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## Community Health Needs Assessment

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2019

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## Executive Summary

MemorialCare Long Beach Medical Center (LBMC) is a 462-bed, regional medical center. The Medical Center is located on a 54-acre campus in Long Beach, California that it shares with Miller Children's & Women's Hospital Long Beach.

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by LBMC. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with organizations that share a mission to improve health. This CHNA Report meets requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697 that require tax-exempt hospitals to conduct a CHNA at least once every three years.

### The Long Beach Collaborative

Long Beach Medical Center participated in a collaborative process for the Community Health Needs Assessment as part of the LB CHNA Collaborative, which included MemorialCare Miller Children's and Women's Hospital Long Beach, Dignity Health St. Mary's Medical Center, Kaiser Permanente South Bay Medical Center, Long Beach Department of Health and Human Services, and The Children's Clinic, Serving Children and Their Families. Given that these partners share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

### Service Area

Long Beach Medical Center is located at 2801 Atlantic Avenue, Long Beach, CA 90806. The service area includes 23 ZIP Codes, representing 12 cities in Los Angeles County and Orange County. The service area also includes parts of Los Angeles County Service Planning Area (SPA) 6, SPA 7, and SPA 8, as well as all census tracts located within these 23 ZIP Codes. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

### Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data were obtained through 6 focus groups that engaged 91 community residents, and interviews with 20 key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and

individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

### Summary of Findings

The CHNA findings resulted from the analysis of secondary data and primary data from key informant interviews and focus groups. As a result of this analysis, the following significant health needs were identified:

#### Significant Health Needs

- Access to Health Care
- Chronic Diseases
- Economic Insecurity
- Environment
- Exercise, Nutrition and Weight
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Oral Health/Dental Care
- Pregnancy and Birth Outcomes
- Preventive Practices
- Public Safety
- Sexually Transmitted Infections
- Substance Use and Misuse

### Prioritization

To prioritize the significant health needs, an online prioritization survey obtained feedback from the community interviewees. The prioritization of health needs resulted in housing and homelessness, mental health and economic insecurity as the top three needs.

1. Housing and homelessness
2. Mental health
3. Economic insecurity
4. Public safety
5. Access to health care
6. Chronic diseases
7. Exercise, nutrition and weight
8. Food insecurity
9. Environment
10. Substance use and misuse
11. Pregnancy and birth outcomes
12. Preventive practices
13. Sexually transmitted infections
14. Oral health/dental care

Focus group participants were also asked to identify the most important significant health needs. The top five priorities were calculated by tallying all focus group participant votes and selecting the five significant health needs with the highest scores. The top priorities were:

1. Access to health care
2. Mental health and mental health conditions

3. Housing and homelessness
4. Public safety
5. Chronic diseases

### **Report Adoption, Availability and Comments**

This CHNA report was adopted by the Long Beach Medical Center Board of Directors in June 2019.

This report is widely available to the public on the hospital's web site, <https://www.memorialcare.org/content/community-benefit>. Written comments on this report can be submitted to [communitybenefit@memorialcare.org](mailto:communitybenefit@memorialcare.org).

## Introduction

### MemorialCare

MemorialCare is a nonprofit integrated health care delivery system that includes Long Beach Medical Center, Miller Children's & Women's Hospital Long Beach, Orange Coast Medical Center, and Saddleback Medical Center; award-winning medical groups – MemorialCare Medical Group and Greater Newport Physicians; Seaside Health Plan; and convenient outpatient health centers, imaging centers, surgical centers and dialysis centers throughout Orange and Los Angeles Counties.

### Long Beach Medical Center

Long Beach Medical Center (LBMC) is a 462-bed, state-of-the-art regional medical center. Established as Seaside Hospital in 1907, it became known as Long Beach Memorial Hospital in 1958. The Medical Center is located on a 54-acre campus that it shares with Miller Children's & Women's Hospital Long Beach. These hospitals function under the same tax identification number but are separately licensed hospitals. The hospital mission is to improve the health and well-being of individuals, families and our communities.

As a regional medical center, Long Beach Medical Center provides health care through many specialties and services, including the Certified Comprehensive Stroke Center, Long Beach Adult and Pediatric Sleep Center, MemorialCare Breast Center, MemorialCare Heart & Vascular Institute, MemorialCare Imaging Center, MemorialCare Joint Replacement Center, MemorialCare Rehabilitation Institute, MemorialCare Todd Cancer Institute, Spine Health Center and Trauma Center. For a complete list of LBMC's services visit:

[www.memorialcare.org/long-beach-medical-center](http://www.memorialcare.org/long-beach-medical-center).

### Purpose

LBMC has undertaken a CHNA as required by state and federal law. California's Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct tax-exempt hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.



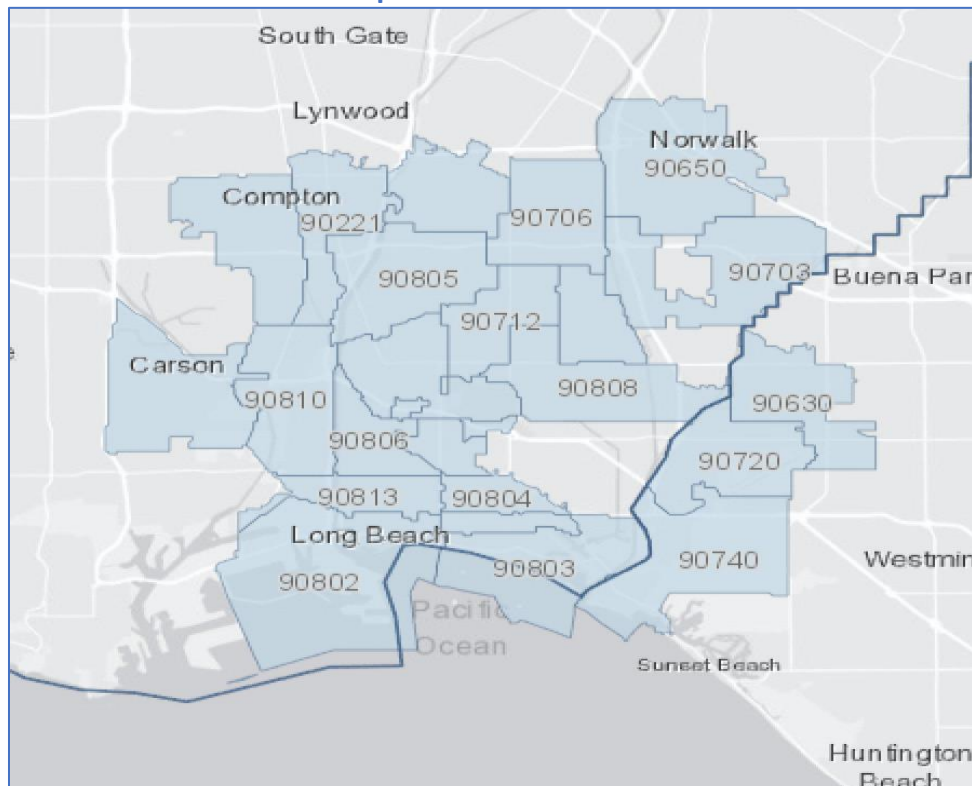
## Service Area

Long Beach Medical Center is located at 2801 Atlantic Avenue, Long Beach, CA 90806. The service area includes 23 ZIP Codes, representing 9 cities in Los Angeles County and 3 cities in Orange County. The service area also includes parts of Los Angeles County Service Planning Area (SPA) 6, SPA 7, and SPA 8, as well as all census tracts located within these 23 ZIP Codes. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

### LBMC Service Area

City	ZIP Code	Service Planning Area/County
Bellflower	90706	SPA 7/Los Angeles
Carson	90745	SPA 8/Los Angeles
Cerritos	90703	SPA 7/Los Angeles
Compton	90220, 90221	SPA 6/Los Angeles
Cypress	90630	Orange County
Lakewood	90712, 90713	SPA 7/Los Angeles
Long Beach	90802, 90803, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 90814	SPA 8/Los Angeles
Los Alamitos	90720	Orange County
Norwalk	90650	SPA 7/Los Angeles
Paramount	90723	SPA 6/Los Angeles
Seal Beach	90740	Orange County
Signal Hill	90755	SPA 8/Los Angeles

### Map of the Service Area





### **Collaborative Process**

Long Beach Medical Center participated in a collaborative process for the Community Health Needs Assessment as part of the LB CHNA Collaborative, which included MemorialCare Miller Children’s and Women’s Hospital Long Beach, Dignity Health St. Mary’s Medical Center, Kaiser Permanente South Bay Medical Center, Long Beach Department of Health and Human Services, and The Children’s Clinic, Serving Children and Their Families. Given that these partners share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

### **Consultants**

Conduent Healthy Communities Institute (HCI) conducted the 2019 Community Health Needs Assessment. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit [www.conduent.com/community-population-health](http://www.conduent.com/community-population-health).

Long Beach Forward conducted the focus groups. The mission of Long Beach Forward is to create a healthy Long Beach with low-income communities of color by building community knowledge, leadership and power. The focus groups were conducted by Cynthia Howell and Sevly Sngun, with support from Ariel Halstead, MPH. Data analysis, tables, and figure of frequency codes were provided by Sevly Sngun. The focus group report was written by Cynthia Howell, MPH, Christine Petit, PhD, and Sevly Sngun, MPH. <https://www.lbforward.org/>

# Methodology

## Data Collection

Primary and secondary data were used in this assessment. Primary data were collected directly from members of the community and were obtained through focus groups and key informant interviews. Secondary data are health indicator data that have been collected by public sources such as the Census Bureau and health departments. Data findings were organized by health topics and then synthesized for an overview of the health needs in hospital's service area.

## Secondary Data Sources and Analysis

Secondary data were collected and analyzed from HCI's community indicator database. This database, maintained by researchers and analysts at HCI, includes over 100 community indicators from state and national data sources. HCI evaluated the data sources based on the following three criteria: the source has a validated methodology for data collection and analysis; the source has scheduled, regular publication of findings; and the source has data values for small geographic areas or populations. A list of data sources can be found in Appendix 1.

## Zip Codes and Zip Code Tabulation Areas

This report presents ZIP Code and ZIP Code Tabulation Area (ZCTA) data. ZCTAs are representative of geographic locations of populated areas. In most cases, the ZCTA will be the same as its ZIP Code. ZCTAs will not necessarily exist for ZIP Code areas with only businesses, single or multiple addresses, or for large unpopulated areas. Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference ZIP Codes in the titles (for purposes of familiarity) but show values of ZCTAs. Data from other sources are represented by ZIP Codes and are labeled as such.

## Disparities Analysis

When a given indicator had available subgroup data (e.g. race/ethnicity, age or gender) and values for these subgroups included confidence intervals, significant differences between the subgroups' value and the overall value were determined. A significant difference is defined as two values with non-overlapping confidence intervals. Only significant differences in which the value for a subgroup is worse than the overall value are identified. Confidence intervals are not available for all indicators. In these cases, there was not enough data to determine if two values were significantly different from each other.

## Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Some of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The analysis of subpopulation disparities is also limited by data availability, where indicator data vary based on the population groups and service areas being analyzed.

## Primary Data Methods and Analysis

Community input was collected to expand upon the information gathered from the secondary data. Primary data used in this assessment consisted of focus groups and key informant interviews.

## Focus Groups

Long Beach Forward (LBF), a community-based organization that focuses on producing a healthy Long Beach, was selected by the Collaborative to conduct focus groups. The Collaborative provided guidance to LBF on the populations to engage, focus-group questions, and significant health needs for prioritization. LBF designed the focus-group protocol, which included a consent form for participation, a 23-question survey, and focus-group facilitation guide. The Collaborative provided feedback on the protocol, which was incorporated by LBF.

Focus groups were conducted through six Long Beach-based organizations or programs, including The LGBTQ Center of Long Beach, Long Beach Alliance for Children with Asthma, Long Beach Department of Health and Human Services' Black Infant Health Program, Project Return Peer Support Network at Century Villages at Cabrillo, Rose Park Neighborhood Association, and United Cambodian Community. LBF selected organizational/program partners that would be able to reach two or more vulnerable populations as defined by the Collaborative and were as representative of the vulnerable populations as possible within the scope of the project.

Each organization secured the participation of 12-20 participants using the most effective method for their target audiences. Two organizations distributed a flyer, while others used word of mouth, targeted outreach and email invitations. Partners advertised a \$20 cash incentive for participants as well as food and interpretation as needed. Four of the focus groups were conducted in English, one in Khmer, and one in Spanish.

Qualitative analysis was performed using a vertical inductive approach, where all responses and comments by participants were given at least one descriptive code. Quantitative analysis was conducted to describe the key characteristics of the focus group participants.

A total of 91 participants participated in the 6 focus groups. The socioeconomic and demographic characteristics of the focus group participants are outlined below.

### Descriptive Characteristics of Focus Group Participants (N=91)

Socioeconomic and Demographic Characteristics	N (%)
<b>Age</b>	
18-24 years	8 (9%)
25-34 years	12 (13%)
35-44 years	17 (19%)
45-54 years	12 (13%)
55-64 years	17 (19%)
65-74 years	21 (23%)
75 years+	4 (4%)
<b>Gender</b>	
Man (includes small sample of trans-identified men)	29 (31%)
Woman	60 (66%)
<b>Education Status</b>	
Less than high school	19 (23%)
High school or GED equivalent	17 (19%)
Some college (no Associates)	23 (26%)
Associate's or Bachelor's Degree	22 (24%)
Master's Degree or Higher	9 (10%)
<b>Housing Status</b>	
Renter	51 (56%)
Homeowner	14 (15%)
Currently experiencing homelessness	3 (3%)
Living with family or friends	21 (23%)
Other	2 (2%)
<b>Race</b>	
Asian	23 (25%)
African-American/Black	12 (13%)
White	23 (25%)
Hispanic/Latino	26 (29%)

Multiracial	7 (8%)
<b>Ethnicity</b>	
Cambodian	21 (23%)
Hispanic/Latino	26 (29%)
<b>Sexual Orientation</b>	
Straight	62 (68%)
Gay	9 (10%)
Lesbian, Queer, Bisexual	12 (13%)
<b>Income</b>	
Under \$10,000	30 (33%)
\$10,000 to \$19,999	17 (19%)
\$20,000 to \$39,999	11 (12%)
\$40,000 to \$69,999	8 (9%)
\$70,000+	14 (15%)
Don't know	6 (7%)

### Key Informant Interviews

Community input was also collected through key informant interviews. Twenty key informant interviews (KIIs) were conducted by phone from January through March 2019. Interviewees who were asked to participate were recognized as having expertise in public health, special knowledge of community health needs and/or represented the broad interest of the communities served by the hospital, and/or could speak to the needs of medically underserved or vulnerable populations.

The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interviews were transcribed and analyzed using the qualitative analytic tool called Dedoose<sup>1</sup>. Interview excerpts were coded by relevant topic areas and key health themes. Multiple approaches were used to assess the relative importance of the needs discussed in these interviews. These approaches included:

- The frequency by which a health topic was discussed across all interviews

<sup>1</sup> Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC [www.dedoose.com](http://www.dedoose.com)

- The frequency by which a topic was coded alongside the following codes—  
Barriers/Challenges, Factors of Health Issues, Health Priorities for Future Efforts,  
Strategies for Addressing Key Issues, and Resources/Community Assets
- The frequency by which a topic was mentioned per interviewee

A list of the focus groups and stakeholder interview respondents, their titles and organizations can be found in Appendix 2.

#### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were posted on the website <https://www.memorialcare.org/content/community-benefit>. No comments from the public had been received on the preceding CHNA at the time this report was written.

## Identification and Prioritization of Significant Health Needs

To identify the significant health needs, the Collaborative members reviewed the secondary data results for their perspective service areas. The significant health needs were identified from the secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured using HCI's Data Scoring Tool®. The significant health needs are listed below.

### Significant Health Needs

- Access to Health Care
- Chronic Diseases
- Economic Insecurity
- Environment
- Exercise, Nutrition and Weight
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Oral Health/Dental Care
- Pregnancy and Birth Outcomes
- Preventive Practices
- Public Safety
- Sexually Transmitted Infections
- Substance Use and Misuse

### Prioritization Process

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholder interviews and focus groups were used to prioritize the significant health needs.

Upon completing the interviews, key stakeholders were asked to complete an online survey to prioritize the significant health needs. Survey participants scored the health needs on a scale from 1-5, with 1 meaning the respondent strongly disagreed to 5 meaning the respondent strongly agreed that the health need meets the criterion. Respondents were also able to select "Don't Know/Unsure" for each health need.

The criteria for prioritization included to what extent an issue:

- Impacts many people in the community
- Significantly impacts subgroups in the community (gender, race/ethnicity, LGBTQ, etc.)
- Has inadequate existing resources in the community
- Has high risk for disease or death

Completion of the prioritization matrix resulted in numerical scores for each health need that corresponded to how well each health need met the criteria for prioritization. The scores were ranked from highest to lowest. Housing/Homelessness, Mental Health, and Economic Insecurity had the highest overall scores. The significant health needs are shown below in priority order.

	Impact on Community	Impact on Subgroups	Inadequate Resources	High Risk	Overall Average
Housing and Homelessness	4.86	4.83	4.75	4.75	4.80
Mental Health and Mental Disorders	4.77	4.75	4.33	4.42	4.57
Economic Insecurity	4.64	4.92	4.42	4.25	4.56
Public Safety (crime, homicide, general community safety)	4.39	4.67	4.00	4.17	4.31
Access to Health Care	4.36	4.83	3.92	3.92	4.26
Chronic Diseases	4.57	4.83	3.42	4.08	4.23
Exercise, Nutrition and Weight	4.14	4.50	4.00	4.17	4.20
Food Insecurity	4.00	4.58	3.75	3.83	4.04
Environment	4.00	4.33	4.00	3.58	3.98
Substance Use and Misuse	4.00	3.92	3.50	3.17	3.65
Pregnancy and Birth Outcomes	3.46	3.58	2.67	3.33	3.26
Preventive Practices (immunizations and screenings)	3.00	3.08	2.33	3.50	2.98
Sexually Transmitted Infections	2.92	3.33	2.58	2.92	2.94
Oral Health/Dental Care	3.08	3.17	2.58	2.83	2.92



In addition to rating each need, community stakeholders were asked to rate the level of importance of addressing the significant health needs. 100% of participants rated Access to Health Care, Chronic Diseases, Economic Insecurity and Housing/Homelessness as “important or very important.” When asked about groups that were most affected by poor health outcomes in the Long Beach community, stakeholders identified racial/ethnic minority populations, persons who are homeless or precariously housed, and older adults as being most vulnerable.

### Prioritization Survey: Importance Level to Address Issue

Ranked as Important or Very Important	
Access to Health Care	100%
Chronic Diseases (diabetes, heart disease, stroke, asthma, pneumonia and influenza, COPD)	100%
Economic Insecurity	100%
Housing and Homelessness	100%
Mental Health and Mental Disorders	93.3%
Environment (the built environment and pollution)	92.9%
Food Insecurity	92.9%
Public Safety (crime, homicide, general community safety)	85.7%
Sexually Transmitted Infections	85.7%
Exercise, Nutrition and Weight (overweight and obesity, physical activity, access to healthy foods)	85.7%
Substance Use and Misuse (alcohol, tobacco, and drugs)	85.7%
Pregnancy and Birth Outcomes	71.4%
Preventive Practices (immunizations and screenings)	69.2%
Oral Health/Dental Care	64.3%

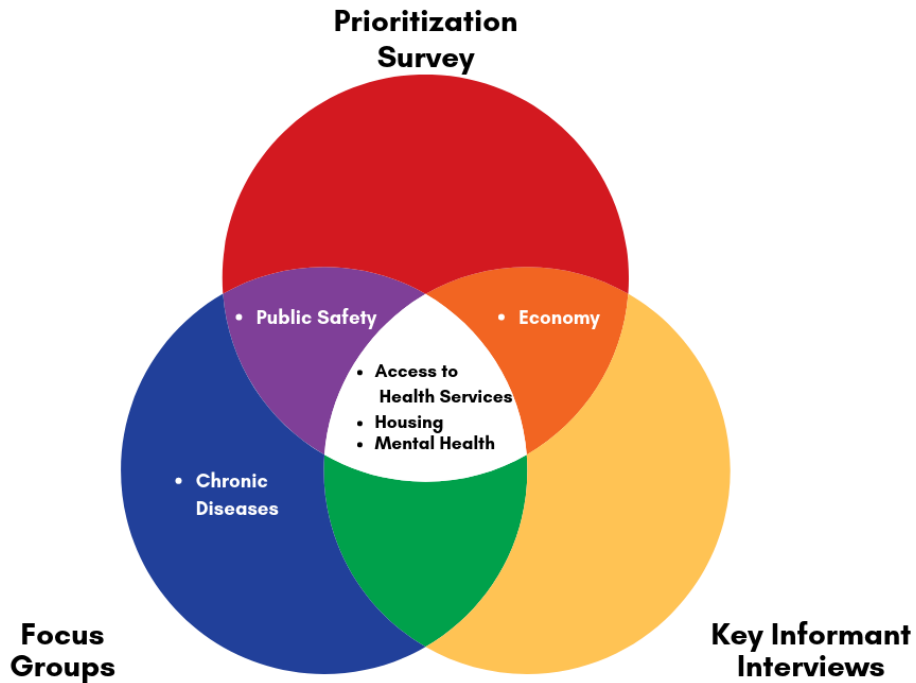
Focus group participants were also asked to identify the most important significant health needs. The top five priorities were calculated by tallying all focus group participant votes and selecting the five significant health needs with the highest scores. The top priorities across all focus groups were:

1. Access to health care
2. Mental health and mental health conditions
3. Housing and homelessness
4. Public safety
5. Chronic diseases

### Data Synthesis

After reviewing and analyzing the results from the key informant interviews, focus groups and prioritization survey, HCI synthesized these results using a Venn diagram. This Venn diagram shows the overlapping areas of need across the different data methods.

## Venn Diagram Priority Health Needs



Access to Health Care, Housing and Mental Health were top priorities. The prioritization survey and key informant interviews revealed the Economy was a top priority, while the focus groups and prioritization survey showed Chronic Diseases and Public Safety to be of high concern.

### Resources to Address Significant Health Needs

Through the focus groups and interviews, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Appendix 3.

### Review of Progress

In 2016, LBMC conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2016 CHNA addressed access to health care, chronic diseases, mental health and behavioral health, overweight and obesity, and preventive care through a commitment of community benefit programs and charitable resources. The impact of the actions LBMC used to address these significant health needs can be found in Appendix 4.

## Demographics

Demographics are an integral part of describing the community and its population. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the ZIP Codes that define the LBMC service area.

### Population

The population of the LBMC service area is 1,059,713.

#### Population by ZIP Code

ZIP Code	City	Population Estimate
90220	Compton	51,271
90221	Compton	53,922
90630	Cypress	49,093
90650	Norwalk	106,360
90703	Cerritos	50,442
90706	Bellflower	77,687
90712	Lakewood	31,722
90713	Lakewood	28,833
90720	Los Alamitos	22,413
90723	Paramount	54,941
90740	Seal Beach	24,296
90745	Carson	57,785
90755	Signal Hill	11,491
90802	Long Beach	39,873
90803	Long Beach	31,680
90804	Long Beach	40,751
90805	Long Beach	95,808
90806	Long Beach	42,312
90807	Long Beach	33,217
90808	Long Beach	38,637
90810	Long Beach	37,422
90813	Long Beach	60,997
90814	Long Beach	18,760
<b>LBMC Service Area</b>	--	<b>1,059,713</b>
<b>Long Beach City</b>	--	<b>469,793</b>
<b>LA County</b>	--	<b>10,057,155</b>
<b>California</b>	--	<b>38,654,206</b>

Source: American Community Survey, 2012-2016.

### Age

In Long Beach, 24% of the population is children and youth, ages 0-17. In LBMC's service area, 24.7% of the population is children and youth. Adults ages 18-64 in Long Beach make up 65.6% of the population and 10.4% of the population is seniors, ages 65 and over. For the service area, 63.5% of the population is ages 18-64 and 11.9% is 65 and over. Seal Beach, home to Leisure

World, has the largest population of seniors (38.2%) in the service area. Long Beach 90813 has the highest percentage of children, ages 0-17, in the service area (33.1%).

