



Community Health Needs Assessment

2016

MemorialCare Health System
Long Beach Memorial Medical Center
Long Beach, California



Table of contents

1. Introduction	6
Background and Purpose	6
Hospital Information	6
Service Area	7
Map	7
Community Demographics	8
2. Methods	9
Partners Involved in the Community Health Needs Assessment	9
Hospital and Partners Involved	9
Consultants	9
Secondary Data	9
Primary Data	11
Identification and Prioritization of Community Health Needs	12
Prioritization Methodology and Criteria	12
Potential Resources to Address Identified Health Needs	13
Data Limitations and Information Gaps	16
Written Comments from Previous Community Health Needs Assessment	17
3. Assessment Findings	18
Demographic Profile	18
Population Demographics	18
Race and Ethnicity	20
Language	21
Limited English Speaking Household	22
Citizenship	23
Social Determinants of Health	24
Education	24
Unemployment	25
Poverty	25
Vulnerable Populations	28
Public Program Participation	29
Free or Reduced Price Meals	29
Housing	29

Homelessness	30
Crime and Violence	33
General Health Care Access	35
Health Insurance Coverage	35
Sources of Care	37
Access to Community Health Centers	38
Barriers to Care	39
Delayed Care	39
Health Status	40
Dental Care	40
Maternal and Infant Health	43
Births	43
Prenatal Care	43
Low Birth Weight	43
Teen Births	44
Infant Mortality	44
Leading Causes of Death	45
Premature Death	45
Chronic Diseases	47
HIV/AIDS	47
Asthma	47
Cancer	48
Heart Disease	48
High Blood Pressure	49
Preventive Health Care	51
Vaccines and Immunizations	51
Flu and Pneumonia Vaccines	51
Childhood Immunizations	52
Screenings	52
Mammograms & Pap Smears	52
Colorectal Cancer Screening	53
Mental & Behavioral Health	54
Mental Health Indicators	54
Alcohol and Drug Use	57
Cigarette Smoking	58
Sexual Health	59
Weight Status, Nutrition and Physical Activity	61
Overweight and Obesity	61

Diabetes	62
Nutrition	62
Physical Activity	63
Environment	67
Air and Water Quality	67
Commute	67
Food Environment	68
4. Impacts of Action Taken Since the Last CHNA to Address Significant Health Needs	70
5. Conclusion	71
Appendix A. Additional Data Sources	72
Appendix B. Key Stakeholder Interviewees	76
Appendix C. Summary of Key Stakeholder Interviews	78
Appendix D. Summary of Focus Groups	94
Appendix E. Summary of Prioritization Gallery Walk	102

Acknowledgements

Conducting useful, relevant and actionable research depends upon the contributions of many stakeholders. This Community Health Needs Assessment (CHNA) would not have been possible without the concerned residents and community leaders who generously provided their time, opinions and resources toward this needs assessment. In particular, we would like to thank those who participated in the focus groups, key stakeholder interviews and prioritization forum as well as those who shared data resources with information about the people, programs, and policies in the greater Long Beach community. In addition, we would like to thank the many people who volunteered to facilitate, take notes and provide translation during the focus groups. Finally, we would like to thank the members of the Long Beach CHNA Collaborative, who gave their time and best thinking to this needs assessment as well as funding for the project. Members of the Long Beach CHNA Collaborative included: Angie Benton, Cheryl Barrit and Pamela Shaw from the City of Long Beach Department of Health and Human Services; Dr. Elisa Nicholas and Penelope Leon from The Children's Clinic "Serving Children and Their Families"; Janae Oliver from Kaiser Permanente South Bay; Kit G. Katz from Dignity Health St. Mary Medical Center; and Melissa Biel from Long Beach MemorialCare System (Long Beach Memorial Medical Center, Community Hospital Long Beach and Miller Children's & Women's Hospital).

1. Introduction

To build healthier communities, the Community Health Needs Assessment (CHNA) brings together partners to identify and prioritize health needs in the greater Long Beach community. Guided by the understanding that health encompasses far more than disease or illness, the CHNA process draws upon a comprehensive framework for understanding health that looks at the effects of social, environmental and economic factors also referred to as “social determinants” of health. While it is widely known that many of the leading causes of death in the United States (e.g., heart disease) are caused by preventable factors such as poor diet and physical inactivity, there is growing awareness of the important link between how communities are structured and the opportunities for people to lead safe, active and healthy lifestyles. Thus, the CHNA process identifies top health needs (including social determinants of health) in the community, and analyzes a broad range of social, economic, environmental, behavioral and clinical care factors that may act as contributing factors for each health need.

In order to identify health needs, this CHNA reviewed secondary data available from national, state and local resources to provide a snapshot of health in the greater Long Beach community. These data were compared against benchmark data such as county and statewide data, and Healthy People 2020 Objectives, when available. In addition, primary about issues that most impact the health of the community, as well as existing resources and new ideas to address those needs, were collected from local stakeholders, including public health experts; and leaders or representatives of medically underserved, low-income and minority populations. Once these significant health needs were identified, a cross-sector group of stakeholders reviewed the health need data and prioritized the health needs based on established criteria. The resulting prioritized significant community health needs are presented in this report.

Background and Purpose

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by Long Beach Memorial Medical Center. 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 other 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 nonprofit hospitals conduct a Community Health Needs Assessment at least once every three years.

Hospital Information

MemorialCare Health System is a nonprofit integrated delivery system that includes six hospitals – Long Beach Memorial, Miller Children’s & Women’s Hospital Long Beach, Community Hospital Long Beach, Orange Coast Memorial, and Saddleback Memorial Medical Center; medical groups – MemorialCare Medical Group and Greater Newport Physicians; a health plan – Seaside Health Plan; and numerous outpatient health centers, imaging centers and surgery centers throughout Orange County and Los Angeles County.

Long Beach Memorial Medical Center 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. In 2011, Community Hospital Long Beach joined the organization. These hospitals function under the same tax identification number but are separately licensed hospitals.

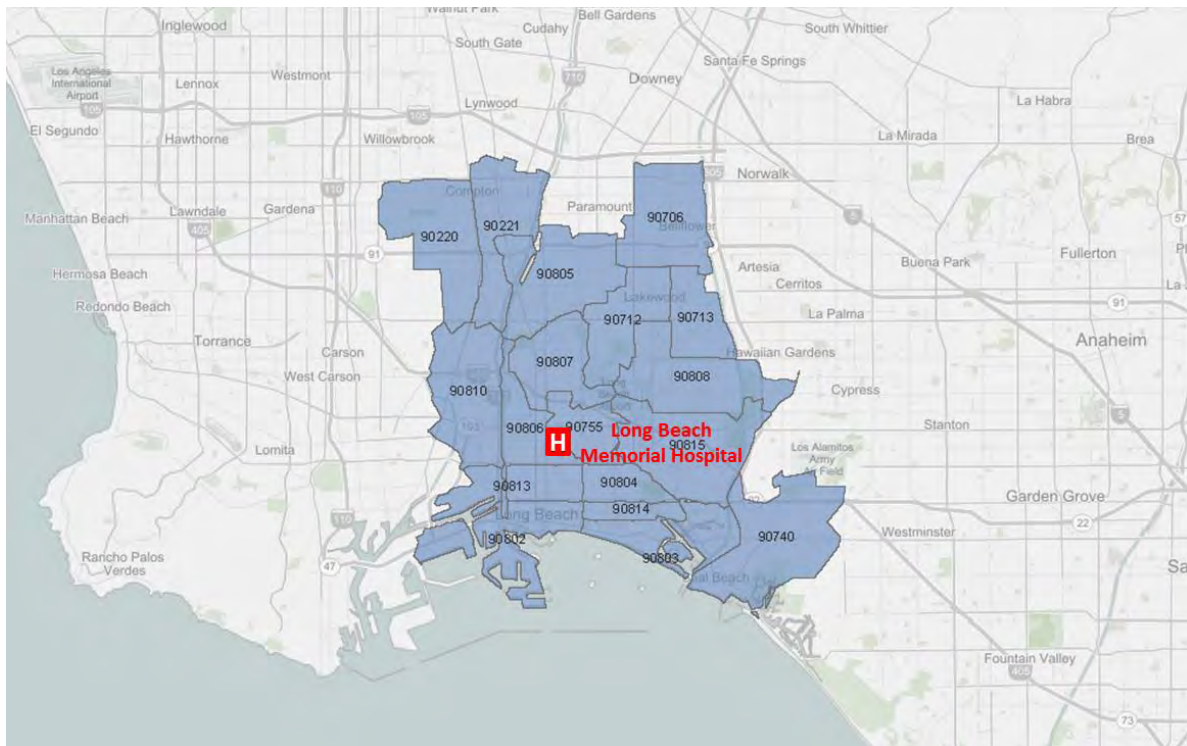
Service Area

Long Beach Memorial Medical Center is located at 2801 Atlantic Ave., Long Beach, California 90806. The service area encompasses 18 zip codes representing 6 cities and communities. In this report, we refer to the Long Beach Memorial Medical Center service area as the greater Long Beach community. To determine the service area, Long Beach Memorial Medical Center takes into account the zip codes of inpatients discharged from the hospital; the current understanding of community need based on the most recent Community Health Needs Assessment; and long-standing community programs and partnerships.

Long Beach Memorial Medical Center Service Area by Zip Code and Community

90220	Compton	90804	Long Beach
90221	Compton	90805	Long Beach
90706	Bellflower	90806	Long Beach
90712	Lakewood	90807	Long Beach
90713	Lakewood	90808	Long Beach
90740	Seal Beach	90810	Long Beach
90755	Signal Hill	90813	Long Beach
90802	Long Beach	90814	Long Beach
90803	Long Beach	90815	Long Beach

Map



Community Demographics

The City of Long Beach is a coastal community located in Los Angeles County. Based on the U.S. Census, Long Beach is the thirty-sixth most populous city in the nation and seventh in California.¹ The city is diverse in terms of race and ethnicity. Hispanics/Latinos make up 41.3% of the population in Long Beach; Whites account for 28.6% of the population; Blacks/African Americans comprise 12.9% of the population and Asians 12.5%. Native Americans, Hawaiians, and other races combined total 4.7% of the population. Long Beach has the largest Cambodian community in the United States.

The service area for Long Beach Memorial Medical Center includes 745,709 residents. The majority of the service area residents live in Long Beach (63.4%) with the remaining 36.6% living in Bellflower, Compton, Lakewood, Seal Beach, and Signal Hill. Children and youth (ages 0-19) make up 28.7% of the population; while seniors (65 years and older) account for 10.5% of the population. The service area has a higher percentage of young people (ages 0-19) compared to the State. In terms of race/ethnicity, the service area is very diverse. The largest portion of the service area is Hispanic/Latino (44.2%). Whites make up 26.9% of the population; Blacks/African Americans comprise 14.1% of the population and Asians 10.6%. Native Americans, Hawaiians, and other races combined total 4.1% of the population. In terms of educational attainment, 21.7% of service area residents who are 25 years old and older have less than a high school diploma. 41.9% of service area residents live below 200% of the federal poverty level (FPL). Additional information about the characteristics of the service area can be found in Section 3. Assessment Findings, Demographic Profile.

¹ U.S. Census, Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2014 Population: April 1, 2010 to July 1, 2014 - United States -- Places of 50,000+ Population: 2014 Population Estimates. Retrieved from <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>

2. Methods

This section describes who was involved in the CHNA as well as the data collection and analysis methods used: secondary data, primary data, which included key stakeholder interviews and focus groups, and the health need identification and prioritization process. The data collection and analytic process for each method is described, as well as the limitations of this study.

Partners Involved in the Community Health Needs Assessment

Hospital and Partners Involved

As in previous years, hospitals and organizations in the greater Long Beach community worked in collaboration to complete the CHNA. The hospitals and organizations that participated in the Long Beach CHNA Collaborative included: Dignity Health St. Mary Medical Center, Kaiser Permanente South Bay, Long Beach MemorialCare System (Long Beach Memorial Medical Center, Community Hospital Long Beach and Miller Children’s & Women’s Hospital), The Children’s Clinic “Serving Children and Their Families” and the City of Long Beach Department of Health and Human Services.

Consultants

Harder+Company Community Research is a comprehensive social research and planning firm with offices in Los Angeles, San Diego, San Francisco, and Davis. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. The firm’s staff offers deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts – including conducting needs assessments; developing and operationalizing strategic plans; engaging and gathering meaningful input from community members; and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation, which is essential to both health care reform and the CHNA process in particular.

Secondary Data

The Long Beach CHNA Collaborative reviewed secondary data from local, county, state and national sources to develop a comprehensive community profile that was organized by health needs. The community profile (see Section 3. Assessment Findings) includes data about the demographic characteristics of the service area, social determinants of health, health behaviors and health outcomes. When reviewing possible secondary data sources, the collaborative considered: (1) the geography for which that data was available, prioritizing data that were available at more local levels (e.g., data that were available at the zip code, city or Service Planning Area level) and (2) when the data were collected, prioritizing the most current data available.

Analyses were conducted at the most local level possible. For example, demographic data were analyzed by zip code while analyses of many of the indicators on health needs and outcomes were conducted at the Service

Planning Area (SPA).² Also, when available, data about subgroups that are particularly impacted by the social determinant of health, health behavior or outcome were collected to develop a better understanding of the health needs within the community. For example, information about homelessness is presented by age and ethnicity to create a clearer picture of those affected by homelessness in the greater Long Beach community. This report includes benchmarks comparing secondary data for the hospital's service area against other similar communities such as other SPAs, the County and the State. When available, Healthy People 2020 Objectives were included as a benchmark. The list below identifies all the data sources of the indicators that are included in the community profile. These data were obtained from the identified websites between September and December 2015.

1. California Department of Education: <http://dq.cde.ca.gov/dataquest/>
2. California Department of Public Health, 2010, 2011, 2012.
 - a. Birth records: www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx
 - b. Death records: www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx
 - c. Immunization Branch, Division of Communicable Disease Immunization records: <https://cdph.data.ca.gov/Healthcare/School-Immunizations-In-Kindergarten-2014-2015/4y8p-xn54> <http://www.cdph.ca.gov/programs/immunize/Documents/2014-15%20CA%20Kindergarten%20Immunization%20Assessment.pdf>
3. California Employment Development Department, Labor Market Information Division, April 2015: www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/AreaSelection.asp?tableName=labforce
4. California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>
5. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.
6. City of Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count: http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/
7. Los Angeles County Department of Public Health,
 - a. Los Angeles County Health Survey 2011: www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm
 - b. Mortality in Los Angeles County, 2014: <http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt11.pdf>
 - c. Annual HIV Surveillance Report: <http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/2013AnnualSurveillanceReport.pdf>
8. South Coast Air Quality Management District. 2014. <http://www.aqmd.gov/home/library/air-quality-data-studies/historical-data-by-year>
9. University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
10. University of Wisconsin Population Health Institute, County Health Rankings. 2013-14. County Health Rankings. www.countyhealthrankings.org/california
11. U.S. Bureau of the Census,

² Due to the large size of Los Angeles County (4,300 square miles), it has been divided into 8 geographic areas referred to as Service Planning Area, or SPA. These distinct regions allow various public and private service planning and service providing organizations to develop and provide more relevant services targeted to the specific needs of the residents in these different areas. (Definition of SPA modified from the Los Angeles County Department of Public Health; <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>)

- a. 2010 Census of Population and Housing:
<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- b. American Community Survey: <http://factfinder.census.gov>
12. U.S. Department of Health & Human Services,
 - a. Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
 - b. Health Resources and Services Administration, Area Health Resource File:
<http://ahrf.hrsa.gov/arfdashboard/HRCTstate.aspx>.
13. U.S. Department of Justice, FBI, Uniform Crime Reporting Statistics, 2012;
www.bjs.gov/ucrdata/index.cfm

Additional data resources were reviewed that were not included in the community profile. An annotated bibliography of these data resources can be found in Appendix A. Additional Data Sources.

Primary Data

Community input was provided by a broad range of community members and leaders through key informant interviews and focus groups.

Interviewees included public health experts; representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency); as well as leaders, representatives, or members of medically underserved, low-income and minority populations. Other individuals from various sectors with expertise of local health needs were also consulted. A total of 34 key informant interviews were conducted in October and November 2015 for this needs assessment. For a complete list of individuals who provided input via the stakeholder interviews, see Appendix B. Highlights from the key informant interviews and other primary data sources can be found throughout the Assessment Findings Section and a detailed summary of the key informant interviews is located in Appendix C.

Additionally, eight focus groups were conducted throughout the greater Long Beach community. A number of outreach strategies were used to recruit community members for these focus groups. For example, flyers and written materials used for the focus groups were made available in three languages (English, Spanish and Khmer) and bilingual, bicultural facilitators were recruited so that language would not serve as a barrier to participation in the focus groups. Healthy refreshments, snacks and raffle prizes were made available to participants to create a comfortable and welcoming environment. Flyers and announcements about the focus groups were posted on the City of Long Beach Department of Health and Human Services (LBDHHS) and LiveWellLongBeach.com websites. The flyers were also distributed to all LBDHHS staff, Long Beach CHNA Collaborative members, Building Healthy Communities Long Beach (over 30 community groups and over 200 community members), Long Beach neighborhood organizations (250 neighborhood associations with two organizations with over 5,000 members), Board of Health members, Community Health Improvement Plan Task Force, and to over 10 coalitions convened by the LBDHHS.

A total of 52 community members participated in the focus groups. Many individuals who participated in focus groups were leaders, representatives or members of medically underserved, low-income and minority populations. For more information about populations reached in the focus groups, see Appendix D. Highlights from the focus group combined with the other primary data sources can be found in the Assessment Findings Section while a detailed summary of the focus groups is located in Appendix D.

Protocols were developed by the consulting team and reviewed by the Long Beach CHNA Collaborative. These were designed to inquire about overall health needs in the community, as well as to glean deeper information about the social, economic, environmental, behavioral and clinical care factors that may act as contributing drivers to mental health issues, obesity and chronic disease. The focus groups and key stakeholder interviews asked about health needs in the greater Long Beach community overall. However this was balanced by delving deeper into the three health needs that were identified by review of the participating hospitals' previous CHNAs and the Health Department's Community Health Assessment (CHA), review of secondary data and input from health experts in the community.

All qualitative data were coded and analyzed using Atlas.ti software. A codebook with robust definitions was developed to code transcripts for information related to each potential health need, as well as to identify comments related to specific drivers of health needs, subpopulations or geographic regions disproportionately affected, existing assets or resources and community recommendations for change. At the onset of analysis, one interview transcript and one focus group transcript were coded by the entire analysis team to ensure inter-coder reliability and minimize bias.

