June 14, 2024

HEALTH EQUITY ACTION PLAN

City of Pasadena Public Health Department

RISE TO THE CHALLENGE
A Healthier, More Equitable
Pasadena for **EVERYONE**

PASADENA
PUBLIC HEALTH DEPARTMENT

ALLEGRA
CONSULTING

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PART #1
INTRODUCTION

What is health equity for the Pasadena Public Health Department?

Health equity means everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires reducing and removing obstacles to health, including lack of access to programs, nutrition, education, and safe environments. PPHD is committed to addressing inequities by implementing tailored interventions, fostering community engagement, and promoting policies that advance and support health equity.

Understanding the Health Equity Action Plan

The Health Equity Action Plan (HEAP) is a set of strategic initiatives designed to reduce health disparities within the City of Pasadena. Health disparities are disproportionate across the Pasadena community, and disparate impact is represented in distinct segments of the population. The HEAP provides a plan for developing health education, programs, and data-driven decision-making to design and implement interventions that address disparities and advance health equity.

The HEAP is a Plan (Roadmap): It serves as a comprehensive guide to reduce health disparities, reflecting best practices for advancing health equity.

The Implementation Framework: This framework outlines how the PPHD will approach the strategies and achieve goals over the next three years.

Based on the review and synthesis of relevant assessments and studies, key informant interviews, and insights from best practices of other public health organizations and jurisdictions, the Health Equity Action Plan identifies the following four pillars:

1. 

Reducing Health Disparities

2. 

Health Equity Data

3. 

Partnerships and Collective Impact

4. 

Operational Excellence for Health Equity

These four priority areas, along with HEAP recommendations and strategies, are designed to support and enhance existing programs, foster internal health equity initiatives, and empower partnerships to ensure everyone in Pasadena can achieve optimal health and well-being.

PASADENA PUBLIC HEALTH DEPARTMENT:

Advancing Health Equity through the Health Equity Action Plan

The PPHD is committed to advancing health equity as reflected in the mission, vision, and guiding principles which are called North Stars.

MISSION

To protect and advance equitable and optimal health outcomes for all who live, work, learn, and play in Pasadena.

VISION

Everyone thriving in communities designed for health and well-being.

NORTH STARS

We Fight for Equity. We Spark Joy. We Are All In This Together. We Create Possibility. We Meet You Where You Are.

The PPHD offers the Commitment to Health Equity Program, which strives to reduce health inequities by engaging the community and collaborating with city departments and programs to improve awareness of the drivers of health inequities, share relevant data, and support the development and implementation of frameworks that are proven to reduce health disparities. The Health Equity Action Plan (HEAP) aligns with the department's mission and vision, providing actionable strategies to affirm, enhance, or develop foundational procedures, directives, and approaches to effectively advance health equity.

MAKING THE CASE:

Health Inequities

In contrast to common beliefs, systems play a more significant role in health outcomes than personal behavior and choices. With the emergence of County Health Rankings by the University of Wisconsin Population Health Institute, we have access to more data about the conditions that make a person’s zip code a stronger determinant of health than their genetic code. These conditions, or social determinants of health, reflect the circumstances in which people are born, live, work, and age.

Like the nation, life expectancy rates in Pasadena differ according to race, ethnicity, and gender. The differences in lifespan, disease risk, and access to care are stark and are not explained by socioeconomic status or health behavior alone. These health inequities impact the City’s overall health and well-being, with our aging population, people of color, and LGBTQ in Pasadena often experiencing the most significant disparities and burden of these inequities.

Access to resources and opportunities for a healthy life vary and are influenced by factors such as place of residence, race, and ethnicity – which reflect the legacy of historical policies rooted in systemic and institutional racism. Additional factors contribute to health inequities such as language spoken at home, income, gender, and food insecurity.

DISPARITIES IN LIFE EXPECTANCY ACROSS RACIAL AND ETHNIC GROUPS IN PASADENA:

Life Expectancy in Pasadena

This data indicates significant disparities in life expectancy in Pasadena based on race and ethnicity. White non-Hispanic residents have the highest average life expectancy at 80.3 years, followed by Asian residents at 78.4 years. Black residents have a shorter life expectancy of 73.8 years, and White Hispanic residents have the shortest at 70.5 years. These differences highlight the impact of social, economic, and environmental factors on health. Addressing these inequities through targeted interventions, policies, and programs is essential to ensure everyone, regardless of race or ethnicity, has a fair and just opportunity for optimal health and well-being.

Life Expectancy: Side by Side Comparison

This table illustrates the variation in life expectancy among different racial and ethnic groups across Pasadena, Los Angeles County, and the State of California, highlighting significant disparities that underscore the influence of social drivers of health.

RACE	PASADENA	LOS ANGELES COUNTY	STATE OF CALIFORNIA
White	80.3	81.5	79.0
Black	73.8	74.6	74.6
Asian	78.4	87	85.7
Latino	70.5	84	81.0
	Source: 2021 PPHD Mortality Report	Sources: Los Angeles Department of Public Health. LA Almanac	Sources: California Health Care Founda6on's Report on Health Disparities by Race and Ethnicity in CA.

In Pasadena, life expectancy for Black and Latino residents is notably shorter compared to Los Angeles County and California. Black residents in Pasadena have a life expectancy of 73.8 years, slightly lower than the 74.6 years in both the county and state. Latino residents face a more significant gap, with a life expectancy of 70.5 years in Pasadena, compared to 84 years in Los Angeles County and 81 years statewide. These disparities are influenced by social drivers such as economic disparities, limited access to healthcare, higher rates of chronic diseases, environmental hazards, and lower educational attainment, which collectively contribute to shorter life expectancies.

Heart Disease Diagnosis and Heart Failure Mortality:

According to the UCLA Center for Health Policy Research, in 2020 6.9% of California residents and 6.9% of Los Angeles County residents ages 18 and over have been diagnosed with heart disease. Numbers for Pasadena ranged from 5.9% - 9.3% with zip code 91101 having the lowest rate and zip code 91105 having the highest rate.

From 2010-2021, the average age of death due to heart failure in Pasadena was 84.9 years. However, significant racial disparities exist. Black and Hispanic residents were more likely to die earlier from heart failure, with mean ages of 77.6 and 80.1 years, respectively, compared to White and Asian residents, who had mean ages of 86.8 and 87.5 years, respectively. These disparities indicate that Black and Hispanic residents face greater challenges and obstacles related to heart health.

The absence of heart health data by race to complement existing available data that would aid the PPHD in more easily identifying and addressing health disparities, enabling targeted interventions and ensuring that strategies are well informed and effective in promoting equity and improving public health speaks to the need to standardize methods for collecting and reporting data as recommended in the Pillars in Action section of the Health Equity Action Plan.
Sources: PPHD Mortality Report 2021 and AskCHIS Neighborhood Edition - Local Level Health Data (ucla.edu)

Infant Mortality: Indicator of Health Inequity

As referenced in the 2022 Community Health Needs Assessment (CHNA), there continue to be disparities in infant mortality rates by race. The three-year average rate is highest among Black infants, and in the last 10 years, this is the only demographic to exceed the CDC's 2020 Healthy People (HP) Objectives. The infant mortality rate (less than one year) was 1.4 per 1,000 births in Pasadena, which is lower than the average of both LA County and the state of California. In 2019-2021, the infant mortality rate in the state of California was 4.3 per 1,000 births and Los Angeles County's was 3.85 per 1,000 births.

RACE	PASADENA	LOS ANGELES COUNTY	STATE OF CALIFORNIA
Black	Precise Number Requested	7.68	7.91
Native Hawaiian/Pacific Islander	N/A	Not Calculated	8.76
Two or more Races	N/A	5.04	3.2
Hispanic	N/A	3.88	4.32
White	Precise Number Requested	2.54	3.10
Asian	Precise Number Requested	2.34	2.75
	Source: 2022 Community Health Needs Assessment (CHNA) – Average Infant Mortality Rate per 1,000, 2007-2020 – Chart – Exact numbers needed.	Sources:Infant Mortality Rate per 1,000 live births Infant Mortality (ca.gov)	Source: Infant Mortality Rate per 1,000 live births- 2021 Infant Mortality (ca.gov)

PASADENA YESTERDAY:

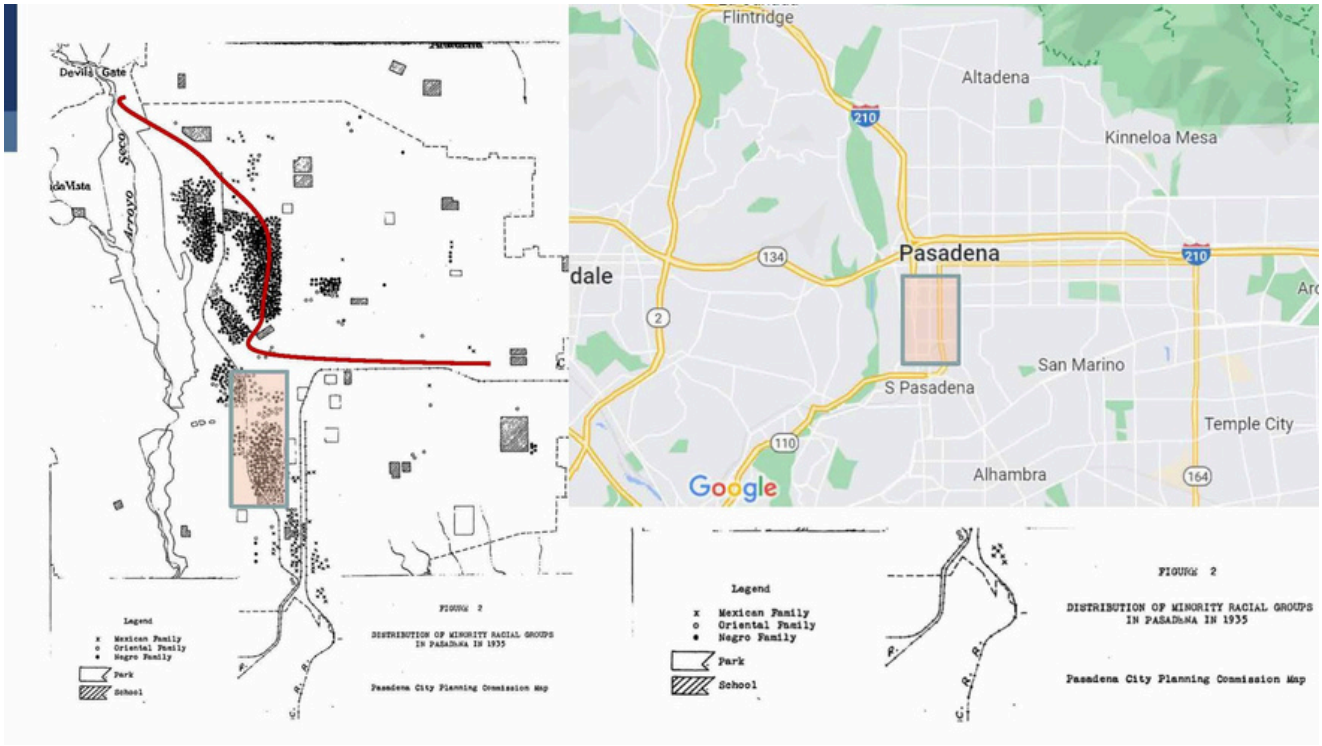
HOW DID WE GET HERE?
CITY OF PASADENA - A TIMELINE

Health equity continues to be threatened by the historical and contemporary injustices that create obstacles to healthcare access and thereby reinforce health inequities. The following are historical milestones that have shaped Pasadena's journey through the years. This timeline highlights noteworthy events, policies, and developments that have impacted the city's racial, social, and economic landscape, providing context for the current state of our community. From the distribution of minority racial groups in the 1930s to the urban renewal projects of the 1960s and the revitalization efforts of the 1980s, each entry reveals the enduring effects of past decisions on present-day Pasadena.

KEY HISTORICAL HIGHLIGHTS:

Distribution of Racial Groups in Pasadena in 1935

This map shows the distribution of racial groups in Pasadena in 1935. The map's legend indicates that the neighborhoods adjacent to and north of what later became the I-210 were predominantly Black, as indicated by the solid dark circles. The neighborhoods south of the freeway were home to Black, Asian, and Hispanic families, represented by the letter "x" and circles.

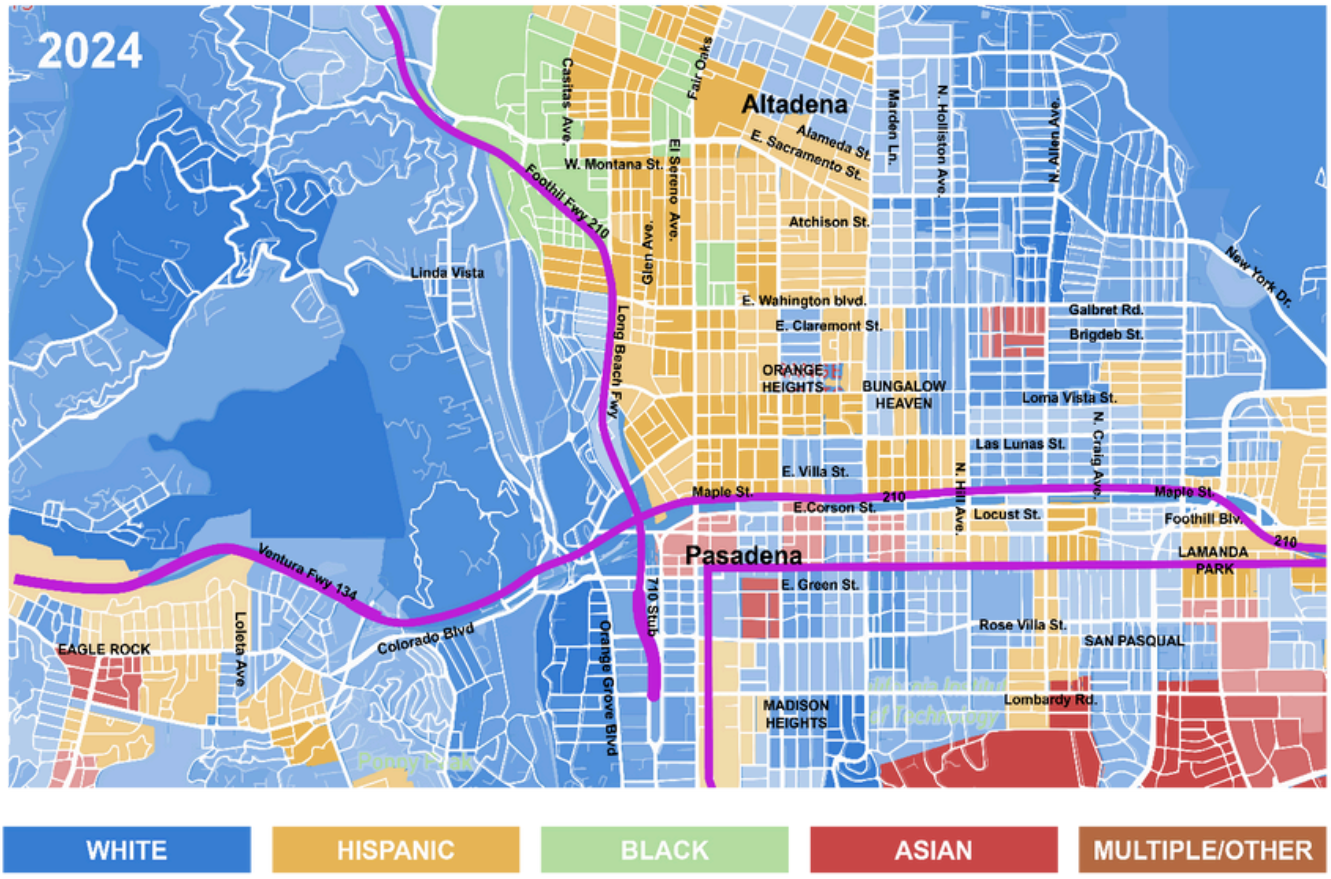


Source: City of Pasadena Planning Commission Map 1935

Distribution of Population by Race/Ethnicity in 2024

According to historic US Census tract data from 1950, 1960, 1970, and 1980 the construction of the Northern Stub of the SR 710 Freeway and the entire interchange displaced at least 4,000 people and demolished nearly 1,500 housing units by the time construction stopped in 1975. This includes the displacement of communities north of Walnut Street, many of which were multi-family housing units. Approximately 60% of those housing units were either owned or rented by non-white tenants; the remaining 40% of the housing units were white owned or rented, but low-income.

The map of today offers a vivid side by side comparison of how the neighborhoods, adjacent to the SR 710 Stub, have changed since 1935 because of forced displacements, redlining, racial covenants and other discriminatory practices. Freeway construction in Pasadena resulted in significant population shifts and lead to health inequities as seen in statistics found in the Community Health Needs Assessment and the Healthy Places Index.



