



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



Community Health Needs Assessment

2019

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Executive Summary

Miller Children's & Women's Hospital Long Beach (Miller Children's) is a pediatric teaching hospital that provides specialized care for children and young adults, as well as maternity care for expectant mothers. Miller Children's is located on a 54-acre campus that it shares with Long Beach Medical Center.

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

The Long Beach Collaborative

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

Service Area

Miller Children's is located at 2801 Atlantic Avenue, Long Beach, CA 90806. The service area includes 39 ZIP Codes, representing 22 cities in Los Angeles County. The service area also includes parts of Los Angeles County Service Planning Area (SPA) 6, SPA 7, and SPA 8, as well as all census tracts located within these 39 ZIP Codes. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Assessment Process and Methods

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

Primary data were obtained through 6 focus groups that engaged 91 community residents, and interviews with 20 key community stakeholders, public health, and service providers, members

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

Summary of Findings

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

Significant Health Needs		
<ul style="list-style-type: none">• Access to Health Care• Chronic Diseases• Economic Insecurity• Environment• Exercise, Nutrition and Weight	<ul style="list-style-type: none">• Food Insecurity• Housing and Homelessness• Mental Health• Oral Health/Dental Care• Pregnancy and Birth Outcomes	<ul style="list-style-type: none">• Preventive Practices• Public Safety• Sexually Transmitted Infections• Substance Use and Misuse

Prioritization

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

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

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

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

Report Adoption, Availability and Comments

This CHNA report was adopted by Miller Children’s Board of Directors in June 2019.

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

Introduction

MemorialCare

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

Miller Children's & Women's Hospital Long Beach

Miller Children's & Women's Hospital Long Beach is a pediatric teaching hospital that provides specialized care for children and young adults, as well as maternity care for expectant mothers. The hospital treats more than 8,000 children each year and has become a regional pediatric destination for more than 84,000 children annually who need specialized care in the outpatient specialty and satellite centers. The MemorialCare Center for Women at Miller Children's Hospital Long Beach delivers more than 6,000 babies each year and transports nearly 100 high-risk moms.

Miller Children's has seven major inpatient care centers within the hospital and comprehensive outpatient specialty centers that feature more than 40 sub-specialties, and include 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. For a complete list of Miller Children's services visit:

www.memorialcare.org/miller-childrens-womens-hospital-long-beach

Purpose

Miller Children's has undertaken a CHNA as required by state and federal law.

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



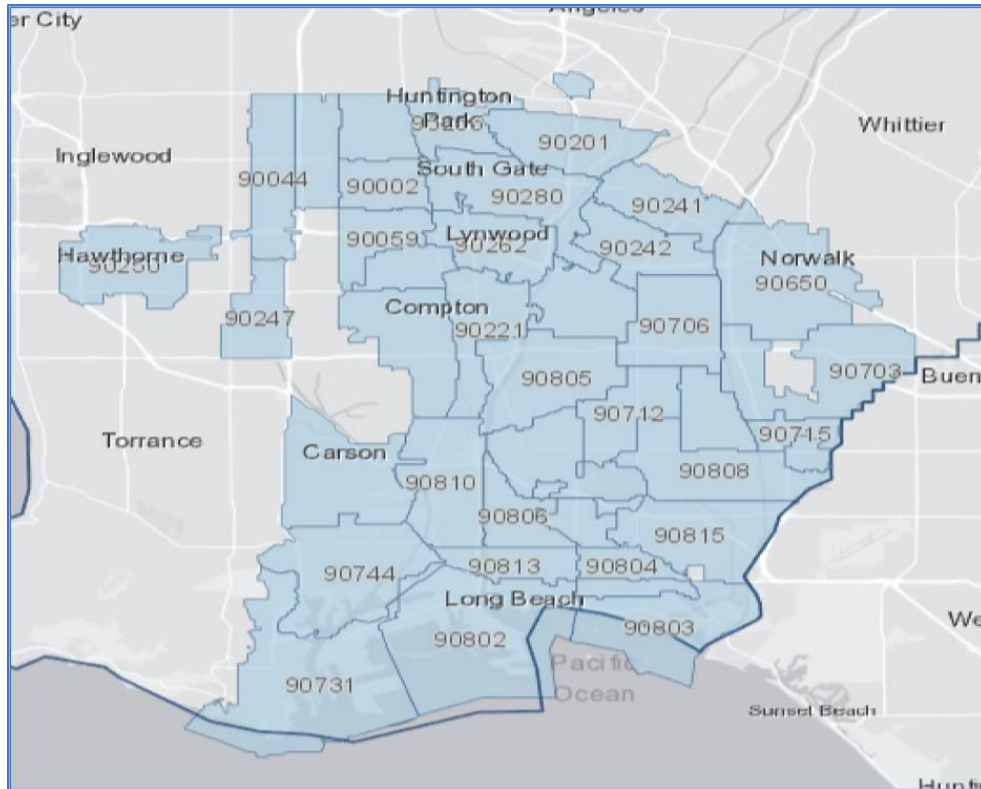
Service Area

Miller Children’s and Women’s Hospital is located at 2801 Atlantic Avenue, Long Beach, CA 90806. The service area includes 39 ZIP Codes, representing 22 cities in Los Angeles County. The service area also includes parts of Los Angeles County Service Planning Area (SPA) 6, SPA 7, and SPA 8, as well as all census tracts located within these 39 ZIP Codes. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Miller Children’s Service Area

City	ZIP Code	LA County Service Planning Area
Bell/Cudahy	90201	SPA 7
Bellflower	90706	SPA 7
Carson	90745	SPA 8
Cerritos	90703	SPA 7
Compton	90220, 90221, 90222	SPA 6
Downey	90241, 90242	SPA 7
Gardena	90247	SPA 8
Hawaiian Gardens	90716	SPA 7
Hawthorne	90250	SPA 8
Huntington Park	90255	SPA 7
Lakewood	90712, 90713, 90715	SPA 7
Long Beach	90802, 90803, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 90814, 90815	SPA 8
Lynwood	90262	SPA 6
Norwalk	90650	SPA 7
Paramount	90723	SPA 6
Signal Hill	90755	SPA 8
San Pedro	90731	SPA 8
South Central LA	90001, 90002, 90003, 90044	SPA 6
South Gate	90280	SPA 7
South Los Angeles	90059	SPA 6
Wilmington	90744	SPA 8

Map of the Service Area



Collaborative Process

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

Consultants

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

Long Beach Forward conducted the focus groups. The mission of Long Beach Forward is to create a healthy Long Beach with low-income communities of color by building community

knowledge, leadership and power. The focus groups were conducted by Cynthia Howell and Sevly Sngun, with support from Ariel Halstead, MPH. Data analysis, tables, and figure of frequency codes were provided by Sevly Sngun. The focus group report was written by Cynthia Howell, MPH, Christine Petit, PhD, and Sevly Sngun, MPH. <https://www.lbforward.org/>

Methodology

Data Collection

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

Secondary Data Sources and Analysis

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

Zip Codes and Zip Code Tabulation Areas

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

Disparities Analysis

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

Data Considerations

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

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

Primary Data Methods and Analysis

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

Focus Groups

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

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

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

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

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

Descriptive Characteristics of Focus Group Participants (N=91)

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

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

Key Informant Interviews

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

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

Interviews were transcribed and analyzed using the qualitative analytic tool called Dedoose¹. Interview excerpts were coded by relevant topic areas and key health themes. Multiple approaches were used to assess the relative importance of the needs discussed in these interviews. These approaches included:

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

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

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

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

Public Comment

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

Identification and Prioritization of Significant Health Needs

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

Significant Health Needs

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

Prioritization Process

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

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

The criteria for prioritization included to what extent an issue:

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

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

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

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

Prioritization Survey: Importance Level to Address Issue

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

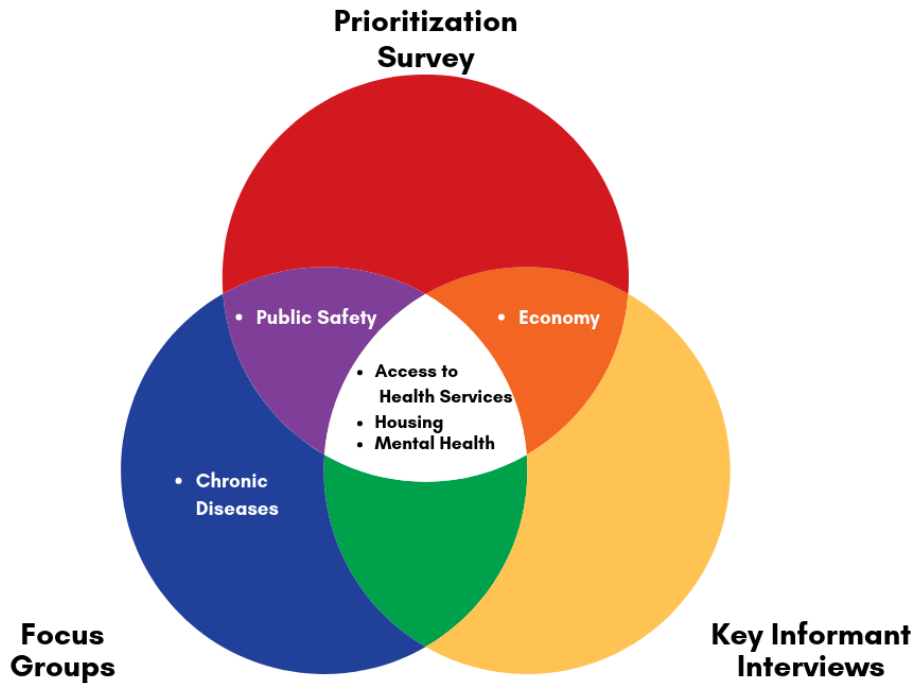
Focus group participants were also asked to identify the most important significant health needs. The top five priorities were calculated by tallying all focus group participant votes and selecting the five significant health needs with the highest scores. The top priorities across all focus groups were:

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

Data Synthesis

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

Venn Diagram Priority Health Needs



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

Resources to Address Significant Health Needs

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

Review of Progress

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

Demographics

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

Population

The population of the Miller Children’s service area is 2,081,473.

Population by ZIP Code

ZIP Code	City	Population Estimate
90001	South Central LA	57,942
90002	South Central LA	51,826
90003	South Central LA	70,208
90044	South Central LA	90,155
90059	South Los Angeles	46,027
90201	Bell/Cudahy	102,786
90220	Compton	51,271
90221	Compton	53,922
90222	Compton	32,195
90241	Downey	44,815
90242	Downey	41,982
90247	Gardena	47,706
90250	Hawthorne	96,987
90255	Huntington Park	75,770
90262	Lynwood	71,197
90280	South Gate	95,219
90650	Norwalk	106,360
90703	Cerritos	50,442
90706	Bellflower	77,687
90712	Lakewood	31,722
90713	Lakewood	28,833
90715	Lakewood	20,064
90716	Hawaiian Gardens	14,383
90723	Paramount	54,941
90731	San Pedro	61,046
90744	Wilmington	57,432
90745	Carson	57,785
90755	Signal Hill	11,491
90802	Long Beach	39,873
90803	Long Beach	31,680
90804	Long Beach	40,751
90805	Long Beach	95,808
90806	Long Beach	42,312
90807	Long Beach	33,217

ZIP Code	City	Population Estimate
90808	Long Beach	38,637
90810	Long Beach	37,422
90813	Long Beach	60,997
90814	Long Beach	18,760
90815	Long Beach	39,822
Miller Children's Service Area	--	2,081,473
Long Beach City	--	469,793
LA County	--	10,057,155
California	--	38,654,206

Source: American Community Survey, 2012-2016.

Age

In Miller Children's service area, 27% of the population is children and youth, higher than the county (22.8%) and state (23.6%). Adults, ages 18-64, comprise 65.6% of the population of Long Beach, compared to 63.3% for the service area. South Los Angeles has the highest percentage of children, ages 0-17, in the service area (35.3%). The majority of ZIP Codes in the service area have higher percentages of children than Long Beach and Los Angeles County.

Population by Age by ZIP Code

ZIP Code	City	0 to 4	5 to 17	18 to 24	25 to 44	45 to 64	65+
90001	South Central LA	8.9%	23.4%	12.6%	29.1%	19.3%	6.8%
90002	South Central LA	9.0%	23.1%	13.4%	28.3%	19.8%	6.3%
90003	South Central LA	9.6%	24.1%	11.8%	28.6%	19.9%	5.9%
90044	South Central LA	8.8%	20.4%	11.7%	27.8%	22.6%	8.7%
90059	South Los Angeles	9.3%	26.0%	12.4%	26.5%	20.2%	5.6%
90201	Bell/Cudahy	8.9%	22.7%	12.1%	30.0%	19.6%	6.7%
90220	Compton	7.8%	20.3%	12.0%	26.0%	23.8%	10.1%
90221	Compton	8.0%	23.3%	12.9%	28.3%	20.1%	7.4%
90222	Compton	9.5%	24.2%	12.5%	26.7%	19.2%	8.0%
90241	Downey	7.1%	16.4%	10.4%	31.3%	23.1%	11.7%
90242	Downey	6.9%	19.0%	12.3%	29.2%	23.5%	9.2%
90247	Gardena	6.8%	16.0%	8.6%	29.3%	25.5%	13.7%
90250	Hawthorne	7.4%	18.7%	10.1%	32.0%	22.5%	9.2%
90255	Huntington Park	8.1%	20.1%	12.8%	28.2%	22.4%	8.5%
90262	Lynwood	8.4%	22.2%	12.0%	30.7%	19.8%	6.8%
90280	South Gate	6.9%	20.6%	12.3%	29.7%	21.8%	8.8%
90650	Norwalk	6.5%	18.0%	11.7%	27.4%	24.4%	11.9%
90703	Cerritos	4.2%	15.7%	8.2%	22.9%	28.6%	20.5%
90706	Bellflower	7.4%	19.9%	10.6%	28.1%	23.6%	10.5%
90712	Lakewood	5.2%	17.5%	9.3%	25.6%	29.8%	12.6%
90713	Lakewood	6.7%	16.3%	9.3%	26.6%	28.3%	12.8%

ZIP Code	City	0 to 4	5 to 17	18 to 24	25 to 44	45 to 64	65+
90715	Lakewood	6.7%	15.4%	10.2%	31.6%	25.1%	11.0%
90716	Hawaiian Gardens	8.2%	20.9%	12.4%	29.1%	19.8%	9.7%
90723	Paramount	6.9%	22.6%	12.5%	28.6%	21.8%	7.6%
90731	San Pedro	6.7%	16.8%	9.8%	27.9%	27.7%	11.1%
90744	Wilmington	9.1%	22.2%	12.2%	27.9%	20.6%	8.0%
90745	Carson	6.1%	16.0%	10.7%	26.0%	26.5%	14.7%
90755	Signal Hill	7.9%	16.4%	13.3%	29.5%	24.8%	8.1%
90802	Long Beach	5.5%	10.4%	8.8%	40.0%	26.4%	8.9%
90803	Long Beach	2.4%	9.6%	6.2%	33.5%	29.7%	18.6%
90804	Long Beach	7.2%	15.8%	14.7%	34.1%	22.0%	6.1%
90805	Long Beach	8.5%	21.3%	12.0%	28.6%	22.2%	7.3%
90806	Long Beach	7.6%	19.6%	11.1%	28.3%	23.8%	9.7%
90807	Long Beach	7.6%	14.4%	7.1%	28.4%	28.2%	14.3%
90808	Long Beach	5.3%	15.6%	7.9%	25.0%	30.6%	15.7%
90810	Long Beach	7.4%	19.5%	11.8%	27.4%	23.0%	10.9%
90813	Long Beach	10.4%	22.7%	11.8%	30.7%	17.9%	6.5%
90814	Long Beach	4.5%	11.0%	8.7%	38.8%	25.6%	11.4%
90815	Long Beach	5.7%	12.7%	15.8%	23.6%	27.4%	14.7%
Miller Children's Service Area	--	7.5%	19.5%	11.4%	28.8%	23.1%	9.7%
Long Beach City	--	7.1%	16.9%	11.0%	30.2%	24.4%	10.4%
LA County	--	6.3%	16.5%	10.4%	29.5%	25.5%	12.2%
California	--	6.5%	17.1%	10.2%	28.2%	25.2%	12.9%

Source: American Community Survey, 2012-2016.

Race/Ethnicity

In Long Beach, 42.4% of population is Hispanic or Latino, 27.7% of the population is White, Non-Hispanic, 13% is Asian and 13% is Black/African American. Compton 90220 has the highest percentage of Black/African Americans (37.5%), Huntington Park has the highest percentage of Hispanics/Latinos (96.9%) and Cerritos has the highest percentage of Asians (60.0%).

