



# Community Health Needs Assessment

2016

MemorialCare Health System  
Miller Children's & Women's Hospital Long Beach  
Long Beach, California



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# 1. Introduction

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

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

## Background and Purpose

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

## Hospital Information

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

Miller Children’s & Women’s Hospital Long Beach is a pediatric teaching hospital that provides specialized pediatric care for children and young adults, as well as maternity care for expectant mothers. The hospital treats more than 8,000 children each year and has become a regional pediatric destination for more than 84,000 children who need specialized care in the outpatient specialty and satellite centers. Only five percent of all hospitals are children’s hospitals, making them unique not only to children’s health care needs in the

community, but across the region. The MemorialCare Center for Women at Miller Children’s Hospital Long Beach delivers more than 6,000 babies each year and transports nearly 100 high-risk moms to Miller Children’s & Women’s each year.

The hospital is located on a 54 acre campus that it shares with Long Beach Memorial Medical Center. In 2011, Community Hospital Long Beach joined the organization. These hospitals function under the same tax identification number but are separately licensed hospitals.

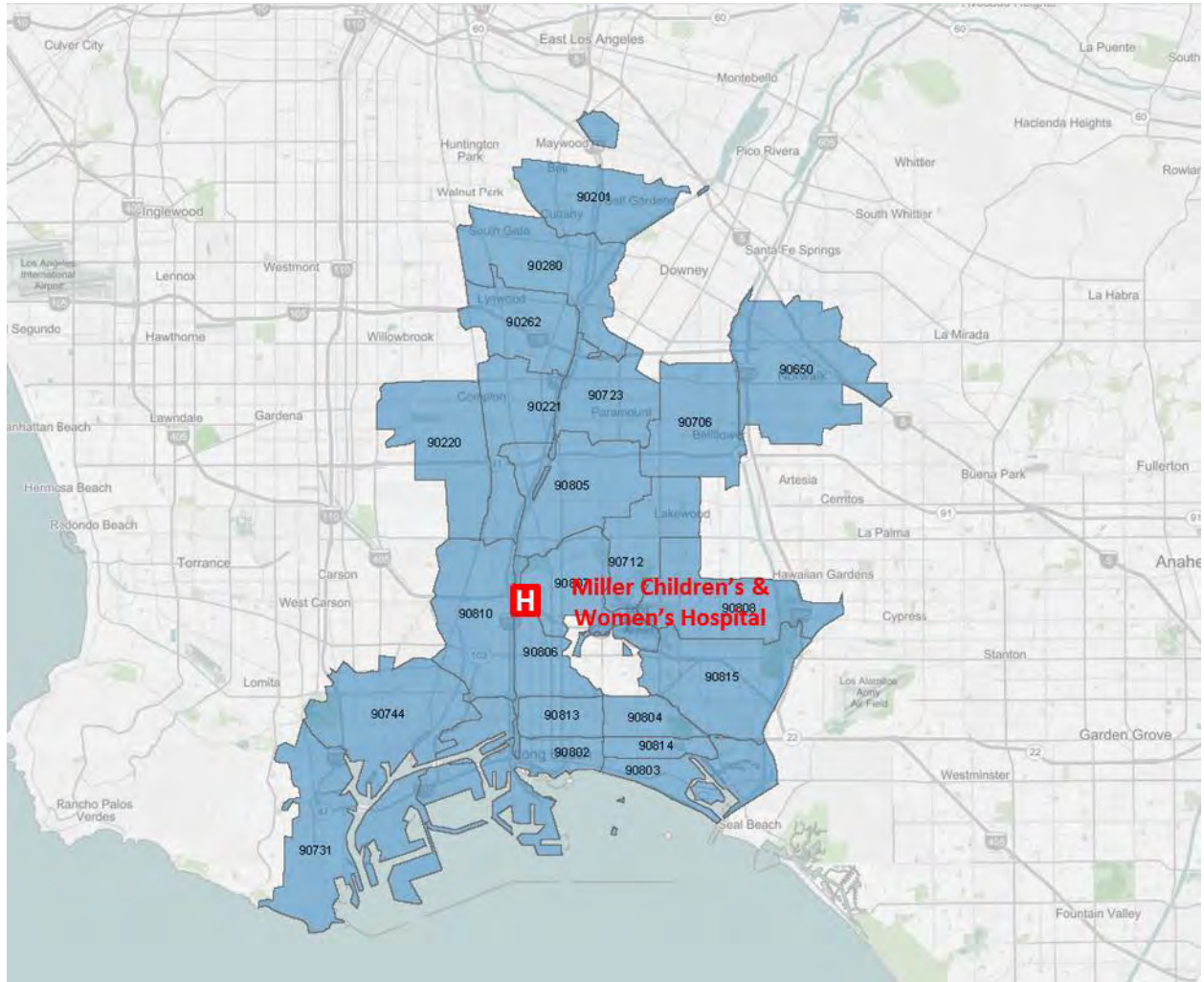
## Service Area

Miller Children’s & Women’s Hospital is located at 2801 Atlantic Ave., Long Beach, California 90806. The service area encompasses 22 zip codes representing 11 cities and communities. In this report, we refer to the Miller Children’s & Women’s service area as the greater Long Beach community. To determine the service area, Miller Children’s & Women’s Hospital takes into account the zip codes of inpatients discharged from the hospital; the current understanding of community need based on the most recent Community Health Needs Assessment; and long-standing community programs and partnerships.

### Miller Children’s & Women’s Hospital Service Area by Zip Code and Community

90201	Bell/Cudahy	90802	Long Beach
90220	Compton	90803	Long Beach
90221	Compton	90804	Long Beach
90262	Lynwood	90805	Long Beach
90280	South Gate	90806	Long Beach
90650	Norwalk	90807	Long Beach
90706	Bellflower	90808	Long Beach
90712	Lakewood	90810	Long Beach
90723	Paramount	90813	Long Beach
90731	San Pedro	90814	Long Beach
90744	Wilmington	90815	Long Beach

## Map



## Community Demographics

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

The service area for Miller Children's & Women's Hospital includes 1,221,526 residents. Over one-third (38.5%) of the service area residents live in Long Beach with the remaining living in the communities of Bell/Cudahy, Bellflower, Compton, Lakewood, Lynwood, Norwalk, Paramount, San Pedro, South Gate and Wilmington. Compared to the State, the service area has a slightly higher percentage of children and youth,

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



ages 0-19 (31.3% in the services area, 27.5% in the State) and a slightly lower percentage of seniors, 65 years and older (8.8% in the service area, 11.8% in the State). In terms of race/ethnicity, 62.3% are Hispanic/Latino; 17.1% are White; 10.3% are Blacks/African American and 7.5% are Asian. Native Americans, Hawaiians and other races combined makeup 2.8% of the population. 30.9% of service area residents who are 25 years old and older have less than a high school diploma; a much higher rate compared to the State (18.7%). Additionally, a larger percentage of service area residents live below 200% of the federal poverty level (FPL) as compared to the state (47.7% of service area residents, 35.9% in the State). Additional information about the characteristics of the service area can be found in Section 3. Assessment Findings, Demographic Profile.

## 2. Methods

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

### Partners Involved in the Community Health Needs Assessment

#### Hospital and Partners Involved

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

#### Consultants

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

#### Secondary Data

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

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

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

1. California Attorney General Criminal Justice Statistics Center (CJSC), 2013. Retrieved from <http://www.healthycity.org>
2. California Department of Education:
  - a. Dataquest: <http://dq.cde.ca.gov/dataquest/>
  - b. California Healthy Kids Survey, Long Beach Unified 2010-11, Los Angeles County 2009-2011 and Statewide 2009-2011: Main Report San Francisco: WestEd Health and Human Development Program <http://chks.wested.org/reports/search>
3. California Department of Public Health, 2010, 2011, 2012.
  - a. Birth records: [www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx](http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx)
  - b. Death records: [www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx](http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx)
  - c. Immunization Branch, Division of Communicable Disease Immunization records: <https://cdph.data.ca.gov/Healthcare/School-Immunizations-In-Kindergarten-2014-2015/4y8p-xn54> <http://www.cdph.ca.gov/programs/immunize/Documents/2014-15%20CA%20Kindergarten%20Immunization%20Assessment.pdf>
4. California Employment Development Department, Labor Market Information Division, April 2015: [www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/AreaSelection.asp?tableName=labforce](http://www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/AreaSelection.asp?tableName=labforce)
5. California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>
6. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.
7. City of Long Beach Department of Health and Human Services
  - a. Homeless Services Division, Biennial Homeless Count: [http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison\\_final/](http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/)
  - b. Los Angeles County HIV/AIDS Reporting System, HIV/AIDS Monitoring Report: <http://www.longbeach.gov/health/planning-and-research/hiv-reports/>
8. Los Angeles County Department of Children and Family Services: <http://www.healthycity.org>
9. Los Angeles County Department of Public Health,
  - a. Los Angeles County Health Survey 2011: [www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm](http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm)
  - b. Mortality in Los Angeles County: <http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt11.pdf>

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

- c. Annual HIV Surveillance Report:  
<http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/2013AnnualSurveillanceReport.pdf>
  - d. HealthDataNow! <https://dqs.publichealth.lacounty.gov/query.aspx?d=1>
  - e. Sexually Transmitted Disease Morbidity Report:  
<http://publichealth.lacounty.gov/dhsp/Reports/STD/STDMorbidityReport2012.pdf>
10. Los Angeles County WIC: <http://www.healthycity.org>
  11. Los Angeles Homeless Services Authority (LAHSA): [http://www.lahsa.org/homelesscount\\_results](http://www.lahsa.org/homelesscount_results)
  12. National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
  13. South Coast Air Quality Management District. 2014. <http://www.aqmd.gov/home/library/air-quality-data-studies/historical-data-by-year>.
  14. University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
  15. University of Wisconsin Population Health Institute, County Health Rankings. 2013-14. County Health Rankings. [www.countyhealthrankings.org/california](http://www.countyhealthrankings.org/california)
  16. U.S. Bureau of the Census,
    - a. 2010 Census of Population and Housing:  
<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
    - b. American Community Survey: <http://factfinder.census.gov>
  17. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.
  18. U.S. Department of Health & Human Services,
    - a. Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
    - b. Health Resources and Services Administration, Area Health Resource File:  
<http://ahrf.hrsa.gov/arfdashboard/HRCTstate.aspx>
  19. U.S. Department of Justice, FBI, Uniform Crime Reporting Statistics, 2012;  
[www.bjs.gov/ucrdata/index.cfm](http://www.bjs.gov/ucrdata/index.cfm)
  20. Vulnerable Populations Footprint <http://assessment.communitycommons.org/footprint/>

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

## Primary Data

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

Interviewees included public health experts; representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency); as well as leaders, representatives, or members of medically underserved, low-income and minority populations. Other individuals from various sectors with expertise of local health needs were also consulted. A total of 34 key informant interviews were conducted in October and November 2015 for this needs assessment. For a complete list of individuals who provided input via the stakeholder interviews, see Appendix B. Highlights from the key informant interviews and other primary data sources can be found throughout the Section 3. Assessment Findings and a detailed summary of the key informant interviews is located in Appendix C.

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

A total of 52 community members participated in the focus groups. Many individuals who participated in focus groups were leaders, representatives or members of medically underserved, low-income and minority populations. For more information about populations reached in the focus groups, see Appendix D. Highlights from the focus group combined with the other primary data sources can be found in the Section 3. Assessment Findings while a detailed summary of the focus groups is located in Appendix D.