### Population by Age by ZIP Code

ZIP Code	City	0 to 4	5 to 17	18 to 24	25 to 44	45 to 64	65+
90220	Compton	7.8%	20.3%	12.0%	26.0%	23.8%	10.1%
90221	Compton	8.0%	23.3%	12.9%	28.3%	20.1%	7.4%
90630	Cypress	4.2%	17.3%	9.7%	23.4%	31.1%	14.2%
90650	Norwalk	6.5%	18.0%	11.7%	27.4%	24.4%	11.9%
90703	Cerritos	4.2%	15.7%	8.2%	22.9%	28.6%	20.5%
90706	Bellflower	7.4%	19.9%	10.6%	28.1%	23.6%	10.5%
90712	Lakewood	5.2%	17.5%	9.3%	25.6%	29.8%	12.6%
90713	Lakewood	6.7%	16.3%	9.3%	26.6%	28.3%	12.8%
90720	Los Alamitos	5.0%	18.8%	8.8%	20.2%	30.7%	16.6%
90723	Paramount	6.9%	22.6%	12.5%	28.6%	21.8%	7.6%
90740	Seal Beach	3.7%	9.2%	4.1%	17.7%	27.0%	38.2%
90745	Carson	6.1%	16.0%	10.7%	26.0%	26.5%	14.7%
90755	Signal Hill	7.9%	16.4%	13.3%	29.5%	24.8%	8.1%
90802	Long Beach	5.5%	10.4%	8.8%	40.0%	26.4%	8.9%
90803	Long Beach	2.4%	9.6%	6.2%	33.5%	29.7%	18.6%
90804	Long Beach	7.2%	15.8%	14.7%	34.1%	22.0%	6.1%
90805	Long Beach	8.5%	21.3%	12.0%	28.6%	22.2%	7.3%
90806	Long Beach	7.6%	19.6%	11.1%	28.3%	23.8%	9.7%
90807	Long Beach	7.6%	14.4%	7.1%	28.4%	28.2%	14.3%
90808	Long Beach	5.3%	15.6%	7.9%	25.0%	30.6%	15.7%
90810	Long Beach	7.4%	19.5%	11.8%	27.4%	23.0%	10.9%
90813	Long Beach	10.4%	22.7%	11.8%	30.7%	17.9%	6.5%
90814	Long Beach	4.5%	11.0%	8.7%	38.8%	25.6%	11.4%
<b>LBMC Service Area</b>	--	<b>6.7%</b>	<b>18.0%</b>	<b>10.6%</b>	<b>28.0%</b>	<b>24.9%</b>	<b>11.9%</b>
<b>Long Beach City</b>	--	<b>7.1%</b>	<b>16.9%</b>	<b>11.0%</b>	<b>30.2%</b>	<b>24.4%</b>	<b>10.4%</b>
<b>LA County</b>	--	<b>6.3%</b>	<b>16.5%</b>	<b>10.4%</b>	<b>29.5%</b>	<b>25.5%</b>	<b>12.2%</b>
<b>California</b>	--	<b>6.5%</b>	<b>17.1%</b>	<b>10.2%</b>	<b>28.2%</b>	<b>25.2%</b>	<b>12.9%</b>

Source: American Community Survey, 2012-2016.

### Race/Ethnicity

In Long Beach, 42.4% of population is Hispanic or Latino, 27.7% of the population is White, Non-Hispanic, 13% are Asian and 13% are Black/African American. In the hospital service area, 47.4% of the population is Hispanic or Latino, 21.8% is White, Non-Hispanic, and 12% is Black/African American. Compton 90220 has the highest percentage of Black/African Americans (37.5%), Paramount has the highest percentage of Hispanics/Latinos (81.6%) and Cypress has the highest percentage of Asians (31.7%).

## Population by Race/Ethnicity by ZIP Code

ZIP Code	City	Black or African American	American Indian/ AK Native	Asian	Native HI Pacific Islander	Other Race	Two+ Races	White, Non-Hispanic	Hispanic or Latino
90220	Compton	37.5%	0.4%	1.3%	0.5%	24.8%	2.3%	2.9%	57.1%
90221	Compton	21.0%	0.5%	0.9%	0.1%	32.9%	2.0%	1.1%	76.9%
90630	Cypress	4.3%	0.5%	31.7%	0.3%	3.0%	4.1%	40.7%	19.4%
90650	Norwalk	4.3%	0.7%	13.3%	0.3%	24.0%	2.9%	11.3%	69.7%
90703	Cerritos	8.2%	0.3%	60.0%	0.1%	4.4%	3.5%	15.4%	13.6%
90706	Bellflower	13.6%	0.5%	13.0%	0.1%	32.8%	4.2%	16.4%	55.4%
90712	Lakewood	9.4%	0.5%	15.2%	2.3%	12.8%	6.7%	36.2%	32.8%
90713	Lakewood	3.7%	0.2%	12.1%	1.8%	9.5%	5.7%	51.3%	28.3%
90720	Los Alamitos	2.3%	0.2%	12.5%	0.3%	6.3%	7.6%	61.3%	18.1%
90723	Paramount	9.6%	0.7%	2.6%	0.7%	28.4%	2.7%	4.8%	81.6%
90740	Seal Beach	1.2%	0.2%	8.8%	0.0%	3.5%	4.4%	74.2%	13.0%
90745	Carson	7.1%	0.8%	35.8%	2.3%	14.6%	7.6%	8.0%	44.2%
90755	Signal Hill	11.3%	0.3%	21.4%	0.6%	3.7%	5.7%	26.1%	37.7%
90802	Long Beach	16.8%	1.7%	9.0%	0.8%	9.6%	4.2%	34.6%	37.1%
90803	Long Beach	3.8%	0.4%	6.6%	0.3%	2.0%	4.1%	70.0%	16.2%
90804	Long Beach	12.2%	0.7%	12.1%	0.3%	7.4%	4.3%	26.5%	46.8%
90805	Long Beach	20.2%	0.7%	11.0%	1.3%	30.4%	4.8%	8.1%	57.8%
90806	Long Beach	17.4%	1.8%	19.1%	1.0%	13.2%	5.0%	8.4%	51.6%
90807	Long Beach	16.0%	0.4%	17.7%	0.6%	9.9%	8.8%	34.3%	26.4%
90808	Long Beach	5.3%	1.0%	9.3%	0.3%	4.6%	6.7%	55.9%	24.6%
90810	Long Beach	12.1%	1.4%	23.3%	5.0%	13.0%	6.7%	5.8%	49.9%
90813	Long Beach	11.6%	2.7%	14.8%	0.3%	15.0%	5.8%	6.5%	64.8%
90814	Long Beach	8.5%	0.8%	7.2%	0.1%	5.9%	4.6%	55.5%	25.7%
<b>LBMC Service Area</b>	--	<b>12.0%</b>	<b>0.8%</b>	<b>15.7%</b>	<b>0.8%</b>	<b>17.1%</b>	<b>4.7%</b>	<b>21.8%</b>	<b>47.4%</b>
<b>Long Beach City</b>	--	<b>13.0%</b>	<b>1.2%</b>	<b>13.0%</b>	<b>0.9%</b>	<b>13.2%</b>	<b>5.5%</b>	<b>27.7%</b>	<b>42.4%</b>
<b>LA County</b>	--	<b>8.3%</b>	<b>0.6%</b>	<b>14.2%</b>	<b>0.3%</b>	<b>20.2%</b>	<b>3.9%</b>	<b>26.7%</b>	<b>48.3%</b>
<b>California</b>	--	<b>5.9%</b>	<b>0.7%</b>	<b>13.9%</b>	<b>0.4%</b>	<b>13.3%</b>	<b>4.6%</b>	<b>38.4%</b>	<b>38.6%</b>

Source: American Community Survey, 2012-2016.

## Language

In LBMC's service area, over a fifth of the population has difficulty speaking English (21.6%), compared to 18.3% in Long Beach. Long Beach 90813 (36%), Compton 90221 (33.5%) and Paramount (33.7%) have over one-third of their population who has difficulty speaking English.

## Population Who Have Difficulty Speaking English by ZIP Code

ZIP Code	City	Difficulty Speaking English
90220	Compton	23.0%
90221	Compton	33.5%
90630	Cypress	20.0%
90650	Norwalk	29.2%
90703	Cerritos	24.7%
90706	Bellflower	20.7%
90712	Lakewood	8.8%
90713	Lakewood	6.4%

ZIP Code	City	Difficulty Speaking English
90720	Los Alamitos	5.4%
90723	Paramount	33.7%
90740	Seal Beach	6.8%
90745	Carson	26.4%
90755	Signal Hill	13.0%
90802	Long Beach	14.1%
90803	Long Beach	2.9%
90804	Long Beach	18.5%
90805	Long Beach	25.8%
90806	Long Beach	27.4%
90807	Long Beach	9.2%
90808	Long Beach	3.3%
90810	Long Beach	26.6%
90813	Long Beach	36.0%
90814	Long Beach	6.6%
<b>LBMC Service Area</b>	--	<b>21.6%</b>
<b>Long Beach City</b>	--	<b>18.3%</b>
<b>LA County</b>	--	<b>24.9%</b>
<b>California</b>	--	<b>18.6%</b>

Source: American Community Survey, 2012-2016.

### Disability Status

In the hospital service area, 10.4% of the population has a disability, slightly more than the Long Beach City and LA County values, both 9.9%. Long Beach 90804 has the lowest percent of persons with a disability (6.4%) and Seal Beach has the highest rate of disabilities (18.5%). This is likely due to the high percentage of seniors in Seal Beach.

### Population with a Disability by ZIP Code

ZIP Code	City	Persons with a Disability
90220	Compton	12.9%
90221	Compton	11.4%
90630	Cypress	9.3%
90650	Norwalk	10.8%
90703	Cerritos	8.5%
90706	Bellflower	9.4%
90712	Lakewood	10.6%
90713	Lakewood	8.8%
90720	Los Alamitos	9.4%
90723	Paramount	10.1%
90740	Seal Beach	18.5%
90745	Carson	11.4%
90755	Signal Hill	7.3%
90802	Long Beach	12.4%
90803	Long Beach	8.0%
90804	Long Beach	6.4%
90805	Long Beach	10.7%
90806	Long Beach	9.3%

ZIP Code	City	Persons with a Disability
90807	Long Beach	10.2%
90808	Long Beach	9.6%
90810	Long Beach	11.9%
90813	Long Beach	10.8%
90814	Long Beach	9.5%
<b>LBMC Service Area</b>	--	<b>10.4%</b>
<b>Long Beach City</b>	--	<b>9.9%</b>
<b>LA County</b>	--	<b>9.9%</b>
<b>California</b>	--	<b>10.6%</b>

Source: American Community Survey, 2012-2016.

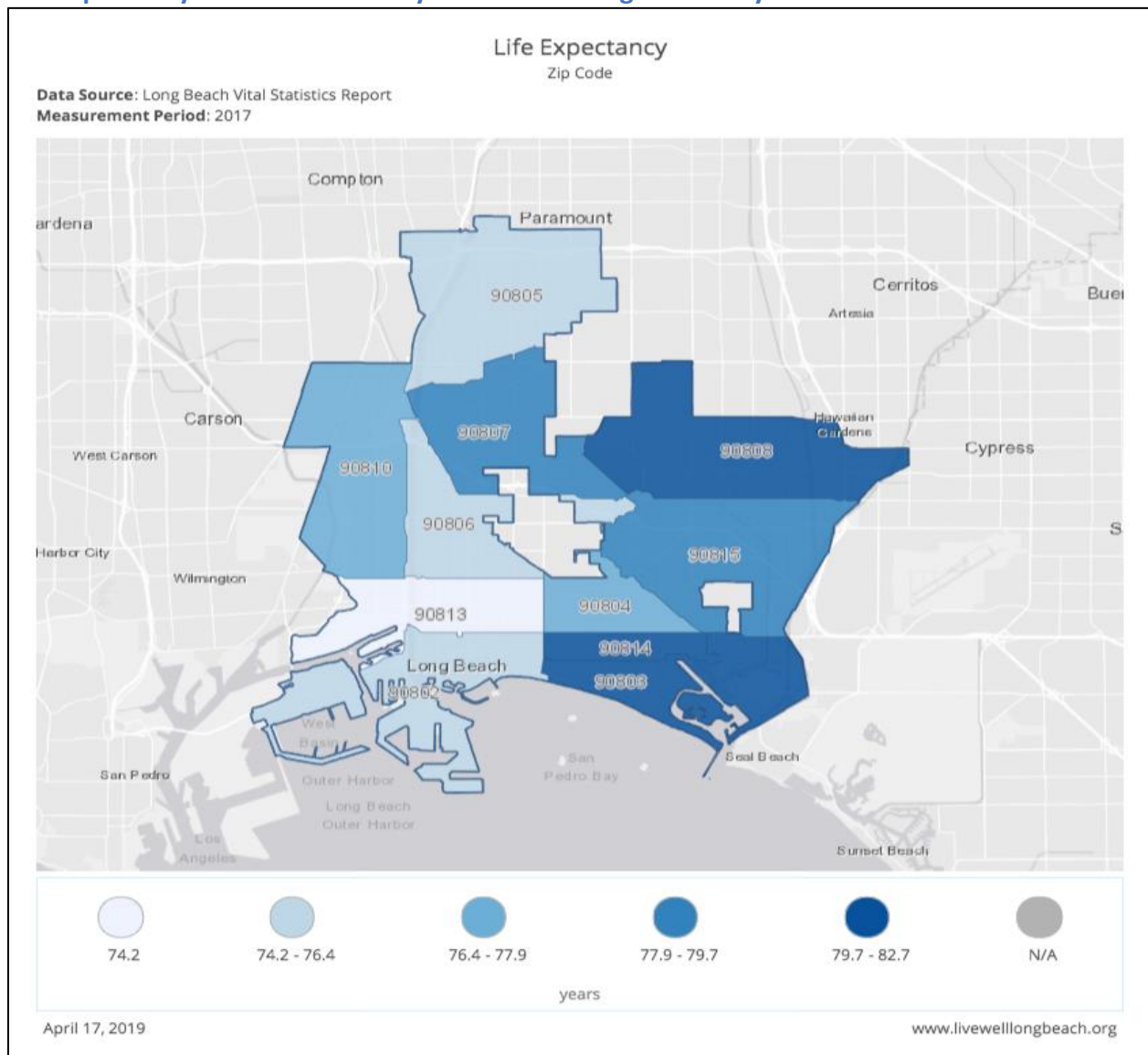
## Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, work, live, and age, including the wider set of forces and systems that shape the conditions of daily life.

### Life Expectancy

Life expectancy is a quality measure of a population's longevity and general health and well-being. Notably, those living in Long Beach 90813 (74.2 years) have the lowest life expectancies compared to the other areas of the city.

### Life Expectancy at Birth in Years by ZIP Code in Long Beach City

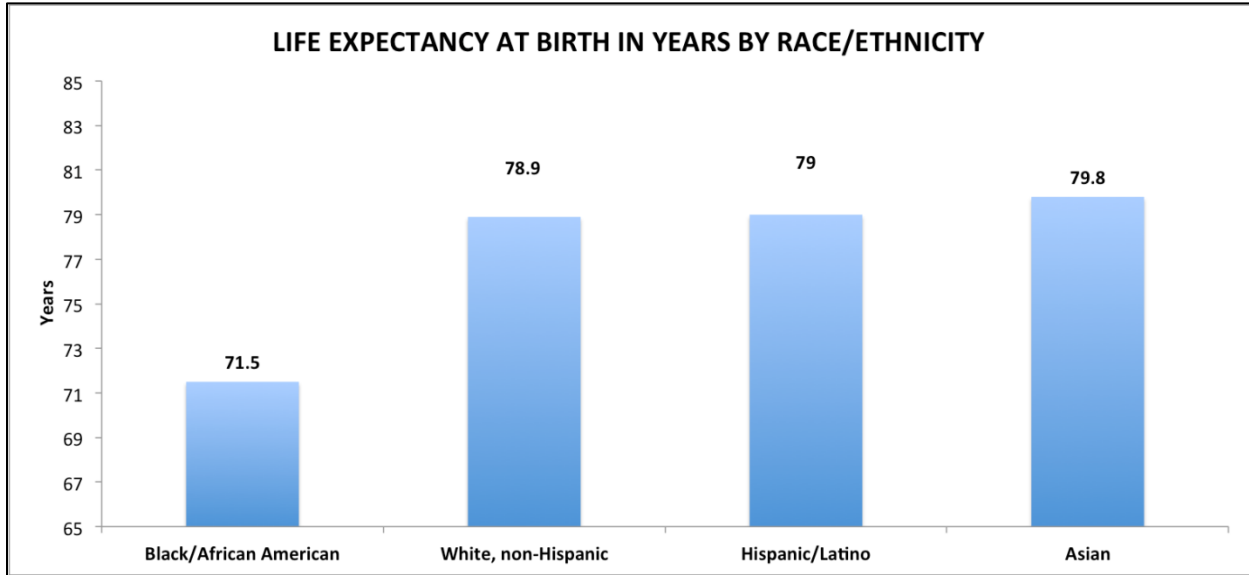


Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017.



When examined by race/ethnicity, Black/African Americans have the lowest predicted life expectancy in Long Beach. The life expectancy at birth for Black/African Americans in Long Beach in 2017 was 71.5 years, which is seven years less than the other measured race/ethnicity groups.

### Life Expectancy at Birth in Years by Race/Ethnicity for Long Beach City



Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017.

General health and well-being were measured per self-reporting by the California Health Interview Survey. General health and well-being can influence life expectancy and quality of life. In SPA 7, 70.9% of adults reported their general health and well-being were good or better, compared to 78.8% of adults in Los Angeles and 80.5% of adults in California. For all ages, SPA 6, SPA 7, and SPA 8 had lower values of self-reported good general health compared to the county and the state.

### General Health and Well-being, Good or Better, Self-Reported

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Adults, 18-64	72.9%	70.9%	78.7%	78.8%	80.5%
All Ages	77.4%	76.3%	80.9%	81.2%	83.1%

Source: California Health Interview Survey, 2016-2017.

### SocioNeeds Index®

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health that may impact health or access to care. Indicator estimates from Claritas®, covering income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are standardized and averaged to create one composite index value for every ZIP Code in the United States with a population of at least 300. ZIP Codes have index values ranging from 0 to 100, where ZIP Codes with higher values are

estimated to have the highest socioeconomic need and are correlated with poor health outcomes, including preventable hospitalizations and premature death.

According to the index, Long Beach 90813, Compton and Paramount have the highest socioeconomic need in the area served by LBMC. Los Alamitos and Long Beach 90808 have the lowest socioeconomic need in the service area.

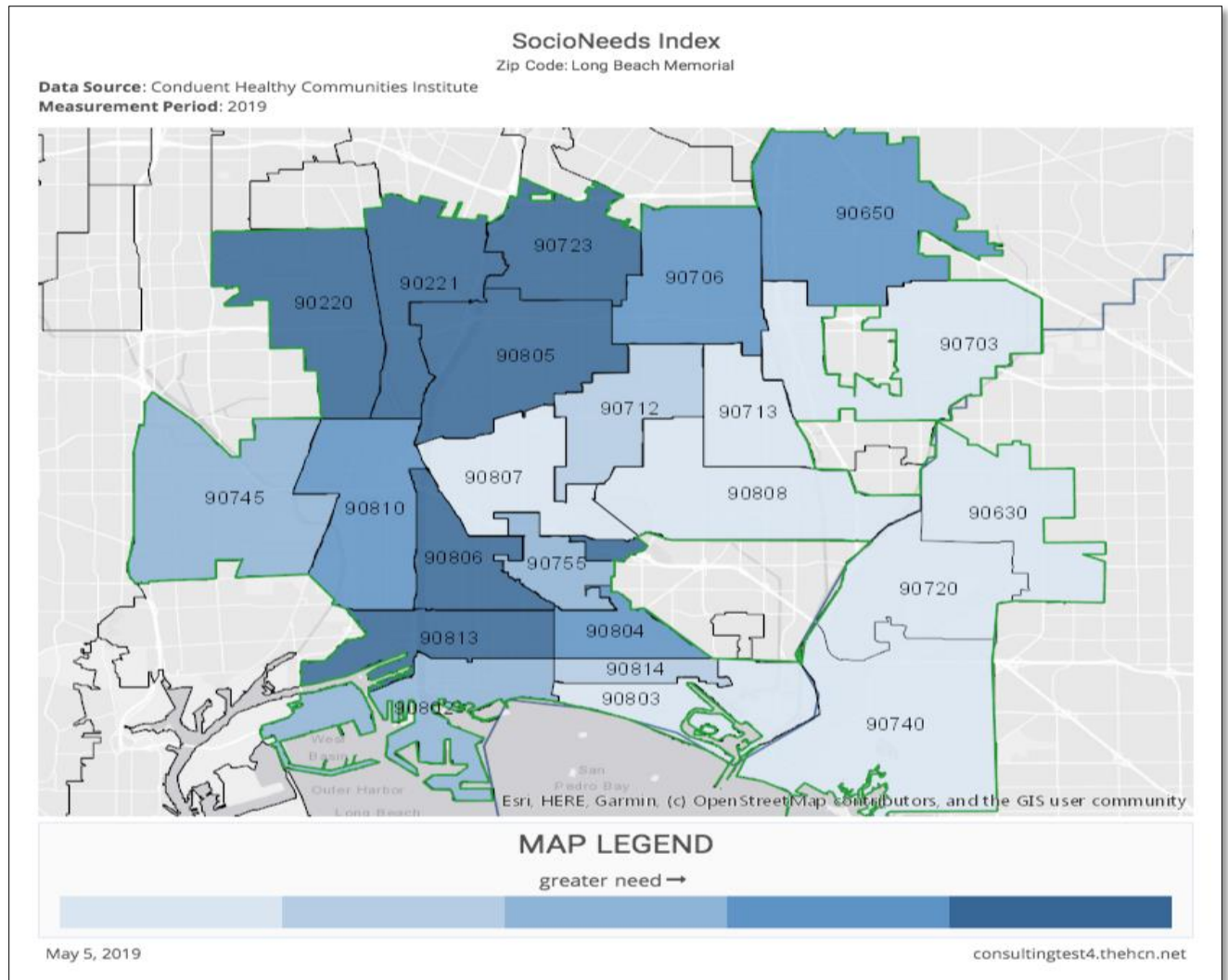
**SocioNeeds Index® Value by ZIP Code**

ZIP Code	City	SocioNeeds Index® Value
90813	Long Beach	98.6
90221	Compton	97.9
90723	Paramount	94.9
90220	Compton	93.7
90805	Long Beach	93.4
90806	Long Beach	93.2
90810	Long Beach	87.2
90804	Long Beach	86.1
90706	Bellflower	76.7
90650	Norwalk	76.4
90802	Long Beach	70.7
90745	Carson	68.4
90755	Signal Hill	52.5
90814	Long Beach	27.4
90712	Lakewood	20.9
90807	Long Beach	15.3
90630	Cypress	14.3
90713	Lakewood	13.9
90703	Cerritos	11.8
90740	Seal Beach	9.5
90803	Long Beach	8.3
90808	Long Beach	7.1
90720	Los Alamitos	6.2

Source: Conduent Healthy Communities Institute, 2019.

A map view of the LBMC service area ZIP Codes shows the SocioNeeds Index® values. Darker shades of blue signify higher levels of socioeconomic need. As shown, the ZIP Codes with most need are mainly concentrated in the north and west parts of the service area.

## Map of SocioNeeds Index® Values by ZIP Code



Source: Conduent Healthy Communities Institute, 2019.

### Income and Poverty

In the service area, Long Beach 90813 has the highest percentages of people living in poverty (34.5%) and families living in poverty (30.8%). Conversely, Lakewood 90713 has the lowest percentage of people living below the poverty level (4.2%). Long Beach 90807 and 90808 have the lowest percentages of families living below the poverty level (2.9%). Overall, 16.9% of people and 13.1% of families in LBM’s service area are living in poverty.