Population by Race/Ethnicity by ZIP Code

ZIP Code	City	Black or African American	American Indian/ AK Native	Asian	Native HI Pacific Islander	Other Race	Two+ Races	White, Non-Hispanic	Hispanic or Latino
90001	South Central LA	8.9%	0.9%	0.2%	0.0%	52.9%	1.2%	0.8%	90.1%
90002	South Central LA	21.6%	0.8%	0.6%	0.1%	38.0%	1.1%	0.8%	76.3%
90003	South Central LA	23.1%	0.8%	0.3%	0.0%	48.8%	1.2%	0.6%	76.4%
90044	South Central LA	35.3%	0.4%	0.5%	0.0%	37.8%	1.9%	1.1%	62.1%
90059	South Los Angeles	31.3%	0.1%	0.7%	0.1%	26.9%	2.6%	0.8%	66.6%
90201	Bell/Cudahy	1.0%	0.3%	0.8%	0.2%	25.0%	1.3%	3.5%	94.6%
90220	Compton	37.5%	0.4%	1.3%	0.5%	24.8%	2.3%	2.9%	57.1%
90221	Compton	21.0%	0.5%	0.9%	0.1%	32.9%	2.0%	1.1%	76.9%
90222	Compton	27.3%	0.6%	0.8%	0.3%	31.8%	1.1%	0.9%	69.8%

ZIP Code	City	Black or African American	American Indian/ AK Native	Asian	Native HI Pacific Islander	Other Race	Two+ Races	White, Non-Hispanic	Hispanic or Latino
90241	Downey	2.6%	0.2%	6.6%	0.1%	19.0%	3.5%	14.0%	75.9%
90242	Downey	6.0%	0.4%	6.3%	0.4%	23.6%	2.2%	15.2%	71.6%
90247	Gardena	19.3%	0.3%	24.9%	0.1%	27.4%	3.3%	6.7%	47.2%
90250	Hawthorne	21.5%	0.5%	7.0%	0.8%	23.7%	9.4%	10.8%	55.8%
90255	Huntington Park	0.5%	0.3%	0.9%	0.3%	30.8%	1.2%	1.5%	96.9%
90262	Lynwood	8.9%	0.7%	0.8%	0.2%	33.4%	1.5%	2.3%	88.0%
90280	South Gate	1.0%	0.4%	0.5%	0.1%	37.7%	2.0%	3.1%	95.3%
90650	Norwalk	4.3%	0.7%	13.3%	0.3%	24.0%	2.9%	11.3%	69.7%
90703	Cerritos	8.2%	0.3%	60.0%	0.1%	4.4%	3.5%	15.4%	13.6%
90706	Bellflower	13.6%	0.5%	13.0%	0.1%	32.8%	4.2%	16.4%	55.4%
90712	Lakewood	9.4%	0.5%	15.2%	2.3%	12.8%	6.7%	36.2%	32.8%
90713	Lakewood	3.7%	0.2%	12.1%	1.8%	9.5%	5.7%	51.3%	28.3%
90715	Lakewood	8.0%	0.8%	30.2%	0.5%	21.0%	4.6%	17.6%	41.5%
90716	Hawaiian Gardens	4.8%	0.6%	12.7%	0.1%	36.8%	2.4%	6.4%	75.1%
90723	Paramount	9.6%	0.7%	2.6%	0.7%	28.4%	2.7%	4.8%	81.6%
90731	San Pedro	8.0%	0.5%	4.6%	0.5%	19.1%	8.0%	29.5%	54.2%
90744	Wilmington	1.8%	5.5%	2.4%	0.5%	26.9%	3.6%	4.6%	90.5%
90745	Carson	7.1%	0.8%	35.8%	2.3%	14.6%	7.6%	8.0%	44.2%
90755	Signal Hill	11.3%	0.3%	21.4%	0.6%	3.7%	5.7%	26.1%	37.7%
90802	Long Beach	16.8%	1.7%	9.0%	0.8%	9.6%	4.2%	34.6%	37.1%
90803	Long Beach	3.8%	0.4%	6.6%	0.3%	2.0%	4.1%	70.0%	16.2%
90804	Long Beach	12.2%	0.7%	12.1%	0.3%	7.4%	4.3%	26.5%	46.8%
90805	Long Beach	20.2%	0.7%	11.0%	1.3%	30.4%	4.8%	8.1%	57.8%
90806	Long Beach	17.4%	1.8%	19.1%	1.0%	13.2%	5.0%	8.4%	51.6%
90807	Long Beach	16.0%	0.4%	17.7%	0.6%	9.9%	8.8%	34.3%	26.4%
90808	Long Beach	5.3%	1.0%	9.3%	0.3%	4.6%	6.7%	55.9%	24.6%
90810	Long Beach	12.1%	1.4%	23.3%	5.0%	13.0%	6.7%	5.8%	49.9%
90813	Long Beach	11.6%	2.7%	14.8%	0.3%	15.0%	5.8%	6.5%	64.8%
90814	Long Beach	8.5%	0.8%	7.2%	0.1%	5.9%	4.6%	55.5%	25.7%
90815	Long Beach	4.3%	0.6%	11.9%	0.4%	3.3%	5.8%	60.3%	19.0%
Miller Children's Service Area	--	12.7%	0.8%	9.2%	0.5%	25.0%	3.8%	12.8%	63.3%
Long Beach City	--	13.0%	1.2%	13.0%	0.9%	13.2%	5.5%	27.7%	42.4%
LA County	--	8.3%	0.6%	14.2%	0.3%	20.2%	3.9%	26.7%	48.3%
California	--	5.9%	0.7%	13.9%	0.4%	13.3%	4.6%	38.4%	38.6%

Source: American Community Survey, 2012-2016.

Language

In the hospital service area, over a quarter of the population has difficulty speaking English (27.9%), compared to 18.3% in Long Beach. Huntington Park (48.1%), Bell/Cudahy (43.6%), South Gate (41.7%), South Central LA 90001 (41.5%), and Hawaiian Gardens (41.4%) have over 40% of their population who has difficulty speaking English.

Population Who Have Difficulty Speaking English by ZIP Code

ZIP Code	City	Difficulty Speaking English
90001	South Central LA	41.5%
90002	South Central LA	34.1%
90003	South Central LA	39.1%
90044	South Central LA	27.8%
90059	South Los Angeles	28.0%
90201	Bell/Cudahy	43.6%
90220	Compton	23.0%
90221	Compton	33.5%
90222	Compton	29.3%
90241	Downey	24.5%
90242	Downey	22.7%
90247	Gardena	28.0%
90250	Hawthorne	24.5%
90255	Huntington Park	48.1%
90262	Lynwood	37.8%
90280	South Gate	41.7%
90650	Norwalk	29.2%
90703	Cerritos	24.7%
90706	Bellflower	20.7%
90712	Lakewood	8.8%
90713	Lakewood	6.4%
90715	Lakewood	27.3%
90716	Hawaiian Gardens	41.4%
90723	Paramount	33.7%
90731	San Pedro	17.9%
90744	Wilmington	33.6%
90745	Carson	26.4%
90755	Signal Hill	13.0%
90802	Long Beach	14.1%
90803	Long Beach	2.9%
90804	Long Beach	18.5%
90805	Long Beach	25.8%
90806	Long Beach	27.4%
90807	Long Beach	9.2%
90808	Long Beach	3.3%
90810	Long Beach	26.6%
90813	Long Beach	36.0%
90814	Long Beach	6.6%
90815	Long Beach	4.1%
Miller Children's Service Area	--	27.9%
Long Beach City	--	18.3%
LA County	--	24.9%
California	--	18.6%

Source: American Community Survey, 2012-2016.

Disability Status

In the hospital service area, 9.7% of the population has a disability, less than the Long Beach City and LA County values (9.9%). Long Beach 90804 has the lowest percent of persons with a disability (6.4%) and Compton 90220 has the highest rate of disabilities (12.9%).

Population with a Disability by ZIP Code

ZIP Code	City	Persons with a Disability
90001	South Central LA	8.2%
90002	South Central LA	10.4%
90003	South Central LA	9.7%
90044	South Central LA	7.3%
90059	South Los Angeles	10.6%
90201	Bell/Cudahy	7.4%
90220	Compton	12.9%
90221	Compton	11.4%
90222	Compton	11.1%
90241	Downey	8.2%
90242	Downey	8.2%
90247	Gardena	9.6%
90250	Hawthorne	8.8%
90255	Huntington Park	7.8%
90262	Lynwood	8.4%
90280	South Gate	9.3%
90650	Norwalk	10.8%
90703	Cerritos	8.5%
90706	Bellflower	9.4%
90712	Lakewood	10.6%
90713	Lakewood	8.8%
90715	Lakewood	10.2%
90716	Hawaiian Gardens	10.1%
90723	Paramount	10.1%
90731	San Pedro	10.8%
90744	Wilmington	8.2%
90745	Carson	11.4%
90755	Signal Hill	7.3%
90802	Long Beach	12.4%
90803	Long Beach	8.0%
90804	Long Beach	6.4%
90805	Long Beach	10.7%
90806	Long Beach	9.3%
90807	Long Beach	10.2%
90808	Long Beach	9.6%
90810	Long Beach	11.9%
90813	Long Beach	10.8%
90814	Long Beach	9.5%
90815	Long Beach	9.0%
Miller Children's Service Area	--	9.7%
Long Beach City	--	9.9%

ZIP Code	City	Persons with a Disability
LA County Females	--	10.4%
LA County	--	9.9%
California	--	10.6%

Source: American Community Survey, 2012-2016.

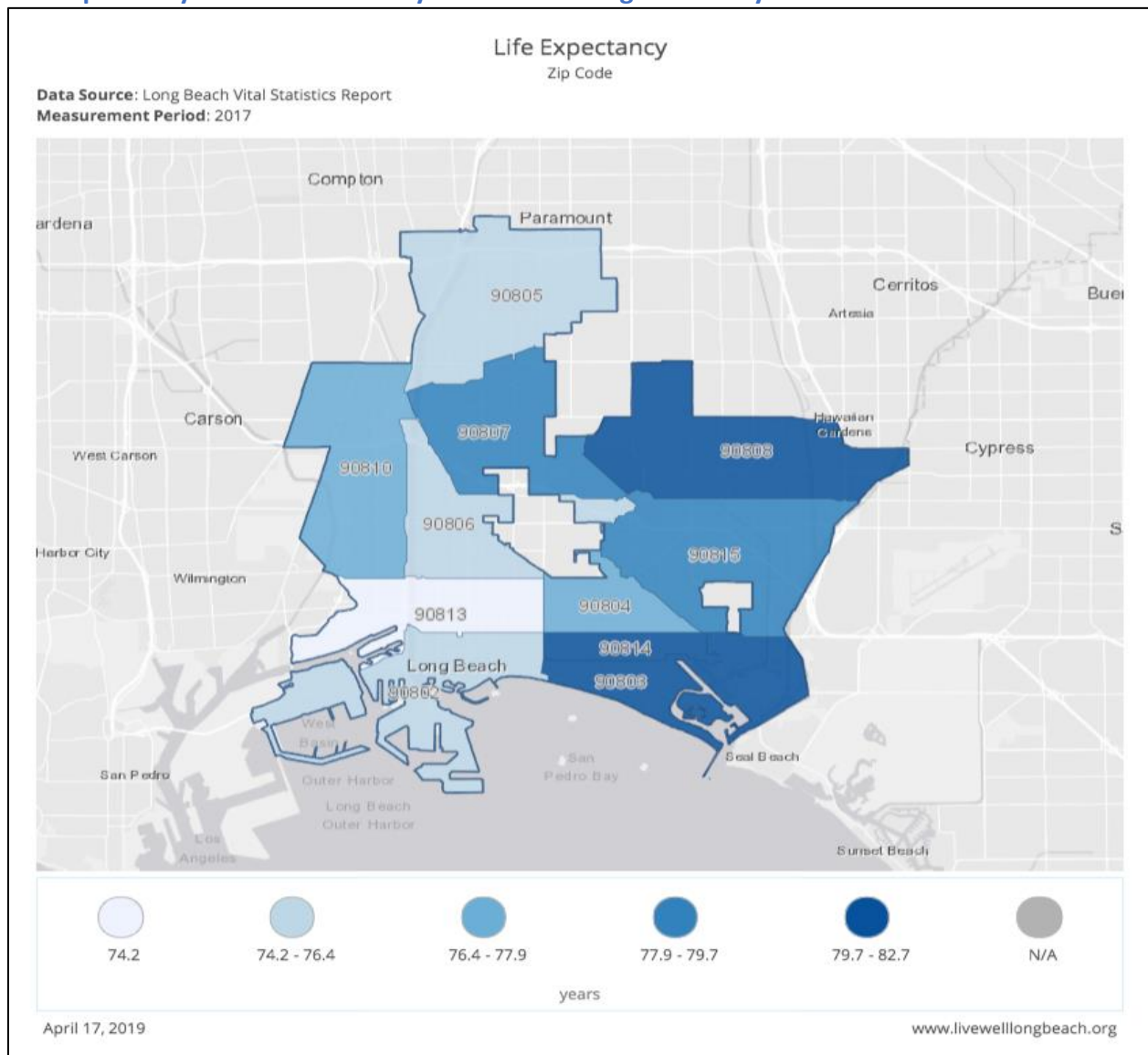
Social Determinants of Health

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

Life Expectancy

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

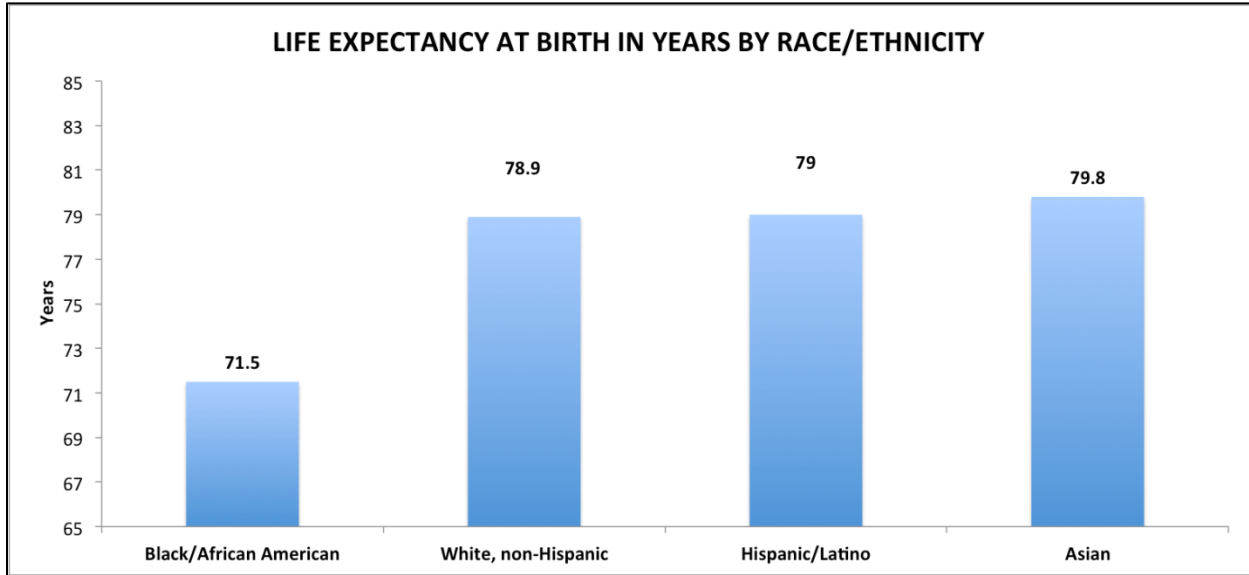
Life Expectancy at Birth in Years by ZIP Code in Long Beach City



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

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

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



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

General health and well-being were measured per self-reporting by the California Health Interview Survey. General health and well-being can influence life expectancy and quality of life. In SPA 8, 92.9% of children, ages 0 to 17, had reported their general health and well-being were good or better, compared to 95.3% of children in Los Angeles County and 95.2% of children in California. For all ages, SPA 6, SPA 7, and SPA 8 had lower values of self-reported good general health compared to the county and the state.

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

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Children, 0-17	95.8%*	96.7%*	92.9%*	95.3%	95.2%
Adults, 18-64	72.9%	70.9%	78.7%	78.8%	80.5%
All Ages	77.4%	76.3%	80.9%	81.2%	83.1%

Source: California Health Interview Survey, 2016-2017. *Statistically unstable due to sample size.

SocioNeeds Index®

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

ZIP Codes have index values ranging from 0 to 100, where ZIP Codes with higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes, including preventable hospitalizations and premature death.

According to the index, the South Central LA ZIP Codes have the highest socioeconomic need in the area served by Miller Children’s. South Los Angeles, Huntington Park, and Bell/Cudahy have the next highest need. Long Beach 90808 and Long Beach 90803 have the lowest socioeconomic need in the service area.

SocioNeeds Index® Value by ZIP Code

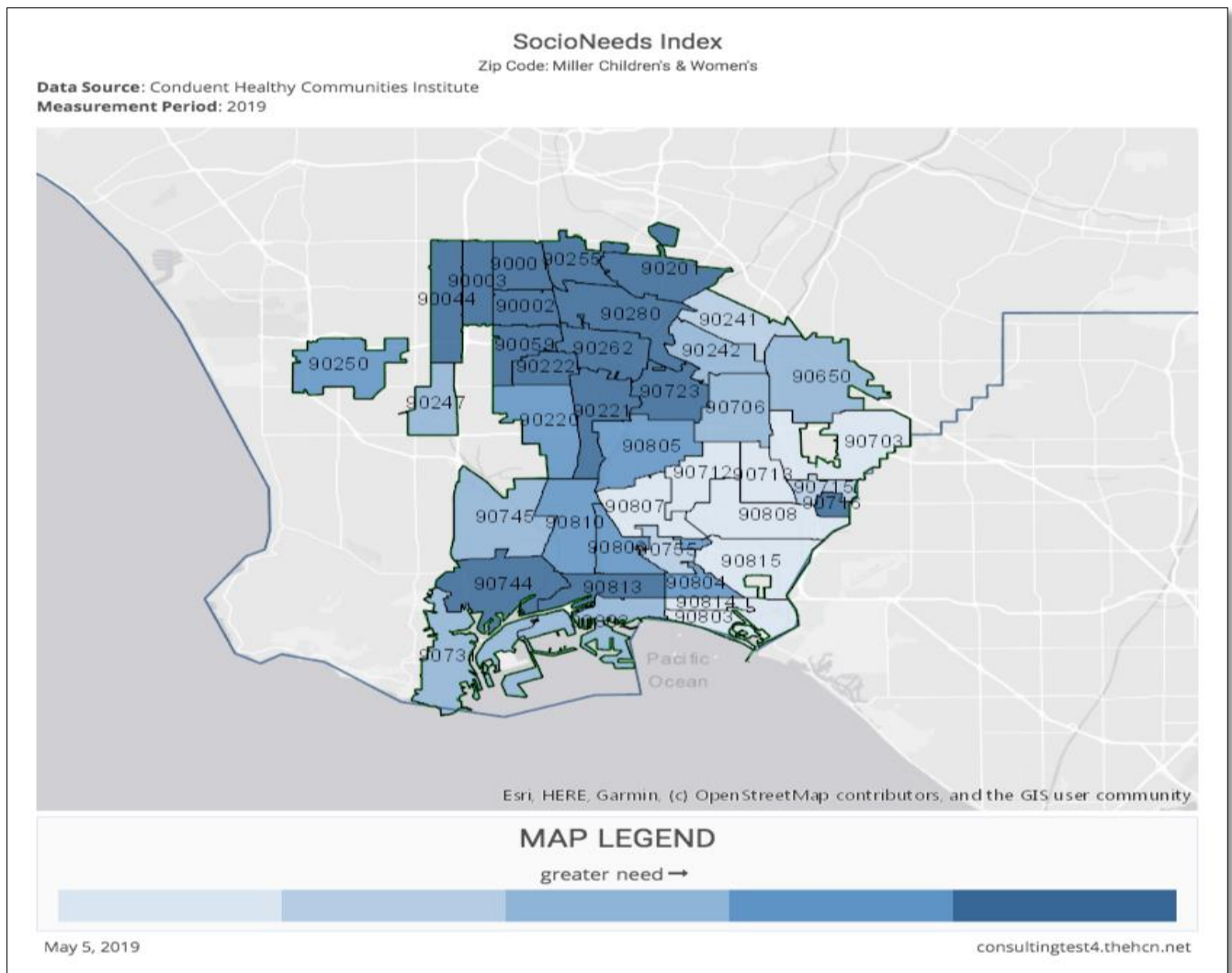
ZIP Code	City	SocioNeeds Index® Value
90001	South Central LA	99.5
90003	South Central LA	99.5
90002	South Central LA	99.3
90059	South Los Angeles	99.2
90255	Huntington Park	98.9
90201	Bell/Cudahy	98.6
90813	Long Beach	98.6
90044	South Central LA	98.3
90221	Compton	97.9
90222	Compton	97.6
90262	Lynwood	97.1
90744	Wilmington	96.8
90716	Hawaiian Gardens	96.6
90280	South Gate	96.5
90723	Paramount	94.9
90220	Compton	93.7
90805	Long Beach	93.4
90806	Long Beach	93.2
90810	Long Beach	87.2
90804	Long Beach	86.1
90250	Hawthorne	83.9
90731	San Pedro	82.6
90247	Gardena	82
90706	Bellflower	76.7
90650	Norwalk	76.4
90242	Downey	74.6
90802	Long Beach	70.7
90745	Carson	68.4
90241	Downey	64.8
90715	Lakewood	58.7
90755	Signal Hill	52.5
90814	Long Beach	27.4
90712	Lakewood	20.9
90807	Long Beach	15.3
90713	Lakewood	13.9
90815	Long Beach	11.9

ZIP Code	City	SocioNeeds Index® Value
90703	Cerritos	11.8
90803	Long Beach	8.3
90808	Long Beach	7.1

Source: Conduent Healthy Communities Institute, 2019.

