MemorialCare

Miller Children's & Women's Hospital

Long Beach

Community Health Needs Assessment 2022

MemorialCare™
Miller Children's & Women's
Hospital Long Beach

Contents

Executive Summary

MemorialCare Miller Children's & Women's Hospital Long Beach (MCWH) is a member of MemorialCare, an integrated, nonprofit health system headquartered in Orange County, California. MemorialCare includes top hospitals – Orange Coast Medical Center, Saddleback Medical Center, Long Beach Medical Center and Miller Children's & Women's Hospital Long Beach; MemorialCare Medical Group and Greater Newport Physicians; MemorialCare Research, MemorialCare Select Health Plan and numerous convenient outpatient ambulatory surgery, medical imaging, urgent care, breast health, physical therapy, dialysis and primary care and specialty care centers.

MCWH is a nonprofit, pediatric teaching hospital that provides specialized pediatric care for children and young adults, as well as maternity care for expectant mothers. MCWH is one of only eight free-standing children's hospitals in California. The hospital has 357 licensed pediatric and women's beds and is located on a 54-acre campus that it shares with Long Beach Medical Center.

Community Health Needs Assessment

MCWH has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs.

Service Area

MCWH is located at 2801 Atlantic Avenue, Long Beach, California, 90806. The primary service area includes 44 ZIP Codes, located in 24 cities in Orange County and Los Angeles County. The hospital service area comprises portions of Los Angeles County Service Planning Areas (SPAs) 6, 7 and 8.

Miller Children's & Women's Hospital Long Beach Service Area

Place	ZIP Code	Service Planning Area
Artesia	90701	7
Bell Gardens	90201	7
Bellflower	90706	7
Carson	90745, 90746	8
Cerritos	90703	7
Compton	90220, 90221, 90222	6
Cypress	90630	N/A – Orange County
Downey	90241, 90242	7
Gardena	90247	8
Hawaiian Gardens	90716	7
Hawthorne	90250	8

Place	ZIP Code	Service Planning Area
Huntington Park	90255	7
Lakewood	90712, 90713, 90715	7
Long Beach	90802, 90803, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 90814, 90815	8
Los Alamitos	90720	N/A – Orange County
Los Angeles	90001, 90002, 90003, 90044, 90059	6
Lynwood	90262	6
Norwalk	90650	7
Paramount	90723	6
San Pedro	90731	8
Seal Beach	90740	N/A – Orange County
Signal Hill	90755	7
South Gate	90280	7
Wilmington	90744	8

Methodology

Secondary Data

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, birth indicators, leading causes of death, acute and chronic disease, COVID-19, health behaviors, mental health, substance use and preventive practices. These data are presented in the context of Los Angeles County and California.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Primary Data

Interviews with community stakeholders and focus groups with community residents were conducted to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twenty-seven (27) interviews were conducted from September 2021 to January 2022. Community stakeholders identified by the Long Beach CHNA Collaborative were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility." Six virtual focus groups engaged 90 community residents. The focus groups were conducted from November 2021 to February 2022. The following population groups participated in the focus

groups: Latinx, Black/African American, Cambodian/Pacific Islander, LGBTQIA+, disabled persons/veterans, and older adults.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder surveys. The identified significant needs included:

- Access to health services
- Chronic diseases
- COVID-19
- Economic insecurity
- Environment
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Pregnancy and birth outcomes
- Preventive practices
- Racism and discrimination
- Substance use
- Violence and injury

COVID-19

COVID-19 continues to have an unprecedented impact on the health and well-being of the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to health care, preventive screenings, disease maintenance, healthy eating and physical activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Access to care, housing and homelessness and mental health were identified as priority needs.

Report Adoption, Availability and Comments

This CHNA report was adopted by the MemorialCare Miller Children's & Women's Hospital Board of Directors on June 14, 2022. This report is widely available to the public on the hospital's web site at www.memorialcare.org/about-us/community-benefit. Written feedback on this CHNA can be sent to: communitybenefit@memorialcare.org.

Introduction

Background and Purpose

MemorialCare is an integrated, nonprofit health system headquartered in Orange County, California. MemorialCare includes top hospitals – Orange Coast Medical Center, Saddleback Medical Center, Long Beach Medical Center and Miller Children's & Women's Hospital Long Beach; MemorialCare Medical Group and Greater Newport Physicians; MemorialCare Research, MemorialCare Select Health Plan and numerous convenient outpatient ambulatory surgery, medical imaging, urgent care, breast health, physical therapy, dialysis and primary care and specialty care centers.

Miller Children's & Women's Hospital Long Beach

MCWH is a nonprofit, pediatric teaching hospital that provides specialized pediatric care for children and young adults, as well as maternity care for expectant mothers. Nationally, only five percent of all hospitals are children's hospitals, and MCWH is one of only eight free-standing children's hospitals in California.

The hospital has 357 licensed pediatric and women's beds and is located on a 54-acre campus that it shares with Long Beach Medical Center. These hospitals function under the same tax identification number but are separately licensed hospitals. Patient and family-centered care is a cornerstone of MCWH. It is the only hospital in the region to have a level IV maternity center and a comprehensive level III NICU to provide specialized care for expectant mothers and their babies. Within the hospital there are seven major inpatient care centers. MCWH also has comprehensive outpatient specialty centers at the newly opened Cherese Mari Laulhere Children's Village that feature more than 40 sub-specialties, and include 16 California Children Services (CCS) approved special care centers.

The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

MCWH is located at 2801 Atlantic Avenue, Long Beach, California, 90806. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. MCWH

determined the service area by averaging total inpatient ZIP Codes from 2018-2020. This service area represents 80% of total inpatient ZIP Codes of patient origin. The primary service area includes the following 44 ZIP Codes, located in 24 cities. 11 ZIP Codes are located in the City of Long Beach. Three cities/ZIP Codes are located in Orange County (Cypress, Los Alamitos and Seal Beach) while the remaining 41 ZIP Codes are in Los Angeles County and comprise portions of Los Angeles County Service Planning Areas (SPAs) 6, 7 and 8. The hospital service area is detailed below by community, ZIP Code and Service Planning Area.

Miller Children's & Women's Hospital Long Beach Service Area

Place	ZIP Code	Service Planning Area
Artesia	90701	7
Bell Gardens	90201	7
Bellflower	90706	7
Carson	90745, 90746	8
Cerritos	90703	7
Compton	90220, 90221, 90222	6
Cypress	90630	N/A – Orange County
Downey	90241, 90242	7
Gardena	90247	8
Hawaiian Gardens	90716	7
Hawthorne	90250	8
Huntington Park	90255	7
Lakewood	90712, 90713, 90715	7
Long Beach	90802, 90803, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 90814, 90815	8
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Lynwood	90262	6
Norwalk	90650	7
Paramount	90723	6
San Pedro	90731	8
Seal Beach	90740	N/A – Orange County
Signal Hill	90755	7
South Gate	90280	7
Wilmington	90744	8

Additionally, the Los Angeles Department of Public Health subdivides the eight SPAs into 26 Health Districts. Following are the five Health Districts mentioned in this report, and the communities – or portions of communities – which they cover. Some service area communities, or large portions of them, are within Health Districts not mentioned in this report, and Health Districts may cut across communities such that portions of the same community are located in multiple Health Districts.

Los Angeles Health Districts Within the MCWHLB Service Area

Health District	SPA	Communities Covered
Bellflower	7	Artesia, Bellflower, Cerritos, Hawaiian Gardens, Lakewood, Norwalk, Signal Hill
Compton	6	Carson, Compton, East Compton, Lynwood, Paramount, West Compton, Willowbrook
Long Beach	8	Long Beach
San Antonio	7	Bell, Bell Gardens, Cudahy, Downey, Huntington Park, Maywood, South Gate, Vernon
South	6	Broadway-Manchester, Florence-Firestone, Green Meadows, Vermont Vista, Watts

CHNA Collaborators

This CHNA was conducted in partnership with the Long Beach CHNA Collaborative that included the Long Beach Department of Health and Human Services, MemorialCare Long Beach Medical Center, MemorialCare Miller Children's & Women's Hospital Long Beach, Dignity Health St. Mary Medical Center and TCC Family Health. MCWH engaged Biel Consulting, Inc. to conduct the CHNA.

Consultants

Biel Consulting, Inc. facilitated the Long Beach CHNA Collaborative meetings, coordinated the CHNA process, collected the secondary data and wrote the CHNA. Dr. Melissa Biel was joined by Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. To learn more, go to www.bielconsulting.com

Long Beach Forward conducted the primary data collection for the CHNA. Long Beach Forward began in 2010 as the Hub Organization for the Building Healthy Communities initiative in Long Beach and rebranded in 2018 as Long Beach Forward. James Suazo, Executive Director, served as the contact person for the Long Beach CHNA Collaborative. Stakeholder interviews and transcriptions were conducted by Takara Richardson, Cindy Guardado, and Antonio Hernandez. Focus groups were conducted collaboratively by Takara Richardson, Cindy Guardado, Antonio Hernandez, Katherine Palaeologus, Rudy Cardoso, Leakhena Ou, Nerexda Soto, Marlene Montañez, and James Suazo. Administrative and logistical support was provided by Ariel Halstead, MPH, and Peter Madsen. To learn more, go to www.lbforward.org

CHNA Approval

This CHNA report was adopted by the MemorialCare Miller Children's & Women's Hospital Board of Directors on June 14, 2022.

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to health services
- Chronic diseases
- COVID-19
- Economic insecurity
- Environment
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Pregnancy and birth outcomes
- Preventive practices
- Racism and discrimination
- Substance use

- Violence and injury

Primary Data Collection
Interviews with community stakeholders and virtual focus groups with community residents were conducted to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Key Stakeholder Interviews
Twenty-seven (27) telephone interviews were conducted during September 2021 to January 2022. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the Long Beach service area who spoke to issues and needs in the communities served by the hospital.

The Long Beach CHNA Collaborative identified a list of 39 key informants with the purpose of being interviewed as primary stakeholders and to give insight to community health needs and strengths. The key informants included leaders and representatives from healthcare institutions, community health clinics, nonprofit organizations, grassroots community groups, direct service providers, public education, and local government. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Prior to the interview, key informants were asked to complete an online survey prioritizing the identified community needs. One-on-one interviews were conducted by Long Beach Forward over Zoom. The interviews consisted of: (1) five open-ended questions; (2) input on issues, challenges, barriers related to identified health needs and; (3) available resources related to identified health needs.

Focus Groups
The Long Beach CHNA Collaborative identified six populations to be the focus of outreach for virtual focus groups to collect input and perspectives regarding the identified community needs and additional barriers and solutions to community health issues. The focus groups were adapted for a virtual format via Zoom due to the unpredictable nature of COVID-19 case rates in Long Beach. The six populations identified for individual focus groups were: Latinx, Black/African American, Cambodian/Pacific Islander, LGBTQIA+, disabled persons and veterans, and older adults.

Long Beach Forward partnered with community-based organizations to assist with outreach and recruitment of participants, including: The LGBTQ Center of Long Beach, U.S. VETS, the YMCA of Greater Long Beach, Best Start Central Long Beach, the Long Beach Gray Panthers, Elite Skills Development, Black Lives Matter Long Beach, the Greater Long Beach Mutual Aid Network, the Black Healthy Equity Collaborative, and United Cambodian Community. Long Beach Forward selected organizational/program partners that would be able to reach community members as identified as vulnerable populations by the Long Beach CHNA Collaborative and that, as a whole, were as representative of the vulnerable populations as possible within the scope of the project. Each organization was provided with $1,500 to compensate their time for conducting outreach and recruiting the focus group participants. The organizations engaged residents to participate in the focus groups by using the method they knew to be most effective, including distribution of a flyer (template provided by Long Beach Forward), word of mouth, targeted outreach, and email invitations.

To register for the focus group, participants were asked to complete an online registration form to capture their contact information along with socioeconomic and demographic data. Individuals who needed support completing the online form were assisted by a community partner or a Long Beach Forward team member. Long Beach Forward sent confirmation emails for each focus group to ensure as much participation as possible. For each focus group, a representative from Long Beach Forward served as the facilitator. The main objective of the Long Beach Forward facilitator was to introduce the purpose of the focus groups and Long Beach Forward's role, share the identified significant health needs, facilitate the full group discussion questions, and ensure the process was adhering to the protocol. Another representative from Long Beach Forward controlled the Zoom platform to assist with interpretation, breakout rooms, and moderation. Another representative took notes from the full group discussion, and another representative took attendance and recorded consent from the participants.

The focus groups began with an introduction by the Long Beach Forward facilitator and introductions of all participants using an ice-breaker question via the chat function. Once participants had been introduced, the Long Beach Forward facilitator reviewed each of the definitions and examples of the identified significant health needs. All significant health needs were visible via screen share and participants were encouraged to ask questions and add additional significant health needs that were not identified.

Participants were sorted into breakout rooms depending on the number of attendees. Breakout rooms consisted of three to six participants and two representatives from Long Beach Forward, one to facilitate dialogue and one to capture notes in the virtual chat

window. Once in the breakout rooms, participants were asked to identify their top three priorities. Next, participants were asked a series of questions related to their understanding and perspectives on the identified needs, including who is most impacted by the needs, major barriers and challenges to addressing the needs, effective strategies to reduce inequities, and resources that exist in the community. The virtual focus groups lasted ninety minutes and utilized simultaneous interpretation and live captioning to ensure maximum participation. A $25 gift card incentive was given to the participants. Attachment 3 provides information about the focus groups.

Data Quality Assurance

Long Beach Forward assured quality data collection by revisiting the recorded content (from the stakeholder interviews and the focus groups) when reviewing the typed notes that had missing information. In addition, the team entered all hand-written notes into digital notes to ensure that information was comprehensive and themes were identified. Data collected in Spanish or Khmer were translated with the assistance of language-proficient staff and professional interpreters contracted through NewVoice Interpreting. Key quotes were directly transcribed to accurately represent the voices of community members.

Stakeholder comments have been edited for clarity and are presented throughout the report. Responses to the overview questions from the interviews and the focus groups are detailed in Attachment 4.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous 2019 CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at www.memorialcare.org/about-us/community-benefit. To date, no comments have been received.

Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Economic insecurity, COVID-19, mental health, housing and homelessness and access to care had the highest scores for severe and very severe impact on the community. Economic insecurity, housing and homelessness and mental health were the top three needs that had worsened over time. Economic insecurity, mental health, housing and homelessness, access to care and substance use had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	90.8%	43.4%	86.3%
Birth indicators and pregnancy	36.3%	18.1%	52.3%
Chronic diseases	82.5%	47.8%	72.7%
COVID-19	95.5%	52.1%	63.6%
Economic insecurity	95.6%	91.3%	100%
Environmental pollution	56.5%	47.8%	63.5%
Food insecurity	86.8%	65.2%	77.2%
Housing and homelessness	91.2%	86.9%	95.3%
Mental health	95.4%	81.8%	95.4%
Overweight and obesity	59.0%	40.9%	61.9%
Preventive practices	65.1%	30.4%	50.0%
Racism and discrimination	82.5%	65.2%	77.1%
Substance use	82.5%	56.5%	86.3%
Violence and injury	69.5%	52.1%	59.0%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, access to care, housing and homelessness, substance use and chronic disease were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.95
Access to health care	3.91
Housing and homelessness	3.82
Substance use	3.80
Chronic diseases	3.73
COVID-19	3.69
Preventive practices	3.64
Racism and discrimination	3.59
Violence and injury	3.52
Economic insecurity	3.48
Food insecurity	3.48
Birth indicators and pregnancy	3.43
Overweight and obesity	3.23
Environmental pollution	3.00

Community participants in the focus groups were also asked to prioritize the significant needs. The priorities identified by each focus group are listed below. The overall top five priorities were calculated by tallying all votes and selecting the five with the highest scores: mental health, housing and homelessness, access to health care, racism and discrimination, COVID-19 and economic insecurity *(tied).*

Focus Group	Top Three Priorities
LGBTQIA+	1. Mental health 2. Racism and discrimination 3. Access to health care
Older adults	1. Access to health care 2. Preventive practices 3. Economic insecurity
Black/African American	1. Mental health 2. Housing and homelessness 3. Racism and discrimination
Latinx	1. Access to health care 2. COVID-19 3. Housing and homelessness

Focus Group	Top Three Priorities
Disabled persons/Veterans	1. Housing and homelessness 2. Mental health 3. Access to health care
Cambodian/Asian Pacific Islanders	1. Mental health 2. COVID-19 3. Access to health care
Top Priorities Across All Groups 1. Mental health 2. Housing and homelessness 3. Access to health care 4. Racism and discrimination 5. COVID-19 and economic insecurity *(tied)*	

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented in Attachment 5.

Review of Progress

In 2019, MCWH conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to care, chronic diseases, mental health and behavioral health, preventive practices, pregnancy and birth outcomes, and sexually transmitted infections through a commitment of community benefit programs and resources. The hospital also considered the Social Determinants of Health (SDOH) as they addressed the identified priority needs. The impact of the actions that MCWH used to address these significant needs can be found in Attachment 6.

Community Demographics

Population

The population of the MCWH service area is 2,227,329. From 2014 to 2019, the population increased by 1%, while the population of the county grew by 1.1% and the state by 3.2%.

Total Population and Change in Population

	ZIP Code	Total Population	Change in population, 2014-2019
Artesia	90701	16,801	0.6%
Bell Gardens	90201	101,965	-0.5%
Bellflower	90706	77,195	-0.3%
Carson	90745	56,930	-1.4%
Carson	90746	27,075	1.3%
Cerritos	90703	50,589	1.0%
Compton	90220	52,817	5.2%
Compton	90221	51,688	-3.7%
Compton	90222	33,200	2.6%
Cypress	90630	49,205	0.7%
Downey	90241	43,215	-0.9%
Downey	90242	42,694	-1.2%
Gardena	90247	48,293	1.9%
Hawaiian Gardens	90716	14,285	-0.5%
Hawthorne	90250	97,072	1.9%
Huntington Park	90255	75,019	-1.6%
Lakewood	90712	31,217	-2.5%
Lakewood	90713	28,202	-0.7%
Lakewood	90715	20,256	-0.1%
Long Beach	90802	38,962	0.4%
Long Beach	90803	32,126	4.3%
Long Beach	90804	39,239	-3.5%
Long Beach	90805	95,995	1.5%
Long Beach	90806	41,990	-2.7%
Long Beach	90807	32,202	-4.5%
Long Beach	90808	39,330	-1.3%
Long Beach	90810	37,251	1.4%
Long Beach	90813	58,380	-2.7%
Long Beach	90814	19,685	4.8%
Long Beach	90815	41,312	1.8%
Los Alamitos	90720	22,261	-0.3%
Los Angeles/Firestone Park	90001	59,832	6.2%
Los Angeles/Watts	90002	53,302	6.4%
Los Angeles/Green Meadows	90003	73,730	10.2%
Los Angeles/Vermont Vista	90044	99,443	12.5%
Los Angeles/Willowbrook	90059	46,185	8.7%
Lynwood	90262	70,536	-0.2%
Norwalk	90650	105,304	-1.1%
Paramount	90723	54,513	-0.5%
San Pedro	90731	60,659	-2.7%
Seal Beach	90740	24,307	0.1%

Signal Hill	90755	11,545	1.3%
South Gate	90280	94,642	-0.9%
Wilmington	90744	56,880	-2.0%
MCWH Service Area		**2,227,329**	**1.0%**
Los Angeles County		**10,081,570**	**1.1%**
California		**39,283,497**	**3.2%**

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. http://data.census.gov

The hospital service area population is 50.9% female and 49.1% male.

Population, by Gender

	MCWH Service Area	Los Angeles County	California
Male	49.1%	49.3%	49.7%
Female	50.9%	50.7%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05.http://data.census.gov

In Los Angeles County, 90.9% of the adult population identify as straight or heterosexual, and 99.6% as cisgender, or not transgender. In the Los Angeles County Service Planning Area 6 (SPA 6), 2.9% of the population identifies as gay, lesbian or homosexual. In SPA 7, 2% of the population identifies as gay, lesbian or homosexual and in SPA 8, 3% of the population identifies as gay, lesbian or homosexual.

Population, by Sexual Orientation and Gender Identity, Adults

	SPA 6	SPA 7	SPA 8	L.A. County	California
Straight or heterosexual	91.0%	90.9%	91.4%	90.9%	91.9%
Gay, lesbian or homosexual	2.9%	2.0%	3.0%	3.1%	2.7%
Bisexual	*3.3%	4.1%	3.2%	3.9%	3.6%
Not sexual / celibate / none / other	*2.8%	3.0%	2.5%	2.1%	1.9%
Cisgender / not transgender	*99.8%	*99.9%	*99.6%	99.6%	99.4%
Transgender / gender non-conforming	*0.2%	*0.1%	*0.4%	0.4%	0.6%

*Source: California Health Interview Survey, 2016-2020 combined. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Children and youth, ages 0-17, make up 25.5% of the service area population, 63.3% are adults, ages 18-64, and 11.2% of the population are seniors, ages 65 and older. The service area has a higher percentage of children, youth and young adults, ages 0 to 24, and a smaller percentage of older adults and seniors (ages 45 and older), than the county or state.

Population, by Age

	MCWH Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	156,424	7.0%	611,485	6.1%	2,451,528	6.2%
Age 5-17	410,695	18.4%	1,603,275	15.9%	6,570,618	16.7%
Age 18-24	231,794	10.4%	979,915	9.7%	3,789,808	9.6%

	MCWH Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 25-44	646,119	29.0%	3,003,060	29.8%	11,173,751	28.4%
Age 45-64	532,429	23.9%	2,547,857	25.3%	9,811,751	25.0%
Age 65+	249,868	11.2%	1,335,978	13.3%	5,486,041	14.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

When the service area is examined by ZIP Code, the Willowbrook area of Los Angeles 90059 has the highest percentage of children and youth (34.3%), followed by Los Angeles 90002 (32.4%) and 90003 (32.1%). Long Beach 90803 has the lowest percentage of children and youth in the service area (11.1%).

Population, by Youth, Ages 0-17

	ZIP Code	Total Population	Youth Ages 0 – 17
Artesia	90701	16,801	20.3%
Bell Gardens	90201	101,965	29.5%
Bellflower	90706	77,195	25.5%
Carson	90745	56,930	21.3%
Carson	90746	27,075	17.5%
Cerritos	90703	50,589	18.6%
Compton	90220	52,817	29.1%
Compton	90221	51,688	28.6%
Compton	90222	33,200	31.3%
Cypress	90630	49,205	22.8%
Downey	90241	43,215	22.7%
Downey	90242	42,694	23.7%
Gardena	90247	48,293	21.5%
Hawaiian Gardens	90716	14,285	27.2%
Hawthorne	90250	97,072	25.5%
Huntington Park	90255	75,019	26.8%
Lakewood	90712	31,217	21.9%
Lakewood	90713	28,202	21.5%
Lakewood	90715	20,256	22.3%
Long Beach	90802	38,962	14.2%
Long Beach	90803	32,126	11.1%
Long Beach	90804	39,239	21.1%
Long Beach	90805	95,995	28.8%
Long Beach	90806	41,990	25.4%
Long Beach	90807	32,202	18.7%
Long Beach	90808	39,330	21.3%
Long Beach	90810	37,251	23.9%
Long Beach	90813	58,380	29.1%
Long Beach	90814	19,685	15.8%
Long Beach	90815	41,312	18.3%
Los Alamitos	90720	22,261	23.1%
Los Angeles/Firestone Park	90001	59,832	31.7%
Los Angeles/Watts	90002	53,302	32.4%
Los Angeles/Green Meadows	90003	73,730	32.1%
Los Angeles/Vermont Vista	90044	99,443	29.6%
Los Angeles/Willowbrook	90059	46,185	34.3%

	ZIP Code	Total Population	Youth Ages 0 – 17
Lynwood	90262	70,536	28.3%
Norwalk	90650	105,304	24.3%
Paramount	90723	54,513	28.5%
San Pedro	90731	60,659	23.2%
Seal Beach	90740	24,307	13.1%
Signal Hill	90755	11,545	18.7%
South Gate	90280	94,642	27.0%
Wilmington	90744	56,880	28.9%
MCWH Service Area		**2,227,329**	**25.5%**
Los Angeles County		**10,081,570**	**22.0%**
California		**39,283,497**	**23.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Race/Ethnicity

The largest portion of the population in the service area identifies as Hispanic/Latino (61.2%). 14% of the population identifies as White/Caucasian, 12.2% as Black/African American, and 9.9% as Asian. 1.7% of the population identifies as multiracial (two-or-more races), 0.5% as Native Hawaiian/Pacific Islander, and 0.2% as American Indian/Alaskan Native. Those who are of a race/ethnicity not listed represent 0.3% of the service area population.

Race/Ethnicity

	MCWH Service Area	Los Angeles County	California
Hispanic or Latino	61.2%	48.5%	39.0%
White	14.0%	26.2%	37.2%
Black/African American	12.2%	7.8%	5.5%
Asian	9.9%	14.4%	14.3%
Multiracial	1.7%	2.3%	3.0%
Native HI/Pacific Islander	0.5%	0.2%	0.4%
Some other race	0.3%	0.3%	0.3%
American Indian/AK Native	0.2%	0.2%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

When race/ethnicity is examined by ZIP Code, 97.2% of the population in Huntington Park identifies as Hispanic/Latino, followed by South Gate (95.6%) and Bell Gardens (94.3%). Seal Beach has the highest percentage of Whites (70.2%) and the lowest percentage of Hispanics (12.9%). Carson has the highest percentage of Blacks/African Americans in the service area (63%). Cerritos has the highest percentage of Asians in the service area (58.9%).

Race/Ethnicity, by ZIP Code

	ZIP Code	Hispanic/ Latino	White	Black	Asian
Artesia	90701	39.8%	15.1%	5.1%	36.2%
Bell Gardens	90201	94.3%	3.6%	1.1%	0.6%
Bellflower	90706	55.9%	15.9%	13.0%	12.1%
Carson	90745	42.5%	7.2%	7.1%	36.9%
Carson	90746	17.9%	6.0%	63.0%	8.1%
Cerritos	90703	13.9%	14.0%	8.4%	58.9%
Compton	90220	61.2%	2.5%	32.9%	0.8%
Compton	90221	76.4%	1.2%	20.6%	0.9%
Compton	90222	73.0%	1.2%	23.4%	1.1%
Cypress	90630	20.1%	36.4%	3.7%	35.0%
Downey	90241	75.4%	14.0%	2.3%	7.3%
Downey	90242	74.7%	12.3%	5.5%	6.2%
Gardena	90247	49.3%	6.7%	17.7%	23.9%
Hawaiian Gardens	90716	80.0%	4.1%	4.0%	9.9%
Hawthorne	90250	54.9%	11.7%	22.3%	7.6%
Huntington Park	90255	97.2%	1.4%	0.6%	0.4%
Lakewood	90712	32.5%	33.6%	12.0%	18.5%
Lakewood	90713	28.5%	46.8%	4.7%	12.9%
Lakewood	90715	42.4%	19.0%	8.8%	26.6%
Long Beach	90802	34.6%	39.2%	14.0%	7.3%
Long Beach	90803	16.1%	68.7%	4.2%	7.7%
Long Beach	90804	42.8%	25.7%	12.1%	16.0%
Long Beach	90805	59.9%	7.6%	17.8%	10.5%
Long Beach	90806	51.2%	10.4%	16.2%	19.0%
Long Beach	90807	28.9%	36.2%	15.3%	14.8%
Long Beach	90808	23.2%	56.1%	4.4%	9.8%
Long Beach	90810	54.8%	5.5%	10.4%	23.2%
Long Beach	90813	65.0%	8.5%	11.5%	12.5%
Long Beach	90814	26.3%	48.9%	12.0%	9.1%
Long Beach	90815	20.2%	57.1%	5.9%	12.3%
Los Alamitos	90720	20.3%	57.5%	3.4%	13.5%
Los Angeles/Firestone Park	90001	90.1%	0.6%	8.5%	0.2%
Los Angeles/Watts	90002	78.9%	0.4%	18.3%	0.8%
Los Angeles/Green Meadows	90003	78.3%	0.5%	20.2%	0.2%
Los Angeles/Vermont Vista	90044	65.0%	0.9%	32.2%	0.7%
Los Angeles/Willowbrook	90059	69.8%	1.0%	27.8%	0.3%
Lynwood	90262	88.2%	2.4%	7.9%	0.7%
Norwalk	90650	69.7%	10.3%	4.5%	13.5%
Paramount	90723	81.0%	5.5%	8.8%	2.9%
San Pedro	90731	57.0%	27.3%	6.7%	5.1%
Seal Beach	90740	12.9%	70.2%	2.1%	11.0%
Signal Hill	90755	31.8%	29.0%	11.1%	24.8%
South Gate	90280	95.6%	2.9%	0.5%	0.5%
Wilmington	90744	88.9%	3.9%	2.8%	3.1%
MCWH Service Area		**61.2%**	**14.0%**	**12.2%**	**9.9%**
Los Angeles County		**48.5%**	**26.2%**	**7.8%**	**14.4%**
California		**39.0%**	**37.2%**	**5.5%**	**14.3%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Language

In the service area, 37.7% of the population, ages 5 and older, speak only English in the home. Among the area population, 52.6% speak Spanish in the home, 7.3% speak an Asian/Pacific Islander language, and 1.6% speak an Indo-European language in the home.