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

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

## Identification and Prioritization of Community Health Needs

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

- Access to Care
- Access to Housing
- Chronic Disease

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

### **Prioritization Methodology and Criteria**

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

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

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

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

### Prioritized Order of Health Needs

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

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

### Potential Resources to Address Identified Health Needs

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

#### Resources to Address Identified Health Needs

Health Need	Potential Resources
<b>Access to Care</b>	<ul style="list-style-type: none"> <li>▪ <b>St. Mary Mobile Clinics</b> go out into the community to provide more accessible screenings to individuals in lower income communities.</li> <li>▪ <b>The Children’s Clinic, “Serving Children and Their Families” (TCC)</b> is supporting the development of a Teen Health and Wellness Center at one of their four school based health centers.</li> </ul>
<b>Access to Housing</b>	<ul style="list-style-type: none"> <li>▪ <b>Long Beach Department of Health and Human Services (LBDHHS)</b> is focusing on reducing homelessness with their Section 8 VASH voucher program and through the construction of new affordable housing units.</li> <li>▪ <b>Long Beach Housing</b> is working with renters to ensure that their rights are protected when they report mold and bad living conditions.</li> <li>▪ <b>Molina Healthcare</b> and <b>LINC (Limited Income Communities) Housing</b> are partnering to build low-income housing that is focused on providing housing to seniors, adults with disabilities, and the homeless.</li> <li>▪ <b>The California Endowment</b> is focused on housing and environmental issues.</li> </ul>



Health Need	Potential Resources
Chronic Disease	<ul style="list-style-type: none"> <li>■ <b>The American Cancer Society</b> provides transportation for individuals with cancer, and an informational hotline for those with questions related to cancer.</li> <li>■ <b>TCC</b> provides low cost health services through a sliding scale to help Long Beach residents of all ages prevent and manage chronic diseases.</li> <li>■ <b>The Long Beach Health Department</b> is partnering with St. Mary to provide information about diabetes and related services through an outreach program.</li> <li>■ <b>TCC and the Long Beach Alliance for Children with Asthma</b> provide outreach services to children with asthma in the most affected areas of Long Beach and surrounding communities, through improved: health care delivery and quality, outreach, education support systems, healthy living environments and, changes in policy at all levels.</li> <li>■ <b>TCC’s Bridge to Health Program</b> utilizes prevention, early detection, screening diagnosis, monitoring and education and outreach to ameliorate the effects of pollution related illnesses throughout Long Beach’s most at risk communities.</li> </ul>
Crime and Violence	<ul style="list-style-type: none"> <li>■ <b>The City of Long Beach</b> has a volunteer prevention plan that focuses on safe schools, communities and families.</li> <li>■ <b>The Juvenile Crime Prevention Program</b> has been helpful in getting parents and at-risk youth involved and engaged in safe activities.</li> </ul>
Economic Security	<ul style="list-style-type: none"> <li>■ <b>A New Way of Life’s</b> 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.</li> <li>■ <b>Families in Good Health</b> focuses on increasing the number of youth employees and job opportunities in the city.</li> <li>■ <b>LA Alliance for New Economy</b> is partnering with the <b>Coalition for Healthy Jobs</b> toward raising the minimum wage and protecting workers’ rights.</li> <li>■ <b>Long Beach Housing</b> is working with renters to ensure that their rights are protected when they report mold and bad living conditions.</li> <li>■ <b>Pacific Gateway Workforce Investment Network</b> connects adults, youth and businesses to opportunities, job seekers to employment and businesses to skilled workers.</li> <li>■ <b>The Long Beach Trauma Recovery Center</b> provides support with resume building and job applications.</li> <li>■ <b>TCC</b> has 15 certified Cal Fresh enrollers onsite to assist residents with access to healthy food.</li> </ul>
Education	<ul style="list-style-type: none"> <li>■ <b>Long Beach City College</b> implemented the Long Beach Promise initiative in collaboration with LBUSD to help youth achieve educational milestones.</li> <li>■ <b>The Building Healthy Communities initiative</b> supports collaboration between local service providers and non-profits to focus on environmental, educational, and overall health issues.</li> <li>■ <b>The Long Beach Unified School District</b> houses a group for parents with limited English proficiency.</li> </ul>
Environment and Climate	<ul style="list-style-type: none"> <li>■ <b>Greener Goods</b> is a farmer’s market in the city with incentives for people on Cal Fresh.</li> <li>■ <b>The Port of Los Angeles and Port of Long Beach</b> have a Clean Air Act program to help reduce the pollution from their industrial activities.</li> <li>■ <b>The Long Beach Alliance for Food and Fitness</b> works to create systematic, comprehensive strategies that will in turn give rise to a healthier community in Long Beach.</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>■ <b>California Conference for Equality and Justice</b> focuses on restorative justice work in the area.</li> <li>■ <b>California State University Long Beach</b> has a suicide hotline for students.</li> <li>■ <b>DCFS</b> provides bus passes and transportation support to families using their services.</li> <li>■ <b>LA County Department of Mental Health</b> 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.</li> </ul>



Health Need	Potential Resources
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>■ <b>Legal Aid</b> helps families experiencing domestic violence obtain immigration relief, restraining orders, and child and spousal support.</li> <li>■ <b>LGBTQ Center of Long Beach</b> provides cultural sensitivity trainings regarding working with the LGBTQ population to help reduce isolation and provide more culturally sensitive services.</li> <li>■ <b>Long Beach Department of Health and Human Services (LBDHHS)</b> is currently engaged in an anti-stigma campaign focused on providing information about mental health issues and how treatment works.</li> <li>■ <b>Long Beach Trauma Recovery Center</b> 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.</li> <li>■ <b>Mental Health America.</b></li> <li>■ <b>Mental Health Association of America</b> provides mental health education in the Long Beach community through their Mental Health First Aid program, and runs a local “village” focused on providing case management and support accessing services (ID, bus passes, disability benefits, etc.)</li> <li>■ <b>The Long Beach Veterans Affairs (VA)</b> provides programming focused on behavioral health for veterans through their Move program.</li> <li>■ <b>The United Cambodian Community (UCC)</b> provides services aimed at supporting refugees connect with their communities and to local service providers.</li> <li>■ <b>TCC</b> has integrated behavioral health services at each of their eleven sites providing therapy, counseling and resources.</li> <li>■ <b>Community Hospital Long Beach</b> provides behavioral health services.</li> <li>■ Through a County of Los Angeles Department of Mental Health grant, <b>Pacific Asian Counseling Services, Mental Health America and TCC</b> work together to provide primary care and integrated behavioral health services for individuals with a dual diagnosis of chronic disease and a mental health and/or substance abuse disorder.</li> </ul>
<b>Obesity and Diabetes</b>	<ul style="list-style-type: none"> <li>■ <b>Best Start Central Long Beach</b> is a First 5 initiative that also promotes nutrition and healthy weights for children 0-5.</li> <li>■ <b>Building Healthy Communities</b> is a place-based initiative that promotes healthy eating among its other focus areas.</li> <li>■ <b>California State University, Long Beach</b> conducts community outreach to provide healthy eating education.</li> <li>■ <b>Centro Salud es Cultura</b> provides culturally relevant health education on obesity and Zumba classes for families to engage in physical activity.</li> <li>■ <b>Century Villages</b> 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.</li> <li>■ <b>Healthy Active Long Beach</b> is focused on making Long Beach more bike accessible.</li> <li>■ <b>Long Beach Alliance for Food and Fitness</b> is a community collaborative promoting healthy eating and physical fitness.</li> <li>■ <b>Long Beach Fresh</b> provides online information about healthy foods.</li> <li>■ <b>Martin Luther King Park</b> holds an annual Fruit and Veggie Party as part of the Healthy Active Long Beach project.</li> <li>■ <b>Long Beach Memorial Hospital</b> provides nutrition classes on healthy cooking, diabetes education and support groups.</li> <li>■ <b>Project Playful</b> is helping raise awareness about healthy living.</li> <li>■ <b>The Department of Health and Human Services</b> provides basic nutrition information, healthy cooking and snack ideas, and basic healthy living activities through their Healthy Active Long Beach project.</li> <li>■ <b>TCC’s Health Education and Outreach Department</b> offers workshops and classes on Everyday Health, Weight Management &amp; Nutrition, Yoga and Zumba as part of their Healthy</li> </ul>

Health Need	Potential Resources
	Lifestyles Initiative.
Oral Health	<ul style="list-style-type: none"> <li>■ <b>The Children’s Dental Health Clinic</b> delivers oral health education and comprehensive treatment for economically disadvantaged children.</li> </ul>
Pregnancy and Birth Outcomes	<ul style="list-style-type: none"> <li>■ <b>Planned Parenthood</b> provides a safe and approachable environment for services.</li> <li>■ <b>TCC</b> provides comprehensive Women’s Health Care Services.</li> </ul>
Preventive Care	<ul style="list-style-type: none"> <li>■ <b>Kaiser Permanente South Bay</b> has an initiative focused on reducing the cost of screening for many of these chronic diseases.</li> <li>■ The <b>Es Tiempo</b> campaign is a multi-faceted campaign raising awareness and support for prevention and treatment of cervical cancer.</li> </ul>
Substance Abuse and Tobacco	<ul style="list-style-type: none"> <li>■ <b>Long Beach Department of Health and Human Services Tobacco Education Program</b> provides information and resources on smoking cessation, including links to the Coalition for a Smoke Free Long Beach.</li> <li>■ <b>American Lung Association</b> offers smoking cessation resources.</li> <li>■ <b>Alcohol Education and Recovery Center</b> provides DUI programs.</li> </ul>

## Data Limitations and Information Gaps

A number of data sources including national, state, county and local resources were examined for this CHNA. The comprehensive community profile detailed within the Assessment Findings Section of the report prioritized data that were available at more local levels (e.g., data that were available at the zip code, city or SPA) and more current data. One limitation is that some data sources were not available for geographic boundaries at these localized levels (e.g., zip code, city or SPA). For other data sources, estimates at these localized levels were unstable, meaning that the size of the sample within these geographic boundaries is smaller and therefore has a higher chance of not accurately representing the larger population within that community. The collaborative also sought data to better understand which communities within the greater Long Beach area are disproportionately affected by these health needs. However, the availability of disaggregated data was limited. Lastly, data are not always collected on an annual basis, meaning some data estimates are several years old and may not reflect the current health status of the population. In consideration of these limitations, the process of identifying health needs was based on triangulating primary data and multiple indicators of secondary data estimates. Primary data collection and the prioritization process are also subject to information gaps and limitations. Themes identified during interviews and focus groups were likely subject to the experience of individuals selected to provide input; the Long Beach CHNA Collaborative sought to receive input from a robust and diverse group of stakeholders to minimize this bias. The final prioritized list of significant health needs is also subject to the affiliation and experience of the individuals who attended the prioritization session, and to how those individuals voted on that particular day. To minimize participant bias, data from all health needs were shared and discussed and criteria for the prioritization process were provided.

## Written Comments from Previous Community Health Needs Assessment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. In compliance with these regulations, the previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <http://www.memorialcare.org/content/community-benefit>. Public comment was requested on these reports. To date, no written comments have been received.

## 3. Assessment Findings

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

### Demographic Profile

#### Population Demographics

At the time of the 2010 Census, the population for the service area was 1,221,526. Over a third of the service area residents live in Long Beach (38.5%). The remainder of the residents is spread out through several different communities in Los Angeles County.

#### Total Population

	Miller Children's & Women's Hospital Service Area	California
Total Population	1,221,526	37,253,956

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

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

#### Miller Children's & Women's Hospital Service Area: Population by Zip Code

	Number	Percent
90201 - Bell/Cudahy	101,932	8.3%
90220 - Compton	49,810	4.0%
90221 - Compton	52,664	4.3%
90262 - Lynwood	70,137	5.7%
90280 - South Gate	95,000	7.7%
90650 - Norwalk	105,940	8.6%
90706 - Bellflower	76,989	6.3%
90712 - Lakewood	31,710	2.6%
90723 - Paramount	54,468	4.4%
90731 - San Pedro	61,432	5.0%
90744 - Wilmington	53,358	4.7%
90802 - Long Beach	39,297	3.2%
90803 - Long Beach	30,563	2.5%
90804 - Long Beach	40,472	3.3%
90805 - Long Beach	92,911	7.6%
90806 - Long Beach	43,179	3.5%
90807 - Long Beach	32,645	2.7%
90808 - Long Beach	40,016	3.2%
90810 - Long Beach	36,113	2.9%
90813 - Long Beach	59,178	4.8%
90814 - Long Beach	18,937	1.5%
90815 - Long Beach	40,966	3.3%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>1,231,576</b>	<b>100.0%</b>

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

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

### Population by Gender

	Miller Children's & Women's Hospital Service Area		California	
	Number	Percent	Number	Percent
Total Male Population	608,107	49.4%	18,726,468	49.7%
Total Female Population	623,469	50.6%	18,932,712	50.3%
<b>Total</b>	<b>1,231,576</b>	<b>100.0%</b>	<b>37,659,180</b>	<b>100.0%</b>

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

Children and youth (ages 0-19) make up 31.3% of the population; 37.5% are 20-44 years of age; 22.4% are 45-64 and 8.8% of the population are seniors 65 years and older. The service area tends to be younger than that of the State with lower percentages of adults 45-64 and 65 or older.