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

Map of SocioNeeds Index® Values by ZIP Code



Source: Conduent Healthy Communities Institute, 2019.

Income and Poverty

In the service area, South Los Angeles has the highest percentages of people living in poverty (36.8%) and families living in poverty (35.3%). Conversely, Lakewood 90713 has the lowest percentage of people living below the poverty level (4.2%). Long Beach 90807 and Long Beach

90808 have the lowest percentages of families living below the poverty level (2.9%). For children, South Central LA 90002 has the highest percentage of children, ages 0 to 17, living below the poverty level (50.3%). Overall, the service area has a higher rate of children living in poverty (32.1%) than the city, county, and state values.

Poverty Rates by ZIP Code

ZIP Code	City	Individuals Below Poverty Level	Families Below Poverty Level	Children Below Poverty Level
90001	South Central LA	32.7%	31.3%	45.6%
90002	South Central LA	35.5%	33.6%	50.3%
90003	South Central LA	35.2%	33.9%	45.6%
90044	South Central LA	35.8%	32.5%	48.6%
90059	South Los Angeles	36.8%	35.3%	49.4%
90201	Bell/Cudahy	28.2%	25.3%	38.1%
90220	Compton	21.9%	18.2%	32.8%
90221	Compton	26.4%	23.7%	32.6%
90222	Compton	28.9%	26.1%	37.7%
90241	Downey	11.1%	8.6%	15.6%
90242	Downey	14.4%	12.8%	20.5%
90247	Gardena	19.4%	16.8%	28.8%
90250	Hawthorne	18.7%	15.4%	27.0%
90255	Huntington Park	27.2%	25.8%	39.9%
90262	Lynwood	24.2%	22.3%	35.3%
90280	South Gate	20.3%	18.4%	28.4%
90650	Norwalk	14.8%	11.0%	21.5%
90703	Cerritos	5.6%	3.9%	6.8%
90706	Bellflower	17.0%	13.0%	22.8%
90712	Lakewood	6.7%	4.3%	9.7%
90713	Lakewood	4.2%	3.0%	2.8%
90715	Lakewood	12.9%	8.8%	17.5%
90716	Hawaiian Gardens	29.8%	28.6%	38.9%
90723	Paramount	22.1%	20.1%	31.9%
90731	San Pedro	20.6%	17.4%	30.2%
90744	Wilmington	27.4%	24.2%	42.1%
90745	Carson	12.2%	9.7%	19.2%
90755	Signal Hill	15.6%	14.0%	31.9%
90802	Long Beach	25.0%	21.0%	39.8%
90803	Long Beach	8.3%	3.6%	5.7%
90804	Long Beach	25.5%	21.4%	34.1%
90805	Long Beach	24.0%	20.9%	34.2%
90806	Long Beach	24.6%	20.3%	31.2%
90807	Long Beach	6.4%	2.9%	4.2%
90808	Long Beach	4.9%	2.9%	4.1%
90810	Long Beach	19.0%	16.0%	27.6%
90813	Long Beach	34.5%	30.8%	46.3%
90814	Long Beach	15.0%	8.5%	17.8%
90815	Long Beach	12.3%	6.0%	7.0%
Miller Children's	--	22.0%	18.6%	32.1%

ZIP Code	City	Individuals Below Poverty Level	Families Below Poverty Level	Children Below Poverty Level
Service Area				
Long Beach City	--	20.3%	15.7%	28.8%
LA County Females	--	19.1%	27.1%*	25.4%
LA County	--	17.8%	13.9%	25.3%
California	--	15.8%	11.8%	21.9%

Source: American Community Survey, 2012-2016. *female householder, no husband present.

In Long Beach, 8.9% of the adult population has been homeless compared to 4.8% of adults in LA County. 38.4% of persons who are <300% of the Federal Poverty Level are food insecure. This is a higher rate than found in LA County (29.2%). 29.3% of persons of all ages living with a disability in the area are in poverty.

Focusing on child food insecurity, Long Beach has a higher percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) with children under 18 years of age than LA County and California. Almost three-quarters of households in the federal-assistance program providing low-income families assistance in purchase adequate and nutritious food in Long Beach have children in the household. Additionally, 19.1% of children, under 18 years of age, in Los Angeles County live in households that have experienced food insecurity.

Economic Insecurity Indicators of Need for Long Beach City

	Units	Period of Measure	Long Beach Value	LA County Value	CA Value
Adults who have been Homeless	percent	2015	8.9	4.8	--
Child Food Insecurity Rate	percent	2016	--	19.1	19.0
Food Insecurity Rate: <300% FPL	percent	2015	38.4	29.2	--
Households with Children Receiving SNAP	percent	2012-2016	72.2	71.5	69.8
Persons with a Disability Living in Poverty (5-year)	percent	2012-2016	29.3	27	26.3

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

Primary Data Snapshot: Food insecurity

- Creating access to healthy foods, especially in schools, is very important.
- Food insecurity and language barriers influence people's desire and opportunity to seek basic health information.
- Long Beach Fresh and several community gardens offer healthy foods in places with food insecurity.
- There are many parts of Long Beach with limited access to healthy foods. Improving access to healthy food is critical for people to improve and manage their health.
- It is important for residents to access healthy foods and green spaces, while being able to go outside and play without breathing toxic emissions.
- There is a lack of quality food in low-income neighborhoods.
- Lack of housing and healthy food can cause behavioral health issues.

- Some people live in areas isolated from the rest of the city, where they are removed from amenities like mainstream grocery stores and financial institutions.
- We should support agricultural tax break policies in Long Beach, where people can get tax breaks by growing healthy foods on their land.
- Having poor access to healthy foods, especially in the Black communities, contributes to poor health outcomes.

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

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

Prioritization results

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

The median household income in Long Beach City is \$55,151. In the service area, household income ranges from \$30,288 in South Central LA 90044 to \$97,500 in Long Beach 90808.

Median Household Income by ZIP Code

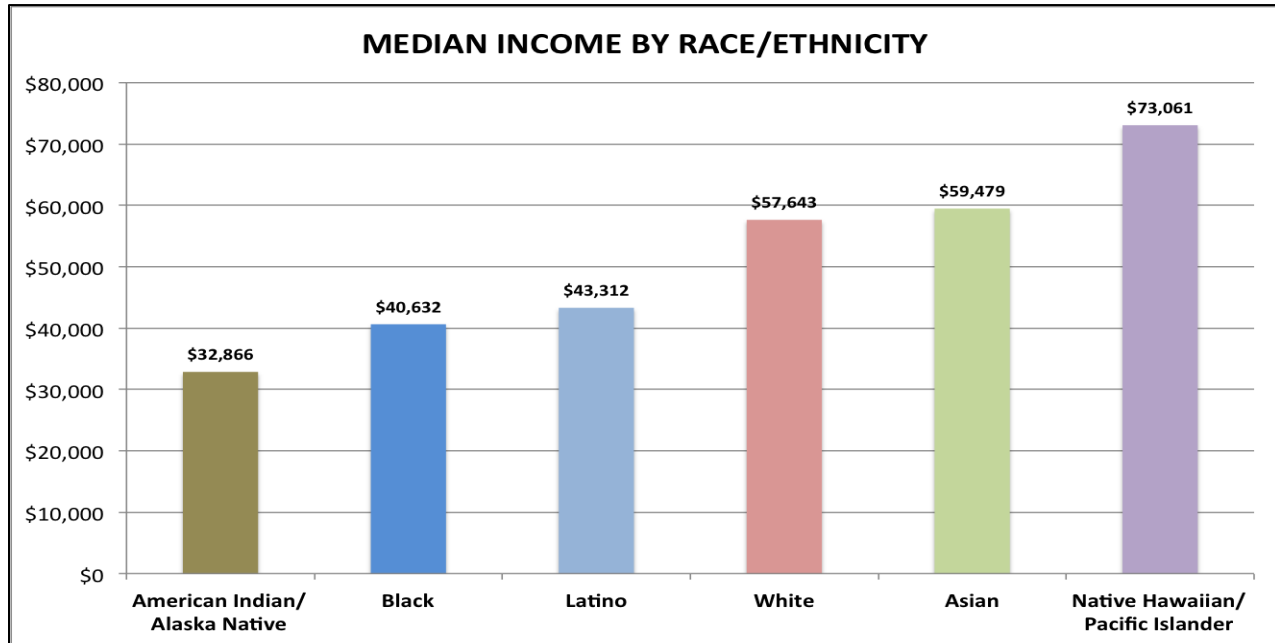
ZIP Code	City	Median Household Income
90001	South Central LA	\$34,323
90002	South Central LA	\$32,520
90003	South Central LA	\$31,878
90044	South Central LA	\$30,288
90059	South Los Angeles	\$35,061
90201	Bell/Cudahy	\$38,244
90220	Compton	\$50,938
90221	Compton	\$43,304
90222	Compton	\$37,730
90241	Downey	\$61,151
90242	Downey	\$60,732
90247	Gardena	\$44,824
90250	Hawthorne	\$47,076
90255	Huntington Park	\$37,108
90262	Lynwood	\$43,952
90280	South Gate	\$45,522
90650	Norwalk	\$61,050
90703	Cerritos	\$94,752
90706	Bellflower	\$50,704

ZIP Code	City	Median Household Income
90712	Lakewood	\$84,109
90713	Lakewood	\$89,171
90715	Lakewood	\$66,239
90716	Hawaiian Gardens	\$35,778
90723	Paramount	\$46,364
90731	San Pedro	\$48,697
90744	Wilmington	\$42,112
90745	Carson	\$71,813
90755	Signal Hill	\$70,357
90802	Long Beach	\$45,689
90803	Long Beach	\$78,406
90804	Long Beach	\$46,790
90805	Long Beach	\$45,878
90806	Long Beach	\$47,034
90807	Long Beach	\$72,401
90808	Long Beach	\$97,500
90810	Long Beach	\$51,271
90813	Long Beach	\$31,775
90814	Long Beach	\$61,093
90815	Long Beach	\$79,809
Long Beach City	--	\$55,151
LA County Females	--	\$37,776*_t
LA County	--	\$57,952
California	--	\$63,783

Source: American Community Survey, 2012-2016. *female householder, no husband present.

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

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



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

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

In the service area, 58.9% of renters spend 30% or more of their household income on rent, a value higher than the city, county, and state. The communities with the highest percent of renters that spend 30% or more of their income on rent are South Central LA 90003 (76.5%), 90044 (75.2%), and 90002 (70.9%).

Renters Spending 30% or More of Household Income on Rent

ZIP Code	City	Percent of Renters
90001	South Central LA	67.4
90002	South Central LA	70.9
90003	South Central LA	76.5
90044	South Central LA	75.2
90059	South Los Angeles	67.7
90201	Bell/Cudahy	65.6
90220	Compton	62.5
90221	Compton	66.2
90222	Compton	67.4
90241	Downey	52.3
90242	Downey	58.6
90247	Gardena	63.7

ZIP Code	City	Percent of Renters
90250	Hawthorne	57.8
90255	Huntington Park	66.6
90262	Lynwood	68.9
90280	South Gate	64.8
90650	Norwalk	58
90703	Cerritos	57.3
90706	Bellflower	61.1
90712	Lakewood	50.2
90713	Lakewood	54.8
90715	Lakewood	59.2
90716	Hawaiian Gardens	59.3
90723	Paramount	60.1
90731	San Pedro	56.8
90744	Wilmington	62.7
90745	Carson	52.3
90755	Signal Hill	60.6
90802	Long Beach	54.7
90803	Long Beach	40.8
90804	Long Beach	58.6
90805	Long Beach	61.7
90806	Long Beach	61.1
90807	Long Beach	48.3
90808	Long Beach	39.6
90810	Long Beach	60.4
90813	Long Beach	62.5
90814	Long Beach	50.9
90815	Long Beach	47.1
Miller Children's Service Area	--	58.9
Long Beach City	--	55.3
LA County	--	56.5
California	--	56.5

Source: American Community Survey, 2012-2016.

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

Free and Reduced Price Meals Programs in Long Beach by Student

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

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

Primary Data Snapshot: Economic Insecurity

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

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

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

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

health outcomes.

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

Housing

Hawaiian Gardens has the fewest households in the service area (3,786) and Hawthorne has the largest number of households in the service area (31,864).

Number of Households by ZIP Code

ZIP Code	City	Number of Households
90001	South Central LA	13,594
90002	South Central LA	12,543
90003	South Central LA	16,496
90044	South Central LA	27,063
90059	South Los Angeles	10,371
90201	Bell/Cudahy	23,937
90220	Compton	13,376
90221	Compton	12,066
90222	Compton	7,776
90241	Downey	13,615
90242	Downey	12,062
90247	Gardena	15,922
90250	Hawthorne	31,864
90255	Huntington Park	18,669
90262	Lynwood	15,296
90280	South Gate	23,465
90650	Norwalk	27,286
90703	Cerritos	15,451
90706	Bellflower	23,238
90712	Lakewood	10,522
90713	Lakewood	9,230
90715	Lakewood	5,939
90716	Hawaiian Gardens	3,786
90723	Paramount	14,017
90731	San Pedro	22,279
90744	Wilmington	14,385
90745	Carson	15,095
90755	Signal Hill	4,102
90802	Long Beach	20,610
90803	Long Beach	16,785
90804	Long Beach	14,626
90805	Long Beach	26,343

ZIP Code	City	Number of Households
90806	Long Beach	12,509
90807	Long Beach	12,589
90808	Long Beach	13,920
90810	Long Beach	9,132
90813	Long Beach	16,683
90814	Long Beach	9,042
90815	Long Beach	14,343
Miller Children's Service Area	--	600,027
Long Beach City	--	163,919
LA County Females	--	506,124*
LA County	--	3,281,845
California	--	12,807,387

Source: American Community Survey, 2012-2016. *female householder, no husband present, family household.

Home ownership can be a proxy measure for other social determinants of health such as poverty, employment, and access to health insurance. Rising housing costs are forcing more people to rent long term as opposed to own their own homes. The service area has 40.5% home ownership, compared to 37.7% for Long Beach City. Lakewood 90713 has the highest percentage of home ownership in the service area (78.0%). Long Beach 90813 has the lowest percentage of home ownership (12.2%).

Home Ownership by ZIP Code

ZIP Code	City	Home Ownership
90001	South Central LA	32.6%
90002	South Central LA	35.2%
90003	South Central LA	26.6%
90044	South Central LA	26.9%
90059	South Los Angeles	42.3%
90201	Bell/Cudahy	21.5%
90220	Compton	57.7%
90221	Compton	47.0%
90222	Compton	45.1%
90241	Downey	39.6%
90242	Downey	46.4%
90247	Gardena	39.0%
90250	Hawthorne	29.2%
90255	Huntington Park	30.2%
90262	Lynwood	40.8%
90280	South Gate	43.7%
90650	Norwalk	60.2%
90703	Cerritos	75.1%
90706	Bellflower	36.2%
90712	Lakewood	69.6%
90713	Lakewood	78.0%
90715	Lakewood	52.9%

ZIP Code	City	Home Ownership
90716	Hawaiian Gardens	35.1%
90723	Paramount	37.3%
90731	San Pedro	28.4%
90744	Wilmington	38.5%
90745	Carson	66.7%
90755	Signal Hill	43.0%
90802	Long Beach	18.9%
90803	Long Beach	39.4%
90804	Long Beach	20.0%
90805	Long Beach	40.6%
90806	Long Beach	32.0%
90807	Long Beach	50.2%
90808	Long Beach	75.3%
90810	Long Beach	53.1%
90813	Long Beach	12.2%
90814	Long Beach	31.4%
90815	Long Beach	64.8%
Miller Children's Service Area	--	40.5%
Long Beach City	--	37.7%
LA County	--	43.0%
California	--	49.8%

Source: American Community Survey, 2012-2016.