Language Spoken at Home for the Population, Ages 5 and Older

	MCWH Service Area	Los Angeles County	California
Population, 5 years and older	**2,070,905**	**9,470,085**	**36,831,969**
English only	37.7%	43.4%	55.8%
Speaks Spanish	52.6%	39.2%	28.7%
Speaks Asian or Pacific Islander language	7.3%	10.9%	10.0%
Speaks Indo-European language	1.6%	5.3%	4.5%
Speaks other language	0.8%	1.1%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

The highest percentage of Spanish speakers within the service area can be found in Huntington Park (92.1%), followed by Bell Gardens (88.9%) and South Gate (87.5%). Cerritos (40%) and Carson 90745 (29%) have the highest percentage of Asian/Pacific-Islander language speakers. Artesia (11.8%), Cerritos (7.6%) and Cypress (5.2%) have the highest percentages of Indo-European languages spoken at home in the service area. English is spoken in the home by 82.9% of those living in Seal Beach, 81.2% of those living in Long Beach 90803 and 80.2% of those in Los Alamitos.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Artesia	90701	31.7%	30.0%	26.1%	11.8%
Bell Gardens	90201	9.2%	88.9%	0.6%	0.2%
Bellflower	90706	43.0%	44.5%	9.2%	1.5%
Carson	90745	36.2%	33.3%	29.0%	1.0%
Carson	90746	72.3%	14.7%	7.3%	0.8%
Cerritos	90703	43.2%	8.2%	40.0%	7.6%
Compton	90220	43.2%	55.5%	0.9%	0.3%
Compton	90221	27.7%	71.6%	0.6%	0.2%
Compton	90222	31.1%	67.0%	1.3%	0.2%
Cypress	90630	60.0%	10.6%	23.1%	5.2%
Downey	90241	31.9%	59.5%	5.6%	1.7%
Downey	90242	31.3%	62.0%	4.2%	1.7%
Gardena	90247	38.4%	42.6%	17.0%	0.8%
Hawaiian Gardens	90716	20.9%	70.2%	8.0%	0.8%
Hawthorne	90250	39.9%	48.2%	5.2%	2.6%
Huntington Park	90255	7.3%	92.1%	0.3%	0.2%
Lakewood	90712	68.5%	17.0%	11.7%	2.2%
Lakewood	90713	76.0%	14.2%	8.2%	1.2%
Lakewood	90715	46.2%	28.8%	21.7%	2.6%
Long Beach	90802	63.2%	28.0%	4.4%	3.4%

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Long Beach	90803	81.2%	9.5%	3.9%	4.8%
Long Beach	90804	51.2%	34.7%	11.2%	1.9%
Long Beach	90805	38.4%	51.5%	9.2%	0.5%
Long Beach	90806	39.6%	43.4%	14.7%	1.5%
Long Beach	90807	68.4%	19.1%	9.0%	2.6%
Long Beach	90808	79.8%	12.0%	5.1%	2.2%
Long Beach	90810	32.8%	46.2%	19.7%	1.1%
Long Beach	90813	29.9%	57.3%	10.6%	1.4%
Long Beach	90814	74.9%	15.9%	5.8%	2.4%
Long Beach	90815	77.5%	11.0%	6.3%	4.1%
Los Alamitos	90720	80.2%	6.7%	8.9%	3.6%
Los Angeles/Firestone Park	90001	15.0%	84.7%	0.1%	0.0%
Los Angeles/Watts	90002	24.1%	75.0%	0.7%	0.2%
Los Angeles/Green Meadows	90003	23.8%	75.5%	0.1%	0.5%
Los Angeles/Vermont Vista	90044	37.0%	61.6%	0.6%	0.5%
Los Angeles/Willowbrook	90059	33.7%	65.3%	0.2%	0.3%
Lynwood	90262	15.7%	83.2%	0.9%	0.2%
Norwalk	90650	33.0%	54.2%	10.6%	1.9%
Paramount	90723	24.0%	72.7%	2.3%	0.6%
San Pedro	90731	51.6%	39.8%	4.3%	4.0%
Seal Beach	90740	82.9%	4.6%	7.1%	4.4%
Signal Hill	90755	58.0%	21.4%	17.2%	2.5%
South Gate	90280	11.7%	87.5%	0.5%	0.3%
Wilmington	90744	21.1%	76.0%	2.6%	0.3%
MCWH Service Area		**37.7%**	**52.6%**	**7.3%**	**1.6%**
Los Angeles County		**43.4%**	**39.2%**	**10.9%**	**5.3%**
California		**55.8%**	**28.7%**	**10.0%**	**4.5%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

The California Department of Education publishes rates of “English Learners,” defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Los Angeles County school districts, the percentage of students who were classified English Learners was 18%. English Learners ranged from 2.4% in Los Alamitos Unified to 27% in Lynwood Unified.

English Learner (EL) Students, by School District

	Number	Percent
ABC Unified School District	3,267	16.2%
Anaheim Union High School District	5,545	18.6%
Bellflower Unified School District	1,942	17.0%
Compton Unified School District	6,108	26.4%
Cypress Elementary School District	726	19.0%
Downey Unified School District	3,233	14.6%
Hawthorne School District	2,081	26.3%
Little Lake City School District	564	12.9%
Long Beach Unified School District	10,298	14.3%
Los Alamitos Unified School District	233	2.4%
Los Angeles Unified School District	119,626	20.1%

	Number	Percent
Lynwood Unified School District	3,558	27.0%
Montebello Unified School District	8,130	33.4%
Norwalk-La Mirada Unified School District	2,704	16.0%
Paramount Unified School District	3,700	25.8%
Whittier Union High School District	1,024	9.1%
Los Angeles County	**258,775**	**18.0%**
California	**1,148,024**	**18.6%**

Source: California Department of Education DataQuest, 2019-2020. http://dq.cde.ca.gov/dataquest/

Community Perspectives – Racism and Discrimination

Racism and discrimination are pervasive for many people in settings related to health and wellbeing, especially within formal institutions. Experiences with racism, microaggressions, and violent practices have fostered a strong distrust and avoidance of seeking support for care and interacting with government agencies or formalized services. In the context of COVID-19, the rise of Asian and Pacific Islander hate rhetoric had a detrimental impact on residents' mental health and willingness to seek care. Following are stakeholder comments edited for clarity:

> *Racism has set a foundation for all our experiences with health care. There are real trust issues because of the racial biases that we face in health care, jobs, and careers.* - Focus group participant

> *When I first was pregnant with my daughter, I went to a White OB/GYN and I had a very difficult experience. I didn't go back for care again until I was six months pregnant. I had to be coached. Because that experience on top of being scared and not knowing what was going on with my body, that interaction with that OB/GYN made me make the decision that I did not want to go back.* - Key informant interview

> *A lot of young folks are targeted by the police. And I think that's another key trauma that our youth have experienced. Really, there is a distrust of the police.* - Focus group participant

> *Racism exists because discrimination exists. We see all these barriers; we see all these challenges. I think acknowledging the reason why the community doesn't trust, the reason why it's not accessible, the reason why folks are dealing with all these problems, the reason why people died, it's because of racism, it's because of discrimination. I think until we address this core problem, none of the other things are going to follow. I think it's going to be a matter of really challenging the institutions.* - Key informant interview

Over four hundred years of systemic racism means that we cannot even get to talking about economics and health care if we are not looking at racism. We need real political will to make changes happen. - Focus group participant

Citizenship

In the service area, 32.6% of the population is foreign-born, which is lower than the county (34%) but higher than the state (26.8%) rates. Of the foreign-born, 53.9% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	MCWH Service Area	Los Angeles County	California
Foreign born	32.6%	34.0%	26.8%
Of the foreign born, not a U.S. citizen	53.9%	47.7%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Los Angeles County is ranked 34 among ranked counties in California, down from 30 in 2020 according to social and economic factors, placing it in the bottom half of California counties.

Social and Economic Factors Ranking

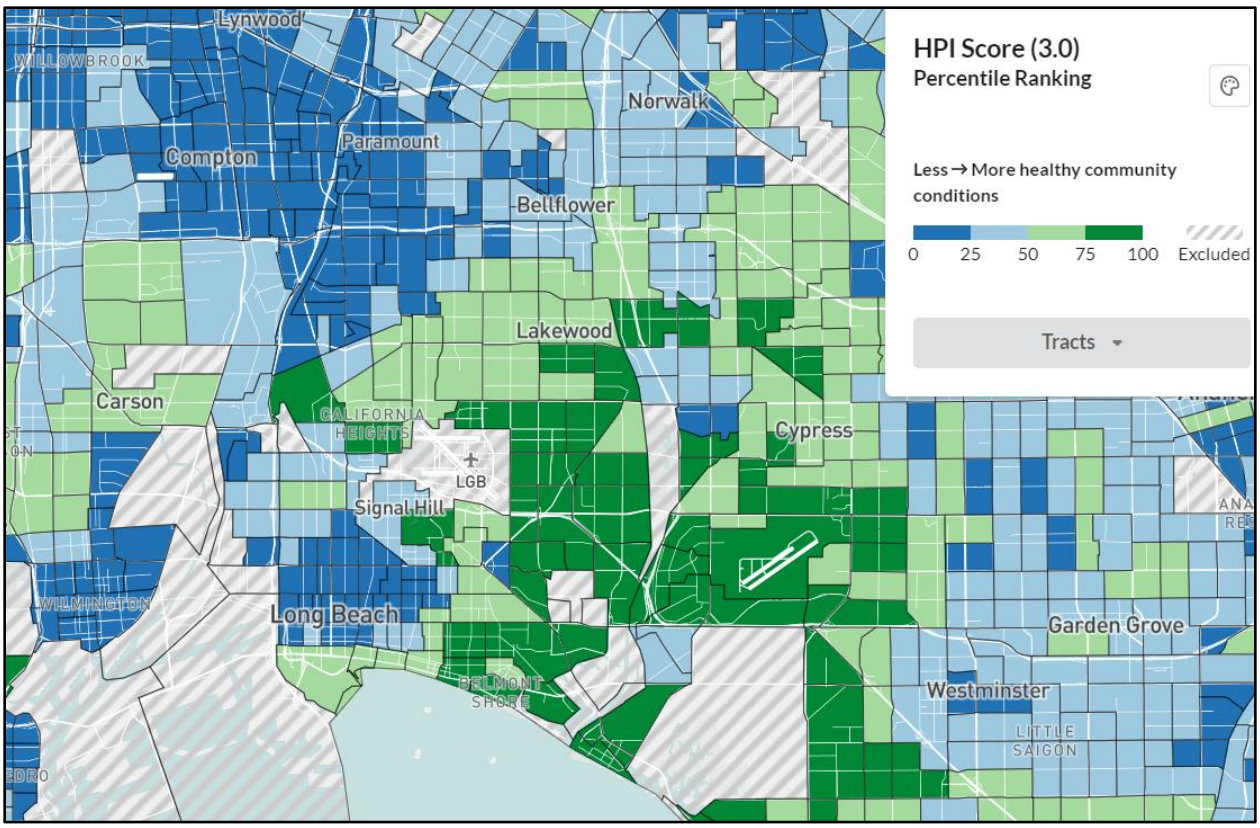
	County Ranking (out of 58)
Los Angeles County	34

Source: County Health Rankings, 2021 http://www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, transportation, social, neighborhood, health care access, housing and clean environment. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth, and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map below displays Long Beach and the surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (*Note: the gray hatched sections represent missing data.*)



Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map 3.0. Released March 31, 2022 accessed April 7, 2022. https://map.healthyplacesindex.org

Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 6.7%. The highest rates of unemployment are found in Los Angeles 90059 (10.7%), Los Angeles 90002 and Compton 90221 (9.7%), South Gate (9.6%) and Compton 90220 (9.2%). The lowest unemployment rates in the service area were in Long Beach 90814 (2.6%) and 90808 (2.8%).

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Artesia	90701	8,259	446	5.4%
Bell Gardens	90201	48,152	3,681	7.6%
Bellflower	90706	38,560	2,242	5.8%
Carson	90745	29,471	1,698	5.8%
Carson	90746	13,985	995	7.1%
Cerritos	90703	24,338	1,458	6.0%
Compton	90220	23,862	2,203	9.2%
Compton	90221	23,773	2,310	9.7%
Compton	90222	14,553	1,049	7.2%
Cypress	90630	25,151	1,044	4.2%
Downey	90241	22,847	1,391	6.1%
Downey	90242	22,117	1,258	5.7%

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Gardena	90247	25,085	1,423	5.7%
Hawaiian Gardens	90716	6,643	383	5.8%
Hawthorne	90250	52,142	2,951	5.7%
Huntington Park	90255	37,315	2,915	7.8%
Lakewood	90712	16,664	826	5.0%
Lakewood	90713	14,857	836	5.6%
Lakewood	90715	10,872	557	5.1%
Long Beach	90802	24,678	1,462	5.9%
Long Beach	90803	20,163	858	4.3%
Long Beach	90804	21,951	938	4.3%
Long Beach	90805	46,158	4,143	9.0%
Long Beach	90806	19,947	969	4.9%
Long Beach	90807	18,332	634	3.5%
Long Beach	90808	20,842	585	2.8%
Long Beach	90810	18,218	1,460	8.0%
Long Beach	90813	27,840	2,515	9.0%
Long Beach	90814	12,351	321	2.6%
Long Beach	90815	20,798	936	4.5%
Los Alamitos	90720	10,864	524	4.8%
Los Angeles/Firestone Park	90001	27,148	2,351	8.7%
Los Angeles/Watts	90002	22,640	2,191	9.7%
Los Angeles/Green Meadows	90003	32,790	2,951	9.0%
Los Angeles/Vermont Vista	90044	43,456	3,096	7.1%
Los Angeles/Willowbrook	90059	19,742	2,120	10.7%
Lynwood	90262	31,888	2,673	8.4%
Norwalk	90650	51,673	3,004	5.8%
Paramount	90723	26,265	1,390	5.3%
San Pedro	90731	30,820	2,224	7.2%
Seal Beach	90740	10,150	407	4.0%
Signal Hill	90755	6,285	339	5.4%
South Gate	90280	47,201	4,509	9.6%
Wilmington	90744	27,188	1,611	5.9%
MCWH Service Area		**1,098,034**	**73,877**	**6.7%**
Los Angeles County		**5,249,298**	**319,435**	**6.1%**
California		**19,790,474**	**1,199,233**	**6.1%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was $13,011 and for a family of four $25,926. Among the residents in the service area, 17.4% are at or below 100% of the federal poverty level (FPL) and 41.1% are at 200% of FPL or below. These poverty and low-income rates are higher than the county and state rates. The highest poverty rates in the service area are found in Los Angeles 90002 (31.4%), 90044 (30.4%) and 90003 (30.1%). The highest rates of low-income residents are found in Los Angeles 90003 (63.2%) and 90002 (63.1%). Cerritos and Lakewood 90713 have the lowest rate of poverty-level residents (4.9%) and Long

Beach 90808 has the lowest rate of low-income residents (12.5%).

Ratio of Income to Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Artesia	90701	8.6%	29.9%
Bell Gardens	90201	26.3%	58.0%
Bellflower	90706	12.8%	36.2%
Carson	90745	8.9%	26.5%
Carson	90746	7.8%	19.7%
Cerritos	90703	4.9%	14.7%
Compton	90220	20.0%	45.4%
Compton	90221	19.7%	53.4%
Compton	90222	22.0%	49.6%
Cypress	90630	6.5%	18.1%
Downey	90241	10.4%	30.5%
Downey	90242	9.1%	28.4%
Gardena	90247	17.4%	38.8%
Hawaiian Gardens	90716	24.0%	49.4%
Hawthorne	90250	14.5%	37.5%
Huntington Park	90255	21.7%	53.2%
Lakewood	90712	5.4%	16.5%
Lakewood	90713	4.9%	14.2%
Lakewood	90715	11.1%	27.7%
Long Beach	90802	18.4%	38.8%
Long Beach	90803	8.6%	16.7%
Long Beach	90804	20.3%	45.0%
Long Beach	90805	19.9%	46.8%
Long Beach	90806	20.2%	43.4%
Long Beach	90807	6.7%	21.3%
Long Beach	90808	6.2%	12.5%
Long Beach	90810	16.4%	42.4%
Long Beach	90813	28.2%	61.3%
Long Beach	90814	12.3%	26.2%
Long Beach	90815	9.9%	17.3%
Los Alamitos	90720	6.9%	17.4%
Los Angeles/Firestone Park	90001	25.6%	59.4%
Los Angeles/Watts	90002	31.4%	63.1%
Los Angeles/Green Meadows	90003	30.1%	63.2%
Los Angeles/Vermont Vista	90044	30.4%	56.9%
Los Angeles/Willowbrook	90059	26.0%	58.0%
Lynwood	90262	17.8%	49.7%
Norwalk	90650	11.3%	32.9%
Paramount	90723	16.7%	43.9%
San Pedro	90731	17.9%	39.5%
Seal Beach	90740	5.7%	14.6%
Signal Hill	90755	16.5%	28.5%
South Gate	90280	17.2%	45.2%
Wilmington	90744	19.9%	49.9%
MCWH Service Area		**17.4%**	**41.1%**
Los Angeles County		**14.9%**	**34.8%**
California		**13.4%**	**31.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

Los Angeles 90002 has the highest rate of poverty among children (44.8%) and female heads-of-household (HoH), living with their own children under the age of 18 (56.5%) in the service area.

Poverty Levels of Children, under Age 18 and Female HoH

	ZIP Code	Children	Female HoH with Children*
Artesia	90701	10.6%	8.5%
Bell Gardens	90201	38.8%	51.9%
Bellflower	90706	18.2%	23.0%
Carson	90745	12.3%	23.1%
Carson	90746	11.5%	12.9%
Cerritos	90703	5.3%	8.3%
Compton	90220	29.5%	33.6%
Compton	90221	25.7%	38.8%
Compton	90222	29.5%	33.4%
Cypress	90630	6.9%	14.7%
Downey	90241	15.0%	31.0%
Downey	90242	11.9%	21.6%
Gardena	90247	27.3%	31.0%
Hawaiian Gardens	90716	31.4%	42.0%
Hawthorne	90250	20.1%	23.0%
Huntington Park	90255	32.9%	42.1%
Lakewood	90712	5.7%	10.5%
Lakewood	90713	3.4%	14.4%
Lakewood	90715	15.8%	20.0%
Long Beach	90802	27.6%	31.8%
Long Beach	90803	3.4%	13.7%
Long Beach	90804	28.7%	26.6%
Long Beach	90805	28.8%	38.0%
Long Beach	90806	28.6%	45.1%
Long Beach	90807	6.8%	9.5%
Long Beach	90808	5.9%	14.4%
Long Beach	90810	24.5%	30.5%
Long Beach	90813	39.7%	46.5%
Long Beach	90814	16.5%	15.0%
Long Beach	90815	5.3%	19.3%
Los Alamitos	90720	9.2%	29.6%
Los Angeles/Firestone Park	90001	35.4%	43.7%
Los Angeles/Watts	90002	44.8%	56.5%
Los Angeles/Green Meadows	90003	38.8%	50.1%
Los Angeles/Vermont Vista	90044	40.7%	45.9%
Los Angeles/Willowbrook	90059	34.3%	42.9%
Lynwood	90262	26.7%	41.1%
Norwalk	90650	14.3%	21.6%
Paramount	90723	23.7%	34.4%
San Pedro	90731	27.8%	39.4%
Seal Beach	90740	3.3%	19.3%
Signal Hill	90755	36.6%	39.4%
South Gate	90280	24.3%	34.3%
Wilmington	90744	31.3%	42.6%

	ZIP Code	Children	Female HoH with Children*
MCWH Service Area		**25.7%**	**35.6%**
Los Angeles County		**20.8%**	**33.3%**
California		**18.1%**	**33.1%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 & *S1702. http://data.census.gov/*

The service area has higher rates of poverty among every racial and ethnic group listed, compared to the county with the exception of Asian residents. Black/African American residents have the highest rates of poverty, followed by American Indian/Alaskan Natives and those who identify as some Other race not listed, and Hispanic/Latino residents.

Poverty Levels by Race/Ethnicity

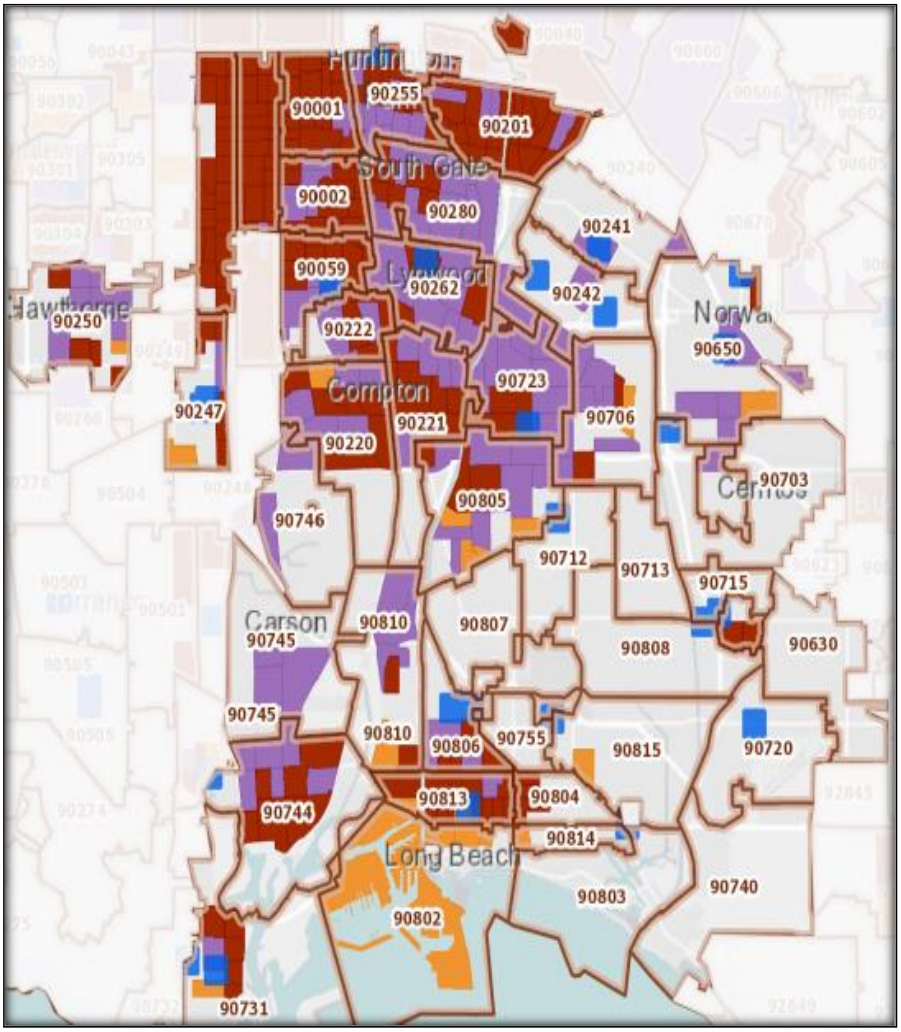
	MCWH Service Area	Los Angeles County	California
Black/African American	22.0%	20.8%	20.5%
American Indian/AK Native	21.7%	18.1%	19.5%
Some other race	20.6%	19.2%	18.7%
Hispanic or Latino	19.7%	18.1%	17.7%
Native HI/Pacific Islander	13.0%	11.5%	13.3%
Multiracial	12.4%	11.7%	12.4%
White, non-Hispanic	9.7%	9.6%	9.1%
Asian	9.6%	11.1%	10.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the service area and surrounding areas, highlighting the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for both poverty and education are noted on the map in brown. Blue squares represent area hospitals.

Long Beach 90802 has a high percentage of poverty without low education levels. Carson 90745, Paramount, Lynwood and South Gate have areas of population with low education levels without high levels of poverty. Long Beach 90806 contains a high percentage of vulnerable populations, with 25% or more of the population possessing less than a high school education and poverty found among 20% or more of the population, as do portions of Wilmington, San Pedro, Hawaiian Gardens, North Long Beach 90805, the ZIP Codes in South Los Angeles, Huntington Park, Bell Gardens, Compton and Paramount.



Source: *https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint*

Free and Reduced-Price Meals

The Free and Reduced-Price Meal Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranges from 17.5% of students in the Los Alamitos Unified School District to 94.7% in the Paramount Unified School District.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
ABC Unified School District	50.1%
Anaheim Union High School District	70.8%
Bellflower Unified School District	67.4%
Compton Unified School District	93.4%
Cypress Elementary School District	33.5%

	Percent Eligible Students
Downey Unified School District	68.3%
Hawthorne School District	85.9%
Little Lake City School District	68.0%
Long Beach Unified School District	65.0%
Los Alamitos Unified School District	17.5%
Los Angeles Unified School District	80.3%
Lynwood Unified School District	90.9%
Montebello Unified School District	84.3%
Norwalk-La Mirada Unified School District	74.4%
Paramount Unified School District	94.7%
Whittier Union High School District	69.1%
Los Angeles County	**68.9%**
California	**59.3%**

Source: California Department of Education, 2019-2020.http://data1.cde.ca.gov/dataquest/

Community Perspectives – Economic Insecurity

Poverty was a main driver of health issues, causes, and challenges among all the local populations and communities. Economic insecurity was directly tied to COVID-19 and the secondary impacts of the pandemic on the economy and an already depressed job sector. Following are stakeholder comments edited for clarity:

> *People are desperate for income. We're seeing more thefts in the neighborhood.* - Focus group participant

> *The minimum wage still isn't a living wage. Community members see that we've never really had a living wage, and with the pandemic, that really shows it still wasn't realistic. I think there's some discontent with the wages that are being offered.* - Key informant interview

> *Everything is getting more expensive. Living conditions are more expensive than ever and full-time jobs can no longer cover our living costs.* - Focus group participant

Transportation

Service area workers spend, on average, 31.6 minutes a day commuting to work. 76.4% of workers who work outside the home drive alone to work and 50.5% of solo drivers have a commute of 30 minutes or more. Few workers commute by public transportation (5.2%) or walk to work (2%).

Transportation/Commute to Work

	MCWH Service Area*	Los Angeles County	California
Mean travel time to work (in minutes)	31.6	31.8	29.8
Workers who drive alone	76.4%	74.0%	73.7%
Solo drivers with a long (> 30 min.) commute**	50.5%	50.6%	42.2%
Workers commuting by public transportation	5.2%	5.8%	5.1%
Workers who walk to work	2.0%	2.7%	2.6%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S0801 & **S0802. http://data.census.gov/ *Weighted average of area means*

Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, there is a need for vacant units – both for sale and for rent – in a well-functioning housing market, to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief that they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. (Source: *http://www.freddiemac.com/research/insight/20181205 major_challenge_to_u.s._housing_supply.page*)

In the service area, there are 657,863 households and 687,963 housing units. Over the last five years, the population increased by 1%, but the number of households grew at a rate of 2.2% (suggesting easing of constraints on housing formation). Housing units grew at a rate of 0.8%, and vacant units decreased by 22.3%, to 4.4% of overall housing stock. Owner-occupied housing units increased by 1% and renter-occupied units increased by 3.2% from their 2014 levels. Vacant housing units declined by 22.3% from 2014 to 2019.

Households and Housing Units, and Percent Change

	MCWH Service Area			Los Angeles County		
	2014	2019	Percent Change	2014	2019	Percent Change
Households	643,703	657,863	2.2%	3,242,391	3,316,795	2.3%
Housing units	682,452	687,963	0.8%	3,462,075	3,542,800	2.3%
Owner occ.	42.8%	42.8%	1.0%	43.4%	42.9%	1.0%
Renter occ.	51.6%	52.8%	3.2%	50.2%	50.7%	3.4%
Vacant	6.0%	4.4%	-22.3%	6.3%	6.4%	2.9%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. http://data.census.gov/

The weighted average of the median household income in the service area is $62,288, which is lower than the county median of $68,044. Median household income ranges from $35,981 in Los Angeles 90044 to $110,625 in Long Beach 90808.

Median Household Income

	ZIP Code	Households	Median Household Income
Artesia	90701	4,468	$67,765
Bell Gardens	90201	24,464	$44,046
Bellflower	90706	23,240	$60,011
Carson	90745	14,936	$80,176
Carson	90746	8,205	$89,364
Cerritos	90703	15,515	$105,832
Compton	90220	13,206	$57,074
Compton	90221	12,144	$51,377
Compton	90222	7,979	$49,894
Cypress	90630	15,804	$93,183
Downey	90241	13,176	$72,715
Downey	90242	12,325	$71,233
Gardena	90247	16,001	$55,561
Hawaiian Gardens	90716	3,670	$50,149
Hawthorne	90250	31,905	$56,304
Huntington Park	90255	18,577	$44,962
Lakewood	90712	10,338	$96,634
Lakewood	90713	9,111	$102,970
Lakewood	90715	6,018	$76,105
Long Beach	90802	20,756	$54,616
Long Beach	90803	16,718	$90,278
Long Beach	90804	14,955	$52,948
Long Beach	90805	27,354	$50,914
Long Beach	90806	12,788	$54,437
Long Beach	90807	12,741	$78,948
Long Beach	90808	13,916	$110,625
Long Beach	90810	9,400	$60,227
Long Beach	90813	17,192	$38,449
Long Beach	90814	9,165	$73,391
Long Beach	90815	14,556	$94,559
Los Alamitos	90720	7,843	$106,332
Los Angeles/Firestone Park	90001	13,669	$43,360
Los Angeles/Watts	90002	12,917	$37,285
Los Angeles/Green Meadows	90003	17,484	$40,598
Los Angeles/Vermont Vista	90044	29,029	$35,981
Los Angeles/Willowbrook	90059	10,906	$44,838
Lynwood	90262	15,374	$52,313
Norwalk	90650	26,964	$70,667
Paramount	90723	14,207	$55,670
San Pedro	90731	22,695	$53,456
Seal Beach	90740	12,550	$68,947
Signal Hill	90755	4,743	$75,426
South Gate	90280	24,071	$52,321
Wilmington	90744	14,788	$50,875
MCWH Service Area		**657,863**	**$62,288**
Los Angeles County		**3,316,795**	**$68,044**
California		**13,044,266**	**$75,235**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/ *Weighted average of the medians.*

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 48.3% of owner and renter occupied households spend 30% or more of their income on housing. The ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Los Angeles 90003 (64.1%), 90044 (63.7%) and 90002 (62.2%). There are an additional 17 service area ZIP Codes where over half of the population spends 30% or more of income on housing. The ZIP Code where the smallest percentage of the population is housing-cost burdened is Long Beach 90808 (26.3%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Artesia	90701	46.4%
Bell Gardens	90201	58.4%
Bellflower	90706	50.3%
Carson	90745	34.2%
Carson	90746	35.3%
Cerritos	90703	33.5%
Compton	90220	46.1%
Compton	90221	56.1%
Compton	90222	52.1%
Cypress	90630	36.1%
Downey	90241	44.1%
Downey	90242	47.2%
Gardena	90247	48.1%
Hawaiian Gardens	90716	53.3%
Hawthorne	90250	49.6%
Huntington Park	90255	54.3%
Lakewood	90712	36.3%
Lakewood	90713	30.0%
Lakewood	90715	43.6%
Long Beach	90802	51.4%
Long Beach	90803	40.5%
Long Beach	90804	52.5%
Long Beach	90805	52.7%
Long Beach	90806	52.6%
Long Beach	90807	43.7%
Long Beach	90808	26.3%
Long Beach	90810	41.1%
Long Beach	90813	57.5%
Long Beach	90814	43.8%
Long Beach	90815	35.9%
Los Alamitos	90720	38.2%
Los Angeles/Firestone Park	90001	56.1%
Los Angeles/Watts	90002	62.2%
Los Angeles/Green Meadows	90003	64.1%
Los Angeles/Vermont Vista	90044	63.7%
Los Angeles/Willowbrook	90059	56.6%
Lynwood	90262	54.1%
Norwalk	90650	45.1%

	ZIP Code	Percent
Paramount	90723	47.9%
San Pedro	90731	51.6%
Seal Beach	90740	26.7%
Signal Hill	90755	47.7%
South Gate	90280	50.9%
Wilmington	90744	52.2%
MCWH Service Area		**48.3%**
Los Angeles County		**47.3%**
California		**41.7%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates DP04. http://data.census.gov/

Households by Type

24.7% of service area households are family households (married or cohabiting couples) with children, under 18 years old, and 7.6% of households are households with a female as head of household (HoH) with children, with no spouse or partner present. 7.7% of area households are seniors who live alone, which is lower than the county (8.8%) and state (9.5%) rates. Seniors living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family *Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Seniors, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
MCWH Service Area	657,863	24.7%	7.6%	7.7%
Los Angeles County	3,316,795	21.9%	5.1%	8.8%
California	13,044,266	24.0%	4.8%	9.5%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

In the service area, there are 657,863 households. Of these, 36.6% are households with four or more persons, 24.4% are two-person households and 21.5% of households are residents who live alone.