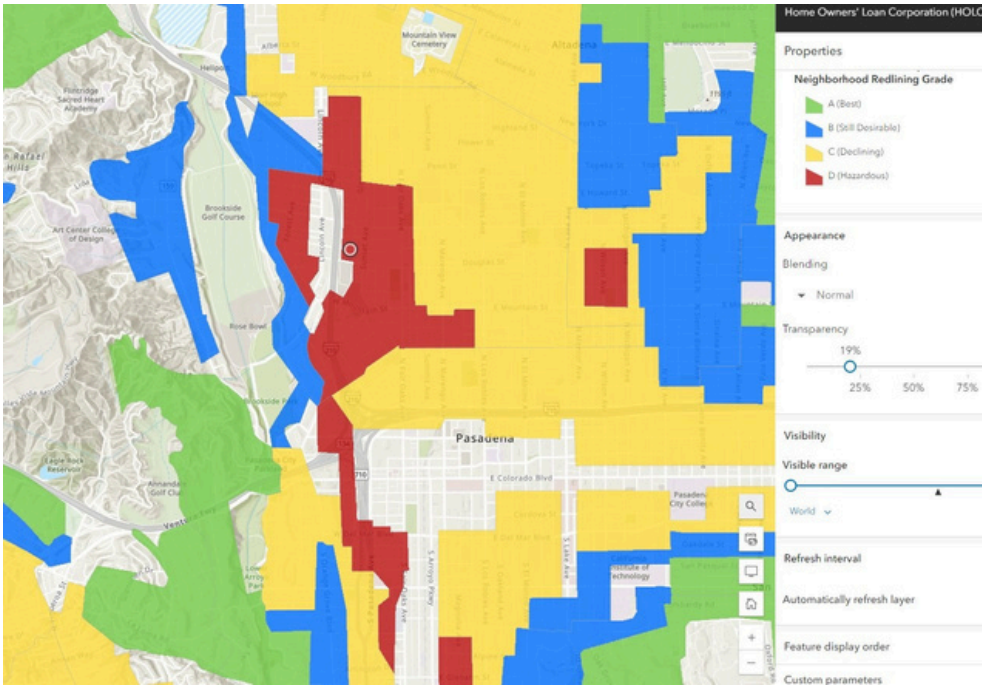
Freeway Expansion and Proposed Construction In Pasadena 1965 - 1974

A Cal Trans case study conducted by Jacob Wasserman of UCLA's Institute of Transportation Studies concluded that Freeway construction complemented other destructive government actions such as urban renewal and discriminatory practices of redlining and racial covenants.

Source: "The Impacts of Freeway SiGng in CA: Pasadena Case Study" Jacob L. Wasserman, January 30, 2024

Neighborhood Redlining Grade Developed in the 1930s:

An ESRI ArcGIS map from 2023 shows an overlay for the 91103 and 91105 zip codes under the layer titled "Home Owners' Loan Corporation (HOLC) Neighborhood Redlining Grade." This map reveals the impact of redlining and racial covenants on zip code 91103, deeming it hazardous. This highlights the importance of data in understanding and addressing issues in vulnerable communities. The "HOLC Neighborhood Redlining Grade," developed in the 1930s, assessed mortgage lending risk using color-coded maps: A (Green) for best, B (Blue) for still desirable, C (Yellow) for declining, and D (Red) for hazardous. Minority and low-income neighborhoods were often rated as hazardous. Redlining led to systemic discrimination against minorities, particularly African Americans, denying them mortgages, insurance, and financial services, resulting in disinvestment and long-term disparities. This legacy is a significant factor in today's racial and economic inequalities in urban areas.



Source: ESRI ArcGIS | Pasadena Public Health Department

Historic Health Disparities and Inequities in Pasadena - 1961

The City of Pasadena has a long history of implementing policies that have exacerbated health inequities and created barriers for communities lacking resources and opportunities. As early as 1961, the Pasadena Public Health Department (PPHD) highlighted health disparities in Northwest Pasadena as disproportionate, costly, and related to social conditions. They noted, "There is a definite relationship between the health of the people and the type of environment in which they live."
Source: Article Referencing PPHD Health Happenings, March 1961 – See Appendix for Article

Historical Policies and Their Impact on Pasadena's Communities of Color- 1960's

Despite this acknowledgment, the City's Community Redevelopment Agency (CRA) proposed several projects in the 1962 Master Plan, including the Pepper Street Redevelopment Project and the I-210 and SR-710 Freeways. These projects impacted non-white residents, businesses, and places of worship, further entrenching racial, economic, and social divides, and making it more difficult for communities of color.
Source: "Kings Village: A Case of Urban Renewal in Pasadena" Brian Biery, February 21, 2023

Focused Revitalization Efforts in Central Pasadena – 1980's

The 1980s saw a focus on historic preservation and revitalization of Old Pasadena. In 1983, the Old Pasadena Redevelopment Area was established to use tax increment funding for public improvement projects and parking facilities, which primarily benefited the already affluent areas of town. Rather than investing in and allocating funds for underserved communities and neighborhoods of Pasadena, the City decided to fund projects in Central Pasadena.
Source: History of Old Pasadena, Old Pasadena Management District

The ripple effects of these and other discriminatory policies continue to drive the social health inequities seen in Pasadena today. Historical decisions have led to an environment where access to resources, opportunities, and health outcomes varies significantly based on race and socioeconomic status, highlighting the urgent need for health equity interventions.

Historical Impact of Segregation on Water Safety in Pasadena – 1914 - 2019
Brookside Plunge, a public pool in Pasadena, opened in 1914 and operated until 1980. Initially, the pool was racially segregated, allowing Black residents access only on Wednesday afternoons and evenings. Over the next seven decades, the pool faced closures and restricted access, limiting swimming and water safety opportunities for Pasadena residents.

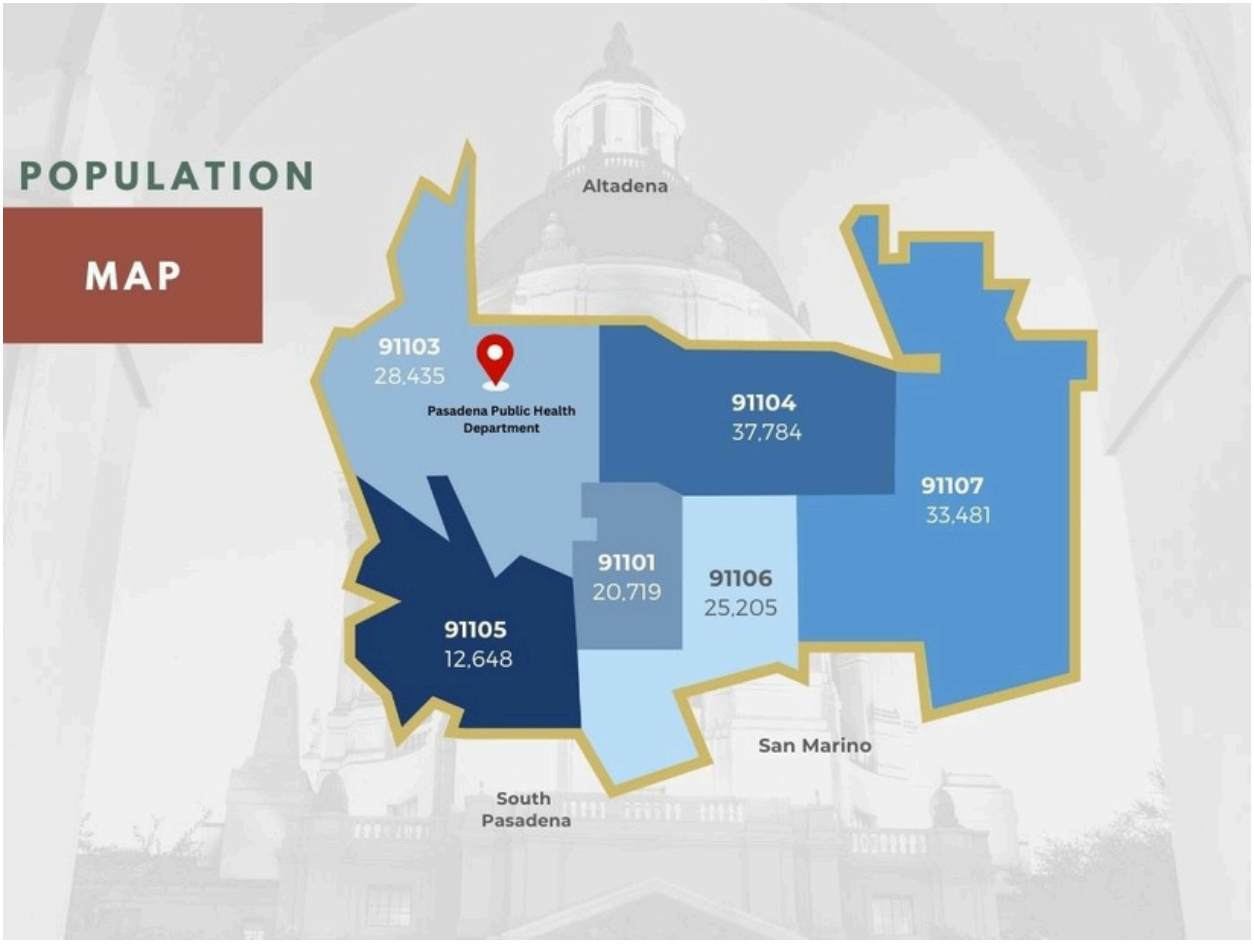
Drowning remains a leading cause of unintentional deaths. From 2007 to 2022, Pasadena recorded thirty-one drowning deaths, with 26% being children under 18 and 39% adults over sixty-five. Black individuals, particularly children aged 5–19, are significantly more likely to drown in swimming pools compared to their White peers (CDC).