Identification and Prioritization of Community Health Needs

Significant health needs were identified through a scoring process of the primary and secondary data collected. Those health needs that were confirmed by more than one indicator were identified as a significant health need. Meaning that: (1) secondary data showed that the size of the health need was a concern, as measured by the proportion of the community affected, compared to the benchmarks (e.g., SPA, County, State or Healthy People 2020 Objectives) and (2) that primary data collection efforts (i.e., key stakeholder interviews and focus groups) identified the health need as a concern in the service area. Identified significant health needs included:

- Access to Care
- Access to Housing
- Chronic Disease
- Crime and Violence
- Economic Security
- Education
- Environment and Climate
- Mental Health
- Obesity and Diabetes
- Oral Health
- Pregnancy and Birth Outcomes
- Preventive Care
- Substance Abuse and Tobacco

Prioritization Methodology and Criteria

The Long Beach CHNA Collaborative planned and convened a prioritization session. Outreach for the session was conducted through the same network of individuals and groups used for key stakeholder interviews and focus groups. A total of 65 people RSVP'd and 54 participants attended the half-day session on December 11, 2015. Session participants included public health experts; and leaders, representatives, or members of medically underserved, low-income, and minority populations. The areas of expertise among prioritization

session participants were broad and covered the spectrum of social determinants of health, health behaviors and outcomes.

The following four criteria were used to prioritize the significant health needs:

- **Severity:** The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
- **Disparities:** The health need disproportionately impacts certain groups of people more than others (e.g. by geography, age, gender, race/ethnicity).
- **Prevention:** Effective and feasible prevention is possible. There is an opportunity to intervene at the prevention level and impact overall health outcomes. Prevention efforts include those that target individuals, communities, and policy efforts.
- **Leverage:** The solution could impact multiple problems. Addressing this issue would impact multiple health issues.

During the prioritization session, health needs were reviewed and discussed and then participants cast seven votes across the 13 health needs using the four criteria discussed above. The following table provides the results of prioritization. While the calculated values provide an overall priority score to help indicate which health needs are of higher priority, the results are not intended to dictate the final policy decision. Rather they offer a means by which choices can be ordered.

Prioritized Order of Health Needs

Health Need	Total Score
1. Mental Health	43
2. Economic Security	39
3. Obesity and Diabetes	35
4. Access to Housing	33
5. Chronic Disease	30
6. Education	29
7. Access to Care	25
8. Preventive Care	24
9. Crime and Violence	22
10. Pregnancy and Birth Outcomes	19
11. Environment and Climate	18
12. Oral Health	4
13. Substance Abuse and Tobacco	4

Following the voting exercise, prioritization session participants were invited to participate in a gallery walk exercise during which they provided input about populations disproportionately impacted by the health needs as well as opportunities, resources and strategies to address the health needs. “Snapshots” from the gallery walk, focus groups and interviews are included throughout the Assessment Findings Section and a detailed summary of information gathered through the gallery walk can be found in Appendix E.

Potential Resources to Address Identified Health Needs

The following table summarizes the potential resources to address the health needs that were identified through the interviews, focus groups and the gallery walk that were conducted as part of this CHNA.

Resources and Measures to Address Identified Health Needs

Health Need	Potential Resources
Access to Care	<ul style="list-style-type: none"> ■ St. Mary's Mobile Clinics go out into the community to provide more accessible screenings to individuals in lower income communities. ■ The Children's Clinic, "Serving Children and Their Families" (TCC) is supporting the development of a Teen Health and Wellness Center at their four school based health center.
Access to Housing	<ul style="list-style-type: none"> ■ Long Beach Department of Health and Human Services (LBDHHS) is focusing on reducing homelessness with their Section 8 VASH voucher program and through the construction of new affordable housing units. ■ Long Beach Housing is working with renters to ensure that their rights are protected when they report mold and bad living conditions. ■ Molina Healthcare and LINC (Limited Income Communities) Housing are partnering to build low-income housing that is focused on providing housing to seniors, adults with disabilities, and the homeless. ■ The California Endowment is focused on housing and environmental issues.
Chronic Disease	<ul style="list-style-type: none"> ■ The American Cancer Society provides transportation for individuals with cancer, and an informational hotline for those with questions related to cancer. ■ TCC provides low cost health services through a sliding scale to help Long Beach residents of all ages prevent and manage chronic diseases. ■ The Long Beach Health Department is partnering with St. Mary's to provide information about diabetes and related services through an outreach program. ■ TCC and the Long Beach Alliance for Children with Asthma provide outreach services to children with asthma in the most affected areas of Long Beach and surrounding communities, through improved: health care delivery and quality, outreach, education support systems, healthy living environments and, changes in policy at all levels. ■ TCC's Bridge to Health Program utilizes prevention, early detection, screening diagnosis, monitoring and education and outreach to ameliorate the effects of pollution related illnesses throughout Long Beach's most at risk communities.
Crime and Violence	<ul style="list-style-type: none"> ■ The City of Long Beach has a volunteer prevention plan that focuses on safe schools, communities and families. ■ The Juvenile Crime Prevention Program has been helpful in getting parents and at-risk youth involved and engaged in safe activities.
Economic Security	<ul style="list-style-type: none"> ■ A New Way of Life's Reentry Project seeks to increase employment opportunities for people with past convictions by reducing unfair discrimination in the hiring process through advocacy and grassroots organizing. ■ Families in Good Health focuses on increasing the number of youth employees and job opportunities in the city. ■ LA Alliance for New Economy is partnering with the Coalition for Healthy Jobs toward raising the minimum wage and protecting workers' rights. ■ Long Beach Housing is working with renters to ensure that their rights are protected when they report mold and bad living conditions. ■ Pacific Gateway Workforce Investment Network connects adults, youth and businesses to opportunities, job seekers to employment and businesses to skilled workers. ■ The Long Beach Trauma Recovery Center provides support with resume building and job applications. ■ TCC has 15 certified Cal Fresh enrollers onsite to assist residents with access to healthy food.
Education	<ul style="list-style-type: none"> ■ Long Beach City College implemented the Long Beach Promise initiative in collaboration with LBUUSD to help youth achieve educational milestones. ■ The Building Healthy Communities initiative supports collaboration between local service providers and non-profits to focus on environmental, educational, and overall health issues. ■ The Long Beach Unified School District hosts a parent group with limited English proficiency.

Health Need	Potential Resources
Environment and Climate	<ul style="list-style-type: none"> ■ Greener Goods is a farmer’s market in the city with incentives for people on Cal Fresh. ■ The Port of Los Angeles and Port of Long Beach have a Clean Air Act program to help reduce the pollution from their industrial activities. ■ The Long Beach Alliance for Food and Fitness works to create systematic, comprehensive strategies that will in turn give rise to a healthier community in Long Beach.
Mental Health	<ul style="list-style-type: none"> ■ California Conference for Equality and Justice focuses on restorative justice work in the area. ■ California State University Long Beach has a suicide hotline for students. ■ DCFS provides bus passes and transportation support to families using their services. ■ LA County Department of Mental Health provides counseling services tailored to meet the needs of the Asian population in their Long Beach office. It also convenes a network of service providers from throughout Southern California. ■ Legal Aid helps families experiencing domestic violence obtain immigration relief, restraining orders, and child and spousal support.
Mental Health	<ul style="list-style-type: none"> ■ LGBTQ Center of Long Beach provides cultural sensitivity trainings regarding working with the LGBTQ population to help reduce isolation and provide more culturally sensitive services. ■ Long Beach Department of Health and Human Services (LBDHHS) is currently engaged in an anti-stigma campaign focused on providing information about mental health issues and how treatment works. ■ Long Beach Trauma Recovery Center provides no-cost mental health services to individuals in their area. They are located in St. Mary’s and are fairly accessible to low-income individuals by public transportation. ■ Mental Health Association of America provides mental health education in the Long Beach community through their Mental Health First Aid program and runs a local “village” focused on providing case management and support accessing services (ID, bus passes, disability benefits, etc.) ■ The Long Beach Veterans Affairs (VA) provides programming focused on behavioral health for veterans through their Move program. ■ The United Cambodian Community (UCC) provides services aimed at supporting refugees connect with their communities and to local service providers. ■ TCC has integrated behavioral health services at each of their eleven sites providing therapy, counseling and resources. ■ Community Hospital Long Beach provides behavioral health services. ■ Through a County of Los Angeles Department of Mental Health grant, Pacific Asian Counseling Services, Mental Health America and TCC work together to provide primary care and integrated behavioral health services for individuals with a dual diagnosis of chronic disease and a mental health and/or substance abuse disorder.
Obesity and Diabetes	<ul style="list-style-type: none"> ■ Best Start Central Long Beach is a First 5 initiative that also promotes nutrition and healthy weights for children 0-5. ■ Building Healthy Communities is a place-based initiative that promotes healthy eating among its other focus areas. ■ California State University Long Beach conducts community outreach to provide healthy eating education. ■ Centro Salud es Cultura provides culturally relevant health education on obesity and Zumba classes for families to engage in physical activity. ■ Century Villages offers enrichment classes on financial literacy and healthy eating, showing people how to make healthy foods using healthy ingredients for less money than going to McDonalds. ■ Healthy Active Long Beach is focused on making Long Beach more bike accessible. ■ Long Beach Alliance for Food and Fitness is a community collaborative promoting healthy eating and physical fitness.

Health Need	Potential Resources
	<ul style="list-style-type: none"> ▪ Long Beach Fresh provides online information about healthy foods. ▪ Martin Luther King Park holds an annual Fruit and Veggie Party as part of the Healthy Active Long Beach project. ▪ Long Beach Memorial Medical Center provides nutrition classes on healthy cooking, diabetes education and support groups. ▪ Project Playful is helping raise awareness about healthy living. ▪ The Department of Health and Human Services provides basic nutrition information, healthy cooking and snack ideas, and basic healthy living activities through their Healthy Active Long Beach project. ▪ TCC's Health Education and Outreach Department offers workshops and classes on Everyday Health, Weight Management & Nutrition, Yoga and Zumba as part of their Healthy Lifestyles Initiative.
Oral Health	<ul style="list-style-type: none"> ▪ The Children's Dental Health Clinic delivers oral health education and comprehensive treatment for economically disadvantaged children.
Pregnancy and Birth Outcomes	<ul style="list-style-type: none"> ▪ Planned Parenthood provides a safe and approachable environment for services. ▪ TCC provides comprehensive Women's Health Care Services.
Preventive Care	<ul style="list-style-type: none"> ▪ Kaiser Permanente South Bay has an initiative focused on reducing the cost of screening for many of these chronic diseases. ▪ The Es Tiempo campaign is a multi-faceted campaign raising awareness and support for prevention and treatment of cervical cancer.
Substance Abuse and Tobacco	<ul style="list-style-type: none"> ▪ Long Beach Department of Health and Human Services Tobacco Education Program provides information and resources on smoking cessation, including links to the Coalition for a Smoke Free Long Beach. ▪ American Lung Association offers smoking cessation resources. ▪ Alcohol Education and Recovery Center provides DUI programs.

Data Limitations and Information Gaps

A number of data sources including national, state, county and local resources were examined as part of this CHNA. The comprehensive community profile detailed within the Assessment Findings Section of the report prioritized data that were available at more local levels (e.g., data that were available at the zip code, city or SPA) and more current data. One limitation of this study is that some data sources were not available for geographic boundaries at these localized levels (e.g., zip code, city or SPA). For other data sources, estimates at these localized levels were unstable, meaning that the size of the sample within these geographic boundaries is smaller and therefore has a higher chance of not accurately representing the larger population within that community. The collaborative also sought data to better understand which communities within the greater Long Beach area are disproportionately affected by these health needs, for example by collecting prevalence data by gender, race and ethnicity or zip code. However, the availability of disaggregated data was limited. Lastly, data are not always collected on an annual basis, meaning that some data estimates are several years old and may not reflect the current health status of the population. In consideration of these limitations, the process of identifying health needs was based on triangulating primary data and multiple indicators of secondary data estimates.

Primary data collection and the prioritization process are also subject to information gaps and limitations. Themes identified during interviews and focus groups were likely subject to the experience of individuals selected to provide input; the Long Beach CHNA Collaborative sought to receive input from a robust and diverse group of stakeholders to minimize this bias. The final prioritized list of significant health needs is also

subject to the affiliation and experience of the individuals who attended the prioritization session, and to how those individuals voted on that particular day. To minimize participant bias, data from all health needs were shared and discussed and criteria for the prioritization process were provided.

Written Comments from Previous Community Health Needs Assessment

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. In compliance with these regulations, the previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <http://www.memorialcare.org/content/community-benefit>. Public comment was requested on these reports. To date, no written comments have been received.

3. Assessment Findings

This section provides secondary data about the demographic characteristics, social determinants of health and health needs of the service area. Snapshots summarizing the primary data collected as part of this CHNA (key stakeholder interviews, focus group and gallery walk) have been organized by the 13 health needs that were prioritized and are infused throughout this section of the report.

Demographic Profile

Population Demographics

At the time of the 2010 Census, the population for the service area was 745,709. The majority of the service area residents live in Long Beach (63.4%) with the remaining 36.6% living in Bellflower, Compton, Lakewood, Seal Beach, and Signal Hill.

Total Population

	Long Beach Memorial Medical Center Service Area	California
Total Population	745,709	37,253,956

Source: U.S. Census Bureau, 2010 Census of Population and Housing, DP-1.

<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Long Beach Memorial Medical Center Service Area: Population by Zip Code

	Number	Percent
90706 - Bellflower	76,989	10.3%
90220 - Compton	49,810	6.7%
90221 - Compton	52,446	7.0%
90712 - Lakewood	31,710	4.2%
90713 - Lakewood	27,653	3.7%
90740 - Seal Beach	24,073	3.2%
90755 - Signal Hill	11,260	1.5%
90802 - Long Beach	39,297	5.3%
90803 - Long Beach	30,563	4.1%
90804 - Long Beach	40,472	5.4%
90805 - Long Beach	92,991	12.4%
90806 - Long Beach	43,176	5.8%
90807 - Long Beach	32,645	4.4%
90808 - Long Beach	40,016	5.3%
90810 - Long Beach	36,113	4.8%
90813 - Long Beach	59,178	7.9%
90814 - Long Beach	18,937	2.5%
90815 - Long Beach	40,966	5.5%
Long Beach Memorial Medical Center Service Area	748,295	100.0%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05. <http://factfinder.census.gov>

The service area is fairly evenly divided between males and females.

Population by Gender

	Long Beach Memorial Medical Center Service Area		California	
	Number	Percent	Number	Percent
Total Male Population	366,602	49.0%	18,726,468	49.7%
Total Female Population	381,693	51.0%	18,932,712	50.3%
Total	748,295	100.0%	37,659,180	100.0%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DPO5. <http://factfinder.census.gov>

Children and youth (ages 0-19) make up 28.7% of the population; 36.7% are 20-44 years of age; 24% are 45-64; and 10.5% of the population are seniors 65 years and older. The service area tends to be younger than that of the State with lower percentages of adults 20-64, and 65 or older.

Population by Age

	Long Beach Memorial Medical Center Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	54,299	7.3%	646,180	6.5%	2,527,752	6.7%
Age 5-19	161,553	21.4%	2,022,621	20.4%	7,832,780	20.8%
Age 20-44	274,464	36.7%	3,691,941	37.3%	13,436,170	35.7%
Age 45-64	179,598	24.0%	2,421,717	24.6%	9,415,614	25.0%
Age 65+	78,381	10.5%	1,111,022	11.2%	4,446,865	11.8%
Total	748,295	100%	9,893,481	100%	37,659,181	100%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DPO5. <http://factfinder.census.gov>

Looking at the population by zip code, several zip codes have higher percentages of youth ages 0-17 compared to Los Angeles County (24%) and the State (24.5%). In addition, there are several zip codes within the service area with higher percentages of seniors compared to Los Angeles County and the State. In particular, Seal Beach has a higher percentage of seniors (38.3%).

Long Beach Memorial Medical Center Service Area: Age of Population by Zip Code

	Youth (Ages 0-17)	Seniors (Ages 65 years +)
90706 - Bellflower	28.8%	9.2%
90220 - Compton	31.6%	9.2%
90221 - Compton	32.9%	6.6%
90712 - Lakewood	24.1%	11.5%
90713 - Lakewood	24.6%	12.0%
90740 - Seal Beach	13.2%	38.3%
90755 - Signal Hill	24.6%	7.1%
90802 - Long Beach	16.9%	7.8%
90803 - Long Beach	11.6%	16.9%
90804 - Long Beach	24.8%	5.7%
90805 - Long Beach	30.1%	6.8%
90806 - Long Beach	30.3%	8.5%
90807 - Long Beach	21.4%	13.4%
90808 - Long Beach	22.5%	14.3%
90810 - Long Beach	27.1%	11.7%
90813 - Long Beach	33.1%	6.0%

	Youth (Ages 0-17)	Seniors (Ages 65 years +)
90814 - Long Beach	15.4%	11.4%
90815 - Long Beach	18.5%	13.8%
Long Beach Memorial Medical Center Service Area	25.8%	10.5%
Los Angeles County	24.0%	11.2%
California	24.5%	11.8%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05. <http://factfinder.census.gov>

Race and Ethnicity

The service area is diverse in terms of race/ethnicity. The largest portion of the service area is Hispanic or Latino (44.2%). Whites make up 26.9% of the population; Blacks/African Americans comprise 14.1% of the population and Asians 10.6%. Native Americans, Hawaiians, and other races combined total 4.1% of the population. Long Beach has the largest Cambodian community in the United States. When compared to Los Angeles County, the service area has a larger percentage of Blacks/African Americans.

Population by Race and Ethnicity

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
Hispanic or Latino	44.2%	47.9%	37.9%
White	26.9%	27.5%	39.7%
Black or African American	14.1%	8.1%	5.7%
Asian	10.6%	13.7%	13.1%
Native Hawaiian & Pacific Islander	0.7%	0.2%	0.4%
American Indian & Alaska Native	0.3%	0.2%	0.4%
Other or Multiple	3.2%	2.4%	2.8%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05. <http://factfinder.census.gov>

When looking at the service area, there was variance in the racial/ethnic makeup by zip code. For example, the percentage of residents that identified as Hispanic/Latino ranged from 13.7% in 90803 to 77% in 90221. Zip codes with 50% or more of residents identifying as Hispanic or Latino included: 90706 (53%), 90220 (58.1%), 90221 (77%), 90805 (54.1%), 90806 (50.6%), 90810 (50.3%) and 90813 (65.6%). Zip codes with 50% or more of their population identifying as White included: 90713 (57.2%), 90740 (74.1%), 90803 (75.2%), 90808 (62%), 90814 (55.1%) and 90813 (65.6%). Zip codes with 15% or more Black or African American residents included: 90220 (36.2%), 90221 (20.4%), 90802 (16.9%), 90805 (21.7%), and 90807 (15.4%). Zip codes with 15% or more Asian residents included: 90755 (19.3%), 90806 (17.2%), 90807 (16.9%) and 90810 (23.8%).