Household Size

	MCWH Service Area	Los Angeles County	California
1 person households	21.5%	25.7%	23.8%
2 person households	24.4%	28.1%	30.4%
3 person households	17.6%	16.9%	16.7%
4+ person households	36.6%	29.4%	29.1%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S2501. http://data.census.gov

Homelessness

A point-in-time count of homeless people was conducted biannually in Long Beach until 2019 but is now planned to be conducted annually. It is conducted to determine how many individuals and families are homeless on a given day, and is scheduled to occur on a single night in the third week of January, unless weather does not permit. The 2021 homeless count was postponed due to COVID-19.

The Long Beach Homelessness Continuum of Care (CoC) is not part of the Los Angeles County CoC. Their counts are conducted independently, and counts do not overlap. The Los Angeles Homeless Services Authority (LAHSA) conducts the annual Greater Los Angeles Homeless Count.

Data from the 2020 survey showed an increase in the number of homeless individuals and the percent of unsheltered homeless from 2017 to 2020. Shelters in Long Beach include only emergency shelter and transitional housing, while in LA County it includes cars, RVs, tents and temporary structures (e.g., cardboard), in addition to official homeless shelters.

Homelessness in Long Beach declined from 2013 to 2017 before rising again from 2017 to 2019 and again in 2020. Of the 2,034 homeless people in Long Beach in 2020, 86.8% were adult individuals, 12.9% were family members (with at least one child, under age 18, and one adult, ages 18 and older), and 0.25% were unaccompanied minors (under age 18). The percent of chronic homelessness for individuals and family members decreased from 2013 to 2020 in Long Beach while it rose in LA County. The percent of homeless individuals who were veterans fell from 2013 to 2020 in Long Beach and LA County. The percent of Long Beach homeless individuals who are sheltered has dropped from 2013 (34%) to 2020 (22.2%).

Homeless Subpopulations, 2013, 2017 and 2020

	Long Beach			Los Angeles County		
	2013	2017	2020	2013	2017	2020
Count of homeless individuals	2,847	1,863	2,034	35,524	55,188	63,706
Sheltered individuals	34.0%	35.2%	22.2%	36.4%	25.3%	27.7%
Unsheltered individuals	66.0%	64.8%	77.8%	63.6%	74.7%	72.3%
Chronically homeless persons	39.1%	37.3%	34.1%	24.5%	30.0%	38.4%
Survivor of domestic violence	5.8%	13.2%	16.8%	8.9%	N/A	6.1%
Persons with HIV/AIDS	2.2%	3.0%	2.9%	1.0%	2.0%	1.8%
Serious mental illness	24.3%	31.5%	24.5%	28.0%	27.0%	22.2%
Substance use disorder	21.7%	20.7%	27.5%	31.2%	15.9%	23.9%
Veterans	18.5%	17.1%	8.6%	11.3%	8.1%	5.8%
Homeless family members	18.4%	11.6%	12.9%	18.8%	14.7%	19.5%
Unaccompanied youth (under 18)	0.07%	0.00%	0.25%	2.3%	0.45%	0.11%

	Long Beach			Los Angeles County		
	2013	2017	2020	2013	2017	2020
Foster care experience	N/A	N/A	9.4%	N/A	N/A	N/A
Students	N/A	N/A	8.1%	N/A	N/A	N/A
LGBTQIA+	N/A	N/A	6.9%	N/A	N/A	N/A

Source: Long Beach Health and Human Services, Homeless Services Division (HSD), 2020 Homeless Count. https://www.longbeach.gov/health/services/directory/homeless-services/homeless-count/ Source for 2013 & 2017: U.S. Department of Housing and Urban Development (HUD) https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports

Community Perspectives – Housing and Homelessness

There are direct connections between the exacerbated housing crisis, the steep rise in homelessness, and the COVID-19 pandemic. Homelessness is a major issue impacting health and wellbeing. Following are stakeholder comments edited for clarity:

> *When the pandemic started 18 months ago, we saw a big influx of homelessness and people on the verge of being homeless, or being evicted from their apartment or house. Loss of jobs was the main reason. That created stress in households to figure out how keep housing, try to find work and keep families safe.* - Key informant interview

The rapid increase in rent prices and tensions between tenants and landlords have caused economic, emotional, and mental stress, contributing to a myriad of health issues.

> *Housing insecurity is a huge issue. Gentrification is happening all over and rents are skyrocketing. I can't afford to pay for all my medical bills and now I can't afford rent.* - Focus group participant

> *One of the things in Long Beach that is a real problem for people who don't own homes is that the rental market is awful. And I think people who had to deal with that during the pandemic were even more stressed. I had to move out of a place I was renting and the housing market was so bad, it was hard to find somewhere to live. Some landlords take advantage of renters and I think that happened even more during the pandemic.* - Key informant interview

Public Program Participation

In SPA 8, 44.5% of low-income residents (those making less than 200% of the FPL) are not able to afford enough to eat, while 19.5% of low-income residents utilize food stamps. WIC benefits are more-readily accessed, by 59.6% of SPA 8 children, 6 years and younger. 4% of SPA 8 low-income residents are TANF/CalWorks recipients. Rates of food stamp and TANF/CalWorks access are higher among SPA 6 and SPA 7 residents despite a lower percentage of low-income residents in those SPAs reporting

difficulty in affording food. 25.3% of adult immigrants in SPA 8, 20.8% of those in SPA 6, and 18% in SPA 7 indicated there had been a time when they avoided government benefits due to a concern about disqualifying themselves or a family member from a green card or citizenship. 22% of adult immigrants in SPA 8, 14.5% in SPA 7 and 10.8% in SPA 6 indicated they were asked to provide a Social Security Number or other proof of citizenship within the past year in order to obtain medical services or school enrollment.

Public Program Participation

	SPA 6	SPA 7	SPA 8	Los Angeles County
Not able to afford food (<200%FPL)	42.7%	40.1%	44.5%	38.6%
Food stamp recipients (<200% FPL)**	40.4%	20.4%	19.5%	24.9%
WIC usage among children, 6 years and under***	59.5%	52.6%	59.6%	46.9%
TANF/CalWorks recipients (<200% FPL)**	21.3%	*9.3%	*4.0%	9.8%
Ever a time you avoided gov't benefits due to concern about disqualification from green card/citizenship for you or family member (asked only of adult immigrants)**	20.8%	18.0%	25.3%	19.2%
Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year**	10.8%	14.5%	22.0%	16.0%

*Source: California Health Interview Survey, 2017-2019; **2019 ***2015-2016 & 2018-2019, combined. http://ask.chis.ucla.edu/*
**Statistically unstable due to sample size.*

In the service area, 7.5% of residents received SSI benefits, 5% received cash public assistance income, and 13.2% of residents received food stamp benefits. These rates were much higher than county and state rates.

Household Supportive Benefits

	MCWH Service Area	Los Angeles County	California
Total households	**657,863**	**3,316,795**	**13,044,266**
Supplemental Security Income (SSI)	7.5%	6.7%	6.1%
Public Assistance	5.0%	3.4%	3.2%
Food Stamps/SNAP	13.2%	8.7%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 74% of eligible households in 2018, and 789,617 total households in March 2020, in Los Angeles County received food stamps (CalFresh).

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* (% of eligible households)
Los Angeles County	789,617	74%
California	2,431,060	71%

*Source: California Department of Social Services' CalFresh Data Dashboard, March 2020 and *2018.*
http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The percent of households in SPA 8, with incomes less than 300% of the Federal Poverty Level, that are food insecure is 27.5%, in SPA 7 it is 25.9% and in SPA 6 it is 35.1%. Food insecurity in Los Angeles County rises with age until ages 50-59, at which point it begins to decline. Food insecurity declines with higher income and education. Food insecurity is more prevalent among Black (33.3%) and Latino (30.2%) residents and is least prevalent among Asian residents (16.4%).

Food Insecure Households <300% FPL, Los Angeles County, by Demographic

	Percent
18-24	25.7%
25-29	26.5%
30-39	29.9%
40-49	31.3%
50-59	34.5%
60-64	26.3%
65 or older	14.4%
0-99% FPL	37.1%
100-199% FPL	25.9%
200-299% FPL	13.0%
Less than high school	33.9%
High school	25.7%
Some college or trade school	24.2%
College or post graduate school	17.9%
Black	33.3%
Latino	30.2%
White	21.2%
Asian	16.4%
Bellflower Health District	27.6%
Compton Health District	25.8%
Long Beach Health District	28.2%

	Percent
San Antonio Health District	29.1%
South Health District	38.9%
SPA 6	**35.1%**
SPA 7	**25.9%**
SPA 8	**27.5%**
Los Angeles County	**26.8%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Perspectives – Food Insecurity

At the beginning of the COVID-19 pandemic, food insecurity needs exploded with the forced closure of schools, further exacerbating hunger issues in communities that are documented as food deserts. This demonstrates the precarious nature of food stability for children and families. Following are stakeholder comments edited for clarity:

> *Thank goodness for school meals. It was one of the first questions we were asked when we closed the schools: how are we going to feed kids on Monday, because we serve sixty thousand meals a day. When students don't have access to school, it could change things for them. We were super committed, and we served millions of meals, literally millions of meals in the last year and a half at our schools, because we know that sixty percent of our schools, and the community are completely reliant on access to those school meals. There was a point during the pandemic where we started offering supper as well. A student could go over to a neighborhood school and pick up lunch, supper and breakfast for the next day.* - Key informant interview

> *Many children in our community rely on the food that they get at school. Friday afternoon is a hard afternoon for a lot of children who are worrying about what's going to come for them in the next couple of days until they get back to breakfast on Monday morning.* - Focus group participant

While school has resumed in-person, food insecurity continues to be a challenge and will be an ongoing recovery effort as the impacts of the pandemic are still felt in low-income and vulnerable communities.

> *We have seen an increase in the referrals from providers to us to sign people up for the farmers market, for the pantry or for CalFresh. There is not a lot of awareness about CalFresh and there is a lot of stigma around it. Families are concerned that signing up for CalFresh may impact their immigration status.* - Key informant interview

For the Filipino community in West Long Beach, there's not a lot of grocery stores that have fresh produce. That has a big impact on things, especially if they have to go to Wrigley or another part of Long Beach to shop. Making it over the 710 freeway, if there's someone who's walking or riding their bike, it's a dangerous thing to cross the 710 freeway from the West Side. - Focus group participant

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 28.1% of adults, 25 and older, lack a high school diploma, which is much higher than the county rate (20.9%) and state (16.7%) rates. 21.1% of area adults have a Bachelor's degree or higher, which is lower than the county (32.5%) and state (33.9%) rates.

Education Levels, Population 25 Years and Older

	MCWH Service Area	Los Angeles County	California
Population 25 years and older	**1,428,416**	**6,886,895**	**26,471,543**
Less than 9th grade	16.6%	12.3%	9.2%
9th to 12th grade, no diploma	11.5%	8.6%	7.5%
High school graduate	23.4%	20.6%	20.5%
Some college, no degree	20.5%	19.0%	21.1%
Associate's degree	6.8%	7.0%	7.8%
Bachelor's degree	14.6%	21.2%	21.2%
Graduate/professional degree	6.6%	11.3%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/,

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Among area school districts, Compton Unified, Long Beach Unified, Los Angeles Unified, and Montebello Unified School Districts did not meet this objective in 2019 or 2020. Graduation rates rose from the 2019 to 2020 graduation years in all area school districts except Downey Unified, Los Alamitos Unified, Lynwood Unified and Whittier Union High School Districts. The effect of the pandemic on these graduation rates is unknown.

High School Graduation Rates

	2018-2019	2019-2020
ABC Unified School District	93.3%	94.4%
Anaheim Union High School District	87.8%	92.3%
Bellflower Unified School District	92.2%	94.4%
Compton Unified School District	84.1%	86.4%
Downey Unified School District	96.1%	94.5%
Long Beach Unified School District	87.5%	89.4%
Los Alamitos Unified School District	97.6%	97.2%

	2018-2019	2019-2020
Los Angeles Unified School District	78.0%	80.1%
Lynwood Unified School District	90.1%	90.0%
Montebello Unified School District	80.9%	84.1%
Norwalk-La Mirada Unified School District	91.9%	92.2%
Paramount Unified School District	87.9%	91.5%
Whittier Union High School District	91.8%	90.9%
Los Angeles County	**86.1%**	**86.5%**
California	**88.1%**	**87.6%**

Source: California Department of Education DataQuest, 2018-2020. http://dq.cde.ca.gov/dataquest/

Preschool Enrollment

49% of children, ages 3 and 4, were enrolled in preschool in the service area. The enrollment rates ranged from 28.7% in Long Beach 90807 to 82.9% in Seal Beach and 82.5% in Los Alamitos and Long Beach 90814.

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Artesia	90701	330	37.3%
Bell Gardens	90201	3,524	49.0%
Bellflower	90706	2,536	49.7%
Carson	90745	1,483	48.1%
Carson	90746	393	58.0%
Cerritos	90703	848	54.7%
Compton	90220	1,933	55.5%
Compton	90221	1,605	46.4%
Compton	90222	1,509	36.2%
Cypress	90630	1,058	63.4%
Downey	90241	898	43.0%
Downey	90242	988	47.2%
Gardena	90247	1,274	47.8%
Hawaiian Gardens	90716	493	37.3%
Hawthorne	90250	2,851	54.1%
Huntington Park	90255	2,318	46.4%
Lakewood	90712	928	41.6%
Lakewood	90713	708	67.5%
Lakewood	90715	496	47.8%
Long Beach	90802	793	59.1%
Long Beach	90803	350	52.6%
Long Beach	90804	1,239	43.3%
Long Beach	90805	3,211	43.6%
Long Beach	90806	1,323	58.2%
Long Beach	90807	756	28.7%
Long Beach	90808	975	71.1%
Long Beach	90810	999	57.9%
Long Beach	90813	2,013	38.2%
Long Beach	90814	496	82.5%
Long Beach	90815	906	70.1%
Los Alamitos	90720	423	82.5%
Los Angeles/Firestone Park	90001	1,826	34.4%
Los Angeles/Watts	90002	2,123	57.2%

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Los Angeles/Green Meadows	90003	2,897	44.0%
Los Angeles/Vermont Vista	90044	3,866	42.9%
Los Angeles/Willowbrook	90059	1,732	49.8%
Lynwood	90262	2,437	44.2%
Norwalk	90650	3,674	50.5%
Paramount	90723	1,577	39.1%
San Pedro	90731	1,889	59.2%
Seal Beach	90740	463	82.9%
Signal Hill	90755	257	59.1%
South Gate	90280	2,517	44.8%
Wilmington	90744	2,163	44.8%
MCWH Service Area		**67,078**	**49.0%**
Los Angeles County		**255,273**	**54.5%**
California		**1,021,926**	**49.6%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. http://data.census.gov/

Children at Grade-Level in English Language Arts

Public school students in California are tested in English Language Arts/Literacy (ELA) as part of the California Assessment of Student Performance and Progress (CAASPP) test, beginning in third grade. In Los Angeles County, 49% of third grade and fifth grade students met or exceeded their grade level standard in English Language Arts. 57% of 11th graders (the final year tested) met or exceeded grade level standard.

Children Who Met or Exceeded Grade Level Standard in ELA

	Los Angeles County	California
3rd Grade students	49%	49%
4th Grade students	49%	50%
11th Grade students	57%	57%

Source: California Department of Education, Test Results for California's Assessments, 2018-2019. (January 2020). http://www.kidsdata.org

Parks, Playgrounds and Open Spaces

92.4% of SPA 6 children, 95.5% of SPA 7 children, ages 1-17, and 87.8% of SPA 8 children were reported to live within walking distance of a park, playground or open space. 73.9% of SPA 6, 84.5% of SPA 7 children and 85.1% of SPA 8 children had visited a park, playground or open space in the past month.

Access to and Utilization of Parks, Playgrounds and Open Space

	SPA 6	SPA 7	SPA 8	Los Angeles County
Walking distance to park, playground or open space, ages 1 to 17	*92.4%	*95.5%	*87.8%	91.4%
Visited park, playground or open space in past month, ages 1 to 17	73.9%	*84.5%	85.1%	82.9%

*Source: California Health Interview Survey, 2014-2018; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

There are 3.3 park acres of green space per 1,000 persons in Los Angeles County. Hawaiian Gardens has 0.1 park acres of green space per 1,000 persons, and Hawthorne 0.4 park acres. Signal Hill has 4.5 acres of park area per 1,000 residents.

Amount of Green Space (Park Acres), per 1,000 Population

	Acres per 1,000 Persons
Artesia	1.0
Bell Gardens	1.7
Bellflower	0.6
Carson	1.6
Cerritos	3.6
Compton	0.6
Downey	0.9
Gardena	0.9
Hawaiian Gardens	0.1
Hawthorne	0.4
Huntington Park	0.9
Lakewood	2.3
Long Beach	2.8
Los Angeles Council District 8	0.5
Los Angeles Council District 15	2.4
Norwalk	0.9
Paramount	1.0
Signal Hill	4.5
South Gate	1.3
Los Angeles County	**3.3**

Source: Los Angeles Department of Public Health, Parks and Public Health in Los Angeles County, 2016.
http://publichealth.lacounty.gov/chronic/docs/Parks%20Report%202016-rev_051816.pdf

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Nationally, statewide and for Los Angeles County and 11 of 21 area police departments, the rate of property crime declined while the rate of violent crime increased from 2015 to 2019. For Cerritos, Lakewood, Los Angeles, Seal Beach and Signal Hill, property crime rates increased from 2015 to 2019. In Artesia, Bellflower, Hawaiian Gardens, Long Beach, Los Alamitos and Seal Beach, violent crime rates increased.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2015 and 2019

	Property Crimes				Violent Crimes			
Artesia	468	284	2,789.2	1,692.6	84	72	500.6	429.1
Bell Gardens	782	630	1,845.8	1,487.0	137	147	323.4	347.0
Bellflower	1,825	1,506	2,364.1	1,950.9	373	327	483.2	423.6

	Property Crimes				Violent Crimes			
Carson	2,116	2,004	2,301.3	2,179.5	339	444	368.7	482.9
Cerritos	1,525	1,634	3,011.3	3,226.6	86	127	169.8	250.8
Compton	2,410	2,346	2,493.8	2,427.6	988	1,104	1,022.4	1,142.4
Cypress	752	596	1,532.0	1,214.2	51	52	103.9	105.9
Downey	2,892	2,473	2,574.6	2,201.5	335	352	298.2	313.4
Gardena	1,519	1,202	2,538.7	2,008.9	301	324	503.1	541.5
Hawaiian Gardens	318	225	2,220.7	1,571.2	86	76	600.6	530.7
Hawthorne	2,482	1,485	2,842.9	1,700.9	628	636	719.3	728.5
Huntington Park	2,027	1,595	3,484.0	2,741.4	386	458	663.4	787.2
Lakewood	1,737	1,846	2,167.2	2,303.2	202	222	252.0	277.0
Long Beach	14,337	11,297	3,063.6	2,414.0	2,766	2,369	591.1	506.2
L.A. County Highway Patrol	797	507	N/A	N/A	48	48	N/A	N/A
L.A. County Sherriff's Office	16,301	15,040	N/A	N/A	5,173	5,564	N/A	N/A
Los Alamitos	204	130	1,767.6	1,126.4	16	6	138.6	52.0
Los Angeles	93,503	95,704	2,328.5	2,383.3	25,156	29,400	626.5	732.2
Norwalk	2,001	1,571	1,904.5	1,495.2	316	432	300.8	411.2
Paramount	1,408	1,246	2,587.2	2,289.5	239	347	439.2	637.6
Seal Beach	494	551	2,048.1	2,284.4	26	19	107.8	78.8
Signal Hill	500	678	4,301.4	5,832.8	40	95	344.1	817.3
South Gate	3,278	2,754	3,470.8	2,916.0	561	622	594.0	658.6
Los Angeles County	**240,050**	**224,192**	**2,387.1**	**2,229.4**	**50,466**	**56,416**	**501.9**	**561.0**
California	**1,023,828**	**915,648**	**2,591.8**	**2,317.9**	**166,588**	**173,298**	**421.7**	**438.7**

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, 2015 rates are estimates. Care should be used when interpreting rates calculated on small populations or small numbers, such as violent crimes.*

Intimate Partner Violence

In SPA 6, 11.1% of male adults and 19.6% of female adults reported ever experiencing physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner. In SPA 7, 7.3% of male adults and 16.9% of female adults reported ever experiencing physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner. In SPA 8, 19.6% of male adults and 15.1% of female adults reported ever experiencing physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner; rates.

5.8% of males and 10.2% if females in SPA 6, 2.4% of males and 13.2% of females in SPA 7, and 4.7% of males and 9.6% of females in SPA 8 reported experiencing sexual violence (unwanted sex) by an intimate partner.

Intimate Partner Violence

	SPA 6	SPA 7	SPA 8	Los Angeles County
Women have experienced physical violence	19.6%	16.9%	15.1%	16.0%
Women have experienced sexual violence	10.2%	13.2%	9.6%	10.1%
Men have experienced physical violence	11.1%	7.3%	19.6%	11.8%
Men have experienced sexual violence	*5.8%	*2.4%	4.7%	3.3%

*Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2018; *Statistically unstable due to small sample size. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm*

18.2% of SPA 6, 16.5% of SPA 7, 20.3% of SPA 8 residents, and 22.4% of Long Beach Health District residents have experienced domestic violence (physical and/or sexual) by an intimate partner. Countywide, intimate partner violence is more likely to be experienced by women and disabled persons, though the incidence also appears to increase with household income. Older residents are less likely to have experienced violence in the course of their lives than are younger residents. Domestic violence is more likely among U.S.-born residents of every ethnic and racial group than among immigrants. Domestic violence is most likely to be reported by African-Americans (27.1%), followed by Whites (21.6%), Latinos (13.5%) and Asians (10.4%).

Intimate Partner Violence, by Demographics

	Percent
Male	13.2%
Female	20.2%
Disability	25.4%
No disability	14.0%
18 to 24	13.0%
25 to 29	19.8%
30 to 39	19.9%
40 to 49	18.8%
50 to 59	18.5%
60 to 64	14.3%
65 or older	11.8%
0-99% FPL	15.5%
100-199% FPL	16.7%
200-299% FPL	16.4%
300% or above FPL	17.7%
Less than high school	13.1%
High school	14.5%
Some college or trade school	22.2%
College or post graduate degree	16.1%
African American	27.1%

	Percent
U.S. born	28.1%
White	21.6%
U.S. born	23.1%
Latino	13.5%
U.S. born	18.0%
Asian	10.4%
U.S. born	13.4%
Bellflower Health District	17.4%
Compton Health District	18.4%
Long Beach Health District	22.4%
San Antonio Health District	15.0%
South Health District	*11.7%
SPA 6	**18.2%**
SPA 7	**16.5%**
SPA 8	**20.3%**
Los Angeles County	**16.8%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size*

Domestic violence calls are categorized as with or without a weapon. 78.2% of domestic violence calls in Los Angeles County involved a weapon, which is above the statewide average of 46.6%. Domestic violence calls in Long Beach, Huntington Park, Downey and Bell Gardens were less likely to be reported as involving a weapon than other service area cities or the county. The rate of domestic violence calls in Bellflower (4.86 per 1,000 persons), Compton (4.6 per 1,000 persons), Los Angeles (4.41 per 1,000 persons), Long Beach (4.32 per 1,000 persons) and Signal Hill (4.22 calls per 1,000 persons) are higher than rates in the county (3.59 per 1,000 persons) and the state (4.1 per 1,000 persons).

Domestic Violence Call Rates, per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
Artesia	35	2.09	8.6%	91.4%
Bell Gardens	133	3.14	88.7%	11.3%
Bellflower	375	4.86	20.5%	79.5%
Carson	239	2.60	11.3%	88.7%
Cerritos	76	1.50	32.9%	67.1%
Compton	445	4.60	11.0%	89.0%
Cypress	78	1.59	32.1%	67.9%
Downey	336	2.99	89.6%	10.4%
Gardena	142	2.37	1.4%	98.6%
Hawaiian Gardens	51	3.56	9.8%	90.2%

	Total	Rate*	Without Weapon	With Weapon
Hawthorne	304	3.48	7.6%	92.4%
Huntington Park	226	3.88	89.8%	10.2%
Lakewood	223	2.78	19.7%	80.3%
Long Beach	2,022	4.32	91.3%	8.7%
L.A. County Highway Patrol	16	N/A	25.0%	75.0%
L.A. County Sherriff's Office	3,623	N/A	19.8%	80.2%
Los Alamitos	26	2.25	46.2%	53.8%
Los Angeles	17,721	4.41	0.0%	100.0%
Norwalk	279	2.66	22.2%	77.8%
Paramount	211	3.88	14.7%	85.3%
Seal Beach	72	2.99	43.1%	56.9%
Signal Hill	49	4.22	6.1%	93.9%
South Gate	242	2.56	38.8%	61.2%
Los Angeles County	**36,707**	**3.59**	**21.8%**	**78.2%**
California	**161,123**	**4.10**	**53.4%**	**46.6%**

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *Rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. Care should be used when interpreting rates calculated on small populations or small numbers.*

Child Safety

72.6% of teens in SPA 6 felt safe in their neighborhoods most or all of the time. 86.8% of SPA 6 teens felt people in their neighborhood were willing to help, and 59.3% felt their neighbors could be trusted. 91.5% of teens in SPA 7 felt safe in their neighborhoods most or all of the time. 91.1% of SPA 7 teens felt people in their neighborhood were willing to help, and 83% felt their neighbors could be trusted. In SPA 8, 84.6% of teens felt safe in their neighborhoods, 76.1% teens felt people in their neighborhood were willing to help, and 79.2% felt their neighbors could be trusted.

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	SPA 6	SPA 7	SPA 8	Los Angeles County
Feel safe in neighborhood most or all of the time	*72.6%	*91.5%	84.6%	83.5%
People in neighborhood are willing to help	*86.8%	*91.1%	76.1%	85.5%
People in neighborhood can be trusted	*59.3%	*83.0%	*79.2%	78.6%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

In Los Angeles County, the rate of children under 18 years of age who experienced abuse or neglect was 10 per 1,000 children. This is higher than the state rate of 7.5 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children, 2018

	Los Angeles County	California
Child abuse rates	10.0	7.5

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019. Accessed from KidsData.org at http://kidsdata.org

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. In Los Angeles County, 15.7% of children, ages 0 to 17, have experienced two or more adverse events.

Children with Two or More Adverse Childhood Experiences, Parent Reported

	Los Angeles County	California
Percent of children	15.7%	14.9%

Source: U.S. Department of Health and Human Services, National Survey of Children's Health, 2016-2019 (October 2020). http://www.kidsdata.org

Community Perspectives –Violence and Crime

The rise in social isolation has worsened domestic violence and heightened disputes within homes. These challenges are faced differently by certain racial and ethnic groups, meaning solutions to address violence must be tailored to specific cultural needs. Following are stakeholder comments edited for clarity:

> *Domestic violence is very much an unspoken issue in our Khmer community. There have been several deaths of young women due to domestic violence in our community. It is very hard to have people talk about it, because it's so taboo. And what makes it so taboo is that a lot of new immigrants who come here, young women who come here, are married to American citizens. They feel that they owe their lives to this individual who brought them from Cambodia. And so, they live through and deal with domestic violence, because they have the privilege of living here in the U.S. They are not able to share their experience or are not able to get out of their house to even connect with others. It is a difficult situation in our communities that we're unable to tap into, because it's such a taboo issue.* - Focus group participant

Progress is being made to provide trauma-informed care and shift the internal culture and delivery of care.

> *One thing that we've implemented recently is screening for adverse childhood events. We screen all our patients for traumatic experiences. And we found that*

a lot of people actually have experienced violence. And the evidence is pretty clear that those that have experienced traumatic behaviors or violent events, even as a child, can be impacted by chronic conditions as an adult. For those patients who we've identified as having experienced a lot of trauma, we are encouraging them to connect with our mental health team, to get therapy and to work through some of those things so that their chronic conditions can get better. - Key informant interview

Air Quality

Days with Ozone Levels above Regulatory Standard

In 2019, Los Angeles County had 58 days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million, which is a reduction of two days from the 2016 count. The state ozone levels in 2019 were 11 days of readings above the U.S. standard, which was a reduction from the 2016 reading of 22 days.