Statewide, from 2006 to 2019, California saw 9,237 drowning deaths, including 1,166 in LA County. Pools were the most common drowning sites for children and seniors. Women often drowned in pools, while men were more likely to drown in rivers and canals (Injury Prevention BMJ) (US Consumer Product Safety)(CDPH).

These historical insights demonstrate the enduring impact of past policies on today's social health inequities in Pasadena, emphasizing the need for ongoing efforts to achieve health equity and social justice in our community.

PASADENA TODAY – COMMUNITY PROFILE:

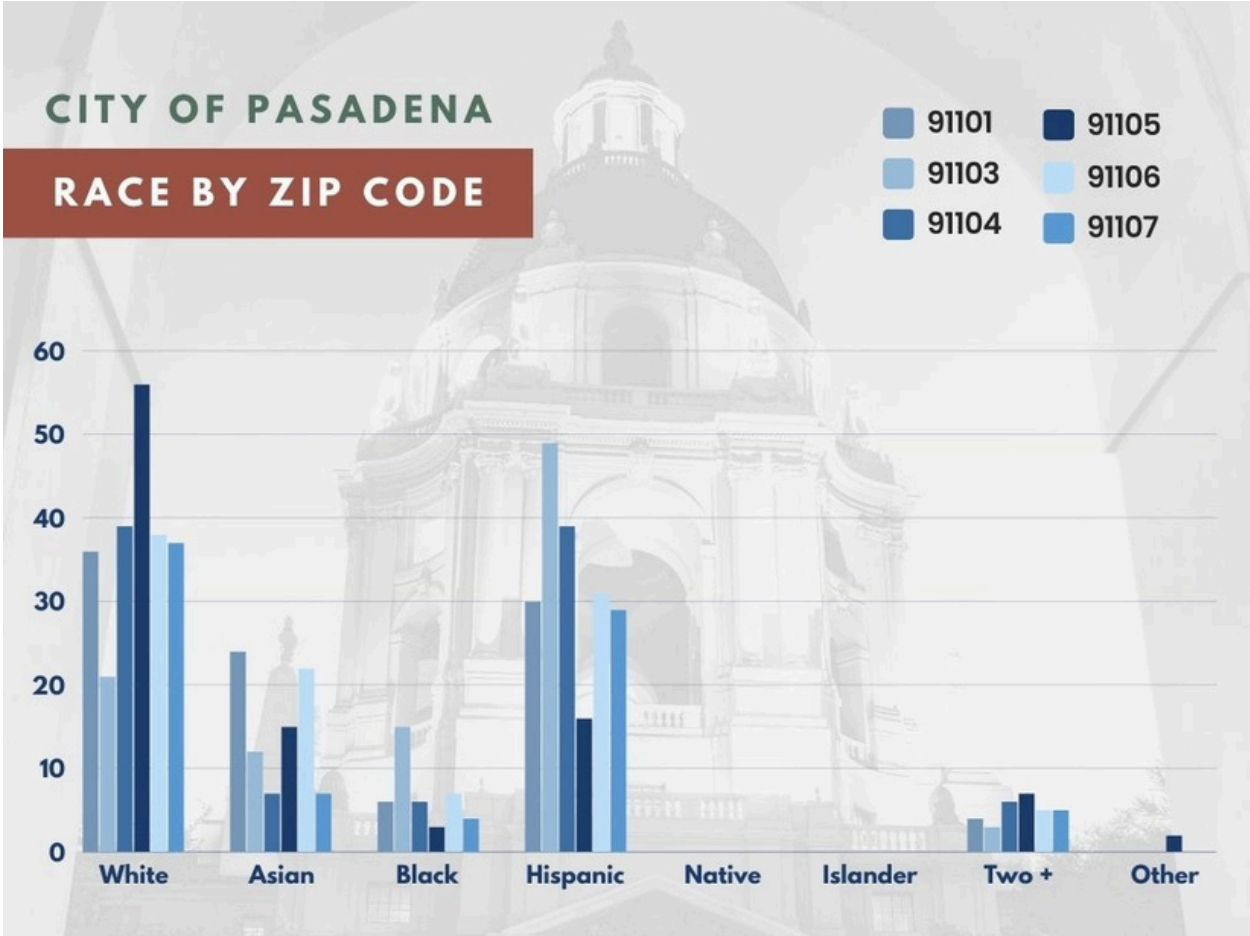
According to Census Reporter 2022, Pasadena is in Los Angeles County's northwestern San Gabriel Valley. Covering twenty-three square miles with a population of 134,214, the city is known for its cultural heritage, diverse communities, and vibrant economy. Pasadena is home to renowned institutions like Caltech and the Jet Propulsion Laboratory. The Pasadena Public Health Department plays a crucial role in promoting health equity by addressing disparities in healthcare access and outcomes, ensuring all residents benefit from community health initiatives. As shown on the following Population Map, the Pasadena Public Health Department is located within our two most vulnerable zip codes where health disparities and low-income households exist.



Source: 2022 Community Health Needs Assessment of Greater Pasadena

Demographic Diversity in Pasadena: Addressing Unique Health Needs by Zip Code

Within the Pasadena area, the racial and ethnic backgrounds of residents vary significantly by zip code. Zip code 91103, which encompasses most of Northwest Pasadena, has the highest percentage of Hispanic/Latinx residents at 49.8%. Conversely, zip code 91105 has the highest percentage of White (non-Hispanic) residents. This variation highlights the demographic diversity within Pasadena and underscores the need for tailored health equity strategies to address the unique needs of different communities.

