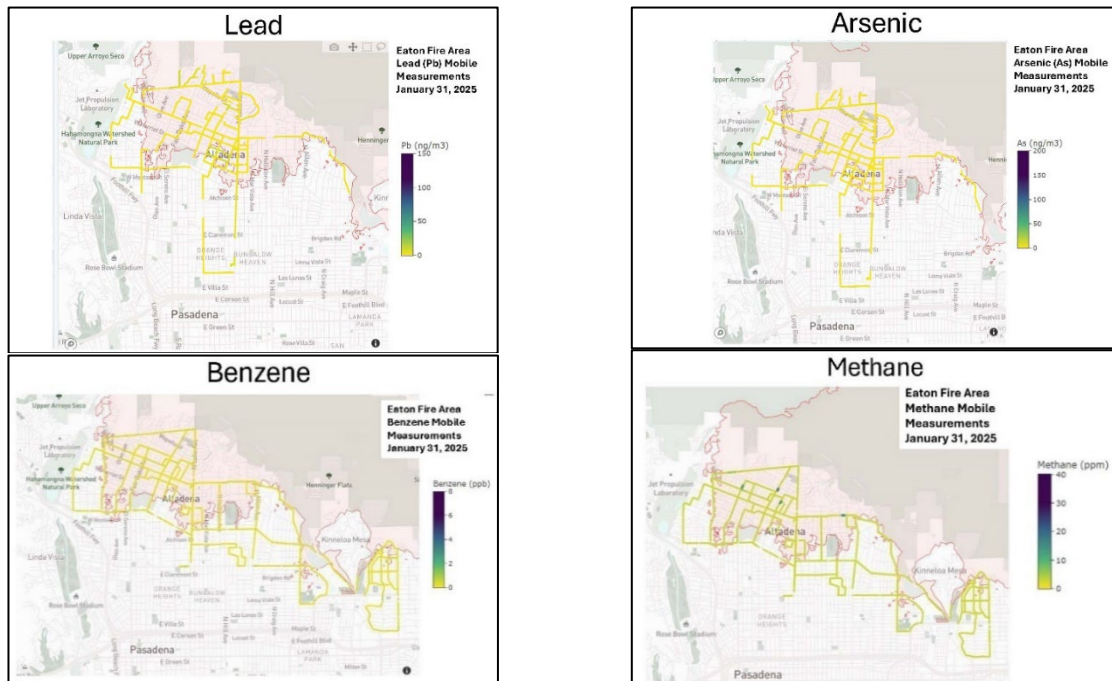


The City of Pasadena conducted environmental monitoring, including lead and asbestos in nine City facilities.

Asbestos was not detected, and all lead measurements were below the U.S. Environmental Protection Agency’s safety limit.

South Coast Air Quality Management District (AQMD) conducted mobile air monitoring on January 31, 2025.⁶⁵ Results showed no elevated levels of heavy metals (such as lead or arsenic) or benzene. Overall, the AQMD results were within background levels and below national standards and state thresholds. Some elevated levels of methane, possibly from gas leaks, were detected in Altadena.

Figure 56: Results from environmental hazards testing, January 2025⁶⁵



Perceptions on Climate Change

Pasadena residents felt more nervous, depressed, or emotionally stressed about climate change (43.6%) compared to SPA 3 and Los Angeles (LA) County residents (36.3% and 35.6%, respectively), but there are trends and differences by age group and race/ethnicity.^{19,36} Overall, anxiety about climate change is higher in SPA 3 compared to other jurisdictions, but that trend is decreasing over time among adolescents especially.¹⁹ Further, anxiety about climate change and weather-related events were highest among White respondents compared to other races regionally.¹⁹

Figure 57: Adolescents Reporting that Climate Change Made Them Feel Nervous, Depressed, or Emotionally Stressed by Jurisdiction, 2021-2023¹⁹

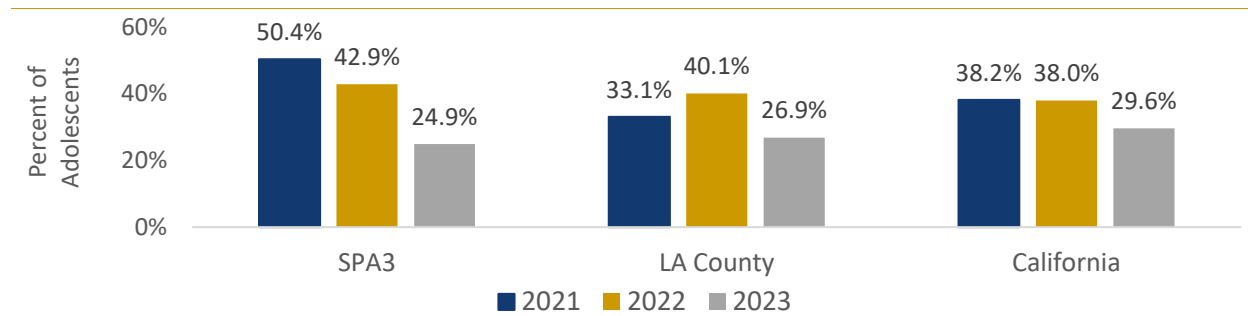
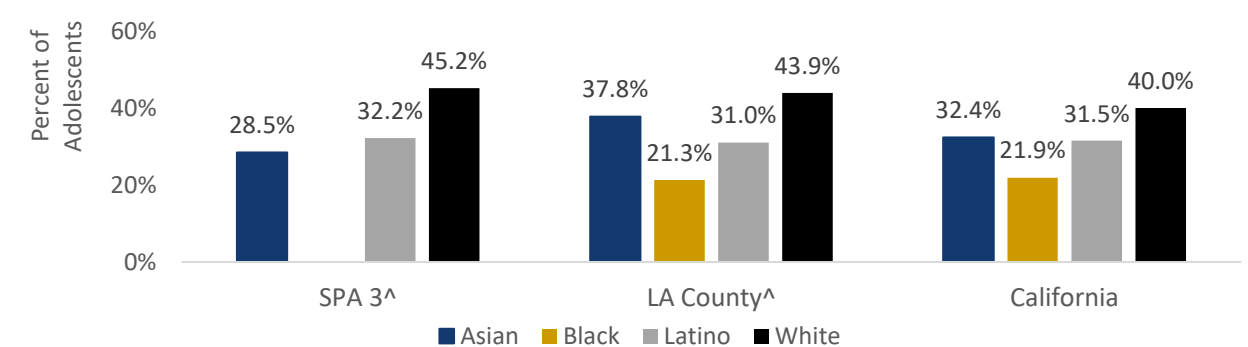
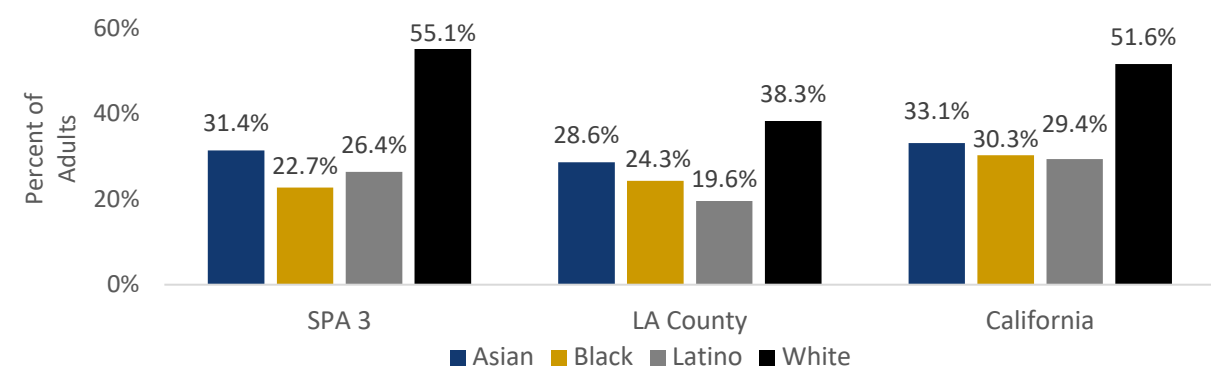


Figure 58: Adolescents Reporting that Climate Change Made Them Feel Nervous, Depressed, or Emotionally Stressed by Race/Ethnicity and Jurisdiction, 2022-2023^{*19}



*Data pooled across 2022-2023, [^] Data was not available for SPA3 and unstable for LA County Black Residents.

Figure 59: Adults who experienced extreme-weather related events in the past 2 years by race/ethnicity and jurisdiction, 2022-2023^{*19}



Community Input

- With climate change, we are having more challenges with storms and having a safe place for people experiencing homelessness.
- Chronic issues are caused/exacerbated by environmental issues.
- The library is a refuge from the heat and poor air quality.
- People need access to a cool place when we get over 100 degrees in the city.
- Without tents for the homeless, people are exposed to nature. Hypothermia is a risk. Also, people light fires to keep warm, and that can cause a brush fire.
- With the fires, the biggest problem is lack of information. There's been a lot of confusion around water usage after the fires. We know that you should be wearing an N95 if you're out cleaning your yard, cleaning outside and cleaning soot, but we don't know if it is OK walk around without an N95.
- The power shut-offs that happen as a result of overburdened electrical system grids is something that's of concern to folks who rely on electrified medical equipment. We need to start building up resiliency in people's own homes for more vulnerable populations. It's not easy to leave their home and go to a community center when it is hot outside.

"The biggest concerns are seniors or others who live alone, are low-income, or homeless and don't have access to A/C or cooling center."

"With the recent wildfires, people's long-term impacts from potential wildfire smoke exposure is going to be a dominant concern."

Climate Change & Sustainability

Indicator	SPA 3	LAC	CA	Trend
Adolescents reported that climate change made them feel nervous, depressed, or emotionally stressed ¹⁹	42.9%	40.1%	38.0%	↑
Children missing 11 or more school days due to asthma ^{*19}	17.0% [^]	8.5%	8.1%	↑
Annual number of days ozone exceeded government standards ⁺⁵⁰	32.2	--	--	↗
Adults experienced extreme-weather events ¹⁹	33.8%	26.8%	39.5%	↔
Annual number of days PM 2.5 exceeded government standards ⁺⁵⁰	<1	--	--	↔
	Pasadena	SPA 3	LAC	Trend
Adults reported that climate change made them feel nervous, depressed, or emotionally stressed ³⁶	43.6% [^]	36.3%	35.6%	↑
Adults ever diagnosed with asthma ³⁶	15.8%	11.3%	12.1%	↑
Children ever diagnosed with asthma ³⁶	18.2%	10.9%	10.6%	↑
Households that are nutrition insecure ³⁶	25.9%	31.5%	33.2%	↓
Households that are food insecure ³⁶	13.0%	22.6%	25.4%	↓
Rates of vectorborne diseases ⁴³	various	---	---	

+5-year average, *Pooled across 2020-2022, ^Statistically Unstable

VI. Health Topics

Access to Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Since the implementation of the Affordable Care Act (ACA) exchange that increased rates of health insurance enrollment, insurance coverage has remained higher in the Greater Pasadena area than others, however there are still residually uninsured and under-insured areas/populations.

Figure 60: People Living in Pasadena (All Ages) with Health Insurance, 2010-2023¹⁷

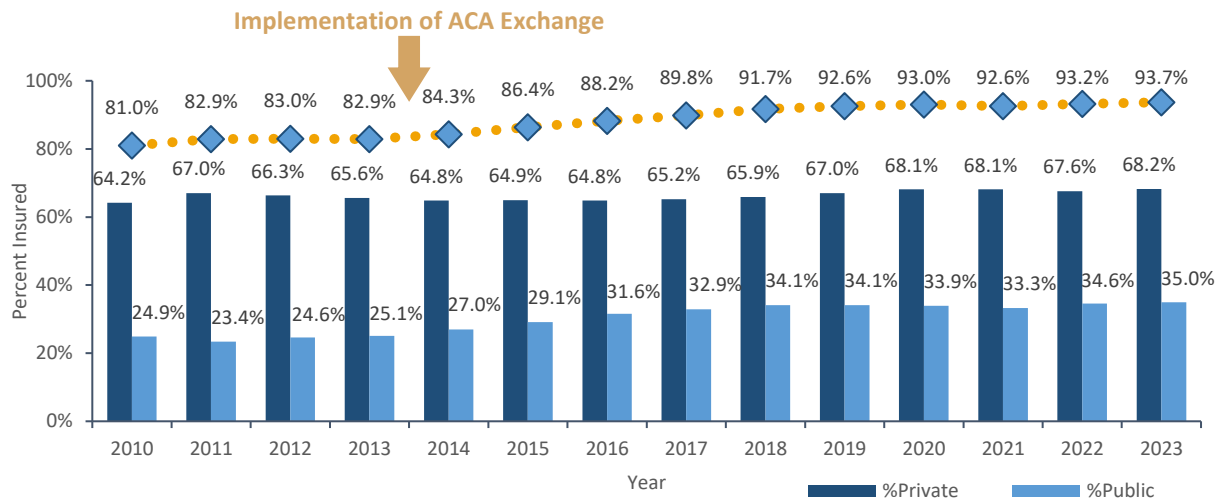
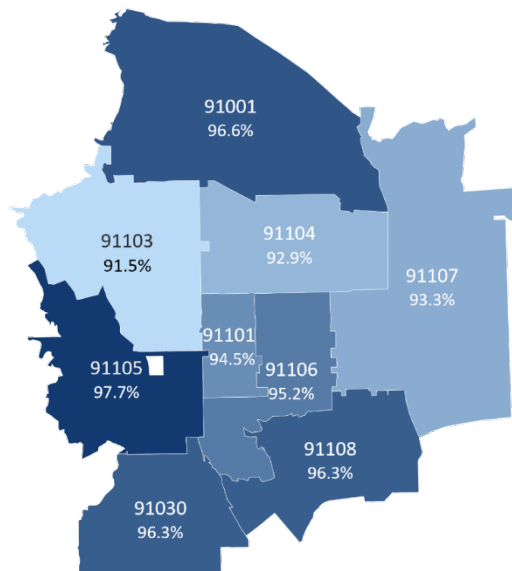


Figure 61: Percent of People (All Ages) with Health Insurance Coverage by ZIP Code, 2023¹⁷



In Pasadena, 93.7% had health insurance coverage. In California and Los Angeles County, 93.1% and 91.3% had health insurance coverage, respectively.

Two ZIP codes, 91103 and 91104, had the lowest health insurance coverage in the Greater Pasadena region 91.5% and 92.9%, respectively.

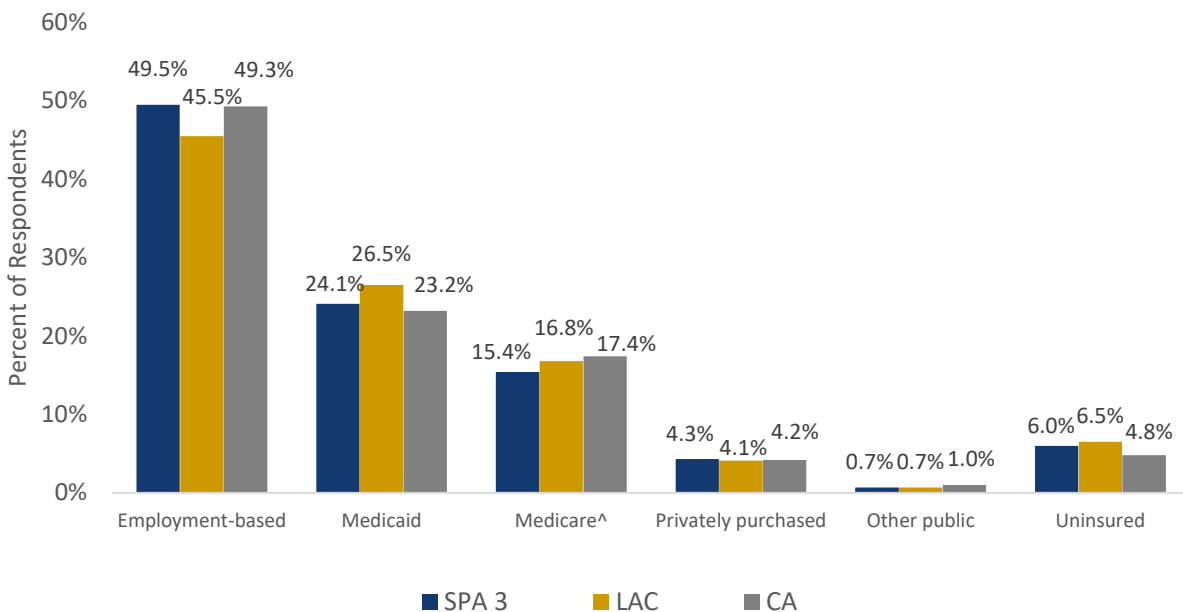
Insurance Coverage Trends

Among SPA 3 residents in 2022-2023, 6.0% reported not currently having health insurance.¹⁹ Of those, around 32.1% reported the main reason for not having health insurance was costs followed by an “employer didn’t offer” (ineligible for insurance or was dropped/canceled) 23.5%, then followed by “doesn’t need or believe in insurance” (12.1%), and “change in family/working status” (12.1%).¹⁹

Figure 62: Self-reported Insurance Coverage by Age Groups (Years), 2015 vs. 2023¹⁷



Figure 63: Percent Insured (All Ages) by Insurance Type in SPA 3, LA County (LAC), and California, 2022-2023*¹⁹



*Pooled for Stability

^ Includes those with Medicare & Others, Medicare & Medicaid, and Medicare only

Difficulty Accessing Care

Figure 64: Percent of Adults Who Reported Delaying Care in Last Twelve Months, 2011-2023¹⁹

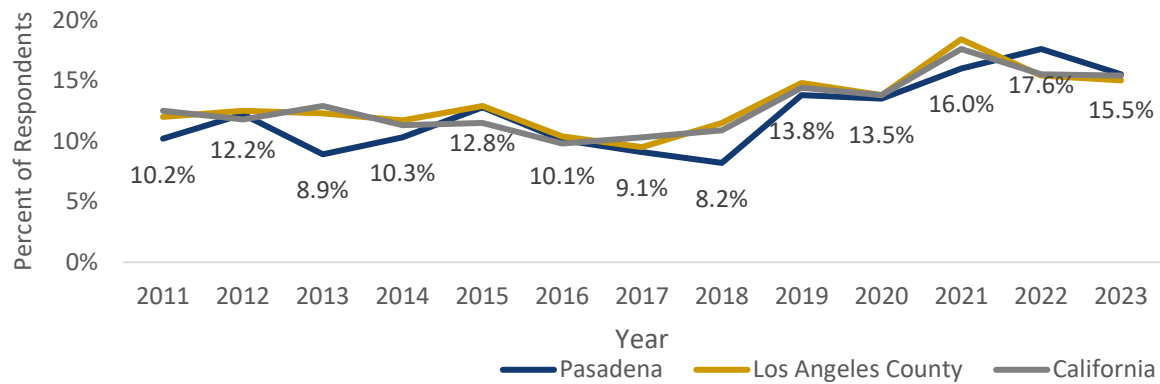
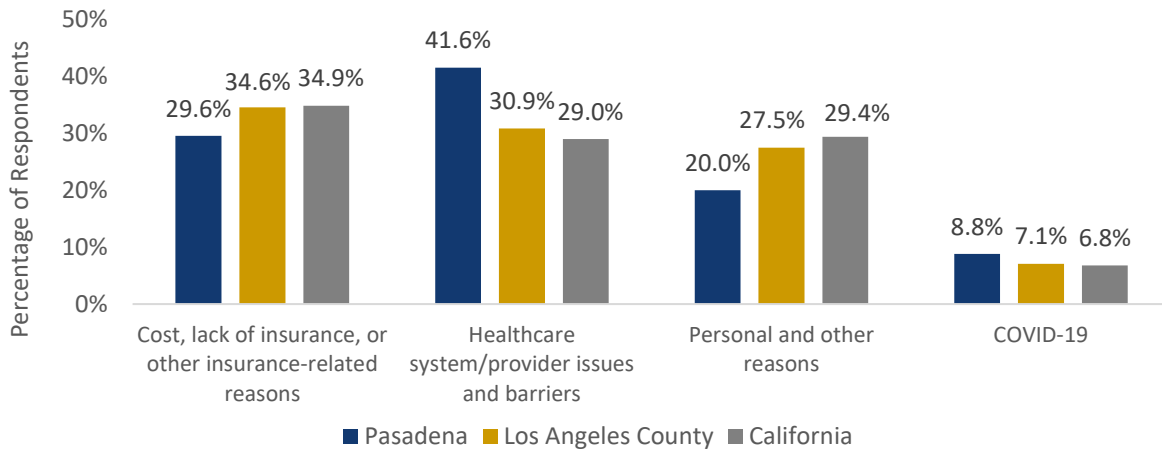


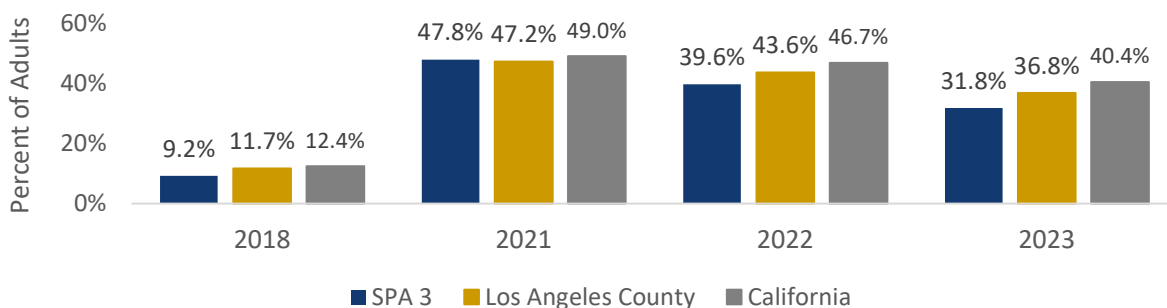
Figure 65: Percent of Adults Who Reported Delaying Care in Last Twelve Months, 2011-2023¹⁹



Telemedicine

In SPA 3, 31.8% 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 36.8% and state at 40.4%.¹⁹ This function increased during the COVID-19 pandemic, but has seen a modest decrease over time.¹⁹

Figure 66: Percent Of Adults Who Received Care from Their Health Provider Through Video and/or Phone in The Past 12 Months by Jurisdiction, 2018-2023¹⁹



Emergency Department Utilization

In SPA 3, 19.5% of the population visited an emergency room (ER) in the past 12 months, with older adults (ages 65 and older) as the most frequent users (22.8%) when compared to children (ages 0 to 11, 9.2%), adolescents (ages 11 to 17, 18.3%) and adults (ages 18 to 65, 20.6%).¹⁹ In SPA 3, Black residents were the most frequent ER users (40.2%), with about twice the rate compared to Latino residents (21.1%), non-Hispanic White residents (18.6%), and Asian/Pacific Islander residents (16.4%).¹⁹

Figure 67: Self-Reported Use of Emergency Room in Last 12 Months in SPA 3, 2011-2023¹⁹

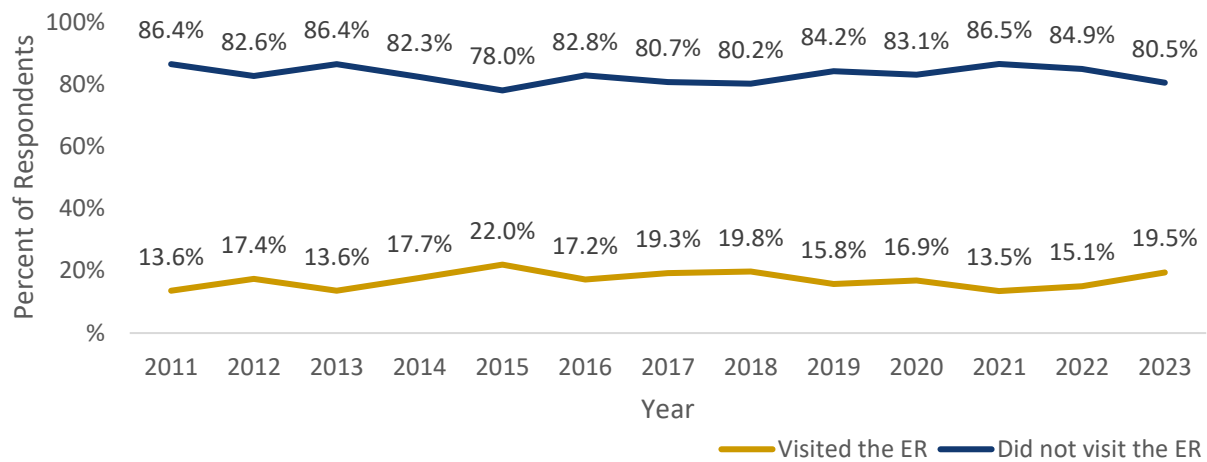
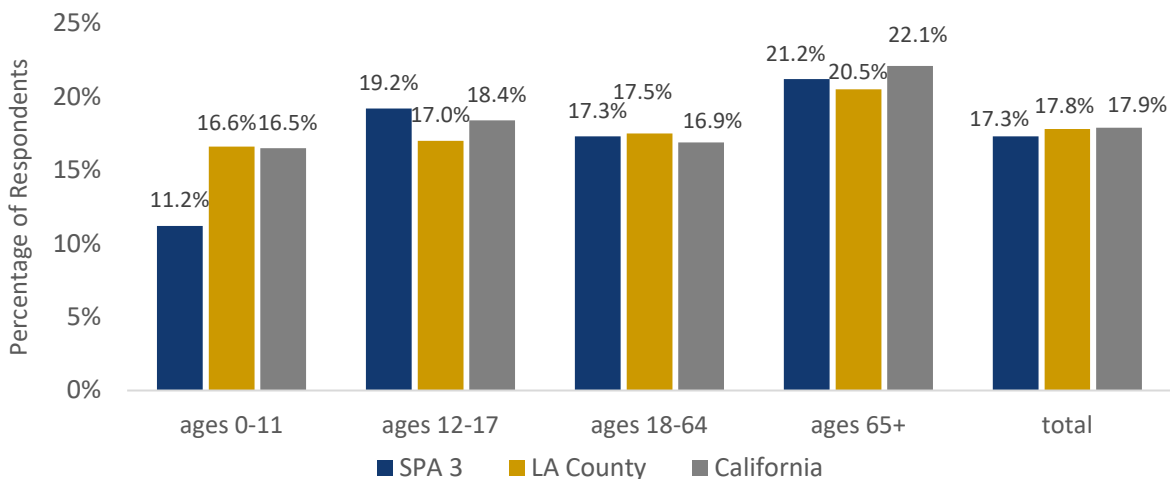


Figure 68: Self-Reported Use of Emergency Room in Last 12 Months by Age Group, 2011-2023¹⁹



Community Input

- Insurance coverage is challenging.
- Difficult to get a timely appointment if you have complex health needs.
- Transportation services are available, but Medi-Cal members may not be aware of the benefit or don't know how to access it.
- Its important providers speak the language or understand the culture of the at-risk population, and can serve people with limited English proficiency, particularly in behavioral health.
- Even though all children are eligible for Medi-Cal, for a variety of reasons, they do not all have it. And even when they do, the care is not always accessible to them. For example, they may have to travel a distance to the doctor that's been assigned to them. Provider may not be competent in patient's preferred language.
- Navigating the system can be a confusing. Patient navigators and community health workers help people navigate the health system. If primary care refers you to a specialist, then you wait to get covered by your insurance, approved for that visit, and only to make an appointment, figure out transportation and childcare. It can be daunting.