Long Beach Memorial Medical Center Service Area: Race and Ethnicity by Zip Code

	Hispanic or Latino	White	Black or African American	Asian	Native Hawaiian & Pacific Islander	American Indian & Alaska Native	Other or Multiple
90706 - Bellflower	53.0%	20.0%	13.9%	10.9%	0.4%	0.2%	1.7%
90220 - Compton	58.1%	2.3%	36.2%	1.0%	0.4%	0.3%	1.6%
90221 - Compton	77.0%	1.4%	20.4%	0.4%	0.1%	0.1%	0.6%
90712 - Lakewood	31.1%	37.9%	8.7%	14.0%	2.0%	0.5%	5.8%
90713 - Lakewood	26.6%	57.2%	3.0%	9.2%	0.8%	0.1%	3.1%
90740 - Seal Beach	14.1%	74.1%	0.4%	9.0%	0.1%	0.1%	2.2%
90755 - Signal Hill	36.1%	25.3%	12.9%	19.3%	0.3%	0.3%	5.8%

	Hispanic or Latino	White	Black or African American	Asian	Native Hawaiian & Pacific Islander	American Indian & Alaska Native	Other or Multiple
90802 - Long Beach	37.7%	34.5%	16.9%	7.2%	0.3%	0.2%	3.2%
90803 - Long Beach	13.7%	75.2%	2.2%	5.6%	0.4%	0.1%	2.8%
90804 - Long Beach	44.4%	25.9%	13.2%	13.3%	0.3%	0.2%	2.8%
90805 - Long Beach	54.1%	8.7%	21.7%	11.3%	1.3%	0.3%	2.6%
90806 - Long Beach	50.6%	8.4%	15.6%	17.2%	1.8%	0.6%	5.9%
90807 - Long Beach	27.2%	36.0%	15.4%	16.9%	0.2%	0.3%	4.0%
90808 - Long Beach	20.7%	62.0%	4.1%	7.8%	0.1%	0.3%	4.9%
90810 - Long Beach	50.3%	5.5%	13.4%	23.8%	1.7%	0.5%	4.9%
90813 - Long Beach	65.6%	6.1%	10.5%	14.1%	0.3%	0.2%	3.2%
90814 - Long Beach	25.0%	55.1%	9.2%	6.4%	0.0%	0.4%	3.9%
90815 - Long Beach	19.0%	59.4%	5.6%	11.4%	0.4%	0.3%	3.9%
Long Beach Memorial Medical Center Service Area	44.2%	26.9%	14.1%	10.6%	0.7%	0.3%	3.2%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05. <http://factfinder.census.gov>

Language

In the service area, English is spoken in 54% of the homes; this is higher than the County (43.2%) but lower than the State (56.3%). Spanish is spoken in 35.2% of homes in the service area; this is lower than the County (39.5%) but higher than the State (28.8%).

Language Spoken at Home for the Population 5 Years and Over

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
English Only	54.0%	43.2%	56.3%
Spanish	35.2%	39.5%	28.8%
Asian/Pacific Islander	8.3%	10.8%	9.6%
Other Indo-European	1.8%	5.4%	4.4%
Other	0.6%	1.1%	0.9%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP02. <http://factfinder.census.gov>

Within the service area, the zip codes with the over 50% percent of Spanish speaking homes include: 90221 (72.3%), 90813 (58.3%), and 90220 (53.3%). Zip codes with the largest percentages of Asian speaking homes include: 90810 (21%), 90806 (15.8%), 90755 (14.4%), 90813 (13.3%), 90807 (12.5%), 90804 (10.6%), 90712 (10.5%) and 90805 (10.2%).

Long Beach Memorial Medical Center Service Area: Language Spoken at Home by Zip Code

	English Only	Spanish	Asian Pacific Islander	Other Indo-European	Other
90706 - Bellflower	47.0%	40.9%	9.1%	1.3%	1.6%
90220 - Compton	45.5%	53.3%	1.0%	0.1%	0.1%
90221 - Compton	27.3%	72.3%	0.2%	0.1%	0.1%
90712 - Lakewood	70.6%	16.9%	10.5%	1.7%	0.4%
90713 - Lakewood	75.3%	14.9%	6.6%	2.6%	0.5%
90740 - Seal Beach	84.8%	6.1%	5.3%	3.4%	0.5%
90755 - Signal Hill	54.7%	28.9%	14.4%	0.9%	1.1%
90802 - Long Beach	59.1%	30.5%	4.3%	4.7%	1.4%
90803 - Long Beach	86.2%	7.0%	2.4%	3.8%	0.6%
90804 - Long Beach	51.0%	35.4%	10.6%	2.6%	0.5%
90805 - Long Beach	42.6%	46.5%	10.2%	0.6%	0.2%
90806 - Long Beach	39.6%	42.8%	15.8%	1.3%	0.4%
90807 - Long Beach	69.3%	15.1%	12.5%	2.1%	1.0%
90808 - Long Beach	83.6%	10.0%	4.4%	1.7%	0.3%
90810 - Long Beach	35.4%	43.0%	21.0%	0.4%	0.1%
90813 - Long Beach	27.0%	58.3%	13.3%	1.0%	0.5%
90814 - Long Beach	76.9%	14.5%	2.6%	5.7%	0.2%
90815 - Long Beach	79.2%	10.4%	5.2%	4.1%	1.1%
Long Beach Memorial Medical Center Service Area	54.0%	35.2%	8.3%	1.8%	0.6%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP02. <http://factfinder.census.gov>

Limited English Speaking Household

A limited English speaking household is one in which no member, 14 years and older (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English. 8.7% of households in the service area are limited English speaking. This is lower than the County (14.4%) and State (9.9%) rates.

Limited English Household

	Long Beach Memorial Medical Center Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Limited English Household	21,833	8.7%	466,665	14.4%	1,238,608	9.9%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; B16002. <http://factfinder.census.gov>

When looking at the service area by zip code, the percentage of limited English households ranged from 1.1% in 90808 to 23.4% in 90813. There were six zip codes that had at least 10% of limited English households: 90706 (12%), 90221 (17.3%), 90805 (13.1%), 90806 (14.4%) and 90813 (23.4%).

Long Beach Memorial Medical Center Service Area: Limited English Household by Zip Code

	Number	Percent
90706 - Bellflower	2,828	12.0%

	Number	Percent
90220 - Compton	1163	9.0%
90221 - Compton	1,995	17.3%
90712 - Lakewood	322	3.0%
90713 - Lakewood	172	1.8%
90740 - Seal Beach	590	4.7%
90755 - Signal Hill	235	5.9%
90802 - Long Beach	1274	6.3%
90803 - Long Beach	231	1.4%
90804 - Long Beach	1,398	9.5%
90805 - Long Beach	3,439	13.1%
90806 - Long Beach	1747	14.4%
90807 - Long Beach	602	4.8%
90808 - Long Beach	153	1.1%
90810 - Long Beach	1188	12.6%
90813 - Long Beach	3866	23.4%
90814 - Long Beach	240	2.6%
90815 - Long Beach	390	2.6%
Long Beach Memorial Medical Center Service Area	21,833	8.7%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; B16002. <http://factfinder.census.gov>

Citizenship

In the service area, 14.4% of the population is not a U.S. citizen. This is a slightly higher percentage than the State (14.3%) but lower than the County (18.6%).

Not a U.S. Citizen

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
Not a Citizen	14.4%	18.6%	14.3%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; B05001. <http://factfinder.census.gov>

Social Determinants of Health

Education

Of the service area population age 25 and over, 21.7% have less than a high school diploma; this is lower than the Los Angeles County high school incompleteness rate (23.4%) but higher than the California high school incompleteness rate (18.7%). 25.3% of area residents hold at least a bachelor's degree; this is lower compared to the County (29.6%) and State (30.6%) rates.

Educational Attainment

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
Population age 25 and over	472,704	6,456,772	24,455,010
Less than 9 th grade	11.8%	13.7%	10.2%
9 th to 12 th grade, no diploma	9.9%	9.7%	8.5%
High school graduate	21.0%	20.5%	20.7%
Some college, no degree	23.9%	19.6%	22.1%
Associate degree	8.1%	6.9%	7.8%
Bachelor's degree	16.6%	19.4%	19.4%
Graduate or professional degree	8.7%	10.2%	11.2%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey 5-Year Estimates; DP02. <http://factfinder.census.gov>.

The majority of the service area is a part of the Long Beach Unified School District which has a graduation rate of 81% which is the same as the State rate but higher than the County rate of 77.9%.

High School Graduation Rates, 2013 - 2014 School Year

	High School Graduation Rate*
Bellflower Unified School District	88.4%
Compton Unified School District	60.2%
Long Beach Unified School District	81.0%
Los Angeles County	77.9%
California	81.0%

Source: California Department of Education, 2015. <http://dq.cde.ca.gov/dataquest/>.

*High School graduation rate determined by taking the number of graduates for the school year divided by the number of freshman enrolled four years earlier.

Note: Paramount and Los Alamitos Unified School Districts were not included in this table because they only serve a very small portion of the service area.

Primary Data Snapshot: Education

What does this health need look like in Long Beach?

- Non-English speakers and young adults from low-income, African American, Latino, and Cambodian populations were identified as suffering most from the lack of formal higher education.
- There is a strong desire among families for their children to graduate and go on to higher education; however, many immigrant and minority parents do not have the resources needed to support their children's success.

What will it take to move the needle on education?

- Pipeline programs and skilled trade programs are one way for racial and ethnic minorities to pursue majors that lead to meaningful employment.
- Focus on the quality of education and develop strategies to more accurately measure student retention and understanding.
 - This includes creating equal access to quality education for all youth, for example by developing a voucher system so that education quality is not so variable by zip code.
- Integrate parents into education planning for their children and assist them in supporting their children's success.
- Implement restorative justice measures in the Long Beach Unified School District and provide resources to kids falling through the cracks early on.

Unemployment

Across all geographies the unemployment rates steadily decreased from 2010 to 2014. The majority of the service area residents reside in Long Beach. In 2014 the Long Beach unemployment rate was 9% which is higher than the County (8.3%) and State (7.5%).

Unemployment Rates, Annual Average, 2010-2014

	2010	2011	2012	2013	2014
Compton	21.1%	20.6%	18.6%	14.9%	12.7%
Lakewood	9.8%	9.6%	8.5%	7.6%	6.4%
Long Beach	13.6%	13.3%	11.9%	10.7%	9.0%
Seal Beach	8.6%	8.0%	6.9%	5.7%	4.8%
Signal Hill	13.6%	13.3%	11.9%	10.6%	9.0%
Los Angeles County	12.6%	12.3%	10.9%	9.8%	8.3%
California	12.4%	11.7%	10.5%	8.9%	7.5%

Source: California Employment Development Department, Labor Market Information Division, April 2015.
www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/AreaSelection.asp?tableName=labforce

Poverty

Poverty thresholds are used for calculating poverty population statistics; they are updated each year by the Census Bureau. For 2013, the Federal Poverty Level (FPL) for one person was \$11,490 and for a family of four \$23,550. In the service area, 23.9% of the population is below poverty level. This poverty rate is higher than the County (17.8%) and State (15.9%) rates. There is a similar trend for those who live at or below 200% of the FPL.

Poverty

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
Below 100% Poverty	23.9%	17.8%	15.9%
Below 200% Poverty	41.9%	40.3%	35.9%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average, S1701. <http://factfinder.census.gov>

When looking at the service area by zip codes, the percentage of residents that live below the FPL ranged from 4% to 35.9%. Those areas that had larger percentages of their residents living below the FPL also had larger

percentages of residents living below 200% of the FPL. The zip codes where 50% or more of residents are living below 200% of the FPL included: 90813 (70%), 90220 (62%), 90806 (54.6%), 90706 (53.5%), 90804 (52%) and 90805 (50.5%).

Long Beach Memorial Medical Center Service Area: Poverty

	Below 100% Poverty	Below 200% Poverty
90706 - Bellflower	23.5%	53.5%
90220 - Compton	26.8%	62.0%
90221 - Compton	17.1%	43.6%
90712 - Lakewood	6.0%	18.0%
90713 - Lakewood	4.9%	14.2%
90740 - Seal Beach	9.5%	23.0%
90755 - Signal Hill	13.9%	34.9%
90802 - Long Beach	25.9%	46.2%
90803 - Long Beach	8.2%	19.5%
90804 - Long Beach	26.3%	52.0%
90805 - Long Beach	22.8%	50.5%
90806 - Long Beach	27.2%	54.6%
90807 - Long Beach	7.6%	21.3%
90808 - Long Beach	4.0%	12.9%
90810 - Long Beach	18.5%	49.0%
90813 - Long Beach	35.9%	70.0%
90814 - Long Beach	13.3%	31.2%
90815 - Long Beach	9.4%	20.0%
Long Beach Memorial Medical Center Service Area	23.9%	41.9%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; S1701. <http://factfinder.census.gov>

Primary Data Snapshot: Economic Security

What does this health need look like in Long Beach?

- Economic security closely linked to many health needs identified in this CHNA, as engaging in healthy behaviors is more difficult when simply meeting one’s basic needs is an everyday struggle. The communities most affected by a lack of economic security in the greater Long Beach area included:
 - Low-income families with young children face significant stressors that affect both the mental and physical health of each individual family member. Speaking about this, one participant said, “I would say that poverty is one of the biggest health issues that faces our families. With that poverty comes a lack of access to healthy foods, more stress and trauma in their lives, and more poor environments, which can exacerbate or lead to asthma, obesity, heart disease, diabetes, hypertension, and mental health issues.”
 - Individuals with criminal records or who are reentering the community after completing their sentence face significant barriers in regards to employment and income stability.
 - Many immigrants from Southeast Asia are refugees that do not speak English proficiently. This coupled with the mental and physical health needs already experienced by this population affect employment opportunities and income stability.
 - Individuals with HIV/AIDs often live below the federal poverty level, face social stigmatization by their peers resulting in depression and increased health risks.
- Specific zip codes that were identified include 90813 and 90806.

Factors that contribute to issues of economic security

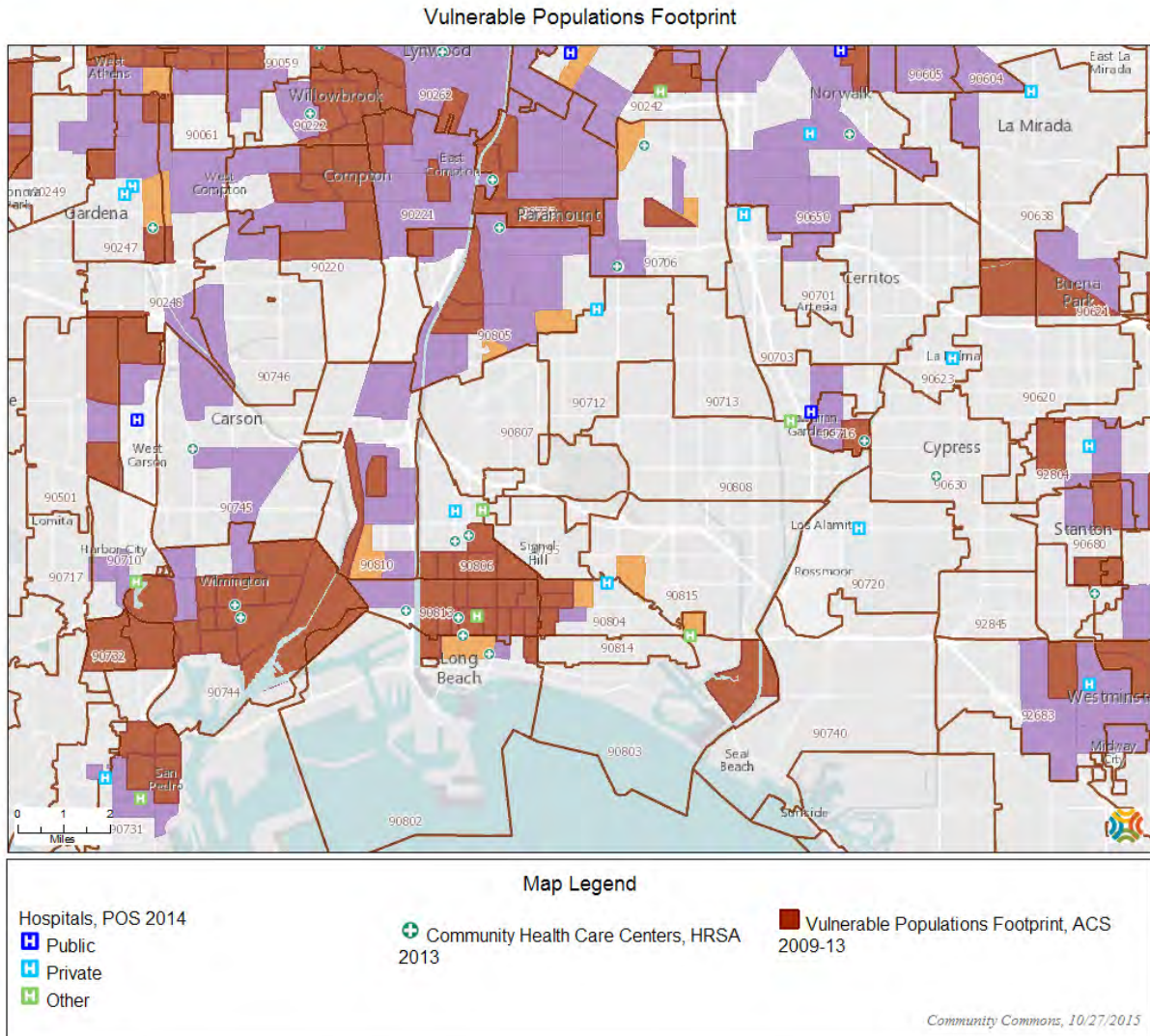
- Key problems that impact economic security in the greater Long Beach area include low wages and wage theft. In describing those who experience wage theft, one participant said, “There’s a lot of[...] wage theft. [Employees are] abused in that sense. I’ve heard of restaurant owners who hire them and make them come in and they only pay them for the hours where it’s rushed. They take away their tips and things like that.”
- There are also high rates of unemployment and underemployment.
- Low high school and college graduation rates were cited as a key factor in poverty in the Long Beach community.
- Individuals with limited English proficiency struggle to find higher paying jobs, and English language classes and related supports were said to be limited in the area.

What will it take to move the needle on economic security?

- Many participants focused on ensuring that critical resources such as food banks, diaper banks and public benefits are available for individuals. Linking Medi-Cal and food stamp enrollment was one suggestion for streamlining how individuals access resources.
- Workforce development strategies are crucial, including:
 - Partnering with the workforce development arm of the city of Long Beach and community action partnerships to promote jobs and improve workforce programs.
 - Providing career readiness and vocational training programs for youth and adults to gain workforce skills.
 - Developing local hire programs that target high unemployment areas and populations and facilitate job creation where people live.
 - Creating programs for subsidized job skills acquisition assistance.
- Increase school readiness, which can lead to better success in school, higher educational attainment and better economic security.
- Institute a living wage policy that takes into consideration factors such as purchasing power, inflation and rent control issues.
- Include remedies for those coming out of the criminal justice system.