Ozone Levels above Regulatory Standard, Number of Days

	Los Angeles County	California
Ozone levels above standards, in days	58	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020 via http://www.kidsdata.org

Community Perspectives – Environment and Environmental Pollution

There are direct connections between community health and the industrial sources of pollution within the built environment of a neighborhood. Ongoing work is still needed to help impacted communities understand the connections and improve preventive and structural changes. Following are stakeholder comments edited for clarity:

There are indoor allergens and outdoor allergens that contribute to asthma. There's always a challenge with knowledge about asthma, and what happens when a child or an adult has an asthma attack and what you're supposed to do. - Key informant interview

Air pollution has effects on the community. It has a really long-term impact on people's health. And issues related to environmental justice are definitely a big concern. - Focus group participant

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective is for 92.1% of the population to have health insurance. In the service area, 91.7% of the civilian, non-institutionalized population in the service area has health insurance. Long Beach 90814 has the highest health insurance rate (97.2%) and Los Angeles 90003 (83.2%) has the lowest rate of health insurance in the service area. 95.4% of children, ages 18 and younger, have health insurance coverage in the service area. Long Beach 90814 has full health insurance coverage among children (100%), and Downey 90241 has the lowest percentage of children with health insurance (90.5%). Among adults, ages 19-64, 84.4% in the service area have health insurance. Long Beach 90814 has the highest insurance rate among adults (96.1%), and Bell Gardens (75.6%) and Huntington Park (75.9%) have the lowest health insurance rates among adults.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Artesia	90701	90.6%	93.7%	87.5%
Bell Gardens	90201	83.7%	96.1%	75.6%
Bellflower	90706	89.6%	95.0%	85.6%
Carson	90745	92.3%	96.3%	89.3%
Carson	90746	94.7%	98.9%	91.8%
Cerritos	90703	95.4%	97.6%	93.5%
Compton	90220	89.4%	96.1%	84.4%
Compton	90221	87.2%	96.2%	81.4%
Compton	90222	87.1%	95.5%	81.3%
Cypress	90630	94.6%	96.6%	92.8%
Downey	90241	88.7%	90.5%	86.3%
Downey	90242	89.2%	93.2%	86.0%
Gardena	90247	88.0%	91.6%	84.5%
Hawaiian Gardens	90716	87.0%	95.1%	81.9%
Hawthorne	90250	88.0%	93.6%	84.3%
Huntington Park	90255	83.5%	95.4%	75.9%
Lakewood	90712	96.7%	99.5%	95.3%
Lakewood	90713	96.4%	98.0%	95.2%
Lakewood	90715	91.8%	95.1%	89.4%
Long Beach	90802	89.7%	96.3%	87.4%
Long Beach	90803	96.1%	97.4%	94.9%
Long Beach	90804	90.9%	96.5%	88.4%
Long Beach	90805	91.1%	96.2%	87.6%
Long Beach	90806	88.9%	98.6%	83.4%
Long Beach	90807	93.6%	93.1%	92.5%
Long Beach	90808	97.0%	98.7%	95.6%
Long Beach	90810	89.7%	97.8%	84.9%

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Long Beach	90813	83.6%	93.1%	77.3%
Long Beach	90814	97.2%	100.0%	96.1%
Long Beach	90815	96.9%	98.4%	95.9%
Los Alamitos	90720	95.6%	96.2%	94.1%
Los Angeles/Firestone Park	90001	84.1%	95.4%	76.5%
Los Angeles/Watts	90002	84.1%	95.6%	76.3%
Los Angeles/Green Meadows	90003	83.2%	93.8%	76.3%
Los Angeles/Vermont Vista	90044	86.4%	95.3%	80.2%
Los Angeles/Willowbrook	90059	86.6%	94.6%	80.3%
Lynwood	90262	84.3%	94.1%	77.7%
Norwalk	90650	90.4%	95.9%	86.7%
Paramount	90723	88.4%	96.0%	83.8%
San Pedro	90731	89.8%	96.0%	85.2%
Seal Beach	90740	97.0%	97.9%	94.1%
Signal Hill	90755	92.8%	94.3%	91.0%
South Gate	90280	84.9%	93.7%	78.7%
Wilmington	90744	85.5%	95.5%	78.5%
MCWH Service Area		**88.9%**	**95.4%**	**84.4%**
Los Angeles County		**90.4%**	**96.1%**	**86.6%**
California		**92.5%**	**96.7%**	**89.3%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. http://data.census.gov/

When insurance coverage was examined by SPA, 46.5% of SPA 6, 30.2% of SPA 7 and 27% of SPA 8 residents have Medi-Cal coverage. 25.2% of SPA 6, 39.4% of SPA 7 and 43.4% of SPA 8 residents have employment-based insurance.

Insurance Coverage, by Type

	SPA 6	SPA 7	SPA 8	Los Angeles County
Medi-Cal	46.5%	30.2%	27.0%	28.7%
Medicare only	*0.9%	*1.5%	1.2%	1.3%
Medi-Cal/Medicare	7.7%	5.4%	4.7%	5.0%
Medicare and others	4.0%	7.1%	8.7%	7.9%
Other public insurance	*1.2%	*1.5%	*1.5%	1.2%
Employment based	25.2%	39.4%	43.4%	41.2%
Private purchase	2.5%	4.9%	6.6%	5.7%
No insurance	11.9%	10.0%	6.9%	9.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

When examined by race/ethnicity, there are differences in the rate of health insurance coverage in the service area. The service area health insurance coverage rate among the total population is 88.9%. The lowest rate of coverage is seen in those who identify as AIAN (83.4%), those who identify as Other race (84.6%) and Hispanic residents (85.4%). Service area coverage for children is 95.4%. The lowest rate of coverage (92.2%) is seen in Native Hawaiian/Pacific Islander children. Lower than average rates are also seen in children who identified as AIAN (92.7%), Other race (94.5%), and

Hispanic children (94.9%). Among service area adults, ages 19 to 64, 84.4% have health insurance. The lowest rate is found among AIAN adults (77.5%). Lower-than-average rates are also seen among adults who identify as Other race (78.4%) and Hispanic adults (79.3%). The lowest rates of coverage among service area seniors, ages 65 and older, are found among those of Other race (95.4%) and Hispanic seniors (96.3%), AIAN (98.2%), Asian (98.5%) and Native Hawaiian/Pacific Islanders (98.7%).

Health Insurance, Service Area Population, by Race/Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	95.2%	96.7%	93.2%	99.7%
Multiracial	94.3%	96.8%	91.5%	99.3%
Asian	94.1%	96.3%	92.2%	98.5%
Black/African American	93.6%	97.2%	91.0%	99.3%
Native Hawaiian/Pacific Islander	92.2%	92.2%	91.1%	98.7%
Hispanic	85.4%	94.9%	79.3%	96.3%
Other race	84.6%	94.5%	78.4%	95.4%
American Indian/Alaskan Native	83.4%	92.7%	77.5%	98.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, C27001B thru C27001I. http://data.census.gov/

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. In SPA 8, seniors (94.5%) are the most likely to have a usual source of care. In SPA 6 (93.6%) and SPA 7 (89.6%), children, ages 0-17, are the most likely to have a usual source of care.

Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
SPA 6	*93.6%	78.6%	*93.2%
SPA 7	*89.6%	80.2%	*88.4%
SPA 8	*91.7%	81.5%	*94.5%
Los Angeles County	**90.7%**	**80.8%**	**93.4%**
California	**90.9%**	**83.2%**	**94.3%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size*

In SPA 6 (76.3%) and SPA 7 (78%), Asians are the least likely to have a usual source of care. In SPA 8, Latinos are the least likely to have a usual source of care (80.3%). While SPA-level data is not available for Native Hawaiian/Pacific Islander and American Indian/Alaskan Native residents due to insufficient sample size, at the county level they are among the least likely to have a usual source of care.

Usual Source of Care, by Race/Ethnicity, All Ages

	SPA 6	SPA 7	SPA 8	Los Angeles County
White	*81.6%	93.3%	91.9%	90.9%

	SPA 6	SPA 7	SPA 8	Los Angeles County
Black/African American	93.7%	*90.8%	89.2%	90.1%
Multiracial	*98.0%	*78.4%	*93.6%	89.3%
Asian	*76.3%	78.0%	*86.1%	84.3%
American Indian/Alaskan Native	N/A	N/A	*84.5%	*83.2%
Native Hawaiian/Pacific Islander	N/A	N/A	N/A	81.9%
Latino	80.7%	82.9%	80.3%	80.6%
All	**84.2%**	**83.8%**	**85.7%**	**84.8%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = unavailable due to insufficient sample size.*

42% of SPA 6 residents were most likely to access care at a community or government clinic, or community hospital. 53.4% of SPA 7 residents and 61.2% of SPA 8 residents were more likely to access care at a doctor's office, HMO or Kaiser. 15.8% of SPA 6 residents, 16.2% of SPA 7 residents and 14.3% of SPA 8 residents had no usual source of care.

Sources of Care

	SPA 6	SPA 7	SPA 8	Los Angeles County
Dr. office/HMO/Kaiser Permanente	39.1%	53.4%	61.2%	56.8%
Community clinic/government clinic/ community hospital	42.0%	27.4%	21.7%	25.2%
ER/Urgent care	2.5%	2.2%	2.1%	2.1%
Other place/no one place	*0.6%	*0.8%	*0.7%	0.7%
No usual source of care	15.8%	16.2%	14.3%	15.2%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 23.4% of SPA 6 residents, 22.8% of SPA 7 residents and 20.9% of SPA 8 residents have visited an ER in the past 12 months. In SPA 6, adults, ages 18-64, had the highest rate of ER use (25.8%). Seniors in SPA 7 (26.1%) and in SPA 8 (28.9%) had the highest rate of ER use.

Use of Emergency Room

	SPA 6	SPA 7	SPA 8	Los Angeles County
Visited ER in last 12 months	23.4%	22.8%	20.9%	21.1%
0-17 years old	17.6%	22.4%	17.0%	17.9%
18-64 years old	25.8%	22.1%	20.2%	21.5%
65 and older	25.0%	26.1%	28.9%	24.6%
<100% of poverty level	25.1%	28.9%	22.7%	24.9%
<200% of poverty level	24.1%	25.3%	23.9%	23.4%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Difficulty Accessing Care

4.9% of SPA 6 adults, 5.5% of SPA 7 adults and 6.1% of SPA 8 adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 5.5% of adults in SPA 6, 4.4% in SPA 7 and 6% in SPA 8 had been told by a primary care physician's office that their insurance would not be accepted.

18.1% of SPA 6 adults, 15.4% of SPA 7 adults and 14.4% of SPA 8 adults had difficulty finding specialist care. 8.9% of SPA 6 adults, 12.6% of SPA 7 adults and 11.7% of SPA 8 adults were told their insurance was not accepted at a specialist's office.

Difficulty Accessing Care in the Past Year, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Reported difficulty finding primary care	4.9%	5.5%	6.1%	6.2%
Reported difficulty finding specialist care	18.1%	15.4%	14.4%	14.7%
Primary care doctor not accepting their insurance	5.5%	4.4%	6.0%	6.5%
Specialist not accepting their insurance	*8.9%	12.6%	11.7%	12.3%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Delayed or Forgone Care

9.7% of adults in SPA 6, 10.8% of SPA 7 residents and 12% of SPA 8 residents delayed or did not get medical care when needed. 47.1% of SPA residents, 44.2% in SPA 7, and 50.5% of SPA 8 residents who delayed or went without care listed 'cost/lack of insurance/other insurance issue' as the main reason. 9.8% of SPA 6 residents, 8.2% of SPA 7 residents and 10.1% of SPA 8 residents delayed or did not get prescriptions filled.

Delayed Care in Past 12 Months, All Ages

	SPA 6	SPA 7	SPA 8	Los Angeles County
Delayed or did not get medical care	9.7%	10.8%	12.0%	11.8%
Had to forgo needed medical care	5.1%	6.5%	6.7%	7.0%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	47.1%	44.2%	50.5%	47.9%
Delayed or did not get prescription meds	9.8%	8.2%	10.1%	8.7%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Latino residents of SPA 6 were the most likely to have delayed or foregone needed medical care during the prior year due to cost or lack of insurance (4.5%). In SPA 7, Asian residents were the most likely to have delayed or foregone care due to cost or lack of insurance (4.8% of the Asian population), followed by Latino residents (4.7%). Latino residents of SPA 8 were the most likely to have delayed or foregone needed

medical care during the prior year due to cost or lack of insurance (7.2%), followed by non-Latino White residents (6.4%).

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	SPA 6	SPA 7	SPA 8	Los Angeles County
Latino	4.5%	4.7%	7.2%	5.8%
White	*4.4%	4.0%	6.4%	6.5%
Black	*4.0%	N/A	3.7%	3.8%
Multiracial	*3.5%	N/A	*2.8%	4.3%
Asian	N/A	*4.8%	*2.3%	3.4%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = Insufficient sample size to allow for statistical validity.*

Lack of Care Due to Cost, Children

0.6% of children, ages 0 to 17, in SPA 6, 0.8% of children in SPA 7 and 3.1% of children in SPA 8 had care missed or delayed within the prior 12 months due to cost or lack of insurance. 0.5% of children in SPA 6, 1.1% in SPA 7 and 1.3% of SPA 8 children ultimately did not receive needed care. 6.1% of children in SPA 6, 3.9% of SPA 7 children and 5.4% of SPA 8 children had delayed or unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year, Children, Ages 0 to 17

	SPA 6	SPA 7	SPA 8	Los Angeles County
Child's care delayed or foregone due to cost or lack of insurance	*0.6%	*0.8%	*3.1%	1.5%
Child missed care	*0.5%	*1.1%	*1.3%	1.0%
Child's prescription medication delayed or unfilled	*6.1%	*3.9%	*5.4%	4.3%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)[1], 41.1% of the population in the service area is low-income (200% of Federal Poverty Level) and 17.4% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area.

[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 300,082 patients in the service area, which equates to 33.1% penetration among low-income patients and 13.5% penetration among the total population. From 2018-2020, the clinics served 20,585 additional patients for a 7.4% increase in patients served by Community Health Centers in the service area. Despite this, there remain 606,721 low-income residents, 66.9% of the population at or below 200% FPL, which are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
906,803	300,082	33.1%	13.5%	606,721	66.9%

Source: UDS Mapper, 2020, 2015-2019 population numbers. http://www.udsmapper.org

Dental Care

15.1% of children, ages 3 to 11, in SPA 6, 14.2% of children in SPA 7 and 12.3% in SPA 8 have never been to a dentist. In the prior year, 6.1% of SPA 6 children, 4.2% of SPA 7 children and 2.8% in SPA 8 needed dental care and did not receive it. Teen data is based on smaller sample sizes than children's data and should be interpreted with greater caution.

Delay of Dental Care, Children

	SPA 6	SPA 7	SPA 8	Los Angeles County
Children, ages 3 to 11, never been to the dentist****	*15.1%	*14.2%	12.3%	14.2%
Children, ages 3 to 11, needed but didn't get dental care in past year****	*6.1%	*4.2%	*2.8%	3.9%
Teen, ages 12 to 17, either never been to the dentist or more than one year ago***	*20.3%	*12.0%	*0.7%	7.7%
Teen, ages 12 to 17, condition of teen is fair or poor	*6.2%	*7.8%	*2.6%	12.7%
Teen, ages 12 to 17, missed school due to a dental problem in the past year**	*0.0%	*12.1%	*15.6%	*8.6%

*Source: California Health Interview Survey, 2018-2020 **2018-2019 ***2017-2019, ****2015-2019. http://ask.chis.ucla.edu*
**Statistically unstable due to sample size.*

61.3% of adults in SPA 6, 66.9% of adults in SPA 7 and 70.8% of SPA 8 adults described the condition of their teeth as 'good', 'very good', or 'excellent'. 14.3% of adults in SPA 6, 10.8% of adults in SPA 7 and 9.1% of SPA 8 residents had never been to a dentist or had not been in the prior five years.

Dental Care, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Condition of teeth: good to excellent	61.3%	66.9%	70.8%	70.0%
Condition of teeth: fair to poor	36.2%	30.5%	27.2%	28.2%
Condition of teeth: has no natural teeth	2.5%	*2.5%	*2.1%	1.9%
Never been to a dentist	*5.3%	2.5%	2.3%	3.3%
Visited dentist < 6 months to two years	73.4%	78.6%	79.9%	80.0%
Visited dentist more than 5 years ago	9.0%	8.3%	6.8%	7.4%

*Source: California Health Interview Survey, 2016-2019 pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Community Perspectives – Access to Health Care

Access to basic health care coverage and services must be addressed in tandem with quality care regardless of how a person is accessing the care. Insurance, both for quality care and affordability is frequently referenced in connection to the difficulty that patients face in navigating the system. Following are stakeholder comments edited for clarity:

> *Even if someone is lucky enough to have insurance, they cannot afford to use it or navigating the health care system is too confusing. Even with coverage, there are many gaps and so many things are not covered by insurance.* - Focus group participant

> *You can get access to care but you don't have access to quality care. My daughter had passed out because she had gotten overheated. We went to the urgent care and we waited two and a half hours and then my daughter wasn't provided with a physical exam. Access to quality care is different than just having access to care. I think number one, we should be able to access quality care because just getting in and getting a prescription isn't meeting your health care needs. There is a lack of people to help individuals navigate through a very complicated health care system.* - Key informant interview

COVID-19 has impacted how care is accessed or whether it is accessed in the first place. Focus group participants referenced putting off medical appointments or being frustrated with telehealth appointments. When appointments were made in-person, transportation and the risk of using public transportation was a major concern.

> *It's kind of twofold in some ways, for example, we never used telehealth prior to the pandemic and now in some ways we can reach more patients more conveniently, with the use of telehealth. At the same time, it also highlights the disparity among the community whether people have access to utilizing a telehealth platform. And then the other piece is that there were a lot of*

screenings and elective types of treatments that were delayed during the pandemic. There was definitely a delay in screenings and treatments. - Key informant interview

Quality care is also interpreted as culturally competent care or specialized care that can meet the specific needs of a subpopulation or better "meet people where they're at" and provide health services that are more patient-centered, free of stigma, and aware of generational differences and cultural biases.

I've been exposed to transphobia at a doctor's office before and it was very hurtful to me. The possibility of transphobia is scary and makes people not want to start or consider transitioning. - Focus group participant

I think Federally Qualified Health Centers take up the bulk of the safety network, for those that don't have insurance or are underinsured. We exist to serve those who do not have adequate insurance and access. Unfortunately, because of funding issues, many organizations close down. So even during COVID, there have been clinics that have closed because of funding issues. Community clinics, I think, play really a crucial role in reaching those who aren't getting the care that they need. - Key informant interview

Access to interpretation is a need especially in a health setting. There are great technologies but there isn't access to information or translators to give people access to care. - Focus group participant

Birth Indicators

Births

From 2014 to 2018, in the service area there were, on average, 29,250 births per year. Fertility rates (the number of births per 1,000 women, ages 15 to 44) have been on a decline in the county and the state. For the City of Long Beach, the fertility rate decreased from 2016 to 2020. It declined for all racial and ethnic groups in the city, with the exception of American Indian/Alaska Native (AIAN) residents. Pacific Islander/Hawaii Native women have the highest fertility rate in Long Beach (61.3 births per 1,000 women, ages 15 to 44), followed by Hispanic/Latina women (46.9 births per 1,000 women, ages 15 to 44). AIAN women have the lowest fertility rate (6.6 births per 1,000 women, ages 15 to 44), followed by non-Hispanic White women (35.3 births per 1,000 women, ages 15 to 44).

Births, and Rate per 1,000 Women Aged 15 - 44, by Race/Ethnicity of Mother, Long Beach

	2016		2020		2016-2020 % Change
	Number	Rate	Number	Rate	
Hispanic/Latina	2,948	59.3	2,351	46.9	(-20.3%)
White, non-Hispanic	1,073	44.4	851	35.3	(-20.7%)
Asian	691	46.5	618	45.0	(-10.6%)
Black/African American	696	47.3	584	41.9	(-16.1%)
Pacific Islander/Hawaii Native	73	64.5	56	61.3	(-23.3%)
American Indian/Alaska Native	5	3.8	8	6.6	*60.0%
Total (incl. unknown/other)	**5,819**	**53.7**	**4,777**	**45.1**	**(-17.9%)**

*Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020. *Statistically unstable due to sample size.*

Teen Births

In the service area, the teen birth rate is 23.6 births per 1,000 females, ages 15-19. The Healthy People 2030 goal is for no more than 31.4 pregnancies per 1,000 females, ages 15 to 19.

Teen Birth Rates, per 1,000 Females, Ages 15 to 19

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers	1,816	23.6	17.3	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

In Long Beach, the rate of births to teens, ages 15 to 19, decreased from 16.8 births per 1,000 teens in 2016 to 11.8 births per 1,000 teens in 2020. The rate of birth declined for all racial and ethnic groups in the city for whom data is available (fewer than five births were suppressed due to privacy concerns and appear only in the totals). The teen birth rate is highest among Hispanic/Latina teens (16.2 per 1,000 females, ages 15 to 19)

and Black/African American teens (10 per 1,000 females, ages 15 to 19).

Births to Teen Mothers, Rate per 1,000 Females Ages 15 to 19, Long Beach

	2016		2020		2016-2020 % Change
	Number	Rate	Number	Rate	
Hispanic/Latina	201	22.3	134	16.2	(-33.3%)
Black/African American	51	20.3	21	10.0	(-58.8%)
Asian	8	3.6	6	4.3	*(-25.0%)
White, non-Hispanic	8	3.3	<5	N/A	*(-50.0%)
Total (incl. unknown/other)	**288**	**16.8**	**172**	**11.8**	**(-40.3%)**

*Source: Long Beach Department of Health/Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020. N/A = suppressed due to privacy concerns. *Statistically unstable due to sample size.*

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 160.1 per 1,000 live births. This rate of late entry into prenatal care translates to 16% of women entering prenatal care late or not at all, while 84% of women entered prenatal care on time.

Late Entry to Prenatal Care Rate, After 1st Trimester, per 1,000 Live Births

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	4,683	160.1	148.2	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

There are age and race/ethnicity-based differences in the timing of entry into prenatal care. Rates of late-entry decline as age increases. In Long Beach, Pacific Islander/Hawaiian Native mothers are the most likely to enter prenatal care late (36%).

Late Entry to Prenatal Care (After 1st Trimester)* by Mother's Age and Race/Ethnicity

	Long Beach	Los Angeles County
Ages 15 to 17	30.0%	34.6%
Ages 18 to 24	19.5%	20.7%
Ages 25 to 34	12.7%	22.0%
Ages 35 to 44	10.0%	10.4%
Pacific Islander/Hawaiian Native	36.0%	27.1%
Black/African American	18.4%	21.0%
Hispanic/Latina	13.8%	15.1%
Asian	12.9%	11.7%
American Indian/Alaskan Native	11.8%	24.2%
White, Non-Hispanic	8.3%	8.9%
Total	**12.5%**	**13.8%**

Source for Long Beach: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020 data. Source for county and state: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html **Where timing of prenatal care is known.*

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies in the service area is 73.3 per 1,000 live births.

Low Birth Weight (Under 2,500g) Rate, per 1,000 Live Births

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	2,145	73.3	72.0	68.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

There are age and race/ethnicity-based differences in the percentage of infants born at low or very-low (below 1,500g) birth weights. Low birthweight babies are most likely to be born to women ages 35 to 44 (8.3%). In Long Beach, among those groups for whom data were not suppressed due to fewer than five low birthweight births per year, Black/African American mothers were the most likely to have low birthweight babies (11.5% of infants), followed by Asian mothers (8.6% of infants).

Low Birth Weight (Under 2,500g)* Percent of Live Births, Mothers Ages 15-44, 5-Year Avg.

	Long Beach	Los Angeles County
Ages 15 to 17	6.5%	7.8%
Ages 18 to 24	6.8%	7.1%
Ages 25 to 34	6.5%	6.8%
Ages 35 to 44	8.3%	8.3%
Black/African American	11.5%	11.8%
Asian	8.6%	7.4%
Hispanic/Latina	5.9%	7.0%
White, Non-Hispanic	5.0%	6.0%
Total	**7.0%**	**7.2%**

Source for Long Beach: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020 data. Source for county and state: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html **Where birth weight is known.*

Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 639 births per 1,000 live births, which is higher than the county rate (542.9 per 1,000 live births) and state rate (498.5 per 1,000 live births) of births paid by public insurance or self-pay.

Delivery Paid by Public Insurance or Self-Pay Rate, per 1,000 Live Births

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	18,692	639.0	542.9	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Preterm Births

The rate of premature birth, occurring before the start of the 38th week of gestation, in the service area is 91.5 per 1,000 live births. This rate of premature birth is higher than the county rate (88.5 per 1,000 live births) and the state rate (85.4 per 1,000 live births) of premature births.

Premature Births before Start of 38th Week Rate, per 1,000 Live Births

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature births	2,675	91.5	88.5	85.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Maternal Smoking During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) was 6.1 per 1,000 live births, which is comparable to the county rate.

Mothers Who Smoked Regularly During Pregnancy Rate, per 1,000 Live Births

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Mothers who smoked	180	6.1	6.2	15.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Infant Mortality

For the purposes of this table, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in Los Angeles County, from 2016 to 2018, was 4.11 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality Rate, per 1,000 Live Births, Three-Year Averages

	Rate
Los Angeles County	4.11
California	4.21

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html

According to the Long Beach Department of Health and Human Services, there were 90 infant deaths to mothers, ages 15 to 44, in Long Beach from 2016 to 2020, for a rate of 3.4 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births. However, there are disparities in the rates between races/ethnicities. Black/African American mothers (9.8 deaths per 1,000 live births) and Hispanic/Latina mothers (3.6 deaths per 1,000 live births) have the highest infant mortality rates in Long Beach.

Infant Mortality Number and Rate, per 1,000 Live Births to Mothers 15-44, Long Beach

	Number	Rate
Black/African American	31	9.8
Hispanic/Latina	42	3.6
Asian	7	*2.1
White	5	*1.1
Total, all races/ethnicities, incl. unknown/other	**90**	**3.4**

*Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020 data. *Statistically unstable due to sample size.*

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates at MCWH indicated 93.5% of new mothers used some breastfeeding, which was in line with the county and state rate (93.7%). 72.4% of new mothers at MCWH used breastfeeding exclusively, which was higher than county (62.5%) and state (70%) rates.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
Miller Children's & Women's Hospital Long Beach	4,421	93.5%	3,423	72.4%
Los Angeles County	92,163	93.7%	61,455	62.5%
California	361,719	93.7%	270,189	70.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered at MCWH. African-American mothers had the lowest percentage of exclusive breastfeeding (60%), followed by Pacific Islander mothers (62.2%). White mothers had the highest rate of exclusive breastfeeding at the hospital (89.2%), followed by multiracial mothers (79.9%) and Asian mothers (78.9%).

In-Hospital Breastfeeding, MCWH Long Beach, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
White	670	96.3%	621	89.2%
Asian	450	95.9%	370	78.9%
Multiple Race	177	93.7%	151	79.9%
Latina/Hispanic	2,482	93.2%	1,821	68.4%
Other race	47	92.2%	34	66.7%
African American	436	88.6%	295	60.0%
Pacific Islander	32	86.5%	23	62.2%
Miller Children's & Women's Hospital	4,421	93.5%	3,423	72.4%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019. N/A = not available
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Community Perspectives – Birth Indicators and Pregnancy

Black women face the largest disparities related to birth outcomes and infant mortality rates as noted by several key informant interviewees and community members. Chronic stress and racism negatively impact the health of Black infants and expectant mothers. Following are stakeholder comments edited for clarity:

> *At the end of the day, people just don't believe Black women. There's a lot of research that shows that Black women experience significant stress that contributes to poor physiological outcomes. Early births are one of those outcomes. Having to overcome stress all the time, the racism, discrimination, life, stress, having to deal with that over and over again contributes to a physiological breakdown in our bodies and the release of hormones that stimulate labor for pregnant women* - Key informant interview

Attitudes among young people regarding pregnancy at early ages and sexual health have shifted, yet challenges continue to persist in accessing care and ensuring proper information is being given in sensitive and culturally relevant ways.

> *There's less stigma around teen pregnancy. However, the issues persist with getting early prenatal care. What we continue to see is that the young woman is pregnant for a very long time before they seek their first medical appointment. Sometimes this is because they want to hide the pregnancy or they are concerned about revealing the pregnancy. There are high school wellness centers and some resources available to young women that connect them to early care. Aa student can actually check themselves out of school as early as age 13 for a doctor's appointment that deals specifically with reproductive health. They don't need to have a parent or guardian permission for leaving, which is sometimes not known. But it's important to help young people gain access to the care that they need.* - Key informant interview

Leading Causes of Death

Life Expectancy at Birth

Prior to the COVID-19 Pandemic, life expectancy in Los Angeles County was 82.4 years. 260 residents of Los Angeles County per 100,000 residents, died before the age of 75, which is considered a premature death. The total of the Years of Potential Life Lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 5,000 years.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Los Angeles County	California
Life expectancy at birth in years	82.4	81.7
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	260	270
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	5,000	5,300

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. http://www.countyhealthrankings.org*

From 2016 to 2020 there were 16,197 deaths in the City of Long Beach, with a total of 136,378 Years of Potential Life Lost (YPLL), which averages out to 8.4 YPLL, per death. Hispanic/Latinx residents of Long Beach had the highest average YPPL per death (12.9), followed by Black/African American residents (11.5).

Premature Death, by Gender and Race/Ethnicity, 2016-2020, Long Beach

	Total Deaths	Total YPLL	Average YPLL
Female	7,508	48,556	6.5
Male	8,689	86,822	10.0
White	7,862	45,046	5.7
Asian	1,989	13,873	7.0
Black/African American	2,679	30,927	11.5
Hispanic/Latinx	3,111	40,124	12.9
Total Population	**16,197**	**136,378**	**8.4**

Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Mortality Data Report, 2016-2020 data.

Life expectancy in area cities ranged from 77.1 years in Compton to 87.2 years in Cerritos.

Life Expectancy at Birth

	Years of Life Expected
Bell Gardens	82.0
Bellflower	80.0
Carson	81.3
Cerritos	87.2

	Years of Life Expected
Compton	77.1
Downey	82.3
Gardena	83.1
Hawthorne	80.4
Huntington Park	83.2
Lakewood	80.6
Long Beach	80.0
Los Angeles City	82.5
Norwalk	82.2
Paramount	80.5
South Gate	84.7
Los Angeles County	**82.3**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2018 results.
http://publichealth.lacounty.gov/ohae/cchp/index.htm

Life expectancy at birth for Long Beach in 2017 was 77.8 years of age, and for 2020 it had declined to 75.7 years of age. This may have been due to the effects of the COVID-19 Pandemic, particularly among Hispanic residents. Life expectancy was higher for women (78.9 years) than for men (72.6 years). It was highest for non-Hispanic Whites (77.8 years) and Asians (77.7 years) and lowest for Blacks/African-Americans (69.1 years). Life expectancy in 2020 for Long Beach ZIP Codes ranged from 71.9 years in 90813 to 81.1 years of life expectancy in 90808.

Life Expectancy at Birth, City of Long Beach, 2020

	Years of Life Expected
Female	78.9
Male	72.6
White, non-Hispanic	77.8
Asian	77.7
Hispanic/Latino	74.3
Black/African American	69.1
90802	76.9
90803	80.2
90804	75.6
90805	72.4
90806	73.8
90807	76.6
90808	81.1
90810	74.4
90813	71.9
90814	78.6
90815	79.2
Long Beach	**75.7**

Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Mortality Data Report, 2020 data.

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area is 650.4 per 100,000 persons, which is higher than the county (569.8 deaths per 100,000 persons) and state (614.4 deaths per 100,000 persons) rates.

Mortality Rate, per 100,000 Persons, Age-Adjusted, Five-Year Average

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Deaths	11,935	650.4	569.8	614.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The leading causes of death in the service area are heart disease, cancer, stroke, Chronic Lower Respiratory Disease, and Alzheimer's disease are in the top five causes of death in the service area. The death rates include all age groups. The rates for all listed causes are higher in the service area than in the county, with the exception of Alzheimer's disease and suicide.