Homelessness

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

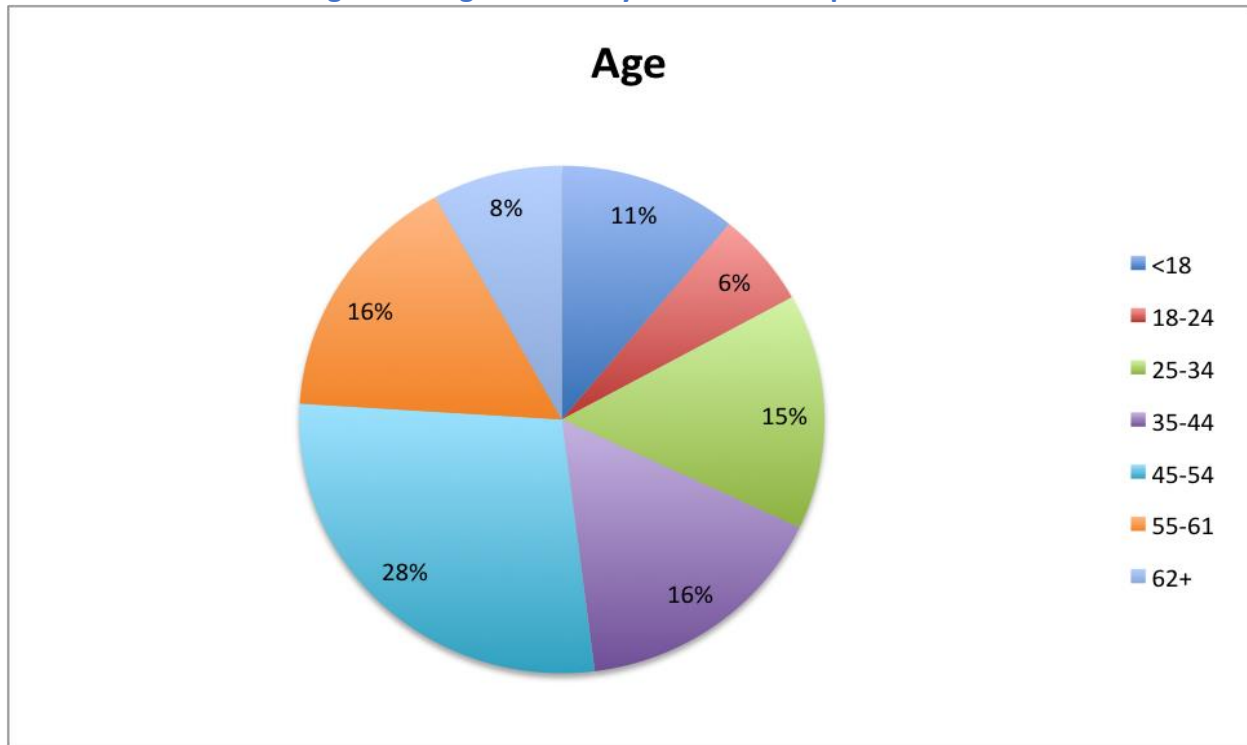
Persons Experiencing Homelessness in Long Beach City, 2013 - 2017

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

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

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

Age of Long Beach City Homeless Population



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

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

Primary Data Snapshot: Housing and Homelessness

- Lack of housing is driving up costs and creating more homelessness.
- Children who experience homelessness also deal with trauma and stress.
- Living in the city is stressful while trying to raise one's family and hold a job. It takes luck, support and diligence to break the cycle of homelessness and poverty.
- Lack of housing is driving up costs and creating more homelessness.
- Preventing people from becoming homeless helps prevent many other issues related to nutrition, chronic disease treatment, and safety from interpersonal violence.
- It is important to keep people housed, as it is more humane and less costly in the end.
- It is imperative to help those who are homeless or have mental health or drug addiction issues by providing resources and education.
- The rising cost of rent in Long Beach is a major issue. The limited number of shelter beds and the amount of time and resources it takes to build more emergency shelters are also problematic in Long Beach.
- The Mayor's task force on homelessness released a report with 12 recommendations to improve this problem in Long Beach, addressing prevention, development and affordable housing. They are moving forward with implementing these recommendations.
- The Homeless Emergency Assistance Program (HEAP) is a solid resource to help address this

issue in Long Beach.

- People with mental illnesses may be more likely to be substance abusers and homeless.
- Increasing access to services can help prevent homelessness.
- Root causes of homelessness in Long Beach involve social determinants of health, including insufficient access to health services, poverty, social structure and crowded conditions.
- Having policymakers, in both the city and county, on the same page when it relates to addressing homelessness is a challenge.
- The city development rate on housing has made the issue worse.
- Many residents and small businesses are being pushed out their communities because of new developments in the area. Instead, more resources should be allocated to build up the community through equitable housing in all parts of the city.
- Affordable housing is difficult and virtually non-existent in Long Beach.
- The Multi-Service Center in Long Beach is a one-stop shop for those who are homeless or at risk of becoming homeless.
- Rising rent and home costs, poor facilities management, and increasing homelessness are persistent and urgent health needs affecting all communities.
- To improve housing and reduce homelessness we should offer more supports to help renters transition into home-ownership, build more housing and more types of housing, build empathy among the community for those experiencing homelessness or unstable housing conditions, and offer more supports to increase credit and financial literacy.

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

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

Prioritization results

- 100% of survey respondents stated that it was “Important” or “Very Important” to address housing and homelessness.
- 78% of survey respondents felt people who were homeless or precariously housed were most affected by poor health outcomes.
- 75% of survey respondents felt Long Beach could support policies that increase the availability of affordable housing for families with low incomes, such as requiring developers to include low-income units in every new housing development or caps to rental increase rates in Long Beach.

Education

In the hospital service area, 68.7% of residents, over 25 years of age, have a high school degree or higher. South Central LA 90001 has the lowest levels of education as indicated by high school degree or higher education (42.7%) and bachelor’s degree or higher education (4.4%). Long Beach 90803 (95.7% high school or higher) has the highest education level in the service area.

Education Level by ZIP Code

ZIP Code	City	High School Degree or Higher	Bachelor's Degree or Higher
90001	South Central LA	42.7%	4.4%
90002	South Central LA	51.7%	5.3%
90003	South Central LA	48.2%	5.3%
90044	South Central LA	62.5%	7.4%
90059	South Los Angeles	57.2%	6.8%
90201	Bell/Cudahy	46.7%	6.0%
90220	Compton	66.5%	9.8%
90221	Compton	54.3%	5.4%
90222	Compton	56.5%	7.1%
90241	Downey	77.1%	22.4%
90242	Downey	77.6%	19.4%
90247	Gardena	77.8%	22.6%
90250	Hawthorne	75.1%	19.9%
90255	Huntington Park	43.9%	6.3%
90262	Lynwood	53.2%	6.0%
90280	South Gate	53.4%	8.1%
90650	Norwalk	73.4%	16.0%
90703	Cerritos	92.0%	50.0%
90706	Bellflower	77.9%	17.7%
90712	Lakewood	91.2%	29.4%
90713	Lakewood	90.9%	28.3%
90715	Lakewood	82.4%	27.3%
90716	Hawaiian Gardens	62.7%	10.5%
90723	Paramount	58.9%	9.1%
90731	San Pedro	77.5%	22.2%
90744	Wilmington	56.4%	7.0%
90745	Carson	78.2%	23.4%
90755	Signal Hill	84.6%	38.6%
90802	Long Beach	86.1%	37.9%
90803	Long Beach	95.7%	59.2%
90804	Long Beach	74.8%	26.9%
90805	Long Beach	68.9%	11.8%
90806	Long Beach	68.2%	17.0%
90807	Long Beach	92.9%	38.6%
90808	Long Beach	94.6%	40.4%
90810	Long Beach	72.6%	15.0%
90813	Long Beach	55.6%	11.2%
90814	Long Beach	92.1%	49.8%
90815	Long Beach	94.5%	45.9%
Miller Children's Service Area	--	68.7%	18.1%
Long Beach City	--	79.5%	29.5%
LA County Females	--	77.7%	30.7%
LA County	--	77.7%	30.8%
California	--	82.1%	32.0%

Source: American Community Survey, 2012-2016.

LA County had a higher percentage of high school students who dropped out (9.6%) than the state average (9.1%). While the county also had a lower high school graduation rate than the state, it did have a higher percentage of 12th grade graduates from public high schools who had completed all courses required for admission to the University of California and California State University system. Preschool enrollment of children ages 3 to 5 was higher in LA County (42.7%) than the state (39.7%), indicating early childhood education benefits for children, families, and communities.

Education of Children and Teens

	Units	Period of Measure	LA County Value	California Value
High School Drop Outs	percent	2016-2017	9.6	9.1
High School Graduates Prepared for College	percent	2016-2017	52.2	46.8
High School Graduation Rate	percent	2016-2017	80.8	82.7
Preschool Enrollment	percent	2016	42.7	39.7

Sources: California Department of Education, 2016-2017; American Community Survey, 2016.

Children and teen education proficiency is measured from student scores on the Smarter Balanced Assessment portion of California’s statewide student assessment system (CAASPP). Los Angeles County has lower percentages of students in all grade levels (3rd through 8th and 11th grades) who are proficient or above in both English/language arts (ELA) and mathematics compared to the California state values. The one exception is 48.3% of 3rd grade students in LA County are proficient or above in ELA, higher than the California value of 48.2%.

Education Proficiency, 2018

	Type of Proficiency	LA County Value	California Value
3 rd Grade Students	English/Language Arts	48.3%	48.2%
	Math	48.7%	48.9%
4 th Grade Students	English/Language Arts	48.4%	48.7%
	Math	42.6%	42.9%
5 th Grade Students	English/Language Arts	48.5%	49.4%
	Math	35.0%	36.0%
6 th Grade Students	English/Language Arts	46.0%	47.8%
	Math	36.1%	37.5%
7 th Grade Students	English/Language Arts	48.5%	50.2%
	Math	35.3%	37.3%
8 th Grade Students	English/Language Arts	47.6%	49.1%
	Math	35.1%	36.9%
11 th Grade Students	English/Language Arts	55.6%	56.0%
	Math	29.7%	31.4%

Sources: California Department of Education, California Assessment of Student Performance and Progress (CAASPP), 2018.

Public Safety

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

compared to Los Angeles County (239.52).

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

Public Safety Indicators of Need for Long Beach City

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

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

Public safety of children can be measured by the substantiated child abuse rate, the rate of children under 18 years of age that experienced abuse or neglect. Los Angeles County has a rate of 9.8 cases of children suffering from substantiated abuse or neglect per 1,000 children. This value is higher than the state rate of 7.5 cases per 1,000 children.

Child Abuse Rate

	Units	Period of Measure	LA County Value	California Value
Child Abuse Rate	cases per 1,000 children	2017	9.8	7.5

Sources: Child Welfare Dynamic Report System, 2017.

Black and Native American subgroups have the substantially highest rates of child abuse in Los Angeles County. There were 25.3 cases of substantiated child abuse to black children per 1,000 children in the race group, and 19 cases per 1,000 children for Native Americans. These rates are more than double the overall county value of 9.8 per 1,000 children.

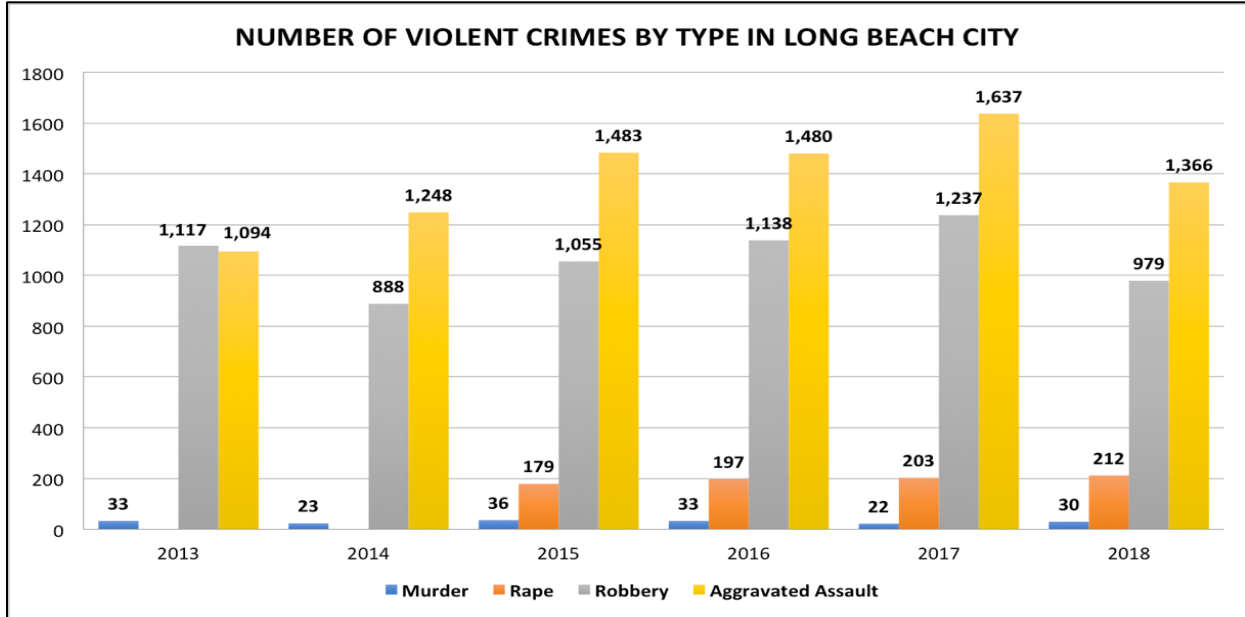
Child Abuse Rate by Race/Ethnicity in Los Angeles County

	Units	Period of Measure	Asian/P.I.	Black	Latino	Native American	White
Child Abuse Rate	cases per 1,000 children	2017	2.3	25.3	10.0	19.0	5.3

Sources: Child Welfare Dynamic Report System, 2017.

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

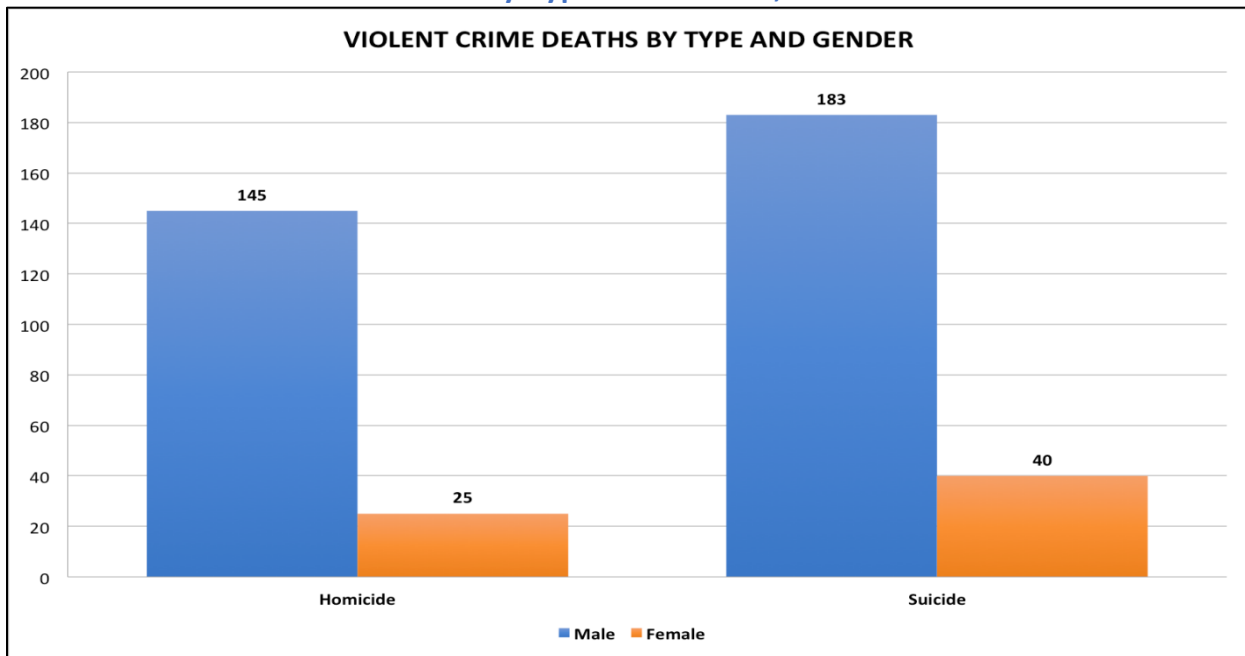
Violent Crimes by Type in Long Beach City, 2013-2018



Source: Long Beach Police Department, 2018

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

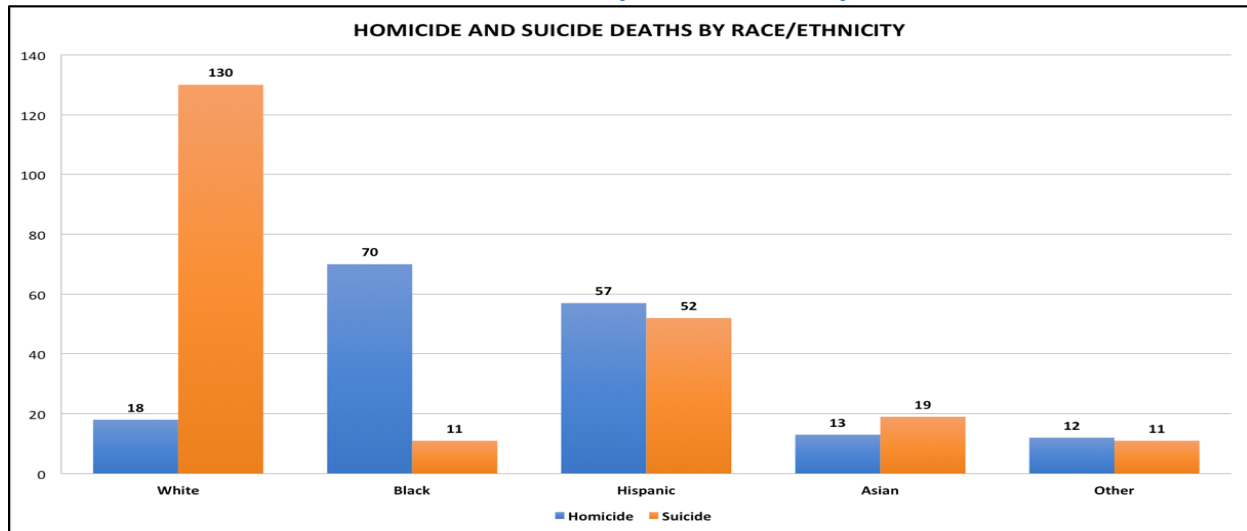
Number of Violent Crime Deaths by Type and Gender, 2010-2015



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

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

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



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

Primary Data Snapshot: Public Safety

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

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

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

Prioritization results

- 86% of survey respondents stated that it was “Important” or “Very Important” to address public safety.
- 8% of survey respondents felt Long Beach could strengthen community-police relations, including increased collaboration and implementation of community safety work.
- 8% of survey respondents felt Long Beach could promote youth diversion programs that build youth skills and reduce interactions with the criminal justice system.