"It is hard for middle or lower class individuals to find a primary care physician."

"With Medi-Cal, there are not enough providers and provider capacity is limited."

Access to Care

Indicator	Pasadena	LAC	CA	Trend
Percent of people with health insurance ¹⁷	93.2%	91.0%	92.9%	↔
Adults who reported difficulty obtaining needed medical care ³⁶	15.3%	25.4%	---	↓
Difficulty communicating with provider because of a language barrier ³⁶	---	4.5%	---	---
	SPA 3	LAC	CA	Trend
Difficulty finding specialty care (adults) ¹⁹	23.1%	19.6%	20.1%	↑
Delayed or did not get medical care due to COVID-19 (all ages) ¹⁹	8.8%	7.1%	6.8%	↑
Never able to get doctor's appointment within 2 days (adults) ¹⁹	20.3%	19.3%	21.4%	↔
Difficulty finding primary care (adults) ¹⁹	13.3%	10.5%	10.5%	↔
People with a usual place to go when sick or need health advice ¹⁹	82.8%	79.6%	82.5%	↔
Experienced unfair treatment getting medical care due to race/ethnicity ¹⁹	7.5%	10.9%	8.0%	↔
Delayed or did not get medical care (all ages) ¹⁹	16.8%	16.9%	16.5%	↔
Insurance not accepted by general doctor in past year (adults) ¹⁹	3.9%	6.7%	6.2%	↓
Difficulty understanding doctor who do not speak English "very well" ¹⁹	4.7%	5.6%	7.5%	↓
Had problems paying for household's medical bill in past year (adults) ¹⁹	8.6%	10.0%	10.4%	↓
Had to forgo needed medical care (all ages) ¹⁹	46.4%	48.9%	52.1%	↓
Delayed care due to cost or lack of insurance (all ages) ¹⁹	29.6%	34.6%	34.9%	↓
Delayed or did not get prescription meds (all ages) ¹⁹	5.9%	7.9%	8.7%	↓

+5-year average, *Pooled across 2000-2022, ^Statistically Unstable

Maternal, Infant, and Child Health

Birth Rates

There have been 55 fewer births on average each year in Pasadena since 2009, a 39% overall reduction.⁶⁷ Overall, there has been a decrease in birth rates in Pasadena and the U.S. The teen birth rate has decreased by 89% over the last 17 years.⁶⁷

Figure 69: Number and Rate (per 1,000 Live Births) in Pasadena and the U.S., 2009-2023^{67,68}

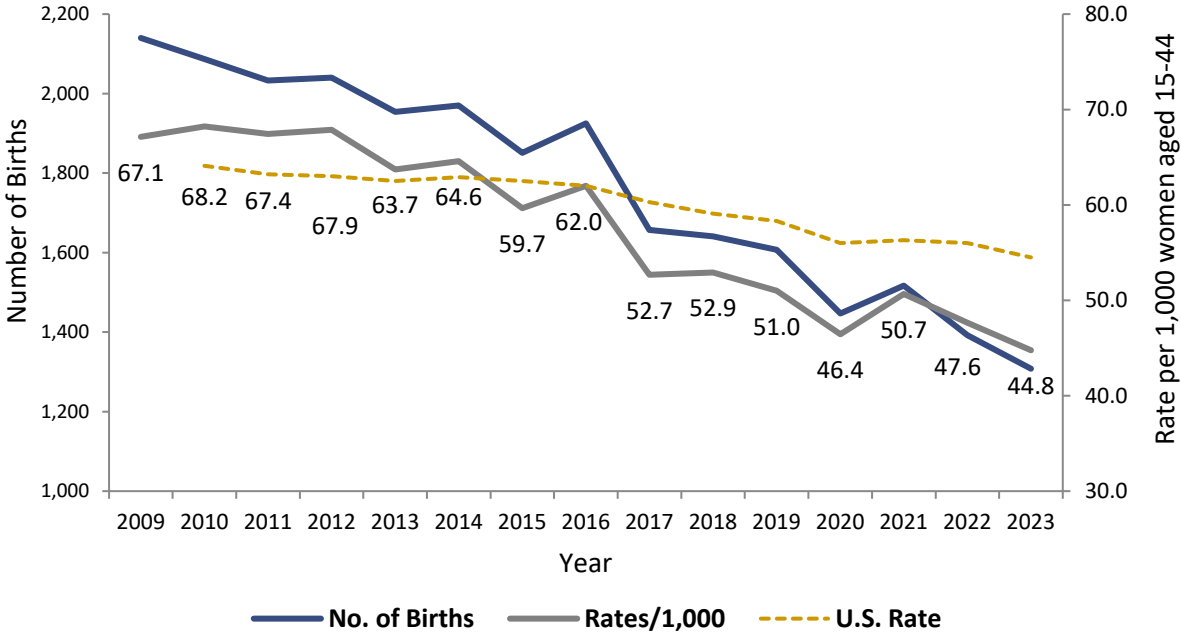
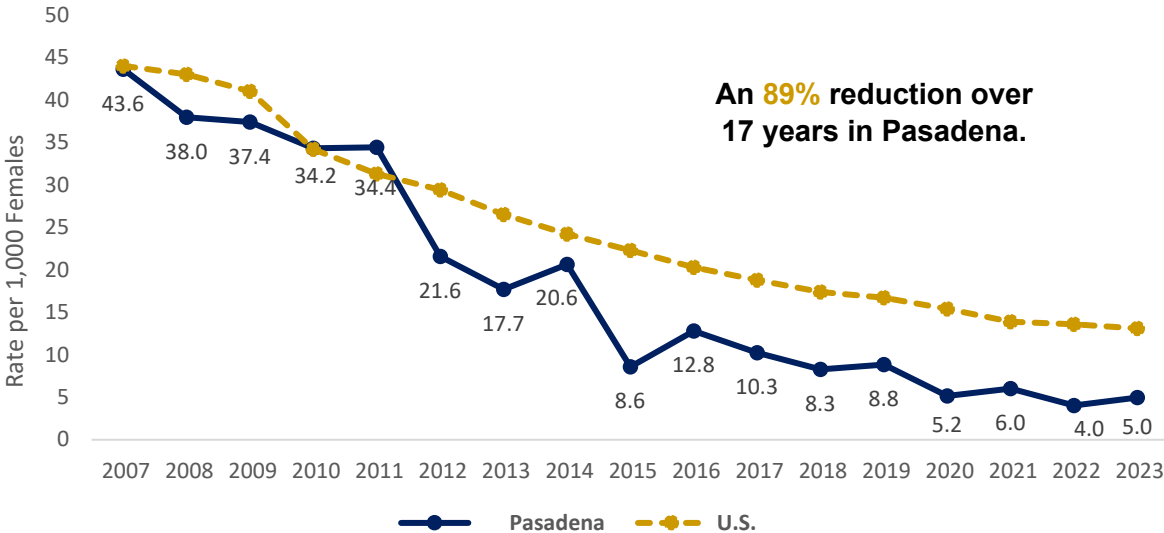


Figure 70: Rate of Births to Teens per 1,000 Females (Ages 15-19), 2007-2023^{67,68}



Prenatal Care

In Pasadena, 87.0% of all pregnant women began prenatal care in the first trimester, as compared to Los Angeles County at 88.2% and state at 87.6%^{67,69}. Pasadena has consistently been above national targets⁷⁰, but when stratified by race, Asian and White (non-Hispanic) women received prenatal care in the first trimester at higher rates (on average 93-94%) than their Hispanic/Latinx and Black counterparts⁶⁷. On average, from 2020-2023, the percentage by race was: White (non-Hispanic) at 93.5%, Asian 93.3%, Latino 85.8%, and Black at 82.0%.⁶⁷

Figure 71: Births to Parents Who Reported Prenatal Care in the First Trimester, 2010-2023^{67,70}

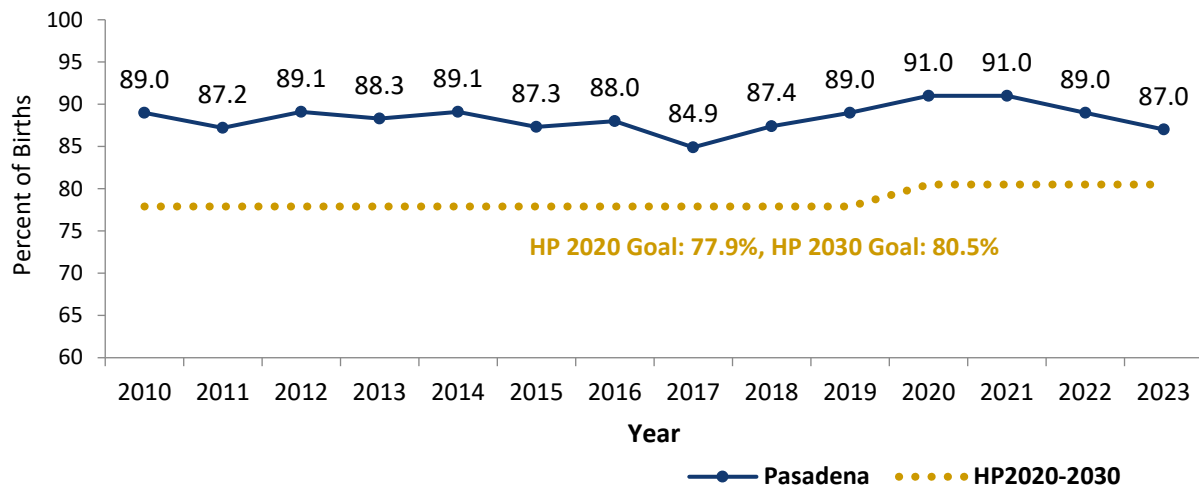
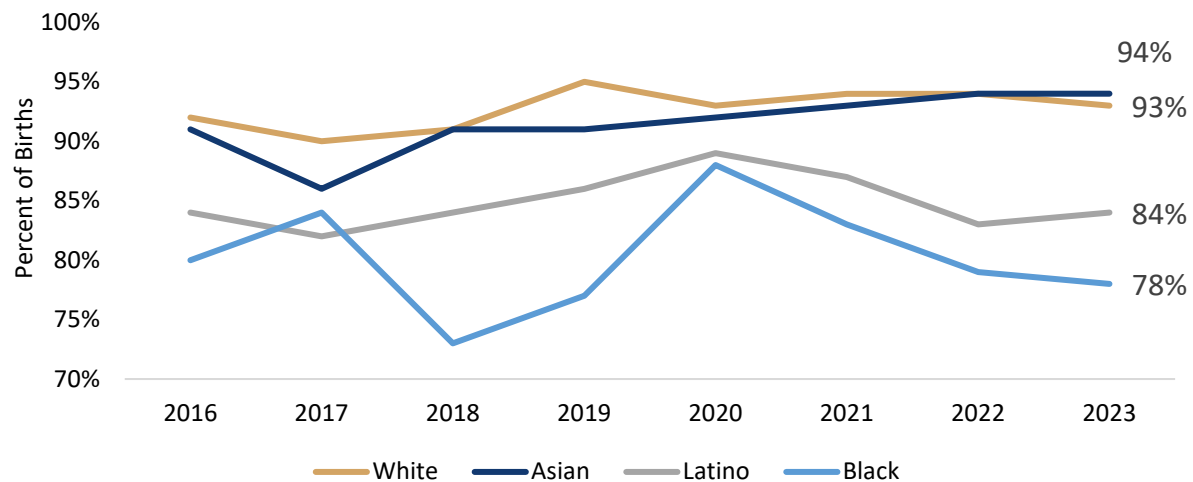


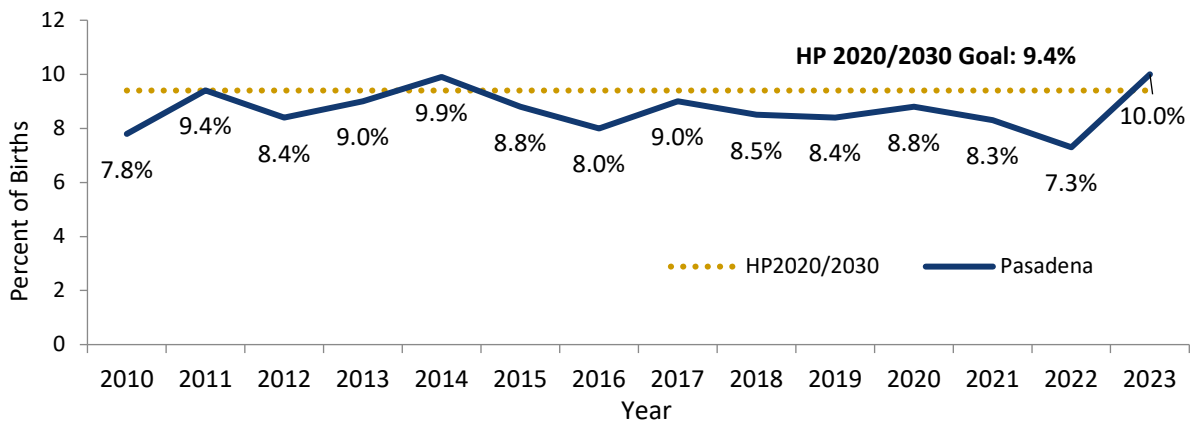
Figure 72: Births to Parents Who Reported Prenatal Care in the First Trimester by Race/Ethnicity in Pasadena, 2016-2023⁶⁷



Preterm Births

The percent of births that were preterm (occurring before the start of the 37th week of gestation) was 10.0% in Pasadena in 2023, which is the first time it has exceeded the HP2030 objective of 9.4% since 2014.^{67,70} The National Vital Statistics System (NVSS) reports that this metric has been increasing nationally since at least 2010 where 9.95% of births were preterm (less than 37 weeks). From 2021 to 2022, the NVSS reports that there was a 0.11% decrease from 10.49% (2021) to 10.38% (2022) pre-term births.^{71,72}

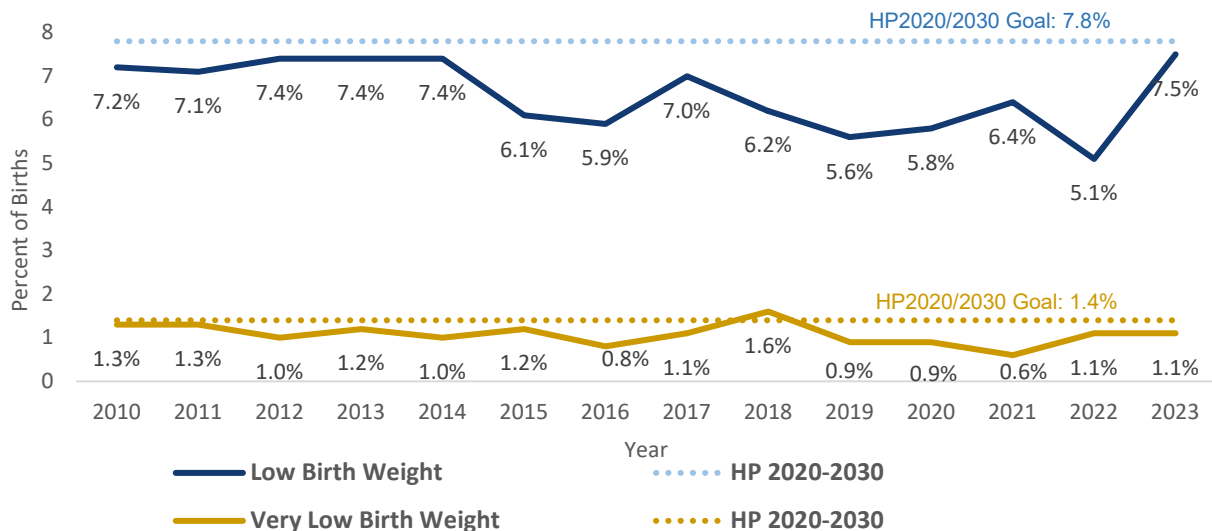
Figure 73: Percent of Births that were Preterm (<37 Weeks Gestation) in Pasadena, 2010-2023^{67,70}



Low and Very Low Birthweight

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. In Pasadena, 7.5% of births were low birth weight, and 1.1% were very low birthweight, which met the Healthy People objectives of 7.8% and 1.4%, respectively but has increased since the last community health assessment.^{43,70}

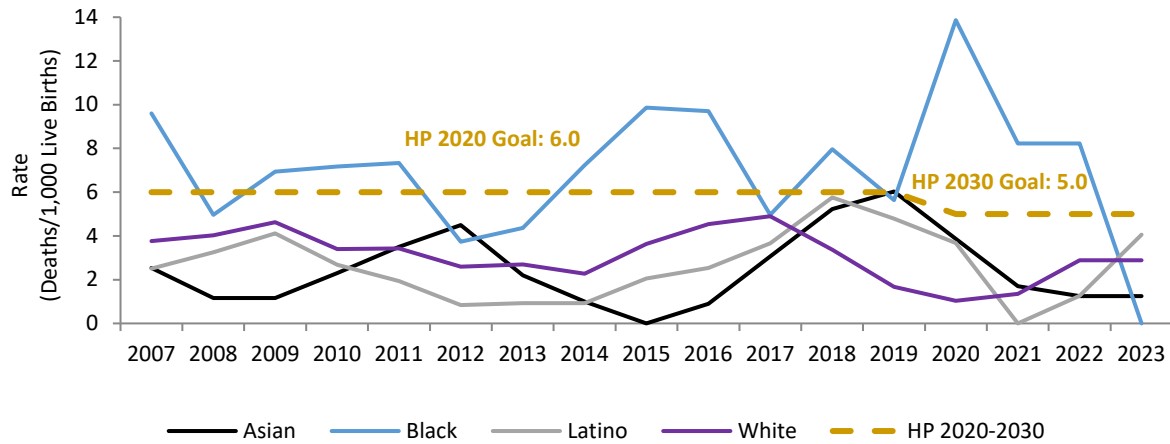
Figure 74: Rate of Low Birth Weight and Very Low Birthweight Infants, 2010-2023^{43,70,73}



Maternal and Infant Mortality

In the last 10 years, Pasadena has had less than five maternal deaths due to complications of childbirth listed as the cause of death on the death certificate.⁷⁴ There are racial disparities in infant mortality. The three-year average rate is highest among Black infants, and is the only race/ethnicity to not consistently meet the Healthy People (HP) objectives; however the rate was zero in the last three years.^{67,75} The infant mortality rate (less than one year of age) was 2.8 per 1,000 births in Pasadena (2021-2023), compared to LAC (2.3) and California (2.9) (2019-2021).^{67,69}

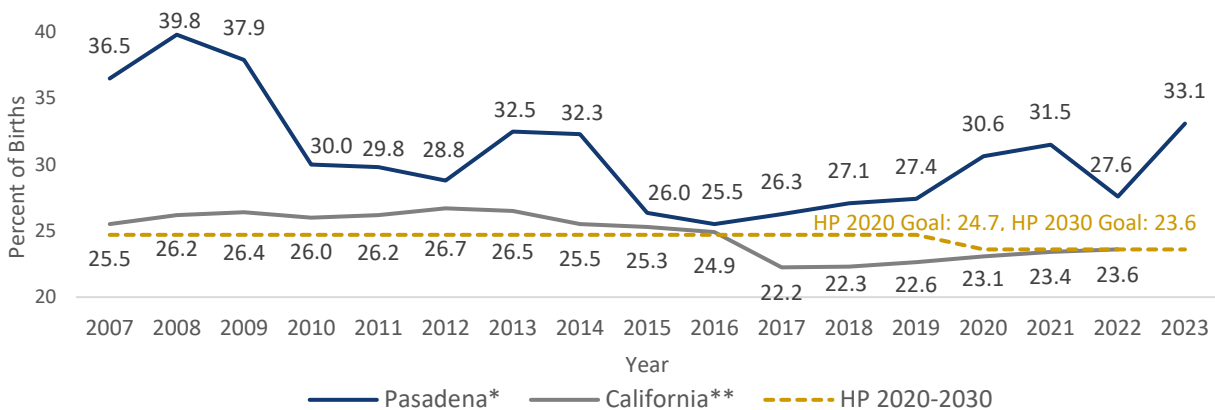
Figure 75: Three-Year Average Infant Death Rate (per 1,000 Live Births), 2007-2023^{67,75}



Cesarean 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 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. Among births to Pasadenans, the rate of C-section is consistently does not meet the Healthy People targets (HP 2020=24.7/HP 2030=23.6) for single baby births (nulliparous) without high-risk conditions that might indicate need for C-sections.⁶⁷

Figure 76: C-Section Rate Among Low-Risk Nulliparous Parents in Pasadena, 2007-2023^{67,72,75}

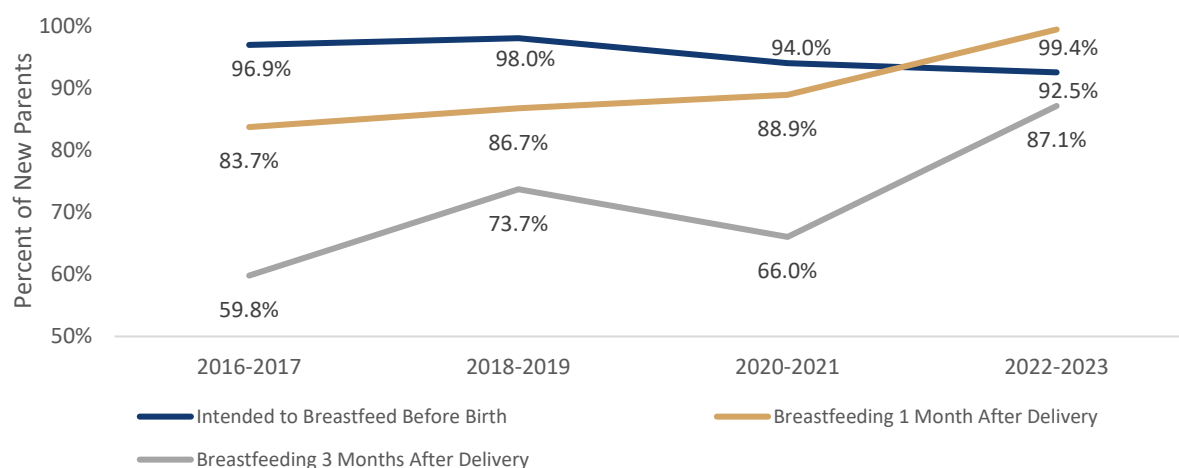


*For years 2007-2009, Pasadena data is retrieved from the birth statistical master file. Since 2010, Pasadena data is retrieved from the electronic birth registration system. **From 2017-2022, the surveillance system for California data has changed. 2023 California data was unavailable at the time of the report.