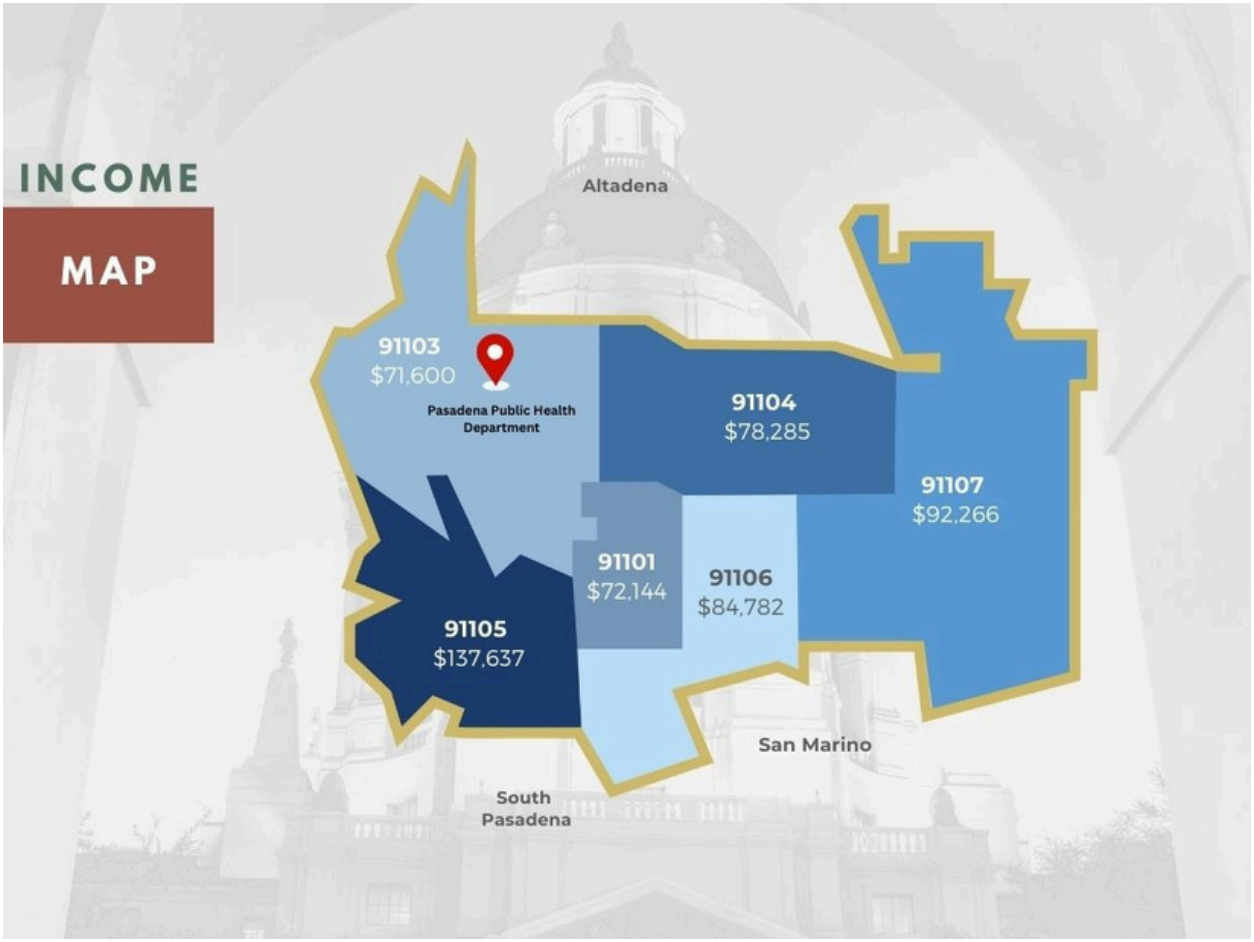


Sources: Community Health Needs Assessment (CHNA) and Census Reporter

Economic Stability and Health Equity: The Need for Targeted Interventions

The term "social drivers of health" is being adopted instead of "social determinants of health" to more accurately reflect the ability of policymakers, communities, and individuals to influence the factors that impact health and well-being. The term "determinants" suggests that health outcomes are unchangeable, while "social drivers of health" emphasizes that social factors are modifiable and can be addressed through collective action. Social drivers of health include the conditions in which people are born, grow, live, play, work, and age, all of which significantly influence a person's health.

These social drivers are key to understanding health equity. In Pasadena, historical and current policies have shaped the distribution of these conditions, resulting in disparities in access to resources and opportunities for different racial and ethnic groups. Addressing these upstream resources and efforts on areas with lower median incomes, such as zip codes 91101 and 91103, we can help reduce health disparities and promote equitable health outcomes for all residents, regardless of their racial or ethnic background.



Source: Community Health Needs Assessment (CHNA) 2022

SOCIAL DRIVERS OF HEALTH AND HEALTH EQUITY

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These social drivers are key to understanding health equity. In Pasadena, historical and current policies have shaped the distribution of these conditions, resulting in disparities in access to resources and opportunities for different racial and ethnic groups. Addressing these upstream factors is essential to creating equitable health outcomes and ensuring that all residents can achieve optimal health and well-being.

Addressing Linguistic Diversity for Health Equity

The 2022 Community Health Needs Assessment reveals that 29.2% of Pasadena's population is foreign-born, with 57.6% of these residents being U.S. citizens. English is the most common language (57.3%), followed by Spanish (22.8%). Pasadena also has a higher percentage of residents who speak Asian and Indo-European languages compared to Los Angeles County.

These linguistic and educational demographics underscore the need for targeted interventions to promote health equity. Addressing language barriers, providing culturally appropriate resources and tailoring messaging can improve access to education and healthcare, ensuring all residents have the opportunity for optimal health and well-being.

Neighborhood/Physical Environment - Healthy Places Index

According to the Healthy Places Index (HPI), the City of Pasadena has healthier community conditions than 69.1% of other California Cities and Towns; however, when looking at the HPI score by zip code, the HPI ranges from 90.9% in 91105 to 37.4% in 91103. Pasadena's health landscape today reflects a dynamic interplay of historical, social, economic, and environmental factors, shaping the community's well-being. The inequities of today, as seen in the Healthy Places Index Score, are the byproduct of systemic racism and federal, state, and local public policymaking.

Food – Access and Insecurity

The USDA defines Food insecurity as the inability to consistently access sufficient food for an active and healthy life, is a significant issue in Pasadena. When looking at the HPI, the percentages range from 25.8% in 91103 and 80.9% in 91107 of Pasadena residents living above the Poverty Level.

Additionally, the 2023 Pasadena Maternal Infant Health Assessment (MIHA) found that 12.3% of new parents reported facing food insecurity and the CHNA reports that in the Greater Pasadena area, 27.1% of female-headed households with children live in poverty. The USDA notes that women are disproportionately impacted by socioeconomic disparities, leading to a gender gap in food insecurity, with more women than men experiencing this issue.

These statistics highlight the importance of collecting and analyzing data so targeted data interventions and actions, such as adapting hours as hours at WIC sign-up centers, can be implemented. Ensuring all residents, especially vulnerable populations like children and female-headed households, have access to sufficient food is essential for promoting equitable health outcomes in Pasadena.

Pasadena's Commitment to LGBTQ+ Inclusivity: Progress and Challenges

In the 2023 Municipal Equality Index rankings from the Human Rights Campaign, Pasadena Scores 91 in LGBTQ+ Inclusivity and Fairness. This represents an improvement from the prior score of 87; however, when looking at the numbers more closely, in the Municipal Services category, Pasadena scored five out of twelve. This section assesses the city's efforts to ensure LGBTQ+ residents are included in city services and programs. The city received additional points for providing services to LGBTQ+ youth, people experiencing homelessness, and people living with HIV or AIDS. These added points can be attributed to the good works of the PPHD and its community partners.

According to the CDC, more than **50%** of LGBTQ and transgender adults are currently battling poor mental health. The Trevor Project in its 2023 U.S. National Survey on the Mental Health of LGTBQ Young People, cited that 56% of those who wanted mental health care couldn't access it and that 41% of LGBTQ young people seriously considered attempting suicide and young people who are transgender, nonbinary, and/or people of color reported higher rates than their peers. Additionally, fewer than 40% of LGBTQ young people found their home to be LGBTQ-affirming. These statistics speak to the need to prioritize active listening to community concerns, ensuring that community voices are heard, valued, and incorporated into decision-making processes regarding the allocation of resources to CBOS offering supportive services, including mental health care and safe spaces to the LQBTQ+ community.

Sources: *Pasadena Shines in Municipal Equality Index, Scores 91 in LGBTQ+ Inclusivity and and Fairness, Pasadena Now, November 22,2023*

Prevention Research Centers Focus on Mental Health in Their Communities | CDC

2023 U.S. National Survey on the Mental Health of LGBTQ Young People

PART #2
HEALTH EQUITY PILLARS: FRAMEWORK FOR PUBLIC HEALTH SUCCESS

In our comprehensive review, the consulting team examined various strategies and plans, including the Commitment to Health Equity Program, Workforce Development Plan, Community Health Improvement Plan (CHIP), Health Equity Organizational Assessment, Strategic Plan 2023-2028, Community Engagement Guide, and the 2022 Community Health Needs Assessment (CHNA). These documents collectively advocate for a holistic, interconnected approach to public health equity in Pasadena. They share common goals such as addressing disparities, focusing on upstream factors, promoting collaboration, using data-driven initiatives, strategic planning, prioritizing measurement and evaluation, and ensuring staff well-being. These shared principles form the basis for the Health Equity Pillars, which are divided into four key areas. The four pillars align closely with the 2023 PPHD Strategic Plan and Key Informant Interviews, emphasizing the importance of achieving public health initiatives.

PILLAR #1

Reduction of Health Disparities

PILLAR #2

Data-Driven Action

PILLAR #3

Partnerships and Collective Impact

PILLAR #4

Operational Excellence

PILLAR #1
Reduction of Health Disparities

Health disparities refer to differences in health outcomes and access to programs and services among different population groups. These disparities are often influenced by social, economic, and environmental factors, leading to inequitable health status and marginalized health outcomes for certain communities. Through public education and targeted communication strategies, the Pasadena Public Health Department can reduce health disparities, which is essential for ensuring health equity, improving public health, and fostering social and economic stability.

PILLAR #2
Data-Driven Action

Health equity data is essential for identifying and addressing health disparities, enabling targeted interventions, and ensuring effective decision-making. By highlighting how different groups are unequally affected it fosters community understanding and advocacy for change. Incorporating historical factors, systemic impacts, and root causes into health data narratives provides a comprehensive view of population health outcomes, ensuring that strategies are well-informed and effective in promoting equity and improving public health.

PILLAR #3
Partnerships and Collective Impact

Community engagement and partnerships are vital for advancing health equity, as they ensure public health initiatives are informed by those most affected by health disparities. By recognizing community expertise and collaborating with stakeholders, we can create effective, inclusive interventions that address specific needs and challenges. Listening to vulnerable groups and implementing the Community Engagement Guide fosters trust and facilitates authentic two-way discussions, which can lead to a positive collective impact that is essential for meaningful progress toward health equity.

