

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

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

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

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

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

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

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

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

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

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

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

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

11. Long Beach Violence Prevention Planning Community Survey Results. (2013). LB Development Services. Accessed:

http://www.lbds.info/neighborhood_services/lbvpp/lbvpp_community_survey_results.asp.

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

12. Passel, J.S. and Cohn, D. (2014). Unauthorized Immigrant Totals Rise in 7 States Chapter 1: State Unauthorized Immigrant Populations. *Pew Research Center Hispanic Trends*. Accessed January 2016:

http://www.pewhispanic.org/files/2014/11/2014-11-18_unauthorized-immigration.pdf.

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

13. Safe Long Beach: City of Long Beach Violence Prevention Plan 2020. Accessed January 2016

http://www.livewellongbeach.org/content/sites/longbeach/Safe_Long_Beach_VPP.pdf.

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

14. Wallace, S.P., Torres, J., Sadegh-Nobari, T., Pourat, N., Brown, E.R. (2012). Undocumented Immigrants and Health Care Reform. *UCLA Center for Health Policy Research*, Accessed January 2016:

<http://healthpolicy.ucla.edu/publications/Documents/PDF/undocumentedreport-aug2013.pdf>

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

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

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

Appendix B. Key Stakeholder Interviewees

Key Stakeholder Interviewees

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

Contact	Title	Organization	Background					
			Public health expert	Health dept rep	Leader or representative of			
					Pops with chronic conditions	Minorities	Medically under-served	Low-income
		Programs City of Long Beach Dept. of Health & Human Services						
Kate Marr	Managing Attorney	Legal Aid Foundation of Los Angeles			√	√	√	√
Kelly Colopy	Director of Health and Human Services	LBDHHS	√	√	√	√	√	√
Louisa Franco	Health Promotions Coordinator	City of Long Beach Dept. of Health & Human Services	√	√		√		√
Mariko Kahn	Executive Director	Pacific Asian Counseling Services	√					
Martha Cota	Founder	Latinos in Action			√	√	√	√
Miguel Angel Ortiz-Valenzuela	Assistant Director of the Latino Center	California State University, Long Beach	√		√	√	√	√
Misi Tagaloa	Civic Engagement Advocate and Senior Minister	Molina Healthcare, Inc.; Second Samoan Congregational Church				√	√	
Pat Kennedy	Chief Executive	Greater Long Beach Interfaith Community Organization				√	√	√
Dr. Patty A. Bellas	Family Physician	The Children's Clinic			√	√	√	√
Dr. Paul Simon	Director Division of Chronic Disease and Injury Prevention	LA County Department of Public Health	√					
Renee Moilanen	Manager Air Quality Programs	Port of Long Beach		√				
Rex Richardson	9th District Long Beach City Council	Councilmember			√	√	√	√
Richard Espinosa	Health Deputy	Supervisor Don Knabe		√				
Steve Colman	Executive Director	Century Villages of Cabrillo			√	√	√	√
Sylvia Betancourt	Project Manager	Long Beach Alliance for Children with Asthma			√	√	√	√
Tiffany Brown, Ed.D.	Assistant Superintendent, School Support Services	Long Beach Unified School District			√	√	√	√

Contact	Title	Organization	Background					
			Public health expert	Health dept rep	Leader or representative of			
					Pops with chronic conditions	Minorities	Medically under-served	Low-income
Tracy Colunga	Neighborhood Relations Officer	Violence Prevention City of Long Beach		√	√	√	√	√

Appendix C. Summary of Key Stakeholder Interviews

The following appendix includes summaries of nine health needs that were identified as priorities through interviews with 34 key stakeholders in the greater Long Beach community. Key stakeholders included: public health experts; leaders, representatives or members of medically underserved, low-income and minority populations in the health needs of the greater Long Beach community. Appendix B contains detailed information about those who participated in the interviews.

Harder+Company Community Research conducted these interviews by telephone in October and November 2015. During the interviews, key stakeholders were asked to describe what they saw as the greatest health needs in the greater Long Beach community. In addition, they were asked to speak about 3 health needs (mental health, chronic disease and obesity), which were identified from previous CHNA efforts, initial review of secondary data and conversations with health experts. Each health needs summary includes themes that emerged from the interviews and community resources, assets and recommendations that were identified.

1. Access to Care

Groups and communities impacted by limited access to care

Access to care was mentioned 11 times (37%) as one of the greater Long Beach community’s biggest health needs. According to the interviewed key stakeholders, undocumented, low-income, and minority individuals typically have the most difficulty accessing quality care.

- “There are not services for the undocumented. There are no medical services or doctors to support them and it’s the same problem with undocumented elderly people.”
- “I think it’s the access to health care, and I think that’s for children and adults, access to health care is still a big thing. I know with Obamacare, more people are accessing health care, but I think that that still might be an issue within the community.[...] I would say, probably, lower SES folks are still most affected, as well as ethnic minority groups, that would include African-Americans, Latinos, some Asian and Pacific-Islanders.”
- “I know that there is, from my understanding, a gap, particularly for the LGBT community in the Long Beach area for mental health services.”
- “I think that one of the issues that I’m definitely seeing is the increasing need for specific health services for our LGBT, our lesbian, gay, bisexuals, and our Trans community. Their health needs and them being culturally appropriate but also LGBT sensitive I think are on the rise. Being able to be ready integrate that work and be forward thinking in how to make sure that that that is being met in terms of our youth population is really important.”

Factors that contribute to and impact access to care

Stakeholders identified the lack of English proficiency, the lack of education and low literacy as significant barriers to accessing health care services. Additionally, health care service providers are often not centrally located, making them difficult to access.

- “Right, well there is always the challenge of language barriers. There’s also the challenge of, some environmental ones as well, especially for the homeless. We could have these services available, and welcome signs on the door, but how do we get these folks to feel comfortable enough to go our doors and seek the care that they need? That’s come to be a major challenge.”
- “That’s one of the things that I think is a really important issue for not just mental health agencies, but health agencies in general. It’s not just providing the service. It’s helping people manage the care. It presumes a lot that a person with little to no education and a language barrier can fully navigate the system.
- “A lot are certainly educated, literate in using computers and those kinds of things, but probably thirty to forty percent have some literacy issues.”
- “Also coordinating benefits is difficult. Many people qualify for different benefits but it’s not easy to access those benefits. You have to go to ten different places. You deal with overworked staff in ten different places. Like you can’t go to the children’s clinic and sign up, get your health care and then also in the next building you can get your Medi-Cal fixed, the WIC, sign up for food stamps, and all that stuff. You have to go here for this thing and another place for another thing...”

2. Access to Housing

Groups and communities impacted by housing issues

Access to housing was mentioned 9 times (30%) as one of the greater Long Beach community’s biggest health needs. Homelessness and low-quality housing was cited both as a factor of and a contributor toward most of the other health needs mentioned. Families with young children, LGBT youth and veterans were some of the communities identified by key stakeholders as groups that are disproportionately affected by this health issue.

- “We have about 6,000 families that have reported themselves as being homeless in our school district. We use a slightly different definition educationally than HUD uses, in terms of their definition of homelessness. A family, by the school district’s standard, could be someone who’s living without a home, in a shelter, or even in a doubled-up family situation, with the criteria being, where would you be living if you weren’t living with Uncle Joe? If the answer is, ‘I would be out in the street’, we deem them as homeless in terms of the type of support services that we provide to them. That’s a sizable portion of our population. We have about 3,000 students that are living in foster care, which means that they are living either with a foster family or a family member, but the court still has jurisdiction over their case. Our unemployment rate hovers around 10% in Long Beach.”
- “The biggest health issues that affect [the LGBTQ community], number one is mental health, I would say number two would be HIV and STD risk or infection and then the last one would be homelessness.”
- “Obviously the market place in Long Beach is very tight, the rental occupancy rate is very low. I think the last I heard is maybe 2% occupancy rate in Long Beach, that makes it really difficult. I know that there are a lot of people in our community that would like to ... Maybe they have a VASH voucher or a veteran’s Section 8 voucher, but they can’t find a landlord in the city to rent to them. The Long Beach VASH vouchers are only usable in Long Beach, so they’re stuck. We find people using their VASH vouchers to rent a single room because that’s all that’s available, instead of a one-bedroom apartment for instance, or a studio even.”

Factors that contribute to and impact housing issues

Key stakeholders also mentioned several factors that contribute to homelessness and housing issues in the service area. Affordable housing is hard to find and is often located in neighborhoods with high crime rates and pollution. Housing conditions (e.g. mold, pests and overcrowding) affect both the physical and mental health of residents. Previously homeless individuals also face challenges maintaining their housing and lack support and housing stability services.

- “The communities they live in are pretty dense, densely populated, the housing plot is not of the best quality and a lot of times they’re in areas that have, because they’re highly impoverished, also have larger exchanges of gang violence and policing. Our young people, many times, won’t leave their home or be engaged. A lot of our young people won’t walk to the city because they feel it’s unsafe for them to be walking around as young people.”
- “Then beyond that, you put them into a house, but then if they don’t have the training or the support services that allow them to remain housed, to have the stability to seek out health resources or other economic resources, that makes it very difficult for them to maintain housing and therefore very difficult to maintain health, whether it’s mental health or physical health.”

Assets and community recommendations

The key stakeholders listed numerous community resources, organizations, government agencies, and private partners that are either currently or could in the future help mitigate homelessness and other housing issues in this community.

- Molina Healthcare and LINC (Limited Income Communities) Housing are partnering to build low-income housing that is focused on providing housing to seniors, adults with disabilities, and the homeless.