Breastfeeding Rates

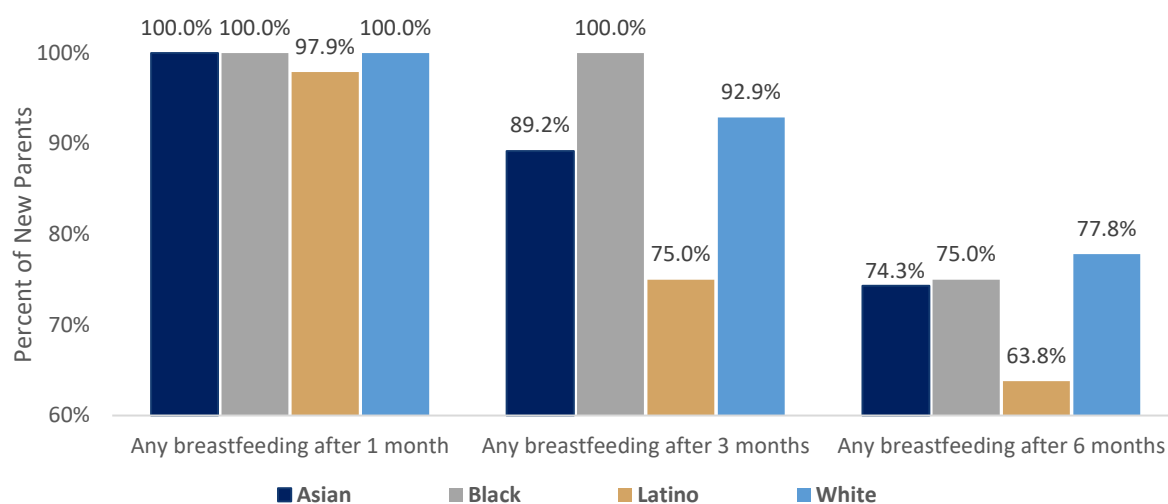
Among respondents to the Pasadena Public Health Department’s Maternal and Infant Health Assessments (MIHA), about 92.5% of Pasadena parents intended to breastfeed before birth, which is higher compared to Los Angeles County (LAC) (91.4%) and California (92.6%).^{76,77} Pasadena parents had a higher percentage of breastfeeding one month after delivery (99.4%) compared to LAC (85.6%) and California (85.9%) in 2019-2021. Pasadena parents also reported a higher percentage of parents continuing to breastfeed after 3 months (87.1%) than parents in LAC (69.2%) and California (70.8%) in 2019-2021.^{76,77}

Figure 77: Breastfeeding Rates in Pasadena, 2016-2023⁷⁶



There are racial differences in self-reported breastfeeding rates of parents in the Pasadena Maternal Infant Health Assessment (MIHA). When stratifying on race/ethnicity, rates were high across all racial groups but decreased over time most among Latino parents.⁷⁶

Figure 78: Self-Reported Breastfeeding Rates by Race/Ethnicity and Time After Birth, 2022-2023⁷⁶



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. New Pasadena parents report symptoms of depression at a higher rate than in California, especially so among parents who gave birth in early 2020 at the beginning of the COVID-19 pandemic.^{76,77}



Prenatal

Pasadena ⁷⁸⁻⁸⁰		California ⁷⁷	
2016-2017	19.8%	2013-2015	14.1%
2018-2019	11.0%	2016-2018	15.2%
2020-2021	11.6%	2019-2021	14.7%
2022-2023	10.7%		



Postpartum

Pasadena		California ⁷⁷	
2016-2017	18.9%	2013-2015	13.5%
2018-2019	15.7%	2016-2018	12.3%
2020-2021	22.8%	2019-2021	13.5%
2022-2023	21.4%		

Community Input

- On average, it takes 4-6 weeks to get a prenatal care appointment.
- Black maternal health is a community health need.
- Particularly for the Black community, there is access to prenatal care, but there are complications or questions about quality of care.
- There continues to be feelings that Black birthing people are not being listened to, causing increases in chronic stress, preeclampsia, anxiety and postpartum depression and anxiety.

“We don’t see enough prenatal visits happening, especially in the African American and Hispanic populations.”

Maternal, Child, & Infant Health

Indicator	Pasadena	CA	HP2030	Trend
Preterm birth (<37 weeks) rates ^{67,75}	10.0	---	9.4	↑
Birth rates (/1,000 residents) ^{67,75}	44.8	---	---	↘
Births delivered by Cesarean section ^{67,75}	31.4%	---	23.6%	↗
Black infant mortality rates ^{67,69,75}	0.0*	7.5	5.0	↓
Low birth weight rates ^{67,75}	7.6	7.2	7.8	↓
Very low birth weight rates ^{67,75,81}	1.1	1.1	1.4	↓
Mothers who report receiving prenatal care in 1st trimester ^{67,69}	87.4%	87.6%	80.5%	↑
Mothers who reported a postpartum medical visit ^{67,69}	96.9%	88.3%	---	↑
Teen birth rates (/1,000 females ages 15-19) ^{67,69}	5.0	9.5	---	↘
Breastfeeding rates 1 month after delivery ^{76,77}	98.1%	85.9%	---	↑

*3-year average rate

Exercise, Nutrition, and Weight

Physical Fitness and Exercise

Physical activity guidelines for adults include: 1) vigorous activity for at least 75 minutes a week, 2) moderate activity for at least 150 minutes a week, or 3) an equivalent combination of vigorous and moderate activity. 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, 36.7% met both aerobic and muscle strengthening guidelines compared to SPA 3 at 33.4% and the county at 36.0%³⁶.

Among children and adolescents in Pasadena^{36,82}...



36.7%

meet recommended guidelines for aerobic and strengthening guidelines.
Increase from 35.9% in 2018.



3.1

days in last month where activity was limited due to health.
Increase from 1.3 in 2018.

Across Pasadena, 34.9% children and adolescents are physically active for at least one hour per day, in accordance with national physical activity recommendations.⁸³ More than 16.5% of children (ages 2-17) spend more than 5 hours per day on sedentary activities in SPA 3.⁸³

Among adults in Pasadena^{36,82}...



34.9%

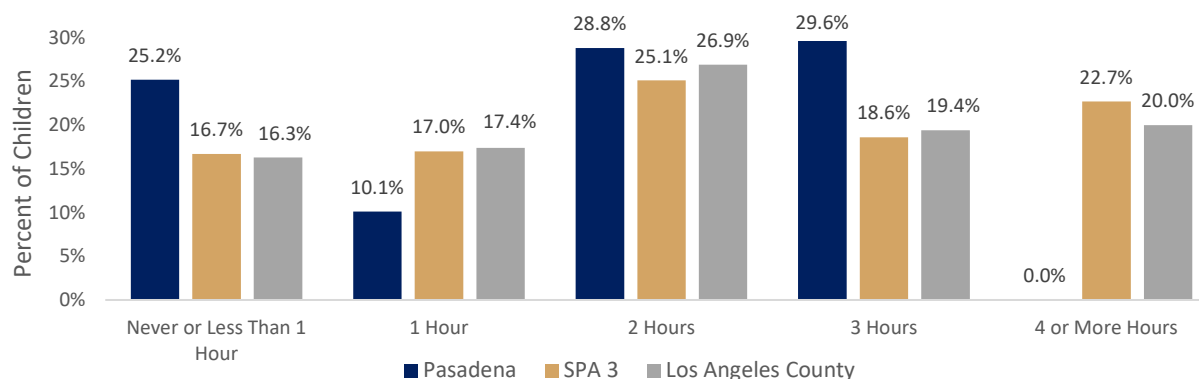
meet recommended guidelines for muscle-strengthening activity.
Decrease from 44.9% in 2018.



89.7%

have easy access to a park, playground or other place that is safe from crime to play.
Decrease from 95.7% in 2018.

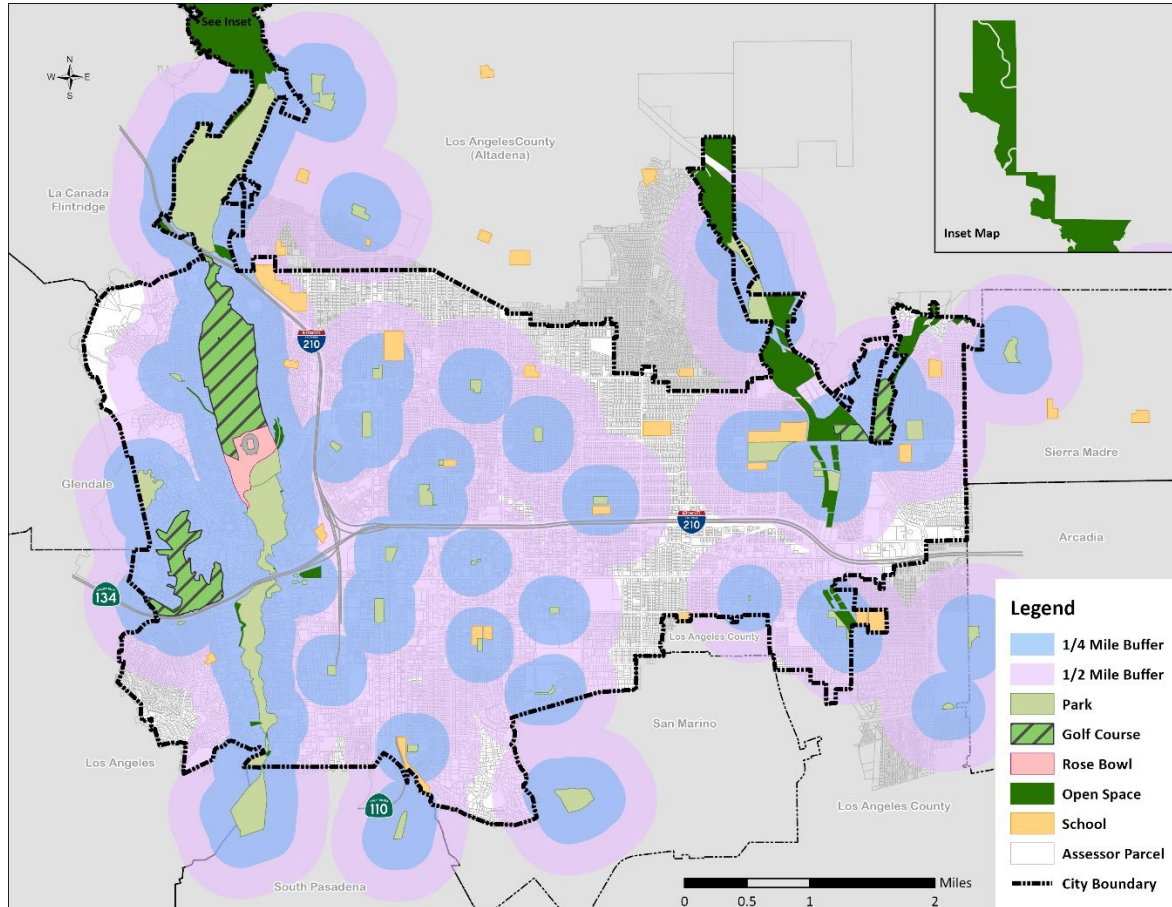
Figure 79: Time Spent in Front of a TV, Computer, Cell Phone or Other Electronic Device Watching Programs, Playing Games, Accessing the Internet, or Using Social Media on Most Weekdays Among Children (Ages 17 Years or Younger) by Jurisdiction, 2023³⁶



Access to Open Space

This map depicts both ¼- and ½-mile radii or “walkable service areas” around Pasadena’s Neighborhood and Community Parks. A ½ mile is around a 10–20-minute walk for many, while a ¼ mile represents a more appropriate distance for residents with limited walking abilities. In 2007, when the map was originally made, seven gaps existed; however, with several new additions including Annandale Canyon Park, Playhouse Village Park, and Lamanda Park Library Pocket Park, smaller areas exist.⁴³

Figure 80: Map of Open Spaces and Walking Distance in Greater Pasadena, 2024⁴³



Access to Heathy Food

When asked directly, among parents/guardians of children, ages 17 and younger, 92.5% in Pasadena, and 84.5% in SPA 3 rated community access to fresh fruits and vegetables as good or excellent, as compared to LA County at 79.5%.³⁶

Nutrition Indicators

In Pasadena^{36,82}...



92.5% of parents/guardians of children, ages 17 and younger, rate community access to fresh fruits and vegetables as good or excellent. **Decrease from 94.2% in 2018.**



13.2% of adults eat five or more servings of fruits/vegetables in the past day. **Decrease from 17.6% in 2018.**



16.0%* of children and 22.2% of adults drink one or more sugar-sweetened beverage a day. **Decrease from 22.5%* (children) in 2018.** Data not available for adults in 2018.



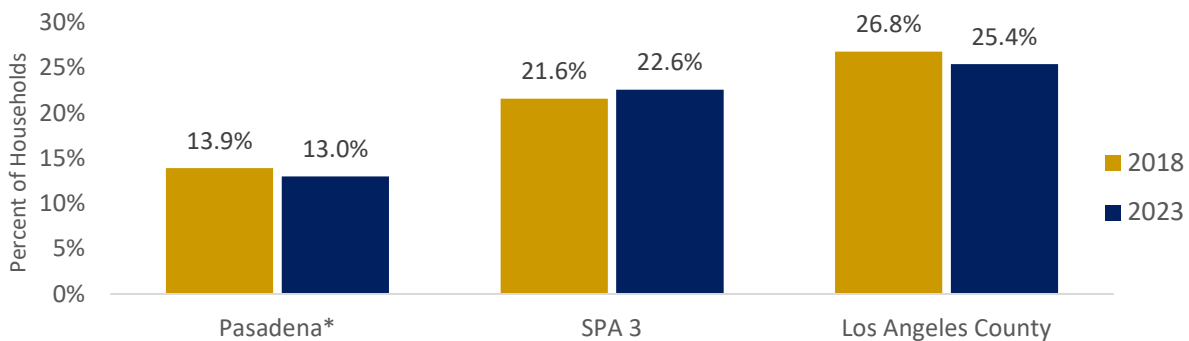
33.0% of children (<17 years) and 52.3% of adults eat fast food at least once a week. **Data not available in 2018.**

*Statistically unstable

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 in Pasadena, 13.0% reported being food insecure, compared to 22.6% in SPA 3 and 25.4% in Los Angeles County (LAC).³⁶ Among new parents who participated in the Pasadena Maternal Health Assessment (MIHA), 18.5% reported being food insecure.⁷⁶ Among adult inpatients screened at Huntington Health, around 3.9% screened positive for food insecurity.²³

Figure 81: Percent of Households That Are Food Insecure by Jurisdiction, 2018 and 2023^{36,82}

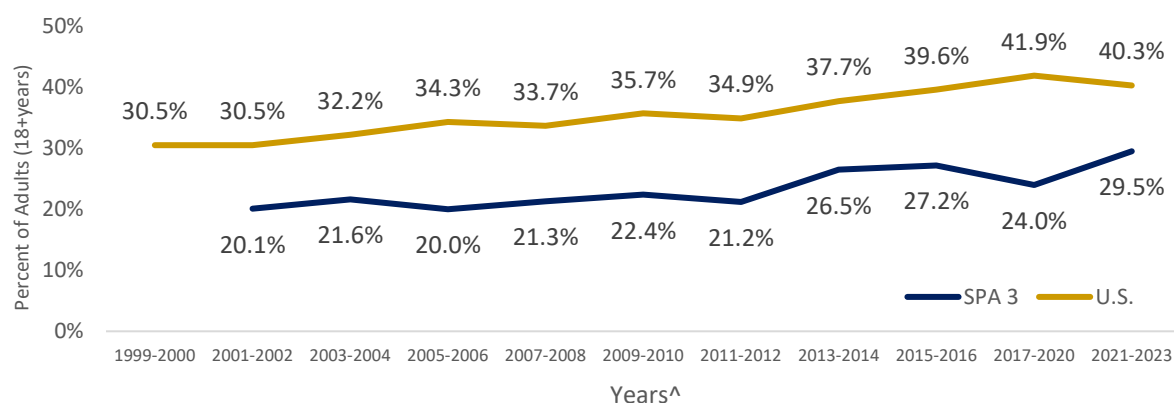


*Statistically unstable

Obesity

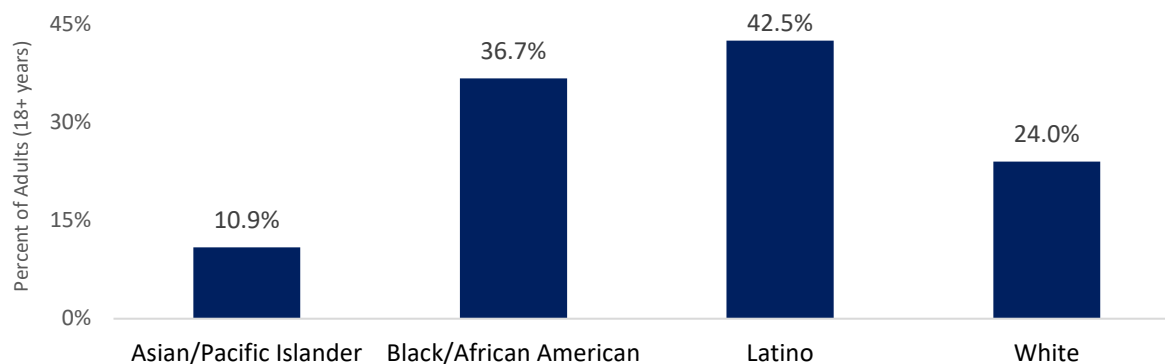
The proportion of U.S. adults with obesity has increased to around 40%.⁸⁴ In SPA 3, obesity rates (29.5%) are lower than the U.S., but are increasing, and are highest among Latino (42.5%) and Black/African American (36.7%) residents.¹⁹ The rates of adolescents who are overweight/obese in SPA 3 (38.5%) is higher than Los Angeles County (37.1%) and California (36.6%).¹⁹

Figure 82: Trends in Adult Obesity (Age 18 years) in SPA 3 and the United States, 1999-2023^{19,84}



^Pooled over 2 years for statistical stability for SPA 3 estimates.

Figure 83: Trends in Adult Obesity (Age 18 years) in SPA 3 and the United States, 2023¹⁹



Since the last CHNA, advances in prescriptions for weight management included a new group of drugs: semaglutides. Semaglutides, first approved for Type 2 diabetes then for weight loss, also improves blood pressure and reduces cardiovascular disease.⁸⁵ Prescription fills for the drugs best known as Ozempic or Wegovy (both semaglutides) increased by more than 400% between January 2021 and December 2023 with Ozempic accounting for over 70% or more of the semaglutide fills during this period. This new type of therapy may exacerbate disparities; publicly insured individuals are less likely to get them than those with private insurance. This may also worsen disparities in diabetes and obesity outcomes among populations who have higher rates of diabetes and obesity, such as Black and Latino populations.⁸⁵

Community Input

- Smaller markets purchase produce from larger retailers and then charge more for fresh fruits and vegetables.
- We heard from families that everything is more expensive.
- There are increases in obesity among children and adults.
- Coming up with ideas for how to cook a healthy meal for a family is still an ongoing challenge, especially when parents are so busy going to work, and picking up kids.
- People feel so overworked or stressed in life that they feel that they don't have time on a Tuesday evening to sit down and cook a meal for 30 minutes.
- Spaces for physical activity can be a challenge when it is daylight savings and it is dark at 5 pm, or when people are smoking and hanging out in the parks. Even in well-lit parks.

"There's a lack of knowledge about resources like CalFresh, WIC or other food programs...navigating can be difficult."

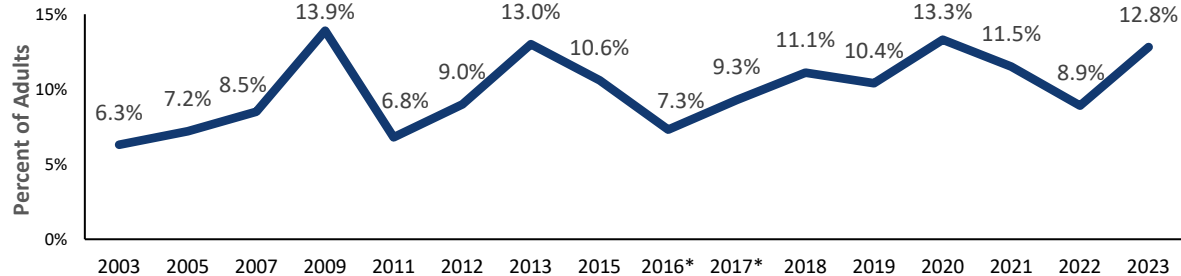
Exercise, Nutrition & Weight				
Indicator	SPA3	LAC	CA	Trend
Adolescents who are overweight or obese ^{19*}	38.5%	37.1%	36.6%	↑
Adolescents (12-17 years) who report almost constantly using computer or mobile device for social media ¹⁹	36.8%	31.5%	26.9%	↑
Not able to afford food (<200% federal poverty level) ¹⁹	44.9%	45.8%	44.5%	↔
Adults who report almost constantly using computer or mobile device for social media ¹⁹	14.9%	15.8%	14.9%	↔
Adults who are overweight or obese ¹⁹	55.6%	61.4%	61.8%	↓
	Pasadena	LAC	CA	Trend
Adults who eat fast food one or more times per week ³⁶	52.3%	42.6%	34.1%	↑
Children (6-17 years) who meet recommended guidelines for muscle-strengthening activity ³⁶	34.9%	42.3%	45.7%	↓
Adults who met both aerobic and strengthening guidelines ³⁶	36.7%	33.4%	36.0%	↔
Children/adolescents who met both aerobic & strengthening guidelines ³⁶	---	9.1%	10.1%	↔
No. days in last month where activity was limited due to health ³⁶	3.1	3.3	3.6	↔
Children (1-17 yrs) who have easy access to a park, playground, or other place that is safe from crime to play ³⁶	89.7%	87.8%	82.1%	↔
Households that are food insecure ³⁶	13.0%	22.6%	25.4%	↓
Households that are nutrition insecure ³⁶	25.9%	31.5%	33.2%	↓
Adults who eat five or more servings of fruits/vegetables in the past day ³⁶	13.2%	10.2%	10.8%	↑
Parents/guardians of children (≤17 yrs) who rate community access to fresh fruits and vegetables as good or excellent ³⁶	92.5%	84.5%	79.5%	↑
Children (≤17 yrs) who eat fast food at least once a week ³⁶	33.0%	41.4%	37.6%	↓
Children (≤17 yrs) who drink one or more sugar-sweetened beverage/day ³⁶	16.0% [^]	31.3%	34.6%	↓
Adults who drank one or more sodas/sweetened drinks daily ³⁶	22.2%	34.3%	36.1%	↓
Children who spent 2+ hours of screen time ³⁶	61.1%	66.6%	66.3%	↓

*Pooled across 2022-2023, ^Statistically unstable

Diabetes

The rate of adults who have ever been diagnosed with diabetes was similar for SPA 3 (12.8%), Los Angeles County (12.7%), and California (11.8%). The rate has been increasing for all jurisdictions.¹⁹

Figure 84: Percent of Adults Who Report Ever Being Diagnosed with Diabetes in SPA 3, 2003-2023¹⁹



*Estimates were statistically unstable

Figure 85: Adults with Diabetes Who Have Hemoglobin A1C Level Less than 9% in Last Year, 2023¹⁹

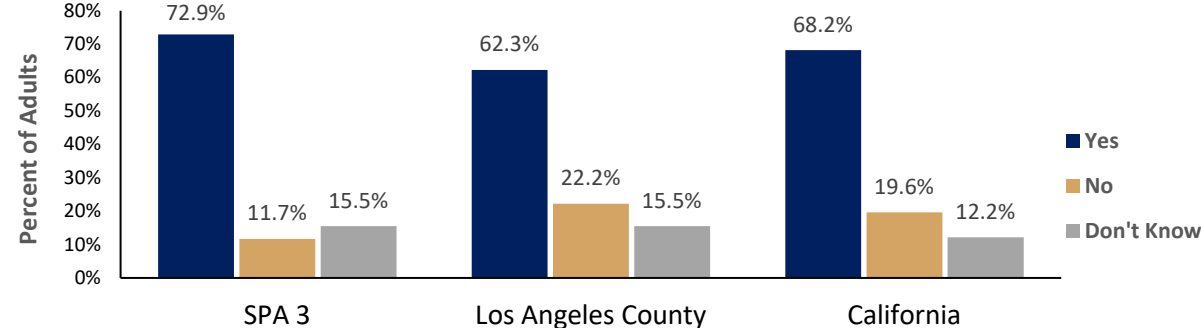
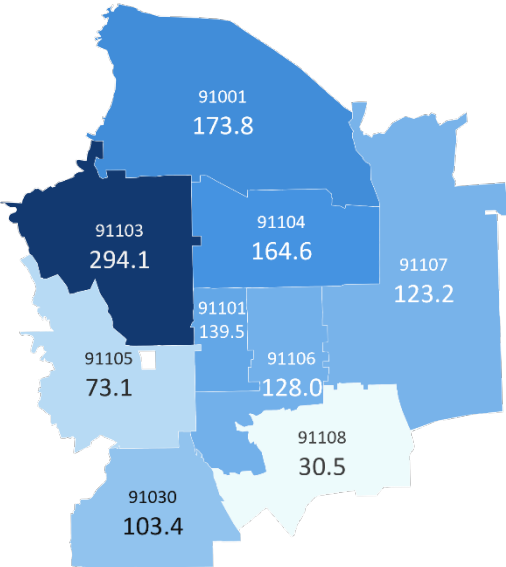


Figure 86: Age-Adjusted Hospitalization Rate (per 10,000) due to Diabetes by ZIP, 2020-2022⁸⁶



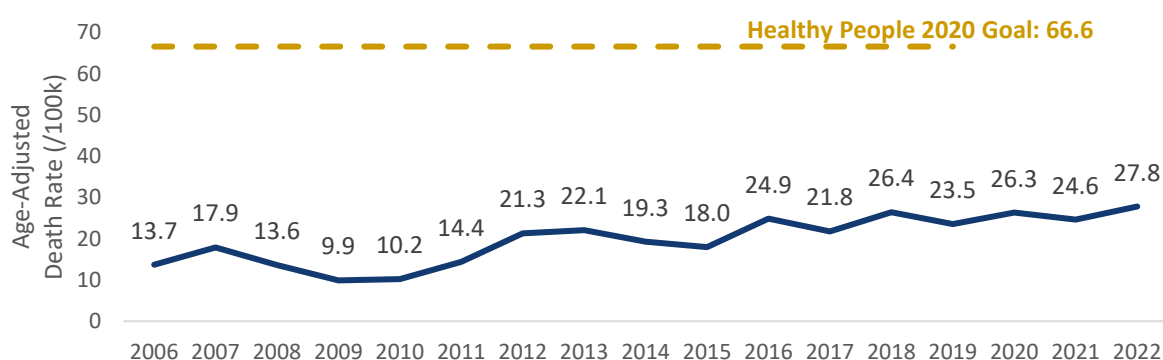
	Age-Adjusted Hospitalization Rate per 100,000
Pasadena	159.6
Greater Pasadena	147.2
Los Angeles County	206.7
California	199.6

91103 has a rate more than 9.6 times higher than 91108, and ZIP code 91103’s hospitalization rate due to type 2 diabetes is 1.5 times higher than rate of the state.