### Population by Age

	Miller Children's & Women's Hospital Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	94,433	7.7%	646,180	6.5%	2,527,752	6.7%
Age 5-19	290,789	23.6%	2,022,621	20.4%	7,832,780	20.8%
Age 20-44	462,120	37.5%	3,691,941	37.3%	13,436,170	35.7%
Age 45-64	276,206	22.4%	2,421,717	24.6%	9,415,614	25.0%
Age 65+	108,028	8.8%	1,111,022	11.2%	4,446,865	11.8%
<b>Total</b>	<b>1,231,576</b>	<b>100%</b>	<b>9,893,481</b>	<b>100%</b>	<b>37,659,181</b>	<b>100%</b>

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

Looking at the population by zip code, Bell/Cudahy, Compton, Lynwood, Wilmington, Paramount and some areas of Long Beach have high percentages of youth ages 0-17. In addition, there are several areas of Long Beach with higher percentages of seniors compared to the County and State.

### Miller Children's & Women's Hospital Service Area: Age of Population by Zip Code

	Youth (Ages 0-17)	Seniors (Ages 65 years +)
90201 - Bell/Cudahy	33.4%	5.9%
90220 - Compton	31.6%	9.2%
90221 - Compton	32.9%	6.6%
90262 - Lynwood	32.7%	6.4%
90280 - South Gate	28.9%	7.9%
90650 - Norwalk	26.4%	10.7%
90706 - Bellflower	28.8%	9.2%
90712 - Lakewood	24.1%	11.5%
90723 - Paramount	31.8%	6.4%
90731 - San Pedro	25.1%	10.1%
90744 - Wilmington	32.0%	7.0%
90802 - Long Beach	16.9%	7.8%
90803 - Long Beach	11.6%	16.9%
90804 - Long Beach	24.8%	5.7%
90805 - Long Beach	30.1%	6.8%
90806 - Long Beach	30.3%	8.5%

	Youth (Ages 0-17)	Seniors (Ages 65 years +)
90807 - Long Beach	21.4%	13.4%
90808 - Long Beach	22.5%	14.3%
90810 - Long Beach	27.1%	11.7%
90813 - Long Beach	33.1%	6.0%
90814 - Long Beach	15.4%	11.4%
90815 - Long Beach	18.5%	13.8%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>27.9%</b>	<b>8.8%</b>
<b>Los Angeles County</b>	<b>24.0%</b>	<b>11.2%</b>
<b>California</b>	<b>24.5%</b>	<b>11.8%</b>

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

## Race/Ethnicity

The service area is diverse in terms of race/ethnicity. The largest portion of the service area is Hispanic or Latino (62.3%). Whites make up 17.1% of the population; Blacks/African Americans comprise 10.3% of the population and Asians 7.5%. Native Americans, Hawaiians, and other races combined total 2.8% of the population. Long Beach has the largest Cambodian community in the United States. When compared to Los Angeles County, the service area has a larger percentage of Hispanic or Latinos and Blacks/African Americans.

### Population by Race and Ethnicity

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California
Hispanic or Latino	62.3%	47.9%	37.9%
White	17.1%	27.5%	39.7%
Black or African American	10.3%	8.1%	5.7%
Asian	7.5%	13.7%	13.1%
Native Hawaiian & Pacific Islander	0.5%	0.2%	0.4%
American Indian & Alaska Native	0.2%	0.2%	0.4%
Other or Multiple	2.1%	2.4%	2.8%

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

When looking at the service area by zip code, there was some variance in the racial/ethnic makeup by zip code. For example, the percentage of residents that identified as Hispanic/Latino ranged from 13.7% in 90803 to 95.8% in 90280. Zip codes with 50% or more of residents identifying as Hispanic or Latino included: 90810 (50.3%), 90806 (50.6%), 90731 (52.6%), 90706 (53%), 90805 (54.1%), 90220 (58.1%), 90813 (65.6%), 90650 (71.2%), 90221 (77%), 90723 (79%), 90262 (88.1%), 90744 (89.4%), 90201 (95.1%) and 90280 (95.8%). Zip codes with 50% or more of their population identifying as White included: 90814 (55.1%), 90815 (59.4%), 90808 (62.0%) and 90803 (75.2%). Zip codes with 15% or more Black or African American residents included: 90807 (15.4%), 90806 (15.6%), 90802 (16.9%), 90221 (20.4%), 90805 (21.7%) and 90220 (36.2%). Zip codes with 15% or more Asian residents included: 90807 (16.9%), 90806 (17.2%) and 90810 (23.8%).

### Miller Children's & Women's Hospital Service Area: Race and Ethnicity by Zip Code

	Hispanic or Latino	White	Black or African American	Asian	Native Hawaiian & Pacific Islander	American Indian & Alaska Native	Other or Multiple
90201 - Bell/Cudahy	95.1%	3.4%	0.7%	0.4%	0.2%	0.1%	0.2%
90220 - Compton	58.1%	2.3%	36.2%	1.0%	0.4%	0.3%	1.6%
90221 - Compton	77.0%	1.4%	20.4%	0.4%	0.1%	0.1%	0.5%
90262 - Lynwood	88.1%	2.0%	8.4%	0.8%	0.0%	0.0%	0.6%
90280 - South Gate	95.8%	2.7%	0.5%	0.7%	0.0%	0.0%	0.3%
90650 - Norwalk	71.2%	11.7%	3.8%	11.8%	0.2%	0.3%	1.0%
90706 - Bellflower	53.0%	20.0%	13.9%	10.9%	0.4%	0.2%	1.7%
90712 - Lakewood	31.1%	37.9%	8.7%	14.0%	2.0%	0.5%	5.8%
90723 - Paramount	79.0%	5.8%	11.0%	2.7%	0.7%	0.1%	0.6%
90731 - San Pedro	52.6%	32.6%	7.1%	4.1%	0.6%	0.3%	2.8%
90744 - Wilmington	89.4%	4.5%	2.6%	2.2%	0.8%	0.3%	0.4%
90802 - Long Beach	37.7%	34.5%	16.9%	7.2%	0.3%	0.2%	3.2%
90803 - Long Beach	13.7%	75.2%	2.2%	5.6%	0.4%	0.1%	2.8%
90804 - Long Beach	44.4%	25.9%	13.2%	13.3%	0.3%	0.2%	2.8%
90805 - Long Beach	54.1%	8.7%	21.7%	11.3%	1.3%	0.3%	2.6%
90806 - Long Beach	50.6%	8.4%	15.6%	17.2%	1.8%	0.6%	5.9%
90807 - Long Beach	27.2%	36.0%	15.4%	16.9%	0.2%	0.3%	4.0%
90808 - Long Beach	20.7%	62.0%	4.1%	7.8%	0.1%	0.3%	4.9%
90810 - Long Beach	50.3%	5.5%	13.4%	23.8%	1.7%	0.5%	4.9%
90813 - Long Beach	65.6%	6.1%	10.5%	14.1%	0.3%	0.2%	3.2%
90814 - Long Beach	25.0%	55.1%	9.2%	6.4%	0.0%	0.4%	3.9%
90815 - Long Beach	19.0%	59.4%	5.6%	11.4%	0.4%	0.3%	3.9%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>42.8%</b>	<b>27.4%</b>	<b>13.1%</b>	<b>12.4%</b>	<b>0.7%</b>	<b>0.3%</b>	<b>3.4 %</b>

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

### Language

In the service area, English only is spoken in 41.8% of the homes; this is lower than the County (43.2%) and the State (56.3%). Spanish is spoken in 49.7% of homes in the service area; this is higher than the County (39.5%) and the State (28.8%).

### Language Spoken at Home for the Population 5 Years and Over

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California
English Only	41.8%	43.2%	56.3%
Spanish	49.7%	39.5%	28.8%
Asian/Pacific Islander	6.5%	10.8%	9.6%
Other Indo-European	1.5%	5.4%	4.4%
Other	0.5%	1.1%	0.9%

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

Within the service area the zip codes with the largest percentages of Spanish speaking homes includes: 90723 (72.2%), 90221 (72.3%), 90744 (73.8%), 90262 (82.7%), 90201 (89.3%) and 90280 (89.5%). Zip codes with the largest percentages of Asian speaking homes include: 90805 (10.2%), 90712 (10.5%), 90804 (10.6%), 90807 (12.5%), 90813 (13.3%), 90806 (15.8%) and 90810 (21%).

#### Miller Children's & Women's Hospital Service Area: Language Spoken at Home by Zip Code

Geographic Area	English Only	Spanish	Asian / Pacific Islander	Other Indo-European	Other
90201 - Bell/Cudahy	9.2%	89.3%	0.5%	0.3%	0.8%
90220 - Compton	45.5%	53.3%	1.0%	0.1%	0.1%
90221 - Compton	27.3%	72.3%	0.2%	0.1%	0.1%
90262 - Lynwood	16.5%	82.7%	0.7%	0.1%	0.0%
90280 - South Gate	9.7%	89.5%	0.6%	0.2%	0.0%
90650 - Norwalk	32.0%	56.3%	9.4%	2.1%	0.2%
90706 - Bellflower	47.0%	40.9%	9.1%	1.3%	1.6%
90712 - Lakewood	70.6%	16.9%	10.5%	1.7%	0.4%
90723 - Paramount	24.0%	72.2%	2.6%	0.3%	0.8%
90731 - San Pedro	55.5%	35.7%	3.4%	4.4%	1.0%
90744 - Wilmington	24.2%	73.8%	1.9%	0.1%	0.0%
90802 - Long Beach	59.1%	30.5%	4.3%	4.7%	1.4%
90803 - Long Beach	86.2%	7.0%	2.4%	3.8%	0.6%
90804 - Long Beach	51.0%	35.4%	10.6%	2.6%	0.5%
90805 - Long Beach	42.6%	46.5%	10.2%	0.6%	0.2%
90806 - Long Beach	39.6%	42.8%	15.8%	1.3%	0.4%
90807 - Long Beach	69.3%	15.1%	12.5%	2.1%	1.0%
90808 - Long Beach	83.6%	10.0%	4.4%	1.7%	0.3%
90810 - Long Beach	35.4%	43.0%	21.0%	0.4%	0.1%
90813 - Long Beach	27.0%	58.3%	13.3%	1.0%	0.5%
90814 - Long Beach	76.9%	14.5%	2.6%	5.7%	0.2%
90815 - Long Beach	79.2%	10.4%	5.2%	4.1%	1.1%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>53.9%</b>	<b>33.6%</b>	<b>9.8%</b>	<b>2.0%</b>	<b>0.7%</b>

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

### Limited English Speaking Household

A limited English speaking household is one in which no member, 14 years and older (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English. 13.2% of households in the service area are limited English speaking. This is lower than the County (14.4%) but higher than the State (9.9%) rates.

#### Limited English Household

	Miller Children's & Women's Hospital Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Limited English Household	48,194	13.2%	466,665	14.4%	1,238,608	9.9%

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



When looking at the service area by zip code, the percentage of limited English households ranged from 1.1% in 90808 to 31.6% in 90201. There were seven zip codes that had at least 15% of households identified as limited English: 90221 (17.3%), 90723 (17.4%), 90744 (18.9%), 90262 (20.2%), 90813 (23.4%), 90280 (24.7%) and 90201 (31.6%).

#### Miller Children's & Women's Hospital Service Area: Limited English Household by Zip Code

	Number	Percent
90201 - Bell/Cudahy	7,724	31.6%
90220 - Compton	1,163	9.0%
90221 - Compton	1,995	17.3%
90262 - Lynwood	3,080	20.2%
90280 - South Gate	5,834	24.7%
90650 - Norwalk	3,653	13.5%
90706 - Bellflower	2,828	12.0%
90712 - Lakewood	322	3.0%
90723 - Paramount	2,404	17.4%
90731 - San Pedro	2,037	9.2%
90744 - Wilmington	2,626	18.9%
90802 - Long Beach	1,274	6.3%
90803 - Long Beach	231	1.4%
90804 - Long Beach	1,398	9.5%
90805 - Long Beach	3,439	13.1%
90806 - Long Beach	1,747	14.4%
90807 - Long Beach	602	4.8%
90808 - Long Beach	153	1.1%
90810 - Long Beach	1,188	12.6%
90813 - Long Beach	3,866	23.4%
90814 - Long Beach	240	2.6%
90815 - Long Beach	390	2.6%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>48,194</b>	<b>13.2%</b>

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

## Citizenship

In the service area, 19.1% of the population is not a U.S. citizen. This is a higher percentage than the County (18.6%) and State (14.3%).