3. Chronic Disease

Groups and communities impacted by chronic diseases

Key stakeholders elevated several health needs that fit under the category of Chronic Diseases, including asthma and COPD, cardiovascular diseases, and cancers. **CVD/Stroke** was mentioned 9 times (30%) as a health need by key stakeholders when asked what the biggest health needs of the greater Long Beach community were. **Asthma and COPD** was mentioned 9 times (30%) and **Cancers** were mentioned 1 time (3%). According to key stakeholders, the communities most affected by these chronic diseases in the service area include communities of color, residents of West Long Beach, and children.

Communities of color: Interviewees from clinics in the greater Long Beach area have seen many Hispanic/Latino, African-American/Black and Cambodian clients requesting services for cardiovascular illnesses, diabetes and asthma related issues.

- “Most of our clients have pretty similar health issues. [...] We share a lot of obesity related illnesses, cardiovascular illnesses but also related to obesity and then a lot of patients or people with asthma. [...]The people who come into our center looking for information are mostly Latino, but are in Latino and African-American neighborhoods. Those are the two populations that we have the most contact with.”
- “I would specify for breast cancer African Americans and Hispanic or Latino. For lung it would actually probably be Caucasian and Hispanic/Latino. Breast would be Hispanic/Latino and African American. Colorectal would be Hispanic/Latino, African American.”
- “The health needs that we’re most familiar with are those of Cambodian adults and older adults. The health issues they have are mental illness and hypertension, diabetes.”

Residents of West Long Beach: West Long Beach is especially afflicted with high amounts of air and noise pollution from industrial activities and adjacent freeways and railroad tracks. Residents living in these areas are especially at risk of developing asthma.

- “Environmental health issues are a large concern in Long Beach, especially in the West Long Beach area. The amount of environmental pollutants that impact Long Beach, in particular West Long Beach, are very large. Between being downwind of both the Port of Long Beach and the Port of Los Angeles, two of the largest polluters in the area, as well as being basically across the street from the TI freeway, the railroad tracks, the oil refinery, and various other refineries there is a tremendous amount of both air quality and noise pollution, light pollution.”
- “We find that those who live in the west part of Long Beach have a lot more respiratory problems. That’s basically because they live closer to the refineries in Wilmington and Carson and such. [...] What is tragic about it is that those that live in west Long Beach where the air quality sucks don’t know it’s the air quality that is making them sick. [...] The doctor assumes it is genetics. In reality, the grandma lives in the same neighborhood, the kids, and he says oh yeah, well grandma’s got it so I guess it’s genetic. They don’t know it is the foul air they’re breathing.”

Children: Key stakeholders agreed that children were the most at risk of developing asthma due to air pollution and air quality. Several stakeholders mentioned the proximity of industrial zones to where families with young children live as a key contributor to this risk.

- “There are 24-hour [industrial] operations that are directly adjacent to our community. It’s pretty severe. The environmental health issues are something, certainly that impacts West Long Beach. [...] It’s not just Century Villages, there’s also Cabrillo high school and Hudson Middle School. There’s thousands of children that are affected every day.”

Factors that contribute to and impact chronic diseases

Key stakeholders further elaborated on the socio-economic, cultural and systemic factors that contribute to chronic diseases in the greater Long Beach community. Contributing factors that were most frequently mentioned included poor air quality and pollution, the lack of access to health care services, poverty, obesity and smoking.

Air quality / Pollution: Air pollution in West Long Beach stemming from the oil refineries and freeways in the area is a key contributor to the development of chronic diseases such as asthma in this community.

Tobacco: Cigarette smoke was cited as an important factor in the development of asthma and certain cancers in the service area. Individuals looking to quit smoking tobacco are faced with a lack of services and programming focused on addiction recovery in the greater Long Beach community.

Obesity: Although this was cited as an important overall health need, obesity was also described as a key contributor to chronic diseases in this community. The lack of parks, healthy food and healthy living habits also lead to increased risk of chronic diseases such as cancer and cardiovascular diseases.

Lack of transportation: individuals are unable to access quality health care for chronic diseases because health care service providers are too far away for them to access easily via public transportation.

Poverty / SES: Low-income individuals and families have a hard time accessing healthy foods and health care services, and typically have less free time to focus on their health due to strenuous work hours and the inability to pay for child care.

Assets and community recommendations

The key stakeholders listed numerous community resources, organizations, government agencies, and private partners that are either currently or could in the future help mitigate chronic diseases in this community.

- **The American Cancer Society** provides transportation for individuals with cancer, and an informational hotline for those with questions related to cancer.
- **The Building Healthy Communities initiative** supports collaboration between local service providers and non-profits to focus on environmental, educational, and overall health issues.
- **The City of Long Beach** has a volunteer prevention plan that focuses on safe schools, communities, and families.
- **Kaiser Permanente South Bay** has an initiative focused on reducing the cost of screening for many of these chronic diseases.
- **St. Mary Mobile Clinics** go out into the community to provide more accessible screenings to individuals in lower income communities.
- **The Port of Los Angeles and Port of Long Beach** both have a Clean Air Act program to help reduce the pollution from their industrial activities.
- **Virginia Hospital** provides tobacco and smoking cessation support services.

4. Crime and Violence

Groups and communities impacted by crime and violence

Crime and violence was mentioned 12 times (40%) as one of the greater Long Beach community's biggest health needs. Violence is both in the neighborhood as well as in the home and affects both the use of outdoor spaces such as parks or recreational spaces as well as the development of mental health issues related to trauma. North Long Beach is one geographic area identified as disproportionately affected by violence, crime, and gang activity.

- “My main area of expertise and experience is around family violence and intimate partner violence, so I think that's a huge health and public health concern that's really not often seen as such. And not only just family violence and intimate partner violence, but just violence in the community and the impact that it has on everybody that lives here. Both physically and emotionally and mentally, it's a big need that's sort of not really looked at. I think there's a lot of mental health needs here in the city.”
- “Geographically, two areas that we're very focused on are police beat 21, which is in North Long Beach, in the 90105 zip code. Embedded in the 90105 zip code, and police beat 4 which is 90813 ZIP code. These two pockets have the highest calls for service, the highest for child abuse and neglect, domestic violence, highest part of crime and violent crime and lowest levels of education, highest levels of poverty.”

5. Economic Security

Groups and communities impacted by economic security

Economic security was elevated 7 times (23%) as an overall health need by key stakeholders when asked what the biggest health needs of the greater Long Beach community were. However, this social determinant was also cited as a key factor contributing to many of the other health needs mentioned, as engaging in healthy behaviors is significantly more difficult when simply meeting one's basic needs is an everyday struggle. According to key stakeholders, the communities most affected by a lack of economic security in the greater Long Beach area include families with young children, formerly incarcerated individuals, the homeless, individuals with HIV/AIDs, and Cambodians.

Families with young children: Low-income families with young children face significant stressors that affect both the mental and physical health of each individual family member. Many of members of these families experience social isolation and depression, both of which hinder the likelihood of engaging in healthy living behaviors.

- “I would say that poverty is one of the biggest health issues that faces our families. With that poverty goes lack of access to healthy foods, walkability, more stress and trauma in their lives, and more poor environments, which can exacerbate or lead to asthma, obesity, heart disease, diabetes, hypertension, and mental health issues.”
- “I had a mom the other day, and they have three kids. The husband makes \$9 an hour. She’s home with the kids. She has no car. She’s totally socially isolated and depressed. [...] If you’ve got three or four kids, to get them on a bus, to get to an appointment or to a class that would decrease your social isolation and help you better bond with your child, it’s expensive.”

Formerly incarcerated individuals: Individuals with criminal records or who are reentering the community after completing their sentence face significant barriers in regards to employment and income stability.

- “The individuals who we see, they have no knowledge with respect to how to move beyond some of the barriers that they know of. For example, maybe they’ve had a record or some sort of criminal record in the past. They don’t know how to move beyond that to get gainfully employed.”

Homeless: Housing instability was cited as a key contributor to a wide range of health needs. Homelessness is often the result of economic instability, and can further impede an individual’s ability to return to a financially stable situation. The mental and physical stress of living on the street or in a shelter mounts significant barriers to employment.

- “If somebody does not have a home, a safe place, a domicile, some place where they’re safe, that’s makes it much more difficult. There’s a whole litany of things that feed into not having that. It’s economic opportunity, not just opportunity, but the ability to ... I guess, there is a difference between access and opportunity. Having the opportunity to have a job, to be able to provide and have a wage that provides for the ability to get a house or a home or apartment or whatever, a room even, some place where they have some stability where they’re not worried about where they’re going to sleep tonight can make a huge difference. Again my focus being working with the homeless, that’s a huge issue. It’s an economic issue.”

Individuals with HIV/AIDS: Some stakeholders who work with this population noted that a large portion of individuals with HIV/AIDS are below the federal poverty level. Individuals with HIV/AIDS face social stigmatization by their peers, depression, and increased health risks and therefore costs.

- “For HIV in particular, it’s really become a disease of the poor. I would say 92% of our clients live 200% below the federal poverty level.”

Southeast Asians: Many immigrants from Southeast Asia are refugees that do not speak English proficiently. This coupled with the mental and physical health needs already experienced by this population affect employment opportunities and income stability.

- “I think definitely a large [factor] is the poverty that is experienced by the Southeast Asian community. You know, as refugees. There’s an element of poverty that they have a hard time getting out of. I think the language access is difficult for the community. Not so much for our youth but in terms of getting these resources to their parents and their families, a lot of our times our young people are used as interpreters.”

Factors that contribute to and impact chronic diseases

Key stakeholders further elaborated on the socio-economic, cultural and systemic factors that contribute to chronic diseases in the greater Long Beach community. Contributing factors that were most frequently mentioned include poor air quality and pollution, the lack of access to health care services, poverty, obesity and smoking.

Lack of education: Low high-school and college persistence and graduation rates were cited as a key factor contributing to poverty in the greater Long Beach community.

- “With the younger generation, they're still not graduating from high school or getting into college and remaining in college until graduation at the levels that we would like to see. It's still hovering at less than 50%. I think that's a factor of poverty and also when you're parents don't know how to navigate the school system, we've seen this in the African-American community over and over again.”