### Poverty Rates by ZIP Code

ZIP Code	City	Individuals Below Poverty Level	Families Below Poverty Level
90220	Compton	21.9%	18.2%
90221	Compton	26.4%	23.7%
90630	Cypress	6.3%	4.7%
90650	Norwalk	14.8%	11.0%

ZIP Code	City	Individuals Below Poverty Level	Families Below Poverty Level
90703	Cerritos	5.6%	3.9%
90706	Bellflower	17.0%	13.0%
90712	Lakewood	6.7%	4.3%
90713	Lakewood	4.2%	3.0%
90720	Los Alamitos	6.7%	4.5%
90723	Paramount	22.1%	20.1%
90740	Seal Beach	7.8%	3.4%
90745	Carson	12.2%	9.7%
90755	Signal Hill	15.6%	14.0%
90802	Long Beach	25.0%	21.0%
90803	Long Beach	8.3%	3.6%
90804	Long Beach	25.5%	21.4%
90805	Long Beach	24.0%	20.9%
90806	Long Beach	24.6%	20.3%
90807	Long Beach	6.4%	2.9%
90808	Long Beach	4.9%	2.9%
90810	Long Beach	19.0%	16.0%
90813	Long Beach	34.5%	30.8%
90814	Long Beach	15.0%	8.5%
<b>LBMC Service Area</b>	--	<b>16.9%</b>	<b>13.1%</b>
<b>Long Beach City</b>	--	<b>20.3%</b>	<b>15.7%</b>
<b>LA County</b>	--	<b>17.8%</b>	<b>13.9%</b>
<b>California</b>	--	<b>15.8%</b>	<b>11.8%</b>

Source: American Community Survey, 2012-2016.

In Long Beach, 8.9% of the adult population has been homeless compared to 4.8% of adults in LA County. Among persons who are <300% of the Federal Poverty Level, 38.4% are food insecure. This is a higher rate than found in LA County (29.2%). Among veterans in the area, 6.5% are unemployed.

### Economic Insecurity Indicators of Need for Long Beach City

	Units	Period of Measure	Long Beach Value	LA County Value	CA Value
Adults who have been Homeless	percent	2015	8.9	4.8	
Food Insecurity Rate: <300% FPL	percent	2015	38.4	29.2	
Persons with a Disability Living in Poverty (5-year)	percent	2012-2016	29.3	27	26.3
Mortgaged Owners' Median Monthly Household Costs	dollars	2012-2016	2170	2284	2157
Unemployed Veterans	percent	2012-2016	6.5	7.1	6.3

Sources: Los Angeles County Health Survey, 2015; American Community Survey, 2012-2016.

### Primary Data Snapshot: Food insecurity

- Food insecurity and language barriers influence people's desire and opportunity to seek basic health information.

- Long Beach Fresh and several community gardens offer healthy foods in places with food insecurity.
- There are many parts of Long Beach with limited access to healthy foods. Improving access to healthy food is critical for people to improve and manage their health.
- It is important for residents to access healthy foods and green spaces, while being able to go outside and play without breathing toxic emissions.
- There is a lack of quality food in low-income neighborhoods.
- Lack of housing and healthy food can cause behavioral health issues.
- Some people live in areas isolated from the rest of the city, where they are removed from amenities like mainstream grocery stores and financial institutions.
- We should support agricultural tax break policies in Long Beach, where people can get tax breaks by growing healthy foods on their land.
- Creating access to healthy foods, especially in schools, is very important.
- Having poor access to healthy foods, especially in the Black communities, contributes to poor health outcomes.

*“I have difficulty getting to grocery stores because it is far from my home, and I would have to drive. I’m old and when places are far, it’s hard for me to get to places. Because I have no transportation and am unable to walk that far.”*

*“The price of healthy food is so expensive, and the prices keep rising. Please keep it affordable for us.”*

**Prioritization results**

- 93% of survey respondents stated that it was “Important” or “Very Important” to address food insecurity.
- Community stakeholders felt Long Beach could support policies that create more equitable opportunities for health across Long Beach neighborhoods such as increasing access to low-cost healthy foods, safe sidewalks, bicycle lanes, and fitness loops.

The median household income in Long Beach City is \$55,151. In the LBMC service area, household income ranges from \$31,775 in Long Beach 90813 to \$97,500 in Long Beach 90808.

**Median Household Income by ZIP Code**

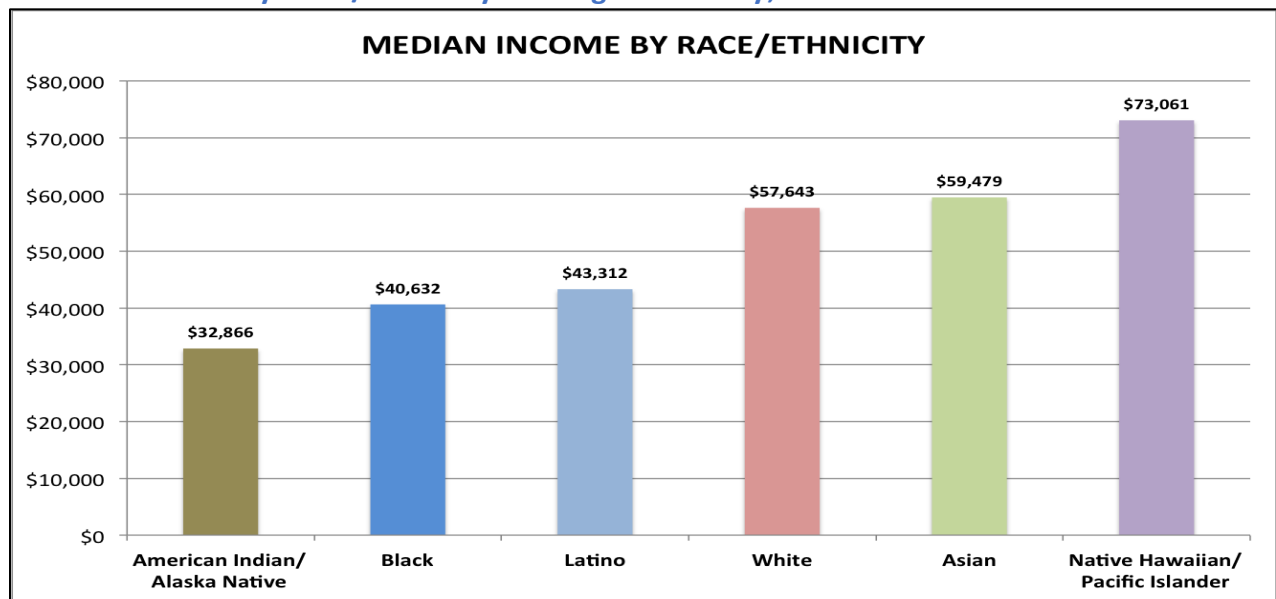
ZIP Code	City	Median Household Income
90220	Compton	\$50,938
90221	Compton	\$43,304
90630	Cypress	\$84,421
90650	Norwalk	\$61,050
90703	Cerritos	\$94,752
90706	Bellflower	\$50,704
90712	Lakewood	\$84,109
90713	Lakewood	\$89,171
90720	Los Alamitos	\$96,290

ZIP Code	City	Median Household Income
90723	Paramount	\$46,364
90740	Seal Beach	\$59,875
90745	Carson	\$71,813
90755	Signal Hill	\$70,357
90802	Long Beach	\$45,689
90803	Long Beach	\$78,406
90804	Long Beach	\$46,790
90805	Long Beach	\$45,878
90806	Long Beach	\$47,034
90807	Long Beach	\$72,401
90808	Long Beach	\$97,500
90810	Long Beach	\$51,271
90813	Long Beach	\$31,775
90814	Long Beach	\$61,093
<b>Long Beach City</b>	--	<b>\$55,151</b>
<b>LA County</b>	--	<b>\$57,952</b>
<b>California</b>	--	<b>\$63,783</b>

Source: American Community Survey, 2012-2016.

When median income in Long Beach is examined by race/ethnicity, American Indian/Alaska Native, Black/African Americans, and Latinos have lower incomes than Whites, Asians and Hawaiians/Pacific Islanders.

### Median Income by Race/Ethnicity in Long Beach City, 2011-2015



Source: City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics.

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” Among Long Beach renters, 55.3% spend 30%

or more of their income on housing. Similarly, 54.6% of renters in LBMC’s service area spend 30% or more of their household income on rent, a value slightly lower than those of the city, county, and state. The communities with the highest percent of renters that spend 30% or more of their income on rent are: Compton 90221 (66.2%), Compton 90220 (62.5%), and Long Beach 90813 (62.5%).

### Renters Spending 30% or More of Household Income on Rent

ZIP Code	City	Percent of Renters
90220	Compton	62.5
90221	Compton	66.2
90630	Cypress	50.4
90650	Norwalk	58.0
90703	Cerritos	57.3
90706	Bellflower	61.1
90712	Lakewood	50.2
90713	Lakewood	54.8
90720	Los Alamitos	53.8
90723	Paramount	60.1
90740	Seal Beach	43.4
90745	Carson	52.3
90755	Signal Hill	60.6
90802	Long Beach	54.7
90803	Long Beach	40.8
90804	Long Beach	58.6
90805	Long Beach	61.7
90806	Long Beach	61.1
90807	Long Beach	48.3
90808	Long Beach	39.6
90810	Long Beach	60.4
90813	Long Beach	62.5
90814	Long Beach	50.9
<b>LBMC Service Area</b>	--	<b>54.6</b>
<b>Long Beach City</b>	--	<b>55.3</b>
<b>LA County</b>	--	<b>56.5</b>
<b>California</b>	--	<b>56.5</b>

Source: American Community Survey, 2012-2016.

The percentage of students eligible for the free and reduced price meal program is one indicator of socioeconomic status. In the Long Beach Unified School District (LBUSD), 69.7% of students are enrolled in the Free or Reduced Price Meals program.

### Free and Reduced Price Meals Programs in Long Beach by Student

	Number of Eligible Students	Percent of Enrolled Students
Free Meal Program	30,513	59.4%
Free and Reduced Price Meals Program	35,788	69.7%

Source: California Longitudinal Pupil Achievement Data System (CALPADS), 2017-2018.

### Primary Data Snapshot: Economic Insecurity

- Poverty, access to health care, and healthy foods all influence one's health.
- Living in the city is stressful while trying to raise one's family and hold a job. It takes luck, support and diligence to break the cycle of homelessness and poverty.
- The vast majority of people in Long Beach are living paycheck to paycheck. Due to this, it is difficult for people to stay healthy.
- The minimum wage should be increased, which would help some people afford to stay in their apartments.
- The rising cost of rent in Long Beach is a major issue. The limited number of shelter beds and the amount of time and resources it takes to build more emergency shelters are also problematic in Long Beach.
- African Americans, Hispanics and seniors are most vulnerable to economic issues in Long Beach.
- It is important to create economic opportunities, so people can go to work and break the cycle of poverty. If people are more productive, the economy grows, generating more resources in the health care system.
- Many families are spending roughly 90% of their income on housing, making it hard for them to invest in their health.
- There are racial, economic and gender injustices in the community, creating geographic divisions among those populations.
- It is important to proactively address racial equity and economic inclusion in the community.
- The City Council in Long Beach has an initiative called Divide by Nine, addressing the concept of equality not equaling equity. Efforts should be made to invest in youth through education, prevention and early intervention strategies.
- Parent engagement with their children is difficult, when they are overly consumed with their jobs.
- Wealth-building education and knowledge on how to build credit scores are significant to economic stability.
- A lack of economic opportunities leads to increased crimes, and a way to address crime is to provide jobs.
- The cost of living is rising at a disproportionate rate to income levels.

*"It [financial education] needs to be back in the schools. Budgeting is not taught anymore. People graduate and don't know what to do with their money."*

*"Either change the way that credit is used, make more opportunities to repair it or make more opportunities for credit-challenged people. It [credit] affects everything. Help me understand and build credit."*

- 100% of survey respondents stated that it was "Important" or "Very Important" to address economic insecurity.
- 14% of survey respondents felt low-income residents were most affected by poor



health outcomes.

- 75% of survey respondents felt Long Beach could support policies that increase the availability of affordable housing for families with low incomes, such as requiring developers to include low-income units in every new housing development or cap rental increase rates in Long Beach.
- 50% of survey respondents felt Long Beach could support economic inclusion, such as the creation of living-wage jobs in Long Beach for youth and adults and increased small business and entrepreneurial support.

## Housing

Signal Hill has the fewest households in the service area (4,102) and Norwalk has the largest number of households in the service area (27,286).

### Number of Households by ZIP Code

ZIP Code	City	Number of Households
90220	Compton	13,376
90221	Compton	12,066
90630	Cypress	15,995
90650	Norwalk	27,286
90703	Cerritos	15,451
90706	Bellflower	23,238
90712	Lakewood	10,522
90713	Lakewood	9,230
90720	Los Alamitos	7,894
90723	Paramount	14,017
90740	Seal Beach	12,276
90745	Carson	15,095
90755	Signal Hill	4,102
90802	Long Beach	20,610
90803	Long Beach	16,785
90804	Long Beach	14,626
90805	Long Beach	26,343
90806	Long Beach	12,509
90807	Long Beach	12,589
90808	Long Beach	13,920
90810	Long Beach	9,132
90813	Long Beach	16,683
90814	Long Beach	9,042
<b>LBMC Service Area</b>	--	<b>332,787</b>
<b>Long Beach City</b>	--	<b>163,919</b>
<b>LA County</b>	--	<b>3,281,845</b>
<b>California</b>	--	<b>12,807,387</b>

Source: American Community Survey, 2012-2016.

Home ownership can be a proxy measure for other social determinants of health such as poverty, employment, and access to health insurance. Rising housing costs are forcing more

people to rent long term as opposed to own their own homes. LBMC’s service area has 47.9% home ownership, a value higher than the city (37.7%) and county (43.0%) values. Lakewood 90713 has the highest percentage of home ownership in the service area (78.0%). Long Beach 90813 has the lowest percentage of home ownership (12.2%).

**Home Ownership by ZIP Code**

ZIP Code	City	Home Ownership
90220	Compton	57.7%
90221	Compton	47.0%
90630	Cypress	64.8%
90650	Norwalk	60.2%
90703	Cerritos	75.1%
90706	Bellflower	36.2%
90712	Lakewood	69.6%
90713	Lakewood	78.0%
90720	Los Alamitos	64.3%
90723	Paramount	37.3%
90740	Seal Beach	68.2%
90745	Carson	66.7%
90755	Signal Hill	43.0%
90802	Long Beach	18.9%
90803	Long Beach	39.4%
90804	Long Beach	20.0%
90805	Long Beach	40.6%
90806	Long Beach	32.0%
90807	Long Beach	50.2%
90808	Long Beach	75.3%
90810	Long Beach	53.1%
90813	Long Beach	12.2%
90814	Long Beach	31.4%
<b>LBMC Service Area</b>	--	<b>47.9%</b>
<b>Long Beach City</b>	--	<b>37.7%</b>
<b>LA County</b>	--	<b>43.0%</b>
<b>California</b>	--	<b>49.8%</b>

Source: American Community Survey, 2012-2016.

**Homelessness**

In the City of Long Beach, there have been reductions in the total homeless population and the number of chronic homeless persons from 2013 to 2017. Additionally, there was a 20% decrease in Other Service Sites (OSS), also known as non-residential locations where homeless persons may be located, from 2015 to 2017. These day shelters or service centers are crucial components to supporting the homeless population in the city.

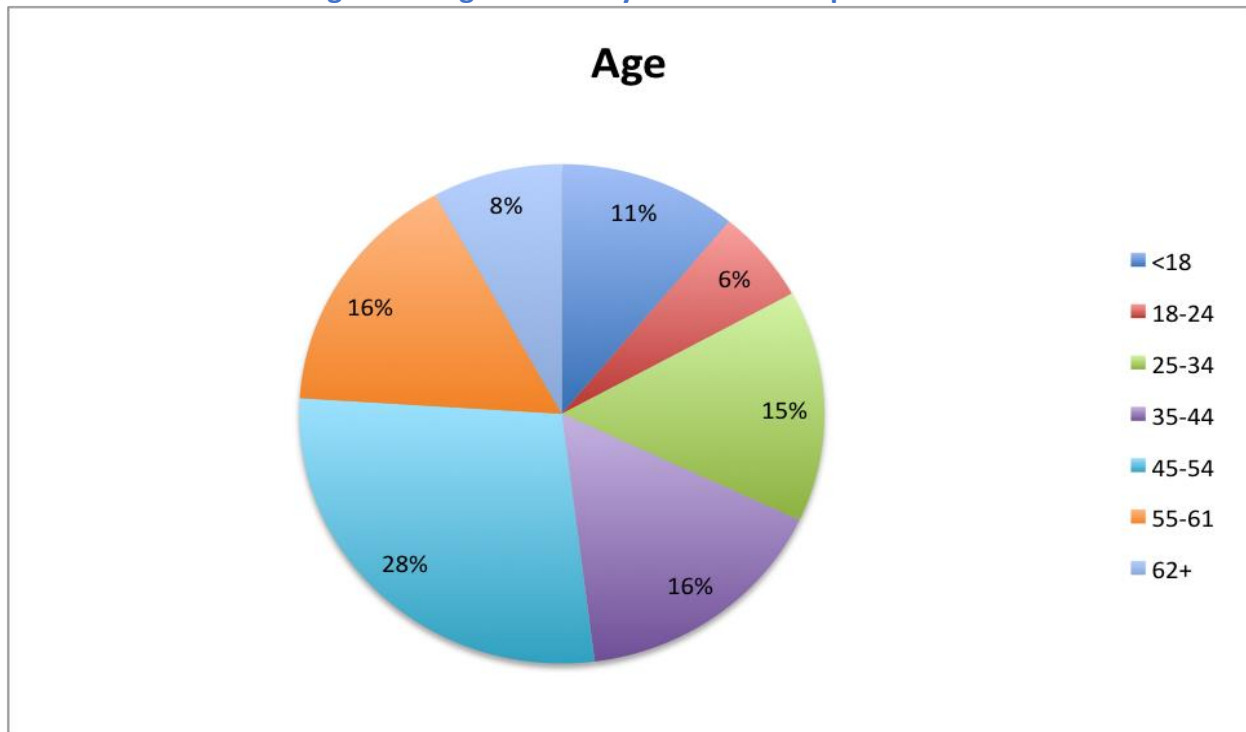
### Persons Experiencing Homelessness in Long Beach City, 2013-2017

	2013	2015	2017
Total Homeless Population	2,847	2,345	1,863
Chronic Homeless Persons	1,061	927	686
Other Service Sites (OSS)	No Data	1,513	1,208

Source: Long Beach Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange, 2013-2017.

From 2015 to 2017, there was a 20% decrease in unsheltered homeless and a 21% decrease in total sheltered homeless, including those in emergency shelters, transitional housing, and safe havens. However, during this time, there was a 3% increase in homeless veterans. Adults with serious mental illness and substance use disorder decreased in the homeless population, but those with HIV/AIDS and victims of domestic violence in the homeless population increased. Over a quarter of the Long Beach homeless population was between the ages of 45 and 54 years of age, while 11% of the homeless population was children, under the age of 18.

### Age of Long Beach City Homeless Population



Source: Long Beach Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange, 2017.

Over half (58%) of the homeless population in Long Beach identified as White, 32% identified as Black or African-American; 24% of the homeless adults identified as Hispanic/Latino ethnicity.

#### Primary Data Snapshot: Housing and Homelessness

- Lack of housing is driving up costs and creating more homelessness.
- Children who experience homelessness also deal with trauma and stress.
- Living in the city is stressful while trying to raise one’s family and hold a job. It takes luck, support and diligence to break the cycle of homelessness and poverty.

- Lack of housing is driving up costs and creating more homelessness.
- Preventing people from becoming homeless helps prevent many other issues related to nutrition, chronic disease treatment, and safety from interpersonal violence.
- It is important to keep people housed, as it is more humane and less costly in the end.
- It is imperative to help those who are homeless or have mental health or drug addiction issues by providing resources and education.
- The rising cost of rent in Long Beach is a major issue. The limited number of shelter beds and the amount of time and resources it takes to build more emergency shelters are also problematic in Long Beach.
- The Mayor’s task force on homelessness released a report with 12 recommendations to improve this problem in Long Beach, addressing prevention, development and affordable housing. They are moving forward with implementing these recommendations.
- The Homeless Emergency Assistance Program (HEAP) is a solid resource to help address this issue in Long Beach.
- People with mental illnesses may be more likely to be substance abusers and homeless.
- Increasing access to services can help prevent homelessness.
- Root causes of homelessness in Long Beach involve social determinants of health, including insufficient access to health services, poverty, social structure and crowded conditions.
- Having policymakers, in both the city and county, on the same page when it relates to addressing homelessness is a challenge.
- The city development rate on housing has made the issue worse.
- Many residents and small businesses are being pushed out their communities because of new developments in the area. Instead, more resources should be allocated to build up the community through equitable housing in all parts of the city.
- Affordable housing is difficult and virtually non-existent in Long Beach.
- The Multi-Service Center in Long Beach is a one-stop shop for those who are homeless or at risk of becoming homeless.
- Rising rent and home costs, poor facilities management, and increasing homelessness are persistent and urgent health needs affecting all communities.
- To improve housing and reduce homelessness we should offer more supports to help renters transition into home-ownership, build more housing and more types of housing, build empathy among the community for those experiencing homelessness or unstable housing conditions, and offer more supports to increase credit and financial literacy.

*“The price of rent is increasing so much; I’m having difficulty paying. It’s taking too much for us to afford to live here and get our basic needs met. Our cost of living is increasing while our wages have not increased.”*

*“The job market isn’t great, and I’d love to move out. But I still live with my family. I don’t feel like there is a job out there at entry level that will help me stay in Long Beach. I have to stay at home with my parents. This affects my mental health too.”*

**Prioritization results**

- 100% of survey respondents stated that it was “Important” or “Very Important” to address housing and homelessness.

- 78% of survey respondents felt people who were homeless or precariously housed were most affected by poor health outcomes.
- 75% of survey respondents felt Long Beach could support policies that increase the availability of affordable housing for families with low incomes, such as requiring developers to include low-income units in every new housing development or caps to rental increase rates in Long Beach.

## Education

In the hospital service area, 78.2% of residents, over 25 years of age, have a high school degree or higher. Compton 90221 (54.3%) and Long Beach 90813 (55.6%) have the lowest levels of education as indicated by a high school degree or higher education. Long Beach 90803 (95.7%), Long Beach 90808 (94.6%), Seal Beach (94.6%) and Los Alamitos (94.5%) have the highest education levels in the service area.

### Education Level by ZIP Code

ZIP Code	City	High School Degree or Higher	Bachelor's Degree or Higher
90220	Compton	66.5%	9.8%
90221	Compton	54.3%	5.4%
90630	Cypress	92.2%	39.4%
90650	Norwalk	73.4%	16.0%
90703	Cerritos	92.0%	50.0%
90706	Bellflower	77.9%	17.7%
90712	Lakewood	91.2%	29.4%
90713	Lakewood	90.9%	28.3%
90720	Los Alamitos	94.5%	50.3%
90723	Paramount	58.9%	9.1%
90740	Seal Beach	94.6%	47.0%
90745	Carson	78.2%	23.4%
90755	Signal Hill	84.6%	38.6%
90802	Long Beach	86.1%	37.9%
90803	Long Beach	95.7%	59.2%
90804	Long Beach	74.8%	26.9%
90805	Long Beach	68.9%	11.8%
90806	Long Beach	68.2%	17.0%
90807	Long Beach	92.9%	38.6%
90808	Long Beach	94.6%	40.4%
90810	Long Beach	72.6%	15.0%
90813	Long Beach	55.6%	11.2%
90814	Long Beach	92.1%	49.8%
<b>LBMC Service Area</b>	--	<b>78.2%</b>	<b>26.0%</b>
<b>Long Beach City</b>	--	<b>79.5%</b>	<b>29.5%</b>
<b>LA County</b>	--	<b>77.7%</b>	<b>30.8%</b>
<b>California</b>	--	<b>82.1%</b>	<b>32.0%</b>

Source: American Community Survey, 2012-2016.

## Public Safety

Public Safety measures relate to ensuring a safe learning, working, and living environment, as well as injury, crime, and emergency prevention. The premature death rate due to homicide in total years of potential life lost (YPLL) is almost double for the City of Long Beach (445.26) compared to Los Angeles County (239.52).

The violent crime rate in the city has increased each year from 2014 (482 violent crimes per 100,000 population) to 2017 (661.2 violent crimes per 100,000 population). In Long Beach, 17.3% of neighborhoods lack walking paths, parks, playgrounds or sports fields. The premature death rate due to suicide in total years of potential life lost (YPLL) is higher for the City of Long Beach (392.22) compared to Los Angeles County (216.04).