### Not a U.S. Citizen

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California
Not a Citizen	19.1%	18.6%	14.3%

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



# Social Determinants of Health

## Education

Of the service area population age 25 and over, 30.9% have less than a high school diploma; this is higher than Los Angeles County (23.4%) and California (18.7%) high school incompleteness rates. 18.1% of area residents hold at least a bachelor's degree; this is lower compared to County (29.6%) and State (30.6%) rates.

### Educational Attainment

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California
Population age 25 and over	744,290	6,456,772	24,455,010
Less than 9 <sup>th</sup> grade	18.1%	13.7%	10.2%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	12.8%	9.7%	8.5%
High school graduate	23.1%	20.5%	20.7%
Some college, no degree	21.2%	19.6%	22.1%
Associate degree	6.7%	6.9%	7.8%
Bachelor's degree	12.3%	19.4%	19.4%
Graduate or professional degree	5.8%	10.2%	11.2%

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

High school graduation rates within the service are ranged from 60.2% in Compton Unified School District to 93.1% in Norwalk-La Mirada Unified School District.

### High School Graduation Rates, 2013 - 2014 School Year

	High School Graduation Rate*
Bellflower Unified School District	88.4%
Compton Unified School District	60.2%
Long Beach Unified School District	81.0%
Los Angeles Unified School District	70.2%
Lynwood Unified School District	73.6%
Norwalk- La Mirada Unified School District	93.1%
Paramount Unified School District	85.5%
<b>Los Angeles County</b>	<b>77.9%</b>
<b>California</b>	<b>81.0%</b>

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

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

### Primary Data Snapshot: Education

#### What does this health need look like in Long Beach?

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

### What will it take to move the needle on education?

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

## Unemployment

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

### Unemployment Rates, Annual Average, 2010-2014

	2010	2011	2012	2013	2014
Bell	16.6%	16.3%	14.6%	13.1%	11.1%
Bellflower	11.9%	11.7%	10.4%	9.3%	7.8%
Compton	18.7%	18.4%	16.5%	14.9%	12.7%
Lakewood	9.8%	9.6%	8.5%	7.6%	6.4%
Long Beach	13.6%	13.3%	11.9%	10.7%	9.0%
Los Angeles	13.2%	12.9%	11.5%	10.3%	8.7%
Lynwood	15.2%	14.9%	13.3%	12.0%	10.2%
Norwalk	12.8%	12.5%	11.1%	10.0%	8.4%
Paramount	14.5%	14.2%	12.7%	11.4%	9.6%
South Gate	16.0%	15.7%	14.1%	12.6%	10.7%
<b>Los Angeles County</b>	<b>12.6%</b>	<b>12.3%</b>	<b>10.9%</b>	<b>9.8%</b>	<b>8.3%</b>
<b>California</b>	<b>12.4%</b>	<b>11.7%</b>	<b>10.5%</b>	<b>8.9%</b>	<b>7.5%</b>

Source: California Employment Development Department, Labor Market Information Division, November 2015.

[www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/AreaSelection.asp?tableName=labforce](http://www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/AreaSelection.asp?tableName=labforce)

## Poverty

Poverty thresholds are used for calculating poverty population statistics; they are updated each year by the Census Bureau. For 2013, the Federal Poverty Level (FPL) for one person was \$11,490 and for a family of four \$23,550. In the service area, 21% of the population is below poverty level. This poverty rate is higher than County (17.8%) and State (15.9%) rates. There is a similar trend for those who live below 200% of the FPL.

## Poverty

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California
Below 100% Poverty	21.0%	17.8%	15.9%
Below 200% Poverty	47.7%	40.3%	35.9%

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

When looking at the service area by zip codes, the percentage of residents that live below the FPL ranged from 4% to 35.9%. Those areas that had larger percentages of their residents living below the FPL generally also had larger percentages of residents living below 200% of the FPL. The zip codes where 50% or more of residents living below 200% of the FPL included: 90805 (50.5%), 90280 (51.2%), 90804 (52%), 90220 (53.5%), 90806 (54.6%), 90723 (55.1%), 90744 (58.6%), 90262 (61.9%), 90221 (62%), 90201 (66.6%) and 90813 (70%).

### Miller Children's & Women's Hospital Service Area: Poverty by Zip Code

	Below 100% Poverty	Below 200% Poverty
90201 - Bell/Cudahy	29.5%	66.6%
90220 - Compton	23.5%	53.5%
90221 - Compton	26.8%	62.0%
90262 - Lynwood	25.2%	61.9%
90280 - South Gate	21.1%	51.2%
90650 - Norwalk	12.9%	37.0%
90706 - Bellflower	17.1%	43.6%
90712 - Lakewood	6.0%	18.0%
90723 - Paramount	22.1%	55.1%
90731 - San Pedro	20.6%	41.0%
90744 - Wilmington	28.8%	58.6%
90802 - Long Beach	25.9%	46.2%
90803 - Long Beach	8.2%	19.5%
90804 - Long Beach	26.3%	52.0%
90805 - Long Beach	22.8%	50.5%
90806 - Long Beach	27.2%	54.6%
90807 - Long Beach	7.6%	21.3%
90808 - Long Beach	4.0%	12.9%
90810 - Long Beach	18.5%	49.0%
90813 - Long Beach	35.9%	70.0%
90814 - Long Beach	13.3%	31.2%
90815 - Long Beach	9.4%	20.0%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>21.7%</b>	<b>47.4%</b>

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

Within the service area, the percentage of children under 18 who are living below the FPL ranged from 3% in 90808 to 45.4% in 90813. Zip codes with over one-third of children live below the FPL included: 90201 (39.4%), 90221 (34.9%), 90262 (35.3%), 90744 (39.8%), 90802 (42.1%), 90804 (33.6%), 90806 (35.8%) and 90813 (45.4%).

## Miller Children's & Women's Hospital Service Area: Poverty for Children under 18 by Zip Code

	% of Children under 18 Living Below 100% Poverty
90201 - Bell/Cudahy	39.4%
90220 - Compton	33.2%
90221 - Compton	34.9%
90262 - Lynwood	35.3%
90280 - South Gate	30.2%
90650 - Norwalk	16.8%
90706 - Bellflower	24.1%
90712 - Lakewood	7.0%
90723 - Paramount	30.0%
90731 - San Pedro	31.0%
90744 - Wilmington	39.8%
90802 - Long Beach	42.1%
90803 - Long Beach	8.5%
90804 - Long Beach	33.6%
90805 - Long Beach	29.8%
90806 - Long Beach	35.8%
90807 - Long Beach	9.2%
90808 - Long Beach	3.0%
90810 - Long Beach	26.6%
90813 - Long Beach	45.4%
90814 - Long Beach	14.6%
90815 - Long Beach	6.1%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>29.6%</b>

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

### Primary Data Snapshot: Economic Security

#### What does this health need look like in Long Beach?

- Economic security is closely linked to many health needs identified in this CHNA, as engaging in healthy behaviors is more difficult when simply meeting one's basic needs is an everyday struggle. The communities most affected by a lack of economic security in the greater Long Beach area included:
  - Low-income families with young children face significant stressors that affect the mental and physical health of each individual family member. Speaking about this, one participant said, "I would say that poverty is one of the biggest health issues that faces our families. With poverty there is a lack of access to healthy foods, more stress and trauma in their lives, and more poor environments, which can exacerbate or lead to asthma, obesity, heart disease, diabetes, hypertension, and mental health issues."
  - Another participant noted, "I spoke to a mom the other day who has three kids. The husband makes \$9 an hour. She's home with the kids. She has no car. She's 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, is expensive."
- Specific zip codes that were identified include 90813 and 90806.

**Factors that contribute to issues of economic security**

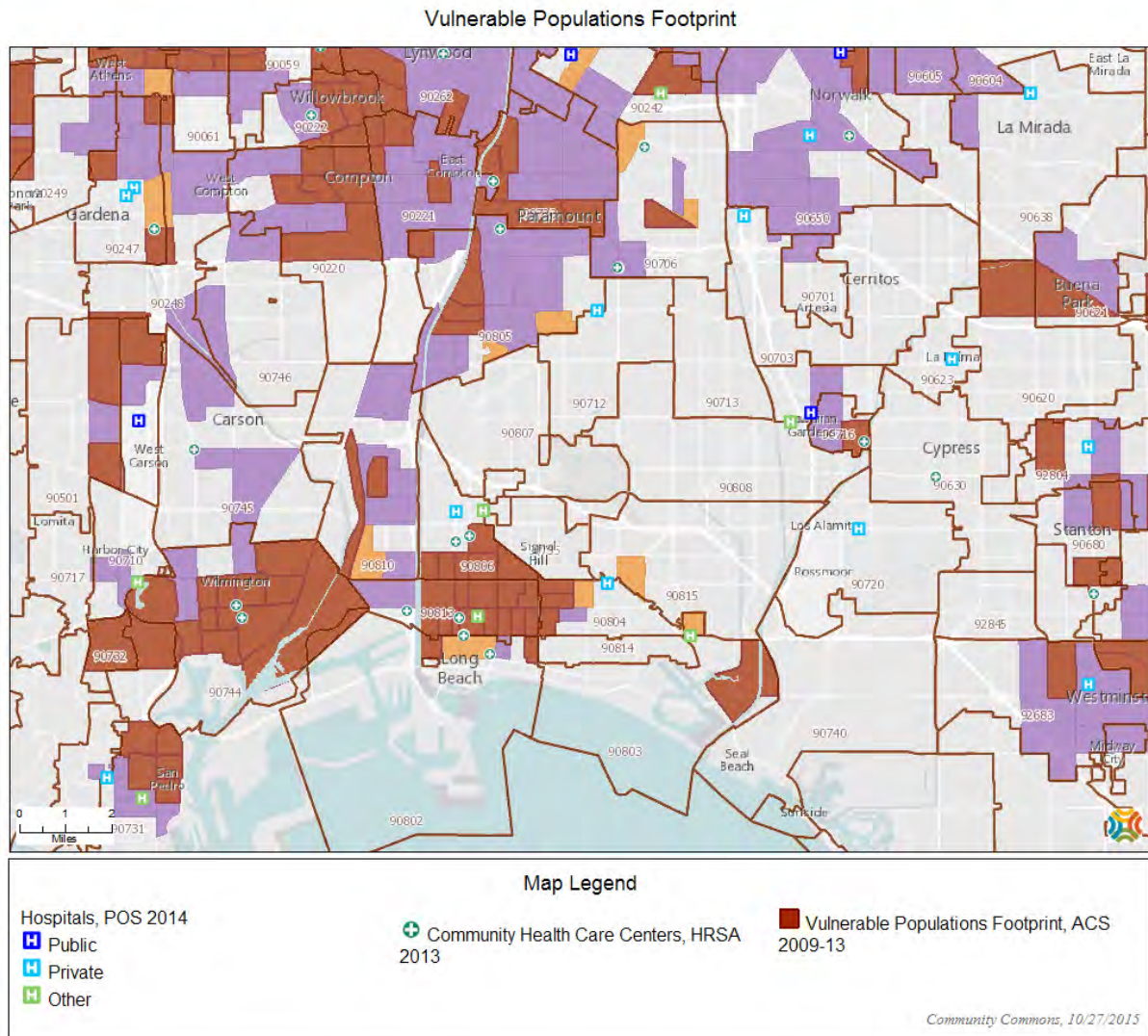
- There are also high rates of unemployment and underemployment.
- Many single mothers do not have access to quality childcare or job training, which makes it difficult to find adequate employment.
- Low high school and college persistence and graduation rates among youth were cited as a key factor in poverty in the Long Beach community.
- Individuals with limited English proficiency struggle to find higher paying jobs, and English language classes and related supports were said to be limited in the area.