Poor employment conditions: Many of Long Beach's low-income population work in low quality jobs, both in regards to wage and working environment, making it difficult to make healthy life choices.

- “Employment. I also think about my community, there's a lot of[...] wage theft. They're abused in that sense. I've heard of restaurant owners who hire them and make them come in and they only pay them for the hours where it's rushed. They take away their tips and things like that.”

Low English proficiency: Individuals with limited English proficiency struggle to find higher-paying jobs, and English language classes and support are limited in the area.

- “The individuals who we see, they have no knowledge with respect to how to move beyond some of the barriers that they know of. For example, maybe it's limited English proficiency.[...] They don't know how to move beyond that to get gainfully employed and there are ways to move around that. If there were education and some training with respect to that...I know that there are some community agencies that do this, but there's not enough.”

Assets and community recommendations

The key stakeholders listed several community resources, organizations, government agencies, and private partners that are either currently or could in the future help mitigate economic insecurity in this community.

- **A New Way of Life's** Reentry Project seeks to increase employment opportunities for people with past convictions by reducing unfair discrimination in the hiring process through advocacy and grassroots organizing.
- **LA Alliance for New Economy** is partnering with the **Coalition for Healthy Jobs** toward raising the minimum wage and protecting workers' rights.
- **Long Beach Housing** is working with renters to ensure that their rights are protected when they report mold and bad living conditions.
- **The Long Beach Trauma Recovery Center** provides support with resume building, job applications.
- **The Long Beach Unified School District** houses a parent's group for parents with limited English proficiency.

6. Education

Groups and communities impacted by the lack of education

Education was mentioned 2 times (7%) as one of the greater Long Beach community's biggest health needs. Key stakeholders agreed that individuals with low education levels, both in general as well as regarding healthy living practices, are at greater risk of other health issues. Low-income and immigrant populations were identified as suffering the most from the lack of formal higher education.

- “I think that it would be great if there was more education and I guess maybe a motion that's centered on educating the public on these topics, whether it's mental health, obesity, diabetes. It was more culturally sensitive and relevant instead of just mass generic posters. Even then I don't think a lot of people ... If you think of people especially in lower income neighborhoods, you're thinking about where they're getting their information and they may not be getting this information of the latest screening guidelines or efforts like that to make sure that they are consistently being on top of their health and making sure that they're making the healthiest decisions.”
- “How do you pave the way for your students to have access to education and college? [...] Some families especially in these neighborhoods are highly immigrant families who again may or may not come from educational backgrounds and their first priority is getting their kid to work. Once the kids turn 16, 17, 18 it's time for you to go get a job and provide income to this family and then add on top of that if they're a female where it's just not as important for them to go on and finish their high school diploma or get their degree because of cultural reasons. I think there's a big gap here in terms of education and access and immigrants who do move to this country understanding the educational value that the US puts on the people who live here.”
- “Education is a huge factor I think. Again our residents very often are coming in from the street or from shelters and don't really know how to do a budget, don't know how to live and maintain a household. Maybe it's a grandmother with an 18 year old daughter and a 2 year old granddaughter that may bring up a household. They are living on SSI and maybe a part time job that somebody has got. The money is very tight. They really don't know how to budget, how to maintain a budget, how to maintain their household. We do enrichment classes in our program, but we're only touching a small group of people in a city the size of Long Beach. We have a population of 1,200 here out of what? How big is Long Beach? Almost half a million people.”

Factors that contribute to and impact levels of education

Some of the main factors contributing to both low general and health-related education levels in the greater Long Beach area are poverty and a lack of culturally sensitive educational programming for healthy living.

- “The overall community may not be making the best choices food-wise as well, not having the education due to their socio-economic level.”
- “The health centers need to come together with a large HMOs and the hospitals in the area really need to have a concerted effort in knowing that people respond best to traditions and family, especially in certain populations, in the Latino, Asian populations, where family is an important thing, really capitalizing on why we do what we do. We stay healthy. We eat healthy. We embrace our cultural traditions for the sake of family and so kind of raising awareness of what happens when we don't and then family is broken up and people die in our lives because we didn't take care of them the way we should have. If there was some kind of way of working together to focus on the healthy aspects of culture and living out our uniqueness in our communities but in a healthy way, I think we can accomplish more because a lot of the services that our partners provide are very grounded in research and education, but it doesn't resonate with people.”

7. Mental Health

Groups and communities impacted by mental health

Mental health was mentioned 17 times (57%) as one of the greater Long Beach community's biggest health needs. According to key stakeholders, the communities most affected by mental health issues include: Cambodians, Hispanics/Latinos, the homeless, and the LGBTQ community.

Cambodians: The Cambodian population in the greater Long Beach community was identified by several key stakeholders as one of the most at-risk populations for mental health issues. A large portion of seniors in this community experienced significant trauma before immigrating to the United States, which has led to mental disorders like PTSD and has cross-generational impacts.

- “Our Cambodian population, many of them came from Khmer Rouge, so they have experienced both significant mental and physical trauma living in communities of high crime or living in households with violence. Whether you are the direct recipient of the violence or you’ve observed it lead to similar impacts that are traumatic. They are impacting their ability to learn, they are impacting their ability to be healthy overall.”
- “We’ve done some surveying amongst our youth population and we know that a lot of them are displaced, and that comes with depression. High levels of stress and anxiety I think are definitely a result of one, living in poverty in the city, but also results of the post-traumatic stress disorder that their parents have, being refugees from Cambodia. They live in those home environments and their parents have a lot of inner mental health issues that they’re challenged with and dealing with and so our young people are growing up in that environment as well.”

Hispanics/Latinos: Due to cultural stigmas about mental health issues, many members of the Hispanic/Latino population are reluctant to seek professional help or treatment. Mental health issues that could have been prevented or better managed through proper medication and counseling are often left undiagnosed and untreated in this community.

Homeless: Many members of the homeless population in the greater Long Beach community suffer from addiction and substance abuse, which can often lead to severe mental health disorders. Additionally, unstable housing often brings with it significant stressors and anxiety as affected individuals struggle to meet their basic needs. This makes this population even more susceptible to substance abuse and mental health issues.

- “There is a homeless component. [...]Mental health is across the board with this population. I think there is substance abuse and those kind of issues that need to be addressed in this community.”

LGBTQ: The LGBTQ community is also disproportionately impacted by mental health and substance abuse issues in the service area. Members of this community may not feel comfortable seeking professional help or mental health services because they do not relate to service providers.

- “I think the mental health ... I’m actually linking the substance abuse to the mental health because there’s certain intersections between that. Obviously, we don’t know until they come in and they get off whatever substance they’re using, it’s the substance use that is exacerbating their disorder or they actually, in fact, do have any type of personality disorder. I know that there are a few substance abuse providers in the Long Beach area that, in particular, work with the gay community, but there always seems to be a challenge of finding providers perfectly based on a person’s insurance and what level of insurance they have and have access to that. At least for many years in the gay community, I would say the past 20 now, but crystal meth has been a significant problem. It’s a very difficult drug for clients to get off of. I, also think, just tied into this, is probably substance abuse, I’ll talk a lot about is, in the gay community, the rates of smoking are much higher than in the general population, which then could feed into the chronic disease area.”
- “Socially, yeah, because we are an LGBT specific clinic, or center here that has a smaller HIV, STD testing clinic, we do get feedback that when people go to a place that they can identify themselves as part of that group, it’s easier for them to participate. For example, if you’re a youth, you probably feel comfortable with something a little bit more youthful. If you’re someone who identifies as Black or African American, then you would feel a little bit more comfortable going someplace where you see

yourself behind the front desk or as one of the providers. I think in terms of socially, if we were to create something that were truly part of the community, people would feel more comfortable attending versus something that maybe they don't feel a hundred percent comfortable going to because they don't feel like they fit in.”

Factors that contribute to and impact mental health

Key stakeholders further elaborated on the socio-economic, cultural and systemic factors that contribute to mental health issues in the greater Long Beach community. Contributing factors that were most frequently mentioned included trauma and violence, the stigmatization of mental health issues, poverty, homelessness and poor living conditions, the lack of green spaces and recreational activities, the difficulty of diagnosing mental health issues and social isolation.

Trauma and violence: Many of the groups affected by mental health issues in the greater Long Beach community have experienced or are currently experiencing trauma in the form of racial persecution, domestic violence, gang violence and violent crimes. The Cambodian population in particular has dealt with historical trauma.

- “I think we have a community that has experienced tremendous trauma, and actually lives with trauma in such a routine way that they may not even recognize some of the mental health challenges that ultimately have developed as a result. When you have a community that is routinely exposed to circumstances that are traumatic, one of the reasons I think our families appear to be resistant to care is because they don’t even know they’re uncomfortable.”
- “The communities they live in are pretty densely populated. The housing plot is not of the best quality. [...] Because they’re highly impoverished, they also have larger exchanges of gang violence and policing. Our young people, many times, won’t leave their home or be engaged. A lot of our young people won’t walk to the city because they feel it’s unsafe for them to be walking around as young people. For our young men being targeted by gang activity and gang violence and for our young women just around the high level of harassment that they receive, I think that’s a major part of it.”

Stigmatization of mental health issues in communities of color: Individuals dealing with mental health issues in Long Beach both perceive and experience rejection and judgement by their peers and family members due to cultural and social norms, resulting in a reticence to seek professional help or access mental health services.

- “A lot of times, with communities of color it has to do with stigma, and there’s still stigma around mental health and going to seek mental health treatment. It’s changed, I think, in the last few decades, but it still is a big thing with people of color. If you go to seek services, you’re crazy, and that’s why some of the people want to self-medicate. But the stigma has a big effect on mental health, especially for communities of color.”