Environmental Pollution

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

Hazmat Sites by ZIP Code in Long Beach City

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

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

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

Lead Poisoning Cases by ZIP Code in Long Beach City

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

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

Primary Data Snapshot: Environment

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

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

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

Prioritization results

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

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Barriers to care can result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2020 objective is for 100% insurance coverage for all population groups. Among service area children, ages 0 to 18, 93.4% are insured. In Long Beach, 94.7% of children have health insurance.

Health Insurance Coverage

ZIP Code	City	All Ages	0 to 18 Years	19 to 64 Years
90001	South Central LA	79.3%	94.0%	69.4%
90002	South Central LA	79.1%	93.2%	69.3%
90003	South Central LA	78.2%	93.0%	68.4%
90044	South Central LA	81.1%	92.7%	72.6%
90059	South Los Angeles	81.6%	93.2%	72.5%
90201	Bell/Cudahy	79.0%	92.9%	69.4%
90220	Compton	85.2%	93.4%	79.3%
90221	Compton	81.9%	92.3%	74.6%
90222	Compton	82.3%	91.8%	74.8%
90241	Downey	84.2%	88.3%	80.1%
90242	Downey	87.2%	91.3%	84.1%
90247	Gardena	85.2%	91.5%	80.2%
90250	Hawthorne	84.1%	93.8%	77.9%
90255	Huntington Park	78.6%	94.2%	68.6%
90262	Lynwood	79.7%	91.2%	71.5%
90280	South Gate	79.2%	90.6%	71.6%
90650	Norwalk	85.9%	93.1%	80.6%
90703	Cerritos	92.8%	94.4%	90.4%
90706	Bellflower	86.1%	93.3%	80.9%
90712	Lakewood	93.1%	97.1%	90.7%
90713	Lakewood	94.9%	96.2%	93.3%
90715	Lakewood	87.9%	94.0%	83.7%
90716	Hawaiian Gardens	80.3%	95.0%	70.3%
90723	Paramount	82.5%	93.2%	75.8%
90731	San Pedro	87.1%	96.1%	81.2%
90744	Wilmington	80.4%	93.9%	70.7%
90745	Carson	88.3%	94.4%	83.8%
90755	Signal Hill	85.9%	88.8%	82.9%
90802	Long Beach	85.3%	93.4%	82.1%
90803	Long Beach	94.9%	96.6%	93.3%
90804	Long Beach	85.6%	94.5%	81.5%
90805	Long Beach	86.2%	94.9%	80.2%
90806	Long Beach	84.4%	94.2%	78.0%
90807	Long Beach	94.7%	96.9%	92.8%

ZIP Code	City	All Ages	0 to 18 Years	19 to 64 Years
90808	Long Beach	96.8%	98.4%	95.5%
90810	Long Beach	87.0%	95.4%	81.2%
90813	Long Beach	79.0%	90.4%	70.7%
90814	Long Beach	93.4%	99.3%	90.9%
90815	Long Beach	94.9%	96.8%	93.2%
Miller Children's Service Area	--	84.3%	93.4%	78.1%
Long Beach City	--	88.0%	94.7%	83.8%
LA County Females	--	88.3%	94.5%	83.8%
LA County	--	86.7%	94.5%	81.5%
California	--	89.5%	95.3%	85.2%

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

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

Insurance Coverage by Type

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

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

Regular Source of Care

In SPA 6, 34.3% of children, ages 0-17, access care at a doctor's office, HMO or Kaiser, and 55.0% access care at a clinic or community hospital. In SPA 7, 58.3% of children access care at a doctor's office, HMO or Kaiser and 34.8% access care at a clinic or community hospital. In SPA 8, 64.5% of children access care at a doctor's office, HMO or Kaiser, and 19.8% access care at a clinic or community hospital.

Regular Source of Care, Children, Ages 0-17

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Dr. office/HMO/Kaiser	34.3%	58.3%	64.5%	60.6%	61.4%
Community clinic/government clinic/community hospital	55.0%	34.8%	19.8%	26.8%	27.0%
ER/Urgent Care	1.2%*	--	2.6%*	2.0%*	1.7%

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Other	--	2.3%*	--	0.7%*	0.6%*
No source of care	9.4%*	3.3%*	13.2%*	9.8%	9.3%

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

Delayed or Forgone Care

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

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

Delayed Care in Past 12 Months, All Ages

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

Source: California Health Interview Survey, 2014-2016.

Among Long Beach children and teens, under age 18, 10.6% reported having delayed or not received medical care they felt they needed. This value for the city is higher than the percentages of LA County (8.9%) and California (9.1%).

Delayed or Had Difficulty Obtaining Care, Children and Teens

	Units	Period of Measure	Long Beach Value	LA County Value	CA Value
Delayed receiving, had difficulty receiving, or did not receive medical care	percent	2013-2014	10.6	8.9	9.1

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

Primary Data Snapshot: Access to Health Care

- Children and adolescents, specifically in the Latino community, need health care, preventive care and dental care. Having better access to urgent and outpatient care will reduce overcrowding in emergency rooms.
- Providing health care for all youth should be a systemic, long-term goal.
- Access to services for children with Autism is a unique challenge to accessing health

services.

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

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

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

Prioritization results

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

Oral Health/Dental Care

In Long Beach, 86.3% of children, ages 2-17, had seen a dentist in the past year. In the hospital service area, 80.3% of children in Cerritos and Lakewood 90715 had been to the dentist and 89.8% of children in South Central LA 90044 had been to the dentist. Further, 77.7% of children in SPA 6, 73.7% of children in SPA 7, and 78.5% of children in SPA 8 had been to a dentist in the past year.

Children Who Visited a Dentist, by ZIP Code

ZIP Code	City	Percent
90001	South Central LA	85.8
90002	South Central LA	88.5
90003	South Central LA	88.8
90044	South Central LA	89.8
90059	South Los Angeles	87.9
90201	Bell/Cudahy	84.8
90220	Compton	87.2
90221	Compton	86.8
90222	Compton	86.9
90241	Downey	83.1
90242	Downey	83.4
90247	Gardena	86.7
90250	Hawthorne	88.2
90255	Huntington Park	84.1
90262	Lynwood	87.2
90280	South Gate	83.9
90650	Norwalk	81.9
90703	Cerritos	80.3
90706	Bellflower	81.2
90712	Lakewood	81.5
90713	Lakewood	81.8
90715	Lakewood	80.3
90716	Hawaiian Gardens	83.5
90723	Paramount	86.7
90731	San Pedro	87.9
90744	Wilmington	86.5
90745	Carson	84.8
90755	Signal Hill	83.9
90802	Long Beach	84.7
90803	Long Beach	85.5
90804	Long Beach	85.4
90805	Long Beach	87.4
90806	Long Beach	87.4
90807	Long Beach	83.1
90808	Long Beach	84.5
90810	Long Beach	85.3
90813	Long Beach	89.3

ZIP Code	City	Percent
90814	Long Beach	86.9
90815	Long Beach	83.8
Long Beach City	--	86.3
Los Angeles County	--	77.9
California	--	78.7

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

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

Children, ages 0 to 4, had the highest rate of ER visits due to dental problems (35.9 visits per 10,000 population). Children, ages 5 to 9, had a rate of ER visits due to dental problems of 18.4 visits per 10,000 population. Children, ages 10 to 14, had a rate of 8.9 ER visits per 10,000 population, and teens, ages 15 to 17, had 12.5 ER visits per 10,000 population due to dental problems.

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

ZIP Code	City	Rate
90001	South Central LA	23.2
90002	South Central LA	32.8
90003	South Central LA	29.2
90044	South Central LA	35.6
90059	South Los Angeles	44.8
90201	Bell/Cudahy	15.9
90220	Compton	38.5
90221	Compton	29.8
90222	Compton	29.4
90241	Downey	19.3
90242	Downey	29
90247	Gardena	24.1
90250	Hawthorne	22.3
90255	Huntington Park	17.7
90262	Lynwood	26.1
90280	South Gate	16.4
90650	Norwalk	19.3
90703	Cerritos	9.5
90706	Bellflower	23.6
90712	Lakewood	20.3
90713	Lakewood	11.2
90715	Lakewood	22
90716	Hawaiian Gardens	22.2
90723	Paramount	22.1
90731	San Pedro	45.7
90744	Wilmington	28.1

ZIP Code	City	Rate
90745	Carson	17.9
90755	Signal Hill	16.2
90802	Long Beach	37.6
90803	Long Beach	10.7
90804	Long Beach	34.9
90805	Long Beach	35.1
90806	Long Beach	41.4
90807	Long Beach	18.2
90808	Long Beach	12.7
90810	Long Beach	29.8
90813	Long Beach	61.4
90814	Long Beach	16.1
90815	Long Beach	11.4
Long Beach City	--	31.1
Los Angeles County	--	22.9
California	--	36.6

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

The percentage of Long Beach children, ages 3-17, who did not receive dental care in the past year due to cost was 9.7%. This includes children who did not receive even regular check-ups due to cost.

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

	Units	Period of Measure	Long Beach Value	LA County Value
Children who did not Receive Dental Care due to Cost	percent	2015	9.7	11.5

Sources: Los Angeles County Health Survey, 2015.

Primary Data Snapshot: Oral Health/ Dental Care

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

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

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

Prioritization results

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

Acute and Chronic Diseases

Heart Disease

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

The ER rate due to hypertension (high blood pressure) among adults in Long Beach was 28.0 visits per 10,000 population. This rate is higher than the county rate (26.2 visits per 10,000 population). In the service area, adults from South Los Angeles, Long Beach 90806, Long Beach 90813, and Compton 90222 have the highest ER rates due to hypertension.

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

ZIP Code	City	Rate Congestive Heart Failure	Rate Hypertension
90001	South Central LA	14.5	40.0
90002	South Central LA	20.3	41.5
90003	South Central LA	18.1	40.6
90044	South Central LA	17.9	44.0
90059	South Los Angeles	15.5	48.1
90201	Bell/Cudahy	8.5	30.9
90220	Compton	21.6	43.9
90221	Compton	24.3	42.7
90222	Compton	18.1	45.0
90241	Downey	6.9	31.7
90242	Downey	9.5	28.5
90247	Gardena	8.6	28.5
90250	Hawthorne	8.1	32.5
90255	Huntington Park	9.6	33.6
90262	Lynwood	14.8	37.9
90280	South Gate	8.7	27.1
90650	Norwalk	9.5	31.8
90703	Cerritos	6.2	21.7
90706	Bellflower	12.9	34.9
90712	Lakewood	5.1	22.8
90713	Lakewood	9.6	18.5
90715	Lakewood	12.3	31.9
90716	Hawaiian Gardens	11.6	33.6
90723	Paramount	10.2	33.9
90731	San Pedro	15.6	31.9
90744	Wilmington	15.8	26.6
90745	Carson	10.1	31.2
90755	Signal Hill	5.7	21.4
90802	Long Beach	9.0	27.0
90803	Long Beach	3.2	10.2
90804	Long Beach	9.3	28.5

ZIP Code	City	Rate Congestive Heart Failure	Rate Hypertension
90805	Long Beach	11.4	37.8
90806	Long Beach	14.1	46.1
90807	Long Beach	9.1	23.0
90808	Long Beach	3.9	14.4
90810	Long Beach	11.4	36.2
90813	Long Beach	13.6	44.9
90814	Long Beach	2.8	14.9
90815	Long Beach	4.7	16.3
Long Beach City	--	8.6	28.0
Los Angeles County	--	7.5	26.2
California	--	9.4	26.4

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

Diabetes

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

Adults with Diabetes

ZIP Code	City	Percent
90001	South Central LA	9.2
90002	South Central LA	10.4
90003	South Central LA	9.3
90044	South Central LA	11.9
90059	South Los Angeles	10.6
90201	Bell/Cudahy	9.5
90220	Compton	14.6
90221	Compton	12.9
90222	Compton	12.5
90241	Downey	11.1
90242	Downey	12.7
90247	Gardena	14
90250	Hawthorne	12.1
90255	Huntington Park	10.8
90262	Lynwood	13.2
90280	South Gate	13.6
90650	Norwalk	13.5
90703	Cerritos	12.2
90706	Bellflower	10.9
90712	Lakewood	9.2
90713	Lakewood	8.7
90715	Lakewood	10.2
90716	Hawaiian Gardens	11.5
90723	Paramount	14.5
90731	San Pedro	11.6

ZIP Code	City	Percent
90744	Wilmington	13.9
90745	Carson	14.6
90755	Signal Hill	8.3
90802	Long Beach	9.9
90803	Long Beach	6.2
90804	Long Beach	8.4
90805	Long Beach	13.4
90806	Long Beach	11.3
90807	Long Beach	9.8
90808	Long Beach	8.8
90810	Long Beach	15.5
90813	Long Beach	10.5
90814	Long Beach	6.3
90815	Long Beach	8.3
Long Beach City	--	10.3
Los Angeles County	--	9.9
California	--	8.8

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

The percentage of women who were ever told by a doctor that they had diabetes only during pregnancy was 4.7% in Los Angeles County, lower than the state value of 5.3%. While values for each SPA region were generally similar to the county and state values, SPA 7 has a slightly higher value of 7.5% of women diagnosed with diabetes during pregnancy.

Diabetes During Pregnancy

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Diagnosed with Diabetes during Pregnancy	5.2%*	7.5%*	3.5%*	4.7%	5.3%

Source: California Health Interview Survey, Neighborhood Edition, 2015-2017. *Statistically unstable due to sample size.

Asthma

The rate of ER visits due to asthma among the total population in Long Beach is 57.3 visits per 10,000 population. This is a higher rate than found in the county and the state. The rate of ER visits due to asthma among adults in Long Beach is 45.5 visits per 10,000 population. In the hospital service area, Lakewood 90712 residents have the highest ER rates due to asthma. For children, the Long Beach rate of 91.2 visits per 10,000 population is higher than county and state rates. South Central LA 90044 and 90003, South Los Angeles, Compton 90220 and 90222, and San Pedro have the highest rates of ER visits due to pediatric asthma in the hospital service area. All have values greater than 120 ER visits per 10,000 children under 18 years of age.

ER Rates due to Asthma, per 10,000 Population

ZIP Code	City	Rate Asthma, Total Population	Rate Asthma, Adults	Rate Asthma, Children
90001	South Central LA	59.4	48.3	91.1
90002	South Central LA	71.8	59.4	107.6
90003	South Central LA	75.4	59.8	120.1
90044	South Central LA	86.6	67.0	142.9
90059	South Los Angeles	85.9	69.5	133.3
90201	Bell/Cudahy	36.8	27.5	63.6
90220	Compton	84.5	69.8	126.7
90221	Compton	68.1	54.4	107.5
90222	Compton	75.5	59.9	120.4
90241	Downey	41.1	28.9	76.2
90242	Downey	40.5	29.8	71.2
90247	Gardena	59.3	41.4	110.8
90250	Hawthorne	62.2	42.2	119.7
90255	Huntington Park	44.4	34.4	73.2
90262	Lynwood	49.2	43.5	65.5
90280	South Gate	33.8	22.4	66.8
90650	Norwalk	43.8	30.6	81.8
90703	Cerritos	34.7	28.7	52.1
90706	Bellflower	51.8	37.3	93.6
90712	Lakewood	109.9	127.8	58.1
90713	Lakewood	27.0	18.2	52.4
90715	Lakewood	50.8	37.7	88.5
90716	Hawaiian Gardens	46.6	32.7	86.5
90723	Paramount	44.3	33.3	75.9
90731	San Pedro	75.4	57.7	126.5
90744	Wilmington	57.6	46.9	88.2
90745	Carson	41.3	27.6	80.7
90755	Signal Hill	37.6	31.2	56.1
90802	Long Beach	64.6	52.0	100.9
90803	Long Beach	16.7	13.2	26.7
90804	Long Beach	65.4	54.5	96.9
90805	Long Beach	69.2	54.0	113.2
90806	Long Beach	74.5	62.8	108.1
90807	Long Beach	36.2	24.4	70.4
90808	Long Beach	21.8	17.1	35.2
90810	Long Beach	50.1	39.0	82.1
90813	Long Beach	109.2	106.4	117.3
90814	Long Beach	33.0	23.1	61.5
90815	Long Beach	18.3	12.7	34.2
Long Beach City	--	57.3	45.5	91.2
Los Angeles County	--	44.3	32.6	78.1
California	--	44.0	34.6	70.9

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

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

Cancer

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

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

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

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

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

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

	Los Angeles County	California
Cancer all sites	375.5	395.2
Breast (female)	115.0	120.6
Prostate (males)	95.2	97.1
Lung and Bronchus	36.7	42.2
Colon and Rectum	36.3	35.5
In Situ Breast (female)	26.1	28.2
Uterine ** (females)	25.9	24.9
Non-Hodgkin Lymphoma	17.8	18.2
Urinary Bladder	15.1	16.8
Kidney and Renal Pelvis	13.2	13.9
Melanoma of Skin	13.3	21.6
Ovary (females)	12.0	11.6
Thyroid	13.6	12.8
Leukemia *	11.6	12.3
Pancreas	11.24	11.44
Liver and Bile Duct	9.65	9.49
Stomach	9.31	7.42
Cervix Uteri (females)	7.77	7.19
Miscellaneous	7.22	7.96
Myeloma	5.68	5.77
Testis (males)	5.50	5.71

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

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

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

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

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

	Hispanic	White	Asian/PI	Black	Los Angeles County
Cancer all sites	306.73	441.61	295.40	421.71	375.47
Breast (female)	83.52	146.61	101.21	131.49	115.04
Prostate (males)	83.78	96.71	49.56	146.96	95.22
Lung and bronchus	21.18	46.38	33.64	52.36	36.86
Colon and rectum	31.53	37.84	36.19	43.95	36.34
In situ breast (female)	18.33	31.16	29.00	30.82	26.09
Uterine ** (females)	23.52	28.4	21.56	26.97	25.94
Non-Hodgkin lymphoma	16.40	20.85	13.35	14.71	17.81
Urinary bladder	8.32	22.89	8.55	12.12	15.13
Thyroid	11.44	16.58	15.35	9.69	13.55
Melanoma of skin	3.60	28.21	1.07	1.01	13.29

	Hispanic	White	Asian/PI	Black	Los Angeles County
Kidney and renal pelvis	14.24	14.00	8.44	15.05	13.21
Ovary (females)	11.07	13.54	11.13	10.09	11.99
Leukemia*	9.62	14.07	7.34	10.51	11.64
Pancreas	10.14	12.10	9.58	13.76	11.24
Liver and bile duct	12.01	6.60	12.59	9.81	9.65
Stomach	11.09	6.44	11.92	9.47	9.31
Cervix uteri (females)	8.70	6.85	7.09	8.16	8.8
Miscellaneous	6.83	8.09	4.36	9.19	8.4
Myeloma	5.40	5.47	2.73	12.59	5.8
Testis (males)	5.46	7.52	2.03	1.75	5.50

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

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

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

In Los Angeles County, the mortality rate due to all types of cancer is 125.4 deaths per 100,000 females, a slightly lower rate than the state rate of 128.4 deaths per 100,000 females. The cancer incidence rate for females in LA County (363.5 cases per 100,000 females) is lower than the California rate of 382.1 cases per 100,000 females.