Vulnerable Populations

Poverty and education attainment are two indicators that are predictive of at-risk or vulnerable populations. Visualization of vulnerable populations is provided in the following map. Communities where 25% or more of the residents are in poverty are shown as orange on the map. Communities where 25% or more of the residents do not have a high school education are shown as purple on the map. The overlap of high poverty and low education attainment is depicted as brown on the map. The brown areas indicate communities with vulnerable populations.³



Source: Vulnerable Populations Footprint; <http://assessment.communitycommons.org/footprint/>

³ Community Commons. <http://assessment.communitycommons.org/Footprint/>.

Public Program Participation

In Service Planning Area 6 (SPA 6) and SPA 7, over 26% of residents are currently receiving food stamps. These rates are higher than the County (18.7%) or State (18.1%) rate. There was a similar trend for TANF or CalWORKS with 16% of SPA 6 residents and 23.6% of SPA 7 residents reporting being a recipient; higher than County (10.6%) or State (8.4%) rates. However the rates for SPA 8 (6.8% currently receiving food stamps and 4.7% currently receiving TANF or CalWORKS) are lower compared to County and State rates. The percentage of women participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in SPA 7 (54.5%) and SPA 8 (46.1%) were lower than the County rate (60.7%), while SPA 6 (64.6%) was higher.

Public Program Participation

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Currently Receiving Foods Stamps	26.6%	26.3%	6.8%	18.7%	18.1%
Currently Receiving TANF or CalWORKS	16.0%	23.6%	4.7%	10.6%	8.4%
Currently Receiving WIC	64.6%	54.5%	46.1%	60.7%	52.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Free or Reduced Price Meals

Among the area school districts, at least two-thirds of their enrolled students are eligible for the free or reduced price meal program. The percentage of students in Long Beach Unified School District who are eligible for the program is the same as the County (67.9%) which is higher than the State (59.4%). The rates for Bellflower Unified School District (73.1%) and Compton Unified School District (93.6%) are higher than the County (67.9%) and State (59.4%). This indicates that a large percentage of youth in the service area live in low-income homes which may make them vulnerable for additional risks.

Free or Reduced Price Meals Eligibility

School District	Number	Percent
Bellflower Unified School District	9,612	73.1%
Compton Unified School District	21,004	93.6%
Long Beach Unified School District	55,064	67.9%
Los Angeles County	1,054,345	67.9%
California	3,707,508	59.4%

Source: California Department of Education, 2013-2014 School Year. <http://dq.cde.ca.gov/dataquest/>.

Note: Paramount and Los Alamitos Unified School Districts were not included in this table because they only serve a very small portion of the service area.

Housing

Cost burdened households are the percentage of the households (renters and owners) where housing costs exceed 30% of total household income. In the service area, 48.4% of households were cost burdened which is higher than the State (45.9%) but lower than the County (50.3%).

Substandard housing includes the percentage of owner- and renter-occupied housing units that have at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities,

3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. The service area rate of 52.1% is higher than the State (48.4%) but lower than the County (54.4%).

Housing

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
Cost Burdened Households	48.4%	50.3%	45.9%
Substandard Housing	52.1%	54.4%	48.4%

Source: US Census Bureau, American Community Survey. 2009-13.

Primary Data Snapshot: Access to Housing

What does this health need look like in Long Beach?

- Individuals with mental and physical health needs, veterans, LGBTQ populations, people with disabilities, and families are populations of high priority.
- Affordable housing is hard to find and is often located in neighborhoods with high crime rates and pollution.
- Housing conditions (mold and pests, overcrowding, etc.) affect the physical and mental health of residents.

Factors that contribute to housing access

- Homelessness was cited as a factor of and a contributor toward most of the other health needs mentioned.

What will it take to move the needle on housing access?

- The City of Long Beach needs to work on building more affordable housing. There are a lot of senior, disabled and low-income families that cannot afford housing and there are long wait lists for a Section 8 Housing Voucher.
- Increase funding for and the development of affordable housing units, including a housing trust fund. Converting existing space, such as old hotels or warehouses to housing, and increasing the quality of existing housing stock are potential solutions.
- Build community capacity to advocate for affordable housing and tenant rights.
- Implement stronger rent control policies so that rents are at fair market value.
- Strengthen protections for renters, including increasing the number of housing inspectors and protecting tenants from potential retaliation, ensuring access to legal assistance and advocacy for tenants, and increasing code enforcement activities.

Homelessness

Every two years the Long Beach Department of Health and Human Services and Los Angeles Homeless Services Authority (LAHSA) conduct a count of the number of homeless people on a given day.

Between 2011 and 2015, the number of homeless who were identified in Long Beach decreased from 3,164 to 2,345, a 25.9% decrease. On the other hand, the number of homeless that were identified in Los Angeles

County (does not include Glendale, Pasadena and Long Beach) increased from 34,901 to 41,174 during this same time period, an increase of 18%.

During the 2015 count in Long Beach, the unsheltered homeless made up almost two-thirds of those counted (64.5%); those in transitional housing accounted for 17.7%; and those in emergency shelters accounted for 16.7%.

Homelessness in Long Beach by Sheltered and Unsheltered

	2011		2013		2015	
	Number	Percent	Number	Percent	Number	Percent
Unsheltered	2,203	69.6%	1,879	66.0%	1,513	64.5%
Sheltered - Emergency Shelter	379	12.0%	389	13.7%	391	16.7%
Sheltered – Transitional Housing	561	17.7%	555	19.5%	416	17.7%
Sheltered – Safe Haven	21	0.7%	24	0.8%	25	1.1%
Total	3,164	100.0%	2,847	100.0%	2,345	100.0%

Source: City of Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count; http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/

Homelessness in Los Angeles Continuum of Care* by Sheltered and Unsheltered

	2011		2013		2015	
	Number	Percent	Number	Percent	Number	Percent
Unsheltered	17,740	50.8%	22,590	63.6%	28,948	70.3%
Sheltered	17,161	49.2%	12,934	36.4%	12,226	29.7%
Total	34,901	100.0%	35,524	100.0%	41,174	100.0%

* Glendale, Pasadena and Long Beach conduct their own count, and share their results with LAHSA. The Los Angeles Continuum of Care count covers Los Angeles County with the exception of Glendale, Pasadena and Long Beach.

Source: Los Angeles Homeless Services Authority (LAHSA). http://www.lahsa.org/homelesscount_results

The majority of the homeless in Long Beach and Los Angeles County are adults. In 2015, 75.4% of the homeless in Long Beach and 78.2% in Los Angeles County were between the ages of 25 to 61. Children (under the age of 18) made up 10.9% in Long Beach and 5.2% in Los Angeles County. Seniors over the age of 62 accounted for 8.1% in Long Beach and 8.7% in Los Angeles County.

Homelessness in Long Beach by Age

	2011		2013		2015	
	Number	Percent	Number	Percent	Number	Percent
Under 18	371	11.7%	334	11.7%	255	10.9%
18 to 24	154	4.9%	138	4.8%	134	5.7%
25 to 61	2,395	75.7%	2,126	74.7%	1,767	75.4%
62 and Older	244	7.7%	249	8.7%	189	8.1%
Total	3,164	100.0%	2,847	100.0%	2,345	100.0%

Source: City of Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count; http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/

Homelessness in Los Angeles Continuum of Care* by Age

	2015	
	Number	Percent
Under 18	2,013	5.2%
18 to 24	3,089	7.9%
25 to 61	30,493	78.2%
62 and Older	3,387	8.7%
Total	38,982	100.0%

* Glendale, Pasadena and Long Beach conduct their own count, and share their results with LAHSA. The Los Angeles Continuum of Care count covers Los Angeles County with the exception of Glendale, Pasadena and Long Beach.

Source: Los Angeles Homeless Services Authority (LAHSA). http://www.lahsa.org/homelesscount_results

In Long Beach, 36.5% of the homeless were White, 33.4% Black or African-American and 22.5% Hispanic or Latino. Asian or Native American or Other Pacific Islander, American Indian or Alaska Native, and those who identified as multiple races or other made up a smaller percentage of the homeless population (4%, 1.6%, and 2% respectively). In Los Angeles, the 2015 homeless count revealed that the majority of homeless were Black or African-American (38.6%), Hispanic or Latino (26.9%) and White (25%).

Homelessness in Long Beach and Los Angeles Continuum of Care* by Ethnicity, 2015

	Long Beach		Los Angeles Continuum of Care	
	Number	Percent	Number	Percent
American Indian or Alaska Native	34	1.60%	1,163	2.8%
Asian or Other Pacific Islander	83	4.00%	723	1.8%
Black or African-American	698	33.40%	15,887	38.6%
Hispanic or Latino	470	22.50%	11,082	26.9%
White	763	36.50%	10,306	25.0%
Multiple Races or Other	42	2.00%	2,013	4.9%
Total	2,090	100.00%	41,174	100.0%

Sources: City of Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count; http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/

Los Angeles Homeless Services Authority (LAHSA). http://www.lahsa.org/homelesscount_results

* Glendale, Pasadena and Long Beach conduct their own count, and share their results with LAHSA. The Los Angeles Continuum of Care count covers Los Angeles County with the exception of Glendale, Pasadena and Long Beach.

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless individual as an unaccompanied homeless individual with a disabling condition who has either been: (1) continuously homeless for a year or more or (2) had at least four episodes of homelessness in the past three years. Between 2011 and 2015 the number of chronically homeless decreased from 1,127 to 927 or 17.7%. During this time period, the percentage of chronically homeless individuals who are sheltered has steadily increased from 12.7% to 21.1%.

Chronically Homeless in Long Beach

	2011		2013		2015	
	N	%	N	%	N	%
Unsheltered	984	87.3%	910	32.0%	731	78.9%
Sheltered	143	12.7%	151	14.2%	196	21.1%
Total	1,127	100.0%	1,061	46.2%	927	100.0%

Source: City of Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count; http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/

Between 2011 and 2015 the number of veterans in Long Beach has increased from 883 to 1,097, an increase of 24.2%. While the number of veterans has increased during this period, the number of veterans in permanent housing has also increased from 225 in 2011 to 789 in 2015 which represents over a 300% growth. In 2015, 71.9% of veterans were in permanent housing.

Veterans in Long Beach

	2011		2013		2015	
	N	%	N	%	N	%
Unsheltered	309	35.0%	164	14.8%	94	8.6%
Sheltered	349	39.5%	363	32.7%	214	19.5%
Permanent Housing	225	25.5%	583	52.5%	789	71.9%
Total	883	100.0%	1,110	100.0%	1,097	100.0%

Source: City of Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count; http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/

Crime and Violence

Property crimes include burglary, larceny-theft and motor vehicle theft. Violent crimes include homicide, rape, robbery (of an individual or individuals, not a home or business) and aggravated assault. The rates for property crime (3,007.3) and violent crime (575.7) in Long Beach are higher than the State (property crime 2,758.7, violent crime 423.1).

Violent Crime Rates and Property Crime Rates per 100,000 Persons, 2012

Geographic Area*	Property Crime Rates	Violent Crime Rates
Bellflower	2,313.6	390.3
Compton	2,446.5	1,242.1
Long Beach	3,007.3	575.7
California	2,758.7	423.1

*Data for the communities of Lakewood, Seal Beach and Seal Beach could not be located.

Source: U.S Department of Justice, FBI, Uniform Crime Reporting Statistics, 2012; www.bjs.gov/ucrdata/index.cfm

Primary Data Snapshot: Crime and Violence

What does this health need look like in Long Beach?

- Violence is present in the neighborhood as well as in the home and impacts residents' use of outdoor spaces such as parks or recreational spaces as well as the development of mental health issues related to trauma (see Primary Data Snapshot: Mental Health).
- There is also a lack of connection to resources for victims. For example emergency rooms do not connect victims of violence to community resources.
- Particular geographic areas, such as North Long Beach and certain zip codes, were identified as disproportionately affected by violence, crime and gang activity. For example one CHNA participant said, "Geographically, two areas... [90805 and 90813] have the highest calls for service, the highest for child abuse and neglect, domestic violence, highest violent crime and lowest levels of education, highest levels of poverty."

What will it take to move the needle on crime and violence?

- Strengthen community-police relations and community policing in order to increase perceptions of safety and reduce violence associated with police brutality.
- Increase collaboration between providers to address trauma, education, resources, victim funds and family counseling. Screening for violence and trauma more intentionally and linking victims directly to supportive services are also necessary.
- Continue building on existing efforts, such as making Long Beach a trauma informed city since a task force is already in place, as well as implementing the Safe Lon Beach Violence Prevention Plan.
- Develop programs to improve safety, such as programs that protect seniors in and outside of the home and surveillance programs to improve residents' use of public spaces like parks.

General Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care including primary care, specialty care, and other health services that contributes to one's health status. The Healthy People 2020 Objective is for 100% of the population to have health insurance. The percentage of the population that is insured in the service area (80.3%) is higher than the County rate (77.8%) but lower than the State's rate (82.2%) but does not meet the Healthy People 2020 Objective. The same trends were observed when examining the rates of those with health insurance among adults. However, the percentage of children under 18 who are insured in the service area (89.8%) is slightly lower compared to the County (90.4%) and the State (91.7%).

Health Insurance Coverage

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California	Healthy People 2020 Objective
Total Population	80.3%	77.8%	82.2%	100.0%
Children Under 18	89.8%	90.4%	91.7%	
Adults Ages 18-64	66.2%	69.8%	75.5%	

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; S2701. <http://factfinder.census.gov>

Within the service area, there are several zip codes with less than 75% of the population having health insurance: 90221 (68.4%), 90813 (68.9%) and 90804 (74.3%). Zip codes in which a smaller percentage of children have health insurance included: 90755 (86.3%), 90804 (88.5%), 90802 (89%) and 90706 (89.7%).

Long Beach Memorial Medical Center Service Area: Health Insurance Coverage

Geographic Area	Total Population	Children Under 18	Adults Ages 18-64
90220 - Compton	76.5%	93.0%	64.6%
90221 - Compton	68.4%	87.7%	54.9%
90706 - Bellflower	78.5%	89.7%	70.7%
90712 - Lakewood	89.4%	95.1%	85.8%
90713 - Lakewood	91.3%	95.1%	88.6%
90740 - Seal Beach	93.4%	92.3%	88.6%
90755 - Signal Hill	77.7%	86.3%	72.8%
90802 - Long Beach	76.7%	89.0%	71.9%
90803 - Long Beach	91.7%	96.1%	89.1%
90804 - Long Beach	74.3%	88.5%	67.8%
90805 - Long Beach	76.6%	90.9%	67.5%
90806 - Long Beach	77.4%	92.0%	67.7%
90807 - Long Beach	88.7%	96.5%	84.2%
90808 - Long Beach	92.3%	97.6%	88.9%
90810 - Long Beach	79.2%	95.9%	68.1%
90813 - Long Beach	68.9%	90.2%	54.7%
90814 - Long Beach	86.2%	95.5%	82.7%
90815 - Long Beach	91.0%	96.6%	87.8%
Long Beach Memorial Medical Center Service Area	80.3%	89.8%	66.2%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; S2701. <http://factfinder.census.gov>

Insurance coverage by SPA showed that the highest percentage of residents in SPA 6 (48.5%) is covered through Medi-Cal, while the highest percentage of residents in SPA 7 (40.5%) and SPA 8 (50.8%) are covered through their place of employment. In SPA 6, the percentage of residents who have employment-based insurance (19%) is lower compared to SPA 7 and SPA 8, the County (41.5%), and the State (44.8%). The percentage of residents in SPA 6 and in SPA 7 who are covered through Medi-Cal (48.5% and 30.7% respectively) is higher compared the County (24.4%) and State (22.5%).

Insurance Coverage

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Medi-Cal	48.5%	30.7%	14.4%	24.4%	22.5%
Medicare Only	0.4%	0.4%	2.3%	1.4%	1.4%
Medicare/Medi-Cal	5.9%	1.2%	4.5%	3.7%	3.0%
Medicare & Others	4.2%	6.3%	7.8%	7.4%	9.0%
Other Public	0.2%	1.9%	1.4%	0.8%	1.0%
Employment-Based	19.0%	40.5%	50.8%	41.5%	44.8%
Private Purchase	5.9%	4.3%	8.6%	7.4%	6.4%
No Insurance	16.0%	14.6%	10.3%	13.3%	11.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Access to Primary Care reports the rate of primary care physicians (General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs) per 100,000 people. This measure is important because a shortage of health professionals contributes to access issues. The rate in Los Angeles County (72.8) is lower than the State (78.5).

Access to Primary Care

	Los Angeles County	California
Primary Care Physicians, Rate per 100,000 Pop	72.8	78.5

Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. <http://ahrf.hrsa.gov/afdashboard/HRCTstate.aspx>.

Primary Data Snapshot: Access to Care

What does this health need look like in Long Beach?

- Undocumented and low-income, minority individuals typically have the hardest time accessing quality health care because they are not covered by the Affordable Care Act. For example, one participant described the concern stating that, “I know with Obamacare, more people are accessing health care, but I think that still might be an issue within the community.[...] I would say, probably, lower income folks are still most affected, as well as ethnic minority groups, that would include African Americans, Latinos, some Asian and Pacific Islanders.”
- Many of the lower income and minority populations in the area do not receive quality health care options from their workplace.
- Individuals that do not qualify for Medi-Cal need access to care. One participant described the service gap saying, “If a person makes too much to qualify for Medi-Cal, they often must pay an amount for care that is unrealistic for their income. They make too much and end up with no care at all. They slip through the cracks.”
- Older adults were also highlighted as a group especially in need of supports in this area.
- There are also still certain high need areas within the region that need additional enrollment and

outreach.

Factors that contribute to housing access

- Language proficiency remains a significant barrier to accessing health care services.

What will it take to move the needle on access to care?

- There are many entities and health coverage enrollers, but a need exists to increase collaboration and active referrals for hard to reach populations.
- Increase health care enrollment efforts, in terms of mapping current enrollers with partners such as Innovation Long Beach, as well as providing enrollment events in certain locations, such as LBUSD.
- Promote collaboration between schools and providers for more school-based services.
- Increase awareness and access to services through campaigns to increase knowledge of health programs in communities and transportation to get people to services.
- Create resources for individuals without health insurance, including reinstating free clinics and implementing universal health and dental coverage for adults.

Sources of Care

Having a medical home and a usual source of care, a place where a person usually goes if sick or in need of health advice, is an important facet of health and well-being since these can improve continuity of care and access to earlier care. The percentage of people who reported access to a usual source of care in SPAs 6, 7 and 8 did not meet the Healthy People 2020 Objectives for children, adults and seniors. The rates in SPA 6 and SPA 8 for children (85.6% and 87.8% respectively) were lower than the County (90.3%). The rate in SPA 8 for seniors (92.0%) was also lower than the County (92.3%) and State (94.9%).

Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
Service Planning Area 6	85.6%	86.0%	93.4%
Service Planning Area 7	96.7%	80.9%	95.6%
Service Planning Area 8	87.8%	88.1%	92.0%
Los Angeles County	90.3%	79.9%	92.3%
California	91.5%	81.7%	94.9%
Healthy People 2020 Objective	100%	89.4%	100%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In SPA 6, community or government clinics or hospitals were the most frequently identified source of care (41.5%), while physicians' offices, HMO or Kaiser were the most frequently identified source of care for SPA 7 residents (59.2%) and SPA 8 (66%). There is a sizeable portion of residents who don't have a usual source of care in SPA 6 (13.5%), SPA 7 (13.7%) and SPA 8 (11.5%); however, these rates are smaller compared to the County (16.2%) and State (14.2%).

Sources of Care

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Physician Office/HMO/Kaiser	38.9%	59.2%	66.0%	57.6%	60.7%
Community Or Government Clinic/Community Hospital	41.5%	25.5%	21.1%	23.6%	23.0%
Emergency Room/Urgent Care	6.2%	N/A	1.0%	1.7%	1.4%
Some Other Place / No One Place	N/A	1.6%	0.4%	0.9%	0.7%
No Usual Source Of Care	13.5%	13.7%	11.5%	16.2%	14.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In SPA 6 (24.3%) and SPA 8(20.6%), the percentage of residents who visited the emergency room over the course of a year was higher than the percentage in the County (16.6%) and the State (17.4%), whereas SPA 7 (15.4%) has a smaller percentage. For SPA 7 and SPA 8, a greater percentage of children and youth reported use of the ER compared to adults and seniors; however this is opposite the trend in SPA 6, where children and youth have a lower percentage of reported ER visits in the last 12 months compared to adults and seniors.

Use of Emergency Room

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Visited ER in last 12 months	24.3%	15.4%	20.6%	16.6%	17.4%
0-17 years old	16.8%	27.6%	29.6%	19.7%	19.3%
18-64 years old	28.5%	11.3%	19.0%	15.7%	16.5%
65 and older	20.5%	9.1%	12.5%	15.5%	18.4%
<100% of poverty level	20.5%	31.4%	16.4%	17.6%	20.6%
<200% of poverty level	22.0%	21.3%	18.2%	16.7%	19.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Access to Community Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community per 100,000 people. FQHCs are community assets that provide health care to vulnerable populations and are a more cost effective way of providing health care services compared to emergency room visits. The rate for the service area (1.2) is lower than the County (1.4) and the State (2.0) rate.

Federally Qualified Health Centers

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
Federally Qualified Health Centers, Rate per 100,000 Population	1.2	1.4	2.0

Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. June 2014.

Barriers to Care

Compared to the County, a greater percentage of adults in SPA 6 and SPA 7 reported barriers in accessing dental care (35% and 33.9% respectively), medical care (18.7% and 17.8% respectively) and mental health care (6.8% and 8.1% respectively) due to cost. In addition 44.6% of SPA 6 residents reported obtaining medical care when needed is somewhat or very difficult. The rates for SPA 6 and SPA 7 are higher than the County rates, whereas the rates for SPA 8 are lower than the County.

Barriers to Accessing Health Care

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
Adults Unable to Obtain Dental Care in the Past Year Because They Could Not Afford It	35.0%	33.9%	27.4%	30.3%
Adults Unable to See a Doctor for a Health Problem When Needed in the Past Year Because They Could Not Afford It	18.7%	17.8%	14.0%	16.0%
Adults Unable to Receive Mental Health Care or Counseling in the Past Year Because They Could Not Afford It	6.8%	8.1%	4.2%	6.1%
Adults Who Reported They Did Not Get Prescription Medication When Needed in the Past Year Because They Could Not Afford It	18.8%	15.3%	15.1%	15.4%
Adults Who Reported Obtaining Medical Care When Needed is Somewhat or Very Difficult	44.6%	34.6%	28.5%	31.7%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.
www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

In SPA 6 and SPA 7, the percentage of residents who had difficulty finding primary care (3.9% and 3.5% respectively) was smaller compared to the County (4.7%) and the State (4.6%). The percentage of residents in SPA 7 who reported difficulty accessing specialty care (20.3%) is much greater than the County (11.1%) and State (10.8%).

Difficulty Finding Primary Care and Specialty Care, Adults

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Difficulty finding primary care	3.9%	3.5%	4.0%	4.7%	4.6%
Difficulty finding specialty care	3.2%	20.3%	9.7%	11.1%	10.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Delayed Care

Over one-third of respondents in SPA 7 (35.6%) and SPA 8 (37.5%) reported delaying care due to cost or lack of insurance, and over half of respondents in SPA 6 (55.5%) did so. However, the rates for SPA 7 and SPA 8 are lower than the County (44.8%) and State (51.3%). 13.7% of SPA 8 respondents said that they delayed or didn't get medical care in the past 12 months which is larger than County (11.7%) or State (11.3%) rates. The rates in SPAs 6, 7 and 8 do not meet the Healthy People 2020 Objectives of reducing the proportion of people

who were unable to obtain or delayed medical care to 4.2% and those who were unable to obtain or delayed obtaining necessary prescription medicines to 2.8%.

Delayed Care

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Delayed care due to cost or lack of insurance	55.5%	35.6%	37.5%	44.8%	51.3%
Delayed or didn't get other medical care in past 12 months	10.7%	11.4%	13.7%	11.7%	11.3%
Delayed or didn't get prescription medicine in past 12 months	8.8%	8.8%	7.7%	7.9%	8.7%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Health Status

Research has demonstrated that self-reported health measures are a good predictor of mortality and functional ability. The percentage of residents who identified their health as poor in SPA 6 (5.2%) and SPA 8 (4.8%) were greater than County (4.1%) and State (3.5%) rates, while SPA 7 (3.9%) was greater than the State rate.

Poor General Health

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Poor General Health	5.2%	3.9%	4.8%	4.1%	3.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Dental Care

Engaging in preventive behaviors, such as having regular dental exams, can decrease the likelihood of developing future health problems. 41.6% of adults in SPA 6, 39.4% in SPA 7 and 30.3% in SPA 8 had not had a dental exam within the last year. The SPA 6 and SPA 7 rate was higher than the County (31.1%) and State (28.3%) rates.

Dental Care

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Time since last dental exam, 1 year or longer - Adult	41.6%	39.4%	30.3%	31.1%	28.3%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Poor oral health can be a result of certain health conditions and a cause of poor health. The percentage of children who have never been to a dentist in SPA 7 (18.5%) and SPA 8 (20.7%) is higher than County (16.0%) and State (15.3%) rates, whereas SPA 6 is lower (12.7%). A small percentage of teens in SPA 7 (11%) have never been to the dentist.

Time since Last Dental Visit Children and Teens

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Children Been to Dentist Less Than 6 Months to 2 Years	86.9%	81.3%	79.3%	83.9%	83.8%
Children Been to Dentist More Than 2 Years to More Than 5 Years	0.4%	None	None	0.1%	0.9%
Children Never Been to Dentist	12.7%	18.5%	20.7%	16.0%	15.3%
Teens Been to Dentist Less Than 6 Months to 2 Years	98.4%	86.0%	100%	96.0%	94.7%
Teens Been to Dentist More Than 2 Years to More Than 5 Years	1.6%	3.0%	None	1.9%	3.5%
Teens Never Been to the Dentist	None	11.0%	None	2.1%	1.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This is important because of studies that have linked oral health with general health and well-being. The percentage of adults with poor dental health in Los Angeles County (11.6%) is similar to the State rate (11.3%).

Poor Dental Health

	Los Angeles County	California
Percentage of Adults with Poor Dental Health	11.6%	11.3%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-2010.

SPA 6 and SPA 7 have lower percentages of adults who have dental insurance compared to the County (48.2%), whereas SPA 8 has a higher percentage (50.7%). SPA 6 (35%) and SPA 7 (33.9%) also have higher percentages of adults who were unable to obtain dental care because they cannot afford it compared to the County (30.3%).

Adult Dental Care

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Adults Who Have Dental Insurance that Pays for Some or All of Their Routine Dental Care	37.1%	47.0%	50.7%	48.2%	47.0%
Adults Who Reported Their Last Visit to a Dentist Was Less Than 12 Months Ago	44.5%	48.9%	60.5%	55.8%	48.9%
Adults Unable to Obtain Dental Care Because They Could Not Afford It	35.0%	33.9%	27.4%	30.3%	33.9%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011. www.publichealth.lacounty.gov/ha/LACHSDATATopics2011.htm

Children have increased access to dental care when compared to adults; 75.8% of children in SPA 6, 79.2% of children in SPA 7 and 81.5% of children in SPA 8 have dental insurance. However, as with the trend observed among adults, a greater percentage of children in SPA 6 (14.9%) and SPA 7 (16.6%) are unable to obtain dental care due to cost compared to the County (12.6%).

Children Dental Care

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
Children Who Have Dental Insurance	75.8%	79.2%	81.5%	78.2%
Children Unable to Obtain Dental Care Because They Could Not Afford It	14.9%	16.6%	12.2%	12.6%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.

www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Maternal and Infant Health

Births

In 2012, there were 10,862 births in the service area. There has been a slight decrease in the number of births in the service area from 2010 to 2012.

Births by Year, 2010-2012

	2010	2011	2012
	11,082	10,847	10,862

Source: California Department of Public Health, 2010, 2011, 2012.
www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Prenatal Care

Engaging in early prenatal care is important because health risks to the mother and infant can be detected early. 81.2% of women in the service area obtained prenatal care during their first trimester of pregnancy. This rate is less than the State rate (83.8%) but higher than the Healthy People 2020 Objective of 77.9%.

Prenatal Care

	Long Beach Memorial Medical Center Service Area	California	Healthy People 2020 Objective
Prenatal care in the first trimester	81.2%	83.8%	77.9%

Source: California Department of Public Health, 2012. www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx
 ^Births in which the first month of prenatal care is unknown are not included in the tabulation.

Low Birth Weight

Low birth weight reports the percentage of total births that are under 2500g. This indicator is relevant because low birthweight infants are at high risk for health problems. The percent of low weight births in the service area is 7.5% which is higher than the State rate (6.7%). The service area meets the Healthy People 2020 Objective of 7.8%.

Low Birth Weight

	Long Beach Memorial Medical Center Service Area	California	Healthy People 2020 Objective
Low Birth Weight	7.5%	6.7%	7.8%

Source: California Department of Public Health, 2012. www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Teen Births

In 2012, teen births occurred at a rate of 85 per 1,000 births, or 8.5% of total births. This rate is higher than the State rate of 7.0%.

Births to Teenage Mothers (Under Age 20)

Geographic Area	Births to Teen Mothers	Rate per 1,000 Live Births	Percent of Teen Births
Long Beach Memorial Medical Center Service Area	923	85.0	8.5%
California	35,281	70.0	7.0%

Source: California Department of Public Health, 2012. www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Infant Mortality

Infant mortality in the service area was 4.0 deaths per 1,000 live births in 2012. The infant death rate in the State was higher, at 4.5 deaths per 1,000 live births. The area infant death rate is better than the Healthy People 2020 Objective of 6.0 infant deaths per 1,000 live births.

Infant Mortality Rate

	Infant Deaths	Live Births	Death Rate per 1,000 Live Births
Long Beach Memorial Medical Center Service Area	43	10,862	4.0
California	2,247	503,788	4.5
Healthy People 2020 Objective			6.0

Source: California Department of Public Health, 2012. www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx; www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Primary Data Snapshot: Pregnancy and Birth Outcomes

What will it take to move the needle on pregnancy and birth outcomes?

- Increase community support for breastfeeding moms to continue breastfeeding for as long as possible. This impacts childhood obesity and asthma and also increases bonding and attachment between mother and child.
- Breastfeeding can also have a protective effect on obesity and many stakeholders indicated that “increased community and employer supports for breastfeeding women” is needed.

Leading Causes of Death

Premature Death

In Los Angeles County, 43% of people in 2011 died prematurely (or before they reached age 75). In SPAs 7 and 8, coronary heart disease was the leading causes of premature death, while homicide was the leading cause of premature death in SPA 6.

Leading Cause of Premature Death, Service Planning Areas 7 & 8, 2011

SPA 6	SPA 7	SPA 8
1. Homicide	1. Coronary Heart Disease	1. Coronary Heart Disease
2. Coronary Heart Disease	2. Homicide	2. Homicide
3. Motor Vehicle Crash	3. Motor Vehicle Crash	3. Drug Overdose
4. Liver Disease	4. Liver Disease	4. Liver Disease
5. Stroke	5. Suicide	5. Lung Cancer

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2014.

<http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt11.pdf>

Years of Potential Life Lost (YPLL), rate per 100,000 population measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This can provide a unique and comprehensive look at the overall health status by examining premature deaths in a community. The service area rate (5423) is similar to the County (5463), and lower than the State (5594).

Years of Potential Life Lost

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
Years of Potential Life Lost, Rate per 100,000 Population	5423	5463	5594

Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2008-10.

Age-adjusted mortality rates eliminate the bias of age in the populations being compared. The age-adjusted mortality rates for the service area were higher than the County and State. It is important to be cautious when examining geographic areas with small populations since a small occurrence may result in a high rate.

Age Adjusted Mortality Rates per 100,000

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California	Healthy People 2020 Objective
Heart Disease	216.5	172.6	163.2	103.4
Cancer	171.4	153.0	157.1	161.4
Stroke	45.3	36.2	37.4	34.8
Homicide	8.0	6.0	5.2	5.5
Motor Vehicle Accident	6.0	5.4	5.2	12.4
Pedestrian Accident	2.3	2.3	2.0	1.4

Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.

In 2012, the majority of deaths were attributed to heart disease and malignant neoplasms (cancer), consistent with the age-adjusted mortality rate. The percent of deaths attributed to heart disease was slightly higher in the service area (29.3%), compared to the State (24.4%).

Causes of Death

	Long Beach Memorial Medical Center Service Area	California
Heart Disease	29.3%	24.4%
Malignant Neoplasms (Cancer)	22.7%	23.7%
Cerebrovascular Disease (Stroke)	5.9%	5.5%
Chronic Lower Respiratory Disease	5.0%	5.3%
Alzheimer's Disease	4.0%	4.8%
Unintentional Injuries (Accidents)	3.8%	4.4%
Diabetes Mellitus	3.2%	3.2%
Influenza and Pneumonia	2.9%	2.4%
Chronic Liver Disease and Cirrhosis	2.0%	1.9%
Essential Hypertension and Hypertensive Renal Disease	2.0%	1.9%
Intentional Self Harm (Suicide)	1.1%	1.6%
Nephritis, Nephritic Syndrome and Nephrosis	1.2%	1.1%
Other	17.1%	19.7%

Source: California Department of Public Health, 2012. <http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

Chronic Diseases

HIV/AIDS

Between 2011 and 2013, the rate of HIV diagnoses has decreased. In 2013, the rate of HIV is highest in SPA 6 (16 per 100,000 people), followed by SPA 8 (13 per 100,000 people) and SPA 7 (8 per 100,000 people).

HIV Diagnoses and Rates per 100,000 Population, 2011 – 2013

	2011		2012		2013	
	Number	Rate	Number	Rate	Number	Rate
Service Planning Area 6	268	27	223	22	159	16
Service Planning Area 7	173	13	154	12	104	8
Service Planning Area 8	300	20	324	21	205	13
Los Angeles County	1,930	19	1,911	19	1,268	13

Source: County of Los Angeles, Public Health, 2013 Annual HIV Surveillance Report.

<http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/2013AnnualSurveillanceReport.pdf>

The rate in of persons living with AIDS per 100,000 population in SPA 6 (285) and SPA 8 (324) is higher than the County rate (276). The rate in SPA 7 (143) is lower compared to the County rate.

Persons Living with AIDS and Rates per 100,000 Population, 2013

	Service Planning Area 6		Service Planning Area 7		Service Planning Area 8		Los Angeles County	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Persons Living with AIDS	2,904	285	1,860	143	4,698	324	27,314	276

Source: County of Los Angeles, Public Health, 2013 Annual HIV Surveillance Report.

<http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/2013AnnualSurveillanceReport.pdf>

Asthma

Asthma is a condition that when appropriately managed can prevent ER visits or hospitalizations. In SPA 6, 6.8% of the population has been diagnosed with asthma, with 8.1% in SPA 7 and 10.7% in SPA 8. 20.4% of those with asthma in SPA 7 have been to the ER in the past year due to their asthma. This is higher than County (4.7%) and State (9.6%) rates. A smaller percentage of SPA 7 residents with asthma report taking daily medication to control asthma (18.8%) compared to the County (41%) and State (44.2%) rates. Similarly, the percentage of SPA 6 residents taking daily medication to control asthma (39.8%) is also lower than the County and State rates.

Asthma

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Diagnosed with Asthma, Total Population	6.8%	8.1%	10.7%	11.4%	14.0%
ER Visit in Past Year Due to Asthma, Total Population	3.4%	20.4%	1.6%	4.7%	9.6%
Takes Daily Medication to Control Asthma, Total Population	39.8%	18.8%	56.8%	41.0%	44.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Cancer

Compared to the State, age-adjusted cancer incidences in Los Angeles County were lower for breast and lung and bronchus cancer and were higher for colon and rectum and cervical cancer.

Age-Adjusted Cancer Incidence, per 100,000 Persons

	Los Angeles County	California	Healthy People 2020 Objective
Breast Cancer	117.1	122.4	None
Lung and Bronchus Cancer	43.1	49.5	None
Colon and Rectum Cancer	43	41.5	38.7
Cervical	9.2	7.8	7.1

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles, 2007-2011.

Heart Disease

The percentage of adults who have been diagnosed with heart disease in SPA 6 (8.6%) is higher compared to County (5.7%) and State (6.1%) rates, while SPA 7 (5.2%) and SPA 8 (5.7%) are similar or slightly less than the County and State. All three SPAs have a higher percentage of adults with heart disease that have a management care plan than the County rate (55.5%) but lower than the State rate (67.1%).

Adult Heart Disease

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Ever Diagnosed with Heart Disease	8.6%	5.2%	5.7%	5.7%	6.1%
Very Confident to Control Condition	62.4%	40.4%	53.6%	53.5%	53.6%
Somewhat Confident to Control Condition	33.3%	28.4%	32.5%	36.0%	34.9%
Not Confident to Control Condition	4.2%	31.2%	13.9%	10.4%	11.5%
Has a Management Care Plan	55.4%	62.1%	59.2%	55.5%	67.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

High Blood Pressure

High blood pressure (hypertension) is a contributing cause to stroke, diabetes and heart disease. The percentage of adults diagnosed with high blood pressure in SPA 6 (35.7%) and SPA 8 (34.0%) is greater than County (27.3%) and State (28.5%) rates as well as the Healthy People 2020 Objective (26.9%). However, the percentage of those who report taking medication for high blood pressure in SPA 8 (79.8%) is greater than the County (67.2%) and State (68.5%). The percentage of adults diagnosed with high blood pressure in SPA 7 is 20.8%.