PILLAR #4
Operational Excellence

Operational excellence is essential for the Pasadena Public Health Department (PPHD) as it builds organizational capacity to advance a health equity agenda involving all staff members. By fostering a culture of continuous improvement and incorporating community feedback, especially from historically disadvantaged groups, PPHD ensures its initiatives are effective and inclusive. Promoting staff well-being, with a focus on mental health and a supportive work environment, further enhances the department's ability to deliver high-quality public health services and achieve its equity goals.

HEALTH EQUITY ACTION PLAN "HEAP"

HEAP serves as a roadmap, building upon goals and objectives from PPHD's strategic plan and other foundational PPHD plans and reports. Its Implementation Framework outlines strategies and objectives over three years to achieve long-term goals.

PILLAR IN ACTION #1.
REDUCTION OF HEALTH DISPARITIES

STRATEGY #1
Community Engagement, Education, and Awareness Program: Dissemination of Public Health Information

- Develop a public education campaign explaining PPHD's role as a health strategy catalyst and how the approach advances health equity.
- Improve language access by translating vital documents and offering oral interpretation to provide meaningful access for community members who speak one of the four threshold languages spoken in Pasadena, including English, Spanish, Mandarin, and Armenian.
- Design a communication strategy to ensure that residents who would benefit from public health services the most are aware of their availability and how to access them.

Public Health Jurisdictions in Action: Public Health Communications and Education

1. Durham County Department of Public Health (North Carolina):
Engages diverse communities with localized communication and partnerships.

2. Boulder County Public Health (Colorado):
Addresses local health disparities through community education and multilingual outreach.

3. Sonoma County Department of Health Services (California):
   Targets diverse populations with community-based approaches and collaborations.

4. Jefferson County Department of Health (Alabama):
   Tailors communicate and utilize bilingual staff to engage diverse residents.

STRATEGY #2
Public Transportation and Access to Care: Services for Seniors (over 60+), Disabled Residents, and Low-Income Residents

- Promote services supporting equitable transportation access for underserved populations, such as Dial-A-Ride and Metro's Low-Income Fare is Easy (LIFE) Program

- Pursue funding opportunities that support the delivery of public health services in locations most convenient to residents, such as their local park, library, or in their own home.

Public Health Jurisdictions in Action:
Transportation Access for Seniors and Disabled Residents

1. San Diego County Health and Human Services Agency - Seniors on the Go Program
2. Maricopa County Department of Public Health (Phoenix, AZ) - Accessible Transportation Initiative
3. Multnomah County Health Department (Portland, OR) - Senior Ride Assistance Program
4. Los Angeles County Department of Public Health - LIFE
   (Low-Income Fare is Easy) Program Promotion
5. Chicago Department of Public Health - Access to Care Transportation Voucher Program
6. New York City Department of Health and Mental Hygiene - Affordable Transit Initiative

STRATEGY #3
Food Security: Addressing Nutrition and Access to Healthy Food

- Support the collection of data by local food banks and other organizations that provide food to communities in need to assess food insecurity in Pasadena

- Adapt operating hours of public health services to meet the needs of residents to ensure access when they are available.

- Partner with faith-based and community-based organizations to promote nutrition education, support, and access programs.

Public Health Jurisdictions in Action: Healthy Nutrition Programs

1. Los Angeles County Department of Public Health
2. San Francisco Department of Public Health
3. New York City Department of Health and Mental Hygiene

PILLAR IN ACTION #2.
DATA-DRIVEN ACTION

STRATEGY #1
Standardize Methods for Collecting and Reporting Data: Consistency and Departmental Information Sharing

- Establish procedures to guide the collection and use of health equity data in decision-making processes.
- When population sizes are sufficient to protect individual confidentiality, collect and report race, ethnicity, SOGI, and other demographics needed to understand differences in health outcomes across vulnerable populations.
- Incorporate historical factors, systemic impacts, and other root causes of health disparities in narratives when explaining data on population health outcomes.

Public Health Jurisdictions in Action: Unified Data Collection for Health Equity

1. Los Angeles County Department of Public Health - Standardized Data Collection Initiative

2. New York City Department of Health and Mental Hygiene - Health Equity Data Standardization Project

3. Chicago Department of Public Health - Data Collection Harmonization Program

STRATEGY #2
Health Equity Data

Create a public-facing data dashboard reporting data for priority community health priorities to monitor the status of identified health inequities.

- Educate department staff on the capabilities of the Healthy Places Index, Social Vulnerability Index, and other comprehensive data mapping tools that support the assessment of community well-being.

- Work with community stakeholders to design a community reporting system that identifies the status of community well-being, monitors health inequities, and supports the development of a shared vision for addressing health equity priorities.

Public Health Jurisdictions in Action: Community Health Equity Scorecard

1. Boston Public Health Commission - Health Equity Scorecard Development Project

2. Denver Public Health - Community Health Equity Dashboard Implementation

3. San Diego County Health and Human Services Agency - Equity Metrics Framework

Public Health Jurisdictions in Action: Historical Context and Intersectionality Framework

1. San Francisco Department of Public Health - Integrating historical context into health equity analysis and developing a Community Health Index.

2. Philadelphia Department of Public Health - Applying an intersectionality framework to understand health disparities and guide CHI development.

3. Seattle-King County Public Health - Utilizing systems mapping for comprehensive health equity analysis and CHI implementation.

PILLAR IN ACTION 3. PARTNERSHIPS AND STAKEHOLDER ENGAGEMENT

STRATEGY #1
Stakeholder Engagement for Health Equity:

Develop organization capacity to lead and support collective impact initiatives that support collaborative community efforts to reduce health inequities. [GYY1] [SM2]

- Fully implement the Community Engagement Guide and support department staff efforts to share decision-making with community organizations.

- Support Human-Centered Design practices to engage community members in learning about their lived experiences and applying lessons from their experiences to the development of department practices, procedures, and policies that can advance health equity.

Public Health Jurisdictions in Action:

1. New York City's Department of Health and Mental Hygiene (DOHMH) partners with community-based organizations to host Community Conversations, engaging residents in discussions on health equity, social determinants, and community needs, fostering collaboration on strategies and policies.

2. Chicago's Healthy Chicago Equity Zones (HCEZ) initiative, led by the Chicago Department of Public Health (CDPH), forms partnerships with community organizations and residents to address health disparities and promote equity.

PILLAR IN ACTION 4.
OPERATIONAL EXCELLENCE

STRATEGY #1
Equity in Action: Building a Culture Inside-Out

- Assess current department efforts to build a supportive, equitable, and transparent workplace to identify what is helpful and what can be improved

- Continue to cultivate a collaborative workplace culture that values diverse perspectives and invests in professional development.
- Attract, retain, and promote high-performing talent.
- Align organizational goals with equity in recruitment, retention, and promotion.
- Share organizational commitments and successes with the public to provide examples of healthy workplace culture and our commitment to health equity.

Public Health Jurisdictions in Action: Employee Culture, Professional Development, and Well-Being

1. San Francisco Department of Public Health (S.F.D.P.H.) Establishes a culture of inclusion by prioritizing equity, collaboration, and employee well-being, fostering open communication, teamwork, supportive leadership, continuous learning, and improvement.
2. Centers for Disease Control and Prevention (CDC): The CDC prioritizes diversity, equity, and inclusion within its workforce through various initiatives and professional development programs.
3. Public Health Institute (PHI): PHI promotes equity and inclusion among its employees with training programs, mentorship opportunities, and community engagement efforts.
4. Robert Wood Johnson Foundation (RWJF): RWJF focuses on building a culture of health equity internally and externally, emphasizing equity in hiring and supporting initiatives for systemic change.

STRATEGY #2
Diversify Funding to Support Health Equity:

- Employ a health equity lens in policymaking, program development, project management, and budget decisions.
- Explore avenues for long-term funding through foundations and other non-governmental sources that offer support for advancing health equity initiatives

Best Practices by Jurisdiction:
Diversity in Funding. Several public health jurisdictions across the United States employ various tactics to fund health equity initiatives through alternative funding sources and tax initiatives.

1. **Seattle/King County, Washington:** Seattle and King County have implemented sales taxes and special assessments to fund health equity initiatives, including programs aimed at addressing homelessness, mental health, and substance abuse.

2. **Boston, Massachusetts:** Boston has imposed sales taxes and sin taxes on products such as tobacco and alcohol to support health equity programs, including initiatives focused on reducing health disparities among underserved populations.

3. **San Francisco, California:** San Francisco has utilized a combination of sales taxes, sin taxes, and environmental impact fees to fund health equity efforts, particularly those related to environmental justice and transportation access.

4. **Philadelphia, Pennsylvania:** Philadelphia has implemented a soda tax to fund health equity programs, including initiatives aimed at reducing childhood obesity and promoting healthy eating habits in underserved communities.

5. **Portland, Oregon:** Portland has employed sales taxes and local option taxes to support health equity initiatives, including programs focused on improving access to healthcare services and addressing social determinants of health.