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.⁸⁷ In 2022, diabetes was the 7th leading cause of death in Pasadena and accounted for 42 deaths.⁴² From 2010-2022, the mean age of death from diabetes was 74.6 years. The mean age of death by race from 2010-2022 was: 78.0 (Asian), 77.8 (White), 73.1 (Black), and 69.4 (Latino).⁴² The mean age of death by gender was: 79.5 (female) and 69.8 (male). The age-adjusted mortality rate from diabetes in Pasadena in 2022 was 27.8 per 100,000 persons, which is below the HP 2020 Goal of 66.6 deaths per 100,000 (no longer included in HP 2030); however, the age-adjusted death rate has increased by 102.9% since 2006.⁴²

Figure 87: Age-Adjusted Death Rates Due to Diabetes in Pasadena, 2006-2022^{42,73}



Community Input

- Life is so expensive, and housing and food are the things in focus. They take precedence over the management of a chronic condition.
- If you are using insulin for diabetes and unhoused, you cannot keep your insulin cold. Similarly, if you have diabetes and are low income, you may not be able to eat in the way that a health provider is going to recommend.

Diabetes					
Indicator	SPA 3	LAC	CA	HP 2020	Trend
Diabetic adults who have Hemoglobin A1C controlled ¹⁹	72.9%	62.3%	68.2%	---	↑
Adults ever diagnosed with diabetes ¹⁹	12.8%	12.7%	11.8%	---	↔
Pasadena					
Indicator	LAC	CA	HP 2020	Trend	
Hospitalization rate (/10k) due to diabetes ⁸⁸	206.7	199.6	---	↓	
Death rates due to diabetes ^{42,88}	18.7	14.7	66.6	↑	

Heart Disease and Stroke

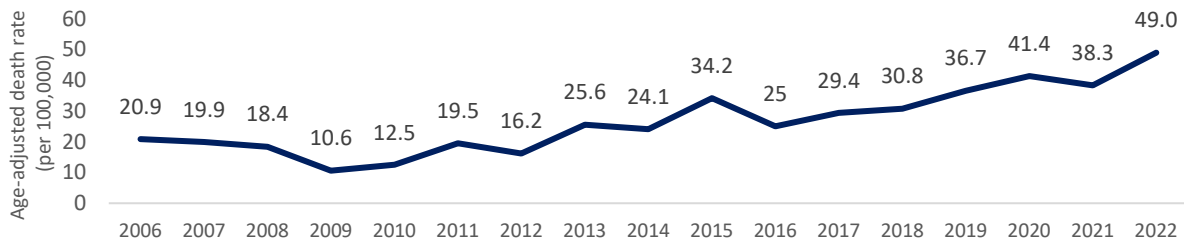
High Blood Pressure

The rate of adults ever diagnosed with high blood pressure in SPA 3 is 26.1%, compared to 27.1% in LAC and 27.1% in California¹⁹. The rate of adults ever diagnosed with heart disease was 5.0% SPA 3, 6.3% LAC, and 7.1% California¹⁹. In SPA 3, Black/African Americans adults had the highest rates of high blood pressure (38.8%) by race: White adults (33.0%), Latino adults (25.6%), and Asian adults (28.0%)¹⁹.

Hypertension Mortality

In 2022, hypertensive diseases accounted for 83 deaths and was the 3rd leading cause of death in Pasadena.⁴² The age-adjusted death rate was 49.0 per 100,000 in 2022.⁴² Since 2010, the mean age of death due to hypertensive diseases was 79.8 years. There were disparities in the mean age of death by race from 2010-2022: 82.6 (White), 82.2 (Asian), 79.3 (Hispanic), and 72.4 (Black). There was also a difference in mean age of death by gender: 87.1 (female) and 78.4 (male).⁴²

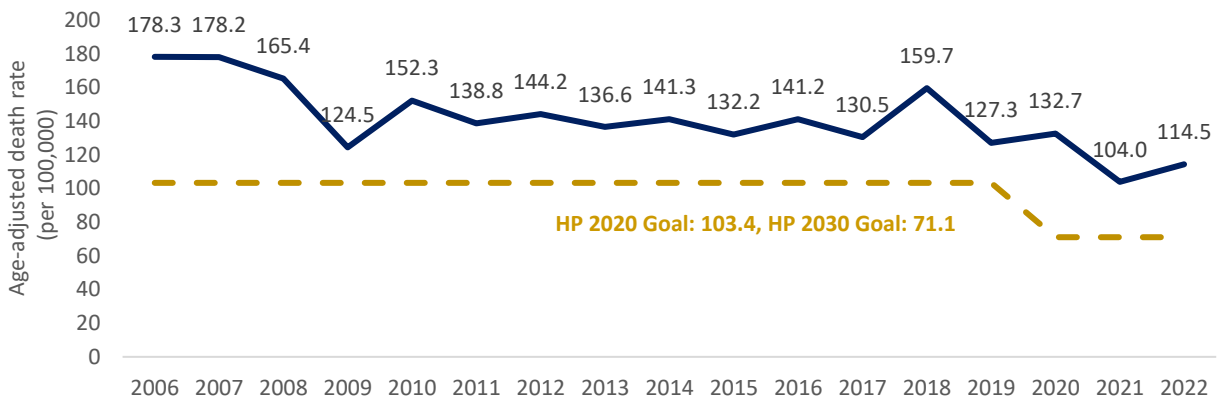
Figure 88: Age-Adjusted Death Rates Due to Hypertension, 2006-2022⁴²



Ischemic Heart Disease

In 2022, ischemic heart disease was the leading cause of death in Pasadena.⁴² The age-adjusted death rate in 2022 was 114.5 per 100,000. From 2010-2022, there was an average of approximately 220 deaths per year in Pasadena, with 181 deaths in 2022.⁴²

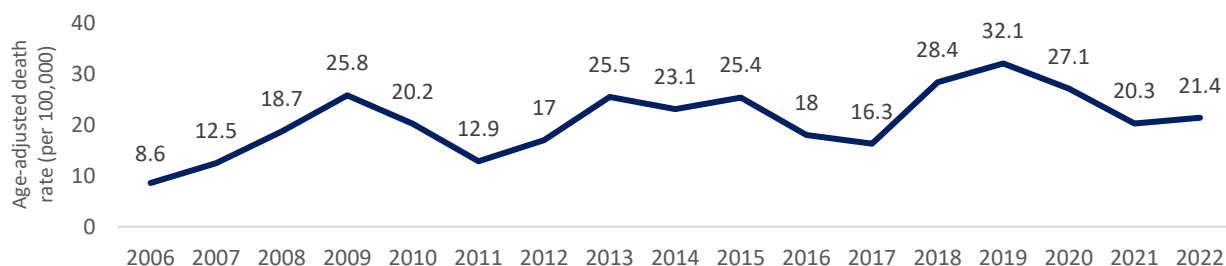
Figure 89: Age-Adjusted Death Rates Due to Ischemic Heart Disease, 2006-2022⁴²



Heart Failure Mortality

In 2022, heart failure accounted for 38 deaths in Pasadena.⁴² The age-adjusted death rate was 21.4 per 100,000. Heart failure accounted for 611 deaths from 2006-2022, an average of 35.9 deaths per year, and was the highest in 2019 at 53 deaths.⁴²

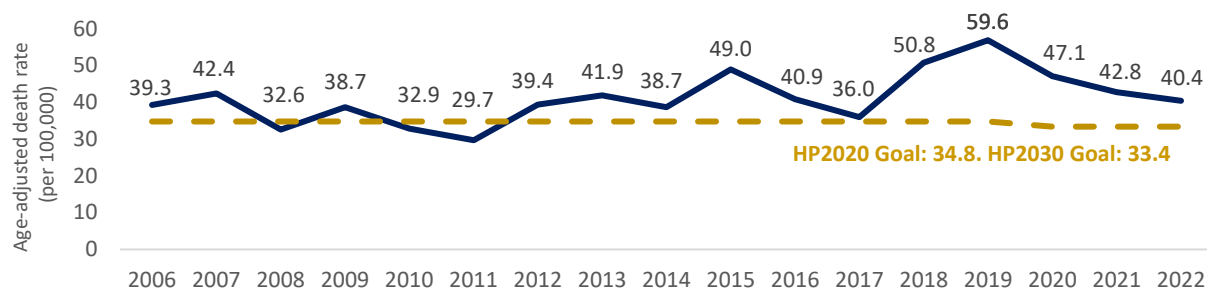
Figure 90: Age-Adjusted Death Rates Due to Heart Failure in Pasadena, 2006-2022⁴²



Stroke Mortality

In 2022, cerebrovascular disease, or stroke, was the 4th leading cause of death in Pasadena.⁴² The age-adjusted rate of death from stroke was 40.4 per 100,000 persons in Pasadena, exceeding the HP 2030 objective of 33.4 per 100,000.⁴²

Figure 91: Age-Adjusted Death Rates Due to Stroke, 2006-2022^{42,75}



Heart Disease & Stroke

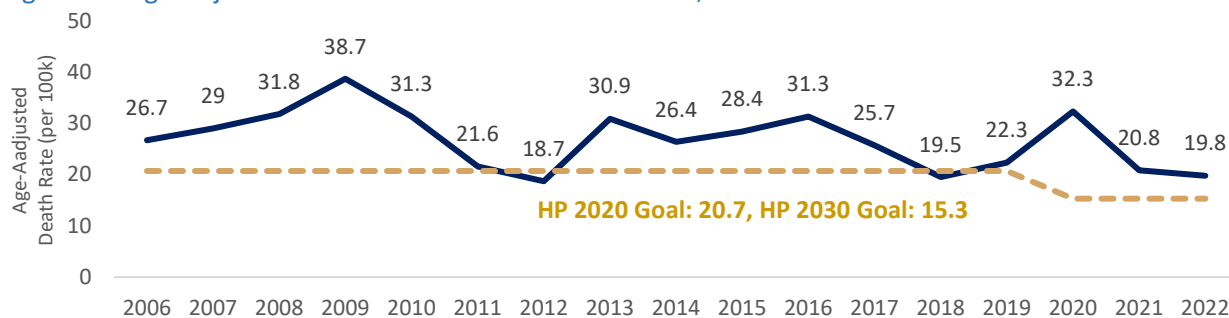
Indicator	SPA 3	LAC	CA	HP 2030	Trend
Adults (18+) with high blood pressure ¹⁹	28.2%	25.9%	27.2%	41.9%	↔
Adults (18+) with borderline high blood pressure ¹⁹	7.6%	8.4%	7.8%	-	↔
Adults ever diagnosed with heart disease ¹⁹	8.9%	6.5%	6.7%	-	↔
	Pasadena	LAC	CA	HP 2030	Trend
Age-adjusted death rate due to stroke ^{42,69}	40.4	-	37.0	33.4	↑
Age-adjusted death rate due to hypertensive diseases ⁴²	49.0	-	-	-	↗
Age-adjusted death rate due to heart failure ⁴²	21.4	-	-	-	↗
Age-adjusted death rate due to ischemic heart disease ⁴²	114.5	-	-	71.1	↑
Adults ever diagnosed with high cholesterol ³⁶	26.4%	33.0%	-	-	↓

Cancer

Breast Cancer

Breast cancer was the 11th leading cause of death and the 2nd leading cause of premature death among females in Pasadena.⁴² Breast cancer rates have generally decreased since 2006.⁴² The age-adjusted rate of breast cancer death in 2022 was 19.8 per 100,000 women in Pasadena, as compared to the county at 19.0 per 100,000 women and the state at 18.8 per 100,000 women.^{42,88} Mammograms are effective 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 years⁷⁵. Among women in Pasadena, 74.3% had a mammogram in the last 12 months, compared to SPA 3 (78.1%), and the county at 77.1%¹⁹

Figure 92: Age-Adjusted Death Rates Due to Breast Cancer, 2006-2022⁴²



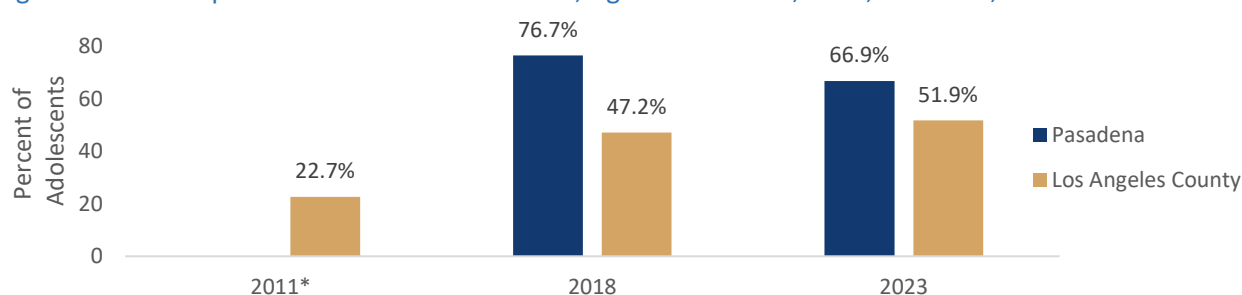
HPV Vaccine Rates

In the Pasadena, 66.9% of children, ages 11 to 17, received at least one dose of the Human Papilloma Virus (HPV) vaccine, which is higher compared to SPA 3 (55.8%) and Los Angeles County (51.9%). When examined by gender, 69.1% of females and 71.0% of males, ages 11 to 17, received at least one dose of the HPV vaccine.³⁶

Table 5: Self-Reported Rates of HPV Vaccination (Ages 11-17) by Gender and Jurisdiction, 2023³⁶

	Pasadena	SPA 3	Los Angeles County
Children, ages 11-17	66.9%	55.8%	51.9%
Female	69.1%	57.4%	54.7%
Male	71.0%	54.5%	49.1%

Figure 93: Self-Reported HPV Vaccination Status, Ages 11-17 Years, 2011, 2018 and, 2023^{36,82}



*Data was not available for Pasadena in 2011.

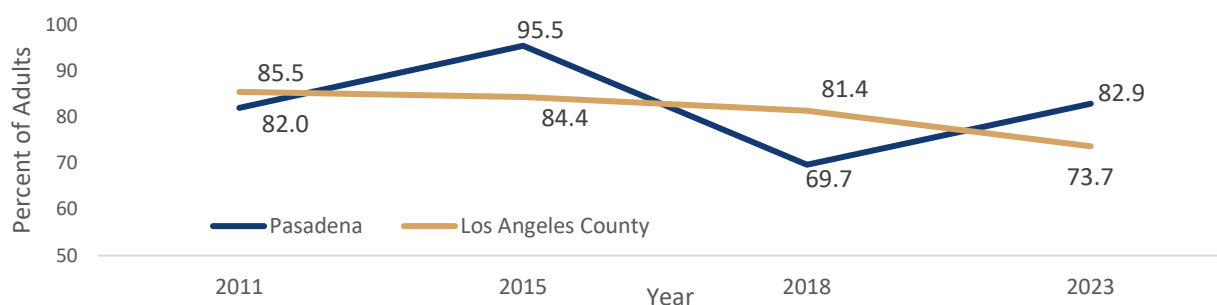
Cervical Cancer Screening

The Healthy People 2030 objective for Pap smears is 73.9% of women, ages 21 to 65, to have been screened for cervical cancer in the past three years.⁷⁵ Among women, 82.9% in Pasadena, 70.3% in SPA 3, and 73.7% in the county had a met cervical cancer screening guidelines.³⁶ To meet the cervical cancer screening guidelines, eligible women ages 21-29 years must have a pap test within the past 3 years and eligible women ages 30-65 years must have a pap test within the past 3 years or have a HPV test within the past 5 years.^{36,89}

Table 6: Women, Ages 21-65 Who Met Cervical Cancer Screening Guidelines, 2023³⁶

	Pasadena	SPA 3	Los Angeles County
Women who met guidelines	82.9%	70.3%	73.7%

Figure 94: Women, Ages 21-65 years, who met Cervical Cancer Screening Guidelines, 2011-2023^{36,82}



Colorectal Cancer Death Rates

The age-adjusted rate of colorectal cancer deaths in 2022 was 10.9 per 100,000 persons in Pasadena, as compared to the county at 11.6 per 100,000 persons and the state at 11.5 per 100,000 persons.^{42,88} From 2010-2022, the average annual number of deaths due to colorectal cancer was 22.2.⁸⁸

Figure 95: Age-Adjusted Death Rates Due to Colorectal Cancer, 2006-2022⁴²

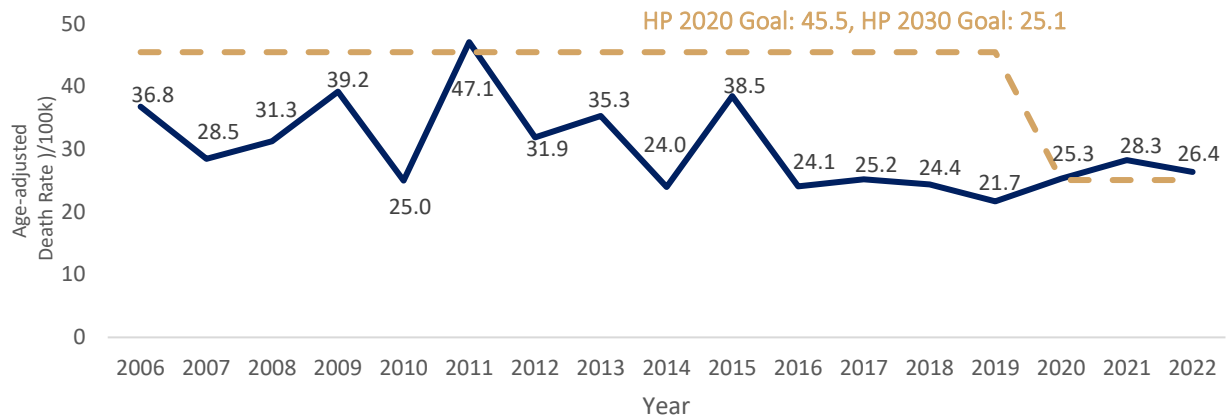


The Healthy People 2030 objective for colorectal cancer screening is 74.4% for adults, ages 50 to 74, be screened⁹⁰. Screenings may include blood stool tests, sigmoidoscopy, or colonoscopy.

Lung Cancer

Lung cancer was the 8th leading cause of death in Pasadena and accounted for an average of 42.9 deaths per year (2010-2022).⁴² The age-adjusted rate of lung cancer deaths was 26.4 per 100,000 persons in Pasadena, as compared to the county at 18.5 and the state at 20.1.^{42,88} The age-adjusted death rate due to lung cancer has mostly remained below the HP 2020 goal of 45.5 deaths per 100,000 since 2006.⁷⁵ There are racial disparities in lung cancer mortality. The 13-year average death rate per 100,000 was: 55.5 (Black), 44.3 (White), 28.2 (Asian), and 12.8 (Hispanic).⁴²

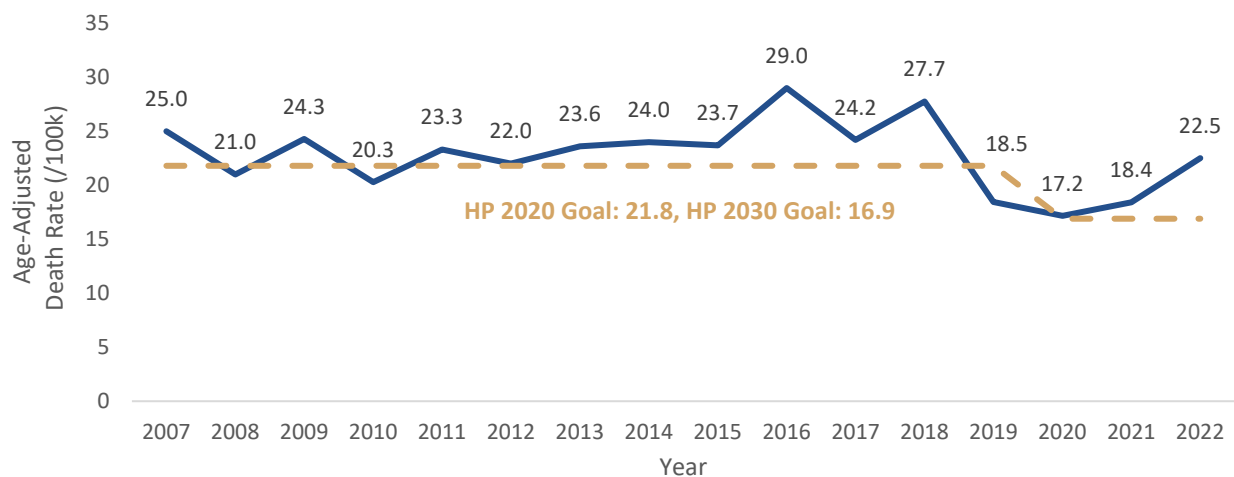
Figure 96: Age-Adjusted Death Rates Due to Lung Cancer, 2006-2022⁴²



Prostate Cancer

The age-adjusted rate of prostate cancer deaths was 19.0 per 100,000 persons in Pasadena, as compared to the county at 19.0 per 100,000 persons and the state at 16.3 per 100,000 persons.^{88,91} The rate in Pasadena has been above the HP 2020 and HP 2030 goals of 21.8 and 16.9 deaths per 100,000, respectively since 2011 except for 2019.^{42,70,73}

Figure 97: 3-Year Average Age-Adjusted Death Rates Due to Prostate Cancer, 2007-2022⁴²



Community Input

- In the San Gabriel Valley, anecdotally, we have seen increases in some cancer detection and later cancer detection, particularly women's cancers, breast, and cervical abnormal screenings, from delayed access to care.