The childhood cancer death rate for all types of cancer for those ages 0-19 is 2.7 deaths per 100,000 children in Los Angeles County. This is compared to 2.5 deaths per 100,000 children for California. The childhood cancer incidence rate in LA County is lower (17.2 cases per 100,000 children) than the state value (17.9 cases per 100,000 children).

Female and Childhood Cancer Mortality and Incidence Rates, per 100,000 Persons

	Los Angeles County	California
Age-Adjusted Death Rate due to Cancer, All sites, Females	125.4	128.4
Age-Adjusted All Cancer Incidence Rate, Females	363.5	382.1
Age-Adjusted Death Rate due to Childhood Cancer, All sites, Ages 0-19	2.7	2.5
Age-Adjusted Childhood Cancer Incidence Rate, All sites, Ages 0-19	17.2	17.9

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

Primary Data Snapshot: Chronic Diseases

- There is a link between high stress, as early as childhood, and the development of chronic disease. Low-income communities who face more challenges and chronic stressors are more likely to develop these diseases.
- Children are more frequently developing chronic diseases.
- Some of the greatest needs in Long Beach involve preventable chronic diseases like diabetes, obesity, heart disease and stroke.
- Other chronic conditions that need to be addressed include asthma, high blood pressure, and Hepatitis B & C.

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

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

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

Prioritization results

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

Sexually Transmitted Infections

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

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

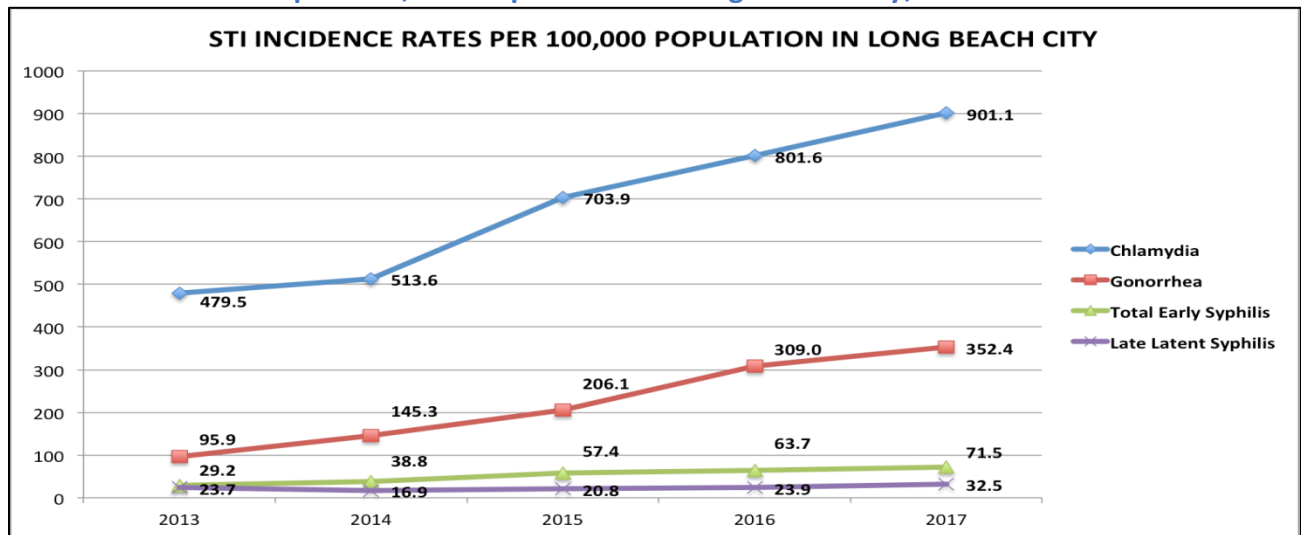
Sexually Transmitted Infections Indicators of Need for Long Beach City

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

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

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

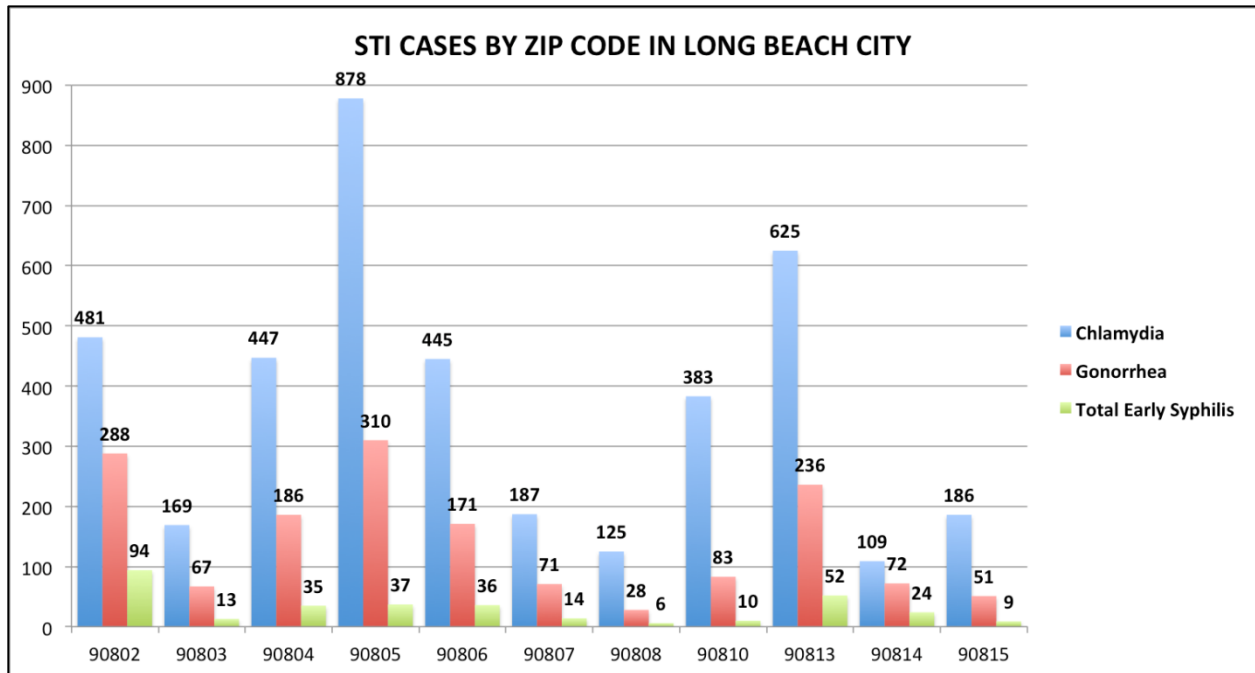
STI Incidence Rates per 100,000 Population in Long Beach City, 2013-2017



Source: California Department of Public Health, STD Control Branch

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

STI Cases by ZIP Code in Long Beach City, 2017



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

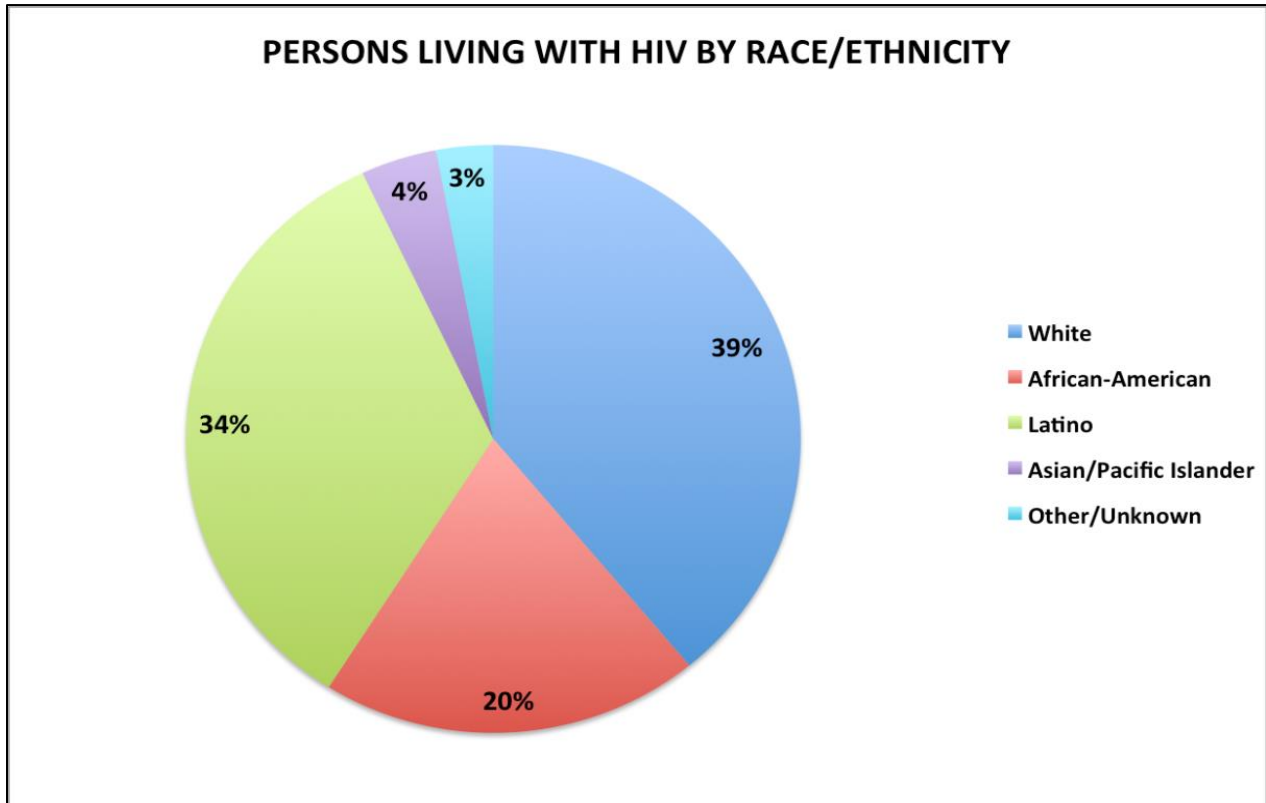
Females comprised 61% of chlamydia cases, whereas 67% of gonorrhea cases and 92% of total early syphilis cases occurred in males. Additionally, when looking by race/ethnicity, those who identify as other, multiple race, or not specified race had the highest proportion of both chlamydia and gonorrhea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

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

HIV

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

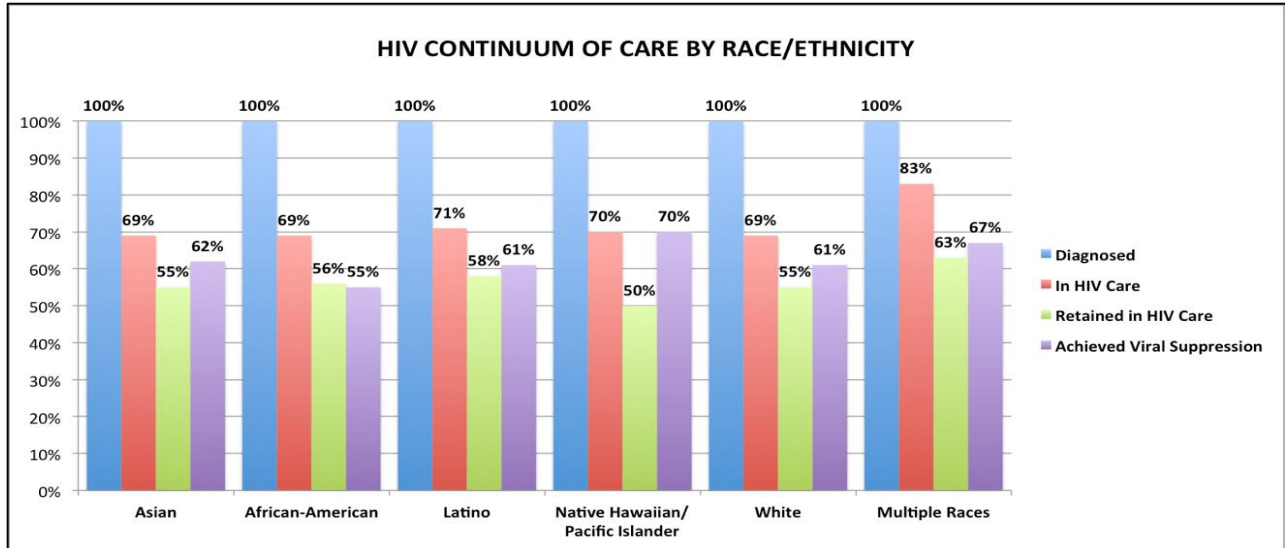
Persons Living with HIV in Long Beach by Race/Ethnicity, 2017



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

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

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



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

Primary Data Snapshot: Sexually Transmitted Infections

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

Prioritization results

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

Exercise, Nutrition and Weight

Overweight and Obesity

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

Overweight for Age

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

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

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

Obesity

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

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

Less than one-fourth (22.5%) of Long Beach City's children and teens engage in regular physical activity (one hour a day). A number of neighborhoods in the hospital service area have very low rates of regular activity among children and teens, including Norwalk (13.5%), Paramount (13.7%), and Downey 90242 (13.8%).

Children and Teens Who Engage in Regular Physical Activity

ZIP Code	City	Percent
90001	South Central LA	16.0
90002	South Central LA	16.7
90003	South Central LA	18.6
90044	South Central LA	21.7
90059	South Los Angeles	17.9
90201	Bell/Cudahy	15.3
90220	Compton	15.2
90221	Compton	14.6
90222	Compton	16.7
90241	Downey	15.0

ZIP Code	City	Percent
90242	Downey	13.8
90247	Gardena	20.2
90250	Hawthorne	21.0
90255	Huntington Park	15.9
90262	Lynwood	15.0
90280	South Gate	14.1
90650	Norwalk	13.5
90703	Cerritos	15.7
90706	Bellflower	16.8
90712	Lakewood	19.5
90713	Lakewood	17.7
90715	Lakewood	19.1
90716	Hawaiian Gardens	15.2
90723	Paramount	13.7
90731	San Pedro	22.8
90744	Wilmington	17.9
90745	Carson	19.2
90755	Signal Hill	20.1
90802	Long Beach	28.6
90803	Long Beach	27.6
90804	Long Beach	23.9
90805	Long Beach	18.1
90806	Long Beach	22.5
90807	Long Beach	24.3
90808	Long Beach	22.8
90810	Long Beach	17.7
90813	Long Beach	25.2
90814	Long Beach	24.3
90815	Long Beach	26.3
Long Beach City	--	22.5
Los Angeles County	--	18.9
California	--	20.7

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

Additionally, the Los Angeles County Health Survey measured children and teens who regularly engage in physical activity for Los Angeles Service Planning Areas. The percentage of children and teens, ages 6 to 17, who engage in regular physical activity every day was 28.1% in SPA 6, 28.7% in SPA 8, and 31.2% in SPA 7, compared to 25.2% in Long Beach and 28.5% in Los Angeles.

Exercise and Nutrition

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

place to play. Adults who have easy access to fresh produce comprise 82.5% of adults in Long Beach.

Exercise and Nutrition Indicators of Need for Long Beach City

	Units	Period of Measure	SPA 6	SPA 7	SPA 8	Long Beach Value	LA County Value
Adults with Easy Access to Fresh Produce	percent	2011	77.9	89.4	89.2	82.5	89.7
Children who Drink Sugar-Sweetened Beverages	percent	2015	51.6	45.3	41.3	48.4	39.2
Children with Easy Access to a Park or Playground	percent	2015	78.5	90.8	87.7	91.3	86.8
Neighborhoods without Walking Paths, Parks, Playgrounds, or Sports Fields	percent	2015	21.7	13.5	14.1	17.3	15.2

Source: LA County Health Survey, 2015

80.4% of children and adolescents, ages 6 to 18, in Los Angeles County reported consuming fast food at least one time in the past week. This value is higher than the state value of 76.8%. Conversely, a lower percentage of children and teens, ages 2 to 17, in LA County reported eating two servings of fruits per day (62.5%) compared to the state of California (64.3%).

Children and Nutrition

	Los Angeles County	California
Child and Adolescent Fast Food Consumption	80.4%	76.8%
Children and Teen Fruit Consumption	62.5%	64.3%

Source: California Health Interview Survey, 2014-2015.

Seventh grade students in California complete the annual California Physical Fitness Test (PFT). The percentage of students who achieved the Healthy Fitness Zone for the aerobic capacity portion of the test was higher in Long Beach Unified School District (65.6%) than the county (60.1%) and the state (63.6%). For all portions of the test, 29.5% of LBUSD 7th grade students achieved the Healthy Fitness Zone, greater than the LA County value (26.7%), but slightly lower than the California state value (30.1%).

7th Grade Students who are Physically Fit

	Long Beach Unified School District	Los Angeles County	California
Aerobic Only	65.6%	60.1%	63.6%
All Portions	29.5%	26.7%	30.1%

Source: California Department of Education, Physical Fitness Testing (PFT), 2017-2018.

Primary Data Snapshot: Exercise, Nutrition and Weight

- Create opportunities for people to walk and bike around safely.
- There are many parts of Long Beach with limited access to healthy foods. Improving access

to healthy food is critical for people to improve and manage their health.

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

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

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

Prioritization results

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

Mental Health and Mental Disorders

Pediatric and Adolescent Mental Health and Suicide

In Long Beach, the ER rate due to adolescent suicide and intentional self-inflicted injury was 39.4 visits per 10,000 population, among youth, ages 12 to 17. Long Beach 90804, 90803, and 90808, Downey 90241, and San Pedro have the highest ER rates for adolescent suicide in the hospital service area.