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

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

## Vulnerable Populations

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



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

## Public Program Participation

In Service Planning Area 7 (SPA 7), 26.3% of residents are currently receiving food stamps. This is higher than the County (18.7%) or State (18.1%) rate. There is a similar trend for TANF or CalWORKS with 23.6% of SPA 7 residents reporting being a recipient; higher than County (10.6%) or State (8.4%) rates. However the rates for

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



SPA 8 (6.8% currently receiving food stamps and 4.7% currently receiving TANF or CalWORKS) are lower compared to County and State rates.

### Public Program Participation

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Currently Receiving Food Stamps	26.6%	26.3%	6.8%	18.7%	18.1%
Currently Receiving TANF or CalWORKS	16.0%	23.6%	4.7%	10.6%	8.4%

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

In the service area, there were 84,138 people and 59,317 families participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Zip codes with the largest number of participants included: 90221 (5,930), 90813 (6,159), 90650 (6,191), 90262 (6,642), 90280 (7,671), 90805 (7,812) and 90201 (9,624).

### Miller Children's & Women's Hospital Service Area: WIC Participation by Zip Code

	Number of Participants	Number of Participating Families
90201 - Bell/Cudahy	9,624	6,807
90220 - Compton	4,635	3,249
90221 - Compton	5,930	4,105
90262 - Lynwood	6,642	4,730
90280 - South Gate	7,671	5,541
90650 - Norwalk	6,191	4,409
90706 - Bellflower	4,556	3,236
90712 - Lakewood	728	515
90723 - Paramount	4,450	3,189
90731 - San Pedro	3,064	2,177
90744 - Wilmington	4,528	3,152
90802 - Long Beach	1,704	1,211
90803 - Long Beach	132	99
90804 - Long Beach	2,361	1,688
90805 - Long Beach	7,812	5,455
90806 - Long Beach	3,410	2,370
90807 - Long Beach	873	611
90808 - Long Beach	396	269
90810 - Long Beach	2,523	1,759
90813 - Long Beach	6,159	4,208
90814 - Long Beach	345	246
90815 - Long Beach	404	291
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>84,138</b>	<b>59,317</b>

Source: PHFE WIC Data Mining Project, LA County WIC Data, March 2014. Retrieved from <http://www.healthycity.org>

## Child Welfare

In 2009, 1,289 children in the service area were removed from their home due to allegations of abuse and neglect. Most of these children (1,131 children; 87.7%) did not have a prior removal from their home.

### Child Welfare Removals

	Miller Children's & Women's Hospital Service Area		Los Angeles County	
	Number	Percent	Number	Percent
Removals with No Prior Removals	1,131	87.7%	7,903	89.2%
Removals with One or More Prior Removals	158	12.3%	958	10.8%
<b>Total</b>	<b>1,289</b>	<b>100.0%</b>	<b>8,861</b>	<b>100.0%</b>

Source: Los Angeles County Department of Children and Family Services, 2009. Retrieved from <http://www.healthycity.org>

In the service area, there were 2,484 children who were in out of home placements in 2009 due to child abuse and neglect. The majority of children in out of home placements were in a relative's home (897; 36.1%) or a foster family agency (FFA) certified home (790; 31.8%).

### Child Welfare Placements

	Miller Children's & Women's Hospital Service Area		Los Angeles County	
	Number	Percent	Number	Percent
Adoptive Home	126	5.1%	745	4.5%
FFA Certified Home	790	31.8%	5,112	30.6%
Foster Family Home	198	8.0%	1,195	7.2%
Group Home	90	3.6%	828	5.0%
Guardian Home	359	14.5%	2,416	14.5%
Non-Foster Care	9	0.4%	133	0.8%
Other	1	0.0%	21	0.1%
Relative Home	897	36.1%	6,153	36.9%
Small Family Home	14	0.6%	88	0.5%
<b>Total</b>	<b>2,484</b>	<b>100.0%</b>	<b>16,691</b>	<b>100.0%</b>

Source: Los Angeles County Department of Children and Family Services, 2009. Retrieved from <http://www.healthycity.org>

## Free or Reduced Price Meals

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



## Free or Reduced Price Meals Eligibility

School District	Number	Percent
Bellflower Unified School District	9,612	73.1%
Compton Unified School District	21,004	93.6%
Long Beach Unified School District	55,064	67.9%
Los Angeles Unified School District	501,125	76.6%
Lynwood Unified School District	13,780	92.4%
Norwalk- La Mirada Unified School District	14,540	75.1%
Paramount Unified School District	14,011	88.1%
<b>Los Angeles County</b>	<b>1,054,345</b>	<b>67.9%</b>
<b>California</b>	<b>3,707,508</b>	<b>59.4%</b>

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

## Housing

Cost burdened households are the percentage of households (renters and owners) where housing costs exceed 30% of total household income. In the service area, 51.6% of households were cost burdened which is higher than the State (45.9%) and County (50.3%).

Substandard housing includes the percentage of owner- and renter-occupied housing units that have at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. The service area rate of 57.6% is higher than the State (48.4%) and County (54.4%).

### Housing

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California
Cost Burdened Households	51.6%	50.3%	45.9%
Substandard Housing	57.6%	54.4%	48.4%

Source: US Census Bureau, American Community Survey. 2009-2013.

### Primary Data Snapshot: Access to Housing

#### What does this health need look like in Long Beach?

- Families with young children, and LGBTQ youth are populations of high priority. One participant noted: "We have about 6,000 families that have reported themselves as being homeless in our school district...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."
- Affordable housing is hard to find and is often located in neighborhoods with high crime rates and pollution.
- Housing conditions (mold and pests, overcrowding, etc.) affect the physical and mental health of residents.

### Factors that contribute to housing access

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

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

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

## Homelessness

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

Between 2011 and 2015, the number of homeless who were identified in Long Beach decreased from 3,164 to 2,345, a 25.9% decrease. On the other hand, the number of homeless that were identified in Los Angeles County (does not include Glendale, Pasadena and Long Beach) increased from 34,901 to 41,174 during this same time period, an increase of 18%.

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

### Homelessness in Long Beach by Sheltered and Unsheltered

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

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

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

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

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

Source: Los Angeles Homeless Services Authority (LAHSA). [http://www.lahsa.org/homelesscount\\_results](http://www.lahsa.org/homelesscount_results)

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

### Homelessness in Long Beach by Age

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

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

### Homelessness in Los Angeles Continuum of Care\* by Age

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

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

Source: Los Angeles Homeless Services Authority (LAHSA). [http://www.lahsa.org/homelesscount\\_results](http://www.lahsa.org/homelesscount_results)

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

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

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

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

Los Angeles Homeless Services Authority (LAHSA). [http://www.lahsa.org/homelesscount\\_results](http://www.lahsa.org/homelesscount_results)

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

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

### Chronically Homeless in Long Beach

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

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

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

### Veterans in Long Beach

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

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

## Crime and Violence

Property crimes include burglary, larceny-theft and motor vehicle theft. Violent crimes include homicide, rape, robbery (of an individual or individuals, not a home or business) and aggravated assault. Compton has the highest violent crime rate (1,242.1). Bellflower (390.3) and Norwalk (403.6) are the only cities with violent crime rates lower than that of the State (423.1).

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

Geographic Area*	Property Crime Rates	Violent Crime Rates
Bell	1,835.7	623.9
Bellflower	2,313.6	390.3
Compton	2,446.5	1,242.1
Long Beach	3,007.3	575.7
Los Angeles	2,269.1	481.1
Lynwood	1,936.3	763.0
Norwalk	2,431.6	403.6
Paramount	2,792.9	443.7
South Gate	2,652.0	576.2
<b>California</b>	<b>2,758.7</b>	<b>423.1</b>

\* Crime data were not available for Wilmington and San Pedro.

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

In 2013, statewide there were 151,325 calls to law enforcement related to domestic violence. 24.5% of these calls were in Los Angeles County.

### Domestic Violence Calls, 2013

	Los Angeles County	California
Number of Domestic Violence Related Calls for Assistance Received by Law Enforcement	37,038	151,325

Source: California Attorney General Criminal Justice Statistics Center (CJSC), 2013. Retrieved from <http://www.healthycity.org>

The percentages of 5<sup>th</sup> Graders in Long Beach Unified who reported feeling safe at school and outside of school were similar to that in the County and State. The percentages of students who reported either having hit or pushed someone at school, or having been hit or pushed, in Long Beach Unified was similar to the rate in the County and State.

### Students' Feelings of Safety among Elementary School Students (5<sup>th</sup> Graders), 2010-2011

	Long Beach Unified School District	Los Angeles County	California
Feels Safe at School Most or All of the Time	82%	81%	81%
Feels Safe Outside of School Most or All of the Time	69%	65%	68%
Been Hit or Pushed on School Property Most or All of the Time	10%	12%	12%
Have Hit or Pushed Other Kids 1 or More Times	33%	38%	37%

Source: California Healthy Kids Survey, Long Beach Unified 2010-11, Los Angeles County 2009-2011 and Statewide 2009-2011 : Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education.

<http://chks.wested.org/reports/search>

Across all three geographies (Long Beach Unified, Los Angeles County and California), larger percentages of 7<sup>th</sup> graders reported having been pushed, shoved or hit and being afraid of being beaten up at school compared to 9<sup>th</sup> graders, 11 graders and students in non-traditional types of schools. Students attending non-traditional schools most frequently reported having been in a physical fight on school property followed by 7<sup>th</sup> graders. Compared to students in 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grades, more students attending non-traditional schools reported carrying a gun or other weapon to school at least once.

**Students’ Feelings of Safety and Violence, 2010-2011**

	Long Beach Unified School District				Los Angeles County				California			
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*
Feel Safe at My School <sup>1</sup>	62%	58%	60%	40%	61%	56%	59%	51%	60%	54%	57%	49%
Feel Safe or Very Safe in their Neighborhood <sup>2</sup>	72%	69%	70%	69%	--	--	--	--	--	--	--	--
Feels Safe or Very Safe in their Neighborhood Parks and Playgrounds <sup>2</sup>	61%	57%	57%	51%	--	--	--	--	--	--	--	--
Been Pushed, Shoved or Hit on School Property 1 or More Time	44%	24%	16%	19%	43%	27%	18%	20%	43%	29%	19%	24%
Been Afraid of Being Beaten Up on School Property 1 or More Time	27%	15%	9%	14%	26%	18%	12%	17%	26%	19%	13%	16%
Been in a Physical Fight on School Property 1 or More Time	31%	19%	12%	32%	28%	19%	14%	31%	26%	19%	15%	32%
Had Property Stolen or Damaged on School Property 1 or More Time	29%	27%	26%	19%	28%	24%	20%	21%	28%	25%	22%	23%
Damaged School Property on Purpose 1 or More Time	17%	14%	10%	17%	13%	14%	11%	20%	13%	15%	11%	19%
Carried a Gun on School Property 1 or More Time	6%	3%	2%	12%	5%	5%	3%	12%	5%	5%	4%	14%
Carried Any Other Weapon on School Property 1 or More Time	11%	9%	6%	19%	10%	9%	8%	20%	10%	10%	9%	22%

\* NT includes continuation, community day and other alternative school types.

<sup>1</sup> Reported here are those who agreed or strongly agreed with the statement.

Source: California Healthy Kids Survey, Long Beach Unified 2010-11, Los Angeles County 2009-2011 and Statewide 2009-2011 : Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education.

<http://chks.wested.org/reports/search>

<sup>2</sup> These are district specific items that were not asked at the County and Statewide levels.

**Primary Data Snapshot: Crime and Violence**

**What does this health need look like in Long Beach?**

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

child abuse and neglect, domestic violence, highest crime and violent crime and lowest levels of education, highest levels of poverty. We very intentionally for the last year have been investing in what I call social infrastructure and getting to know the key community leaders in those neighborhoods as well as introducing them to each other.”

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

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



# General Health Care Access

## Health Insurance Coverage

Health insurance coverage is considered a key component to accessing health care including regular primary care, specialty care and other health services that contributes to one's health status. The Healthy People 2020 Objective is for 100% of the population to have health insurance. The percentage of the population that is insured in the service area (75.5%) is lower than the County's rate (77.8%) and the California (82.2%) and does not meet the Healthy People 2020 Objective. The same trends were observed when examining the rates of those with health insurance among children and adults. Across all geographies, the rates of health insurance are higher for children under 18 compared to adults.