Poverty: Key stakeholders identified a few intersections between poverty and mental health. First, poverty can exacerbate mental health issues when people are not able to afford needed prescriptions or mental health services. Secondly, economic stress experienced by those who are unemployed or underemployed can impact one’s mental well-being. Conversely, those suffering from unaddressed mental health issues may experience more difficulty coping with daily activities such as their job.

- “Stress and anxiety are a big problem. Families as a whole have stress due to economic issues. Minimum wage is so low; people have a hard time getting by. It causes so much stress, people need more help.”
- “People who are poor and struggling financially have... There’s a clear, clear correlation between poverty and increased mental health issues in the literature that exists. We serve a community that has...I don’t know what the percentage is exactly, but a high percentage of individuals who live at or below poverty level. What these individuals experience are stressors that I would say are associated with poverty. So lack of a job, unstable housing, et cetera. Unfortunately, people who experience those types of stressors also live in communities that have increased violence, they’re not very safe, and in

terms of how that impacts our clientele in particular, they have increased risk for exposure to traumatic events.”

Homelessness and poor living conditions: Homelessness and sub-optimal living conditions (e.g., overcrowding, pests, vermin, etc.) were cited as large contributors to mental health issues as sources of stress. Key stakeholders also reiterated that homelessness and mental health issues are often interrelated.

- “Housing is health, that is a big issue right there. If somebody does not have a home, a safe place, a domicile, some place where they’re safe, that makes it much more difficult.”
- “I think the other thing is affordable housing. When you think of overcrowding, when you think of the other health issues associated with noncompliance, if you don’t have a home, it’s really hard to remember to take your medication. It’s very difficult to remember to get to that appointment if you’re homeless. More and more we are seeing the lack of affordable housing as a crucial factor in the mental health and stability of our clients and I think it must affect their physical health as well.”

Social isolation: Both young adults (particularly LGBTQ youths) and seniors (particularly non-English speaking seniors) experience social isolation, which contributes to both mental health issues and a reticence to seek help.

- “I think what you will find is depression, isolation. [...] I think what happens for the older adults, unless they are doing child care for their kids or taking care of their grandkids, most of them live in a lot of isolation. The husband and wife, their kids work two or three jobs. The grandkids don't speak their language anymore. They're isolated, and it's sad when you see people sitting all alone and just looking out the window because they don't speak the language.
- “I would say, let’s talk about mental health. There is a lack of family support and just general community support. For example if we have youths who get kicked out of their home for identifying a certain way, whether it's gender or sexual orientation, there isn't much family support on that end. There's a lot of judgement, potential kicking out of homes for not complying with whatever kind of rules they want and then not going any place where they feel supported. For example, a lot of kids go to their schools to vent about family issues and whatnot and sometimes schools aren't prepared to handle some of the emotional issues that the youth have. They end up getting farther and farther pushed into their, let's call it depression, or anxiety that they experience. I think one of the things this leads to is just having no true safety net if something were to happen around mental health.”

Lack of green spaces and recreational activities: Key stakeholders identified the limited number of local parks and affordable recreational activities as contributing to mental health issues in the greater Long Beach community. Individuals and families have no place to engage in recreational activities as a means of stress relief.

- “Another problem I see is that a lot of people in my community, when they come to this country, they tend to be locked in their apartment. There aren’t enough places to go to. We have a nearby small park but it’s invaded by homeless people and drug dealers and people doing drugs. If you are depressed and they tell you should take a walk to distract yourself, if I’m not safe in my neighborhood, where else can I go?”

Diagnosis of mental health issues: As mental health is not as easily diagnosed or outwardly visible, many individuals with mental health issues do not recognize they have them and therefore do not seek out help.

- “Mental health is not like measles where you can recognize somebody is sick for months or whatever. It’s easy to disguise it or just ignore it. There’s a general lack of education about what mental health is and mental illness.”

Community assets to address mental health

The key stakeholders listed numerous community resources, organizations, government agencies and private partners that are either currently or could in the future help mitigate mental health issues in this community.

- **California Conference for Equality and Justice** focuses on restorative justice work in the area.
- **The California Endowment** is focused on housing and environmental issues.
- **The Children’s Clinic** is supporting the development of a school based wellness center at the high school level. They also provide low or no-cost mental health services to youth under 18.
- **DCFS** provides bus passes and transportation support to families using their services.
- **Families in Good Health** focuses on increasing the number of youth employees and job opportunities in the city.
- **LA County Department of Mental Health** provides counseling services tailored to meet the needs of the Asian population in their Long Beach office. It also convenes a network of service providers from throughout Southern California.
- **Legal Aid** helps families experiencing domestic violence obtain immigration relief, restraining orders, and child and spousal support.
- **LGBTQ Center of Long Beach** provides cultural sensitivity trainings regarding working with the LGBTQ population to help reduce isolation and provide more culturally sensitive services.
- **Long Beach Department of Health and Human Services (LBDHHS)** is currently engaged in an anti-stigma campaign focused on providing information about mental health issues and how treatment works. LBDHHS is also focusing on reducing homelessness with their Section 8 VASH voucher programs and through the construction of new affordable housing units.
- **Long Beach Trauma Recovery Center** provides no-cost mental health services to individuals in their area. They are located in St. Mary and are fairly accessible to low-income individuals by public transportation.
- **Mental Health America** provides mental health education in the Long Beach community through their Mental Health First Aid program.
- **Mental Health Association of America** runs a local “village” focused on providing case management and support accessing services (ID, bus passes, disability benefits, etc.)
- **Planned Parenthood** provides general healthy living education and services in a safe and approachable way for young adults.
- **The Long Beach Veterans Affairs (VA)** provides programming focused on behavioral health for veterans through their Move program.
- **The United Cambodian Community (UCC)** provides services aimed at supporting refugees connect with their communities and to local service providers.

Community recommendations about mental health

Additionally, several key stakeholders provided recommendations on how to support the community members dealing with mental health issues:

- “Local policies need to be more specifically changed for the mental health issues to get better. We need to have an actual plan, set the goals through the year. There needs to be a network of people working together to educate individuals on how to fix these issues.”
- Provide more community events where individuals and families can gather and talk about their shared experiences.

- Increase the likelihood of detection and intervention at a younger age by creating more school based health centers. These centers can provide services to youth experiencing mental health issues before they are exacerbated even further over time.

8. Obesity and Diabetes

Groups and communities impacted by obesity and diabetes

Obesity and Diabetes were elevated 21 times (70%) as a health need by key stakeholders when asked what the biggest health needs of the greater Long Beach community were. According to them, the populations most affected by obesity and weight issues in this community include low-income families, junior high and high school students, and communities of color.

Low-income communities: Individuals and families in low-income neighborhoods often have limited access to healthy food options. Additionally, many parents in these communities work multiple jobs and often opt for quicker, cheaper, and more convenient fast food options to feed their families.

- “We have a significant poor population in Long Beach. It's very difficult to access the healthier foods. Healthier foods tend to be more expensive. They're buying things with more sodium and more fat and whatever the calories are that are not providing the nutrition their body needs in the right way.”

Middle and high school students: Key stakeholders noted that students in middle and high schools are also more at risk of obesity and other weight-related issues because of their food and activity choices. Many spend their leisure time at fast food restaurants located near their schools and opt for sedentary activities instead of engaging in sports or outdoor recreation.

- “Hispanic students walking home in the morning have chips and soda. Chips and soda are cheap. The fast food restaurants have dollar meals so the students have a dollar and spend it in Taco Bell. It's hard to change the norm.”
- “I think that as our public schools, particularly in middle school and high school, continue to negate the importance of health education and physical education, we're having a younger generation of youth that are not engaged in recreation at all. They've traded that recreation for their iPhones and their iPads and their video games and so forth.”

Communities of color: Several stakeholders also said that communities of color, in particular Latinos/Hispanics, are at risk of obesity and diabetes in the greater Long Beach community due to unhealthy diets and food choices.

- “I think cultural things also play into it too. What people grew up eating is what they're going to continue eating. Certain cultures have relatively unhealthy diets.”
- “We work with a lot of Latinos and so in Latino families, there are always beans available. Beans are very healthy if they are just boiled beans with salt and maybe some chilly and cactus and couple of tortillas, high in fiber, very healthy, low in fat. If people ate that every day, they'd be healthy. Unfortunately because we've been eating that for generations in our families, we kind of see that as something that peasants eat. Even if we're poor and can't afford much more, we'd rather eat the one Big Mac or the one taco from Taco Bell that isn't healthy because it also gives us a little status or makes us feel that maybe we're not as poor as we are.”
- “Here in Long Beach, we have Latinos, African-Americans, Cambodians, Vietnamese, Pacific Islanders, it's a mix mash of people. We all come with our traditions from our countries of origin, but somehow here we've Americanized some of those traditions and they're not very healthy.”

Factors that contribute to and impact obesity and diabetes

Key stakeholders further elaborated on the socio-economic, cultural and systemic factors that contribute to obesity and diabetes in the greater Long Beach community. Contributing factors that were most frequently mentioned included food choice and availability, poverty, the lack of physical activity, and the lack of healthy living education.

Food choice and availability: Lower income neighborhoods in Long Beach are often food deserts, lacking grocery stores and other establishments that provide healthier options. The lack of transportation to areas with healthier food choices is an additional barrier.

- “I think the fact that this area is a bit of a food desert where there’s not convenient access to a grocery stores. The closest grocery store is probably over a mile and a half away. A lot of low-income homes don’t have an automobile. They rely on bus transportation, so it becomes very difficult if you’re a family of five and you have to take the bus a mile and a half with maybe a transfer to be able to go grocery shopping. It’s pretty difficult to buy food and bring it home conveniently, so sometimes it becomes cheaper and faster to go and have dinner at McDonald’s with your kids, which is obviously not the ideal way to prevent obesity.”
- “We have gone into a lot of the supermarkets or the little liquor stores in our impoverished communities and they don’t highlight the healthy options. They always have the unhealthy options within reach of the children. They’re marketing to the kids. They’re really appealing to people’s laziness in a sense. I mean you could just get something very quick and cheap, unhealthy and that is on your way out. They don’t carry the fruits or vegetables or there is so much publicity for other things, the fatty foods, the sugary drinks and promotions that you end up with a whole bunch of other things that were cheaper because they were on sale.”