The ER rate due to pediatric mental health issues for Long Beach City was 23.3 visits per 10,000 population, among children under 18 years of age. This is lower than the county rate (29.6 ER visits per 10,000 population) and the state rate (30.4 ER visits per 10,000 population). Long Beach 90804, Gardena, South Central LA 90002 and 90044, and San Pedro have the highest ER rates for pediatric mental health issues in the hospital service area.

Age-Adjusted ER Rates due to Adolescent Suicide and Intentional Self-Inflicted Injury and Pediatric Mental Health, per 10,000 Population

ZIP Code	City	Adolescent Suicide and Intentional Self-Inflicted Injury	Pediatric Mental Health
90001	South Central LA	23.7	27.2
90002	South Central LA	28	33.2
90003	South Central LA	31.3	29.1
90044	South Central LA	35	31.5
90059	South Los Angeles	22.6	28.2
90201	Bell/Cudahy	30.7	25.8
90220	Compton	21.6	24.1
90221	Compton	38.5	25.5
90222	Compton	19.8	18.9
90241	Downey	53.7	29.4
90242	Downey	40.1	29.2
90247	Gardena	26.2	33.6
90250	Hawthorne	26.5	27.8
90255	Huntington Park	26.7	28.4
90262	Lynwood	28.2	25.4
90280	South Gate	36.6	22.9
90650	Norwalk	28.6	21.5
90703	Cerritos	15.9	11.4
90706	Bellflower	35.8	26.2
90712	Lakewood	32.3	15
90713	Lakewood	34.8	13.7
90715	Lakewood	27.1	20.6
90716	Hawaiian Gardens	25.1	30
90723	Paramount	21.6	21.9
90731	San Pedro	46.2	33.1
90744	Wilmington	29.4	26.5
90745	Carson	21.1	29.1

ZIP Code	City	Adolescent Suicide and Intentional Self-Inflicted Injury	Pediatric Mental Health
90755	Signal Hill		16.3
90802	Long Beach	29.4	19.3
90803	Long Beach	44.6	25.7
90804	Long Beach	57.7	36.6
90805	Long Beach	36.1	22.2
90806	Long Beach	37.4	23.4
90807	Long Beach	41.9	27.4
90808	Long Beach	44.1	21.7
90810	Long Beach	29.7	24.9
90813	Long Beach	42.7	20.7
90814	Long Beach	38.4	18.8
90815	Long Beach	34.8	15.8
Long Beach City	--	39.4	23.3
Los Angeles County	--	33.9	29.6
California	--	46.3	30.4

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

Teen Emotional Health

The percentage of teens in Los Angeles County who likely had serious psychological distress during the past month was 4.2%. In Los Angeles County, 20.6% of teens needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous in the past year. This is higher than the California state value of 19.7%. 14.2% of teens in LA County received psychological or emotional counseling in the past year, compared to only 12.4% for the state.

Teen Emotional Health Indicators, 2013-2017

	LA County	California
Likely has had Serious Psychological Distress during Past Month	4.2%*	4.4%
Teen Needed Help for Emotional/Mental Health Problems	20.6%	19.7%
Received Psychological/Emotional Counseling in Past Year	14.2%	12.4%

Source: California Health Interview Survey, 2013-2017. *Statistically unstable due to sample size.

In Los Angeles County, over one fifth of students across grade levels (7th, 9th, 11th) felt sad or hopeless almost every day for two weeks or longer in the past 12 months. The grade level values for LA County were similar to those for the state. Additionally, around 15% of students across grade levels in both the county and the state seriously considered attempting suicide in the past year.

Student Well-Being, 2015-2017

	LA County				California			
	7 th Grade	9 th Grade	11 th Grade	NT*	7 th Grade	9 th Grade	11 th Grade	NT*
Chronic Sad or Hopeless Feelings, Past 12 Months	24%	29%	31%	31%	24%	30%	32%	--

Seriously Considered Attempting Suicide, Past 12 Months	--	14%	15%	15%	--	16%	16%	--
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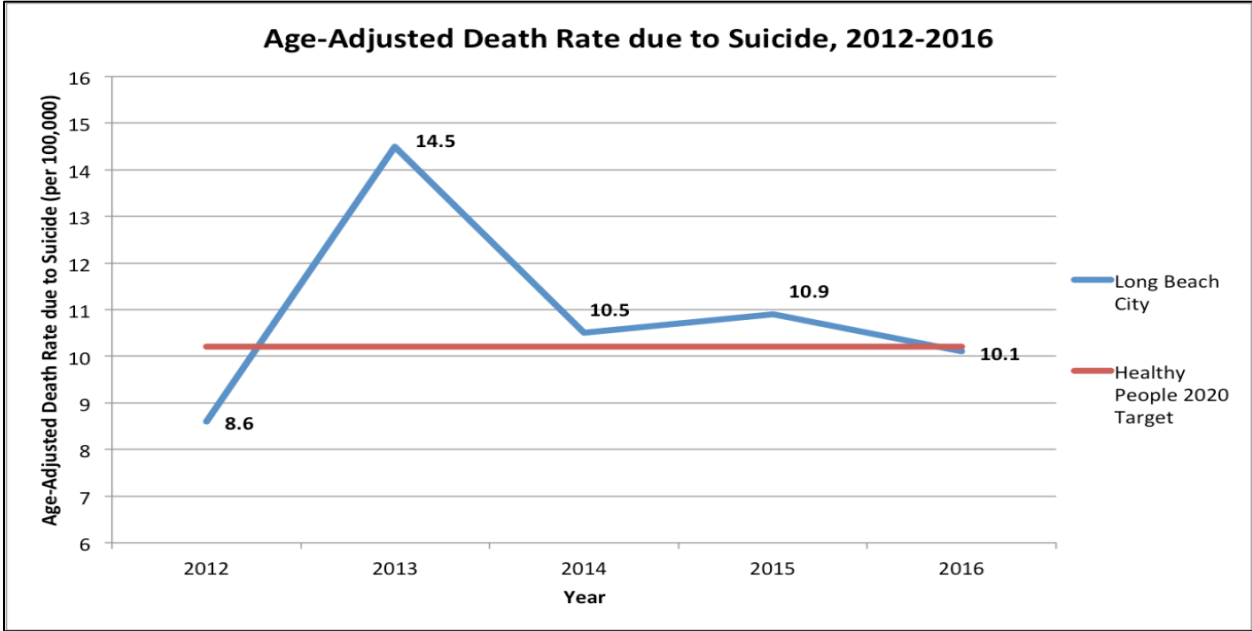
Source: California Healthy Kids Survey, Los Angeles County Main Report & 16th Biennial Statewide Survey, 2015-2017. *NT includes continuation, community day, and other alternative school types.

Suicide

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

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

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



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

Primary Data Snapshot: Mental Health

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

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

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

Prioritization results

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

Leading Causes of Death

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

Age-Adjusted Mortality Rates

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

For children, ages 0-4, the age-adjusted mortality rate increased from 2013 to 2015, but has decreased in 2016 and 2017. The 2017 rate is the lowest rate of the five-year span. For children, ages 5-14, the rate has decreased across the five-year time period from 10.2 deaths per 100,000 population in 2013 to 5.1 deaths per 100,000 population in 2017.

Age-Adjusted Mortality Rates in Long Beach City

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

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

Leading Causes of Death and Premature Death

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

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

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

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

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

Heart disease and cancer were the most significant causes of death in Long Beach for females and males. The only leading cause of death for females that is not a top 10 leading cause for males is essential hypertension (and hypertensive renal disease). A leading cause of death for

males, which is not found among females, is Intentional self-harm (suicide). Alzheimer’s disease impacts females more than males, while males are more impacted by chronic liver disease and cirrhosis.

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

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

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

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

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

Ranking	Leading Causes of Premature Death, 2013-2017, Females	Average YPLL, Females	Leading Causes of Premature Death, 2013-2017, Males	Average YPLL, Males
1	Cancer	2,802	Heart Diseases	3,703
2	Heart Diseases	1,568	Cancer	2,953
3	All other and	625	All other and	1,390

Ranking	Leading Causes of Premature Death, 2013-2017, Females	Average YPLL, Females	Leading Causes of Premature Death, 2013-2017, Males	Average YPLL, Males
	unspecified accidents and adverse effects		unspecified accidents and adverse effects	
4	Chronic Liver Disease and Cirrhosis	472	Assault (Homicide)	1,354
5	Cerebrovascular Diseases	441	Intentional Self-harm (suicide)	1,022
6	Diabetes	384	Motor Vehicle Accidents	879
7	Intentional self-harm (suicide)	340	Chronic Liver Disease and Cirrhosis	815
8	Chronic Lower Respiratory Diseases	273	Diabetes	573
9	Motor Vehicle Accidents	271	Cerebrovascular Diseases	501
10	Assault (homicide)	220	Human Immunodeficiency Virus (HIV)	480

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

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

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

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

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

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

Hispanic Whites and Asians. Motor vehicle accidents were a top 5 cause of premature death for Hispanics/Latinos.

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

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

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

In Long Beach City, from 2013 to 2017, there were 3,320 total deaths due to cancer. Of these, 1,202 (36.2%) were among women. Lung, trachea, and bronchus cancer was the leading cause of cancer death for women. Breast cancer was the second leading cause of cancer for women. Colon cancer and pancreas cancer are the third and fourth leading causes of cancer death for females.

Leading Causes of Death Due to Cancer for Females in Long Beach City

Ranking	Type of Cancer	Number of Deaths
1	Lung, trachea, bronchus	312
2	Breast	256
3	Colon	126
4	Pancreas	109
5	Other and unspecified sites	90
6	Ovary	81
7	Corpus uteri and uterus	69
8	Liver	65
9	Cervix uteri	47
10	Brain	47

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

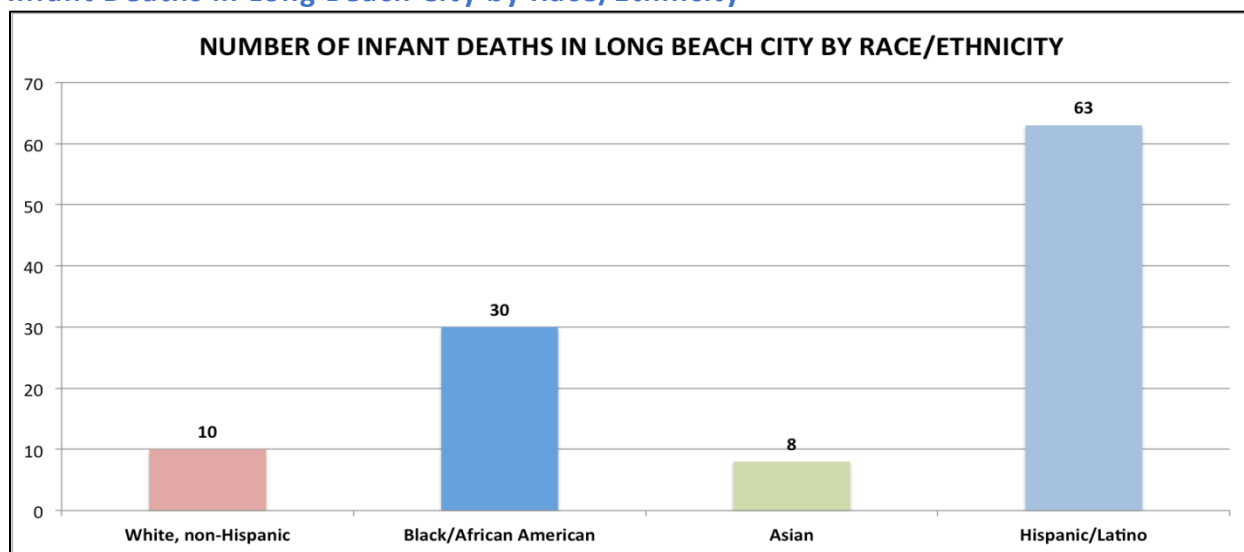
Pregnancy and Birth Outcomes

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

Infant Death Rate

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

Infant Deaths in Long Beach City by Race/Ethnicity



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

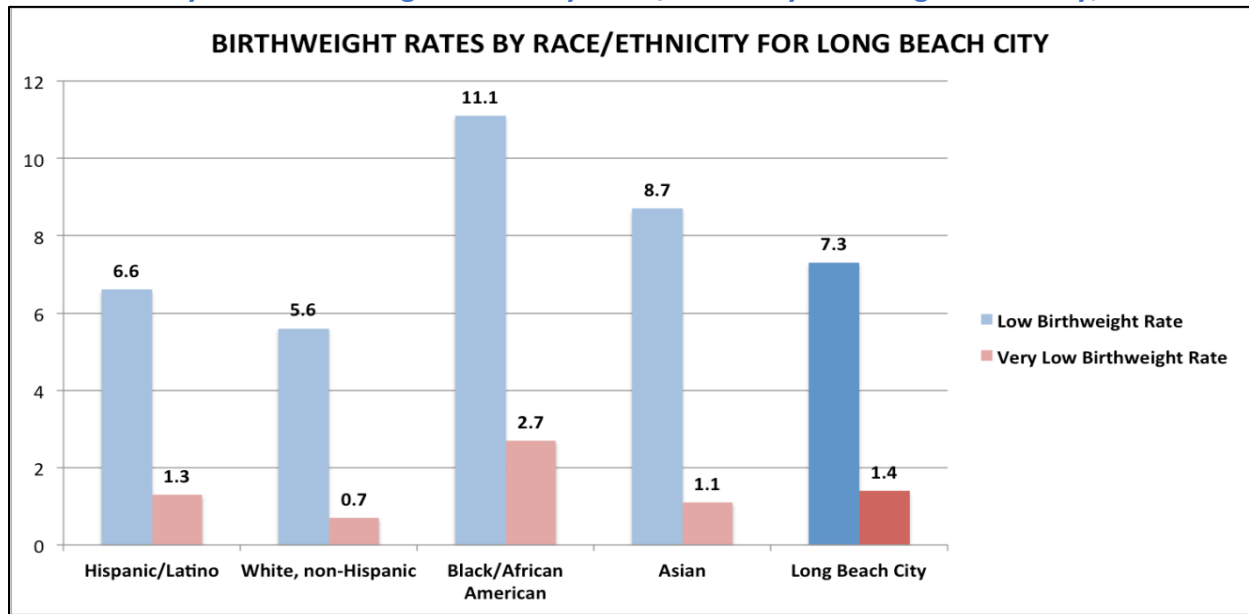
Teen Births

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

Low-Birth Weight

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

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

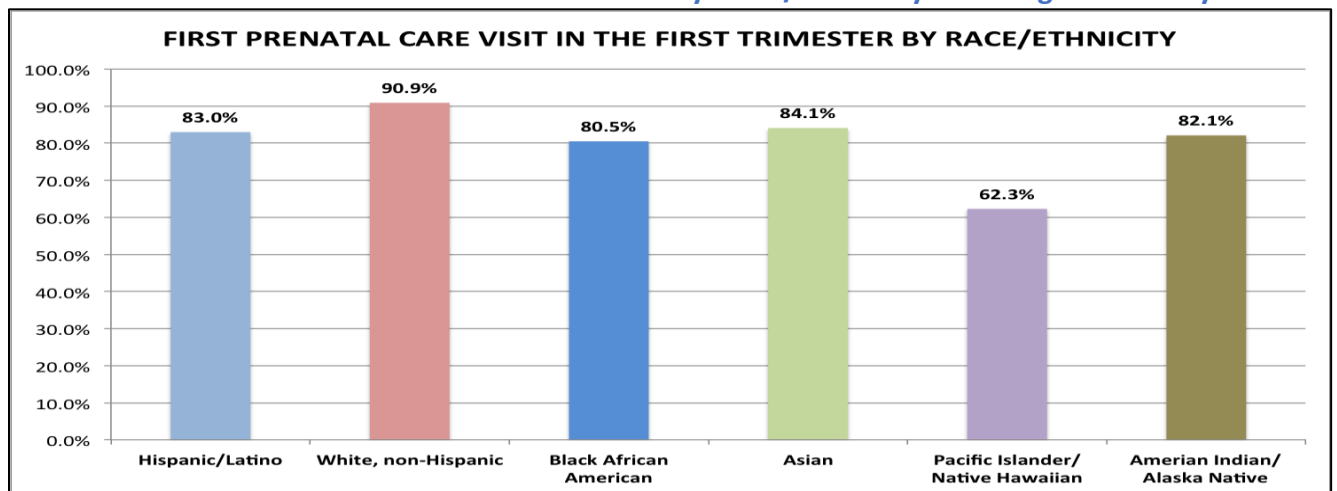


Source: Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

Prenatal Care

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

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



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

Breastfeeding

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Miller Children’s and Women’s Hospital indicated 93.3% of new mothers breastfeed and 73.1% breastfeed exclusively. Exclusive rates of breastfeeding exceeded the average rates among hospitals in the county and state. The Healthy People 2020 objective is 81.9% of infants to be breastfed. The hospital meets this objective.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Miller Children’s and Women’s Hospital	4,562	93.3%	3,571	73.1%
Los Angeles County	101,802	93.9%	67,939	62.6%
California	384,637	93.9%	285,146	69.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017

There are ethnic/racial differences in breastfeeding rates of mothers who deliver at Miller Children’s. Among African American mothers, 88.2% initiated breastfeeding and 65% breastfed exclusively. 95.2% of Asian mothers chose to breastfeed and 77.7% breastfed exclusively. Among Latina mothers, 93.7% initiated breastfeeding and 69.9% breastfed exclusively. Among White mothers, 95.6% initiated breastfeeding and 89.3% breastfed exclusively.

In-Hospital Breastfeeding, Miller Children’s, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
African American	491	88.2%	362	65.0%
Asian	476	95.2%	390	77.7%
Latino/Hispanic	2,560	93.7%	1,908	69.9%
White	652	95.6%	609	89.3%
Miller Children’s and Women’s Hospital	4,562	93.3%	3,571	73.1%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017

Primary Data Snapshot: Pregnancy and Birth Outcomes

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

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

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

Prioritization results

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

Preventive Practices

Flu Vaccines

The Healthy People 2020 objective is for 70% of the population to receive a flu shot. In SPA 6, 53.6% of children (ages 6 months to 17 years) received a flu shot. In SPA 7, 56.8% of children (ages 6 months to 17 years) received a flu shot. In SPA 8, 56.9% of children (ages 6 months to 17 years) received a flu shot.