### Health Insurance Coverage

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California	Healthy People 2020 Objective
Total Population	75.5%	77.8%	82.2%	100.0%
Children Under 18	89.8%	90.4%	91.7%	
Adults Ages 18-64	66.2%	69.8%	75.5%	

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

Within the service area, there are several zip codes with less than 70% of their population holding health insurance: 90201 (62.5%), 90262 (66.6%), 90221 (68.4%), 90813 (68.9%), 90280 (69.1%), 90723 (70%), 90744 (70.5%) and 90804 (74.3%). Zip codes in which a smaller percentage of children have health insurance included: 90262 (82.6%), 90201 (84.3%) and 90723 (85.8%). Zip codes in which less than 60% of adults have health insurance included: 90201 (47.7%), 90262 (54.4%), 90813 (54.7%), 90221 (54.9%), 90280 (56.8%), 90744 (57.3%), and 90723 (59.5%).

### Miller Children's & Women's Hospital Service Area: Health Insurance Coverage by Zip Code

	Total Population	Children Under 18	Adults Ages 18-64
90201 - Bell/Cudahy	62.5%	84.3%	47.7%
90220 - Compton	76.5%	93.0%	64.6%
90221 - Compton	68.4%	87.7%	54.9%
90262 - Lynwood	66.6%	82.6%	54.4%
90280 - South Gate	69.1%	88.2%	56.8%
90650 - Norwalk	75.8%	90.3%	66.2%
90706 - Bellflower	78.5%	89.7%	70.7%
90712 - Lakewood	89.4%	95.1%	85.8%
90723 - Paramount	70.0%	85.8%	59.5%
90731 - San Pedro	81.3%	94.9%	73.3%
90744 - Wilmington	70.5%	89.9%	57.3%
90802 - Long Beach	76.7%	89.0%	71.9%
90803 - Long Beach	91.7%	96.1%	89.1%
90804 - Long Beach	74.3%	88.5%	67.8%
90805 - Long Beach	76.6%	90.9%	67.5%
90806 - Long Beach	77.4%	92.0%	67.7%
90807 - Long Beach	88.7%	96.5%	84.2%
90808 - Long Beach	92.3%	97.6%	88.9%



	Total Population	Children Under 18	Adults Ages 18-64
90810 - Long Beach	79.2%	95.9%	68.1%
90813 - Long Beach	68.9%	90.2%	54.7%
90814 - Long Beach	86.2%	95.5%	82.7%
90815 - Long Beach	91.0%	96.6%	87.8%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>80.2%</b>	<b>91.9%</b>	<b>73.0%</b>

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

Insurance coverage by SPA showed that the highest percentage of residents in SPA 7 (40.5%) and SPA 8 (50.8%) have insurance through their place of employment. In SPA 6, the majority of residents are covered through Medi-Cal (48.5%). These rates were somewhat similar to the County (41.5%) and State (44.8%). The percentage of residents in SPA 7 (30.7%) and SPA 6 (48.5%) who are covered through Medi-Cal is higher than the County (24.4%) and State (22.5%).

### Insurance Coverage

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

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

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

### Access to Primary Care

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

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

### Primary Data Snapshot: Access to Care

#### What does this health need look like in Long Beach?

- Undocumented and low-income, minority individuals and children typically have the hardest time accessing quality health care because they are not covered by the Affordable Care Act. For example, one participant described the concern stating that, "I know with Obamacare, more people are accessing health care, but I think that still might be an issue within the community.[...] I would say, probably, lower income folks are still most affected, as well as ethnic minority groups, that would include African Americans, Latinos, some Asian and Pacific Islanders."
- Many of the lower income and minority populations in the area do not receive quality health care

options from their workplace.

- Individuals that do not qualify for Medi-Cal need access to care. One participant described the service gap saying, “If a person makes too much to qualify for Medi-Cal, they often must pay an amount for care that is unrealistic for their income. They make too much and end up with no care at all. They slip through the cracks.”
- There are also still certain high need areas within the region that need additional enrollment and outreach.

**Factors that contribute to housing access**

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

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

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

**Sources of Care**

Having a medical home and a regular source of health care, a place where a person usually goes if sick or in need of health advice, is an important facet of health and well-being since these can improve continuity of care and access to earlier care. The percentages of children who reported not having a regular source of health care in SPAs 6 and 7 (7.3% and 5.1% respectively) are higher than the County rate (4.8%).

Compared to the county, children in SPAs 6 and 7 were more likely to report being unable to afford a doctor’s visit for a physical exam in the last year and difficulty accessing medical care. However, it is important to note that many SPA level estimates are unstable for these indicators.

**Source of Health Care, Children (0-17)**

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
No Regular Source of Care	7.3%*	5.1%	4.5%*	4.8%
Unable To Afford To See a Doctor for a Physical Exam or a Check-Up in the Past Year	11.0%*	6.6%*	5.0%*	6.4%
Difficulty Accessing Medical Care	17.7%	16.4%	10.1%	12.3%

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

\*The estimate is statistically unstable (relative standard error ≥23%) and therefore may not be appropriate to use for planning or policy purposes.

According to the California Healthy Kids Survey, a school based survey of youth, the most commonly identified usual source of care among 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders is the doctor's office. Similar percentages of students in the 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> grades report going to the following four places for their usual source of health care: (1) health care center or clinic at their school; (2) school nurse's office; (3) hospital, urgent care or emergency room and (4) community clinic or medical center.

### Usual Source of Care

	Long Beach Unified School District			
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*
Health Center or Clinic at your School	16%	15%	12%	9%
School Nurse's Office	15%	11%	11%	1%
Hospital, Urgent Care or Emergency Room	16%	14%	14%	2%
Doctor's Office	34%	33%	42%	9%
Community Clinic or Medical Center	11%	13%	13%	2%
Some Other Place	4%	4%	3%	1%
I Don't Have Anywhere I Usually Go	5%	8%	7%	5%
I Don't Know	9%	6%	5%	1%

\* NT includes continuation, community day and other alternative school types.

Source: California Healthy Kids Survey, Long Beach Unified 2010-11, Los Angeles County 2009-2011 and Statewide 2009-2011: Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education. <http://chks.wested.org/reports/search>

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

### Use of Emergency Room

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

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

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

### Federally Qualified Health Centers

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California
Federally Qualified Health Centers, Rate per 100,000 Population	1.4	1.4	2.0

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

## Delayed Care

Over half of the children in SPAs 6, 7 and 8 reported delaying care due to cost or lack of insurance. In SPA 7, 100% of children reported such. However, it is important to note that many of the estimates for smaller geographies such as SPAs are unstable. Compared to the State and County rates, a slightly higher percentage of children in SPAs 7 and 8 reported delaying or not getting medical care and prescription medicine in the last 12 months.

### Delayed Care, Children (0-18)

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Delayed Care Due to Cost or Lack of Insurance	57.1%	100%	64.4%	46.7%	42.4%
Delayed Care Due to Other Reason	42.9%	--	35.6%	53.3%	57.6%
Delayed or didn't get other medical care in past 12 months	1.6%	5.3%	5.6%	4.3%	4.9%
Delayed or didn't get prescription medicine in past 12 months	5.4%	9.1%	8.1%	6.1%	4.9%

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

## Health Status

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

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

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

## Dental Care

Compared to the County, children in SPA 6 have a high level of dental care needs; a smaller percentage has dental insurance and visited the dentist in the last year and higher rates could not afford dental care in the last year. A larger percentage of children in SPA 7 (16.6%) report not being able to afford dental care in the last year compared to the County (12.6%).

### Dental Care, Children

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
Have Dental Insurance, Children (0-17)	75.8%	79.2%	81.5%	78.2%
Could Not Afford Dental Care in the Last Year, Children (3-17)	14.9%	16.6%	12.2%	12.6%
Last Dental Visit Less than One Year Ago, Children (2-17)	74.1%	73.7%	80.2%	77.3%

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

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

### Time since Last Dental Visit Children and Teens

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

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

# Maternal and Infant Health

## Births

In 2012, there were 18,600 births in the service area. There has been a decrease in the number of births in the service area from 2010 to 2012.

### Births by Year, 2010-2012

2010	2011	2012
19,450	18,885	18,600

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

## Prenatal Care

Engaging in early prenatal care is important because health risks to the mother and infant can be detected early. 84.1% of women in the service area obtained prenatal care during their first of pregnancy. This rate is higher than the State rate (83.8%) and the Healthy People 2020 Objective of 77.9%.

### Prenatal Care

	Miller Children’s & Women’s Hospital Service Area	California	Healthy People 2020 Objective
Prenatal Care in the First Trimester	84.1%	83.8%	77.9%

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

The highest percentage of women in zip codes 90808 (92.7%) and 90803 (93.8%) obtained prenatal care in the first trimester, while less than 80% of women in zip codes 90731 (79.3%), 90744 (79.3%), 90802 (79.6%) and 90806 (79.8%) obtained prenatal care in the first trimester.

### Miller Children’s & Women’s Hospital Service Area: Prenatal Care in the First Trimester by Zip Code

	Number of Women	Live Births <sup>^</sup>	Percent of Live Births
90201 - Bell/Cudahy	1,324	1,561	84.8%
90220 - Compton	705	846	83.3%
90221 - Compton	892	1,071	83.3%
90262 - Lynwood	1,039	1,216	85.4%
90280 - South Gate	1,153	1,366	84.4%
90650 - Norwalk	1,214	1,431	84.8%
90706 - Bellflower	914	1,067	85.7%
90712 - Lakewood	311	338	92.0%
90723 - Paramount	737	866	85.1%
90731 - San Pedro	622	784	79.3%
90744 - Wilmington	687	866	79.3%
90802 - Long Beach	391	491	79.6%
90803 - Long Beach	225	240	93.8%
90804 - Long Beach	485	571	84.9%
90805 - Long Beach	1,318	1,574	83.7%

	Number of Women	Live Births <sup>^</sup>	Percent of Live Births
90806 - Long Beach	595	746	79.8%
90807 - Long Beach	298	333	89.5%
90808 - Long Beach	345	372	92.7%
90810 - Long Beach	421	516	81.6%
90813 - Long Beach	884	1,098	80.5%
90814 - Long Beach	176	197	89.3%
90815 - Long Beach	321	350	91.7%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>15,057</b>	<b>17,900</b>	<b>84.1%</b>
<b>California</b>	<b>79,964</b>	<b>492,643</b>	<b>83.8%</b>
<b>Healthy People 2020 Objective</b>			<b>77.9%</b>

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

<sup>^</sup>Births in which the first month of prenatal care is unknown are not included in the tabulation.

## Low Birth Weight

Low birth weight reports the percentage of total births that are low birthweight (under 2500g). This indicator is relevant because low birthweight infants are at high risk for health problems. The percent of low weight births in the service area is 7.1%, which is higher than the State rate (6.7%). The service area meets the Healthy People 2020 Objective of 7.8%.

### Low Birth Weight (Under 2,500 g)

	Miller Children's & Women's Hospital Service Area	California	Healthy People 2020 Objective
Low Birth Weight	7.1%	6.7%	7.8%

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

The highest percentage of low birthweight infants were in zip codes 90220 (9.1%), 90804 (8.5%), 90805 (8.9%), and 90806 (8.9%).

### Miller Children's & Women's Hospital Service Area: Low Birth Weight (Under 2,500 g) by Zip Code

	Low-Weight Births	Live Births	Percent of Live Births
90201 - Bell/Cudahy	108	1,646	6.6%
90220 - Compton	79	868	9.1%
90221 - Compton	80	1,098	7.3%
90262 - Lynwood	82	1,243	6.6%
90280 - South Gate	86	1,413	6.1%
90650 - Norwalk	108	1,465	7.4%
90706 - Bellflower	77	1,100	7.0%
90712 - Lakewood	22	359	6.1%
90723 - Paramount	61	893	6.8%
90731 - San Pedro	58	811	7.2%
90744 - Wilmington	40	879	4.6%
90802 - Long Beach	35	514	6.8%
90803 - Long Beach	16	252	6.3%
90804 - Long Beach	51	598	8.5%

	Low-Weight Births	Live Births	Percent of Live Births
90805 - Long Beach	149	1,674	8.9%
90806 - Long Beach	67	788	8.5%
90807 - Long Beach	22	348	6.3%
90808 - Long Beach	25	392	6.4%
90810 - Long Beach	27	541	5.0%
90813 - Long Beach	93	1,147	8.1%
90814 - Long Beach	12	204	5.9%
90815 - Long Beach	16	367	4.4%

Source: California Department of Public Health, 2012. <http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>  
 ^Births in which the birth weight is unknown are not included in the tabulation.