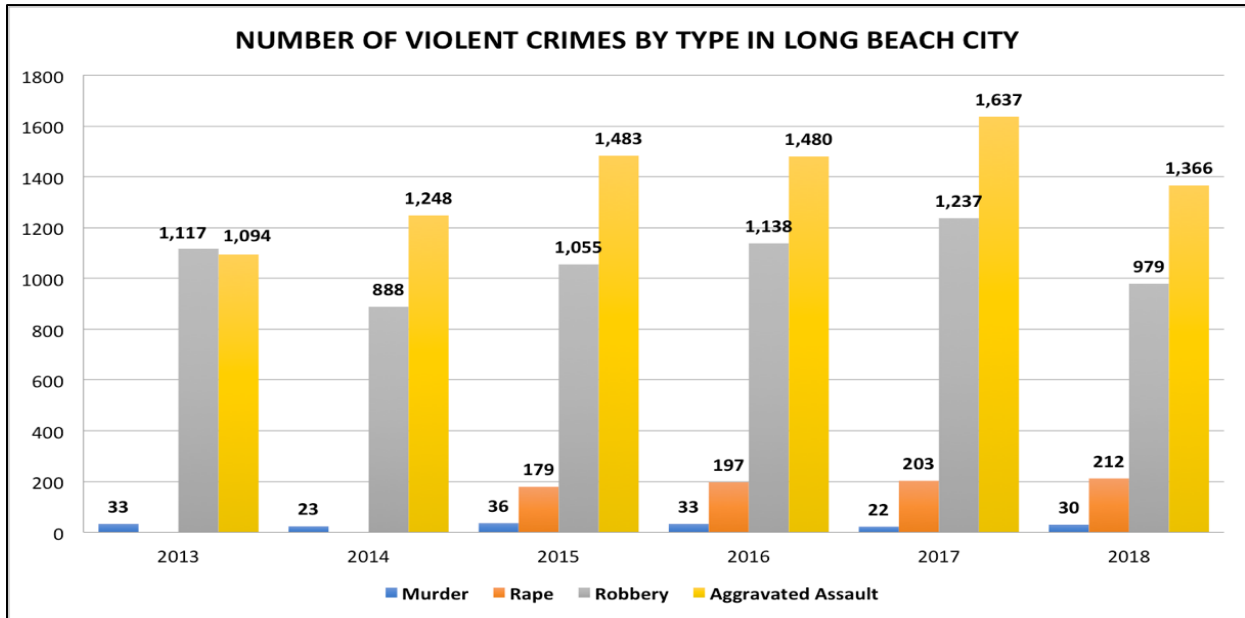
### Public Safety Indicators of Need for Long Beach City

	Units	Period of Measure	Long Beach Value	LA County Value
Premature Death Rate due to Homicide in Total Years of Potential Life Lost (YPLL)	YPLL per 100,000 population	2013	445.26	239.52
Premature Death Rate due to Drug Overdoses in Total Years of Potential Life Lost (YPLL)	YPLL per 100,000 population	2013	306.36	223.74
Neighborhoods without Walking Paths, Parks, Playgrounds, or Sports Fields	percent	2015	17.3	15.2
Violent Crime Rate	crimes/ 100,000 population	2017	661.20	--
Premature Death Rate due to Suicide in Total Years of Potential Life Lost (YPLL)	YPLL per 100,000 population	2013	392.22	216.04

Sources: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2013, 2015; Long Beach Police Department, 2017

The numbers of cases of rape and aggravated assault have risen in Long Beach from 2013 to 2018. The number of cases of murder and robbery declined over that same time period. Robbery and aggravated assault cases both peaked in 2017 and then declined in 2018.

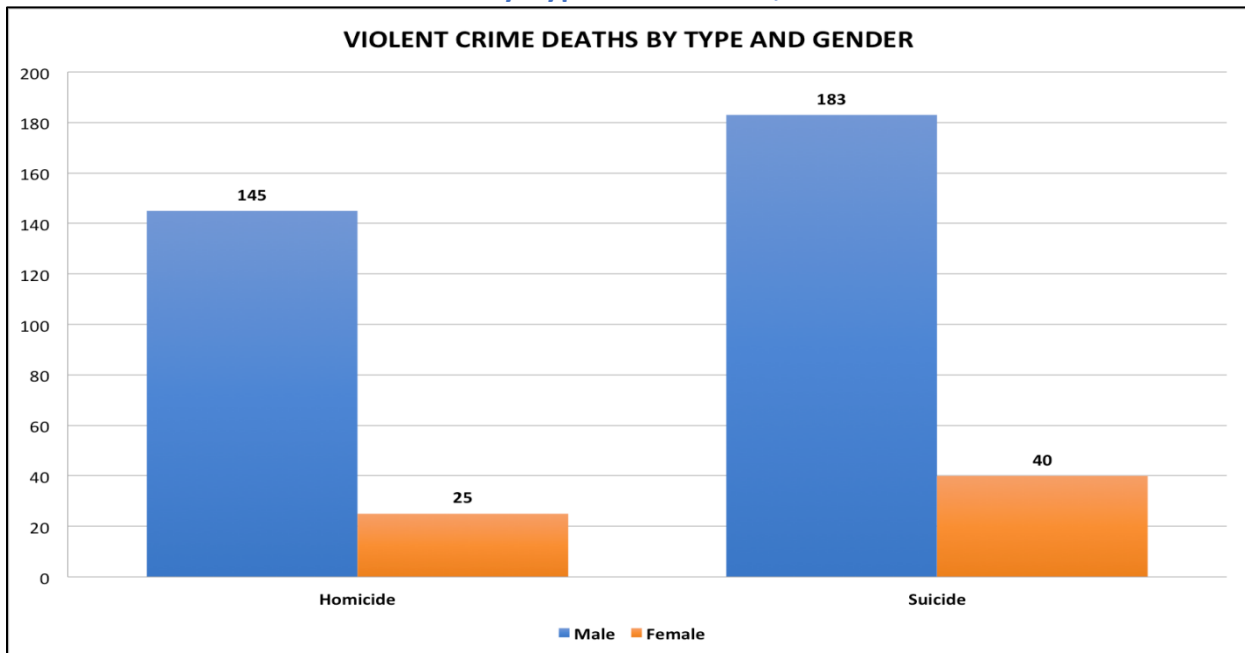
## Violent Crimes by Type in Long Beach City, 2013-2018



Source: Long Beach Police Department, 2018

Males were victims in the majority of homicides and suicides in Long Beach City from 2010 to 2015.

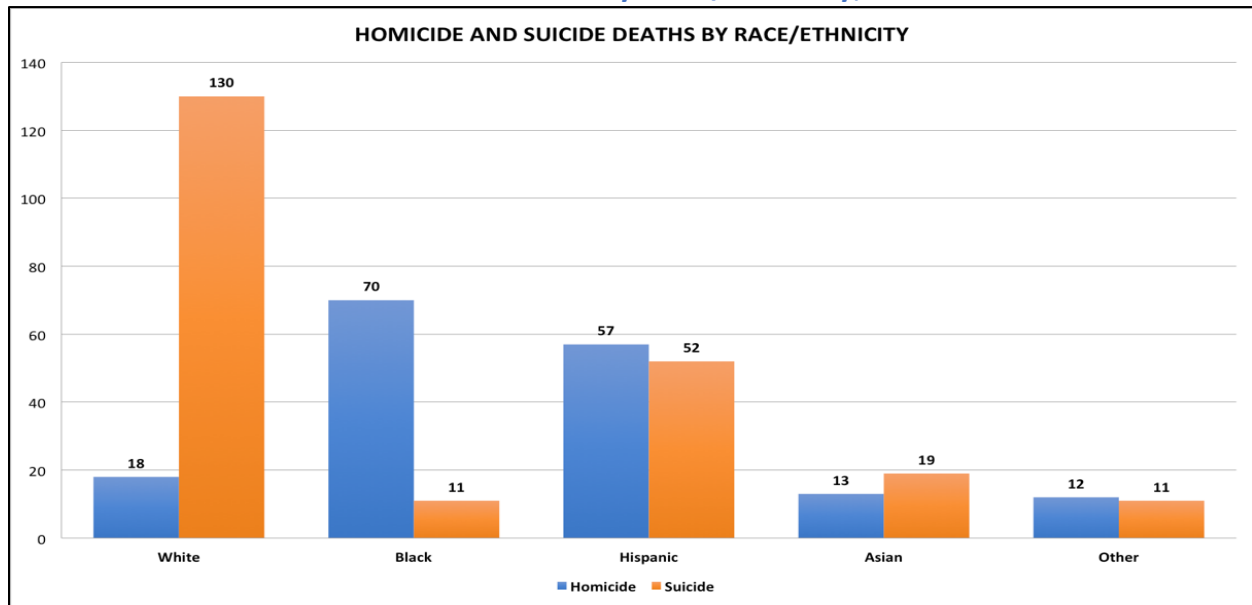
## Number of Violent Crime Deaths by Type and Gender, 2010-2015



Source: Violent Death Reporting System Data for City of Long Beach, 2010-2015.

Nearly three quarters (74.7%) of homicide deaths in Long Beach were among Black or Hispanic residents. Conversely, over half (58.3%) of suicides were among White residents.

## Number of Homicide and Suicide Deaths by Race/Ethnicity, 2010-2015



Source: Violent Death Reporting System Data for City of Long Beach, 2010-2015.

### Primary Data Snapshot: Public Safety

- Perception of crime is actually a bigger issue than crime itself in many communities in Long Beach. Adopting a more robust, holistic approach on violence prevention would be ideal.
- Chronic stress is a major issue for those living in Long Beach. This stress is due to many determinants, including a lack of green space and opportunities in the area.
- Creating social connectedness is important, involving issues such as complete streets, well-lit streets, public safety and cleanliness.
- The Safe Long Beach Collaborative addresses critical issues in Long Beach, including access to health services, social connectedness, public safety and the criminal justice system.
- Insufficient police presence and ineffective use of police resources are conditions that result in reduced public safety.
- Black residents have a complex relationship with the police. There need to be more police in the neighborhoods, but policing practices need to stop the targeting of Blacks.
- Police preparation should include cultural sensitivity and mental health training to properly engage with residents. Police are key partners in supporting individuals facing homelessness to reduce crime.

*"If a Hispanic or a non-Black person called [police] on a Black person, it's like they would believe that non-Black person instead. Oh, you're Black and you're angry, you're always mad, so I'm going to believe them."*

*"If we bring more police into this community, they need to be trained to deal with mental health issues. Most of the people who live here have been harassed by police, so they may not want to see them."*

### Prioritization results

- 86% of survey respondents stated that it was "Important" or "Very Important" to address



public safety.

- 8% of survey respondents felt Long Beach could strengthen community-police relations, including increased collaboration and implementation of community safety work.
- 8% of survey respondents felt Long Beach could promote youth diversion programs that build youth skills and reduce interactions with the criminal justice system.

### Environmental Pollution

Hazmat sites are contaminated with hazardous substances and pollutants making them unsafe for people to live or work. Long Beach ZIP Codes 90813, 90805, 90802, and 90806 have a high number of contaminated sites. ZIP Codes 90813, 90802, and 90806 all also have high rates of people and families living in poverty.

### Hazmat Sites by ZIP Code in Long Beach City

ZIP Code	City	Hazmat Sites
90802	Long Beach	108
90803	Long Beach	42
90804	Long Beach	74
90805	Long Beach	159
90806	Long Beach	104
90807	Long Beach	82
90808	Long Beach	64
90810	Long Beach	37
90813	Long Beach	227
90814	Long Beach	11
90815	Long Beach	62

Source: Long Beach Department of Health and Human Services, 2017.

Lead poisoning is an environmental health problem due to exposure to dust from deteriorating lead paint in older homes. Long Beach 90813 had the most cases of lead poisoning (11 cases) among Long Beach ZIP Codes.

### Lead Poisoning Cases by ZIP Code in Long Beach City

ZIP Code	City	Lead Poisoning Cases
90802	Long Beach	2
90803	Long Beach	--
90804	Long Beach	3
90805	Long Beach	3
90806	Long Beach	6
90807	Long Beach	2
90808	Long Beach	1
90810	Long Beach	3
90813	Long Beach	11
90814	Long Beach	1
90815	Long Beach	3

Source: Long Beach Department of Health and Human Services, 2012-2018.

### Primary Data Snapshot: Environment

- Southern California and Long Beach, specifically West Long Beach, are exposed to high levels of air and light pollution. Childhood asthma rates are also high in Long Beach.
- It is important for residents to access healthy foods and green spaces, while being able to go outside and play without breathing toxic emissions.
- There are many health issues associated with the particulate matter pollution from area industries. The city can, should and does play a leadership role in this matter.
- Overcrowding is an environmental concern in central Long Beach, as approximately 1,000 residents live within a space of about a quarter an acre of land.
- Many discussions are occurring regarding the placement of freeways and power plants compared to parks and open spaces.
- Structurally disempowered communities are generally low-income communities of color, geographically located in central, west, and north Long Beach.
- Houses in Long Beach are old and often do not meet code standards. These old housing units expose tenants to pests, mold and issues that cause chronic conditions.
- There is air pollution due to proximity to the port, rail, and trucking corridor along the 710 freeway due to the diesel emissions. Those living closer to these areas are at greater risk for exposure and adverse health outcomes.
- More research and feasibility assessments should be done to determine the impact on environmental hazards on the population, helping to determine the future interventions to address this problem.
- Place-based health, specifically living in particular ZIP Codes impacts health outcomes.

*“Sometimes you don’t want to go outside or work out, because you don’t want to breathe the air. We want to open the windows, but we have to instead seal them.”*

*“I experience the diesel smell, and it’s terrible. The bridges over Alameda are awful. You feel like your head is inside a balloon and tied around your neck, as if you are suffocating.”*

### Prioritization results

- 93% of survey respondents stated that it was “Important” or “Very Important” to address the environment.

## Access to Health Care

### Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Barriers to care can result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2020 objective is for 100% insurance coverage for all population groups. Among service area children, ages 0 to 18, 94.1% are insured, whereas 83.2% of area adults have health insurance.

### Health Insurance Coverage

ZIP Code	City	All Ages	0 to 18 Years	19 to 64 Years
90220	Compton	85.2%	93.4%	79.3%
90221	Compton	81.9%	92.3%	74.6%
90630	Cypress	92.8%	96.4%	90.4%
90650	Norwalk	85.9%	93.1%	80.6%
90703	Cerritos	92.8%	94.4%	90.4%
90706	Bellflower	86.1%	93.3%	80.9%
90712	Lakewood	93.1%	97.1%	90.7%
90713	Lakewood	94.9%	96.2%	93.3%
90720	Los Alamitos	94.0%	93.7%	92.5%
90723	Paramount	82.5%	93.2%	75.8%
90740	Seal Beach	95.7%	96.2%	92.2%
90745	Carson	88.3%	94.4%	83.8%
90755	Signal Hill	85.9%	88.8%	82.9%
90802	Long Beach	85.3%	93.4%	82.1%
90803	Long Beach	94.9%	96.6%	93.3%
90804	Long Beach	85.6%	94.5%	81.5%
90805	Long Beach	86.2%	94.9%	80.2%
90806	Long Beach	84.4%	94.2%	78.0%
90807	Long Beach	94.7%	96.9%	92.8%
90808	Long Beach	96.8%	98.4%	95.5%
90810	Long Beach	87.0%	95.4%	81.2%
90813	Long Beach	79.0%	90.4%	70.7%
90814	Long Beach	93.4%	99.3%	90.9%
<b>LBMC Service Area</b>	--	<b>87.8%</b>	<b>94.1%</b>	<b>83.2%</b>
<b>Long Beach City</b>	--	<b>88.0%</b>	<b>94.7%</b>	<b>83.8%</b>
<b>LA County</b>	--	<b>86.7%</b>	<b>94.5%</b>	<b>81.5%</b>
<b>California</b>	--	<b>89.5%</b>	<b>95.3%</b>	<b>85.2%</b>

Source: U.S. Census Bureau, American Community Survey, 2013-2017.

For those in the adult population that are disabled due to a physical, mental, or emotional condition, 90.2% of adults in Los Angeles County have health insurance. Only 81.6% of this population in SPA 7 had coverage, while 90.0% in SPA 6 and 92.0% in SPA 8 had insurance.

## Health Insurance Coverage, Adults with a Disability

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Adults with a Disability with Health Insurance	90.0%	81.6%	92.0%	90.2%	91.7%

Source: California Health Interview Survey, 2015-2016.

When the type of insurance coverage was examined for the service area, 48.7% of the residents in SPA 6, 25.2% in SPA 7 and 26.7% in SPA 8 have Medi-Cal coverage. In SPA 6, 22.7% have employment-based insurance. In SPA 7, 38.1% have employment-based insurance and in SPA 8, 40.7% of the population has employment-based insurance.

## Insurance Coverage by Type

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Medi-Cal	48.7%	25.2%	26.7%	28.6%	26.1%
Medicare only	0.8%*	1.6%*	1.4%	1.2%	1.3%
Medi-Cal/Medicare	6.4%*	8.3%	4.4%	4.5%	3.8%
Medicare and others	3.6%	6.3%	7.5%	7.5%	8.8%
Other public	1.0%*	1.4%*	1.6%*	1.1%	1.3%
Employment based	22.7%	38.1%	40.7%	39.8%	43.3%
Private purchase	3.5%	4.4%*	8.3%	6.4%	6.2%
No insurance	13.3%	14.8%	9.3%	11.0%	9.3%

Source: California Health Interview Survey, 2014-2016. \*Statistically unstable due to sample size.

## Regular Source of Care

In SPA 6, 39.2% of adults access care at a doctor's office, HMO or Kaiser, and 41.5% access care at a clinic or community hospital. 46.7% of adults in SPA 7 access care at a doctor's office, HMO or Kaiser and 30.9% access care at a clinic or community hospital. In SPA 8, 60.4% of adults access care at a doctor's office, HMO or Kaiser, and 22% access care at a clinic or community hospital.

## Regular Source of Care

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Dr. office/HMO/Kaiser	39.2%	46.7%	60.4%	56.8%	59.4%
Community clinic/government clinic/community hospital	41.5%	30.9%	22.0%	24.3%	23.7%
ER/Urgent Care	3.7%*	2.6%*	1.6%*	2.1%	1.7%
Other	0.5%*	1.9%*	0.5%*	1.0%	0.9%
No source of care	15.0%	17.9%	15.5%	15.8%	14.3%

Source: California Health Interview Survey, 2014-2016. \*Statistically unstable due to sample size.

## Delayed or Forgone Care

Individuals who receive services in a timely manner have greater opportunity to prevent or detect disease during earlier, treatable stages. A delay of necessary care can lead to an increased risk of complications. Residents in SPA 8 (11.9%) delayed or did not get medical care when needed at higher rates than SPA 6 residents (9.8%) and SPA 7 residents (8.3%).

In SPA 6, 5.4% of residents ultimately went without needed medical care, whereas 9.4% of residents in SPA 7 and 6% of SPA 8 residents ended up having to forgo needed care. Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues.

## Delayed Care in Past 12 Months, All Ages

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Delayed or did not get medical care	9.8%	8.3%	11.9%	11.7%	10.9%
Had to forgo needed medical care	5.4%	9.4%	6.0%	6.7%	4.7%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	54.1%	31.9%	45.0%	46.8%	49.4%
Delayed or did not get prescription meds	8.6%	10.1%	8.6%	8.5%	9.1%

Source: California Health Interview Survey, 2014-2016.

In Long Beach, there has been a trend toward increased rates of preventable Emergency Room (ER) visits. From 2010-2012, the rate was 440.5 adult ER visits per 100,000 population. In 2013-2015 the rate of preventable adult ER visits was 439.7 per 100,000 population. The rates of preventable ER visits in Long Beach exceeded county and state rates.

## Preventable Emergency Room Visits, Adults, per 100,000 Population

ZIP Code	City	2010-2012	2011-2013	2012-2014	2013-2015
90220	Compton	479.3	513.1	564.6	597.6
90221	Compton	471.2	476.4	488.5	521.7
90630	Cypress	221.3	245.2	263.5	258.3
90650	Norwalk	429.1	415.5	400.4	385.8
90703	Cerritos	173.4	187.8	192.3	192.6
90706	Bellflower	433.9	442.7	433.9	435
90712	Lakewood	333.3	341.5	321.8	304.7
90713	Lakewood	250.5	261.7	256.1	257.2
90720	Los Alamitos	203.1	210.6	220.3	214.5
90723	Paramount	423	447	447.6	452.4
90745	Carson	268.1	266	284.1	314
90740	Seal Beach	196.1	196.5	193.4	189.8
90755	Signal Hill	274	278.8	276.5	291.9
90802	Long Beach	513.9	531.1	542.6	538.8
90803	Long Beach	175.6	173.6	170.3	163.4
90804	Long Beach	441.1	482.1	499.5	501
90805	Long Beach	512.5	537.2	548.3	556.6
90806	Long Beach	491.4	518.1	545.9	552.7

ZIP Code	City	2010-2012	2011-2013	2012-2014	2013-2015
90807	Long Beach	293.8	291.5	285.9	275
90808	Long Beach	188.9	192.1	197.6	197.6
90810	Long Beach	332.2	347.6	378.6	404
90813	Long Beach	786	872.9	903.3	895.5
90814	Long Beach	180.9	186.8	189.7	202.6
<b>Long Beach City</b>	--	<b>400.5</b>	<b>424</b>	<b>437</b>	<b>439.7</b>
<b>Los Angeles County</b>	--	<b>307.9</b>	<b>323.6</b>	<b>341.3</b>	<b>360.6</b>
<b>California</b>	--	<b>333.8</b>	<b>347.6</b>	<b>365.6</b>	<b>389.5</b>

Source: California Office of Statewide Health Planning and Development, 2010-2015.

### Primary Data Snapshot: Access to Health Care

- Children and adolescents, specifically in the Latino community, need health care, preventive care and dental care. Having better access to urgent and outpatient care will reduce overcrowding in emergency rooms.
- Providing health care for all youth should be a systemic, long-term goal.
- Access to services for children with Autism is a unique challenge to accessing health services.
- Universal health care would be a game changer for the Long Beach community.
- Let's use an integrated approach to provide health care. Provide health care units, where social workers, police and nurses work together in the field.
- Learn and teach how access to health care relates to immigration and misconceptions of citizenship status. Immigration status creates fear and prevents some people from accessing health services.
- Providing and improving language resources help people better access health services.
- African Americans have less access to appropriate health care.
- Institutional racism produces different levels of health care access.
- Transportation and language issues are main barriers to health care.
- Transportation barriers, employer constraints, access to internet and technology, and language barriers limit access to health services.
- Affordability of services is a barrier to accessing health care. Primary high-cost services included: medications, mental health services, dental care, and the cost of healthy food.
- Cultural competency is a barrier to accessing health care. LGBTQ individuals do not feel safe around physicians who do not fully understand their identities.
- Wait times for medical care is a major barrier. It is difficult to obtain initial and follow-up visits for months after initially requested.
- Discrimination is a factor that impacts health care. Blacks/African Americans have experienced bias, unequal treatment, and a feeling that their lives were not equally valued.
- Black participants acknowledged cultural competency as a factor that needs to be addressed. They also shared how they need to fight to be heard by physicians, and there are no accountability measures for the disparities that are created.

*“The location of the health services should be closer to our homes. Our insurance should be mindful of placing us at facilities that are near to us so it could address the transportation issue.”*

*“I need someone to help me navigate the health care system and I would hope that a community or agency group can help me.”*

### **Prioritization results**

- 100% of survey respondents stated that it was “Important” or “Very Important” to address access to health services.
- Potential solutions for improving access to health services included health care reform, operating services in more locations, or locations that are in closer proximity to the communities facing the most barriers. Additional strategies included: more comprehensive insurance, increasing access to the internet, improving the ease of system navigation, or providing access to care coordinators to advocate for and connect to services across Long Beach.

## Oral Health/Dental Care

In Long Beach, 86.3% of children, ages 2-17, had seen a dentist in the past year. In the hospital service area, 80.3% of children in Cerritos had been to the dentist and 89.3% of children in Long Beach 90813 had been to the dentist. Further, 77.7% of children in SPA 6, 73.7% of children in SPA 7, and 78.5% of children in SPA 8 had been to a dentist in the past year.