Cancer				
Indicator	Pasadena	LAC	HP2030	Trend
Age-adjusted death rate due to prostate cancer ^{42,88}	19.0	16.3	16.9	↑
Age-adjusted death rate due to breast cancer (female) ^{42,88}	19.8	17.9	15.3	↑
Age-adjusted death rate due to lung cancer ^{42,88}	26.4	18.5	25.1	↑
Age-adjusted death rate due to colorectal cancer ^{42,88}	10.9	11.6	8.9	↔
	Pasadena	SPA 3	LAC	Trend
Women (50-74 years) who had a mammogram in past 2 years ³⁶	74.3%	77.5 %	78.1%	↔
Ever had a Human Papillomavirus (HPV) vaccine ³⁶	53.9%	34.0%	34.3%	↑
Women (21 to 65 Years) who met cervical cancer screening guidelines ³⁶	82.9%	70.3%	73.7%	↑

Immunizations and Infectious Disease

Childhood Immunization

In 2022, about 83% of the world’s children received one dose of the measles vaccine by their first birthday through routine health services—the lowest since 2008.⁹² In the U.S. 2021-2022 school year, kindergarten vaccination rates declined from 95% to 93% for all state-required vaccines.⁹² For the Pasadena Unified School District (PUSD), vaccination rates initially increased after the passage Senate Bill 277 removing the personal belief exemption for school-mandated immunizations in 2015. The lower rates in AY20-21 were due to reporting and delays due to the COVID-19 pandemic. The most recent year for which this data was available (AY 21-22) is still lower than the high in AY 18-19.⁹³

Figure 98: The Percent of PUSD Children Who Completed Their Mandated School Vaccines, AY14-22⁹³

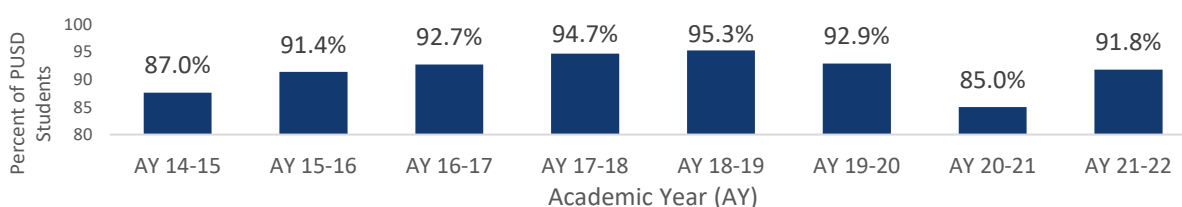


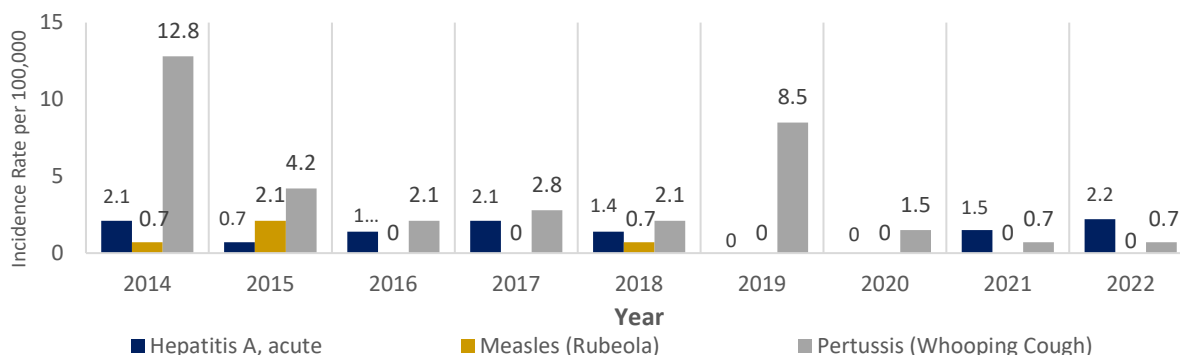
Table 7: Up-to-Date Immunization Rates of Children Entering Kindergarten by Jurisdiction, 2022⁹³

	Immunization Rate
Pasadena Unified School District	91.8%
San Marino Unified School District	>98%
South Pasadena Unified School District	98.6%
Los Angeles County	94.3%
California	94.0%

Vaccine-Preventable Disease Rates

A vaccine-preventable disease (VPD) is an infectious disease for which an effective, preventive vaccine exists. Waning vaccine-protection for pertussis and lower worldwide vaccination rates will increase risk of outbreaks in Pasadena. For example, spikes in pertussis cases are expected every 3 to 5 years.⁴³

Figure 99: Annual Incidence Rates of Select Vaccine-Preventable Diseases in Pasadena, 2013-2022⁴³



Vector-Borne Diseases

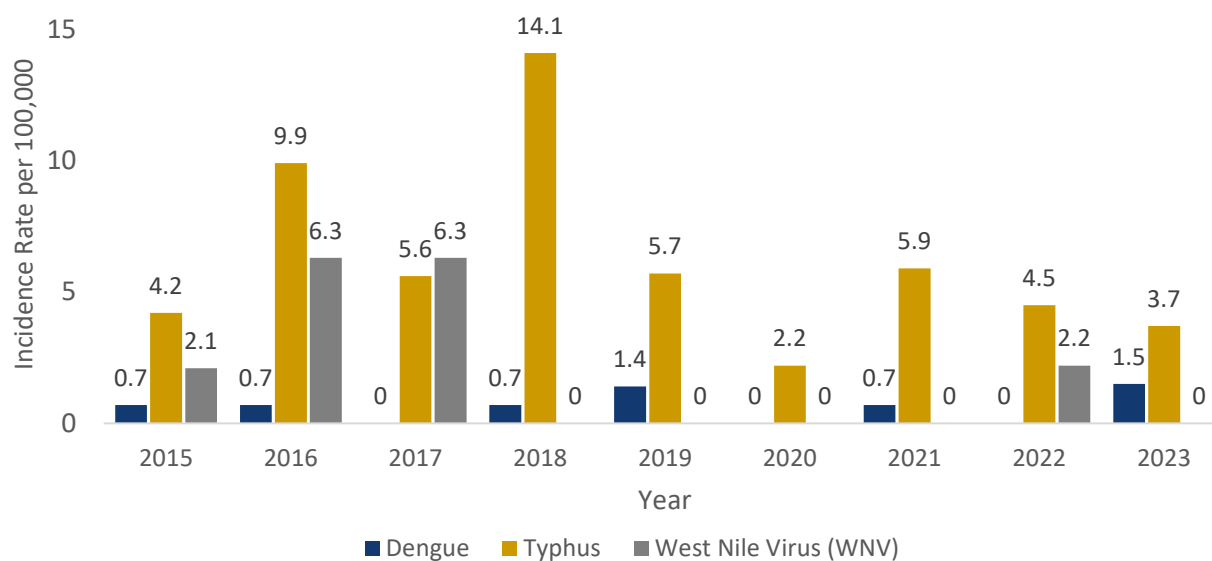
Vector-borne diseases are infections transmitted by vectors, which include animals and insects. The most common disease-carrying vectors are mosquitoes, ticks, flies, and fleas. These vectors spread disease to humans typically by biting a susceptible person. Vector-borne diseases are diverse, including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

Flea-borne typhus “Typhus” (*Rickettsia typhi*) is spread by the bite of an infected flea.^{43,94} In 2018, Pasadena had the highest rates of typhus fever compared with all other city or county health jurisdictions in California.⁹⁵ Since 2018, Pasadena continues to experience elevated levels of typhus.⁴³ Most residents with typhus fever report seeing opossums or feral cats around their homes near the time of exposure.

Dengue is a condition caused by one of four serotypes of the Dengue virus carried by the invasive (non-native) *Aedes* mosquito. In 2023, the City of Pasadena was the first jurisdiction to investigate and describe a locally acquired case in California.⁹⁶ As of December 4, 2024, there have been 15 locally acquired infections in Los Angeles County alone, with two in Pasadena.^{97,98}

West Nile virus (WNV) is a mosquito-borne disease that was first detected in the eastern United States in 1999, but it is now well established in most states, including California. Human cases were first reported in Pasadena and Los Angeles County in 2003. West Nile virus is transmitted through *Culex* mosquitos. *Culex* mosquitos are native to the U.S. and California. Around one in five people with WNV infection will develop symptoms such as fever, headaches, body aches, joint pains, vomiting, diarrhea, or rash. More serious symptoms like encephalitis (inflammation of brain) or meningitis (inflammation of membranes around the brain and spinal cord) can also develop. WNV cases have remained below 10 per year since 2015.⁴³

Figure 100: Annual Incidence Rates of Select Vector-Borne Diseases in Pasadena, 2015-2023⁴³



Sexually Transmitted Infections (STIs)

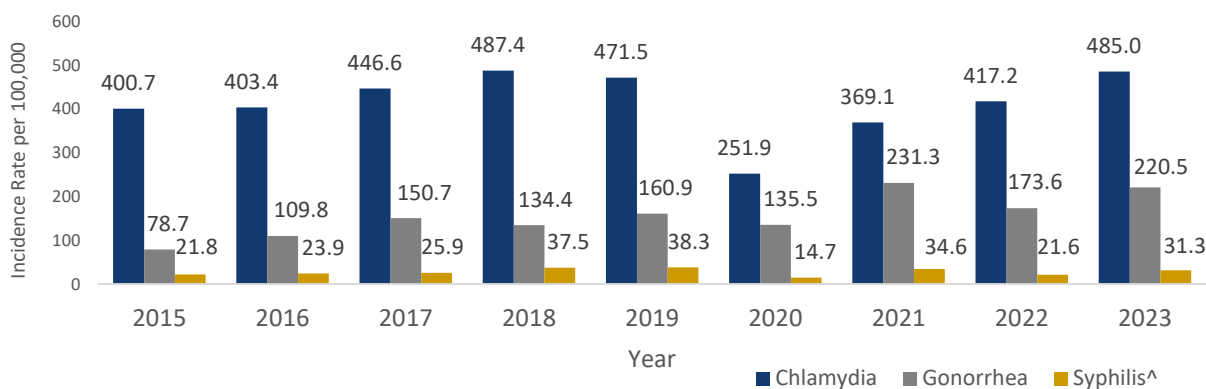
In Pasadena, California, and the United States, sexually transmitted infections have been on the rise. Case rates reached a high in 2018-2019, dropped in 2020 during the first year of the COVID-19 pandemic, and were on the rise again in 2021.⁹⁹ While the traditional high-risk groups remain, changing demographics of infections have emerged.

Chlamydia: In Pasadena, chlamydia was at its highest level in 2018 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.⁴³

Gonorrhea: Gonorrhea cases have increased across all regions of California, including Pasadena, since at least 2007.^{99,100} This is the highest number of cases since the 1940s in Pasadena, and the late 60s and 70s in California. From 2013 to 2023 in Pasadena, around 66.0% of reported cases were in men.⁴³

Syphilis: Early syphilis cases (primary, secondary, and early latent) increased across California to a high in 2019, with an overall 90.2% increase since 2014.^{99,100} In Pasadena, from 2014 to 2023 there was a 230.8% increase in case (13 in 2014 to 43 in 2023). Since 2020, case rates have increased to near pre-pandemic levels.⁴³ Early data for 2024 indicate a softening of these increasing trends, however.⁴³

Figure 101: Annual Incidence Rates of Sexually Transmitted Infections in Pasadena, 2013-2023⁴³



[^]Early syphilis cases (primary, secondary, and early latent).

Mpox

Figure 102: Incidence Rates of Mpox in Pasadena, 2018-2023⁴³



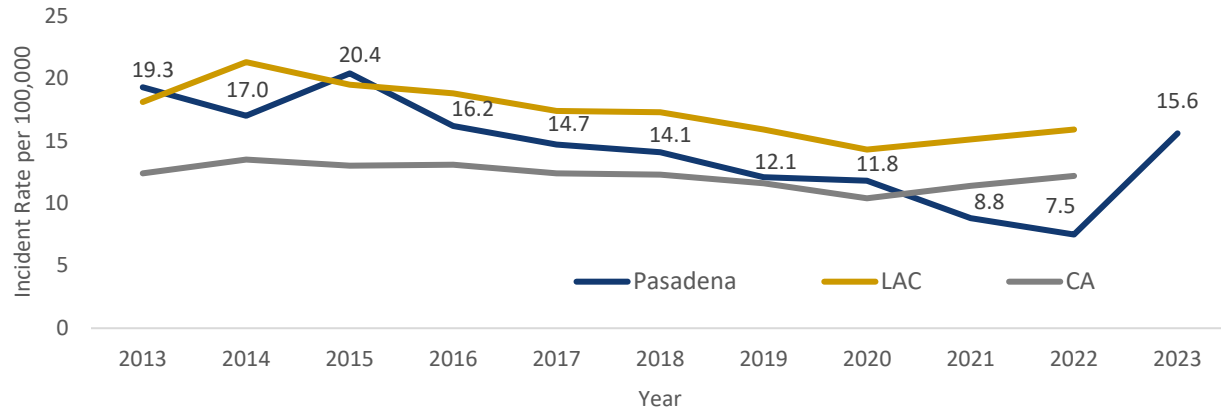
Mpox is regularly found in west and central Africa. In 2022, there was a global outbreak of clade II mpox, which continues to spread at a low level in the U.S. and California.

The 2022-2023 outbreak has been spread through sexual contact.

Human Immunodeficiency Virus (HIV)

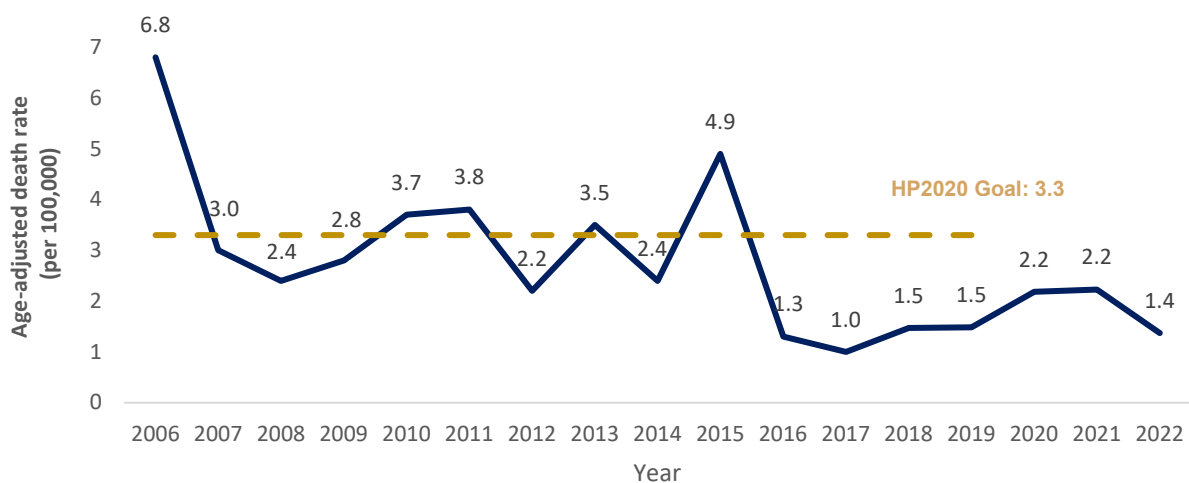
The rate of newly diagnosed HIV cases is higher in Los Angeles County (LAC) (15.9 per 100,000) is higher than Pasadena (7.6 per 100,000) and California (12.2 per 100,000)¹⁰¹. The rate of people living with HIV infection stage 3, previously classified as acquired immune deficiency syndrome or AIDS, remains steady after more than a decade of dropping rates. This is due to the introduction of better medication and medical care¹⁰¹.

Figure 103: Incidence Rates of Persons Newly Diagnosed with HIV Infection by Year of Diagnosis and Health Jurisdiction, 2013-2022¹⁰¹



Disparities in death due to HIV/AIDS exist. The 13-year average death rate per 100,000 due to HIV by race was: 7.9 (Black), 2.3 (White, non-Hispanic), and 2.1 (White, Hispanic).⁴² From 2010-2022, there were no deaths among Asian residents due to HIV. Among females, the 13-year death rate for Black females was 3.1 per 100,000. Black females accounted for 50.0% of female deaths due to HIV from 2010-2022.⁴² Among males, Black males (12.7 per 100,000) had the highest 13-year death rate, followed by White, non-Hispanic (4.6 per 100,000) and White, Hispanic (3.3 per 100,000) males.⁴²

Figure 104: Age-Adjusted Death Rates Due to HIV, 2006-2022^{42,73}



Community Input

- Creative thinking regarding getting people vaccinated is helpful.
- A source of information for health in the Black community is from social media. We are still working to repair the trust in vaccines and the health care system.
- We provide HIV testing kits as part of street medicine and outreach. It is challenging to test people on the streets, and then to follow up and make sure they are getting their medications and the maintenance.
- People are not vaccinating their kids appropriately. There is diminished herd immunity across multiple infectious diseases. We need to educate families about the effectiveness and safety of vaccines.

“We need education because there's a lot of mistrust among vulnerable communities of vaccinations, and in healthcare and public health efforts.”

“There is a lot of misinformation, especially in the past few years, about the safety of vaccines, which has impacted preventive care as a whole.”

Immunization & Infectious Disease				
Indicator	Pasadena	LAC	CA	Trend
Chlamydia incidence rate ^{+43,99}	485.0	592.4	489.7	↗
Gonorrhea incidence rate ^{+43,99}	220.5	287.1	189.7	↗
Early Syphilis incidence rate ^{+43,99}	31.3	53.8	35.3	↗
Rates ⁺ of Vectorborne Diseases ^{43,95}	<i>various</i>	---	---	↗
Death rate for persons with diagnosed HIV ¹⁰¹	7.5	7.6	5.4	↗
Age-adjusted death rate due to pneumonia and influenza ⁴²	22.0	---	---	↔
HIV incidence rate ⁺¹⁰¹	7.6	15.9	12.2	↘
Tuberculosis incidence rate ^{+43,102}	4.5	4.7	5.7	↓
Had a flu shot in the past year (ages 65 and over) ³⁶	92.1%	80.3%	---	↑

+ rate per 100,000

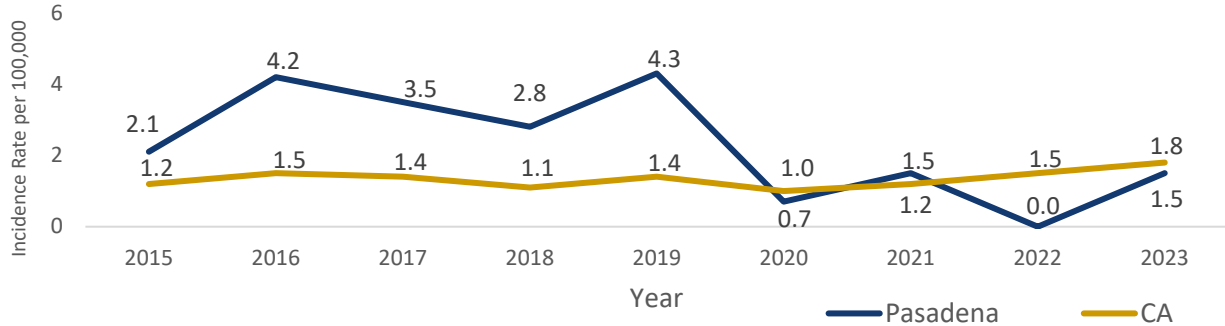
^ primary, secondary, and early non-primary, non-secondary

Respiratory Diseases

Legionellosis

Legionellosis, including Legionnaires’ disease, is a serious type of pneumonia caused by the *Legionella* bacteria. People can become infected when they inhale 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).¹⁰⁰ Legionellosis cases have increased nationally. In California, the number of cases increased from around 50 cases in 2001-2006 to nearly 500 cases on average per year (2017-2022).¹⁰⁰ It is unclear what is driving this increase, but reasons could include increased *Legionella* in the environment, increased susceptibility of the population, increased clinical testing, or some combination of factors. From 2014-2022, 93.5% of the Pasadena cases were among people aged 50 years or older.⁴³

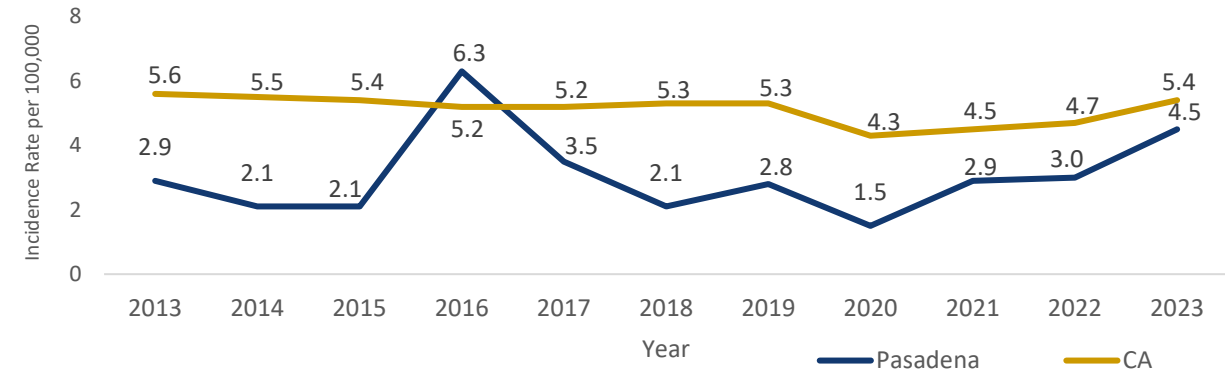
Figure 105: Annual Incidence Rates of Legionellosis in Pasadena and California, 2013-2023⁴³



Tuberculosis

Tuberculosis (TB) is caused by the bacterium *Mycobacterium tuberculosis*. TB bacteria typically attacks 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.¹⁰² Pasadena’s rate is generally lower than the state rate.^{43,102}

Figure 106: Annual Incidence Rates of Tuberculosis[^] in Pasadena and California, 2013-2023^{43,102}



[^] Active pulmonary cases of Tuberculosis

Influenza and Pneumonia

In Pasadena, 72.9% of children, ages 6 months to 17 years, have had a flu vaccination in the past 12 months.³⁶ 67.4% of adults, ages 18 and older, and 92.1% of adults, ages 65 and older, have had a flu vaccination in the past 12 months.³⁶

Table 8: Self-Reported Seasonal Influenza (Flu) Vaccine by Age and Jurisdiction, 2023³⁶

Reported having flu vaccination in past 12 months	Pasadena	SPA 3	LAC
Ages 6 months to 17 years	72.9%	58.8%	58.1%
Ages 18 and older	67.4%	59.7%	57.6%
Ages 65 and older	92.1%	79.8%	80.3%

In 2022, influenza and pneumonia accounted for 37 deaths and was the 10th leading cause of death in Pasadena.⁴² Between 2010 and 2022, the average age of death was 82.9. There were significant racial disparities. The 13-year average age of death by race was 85.0 (Asian), 83.9 (White), 80.6 (Hispanic), and 77.3 (Black). The pneumonia and influenza age-adjusted death rate was 22.0 per 100,000 persons.⁴²

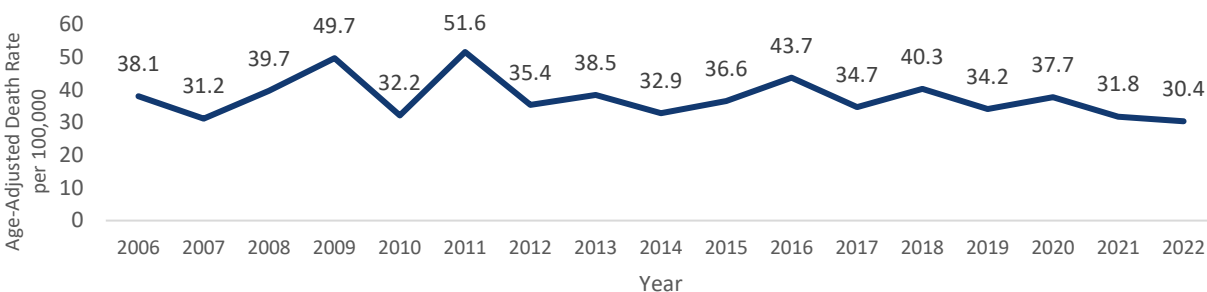
Figure 107: Age-Adjusted Death Rates Due to Influenza and Pneumonia in Pasadena, 2006-2022⁴²



Chronic Lower Respiratory Disease

Chronic Lower Respiratory Diseases (CLRD) include Chronic Obstructive Pulmonary Disease (COPD) emphysema, bronchitis, and other conditions. In 2022, CLRDs were the 6th leading cause of death in Pasadena.⁴² The age-adjusted death rate for chronic lower respiratory disease in Pasadena was 30.4 per 100,000 persons and has been between 31.2 and 51.6 for more than 15 years.⁴²

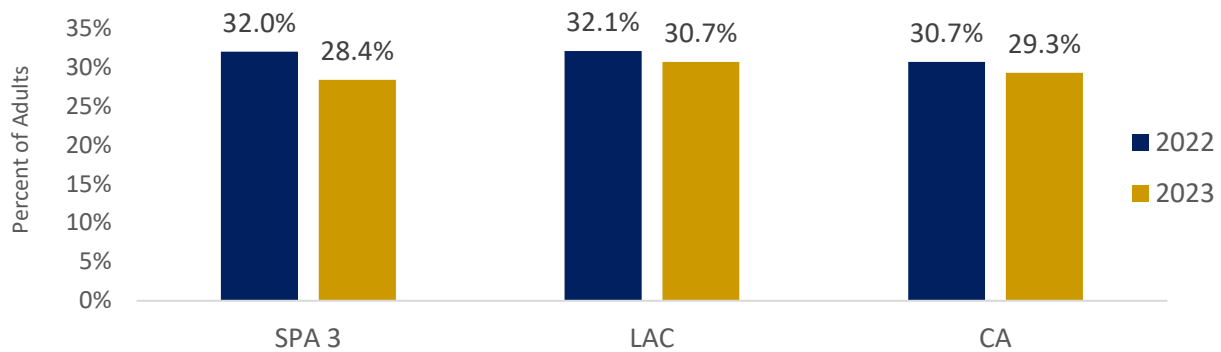
Figure 108: Age-Adjusted Death Rates due to Chronic Lower Respiratory Diseases in Pasadena, 2006-2022⁴²



COVID-19

Although the impact of COVID-19 has lessened over time, it has profoundly affected myriad aspects of society, including health, economics, social dynamics, politics, science, and more. Though the severity of the disease has lessened, risk remains. As of February 2025, 478 Pasadena residents have died due to COVID-19 since its 2020 emergence in the U.S.⁴² Black/African Americans have experienced the highest mortality rate in Pasadena (4.6 deaths per 1,000 population), followed by White, non-Hispanic with 4.2 deaths per 1,000, Latino with 3.2 deaths per 1,000, and Asian/Pacific Islanders with 2.3 deaths per 1,000.⁴² People with underlying health conditions and who remain unvaccinated are at highest risk for death.^{42,43}

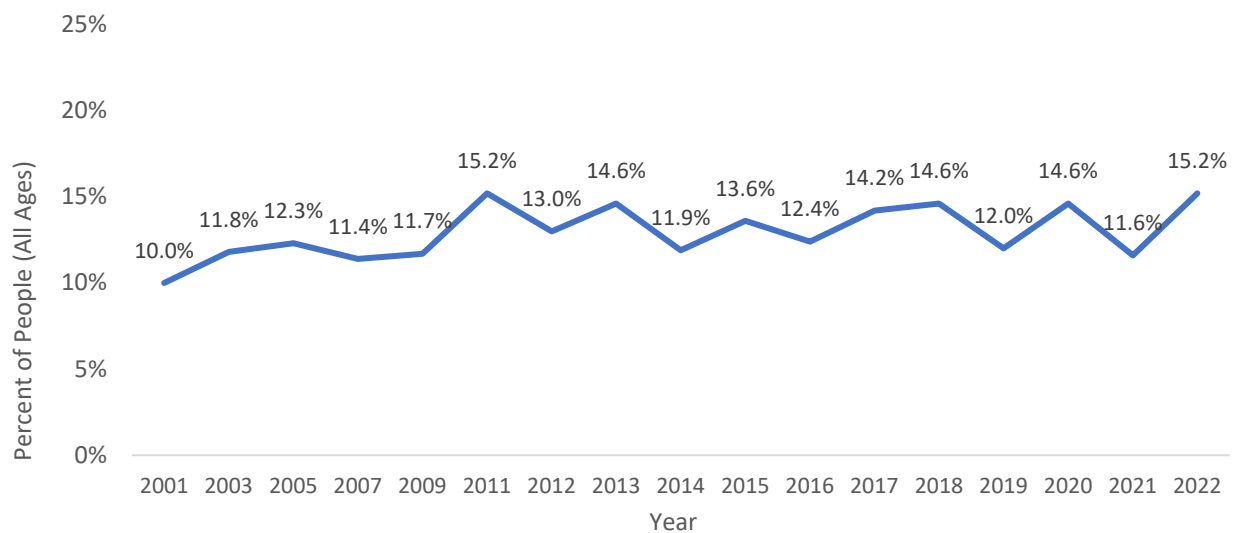
Figure 109: Experienced Long-Lasting COVID-19 Symptoms for 2 Months by Jurisdiction, 2022 and 2023³⁶



Asthma

Rates of people ever diagnosed with asthma are generally lower in SPA 3 than LAC and California, though estimates vary from 11.3-15.2%.^{19,36} This rate has been steady, though increasing, since 2001.

