1. **Community Description**

Briefly characterize the community(ies) served by your health department or support organization (location, population served, jurisdiction type, organization structure, etc). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

Incorporated in 1886 the City of Pasadena has come to be famous for the Tournament of Roses, the Rose Bowl, the Jet Propulsion Laboratory, and California Institute of Technology, but its diversity and unique offerings makes it a wonderful place to live. Pasadena is nestled in the San Gabriel Valley, the northeast corner of Los Angeles County. Pasadena is built-out urban city with a total population of 137,122. The people are a diverse mix of races and ethnicities. According to the American Community Survey 55.8% of Pasadenans are white, 33.0% are Latino, 13.4% are African-American, and 12.7% are Asian.

Notably Pasadena is one of three cities in the state of California to have its own health department. The Pasadena Public Health Department has a broad range of services spanning HIV/AIDS comprehensive care services; to environmental health inspections; to dental, prenatal, immunization and tuberculosis clinics; and more. The Pasadena Public Health Department is dedicated to the physical, social and mental well-being of the Pasadena residents.

2. **Work Plan Overview**

Provide an overview of the work you conducted with or because of this funding, including the significant accomplishments/deliverables completed between December 2012-May 2013 under the auspices of this grant, and the key activities you engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

The City of Pasadena Public Health Department was awarded monies for two main goals: 1) Complete a CHIP and 2) develop and share a plan to review policies.

Community Health Improvement Plan (CHIP)

Beginning in early November invitations to participate in the City’s first Community Health Improvement Plan were distributed to key stakeholders and community members. Everyone was invited to participate. Key stakeholders were encouraged to send the invitation to other organizations and community representatives who they felt would serve as valuable resources during the CHIP process.

On January 31, 2013 the City of Pasadena Mayor and the Director of Public Health hosted the preliminary CHIP meeting. Over 60 people were in attendance from more than 30 organizations. They were given audience response remotes and were polled during the initial presentation for their opinions on the scale and importance of health issues identified in the community health
assessment, the Quality of Life Index 2012. They were also asked to rank the feasibility of targeting those health issues. After each poll results were projected back to the group for feedback.

After the initial presentation with the polls was completed, participants were broken into 8 tables with 6-8 participants and asked to reach a consensus on the 3-4 most important health issues. The multi-disciplinary groups prioritized those four issues and suggested strategies to alleviate that health issue. Each group was then asked to share their major findings to the whole group.

Four health issues were identified from the polls and the focus groups: mental health, obesity & obesity-related diseases, access to health care and teen pregnancy. The Pasadena Public Health Department distributed the preliminary executive summary to partners.

Subsequently, members of the initial CHIP planning meeting were asked to participate in one of the four workgroups to further the vision, goals and objectives for each topic area. Each workgroup then invited other stakeholders they felt were vital to the accurate development of the goals. Each workgroup met several times. All findings from the workgroups were distributed to the entire CHIP group for review and approval.

Currently the Health Department is coordinating the workgroups to develop the timelines for execution and generating the final document. May 31, 2013 is the project date for finalization.

3. **Challenges**

*Describe any challenges or barriers encountered during the implementation of your work plan. These can be challenges you may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities. If challenges were noted in your interim report, please do include them here as well.*
The time to appropriately conduct a CHIP seems more protracted than previously estimated. The Pasadena Public Health Department wanted to ensure ample community feedback and participation. That said the time dedicated to matching schedules of disparate organizations can be taxing and difficult. During the CHA, organizations tended to agree on the problems of the community, the solutions offered in the CHIP were not as easily identified.

Securing approval for policy review and approval was difficult to obtain. It was important to get the plan vetted before submitting to NACCHO for distribution. The City of Pasadena started with no formal, written documentation on its policy processes and so being timely was extremely difficult.

4. **Facilitators of Success**
   *Describe factors or strategies that helped to facilitate completion of your work. These can be conditions at your organization that generally contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above.*

Collaboration, collaboration, collaboration. Multiple conference calls with other local jurisdictions; including Long Beach Department of Health and Human Services and Los Angeles Department of Public Health were huge helps.

Attending accreditation seminars, conferences, and conference calls have also been a facilitator of success. There are so many resources available that are not easily tapped if there is no knowledge of its existence. Public health institutes and other national organizations, like NALBOH, NACCHO & PHAB, have a wealth of knowledge that can be meaningful for small LHD’s.

5. **Lessons Learned**
   *Please describe your overall lessons learned from participating in the Accreditation Support Initiative. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might give to other health departments or support organizations who are pursuing similar accreditation-related funding opportunities or technical assistance activities.*

The Community Health Improvement plan will take months. Plan accordingly.

The Community Health Improvement Plan planning members require thoughtful recruitment. Do not allow just any person join without some scrutiny of their ability to contribute to the plan. It is important to make sure it is diverse, but not to the point that you have people who are unable to see strategy and effective intervention.

The CHIP workgroups must be facilitated by an experienced facilitator. Do not expect a leader in the group to be savvy enough to lead.

6. **Funding Impact**
   *Describe the impact that this funding has had on your health department/support organization (and/or health departments you worked with as a support organization). In other words, thinking about the work you have done over the last six months:*
(Health departments) How has this funding advanced your own accreditation readiness or quality improvement efforts?

(Support organizations) How has this funding advanced the technical assistance you provide to health departments? How has this funding advanced the accreditation readiness of the health departments you worked with?

The CHIP was a totally un-funded, but required, endeavor by our city’s leaders. Without this funding we would have been left to encumber it as part of the waning reserve fund. Additionally, this allowed us to contract a proof-reader and graphic designer to accurately reflect the professionalism that was given to this effort.

The City of Pasadena Public Health Department has no single staffer assigned to a policy position. By receiving these funds, time and money was allocated to developing a more centralized system for reviewing/creating policy.

Finally, and most importantly, it helped fund attendance at the Public Health Improvement Training which brought a wealth of knowledge back to the department. It was more valuable than any other conference in QI, PM or accreditation. I would strongly suggest every health department attend.

7. **Next Steps**

   What are your organization’s (and/or the health departments you worked with as a support organization) general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

The City of Pasadena Public Health Department (PPHD) will continue to address gaps identified in the Accreditation Gaps Assessment based on the 12 Domains. It will begin collecting documentation and evaluate whether said documentation meets the rigorous requirements of accreditation.

It plans to continue the workgroup meetings to monitor the progress and success of the CHIP’s collaborative efforts.

Finally, PPHD plans to investigate the creation of a board of public health.