Poverty: Low-income individuals and families have limited choices in terms of housing, neighborhoods, and recreational activities. The neighborhoods where affordable housing can be found are often viewed as unsafe, which greatly reduces the use of local green spaces and outdoor facilities.

- “I think it starts with economics, it's there at the forefront. The ability of the people to be able to support lifestyle changes that are healthier. For example, being able to afford a nice house in a big neighborhood. Being able to be in an area in which you don’t mind letting your kids go play with others in their local park and not worry that there be some predator or sometimes somebody doing them harm, which also impacts obesity.”
- “When people are working they take better care of themselves. They're in a position to. They're not going out and eating fast food because that's all they have time to do or that's all they can afford. People eat fast food for two reasons, either that's all they can afford or that's all they have time to do.”

Lack of physical activity: Key stakeholders noted that the lack of opportunities for families and individuals to engage in healthy physical activities is a contributing factor of obesity in Long Beach. Local green spaces are scarce in many communities, and crime and violence keep community members away from existing parks.

- “I would also say that the lack of access to safe physical activity areas, lack of safe roads and bicycle pathways, any kind of recreational area.”
- “Definitely having communities or neighborhoods that look healthy or look welcoming to encourage some form of activity. We have plenty of parks in Long Beach but you don’t know what’s happening at those parks. Whether there’s meetings for let’s say, if there’s an over-eaters anonymous group happening at these places, it’s not really spoken about.”

Lack of healthy living education: Several key stakeholders mentioned that a key contributor to obesity and diabetes is the lack of education regarding healthy living. Many community members are not making healthy decisions because of a lack of understanding and education regarding healthy eating habits and nutrition.

- “People have to understand what it means to eat and live healthily to address the obesity and other chronic conditions that come with it. Are they being well-educated about what this looks like? If they’re not aware of it, or they don’t have access to that education and the support system, then it’s very difficult.”
- “Unfortunately not a lot of groups are really educating the public on how the sometimes strategic part of the stores and products really market to the kids. Once they become aware that this is a tactic that is being used, then they can avoid being sidelined by those items and go for healthier food options. We find that the more we work with people and bring this to their awareness, the healthier they become in terms of what they provide for their families and what they purchase for themselves.”
- “I think hospitals play a role in education which I’m not sure what the average level of education is for our community but I think that plays a role in it as well, the lack of education about health and wellness. We’ve been focused a lot on disease processes. The VA is moving to a health and wellness environment. I think the community needs to do so as well.”

Community assets to address obesity and diabetes

The key stakeholders listed numerous community resources, organizations, government agencies and private partners that are either currently or could in the future help mitigate obesity and diabetes in this community.

- **Best Start Central Long Beach** is a First 5 initiative that also promotes nutrition and healthy weights for children 0-5.
- **Building Healthy Communities** is a place-based initiative that promotes healthy eating among its other focus areas.
- **California State Long Beach** does community outreach to provide healthy eating education.
- **Century Villages** offers enrichment classes on financial literacy and healthy eating, showing people how to make healthy foods using healthy ingredients for less money than going to McDonalds.
- **Greener Goods** is a farmer’s market in the city with incentives for people on Cal Fresh.
- **Healthy Active Long Beach** is focused on making Long Beach more bike accessible.
- **Local Zumba classes** both offer an opportunity to exercise as well as a social group that is focused on becoming healthier.
- **Long Beach Alliance for Food and Fitness** is a community collaborative promoting healthy eating and physical fitness.
- **Long Beach Fresh** provides online information about healthy foods.
- **Martin Luther King Park** puts on a Fruit and Veggie party to increase the conversation on healthy eating.
- **Memorial Hospital** offers nutrition and healthy cooking classes.
- **Project Playful** is helping raise awareness about healthy living.

Community recommendations about obesity and diabetes

Additionally, several key stakeholders provided recommendations on how to support the community members dealing with obesity and diabetes.

- Promote existing social groups focused on healthy living activities (jogging groups, support groups, etc.) and make them more visible and accessible to community members.
- Provide targeted, culturally applicable outreach regarding obesity and healthy living instead of generic posters.

- Promote the economic development of the area and incentivize grocery store chains to build in the area.

9. Substance Abuse and Tobacco

Groups and communities impacted by substance abuse and tobacco

Substance abuse and tobacco use was mentioned 6 times (20%) as one of the greater Long Beach community's biggest health needs. Substance abuse and tobacco use were also frequently cited as key contributors to chronic diseases and mental health issues in the Long Beach community. The mentally ill, the homeless, the LGBTQ community and displaced youth were identified as populations most affected by substance abuse and tobacco use.

- "It is in some of these more challenging communities, such as people living with mental health, the gay community, the homeless community, and those are populations where I'm not certain that environmental interventions alone are really going to be able to make that last dent in tobacco control in California."
- "At least for many years in the gay community, I would say the past 20 now, but crystal meth has been a significant problem. It's a very difficult drug for clients to get off of. I also think tied into this is probably substance abuse. In the gay community, the rates of smoking are much higher than in the general population, which then could feed into the chronic disease area."
- "So it's an opportune time to say what's going on at the house and having a different behavior intervention at the school. Not just you're kicked out, you're out. Because what happens is that pushes the kids to the streets, it pushes them to be engaged and be involved in other alternative stuff like drugs and alcohol to really kind of cover up how they're feeling to suicide, to go out there and have a risky behavior."

Factors that contribute to and impact substance abuse and tobacco

A main factor in the prevalence of substance abuse is the lack of treatment opportunities within Long Beach (detox, support groups, etc.). Individuals looking to quit smoking tobacco are faced with a lack of services and programming focused on this issue in Long Beach, as well as access to existing resources due to the lack of transportation.

- "I think that the tobacco control folks, particularly in LA County, have moved primarily to structural interventions. They're looking at no smoking in beaches and parks and apartments and the work place, which is all well and good, but I think they've lost the individual perspective of helping people stop smoking. It's very difficult for clients to find a cessation class or even to find a cessation provider, if they want to take that route, to be around other people that are also looking to quit. Granted, the policy has made a significant difference in California, but it's that last 17% that we can't seem to crack."
- "Substance abuse and chronic disease screening I would also say is linked then to transportation, which could adversely affect their willingness to go get screened."

Appendix D. Summary of Focus Groups

The following appendix includes summaries of 8 focus groups that were held in October 2015. A total of 52 key stakeholders and community members with insight into the health needs of the greater Long Beach community participated in these focus groups. The demographic characteristics and background of focus group participants is identified in the table below.

Focus Group Participants: Demographic Characteristics and Background (n=52)	
Gender	<ul style="list-style-type: none"> ■ Female: 79% ■ Male: 21%
Race/Ethnicity <i>Participants were asked to select all that apply</i>	<ul style="list-style-type: none"> ■ Asian: 40% ■ Black: 12% ■ Hispanic: 4.2% ■ White: 4% <p>Responses included respondents who identified as Cambodian, Vietnamese, Filipino, Chinese, Japanese, Thai and Sri Lankan</p>
Background <i>Participants were asked to select all that apply</i>	<ul style="list-style-type: none"> ■ Leader, representative or member of medically underserved, low-income, minority populations, and populations with chronic health needs: 39% ■ Public health expert: 29% ■ Representative from a federal, tribal, regional, state or local department or agency with current information of the health needs of Long Beach: 37%

The focus groups asked about the health needs in the community broadly, as well as focused discussion on three health needs: mental health, obesity/overweight and chronic disease. These three health needs were identified during preliminary analysis of health needs data and health expert input. The following summaries provide a deeper understanding of what each health need looks like in the community (i.e., impacted groups and communities); the main contributing factors of each health need; and potential opportunities, strategies and resources to address the need.

Chronic Disease

Groups and communities impacted by chronic disease

Chronic Diseases include asthma and COPD, cardiovascular diseases, and cancers. Focus group participants identified three groups disproportionately affected by chronic diseases in the greater Long Beach community: young children, communities of color (i.e., Hispanics/Latinos, African Americans/Blacks, and individuals of Cambodian descent), and the undocumented population. A few geographic areas were also identified that were particularly impacted by chronic diseases.

Young children: Focus group participants are seeing an increase in the number and frequency of children visiting clinics for asthmatic conditions. Additionally, families with asthmatic children are frequently visiting the emergency room when symptoms are extreme instead of visiting their primary physician for regular asthma maintenance.

- “There are a lot of asthma issues happening in the last few years. We’re seeing a lot of children coming in over and over into the clinics over a period of a few months.”

- “Families go to the ER to hospitalize their children. Families don’t take their children to a doctor’s appointment if they have asthma. They wait until the very end and take them to the ER instead of going in for maintenance. Every three months they go to the ER instead of getting regular checkups for maintenance.”

Communities of color: Often referred to in tandem throughout the focus groups, participants felt that Hispanics/Latinos and African Americans/Blacks experience higher levels of diabetes. Individuals of Cambodian descent were said to experience high levels of hypertension, diabetes, and heart disease.

- “Diabetes is at all economic levels and goes back to the lack of education and because of the lack of resources, but the majority are Hispanics and Blacks.”
- “Hypertension, diabetes, and heart disease are high in the Cambodian community. The culture and the food we eat or the drinks we drink can lead to chronic illness.”

Undocumented individuals: Undocumented individuals often experience difficulty accessing care for chronic diseases. They are not covered by the Affordable Care Act and often lack information about chronic diseases such as asthma. Although prevention and other services are available to this population, many undocumented individuals are unaware they exist or how to access them.