## Teen Births

In 2012, teen births occurred at a rate of 94 per 1,000 births, or 9.4% of total births. This rate is higher than the State rate of 7.0%. There were a number of zip codes where the percentage of teen births exceeded 12% including: 90810 (12.20%), 90220 (13.70%) and 90221 (14.30%).

### Miller Children's & Women's Hospital Service Area: Births to Teenage Mothers (Under Age 20) by Zip Code

	Births to Teen Mothers	Rate per 1,000 Live Births	Percent of Teen Births
90201 - Bell/Cudahy	195	118.5	11.8%
90220 - Compton	119	137.1	13.7%
90221 - Compton	157	143.0	14.3%
90262 - Lynwood	145	116.7	11.7%
90280 - South Gate	130	92.0	9.2%
90650 - Norwalk	130	88.7	8.9%
90706 - Bellflower	70	63.6	6.4%
90712 - Lakewood	10	27.9	2.8%
90723 - Paramount	90	100.8	10.1%
90731 - San Pedro	53	65.4	6.5%
90744 - Wilmington	95	108.1	10.8%
90802 - Long Beach	27	52.5	5.3%
90803 - Long Beach	4	15.9	1.6%
90804 - Long Beach	40	66.9	6.7%
90805 - Long Beach	160	95.6	9.6%
90806 - Long Beach	92	116.8	11.7%
90807 - Long Beach	16	46.0	4.6%
90808 - Long Beach	5	12.8	1.3%
90810 - Long Beach	66	122.0	12.2%
90813 - Long Beach	133	116.0	11.6%
90814 - Long Beach	3	14.7	1.5%
90815 - Long Beach	8	21.8	2.2%
<b>Miller Children's &amp; Women's Hospital Service Area</b>	<b>1,748</b>	<b>94.0</b>	<b>9.4%</b>
<b>California</b>	<b>35,281</b>	<b>70.0</b>	<b>7.0%</b>

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



## Infant Mortality

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

### Infant Mortality Rate

	Infant Deaths	Live Births	Death Rate per 1,000 Live Births
Miller Children's & Women's Hospital Service Area	32	8,094	4.0
<b>California</b>	<b>2,247</b>	<b>503,788</b>	<b>4.5</b>
<b>Healthy People 2020 Objective</b>			<b>6.0</b>

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

## Breastfeeding

For babies born at the hospital, 91.7% of mothers breastfed during their hospital stay and 65.8% breastfed exclusively. The breastfeeding rate at the hospital is slightly lower than those of hospitals in Los Angeles County and the State, however, the exclusive breastfeeding rate is higher than the County and State. The Healthy People 2020 Objective is that 81.9% of women to breastfeed their infants.

### In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Miller Children's & Women's Hospital Long Beach	4,540	91.7%	3,259	65.8%
<b>Los Angeles County</b>	<b>109,455</b>	<b>92.8%</b>	<b>62,955</b>	<b>53.3%</b>
<b>California</b>	<b>396,602</b>	<b>92.9%</b>	<b>275,706</b>	<b>64.6%</b>

Source: California Department of Public Health, In-Hospital Breastfeeding by Hospital of Occurrence, 2013. [www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx](http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx)

### Primary Data Snapshot: Pregnancy and Birth Outcomes

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

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

# Leading Causes of Death

## Premature Death

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

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

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

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2011.

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

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

### Age Adjusted Mortality Rates per 100,000

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California	Healthy People 2020 Objective
Heart Disease	201.8	172.6	163.2	103.4
Cancer	164.9	153.0	157.1	161.4
Stroke	44.2	36.2	37.4	34.8
Homicide	8.3	6.0	5.2	5.5
Motor Vehicle Accident	6.1	5.4	5.2	12.4
Pedestrian Accident	2.6	2.3	2.0	1.4

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

In 2012, the majority of deaths were attributed to heart disease and malignant neoplasms (cancer), consistent with the age-adjusted mortality rate. The percent of deaths attributed to heart disease was slightly higher in the service area (27.4%), compared to the State (24.4%).

## Causes of Death

	Miller Children's & Women's Hospital Service Area	California
Heart Disease	27.4%	24.4%
Malignant Neoplasms (Cancer)	23.2%	23.7%
Cerebrovascular Disease (Stroke)	5.7%	5.5%
Chronic Lower Respiratory Disease	5.2%	5.3%
Alzheimer's Disease	3.1%	4.8%
Unintentional Injuries (Accidents)	4.0%	4.4%
Diabetes Mellitus	3.9%	3.2%
Influenza and Pneumonia	2.9%	2.4%
Chronic Liver Disease and Cirrhosis	2.0%	1.9%
Essential Hypertension and Hypertensive Renal Disease	2.5%	1.9%
Intentional Self Harm (Suicide)	2.0%	1.6%
Nephritis, Nephritic Syndrome and Nephrosis	1.5%	1.1%
Other	17.3%	19.7%

Source: California Department of Public Health, 2012.

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

When looking at the leading causes of death by age, the rate of deaths per 100,000 is greatest for babies less than 1 year old (486 per 100,000). The leading causes of death for those less than 1 year old included: low birthweight, Sudden Infant Death Syndrome (SIDS) and heart defect. The group with the second highest rate of death is those 15-24 years old. The leading causes of death for those 15-24 years old included: homicide, motor vehicle crash and suicide.

## Leading Causes of Death by Age Group in Los Angeles County

	< 1 year old	1-4 Years Old	5-14 Years Old	15-24 Years Old
Total Deaths in Age Group; Age Specific Death Rate	618 486 per 100,000	105 20 per 100,000	129 10 per 100,000	725 49 per 100,000
#1 Cause # of Deaths; Age Specific Death Rate	Low Birthweight/ Prematurity 117; 92 per 100,000	Birth Defect 12	Motor Vehicle Crash 20; 2 per 100,000	Homicide 201; 13 per 100,000
#2 Cause # of Deaths; Age Specific Death Rate	Sudden Infant Death Syndrome (SIDS) 43; 34 per 100,000	Homicide 14	Birth Defect 14	Motor Vehicle Crash 129; 9 per 100,000
#3 Cause # of Deaths; Age Specific Death Rate	Heart Defect 28; 22 per 100,000	Brain/ Central Nervous System Cancer 8	Asthma 9	Suicide 97; 7 per 100,000
#4 Cause # of Deaths; Age Specific Death Rate	Placenta/ Cord Complications 27; 21 per 100,000	Drowning 7	Leukemia 9	Drug Overdose 41; 3 per 100,000
#5 Cause # of Deaths; Age Specific Death Rate	Pregnancy Complications 22; 17 per 100,000	Motor Vehicle Crash 7	Brain/ Central Nervous System Cancer 6	Leukemia 27; 2 per 100,000

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2011.

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

# Chronic Diseases

## HIV/AIDS

Between 2010 and 2014 the number of diagnosed cases has been declining with the exception of the number of cases in 2012. Likewise the number of deaths has generally been declining during this time period with the exception in 2011.

### HIV and AIDS Case Mortality by Year of Diagnosis

Year	Diagnosed Cases	Deaths	Fatality Rate for Cases Diagnosed in Year
2010	196	64	32.6%
2011	184	68	36.9%
2012	220	62	28.2%
2013	149	51	34.2%
2014	96	18	18.7%

Source: City of Long Beach Department of Health & Human Services, 2014. HIV/AIDS Monitoring Report.  
<http://www.longbeach.gov/health/planning-and-research/hiv-reports/>

The rate of persons living with AIDS per 100,000 people in Long Beach is 1,365 which is significantly higher than the County (624.9) and State (456.2).

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

	Long Beach	Los Angeles County	California
2010 Population	462,257	9,848,011	36,961,664
Number of AIDS Cases	6,310	61,539	168,602
Cumulative AIDS Incidence Rate	1,365.0	624.9	456.2

Source: California HIV/AIDS Reporting System, December 31, 2013. Los Angeles County HIV/AIDS Reporting System, December 31, 2013. As reported in the City of Long Beach Department of Health & Human Services, 2014. HIV/AIDS Monitoring Report.  
<http://www.longbeach.gov/health/planning-and-research/hiv-reports/>

When examining the total number of HIV/AIDS cases by race and ethnicity, Whites comprise the majority of HIV/AIDS cases (51.4%). Whites and Blacks are disproportionately impacted by HIV/AIDS; meaning that the percentage of HIV/AIDS cases they make-up is larger compared to their percentage of the overall population. While White represent 29.4% of the overall population in Long Beach, they make up 51.4% of the HIV/AIDS cases in Long Beach. For Blacks, they make up 13% of the overall population, but 18.8% of the HIV/AIDS cases.

## Long Beach: Cumulative HIV and AIDS Cases by Percent of Population and Race/Ethnicity

	2010 Population	Percent of Population	# of HIV/AIDS Cases	% of HIV/ AIDS Cases
White, Not Hispanic	135,698	29.4%	4,092	51.4%
Black, Not Hispanic	59,925	13.0%	1,499	18.8%
Hispanic	188,412	41.0%	1,991	25.0%
Asian/PI	63,183	14.0%	247	3.1%
America Ind./Alaska Native	1,349	<1.0%	20	0.2%
2 or More Races	12,572	3.0%	110	1.3%*
Not Specified	1,118	<1.0%	0	0
<b>TOTAL</b>	<b>462,257</b>	<b>100%</b>	<b>7,959</b>	<b>100%</b>

Total number of HIV/AIDS cases includes cases reported from 1981 through December 31, 2014.

\* Collection for 2 or more races began January 1, 2003

Source: City of Long Beach Department of Health & Human Services, 2014. HIV/AIDS Monitoring Report.

<http://www.longbeach.gov/health/planning-and-research/hiv-reports/>

## Asthma

Asthma is a condition that when appropriately managed can prevent ER visits or hospitalizations. The percentage of children 0-18 who have been diagnosed with asthma in SPA 8 (18.4%) is higher than County (11.2%) and State (14.9%) rates. A smaller percentage of children diagnosed with asthma in SPA 6 (3.8%) take medication daily compared to all other geographies.

### Asthma, Children (0-18)

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Ever Diagnosed with Asthma	11.5%	7.5%	18.4%	11.2%	14.9%
ER Visit in Past Year Due to Asthma	--	6.8%	--	2.2%	12.8%
Of those with Asthma, Takes Daily Medication to Control Asthma	3.8%	20.7%	46.3%	24.9%	39.9%
Of those with Asthma, Has an Episode or Attack in the Past 12 Months	--	4.3%	47.7%	27.8%	27.0%

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

## Diabetes

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

## Adult Diabetes

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

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

Across all the geographies examined, the percentage of women who reported that a doctor told them they had diabetes only when pregnant ranged from 4% to 5%. While the rates were somewhat similar across all three SPAs, the rate in SPA 7 (4.8%) is slightly lower than the rates in SPA 6 and SPA 8.

## Diagnosed with Diabetes during Pregnancy

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Diagnosed with Diabetes during Pregnancy	5.6%	4.8%	5.4%	4.5%	5.2%

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

### Primary Data Snapshot: Chronic Disease

#### What does this health need look like in Long Beach?

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

#### Factors that contribute to chronic disease

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

deal with chronic disease symptoms due to a cultural mistrust in doctors and modern medicine.

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

- Provide cultural competency trainings to health professionals and service providers to build trust and rapport with community members (e.g., culturally focused outreach, translation services, etc.).
- Improve education related to prevention, the importance of chronic disease management, co-morbidities and their impact on health, and the ethnic groups most impacted by certain illnesses.
- Increase the number of mobile and day clinics to make services more accessible to low-income communities.
- Partner with health plans for reimbursement so that clinics and hospitals can run support groups for disease self-management.
- Use asthma funding for a community health worker home visiting program to continue work in Long Beach.