### Children Who Visited a Dentist, by ZIP Code

ZIP Code	City	Percent
90220	Compton	87.2
90221	Compton	86.8
90630	Cypress	84.3
90650	Norwalk	81.9
90703	Cerritos	80.3
90706	Bellflower	81.2
90712	Lakewood	81.5
90713	Lakewood	81.8
90720	Los Alamitos	87.2
90723	Paramount	86.7
90740	Seal Beach	86.3
90745	Carson	84.8
90755	Signal Hill	83.9
90802	Long Beach	84.7
90803	Long Beach	85.5
90804	Long Beach	85.4
90805	Long Beach	87.4
90806	Long Beach	87.4
90807	Long Beach	83.1
90808	Long Beach	84.5
90810	Long Beach	85.3
90813	Long Beach	89.3
90814	Long Beach	86.9
<b>Long Beach City</b>	--	<b>86.3</b>
<b>Los Angeles County</b>	--	<b>77.9</b>
<b>California</b>	--	<b>78.7</b>

Source: California Health Interview Survey, Neighborhood Edition 2013-2014.

Residents in Long Beach had been to the ER due to a dental program at a rate of 31.1 visits per 10,000 population. This rate is higher than the LA County rate (22.9 visits per 10,000 population). Long Beach 90813 had high rates of ER visits due to dental problems (61.4 visits per 10,000 population).

### ER Visits due to Dental Problems, Age-Adjusted, per 10,000 Population, by ZIP Code

ZIP Code	City	Rate
90220	Compton	38.5
90221	Compton	29.8
90630	Cypress	15.1



ZIP Code	City	Rate
90650	Norwalk	19.3
90703	Cerritos	9.5
90706	Bellflower	23.6
90712	Lakewood	20.3
90713	Lakewood	11.2
90720	Los Alamitos	15.2
90723	Paramount	22.1
90740	Seal Beach	11.4
90745	Carson	17.9
90755	Signal Hill	16.2
90802	Long Beach	37.6
90803	Long Beach	10.7
90804	Long Beach	34.9
90805	Long Beach	35.1
90806	Long Beach	41.4
90807	Long Beach	18.2
90808	Long Beach	12.7
90810	Long Beach	29.8
90813	Long Beach	61.4
90814	Long Beach	16.1
<b>Long Beach City</b>	--	<b>31.1</b>
<b>Los Angeles County</b>	--	<b>22.9</b>
<b>California</b>	--	<b>36.6</b>

Source: California Office of Statewide Health Planning and Development, 2013-2015.

The percent of adults who did not visit a dentist within the last year in Long Beach (41.4%) was greater than the Los Angeles County value (40.7%). Additionally, total tooth loss in older adults was higher in Long Beach City (10.2%) than in the state (8.7%), indicating a potential lack of dental care in early adulthood leading to tooth loss issues in older age. Among children in Long Beach, 9.7% did not receive dental care due to the cost.

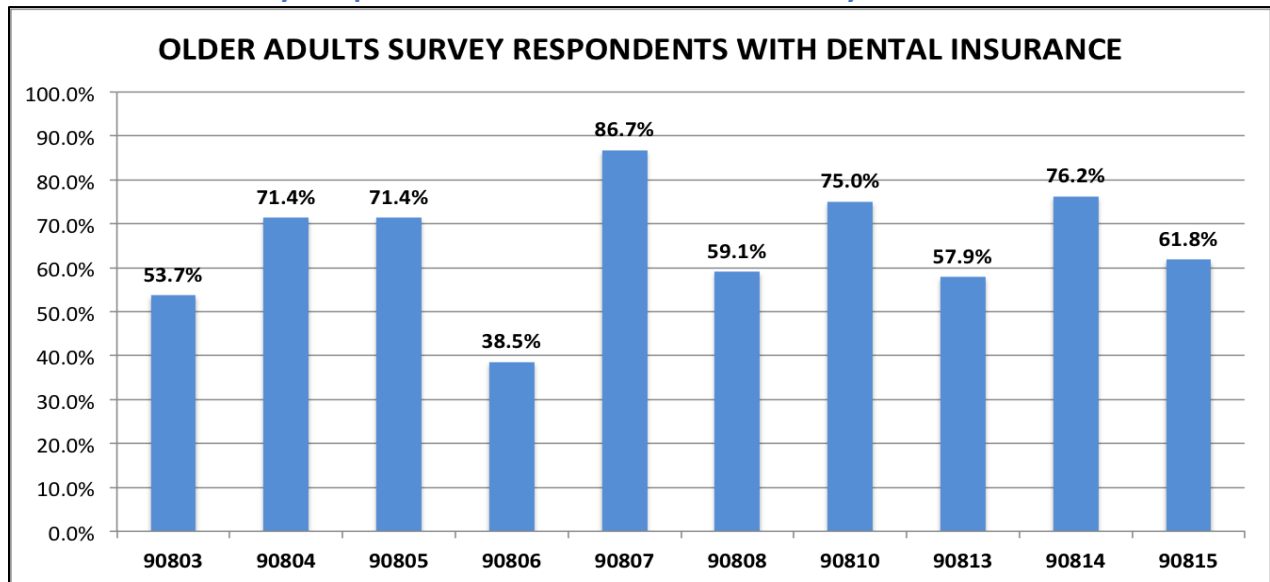
### Oral Health/ Dental Care Indicators of Need for Long Beach City

	Units	Period of Measure	Long Beach Value	LA County Value	CA Value
Adults, 65+, with Total Tooth Loss	percent	2014	10.2		8.7
Adults who did not Visit a Dentist	percent	2015	41.4	40.7	--
Adults who have had a Routine Checkup: Past Year	percent	2015	64.3	--	--
Children who did not Receive Dental Care due to Cost	percent	2015	9.7	11.5	--

Sources: Centers for Disease Control and Prevention, 500 Cities Project; Los Angeles County Health Survey, 2015.

Purposeful Aging Los Angeles (PALA) provided data from 2017 on the oral health of adults over 50 years old living in Long Beach. Of older adults in the city with dental insurance, Long Beach 90807 (86.7%) had the highest percentage and Long Beach 90806 (38.5%) had the lowest percentage.

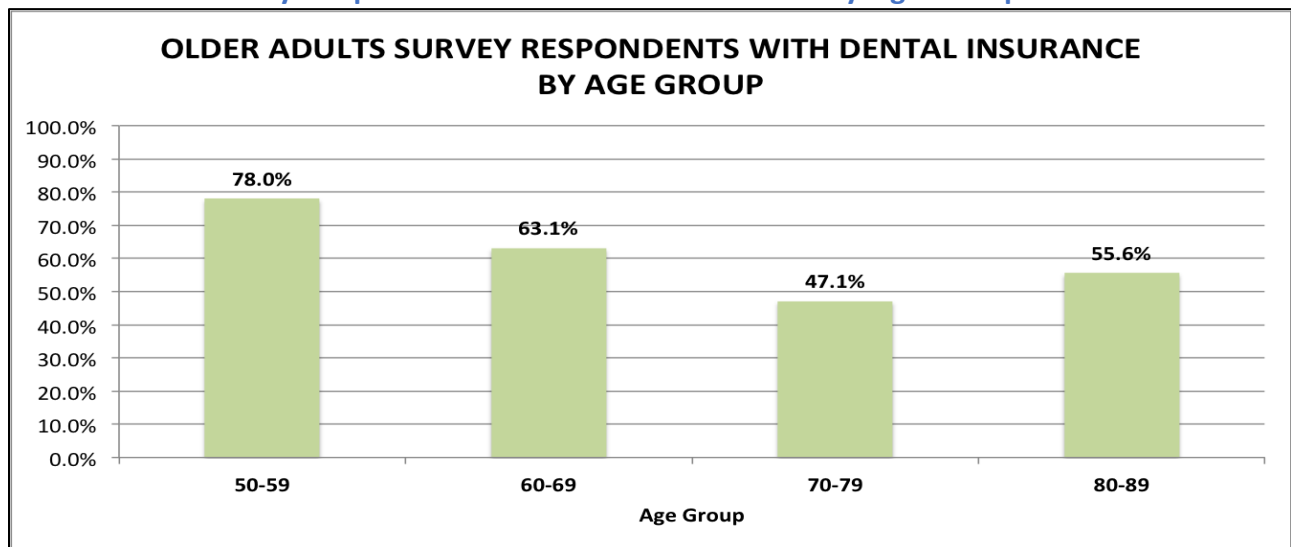
### Older Adults Survey Respondents with Dental Insurance by ZIP Code



Source: Purposeful Aging Los Angeles (PALA), Oral Health report, 2017.

When examined by age, 78% of adults, ages 50-59, had dental insurance. As adults aged, their rates of dental insurance decreased. Only 47.1% of adults ages 70-79 had dental insurance.

### Older Adults Survey Respondents with Dental Insurance by Age Group



Source: Purposeful Aging Los Angeles (PALA), Oral Health report, 2017.

#### Primary Data Snapshot: Oral Health/ Dental Care

- People in the community need access to preventive care, having the ability to access the basics of primary and dental care.
- Oral health care is important to community members, but it is unaffordable for them to acquire services.

*"I want to get a dental cleaning and get dental services. But I need to have dental insurance to cover the cost, and it's so expensive to get any sort of dental service."*

*"There is a program here for veterans, when you go into the VIP. You have two weeks to show up at the VA hospital dental ward. It took me three to four months to get an entire new mouth."*

### **Prioritization results**

- 64% of survey respondents stated that it was "Important" or "Very Important" to address dental care.

## Acute and Chronic Diseases

### Heart Disease

The ER rate due to congestive heart failure among adults in Long Beach was 8.6 visits per 10,000 population. This rate is higher than the county rate (7.5 visits per 10,000 population). In the service area, adults from Compton have the highest ER rates due to congestive heart failure.

The ER rate due to hypertension (high blood pressure) among adults in Long Beach was 28.0 visits per 10,000 population. This rate is higher than the county rate (26.2 visits per 10,000 population). In the service area, adults from Long Beach 90806 and Long Beach 90813 have the highest ER rates due to hypertension.

### ER Rates due to Congestive Heart Failure and Hypertension, per 10,000 Population

ZIP Code	City	Rate Congestive Heart Failure	Rate Hypertension
90220	Compton	21.6	43.9
90221	Compton	24.3	42.7
90630	Cypress	7.9	18.3
90650	Norwalk	9.5	31.8
90703	Cerritos	6.2	21.7
90706	Bellflower	12.9	34.9
90712	Lakewood	5.1	22.8
90713	Lakewood	9.6	18.5
90720	Los Alamitos	4.8	15.1
90723	Paramount	10.2	33.9
90740	Seal Beach	5.2	14.6
90745	Carson	10.1	31.2
90755	Signal Hill	5.7	21.4
90802	Long Beach	9.0	27.0
90803	Long Beach	3.2	10.2
90804	Long Beach	9.3	28.5
90805	Long Beach	11.4	37.8
90806	Long Beach	14.1	46.1
90807	Long Beach	9.1	23.0
90808	Long Beach	3.9	14.4
90810	Long Beach	11.4	36.2
90813	Long Beach	13.6	44.9
90814	Long Beach	2.8	14.9
<b>Long Beach City</b>	--	<b>8.6</b>	<b>28.0</b>
<b>Los Angeles County</b>	--	<b>7.5</b>	<b>26.2</b>
<b>California</b>	--	<b>9.4</b>	<b>26.4</b>

Source: California Office of Statewide Health Planning and Development, 2013-2015.

Further, high blood pressure prevalence and high cholesterol prevalence in adults are both higher in Long Beach than Los Angeles County. In SPA 7, 27.6% of adults have been diagnosed

with high cholesterol, and 24.5% of adults in SPA 6 have been diagnosed with high blood pressure, both higher than the Los Angeles County values.

### High Blood Pressure and Cholesterol Prevalence

	SPA 6	SPA 7	SPA 8	Long Beach City	Los Angeles County
High Blood Pressure Prevalence	24.5%	22.8%	23.1%	26.5%	23.5%
High Cholesterol Prevalence	22.2%	27.6%	26.5%	27.9%	25.2%

Source: Los Angeles County Health Survey, 2015.

### Diabetes

In Long Beach, 10.3% of adults have been diagnosed with diabetes. This is higher than county (9.9%) and state (8.8%) rates of adults diagnosed with diabetes. In the hospital service area, communities with high rates of adult diabetes are Long Beach 90810 (15.5%), Carson (14.6%), Compton 90220 (14.6%) and Paramount (14.5%).

### Adults with Diabetes

ZIP Code	City	Percent
90220	Compton	14.6
90221	Compton	12.9
90630	Cypress	8.0
90650	Norwalk	13.5
90703	Cerritos	12.2
90706	Bellflower	10.9
90712	Lakewood	9.2
90713	Lakewood	8.7
90720	Los Alamitos	6.7
90723	Paramount	14.5
90740	Seal Beach	6.9
90745	Carson	14.6
90755	Signal Hill	8.3
90802	Long Beach	9.9
90803	Long Beach	6.2
90804	Long Beach	8.4
90805	Long Beach	13.4
90806	Long Beach	11.3
90807	Long Beach	9.8
90808	Long Beach	8.8
90810	Long Beach	15.5
90813	Long Beach	10.5
90814	Long Beach	6.3
<b>Long Beach City</b>	--	<b>10.3</b>
<b>Los Angeles County</b>	--	<b>9.9</b>
<b>California</b>	--	<b>8.8</b>

Source: California Health Interview Survey, Neighborhood Edition, 2013-2014.

The rate of ER visits due to diabetes among adults in Long Beach is 27.7 visits per 10,000 population. This is a higher rate than found in the county and the state. The rate of ER visits due

to long-term complications of diabetes among adults in Long Beach is 11.6 visits per 10,000 population, which is lower than the county and state rates. In the hospital service area, Compton residents have the highest ER rates due to diabetes.

### ER Rates due to Diabetes and Long-Term Complications of Diabetes, per 10,000 Population

ZIP Code	City	Rate Diabetes	Rate Long-Term Complications of Diabetes
90220	Compton	54.4	29.0
90221	Compton	63.7	32.8
90630	Cypress	14.8	7.2
90650	Norwalk	39	19.9
90703	Cerritos	13.9	7.6
90706	Bellflower	42.1	22.5
90712	Lakewood	15.9	7.2
90713	Lakewood	16.9	10.1
90720	Los Alamitos	12.1	5.8
90723	Paramount	44.3	23.2
90740	Seal Beach	7.1	3.9
90745	Carson	26.5	14.4
90755	Signal Hill	17.7	9.1
90802	Long Beach	30.1	12.2
90803	Long Beach	7.9	3.5
90804	Long Beach	30.0	13.6
90805	Long Beach	40.7	16.4
90806	Long Beach	45.4	19.8
90807	Long Beach	16.7	8.9
90808	Long Beach	8.5	3.1
90810	Long Beach	32.7	16.4
90813	Long Beach	55.3	20.0
90814	Long Beach	10.3	5.5
<b>Long Beach City</b>		<b>27.7</b>	<b>11.6</b>
<b>Los Angeles County</b>		<b>25.5</b>	<b>12.1</b>
<b>California</b>		<b>26.6</b>	<b>12.4</b>

Source: California Office of Statewide Health Planning and Development, 2013-2015.

### Asthma

The rate of ER visits due to asthma among the total population in Long Beach is 57.3 visits per 10,000 population. This is a higher rate than found in the county and the state. The rate of ER visits due to asthma among adults in Long Beach is 45.5 visits per 10,000 population, which is higher than the county and state rates. In the hospital service area, Lakewood 90712 residents have the highest ER rates due to asthma.

### ER Rates due to Asthma, per 10,000 Population

ZIP Code	City	Rate Asthma, Total Population	Rate Asthma, Adults
90220	Compton	84.5	69.8
90221	Compton	68.1	54.4

ZIP Code	City	Rate Asthma, Total Population	Rate Asthma, Adults
90630	Cypress	24.7	20.8
90650	Norwalk	43.8	30.6
90703	Cerritos	34.7	28.7
90706	Bellflower	51.8	37.3
90712	Lakewood	109.9	127.8
90713	Lakewood	27.0	18.2
90720	Los Alamitos	20.5	17.5
90723	Paramount	44.3	33.3
90740	Seal Beach	19.6	15.5
90745	Carson	41.3	27.6
90755	Signal Hill	37.6	31.2
90802	Long Beach	64.6	52.0
90803	Long Beach	16.7	13.2
90804	Long Beach	65.4	54.5
90805	Long Beach	69.2	54.0
90806	Long Beach	74.5	62.8
90807	Long Beach	36.2	24.4
90808	Long Beach	21.8	17.1
90810	Long Beach	50.1	39.0
90813	Long Beach	109.2	106.4
90814	Long Beach	33.0	23.1
<b>Long Beach City</b>		<b>57.3</b>	<b>45.5</b>
<b>Los Angeles County</b>		<b>44.3</b>	<b>32.6</b>
<b>California</b>		<b>44.0</b>	<b>34.6</b>

Source: California Office of Statewide Health Planning and Development, 2013-2015.

Additionally, in SPA 8, 13.9% of adults have ever been told by a doctor that they have asthma compared to 13.2% in Los Angeles County according to the California Health Interview Survey. In SPA 8, 14.4% of children and teens (ages 1 to 17) have been diagnosed with asthma compared to only 8.2% in SPA 6 and 10.0% in SPA 7. The value for Los Angeles County is 9.8% of children and teens with asthma.

## Cancer

Mortality rates for specific types of cancer are available only at the county level from the National Cancer Institute, and are not available for smaller geographies such as city or ZIP code. For Los Angeles County, cancer mortality rates are slightly lower, overall, than state rates. In Los Angeles County the rates of death from female breast cancer (20.5 per 100,000 women), colorectal cancer (13.8 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), Non-Hodgkin Lymphoma (5.5 per 100,000 persons), stomach cancer (5.2 per 100,000 persons), and uterine cancers (4.8 per 100,000 women), exceed the state rates of death.

### Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Los Angeles County	California
<b>Cancer all sites</b>	<b>142.1</b>	<b>146.6</b>
Lung and bronchus	28.4	32.0
Breast (female)	20.5	20.1
Prostate (males)	19.1	19.6
Colon and rectum	13.8	13.2
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.6
Ovary (females)	7.0	7.1
Leukemia	6.1	6.3
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine (females)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015.

In Long Beach City, 5.1% of adults were living with cancer according to the Centers for Disease Control and Prevention's 500 Cities Project. The rate of cancer incidence for all sites of cancer in Los Angeles County was 375.5 per 100,000 persons. This rate was lower than the state rate of cancer incidence (395.2 per 100,000 persons). The top three cancers by incidence were female breast, prostate and respiratory system cancers. The types of cancer with higher incidence rates in the county than the state were digestive system (colon and rectum, liver and bile duct, and stomach cancers), female reproductive (uterine, ovarian, and cervical), and thyroid cancers.

### Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons

	Los Angeles County	California
<b>Cancer all sites</b>	<b>375.5</b>	<b>395.2</b>
Breast (female)	115.0	120.6
Prostate (males)	95.2	97.1
Lung and Bronchus	36.7	42.2
Colon and Rectum	36.3	35.5
In Situ Breast (female)	26.1	28.2
Uterine ** (females)	25.9	24.9
Non-Hodgkin Lymphoma	17.8	18.2
Urinary Bladder	15.1	16.8
Kidney and Renal Pelvis	13.2	13.9
Melanoma of Skin	13.3	21.6
Ovary (females)	12.0	11.6
Thyroid	13.6	12.8
Leukemia *	11.6	12.3
Pancreas	11.24	11.44
Liver and Bile Duct	9.65	9.49
Stomach	9.31	7.42
Cervix Uteri (females)	7.77	7.19



	Los Angeles County	California
Miscellaneous	7.22	7.96
Myeloma	5.68	5.77
Testis (males)	5.50	5.71

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015

\*Myeloid & Monocytic + Lymphocytic + "Other" Leukemias \*\*Uterus, NOS + Corpus Uteri

All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.

When examined by race, Blacks and Whites have the highest rates of cancer, while Asians have the lowest rates of cancer. There are, however, exceptions to this rule: Hispanic women have the highest incidence of cervical cancer and Asians have the highest incidence of liver and bile duct and stomach cancers, while Whites have the lowest rates of those three types of cancer. Blacks have the lowest rates of thyroid, testicular, and melanoma cancers.

### Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race for LA County

	Hispanic	White	Asian/PI	Black	Los Angeles County
<b>Cancer all sites</b>	<b>306.73</b>	<b>441.61</b>	<b>295.40</b>	<b>421.71</b>	<b>375.47</b>
Breast (female)	83.52	146.61	101.21	131.49	115.04
Prostate (males)	83.78	96.71	49.56	146.96	95.22
Lung and bronchus	21.18	46.38	33.64	52.36	36.86
Colon and rectum	31.53	37.84	36.19	43.95	36.34
In situ breast (female)	18.33	31.16	29.00	30.82	26.09
Uterine ** (females)	23.52	28.4	21.56	26.97	25.94
Non-Hodgkin lymphoma	16.40	20.85	13.35	14.71	17.81
Urinary bladder	8.32	22.89	8.55	12.12	15.13
Thyroid	11.44	16.58	15.35	9.69	13.55
Melanoma of skin	3.60	28.21	1.07	1.01	13.29
Kidney and renal pelvis	14.24	14.00	8.44	15.05	13.21
Ovary (females)	11.07	13.54	11.13	10.09	11.99
Leukemia*	9.62	14.07	7.34	10.51	11.64
Pancreas	10.14	12.10	9.58	13.76	11.24
Liver and bile duct	12.01	6.60	12.59	9.81	9.65
Stomach	11.09	6.44	11.92	9.47	9.31
Cervix uteri (females)	8.70	6.85	7.09	8.16	8.8
Miscellaneous	6.83	8.09	4.36	9.19	8.4
Myeloma	5.40	5.47	2.73	12.59	5.8
Testis (males)	5.46	7.52	2.03	1.75	5.50

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015

\*Myeloid & Monocytic + Lymphocytic + "Other" Leukemias \*\*Uterus, NOS + Corpus Uteri

All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.

### Primary Data Snapshot: Chronic Diseases

- There is a link between high stress, as early as childhood, and the development of chronic disease. Low-income communities who face more challenges and chronic stressors are more likely to develop these diseases.
- Children are more frequently developing chronic diseases.

- Some of the greatest needs in Long Beach involve preventable chronic diseases like diabetes, obesity, heart disease and stroke.
- Other chronic conditions that need to be addressed include asthma, high blood pressure, and Hepatitis B & C.
- Alzheimer’s disease is a rising issue that should garner more focus.
- Good recreational opportunities are scarce in some parts of the city. It is imperative for Long Beach to create easy-to-access, high-quality programs and services, so people can exercise and eat well.
- In the Cambodian culture, children typically care for their elders. However, older adults in this culture do not always follow their children to new communities, leading to more chronic issues among this population.
- Homeless people and those in the low-income category have less health insurance and worse health outcomes than others. These disparities are reflected in the low-income ZIP Codes with low life expectancies.
- Stress, linked to race and/or the economy, is a huge burden that exacerbates already existing chronic health issues.
- The increased risk of cancer around the two ports in Long Beach contributes to premature death rates in the area. Public health efforts should review and utilize the Clean Air Action Plan. This plan specifically recognizes how these environmental hazards impact the most sensitive populations, including the elderly, children, pregnant women and people with chronic illnesses.
- Poor air quality and pollution influence chronic diseases such as asthma and obesity.
- Access to safe, clean spaces for recreation and physical activity, as well as, access to affordable, healthy foods will help to reduce chronic disease development.

*“The air we breathe, the soil, water that we drink, contribute to mental health and chronic disease. I see that younger people are dying in their 50s now.”*

*“I have difficulty getting to grocery stores because it is far from my home and I would have to drive. I’m old and when places are far, it’s hard for me to get to places because I have no transportation and am unable to walk that far.”*

### **Prioritization results**

- 100% of survey respondents stated that it was “Important” or “Very Important” to address chronic diseases.
- 17% of survey respondents felt Long Beach could support policies that create more equitable opportunities for health across Long Beach neighborhoods such as increasing access to low-cost healthy foods, safe sidewalks, bicycle lanes, and fitness loops.

### **Sexually Transmitted Infections**

The 2017 incidence rates of chlamydia, syphilis, and gonorrhea for Long Beach City were significantly greater than the Los Angeles County and California state rates.

Tuberculosis is a frequent co-infection with STIs, specifically HIV. The tuberculosis incidence rate is 6.2 cases per 100,000 population in Long Beach, which is greater than the county and state rates and exceeds the Healthy People 2020 target goal of 1 case per 100,000 population.