Figure 110: People (All Ages) in SPA 3 Who Have Asthma, 2001-2022¹⁹



Community Input

- With the recent fires, we're going to need to monitor for health conditions as they develop.
- We have smog and fires in the area. This causes a problem for people who have asthma.
- It is important to build a proactive way of identifying those who have asthma, COPD, respiratory conditions, and those who have high emergency department hospitalizations, so we can quickly get them connected to an evacuation center and personal protective equipment, when needed.

Respiratory Diseases				
Indicator	Pasadena	LAC	CA	Trend
Age-adjusted death rate due to lung cancer ^{42,88}	26.4 [^]	17.9	---	↑
Age-adjusted death rate due to pneumonia and influenza ⁴²	22.0	---	---	↔
Age-adjusted death rate due to chronic lower respiratory diseases ⁴²	30.4	---	---	↔
Adults (18+) who are current smokers ¹⁹	5.4%	5.8%	6.0%	↔
Tuberculosis incidence rate ^{36,102}	4.5	5.3	5.2	↔
Flu vaccination rates (18 years and over) ³⁶	67.4%	57.6%	---	↔
Flu vaccination rates (65 years and over) ³⁶	92.1%	80.3%	---	↑
	SPA 3	LAC	CA	
Ever diagnosed with asthma ¹⁹	15.8%	12.1-15.1%	15.7%	↔

[^]Higher than HP2030 goal of 25.3

Alcohol, Tobacco, and Other Substance Use

Alcohol Use

In Pasadena, 70.2% of adults (ages 18 and older) used alcohol in the past month, which is higher than SPA 3 and Los Angeles County at 55.0% and 56.7%, respectively.³⁶ Binge drinking is defined as consuming a high amount of alcohol per occasion. For males this is five or more drinks per occasion, and for females it is four or more drinks per occasion. Among Pasadena adults, 18.7% had engaged in binge drinking in the past month, which is lower than in SPA 3 at 19.1% and Los Angeles County at 22.1%.³⁶

Table 9: Adults with Self-Reported Alcohol Use by Jurisdiction, 2023³⁶

	Pasadena	SPA 3	LAC
Alcohol use in past month	70.2%	55.0%	56.7%
Binge drinking in past month	18.7%	19.1%	22.1%
Heavy drinking in the past month	5.3%*	4.1%	5.4%
Use of an alcohol delivery service in the past month	20.2%	19.0%	21.1%

*Statistically unstable

Among students enrolled in Pasadena Unified School District (PUSD) and San Marino Unified School Districts (SMUSD), the percent who drank alcohol increased with age. Among 7th graders, 2% of PUSD students and 1% of SMUSD students reported drinking alcohol in the past 30 days, while 7% of 11th graders at both PUSD and SMUSD reported drinking.³⁹ Among 11th graders, 4% at PUSD and 2% at SMUSD reported binge drinking in the past 30 days.

Table 10: Self-Reported Alcohol Use by Grade and Unified School District (USD), 2022-2023³⁹

	One or More Alcoholic Drinks			Binge Drinking		
	7 th grade	9 th grade	11 th grade	7 th grade	9 th grade	11 th grade
Pasadena USD	2%	3%	7%	1%	1%	4%
San Marino USD	1%	6%	7%	0%	2%	2%

*Academic Year (AY)-2022-2023, Data not available for South Pasadena Unified School District.

Among these students, the percent who reported it was “fairly easy/very easy” to obtain alcohol increased with age. For example, 45% of Pasadena USD 11th graders and 36% of San Marino USD 11th graders found it easy to obtain alcohol, compared to 19% and 18% of 7th graders respectively.³⁹

Table 11: Self-Reported Ease in Obtaining Alcohol by School District and Grade, 2022-2023³⁹

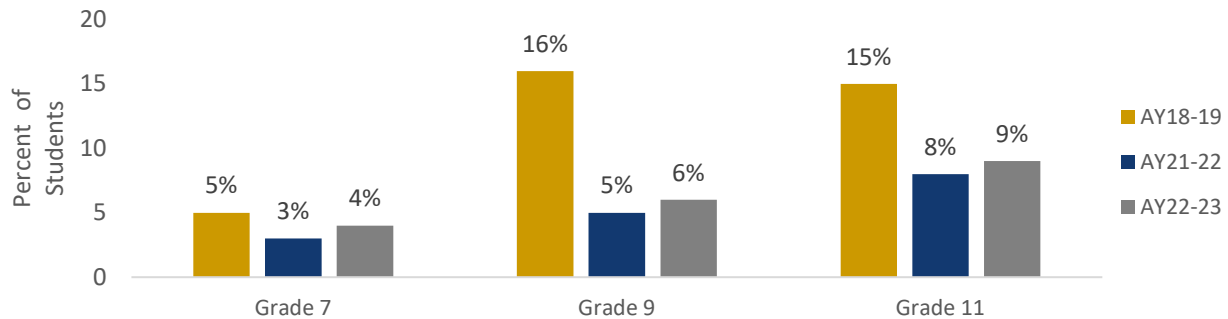
	7 th grade			9 th Grade			11 th grade		
	Fairly/ Very Easy	Fairly/ Very Difficult	Don't Know	Fairly/ Very Easy	Fairly/ Very Difficult	Don't Know	Fairly/ Very Easy	Fairly/ Very Difficult	Don't Know
Pasadena	19%	32%	49%	32%	24%	45%	45%	15%	40%
San Marino	18%	50%	32%	34%	28%	38%	36%	26%	39%

*Academic Year (AY)-2022-2023, Data not available for South Pasadena Unified School District.

Vaping and Tobacco Use

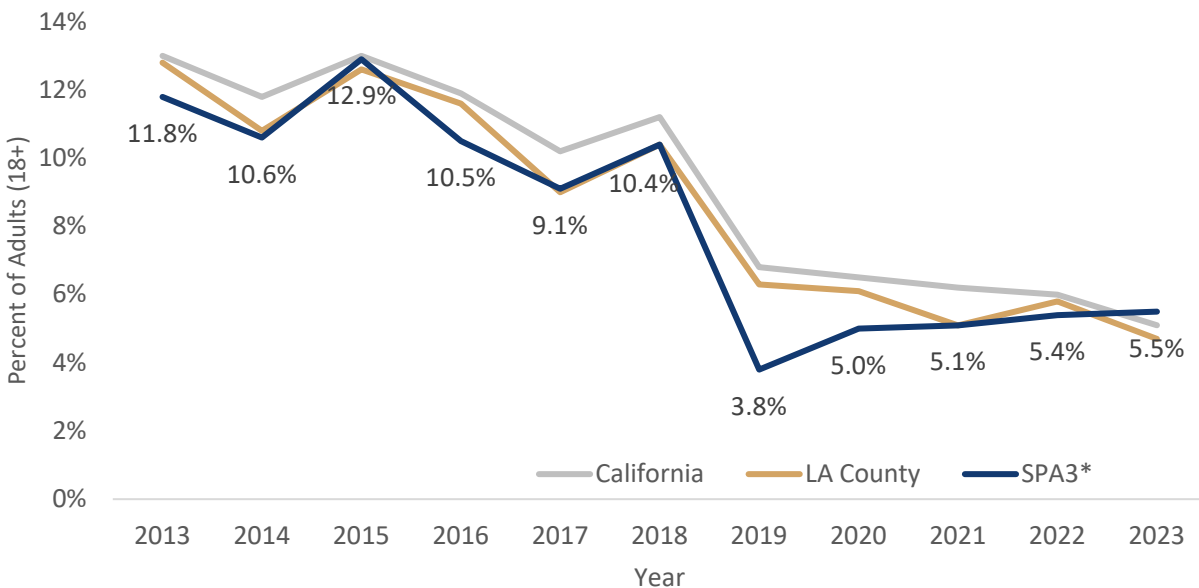
Among PUSD students in the academic school year (AY) 22-23, 9% of seventh graders had ever tried e-cigarettes or a vaping product which is a decrease from AY18-19.³⁹ While e-cigarette use seems to be decreasing, compared with conventional cigarettes and smokeless tobacco use, the rates of e-cigarette usage are still higher. For example, among 11th graders, students are 5 times as likely to have ever used an e-cigarette compared to a cigarette.³⁹

Figure 111: Percent of PUSD Students Who Have Ever Tried a Vaping Device, AY19-23³⁹



Among Pasadena adults, 5.5% are current smokers, which is around the Healthy People 2030 objective of 5.0%, and comparable to Los Angeles County (4.7%) and California (5.1%).^{36,75} The rate of smoking has decreased over time with a notable decrease in 2019 and 2020.¹⁹

Figure 112: Percent of Adults (18+) who are current smokers, 2013-2023¹⁹



*2016 estimate was statistically unstable for SPA 3

Marijuana Use

In SPA 3, 30.1% of adults had used marijuana in the past month and 19.6% had used marijuana in the past year, which is similar to LAC and California rates.¹⁹

Table 12: Adults (Ages 18 and Older) with Self-Reported Marijuana Use by Jurisdiction, 2021-2023*¹⁹

	SPA 3	LAC	California
Marijuana use in past month	30.1%	33.7%	34.6%
Marijuana use more than 1 month to 1 year	19.6%	19.2%	16.6%

* Pooled across 2021-2023 for stability.

In SPA 3, 9.6% of teens, ages 12 to 17, have tried marijuana. Of these teens, 60.5% used marijuana in the past month.¹⁹

Table 13: Adolescents (Ages 12-17) with Self-Reported Marijuana Use by Jurisdiction, 2021-2023*¹⁹

	SPA 3	LAC	California
Has tried marijuana	9.6%	9.0%	10.1%
Marijuana or THC^ product use in past month	60.5% ⁺	44.1%	50.5%

* Pooled across 2021-2023 for statistical stability. ⁺ Statistically unstable due to sample size. ^Tetrahydrocannabinol (THC) is a psychoactive chemical component in marijuana.

Table 14: Self-Reported Ease in Obtaining Marijuana by School District and Grade, 2022-2023³⁹

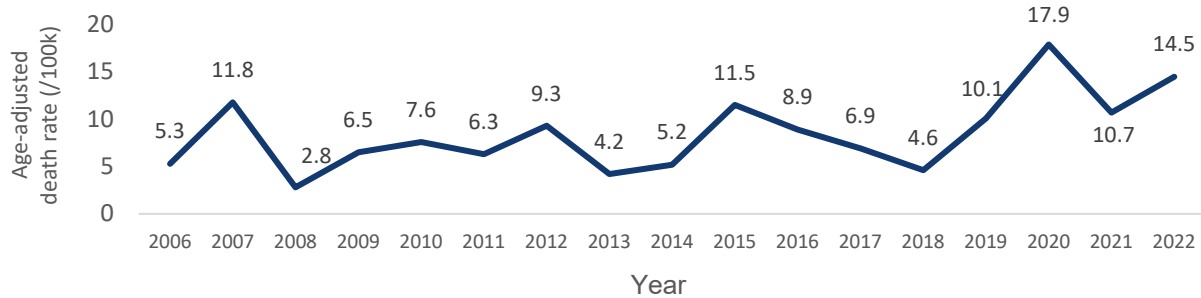
	7 th grade			9 th Grade			11 th grade		
	Fairly/ Very Easy	Fairly/ Very Difficult	Don't Know	Fairly/ Very Easy	Fairly/ Very Difficult	Don't Know	Fairly/ Very Easy	Fairly/ Very Difficult	Don't Know
Pasadena	17%	34%	50%	35%	19%	47%	46%	14%	39%
San Marino	3%	56%	40%	12%	42%	46%	27%	26%	46%

*Academic Year (AY)-2022-2023, Data not available for South Pasadena Unified School District.

Drug Use and Overdose

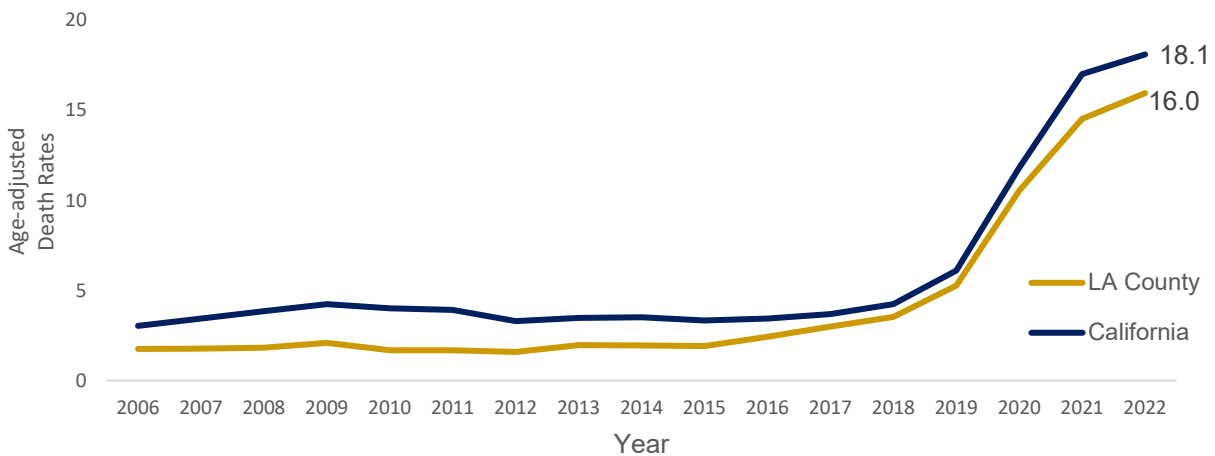
Drug overdoses accounted for 23 deaths in Pasadena in 2022, and 174 deaths since 2010.⁴² The 13-year average number of deaths due to drug overdose from 2010-2022 was 13.4 deaths.⁴² The highest number of drug overdose deaths occurred in 2020. From 2010-2022, there has been an average increase of 19.8% drug overdose deaths each year, a 155.6% increase since 2010.⁴² From 2010-2022, the mean age of death was 43.1 years, with a range of 3 to 76 years. The mean age of death by race from 2010-2022 was: 44.5 (White), 43.0 (Hispanic), 42.4 (Black), and 42.0 (Asian).⁴²

Figure 113: Age-Adjusted Death Rates due to Drug Overdose (Unintentional) in Pasadena, 2006-2022⁴²



While opioid prescriptions by patient locations in Los Angeles County have been decreasing year over year since 2015, opioid-related deaths, including prescription opioids and fentanyl, in LA County have been increasing.¹⁰³

Figure 114: Age-Adjusted Death Rates due to Prescription Opioids, 2006-2022¹⁰³



Community Input

- We are seeing a lot of fentanyl.
- We are still seeing more e-cigarettes and vaping with youth because they are much easier to hide.
- Marijuana is readily available in our schools, and kids are reporting more marijuana use than they have in the past.
- There is a lack of availability of detox and rehab in Pasadena.
- There are not enough providers that will take Medi-Cal for substance use treatment, or there is a waitlist.
- Providing more education to the community about medical assisted treatment and other resources is critical.

“We have unhoused clients who will take uppers because they're afraid to sleep at night due to safety concerns. Or they have to take certain substances in order to numb out their depression or the trauma or the pain that they're going through.”

Alcohol, Tobacco, and Other Substance Use

Indicator	Pasadena	LAC	CA	HP 2030	Trend
Age-adjusted death rate ⁺ due to prescription opioid overdose ¹⁰³	-	16.0	18.1	-	↗
Age-adjusted death rate ⁺ due to fentanyl overdose ¹⁰³	-	15.1	16.6	-	↗
Adults (18+) who are current smokers ³⁶	5.5%	4.7%	5.1%	6.1%	↔
PUSD who reported marijuana use in past 30 days ^{*39}	5.2%	-	8.5%	5.8%	↓
Adults who binge drank in the last month ³⁶	18.7%	22.1%	-	25.4%	↓
Age-adjusted death rate ⁺ due to drug overdose (accidental) ^{^42}	14.5	-	-	20.7	↓
PUSD students who are current cigarette smokers ^{*39}	<1%	-	1.7%	3.4%	↓
PUSD students who used an e-cig/vape in last month ^{*39}	3.4%	-	7.0%	-	↓
Age-adjusted death rate ⁺ due to heroin overdose ¹⁰³	-	1.6	1.2	-	↘

*Average across PUSD Grades 7, 9 and 11, ^ 5 -year average rate, + rate per 100,000

Oral Health

Oral Health Access

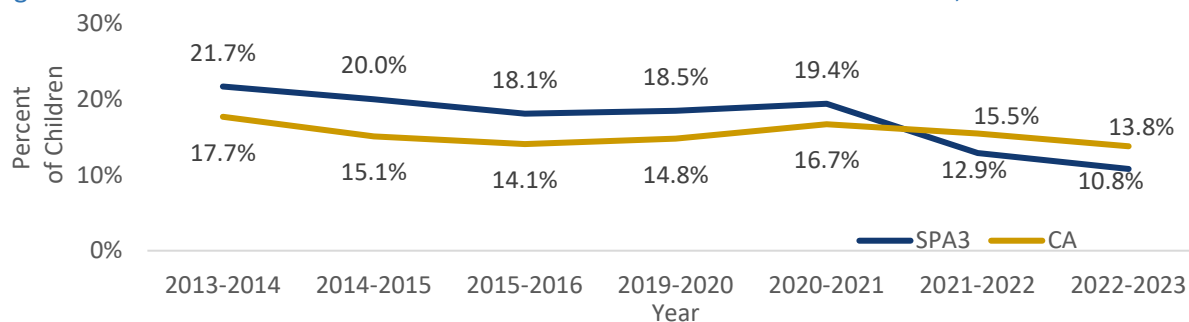
Poor oral hygiene can lead to dental cavities and gum disease, and has also been linked to heart disease, cancer, and diabetes. Poor oral health can impact the ability to chew or swallow food resulting in inadequate food intake or malnutrition, as well as affecting mental health, self-esteem, and possible employment.¹⁰⁴ Among SPA 3 children, ages 3 to 11, and ages 2 and younger with teeth, 10.4% lack dental insurance.¹⁹ Among SPA 3 adults, 29.8% lack dental insurance.¹⁹ Regular dental visits are essential for the maintenance of healthy teeth and gums. In SPA 3, 33.0% of adults haven't seen a dentist in over a year or have never seen a dentist.¹⁹ From 2013 to 2021, SPA 3 had a higher percentage of children who have never been to the dentist compared to California; however, in the past couple of years this trend has changed.¹⁹

Table 15: Population without Dental Insurance by Age Group and Jurisdiction, 2022-2023*¹⁹

	SPA 3	LAC	California
Children without dental insurance	10.4%^	9.3%	7.4%
Adults without dental insurance	29.8%	30.3%	28.2%

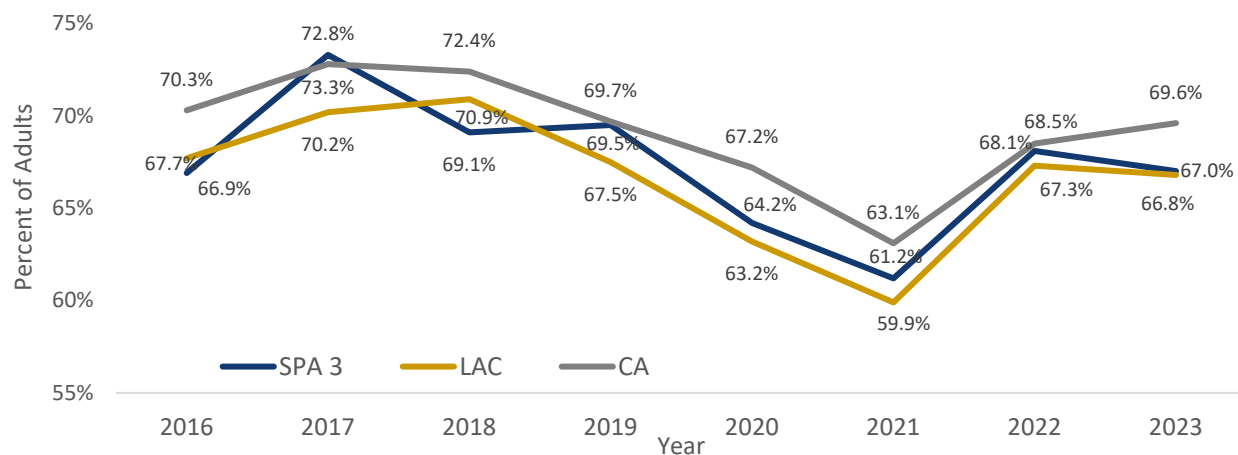
* Pooled across 2022-2023 for children's data for stability. ^Statistically unstable

Figure 115: Children Who Have Never Been to the Dentist in SPA 3 and California, 2013-2023*¹⁹



*Pooled across two-year increments for stability. Data includes all children ages 3 to 11 and those under 3 who have teeth.

Figure 116: Adults (18 Years and Older) Who Reported Seeing a Dentist in the Last Year, 2016-2023¹⁹



Delayed Oral Health Care

In SPA 3, the main reason children did not visit a dentist in the past year was parents did not feel they were old enough (29.9%), which is similar to the rate of parents in LA County (29.7%).¹⁹ Among the people who said they did not visit a dentist, the other reasons included “other reasons” (25.4%), “could not afford it” (23.1%), and “no reason to go” (21.7%).¹⁹ Among all children in SPA 3 from 2018-2023, the rate of children who stated they could not afford dental care ranged from 8.0-11.3%.¹⁹ In SPA 3, the main reasons adults did not visit a dentist within the past year was “no reason to go” (51.3%) and “could not afford [it]” (25.1%).¹⁹ Among respondents to the Pasadena Maternal Infant Health Assessment, for all four years (2016, 2018, 2020 and 2022), around 40% of new parents did not visit a dentist during pregnancy. Top reasons for not visiting a dentist in 2022 were “I didn’t need to go” (22.7%) and “concerned about COVID-19” (21.2%).⁷⁶

Community Input

- Ensuring dental offices are open later in the evening.
- Education about the important of oral health on overall health.
- Education on the impacts health oral health for young children.
- People fear or have a stigma of dentists.
- Dental pain is one of the reasons students miss school, and that can have a lasting impact on their health and education.
- People report it is hard to find a pediatric dentist, and even then, not everything is covered.

“There are barriers to dental care in terms of what is covered by Medicare and Medi-Cal. Also, access to dentists that accept insurance can be limited.”

Oral Health						
Indicator	Pasadena	LAC	CA	HP2030	Trend	
Elementary students with untreated dental decay ^{105,106}	13.8%	7.9% [^]	---	10.2%	↑	
Elementary students who had caries experience ^{105,106}	23.9%	4.7% [^]	---	---	↑	
Women who visited a dentist during pregnancy ^{76,77}	58.8%	39.2%	42.3%	---	↑	
	SPA 3	LAC	CA	HP2030	Trend	
Children without dental insurance ^{*19}	10.4%	9.3%	7.4%	---	↑	
Older adults (65+yrs) who had all permanent teeth extracted ¹⁰⁷	7.2%	6.7%	---	---	↑	
Children who have never been to the dentist ^{*19}	10.8%	11.4%	13.8%	---	↔	
Adults without dental insurance ¹⁹	29.8%	30.3%	28.2%	---	↔	
Children who have visited the dentist in the last year ¹⁹	85.7%	85.5%	82.4%	---	↔	
Adults (18+) who visited the dentist within the last year ¹⁹	64.5%	64.9%	67.2%	---	↔	

*Pooled across 2 years for statistical stability, ^ Data from 2020-2021

Mental Health

Mental Health Access and Utilization - Adults

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, 21.9% reported access to a mental health provider (primary care) in the past year, compared with 19.7% in LAC and 21.5% in California.¹⁹ Further, among SPA 3 adults, 20.8% reported need and utilization for mental health compared with 31.0% in LAC and 33.5% in California.¹⁹ Finally, among adults, in Pasadena 68.4% reported receiving the required social and emotional support they needed which was higher than the percent in SPA 3 (61.8%) and LAC (61.8%).³⁶

Mental Health Indicators- Children and Teens

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

30.3%



experienced chronic sadness/hopelessness, a decrease from 31% (AY22-23), and 34% (AY21-22).³⁹

20.3%



reported needing help for emotional/mental health problems. A decrease from 20.6% in 2021 and 20.3%.¹⁹

13.3%



received psychological/emotional counseling in the past year.¹⁹

Depression

Depression is a common mental health condition characterized by a persistent low mood, loss of interest or pleasure in activities, and other symptoms that interfere with daily functioning. Depression can be caused by a complex interaction of factors, including genetics, brain chemistry, life events, and medical conditions. While everyone is at risk for having depressive symptoms sometime in their life, disparities exist. In Los Angeles County (LAC) an estimated 16.4% of adults (18 years and older) have ever been diagnosed with depression which is comparable to SPA 3 (14.9%) and Pasadena (17.1%).³⁶ In LAC however, people who identify in the LGBTQ+ spectrum have significantly higher rates of depression. For example, people who identify as trans report rates at higher rates (38.2%-57.7%), and gay/bisexual/non-straight people report rates 2.5-3.3 times higher than their straight counterparts.³⁶ Among children ages 5 to 17 years, Pasadena had also reported higher levels of feeling sadness or depression (56.6%), when compared to SPA 3 (34.7%) and LAC (31.9%).³⁶ Finally, countywide people living with a disability also reported higher rates of depression in (34.6%), but local estimates were not available.³⁶

Among adults (18 years and over) in Los Angeles County³⁶...