Leading Causes of Death Rate, Age-Adjusted, per 100,000 Persons, 2014-2018, Average

	MCWH Service Area		Los Angeles County	California	Healthy People 2030 Objective
	Avg. Deaths	Rate	Rate	Rate	Rate
Heart disease	3,399	168.3	146.9	142.7	No Objective
Ischemic heart disease	934	114.9	106.8	88.1	71.1
Cancer	2,994	146.7	134.3	139.6	122.7
Stroke	788	39.8	33.3	36.4	33.4
Chronic Lower Respiratory Disease	661	34.2	28.1	32.1	Not Comparable
Alzheimer's disease	632	33.2	34.2	35.4	No Objective
Diabetes	611	29.9	23.1	21.3	Not Comparable
Unintentional injuries	563	25.2	22.6	31.8	43.2
Pneumonia and influenza	401	20.5	19.2	14.8	No Objective
Liver disease	367	16.5	13.0	12.2	10.9
Kidney disease	295	14.8	11.2	8.5	No Objective
Homicide	205	8.9	5.7	5.0	5.5
Suicide	167	7.5	7.9	10.5	12.8
HIV	59	2.6	2.1	1.6	No Objective

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

In the City of Long Beach, heart disease and cancer were the two leading causes of premature death among all races/ethnicities for whom statistically valid data was available. Homicide was the third leading cause of premature death among Asian and Black residents, and unintentional injuries were the third leading cause among White and Hispanic residents and the fourth leading cause among Blacks.

Top Causes of Premature Death, by Race/Ethnicity, 2016-2020, Long Beach

Hispanic/Latinx	Black/African American	Asian	White	COMBINED
Cancer	Heart disease	Cancer	Cancer	Cancer
Heart disease	Cancer	Heart disease	Heart disease	Heart disease
Unintentional injuries	Homicide	Homicide	Unintentional injuries	Unintentional injuries
Motor vehicle accidents	Unintentional injuries	Stroke	Suicide	Motor vehicle accidents
Chronic liver disease and cirrhosis	Diabetes	Suicide	Chronic liver disease and cirrhosis	Homicide

Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Mortality Data Report, 2016-2020 data.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease is 114.9 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 39.8 deaths per 100,000 persons. These rates do not meet the Healthy People 2030 objectives of 71.1 heart disease deaths and 33.4 stroke deaths per 100,000 persons.

Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	934	114.9	106.8	88.1
Stroke death rate	788	39.8	33.3	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate is 146.7 per 100,000 persons. This rate is higher than county and state rates and does not meet the Healthy People 2030 objective of 122.7 deaths from cancer, per 100,000 persons.

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	2,994	146.7	134.3	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

In Los Angeles County, the rate of death from cancer, among the population under age 20, is 2.3 deaths per 100,000 children and youth. The highest rates of death among youth, younger than age 20, are from leukemia, brain and nervous system cancer, and cancer of the bones and joints.

Cancer Mortality Rates, per 100,000 Persons, Younger than Age 20

	Los Angeles County	California
Cancer all sites	**2.3**	**2.4**
Leukemia	0.8	0.8
Brain and other nervous system	0.5	0.7
Bones and joints	0.2	0.2
Soft tissue, including heart	0.1	0.2
Kidney and renal pelvis	*0.1	0.1
Liver and intrahepatic bile duct	*0.1	0.1
Non-Hodgkin lymphoma	*0.1	0.1

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 and *2009-2018*
https://explorer.ccrcal.org/application.html

From 2016 to 2020 there were 3,450 deaths from cancer in Long Beach. The leading causes of female cancer deaths were breast, trachea/bronchus/lung and cervical/uterine/ovarian cancers. The leading cause of male cancer deaths were trachea/bronchus/lung, prostate, and colorectal/anal cancers.

Cancer Mortality in the City of Long Beach, 2016-2020

Rank	Female		Male	
	Cancer	Number of Deaths	Cancer	Number of Deaths
1.	Breast	275	Trachea, bronchus, & lung	345
2.	Trachea, bronchus, & lung	258	Prostate	208
3.	Cervix uteri, corpus uteri & ovary	225	Colon, rectum & anus	203
4.	Colon, rectum & anus	176	Pancreas	141
5.	Pancreas	111	Urinary tract	119
6.	Leukemia	60	Leukemia	87
7.	Urinary tract	58	Stomach	51
8.	Stomach	48	Non-Hodgkin's lymphoma	50
9.	Non-Hodgkin's lymphoma	45	Breast	3

Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Mortality Data Report, 2016-2020 data.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 34.2 per 100,000 persons. This is higher than the county rate (28.1 per 100,000 persons) and state rate (32.1 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	661	34.2	28.1	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database.Values of 3 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 33.2 deaths per 100,000 persons. This is lower than the county rate (34.2 deaths per 100,000 persons) and the state rate (35.4 deaths per 100,000 persons).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	632	33.2	34.2	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate from diabetes in the service area is 29.9 deaths per 100,000 persons. This is higher than the county rate (23.1 per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	611	29.9	23.1	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 25.2 deaths per 100,000 persons. This rate is lower than the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	563	25.2	22.6	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 20.5 per 100,000 persons. This rate is higher than the county (19.2) and state (14.8 per 100,000 persons) rates.

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	401	20.5	19.2	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area is 16.5 deaths per 100,000 persons. This is higher than the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	367	16.5	13.0	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

The death rate from kidney disease is 14.8 deaths per 100,000 persons. This is higher than the county rate (11.2 per 100,000 persons) and the state rate (8.5 deaths per 100,000 persons).

Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	296	14.8	11.2	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Homicide

The homicide rate in the service area is 8.9 deaths per 100,000 persons. This does not meet the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	205	8.9	5.7	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area is 7.5 deaths per 100,000 persons. This rate meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	167	7.5	7.9	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

HIV/AIDS

The rate of HIV deaths in the service area is 2.6 deaths per 100,000 persons. This is higher than the county rate (2.1 deaths per 100,000 persons) and the state rate (1.6 deaths per 100,000 persons).

HIV/AIDS Mortality Rate, Age-Adjusted, per 100,000 Persons

	MCWH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV/AIDS	59	2.6	2.1	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Drug Overdoses

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have been rising, particularly in the last several years. Drug overdose deaths in Los Angeles County are consistently lower than the statewide rate. The state and county meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Los Angeles County	7.7	6.9	6.7	6.6	7.8	6.9	6.9	7.6	8.5	9.3	12.1
California	10.7	10.6	10.7	10.3	11.1	11.1	11.3	11.2	11.7	12.8	15.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

In 2019, the age-adjusted death rate from opioid overdoses in Los Angeles County was 6.7 deaths per 100,000 persons, which is lower than the state rate. While the rate of opioid deaths is rising steeply, statewide, it has risen more-swiftly in Los Angeles County, more than doubling over the past four years. The Healthy People 2030 objectives is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2019

	Annual Rate			
	2016	2017	2018	2019
Los Angeles County	3.2	4.1	4.6	6.7
California	4.9	5.2	5.8	7.9

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

In 2019, there were approximately 5.9 overdose deaths involving opioids per 100,000 persons in the service area. Rates were highest in Lakewood 90713 (14.9 deaths per 100,000 persons), Signal Hill (14.5 per 100,000 persons), Long Beach 90807 (13.5 per 100,000 persons), Downey 90241 (13.4 per 100,000 persons) Cypress, Long Beach 90802 and Los Angeles 90003 (13.3 per 100,000 persons).

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons

	ZIP Code	Rate
Artesia	90701	0.0
Bell Gardens	90201	3.7
Bellflower	90706	2.4
Carson	90745	3.8
Carson	90746	8.6
Cerritos	90703	0.0
Compton	90220	4.3
Compton	90221	10.9
Compton	90222	12.2

	ZIP Code	Rate
Cypress	90630	13.3
Downey	90241	13.4
Downey	90242	4.0
Gardena	90247	2.2
Hawaiian Gardens	90716	4.4
Hawthorne	90250	4.4
Huntington Park	90255	5.7
Lakewood	90712	0.0
Lakewood	90713	14.9
Lakewood	90715	0.0
Long Beach	90802	13.3
Long Beach	90803	8.0
Long Beach	90804	4.9
Long Beach	90805	4.1
Long Beach	90806	2.4
Long Beach	90807	13.5
Long Beach	90808	2.0
Long Beach	90810	2.9
Long Beach	90813	6.8
Long Beach	90814	3.5
Long Beach	90815	3.2
Los Alamitos	90720	4.5
Los Angeles/Firestone Park	90001	2.1
Los Angeles/Watts	90002	1.5
Los Angeles/Green Meadows	90003	13.3
Los Angeles/Vermont Vista	90044	7.9
Los Angeles/Willowbrook	90059	1.6
Lynwood	90262	4.7
Norwalk	90650	7.6
Paramount	90723	6.8
San Pedro	90731	13.2
Seal Beach	90740	1.4
Signal Hill	90755	14.5
South Gate	90280	3.7
Wilmington	90744	5.6
MCWH Service Area*		**5.9**
Los Angeles County		**6.7**
California		**7.9**

*Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

Opioid overdose deaths in Los Angeles County were more likely to occur in men (10.4 deaths per 100,000 men) than women (3 deaths per 100,000 women). The rate rises from among ages 15 to 19 (4.3 deaths per 100,000 persons) to among ages 30 to 34 (14.3 deaths per 100,000 persons). Rates of opioid overdose death are highest among the Native American/Alaska Native residents (18.8 deaths per 100,000 persons), Whites (12.3 deaths per 100,000 persons) and Black/African Americans (10.2 deaths per 100,000 persons) and lowest among Asians (1.2 deaths per 100,000 persons).

Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Rate
Male	10.4
Female	3.0
10 to 14 years old	0.2
15 to 19 years old	4.3
20 to 24 years old	12.7
25 to 29 years old	11.5
30 to 34 years old	14.3
35 to 39 years old	10.7
40 to 44 years old	10.1
45 to 49 years old	8.7
50 to 54 years old	9.2
55 to 59 years old	8.2
60 to 64 years old	6.2
65 to 69 years old	2.8
70 to 74 years old	2.8
75 to 79 years old	1.2
80 to 84 years old	1.2
85+ years old	0.0
Native American/Alaska Native	18.8
White	12.3
Black/African American	10.2
Hispanic/Latino	4.7
Asian/Pacific Islander	1.2
Los Angeles County	**6.7**

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020; data from 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At MCWH, the top four primary diagnoses resulting in hospitalization were complications of pregnancy, childbirth and the puerperium (the period immediately after childbirth), certain conditions originating in the perinatal period, and respiratory and digestive system diseases.

Hospitalization Rates by Principal Diagnoses, Top Ten Causes

	Percent
Complications of pregnancy, childbirth, and the puerperium	32.6%
Certain conditions originating in the perinatal period	31.5%
Respiratory system	9.9%
Digestive system	5.8%
Injury and poisoning	4.3%
Nervous system and sense organ	2.6%
Endocrine, nutritional, and metabolic diseases and immunity disorders	2.4%
Infectious and parasitic diseases	1.8%
Genitourinary system	1.4%
Neoplasms	1.2%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Limited Activity Due to Poor Health

Adults in SPA 6 limited their activities due to poor mental or physical health on an average of 3.5 days in the previous month, while in SPA 8 it was 3 days and in SPA 7 it was 2.8. At the county level, the likelihood of limiting activities generally increased with age until age 65, and was higher among women (2.9 days) than men (2.5 days). The likelihood of limiting activities decreased with income, was highest among Black/African-American residents, and was more likely among U.S. born populations than among foreign-born, with the exception of Asian populations.

Average Days in Past Month, Activities Limited from Poor Mental/Physical Health

	Percent
Male	2.5
Female	2.9
18-24	2.0
25-29	1.7
30-39	2.5
40-49	2.9
50-59	3.2
60-64	4.0
65 or older	3.0

	Percent
0-99% FPL	3.9
100-199% FPL	3.3
200-299% FPL	2.5
300%+ FPL	1.9
Less than high school	2.9
High school	3.1
Some college or trade school	3.1
College or post graduate school	2.0
Black	4.0
U.S. Born	4.0
White	2.7
U.S. Born	3.0
Latino	2.6
U.S. Born	3.0
Asian	2.2
U.S. Born	1.9
Bellflower Health District	2.5
Compton Health District	3.7
Long Beach Health District	3.0
San Antonio Health District	3.1
South Health District	*3.2
SPA 6	**3.5**
SPA 7	**2.8**
SPA 8	**3.0**
Los Angeles County	**2.7**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Diabetes

Among adults, 14.6% in SPA 6, 16.9% in SPA 7 and 17.1% in SPA 8 have been diagnosed as pre-diabetic and 13.9% in SPA 6, 13.3% in SPA 7 and 11.2% in SPA 8 have been diagnosed with diabetes. For adults with diabetes, 60.6% in SPA 6, 53.8%in SPA 7 and 57.7% in SPA 8 felt very confident that they could control their diabetes.

Diabetes, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Diagnosed pre-diabetic**	14.6%	16.9%	17.1%	15.6%	14.6%
Diagnosed with diabetes***	13.9%	13.3%	11.2%	10.5%	10.0%

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Very confident to control diabetes	60.6%	53.8%	57.7%	56.1%	58.8%
Somewhat confident	32.5%	39.0%	36.0%	33.7%	32.9%
Not confident	*7.0%	*7.2%	*6.2%	10.2%	8.3%

*Source: California Health Interview Survey, 2014-2018, **2015-2018, ***2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. For short-term complications and amputation PQI measures, hospitalization rates were lower in Los Angeles County than in California, while for long-term complications, uncontrolled diabetes and the overall diabetes composite, hospitalization rates in LA County were higher than the statewide average.

Diabetes Hospitalization Rates*for Prevention Quality Indicators

	Los Angeles County	California
Diabetes short term complications	55.9	60.9
Diabetes long term complications	105.8	97.1
Lower-extremity amputation among patients with diabetes	26.8	29.6
Uncontrolled diabetes	36.1	**30.5**
Diabetes composite	**209.6**	**202.2**

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease

In SPA 6, 6.2% of adults and 5.3% of adults in SPA 7 have been diagnosed with heart disease. In SPA 8, 6.9% of adults have been diagnosed with heart disease. Among adults diagnosed with heart disease, 69.8% in SPA 6, 64.5% in SPA 7 and 73.3% in SPA 8 had been given a management care plan by a health care provider.

Heart Disease, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Diagnosed with heart disease***	6.2%	5.3%	6.9%	6.1%
Has a management care plan**	*69.8%	64.5%	73.3%	71.0%
Very confident to control condition	*51.8%	*62.1%	59.4%	57.7%
Somewhat confident to control condition	*38.3%	*31.2%	33.5%	35.7%
Not confident to control condition	*9.9%	*6.7%	*7.1%	*6.6%

*Source: California Health Interview Survey, 2015-2016. **2014-2018. ***2015-2019 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Los Angeles County (363 annual hospitalizations per 100,000 persons, risk-adjusted) is above the state rate (355 hospitalizations per 100,000 persons).

Heart Failure Hospitalization Rate*for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to heart failure	363.0	355.0

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

High Blood Pressure

29.2% of adults in SPA 6, 27.7% of adults in SPA 7 and 29.3% in SPA 8 have been diagnosed with high blood pressure. 3.6% of adults in SPA 6, 7% in SPA 7 and 8.9% in SPA 8 have been told they have borderline high blood pressure. 74.9% in SPA 6 and 64.7% of persons diagnosed with high blood pressure in SPA 7 take medication for their condition, while 74.7% of persons diagnosed with high blood pressure in SPA 8 take medication for their condition.

High Blood Pressure, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Diagnosed with high blood pressure**	29.2%	27.7%	29.3%	25.9%
Borderline high blood pressure**	3.6%	7.0%	8.9%	7.2%
Doesn't/never had high blood pressure**	67.3%	65.3%	61.7%	66.9%
Takes medication for high blood pressure	74.9%	*64.7%	74.7%	69.9%

*Source: California Health Interview Survey, 2016-2017, **2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Los Angeles County (50.2 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (43.4 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate*for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to hypertension	50.2	43.4

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Cancer

In Los Angeles County, cancer is diagnosed (incidence) at a rate of 19 per 100,000 persons under age 20. The highest incidence rates for cancer among youth are for leukemia, brain and nervous system cancer and cancer of the testis.

Cancer Incidence Rates, per 100,000 Persons, Younger than Age 20

	Los Angeles County		California
All sites	**19.0**		**19.2**
Leukemia	5.9		5.5
Brain and other nervous system	2.5		2.8
Testis	1.8		1.4
Soft tissue, including heart	1.1		1.1
Thyroid	1.1		1.1
Bones and joints	1.1		1.0
Non-Hodgkin lymphoma	1.0		1.3
Hodgkin lymphoma	1.0		1.1
Non-malignant brain and other nervous system	0.9		1.6
Ovary (females)	0.8		0.7
Kidney and renal pelvis	0.7		0.6
Colon and rectum	0.4		0.4
Eye and orbit	0.3		0.4
Liver and intrahepatic bile duct	0.3		0.3
Melanoma of the skin	0.2		0.3
Oral cavity and pharynx	0.2		0.2

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 N/A = suppressed due to small numbers.*
https://explorer.ccrcal.org/application.html

Asthma

11.6% of the population in SPA 6 and 14.5% in SPAs 7 and 8 have been diagnosed with asthma. 10.3% of SPA 6 children, 18.9% of SPA 7 children and 16.2% of SPA 8 children have been diagnosed with asthma. 34.2% of the general public with diagnosed asthma in SPA 6, 27.2% in SPA 7 and 29.3% in SPA 8 had an asthma episode or attack in the past year. 54.1% of persons with asthma in SPA 6, 47% of persons with asthma in SPA 7 and 43.9% of persons with asthma in SPA 8 take medication daily to control their symptoms. Among children with an asthma diagnosis, 18.1% in SPA 6, 29.4% in SPA 7 and 26.9% in SPA 8 had had an asthma episode or attack in the past year, and 12.5% of children in SPA 6, 27.3% of children in SPA 7 and 19.3% of children in SPA 8 had missed days of school or daycare due to asthma. 16.2% of children with asthma in SPA 6, 43.8% of children with asthma in SPA 7 and 39.6% of children with asthma in SPA 8 take daily medication to control it.

Asthma

	SPA 6	SPA 7	SPA 8	Los Angeles County
Diagnosed with asthma, total population	11.6%	14.5%	14.5%	13.9%
Diagnosed with asthma, 0-17 years old	*10.3%	18.9%	16.2%	14.1%
Had asthma episode/attack in past 12 months	34.2%	27.2%	29.3%	27.9%
Had asthma episode/attack in past 12 months, 0-17 years old	*18.1%	*29.4%	*26.9%	31.7%
Missed days of daycare/school in the past 12 months, 0-17 years old	*12.5%	*27.3%	*19.3%	22.4%

	SPA 6	SPA 7	SPA 8	Los Angeles County
Takes daily medication to control asthma, total population	54.1%	47.0%	43.9%	45.5%
Takes daily medication to control asthma, 0-17 years old	*16.2%	*43.8%	*39.6%	43.1%

*Source: California Health Interview Survey, 2015-2019 http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. The rate of COPD and asthma hospitalizations among LA County adults, ages 40 and older, was 233.2 hospitalizations per 100,000 persons. The rate of hospitalizations in LA County for asthma among young adults, ages 18 to 39, was 22.4 hospitalizations per 100,000 persons. The county rates were higher than the state rates.

Asthma Hospitalization Rates*for Prevention Quality Indicators

	Los Angeles County	California
COPD or asthma in older adults, ages 40 and older	233.2	220.2
Asthma in younger adults, ages 18 to 39	22.4	19.7

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Tuberculosis

Tuberculosis (TB) rates in Los Angeles County rose in 2019, continuing a 2-year upward trend for the county. The rate of TB was 5.6 per 100,000 persons, which was above the statewide rate of 5.3 TB cases per 100,000 persons.

Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2015		2016		2017		2018		2019	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Los Angeles County	602	6.3	550	5.7	509	5.3	528	5.5	537	5.6
California	2,131	5.5	2,059	5.2	2,057	5.2	2,097	5.3	2,115	5.3

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Data Tables, 2019. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 9.6% of the non-institutionalized civilian population identified as having a disability.

Population with a Disability, Five-Year Average

	MCWH Service Area	Los Angeles County	California
Population with a disability	9.6%	9.9%	10.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Disability is defined as having limited activity because of physical, mental or emotional problems, having a health problem requiring the use of special equipment, or a self-perception of being disabled. Utilizing this description, 26.2% of SPA 6 residents, 20.4% of SPA 7 residents and 28.4% of SPA 8 residents reported having a disability. 28.6% of Long Beach Health District residents had a disability.

Those reporting disabilities were more likely to be older and have a lower income. Black residents were the most likely to report a disability (36.8%), followed by Whites (30.1%) and Latinos (21.5%). Asian residents (14.4%) were the least-likely to report having a disability. Disability was more likely to be reported by U.S.-born (versus foreign-born) Black, White and Latino individuals, but less-likely to be reported by U.S.-born Asians.

Disability, by Demographics

	Percent
18-24	10.9%
25-29	14.7%
30-39	17.7%
40-49	19.8%
50-59	30.3%
60-64	40.1%
65 or older	41.4%
0-99% FPL	33.2%
100-199% FPL	25.9%
200-299% FPL	22.3%
300% or above FPL	20.2%
Black	36.8%
U.S. Born	38.5%
White	30.1%
U.S. Born	32.1%
Latino	21.5%
U.S. Born	22.6%
Asian	14.4%
U.S. Born	11.7%
Bellflower Health District	15.9%
Compton Health District	20.5%
Long Beach Health District	28.6%
San Antonio Health District	21.8%
South Health District	24.2%
SPA 6	**26.2%**
SPA 7	**20.4%**

	Percent
SPA 8	**28.4%**
Los Angeles County	**24.6%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Children with Special Health Care Needs

15.6% of SPA 6 children, 14.7% of children in SPA 7 and 15% In SPA 8 were reported by their caretakers to meet the criteria of having a special health care need, which is defined as dependency on prescription medications, service use above that considered usual or routine, and/or a functional limitation.

At the county level, boys (17%) are more likely than girls (12.4%) to meet the criteria for having special health care needs. Children, ages 6 to 17, were more likely to have an identified special health care need (17.3%) than were children, ages 5 and younger (9.2%). Black/African-American children were the most likely to have a special health care need (25.3%) followed by White children (18.2%). 12.7% of Latino and Asian children reported having a special health care need.

Special Health Care Needs, Children, Ages 0 to 17

	Percent
Male	17.0%
Female	12.4%
0 to 5 years old	9.2%
6 to 17 years old	17.3%
Black	25.3%
White	18.2%
Latino	12.7%
Asian	12.7%
Bellflower Health District	21.4%
Compton Health District	15.2%
Long Beach Health District	15.8%
San Antonio Health District	11.1%
South Health District	19.3%
SPA 6	**15.6%**
SPA 7	**14.7%**
SPA 8	**15.0%**
Los Angeles County	**14.7%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Perspectives – Chronic Disease

There are links between the social determinants of health and a person's circumstances and environments that impact on chronic diseases. Chronic diseases need to be addressed through prevention. Following are stakeholder comments edited for clarity:

> *I feel that other circumstances happening in family's lives really are a barrier for helping them work on chronic disease management. So, if someone has uncontrolled diabetes, but they have all these other circumstances happening to them, they don't know when they're going to have time for healthy eating and exercising. You really can't even do any of that if you're worried about other things. I think one of the challenges for improving chronic disease management is focusing on the other circumstances that are happening in the home, whether it's accessing healthy food or getting to work.* - Key informant interview

> *When people who have been deemed chronically homeless by other organizations, often living on the streets for years and years at a time, get into permanent supportive housing, they have many unmet health needs. When they were living on the street, their health needs were vastly unmet, especially things like chronic diseases that take time to address. What we find, especially as people get stable housing for the first time, is all these other issues present themselves as chronic diseases – cancers, heart and lung ailments, liver and kidney ailments.* - Key informant interview

> *If you truly want to deal with chronic diseases, you need to talk about prevention, you need to talk about lifestyle changes. I know that's a pain to talk about, and clients are going to look at you like the devil. But you know, that is a part of what you should be doing. As far as I can tell, that just does not happen with those who have chronic disease. Get the blood work, do your analysis, prescribe your meds, if you're eligible, and then do bloodwork to make sure there's no side effects. I'm not convinced that chronic diseases can be addressed that way. There needs to be more whole-health-person approaches.* - Key informant interview

COVID-19

COVID-19, Cases and Death Rates

As of January 26, 2022, there have been 117,613 confirmed cases of COVID-19 in Long Beach. The rate of COVID for Long Beach was 251.7 cases per 1,000 residents. This was higher than the county rate (247 cases per 100,000 persons), and the state rate (194.9 cases per 1,000 persons). Through January 26, 2022,1,129 residents of Long Beach had died due to COVID-19 complications. The rate of deaths was 2.26 per 1,000 persons. This was lower than the county rate of 2.84 deaths per 1,000 persons, but higher than the statewide rate of 1.99 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 1/26/22 and 1/28/22*

	Long Beach		Los Angeles County*		California*	
	Number	Rate	Number	Rate	Number	Rate
Cases	117,613	251.7	2,473,332	247.0	7,706,395	194.9
Deaths	1,129	2.26	28,467	2.84	78,825	1.99

Source for state and county: California for All, Tracking COVID-19 in California, accessed on January 29, 2022. https://covid19.ca.gov/state-dashboard/ Rates calculated using U.S. Decennial Population 2020 P1 Redistricting data. Source Long Beach case and death numbers: Long Beach Department of Health and Human Services, COVID-19 Digital Dashboard. Cases and deaths updated on January 27, 2022, accessed on January 29. https://longbeach.gov/health/diseases-and-condition/information-on/coronavirus/

The highest rate of confirmed COVID-19 infections in the service area was found in Paramount (314 cases per 1,000 persons), followed by Compton (310.8 cases per 1,000 persons). Long Beach had an average cumulative rate of 251.7 cases per 1,000 persons, ranging from a high of 277.4 cases per 1,000 persons in Long Beach 90805, to a low of 151 cases per 1,000 persons in Long Beach 90803. Although care should be taken when comparing rates based on small numbers, the highest mortality rate from COVID-19 in the service area, to-date, is in Seal Beach (4.3 deaths per 1,000 persons) despite having the lowest case rate. This is likely due to the large over-65 population located in that ZIP Code. Norwalk had the next highest mortality rate, at 4.05 deaths due to COVID, per 1,000 residents.

COVID-19, Cases and Death Rates, per 1,000 Persons

	Geographic Area	Cases	Rate	Deaths	Rate
Paramount	City/Community	17,589	314.0	188	3.36
Compton	City/Community	31,046	310.8	301	3.01
Norwalk	City/Community	30,967	287.7	436	4.05
Bellflower	City/Community	21,789	280.3	230	2.96
Long Beach*	90805	25,940	277.4		
Long Beach*	90806	11,655	274.9		
Long Beach*	90813	14,019	238.0		
Long Beach*	90804	9,360	232.2	1,129	2.26
Long Beach*	90810	8,531	232.2		
Long Beach*	90807	6,761	214.8		
Long Beach*	90802	8,391	213.3		

	Geographic Area	Cases	Rate	Deaths	Rate
Long Beach*	90815	7,163	180.3		
Long Beach*	90808	6,869	179.7		
Long Beach*	90814	3,371	176.2		
Long Beach*	90803	4,835	151.0		
Carson	City/Community	23,574	251.2	286	3.05
Signal Hill	City/Community	2,670	226.3	11	0.93
Lakewood	City/Community	17,480	217.5	146	1.82
Cerritos	City/Community	7,647	152.7	70	1.40
Cypress**	90630	6,877	138.8	61	1.23
Los Alamitos**	90720	3,043	136.0	66	2.95
Seal Beach**	90740	2,695	107.3	108	4.30

*Source: Los Angeles Public Health Department, COVID-19 Surveillance Dashboard. Cases and rates by city unavailable on January 29, 2022. http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/ Vaccination data through January 23, 2022, % of population aged 5+. http://publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard.htm **Source for Long Beach: Long Beach Department of Health and Human Services, COVID-19 Digital Dashboard, Updated through January 26, 2022; accessed January 29, 2022. Vaccinations updated January 28; % of total population. https://longbeach.gov/health/diseases-and-condition/information-on/coronavirus/*

The number of Los Angeles County residents, ages 5 and older, who have received at least one dose of a COVID-19 vaccine was 7,081,364, or 81.8% of that population. This was similar to the 81.6% statewide COVID-19 vaccination rate for those ages 5 and older. Among seniors, 85.8% received at least one vaccine dose, which was lower than the statewide rate of 91.1% for seniors. For adults, ages 18 to 64, the county rate of any level of vaccination was 87.8%, compared to 87.2% statewide. For children, ages 5-17, the rate of at least partial vaccination was 54.4%, compared to 51.8% for California.

COVID-19 Vaccination, Number and Percent, by Age, as of 1/28/22

	Los Angeles County*				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population, ages 5-11	84,351	9.7%	194,519	22.4%	329,427	9.4%	846,322	24.1%
Population, ages 12-17	68,529	8.9%	541,625	70.6%	261,703	8.3%	2,026,547	64.0%
Population, ages 18-64	551,796	8.6%	5,070,847	79.2%	2,216,824	9.1%	19,130,031	78.2%
Population, ages 65+	117,495	7.2%	1,274,373	78.6%	526,979	8.1%	5,417,725	83.0%

*Source: California Department of Public Health. https://covid19.ca.gov/vaccination-progress-data/#progress-by-group Updated January 29th, 2022 with data through January 28, 2022. *Includes vaccines distributed in Long Beach ZIP Codes.*

For Long Beach, ZIP Code 90803 had the lowest rate of cases, with 151 cases per 1,000 persons, and the second-highest rate of vaccination, with 79.9% of the population receiving at least one dose. Long Beach 90807 had the highest vaccination rate (81%). Long Beach 90813, with the third-highest case rate, had the lowest percentage of residents vaccinated, with only 64.8% of the total population having received at least one dose.

COVID-19, Cases and Rates, per 1,000 Persons, Vaccination Rates for Total Population

	ZIP Code	Cases	Rate	Percent Vaccinated
Long Beach	90802	8,391	213.3	78.4%
Long Beach	90803	4,835	151.0	79.9%
Long Beach	90804	9,360	232.2	70.6%
Long Beach	90805	25,940	277.4	68.4%
Long Beach	90806	11,655	274.9	74.3%
Long Beach	90807	6,761	214.8	81.0%
Long Beach	90808	6,869	179.7	79.9%
Long Beach	90810	8,531	232.2	68.6%
Long Beach	90813	14,019	238.0	64.8%
Long Beach	90814	3,371	176.2	75.1%
Long Beach	90815	7,163	180.3	80.5%

Source: Long Beach Department of Health and Human Services, COVID-19 Digital Dashboard. Cases & rates updated through January 26, 2022; vaccinations updated Jan. 28. https://longbeach.gov/health/diseases-and-condition/information-on/coronavirus/ All data accessed January 29, 2022.