Flu Vaccine

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

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

Childhood Immunizations

In Los Angeles County, 95% of enrolled kindergarten students had received all required immunizations for the 2017-2018 school year, compared to the state value of 95.1%. Over time, the LA County values have increased from 90% of enrolled kindergartners with all immunizations in the 2015-2016 school year to 95% in 2016-2017 and 2017-2018.

Kindergartners with Required Immunizations

	2015-2016		2016-2017		2017-2018	
	LA County	California	LA County	California	LA County	California
Kindergarten Students with All Required Immunizations	90.0%	92.8%	95.0%	95.6%	95.0%	95.1%

Source: California Department of Public Health, Immunization Branch.

The rate of complete vaccinations for Kindergarten students in the 2017-2018 school year was 96% in the Long Beach Unified School District.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2017-2018

	Immunization Rate
Long Beach Unified School District	96.0%
Los Angeles County	94.7%
California	94.9%

Source: California Department of Public Health, Immunization Branch, 2017-2018.

Mammograms

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

Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, 21-65 years old, to be screened in the past three years. Among women 21-65, 84.2% in SPA 6, 85.9% in SPA 7 and 83.1% of women in SPA 8 had the required Pap smear, which were below the Healthy People 2020 objective.

Mammograms and Pap Smears

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

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

Primary Data Snapshot: Preventive Practices

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

Prioritization results

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

Substance Use and Misuse

Cigarette Smoking

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

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

Source: California Health Interview Survey, 2014-2016.

3% or less of seventh graders, ninth graders, and eleventh graders in Los Angeles County smoked cigarettes in the past month. 15% of those in continuation, community day, and other alternative school types are current cigarette smokers. Electronic cigarette use is much higher across grade levels in LA County, with 3% of seventh graders, 7% of ninth graders, and 8% of eleventh graders having used electronic cigarettes in the past 30 days.

Cigarette Smoking, Past 30 Days, 2015-2017

	LA County				California			
	7 th Grade	9 th Grade	11 th Grade	NT*	7 th Grade	9 th Grade	11 th Grade	NT*
Current Cigarette Smoking	1%	2%	3%	15%	1%	3%	4%	--
Current Electronic Cigarette Use	3%	7%	8%	17%	3%	8%	10%	--

Source: California Healthy Kids Survey, Los Angeles County Main Report & 16th Biennial Statewide Survey, 2015-2017. *NT includes continuation, community day, and other alternative school types.

Alcohol and Drug Use

The rate of ER visits due to alcohol abuse in Long Beach is 39.8 visits per 10,000 population. Long Beach 90813 has an ER rate of 87.1 visits per 10,000 population for alcohol abuse. The rate of hospitalization due to alcohol abuse in Long Beach is 15.1 visits per 10,000 population. South Central LA 90001 has a hospitalization rate of 34.3 visits per 10,000 population for alcohol abuse. Long Beach 90802 and 90813 have hospitalization rates of 26.3 and 24.6 visits per 10,000 population for alcohol abuse. The rates of ER visits and hospitalizations due to alcohol abuse in Long Beach are higher than in the county or the state.

Age-Adjusted ER & Hospitalization Rates due to Alcohol Abuse, Adults, per 10,000 Population

ZIP Code	City	ER Rate	Hospitalization Rate
90001	South Central LA	43.9	34.3
90002	South Central LA	33.5	9.3

ZIP Code	City	ER Rate	Hospitalization Rate
90003	South Central LA	47.1	16.2
90044	South Central LA	53.3	15.6
90059	South Los Angeles	46.4	11.9
90201	Bell/Cudahy	26	10.5
90220	Compton	34	11.2
90221	Compton	38.1	9.9
90222	Compton	39.9	12.8
90241	Downey	28.5	7.9
90242	Downey	24.9	9.2
90247	Gardena	37.2	8.5
90250	Hawthorne	41.3	10.1
90255	Huntington Park	38.8	10.1
90262	Lynwood	45.2	11.1
90280	South Gate	32.1	9.7
90650	Norwalk	29.6	11.1
90703	Cerritos	10.9	4
90706	Bellflower	31.9	14.1
90712	Lakewood	25	8.5
90713	Lakewood	23.7	11.3
90715	Lakewood	25	10.4
90716	Hawaiian Gardens	26.2	17.3
90723	Paramount	24.6	10.1
90731	San Pedro	61.9	17.8
90744	Wilmington	44.4	13.5
90745	Carson	23.6	6.1
90755	Signal Hill	17.1	13.8
90802	Long Beach	62.3	26.3
90803	Long Beach	28.4	15.1
90804	Long Beach	40.8	16.4
90805	Long Beach	37	12
90806	Long Beach	53.6	13.7
90807	Long Beach	17.8	12.4
90808	Long Beach	18.7	11.3
90810	Long Beach	26.1	8.4
90813	Long Beach	87.1	24.6
90814	Long Beach	32.4	13.5
90815	Long Beach	27.3	14.9
Long Beach City	--	39.8	15.1
Los Angeles County	--	36.2	12.4
California	--	44.2	11.7

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

The rate of ER visits due to substance abuse in Long Beach is 17.2 visits per 10,000 population. San Pedro (32.3 visits per 10,000 population) has the highest rates of ER visits due to substance abuse in the service area. The rate of hospitalizations due to substance abuse in Long Beach is 8.4 visits per 10,000 population. South Central 90001 has a hospitalization rate of 40.8 visits per

10,000 population for substance abuse, the highest in the service area. The rates of ER visits and hospitalizations due to substance abuse in Long Beach are higher than county rates.

Age-Adjusted ER & Hospitalization Rates due to Substance Use, Adults, per 10,000 Population

ZIP Code	City	ER Rate	Hospitalization Rate
90001	South Central LA	18.4	40.8
90002	South Central LA	21.5	5.3
90003	South Central LA	23	6.7
90044	South Central LA	23.4	4.8
90059	South Los Angeles	22.5	4.0
90201	Bell/Cudahy	9.5	2.3
90220	Compton	20.1	4.7
90221	Compton	17.6	5.1
90222	Compton	16.6	8.8
90241	Downey	13.1	5.2
90242	Downey	12.8	4.3
90247	Gardena	16.1	4.9
90250	Hawthorne	12.0	5.1
90255	Huntington Park	12.4	2.0
90262	Lynwood	16.5	3.0
90280	South Gate	10.6	2.2
90650	Norwalk	14.0	4.7
90703	Cerritos	5.6	8.6
90706	Bellflower	13.7	6.5
90712	Lakewood	11.1	5.6
90713	Lakewood	13.2	11.0
90715	Lakewood	12.4	7.1
90716	Hawaiian Gardens	17.8	3.5
90723	Paramount	13.3	2.9
90731	San Pedro	34.6	13.5
90744	Wilmington	20.2	5.6
90745	Carson	12.9	4.5
90755	Signal Hill	12.4	6.0
90802	Long Beach	26.7	10.6
90803	Long Beach	12.7	7.0
90804	Long Beach	18.5	9.0
90805	Long Beach	15.7	5.8
90806	Long Beach	16.6	9.5
90807	Long Beach	8.8	6.7
90808	Long Beach	14.7	13.7
90810	Long Beach	13.8	3.7
90813	Long Beach	32.3	12.8
90814	Long Beach	11.9	8.2
90815	Long Beach	10.2	10.4
Long Beach City	--	17.2	8.4
Los Angeles County	--	15.7	6.9
California	--	18.6	6.1

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

For students, alcohol and drug use by grade level in Los Angeles County is very similar to that of the state of California. Over one fourth of eleventh grade students in LA County have used alcohol or drugs in the past 30 days. 10% of eleventh grade students have had 5 or more drinks in a row (binge drinking) in the past month. 6% of ninth grade students in LA County have been very drunk or high seven or more times in their lives and 8% have ever been drunk or high on drugs at school. For eleventh graders, 13% have been very drunk or high seven or more times and 12% have ever been drunk or high on drugs at school.

Alcohol and Drug Use, 2015-2017

	LA County				California			
	7 th Grade	9 th Grade	11 th Grade	NT*	7 th Grade	9 th Grade	11 th Grade	NT*
Current Alcohol or Drug Use, Past 30 Days	7%	17%	26%	47%	7%	20%	29%	--
Current Binge Drinking, Past 30 Days	1%	5%	10%	22%	1%	6%	12%	--
Very Drunk or "High" 7 or More Times	1%	6%	13%	33%	1%	6%	15%	--
Been Drunk or High on Drugs at School, Ever	2%	8%	12%	27%	2%	8%	14%	--

Source: California Healthy Kids Survey, Los Angeles County Main Report & 16th Biennial Statewide Survey, 2015-2017. *NT includes continuation, community day, and other alternative school types.

Opioid Use

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

Opioid Use

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

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

Primary Data Snapshot: Substance Use and Misuse

- People are becoming more aware of pressing issues related to drugs or opioids, alcohol use, and mental health disorders, recognizing that these issues need attention now.
- It is imperative to help those who are homeless or have mental health or drug addiction issues by providing resources and education.

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

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

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

Prioritization results

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

Appendix 1. Data Sources

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

1. 2017-18 California Longitudinal Pupil Achievement Data System (CALPADS), Fall 1.
2. California Department of Education, 2016-2017.
3. California Department of Education, California Assessment of Student Performance and Progress (CAASPP). Retrieved from <https://caaspp.cde.ca.gov/>
4. California Department of Education, Physical Fitness Testing (PFT). Retrieved from <https://www.cde.ca.gov/ta/tg/pf/>
5. California Department of Public Health, Immunization Branch.
6. California Department of Public Health, STD Control Branch. Retrieved from <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>
7. California Department of Public Health, VRBIS Death Statistical Master File, 2012-2016.
8. California Department of Public Health. Retrieved from <https://www.cdph.ca.gov/Pages/CDPHHome.aspx>
9. California Health Interview Survey, Neighborhood Edition. Retrieved from <http://askchisne.ucla.edu>
10. California Health Interview Survey. Retrieved from <http://ask.chis.ucla.edu/>
11. California Healthy Kids Survey, Los Angeles County Main Report & 16th Biennial Statewide Survey, 2015-2017. Retrieved from <https://calschls.org/reports-data/>
12. California Office of Statewide Health Planning and Development. Retrieved from <https://oshpd.ca.gov/data-and-reports/request-data/>
13. Centers for Disease Control and Prevention, 500 Cities Project. Retrieved from <https://www.cdc.gov/500cities/index.htm>
14. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Retrieved from https://www.cdc.gov/brfss/annual_data/annual_data.htm
15. Child Welfare Dynamic Report System, 2017. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/default.aspx
16. City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics.
17. Claritas Pop-Facts®. Retrieved from <https://www.vironicsanalytics.com/data/demographic>
18. Conduent Healthy Communities Institute, SocioNeeds Index®.
19. Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX).
20. Feeding America, 2016. Retrieved from <https://www.feedingamerica.org/>
21. Long Beach Department of Health and Human Services, Number of Hazmat Sites by Zip Code.

22. Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017.
23. Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017.
24. Long Beach Police Department. Retrieved from <http://www.longbeach.gov/police/crime-info/crime-statistics/>
25. Los Angeles County Department of Public Health. Retrieved from <http://publichealth.lacounty.gov/statrpt.htm>
26. Los Angeles County Health Survey. Retrieved from http://www.publichealth.lacounty.gov/ha/HA_DATA.htm
27. Purposeful Aging Los Angeles (PALA), Oral Health report, September 2017.
28. U.S. Census Bureau, American Community Survey (ACS). Retrieved from <https://www.census.gov/programs-surveys/acs/>
29. Violent Death Reporting System, City of Long Beach, 2010-2015.

Appendix 2. Community Stakeholders

Focus Group Representation

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

Key Informant Interview Stakeholders

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

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

Appendix 3. Resources to Address Community Needs

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

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

General Resources

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

Access to Health Care

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

Chronic Diseases

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

Housing and Homelessness

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

Mental Health and Mental Health Conditions

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

Public Safety

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

Substance Use and Misuse

- Support groups (i.e. Alcoholics Anonymous)

Appendix 4. Report of Progress

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

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

Access to Health Care

- The hospital provided financial assistance through free and discounted care for health care services, consistent with MemorialCare's financial assistance policy. To address health care access issues, Long Beach Medical Center also offered information and enrollment assistance in the Covered California health care exchange and other low-cost insurance programs.
- Miller Children's & Women's Hospital Long Beach offered a pediatric residency training program in partnership with the University of California, Irvine. Annually, over 100 residents and 10 fellows provided specialized care to infants, children and adolescents. Miller Children's offers a General Pediatrics Residency and a Pediatrics/Medical Genetics Residency. Miller Children's also offered fellowship programs that provided fellows with a selection of pediatric sub-specialty programs, including: Neonatology, Perinatology and the Pediatric Pulmonary Fellowship.
- 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. While the Long Beach Family Resource Center is located in Miller Children's & Women's Hospital Long Beach and supports patients and their families who are hospitalized, services are also available to all families in the community. The Family Resource Center reached 3,281 persons through parent-to-parent support, workshops and trainings, referrals to community resources, and informational books, brochures and videos.
- The Outpatient Specialty Center at Miller Children's & Women's Hospital Long Beach – a major referral center for outpatient pediatric specialty care, offering more than 30 sub-

specialties. 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 a one-time consultation to treatments for acute, chronic or surgical conditions. The Outpatient Specialty Centers are a California Children's Services (CCS) approved Special Care Center (SCC). Patients typically qualify for the CCS Special Care Center by medical diagnosis, complexity of their disease and financial status. Outpatient Specialty Centers serve as the "medical home" for many patients who need ongoing follow-up care and support. Each specialty center, or clinic within the center, has a multi-specialty care team, with sub-specialists, fellows, residents, advanced practice nurses, registered nurses, child life specialists, social workers, nutritionists and others.

- The hospital continued to provide transportation support for those patients and families who were not able to access needed care due to a lack of transportation.

Chronic Diseases and Preventive Care

- Jonathan Jaques Children's Cancer Center (JJCCC) – provides comprehensive, family centered care to children with cancer, sickle cell disease and other serious blood disorders. The strong focus on integrating new research efforts into treatment plans allows patients access to leading therapies. Children have access to the latest clinical trials and research initiatives, which leads to improved cure rates and breakthroughs in treatments of childhood cancers and blood disorders. JJCCC provides community education and outreach, and support groups for 5,788 community patients and families, free of charge.
- Miller Children's & Women's Hospital Long Beach is an active partner with the Long Beach Alliance for Children with Asthma (LBACA). LBACA provided education and outreach using promotoras community health workers. They provided asthma control education to physicians, nurses and the community. The efforts of LBACA have helped to reduce asthma hospitalizations and children have gained reasonable control over their asthma symptoms. LBACA works with schools, after-school programs, parks and recreational centers to develop asthma-friendly environments and policies, and mobilizes the community to respond to air quality issues, both indoors and outdoors. Miller Children's & Women's Hospital 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.

- Given medical advances, up to 90% of children with chronic diseases survive to adulthood. However, many chronically ill youth do not receive the support they need to transition from the nurturing pediatric care setting into the increasingly complex adult health care environment. An estimated 1,000 young adults, who have chronic conditions, are supported through the Transitions of Care Program so they are better equipped for the future. Through education and support, a transition care coordinator guides youth through their journey from pediatric to adult health care. Patients first receive transition education at age 14 to create an individualized, developmentally appropriate transition plan. In these early teen years, clients learn more about their disease and treatments, as well as how to cope with their diagnoses. Older teens determine tasks they can own, such as scheduling doctor visits, filling prescriptions, and handling insurance forms. Over the course of several years, until they reach age 21, these emerging adults gradually become self-reliant, while still in a controlled setting where parents and caregivers are close.
- Miller Children's hosted and participated in special events and health education for children who suffer from chronic disease and disability, and their families. Over 13,153 persons were reached with education and resources.
- Injury prevention and safety resources and information reached 13,369 persons. The efforts included: car seat, bike safety, safe driving, kitchen safety and CPR classes.
- Support groups provided over 2,450 encounters for community residents and family members/caregivers. A number of support groups were offered in Spanish. Support groups included: sickle cell, adolescents, sibling support, Down's syndrome, hematology/oncology, diabetes, autism, parenting, grief and loss, and breast feeding.

Mental Health and Behavioral Health

- The Family Medicine Residency Program launched a pilot program at the Family Medicine Clinic to provide behavioral health services to adults and children. Family Medicine residents, a psychologist, psychiatrist, primary care physicians and a social worker worked together to address mental health and substance abuse issues of clinic patients. This program has reached 119 patients with anxiety, depression, family stressors, history of abuse or domestic violence and substance use issues. Patients are assessed using the PHQ-9 and GAD -7 assessment tools. Repeat assessments demonstrated improved results.

- The Tar Wars tobacco-free education program reached over 400 fourth and fifth-grade students in the Long Beach Unified School District with messages designed to prevent smoking and use of tobacco products. In addition, the hospital offered smoking cessation classes.
- The Family Resource Center provided mental health training for 59 promotoras.
- MemorialCare hosted a community-based panel discussion in recognition of Mental Health Awareness Month. *Crisis Intervention Programs: Models of Success* was presented in partnership with Long Beach Department of Health and Human Services.
- Health education and outreach provided information and referrals for mental health and substance use resources.

Overweight and Obesity

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

Pregnancy and Birth Outcomes

- The Welcome Baby Program provided over 15,550 encounters with Long Beach area residents. Long Beach is a targeted community in the Welcome Baby program and Miller Children’s & Women’s Hospital is a program strategic partner. 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.
- Perinatal health education and lactation support provided 10,274 encounters. Birth preparation and lactation support were offered through health education classes provided by the hospital. There were childbirth classes, baby care, breastfeeding,

parenting and a new mother support group available to the community. Additionally, a number of services supported breast feeding. Miller Children's provided lactation consultants and through the Lactation Outpatient Clinic assisted 672 women with lactation support to ensure the mother and baby get off to the best start possible. Services are provided by board-certified registered nurse lactation consultants who have advanced training in breastfeeding management. All lactations consultants are experienced in counseling, teaching and problem solving with latching or other breast-feeding issues for breastfeeding mothers.

- The Women, Infant and Children (WIC) Program at Miller Children's & Women's Hospital Long Beach 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.