- “Some don’t have legal paperwork, they don’t have insurance, and they are not educated – they just think it is a throat problem.”
- “Another factor is immigrants and documentation because many times there is no awareness of resources available, or preventive measures.”

Geographic areas impacted by Chronic Disease: Several specific geographic areas within the Long Beach community were mentioned as disproportionately affected by chronic diseases including:

- Streets intersecting freeways (the 91 and the 710)
- Near the ports
- West Long Beach

Factors that contribute to chronic disease

Focus group participants further elaborated on the socio-economic, cultural and systemic factors that contribute to chronic disease in the greater Long Beach community. Contributing factors that were most frequently mentioned included environmental factors (such as pollution and living conditions), the lack of awareness of resources, the lack of education and available information regarding chronic diseases, a culturally-based mistrust of doctors and reluctance to seek professional help, and chronic disease triggers (such as smoking and stress).

- **Environmental factors:** By far the most frequently cited factor for asthma, the high pollution levels in Long Beach stemming from industrial activities at the ports and freeway expansions are a key contributor for residents living nearby. Residents in low-income neighborhoods also deal with low-quality housing issues such as pests and mold that can lead to increased instances of asthma.
- **Lack and awareness of available resources:** Focus group participants expressed concern with the limited number of affordable health clinics available to treat chronic diseases and provide prevention services in the service area. Individuals seeking treatment often have to wait long periods of time to access services due to a surplus of demand.

- **Lack of education regarding chronic diseases:** Many members of the disproportionately impacted groups mentioned above lack a solid understanding of the causes, symptoms and long term impacts of chronic diseases. There are also few programs in the service area that provide information about how to prevent asthma and diabetes by changing individual behaviors and avoiding the environmental factors that can lead to these health needs.
- **Cultural mistrust in doctors and professional health services:** Although members of the Cambodian community were the most often cited group that is reluctant to seek professional help for chronic conditions, communities of color in general were said to rely more on natural or religious remedies to deal with symptoms of asthma, diabetes, and heart disease due to a cultural mistrust in doctors and modern medicine. Coupled with a lack of education regarding safe drugs and remedies, this mistrust often results in untreated illnesses and exacerbated symptoms, which leads to more frequent visits to the emergency room.
- **Stress, smoking, and other chronic disease triggers:** Asthma, diabetes, cardiovascular disease and some cancers are often linked with triggers such as smoking, eating habits and stress. Many residents do not understand the effects of second or third-hand cigarette smoke or certain cleaning products. Additionally, with few available outdoor physical activities and the increased pressure of living in poverty, stress levels are high in low-income neighborhoods.

Resources and strategies to address chronic disease

To address chronic diseases in Long Beach, focus group participants also discussed a variety of existing resources and potential community partners that can be leveraged to mitigate some of the factors described above. Several strategies regarding outreach and service provision were also provided.

Resources:

- The Long Beach Health Department is partnering with St. Mary to provide information about diabetes and related services through an outreach program.
- TCC provides free services to help Long Beach residents prevent and manage chronic diseases.
- Mobile clinics are helpful in providing access to health services for communities who are not able to access services elsewhere.

Strategies:

- Promote programs and services focused on prevention (e.g., family-friendly gyms, cooking classes, employee exercise programs, etc.)
- Provide cultural competency trainings to health professionals and service providers to build trust and rapport with community members (e.g., culturally focused outreach, translation services, etc.)
- Increase the number of mobile and day clinics to make services more accessible to low-income communities.

Mental Health

Groups and Communities Impacted by Mental Health Needs

Mental health issues include depression, stress and anxiety, disorders like schizophrenia, interfamilial violence, drug/alcohol abuse and sexual abuse/assault. Focus group participants identified four populations disproportionately affected by mental health issues in the greater Long Beach community: people who are homeless, veterans, people of Cambodian descent and specific groups of youth. A few geographic areas were also identified where mental health needs are great.

Homeless: Several participants referred to the growing homeless population as those most impacted by mental health issues. It should be noted that the homeless community includes both those living on the streets as well as those who are moving from home to home without a stable place to live.

- “The homeless community doesn’t get a lot of anything and may have the most problems.”
- “It’s a problem when you are out driving you see people in the community. People who are homeless tend to have mental health issues. [...] Police are always trying to help these mentally ill but sometimes the community thinks police are just driving them away.”

Veterans: Nationally and locally, veteran homelessness is such a large issue that many counts of the homeless now include information about veteran homeless as a subgroup. Focus group participants said that veterans, including those in Long Beach, are more at risk of trauma-related disorders such as PTSD that may further exacerbate other mental health issues. Focus group participants also said that veterans in particular lacked accessible mental health resources and face further stigmatization by the public and by law enforcement officials in the greater Long Beach community.

- “Something else that is seen a lot: veterans are taken away. Policemen take these community members who have signs that say veterans because they do not want to have a bad image. They don’t want actual community members to see them out on the streets begging.”
- “You see it on the streets every day. Veterans that can’t reintegrate back into society. The other day I saw a guy with a sign that said ‘I am a veteran.’ The guy saw a policeman coming. He put his sign down and tried to walk away because he knew the police would try to displace him.”

Cambodians: The historical trauma experienced by the older Cambodian population coupled with neighborhood violence are key contributors to this group’s mental health issues in the Long Beach community. Seniors in particular often are isolated and are reluctant to trust health officials or doctors due to social stigmas within the Cambodian community related to mental health issues and historical fear of interacting with government and medical facilities.

- “The Cambodian community is in denial and ashamed of dealing with family members who have mental health issues.”
- “Cambodian elders have no family support or live on their own. Cambodian seniors dealing with PTSD from the refugee camps deal with depression, isolation or substance abuse.
- “The Cambodian community has lots of history of trauma. They don’t really want to go to government or medical facilities because they are fearful.”

Youth: Youth, in particular those in foster care, often deal with neighborhood and family violence in the greater Long Beach community. Focus group participants stated that teachers and caretakers may not be equipped with the skills or information needed to identify developing mental health issues among youth. Several focus group participants expressed that mental health services and programs should focus on the younger population, such as school age children, so that mental health issues are addressed early on.

- “We’re seeing a lot more prevalence of mental health issues in young people. We need some sort of program in schools that can teach children and their parents about mental health and possible ways to detect it.”
- “All can be avoided from the beginning so it is important to begin with the youth.”
- “Youth don’t have good coping skills with anxiety and depression related to family violence.”

Geographic areas impacted by mental health: Several specific geographic areas within the greater Long Beach community were mentioned as disproportionately affected by mental health issues including:

- Off the freeway on Willow Street
- Zip code 90813
- Parks on 7th Street
- Cesar Chavez Park

Factors that contribute to mental health issues

Focus group participants further elaborated on the socio-economic, cultural and systemic factors that contribute to mental health issues in the greater Long Beach community. Contributing factors that were most frequently mentioned included stigmatization, a lack of resources and access barriers, a lack of education about mental health and community violence.

- **Stigmatization of mental health issues:** The stigmatization of mental health issues was by far the most frequently mentioned factor and was attributed mainly to cultural stigmas in communities of color. Some communities view mental illness as a weakness or a temporary problem, making affected individuals reluctant to seek help.
- **Lack of mental health resources and barriers to access:** Several participants said that the greater Long Beach community lacks sufficient mental health resources that are accessible to the most impacted populations. A few mentioned the scarcity of mental health clinics relative to the number of people needing services. Additionally, the most frequently mentioned barriers preventing community members from accessing services included: a lack of transportation to these services, linguistic barriers for those who do not speak English proficiently, the lack of health care coverage for the undocumented population and the high cost of mental health prescriptions.
- **Lack of education regarding mental health:** Similarly, many focus group participants called out the fact that many residents do not have a basic understanding of mental health issues, resulting in many undiagnosed illnesses and further stigmatization and isolation of the mentally ill.
- **Community and domestic violence:** Many low-income communities experience high levels of gang violence and family violence. While the effects of community and family violence impact people of all ages, focus group participants agreed that the accumulated trauma and mental health impacts associated with living in this type of environment disproportionately affect children and teens.

Resources and strategies to address mental health needs

To address mental health needs in the greater Long Beach community, focus group participants also discussed a variety of existing resources and potential community partners that can be leveraged to mitigate some of the factors described above. Several strategies regarding outreach and service provision were also provided.

Resources:

- **California State University Long Beach** has a suicide hotline for students.
- **Mental Health America** provides trainings and informational sessions.
- **The Department of Mental Health** provides services and case management to people who are experiencing homelessness and mental health issues.
- **The Juvenile Crime Prevention Program** has been helpful in getting parents and at-risk youth involved and engaged in safe activities.

Strategies:

- Increase information distribution and outreach regarding existing resources and mental health concepts (e.g., recognizing issues, supporting family members with mental health issues, etc.).
- Ensure that informational materials and public education campaigns are tailored and culturally appropriate for the target communities.
- Increase security measures and safety in and around green spaces in low-income communities.
- Include lists and links to mental health resources in course syllabi for students to increase awareness and accessibility of mental health resources.
- Focus programming and services on children to help resolve mental health issues early on.
- Provide a support group where veterans and other at-risk individuals can gather to share experiences and receive services.

Obesity and Overweight

Groups and communities impacted by obesity and other weight-related issues

Being overweight or obese puts individuals at risk for many health problems. Overweight or obese individuals are more at risk for other health issues such as coronary heart disease, high blood pressure, Type 2 diabetes, and certain cancers. Focus group participants identified three populations disproportionately affected by obesity or other weight-related issues in the greater Long Beach community: Hispanics/Latinos, children and teenagers, and low-income families. A few geographic areas were also identified where obesity and weight-related health needs are great.

Hispanics/Latinos: Several focus group participants said the Hispanic/Latino community is more at risk of weight-related issues due to cultural norms and food choice. Members of this community are often reluctant to include new healthier options from other cultures in their recipes.