In Long Beach, Pacific Islander residents have the highest rates of partial and full vaccination, followed by White and Asian residents. Black and Hispanic/Latino residents have the lowest rates of partial and full vaccination.

COVID-19 Vaccinations, Long Beach, by Race, as of 1/27/22

	Partially Vaccinated	Fully Vaccinated
Pacific Islander	84.5%	75.3%
White	75.8%	70.2%
Asian	75.6%	69.8%
Multiracial	68.8%	65.9%
Hispanic/Latino	56.1%	49.7%
Black	54.6%	49.5%

Source for Long Beach: Long Beach Department of Health and Human Services, COVID-19 Digital Dashboard, Updated on January 28, 2022, accessed January 29. https://longbeach.gov/health/diseases-and-condition/information-on/coronavirus/

In Los Angeles County, Hispanic/Latino and non-Hispanic Black residents appear to be underrepresented among the number of vaccines administered compared to the corresponding vaccine-eligible population.

COVID-19 Vaccinations, by Race, as of 1/25/2022

	Percent of Vaccines Administered*	Percent of Vaccine Eligible Population
Latino	43.7%	49.6%
White	29.1%	26.3%
Asian	17.3%	13.5%
Multiracial	2.5%	2.0%
Black	6.8%	8.1%
Native Hawaiian/Pacific Islander	0.3%	0.2%
American-Indian/Alaska Native	0.2%	0.2%

Source: California State Health Department, COVID19 Vaccination Dashboard, Updated January 26th, 2022 with data from January 25th. https://covid19.ca.gov/vaccination-progress-data/ **Where race/ethnicity was known.*

COVID-19 Vulnerability and Recovery Index

The Vulnerability and Recovery Index compares all ZIP Codes in California along various indices of vulnerability, and is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators, including the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian/ Pacific Islander populations, the percent of the population qualified as essential workers, the percent of population under 200% of FPL, percent of population in overcrowded housing units, population ages 75 and older living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates. The Index rates ZIP Codes in the 0 to 19th percentile as in the 'Lowest' Vulnerability and Recovery Index category, those in the next-highest quintiles are 'Low', then 'Moderate', while those in the 60th to 79th percentiles are 'High' and 80th percentile and above are 'Highest' in terms of vulnerability to COVID-19 and need for recovery assistance from the effects of COVID-19. In the service area ZIP Codes, the Green Meadows region of Los Angeles 90003 is ranked as the highest vulnerability, with an Index score higher than 99.1% of California ZIP Codes, and the Watts region of Los Angeles 90002 has an Index score higher than 97.7% of California ZIP Codes. Long Beach 90808 is ranked as the lowest vulnerability, with a composite score higher than 16.3% of California ZIP Codes.

Vulnerability and Recovery Index, Percentile of California ZIP Codes

	ZIP Code	Risk	Severity	Recovery Need	Index
Artesia	90701	62.3%	79.3%	58.9%	66.2%
Bell Gardens	90201	84.1%	73.3%	82.8%	82.2%
Bellflower	90706	68.5%	71.1%	67.8%	69.3%
Carson	90745	63.4%	64.9%	62.9%	63.5%
Carson	90746	32.3%	55.1%	49.8%	45.2%
Cerritos	90703	21.9%	22.1%	26.0%	22.3%
Compton	90220	84.9%	92.6%	86.2%	89.1%
Compton	90221	95.7%	94.4%	95.7%	96.4%
Compton	90222	95.9%	97.5%	94.3%	97.1%
Cypress	90630	22.3%	22.4%	19.5%	20.6%
Downey	90241	55.2%	63.2%	60.6%	59.1%
Downey	90242	62.4%	57.6%	65.7%	65.9%
Gardena	90247	72.6%	69.1%	80.4%	67.7%
Hawaiian Gardens	90716	94.5%	94.2%	89.1%	94.2%
Hawthorne	90250	79.4%	72.1%	74.3%	76.2%
Huntington Park	90255	89.6%	86.0%	86.6%	88.5%
Lakewood	90712	43.4%	39.4%	32.2%	38.0%
Lakewood	90713	24.9%	31.0%	26.2%	26.2%
Lakewood	90715	58.2%	67.5%	56.5%	59.6%
Long Beach	90802	71.8%	83.7%	61.0%	72.3%
Long Beach	90803	18.7%	14.8%	22.4%	18.3%
Long Beach	90804	72.2%	77.0%	62.7%	70.6%
Long Beach	90805	84.9%	83.4%	84.9%	85.7%
Long Beach	90806	81.9%	91.9%	70.4%	82.5%
Long Beach	90807	30.6%	46.5%	30.9%	35.5%

	ZIP Code	Risk	Severity	Recovery Need	Index
Long Beach	90808	22.8%	16.4%	12.7%	16.3%
Long Beach	90810	87.3%	86.4%	83.2%	86.8%
Long Beach	90813	96.1%	97.1%	95.9%	97.2%
Long Beach	90814	37.2%	28.4%	24.7%	29.2%
Long Beach	90815	24.6%	17.3%	23.4%	21.1%
Los Alamitos	90720	21.4%	25.6%	21.3%	21.8%
Los Angeles/Firestone Park	90001	94.6%	92.6%	93.6%	94.8%
Los Angeles/Watts	90002	96.2%	96.4%	97.8%	97.7%
Los Angeles/Green Meadows	90003	98.1%	98.3%	98.1%	99.1%
Los Angeles/Vermont Vista	90044	89.6%	96.0%	87.9%	92.1%
Los Angeles/Willowbrook	90059	91.3%	94.5%	91.9%	93.4%
Lynwood	90262	90.5%	82.1%	89.8%	89.0%
Norwalk	90650	65.7%	74.0%	58.4%	65.4%
Paramount	90723	80.5%	75.0%	76.4%	78.1%
San Pedro	90731	70.9%	78.5%	76.7%	75.5%
Seal Beach	90740	15.0%	30.3%	10.9%	17.4%
Signal Hill	90755	54.1%	57.1%	58.0%	56.2%
South Gate	90280	80.4%	69.6%	82.8%	79.4%
Wilmington	90744	91.1%	86.8%	85.3%	89.1%

Source: Advancement Project California, Vulnerability and Recovery Index, Published February 3, 2021, data as of January 31, 2021. https://www.racecounts.org/covid/covid-statewide/

Community Perspectives – COVID-19

The majority of the health inequities and issues faced during the COVID-19 pandemic were not new to Long Beach communities. These issues have been significantly magnified and multiplied in the new COVID-19 landscape. Communities that were already at a disadvantage before the pandemic have borne the brunt of the impacts from the pandemic. Following are stakeholder comments edited for clarity:

> *For young people, the pandemic has been pretty devastating. They are dealing with significant depression and anxiety.* - Key informant interview

> *One of the things that was clear about the COVID-19 pandemic is those who had other underlying health conditions, including obesity, heart disease, diabetes, for example, were disproportionately impacted low income and racial minority communities. And if you happen to catch COVID-19, it could prove to be quite detrimental to an individual's health and livelihood. For me, COVID-19 really underscored that we still have unmet health related needs in these communities. And you know, even as we move out of the pandemic, and find a way to vaccinate against it, we haven't found a way to really vaccinate against those other conditions that I just described.* - Key informant interview

The social isolation required to slow the spread of COVID-19 has deeply impacted marginalized communities. Service providers and organizations have had to adapt to the unique challenges and psychological impacts of social isolation.

The COVID restrictions haven't been lifted for seniors, so we are supposed to stay at home. A lot of people have taken that to heart. They are not going out except for grocery shopping. Because of COVID, their families haven't been able to visit them. They don't want to carry anything to the older people because we have a lot of seniors in the building that have compromised health issues. Many of them have diabetes. Some people have hardly left their apartments for 18 months. And I've seen an increase in the number of people that sit and watch TV all day. A lot of them turn to the news constantly and it tends to make you very depressed. Because the news is not all good right now. - Focus group participant

Within the Cambodian community, a lot of Cambodian adults have five or more chronic conditions that include physical and mental health. They have high rates of diabetes, hypertension, PTSD, depression, and anxiety. During the pandemic, the mental health conditions of our community members have increased because of social isolation. Issues around API hate has really increased the anxiety within our community members. One of the key things that helps generate healing within our community is being together sharing food, all the things that we can't do during the pandemic. The social isolation really created greater health needs within our community. - Key informant interview

COVID-19 has caused additional layers of anxiety and chronic stress for low-income families and low-wage workers. They struggle to make ends meet while prioritizing the health and safety of their families or households, especially amid overcrowded housing conditions and a lack of social safety net options.

I think there is a lot of pressure on keeping businesses open, but then it is really at the expense of the workers on the front lines who are putting themselves at risk. Workers are worried about getting COVID at work and then giving it to someone they live with. Many times, it's like, you know, intergenerational households. - Key informant interview

There were people in the pandemic who worked really long hours. They may have had a couple of jobs. Every day they went out, it was a risk. Not only were they putting themselves at risk, but also their entire families. It was heartbreaking knowing that folks were putting themselves at risk by going to work. But they had to do that, because they had no other option. - Key informant interview

Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts Los Angeles County in the top quartile of California counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

Source: County Health Rankings, 2021. http://www.countyhealthrankings.org

Overweight and Obesity

35.9% of SPA 6 adults, 32.8% of SPA 7 adults and 35.4% of SPA 8 adults are overweight. 38.4% in SPA 6, 40.2% of SPA 7 adults and 30.9% in SPA 8 are obese. These rates are higher than county (29.7%) and state (28%) rates. The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, ages 20 and older.

Overweight and Obesity, Adults, Ages 20 and Older

	Overweight	Obese
SPA 6	35.9%	38.4%
SPA 7	32.8%	40.2%
SPA 8	35.4%	30.9%
Los Angeles County	**33.4%**	**29.7%**
California	**34.2%**	**28.0%**

Source: California Health Interview Survey, 2016-2020. http://ask.chis.ucla.edu/

Adult obesity levels are increasing over time, with 16.1% more of the population of SPA 6 and 11.1% more in SPA 7 reporting obesity in 2019-2020 than in 2005. The rate of increase in obesity in SPA 8 was 8.8%. 37.6% of SPA 6 adults, 39.1% in SPA 7 and 31.3% of adults in SPA 8 reported being obese in 2019-2020.

Obesity, Adults, Ages 20 and Older, 2005 - 2019

	2005	2007	2009	2011-12	2013-14	2015-16	2017-18	2019-2020	Change 2005-2020
SPA 6	21.5%	34.6%	28.5%	37.7%	39.8%	38.9%	34.3%	37.6%	16.1%
SPA 7	28.0%	26.3%	30.9%	29.5%	33.8%	36.4%	37.3%	39.1%	11.1%
SPA 8	22.5%	25.5%	24.2%	25.9%	27.4%	30.6%	28.3%	31.3%	8.8%
LA County	20.6%	22.6%	22.7%	24.9%	26.0%	29.0%	27.9%	29.8%	9.2%

Source: California Health Interview Survey, 2005-2020. http://ask.chis.ucla.edu

Rates of overweight and obesity are highest among Latino residents of SPA 6 (77.2%) and SPA 7 (76.9%), and among African-Americans in SPA 8 (77%).

Overweight and Obesity, Adults, Ages 20 and Older, by Race/Ethnicity

	SPA 6	SPA 7	SPA 8	Los Angeles County
Latino	77.2%	76.9%	74.9%	73.8%
African American (non-Latino)	70.7%	64.2%	77.0%	71.9%
Native Hawaiian/Pacific Islander (NL)	N/A	N/A	N/A	*66.2%
American Indian/Alaska Native (NL)	N/A	N/A	*40.7%	*60.3%
White (non-Latino)	68.1%	66.3%	59.3%	55.4%
Multiracial (non-Latino)	*62.6%	*75.0%	*55.9%	50.5%
Asian (non-Latino)	*41.8%	42.7%	*47.9%	39.8%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*
N/A = suppressed due to small sample size

37.5% of teens in SPA 6, 19.5% of teens in SPA 7 and 12.7% in SPA 8 are overweight. 16.9% of children in SPA 6, 14.3% of children in SPA 7 and 10.1% in SPA 8 are overweight. 20.1% of teens in SPA 6, 25.3% of teens in SPA 7 and 12.7% in SPA 8 are obese. The Healthy People 2030 objective for obesity in children and teens is a maximum of 15.5%. SPA 6 and SPA 7 do not meet this goal among teens.

Overweight, Children and Teens, and Obesity in Teens

	SPA 6	SPA 7	SPA 8	Los Angeles County
Overweight, teens, ages 12-17	*37.5%	*19.5%	*12.7%	17.7%
Overweight, children, ages under 12	16.9%	14.3%	10.1%	13.1%
Obese, teens, ages 12-17	*20.1%	*25.3%	*12.7%	17.7%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese).

Hawthorne and Compton had the highest rate of 5th graders and 7th graders at health risk. Compton and LAUSD had the highest rate of 9th graders at health risk (obese).

Body Composition, Needs Improvement and at Health Risk, 5th, 7th and 9th Grade Youth

School District	Fifth Grade		Seventh Grade		Ninth Grade	
Cypress Elementary SD	15.9%	14.1%	N/A	N/A	N/A	N/A
Little Lake City	18.4%	29.1%	16.4%	24.8%	N/A	N/A
ABC Unified	20.5%	20.1%	16.5%	21.6%	20.0%	15.4%

School District	Fifth Grade		Seventh Grade		Ninth Grade	
Bellflower Unified	20.3%	24.3%	17.9%	26.6%	20.8%	21.9%
Compton Unified	20.3%	33.7%	19.9%	36.3%	20.2%	30.8%
Downey Unified	24.2%	25.4%	23.2%	23.2%	23.7%	21.2%
Hawthorne SD	19.6%	33.9%	18.8%	33.2%	20.1%	22.0%
Long Beach Unified	19.6%	26.0%	19.1%	21.6%	22.4%	15.9%
Los Alamitos Unified	15.1%	6.9%	15.1%	5.5%	12.7%	7.8%
Los Angeles Unified	20.6%	30.5%	20.5%	27.3%	21.9%	26.5%
Lynwood Unified	19.6%	30.0%	21.8%	30.4%	20.1%	22.3%
Montebello Unified	26.2%	21.2%	29.4%	16.7%	27.7%	17.9%
Norwalk-La Mirada Unif.	23.0%	27.0%	19.7%	26.4%	19.0%	22.0%
Paramount Unified	20.4%	30.9%	21.5%	29.3%	18.5%	23.8%
Anaheim Union High SD	N/A	N/A	20.0%	25.0%	19.2%	23.0%
Whittier Union High SD	N/A	N/A	N/A	N/A	18.5%	21.4%
Los Angeles County	**20.2%**	**25.4%**	**19.8%**	**23.2%**	**20.3%**	**21.0%**
California	**19.4%**	**21.9%**	**19.4%**	**20.6%**	**18.9%**	**18.9%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest **Suppressed due to 10 or fewer students.*

Community Perspectives – Overweight and Obesity

The built environment and conditions in neighborhoods play a key role in addressing obesity rates. It is difficult when people live in unsafe and unwalkable neighborhoods or live in food deserts with few options for healthy and fresh food. With food insecurity, there is an increased reliance on food banks, which do not necessarily have the healthiest food options. This is coupled with social isolation and less exercise people experienced during the pandemic. Following are stakeholder comments edited for clarity:

> *We are in this dilemma where we're considered a walkable neighborhood. But in reality, it's unsafe. It's unsafe because of the road traffic. There are grocery stores, but I would say the cost of food has become a major factor. We have a food mobile food bank that comes twice a month to the neighborhood and the food is okay, but it doesn't necessarily address some of the nutritional issues that relate to obesity.* - Key informant interview

> *This is a group that may be very distrusting of the medical system, and may also be inappropriately or unfairly treated by the medical system. I think some of that has to do with general social conditioning and cultural biases around body shaming. And we know for a fact that they access health care less than regular bodied folks. People who are overweight or considered obese have a more*

difficult time trusting their providers, or even maybe getting care. - Key informant interview

Soda/Sugar-Sweetened Beverage Consumption

8.7% of children and teens in SPA 6, 3.8% of children and teens in SPA 7 and 3.9% in SPA 8 consumed at least two glasses of non-diet soda the previous day. 8.3% of SPA 6 children and teens, 17.9% of SPA 7 children and teens and 14.5% in SPA 8 consumed at least two glasses of a sugary drink other than soda the previous day. 17.6% of SPA 6 adults, 12.9% of SPA 7 adults and 9.7% in SPA 8 consumed non-diet sodas at a high rate (7 or more times per week). 43.1% of SPA 6 adults, 49.6% in SPA 7 and 57.5% of adults in SPA 8 reported drinking no non-diet soda in an average week.

Soda or Sweetened Drink Consumption

	SPA 6	SPA 7	SPA 8	Los Angeles County
Children and teens reported to drink at least two glasses of non-diet soda yesterday***	*8.7%	*3.8%	*3.9%	6.3%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday**	*8.3%	17.9%	*14.5%	9.8%
Adults who reported drinking non-diet soda at least 7 times weekly	17.6%	12.9%	9.7%	10.4%
Adults who reported drinking no non-diet soda weekly	43.1%	49.6%	57.5%	56.9%

*Source: California Health Interview Survey, 2015-2017, **2014-2018, ***2015-2017 & 2019-2020, combined. http://ask.chis.ucla.edu*
**Statistically unstable due to sample size.*

37.2% of Los Angeles County children and teens consume at least one sugar-sweetened beverage per day. The rate is higher in boys (40.8%) than girls (33.5%) and rises with age (26.5% of children, ages five and younger, and 45% of youth, ages 12 to 17). Rates are higher in households earning less income, and with the responding parent or guardian having a high school education or less. Rates are also higher in families where the responding parent or guardian was Black (48%) or Latino (44.4%) and lowest where the parent or guardian was White (19.8%). More than half of children in SPA 6 (51.6%), the Compton Health District (53.6%), and the South Health District (57.2%) drank at least one sugar-sweetened beverage per day.

Sugar-Sweetened Beverages, At Least One Per Day, Children, Ages 0 to 17

	Percent
Male	40.8%
Female	33.5%
0 to 5 years old	26.5%
6 to 11 years old	39.3%
12 to 17 years old	45.0%
0-99% FPL	47.2%
100-199% FPL	43.4%

	Percent
200-299% FPL	36.3%
300% or above FPL	22.0%
Less than high school	47.4%
High school	47.4%
Some college or trade school	36.6%
College or post graduate degree	23.8%
Black	48.0%
Latino	44.4%
Asian	26.6%
White	19.8%
Bellflower Health District	35.1%
Compton Health District	53.6%
Long Beach Health District	39.8%
San Antonio Health District	43.8%
South Health District	57.2%
SPA 6	**51.6%**
SPA 7	**39.5%**
SPA 8	**33.2%**
Los Angeles County	**37.2%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Adequate Fruit and Vegetable Consumption

Teens are less likely than children to eat five or more servings of fruit and vegetables a day. In SPA 6, 26.3% of children and 34.1% of teens, 31.8% of SPA 7 children and 30.8% of teens. And in SPA 8, 29.2% of children and 20.8% of teens eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes).

Five or More Servings of Fruit and Vegetables Daily, Children and Teens

	SPA 6	SPA 7	SPA 8	Los Angeles County
Children	26.3%	31.8%	29.2%	31.4%
Teens	34.1%	*30.8%	20.8%	26.4%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

12.1% of Los Angeles County adults reported eating five or more servings of fruits and vegetables the previous day. Rates were lower in SPA 8 (10%), SPA 7 (8.2%) and SPA 6 (8%). The rate rose with both education and income, was higher among women (14.8%) than men (9%) and was lowest among the youngest (ages 18-24, 10.3%) and oldest (ages 65 and older, 10.2%) adults. White adults were the most likely to have eaten five or more servings of fruit and vegetables (18.1%) and Asian adults were the least likely (7.2%).

Five or More Servings of Fruit and Vegetables Yesterday, Adults

	Percent
Male	9.0%
Female	14.8%
18 to 24	10.3%
25 to 29	13.2%
30 to 39	12.3%
40 to 49	12.4%
50 to 59	12.9%
60 to 64	14.8%
65 or older	10.2%
0-99% FPL	8.1%
100-199% FPL	9.7%
200-299% FPL	13.7%
300% or above FPL	15.1%
Less than high school	6.8%
High school	9.2%
Some college or trade school	12.4%
College or post graduate degree	17.7%
White	18.1%
Black	10.4%
Latino	9.7%
Asian	7.2%
Bellflower Health District	*7.7%
Compton Health District	*4.9%
Long Beach Health District	10.0%
San Antonio Health District	6.1%
South Health District	11.0%
SPA 6	**8.0%**
SPA 7	**8.2%**
SPA 8	**10.0%**
Los Angeles County	**12.1%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

29.8% of Los Angeles County children, ages birth through 11, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). This rate is higher among those younger than five years of age (39.8%) than those ages 5 through 11. Adequate daily fruit and vegetable consumption is highest among children of families with an income of 300% or more of the FPL (31.4%). It is also highest among Black children (44.3%) and White children (34.1%) and lowest among Asian children (10.5%).

Five or More Servings Fruit and Vegetables Daily, Children, by Demographics

	Percent
Male	29.8%
Female	29.7%
0 to 4 years old	39.8%
5 to 11 years old	25.3%
0-99% FPL	28.9%
100-199% FPL	27.8%
200-299% FPL	26.4%
300% or above FPL	31.4%
Black, non-Latino	44.3%
White, non-Latino	34.1%
Multi-racial, non-Latino	*31.1%
Latino	29.7%
Asian, non-Latino	*10.5%
Los Angeles County	**29.8%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

Access to Fresh Produce

86.3% of adults in SPA 8, 81.9% in SPA 7 and 80.2% in SPA 6 reported they could usually or always find fresh fruit and vegetables in the neighborhood. 78.6% of those adults in SPA 8, 75.1% in SPA 7 and 70.2% in SPA 6, said the neighborhood produce was usually or always affordable.

Communities with Good or Excellent Access to Fresh Produce

	SPA 6	SPA 7	SPA 8	Los Angeles County
Neighborhood usually or always has fresh produce	80.2%	81.9%	86.3%	86.8%
Neighborhood fresh produce usually or always affordable	70.2%	75.1%	78.6%	78.5%

Source: California Health Interview Survey, 2016-2018. http://ask.chis.ucla.edu

78.2% of adults in Los Angeles County who were parents, guardians or decision-makers for children rated access to fresh fruits and vegetables as good or excellent. 77.3% of SPA 8 adults, 73.2% of those in SPA 7, and 62.5% of Compton Health District adults rated access to fresh fruits and vegetables as good or excellent. Parents with less education and income were less likely to feel their community had good or excellent access to fresh produce, as were Latino (71.8%) and Black (67.1%) parents. Whites (92.9%) and Asians (88.5%) were more likely to feel they lived in a community with good or excellent access.

Good or Excellent Community Access to Fresh Fruits/Vegetables, by Demographics

	Percent
0 to 5 years old	82.5%
6 to 11 years old	77.1%
12 to 17 years old	75.2%
18 to 24 (parents/guardians characteristics)	73.6%
25 to 29	75.8%
30 to 39	74.9%
40 to 49	81.1%
50 to 59	80.9%
60 to 64	85.4%
65 or older	75.9%
0-99% FPL	70.4%
100-199% FPL	71.7%
200-299% FPL	77.1%
300% or above FPL	91.0%
Less than high school	71.7%
High school	69.3%
Some college or trade school	73.4%
College or post graduate degree	89.8%
White	92.9%
Asian	88.5%
Latino	71.8%
Black	67.1%
Bellflower Health District	75.5%
Compton Health District	62.5%
Long Beach Health District	79.9%
San Antonio Health District	65.3%
South Health District	61.2%
SPA 6	**63.2%**
SPA 7	**73.2%**
SPA 8	**77.3%**
Los Angeles County	**78.2%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week, working all major muscle groups).

58.7% of SPA 6 adults meet the aerobic exercise recommendations and 38.8% meet the muscle-strengthening guidelines, while 27.9% meet both sets of guidelines., 65.4% of SPA 7 adults meet the aerobic exercise recommendations and 40.1% meet the muscle-strengthening guidelines, while 33.8% meet both sets of guidelines. 66% of SPA

8 adults meet the aerobic exercise recommendations and 42.4% meet the muscle-strengthening guidelines, while 36.4% meet both sets of guidelines.

Physical Activity Guidelines Met, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Aerobic activity guidelines met	58.7%	65.4%	66.0%	64.4%
Muscle strengthening guidelines met	38.8%	40.1%	42.4%	43.1%
Both aerobic and strengthening guidelines met	27.9%	33.8%	36.4%	35.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Men are more likely to have met the muscle-strengthening and aerobic exercise guidelines than women, and rates of both types of exercise declined with age. Aerobic activity increased with education and income.

Physical Activity Guidelines Met, Adults, by Demographics

	Aerobic Activity	Strength-Training
Male	69.9%	50.0%
Female	59.3%	36.5%
18 to 24	79.0%	59.8%
25 to 29	70.0%	52.2%
30 to 39	67.1%	43.7%
40 to 49	65.3%	38.8%
50 to 59	59.7%	39.2%
60 to 64	57.9%	36.3%
65 or older	52.8%	35.3%
0-99% FPL	53.2%	33.9%
100-199% FPL	62.2%	40.8%
200-299% FPL	67.6%	48.1%
300% or above FPL	70.2%	47.3%
Less than high school	52.2%	30.7%
High school	64.9%	47.3%
Some college or trade school	67.6%	44.9%
College or post graduate degree	69.2%	47.1%
White	67.0%	45.4%
Latino	63.5%	40.6%
African American	62.8%	50.3%
Asian	62.4%	39.8%
Bellflower Health District	67.3%	35.8%
Compton Health District	58.5%	35.3%
Long Beach Health District	69.6%	43.2%
San Antonio Health District	66.1%	38.2%
South Health District	54.3%	30.3%
SPA 6	**58.7%**	**38.8%**

	Aerobic Activity	Strength-Training
SPA 7	**65.4%**	**40.1%**
SPA 8	**66.0%**	**42.4%**
Los Angeles County	**64.4%**	**43.1%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Current recommendations for physical activity for children and teens are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises. While only 15.1% of children and teens in Los Angeles County met both requirements, 25.8% of children and 21.5% of teens met the aerobic requirement. Boys were more likely to meet it than girls. 17.7% of children and teens in the Long Beach Health District, met the aerobic guideline. 29.3% of African American children and teens met the activity guidelines.

Aerobic Activity Guidelines Met, Children and Teens, Ages 6-17

	Percent
Male	26.2%
Female	20.9%
6 to 11 years	25.8%
12 to 17 years	21.5%
African American	29.3%
Latino	24.0%
White	21.1%
Asian	20.8%
Bellflower Health District	32.6%
Compton Health District	23.2%
Long Beach Health District	17.7%
San Antonio Health District	*11.5%
South Health District	21.6%
SPA 6	**22.6%**
SPA 7	**19.9%**
SPA 8	**24.5%**
Los Angeles County	**23.7%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 57.1% of Los Angeles County 5th graders were in the 'Healthy Fitness Zone' (HFZ) of aerobic capacity. Area ninth graders performed slightly worse, with 54.1% of Los Angeles County 9th graders testing in the Healthy Fitness Zone. Rates among school districts varied from 43.6% of Compton Unified School District's 5th grade students and 30.4% of their 9th grade students being in the HFZ of aerobic capacity, to 81.6% of Los Alamitos Unified School District's 5th grade students and 80.8% of their 9th grade students achieving that designation.

Aerobic Capacity, Healthy Fitness Zone, 5th and 9th Grade Students

School District	Fifth Grade	Ninth Grade
Cypress Elementary School District	68.9%	N/A
Little Lake City School District	68.3%	N/A
ABC Unified School District	59.3%	66.6%
Bellflower Unified School District	65.1%	49.6%
Compton Unified School District	43.6%	30.4%
Downey Unified School District	50.0%	58.3%
Hawthorne School District	75.3%	86.0%
Long Beach Unified School District	60.8%	64.1%
Los Alamitos Unified School District	81.6%	80.8%
Los Angeles Unified School District	50.5%	48.1%
Lynwood Unified School District	52.6%	59.0%
Montebello Unified School District	47.0%	44.4%
Norwalk-La Mirada Unified School District	56.7%	53.4%
Paramount Unified School District	67.8%	43.6%
Anaheim Union High School District	N/A	64.3%
Whittier Union High School District	N/A	55.4%
Los Angeles County	**57.1%**	**54.1%**
California	**60.2%**	**60.0%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

12.2% of SPA 6, 14.4% of SPA 7 and 14.2% of SPA 8 children and teens spent five or more hours in sedentary activities after school on a typical weekday. 6.7% of SPA 6 children and teens, 5.9% of SPA 7children and teens, and 4.6% of SPA 8 children and teens spent 8 hours or more a day on sedentary activities on weekend days.

Sedentary Children

	SPA 6	SPA 7	SPA 8	Los Angeles County
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	*12.2%	*14.4%	*14.2%	13.6%
8+ hours spent on sedentary activities on a typical weekend day - children and teens**	*6.7%	5.9%	*4.6%	8.2%

*Source: California Health Interview Survey, 2014-2018, **2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

11.2% of Los Angeles County adults, 14.5% of SPA 6 adults, and 21.4% of those in the South Health District reported not participating in any aerobic activity within the past week. Women (13.1%) were more likely than men (9.2%) to report being sedentary, and the likelihood of participating in at least some aerobic activity increased with education and income.

Sedentary Adults, by Demographics

	Percent
Male	9.2%
Female	13.1%
18 to 24	6.6%
25 to 29	5.7%
30 to 39	9.8%
40 to 49	12.4%
50 to 59	11.7%
60 to 64	12.7%
65 or older	17.7%
0-99% FPL	16.8%
100-199% FPL	11.6%
200-299% FPL	10.8%
300% or above FPL	8.5%
Less than high school	15.6%
High school	12.5%
Some college or trade school	10.5%
College or post graduate degree	8.1%
Black	14.6%
Asian	14.0%
White	10.9%
Latino	9.6%
Bellflower Health District	*6.5%
Compton Health District	13.7%
Long Beach Health District	13.4%
San Antonio Health District	10.5%
South Health District	21.4%
SPA 6	**14.5%**
SPA 7	**9.3%**
SPA 8	**12.0%**
Los Angeles County	**11.2%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size*

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:
0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)
50-69: Somewhat Walkable (Some amenities within walking distance)
70-89: Very Walkable (Most errands can be accomplished on foot)
90-100: Walker's Paradise (Daily errands do not require a car)

Many parts of the service area are walkable by Southern California standards. Based on the above scoring method, only five ZIP Codes in the service area were considered "Car Dependent", with Long Beach 90810 being the least walkable, with a score of 33, Compton 90220 having a score of 38, Seal Beach having a score of 41, Carson 90746 having a score of 48, and Long Beach 90808 having a score of 49. The remaining ZIP Codes were ranked as 'Somewhat' or 'Very' walkable, while Long Beach 90802 was considered to be a "Walker's Paradise."