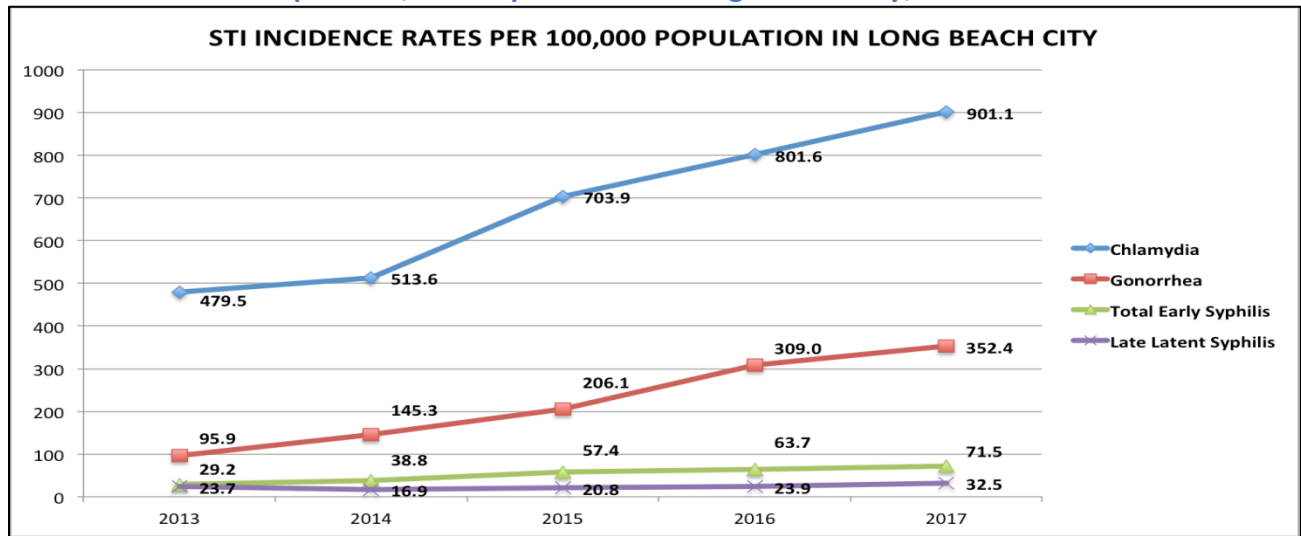
### Sexually Transmitted Infections Indicators of Need for Long Beach City

	Units	Period of Measure	Long Beach Value	LA County Value	CA Value
Chlamydia Incidence Rate	cases/100,000 population	2017	806	579.2	504.6
Syphilis Incidence Rate	cases/100,000 population	2017	31.1	19.5	16.8
Gonorrhea Incidence Rate	cases/100,000 population	2017	308.8	218.8	164.4
Tuberculosis Incidence Rate	cases/100,000 population	2016	6.2	5.8	5.2

Sources: California Department of Public Health, STD Control Branch, 2016 and 2017.

A closer look at sexually transmitted infections in the City of Long Beach reveals that rates of chlamydia, gonorrhea, and early syphilis in Long Beach increased from 2013 to 2017. The percent increase from 2013 to 2017 for chlamydia was 87.9%, for gonorrhea the increase was 266.5%, and for the same time period the increase for early syphilis was 143.2%.

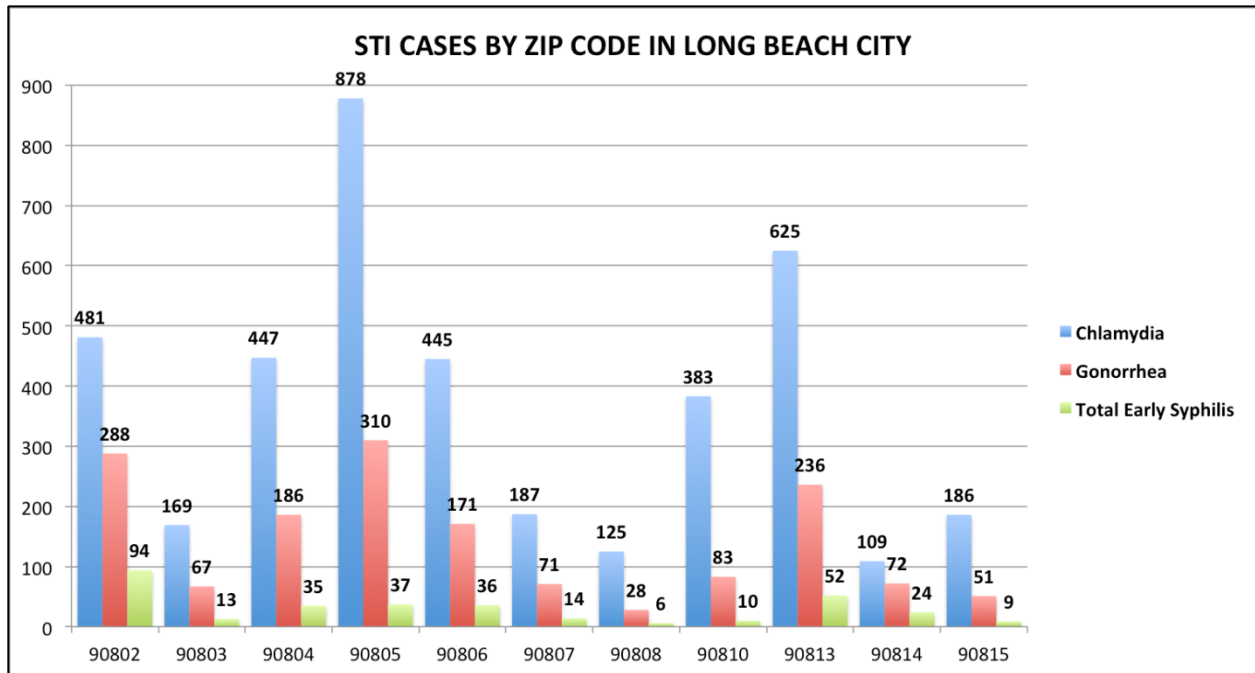
### STI Incidence Rates per 100,000 Population in Long Beach City, 2013-2017



Source: California Department of Public Health, STD Control Branch

Long Beach 90802 had the most total early syphilis cases in Long Beach City in 2017 and also had the second most gonorrhea cases. Long Beach 90805 had the most cases of chlamydia and the most gonorrhea cases in 2017.

## STI Cases by ZIP Code in Long Beach City, 2017



Source: California Department of Public Health, STD Control Branch, 2017

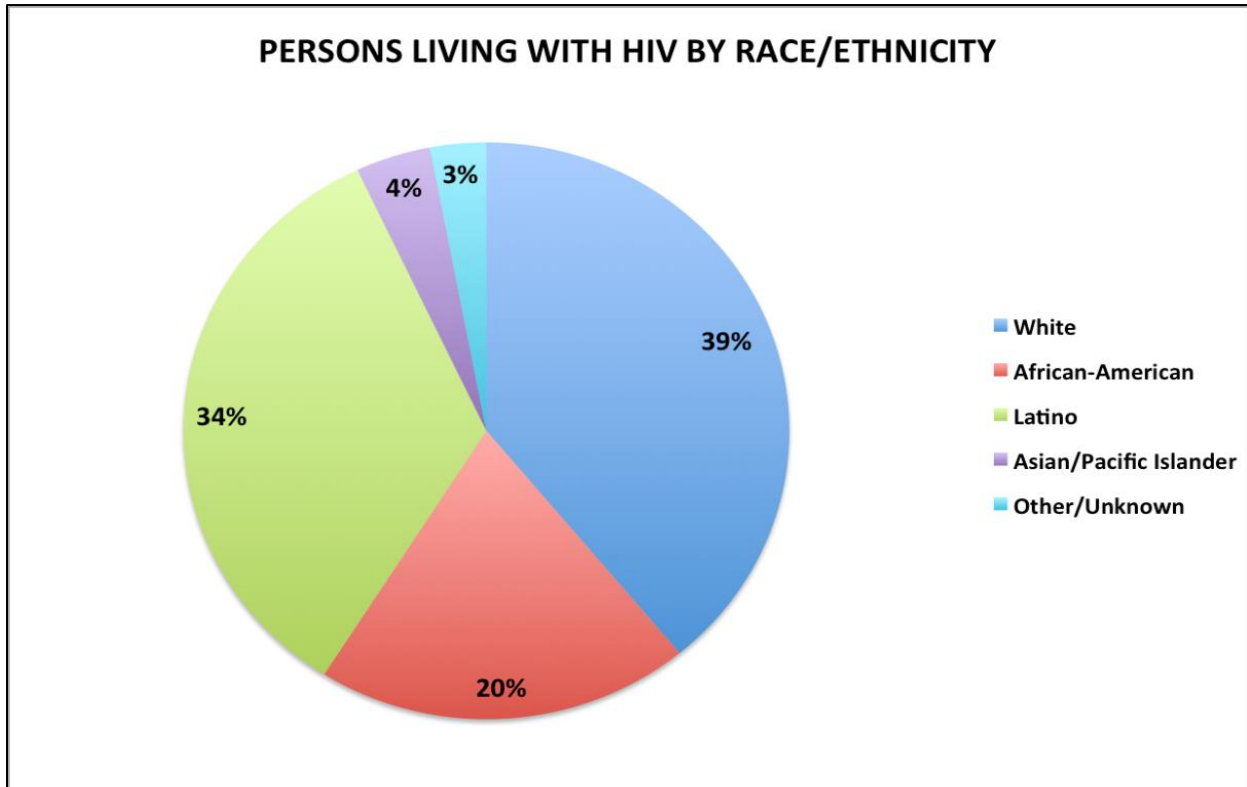
Females comprised 61% of chlamydia cases, whereas 67% of gonorrhea cases and 92% of total early syphilis cases occurred in males. Additionally, when looking by race/ethnicity, those who identify as other, multiple race, or not specified race had the highest proportion of both chlamydia and gonorrhea cases in Long Beach in 2017. For the City of Long Beach, the percent of male syphilis cases who have sex with men (MSM) has increased from 45% to 67% during the 5-year period from 2013 to 2017.

Congenital syphilis can have devastating effects on the baby if left untreated such as neurological or ocular symptoms, low birth weight, miscarriage, or stillbirth. The congenital syphilis incidence rate for the City of Long Beach has increased from 15.2 cases per 100,000 population of live births) in 2013 to 67.7 cases per 100,000 population in 2017, an increase during that time period of 300%. The Long Beach rate of congenital syphilis in 2016 and 2017 exceeded both the rates for Los Angeles County and the state of California.

## HIV

There were 4,520 Long Beach City residents diagnosed and living with HIV at the end of 2017. Of those, 90% were male. Whites had the highest percentage of the total cases for at 39%, followed by Latinos (34%) and African Americans (20%).

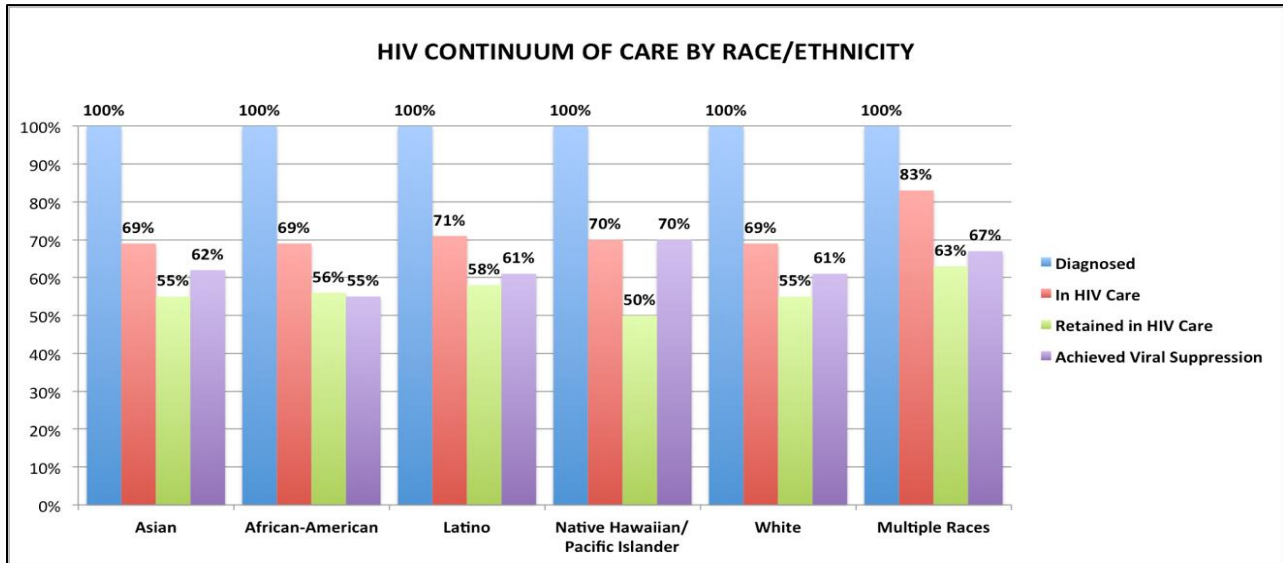
## Persons Living with HIV in Long Beach by Race/Ethnicity, 2017



Source: Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017

Long Beach 90802 has the most people living with HIV in the city (1,111 people). Long Beach 90813 has 722 persons living with HIV and Long Beach 90804 has 473 people living with HIV. In Long Beach, of the people who have been diagnosed with HIV, 70% are in HIV care, 57% are retained in HIV care, and 60% have achieved viral suppression. From 2013 to 2017, 91% of the deaths among persons with HIV have been male, 52% have been White, 54% have been over the age of 50, and 60% had the transmission category MSM (men having sex with men).

## HIV Continuum of Care in Long Beach by Race/Ethnicity, 2016



Source: Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017

### Primary Data Snapshot: Sexually Transmitted Infections

- Hepatitis A, B and C have been problematic in the community, even though these illnesses are often preventable.
- Health initiatives and partnerships should continue to keep sexually transmitted infections in focus, as they play vital roles in the overall health of the community.

### Prioritization results

- 86% of survey respondents stated that it was “Important” or “Very Important” to address sexually transmitted infections.

## Exercise, Nutrition and Weight

### Overweight and Obesity

Among children, 18% in SPA 6, 18.4% in SPA 7 and 8.2% in SPA 8 are overweight. This is lower than the county rate of overweight children (19.8%). Among teens, 29.9% in SPA 6, 28% in SPA 7 and 21.4% in SPA 8 are overweight. In the adult population, 26.6% in SPA 6, 36.2% in SPA 7 and 34.4% in SPA 8 are overweight. The percentages of adults who are overweight in SPA 6 and SPA 7 are higher than the percentage of overweight adults in the county (35.1%).

### Overweight for Age

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Adult (18+ years)	26.6%	36.2%	34.4%	35.1%	35.9%
Teen (ages 12-17)	29.9%*	28.0%*	21.4%*	24.3%*	18.1%
Child (under 12)	18.0%*	18.4%*	8.2%*	19.8%	16.6%

Source: California Health Interview Survey, 2014-2016. \*Statistically unstable due to sample size.

The Healthy People 2020 objectives for obesity are 30.5% of adults aged 20 and over, and 16.1% of teens. In the teen population, 22.8% in SPA 6, 9.3% in SPA 7 and 15.3% in SPA 8 are obese. Among adults, 38.8% in SPA 6, 37.3% in SPA 7 and 30.5% in SPA 8 are obese.

### Obesity

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Teen obesity, ages 12-17	22.8%*	9.3%*	15.3%*	14.3%	18.1%
Adult obesity	38.8%	37.3%	30.5%	28.9%	28.1%

Source: California Health Interview Survey, 2014-2016. \*Statistically unstable due to sample size.

Over half of the adult population of every race in the service area except for Whites in SPA 8 and Asians are overweight and obese.

### Adults, 20+ Years of Age, Overweight and Obese by Race/Ethnicity

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
African American	78.0%*	67.9%*	78.9%	75.0%	73.3%
Asian	42.9%*	47.0%*	37.7%	41.3%	43.1%
Latino	76.5%	72.2%	77.9%	72.9%	71.9%
White	64.3%*	71.0%*	57.2%*	56.5%	58.9%

Source: California Health Interview Survey, 2014-2016. \*Statistically unstable due to sample size.

Less than one-fourth (22.5%) of Long Beach City's children and teens engage in regular physical activity (one hour a day). A number of neighborhoods in the hospital service area have very low rates of regular activity among children and teens, including Norwalk (13.5%) and Paramount (13.7%).

## Children and Teens Who Engage in Regular Physical Activity

ZIP Code	City	Percent
90220	Compton	15.2
90221	Compton	14.6
90630	Cypress	16.5
90650	Norwalk	13.5
90703	Cerritos	15.7
90706	Bellflower	16.8
90712	Lakewood	19.5
90713	Lakewood	17.7
90720	Los Alamitos	18.5
90723	Paramount	13.7
90740	Seal Beach	19.3
90745	Carson	19.2
90755	Signal Hill	20.1
90802	Long Beach	28.6
90803	Long Beach	27.6
90804	Long Beach	23.9
90805	Long Beach	18.1
90806	Long Beach	22.5
90807	Long Beach	24.3
90808	Long Beach	22.8
90810	Long Beach	17.7
90813	Long Beach	25.2
90814	Long Beach	24.3
<b>Long Beach City</b>		<b>22.5</b>
<b>Los Angeles County</b>		<b>18.9</b>
<b>California</b>		<b>20.7</b>

Source: California Health Interview Survey, Neighborhood Edition, 2013-2014.

Additionally, the Los Angeles County Health Survey measured children, teens, and adults who regularly engage in physical activity for Los Angeles Service Planning Areas. The percentage of children and teens, ages 6 to 17, who engage in regular physical activity every day was 28.1% in SPA 6, 28.7% in SPA 8, and 31.2% in SPA 7, compared to 25.2% in Long Beach and 28.5% in Los Angeles. For adults who participate in at least 150 minutes of physical activity per week, SPA 6 (63.8%), SPA 7 (63.6%), and SPA 8 (63.1%) all have lower proportions than Long Beach City and Los Angeles County.

### Exercise and Nutrition

In Long Beach, 48.4% of children drink a sugar-sweetened beverage (SSB) on a daily basis. Among Long Beach neighborhoods, 17.3% lack walking paths, parks, playgrounds or sports fields. 91.3% of children in Long Beach have easy access to a park, playground, or other safe place to play. Adults who have easy access to fresh produce comprise 82.5% of adults in Long Beach.



## Exercise and Nutrition Indicators of Need for Long Beach City

	Units	Period of Measure	SPA 6	SPA 7	SPA 8	Long Beach Value	LA County Value
Children who Drink Sugar-Sweetened Beverages	percent	2015	51.6	45.3	41.3	48.4	39.2
Neighborhoods without Walking Paths, Parks, Playgrounds, or Sports Fields	percent	2015	21.7	13.5	14.1	17.3	15.2
Adult Fruit and Vegetable Consumption: 5+ Servings	percent	2015	9.6	11.9	14.8	13.9	14.7
Adults with Easy Access to Fresh Produce	percent	2011	77.9	89.4	89.2	82.5	89.7

Source: LA County Health Survey, 2015

### Primary Data Snapshot: Exercise, Nutrition and Weight

- Create opportunities for people to walk and bike around safely.
- There are many parts of Long Beach with limited access to healthy foods. Improving access to healthy food is critical for people to improve and manage their health.
- Long Beach Fresh and several community gardens offer healthy foods in places with food insecurity.
- Supporting culturally competent services creates networking channels that foster healthy activities such as walking and gardening groups.
- Good recreational opportunities are scarce in some parts of the city. It is imperative for Long Beach to create easy-to-access, high-quality programs and services, so people can exercise and eat well.
- We should support agricultural tax break policies in Long Beach, where people can get tax breaks by growing healthy foods on their land.
- Let's participate in the urban agricultural incentive zone partnership, cultivating opportunities to grow food and be physically active in the community.
- Poverty, access to health care, and healthy foods all influence one's health.
- Lack of physical activity is a major contributor to obesity.
- Due to housing, employment and economic issues, people do not have enough family and personal time, including time to be physical active.
- Efforts should be implemented to encourage people to walk, bike and use parks in the community.
- We need to invest in clean parks, yoga classes in the park, and workout equipment for community members to get active.
- Culturally competent nutrition and dieting advice that focuses on cultural foods is needed.

*"I appreciate having libraries and parks, because it keeps me physically active by having somewhere to go. I want safe places to exercise, do yoga, and have picnics."*

*"I want public parks to be clean, because I enjoy the opportunity to get physically active. But I feel uncomfortable if it is not clean."*

### **Prioritization results**

- 86% of survey respondents stated that it was "Important" or "Very Important" to address exercise, nutrition and weight.
- 17% of survey respondents felt Long Beach could support policies that create more equitable opportunities for health across Long Beach neighborhoods such as increasing access to low-cost healthy foods, safe sidewalks, bicycle lanes, and fitness loops.

## Mental Health and Mental Disorders

In Long Beach the hospitalizations for mental health among adults have increased from 2010 to 2015 from a rate of 96.7 per 10,000 population from 2010-2012, to a hospitalization rate of 100.8 per 10,000 population from 2013-2015. Long Beach 90813 and Cerritos have high rates of hospitalizations for adults due to mental health concerns.

### Age-Adjusted Hospitalizations due to Mental Health per 10,000 Population, 18+

ZIP Code	City	2010-2012	2011-2013	2012-2014	2013-2015
90220	Compton	71.0	75.3	83.0	79.6
90221	Compton	61.4	66.4	69.7	73.5
90630	Cypress	42.0	41.7	39	38.4
90650	Norwalk	59.8	58.6	54.7	51.9
90703	Cerritos	151.6	192	203.9	198.2
90706	Bellflower	88.5	83.3	81.2	71.0
90712	Lakewood	65.5	63.3	57.7	49.9
90713	Lakewood	63.3	57.8	54.7	50.5
90720	Los Alamitos	35.0	35.4	34.4	34.5
90723	Paramount	44.6	46.2	47.2	45.4
90740	Seal Beach	35.4	38.4	31.1	34.9
90745	Carson	55.3	57.8	56.9	51.9
90755	Signal Hill	50.2	58.8	56.7	58.5
90802	Long Beach	161.4	163	162.2	166.1
90803	Long Beach	51.3	49.0	45.5	42.1
90804	Long Beach	132.5	128.6	118.1	116.7
90805	Long Beach	82.4	81.3	87.6	94.3
90806	Long Beach	146.4	141.3	137.4	154.6
90807	Long Beach	80.7	83.6	90.3	85.6
90808	Long Beach	52.5	50.4	46.9	47.2
90810	Long Beach	62.3	62.6	66.3	61
90813	Long Beach	174	185.9	197.7	200.4
90814	Long Beach	54.9	55.6	56.5	56.2
<b>Long Beach City</b>	--	<b>96.7</b>	<b>96.9</b>	<b>98.4</b>	<b>100.8</b>
<b>Los Angeles County</b>	--	<b>60.9</b>	<b>61</b>	<b>60.6</b>	<b>58.4</b>
<b>California</b>	--	<b>52.5</b>	<b>52.5</b>	<b>52.2</b>	<b>51.3</b>

Source: California Office of Statewide Health Planning and Development, 2010-2015.

In Long Beach, 16% adults have been diagnosed with depression, which is higher than the Los Angeles County rate of 13%. 11.6% of adults in Long Beach are at risk for major depression. The years of potential life lost (YPLL) per 100,000 population due to premature death from suicide in Long Beach is 392.22, compared to a YPLL rate of 216.04 for Los Angeles County. Further, 10.7% of adults in SPA 7 had likely psychological distress, and 9.4% of adults in SPA 8 had likely psychological distress, according to the California Health Interview Survey in 2015-2017. These values are higher than the Los Angeles County value of 9.1% of adults.

## Mental Health and Mental Disorders Indicators of Need for Long Beach City

	Units	Period of Measure	Long Beach Value	LA County Value	CA Value
Adults Ever Diagnosed with Depression	percent	2015	16	13	--
Adults with Likely Psychological Distress	percent	2013-2014	10.3	--	8
Premature Death Rate due to Suicide in Total Years of Potential Life Lost (YPLL)	YPLL per 100,000 population	2013	392.22	216.04	--
Poor Mental Health Days: 14+ Days	percent	2015	13.1	--	--
Adults who are at Risk for Major Depression	percent	2015	11.6	11.8	--

Sources: Los Angeles County Health Survey, 2015; California Health Interview Survey, Neighborhood Edition, 2013-2014; Los Angeles County Department of Public Health, 2015; Centers for Disease Control and Prevention, 500 Cities Project.