High Blood Pressure

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California	Health People 2020 Objective
Diagnosed with High Blood Pressure	35.7%	20.8%	34.0%	27.3%	28.5%	26.9%
Takes Medication for High Blood Pressure	55.5%	60.2%	79.8%	67.2%	68.5%	No Objective

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Primary Data Snapshot: Chronic Disease

What does this health need look like in Long Beach?

- Groups disproportionately affected by chronic diseases in the greater Long Beach community include:
 - Focus group participants mentioned seeing an increase in the number and frequency of children visiting clinics for asthmatic conditions.
 - Often referred to in tandem throughout the focus groups, participants felt that Hispanics/Latinos and African Americans/Blacks experience higher levels of diabetes. Individuals of Cambodian descent were said to experience high levels of hypertension, diabetes and heart disease.
- Several specific geographic areas within the Long Beach community were mentioned as disproportionately affected by chronic diseases including: West Long Beach, areas near the ports and areas near the 91 and 710 freeways.

Factors that contribute to chronic disease

- Lack of awareness of available resources: There are a limited number of affordable health clinics available to treat chronic diseases and provide prevention services which impacts chronic disease rates.
- Lack of education regarding chronic diseases: Many members of the disproportionately impacted groups mentioned above lack a solid understanding of the causes, symptoms and long term impacts of chronic diseases.
- Cultural mistrust in doctors and professional health services: Although members of the Cambodian community were the most often cited group that are reluctant to seek professional help for chronic conditions, communities of color in general were said to rely more on natural or religious remedies to deal with chronic disease symptoms due to a cultural mistrust in doctors and modern medicine.

What will it take to move the needle on chronic diseases?

- Provide cultural competency trainings to health professionals and service providers to build trust and

rapport with community members (e.g., culturally focused outreach, translation services, etc.).

- Improve education related to prevention, the importance of chronic disease management, co-morbidities and their impact on health, and the ethnic groups most impacted by certain illnesses.
- Increase the number of mobile and day clinics to make services more accessible to low-income communities.
- Partner with health plans for reimbursement so that clinics and hospitals can run support groups for disease self-management.
- Use asthma funding for a community health worker home visiting program to continue work in Long Beach.

Preventive Health Care

Vaccines and Immunizations Flu and Pneumonia Vaccines

Compared to the County (40.6%) and State (45.8%), a smaller percentage of SPA 7 (35.2%) and SPA 8 (35.2%) residents received the flu vaccine. However, a higher percentage received the flu vaccine in SPA 6 (43.3%) than compared to the County. More seniors received flu vaccines than adults or youth in SPA 7 and SPA 8, but youth (58.5%) and seniors (57.4%) had higher percentages than adults in SPA 6. The Healthy People 2020 Objective is that 70% of children and adults are vaccinated annually against influenza. The rates for SPA 6 (58.5% children; 34.5% adults), SPA 7 (37.9% children; 29.9% adults) and SPA 8 (31.3% children, 33.1% adults), did not meet the Healthy People 2020 Objective.

Flu Vaccine in the Last 12 Months

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Received Flu Vaccine, Total Population	43.3%	35.2%	35.2%	40.6%	45.8%	
Received Flu Vaccine, 0-17 Years Old	58.5%	37.9%	31.3%	47.8%	53.7%	70%
Received Flu Vaccine, 18-64	34.5%	29.9%	33.1%	32.5%	37.4%	70%
Received Flu Vaccine, 65+ Years Old	57.4%	68.4%	54.0%	69.7%	72.8%	

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Children in SPA 6 (45.9%) most frequently receive vaccines at a community clinic. In SPA 7 (47.7%) and SPA 8 (48.6%), however, children most frequently receive vaccines from a doctor's office, Kaiser or HMO. The SPA 7 and SPA 8 rates are similar to the County (47.1%) and State (47.1%).

Flu Vaccine, Location Received

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Received Vaccine at Dr. Office/ Kaiser/ HMO	31.5%	47.7%	48.6%	47.1%	47.1%
Received Vaccine at Community Clinic	45.9%	25.2%	23.3%	24.5%	23.6%
Received Vaccine at Hospital or E	16.2%	5.7%	7.5%	9.0%	7.1%
Received Vaccine Some Other Place	6.3%	21.4%	17.5%	19.4%	22.2%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu>

The Healthy People 2020 Objective is for 90% of seniors to obtain a pneumonia vaccine. 53.9% of seniors in SPA 6, 62.4% in SPA 7 and 62.9% in SPA 8 obtained a pneumonia vaccine, none of which meet the Healthy People 2020 Objective.

Pneumonia Vaccine, Adults 65+

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Adults 65+, had a Pneumonia Vaccine	53.9%	62.4%	62.9%	61.3%	63.4%	90%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.

www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Childhood Immunizations

Child care facilities or schools with low vaccination rates are at increased risk for outbreaks of vaccine-preventable diseases. The annual kindergarten assessment is conducted each fall to monitor compliance with the California School Immunization law. Results from this assessment are used to measure immunization coverage among students entering kindergarten. Not all schools reported. This data set presents results from the 2014-2015 kindergarten assessment and immunization coverage in schools with 10 or more kindergarten students enrolled. The Healthy People 2020 Objective is 95% of children in kindergarten to maintain vaccination coverage. Immunization rates in Los Angeles County (86.0%) are lower compared to the State (90.4%) and do not meet the Healthy People 2020 Objective (95%).

School Immunizations in Kindergarten, 2014-2015

	Percentage Range of Up-To-Date Immunizations
Bellflower Unified School District	92%-99%
Compton Unified School District	67%-99%
Long Beach Unified School District	46%-100%
Los Angeles County	86.0%
California	90.4%
Healthy People 2020 Objective	95.0%

Source: School Assessments Unit, Immunization Branch, Division of Communicable Disease Control, Center for Infectious Diseases, California Department of Public Health. 2015. School Immunizations In Kindergarten, 2014-2015.

<https://cdph.data.ca.gov/Healthcare/School-Immunizations-In-Kindergarten-2014-2015/4y8p-xn54>

<http://www.cdph.ca.gov/programs/immunize/Documents/2014-15%20CA%20Kindergarten%20Immunization%20Assessment.pdf>

Screenings

Mammograms & Pap Smears

The Healthy People 2020 Objective is for 81.1% of women age 50 to 74 to have a mammogram in the past two years. The percent of women age 50 and over who had a mammogram in the previous two years in SPA 6 (83.5%) and SPA 7 (81.1%) met the Healthy People 2020 Objective. However, the SPA 8 rate of 76% does not meet the Healthy People 2020 Objective and is smaller than the County rate of 79.8%.

The Healthy People 2020 Objective is for 93% of women age 21 to 65 to have a pap smear in the past three years. The percentages of women 21 to 65 who have had a pap smear in the past three years in SPA 6 (87.4%), SPA 7 (83.3%) and SPA 8 (83.3%) do not meet the Healthy People 2020 Objective. The rates in all three, however, are higher than the County rate (82.8%).

Women Mammograms and Pap Smears

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	Healthy People 2020 Objective
Women 50-74 Years, had a Mammogram in Past Two Years	83.5%	81.1%	76.0%	79.8%	81.1%
Women 21-65 had a Pap Smear in Past Three Years	87.4%	83.3%	83.3%	82.8%	93.0%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011.

www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Colorectal Cancer Screening

The Healthy People 2020 Objective for colorectal screening is 70.5% of adults 50 to 75 years old. 67.1% received colorectal cancer screening in SPA 6, 71.1% in SPA 7 and 79.1% in SPA 8. Of adults advised to obtain screening, 57.9% complied at the time of recommendation in SPA 6, 59.2% in SPA 7 and 70.1% in SPA 8.

Colorectal Cancer Screening, Adults 50+

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Screening Sigmoidoscopy, Colonoscopy or Fecal Occult Blood Test	67.1%	71.1%	79.1%	75.7%	78.0%	70.5%
Compliant with Screening at Time of Recommendation	57.9%	59.2%	70.1%	66.5%	68.1%	

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Primary Data Snapshot: Preventive Health Care

What will it take to move the needle on preventive healthcare?

- Medical professionals should recommend screening tests and preventive care to all races and classes equitably.
- Create free adult immunization programs with support from public health, hospitals, health plans and the state/county.
- Develop in-home trauma and violence screening programs coupled with supportive services.
- Implement the “Es Tiempo” model from Boyle Heights.
- Increase free preventive care for adults with chronic diseases.

Mental & Behavioral Health

Mental Health Indicators

8.2% of adults in SPA 6, 9.2% in SPA 7, and 11.8% in SPA 8 experienced serious psychological distress in the past year. The rate for SPA 8 is higher than the County (9.6%) and State (7.7%). The percentages of adults who needed help for emotional-mental and/or alcohol-drug issues in the past year in SPA 7 (21.9%) and SPA 8 (21.5%) are higher than the County (18%) and State (15.9%), whereas SPA 6 had a lower percentage (15.0%). A significant portion of people who sought or needed help did not receive treatment (45.6% SPA 6; 47.9% SPA 7; 32.1% SPA 8). The Healthy People 2020 Objective is for 64.6% of adults with a mental disorder to receive treatment.

Mental Health Indicators, Adults

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Adults who has Likely had Serious Psychological Distress During Past Year	8.2%	9.2%	11.8%	9.6%	7.7%
Adults who Needed Help for Emotional-Mental and/or Alcohol-Drug Issues in Past Year	15.0%	21.9%	21.5%	18.0%	15.9%
Adults who Saw a Health care Provider for Emotional/Mental Health and/or Alcohol-Drug Issues in Past Year	10.9%	12.2%	18.1%	13.0%	12.0%
Adults who Sought/Needed Help but Did Not Receive Treatment	45.6%	47.9%	32.1%	43.2%	43.4%
Adults who Took Prescription Medicine for Emotional/Mental Health Issue in Past Year	8.0%	8.5%	11.2%	9.2%	10.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

SPA 6 and SPA 7 had lower percentages of teens that needed help for an emotional or mental health problem (17.5% and 18.9% respectively) than the County (22.4%) and State (23.2%). SPA 8 had much higher percentages of teens who needed help for an emotional or mental health problem (48.2%) and teens who received psychological or emotional counseling in the past year (36.6%) that the County and State.

Mental Health Indicators, Teens

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Teens who Needed Help for Emotional / Mental Health Problems in Past Year	17.5%	18.9%	48.2%	22.4%	23.2%
Teens who Received Psychological / Emotional Counseling in Past year	10.4%	2.1%	36.6%	14.5%	11.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among children, ages 12-17, 4.2% in SPA 6, 4.6% in SPA 7, and 7.2% in SPA 8 have been diagnosed with ADD or ADHD. The percentage for SPA 8 is higher than the County rate of 6%.

Children, Ages 12-17, Ever Diagnosed with ADD or ADHD

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
Children (12-17) Ever Diagnosed with ADD or ADHD	4.2%	4.6%	7.2%	6.0%

Source: 2011 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Compared to the County (11.9%) and State (10.4%), a greater percentage of SPA 8 residents (12.5%) said that emotions interfere with their work.

Mental Health Impairment, Adults, in the past 12 months

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Did your emotions interfere with your work?					
• No	91.2%	91.5%	87.5%	88.1%	89.6%
• Moderate	5.1%	8.2%	5.6%	7.2%	6.5%
• Severe	3.7%	0.3%	6.9%	4.7%	3.9%
Did your emotions interfere with your family life?					
• No	89.5%	83.5%	81.2%	84.9%	86.6%
• Moderate	6.6%	8.8%	6.2%	8.5%	7.6%
• Severe	3.9%	7.6%	12.5%	6.6%	5.8%
Did your emotions interfere with your social life?					
• No	92.0%	82.6%	81.7%	85.4%	86.9%
• Moderate	2.9%	9.3%	5.8%	7.5%	6.3%
• Severe	5.1%	8.2%	12.5%	7.0%	6.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

5.2% of adults in SPA 6, 4.7% of adults in SPA 7, and 9.5% in SPA 8 had seriously considered suicide. The SPA 8 percentage is higher than the County (7.2%) and State (7.8%).

Thought about Committing Suicide

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Adults Who Ever Seriously Thought About Committing Suicide	5.2%	4.7%	9.5%	7.2%	7.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

The suicide death rate in SPA 6 (4.5 per 100,000 persons) and SPA 7 (5.8 per 100,000 persons) is lower than the County rate (7.5 per 100,000 persons), while SPA 8's rate is higher (8.0 per 100,000). All of these rates are lower than the Healthy People 2020 Objective of 10.2 deaths per 100,000 persons.

Suicide Age-Adjusted Death Rate per 100,000 Persons, 5-Year Total (2008-2012)

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	Healthy People 2020 Objective
Suicide Death Rate	4.5	5.8	8.0	7.5	10.2

Source: County of Los Angeles Public Health, LA HealthDataNow!

Mortality rates are age-adjusted based on the 2000 Standard Population. Source for mortality data: 2000-2012 Linked Death Files, Los Angeles County Department of Public Health, Epidemiology Unit. Source for population estimates: July 1, 2012 Population Estimates, prepared for Urban Research, LAC ISD, released on March, 2013.

<https://dqs.publichealth.lacounty.gov/query.aspx?d=1>

Primary Data Snapshot: Mental Health

What does this health need look like in Long Beach?

- Four populations are disproportionately affected by mental health issues in the greater Long Beach community
 - Many members of the homeless population suffer from addiction and substance abuse, which can often lead to severe mental health disorders. Additionally, unstable housing often brings with it significant stressors and anxiety as affected individuals struggle to meet their basic needs.
 - Veterans are more at risk of trauma-related disorders such as PTSD that may further exacerbate other mental health issues. They also lack accessible mental health resources and face further stigmatization by the public and by law enforcement officials in Long Beach.
 - The historical trauma experienced by the older Cambodian population coupled with neighborhood violence are key contributors to this mental health issues for the Cambodian community in the greater Long Beach area. In describing the experiences of the Cambodian community, one participant said, “The Cambodian community has lots of history of trauma. They don’t really want to go to government or medical facilities because they are fearful.”
 - Youth, in particular LGBTQ youth and those in foster care, often deal with neighborhood and family violence in Long Beach.
- Several specific geographic areas within the Long Beach community were raised as disproportionately affected by mental health issues, including the zip code 90813 and specific parks, such as Cesar Chavez and a park on 7th St.

Factors that contribute to mental health issues

- Stigmatization of mental health issues: the stigmatization of mental health issues was by far the most frequently mentioned factor and was attributed mainly to cultural stigmas in communities of color.
- Lack of mental health resources and barriers to access: several participants said that Long Beach lacks sufficient mental health resources that are accessible to the most impacted populations.
- Trauma and violence: many of the groups affected by mental health issues in the greater Long Beach community have experienced or are currently experiencing trauma in the form of racial persecution, domestic violence, gang violence and violent crimes. In describing the extent of trauma and its impact for residents, one participant said, “I think we have a community that has experienced tremendous trauma, and actually lives with trauma in such a routine way that they may not even recognize some of the mental health challenges that ultimately have developed as a result. When you have a community that is routinely exposed to circumstances that are traumatic, one of the reasons I think our families appear to be resistant to care is because they don’t even know they’re uncomfortable.”
- Poverty: can exacerbate mental health issues when people are not able to afford needed prescriptions or

mental health services. Secondly, economic stress experienced by those who are unemployed or underemployed can impact one's mental well-being.

What will it take to move the needle on mental health?

- Increase coordination and leveraging of services and resources among providers in order to create ongoing, sustainable and practical services.
- Increase the likelihood of detection and intervention at a younger age by creating more school-based health centers. These centers can provide services to youth experiencing mental health issues before they are exacerbated even further over time.
- Increase information distribution and outreach regarding existing resources and mental health concepts (e.g., recognizing issues, supporting family members with mental health issues, etc.).
- Ensure that informational materials and public education campaigns are tailored and culturally appropriate for the target communities.
- Strengthen partnerships with Los Angeles County Department of Mental Health and improve access to Mental Health Services Administration funds from the County.
- Prioritize trauma informed care practices throughout the city of Long Beach.

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol in a set period of time. For males, it is five or more drinks per occasion. For females, it is four or more drinks per occasion. In SPA 6 (31.9%) and SPA 7 (37.9%), a higher percentage of adults engaged in binge drinking than at the County (31.5%) and State (32.6%) level. The percentage of adults in SPA 8 who reported binge drinking in the past year (26.3%) is lower than the County and State rates. 17.8% of teens in SPA 6 and 33.8% of teens in SPA 8 reported they had tried an alcoholic drink. The SPA 8 rate is higher than County (19.1%) and State (22.5%) rates.

Alcohol Consumption and Binge Drinking

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Adult Binge Drinking Past Year	31.9%	37.9%	26.3%	31.5%	32.6%
Teen Ever Had an Alcoholic Drink	17.8%	None	33.8%	19.1%	22.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In SPA 7, 2.6% of teens have tried illegal drugs and 1.7% used marijuana in the past year. These rates are lower than the County (14.7% illegal drugs; 9.4% marijuana) and State (12.4% illegal drugs; 8.6% marijuana) rates. However, compared to the County and State, a larger percentage of teens in SPA 6 and SPA 8 reported trying illegal drugs (31.9% and 23.4% respectively). SPA 8 also has a larger percentage of teens using marijuana in the past year (21.6%) compared to the County and State.

Teen Illegal Drug Use

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Ever Tried Marijuana, Cocaine, Sniffing Glue, Other Drugs	31.9%	2.6%	23.4%	14.7%	12.4%
Marijuana Use in Past Year	3.5%	1.7%	21.6%	9.4%	8.6%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

6.9% of adults in SPA 6, 4.3% in SPA 7, and 6.8% in SPA 8 reported misuse of prescription drugs in the past year. The SPA 6 and SPA 8 rates are higher than the County (5.2%).

Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
Adults, 18+ Years Old	6.9%	4.3%	6.8%	5.2%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.

www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Among adults, 2.4% in SPA 6, 1.8% in SPA 7, and 1.6% in SPA 8 indicated they had used methamphetamines, cocaine or ecstasy in the past year. The rate in SPA 6 is slightly higher than the County rate (2.3%).