- “The Latino culture is more accepting of all body types, [being overweight] doesn’t matter to us.”
- “There is a Latino culture or belief that if you don’t eat all of the food on the plate, it is not good.”
- “Latinos have soul foods, comfort foods, which are high in fat and high in volume. There is a cultural norm that a chubby baby is a healthy baby. Weight in kids is considered a good thing.”

Children and Teenagers: Due to both targeted marketing by fast food restaurants and grocery producers, young children (2-8) and teenagers both are disproportionately affected by weight-related issues in the greater Long Beach community. Both of these age groups have easy access to unhealthy food options when walking home from school or at dinner time.

- “Students walking home in the morning having chips and soda. Soda is cheap and chips are cheap. The fast food restaurants have dollar meals so the students have a dollar and spend it in Taco Bell. It’s hard to change the norm.”
- “I think kids overall, they are overweight because moms work. They come home tired from working so much. [...] All mothers go get fast food because it is easy.”

Low-Income Families: Low-income families often live in areas where healthy food options are unavailable and public parks are perceived as unsafe. In many of these families, both parents are working and do not have time to prepare healthy, home-cooked meals, opting for quicker and cheaper fast food options.

- “Poor families are usually [dealing with] obesity, as they are not able to buy healthy food.”
- “Fast food is usually the best way to eat because the parents are working too much.”

- “They don’t get the exercise or physical activity. The neighborhoods are sometimes not safe.”

Geographic areas impacted by mental health: Several specific geographic areas within the Long Beach community were mentioned as disproportionately affected by obesity or other weight-related issues including:

- Zip Code 90813
- Lincoln Park area
- North Town

Factors that contribute to obesity and overweight

Focus group participants further elaborated on the socio-economic, cultural and systemic factors that contribute to obesity and other weight-related health issues in the greater Long Beach community.

Contributing factors that were most frequently mentioned included the lack of physical activity, the lack of time, food choice, and nutrition/cooking education.

- **Lack of Physical Activity:** Many residents of the greater Long Beach community do not engage in sufficient physical activity. Although some parks and bike lanes do exist in the area, residents often view these as unsafe to use. Additionally, many residents opt for sedentary activities using their electronic devices instead of playing sports or other recreational activities outside.
- **Lack of Time:** Another key factor was the lack of time to engage in physical activity or prepare healthier meals. Many residents work long hours, and choose fast food because of convenience and affordability. With limited leisure time, families often put exercise and healthy eating below other priorities.
- **Food Choice:** A major contributor to unhealthy diets in the area is the lack of accessible grocery stores and other affordable healthy food options. Additionally, marketing to teenagers and children puts pressure on parents to purchase less nutritional foods to make them happy.
- **Nutritional/Cooking Education:** Many participants said that existing nutrition-focused programs are ineffective because they promote recipes and ingredients that are unfamiliar to community members and the nutrition concepts they teach are difficult to grasp and are constantly changing. Residents also do not know how to prepare and store quick and healthy meals their families can eat throughout the week, which often results in last minute trips to fast food restaurants.

Resources and Strategies to Address Obesity/Overweight

To address obesity and other weight-related issues in the greater Long Beach community, focus group participants also discussed a variety of existing resources and potential community partners that can be leveraged to mitigate some of the factors described above. Several strategies regarding outreach and service provision were also provided.

Resources:

- **Centro Salud Es Cultura** provides community Zumba classes.
- **Martin Luther King Park** holds an annual Fruit and Veggie Party as part of the Healthy Active Long Beach project.
- **Memorial Hospital** provides nutrition classes on healthy cooking.
- **The Department of Health and Human Services** provides basic nutrition information, healthy cooking and snack ideas, and basic healthy living activities through their Healthy Active Long Beach project.

Strategies:

- Provide family-focused programming that teaches nutrition, healthy cooking, and healthy living principles in a child-friendly way.
- Ensure that cooking classes are culturally competent to make it easier on residents unfamiliar with new ingredients to adapt their cooking.
- Promote nutrition-related media outreach that engages young children and teenagers.
- Incentivize local business and work places to provide opportunities for physical activity for their employees.
- Provide a healthy cooking course that focuses on time management and weekly food preparation.

Appendix E. Summary of Prioritization Gallery Walk

The following appendix includes a summary of comments received for eleven health needs that were discussed during the gallery walk portion of the Long Beach CHNA prioritization session. Fifty-four stakeholders with broad and deep expertise about the health needs of the greater Long Beach community participated in the session on December 11, 2015. During the gallery walk, participants were given sticky notes and asked to comment on three main categories related to each health need:

- What does the health need look like in Long Beach?
- What opportunities and resources are there to address this health need?
- What strategies should be used to address this health need?

Each health need summary includes themes that emerged from comments during the gallery walk. Information was consolidated into two primary categories, 1) what the health need looks like in Long Beach and 2) the opportunities, resources and strategies identified as necessary to move the needle on that health need.

1. Access to Care

What does this health need look like in Long Beach? (communities affected, prevalence, etc.)

- Individuals that do not qualify for Medi-Cal need access to care. One person stated that “If a person makes too much to qualify for Medi-Cal, they often must pay an amount for care that is unrealistic for their income. They make too much and too little and end up with no care at all. They slip through the cracks.”
- Older adults were highlighted as a group especially in need of support in this area.
- There are also still certain high need areas within the region that require additional enrollment and outreach.

Opportunities, resources and strategies to improve access to care

- Participants noted that there are many entities and health coverage enrollers, but a need exists to increase collaboration and active referrals for hard-to-reach populations.
- Creating resources for individuals without health insurance were referenced often, including reinstating free clinics and implementing universal health and dental coverage for adults. Vaccine clinics for older adults were also recommended.
- Participants mentioned health care enrollment, both in terms of mapping current enrollers with partners such as Innovation Long Beach, as well as providing enrollment events in certain locations, such as LBUSD.
- Some suggested increasing awareness and access to services through campaigns to increase knowledge of health programs in communities and transportation to get people to services.
- Promote collaboration between schools and providers for more school-based services.
- There is a need for more adult-based education about chronic disease prevention and management. Clear and multi-lingual health messages are necessary.

2. Access to Housing

What does this health need look like in Long Beach? (communities affected, prevalence, etc.)

- Poor housing contributes to stress and chronic disease.

- The city of Long Beach needs to work on building more affordable housing. There are a lot of senior, disabled and low-income families that cannot afford housing and there are 10+ year long wait lists for some to apply to section 8 housing.
- Individuals with mental and physical health needs, people with disabilities, and families are populations of high priority.

Opportunities, resources and strategies to address access to housing

Organizations and entities already engaged in this work in the greater Long Beach community include:

- Housing Long Beach
- Building Healthy Communities: Long Beach
- LB Health Department Strategic Plan team on healthy and safe housing
- Legal Aid Foundation

Suggestions for new programming, collaborations or policy to address obesity included:

- Participants suggested working with the city to increase funding for and the development of affordable housing units. Some suggested converting existing space, such as old hotels or warehouses to housing, while others suggested increasing the quality of existing housing stock.
- Others mentioned a need for more information on where residents can access housing because many do not know where to get this information.
- Build community capacity to advocate for affordable housing and tenant rights.
- Create sustainable housing for all which can support pathways to accessing health care and psychologically supportive environments.
- Many focused on strengthening protections for renters, including increasing the number of housing inspectors and protecting tenants from potential retaliation, ensuring access to legal assistance and advocacy for tenants, and increasing code enforcement activities.
- Issues of homelessness were raised, including creating mobile vans and resources for homeless to shower, as well as figuring out why some populations are less prone to homelessness than others and trying to replicate those factors.
- Implement stronger rent control policies so that rents are at fair market value.
- The City of Long Beach should fund a housing trust fund.

3. Chronic Disease

What does this health need look like in Long Beach? (communities affected, prevalence, etc.)

- Asthma rates and emergency department visits are higher in low-income areas adjacent to freeways and ports.
- Diabetes drives many chronic conditions such as heart disease and stroke.
- Participants mentioned that many individuals engage in unhealthy behaviors due to economic instability, a lack of education, and lack of access to adequate health care management.
- Others noted that minority groups with the highest rates of chronic disease were an important population to consider.

Opportunities, resources and strategies to strengthen chronic disease prevention

- Participants offered the idea of partnering with health plans for reimbursement so that clinics and hospitals can run support groups for disease self-management.

- Others suggested policy solutions, such as limiting marketing of chronic disease promoting substances or taxing them and using revenue for healthy messaging campaigns.
- Use asthma funding for a community health worker home visiting program to continue work in Long Beach.
- Some participants suggested improving education related to prevention, the importance of chronic disease management, co-morbidities and their impact on health, and the ethnic groups most impacted by certain illnesses.
- Increase coordination and leverage resources and services among service providers.
- Participants suggested utilizing culturally sensitive EBPs for self-management, not just education.
- Others suggested promoting exercise as a social norm.

4. Crime and Violence

What does this health need look like in Long Beach? (communities affected, prevalence, etc.)

- Participants noted that crime and violence significantly impact the health of the community, for example families will not spend time outside if they don't feel safe.
- Some critiqued responses to the issue of crime and violence by stating "People wonder why certain communities just don't do better for themselves. How can you compare kids who have experienced trauma or abuse to others that don't have these concerns of safety and well-being?"
- Others noted that there is a lack of connection to resources, for example emergency rooms do not connect victims of violence to community resources.