6. **Minneapolis, Minnesota:** Minneapolis has utilized sales taxes and vehicle registration fees to fund health equity efforts, particularly those related to transportation access and public transit improvements in low-income neighborhoods.

7. **Oakland, California:** Oakland has implemented sin taxes and public-private partnerships to fund health equity programs, including initiatives focused on addressing racial disparities in healthcare access and outcomes. These are just a few examples of public health jurisdictions nationwide that have employed alternative funding sources and tax initiatives to support health equity initiatives. Many other jurisdictions utilize similar tactics to fund programs addressing health disparities and promoting equitable access to healthcare services.

PART #3
IMPLEMENTATION STRATEGY

PILLAR IN ACTION #1:
HEALTH DISPARITY REDUCTION

STRATEGY #1:
COMMUNITY ENGAGEMENT, EDUCATION, AND AWARENESS PROGRAM - DISSEMINATION OF PUBLIC HEALTH INFORMATION

The Pasadena Public Health Department (PPHD) aims to reduce health disparities over three years through effective public health information dissemination, community engagement, education, and awareness. Its strategic approach includes focusing on areas with a concentration of marginalized health outcomes and historically underserved populations.

Year 1 focuses on planning and initial rollout, including developing a public education campaign, improving language access, and designing a communication strategy. Efforts include pilot testing, community feedback, and initial campaign launches. It is recommended that PPHD utilize the services of an independent communications firm to assist with the development of a community education and awareness program.

Year 2 involves expansion and adjustment. The campaign will broaden its reach, enhance language services, and strengthen communication strategies with ongoing evaluation and community feedback to refine approaches.

Year 3 emphasizes optimization and sustainability. PPHD will optimize campaign messages and outreach methods, institutionalize language services, and enhance long-term communication strategies. Successful initiatives will be scaled citywide, and best practices will be embedded into standard operations, ensuring continuous improvement and community engagement.

Budget Overview (Three Years):
- Staffing/Consultants: $150,000/year
- Materials: $25,000/year
- Campaign Costs: $50,000/year
- Technology: $50,000/year

Monitoring and Evaluation:
Key metrics include community engagement rates, utilization of language services, community feedback, and health outcomes assessed through surveys, focus groups, feedback sessions, and health data analysis.

STRATEGY #2:
Public Transportation and Access to Care - Services for Seniors (60+), Disabled Residents, and Low-Income Residents

The Pasadena Public Health Department (PPHD) plans to improve access to health services for seniors, disabled, and low-income residents by integrating the public health website with public transportation services.

Year 1 focuses on planning and initial rollout, including creating and integrating digital content for Pasadena's Dial-A-Ride and Metro's LIFE Program on the PPHD website. This phase includes developing informative graphics with click-through links, promoting the website update, and gathering initial feedback for adjustments.

Year 2 involves expansion and adjustment. The plan will regularly update the website with new added content - health information, success stories, and additional resources. Efforts will focus on increasing community awareness through social media, newsletters, and partnerships with local organizations.

Year 3 emphasizes optimization and sustainability. PPHD will refine the website's transportation section for maximum usability and impact, sustain regular promotional efforts, and integrate effective website management practices into standard operations. Ongoing evaluation will ensure continuous improvement and community engagement.

Budget Overview (Three Years):
- Staffing: $50,000/year for website content managers and outreach coordinators
- Materials: $3,500/year for digital content creation and website maintenance
- Technology: $20,000/year for website enhancements and data analytics tools

Monitoring and Evaluation:
Key metrics include website traffic, user engagement rates, community feedback, and health service access rates, assessed through web analytics and online feedback tools.

STRATEGY #3:
Food Security - Addressing Nutrition and Access to Healthy Food

The Pasadena Public Health Department (PPHD) intends to address nutrition and access to healthy food over three years by expanding access, strengthening partnerships, and enhancing support for food security through expanded hours. This will allow working residents to access food banks after working hours and on weekends.

Year 1 focuses on planning and initial rollout. This includes working with organizations to modify the operating hours of food security sites, including evenings and weekends. This effort also includes developing partnerships with local churches and community-based organizations (CBOs) and advocating for additional food supplies for local food banks and churches. Initial implementation will involve rolling out extended hours at select sites, launching partnership initiatives, and starting advocacy efforts.

Year 2 involves expansion and adjustment. The strategy will work to motivate additional CBO's to modify hours to additional sites, expand the network of partner organizations, and intensify advocacy efforts.

Year 3: Continuous monitoring and sustainability. Continuous monitoring and feedback will help adjust operations to better meet the community's needs. Successful initiatives will be used in best practices and embedded into standard operations, ensuring continuous improvement and community engagement.

Budget Overview (Three Years):
- Staffing: $100,000/year
- Materials: $5,000/year

Monitoring and Evaluation:
Key metrics include site usage rates, community engagement, partner feedback, and resource distribution, which are assessed through data analytics and regular evaluations.

PILLAR IN ACTION #2: HEALTH EQUITY DATA

STRATEGY #1: Standardize Methods for Collecting and Reporting Data - Consistency and Departmental Information Sharing

The Pasadena Public Health Department (PPHD) plans to standardize data collection and reporting methods to ensure consistency, enhance information sharing, and support informed decision-making processes to address health disparities.

Year 1 focuses on planning and initial rollout, including developing standardized data collection procedures, training staff, and implementing initial procedures in select divisions.

Year 2 involves expansion and adjustment, rolling out standardized procedures across all divisions, enhancing data analysis and reporting, and incorporating historical and systemic factors into data narratives.

Year 3 emphasizes optimization and sustainability, refining data collection methods, institutionalizing standardized practices, and ensuring continuous improvement through ongoing evaluation and feedback.

THE IMPLEMENTATION PROTOCOL CAN BE FOUND IN THE APPENDIX OF THIS REPORT.

Budget Overview (Three Years):
- Staffing: $150,000/year
- Materials: $30,000/year
- Technology: $50,000/year

Monitoring and Evaluation:
Key metrics include data reliability, staff compliance, quality of analysis, and community feedback, which are assessed through regular reviews and audits.

STRATEGY #2:
Create a Public-Facing Data Dashboard

The Pasadena Public Health Department (PPHD) plans to develop a public-facing data dashboard to monitor health inequities and support community well-being through education, stakeholder collaboration, and data transparency. This dashboard will not duplicate existing public-facing dashboards but be an online location where community members can find health equity information for the City of Pasadena.

Year 1 focuses on planning and initial rollout, including training staff on data tools like the Healthy Places Index and Social Vulnerability Index, engaging community stakeholders, and designing the dashboard with initial data integration.

Year 2 involves expanding and adjusting the dashboard, launching a pilot version, gathering user feedback, expanding data collection efforts, and refining the dashboard based on feedback.

Year 3 emphasizes optimization and sustainability, enhancing dashboard functionality, institutionalizing data collection practices, securing ongoing funding, and ensuring continuous improvement through ongoing evaluation and community engagement.

Budget Overview (Three Years):
- Staffing: $150,000/year
- Materials: $30,000/year
- Technology: $50,000/year

Monitoring and Evaluation:
Key metrics include user engagement, data accuracy, community feedback, and the impact on health equity initiatives, which are assessed through regular data reviews, user surveys, and stakeholder meetings.

PILLAR IN ACTION 3:
PARTNERSHIPS AND STAKEHOLDER ENGAGEMENT

STRATEGY #1:
Stakeholder Engagement for Health Equity

The Pasadena Public Health Department (PPHD) will develop organizational capacity to lead and support collective impact initiatives that reduce health inequities through collaborative community efforts.

Year 1 focuses on planning and initial rollout, including training staff on the Community Engagement Guide, conducting Human-Centered Design workshops, and engaging community members to gather insights on their lived experiences.

Year 2 involves expansion and adjustment, broadening the use of the Community Engagement Guide, fostering deeper partnerships with community organizations, applying Human-Centered Design insights, and evaluating engagement efforts based on feedback.

Year 3 emphasizes optimization and sustainability, refining community engagement and design practices, institutionalizing successful practices, scaling successful initiatives, and ensuring continuous improvement through ongoing evaluation and community engagement.

Budget Overview (Three Years):
- Staffing: $120,000/year
- Materials: $40,000/year
- Program Costs: $70,000/year

Monitoring and Evaluation:
Key metrics include the number of staff trained, community engagement levels, feedback from community partners, and the impact on health equity, assessed through regular reviews, surveys, and stakeholder meetings.

PILLAR IN ACTION 4: OPERATIONAL EXCELLENCE

STRATEGY #1: Equity in Action - Building a Culture Inside-Out

The Pasadena Public Health Department (PPHD) aims to develop a supportive, equitable, and transparent workplace culture that values diversity, fosters professional development, and aligns organizational goals with equity.