Adults Who Reported Using Methamphetamines, Cocaine or Ecstasy in the Past Year

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
Adults, 18+ Years Old	2.4%	1.8%	1.6%	2.3%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.

www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Cigarette Smoking

Smoking has been found to increase the risk of developing heart disease, stroke and cancer. The percentage of adults who identified themselves as current smokers in SPA 6 (12.8%) is higher than the County (10.8%) and State (11.6%) rates and does not meet the Healthy People 2020 Objective of 12%. The rates in SPA 7 (7.3%) and SPA 8 (10.3%) are lower compared to the County and State and meet the Healthy People 2020 Objective. The percentage of residents who identified themselves as former smokers in SPA 6 (26.1%) is higher compared to the other geographies.

Cigarette Smoking, Adults

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Current Smoker	12.8%	7.3%	10.3%	10.8%	11.6%	12%
Former Smoker	26.1%	22.4%	22.6%	22.4%	22.4%	

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among teens in SPA 8, 9.1% are current cigarette smokers and 33.6% have smoked an electronic (vaporizer) cigarette. These rates are higher than the County (2.3% cigarette smoker; 11.3% have tried and electronic cigarette) and State (3.1% cigarette smoker; 10.3% have tried and electronic cigarette).

Smoking, Teens

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Current Cigarette Smoker	1.4%	None	9.1%	2.3%	3.1%
Ever Smoked an e-Cigarette	3.2%	7.3%	33.6%	11.3%	10.3%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Primary Data Snapshot: Alcohol, Drug and Tobacco Use

What does this health need look like in Long Beach?

- For low-income children and adults in African American, Latino, and Cambodian communities in the greater Long Beach area, trauma and adversity contribute to substance abuse and other conditions.
- The mentally ill, the homeless, and veterans were identified as the communities that were most affected by this health issue.

Factors that contribute to substance use issues

- A main factor in the prevalence of substance abuse is the lack of treatment opportunities within Long Beach, including detox centers and support groups, among other resources.
- Individuals looking to quit smoking tobacco are faced with a lack of services and programming focused on this issue in Long Beach. In describing the challenges with associated with tobacco cessation, one participant said, “It’s very difficult for clients to find a cessation class or even to find a cessation provider... It is in some of these more challenging communities, such as people living with mental health, the gay community, the homeless community... where I’m not certain that environmental interventions alone are really going to be able to make that last dent in tobacco control in California.”

What will it take to move the needle on substance use?

- Increasing opportunities for individuals who want to stop using substances or tobacco to access care is needed. Environmental interventions have to be coupled with individual supports when dealing with substance abuse and addiction.

Sexual Health

All STD rates in SPA 6 are higher than the County rates, whereas all STD rates in SPAs 7 and 8 are lower. SPA 6 has a significantly higher rate of Chlamydia (968.0 per 100,000 persons) than the County (521.3 per 100,000 persons). Across all three SPAs and the County, Chlamydia has the highest rate per 100,000 persons.

STD Cases, Rate per 100,000 Persons, 2012

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
Chlamydia	968.0	498.7	490.0	521.3
Gonorrhea	233.0	76.3	116.7	122.9
Primary & Secondary Syphilis	12.0	4.3	5.7	9.4
Early Latent Syphilis	17.2	7.2	7.2	13.7

Source: County of Los Angeles, Public Health, Sexually Transmitted Disease Morbidity Report, 2012.

<http://publichealth.lacounty.gov/dhsp/Reports/STD/STDMorbidityReport2012.pdf>

56.8% of teens in SPA 6, 82.9% in SPA 7, and 70.1% in SPA 8 reported that they had never had sex. Compared to the County (10.7%) and State (7.6%), a larger percentage of teens in SPA 6 (29.4%) and SPA 8 (13.5%) reported having their first sexual encounter before the age of 15. Of those who had sex, 4.6% of teens in SPA 6 and 23.4% of teens in SPA 7 had been tested for an STD in the past year; these rates are lower than the County (36.7%) or State (31.7%) rates.

Teen Sexual History

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Never Had Sex	56.8%	82.9%	70.1%	78.4%	82.9%
First Encounter Under 15 Years Old	29.4%	No Data	13.5%	10.7%	7.6%
First Encounter Over 15 Years Old	13.9%	17.1%	16.4%	10.9%	9.5%
If Had Sex, Tested for STD in Past Year	4.6%	23.4%	56.9%	36.7%	31.7%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

Weight Status, Nutrition and Physical Activity

Overweight and Obesity

35.9% of adults in SPA 6, 29.1% in SPA 7 and 34.1% in SPA 8 are overweight. The rates in SPA 7 and SPA 8 are lower compared to the County (36.2%) and State (35.5%) rates, while the rate in SPA 6 is below the County rate but above the State rate. The rates of overweight children in SPA 6 (7.3%), SPA 7 (10.2%) and SPA 8 (7.4%) are lower than the County (13.1%) and State (13.6%) rates. However, the rate of overweight teens in SPA 8 (37.2%) is much higher than the County (14.4%) and State (16.3%).

Overweight

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Adult (Ages 18+)	35.9%	29.1%	34.1%	36.2%	35.5%
Teen (Ages 12-17)	2.0%	11.5%	37.2%	14.4%	16.3%
Child (Ages 2-11)	7.3%	10.2%	7.4%	13.1%	13.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

An adult is considered overweight if $25.0 \leq \text{Body Mass Index (BMI)} \leq 30.0$

Teen Overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex. Child overweight is defined as overweight for age, and does not factor in height (CDC.gov, 2013)

38.6% of adults in SPA 6, 39.3% in SPA 7 and 30.2% in SPA 8 have a body mass index (BMI) of 30 or more. All three are higher than the County (27.2%) and State (27.0%) rates. In addition, SPA 6 and SPA 7 rates do not meet the Healthy People 2020 Objective (30.5%).

Adult Obesity

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Adults with BMI 30 or Higher	38.6%	39.3%	30.2%	27.2%	27.0%	30.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

An adult is considered obese if $\text{BMI} \geq 30 \text{kg/m}^2$.

When adult overweight and obesity rates are examined by race and ethnicity, African-Americans and Latinos have higher rates across all geographies. A larger percentage of Whites in SPA 7 is overweight and obese compared to rates for the County and State. Among Asians, a larger percentage in SPA 6 is overweight and obese compared to rates for the County and State.

Adult Overweight and Obesity by Race/Ethnicity

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
African-American	84.8%	99.1%	88.1%	80.8%	71.2%
Asian	59.6%	30.8%	32.3%	40.4%	43.7%
Latino	73.6%	70.5%	78.2%	71.4%	73.2%
White	41.2%	76.5%	57.9%	58.7%	58.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

An adult is considered obese if $\text{BMI} \geq 30 \text{kg/m}^2$.

Youth obesity here is measured as the percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or "High Risk-Health Risk" category (obese) for body composition on the Fitnessgram physical fitness test. Rates of obesity in Bellflower and Compton Unified School Districts are higher than the County and State for all three grade levels.

Youth Obesity

	5 th Grade	7 th Grade	9 th Grade
Bellflower Unified School District	45.1%	44.7%	40.0%
Compton Unified School District	55.8%	52.6%	51.6%
Long Beach Unified School District	43.9%	37.9%	34.8%
Los Angeles County	44.0%	41.3%	39.0%
California	40.3%	38.5%	36.0%

Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing <http://data1.cde.ca.gov/dataquest/>.

Note: Paramount and Los Alamitos Unified School Districts were not included in this table because they only serve a very small portion of the service area.

Diabetes

The percentage of adults who have been diagnosed with diabetes in SPA 6 (14.7%), SPA 7 (12.4%) and SPA 8 (10.4%) is higher than the rates in the County (10.0%) and State (8.9%). More than three fourths of those adults who have been diagnosed with diabetes in SPA 6 are very confident they can control their diabetes (77.7%), compared to SPA 7 (52.6%) and SPA 8 (45.3%).

Adult Diabetes

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Diagnosed Pre/Borderline Diabetic	12.0%	12.9%	8.0%	8.8%	10.5%
Diagnosed with Diabetes	14.7%	12.4%	10.4%	10.0%	8.9%
Very confident to Control Diabetes	77.7%	52.6%	45.3%	56.9%	56.5%
Somewhat confident	19.0%	45.4%	54.4%	33.7%	34.7%
Not confident	3.3%	2.0%	N/A	9.3%	8.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Nutrition

The percentage of residents who reported eating fast food two or more times a week in SPA 6 (36.5%) is lower than County (42.3%) and State (42.4%) rates. SPA 7 (52.2%) and SPA 8 (51.1%) are greater than County and State rates.

Fast Food Consumption

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Fast Food Consumption, Two or More Times a Week	36.5%	52.2%	51.1%	42.3%	38.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

44.6% of youth in the County reported eating less than five servings of fruit and vegetables each day. This percentage is lower in SPA 6 (40.5%) and in SPA 8 (35.0%) but higher in SPA 7 (58.1%). Compared to youth, a greater percentage of adults reported eating less than five servings of fruit and vegetables each day in SPA 6 (93.9%), SPA 7 (80.4%), SPA 8 (89.8%) and the County (80.3%).

Eats Less Than 5 Servings of Fruit and Vegetables Daily

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Youth	40.5%	58.1%	35.0%	44.6%	80.3%
Adults	93.9%	80.4%	89.8%	80.3%	76.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

29.4% of respondents in SPA 6 and 30.3% of SPA 7 respondents reported drinking two or more sodas during an average week. These rates are higher than the County (25.1%) and State (24.5%) percentages. The percentage in SPA 8 (18.3%) is lower than the County and State.

Average Weekly Soda Consumption

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Average Weekly Soda Consumption, 2 or More	29.4%	30.3%	18.3%	25.1%	24.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

The percentage of respondents who report food insecurity in SPA 7 (38.2%) and SPA 8 (36.6%) is smaller than the County (39.5%) and State (38.4%). The percentage in SPA 6, however, is higher than the County and State.

Food Insecurity Rate

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Food security (ability to afford enough food), unable to afford enough food	46.1%	38.2%	36.6%	39.5%	38.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Physical Activity

The Federal Guidelines for youth physical activity recommend children and adolescents have 60 minutes or more of physical activity daily.⁴ The percentage of children engaged in at least one hour of physical activity three or more days in the previous week in SPA 6 (86.2%) is higher than the County (72.2%) and State (76.3%) rates, while SPA 7 (60.8%) and SPA 8 (50.1%) rates are lower. The percentage of teens that reported engaging in at least one hour of physical activity three or more days in a typical week are greater in SPA 7 (90.2%) compared to the County (60.6%) and State (68.5%). However, the percentages for SPA 6 (47.6%) and SPA 8 (47.6%) are much lower than the County and State rates.

⁴ U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans. Washington, DC: U.S. Department of Health and Human Services; 2008. www.cdc.gov/HealthyYouth/physicalactivity/guidelines.htm.

Physical Activity, Children and Teens

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Engaged in at Least One Hour of Physical Activity 3-7 Days of the Previous Week – Child	86.2%	60.8%	50.1%	72.2%	76.3%
Engaged in at Least One Hour of Physical Activity 3-7 Days of a Typical Week - Teen	47.6%	90.2%	47.6%	60.6%	68.5%
No Physical Activity/Week – Child	0.6%	8.9%	10.7%	6.1%	6.2%
No Physical Activity/Week – Teen	22.9%	2.8%	2.0%	11.9%	8.6%
Youth Visited Park, Playground or Open Space in the Last Month	77.7%	90.6%	82.9%	83.3%	83.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

The California Department of Education’s physical fitness test (PFT) measures the aerobic capacity of school children using run and walk tests. Children who meet established standards for aerobic capacity are categorized in the Healthy Fitness Zone. For all grades, Long Beach Unified ranks the highest in Healthy Fitness Zone aerobic capacity and Compton Unified ranks the lowest.

Fifth, Seventh and Ninth Grade Students, Aerobic Capacity, Healthy Fitness Zone

School District	Fifth Grade	Seventh Grade	Ninth Grade
Bellflower Unified School District	54.4%	52.8%	57.5%
Compton Unified School District	43.0%	46.5%	32.6%
Long Beach Unified School District	64.6%	67.0%	65.2%
Los Angeles County	60.2%	60.8%	59.1%
California	63.4%	65.0%	63.9%

Source: California Department of Education, FITNESSGRAM Physical Fitness Testing Results,-2013-2014.

<http://data.cde.ca.gov/dataquest/>

Note: Paramount and Los Alamitos Unified School Districts were not included in this table because they only serve a very small portion of the service area.

For adults to meet the government Physical Activity Guidelines at least one of the following criteria must be fulfilled: 1) Vigorous activity for at least 75 minutes a week, 2) Moderate activity for at least 150 minutes a week, or 3) A combination of vigorous and moderate activity for at least 150 minutes a week AND muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).⁵ 28.1% of adults in SPA6, 29.9% in SPA 7 and 31.7% in SPA 8 meet these guidelines. The rate in SPA 6 is lower than the County.

Percent of Adults Who Meet the Recommended Amount of Weekly Aerobic & Muscle Strengthening Activity

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
Adults, 18+ Years Old	28.1%	29.9%	31.7%	29.7%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.

www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

⁵ Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services. www.health.gov/paguidelines/pdf/paguide.pdf.

Primary Data Snapshot: Obesity and Diabetes

What does this health need look like in Long Beach?

- Populations disproportionately affected by obesity or other weight-related issues in the greater Long Beach community include:
 - The Hispanic/Latino community is more at risk of weight-related issues due to cultural norms and food choices.
 - Due to targeted marketing by fast food restaurants and grocery producers, young children (2-8) and teenagers are disproportionately affected by weight-related issues in the greater Long Beach community.
 - Low-income families often live in areas where healthy food options are unavailable and public parks are perceived as unsafe. In describing access and norms around food, one participant said, “Students walking home in the morning having chips and soda. The fast food restaurants have dollar meals so the students have a dollar and spend it in Taco Bell. It’s hard to change the norm.”
- Several specific geographic areas within the Long Beach community were mentioned as disproportionately affected by obesity or other weight-related issues including the 90813 zip code, North Town and Lincoln Park.

Factors that contribute to obesity and diabetes

- Lack of Physical Activity: Many residents of the greater Long Beach area do not engage in sufficient physical activity. Although some parks and bike lanes do exist in the area, residents often view these as unsafe to use.
- Poverty: Low-income individuals and families have limited choices in terms of housing, neighborhoods, and recreational activities. The neighborhoods where affordable housing can be found are often viewed as unsafe, which greatly reduces the use of local green spaces and outdoor facilities. Describing the ties between income and weight, one participant said, “I think it starts with economics, it’s there at the forefront. The ability of the people to be able to support lifestyle changes that are healthier. For example, being able to afford a nice house in a safe neighborhood. Being able to be in an area in which you don’t mind letting your kids go play with others in their local park and not worry that there be some predator or sometimes somebody doing them harm, which also impacts obesity.”
- Lack of Time: Another key factor was the lack of time to engage in physical activity or prepare healthier meals.
- Food Choice: A major contributor to unhealthy diets in the area is the lack of accessible grocery stores and other affordable healthy food options.

What will it take to move the needle on obesity and diabetes?

- Provide family-focused programming that teaches nutrition, healthy cooking and healthy living principles in a child-friendly way.
- Ensure that cooking classes are culturally competent to make it easier on residents unfamiliar with new ingredients to adapt their cooking.
- Incentivize local business and work places to provide opportunities for physical activity for their employees.
- Provide targeted, culturally applicable outreach regarding obesity and healthy living instead of generic posters.
- Promote the economic development of the area.

- Increase CalFresh enrollment.
- Incentivize grocery store chains to build in the area.
- Schools play a major role in preventing obesity; health education and physical activity requirements should be enforced and the food environment in schools should be improved.
- Promote access to spaces such as farmers markets, healthy food markets and safe parks.

Environment

Air and Water Quality

The South Coast Air Quality Management District is the local government agency responsible for measuring, reporting and taking steps to improve air quality in four counties in Southern California: Los Angeles, Orange, Riverside and San Bernardino. This geographic area is divided into 38 areas or “regions” in Southern California; Long Beach is a part of Region 4.⁶ In Region 4, there was only one day in which the parts per million (PPM) parts of air, by volume exceeded the current state standard of >0.070. The maximum concentration of carbon dioxide in Region 4 was 2.6. While this was greater than the median for the district median, the federal and state 8-hour standards were not exceeded in any region within the district. In Region 4, 2% of samples exceeded the state standard of > 50 µg/m³ 24-hour.

Air Quality

	Region 4	District Maximum	District Median
Ozone – Number of Days Exceeded Current State > 0.070 Parts Per Million, 8-hour	1 day out of 351	97 days out of 365	25 days out of 365
Carbon Dioxide - Maximum Concentration in Parts Per Million, 8 - Hour	2.6	3.8	1.9
Suspended Particulate PM ₁₀ – Percentage of Samples Exceeding State Standard of > 50 µg/m ³ 24-hour	2%	24%	2.5%

Source: South Coast Air Quality Management District. 2014. <http://www.aqmd.gov/home/library/air-quality-data-studies/historical-data-by-year>

The percentage of residents in Los Angeles County who have been potentially exposed to water exceeding a violation limit during the past year is 0.9%. This is lower than the State rate (2.5%).

Exposure to Unsafe Drinking Water

	Los Angeles County	California
Percentage of Population Potentially Exposed to Water Exceeding a Violation Limit During the Past Year	0.9%	2.5%

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2013-14. County Health Rankings. www.countyhealthrankings.org/california

Commute

While the percentage of those who commute to work alone in a car in the service area (74.1%) is greater than the County (72.4%), the service area rate is lower compared to the State (76.2%). A very small percentage of workers commute to work via bike or walking. The percentage in the service area is 3.3% which is lower compared to the County (3.7%) and the State (3.8%).

⁶ South Coast Air Quality Management District. <http://www.aqmd.gov/docs/default-source/default-document-library/map-of-monitoring-areas.pdf?sfvrsn=6>

Percentage of Workers Commuting by Car or Walking and Biking

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
Commute to Work - Alone in Car	74.1%	72.4%	76.2%
Commute to Work - Walking/Biking	3.3%	3.7%	3.8%

Source: US Census Bureau, American Community Survey. 2009-13.

Food Environment

The types of food that people have access to within their communities can impact their health and well-being. The number of grocery stores in the service area is similar to that in the County and State. Fast food restaurants are generally less available in the service area when compared to the County. A smaller percentage of the population in the service area is identified as having low food access when compared to the County and State. However, there are more liquor stores in the service area per 100,000 people (13.4) compared to the County (11.4) and State (10.0).

Food Environment

	Long Beach Memorial Medical Center Service Area	Los Angeles County	California
Grocery Stores - Rate per 100,000 Population	20.8	20.9	21.5
Fast Food Restaurants - Rate per 100,000 Population	74.4	77.8	74.5
Liquor Store - Rate per 100,000 Population	13.4	11.4	10.0
Food Desert - Percent Population with Low Food Access	3.6%	6.9%	14.3%

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011.

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.

Primary Data Snapshot: Environment and Climate

What does this health need look like in Long Beach?