Walkability

	ZIP Code	Walk Score
Artesia	90701	78
Bell Gardens	90201	65
Bellflower	90706	65
Carson	90745	59
Carson	90746	48
Cerritos	90703	53
Compton	90220	38
Compton	90221	76
Compton	90222	56
Cypress	90630	52
Downey	90241	62
Downey	90242	62
Gardena	90247	70
Hawaiian Gardens	90716	81
Hawthorne	90250	71
Huntington Park	90255	87
Lakewood	90712	55
Lakewood	90713	56
Lakewood	90715	56
Long Beach	90802	90
Long Beach	90803	75
Long Beach	90804	87
Long Beach	90805	66
Long Beach	90806	73
Long Beach	90807	68
Long Beach	90808	49
Long Beach	90810	33
Long Beach	90813	89
Long Beach	90814	84

	ZIP Code	Walk Score
Long Beach	90815	56
Los Alamitos	90720	75
Los Angeles/Firestone Park	90001	79
Los Angeles/Watts	90002	52
Los Angeles/Green Meadows	90003	68
Los Angeles/Vermont Vista	90044	56
Los Angeles/Willowbrook	90059	60
Lynwood	90262	69
Norwalk	90650	60
Paramount	90723	63
San Pedro	90731	69
Seal Beach	90740	41
Signal Hill	90755	77
South Gate	90280	70
Wilmington	90744	70

Source: WalkScore.com, 2020

Sexually Transmitted Infections

In 2018, the rate of chlamydia in Long Beach was 832.9 cases per 100,000 persons. The rate of gonorrhea was 369.3 cases per 100,000 persons. The rate of primary and secondary syphilis was 36.1 cases per 100,000 persons. The rate of early latent syphilis was 35.8 cases per 100,000 persons.

Sexually Transmitted Infections, Cases and Rates, per 100,000 Persons

	Long Beach		Los Angeles County	California
	Cases	Rate	Rate	Rate
Chlamydia	3,974	832.9	661.8	583.0
Gonorrhea	1,762	369.3	265.9	199.4
Primary and secondary syphilis	172	36.1	23.0	19.1
Early latent syphilis	171	35.8	31.8	19.5

Source: California Department of Public Health, STD Control Branch, 2018 STD Surveillance Report, 2018 data.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf

Teen Sexual History

96.5% of SPA 6, 95.5% of SPA 7 and 86.7% of SPA 8 teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex.

Sexual History, Teens, Ages 14 to 17

	SPA 6	SPA 7	SPA 8	Los Angeles County
Never had sex	*96.4%	*95.5%	*86.7%	89.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

HIV

The rate of new HIV cases in Long Beach (a subset of Los Angeles County numbers)

was 22.3 per 100,000 persons in 2019, which declined from a new-case rate of 29.1 per 100,000 persons in 2015. 72.1% of persons in Long Beach with diagnosed HIV were receiving care and 64.9% were virally suppressed. The California Integrated Plan objective is for 90% of persons with HIV to be in care, and 80% to be virally suppressed by 2021.

HIV, per 100,000 Persons

	Long Beach	Los Angeles County	California
Newly diagnosed cases	103	1,501	4,396
Rate of new diagnoses	22.3	14.6	11.0
Living cases	4,400	52,409	137,785
Rate of HIV	951.1	510.8	344.8
Percent in care	72.1%	71.0%	75.0%
Percent virally suppressed	64.9%	61.8%	65.3%
Deaths per 100k HIV+ persons, 2019	10.4	6.3	4.8

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

9.8% of SPA 6 adults, 11.5% of SPA 7 adults and 10.6% in SPA 8 and were determined to have experienced serious psychological distress in the past year. 8.3% of SPA 6, adults, 7.3% of SPA 7 adults and 9.5% of SPA 8 adults had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year.

Among those adults who had experienced moderate or severe psychological distress, 16.4% of SPA 6, 16.8% in SPA 7 had experienced social life impairment and 17% in SPA 8 had experienced family life impairment. Serious psychological distress was determined to have been experienced in the prior year by 3.4% of SPA 6 teens, 9.5% of SPA 7 teens and 21.8% of SPA 8 teens.

Mental Health Indicators

	SPA 6	SPA 7	SPA 8	Los Angeles County
Adults who had serious psychological distress during past year	9.8%	11.5%	10.6%	10.3%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	8.3%	7.3%	9.5%	9.3%
Adults: family life impairment during the past year	16.0%	15.8%	17.0%	16.3%
Adults: social life impairment during the past year	16.4%	16.8%	16.6%	16.7%
Adults: household chore impairment during the past year	15.0%	14.8%	15.8%	15.5%
Adults: work impairment during the past year	13.2%	13.2%	16.2%	15.5%
Teens who had serious psychological distress during past year	*3.4%	*9.5%	*21.8%	14.7%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

In Los Angeles County, psychological distress in the past year was higher for women (11.1%) and teen girls (22.5%) than it was for men (9.4%) and teen boys (.6%). Women (10.9%) were more likely than men (7.7%) to have taken medication for at least two weeks in the past year, for an emotional or personal problem. Straight and non-sexual/celibate adults in the county were less likely to have suffered serious psychological distress in the past year than were LGB-identifying residents. Asian teens and adults were the least likely to have reported psychological distress or taking medication. While Black and Latino adults in the county were more likely to have reported serious psychological distress in the past year than area Whites, they were less likely to have taken medication for at least two weeks in the past year.

Mental Health Indicators, by Demographics

	Teen, Serious Psychological Distress, Past Year	Adult, Serious Psychological Distress, Past Year	Adult, Medications for Mental Health, Past Year
Male	7.6%	9.4%	7.7%
Female	22.5%	11.1%	10.9%
Straight/heterosexual	-	9.1%	8.5%
Gay, Lesbian/homosexual	-	18.9%	19.6%
Bisexual	-	32.8%	20.3%
Non-sexual/celibate none/other	-	*11.3%	*11.1%
Native Hawaiian/Pacific Islander	N/A	*18.3%	*15.9%
White	*27.7%	9.0%	14.8%
Multiracial	15.1%	17.1%	14.4%
Black	*15.8%	11.3%	11.1%
American Indian/Alaska Native	N/A	*20.0%	*10.6%
Latino	12.5%	11.4%	7.1%
Asian	*7.4%	7.9%	4.1%
Total Los Angeles County	**14.7%**	**10.3%**	**9.3%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size. N/A = insufficient sample size for statistical validity.*

Mental Health Care Access

12% of SPA 6 teens, 17.9% of SPA 7 teens and 25.2% of SPA 8 teens needed help for emotional or mental health problems in the past year. 5.2% of SPA 6 teens, 6.8% of SPA 7 teens and 17.7% of SPA 8 teens had received psychological or emotional counseling in the past year.

18.7% of SPA 6 adults, 16.3% of adults in SPA 7 and 22.1% of adults in SPA 8 needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 62.7% in SPA 6, 59% in SPA 7 and 57.4% in SPA 8 received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	SPA 6	SPA 7	SPA 8	Los Angeles County
Teen who needed help for emotional or mental health problems in the past year**	*12.0%	*17.9%	*25.2%	21.7%
Teen who received psychological or emotional counseling in the past year**	*5.2%	*6.8%	*17.7%	13.5%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	18.7%	16.3%	22.1%	19.6%
Adults, sought/needed help and received	62.7%	59.0%	57.4%	57.7%

	SPA 6	SPA 7	SPA 8	Los Angeles County
treatment				
Adults, sought/needed help but did not receive	37.3%	41.0%	42.6%	42.3%

*Source: California Health Interview Survey, 2017-2019 and **2015-2019 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Youth Mental Health

Among Los Angeles County 7th graders, 30.4% had experienced depression in the previous year, described as 'feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities'. This rate was higher than the state rate, and rose by grade level.

Depression, Past 12 Months, 7th - 11th Grade Youth

	7th Grade	9th Grade	11th Grade
Los Angeles County	27.6%	32.1%	34.4%
California	30.4%	32.6%	36.6%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org. N/A = data suppressed due to low number of respondents.

Suicide is the second-leading cause of death among young people, ages 10 to 19, in the U.S. and rates of youth suicide and self-injury hospitalization are on the rise, especially among younger adolescents. 15.8% of 9th grade students in Los Angeles County said they had seriously considered suicide in the past year, and 14.9% of 11th graders had seriously considered suicide in the past year.

Rates of suicidal ideation in the county were higher among girls (20.7% in 9th grade, 18.8% in 11th grade) than boys (11% in the 9th grade, 10.9% in 11th grade) and among Native Hawaiian/Pacific Islander students (19.2%) and multiracial students (18.5%) than among American Indian/Alaskan Native and Asian students (15.6%), Latino students (15.5%) and White students (15.1%). Suicidal ideation was lowest among Black/ African-American students (13.5%). Rates were higher among LGBTQIA+ students (39.7%) and questioning students (26.5%) than among those who identified as straight (12.1%) of whom had seriously considered suicide).

Seriously Considered Suicide, Past 12 Months, 9th & 11th Grade Youth

	Los Angeles County	California
9th Grade	15.8%	15.8%
11th Grade	14.9%	16.4%
Male, 9th Grade	11.0%	11.2%

	Los Angeles County	California
Female, 9th Grade	20.7%	21.1%
Male, 11th Grade	10.9%	12.7%
Female, 11th Grade	18.8%	20.2%
Gay/Lesbian/Bisexual	39.7%	43.7%
Not sure	26.5%	29.2%
Straight/Heterosexual	12.1%	12.5%
Native Hawaiian/Pacific Islander	19.2%	19.2%
Multiracial	18.5%	19.9%
Other race/ethnicity	15.7%	17.6%
American Indian/Alaska Native	15.6%	20.0%
Asian	15.6%	16.8%
Hispanic/Latino	15.5%	15.4%
White	15.1%	13.9%
African American/Black	13.5%	12.6%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org

Community Perspectives – Mental Health

Mental health needs have been magnified during the pandemic. This has highlighted the need for culture specific services and providers who understand the needs of communities. This is especially important when the communities have histories of distrust or stigma regarding mental health and western practices of mental health. Following are stakeholder comments edited for clarity:

> *For the younger generation, there's a pretty huge mental health issue. Part of it is related to the transmission of trauma from the older generation to the younger generation. And then you include the compounding trauma of what's currently going on in the community that is either related to the pandemic, or to the fact that people are growing up in poverty. As a result, depression is a big issue with the younger generation.* - Key informant interview

> *Culturally, there is still stigma around mental health. Youth to young adults are much more open about talking about mental health. But when talking about an older immigrant population, it's something you don't talk about with people in your household. If there are issues, you only keep it within the household. We're just going to keep this problem to ourselves, because we don't want to put our business out there. I think with the pandemic, the older adults we work with have been talking about it a little bit more. This is a breakthrough in the sense that they're opening up about depression or anxiety and social isolation. It is positive that people are slowly starting to talk about it, but I think we still have a long way to go in terms of addressing the social stigma.* - Key informant interview

It's so hard to find mental health providers who are LGBTQ friendly or even to get simple referrals to specialists that I would feel comfortable with as a queer person. - Focus group participant

Cambodians look at wellness as a whole person, because that's how our community addresses wellness. In Khmer there's not a word for mental health, because everything is interconnected. We talk about the wellness of your mind, heart, spirit, your emotions, all those things are interconnected. In order to take care of yourself, you need to take care of all these different aspects of your life, to feel overall wellness. We encourage community members to be part of social support networks, because it's in these relationships that our communities heal together, learn from one another, and build resources with one another. - Key informant interview

Needs related to mental health also focused on how society responds to mental health challenges or interpersonal situations, recognizing that high confrontational responses cause further trauma and escalate mental health crises.

We often send out police officers to respond to mental health needs and, in my opinion, that is not the best way to address people's mental health needs. As a cisgendered, white male with a lot of privilege, I don't like it when I'm stopped by the cops. It gives me a lot of anxiety. What are the mental health impacts, especially when somebody is struggling with mental health already, when we are sending out people with a gun and a badge, who have shot or tased people before, and often treat people poorly? This can exacerbate people's mental health experiences. I think there are some police that respond well, but as a general response, we have to find better ways to respond to people who are in crisis and are reaching out for help. - Key informant interview

Poor mental health is prevalent because people have been isolated, lonely, anxious, and worried. And that's not one group–that's across all groups. It isn't only among the people we serve but the people serving are also experiencing poor mental health. - Key informant interview

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In SPA 6, 12% of adults smoke cigarettes, in SPA 7 8.7% are smokers and 7.5% of SPA 8 adults smoke cigarettes. 71% of SPA 6 adults, 75% of SPA 7 adults and 72.7% in SPA 8 have never smoked. 68.9% of SPA 6 adults, 67.2% of SPA 7 adult smokers and 67.3% of SPA 8 adult smokers were thinking of quitting in the next 6 months. 16.1% of SPA 6 adults, 15.2% of SPA 7 adults, ages 18 to 65, had smoked an e-cigarette, which are lower than the SPA 8 and County rates (18.2%).

Smoking, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Current smoker	12.0%	8.7%	7.5%	8.4%
Former smoker	17.0%	16.3%	19.8%	20.0%
Never smoked	71.0%	75.0%	72.7%	71.5%
Thinking about quitting in the next 6 months	68.9%	*67.2%	67.3%	67.4%
Ever smoked an e-cigarette (all adults 18-65)	16.1%	15.2%	18.2%	18.2%

Source: California Health Interview Survey, 2017-2019. http://ask.chis.ucla.edu

Approximately 0.5% of SPA 7 and 0.1% of SPA 8 teens are current smokers. 2.5% of SPA 6 teens, 5.5% of SPA 7 teens and 9% in SPA 8 had tried an e-cigarette. 1.5% of SPA 8 teens had smoked an e-cigarette in the past 30 days.

Smoking, Teens

	SPA 6	SPA 7	SPA 8	Los Angeles County
Current cigarette smoker***	*0.0%	*0.5%	*0.1%	*1.0%
Ever smoked an e-cigarette**	*2.5%	*5.5%	*9.0%	8.5%
Smoked an e-cigarette in the past 30 days	*0.0%	*0.0%	*1.5%	*3.1%

*Source: California Health Interview Survey, 2017-2019, **2014-2018, & ***2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 17.9% in Los Angeles County reported having engaged in binge drinking in the previous 30 days. Rates of binge drinking were 16.2% in SPA 6, 20.2% in SPA 7 and 18.3% in SPA 8.

Men are more likely to engage in binge drinking (22.3%) than women (13.5%). The Healthy People 2030 objectives is for 25.4% of adults to binge drink, which is met by every age group in the county except for those ages 18 to 24. Binge-drinking is most

common among U.S.-born populations, and particularly U.S.-born Latino and Asian residents of the county. Rates of binge-drinking are lowest among African-Americans.

Binge Drinking, Adults, Previous 30 Days, by Demographics

	Percent
Male	22.3%
Female	13.5%
18 to 24	28.2%
25 to 29	25.3%
30 to 39	21.8%
40 to 49	19.9%
50 to 59	13.4%
60 to 64	11.5%
65 or older	5.8%
0-99% FPL	13.8%
100-199% FPL	16.9%
200-299% FPL	18.4%
300% or above FPL	20.3%
Less than high school	11.7%
High school	21.7%
Some college or trade school	20.9%
College or post graduate degree	16.4%
Latino	18.4%
U.S. born	25.2%
White	18.2%
U.S. born	18.5%
Asian	18.0%
U.S. born	23.7%
African-American	14.7%
U.S. born	15.3%
Bellflower Health District	21.9%
Compton Health District	14.9%
Long Beach Health District	17.9%
San Antonio Health District	16.2%
South Health District	20.7%
SPA 6	**16.2%**
SPA 7	**20.2%**
SPA 8	**18.3%**
Los Angeles County	**17.9%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size*

7.3% of teens in SPA 6 and 31.8% of SPA 7 teens have tried alcohol. 16.2% of teens in SPA 7 binge drank in the past month. 21.5% of SPA 8 teens have tried alcohol, and 1.3% binge drank in the past month

Binge Drinking and Alcohol Experience, Teens

	SPA 6	SPA 7	SPA 8	Los Angeles County
Teen binge drinking, past month	*0.0%	*16.2%	*1.3%	*2.8%
Teen ever had an alcoholic drink	*7.3%	*31.8%	*21.5%	19.6%

*Source: California Health Interview Survey, 2015-2019 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in California in 2017 (while remaining illegal at the Federal level). 44.2% of SPA 6 adults, 38.4% of SPA 7 adults and 47.9% of SPA 8 adults had tried marijuana or hashish.

Marijuana Use, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Have tried marijuana or hashish	44.2%	38.4%	47.9%	45.6%
Used marijuana within the past month	15.9%	12.1%	13.7%	14.8%
Used marijuana within the past year	23.5%	18.2%	21.8%	22.7%
Used marijuana more than 15 years ago	10.4%	10.9%	15.6%	12.4%

*Source: California Health Interview Survey, 2017-2019 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana use was reported by 4.1% of 7th graders and 29.4% of 11th graders in Los Angeles County. Marijuana use – ever, and within the prior 30 days – tends to rise with age in middle school and high school. County 7th and 11th graders who had tried marijuana were also less likely to have used it in the prior 30 days.

Marijuana Use, Teens

	Los Angeles County	California
Ever tried marijuana, 7th grade	4.1%	4.2%
Ever tried marijuana, 9th grade	16.9%	17.4%
Ever tried marijuana, 11th grade	29.4%	31.0%
Used marijuana 0 days in past 30 days, 7th grade	97.7%	97.7%
Used marijuana 1 day in past 30 days, 7th grade	1.1%	0.9%
Used marijuana 2 days in past 30 days, 7th grade	0.4%	0.5%
Used marijuana 3-9 days in past 30 days, 7th grade	0.4%	0.5%
Used marijuana 10-19 days in past 30 days, 7th grade	0.2%	0.2%
Used marijuana 20-30 days in past 30 days, 7th grade	0.2%	0.3%
Used marijuana 0 days in past 30 days, 11th grade	85.1%	84.0%
Used marijuana 1 day in past 30 days, 11th grade	4.2%	4.3%
Used marijuana 2 days in past 30 days, 11th grade	2.9%	3.0%
Used marijuana 3-9 days in past 30 days, 11th grade	3.4%	3.4%
Used marijuana 10-19 days in past 30 days, 11th grade	1.6%	1.8%
Used marijuana 20-30 days in past 30 days, 11th grade	1.9%	3.5%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2015-2017.via http://www.kidsdata.org. N/A = Suppressed due to small sample size

Opioid Use

The rate of mortality from opioid overdose is lower for the county (6.7 deaths per 100,000 persons) than the state (7.9 deaths per 100,000 persons). The rate of hospitalizations due to opioid overdose in Los Angeles County was lower (5.1 per 100,000 persons) than the state (7.6 per 100,000 persons).

Emergency Department visits due to opioid overdose in Los Angeles County were 10.2 per 100,000 persons, which was lower than the state rate (17.5 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 315.8 per 1,000 persons. This rate is less than the state rate of opioid prescribing (400.6 per 1,000 persons). Prescription rates for opioids have been declining, from 444.1 prescriptions per 1,000 county residents and 587.1 per 1,000 state residents, from four years ago.

Opioid Use, Age-Adjusted, per 100,000 Persons, Prescriptions per 1,000 Persons

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin)	5.1	7.6
ER visits for opioid overdose (excludes heroin)	10.2	17.5
Opioid prescriptions, per 1,000 persons	315.8	400.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/

Substance Use and Misuse Disparities

In Los Angeles County, 10% of all adults, and 10% of White adults, report being current smokers. The rate is higher among Native Hawaiian/Pacific Islander residents (31%), American Indian/Alaskan Natives (19.9%), Blacks (16%), and Multiracial residents (14.2%) and lower among Latinos (9.4%) and Asians (7%).

14.8% of Los Angeles County adults had used marijuana during the prior month; this rate had risen by 2019, to 15.7%. Rates among Los Angeles County American Indian/Alaskan Native residents were higher (42.6%), as were rates among Native Hawaiian/Pacific Islander residents (28.5%). multiracial residents (24.7%), Black/African-American residents (19.9%), and White residents (18.4%).

17.9% of all adults in Los Angeles County reported binge drinking in the prior 30 days. the rates were highest among U.S.-born residents: 46.5% of American Indian/Alaskan Natives, 33.5% of Native Hawaiian/Pacific Islander residents, 25.2% of Latinos, and 18.5% of White residents born in the United States.

Cigarette Smoking, Binge Drinking & Marijuana Use, Adults, by Race, Five-Year Average

	Current Smoker**	Current Marijuana Use	Current Binge Drinking (U.S. born)
American Indian/Alaskan Native	*19.9%	42.6%	46.5%
Multiracial	14.2%	24.7%	N/A
Native Hawaiian/Pacific Islander	*31.0%	28.5%	*33.5%
Latino	9.4%	13.1%	25.2%
Asian	7.0%	8.9%	23.7%
Black/African American	16.0%	19.9%	15.3%
White	10.0%	18.4%	18.5%
Los Angeles County, all races	**10.0%**	**14.8%**	**17.9%**

*Source for smoking and marijuana: California Health Interview Survey, 2017-2019 and **2015-2019. http://ask.chis.ucla.edu*
*Source for binge drinking: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size.*

Community Perspectives – Substance Use

There is no central provider for substance abuse treatment in Long Beach that meets the demand and can address the numbers of individuals seeking treatment and help. Following are stakeholder comments edited for clarity:

> *There's no place for people to go because of very limited space. And they have to make a commitment to want to go into treatment. And some of them are in so much pain, they just can't make that choice. I think we need a lot more substance abuse treatment resources.* - Focus group participant

> *We actually don't have an agency that specifically supports substance abuse issues in the City of Long Beach. As a result, there are a lot of youth health issues related to drug and alcohol use that are an ongoing concern.* - Key informant interview

> *Substance abuse treatment is even harder to find than mental health treatment in our city. There are, I think, somewhere between eight and ten medical detox beds for all of Long Beach. It is very difficult to get into treatment. The County has funded some organizations to do prevention but they just don't have everything that is needed to be able to meet all the needs of the city. Issues of substance use, suicide, mental health and trauma were elevated during COVID.* - Key informant interview

> *Unless we get at some of the root causes of what people are dealing with when they are using, we're not going to be able to get a handle on addressing substance abuse. We must address the underlying problems.* - Focus group participant

Preventive Practices

Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten was 94.5% for Los Angeles County, and ranged from 90.4% in Paramount USD to 98.8% in Montebello USD. Paramount USD, Lynwood USD, Little Lake City, LAUSD, and Downey USD had rates lower than in the county (94.5%) and the state (94.2%).

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2019-2020*

School District	Immunization Rate
ABC Unified School District	97.3%
Bellflower Unified School District	97.9%
Compton Unified School District	95.4%
Cypress Elementary School District	96.6%
Downey Unified School District	93.9%
Hawthorne School District	94.4%
Little Lake City School District	92.9%
Long Beach Unified School District	96.6%
Los Alamitos Unified School District	97.6%
Los Angeles Unified School District	93.3%
Lynwood Unified School District	90.9%
Montebello Unified School District	98.8%
Norwalk-La Mirada Unified School District	96.7%
Paramount Unified School District	90.4%
Los Angeles County*	**94.5%**
California*	**94.2%**

*Source: California Department of Public Health, Immunization Branch, 2019-2020. *For public schools where data were not suppressed due privacy concerns over small numbers. N/A = Suppressed due to small sample size.*
https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

Flu and Pneumonia Vaccines

The Healthy People 2030 objective is for 70% of the total population to receive a flu shot. Among children, 6 months to 17 years, 57.3% in SPA 6, 63.5% in SPA 7 and 59% in SPA 8 received a flu shot. 40.5% of SPA 6 adults, 45.2 of SPA 7 adults and 51.1% of SPA 8 adults received a flu shot.

Flu Vaccine

	SPA 6	SPA 7	SPA 8	Los Angeles County
Received flu vaccine, ages 6 months-17 years	57.3%	63.5%	59.0%	59.9%
Received flu vaccine, ages 18 and older	40.5%	45.2%	51.1%	47.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between

the ages of 50 and 74, to have a mammogram in the past two years. In Los Angeles County, 77% of women had obtained mammograms. In SPA 6, 75.3% of women had a mammogram in the past two years. In SPA 7, 70.4% of women and 81.4% of women in SPA 8 had a mammogram in the past two years. The likelihood of compliance rises with age and income, and is highest among Whites and Blacks and lowest among Asians.

Mammogram in Past Two Years, Women, Ages 50-74, by Demographics, Two-Year Avg.

	Percent
50-59	73.4%
60-64	77.9%
65 or older	82.0%
0-99% FPL	73.4%
100-199% FPL	74.4%
200-299% FPL	78.5%
300% or above FPL	79.9%
White	79.3%
Black	79.0%
Latino	77.1%
Asian	70.0%
Bellflower Health District	66.0%
Compton Health District	76.8%
Long Beach Health District	88.1%
San Antonio Health District	78.2%
South Health District	67.2%
SPA 6	**75.3%**
SPA 7	**70.4%**
SPA 8	**81.4%**
Los Angeles County	**77.0%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. In Los Angeles County, 81.4% of women, ages 21 to 65, had a cervical cancer screening in the prior three years. County rates were similar among women of White, Black and Latina backgrounds (between 82.3% and 82.6%), but lower among Asian women (73.6%). Rates rise with age to a high among women, ages 30 and 39 years, (85.7%) and then decline with increases in age.

Pap Test in Past Three Years, Women, Ages 21-65, by Demographics

	Percent
21-24	60.2%
25-29	82.8%
30-39	85.7%

40-49	84.8%
50-59	84.1%
60-65	77.2%
White	82.6%
Black	82.4%
Latino	82.3%
Asian	73.6%
Bellflower Health District	83.5%
Compton Health District	80.6%
Long Beach Health District	74.2%
San Antonio Health District	86.6%
South Health District	78.8%
SPA 6	**82.4%**
SPA 7	**79.6%**
SPA 8	**82.8%**
Los Angeles County	**81.4%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Perspectives – Preventive Practices

While often referenced in relation to other health issues, preventive care is recognized as a practice that many people do not engage in until situations become dire. Following are stakeholder comments edited for clarity:

> *A lot of people don't seek medical care until it's an emergency situation, or it's gotten really severe. And typically, when they come in, they're not interested in doing preventive things, they want to get their diabetes under control. It's hard to do everything that needs to happen. Time is always a limiting factor.* - Key informant interview

Attachment 1: Benchmark Comparisons

Where data were available, the service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**80.1%** - 97.2%	90.7%
Child health insurance rate	95.4%	92.1%
Adult health insurance rate	**84.4%**	92.1%
Unable to obtain medical care	**5.1% - 6.7%**	3.3%
Ischemic heart disease deaths	**114.9**	71.1 per 100,000 persons
Cancer deaths	**146.7**	122.7 per 100,000 persons
Colon/rectum cancer deaths	**13.1**	8.9 per 100,000 persons
Lung cancer deaths	**25.4**	25.1 per 100,000 persons
Female breast cancer deaths	**19.5**	15.3 per 100,000 persons
Prostate cancer deaths	**20.1**	16.9 per 100,000 persons
Stroke deaths	**39.8**	33.4 per 100,000 persons
Unintentional injury deaths	25.2	43.2 per 100,000 persons
Suicides	7.5	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**16.5**	10.9 per 100,000 persons
Homicides	**8.9**	5.5 per 100,000 persons
Drug-overdose deaths	12.1	20.7 per 100,000 persons
Overdose deaths involving opioids	6.7	13.1 per 100,000 persons
Infant death rate	4.1	5.0 per 1,000 live births
Adult obese, ages 20+	31.3% - **39.1%**	36.0%, adults ages 20+
Adults engaging in binge drinking	16.2% - 20.2%	25.4%
Cigarette smoking by adults	**7.5% - 12.0%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**79.6% - 82.8%**	84.3%
Mammogram, ages 50-74, screened in the past 2 years	**70.4%** - 81.4%	77.1%
Annual influenza vaccination, ages 6 months to age 17	**57.3% - 63.5%**	70.0%

Attachment 2: Key Informant Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Amber Johnson	Coordinator	Black Health Equity Collaborative
Dr. Anissa Davis	Health Officer	City of Long Beach Department of Health and Human Services
Bill Cruikshank	Executive Director	Meals on Wheels
Chris Miller	Chief Executive Officer	Mental Health America Los Angeles
Dr. Elisa Nicholas	Chief Executive Officer	TCC Family Health
Dr. Jack Tsai	Doctor	TCC Family Health
Dr. Odrin Castillo	Director of Community Engagement and Diversity	MemorialCare Family Medicine Residency Program
Gaby Hernandez	Executive Director	Long Beach Immigrant Rights Coalition
Gretchen Swanson	Fall Prevention Program Advisor	Heart of Ida
Jennifer Ponce	Chief Health Education and Promotion Officer	TCC Family Health
Jolissa Hebard	Director of Outreach	NAMI Long Beach
Karen Reside	President	Long Beach Gray Panthers
Kathryn Miles	Executive Director	Tichenor Orthopedic Clinic for Children
Kelly Colopy	Director	City of Long Beach Department of Health and Human Services
Les Peters	Vice President	YMCA of Greater Long Beach
Lian Cheun	Executive Director	Khmer Girls in Action
Mona Abea	Director	Families in Good Health
Myron Quon	Executive Director	Pacific Asian Counseling Services
Patricia Costales	Chief Executive Director	The Guidance Center
Paul Duncan	Homeless Division Officer	City of Long Beach Homeless Services Bureau
Paul Lovely	Executive Director	CARE Program
Romeo Hebron	Executive Director	Filipino Migrant Center
Sofia Karim	Social Worker	MemorialCare Todd Cancer Institute
Steve Coleman	Executive Director	Century Villages at Cabrillo
Susana Sngiem	Executive Director	United Cambodian Community of Long Beach
Tiffany Brown	Deputy Superintendent	Long Beach Unified School District
Tunua Thrash-Ntuk	Executive Director	Local Initiative Support Corporation

Attachment 3: Focus Groups

Six focus groups engaged 90 participants from November 10, 2021 to February 3, 2022.

Date	Target Population	Number of Participants
November 10, 2021	LGBTQIA+	14
November 20, 2021	Older adults	12
December 7, 2021	Black/African American	15
January 22, 2022	Latinx	15
January 27, 2022	Disabled persons/Veterans	13
February 3, 2022	Cambodian/Asian Pacific Islanders	21

26.6% of the focus group participants were ages 18-44, 43.4% of participants were ages 45-64, and 30% of the participants were ages 65 and older. The majority of participants were women (68.8%). 17.7% of participants were experiencing homelessness or temporarily living with family or friends. Cambodians represented 42.2% of the participants and Black/African Americans represented 18.8% of the participants. The following table provides details of the focus group participant characteristics.