Opportunities, resources and strategies to improve crime and violence prevention

- Strengthen community-police relations and community policing in order to increase perceptions of safety and reduce violence associated with police brutality.
- Identify and incorporate successful practices from place-based funding initiatives (e.g. HEAL, Building Healthy Communities, and First 5) around various health needs.
- Increase collaboration between providers to address trauma, education, resources, victim funds, and family counseling.
- Various participants suggested screening for violence and trauma more intentionally and linking victims directly to supportive services.
- Participants mentioned continuing existing efforts, such as making Long Beach a trauma informed city since a task force is already in place, as well as implementing the Safe Long Beach Violence Prevention Plan.
- Some suggested developing programs to improve safety, such as programs that protect seniors in and out of the home and surveillance programs to improve residents' use of public spaces like parks.

5. Economic Security

What does this health need look like in Long Beach? (communities affected, prevalence, etc.)

- Participants noted that low wages and wage theft are problems in the community.
- Others mentioned the high rates of unemployment and insufficient income for family size.
- Food insecurity and hunger were mentioned, as well as prioritizing food stamps and food banks.
- There are many single moms without access to adequate childcare and job training.
- Many populations were identified as high need, including single fathers, low-income individuals, transition-aged and foster youth, the formerly incarcerated, and homeless individuals.
- Specific zip codes that were identified by participants include high need areas such as 90813 and 90806.

Opportunities, resources and strategies to address economic security

Organizations and entities already engaged in this work in this work in the greater Long Beach community include:

- Pacific Gateway WIN
- United Cambodian Community
- Building Healthy Communities: Long Beach – researching this
- Centro CHA

Suggestions for new programming, collaborations or policy to address obesity included:

- Many participants focused on ensuring that critical resources such as food banks, diaper banks, and public benefit enrollers are available for individuals. Linking Medi-Cal and food stamp enrollment was one suggestion for streamlining how individuals access resources.
- Others suggested creating \$2-for-1 SNAP programs for vegetable and fruit purchasing.
- Several participants focused on workforce development strategies, such as:
 - Partnering with the workforce development arm of the city and community action partnerships to promote jobs and improve workforce programs.
 - Providing career readiness and vocational training programs for youth and adults to gain workforce skills.
 - Developing local hire programs that target high unemployment areas and populations and facilitate job creation where people live.
 - Creating programs for subsidized job skills acquisition assistance.
- Some participants emphasized working with local and small businesses to determine their needs, as well as supporting worker-owned cooperative development.
- Increase school readiness, which can lead to better success in school, higher educational attainment, and better economic security.
- Institute a living wage policy that takes into consideration factors such as purchasing power, inflation, and rent control issues.
- Participants noted that improving birth control education to prevent unplanned pregnancies and promote family stability was one potential strategy.
- Include remedies for those coming out of the criminal justice system.
- Ensure access to legal services and advocacy.

6. Education

What does this health need look like in Long Beach? (communities affected, prevalence, etc.)

Educational attainment was referenced by some individuals:

- Many non-English speakers want to go to school to learn English, but cannot afford it or do not have the time.
- So many children and youth are not able to graduate, especially for Cambodians. Parents do not know how to help their children get a good education.
- Racial and ethnic groups historically have lower educational attainment.

Opportunities, resources and strategies to improve education

Organizations and entities already engaged in this work in this work in the greater Long Beach community include:

- Long Beach Promise
- LBCC
- CSULB
- LBUSD

Suggestions for new programming, collaborations or policy to address obesity included:

- Participants mentioned creating equal access to quality education for all youth, for example by developing a voucher system so that education quality is not so variable by zip code.
- Several participants noted the need to improve graduation rates for racial and ethnic groups generally, and especially those pursuing higher education.
- Others noted that focusing on the quality of education and developing strategies to more accurately measure student retention and understanding is important.
- Pipeline programs and skilled trade programs were suggested as one way for racial/ethnic minorities to pursue majors that lead to meaningful employment.
- Create programs that make learning more fun and creative and create a culture where going to college is the norm.
- Provide resources and attention to kids falling through the cracks early on.
- Several participants suggested strategies that integrate parents into education planning for their children, whether through assisting them on how to guide their children through the college process, or by educating them on the risks associated with not completing school.
- Increase access to adult education centers by creating free classes, increasing the number of centers, and providing transportation to centers.
- Other participants mentioned that restorative justice practices should be implemented throughout LBUSD.
- Improving health education by zip code was suggested as a strategy to improve economic status and health access overall.
- Promote education as leverage for economic security, housing, and mental health.

7. Environment and Climate⁷

- Implement joint use of school grounds policies for community exercise, particularly in zip codes 90813, 90806, 90805, 90804.
- Create time for active breaks at work.
- Ensure students receive 60 minutes of exercise in school daily.

8. Mental Health

What does this health need look like in Long Beach? (communities affected, prevalence, etc.)

- Several participants mentioned that children are particularly underserved in the area of mental health, with a need for additional supports in schools, especially for low-income children exposed to trauma and other adversity. Current funding is too siloed and narrow to promote access.
- One participant noted that there is a lack of awareness of the available mental health resources, “People don’t know where to go for help.”

⁷ Neither Environment and Climate nor Pregnancy and Birth Outcomes made it to the top of the prioritized health needs list during the voting prioritization process. As a result, these two health needs have fewer suggestions and areas for opportunity listed.

- Violence, trauma and adversity underlie the mental health, substance abuse, and physical health issues.
- Participants mentioned that the type of health insurance one has impacts access. Those with chronic mental health conditions tend to have either Medicare or Medi-Cal, which limits access. One person stated “Patients who live in LB are going to Torrance for an outpatient psychiatrist.”
- For both low-income children and adults, trauma and adversity contribute to anxiety, depression, oppositional defiance disorder, substance abuse, and other conditions.
- One participant noted that maternal depression is an important need.
- Specific at-risk populations that were identified included substance users, individuals in jails or prison, the undocumented, and youth. Participants also honed in on zip codes with the highest needs.

Opportunities, resources and strategies to improve mental health care

- Participants suggested increasing coordination and leveraging of services and resources among providers in order to create ongoing, sustainable, and practical services.
- Facilitating school and mental health provider partnerships were also mentioned.
- Increase health care access so that everyone can receive mental health services, especially those with Medi-Cal, and also increase state-level advocacy to improve Medi-Cal services. Others suggested providing affordable options for those who do not qualify for free medications.
- Other participants suggested involving community and religious leaders and family members in outreach and education efforts in order to reduce stigma.
- Develop community wellness program that target mindfulness and mindful eating.
- Increase awareness of mental health issues among service providers and ensure that there are culturally accessible services for all.
- Someone suggested screening for maternal depression in multiple settings, for example at WIC.
- Strengthen partnerships with County DMH and improve access to MHSA funds from the County.
- Prioritize trauma informed care practices throughout the city of Long Beach.
- “Innovation Long Beach” was mentioned as a communications resource that might be able to help with sharing information and resources.

9. Obesity and Diabetes

What does this health need look like in Long Beach? (communities affected, prevalence, etc.)

- Participants identified communities in greater Long Beach that have higher rates of obesity such as ethnic groups (e.g., Latinos).
- Geographic areas with higher rates of obesity such as zip code 90813 and communities with limited access to transportation, education, healthy food and safe areas to walk and be active.
- Participants also identified the eating habits of teens as a contributing factor to obesity.
- A few described the intersection between income and obesity stating that “Lower socio-economic status is a huge driver of this problem. Food deserts and the availability of fast food restaurants in the inner city (the areas with higher rates of obesity and diabetes) are horrible. This problem is severe.” Another said that the “racial/ethnic disparity that is a growing problem in America and in the City of Long Beach.”

Opportunities, resources and strategies to address obesity and diabetes

Organizations and entities already engaged in this work in this work in the greater Long Beach community include:

- The ActiVir program

- Centro Salud es Cultura. Provides culturally relevant health education on obesity and Zumba classes for families to engage in physical activity.
- The Children’s Clinic
- Tomando Control de Su Salud

Suggestions for new programming, collaborations or policy to address obesity included:

- Focus on the top two to three Long Beach zip codes with the greatest needs/risk and work to increase access to health promoting spaces such as farmers markets, healthy food markets, and safe parks.
- Several participants mentioned that residents were not knowledgeable about healthy eating and active living and had related suggestions such as increasing the number of community-based nutrition classes and activities during times when the community can attend. Another suggested “implementing an all-weather rubberized track with five exercise machines in the 14th St. Park...and incorporating a health program to teach the community on how to utilize the fitness equipment.”
- Several mentioned the important role that schools play in preventing obesity and suggested that health education and physical activity requirements be reinstated and enforced, and that the food environment at schools be improved.
- Several participants expressed that cross-sector collaborative efforts are needed to address obesity. Potential partners include: health departments, community based organizations (CBOs), restaurants, food banks, food advocates, urban farms and community residents.
- Others suggested environmental changes such as increasing access to farmers markets in high need areas.
- Several mentioned the sedentary work culture and how that contributes to obesity. Suggestions to address this included encouraging employers to allow time for exercise such as implementing “active breaks” in the workplace.
- Several mentioned how breastfeeding can have a protective affect on obesity and suggested that there be “increased community and employer supports for breastfeeding women”.
- Others had very specific suggestions such as “ban EBT card use in fast food restaurants” and “incorporate \$2 for \$1 SNAP programs for produce purchases in stores and farmers markets”.

10. Pregnancy and Birth Outcomes⁸

- Increase community support for breastfeeding moms to continue as long as possible. This impacts childhood obesity and asthma and also increases bonding and attachment between mother and child.

11. Preventive Care

What does this health need look like in Long Beach? (communities affected, prevalence, etc.)

- Community members will have an understanding of health through clear messaging such as Kaiser’s Thrive campaign.
- How many kids are lost to care after mandated entry school exam?

Opportunities, resources and strategies to strengthen preventive care

Medical professionals should recommend screening tests and preventive care to all races and classes equitably.

⁸ Neither Environment and Climate nor Pregnancy and Birth Outcomes made it to the top of the prioritized health needs list during the voting prioritization process. As a result, these two health needs have fewer suggestions and areas for opportunity listed.

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

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