### Suicide

In Long Beach, the hospitalization rate due to suicide and intentional self-inflicted injury was 21.5 visits per 10,000 population. This rate is higher than county and state hospitalization rates. Long Beach 90802, 90806 and 90813 have the highest hospitalization rates for suicide in the hospital service area.

### Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-Inflicted Injury

ZIP Code	City	Rate
90220	Compton	17.5
90221	Compton	14.5
90630	Cypress	10.9
90650	Norwalk	9.6
90703	Cerritos	11.3
90706	Bellflower	11.8
90712	Lakewood	7.6
90713	Lakewood	9.6
90720	Los Alamitos	11.6
90723	Paramount	8.3
90740	Seal Beach	7.8
90745	Carson	9.0
90755	Signal Hill	11.0
90802	Long Beach	38.0
90803	Long Beach	10.4
90804	Long Beach	21.5
90805	Long Beach	19.2
90806	Long Beach	32.6
90807	Long Beach	15.7
90808	Long Beach	11.8
90810	Long Beach	16.9
90813	Long Beach	43.1
90814	Long Beach	13.7
<b>Long Beach City</b>		<b>21.5</b>
<b>Los Angeles County</b>		<b>12.4</b>

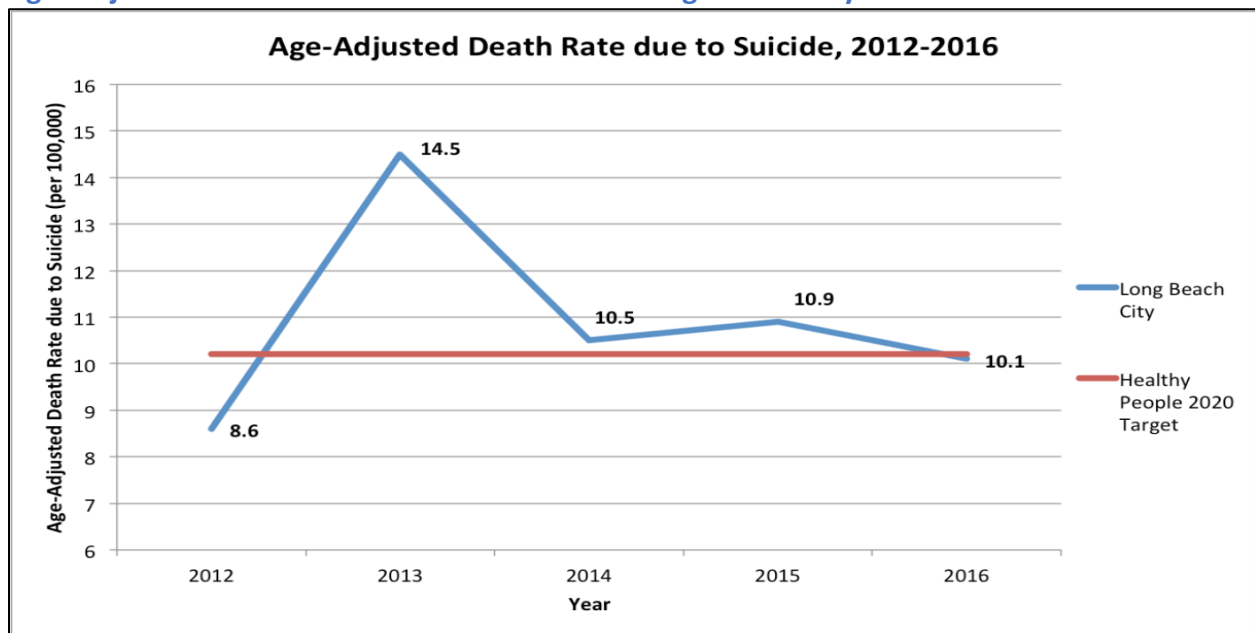
ZIP Code	City	Rate
California		10.7

Source: California Office of Statewide Health Planning and Development, 2013-2015.

The age-adjusted death rate due to suicide in Long Beach was higher than the Healthy People 2020 target of 10.2 per 100,000 population in 2013 (14.5 per 100,000 population), 2014 (10.5 per 100,000 population), and 2015 (10.9 per 100,000 population). However, in 2016, the death rate dropped below the target to 10.1 deaths per 100,000 population, indicating an improving trend since 2013. For the three-year suicide rate (2014-2016), the City of Long Beach had 10.5 deaths per 100,000 population, which was higher than the Los Angeles County rate of 7.8 deaths per 100,000 population and the California rate of 10.4 deaths per 100,000 population.

Examining demographics of suicide deaths in Long Beach City, males are nearly four times more likely than females to commit suicide (15.5 deaths per 100,000 population versus 4.2 deaths per 100,000 population in 2016). Additionally, the highest rates of suicide in 2016 are in the 55+ age group (17.3 deaths per 100,000 population) and among Whites (20.0 deaths per 100,000 population). Long Beach 90802 had the highest average suicide rate among the Long Beach ZIP Codes from 2012-2016 with 18.5 deaths per 100,000.

### Age-Adjusted Death Rate due to Suicide in Long Beach City



Source: California Department of Public Health, VRBIS Death Statistical Master File, 2012-2016

### Primary Data Snapshot: Mental Health

- Family-centered approaches for mental health care would be useful.
- People with mental health issues usually go to the emergency room or get stopped by cops. They may not know how to access necessary health care services.

- Treating mental health patients is challenging. There is a lack of mental health training among hospital providers.
- People are becoming more aware of pressing issues related to drugs or opioids, alcohol use, and mental health disorders, recognizing these issues need attention now.
- There are not many mental health facilities for adults in Long Beach. We need a stronger care coordinated program for those who are homeless or returning to society from prison.
- More interventions are needed for mental health and behavioral health.
- The county gets funding for mental health, not the city. If the city received funding, the city could deliver it well and be successful.
- Addressing mental health with people of different cultures can be challenging, as discussing it in people’s native languages can be very stigmatizing.
- It is important to provide services for people at all stages of mental illness. Mobile vans are available to reach people in the community.
- Mental health affects many different communities, regardless of their race or income level.
- Due to cultural barriers, some communities are just learning about resources for mental health, particularly the Cambodian community.
- Police travel with mental health clinicians who are better trained to de-escalate situations among people with mental health issues.
- Barriers to obtaining mental health care are limited hours of service, availability of specialists, quality of care, and cultural competency.
- Stigma is a barrier to mental health care access.

*“I think people need to recognize that there are shifts [in mental health] so you know that if you are not feeling well it’s absolutely okay to ask for help, to tell somebody and to say something. It’s stigmatized a lot.”*

*“With my first [child], I was able to see that I was suffering postpartum [depression]. When I reached [out] to my family to speak to them, they told me don’t say anything because they are going to take your children away. And I didn’t, and so it continued.”*

### **Prioritization results**

- 93% of survey respondents stated that it was “Important” or “Very Important” to address mental health.
- 25% of survey respondents felt Long Beach could increase coordination of mental health resources with LA County to increase access to behavioral health services including drug and alcohol detox and recovery beds.
- 17% of survey respondents felt Long Beach could support initiatives that aim to reduce negative stigma associated with mental health services.

## Leading Causes of Death

The Long Beach Department of Health and Human Services analyzed all deaths of Long Beach residents between January 1, 2013 and December 31, 2017. Causes of death were determined based on the ICD-10 codes listed as the underlying cause of death on a decedent's death certificate. Causes of death were grouped into 39 categories, and the top 10 leading causes of death were determined. American Community Survey, 2013-2017, 5-year estimates were used for population denominators, and the U.S. population estimates were used for age adjusting.

### Age-Adjusted Mortality Rates

The age-adjusted mortality rate for Long Beach City has increased from 846.0 deaths per 100,000 population in 2013 to 899.3 deaths per 100,000 population in 2017. Blacks have the highest age-adjusted mortality rate of any race or ethnicity in every year measured from 2014 to 2017, with a high rate of 1294.6 deaths per 100,000 Black population in 2017. Males have a higher death rate than females across all years.

### Age-Adjusted Mortality Rates in Long Beach City

	2013	2014	2015	2016	2017
<b>Gender</b>					
Male	971.3	903.2	1008.4	1011.5	1039.2
Female	731.6	735.4	769.4	759.7	774.2
<b>Ethnicity</b>					
Hispanic/Latino	577.1	609.4	618.5	661.6	646.0
<b>Race</b>					
White (non-Hispanic)	1020.4	921.1	1004.8	974.7	950.0
Black	979.5	1063.1	1137.5	1039.5	1294.6
Asian	583.4	615.6	686.7	738.8	761.3
<b>Age</b>					
0-4	75.8	84.9	115.3	81.9	45.5
5-14	10.2	15.2	8.5	3.4	5.1
15-24	67.9	57.8	53.5	53.5	53.5
25-44	115.9	113.2	124.3	134.0	116.6
45-64	615.9	637.7	628.1	645.5	649.0
65-74	1765.1	1732.9	1939.0	2116.1	2074.3
75+	7745.2	7212.3	7967.7	7631.4	8102.2
<b>Total</b>	<b>846.0</b>	<b>814.5</b>	<b>880.6</b>	<b>878.9</b>	<b>899.3</b>

Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

### Leading Causes of Death and Premature Death

From 2013-2017, there was a total of 15,332 recorded deaths among Long Beach residents, resulting in 131,113 total years of potential life lost (YPLL). For this 5-year time period, heart disease was the number one leading cause of death with an average number of 876 deaths annually. Cancer was the second leading cause of death with an annual average of 701 deaths.

Premature death includes all deaths before age 75. Cancer was the leading cause of premature death, with an annual average of 5,598 years of potential life lost. Heart disease was the second leading cause of premature death. Cerebrovascular disease (stroke), Chronic Lower Respiratory Disease, diabetes, all other and unspecified accidents and adverse effects, and chronic liver disease and cirrhosis were among the top ten leading causes of death and premature death in Long Beach from 2013-2017. The category of all other and unspecified accidents and adverse effects includes falls, accidental poisoning, accidental drowning, forces of nature, and accidental exposure to other unspecified factors.

### Top 10 Leading Causes of Death and Premature Death in Long Beach City

Ranking	Leading Causes of Death, 2013-2017	Average Number of Deaths per Year	Leading Causes of Premature Death, 2013-2017	Average YPLL per Year
1	Heart Diseases	876	Cancer	5,598
2	Cancer	701	Heart Diseases	5,271
3	Cerebrovascular Diseases	185	All other and unspecified accidents and adverse effects	2,015
4	Chronic Lower Respiratory Diseases	185	Assault (Homicide)	1,500
5	Alzheimer's Disease	137	Intentional Self Harm (Suicide)	1,362
6	Diabetes	124	Chronic Liver Disease and Cirrhosis	1,286
7	All other and unspecified accidents and adverse effects	100	Motor Vehicle Accidents	1,150
8	Influenza and Pneumonia	88	Diabetes	957
9	Chronic Liver Disease and Cirrhosis	73	Cerebrovascular Diseases	942
10	Essential Hypertension and hypertensive renal disease	67	Chronic Lower Respiratory Diseases	665

Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

Heart disease and cancer were the top causes of death in Long Beach for females and males. The only leading cause of death for females that is not a top 10 leading cause for males is hypertension (and hypertensive renal disease). A leading cause of death for males, which is not found among females, is Intentional self-harm (suicide). Alzheimer's disease impacts females more than males, while males are more impacted by chronic liver disease and cirrhosis.



### Top 10 Leading Causes of Death by Gender in Long Beach City

Ranking	Leading Causes of Death, 2013-2017, Females	Average Number of Deaths per Year, Females	Leading Causes of Death, 2013-2017, Males	Average Number of Deaths per Year, Males
1	Heart Diseases	383	Heart Diseases	460
2	Cancer	323	Cancer	341
3	Cerebrovascular Diseases	101	Chronic Lower Respiratory Diseases	88
4	Alzheimer's Disease	90	Cerebrovascular Diseases	75
5	Chronic Lower Respiratory Diseases	89	All other and unspecified accidents and adverse effects	58
6	Diabetes	54	Diabetes	57
7	Influenza and Pneumonia	51	Chronic Liver Disease and Cirrhosis	52
8	All other and unspecified accidents and adverse effects	31	Influenza and pneumonia	44
9	Chronic Liver Disease and Cirrhosis	27	Alzheimer's Disease	41
10	Essential Hypertension and hypertensive renal disease	27	Intentional Self-harm (suicide)	38

Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

Cancer and heart disease were the leading causes for premature deaths for both genders. Males had over six times as many years of potential life lost on average due to homicide than females, and over three times as many years of potential life lost on average due to suicide and motor vehicle accidents. Males were also impacted in years of potential life lost due to HIV. Overall, while males and females had similar numbers of total deaths from 2013 to 2017 (8,041 deaths among males compared to 7,272 deaths among females), males had nearly double the number of total years of potential life lost (83,916 YPLL for males, 47,984 YPLL for females). This indicates that premature death is more common among males than females.

### Top 10 Leading Causes of Premature Death by Gender in Long Beach City

Ranking	Leading Causes of Premature Death, 2013-2017, Females	Average YPLL, Females	Leading Causes of Premature Death, 2013-2017, Males	Average YPLL, Males
1	Cancer	2,802	Heart Diseases	3,703
2	Heart Diseases	1,568	Cancer	2,953
3	All other and unspecified accidents and adverse effects	625	All other and unspecified accidents and adverse effects	1,390
4	Chronic Liver Disease and Cirrhosis	472	Assault (Homicide)	1,354
5	Cerebrovascular	441	Intentional Self-harm	1,022

Ranking	Leading Causes of Premature Death, 2013-2017, Females	Average YPLL, Females	Leading Causes of Premature Death, 2013-2017, Males (suicide)	Average YPLL, Males
6	Diabetes	384	Motor Vehicle Accidents	879
7	Intentional self-harm (suicide)	340	Chronic Liver Disease and Cirrhosis	815
8	Chronic Lower Respiratory Diseases	273	Diabetes	573
9	Motor Vehicle Accidents	271	Cerebrovascular Diseases	501
10	Assault (homicide)	220	Human Immunodeficiency Virus (HIV)	480

Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

Heart disease was the leading cause of death, for the 2013-2017 time period, for each race/ethnicity in Long Beach. Cancer was the second leading cause of death for each race/ethnicity. Alzheimer’s disease was a top 5 leading cause of death Non-Hispanic Whites. For Among Asians, influenza/pneumonia was the fifth leading cause of death. Cerebrovascular disease (strokes) was also a top 5 leading cause of death for every race/ethnicity group. Diabetes was a top 5 cause for all groups except Non-Hispanic Whites.

### Top 5 Leading Causes of Death by Race/Ethnicity in Long Beach City, 2013-2017

Ranking	Hispanic/Latino (all races)	White, Non-Hispanic	Black/African American	Asian
1	Heart Diseases	Heart Diseases	Heart Diseases	Heart Diseases
2	Cancer	Cancer	Cancer	Cancer
3	Cerebrovascular Diseases	Chronic Lower Respiratory Disease	Diabetes	Cerebrovascular Diseases
4	Chronic Liver Disease and Cirrhosis	Alzheimer’s Disease	Chronic Lower Respiratory Disease	Diabetes
5	Diabetes	Cerebrovascular Diseases	Cerebrovascular Diseases	Influenza and Pneumonia

Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

Leading causes of premature death by race and ethnicity were also determined for Long Beach City for 2013-2017. Cancer was the leading cause of premature death for Hispanics/Latinos and Asians. Heart disease was the leading cause of premature death for Non-Hispanic Whites and Black/African Americans. Homicide was a top 5 cause of premature death for all race/ethnic groups except Non-Hispanic Whites. Suicide was a leading cause of premature death for Non-Hispanic Whites and Asians. Motor vehicle accidents were a top 5 cause of premature death for Hispanics/Latinos.

## Top 5 Leading Causes of Premature Death by Race/Ethnicity in Long Beach, 2013-2017

Ranking	Hispanic/Latino (all races)	White, Non-Hispanic	Black/African American	Asian
1	Cancer	Heart Diseases	Heart Diseases	Cancer
2	Heart Diseases	Cancer	Cancer	Heart Diseases
3	Assault (Homicide)	All other unspecified accidents and adverse effects	Assault (Homicide)	All other unspecified accidents and adverse effects
4	All other unspecified accidents and adverse effects	Intentional Self-harm (Suicide)	Diabetes	Assault (Homicide)
5	Motor Vehicle Accidents	Chronic Liver Disease and Cirrhosis	All other unspecified accidents and adverse effects	Intentional Self-harm (Suicide)

Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

In Long Beach City, from 2013 to 2017, there were 3,320 total deaths due to cancer. For males and females, lung, trachea, and bronchus cancer was the leading cause of cancer death. Colon cancer and pancreas cancer were in the top 5 leading cancer causes of death for males and females. For females, breast cancer was the second leading cause of cancer deaths. For males, prostate cancer was the second leading cause of cancer deaths.

## Leading Causes of Death Due to Cancer by Gender in Long Beach City

Ranking	Females	Males
1	Lung, trachea, bronchus	Lung, trachea, bronchus
2	Breast	Prostate
3	Colon	Liver
4	Pancreas	Colon
5	Other and unspecified sites	Pancreas
6	Ovary	Other and unspecified sites
7	Corpus uteri and uterus	Esophagus
8	Liver	Brain
9	Cervix uteri	Bladder
10	Brain	Kidney and renal pelvis

Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

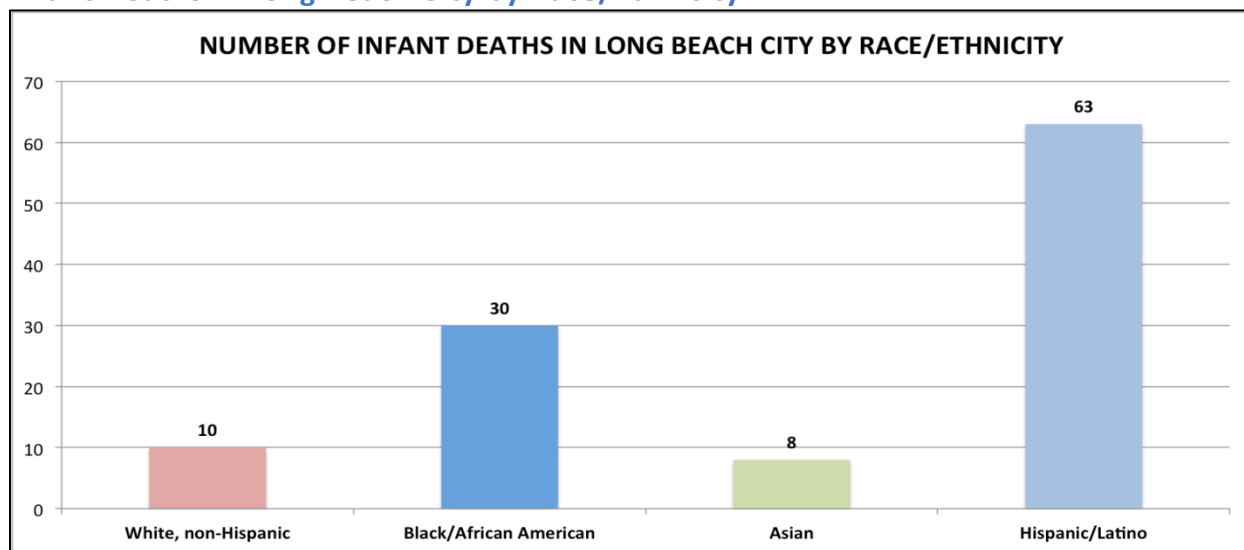
## Pregnancy and Birth Outcomes

Maternal health before, during, and after pregnancy, as well as infant mortality are widely used indicators of the overall health status of a community. Maternal complications during pregnancy can lead to infant deaths, and lack of access to proper pre- and post-natal care can cause adverse birth outcomes.

### Infant Death Rate

In the City of Long Beach, there were 113 infant deaths from 2013 to 2017. The leading cause of infant mortality in the city was Sudden Infant Death Syndrome (SIDS). There were 16 deaths due to SIDS in Long Beach and 15 deaths due to complications from extremely low birthweight and premature births. Overall, 8.6% of births in the county were preterm, with less than 37 weeks of completed gestation. More than half of the infant deaths (63) in Long Beach are among Hispanics/Latinos. Black/African Americans had 30 infant deaths from 2013 to 2017.

### Infant Deaths in Long Beach City by Race/Ethnicity



Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

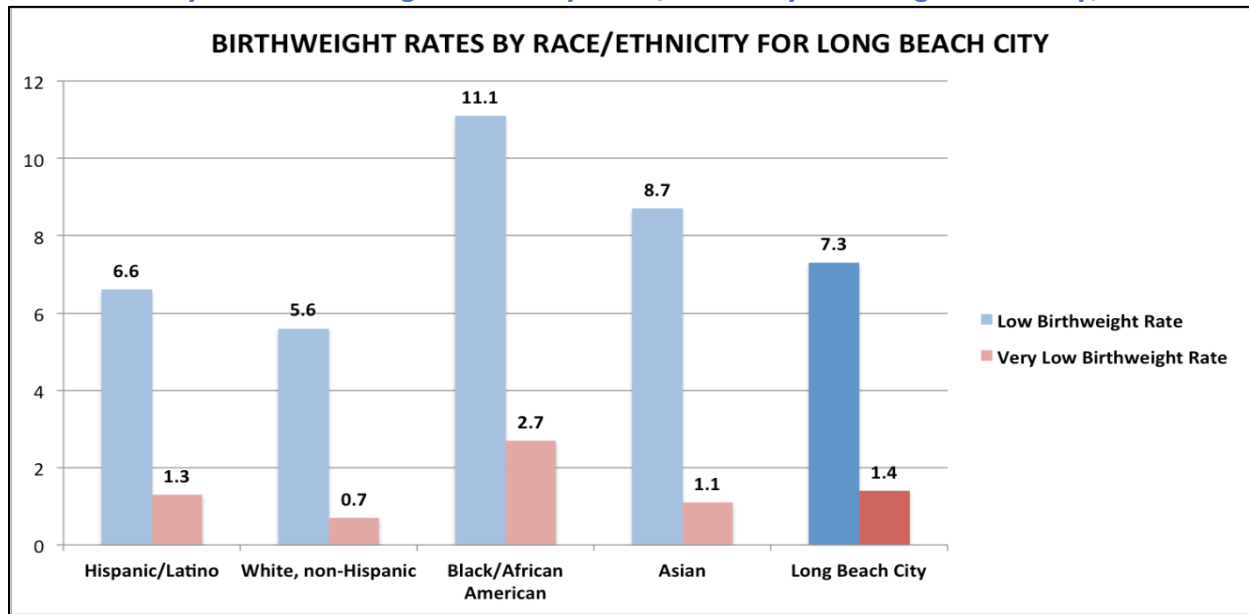
### Teen Births

In Long Beach, the teen pregnancy rate declined by 45.6% from 2013 to 2017. Hispanic/Latino teens had a high rate of 23.0 pregnancies per 1,000 population in 2017. This is higher than the city rate of 14.6 pregnancies per 1,000 population. Long Beach 90813 (29.0 pregnancies per 1,000 population), 90806 (21.0 pregnancies per 1,000 population), and 90805 (20.3 pregnancies per 1,000 population) have the highest teen pregnancy rates in Long Beach.

### Low-Birth Weight

Low birth weight babies are born weighing less than 2,500 grams at birth and very low birth weight babies weigh less than 1,500 grams at birth. In Long Beach, Blacks/African Americans had the highest rates of low birthweight and very low birthweight rates from 2013-2017. Women 35 years and older are at higher risk of having very low birthweight babies.