16.4%

reported ever being diagnosed with depression, compared to **14.9% in SPA 3** and **17.1% in Pasadena.**

34.6%



of adults living with a disability reported ever being diagnosed with depression.

38-57%



38.2% of transmales and 57.7% of transfemales ever reported being diagnosed with depression.

40.6%

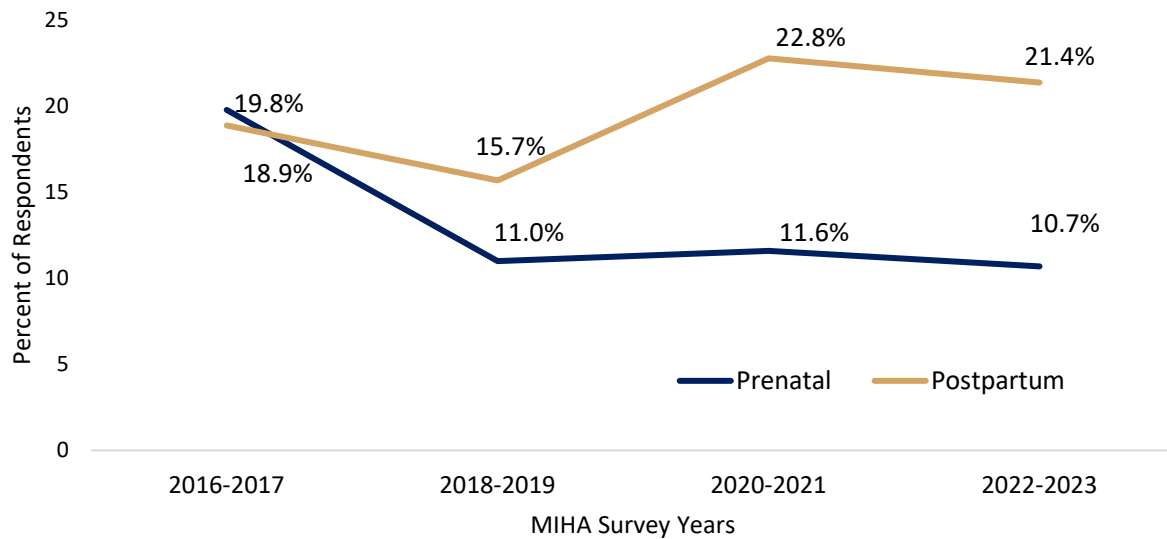


of non-straight adults reported significantly higher rates of depression. Gay/lesbian reported 35.8% and bisexual respondents 46.3%.

Depression among New Parents

Among new mothers in Pasadena, 10.4% reported prenatal depression and 21.4% reported postpartum depression, which has been relatively stable across maternal health assessments.⁷⁶

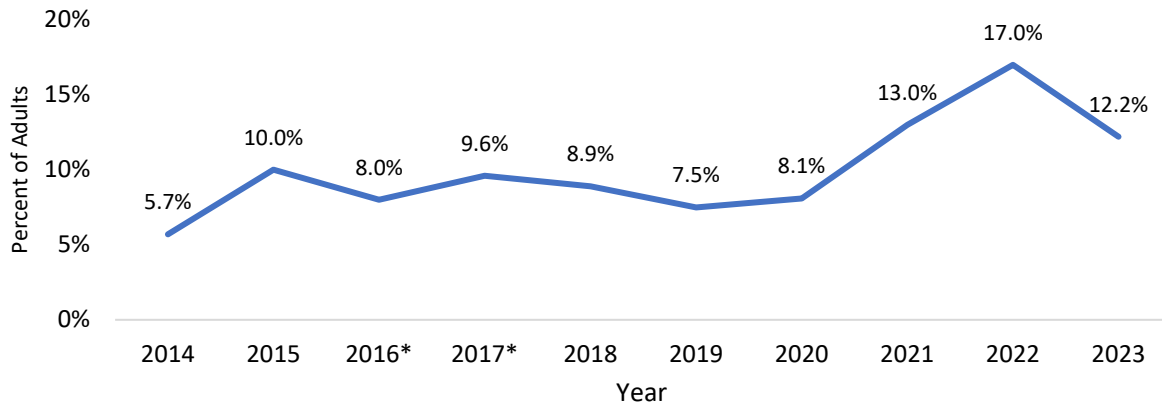
Figure 117: Percent of new parents who report depressive symptoms pre-, post-partum, 2016-2023⁷⁶



Suicide

Among SPA 3 adults, 7.8% had seriously thought about committing suicide.⁸³ Adults, ages 18 to 24 (11.2%) had the highest percentage of suicide contemplation in SPA 3.⁸³

Figure 118: Percent of Adults Who Have Ever Seriously Thought About Suicide in SPA3, 2014-2023¹⁹



*Estimates are statistically unstable

Among students in the Pasadena USD, 12% of 7th graders, 13% of 9th graders and 11% of 11th graders had contemplated suicide¹⁰⁸. In the San Marino USD, 15% of 7th graders, 18% of 9th graders and 25% of 11th graders had contemplated suicide.¹⁰⁸ In the South Pasadena USD, 17% of 7th graders, 14% of 9th graders and 17% of 11th graders had contemplated suicide.¹⁰⁸

Table 16: Students who Ever Seriously Considered Suicide by School District/Grade, 2023-2024⁺³⁹

	7 th Grade	9 th Grade	11 th Grade
Pasadena Unified School District	12%	14%	11%
San Marino Unified School District	17%	15%	15%
South Pasadena Unified School District	16%	13%	11%

* Academic Year (AY).

Among youth and teens....



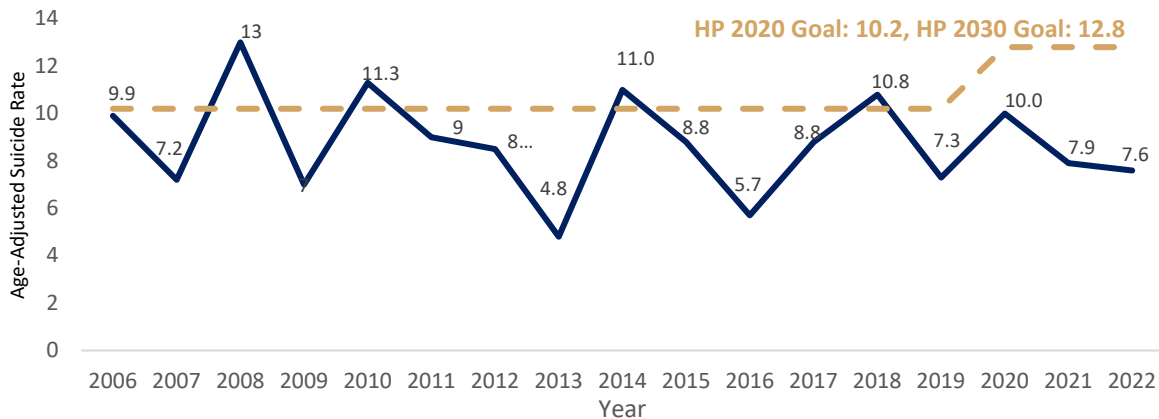
13%
Seriously considered
suicide.³⁹
No change from AY21-22.

Among youth (ages 12-18 years) there is an average of **<1** suicide attempts reported to Pasadena Police Department each year.³⁸

Among youth (ages 12-22 years) there is on average **<1** suicide in Pasadena each year.⁴³

Over the last thirteen years, Pasadena had an average of 12 suicides per year and 77.8% of all suicides were among males.⁴² Pasadena generally has a lower age-adjusted death rate due to suicide than the Healthy People 2020 and 2030 goal (HP 2020 and HP 2030) of 10.2 and 12.8 deaths per 100,000, respectively. However, among White (non-Hispanic) residents the 4-year average age-adjusted death rate was higher at 12.4 per 100,000 persons.⁴² In Pasadena, the age-adjusted death rate due to suicide was 7.6 per 100,000 persons which is lower than California’s 2019 rate of 11.0 per 100,000 persons.⁴²

Figure 119: Age-Adjusted Suicides Rates in Pasadena, 2006-2022⁴²



Community Input

- There aren't enough therapists, and for those who exist, it can be a long wait to get an appointment, and the cost is often prohibitive and not covered by insurance.
- In communities of color, especially in Latino communities, there's a stigma with mental health.
- There is very little information on mental health in Spanish.
- The longer someone has unresolved mental health issues, the worse those mental health issues become, especially if they have other comorbidities or if they have life challenges like being homeless or have substance use disorder.
- People have a lot of misunderstandings around the relationship between mental health, substance use, and being homeless. People assume that people have become homeless because of their substance use or because of their mental health. But sometimes people's mental health or substance use starts or gets worse after they become unhoused.
- Kids at school who have witnessed or directly been exposed/involved in traumatic events, lose their ability to focus on being a kid and learning and engaging.
- There are people living alone don't have anyone who calls them and checks up on them. They are in the house all day watching TV.

"Pasadena doesn't have any emergency mental health clinics."

"Having mental health care that is appropriate to the particular population, that is culturally sensitive to the population, is also an issue."

Mental Health					
Indicator	SPA 3	LAC	CA	HP 2030	Trend
Adults with self-reported access to mental health by type of provider in the past year (Primary Care Physician) ¹⁹	21.9%	19.7%	21.5%	---	↔
Adults with self-reported access to mental health by type of provider in the past year (Mental Health Professional) ¹⁹	40.1%	41.4%	41.1%	---	↔
Adults with self-reported access to mental health by type of provider in the past year (Both) ¹⁹	38.0%	38.9%	37%	---	↔
Adolescents needing help for mental health problem ¹⁹	20.8%	31.0%	33.5%	---	↔
Adolescents who received psychological/emotional counseling in last year ^{**19}	13.3%	---	18.1%	---	↔
	Pasadena	LAC	CA	HP 2030	Trend
Percent of children (ages 5 to 17 years) who have been experiencing feelings of sadness and depression ³⁶	56.6%	34.7%	31.9%	---	↑
Ever diagnosed with depression ^{36,109}	17.1%	14.9%	16.4%	---	↔
Percent of children (less than 17 years) whose parents, guardians, decision makers are at risk for major depression ³⁶	---	8.6%	8.1%	---	↔
Percent of children (ages 5 to 17 years) who have been experiencing feelings of worry, nervousness, or anxiety ³⁶	44.0%	44.0%	41.1%	---	↔
Percent of children (less than 17 years) whose parents, guardians, decision makers are at risk for major depression ³⁶	---	8.6%	8.1%	---	↔
Percent of children (ages 5 years and younger) whose parents, guardians, decision makers feel comfortable asking for needed help ³⁶	100%	85.3%	86.9%	---	↑
Students who experienced chronic sadness/hopelessness in last year ³⁹	30.3%	---	37%	---	↓
Taking medication and/or receiving counseling for depression ³⁶	83.7%	74.5%	81.3%	---	↑
Students who seriously considered suicide ³⁹	13%	18%	15%	---	↓
Adults reporting receiving social and emotional support they needed ³⁶	68.4%	61.8%	---	---	↑
Suicide attempt rate among adolescents (ages 12-18yrs) ³⁸	<1	---	---	1.8	↓
Age-adjusted suicide rate ^{42,88}	7.6	8.5	10.4	12.8	↓

*Pooled 2018-2022, ^ Statistically unstable

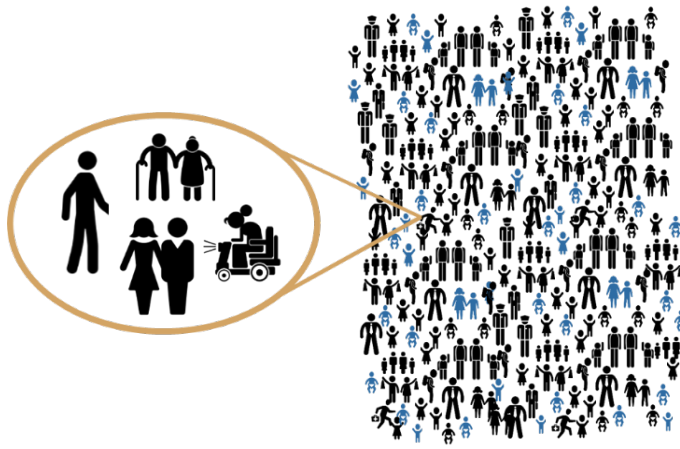
Older Adults and Aging

Population Changes for Adults Ages 65 and Older¹⁶

24,194 adults ages 65 years and over lived in Pasadena in 2023.

Adults 65 and over make up **18%** of the residents in Pasadena.

There are **19% more** adults over 65 than there were 10 years ago.

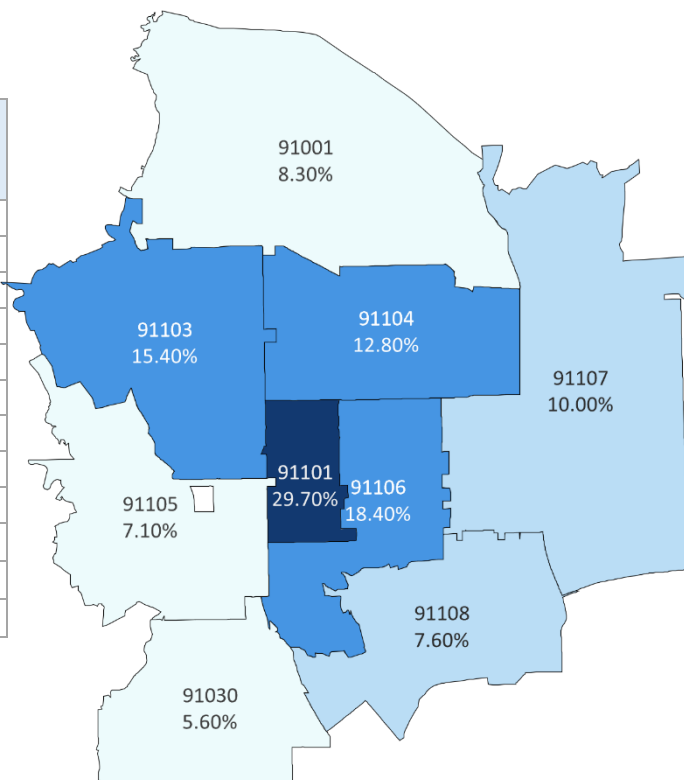


Poverty Levels among Older Adults

In the Greater Pasadena area, there are disparities among older adults. In the city of Pasadena, there were 15.4% seniors living under poverty, which is higher than LAC (14.2%) and California (11.3%).¹⁷ By ZIP code, 91101 has the highest percentage of seniors living below the federal poverty level, this is in part due to a higher concentration of facilities for low-income older adults in that area.¹⁷

Figure 120: Percent of Older Adults Living Below the Federal Poverty Level (FPL) by Zip code, 2023¹⁷

	ZIP Code	Percent Adults 65 and Older Below FPL
Altadena	91001	8.3%
Pasadena	91101	29.7%
Pasadena	91103	15.4%
Pasadena	91104	12.8%
Pasadena	91105	7.1%
Pasadena	91106	18.4%
Pasadena	91107	10.0%
San Marino	91108	7.6%
South Pasadena	91030	5.6%
Greater Pasadena Service Area		12.0%
Los Angeles County		14.2%
California		11.3%



Older Adults with a Disability

In 2023, among seniors 65 years and older, 30.0% in Greater Pasadena, 34.1% in Los Angeles County, and 33.3% in California were living with a disability.¹⁷

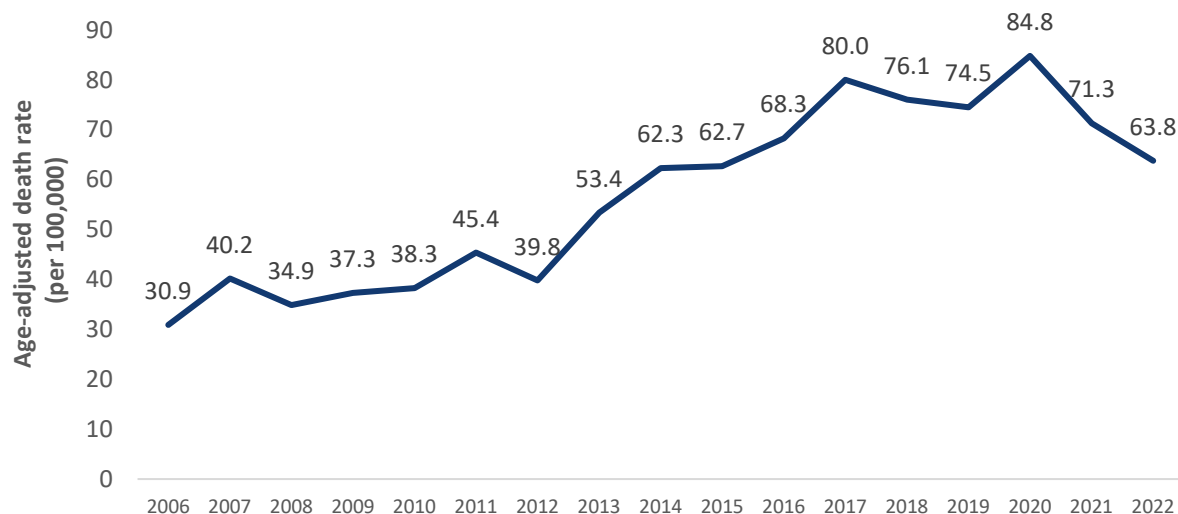
Table 17: Older adults (ages 65 and older) Living with A Disability by Condition and Jurisdiction, 2023¹⁷

	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-Care Difficulty	Independent Living Difficulty
Greater Pasadena Area	11.5%	4.7%	8.1%	20.2%	11.2%	16.3%
Los Angeles County	11.3%	6.3%	10.1%	23.3%	11.4%	18.8%
California	12.6%	6.0%	9.1%	21.6%	9.3%	16.2%

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.¹¹⁰ In Pasadena, the age-adjusted mortality rate of dementia and Alzheimer’s disease was 63.8 per 100,000 persons.⁴² Since dementia and Alzheimer’s disease affects older people disproportionately, the mean age of death in Pasadena (88.6 years) was the highest compared to all other causes from 2010-2022.⁴² The mean age of death by race due to dementia and Alzheimer’s from 2010-2022 was: 89.4 (Asian), 88.7 (White), 88.5 (Hispanic), and 87.4 (Black). The mean age of death by gender was: 89.0 (female) and 85.1 (male). In 2022, 19.6% of the deaths in this category have been due to dementia while 80.4% were due to Alzheimer’s. The rise in deaths in Pasadena could be due to many factors including an aging population and better diagnosis.

Figure 121: Age-Adjusted Death Rates Due to Dementia and Alzheimer’s Disease in Pasadena, 2006-2022⁴²

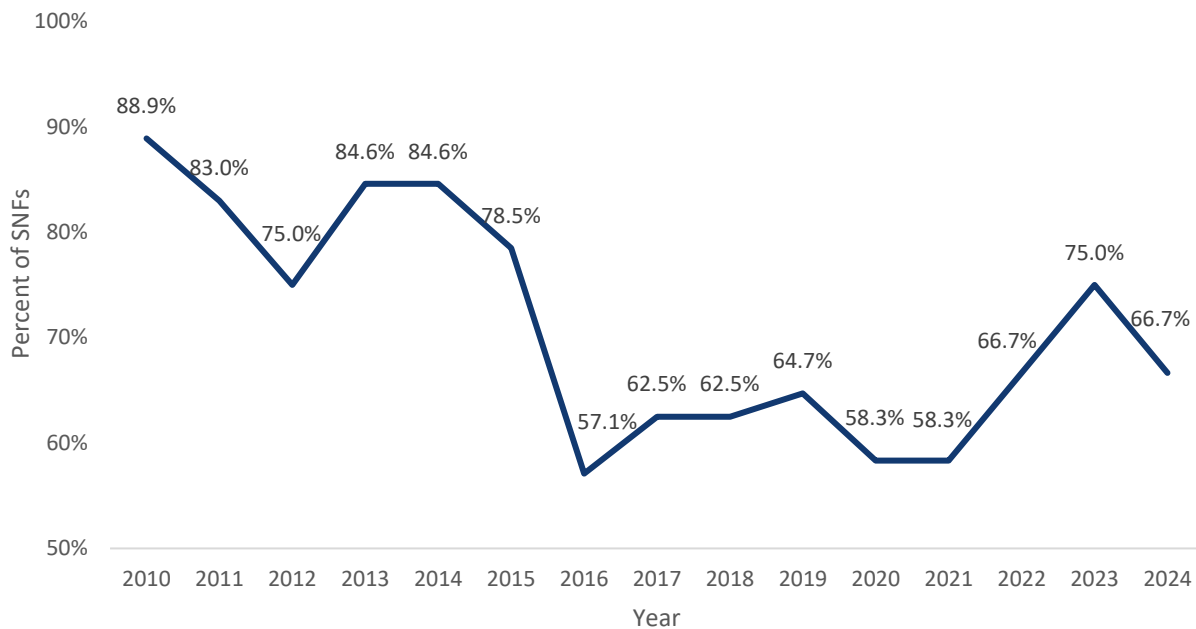


Residents in Long-term Care Facilities

Long-term care facilities are entrusted with the responsibility of providing a safe, supportive environment for residents to live and receive necessary care. In Pasadena, there are over 1,000 individuals living in 14 skilled nursing homes (includes two LAC facilities with a Pasadena mailing address) and over 2,300 individuals living in almost 100 assisted living/residential care facilities in Pasadena.¹¹¹ 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.¹¹² Eight SNFs received a 3-star rating or higher. Reasons for SNFs not meeting the 3-star rating include high number of health citations, poor quality measures, and high staff turnover/lack of staff.

Figure 122: Percent of Skilled Nursing Facilities (SNFs) That Have a 3-Star Rating or Higher on the Centers for Medicare and Medicaid Services (CMS) Ratings in Pasadena, 2010-2024¹¹²



Community Input

- Isolation is a big issue for seniors.
- Preventive care is an issue for all older adults in facilities or living independently.
- For older adults, they are not accessing care and there are also safety issues inside their homes.
- Older adults are at higher risk for chronic diseases and falls.
- There is underreported violence or neglect amongst older adults.
- Many people still don't recognize the signs of early Alzheimer's and dementia in their older family members. By the time that they realize something is not right, they're at a loss at how they can help their family members connect to resources or slow the onset. There is an opportunity for more community education.
- For older adults who don't have their driver's license anymore, the availability of transportation is an issue, especially for the dual Medicare/Medi-Cal population.
- There is a digital divide with seniors. We are in an era of moving more towards telehealth, but older adults might not be able to access telehealth services.
- Older adults who are homeless can suffer disproportionately from chronic diseases when they do not have the resources to take care of themselves on the streets.
- We learned through the fires that seniors are particularly vulnerable, and that disaster and evacuation systems are not in place in our long-term care facilities.

"For low income seniors, public transportation can be unreliable. They may have disabilities, trouble walking or mobilizing, or they have a wheelchair, or a walker and they are by themselves. That makes it difficult to wait for a bus and get to healthcare appointments."