- West Long Beach is especially afflicted with high amounts of air and noise pollution from industrial activities and adjacent freeways and railroad tracks.
- Key stakeholders agreed that children were the most at risk of developing asthma due to air pollution and air quality. Several stakeholders mentioned the proximity of industrial zones to where families with young children live as a key contributor to this risk. “There are 24-hour [industrial] operations that are directly adjacent to our community. It’s pretty severe. The environmental health issues are something, certainly that impacts West Long Beach. [...] It’s not just Century Villages, there’s also Cabrillo High School and Hudson Middle School. There are thousands of children that are affected every day.”
- Lower income neighborhoods in Long Beach are often food deserts, lacking grocery stores and other establishments that provide healthier options. The lack of transportation to areas with healthier food

choices is an additional barrier.

Factors that contribute to environmental and climate issues

- Air pollution in West Long Beach stemming from the oil refineries and freeways in the area is a key contributor to the development of chronic diseases such as asthma in this community. “What is tragic about it is that those that live in West Long Beach don’t know it’s the air quality that is making them sick.”
- A few described the intersection between income and obesity stating that “Lower socio-economic status is a huge driver of this problem. Food deserts and the availability of fast food restaurants in the inner city (the areas with higher rates of obesity and diabetes) are horrible. This problem is severe.”

4. Impacts of Action Taken Since the Last CHNA to Address Significant Health Needs

Long Beach Memorial Medical Center's 2013 Implementation Strategy Report⁷ was developed to identify activities to address health needs identified in the 2013 CHNA. This section summarizes key activities that Long Beach Memorial Medical Center has engaged in to address these health needs as well as the impacts of these activities.

- **Access to Care:** The hospital provides 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 Memorial Medical Center also offers information and enrollment assistance in the Covered California health care exchange and other low-cost insurance programs. As a teaching hospital, Long Beach Memorial Medical Center supports residents in family medicine rotations. Residents serve the gynecologic clinic, Sigmoidoscopy clinic, The Children's Clinic, and the vaccination clinic, providing access to care for those who are living in poverty and/or uninsured. Through the Family Medicine Sigmoidoscopy Clinic, Long Beach Memorial served 70 people in FY 2014 and 58 people in FY 2015. Each year Long Beach Memorial oversees physician training programs with about 200 residents and fellows and over 500 undergraduate and graduate student nurses participating in clinical rotations. The hospital continues to provide transportation support for those patients and families who may not be able to access needed care due to a lack of transportation.

In FY 2014, Long Beach Memorial was a sponsor of the California State University, Long Beach Nursing Department's Health on Wheels. This mobile clinic engaged CSULB nursing students who provided preventive health services to over 800 students in the Norwalk-La Mirada Unified School District. Our support of this program helped provide two pediatric nurse practitioner faculty members to serve as practitioners and as preceptors for the nursing students that rotated through the clinic.

In 2014, over 6,500 persons participated in community offerings. In 2015, over 8,300 individuals were reached through diverse community classes and events.

- **Prevention and Preventive Care:** Long Beach Memorial provided Community Health Improvement and Prevention services through programs and activities, which include community health education, community lectures, presentations and workshops in the areas of cancer, stroke, heart health, women's health, disaster preparedness, health screenings, respiratory care, senior health, employer wellness programs and tobacco education. Long Beach Memorial provided a number of initiatives through partnerships with the Long Beach Department of Health and Human Services and community based organizations. In addition, Long Beach Memorial Care Medical Center provided free or low-cost screenings and preventive care community-based clinical services such as flu shot clinics; health care screening for blood pressure, cardiac, blood sugar, etc.; balance screening for seniors; genetic counseling for hereditary cancer risk assessment and sports physicals provided at no cost for student athletes.

⁷ Long Beach Memorial Medical Center's 2013 Implementation Strategy, can be found at <http://www.memorialcare.org/sites/default/files/media/lbmmc-community-benefits-strategy-2013.pdf>.

- **Mental Health:** Long Beach Memorial Medical Center is an active partner with the Long Beach Police Department Homeless Assistance project, quality of life team, connecting with the local outreach multi-service center to connect individuals to needed social services thereby influencing the quality of life of our homeless patients. The hospital also provided health education and support groups that offer information, resources and assistance on mental health issues.
- **Chronic Disease:** Long Beach Memorial has a number of health education events that focus on heart disease, stroke, diabetes, arthritis and cancer. Health education is provided to the public free of charge. The hospital also offers disease specific support groups such as stroke, cancer and diabetes, which are part of their community-based clinical services, as well as chronic disease management and education specifically geared for seniors. An oncology life coach and help-lines provide venues through which community members can ask questions and get cancer related information. The Long Beach Memorial Adult Out-Patient Diabetes Clinic was established in response to requests from community providers, patients and patient families for geographically accessible support services for adults with diabetes related disorders. The purpose of the Diabetes Clinic is to provide the individual with diabetes the knowledge and skills needed to perform self-care, manage difficulties, and initiate lifestyle changes required to successfully manage their disease. Additionally for individuals using insulin therapy, group appointments with an Advanced Practice Nurse provide support, resource management and insulin dosing adjustment in collaboration with the primary care practitioner. The goal is to enable the individual to become an active participant in successful control of his or her diabetes through self-management training.
- **Overweight/Obesity:** The hospital offers a number of health education sessions that focus on healthy eating and nutrition including exercise and fun physical activity events open to the community. Long Beach Memorial Medical Center works in partnership with the City of Long Beach to promote the Healthy Active Long Beach initiative to battle overweight and obesity in our community. In addition, the hospital provides nutrition communication in multiple languages. Working in collaboration with community partners to address issues of obesity and overweight are critical; therefore, hospital staff actively participant on the Long Beach Department of Health and Human Services community health improvement task force.

5. Conclusion

Recognizing that effective and lasting community change toward healthier communities requires the work of many, the Long Beach CHNA Collaborative brought together a wide range of stakeholders and partners to identify and prioritize health needs in the greater Long Beach community. Guided by the understanding that health encompasses far more than disease or illness, this CHNA process drew upon a comprehensive framework for understanding health that looked at the social determinants of health, such as social, environmental and economic factors at the root of health, in addition to health behaviors and outcomes.

This CHNA engaged a wide variety of stakeholders to identify and prioritize significant health needs of the greater Long Beach community through examination of secondary data sources, key stakeholder interviews, focus groups and a prioritization session that included a gallery walk. This report details the methods of this CHNA and its findings. 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 other 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 not-for-profit hospitals conduct a community health needs assessment at least once every three years.

Appendix A. Additional Data Sources

Below is a list of additional data sources about the health needs of the greater Long Beach community, including a brief summary of the data included in the report.

1. **Adult Survey: Baseline Results for Long Beach Community.** *Center for Community Health and Evaluation, Group Health Research Institute Atkins Center for Weight and Health, University of California Berkeley* (February 2014).

Long Beach is one of the communities participating in Kaiser Permanente’s HEAL Zone project (Healthy Eating, Active Living Community Health Initiative), which seeks to create healthy communities through community-based prevention strategies. As part of the evaluation of this project, adult residents living in the Long Beach HEAL Zone completed a Healthy Eating and Active Living Survey in July–October 2013. Developed in collaboration by the Atkins Center for Weight and Health and the Center for Community Health and Evaluation, the survey asked local residents about their neighborhood and nutrition and physical activities. The report includes details on eating behaviors, beverage behaviors, physical activity, social support, and self-reported BMI.

2. **Building Healthy Communities Long Beach: Integrated Community Action Plan, April 2013–April 2016.** Accessed January 2016: http://www.bhclongbeach.org/wp-content/uploads/2013/07/13-0604-BHC-Community-Action-Plan-FULLY-Integrated_5.pdf

This document provides an overview of the Building Healthy Communities Action Plan, including capacities, resources, strategies, target changes, and outcomes.

3. **Building Better Health: Long Beach.** <http://www.bhclongbeach.org/>

Funded by The California Endowment (TCE), Building Healthy Communities (BHC) is a ten-year, place-based initiative designed to develop a collaborative structure with residents, community-based organizations, and government leaders. The initiative takes a systems level approach to improve community health in Central/West Long Beach, one of 14 communities in California selected by TCE.

4. **Data Report A Hidden Crisis: Findings on Adverse Childhood Experience in California.** *Center for Youth Wellness with Public Health Institute* (November 2014). <https://app.box.com/s/nf7lw36bjr5kdfx4ct9>.

Adverse Childhood Experiences, or ACEs, are a hidden crisis, impacting the health and wellbeing of children, families and communities across California. Occurring during childhood, the most formative period in a person’s life, ACEs are traumatic experiences that have a profound impact on a child’s developing brain and body with lasting impacts on a person’s health and livelihood throughout her lifetime. In California, 61.7% of adults have experienced at least one ACE and one in six, or 16.7%, have experienced four or more ACEs. The most common ACE among California adults is emotional (or verbal) abuse.

6. Esther, H., Decker, S.L., Jamoom, E. (2015). **Acceptance of New Patients with Public and Private Insurance by Office-based Physicians: United States, 2013.** *NCHS Data Brief*, No. 195.
<http://www.cdc.gov/nchs/data/databriefs/db195.pdf>

Physician acceptance of new Medicaid patients has shown to be lower than acceptance of new Medicare patients or new privately insured patients. In 2013, 95.3% of physicians were accepting new patients. The percentage of physicians accepting new privately insured patients (84.7%) was greater than the percentage accepting new Medicare (83.7%) and new Medicaid patients (68.9%). The percentage of office-based physician's accepting new Medicare patients (77.2%) in California was not significantly different than the National average. The percentage of office-based physician's accepting new Medicaid patients (54.2%) in California was significantly lower than the National average.

7. **First 5 LA Best Start: Central Long Beach.** <http://www.first5la.org/index.php?r=site/tag&id=617>

The Central Long Beach community has a long history of working together to impact the services and resources available to residents. The area has been described as having a “culture of collaboration,” and the participation of multiple sectors is actively promoted. The diversity and extensiveness of the Central Long Beach community's leadership has the potential to be a model. Residents have taken on leadership roles when asked to participate, and there are additional opportunities for them to become increasingly engaged. Community leadership in Central Long Beach is described as “committed, creative, ethnically diverse, innovative, collaborative, connected, wanting to be organized, active and dedicated.”

8. **Flanning, D., Toros, H., Burns, P. (October 2015). Long Beach Rising: A City that Works for Everyone. Economic Roundtable.** Accessed January 2016: <http://economicrt.org/>.

This report discussed the impact of the increase in the minimum wage in the City of Long Beach including the economic stimulus, impact on lower-income neighborhoods, and the effects outside of the municipal boundaries of Long Beach.

9. **Henry, M., Cortes, Dr. Alvaro, Shivji, A., Buck, K (2014). The 2014 Annual Homeless Assessment Report (AHAR) to Congress. October 2014. The U.S. Department of Housing and Urban Development Office of Community Planning and Development.** Accessed January 2015:
<https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>

This report provides an overview of the Point-In-Time Estimates of Homeless from January 2104, including National and State estimates. Estimates are also broken down by individuals, families, unaccompanied homeless children and youth, veterans, and chronically homeless people.

10. **Hill, L.E. and Johnson, H.P. (2011). Unauthorized Immigrants in California: Estimates for Counties. Public Policy Institute of California.** Accessed January 2016:
http://www.ppic.org/content/pubs/report/R_711LHR.pdf.

California has more unauthorized immigrants than any other state, about 2.6 million of the nation's 11 million; they make up 7 percent of the total California population and 9 percent of the state's labor force. For decades, unauthorized immigrants have been a part of California: in many industries in the economy and in rural and urban communities. Los Angeles County is estimated to have approximately 900,000 unauthorized immigrants, accounting for 9.3% of its population.

11. HIV/AIDS Monitoring Report (2014). City of Long Beach Department of Health and Human Services.

This report provides a summary of the HIV/AIDS cases in Long Beach City, including cumulative cases, race/ethnicity break down, gender, age, exposure category, mortality rates, survival status and GIS maps of prevalence rates throughout the city.

12. Long Beach Violence Prevention Planning Community Survey Results. (2013). LB Development Services. Accessed:
http://www.lbds.info/neighborhood_services/lbvpp/lbvpp_community_survey_results.asp.

The Long Beach Violence Prevention Plan Community Survey was distributed in all parts of Long Beach to gather input from community members regarding safety and violence. The survey was distributed in English, Spanish, and Khmer in 2013. 445 community members completed the survey. The survey revealed that although 74% of respondents in Long Beach feel they are safe or very safe in their own communities, only 20% feel safe in all parts of Long Beach. When asked how common child abuse, domestic violence, elder abuse and sexual abuse were in their neighborhoods, 52% of respondents reported they were unsure.

13. Passel, J.S. and Cohn, D. (2014). Unauthorized Immigrant Totals Rise in 7 States Chapter 1: State Unauthorized Immigrant Populations. *Pew Research Center Hispanic Trends*. Accessed January 2016:
http://www.pewhispanic.org/files/2014/11/2014-11-18_unauthorized-immigration.pdf.

California was estimated to have the largest unauthorized immigrant population in 2012 with approximately 2.4 million. The population however declined from 2009-2012.

14. Safe Long Beach: City of Long Beach Violence Prevention Plan 2020. Accessed January 2016
http://www.livewellongbeach.org/content/sites/longbeach/Safe_Long_Beach_VPP.pdf.

Safe Long Beach is a plan that examines existing evidence-based prevention strategies and practices. It assesses how the existing citywide resources, services, and programs are being utilized and recommends how to coordinate these services in an effective and efficient manner. Through the planning process, the City has identified multiple agencies and City departments that are engaged in various aspects of violence prevention. The ongoing coordination of these efforts has led to long-term systems change and plan sustainability. With improved coordination, collaboration, communication, and commitment between the city and county governments, community-based organizations, faith leaders, and community residents, we will see a safer Long Beach by 2020.

15. Wallace, S.P., Torres, J., Sadegh-Nobari, T., Pourat, N., Brown, E.R. (2012). Undocumented Immigrants and Health Care Reform. *UCLA Center for Health Policy Research*, Accessed January 2016:
<http://healthpolicy.ucla.edu/publications/Documents/PDF/undocumentedreport-aug2013.pdf>

Despite the far-reaching expansion of health care coverage for the large number of uninsured individuals in the US, the ACA explicitly excludes undocumented immigrants from purchasing health insurance coverage through the health exchanges. In addition, undocumented immigrants continue to be ineligible for most public forms of health insurance coverage and would not benefit from any Medicaid expansions carried out by the states. Undocumented immigrants have lower health insurance coverage, significant barriers to care, and rely on safety net health care providers.

16. Wilmington School & Residence Sound Attenuation Program. Report #4: Property Inventory and Mitigation Recommendations Report. (October 2013). *Landrum and Brown and the Jones Payne Group.*

This report presents an overview of the impacted residences and schools in the study area for the Harbor Community Benefit Foundation's (HCBF) Wilmington School and Residence Sound Attenuation Program (SAP). This report inventories the residences and schools determined to be highly-impacted, evaluates the exterior noise levels and the noise reduction capabilities of representative properties, determines the best option to provide sound mitigation treatments and evaluates overall program costs.

Appendix B. Key Stakeholder Interviewees

Key Stakeholder Interviewees

Contact	Title	Organization	Background					
			Public health expert	Health dept rep	Leader or representative			
					Pops with chronic conditions	Minorities	Medically under-served	Low-income
Ashley Millhouse	Health Systems Manager	American Cancer Association	√		√			
Ashley Uyeda	Community Organizer	Khmer Girls in Action				√	√	√
Bitra Ghafoori, Ph.D.	Professor, Director of Long Beach Trauma Recovery Center	California State University, Long Beach	√		√	√	√	√
Bob Cabeza	Vice President	YMCA Greater Long Beach			√	√	√	√
Charlie Lonon	Minority Outreach Coordinator	VA Hospital		√	√	√	√	√
Christine Petit	Hub Manager Building Healthy Communities, Long Beach	The California Endowment			√	√	√	√
David Pilon	CEO	Mental Health America			√	√	√	√
Dr. Elisa Nicholas	Pediatrician and CEO	The Children's Clinic	√		√	√	√	√
Gail Farmer	Professor and Chair, Health Sciences Department	California State University, Long Beach	√	√				
Dr. Gregory Canillas	Assistant Professor of Clinic Psychology and Commissioner	Chicago School of Professional Psychology, Los Angeles; Long Beach Human Trafficking Task Force	√					
Gretchen Swanson	Fall Prevention Program Advisor	Heart of IDA	√	√	√	√	√	√
Ismael Morales	Director Health & Wellness Services	The LGBTQ Center Long Beach	√		√	√	√	√
Jeff Bailey, MPH	Director of Client Services	AIDS Project Los Angeles, The David Geffen Center	√		√	√	√	√
Jennifer Rasmussen	AVP, Case Management	Molina Healthcare of California		√	√	√	√	√
Jenny Chheang	Program Manager Building Healthy Communities Initiative, Long Beach	The California Endowment				√		√

Judeth Luong	Grant Program Manager	ALSAA/CAARE/ Healthy Homes Programs City of Long Beach Dept. of Health & Human Services	√						
Kate Marr	Managing Attorney	Legal Aid Foundation of Los Angeles			√	√	√	√	
Kelly Colopy	Director of Health and Human Services	City of Long Beach Dept. of Health & Human Services	√	√	√	√	√	√	√
Louisa Franco	Health Promotions Coordinator	City of Long Beach Dept. of Health & Human Services	√	√		√			√
Mariko Kahn	Executive Director	Pacific Asian Counseling Services	√						
Martha Cota	Founder	Latinos in Action			√	√	√		√
Miguel Angel Ortiz-Valenzuela	Assistant Director of the Latino Center	California State University, Long Beach	√		√	√	√	√	√
Misi Tagaloa	Civic Engagement Advocate and Senior Minister	Molina Healthcare, Inc. and Second Samoan Congregational Church				√	√		
Pat Kennedy	Chief Executive	Greater Long Beach Interfaith Community Organization				√	√	√	
Dr. Patty A. Bellas	Family Physician	The Children's Clinic			√	√	√	√	
Dr. Paul Simon	Director Division of Chronic Disease and Injury Prevention	LA County Department of Public Health	√						
Renee Moilanen	Manager Air Quality Programs	Port of Long Beach		√					
Rex Richardson	9th District Long Beach City Council	Councilmember			√	√	√	√	
Richard Espinosa	Health Deputy	Supervisor Don Knabe		√					
Steve Colman	Executive Director	Century Villages of Cabrillo			√	√	√	√	
Sylvia Betancourt	Project Manager	Long Beach Alliance for Children with Asthma			√	√	√	√	
Tiffany Brown, Ed.D.	Assistant Superintendent, School Support Services	Long Beach Unified School District			√	√	√	√	
Tracy Colunga	Neighborhood Relations Officer	Violence Prevention City of Long Beach		√	√	√	√	√	