### Low and Very Low Birthweight Rates by Race/Ethnicity for Long Beach City,

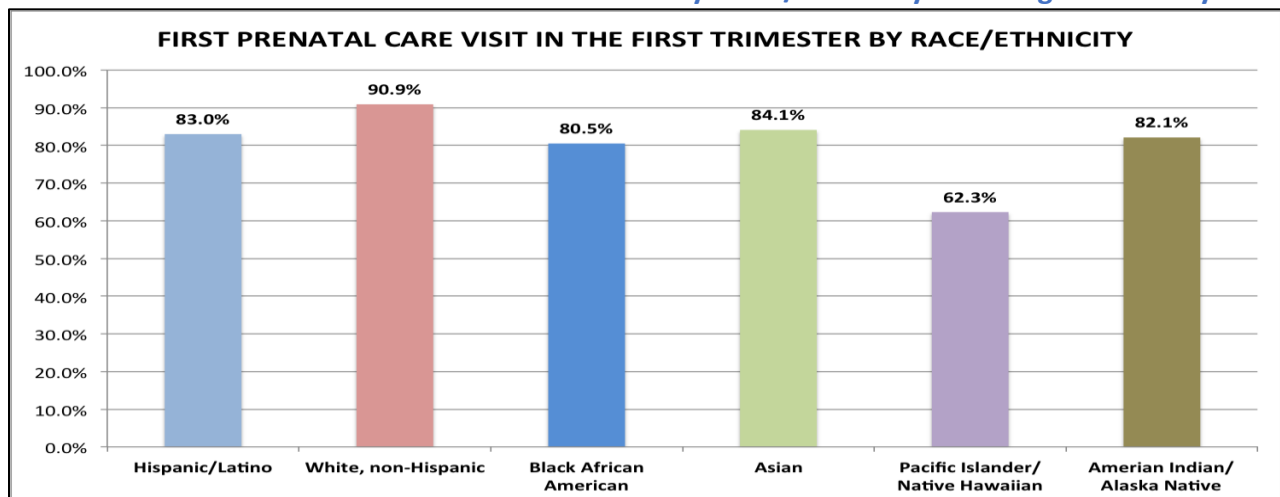


Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

### Prenatal Care

The Healthy People 2020 objective is for 78% of pregnant women to enter prenatal care in the first trimester. All women except for Pacific Islander/Native Hawaiians met this objective.

### First Prenatal Care Visit in the First Trimester by Race/Ethnicity for Long Beach City



Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

## Breastfeeding

The Healthy People 2020 objective is for 81.9% of infants to have been breastfed. Los Angeles County met and exceeded the Healthy People 2020 objective.

### Mothers who Breastfeed

	Units	2013-2015		2014-2016	
		LA County Value	CA Value	LA County Value	CA Value
Mothers who Breastfeed	percent	93.5	93.5	93.8	93.8

Source: California Department of Public Health, 2013-2017, 2014-2016.

A smaller percentage of mothers breastfed their children at birth (i.e. breastfeeding initiation rate) in Long Beach (90.7%) than in Los Angeles County (93.1%). Long Beach also has a lower rate of mothers who persisted with breastfeeding for at least six months compared to the county.

## Breastfeeding

Indicator	SPA 6	SPA 7	SPA 8	Long Beach	LA County
Children (0-5 years old) who were Breastfed at Birth (initiation of Breastfeeding)	88.2%	93.5%	89.0%	90.7%	93.1%
Children (0-5 years old) who were Breastfed for at Least 6 Months	44.7%	45.0%	52.4%	26.9%*	49.7%

Source: Los Angeles County Health Survey, 2015. \*Statistically unstable due to sample size.

### Primary Data Snapshot: Pregnancy and Birth Outcomes

- The increased risk of cancer around the two ports in Long Beach contributes to premature death rates in the area. Public health efforts should review and utilize the Clean Air Action Plan. This plan specifically recognizes how these environmental hazards impact the most sensitive populations, including pregnant women.
- Discrimination based on income, race, and insurance type contribute to poor pregnancy and birth outcomes in the community.

*"I went home in 24 hours [after delivering], but not because I wanted to. I left the hospital, and my baby had jaundice. How can you monitor two people in 24 hours, and say oh, they're good?"*

*"They are pushing C-sections. I understand they get more money for it. But you are not thinking about the healing process for me. I want to have my child naturally."*

### Prioritization results

- 71% of survey respondents stated that it was "Important" or "Very Important" to address pregnancy and birth outcomes.

## Preventive Practices

### Flu and Pneumonia Vaccines

The Healthy People 2020 objective is for 70% of the population to receive a flu shot. In SPA 6, 30.3% of adults, 53.6% of children (ages 6 months to 17 years) and 62.1% of seniors received a flu shot. In SPA 7, 36.4% of adults, 56.8% of children (ages 6 months to 17 years) and 63% of seniors received a flu shot. In SPA 8, 41.8% of adults, 56.9% of children (ages 6 months to 17 years) and 69.3% of seniors received a flu shot.

### Flu Vaccine

	SPA 6	SPA 7	SPA 8	LA County
Received flu vaccine, 65+ years old	62.1%	63.0%	69.3%	69.0%
Received flu vaccine, 18+ (includes 65+)	30.3%	36.4%	41.8%	40.1%
Received flu vaccine, 6 months-17 years old	53.6%	56.8%	56.9%	55.2%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015.

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. SPA 6 reported 51.1%, SPA 7 reported 60.9%, and SPA 8 reported 62.4% of seniors received a pneumonia vaccine.

### Pneumonia Vaccine, Adults 65+

	SPA 6	SPA 7	SPA 8	LA County
Adults 65+, had a pneumonia vaccine	51.1%	60.9%	62.4%	62.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015.

### Senior Falls and Injuries from Falls

Among seniors, 31.7% in SPA 6, 25.8% in SPA 7 and 27.4% in SPA 8 experienced a fall. Of those who fell, 16.4% in SPA 6, 10.6% in SPA 7 and 12.5% of SPA 8 seniors were injured.

### Falls and Injuries from Falls Previous Year, Seniors 65+

	SPA 6	SPA 7	SPA 8	LA County
Experienced a fall	31.7%	25.8%	27.4%	27.1%
Injured due to a fall	16.4%	10.6%	12.5%	11.3%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015.

### Mammograms

The Healthy People 2020 objective for mammograms is 81.1% of women 50-74 years have a mammogram in the past two years. Among women in the target demographic, 77.6% in SPA 6, 76.5% of SPA 7 and 74.4% of SPA 8 had a mammogram in the past two years, which were below the Healthy People 2020 objective.

### Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, 21-65 years old, to be

screened in the past three years. Among women 21-65, 84.2% in SPA 6, 85.9% in SPA 7 and 83.1% of women in SPA 8 had the required Pap smear, which were below the Healthy People 2020 objective.

### Mammograms and Pap Smears

	SPA 6	SPA 7	SPA 8	LA County
50-74 years, had a mammogram in past 2 years	77.6%	76.5%	74.4%	77.3%
21-65 years; Pap smear in past 3 years	84.2%	85.9%	83.1%	84.4%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015.

Among Long Beach adults, 72.8% received cholesterol testing in the past five years and 57.5% received recommended colon cancer screening. Among Long Beach seniors, 25.9% of females and 24.7% of males received recommended preventive services.

### Preventive Practices Indicators of Need for Long Beach City

	Units	Period of Measure	Long Beach Value	CA Value	HP 2020 Goal
Cholesterol Test History: 5 Years	percent	2015	72.8	--	82.1
Adults 65+ who Received Recommended Preventive Services: Females	percent	2014	25.9	--	--
Adults 65+ who Received Recommended Preventive Services: Males	percent	2014	24.7	--	--
Colon Cancer Screening: Sigmoidoscopy Past 5 Years and FOBT Past 3 Years, Colonoscopy Past 10 Years, or FOBT Past Year	percent	2014	57.5	71.4%	--

Source: Centers for Disease Control and Prevention, 500 Cities Project, 2014-2015.

### Primary Data Snapshot: Preventive Practices

- We need to support government sectors and nonprofits that provide activities and facilities for free or low cost to seniors, youth and families, including gyms and daycare centers.
- There are many parts of Long Beach with limited access to healthy foods. Improving access to healthy food is critical for people to improve and manage their health.

### Prioritization results

- 69% of survey respondents stated that it was “Important” or “Very Important” to address preventive practices.



## Substance Use and Misuse

### Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. In SPA 6, 14.4% of adults smoke cigarettes, which is higher than the Healthy People 2020 objective 10.6% of SPA 7 adults and 10.3% of SPA 8 of adults smoke cigarettes, lower than the county rate (11.6%) and below the Healthy People 2020 objective.

### Cigarette Smoking, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Current smoker, adult	14.4%	10.6%	10.3%	11.6%	12.2%

Source: California Health Interview Survey, 2014-2016.

### Alcohol

The rate of ER visits due to alcohol abuse in Long Beach is 39.8 visits per 10,000 population. Long Beach 90813 has an ER rate of 87.1 visits per 10,000 population for alcohol abuse. The rate of hospitalization due to alcohol abuse in Long Beach is 15.1 visits per 10,000 population. Long Beach 90802 has a hospitalization rate of 26.3 visits per 10,000 population for alcohol abuse. Long Beach 90813 has a hospitalization rate of 24.6 visits per 10,000 population for alcohol abuse. The rates of ER visits and hospitalizations due to alcohol abuse in Long Beach are higher than in the county or the state.

### Age-Adjusted ER and Hospitalization Rates due to Alcohol Abuse, Adults

ZIP Code	City	ER Rate	Hospitalization Rate
90220	Compton	34.0	11.2
90221	Compton	38.1	9.9
90630	Cypress	20.4	8.5
90650	Norwalk	29.6	11.1
90703	Cerritos	10.9	4.0
90706	Bellflower	31.9	14.1
90712	Lakewood	25.0	8.5
90713	Lakewood	23.7	11.3
90720	Los Alamitos	30.4	10.9
90723	Paramount	24.6	10.1
90740	Seal Beach	24.8	17.7
90745	Carson	23.6	6.1
90755	Signal Hill	17.1	13.8
90802	Long Beach	62.3	26.3
90803	Long Beach	28.4	15.1
90804	Long Beach	40.8	16.4
90805	Long Beach	37.0	12.0
90806	Long Beach	53.6	13.7
90807	Long Beach	17.8	12.4

ZIP Code	City	ER Rate	Hospitalization Rate
90808	Long Beach	18.7	11.3
90810	Long Beach	26.1	8.4
90813	Long Beach	87.1	24.6
90814	Long Beach	32.4	13.5
<b>Long Beach City</b>		<b>39.8</b>	<b>15.1</b>
<b>Los Angeles County</b>		<b>36.2</b>	<b>12.4</b>
<b>California</b>		<b>44.2</b>	<b>11.7</b>

Source: California Office of Statewide Health Planning and Development, 2013-2015.

## Drug Use

The rate of ER visits due to substance abuse in Long Beach is 17.2 visits per 10,000 population. Long Beach 90813 has an ER rate of 32.3 visits per 10,000 population for substance abuse. The rate of hospitalization due to substance abuse in Long Beach is 8.4 visits per 10,000 population. Long Beach 90813 has a hospitalization rate of 13.7 visits per 10,000 population for substance abuse. The rates of ER visits and hospitalizations due to substance abuse in Long Beach are higher than county rates.

## Age-Adjusted ER and Hospitalization Rates due to Substance Abuse, Adults

ZIP Code	City	ER Rate	Hospitalization Rate
90220	Compton	20.1	4.7
90221	Compton	17.6	5.1
90630	Cypress	13.6	6.5
90650	Norwalk	14.0	4.7
90703	Cerritos	5.6	8.6
90706	Bellflower	13.7	6.5
90712	Lakewood	11.1	5.6
90713	Lakewood	13.2	11.0
90720	Los Alamitos	14.6	9.9
90723	Paramount	13.3	2.9
90740	Seal Beach	15.4	12.3
90745	Carson	12.9	4.5
90755	Signal Hill	12.4	6.0
90802	Long Beach	26.7	10.6
90803	Long Beach	12.7	7.0
90804	Long Beach	18.5	9.0
90805	Long Beach	15.7	5.8
90806	Long Beach	16.6	9.5
90807	Long Beach	8.8	6.7
90808	Long Beach	14.7	13.7
90810	Long Beach	13.8	3.7
90813	Long Beach	32.3	12.8
90814	Long Beach	11.9	8.2
<b>Long Beach City</b>		<b>17.2</b>	<b>8.4</b>
<b>Los Angeles County</b>		<b>15.7</b>	<b>6.9</b>
<b>California</b>		<b>18.6</b>	<b>6.1</b>

Source: California Office of Statewide Health Planning and Development, 2013-2015.

In Los Angeles County, the rate of hospitalizations due to opioid overdose was 5.6 per 100,000 persons. This is lower than the state rate (8.5 per 100,000 persons). Opioid overdose deaths in Los Angeles County were 3.2 per 100,000 persons, which was a lower death rate than found in the state (4.5 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 388.2 per 1,000 persons. This rate is lower than the state rate of opioid prescribing (507.6 per 1,000 persons).

## Opioid Use

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.6	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	3.2	4.5
Opioid prescriptions, per 1,000 persons	388.2	507.6

Source: California Office of Statewide Health Planning and Development, 2017.

### Primary Data Snapshot: Substance Use and Misuse

- People are becoming more aware of pressing issues related to drugs or opioids, alcohol use, and mental health disorders, recognizing that these issues need attention now.
- It is imperative to help those who are homeless or have mental health or drug addiction issues by providing resources and education.
- Long Beach does not have enough detox beds for people who want to recover from substance abuse. Getting the county and state to work together with policymakers would be ideal to make substance treatment beds more accessible.
- Substance use is a rising issue in Long Beach. There is not enough substance abuse help in the city.
- The Housing First Model Program offers housing and support without the previous requirements that prevented many people from getting the necessary substance abuse treatment.
- Support groups such as Alcoholics Anonymous are available in many locations, which helps to break isolation and bring people together.
- More trained people and long-term rehabilitation services are needed for substance abuse issues.
- There are not many mental health facilities for adults in Long Beach. We need a stronger care coordinated program for those who are homeless or returning to society from prison.
- People with mental illnesses may be more likely to be substance abusers and homeless.
- Prescription drug abuse is a gateway to further substance abuse.

*“Fairly recently, I lost a dear friend from suicide and it was all because of pain meds. It was a slow decline.”*

*“There is a lack of resources to support mental health and substance abuse issues.”*

**Prioritization results**

- 86% of survey respondents stated that it was “Important” or “Very Important” to address substance use and misuse.
- 25% of survey respondents felt Long Beach could coordinate mental health resources with LA County to increase access to behavioral health services including drug and alcohol detox and recovery beds.

## Appendix 1. Data Sources

The following is a list of the data referenced throughout this report:

1. 2017-18 California Longitudinal Pupil Achievement Data System (CALPADS), Fall 1.
2. California Department of Public Health, STD Control Branch. Retrieved from <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>
3. California Department of Public Health, VRBIS Death Statistical Master File, 2012-2016.
4. California Department of Public Health. Retrieved from <https://www.cdph.ca.gov/Pages/CDPHHome.aspx>
5. California Health Interview Survey, Neighborhood Edition. Retrieved from <http://askchisne.ucla.edu>
6. California Health Interview Survey. Retrieved from <http://ask.chis.ucla.edu/>
7. California Office of Statewide Health Planning and Development. Retrieved from <https://oshpd.ca.gov/data-and-reports/request-data/>
8. Centers for Disease Control and Prevention, 500 Cities Project. Retrieved from <https://www.cdc.gov/500cities/index.htm>
9. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Retrieved from [https://www.cdc.gov/brfss/annual\\_data/annual\\_data.htm](https://www.cdc.gov/brfss/annual_data/annual_data.htm)
10. City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics.
11. Claritas Pop-Facts®. Retrieved from <https://www.environicsanalytics.com/data/demographic>
12. Conduent Healthy Communities Institute, SocioNeeds Index®.
13. Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX).
14. Long Beach Department of Health and Human Services, Number of Hazmat Sites by Zip Code.
15. Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017.
16. Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017.
17. Long Beach Police Department. Retrieved from <http://www.longbeach.gov/police/crime-info/crime-statistics/>
18. Los Angeles County Department of Public Health. Retrieved from <http://publichealth.lacounty.gov/statrpt.htm>
19. Los Angeles County Health Survey. Retrieved from [http://www.publichealth.lacounty.gov/ha/HA\\_DATA.htm](http://www.publichealth.lacounty.gov/ha/HA_DATA.htm)
20. Purposeful Aging Los Angeles (PALA), Oral Health report, September 2017.

21. U.S. Census Bureau, American Community Survey (ACS). Retrieved from <https://www.census.gov/programs-surveys/acs/>
22. Violent Death Reporting System, City of Long Beach, 2010-2015.

## Appendix 2. Community Stakeholders

### Focus Group Representation

Focus Group	Participants	Number of Participants	Language
Project Return Peer Support Network (PRPSN)	<ul style="list-style-type: none"> <li>Veterans</li> <li>Persons with disabilities</li> </ul>	14	English
The LGBTQ Center of Long Beach (LGBTQ Center)	<ul style="list-style-type: none"> <li>Transitional-aged youth (18-25)</li> <li>Racial ethnic minorities</li> <li>Older adults</li> <li>LGBTQ</li> </ul>	17	English
Black Infant Health Program (BIH program)	<ul style="list-style-type: none"> <li>Women and children</li> <li>Racial/ethnic minorities</li> </ul>	11	English
Long Beach Alliance for Children with Asthma (LBACA)	<ul style="list-style-type: none"> <li>Women and children</li> <li>Racial/ethnic minorities</li> </ul>	19	English and Spanish
Rose Park Neighborhood Association (Rose Park)	<ul style="list-style-type: none"> <li>Older adults</li> <li>Persons with disabilities</li> <li>LGBTQ</li> <li>Veterans</li> <li>Women and children</li> </ul>	10	English
United Cambodian Community (UCC)	<ul style="list-style-type: none"> <li>Older adult</li> <li>Racial/ethnic minority</li> <li>Women and children</li> </ul>	20	Khmer

### Key Informant Interview Stakeholders

Name	Title	Organization
Alison Spindler	Planner	Development Services Department
Ana Lopez	Community Impact Officer	Violence Prevention City of Long Beach
Bitu Ghafoori	Professor; Director of Long Beach Trauma Recovery Center	California State University, Long Beach
Brenda Soriano-Villa	Family Involvement Coordinator	Community Development of Greater Long Beach
Christine Petit	Executive Director	Long Beach Forward
Elisa Nicholas	Pediatrician and CEO	The Children's Clinic
Gisele Fong	Program Manager, Building Healthy Communities Initiative, Long Beach	The California Endowment
Herlinda Chico	Field Deputy	Office of LA County Supervisor Janice Hahn
Ismael Salamanca	Director of Health Services	The LGBTQ Center Long Beach
Jack Tsai	Family Medicine Physician	The Children's Clinic
John Keisler	Director	Economic Development Department
Kelly Colopy	Director of Health and Human Services	City of Long Beach Department of Health and Human Services
Mariko Kahn	Executive Director	Pacific Asian Counseling Services
Morgan Caswell	Environmental Specialist	Port of Long Beach

Name	Title	Organization
Paul Simon	Director, Division of Chronic Disease and Injury Prevention	LA County Department of Public Health
Shannon Parker	Homeless Services Officer	City of Long Beach Department of Public Health and Human Services
Steve Colman	Executive Director	Century Villages of Cabrillo
Susana Sngiem	Executive Director	United Cambodian Community
Sylvia Betancourt	Project Manager	Long Beach Alliance for Children with Asthma
Tunua Thrash Ntuk	Executive Director	Local Initiatives Support Corporation



## Appendix 3. Resources to Address Community Needs

Community stakeholders provided input on the currently available resources that can support addressing the priority health needs. Suggestions were either general resources to support health or specific recommendations for one the priority health needs.

This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at [www.thinkhealthla.org](http://www.thinkhealthla.org), Live Well Long Beach at [www.livewelllongbeach.org](http://www.livewelllongbeach.org) and 211 Los Angeles County at [www.211la.org/](http://www.211la.org/)

### General Resources

- 211
- 311
- Californians for Justice
- Catholic Charities
- Centro CHA
- Churches and religious centers
- Filipino Migrant Center
- Latinos in Action
- Long Beach Department of Health and Human Services
- Long Beach Forward
- Long Beach Gray Panthers
- Long Beach Multi-Service Center
- The Children’s Clinic Serving Children and Their Families
- United Cambodian Community of Long Beach
- YMCA

### Access to Health Care

- Black Infant Health Program
- Case managers or care coordinators
- Medi-Cal
- MemorialCare
- Translators

### Chronic Diseases

- Healthy Active Long Beach
- Long Beach Alliance for Children with Asthma
- Long Beach Department of Health and Human Services

## Housing and Homelessness

- Catholic Charities
- Century Villages at Cabrillo
- Everyone Home Long Beach
- Fair Housing Authorities
- Habitat for Humanity
- His Nesting Place
- HUD
- Long Beach Rescue Mission
- Rapid rehousing from Housing Authority
- Section 8 Housing Vouchers

## Mental Health and Mental Health Conditions

- Active Minds
- Case managers
- Mental Health America
- Mental Health First Aid
- National Alliance on Mental Illness (NAMI)
- The LGBTQ Center

## Public Safety

- 911 and the Police Department
- Community Watch Program
- Safe Long Beach

## Substance Use and Misuse

- Support groups (i.e. Alcoholics Anonymous)

## Appendix 4. Report of Progress

LBMC developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The hospital addressed: access to health care, chronic diseases, mental health and behavioral health, overweight and obesity, and preventive care through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2016 CHNA.

### Access to Health Care

- The hospital provided financial assistance through free and discounted care for health care services, consistent with MemorialCare's financial assistance policy. To address health care access issues, Long Beach Medical Center also offered information and enrollment assistance in the Covered California health care exchange and other low-cost insurance programs. Education sessions provided information on Medicare enrollment and answered questions about the Medicare program.
- Each year Long Beach Medical Center oversees physician training programs with 200 residents and fellows and over 500 undergraduate and graduate student nurses participating in clinical rotations.
- The hospital continued to provide transportation support for those patients and families who were not able to access needed care due to a lack of transportation.
- Pre-sports physicals were conducted for 514 local high school students.

### Chronic Diseases and Preventive Care

- Long Beach Medical Center hosted a number of health education events that focused on chronic disease prevention, management and treatment. Health education was provided to the public free of charge. Over 8,450 persons were provided health education information
- Yoga, exercise classes and walking groups for cancer survivors provided 1,696 session encounters.

- 835 seniors were reached with health improvement and disease prevention education through the senior health lecture series.
- Long Beach Medical Center provided free or low-cost screenings and community-based preventive care services such as flu shot clinics, health care screenings for blood pressure, cardiac, blood sugar, early lung cancer screening, balance screening for seniors, and genetic counseling for hereditary cancer risk assessment.
- An Oncology life coach interacted with over 1,300 community members and provided answers to questions and cancer-related information, and provided referrals to local services.
- CancerCare provided online and face-to-face counseling, support groups, education, and publications for 112 patients, cancer survivors, families and caregivers.
- Nurse practitioners provided free counseling to 28 persons with diabetes in the community who needed information and referrals.
- The Women Guiding Women support and peer mentoring program reached 696 women who were newly diagnosed with breast and gynecologic cancers.
- Pre-diabetes and diabetes classes reached 374 persons.
- The heart failure clinic and women’s health screening reached 140 persons with life-saving screenings.
- Support groups provided over 2,900 encounters for community residents and family members/caregivers. A number of support groups were offered in Spanish. Support groups included:
  - Alzheimer’s disease
  - Stroke
  - Cancer
  - Caregivers
  - Adult diabetes
  - Parkinson’s disease
  - Young cancer survivors’ group.

## **Mental Health and Behavioral Health**

- The Family Medicine Residency Program launched a pilot program at the Family Medicine Clinic to provide behavioral health services to adults and children. Family Medicine residents, a psychologist, psychiatrist, primary care physicians and a social worker worked together to address mental health and substance abuse issues of clinic patients. This program has reached 119 patients with anxiety, depression, family stressors, history of abuse or domestic violence and substance use issues. Patients are assessed using the PHQ-9 and GAD -7 assessment tools. Repeat assessments demonstrated improved results.
- The Tar Wars tobacco-free education program reached over 400 fourth and fifth-grade students in the Long Beach Unified School District with messages designed to prevent smoking and use of tobacco products. In addition, the hospital offered smoking cessation classes.
- MemorialCare hosted a community-based panel discussion in recognition of Mental Health Awareness Month. *Crisis Intervention Programs: Models of Success* was presented in partnership with Long Beach Department of Health and Human Services.
- Adult and perinatal bereavement support groups provided 1,843 encounters.
- Health education and outreach provided information and referrals for mental health and substance use resources.

## **Overweight and Obesity**

- Health education focused on activity, exercise and nutrition and reached over 3,000 individuals. In addition, the hospital provided nutrition communication in multiple languages.
- Long Beach Medical Center worked in partnership with the City of Long Beach Department of Health and Human Services to promote the Healthy Active Long Beach initiative to battle overweight and obesity in our community. Working in collaboration with community partners to address issues of obesity and overweight, hospital staff actively participated in community health improvement efforts.