Socioeconomic and Demographic Characteristics	N (%)
Age	
18-24 years	3 (3.3%)
25-34 years	13 (14.4%)
35-44 years	8 (8.9%)
45-54 years	18 (20%)
55-64 years	21 (23.4%)
65-74 years	21 (23.4%)
75 years+	6 (6.6%)
Gender	
Man	21 (23.3%)
Woman	62 (68.8%)
Trans man	0 (0%)
Trans woman	1 (1.1%)
Trans masculine/non-binary	1 (1.1%)
Genderqueer/Gender non-conforming	4 (4.4%)

Prefer not to answer	1 (1.1%)
Education Status	
Elementary School (0-8 years)	19 (21.1%)
Some High School (9-12 years)	4 (4.4%)
High School or GED equivalent (9-12 years)	17 (18.8%)
Some College (13-16 years)	23 (25.5%)
Associate’s or Bachelor's Degree (13-16 years)	19 (21.1%)
Master’s Degree or Higher (17-20+ years)	8 (8.8%)
ZIP Code	
90278	1 (1.1%)
90605	1 (1.1%)
90650	1 (1.1%)
90706	1 (1.1%)
90712	1 (1.1%)
90740	1 (1.1%)
90755	2 (2.2%)
90802	4 (4.4%)
90803	3 (3.3%)
90804	11 (12.2%)
90805	6 (6.6%)
90806	11 (12.2%)
90807	4 (4.4%)
90808	1 (1.1%)
90810	11 (12.2%)
90813	19 (21.1%)
90814	2 (2.2%)
90815	1 (1.1%)
91006	1 (1.1%)

91104	1 (1.1%)
Not Disclosed	9 (10%)
Housing Status	
Renter	54 (60%)
Homeowner	18 (20%)
Currently experiencing homelessness	11 (12.2%)
Living with family or friends	5 (5.5%)
Other	2 (2.2%)
Race/Ethnicity	
Asian, Cambodian	38 (42.2%)
Asian, Other	4 (4.4%)
African-American/Black	17 (18.8%)
White	15 (16.6%)
Hispanic/Latinx	9 (10%)
Multi-racial	5 (5.5%)
Native American or Alaskan Native	1 (1.1%)
Pacific Islander	1 (1.1%)
Sexual Orientation	
Lesbian	5 (5.5%)
Gay	5 (5.5%)
Queer	6 (6.6%)
Bisexual	4 (4.4%)
Straight or heterosexual	52 (57.7%)
Other	1 (1.1%)
Not Disclosed	17 (18.8%)
Living with a Disability or with Someone who has a Disability	
Yes	31 (34.4%)
No	59 (65.5%)

The focus group participants were surveyed about their ability to get medical help and the barriers they faced when seeking medical help. Participants were able to make multiple selections in the final question. The top three barriers to seeking medical help were COVID-19, transportation, and the financial cost of medical help.

Access to Care and Barriers to Care

I am able to get medical care when I need it	
Yes	82 (91.1%)
No	7 (7.7%)
N/A	1 (1.1%)
In the last year, I have delayed seeking help for a medical condition	
Yes	41 (45.5%)
No	44 (48.8%)
N/A	5 (5.5%)
Barriers that hinder you from seeking medical help	
COVID made it too difficult to seek medical care	40
Too far away or other transportation barriers	26
Too expensive	13
Not enough health-insurance coverage	10
No health insurance	9
Caring for a child	7
Lack of competent care	6
Discrimination (ex: racial, gender, sexuality)	2
No interpretation	2
Undocumented status	1
None of the above, I did not delay care	24

Attachment 4: Community Interview and Focus Group Responses

Key informant interviewees and focus group participants provided their insights on factors and conditions that contribute to community needs. Individuals were asked to consider the social, racial, cultural, behavioral, and environmental factors that may contribute to health issues. The following themes were identified:

Access to basic health care

- Unaffordable and inaccessible preventive medical care (routine check-ups, medicine, etc.), which leads to worsening health conditions and expensive medical treatments
- The inability to have health insurance unless you are working or having to be married to use a partners' health benefits
- Lack of comprehensive care for chronic illnesses (specifically where chronic illnesses prevent individuals from getting affordable health insurance when initially the chronic illness could have been prevented with health care access)
- Barriers due to digital literacy/technology and language

Access to culturally accepting health care

- Lack of availability and access to physical and mental health care providers and professionals who understand the needs of various communities or are from those direct communities, including LGBTQIA+ communities, Latinx communities, Cambodian communities, Black/African-American communities, undocumented communities, veteran communities, and older adult communities
- Difficulty accessing insurance for specialized care
- LGBTQIA+ affirming care
- Fear of racism, homophobia, and transphobia.
- There is a need for programs for undocumented community members and services in one's native language
- Historical trauma around mental health and the lack of trust from health care workers (long waits, improper care, narrow perspective from professionals, misinformation, feeling excluded)

Birth indicators and pregnancy

- Adverse outcomes are higher in the Black population. Poor birth outcomes correlate with either low income or lack of access to care. There are higher mortality rates among babies who are in ethnic minorities and those mothers with poor access to prenatal care.
- There is lack of awareness and sometimes stigma around breastfeeding. And not enough understanding of breastfeeding versus bottle feeding, using formula. There is definitely not much awareness about the benefits of breastfeeding.

- More women are seeking informal breastfeeding support groups.
- There's been a trend among Black women who are educating themselves and getting a midwife, if they are able to afford them and have access to them.
- There is a gap in prenatal care with syphilis patients. We have some of the highest rates of syphilis in California. And one of the really devastating parts of syphilis is that if a woman is infected while she's pregnant she can infect the baby, and that can cause birth defects and stillbirths.
- When a woman's pregnant she may not come in for her first prenatal appointment until a little bit late into the term. And we find that some racial and ethnic groups come in later than others. One of the challenges is getting them into their first prenatal visit, so that the baby can be monitored for a longer time during their term. And then there are challenges during the pregnancy with healthy diets and exercise.

Difficulty with the social safety net

- Systemic underfunding of the social safety net
- Historical changes in welfare laws resulting in only 20% of qualifying households attaining welfare support
- Difficulty navigating services especially with literacy and language challenges
- Lack of providers who will accept programs like Medi-Cal

Education

- Ongoing achievement disparities among students of color
- The increasing prevalence of the school-to-prison pipeline
- A need for career readiness opportunities for young people, including trade programs and soft skills training

Family structures

- Connection and familial problems, including family violence, absent male figures, separation of families due to economic, criminal, or immigration reasons, domestic violence, loss of family due to COVID-19, lack of healthy family relationships, and lack of stable housing
- Adverse impacts from childhood trauma and abuse

Food insecurity

- Lack of healthy food options and sources of fresh food in low-income neighborhoods Physical barriers like freeways making healthy food options inaccessible
- Oversaturation of fast-food restaurants accepting EBT

Housing and homelessness

- Availability of affordable, safe, and stable housing amid rapid increases in rent causing a rise in homelessness
- Hate and disgust for people who are homeless
- Stigma around homelessness and mental illness
- Disproportionate rate of homeless people who are Black/African American
- Difficulty getting housing for veterans because of low-incomes
- Housing discrimination
- Multigenerational living and multiple families in one home
- Lack of renters' rights and education
- Lack of access of homeownership for future generations
- Overcrowded neighborhoods and buildings
- Aging housing stock within the city
- People becoming homeless after losing a home because of the death of a loved one

Immigration status

- Deportation rates are high and disproportionately impact undocumented individuals and families, many need additional resources that they are unable to access due to their status
- Many immigrants and refugees face high levels of trauma and conduct "under the table" work to make ends meet

Income and economic insecurity

- Being forced to rely on Social Security earlier in life than expected
- Fixed income not being enough to pay rent in Long Beach
- Poor economic climate where people are losing jobs or are underemployed for their education level
- Prices continuing to go up despite wages not keeping up
- Lack of living wage jobs
- Difficulty for people of color to build wealth, constant need to take out loans and not being able to keep up on payments
- Need to work multiple jobs to take care of families and sustain wellbeing
- Lack of accountability and enforcement of wage and employment laws for companies that do not pay overtime wages.

Industrial pollution

- Communities that have high rates of health issues are in direct proximity to large amounts of pollution dirtying the air quality from ports, oil refineries, and freeways

- Pollution results in dirtier sidewalks and basic infrastructure despite community clean ups.

Policing

- Stress and anxiety caused by over policing in neighborhoods (such as Central Long Beach)
- Large amounts of trauma and distrust of police based on violence, arrests, and past interactions

Transportation

- Burden on patients to provide their own transportation to and from appointments, which is difficult for disabled and older adult populations
- Specialty care covered through Medicare is offered far away from a patient's home

Racism and discrimination

- Racial biases and microaggressions within almost every sphere of life
- Homophobic and transphobic jokes and comments against LGBTQIA+ people in health institutions and society
- Ageism
- Age or disability-based accessibility issues
- Gender discrimination
- Growth in anti-Asian hate

Social isolation

- The social isolation caused by quarantining during the COVID-19 pandemic caused multiple challenges while exacerbating existing barriers to maintaining connections and caring for loved ones who may live apart
- Lack of opportunities for people to connect in general and physically
- Lack of visibility for marginalized groups
- Families not being able to visit one another or elderly members

<u>The COVID-19 Pandemic</u>

An overarching cause for the exacerbation of health issues was identified as stemming from the COVID-19 pandemic. While also identified as a community health issue itself, participants noted that beyond the impact on premature death, the COVID-19 pandemic has been the root cause of increasing social isolation, racial tension targeting the Asian community specifically, a shortage of nurses and in-home care providers, and poorer health status due to lack of physical activity, prolonged sitting, and stagnation. The constant changes in restrictions, public health guidance, and best practices has been

difficult to follow in light of widespread misinformation about solutions and facts related to the COVID-19 pandemic. As the landscape improves, people who have weak or weakened immune systems will still face ongoing challenges.

Mental Health

Participants identified poor mental health as a condition for producing many of the identified health issues. Mental health services were noted as being difficult to access from cultural and personal perspectives (where mental health stigmas continue to persist including in Cambodian and Latinx families) and from a service perspective (where the number of mental health providers does not meet the current demand).

In discussing housing and mental health, participants noted that being homeless is an additional barrier to accessing mental health services and support. Sustainable and long-term support for mental health was also identified. As one focus group participant noted, their mental illness causes them to constantly feel unsafe and paranoid, causing them to lose multiple jobs and face economic instability.

Bureaucratism and Political Decisions

Participants pointed out that actions and policy changes often get lost within government processes and bureaucracy. Participants noted that there is a lack of political will to change the systemic issues. Others felt city officials are not taking responsibility to control the health issues happening in the city. Key informants pointed to historical practices and policies that were influenced by racial and ethnic biases (such as redlining) that have created these health issues.

Sexually Transmitted Infections

There are increased rates of sexually transmitted infections (in particular gonorrhea and syphilis) and disproportionate impact on individuals living with HIV who were strained by the COVID-19 pandemic. Young people and older adults, over age 60, were most impacted by these health issues.

Dental Care

Dental hygiene is a health issue that appeared consistently in connection with general preventive care that does not get addressed, medical appointments that were severely delayed or canceled due to COVID-19, and the root cause of other illnesses and diseases that occur when left untreated.

Attachment 5: Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to https://www.211la.org/.

Needs	Community Resources
Access to health care	APLA Health, CARE program, Century Villages at Cabrillo, The Children's Clinic, City of Long Beach COVID Testing, College Hospital, Health for All Coalition, The LGBTQ Center of Long Beach, Long Beach Department of Health and Human Services - Medi-Cal Outreach Program, Long Beach MemorialCare Hospital, Medi-Cal, Medicaid, Miller Children's and Women's Hospital Long Beach, My Health LA, St. Mary Medical Center, Tichenor Clinic, VA Hospital Long Beach
Birth indicators and pregnancy	Best Start Central Long Beach, Long Beach Department of Health and Human Services - Black Infant Health Program, Miller Children's and Women's Hospital Long Beach, Welcome Baby program
Chronic diseases	American Heart Association, Century Villages at Cabrillo
COVID-19	Alpert Jewish Community Center, Best Start Central Long Beach, Black Health Equity Collaborative, Centro CHA, The Children's Clinic, City of Long Beach COVID Testing, City of Long Beach Economic Development Department, City of Long Beach Office of Equity, Community Development YMCA - YMCA of Greater Long Beach, Disabled Resource Center, Elite Skills Development, Filipino Migrant Center, Downtown Associated Youth Services Long Beach, Heart of IDA, Khmer Girls in Action, Latinos in Action California, The LGBTQ Center of Long Beach, Long Beach Forward, Long Beach Gray Panthers, Long Beach Immigrant Rights Coalition, Long Beach MemorialCare Hospital
Economic Insecurity	Advisor Business Solutions, Alpert Jewish Community Center, Best Start Central Long Beach, Centro CHA, Century Villages at Cabrillo, City of Long Beach Economic Development Department, Disabled Resource Center, Filipino Migrant Center, Long Beach Center for Economic Inclusion, Long Beach Gray Panthers, Long Beach Immigrant Rights Coalition, Social security, United Cambodian Community, WIC - Special Supplemental Nutrition Program for Women, Infants, and Children
Environment and environmental pollution	Best Start Central Long Beach, Cambodia Town Thrives Collaborative, Communities for a Better Environment, East Yard Communities for Environmental Justice, Long Beach Alliance for Children with Asthma, Long Beach Forward, United Cambodian Community
Food insecurity	Best Start Central Long Beach, CalFresh, Century Villages at Cabrillo, Filipino Migrant Center, Food Not Bombs Long Beach, Food Finders, Long Beach Center for Economic Inclusion, Long Beach City College Food Pantry, Long Beach Community Table, Long Beach Fresh, Meals on Wheels, Revive Church, St. Mark's Baptist Church, St. Matthews Church, Urban Community Outreach, WIC - Special Supplemental Nutrition Program for Women, Infants, and Children
Housing and homelessness	Best Start Central Long Beach, Cambodia Town Thrives Collaborative, Century Villages at Cabrillo, East Yard Communities for Environmental

Needs	Community Resources
	Justice, The LGBTQ Center of Long Beach, Long Beach Alliance for Children with Asthma, Long Beach Forward, Long Beach Multi-Service Center, Long Beach Residents Empowered, Mental Health America - Los Angeles, Project Return Peer Support Network, Safe Refuge, U.S. VETS, Washington Neighborhood Association, Women's Shelter of Long Beach
Mental health	100 Black Men, All Children Thrive, Alpert Jewish Community Center, Best Start Central Long Beach, Cambodian Advocacy Collaborative, Century Villages at Cabrillo, College Hospital, Community Development YMCA - YMCA of Greater Long Beach, Disabled Veterans of America, Elite Skills Development, Downtown Associated Youth Services Long Beach, The Guidance Center, Heart of IDA, Latinos in Action California, The LGBTQ Center of Long Beach, Long Beach Trauma Recovery Center, Los Angeles County Department of Mental Health, Love Beyond Limits, Mental Health America - Los Angeles, Pacific Asian Counseling Center, Project Return Peer Support Network, Safe Refuge, St. Mary Medical Center, Tichenor Clinic, United Cambodian Community, U.S. VETS, Women's Shelter of Long Beach
Preventive practices	Alpert Jewish Community Center, APLA Health, CARE program, The Children's Clinic, The LGBTQ Center of Long Beach, Miller Children's and Women's Hospital Long Beach, United Cambodian Community
Racism and discrimination	100 Black Men, Alpert Jewish Community Center, American Indian Changing Spirits, Best Start Central Long Beach, Black Health Equity Collaborative, Black Lives Matter Long Beach, California Conference for Equality and Justice, Cambodian Advocacy Collaborative, City of Long Beach Office of Equity, Communities for a Better Environment, East Yard Communities for Environmental Justice, Filipino Migrant Center, Health for All Coalition, Khmer Girls in Action, The LGBTQ Center of Long Beach, Long Beach Alliance for Children with Asthma, Long Beach Department of Health and Human Services - Black Infant Health Program, Long Beach Forward, Long Beach Gray Panthers, Long Beach Immigrant Rights Coalition, Long Beach Residents Empowered, United Cambodian Community
Substance abuse	American Indian Changing Spirits, Asian American Drug Abuse Program, Century Villages at Cabrillo, The LGBTQ Center of Long Beach, Long Beach Department of Health and Human Services - GreenlightLB, Project Return Peer Support Network, Safe Refuge, Tarzana Treatment Center, U.S. VETS
Violence and crime	Centro CHA, Downtown Associated Youth Services Long Beach, Long Beach Trauma Recovery Center, Women's Shelter of Long Beach

Attachment 6: Report of Progress

MCWH developed and approved an Implementation Strategy to address significant health needs identified in the 2019 Community Health Needs Assessment. The hospital addressed: access to care, chronic diseases, mental health and behavioral health, preventive practices, pregnancy and birth outcomes, and sexually transmitted infections through a commitment of community benefit programs and resources. The hospital also considered the Social Determinants of Health (SDOH) as they addressed the identified priority needs.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

Access to Care and Preventive Health Care
Response to Need

Financial Assistance

The hospital provided financial assistance through free and discounted care for health care services. To address health care access issues, MCWH offered information and enrollment assistance in the Covered California health care exchange and other low-cost insurance programs. The hospital provided transportation support for those patients and families who were not able to access needed care due to a lack of transportation.

The Family Resource Center

The Family Resource Center is a place for families raising children with special needs to find knowledge and support as they navigate through their health care journey. The Family Resource Center provided parent-to-parent support, workshops and trainings, referrals to community resources, and informational books, brochures and videos.

Outpatient Specialty Centers – Cherese Mari Laulhere Children's Village

The Outpatient Specialty Centers at MCWH are a major referral center for outpatient pediatric specialty care, offering more than 40 subspecialties. Some of the clinics include: hematology, oncology, food allergy, developmental, cardiology, endocrine, neurology, renal, pulmonary, orthopedics, and rheumatology. Children are seen at the Outpatient Specialty Centers for consultations, as well as treatments for acute, chronic or surgical conditions. Outpatient Specialty Centers are known for serving as the "medical home" for many patients who will need ongoing follow-up care and support on

a regular basis. Each specialty center, or clinic within the center, has a multi-specialty care team, with subspecialists, fellows, residents, advanced practice nurses, registered nurses, child life specialists, social workers, nutritionists and others.

Children Services Special Care Centers

MCWH has 16 California Children Services (CCS) approved special care centers. These Centers provide specialized care for children with chronic conditions, such as asthma, irritable bowel syndrome, bone deformities, congenital heart defects, rehabilitation, autism, cancer and serious blood disorders. Patients typically qualify for the CCS Special Care Center by medical diagnosis, complexity of their disease and financial status.

Health Education and Awareness

MCWH participated in community events, where over 28,000 community members learned about preventive practices, disease prevention and treatment, COVID-19 safety, disaster preparedness, and available health resources. Miller Children's implemented a targeted health awareness campaign focused on the value of being screened and preventing the spread of COVID-19. Health news from experts and doc talks were featured in monthly publications.

Before the onset of COVID-19, MCWH hosted or participated in a number of community health fairs and prevention-focused activities, including health screenings, resources awareness and referrals. The events reached over 13,385 community members and provided health education, screening, resources and referrals.

MCWH held a resource fair for community health workers and social workers, reaching 140 professionals. In addition, the Family Resource Center collaborated with Parents & Caregivers for Wellness to provide professional training for those who work with families with mental health care needs.

20 foster youth participated in a Life Skills Series on Health Care Transitions. Classes included Reproductive Health, STIs, Health Insurance, Differences Between ED and Urgent Care, PCPs, Vaping and SA, Birth Control, Tips on Keeping a Medical History, How to Read a RX label, and How to Read an Insurance Card.

MemorialCare hosted the Wellist online platform that connected the public to health information and certified local resources, free of charge.

Injury Prevention

Pedestrian-automobile incidents are the number one reason kids are rushed to the

hospital. To support helmet usage, MCWH participated in four YMCA events that reached 210 community members. Additionally, over 3,000 persons were reached with demonstrations and information in English and Spanish on child safety, car seat safety, pedestrian and bicycle safety. Car seats and bike helmets were distributed in the community.

Professional Education

MCWH offers a pediatric residency training program in partnership with the University of California, Irvine. Annually, over 100 residents and 10 fellows provide specialized care to infants, children and adolescents. MCWH offers a General Pediatrics Residency and a Pediatrics/Medical Genetics Residency. MCWH also offers fellowship programs with a selection of pediatric subspecialty programs, including: Neonatology, Perinatology and a Pediatric Pulmonary Fellowship.

Advocacy

The Census determines federal funding for health care services, including Medicaid (Medi-Cal) and school programs. MCWH staff were active participants in the City of Long Beach's 2020 Census Initiative and provided community members with resources and education about the 2020 Census. The hospital provided financial support and in-kind donations of staff time and materials.

COVID-19 Response

MCWH was an active participant in the U.S. Government-supported National Expanded Access Program to provide convalescent plasma to patients suffering from severe or life-threatening COVID-19. Staff participated on the Vaccine Outreach Subcommittee, whose goal is to advise and assist the city on planning and execution of outreach efforts surrounding the COVID-19 vaccine in the highest impacted communities in Long Beach. As a result, 18,099 community members received COVID-19 education. In addition, 47,837 COVID-19 vaccines (i.e., shots in arms) were administered at clinics hosted on the hospital campus and/or in the community in partnership with the Long Beach Department of Health and Human Services. Community pop-up vaccine clinics were hosted at events to ensure access for underrepresented communities of color like the Black Health Community Fair, and the Cambodian Association of America mobile clinic event. MCWH hosted many free community children's vaccine clinics with activities and mascots to vaccinate children, ages 5-11.

Additionally, the MemorialCare Health System organized extensive community vaccination outreach and conducted vaccine clinics across all their services areas resulting in the delivery of over 191,000 doses to help protect our communities.

Additional COVID-19 outreach activities included:

- The hospital implemented a targeted health awareness campaign focused on the value of being screened and preventing the spread of COVID-19. Health news from experts, and doc talks were featured in monthly publications. Nearly 2.6 million community members were reached.
- The Family Resource Center partnered with Tichenor Clinic and provided a Drive Thru Event, which provided 250 families with special needs with resources and Personal Protective Equipment (PPE).
- In collaboration with the YMCA, MCWH hosted a drive through event, where 41 families obtained supplies, including food vouchers, food baskets, toiletries, educational materials, PPE (personal, protective equipment) supplies, kid friendly activities, and other community resources.
- MCWH launched an online parent support group in response to COVID-19. Nine Zoom sessions reached 73 parents.
- MCWH hosted two conferences, Going Home During a Pandemic and Infant Feeding in the NICU and COVID-19, which reached 75 professionals.

Chronic Diseases
Response to Need

Jonathan Jaques Children's Cancer Institute

The Jonathan Jaques Children's Cancer Institute at MCWH provided comprehensive, family centered care to children with cancer, sickle cell disease and other serious blood disorders. Children had access to the latest clinical trials and research initiatives, leading to improved cure rates and breakthroughs in treatments of childhood cancers and blood disorders.

Long Beach Alliance for Children with Asthma

The Long Beach Alliance for Children with Asthma (LBACA) is a community coalition that is dedicated to improving the lives of children with asthma in the greater Long Beach area. LBACA provided education and outreach using promotoras community health workers. They provided asthma control education to physicians, nurses and community members. The efforts of LBACA helped reduce asthma hospitalizations and children gained reasonable control over their asthma symptoms. LBACA worked with schools, after-school programs, parks and recreational centers to develop asthma-friendly environments and policies, and mobilized the community to respond to indoor and outdoor air quality issues.

Disease Specific Certification in Pediatric Asthma

MCWH was the first free-standing Children's Hospital in California to receive Disease

Specific Certification in Pediatric Asthma from The Joint Commission, an accreditor of health care organizations. Asthma care was standardized throughout the hospital, including the Emergency Department, pediatric units, the pediatric pulmonary unit and outpatient specialty clinics.

Health Education and Awareness

MCWH provided a variety of health education classes and special events that focused on chronic disease prevention, disability, management and treatment. These included:

- Presentations on asthma, hemophilia, Loving our Truly Unique Selves, Support our Siblings classes, autism, cancer, and other disease-related topics reached children, family members and caregivers.
- A monthly Spanish autism support group provided education on various topics such as self-care, counseling, self-advocacy, and accessing speech services for 96 community members.
- In partnership with Team of Advocates for Special Kids (TASK), MCWH offered free 55-minute consultations to five families facing challenges with their children's special educational plans (IEPs). These families also learned about Assistive Technology and were shown alternatives that were free or at low cost.
- Asthma 101 classes were provided to 118 community members and asthma prevention and treatment outreach activities reached 1,447 individuals.
- Language development was provided to 35 Early Start families through a partnership with Harbor Early Start Partnership and the Family Resource Center.
- The hospital hosted sickle cell awareness events and reached 155 individuals. The events included: a panel presentation to parents and patients, a Zoom lecture on sickle cell disease during COCID, and education and vocational issues for patients in the community.
- 84 parents participated in a Parents Against Cancer back to school event. In partnership with Tichenor Clinic for Children, a family support group was held with physical activities for children, reaching 400 individuals.
- MCWH invested in an educational awareness campaign on children's heart healthy diet that reached 28,415 individuals.
- 925 individuals participated in Family and Parent Support Specialist Training with the California Deaf and Blind Services.
- In partnership with Team of Advocates for Special Kids (TASK), MCWH offered free 55-minute consultations to 13 families facing challenges with their children's special educational plans (IEPs). Also, 45 individuals were provided Self-Determination Facilitator training in partnership with California State Council on Developmental Disabilities Los Angeles Office.

Mental Health and Behavioral Health
Response to Need

Behavioral Health Integration Program

MemorialCare recognized that both physical and mental health should be coordinated in primary care settings. As a result, the Behavioral Health Integration program was launched in 2018. The project has grown to include nine MemorialCare Medical Group Primary Care sites of care throughout our service areas. The primary care physicians are equipped to screen for mental health conditions and coordinate care options for patients with behavioral health needs. Patients are responding favorability on patient satisfaction surveys to the behavioral health coordinated model of care.

The program included:

- An embedded clinical social worker at each location
- Instant referral to needed services
- Access to a trained psychiatrist via Telehealth
- Tele-video visits to patients enrolled in the program
- Online patient self-management tools through SilverCloud

Family Medicine Clinic

The Family Medicine Clinic, provided a Behavioral Health Clinic to train Family Medicine residents in a team-based approach. At the clinic, residents participated in a multidisciplinary approach to treating anxiety and depression, as they worked alongside a Family Medicine attending, a community psychiatrist, a social worker, a psychologist, and a therapist. The clinic converted to telehealth visits in March 2020 because of COVID-19 and continues to use this virtual platform for patients. Behavioral health services were provided for 265 primary care clinic patients.

Services Supporting Access

The Family Resource Center provided a Zoom Mental Health Series for 384 Promotoras. The series focused on early interventions, diagnosis, and stigma related to mental health and how to get help for your family. This included 227 individuals who received psychotherapy by licensed clinical psychologists and 67 neuropsychological assessments were completed by psychologists. In addition, 105 students received school reintegration assistance, through school visits and recommendation letters by psychologists.

MCWH started an online parent support group in response to COVID-19. A psychologist offered self-care techniques, how to build routines, discussed parent/child relationship and activities. Nine Zoom sessions reached 73 parents with information on stress

management, resilience and self-help, and coping with distance learning. 73 parents participated.

In partnership with Latinos in Action, MCWH offered mental health training regarding being an immigrant and addressing the associated stress, fear and anxiety. Family Resilience & Traumatic Stress parent training reached 21 parents. Topics included trauma and family resilience and coping strategies.

Pregnancy and Birth Outcomes
Response to Need

Birth Equity

Maternal morbidity and mortality data in California show persistently higher rates among Black mothers when compared to mothers from all other racial groups. For the past two years, our teams have participated in building a birth equity toolkit with the California Maternal Quality Care Collaborative (CMQCC). MCWH implemented an evidence-based implicit bias program for its health care providers involved in perinatal care of patients. In addition, a patient survey tool is used to inform and monitor our equity work with a focus on awareness and reduction of implicit bias.

Welcome Baby

Welcome Baby is a program that provides pregnant women and new moms with information, support and a trusted partner to help them through the journey of pregnancy and early parenthood. Available at no cost to maternity patients who reside in Los Angeles County, the Welcome Baby continuum of care includes breastfeeding support, referrals to community resources and an in-home visit from a registered nurse. Welcome Baby is a program of Best Start, an effort funded by First 5 LA. Long Beach is a targeted community and the Welcome Baby program and Miller Children's are programmatic strategic partners. The Welcome Baby Program reached over 8,000 pregnant women, new moms and their families. Because of COVID, in home visits were restricted.

Women, Infant and Children (WIC) Program

The Women, Infant and Children (WIC) Program at MCWH is a supplemental food and nutrition program for income eligible pregnant, breastfeeding, and postpartum women and children under age five. Participants in the WIC program were provided with food vouchers that could be used to purchase specific nutritious foods, which are high in protein and/or iron. The WIC Program is a service of the City of Long Beach Department of Health and Human Services, Nutrition Services Division.

Services Supporting Access

MCWH provided a board-certified lactation consultant to discuss preparation and success factors to 582 community members. A weekly support group taught infant massage techniques, while increasing the parent's ability to respond optimally to baby's needs and making the transition to motherhood a more positive experience for 917 expectant mothers. While 1,236 expectant parents learned about baby care basics, including baby proofing your home, purchasing baby equipment/toys/furniture with safety in mind and practicing hands-on care including: care, diapering, bathing, holding and burping. There were 993 community members that participated in preparation for childbirth classes, regardless of where they chose to deliver, 158 individuals participated in becoming a parent class, and 282 expectant parents learned about breathing and relaxation techniques and pain management options.

The Family Resource Center partnered with the East LA Women's Center to provide a 10-week Domestic Violence Promotora training. This included 15 promotoras receiving 40 hours of education.

Sexually Transmitted Infections
Response to Need

Health Education and Screenings

MCWH provided community health education on prevention, screening and treatment for STIs. STI screening occurred in primary care settings.

Bickerstaff Pediatric Family Center

The Bickerstaff Pediatric Family Center at MCWH cared for infants, children, adolescents and pregnant women who were at risk for, or infected with, HIV/AIDS, acute community-acquired illnesses, chronic infections and other immunological disorders. Board-certified infectious disease physicians and the care team also advised on immunization and infectious disease prevention. In FY21, the Bickerstaff Pediatric Family Center celebrated 25 years of zero mother to baby transmissions among HIV-infected mothers.