Older Adults & Aging				
Indicator	Pasadena	LAC	CA	Trend
Adults (65+) living below the federal poverty level ¹⁷	15.4%	14.2%	11.3%	↑
Age-adjusted death rate due to Alzheimer's disease and dementia ^{42,88}	63.8	52.0	59.0	↗
Adults with arthritis ¹¹³	17.5%	17.6%	22.2%	↔
Living with a disability (age 65+) ¹⁷	31.6%	34.1%	33.3%	↓
Renters (Age 65+) spending 30% or more of household income on rent ¹⁷	53.8%	62.8%	61.5%	↓
	Pasadena	SPA 3	LAC	Trend
Adults (65+) who have fallen 1 or more times in the past year ³⁶	18.3%*	26.0%	26.7%	↓
Ever had a pneumonia vaccination (ages 65+) ³⁶	80.0%	69.6%	69.0%	↑
Had a flu vaccine within the last year (ages 65+) ³⁶	92.1%	79.8%	80.3%	↑
	Pasadena	LAC	US	Trend
Adults (65+) who received the recommended preventive services: female ¹¹³	32.1%	27.9%	37.4%	↔
Adults (65+) who received the recommended preventive services: male ¹¹³	36.1%	30.9%	44.0%	↑

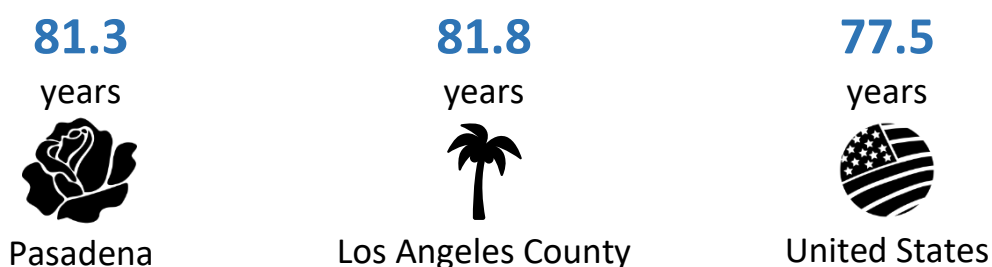
*Statistically unstable

Life Expectancy and Mortality

Life Expectancy

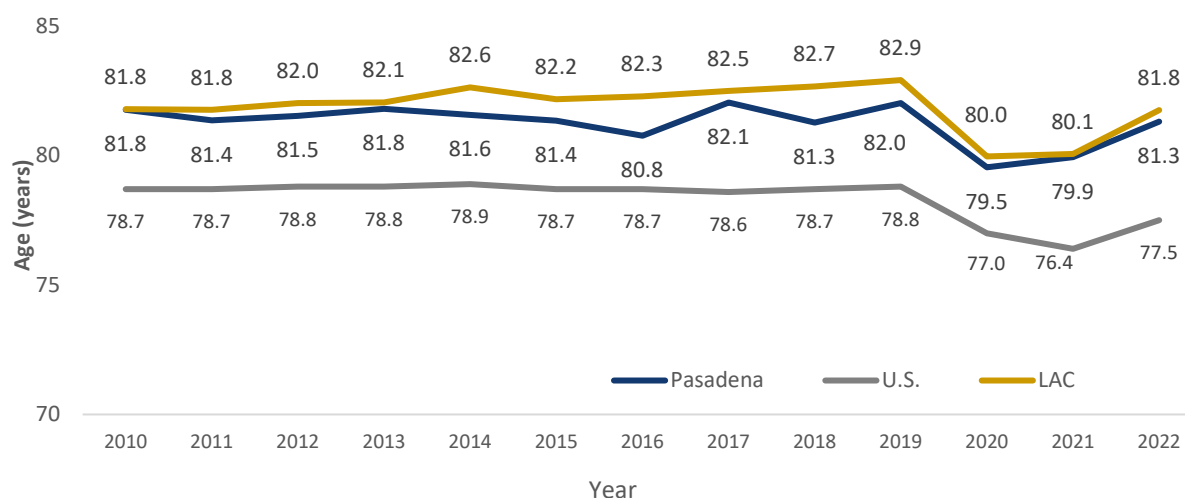
Ultimately, the job of the health system is to improve the length and the quality of life of our residents. One key measure of health in our community is life expectancy, which tells us how long a typical resident is expected to live when they are born. In Pasadena, the life expectancy at birth is 81.3 years, which is similar to California at 81.8, but higher than the United States at 77.5 years old.^{88,114}

Figure 123: Life Expectancy at Birth Estimates^{88,114}



From 2021 to 2022, Pasadena’s life expectancy at birth increased by 1.4 years from 79.5 to 81.3 years.⁴² This was similar in the U.S., where life expectancy estimates increased by 1.1 years from 2021 to 2022. The decrease in COVID-19 deaths is cited as the main reason for the increase of life expectancy in the U.S. from 2021 to 2022.^{42,114} Life expectancy by race was calculated, but not included, for Pasadena due to unstable estimates at the city level. Racial disparities exist, however. In LAC, Asian residents experienced the highest life expectancy while Black residents had the lowest throughout the 10-year period, with a difference of almost 12 years between these two groups observed in 2023.¹¹⁵ Further, female life expectancy is on average more than 5 years longer than males.⁴²

Figure 124: Life Expectancy at Birth by Location, 2010-2022^{42,114,115}



Quality of Life

Good health is not only about living longer, but good health is also 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.

Among adults (18 years and over), the percent of adults who report a good quality of life was...¹⁹

83.2%



SPA 3

84.5%



Los Angeles County

85.5%



California

Leading Causes of Death

The five leading causes of death in Pasadena were: 1) Ischemic heart disease, 2) Dementia and Alzheimer's disease, 3) Hypertensive disease, 4) Stroke, and 5) COVID-19. Ischemic heart disease was the overall leading cause of death and the 2nd leading cause of premature death, accounting for almost one out of every seven deaths (14.8%) among people who lived in Pasadena.⁴²

Gender No. of Deaths Death Rate/100k	#1 Cause No. of Deaths Death Rate/100k	#2 Cause No. of Deaths Death Rate/100k	#3 Cause No. of Deaths Death Rate/100k	#4 Cause No. of Deaths Death Rate/100k	#5 Cause No. of Deaths Death Rate/100k
Male 571 844.7 per 100,000	Ischemic Heart Disease 85 126 per 100,000	COVID-19 34 50 per 100,000	Stroke 28 41 per 100,000	Hypertensive Disease 28 41 per 100,000	Dementia & Alzheimer's 25 37 per 100,000
Female 654 934.8 per 100,000	Ischemic Heart Disease 96 137 per 100,000	Dementia & Alzheimer's 87 124 per 100,000	Hypertensive Diseases 55 79 per 100,000	Stroke 40 57 per 100,000	COVID-19 32 46 per 100,000

Leading Causes of Premature Death

The leading cause of premature death was drug overdose (unintentional). Drug overdose has been the top premature death two other times, in 2015 and 2020, since the first Pasadena Mortality Report was completed in 2015. The leading cause of premature death for females was ischemic heart disease and for males it was drug overdose (unintentional).⁴²

Gender	#1 Cause Years of Life Lost	#2 Cause Years of Life Lost	#3 Cause Years of Life Lost	#4 Cause Years of Life Lost	#5 Cause Years of Life Lost
Male	Drug Overdose (unintentional) 585	Ischemic Heart Disease 511	Homicide 219	Mental & Behavioral Disorders* 180	Cirrhosis & Other Liver Diseases 179
Female	Ischemic Heart Disease 261	Breast Cancer 197	Drug Overdose (unintentional) 193	Cirrhosis & Other Liver Diseases 183	Diabetes 105

*Mental and behavioral disorders due to psychoactive substance abuse

Appendix A: Evaluation of Impact

Huntington Health developed and approved an Implementation Strategy to address significant health needs identified in the 2022 CHNA. The hospital addressed: Access to Care - including Mental Health and Preventive Care, Chronic Disease - including Overweight and Obesity, and Housing and Homelessness, through a commitment of Community Benefit programs and charitable resources.

To accomplish the Implementation Strategy, strategies to address the priority health needs were identified and tracked. The following section outlines the health needs addressed since the completion of the 2022 CHNA.

Access to Health Care, including Mental Health and Preventive Care

Community Benefit efforts sought to increase access to health care, mental health care and preventive care to improve the health of medically underserved individuals in the community; and to increase the capacity for health care provider partners to meet the needs of the medically underserved.

Access to Health Care: Response to Need

Financial Assistance and Health Insurance Enrollment

Huntington Health provided financial assistance through free and discounted care and government health programs for low-income patients. Huntington Health's financial assistance and discounted care can be accessed - if eligibility criteria are met - by people who earn up to 600% of the federal poverty level. While many people have access to insurance coverage through the Affordable Care Act and Covered California, many commercial insurance plans carry a high deductible or copay, causing financial hardship for patients. Expanded eligibility criteria for free or discounted care, along with implementation of a data analytics-driven patient financial clearance tool, enables more people to receive financial assistance. In addition, assistance is provided to enroll low-income people in health insurance programs. Information on Huntington Health's financial assistance policy is available on the Huntington Health website, including the application form and contact information.

Transportation and prescription medication support

The hospital provided transportation support for patients and families who were not able to access needed care due to a lack of transportation; and discounted or free prescription medications for patients unable to afford the cost of their medications.

Health screenings

Registered nurses, fluent in English and Spanish, conducted free health screenings and counseling at community locations.

Vaccines

Registered nurses worked in partnership with community agencies and offered free health counseling and screenings for diabetes and hypertension at a variety of community sites. Throughout the year, Huntington Health participated in health fairs and provided free health education for disease prevention

and management. Additionally, the hospital held free flu shot clinics throughout the community. For example, in FY 23 and FY 24 Huntington Health provided over 2,700 health screenings and over 3,800 flu shots.

Huntington Ambulatory Care Clinic

The Huntington Ambulatory Care Clinic (HACC) provided primary care, specialty care and community-based pop-up clinics for uninsured and underinsured community members.

Social Determinants of Health Screening and Referral

Huntington assessed patients' social determinants of health needs; and connected patients to the resources they need. Assessment tools identify health related social needs such as housing instability, financial strain, transportation needs, food insecurity, social isolation, mental health and substance abuse, depression, independent living, access to care and health literacy.

Using the electronic referral platform in partnership with Cedars-Sinai Health System, called Cedars-Sinai Community Resource (CSCR), Huntington Health streamlined referrals to community partners, improving coordination across sectors; and improving access to vital community resources for patients and the community. In FY23 & FY24, over 7,500 connections and referrals to connect patients in need were made to community-based resources.

Health Information, Outreach and Referrals

Huntington provided in-person and virtual health education classes for over 300 people, plus social media posts, blogs, and videos that focused on access to care, preventive services, substance use and mental wellbeing.

In partnership with the Pasadena Public Health Department, the [Healthy Pasadena Website](#) made community health data accessible at no cost to service providers, nonprofits organizations and the public. The joint Public Health and hospital Community Health Needs Assessments are posted on the website.

Outpatient Palliative Care

Huntington Health – with a team that includes a physician, nurse, chaplain and social worker - provided extensive support on an outpatient basis for families. The focus is on a whole-person treatment approach for the physical, psychological, social and spiritual aspects of an illness. The goal is to maximize quality of life for both the patient and their family.

Naloxone Distribution and Fentanyl Education

With the goal of reducing drug overdose deaths, Huntington Health's ongoing initiative in partnership with Huntington Health's emergency department, included distribution of naloxone nasal spray kits to patients at no cost, accompanied by counseling. Additionally, Huntington's Community Outreach and Education team provided community-wide education and access to lifesaving overdose medication – Narcan. Educational events occurred at various locations from the local Kiwanis Club to the Girl Scouts to Police Department-sponsored events. Over 140 Narcan units were distributed with training.

Black Maternal Health

In honor of Black Maternal Health Week, Huntington Health hosted an event to raise awareness on Black maternal health outcomes inequities. According to the Centers for Disease Control and Prevention, Black women are three times more likely to die from a pregnancy-related cause than white women due to multiple factors, including variation in the quality of health care they receive, underlying chronic conditions, structural racism, and implicit bias. Seven panelists offered their unique perspectives and shared insights. The event was attended by clinicians, employees, and internal and external community leaders.

Psychiatric Care

The Della Martin Center's Intensive Outpatient Program provided screening and treatment for adults with psychiatric and/or substance use disorders. This includes patients who have recently been discharged from inpatient settings; those at risk for psychiatric hospitalization; and others who can benefit from ongoing outpatient psychiatric or addiction treatment. Huntington Hospital's outpatient psychiatry is one of many subsidized health services, ensuring healthcare access for patients with vulnerabilities.

Health Care and Supportive Services

Recently established thanks to community support, the Senior Caring Fund is a safety net assistance program to provide small grants (up to \$500) for specific gap-filling needs for San Gabriel Valley residents who are mentally, physically, or economically frail. Examples include blood pressure monitors for those at risk for health complications, eyeglasses, temporary lodging pending bed availability, and home medical equipment required for safe hospital discharge.

Collaborative Involvement

Established in 2000, the Health Consortium of Greater San Gabriel Valley is dedicated to serving vulnerable populations, supporting access to services, information sharing, promoting strategic partnerships and increasing visibility for our participants. Huntington Health staff serve on the consortium and as chair of the San Gabriel Hospital Collaborative, a sub-group of the consortium. The collaboration strengthened local networks of physical, behavioral, and health-related social needs by facilitating integrated, quality, and culturally responsive services among diverse and vulnerable communities in the Greater San Gabriel Valley.

Community Support

Focused on Access to Care, grantmaking was directed to community-based organizations:

- Altamed Health Services, a culturally sensitive patient-focused community health network of Federally Qualifies Health Centers, to implement the Transitions of Care program in their newly acquired Pasadena clinic sites, ensuring vulnerable patients are connected to high quality primary care and medication reconciliation services.
- The Health Consortium of Greater San Gabriel Valley, with the goal of strengthening the health care safety net and optimizing seamless access to high quality physical, behavioral and social health services in the Greater San Gabriel Valley.

Chronic Disease

Community benefit efforts seek to reduce the impacts of chronic disease, i.e., cancer, cardiovascular disease, diabetes, and overweight and obesity, through prevention and treatment education and community outreach.

Response to Need

Chronic disease screening

Registered nurses, fluent in English and Spanish, conducted free health prevention-focused screenings and counseling at community locations

Diabetes Empowerment and Education Program (D.E.E.P.)

Huntington Health offered a six-week diabetes management program in Spanish and English for persons who are pre-diabetic, have Type 1 diabetes or Type 2 diabetes. The program was available to anyone, including caregivers and family members. 40 people participated in the program.

Support Groups

Huntington hosted support groups for people and their caregivers for chronic conditions, including Parkinson's, Aphasia and for parents of babies born prematurely.

Cancer Center

The Cancer Center offered education and support groups to help people diagnosed with cancer, and their families. Additionally, the Cancer Center team - nurses, dieticians, social workers and a cosmetologist - assisted people diagnosed with cancer in navigating and coordinating their care.

Health Education, Outreach and Exercise Activities

Health education sessions were offered through the Senior Care Network. Therapeutic yoga was offered at senior centers and community centers. Additional senior care classes include, but are not limited to, exercise, men's health and healthy aging.

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 educational lectures, and distributed the biannual Health Connection Newsletters, containing information and advice on aging and disease management.

Food for All

Huntington Health is a member of the Food for All San Gabriel Valley Initiative. The program introduced food insecurity screening with patients and used the “findhelp” social determinates of health platform to connect at-risk patients with patient navigators who are located at food agency partners – Seeds of Hope and Project Angel Food. In the two years of project implementation, Hunting Health has referred over 330 people to local organizations, resulting in connections to food resources, public programs and other needed services like rental assistance, housing, transportation and support with utilities.

Outpatient Rehabilitation Services

The Outpatient Rehabilitation Services Department provided physical therapy, occupational therapy, and speech therapy services to people who have experienced or are experiencing stroke, traumatic brain injury, concussions, spinal cord injury, ALS, Multiple Sclerosis, Parkinson’s Disease, and other neurologic conditions.

Lactation support

Lactation support was provided to breastfeeding mothers. Breastfeeding has been shown to reduce the risk of childhood obesity.

Community Support

Provided cash and in-kind donations to nonprofit community organizations dedicated to address chronic diseases and increase access to healthy eating and active living.

Housing and Homelessness

Community benefit efforts sought to connect people experiencing homelessness to community-based programs and services; and to build strategies to improve their health and housing stability. Efforts focused on programs, partnerships and strategies that increase access to primary care, mental health care, substance abuse services and other community-based care services for people experiencing homelessness.

Response to Need

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 are experiencing homelessness who are living with chronic health conditions and/or are diagnosed with behavioral health disorders. Additionally, PORT provided field-based health screenings and administered flu and COVID-19 vaccines. Huntington Health financially supported the registered nurse, as a key team member for the program.

Health Care and Supportive Services

Huntington committed focused resources – social work, nursing and psychiatry – to supporting patients experiencing homelessness throughout the hospital. Additionally, Huntington Health supported people experiencing homelessness by connecting patients to shelters and providing transportation, food, clothing and conservatorship services as needed.

Recuperative Care

Huntington Health transitioned patients requiring additional assistance post-discharge to recuperative care partners designed to care for patients and connect them to resources, including longer-term housing solutions and governmental benefits.

Care navigation

Nurse and community navigators assist vulnerable populations, including persons who were experiencing homelessness.

Community support

Provided cash and in-kind donations to nonprofit community organizations dedicated to address housing and homelessness.

CHNA-Aligned Grantmaking in partnership with Cedars-Sinai

Additionally, Cedars-Sinai leveraged resources that improve community health in the Huntington Health service area. Focused on Access to Care, Homelessness and Housing and Civic Engagement, grantmaking totaled more than \$3.5 million. Grants bolstered the infrastructure for access to healthcare support systems, streamlined healthcare for homeless residents, ensured strong leadership throughout Los Angeles County's safety net clinic providers, supported families, decreased food insecurity, and aligned action with values focused on social and environmental justice.

Appendix B: Key Informant Interview Respondents

Name	Title	Organization
Ana "Ria" Apodaca	Health Programs Director	Pasadena Unified School District
Manuel Carmona, MPH, MPA	Director of Public Health	Pasadena Public Health
Judith Dunaway, MPH, RD	Health Promotion and Policy Development Division Manager	Pasadena Public Health
Allen Edson	President	Pasadena National Association of the Advancement of Colored People (NAACP)
Akila Gibbs	Executive Director	Pasadena Senior Center
<i>See list below[^]</i>	<i>Various</i>	Health Net
Tish Inong, LCSW, MSW, MPA	Director, Street Outreach and Housing	Friends in Deed
Ellen Kramer, JD	Executive Director	Young & Healthy
Anne Lansing, MPA	Housing Assistance Officer	City of Pasadena, Housing Department
Erica Mahgerefteh, MPH, Dalma Diaz	Population Needs Assessments & Population Health Management Strategy and Medi-Cal Local Engagement Consultant	Kaiser Permanente
Christian Port, MPA	Director of Business Development and Policy Initiatives	Planned Parenthood of Pasadena & San Gabriel Valley
Nathan Press, MSW	Program Coordinator, Pasadena Outreach Response Team (PORT)	Pasadena Public Health
Gabriel Rodriguez, LVN	Health Services Case Manager	Foothill Unity Center
Mayra Serrano, DrPH, MPH, CHES	Chief Health Equity Officer	Anthem, Inc.
Nancy Song, MPH and Samantha Bonilla, MPH	Senior Director, Community Impact and Community Impact Director	American Heart Association
<i>See list below⁺</i>	<i>Various</i>	LA Care
Nancy Torres	Case Manager	Pasadena Community Job Center
Jenny Van Slyke, RN	Manager Pre-Hospital Program	Huntington Health, Emergency Dept.
Tony Zee	Firefighter; Liaison	Pasadena Fire Department; PORT

[^] Health Net interview participants additionally included: Tina Hendizadeh, LMFT, Community Liaison; Brenda Belmudez, MBA-Vice President, Population Health and Clinical Operations; Dipa Patolia, PharmD-Senior Director, Population Health Strategy; Positron Kebebew, MD, MPH-Supervisory Medical Director; Elvia Delgado, MBA-Health Management Consultant

⁺ L.A. Care Health Plan interview participants additionally included: Vivian Tang, MPH, CHES, Population Health Management; Brigitte Bailey, MPH, MCHES, Supervisor, Clinical Initiatives Team, Quality Improvement Department; Matt Pirritano, PhD, MPH, Director, Population Health Informatics; Matilde Gonzalez-Flores, MPH, CHES, Community Health Director; Humaira Theba, MPH, Director, Health, Education, and Cultural and Linguistics; Delia Mojarro, LCSW, Director, Social Services; Jennifer Jordan, LPCC, Manager, Behavioral Health Clinical Services; Caroline Chung, MPA, Manager, Housing Community Supports

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/>.

Significant Health Needs	Community Resources
Access to care	211, Alzheimer’s Association, American Cancer Society, American Diabetes Association, American Heart Association, ChapCare by AltaMed, CCHC Comprehensive Community Health Clinic, Greater SGV Hospital Collaborative, Health Consortium of San Gabriel Valley, Lions Clubs International, Pasadena/Altadena Coalition of Transformative Leaders PACTL, Pasadena Partnership Healthcare Committee, Planned Parenthood of Pasadena & San Gabriel Valley, Pomona Wellness Community, QueensCare, Wesley Health Centers, Young & Healthy
Chronic diseases	ChapCare by AltaMed, CCHC Comprehensive Community Health Clinic 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
Environmental health	Pasadena Climate Action Plan, Pasadena 100 Coalition, Public Health Alliance of Southern California, Regional Equity Accelerator
Housing and homelessness	CHIRLA The Coalition for Humane Immigrant Rights, Door of Hope, Faith Community Committee, Foothill Unity Center, Friends in Deed, Homeless Outreach Psychiatric Evaluation (HOPE), Hope the Mission, Jackie Robinson Community Center, Los Angeles Homeless Services Authority (LAHSA), Pasadena Continuum of Care Program, Pasadena Outreach Response Team (PORT), Pasadena Partnership Healthcare Committee, Salvation Army, Union Station Homeless Services, Youth Moving On
Mental health	Adelante Youth Alliance (AYA), Barrio Action Youth and Community Center, Behavioral Health Urgent Care Center (BHUCC), Black Infant Health, Black Mental Health Task Force, D’Veal Family and Youth Services, Families Forward Learning Center, Five Acres, Foothill Family, Foothill Unity Center, Friends in Deed, Hathaway-Sycamores, NAACP Pasadena, National Alliance on Mental Illness – San Gabriel Valley, Pacific Clinics, Pasadena Emotional Health & Well-Being Resource Guide, Planned Parenthood of Pasadena & San Gabriel Valley, Prototypes, San Gabriel Valley LGBTQ Center, Star View Community Services
Older adult health	AARP, Access Services, Foothill Unity Center, Friends in Deed, Jackie Robinson Community Center, Meals on Wheels, Pasadena Senior Center, Senior Care Network, WISE & Healthy Aging
Overweight and obesity	Barrio Action Youth and Community Center, ChapCare by AltaMed, Day One, Families Forward Learning Center, Pasadena Partnership Healthcare Committee, Pomona Wellness Community, QueensCare, Wesley Health Centers, Young & Healthy
Preventive care	African American Infant and Maternal Mortality (AAIMM), ChapCare by AltaMed, CCHC Comprehensive Community Health Clinic, Pasadena/Altadena Coalition of Transformative Leaders (PACTL), Planned Parenthood of Pasadena & San Gabriel Valley, Pomona Wellness Community, Public Health Alliance of Southern California, QueensCare, Wesley Health Centers, Young & Healthy
Safety and violence	Barrios Action Youth and Family Center, Community Clergy Coalition, Flintridge Center, Elizabeth House, Pasadena Intervention Prevention Consortium, Peace Over Violence, Prototypes, YWCA San Gabriel Valley
Substance use and misuse	Aegis Treatment Centers, Casa Treatment Center, Exodus Recovery, Friends in Deed, Grandview Foundation, Impact House, Pacific Clinics, Social Model Recovery Systems

Appendix D: Prioritization of Community Needs

Twenty-one (21) stakeholder interviews were completed from November 2024 to February 2025. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Greater Pasadena, who spoke to issues and needs in the community. Stakeholders included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the hospital facility.” The identified stakeholders were invited by email to participate in the phone interview. The purpose of the interview in the context of the assessment was explained, and the stakeholders were assured their responses would remain confidential. Stakeholders provided consent prior to the start of the interview.

The interviews were structured to obtain greater depth of information and build on the secondary data review. Stakeholders were asked to identify the major health issues and other factors contributing to poor health in the community. They were asked to share their perspectives on the issues, challenges and barriers relative to significant health needs; and to identify resources to address these health needs, such as services, programs and/or community efforts.

The interviews focused on the following significant health needs, while opening up discussion for additional health issues of concern.

Access to Care	Older Adult Health
Chronic Disease	Overweight & Obesity
Environmental Health	Preventative Practices
Housing & Homelessness	Safety & Violence
Mental Health	Substance Use & Misuse

Stakeholders were sent a link to an electronic survey (SurveyMonkey) in advance of the interview, to rank each identified need. The percentage of responses were noted as those that identified the need as having severe impact on the community, had worsened over time, and had insufficient or absent resources available in the community. Not all survey respondents answered every question. Response percentages were calculated based on respondents only and not on the entire sample size. Access to Care, Housing & Homelessness and Mental Health had the highest scores for “severe impact” on the community. Mental Health, Housing & Homelessness and Substance Use & Misuse were the needs with the highest scores for “worsened over time”. Mental Health, Housing & Homelessness and Substance Use & Misuse had the highest scores for insufficient or absent resources available to address the need.

Access to Care, Housing & Homelessness and Mental Health had the highest scores for “severe impact” on the community. Mental Health, Housing & Homelessness and Substance Use & Misuse were the needs with the highest scores for “worsened over time”. Mental Health, Housing & Homelessness and Substance Use & Misuse had the highest scores for insufficient or absent resources available to address the need.

Significant Health Needs	Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to Care	87%	27%	53%
Chronic disease	80%	40%	53%
Environmental Health	40%	40%	53%
Housing & Homelessness	87%	67%	93%
Mental Health	87%	80%	100%
Older Adult Health	60%	40%	53%
Overweight & Obesity	27%	40%	67%
Preventive Practices	47%	27%	47%
Safety & Violence	47%	33%	74%
Substance Use & Misuse	67%	67%	93%

Prioritization

The stakeholders were also asked the following prioritization question in the electronic survey: “In your opinion, to what extent should each of the health needs be a priority for the hospital, in terms of strategies, partnerships and initiatives?”

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. Access to Care, Chronic Disease and Mental Health, were ranked as the top three priority needs in the service area. Please see prioritization below:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Access to Care	3.93
Chronic Disease	3.93
Mental Health	3.93
Substance Use & Misuse	3.80
Preventative Practices	3.79
Housing and Homelessness	3.67
Older Adult Health	3.31
Preventative Practices	3.31
Overweight & Obesity	3.27
Safety & Violence	3.13
Environmental Health	2.33

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