Year 1 focuses on assessing current efforts and initial rollout. This includes evaluating the workplace, identifying areas for improvement, launching collaborative initiatives, and investing in professional development. This effort might be best served by retaining a consultant who specializes in professional development and enhancing cultures within organizations such as PPHD.

Year 2 involves expansion and adjustment. Efforts include enhancing recruitment and retention strategies, monitoring and adjusting initiatives based on feedback, and promoting workplace successes to the public.

Year 3 emphasizes optimization and sustainability. This includes refining workplace practices, sustaining professional development programs, embedding equity in organizational goals, and maintaining public engagement.

Budget Overview (Three Years):
- Staffing/Consultants: $100,000/year
- Materials/Consultant: $30,000/year
- Program Costs: $25,000/year

Budget Overview (Three Years):
- Staffing/Consultants: $100,000/year
- Materials/Consultant: $30,000/year
- Program Costs: $25,000/year

Monitoring and Evaluation:
Key metrics include employee satisfaction, retention rates, diversity in recruitment and promotions, staff feedback, and public perception, assessed through regular surveys and reviews.

STRATEGY #2:
Diversify Funding to Support Health Equity

The Pasadena Public Health Department (PPHD) would like to diversify funding sources to support health equity by employing a health equity lens in all decision-making processes and exploring long-term funding avenues through foundations and other non-governmental sources.

Year 1 focuses on planning and initial implementation, including integrating a health equity perspective into all aspects of decision-making, identifying potential funding sources, and implementing pilot funding initiatives. It's recommended that PPHD utilize the support of an independent contractor to develop a fundraising strategy.

Year 2 involves expansion and adjustment, broadening funding efforts by securing diverse sources, launching full-scale health equity programs, and continuously evaluating and adjusting funding strategies based on feedback.

Year 3 emphasizes optimization and sustainability, refining funding models, institutionalizing the health equity lens, sustaining successful initiatives, and ensuring transparency and accountability through public reporting.

Budget Overview (Three Years):
- Staffing/Consultants: $120,000/year
- Materials: $40,000/year
- Program Costs: $70,000/year

Monitoring and Evaluation:
Key metrics include the number of new funding sources secured, the effectiveness of health equity programs, stakeholder engagement levels, and the impact on health disparities, assessed through regular reviews, feedback sessions, and public reports.

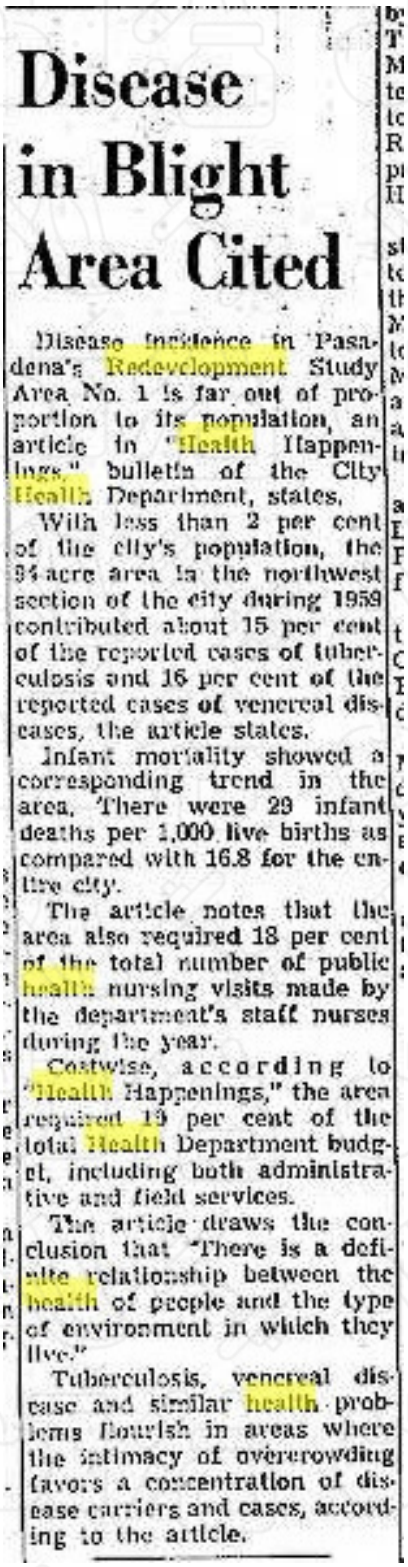
Alignment with Best Practices
This strategy aligns with best practices from jurisdictions like Seattle/King County, Boston, San Francisco, Philadelphia, Portland, Minneapolis, and Oakland, which employ diverse funding tactics such as sales taxes, sin taxes, environmental impact fees, and public-private partnerships to support health equity initiatives.

APPENDIX

Comprehensive Review and Assessment (Expanded and Condensed Versions)

Key Informant Interviews

Misc. Articles to Support Making the Case



Disease in Blight Area Cited

Disease incidence in Pasadena's Redevelopment Study Area No. 1 is far out of proportion to its population, an article in "Health Happenings," bulletin of the City Health Department, states.

With less than 2 per cent of the city's population, the 94 acre area in the northwest section of the city during 1959 contributed about 15 per cent of the reported cases of tuberculosis and 16 per cent of the reported cases of venereal diseases, the article states.

Infant mortality showed a corresponding trend in the area. There were 29 infant deaths per 1,000 live births as compared with 16.8 for the entire city.

The article notes that the area also required 18 per cent of the total number of public health nursing visits made by the department's staff nurses during the year.

Costwise, according to "Health Happenings," the area required 19 per cent of the total Health Department budget, including both administrative and field services.

The article draws the conclusion that "There is a definite relationship between the health of people and the type of environment in which they live."

Tuberculosis, venereal disease and similar health problems flourish in areas where the intimacy of overcrowding favors a concentration of disease carriers and cases, according to the article.

THREE (3) IMPLEMENTATION PROTOCOLS:

PILLAR IN ACTION #2: HEALTH EQUITY DATA

Strategy #1: Standardize Methods for Collecting and Reporting Data - Consistency and Departmental Information Sharing

PROTOCOL 1: DATA COLLECTION AND STANDARDIZATION

1. Develop Standard Operating Procedures (SOPs)

Description: Create comprehensive SOPs for the consistent collection of health equity data across all departments.

Components: Data collection methods, data entry protocols, and quality assurance checks.
Implementation: Conduct workshops to train staff on the SOPs and integrate them into daily operations.

Tools: MS Excel creates and maintains standardized data collection templates.

2. Demographic Data Collection

Description: Implement protocols for collecting detailed demographic data, including race, ethnicity, sexual orientation, gender identity (SOGI), and other relevant demographics.

Confidentiality: Ensure data collection practices protect individual confidentiality, particularly for smaller population sizes.

Training: Educate staff on the importance of demographic data and the ethical considerations in its collection.

Tools: Utilize MS Excel to design structured data collection sheets that ensure uniformity and ease of use.

3. Data Quality Audits

Description: Conduct regular audits to ensure data consistency and accuracy.

Frequency: Quarterly audits.

Process: Use internal review teams to verify data integrity and adherence to established SOPs.

Tools: Leverage MS Excel for data validation, error checking, and audit tracking.

PROTOCOL 2: DATA REPORTING AND USAGE

1. Develop Reporting Guidelines

Description: Establish guidelines for reporting health equity data, focusing on clarity, accuracy, and contextual relevance.

Components: Standard report templates, data visualization standards, and narrative guidelines.

Training: Provide training sessions for staff on effective data reporting techniques.

2. Contextual Data Narratives

Description: Incorporate historical factors, systemic impacts, and root causes of health disparities in data narratives to provide comprehensive insights.

Components: Templates and examples for contextual narratives.

Integration: Embed narratives in all health equity reports and presentations.

3. Data Accessibility

Description: Ensure health equity data is easily accessible to all relevant departments for informed decision-making.

Tools: Use centralized data repositories and shared databases.

Access Control: Implement appropriate access controls to maintain data security and confidentiality.

PROTOCOL 3: INTERDEPARTMENTAL INFORMATION SHARING

1. Create an Information Sharing Framework

Description: Develop a framework to facilitate efficient and secure sharing of health equity data across departments.

Components: Data sharing agreements, communication protocols, and collaboration tools.

Implementation: Train staff on the framework and integrate it into regular departmental workflows.

2. Regular Interdepartmental Meetings

Description: Schedule regular meetings between departments to discuss data findings, share insights, and collaborate on health equity initiatives.

Frequency: Monthly meetings.

Agenda: Data trends, collaborative projects, and best practices.

3. Collaborative Data Projects

Description: Encourage collaborative projects between departments to leverage diverse expertise and perspectives in addressing health equity issues.

Examples: Joint research studies, data analysis projects, and community health initiatives.

Support: Provide resources and support for interdepartmental collaboration.

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