# Preventive Health Care

## Vaccines and Immunizations Flu and Pneumonia Vaccines

The Healthy People 2020 Objective is that 70% of children are vaccinated annually against influenza. The rates for SPA 6 (58.5%), SPA 7 (37.9%) and SPA 8 (31.3%) do not meet the Healthy People 2020 Objective of 70%.

### Flu Vaccine in the Last 12 Months

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Received Flu Vaccine, 0-17 Years Old	58.5%	37.9%	31.3%	47.8%	53.7%	70%

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

## Childhood Immunizations

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

### School Immunizations in Kindergarten, 2014-2015

	Percentage Range of Up-To-Date Immunizations
Bellflower Unified School District	92%-99%
Compton Unified School District	67%-99%
Long Beach Unified School District	46%-100%
Los Angeles Unified School District	3%-100%
Lynwood Unified School District	72%-100%
Norwalk- La Mirada Unified School District	82%-100%
Paramount Unified School District	75%-100%
<b>Los Angeles County</b>	<b>86.0%</b>
<b>California</b>	<b>90.4%</b>
<b>Healthy People 2020 Objective</b>	<b>95.0%</b>

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

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

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

# Mental & Behavioral Health

## Mental Health Indicators

Compared to other geographies, a slightly smaller percentage of caretakers in SPA 6 (5.8%) reported trying to get mental health services for their child in the past year.

### Mental Health Indicators, Children

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County
Caretaker Tried to Get Mental Health Care For Child in the Past Year, Children (3-17)	5.8%*	8.0%*	8.3%	7.8%
Unable to Afford Mental Health Care or Counseling in the Past Year, Children (3-17)	3.7%*	3.7%*	1.4%*	2.6%

2011 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDATATopics2011.htm#top>

\*The estimate is statistically unstable (relative standard error  $\geq 23\%$ ) and therefore may not be appropriate to use for planning or policy purposes.

SPA 6 and SPA 7 had lower percentages of teens that needed help for an emotional or mental health problem (17.5% and 18.9% respectively) than the County (22.4%) and State (23.2%). SPA 8 had much higher percentages of teens that needed help for an emotional or mental health problem (48.2%) and teens who received psychological or emotional counseling in the past year (36.6%) than the County and State. A larger percentage of teens in SPAs 6 (12%) and 8 (14.6%) were likely to have had psychological distress in the past month compared to the County (6.4%) and State (5.5%).

### Mental Health Indicators, Teens

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Teens who Needed Help for Emotional / Mental Health Problems in Past Year	17.5%	18.9%	48.2%	22.4%	23.2%
Teens who Received Psychological / Emotional Counseling in Past year	10.4%	2.1%	36.6%	14.5%	11.6%
Likely has had Serious Psychological Distress during Past Month	12.0%	--	14.6%	6.4%	5.5%

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

About 30% of students across all three geographies reported feeling sad or hopeless almost every day for two weeks or longer that stopped them from usual activities.

### Frequently Sad or Hopeless Feelings

	Long Beach Unified School District				Los Angeles County				California			
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*
In the Past 12 Months, Felt Sad or Hopeless Almost Every Day for Two Weeks or More That Stopped You from Usual Activities	29%	34%	32%	28%	28%	30%	31%	34%	27%	30%	32%	37%

\* NT includes continuation, community day and other alternative school types.

Source: California Healthy Kids Survey, Long Beach Unified 2010-11, Los Angeles County 2009-2011 and Statewide 2009-2011: Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education.

<http://chks.wested.org/reports/search>

About 20% of students across all three geographies reported seriously considered attempting suicide in the past 12 months.

### Seriously Considered Suicide

	Long Beach Unified School District			Los Angeles County			California		
	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*
In the Past 12 Months, Seriously Considered Attempting Suicide	22%	19%	19%	18%	16%	18%	19%	17%	21%

\* NT includes continuation, community day and other alternative school types.

Source: California Healthy Kids Survey, Long Beach Unified 2010-11, Los Angeles County 2009-2011 and Statewide 2009-2011: Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education.

<http://chks.wested.org/reports/search>

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

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

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

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

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

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

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

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

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

**Primary Data Snapshot: Mental Health**

**What does this health need look like in Long Beach?**

- Youth, in particular LGBTQ youth and those in foster care, are disproportionately affected by mental health issues in the greater Long Beach community and often are impacted by neighborhood and family violence.
- The historical trauma experienced by the Cambodian population coupled with neighborhood violence are key contributors to mental health issues for the Cambodian community in the greater Long Beach area. In describing the experiences of the Cambodian community, one participant said, “The Cambodian community has lots of history of trauma. They don’t really want to go to government or medical facilities because they are fearful.”
- Several specific geographic areas within the Long Beach community were raised as disproportionately affected by mental health issues, including the zip code 90813 and specific parks, such as Cesar Chavez and a park on 7<sup>th</sup> St.

**Factors that contribute to mental health issues**

- Stigmatization of mental health issues: The stigmatization of mental health issues was by far the most frequently mentioned factor and was attributed mainly to cultural stigmas in communities of color.
- Lack of mental health resources and barriers to access: Several participants said that Long Beach lacks sufficient mental health resources that are accessible to the most impacted populations.
- Trauma and violence: Many of the groups affected by mental health issues in the greater Long Beach community have experienced or are currently experiencing trauma in the form of racial persecution, domestic violence, gang violence and violent crimes. In describing the extent of trauma and its impact for residents, one participant said, “Because [these communities are] 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 in 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.”
- Poverty: Can exacerbate mental health issues when people are not able to afford needed prescriptions or mental health services. Secondly, economic stress experienced by those who are unemployed or underemployed can impact one’s mental well-being.

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

- Increase coordination and leveraging of services and resources among providers in order to create ongoing, sustainable and practical services.

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

## Alcohol and Drug Use

The California Healthy Kids Survey is administered to students during the school day. The rates of reported alcohol and drug use among students at Long Beach Unified are similar to the County and State. In general, a larger percentage of students in more advanced grades reported having tried alcohol or drugs at least once. A higher percentage of students attending non-traditional school types reported having tried alcohol and drugs. Alcohol and marijuana are the drugs that the largest percentage of students reported having tried.

### Alcohol and Drug Use, Used One or More Time in their Lifetime

	Long Beach Unified School District				Los Angeles County				California			
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*
Alcohol, One Full Drink	26%	48%	60%	79%	22%	44%	60%	79%	22%	45%	61%	74%
Marijuana	14%	36%	43%	77%	10%	27%	38%	73%	11%	27%	40%	74%
Inhalants (to get high)	16%	16%	14%	37%	13%	17%	15%	38%	12%	15%	14%	29%
Cocaine	n/a	4%	5%	33%	n/a	5%	7%	29%	n/a	5%	7%	26%
Methamphetamine or Any Amphetamine	n/a	4%	4%	19%	n/a	5%	4%	22%	n/a	5%	6%	18%
LSD or Other Psychedelics	n/a	5%	5%	17%	n/a	6%	7%	21%	n/a	6%	7%	20%
Ecstasy	n/a	11%	15%	45%	n/a	11%	14%	40%	n/a	10%	13%	36%
Heroin	n/a	2%	2%	6%	n/a	4%	3%	10%	n/a	4%	4%	11%
Other Illegal Drugs or Pills	8%	13%	12%	26%	6%	11%	11%	31%	6%	11%	14%	32%

\* NT includes continuation, community day and other alternative school types.

Source: California Healthy Kids Survey, Long Beach Unified 2010-11, Los Angeles County 2009-2011 and Statewide 2009-2011 : Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education. <http://chks.wested.org/reports/search>

Trends noted for lifetime drug and alcohol use (e.g., higher percentage for older children, higher percentages for students in non-traditional schools) are reflected in trends for drug and alcohol use in the past 30 days. About one-third of students attending non-traditional schools were identified as heavy drug users across all geographies.

### Current Alcohol and Drug Use, Past 30 Days

	Long Beach Unified School District				Los Angeles County				California			
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*
Alcohol (at least one drink)	13%	26%	30%	52%	13%	24%	32%	55%	13%	24%	33%	53%
Binge Drinking (5 or more drinks in a row)	5%	14%	18%	38%	5%	13%	19%	41%	6%	14%	22%	43%
Marijuana	8%	18%	22%	46%	6%	15%	20%	47%	6%	15%	21%	48%
Inhalants	7%	6%	4%	14%	7%	7%	5%	16%	6%	6%	5%	12%
Cocaine	n/a	1%	2%	10%	n/a	3%	3%	13%	n/a	3%	4%	12%
Methamphetamine or Any Amphetamine	n/a	1%	1%	7%	n/a	3%	2%	10%	n/a	3%	3%	9%
Ecstasy, LSD or Other Psychedelics	n/a	4%	5%	9%	n/a	6%	6%	19%	n/a	5%	6%	17%
Other Illegal Drug or Pill	4%	6%	4%	13%	4%	6%	5%	17%	4%	6%	6%	18%
<b>Any Drug Use</b>	<b>12%</b>	<b>22%</b>	<b>25%</b>	<b>50%</b>	<b>9%</b>	<b>18%</b>	<b>22%</b>	<b>52%</b>	<b>10%</b>	<b>18%</b>	<b>23%</b>	<b>52%</b>
<b>Heavy Drug User</b>	<b>4%</b>	<b>11%</b>	<b>12%</b>	<b>34%</b>	<b>3%</b>	<b>10%</b>	<b>12%</b>	<b>36%</b>	<b>3%</b>	<b>10%</b>	<b>13%</b>	<b>34%</b>
<b>Any of the Above AOD Use</b>	<b>18%</b>	<b>32%</b>	<b>38%</b>	<b>61%</b>	<b>16%</b>	<b>29%</b>	<b>37%</b>	<b>65%</b>	<b>16%</b>	<b>29%</b>	<b>39%</b>	<b>65%</b>

\* NT includes continuation, community day and other alternative school types.

Source: California Healthy Kids Survey, Long Beach Unified 2010-11, Los Angeles County 2009-2011 and Statewide 2009-2011:

Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education.

<http://chks.wested.org/reports/search>

17.8% of teens in SPA 6 and 33.8% of teens in SPA 8 reported they had tried an alcoholic drink. The SPA 8 rate is higher than the County (19.1%) and State (22.5%) rates.

### Alcohol Consumption and Binge Drinking

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Teen Ever Had an Alcoholic Drink	17.8%	--	33.8%	19.1%	22.5%

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

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

### Illegal Drug Use, Teens

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

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

## Cigarette Smoking

Smoking has been found to increase the risk of developing heart disease, stroke and cancer. Among teens in SPA 8, 9.1% are current cigarette smokers and 33.6% have smoked an electronic (vaporizer) cigarette. These rates are higher than the County (2.3% cigarette smoker; 11.3% have tried and electronic cigarette) and State (3.1% cigarette smoker; 10.3% have tried and electronic cigarette).

### Smoking, Teens

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

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

The rates of cigarette and tobacco use among students in Long Beach Unified are similar to those in the County and State. Rates of cigarette and tobacco use are highest for students who attend non-traditional schools. For example, the rate of cigarette use in the past 30 days is 10% or less for 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders at Long Beach Unified, but the rate for students in non-traditional schools is 42%.

### Use of Tobacco

	Long Beach Unified School District				Los Angeles County				California			
	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	NT*
Smoked a Whole Cigarette, One or More Time Ever	7%	16%	21%	62%	6%	18%	26%	59%	7%	20%	28%	61%
Used Smokeless Tobacco, One or More Time Ever	3%	5%	5%	14%	4%	5%	7%	14%	4%	8%	10%	21%
Any Cigarette Use in the Past 30 Days	4%	6%	10%	42%	4%	8%	11%	37%	5%	9%	13%	39%
Daily Cigarette Use in the Past 30 Days	0%	1%	3%	14%	0%	1%	2%	11%	1%	2%	3%	15%
Any Smokeless Tobacco Use in the Past 30 Days	1%	2%	2%	8%	3%	3%	3%	8%	3%	4%	5%	10%
Daily Smokeless Tobacco Use in the Past 30 Days	0%	0%	1%	1%	0%	1%	1%	2%	1%	1%	1%	3%

\* NT includes continuation, community day and other alternative school types.

Source: California Healthy Kids Survey, Long Beach Unified 2010-11, Los Angeles County 2009-2011 and Statewide 2009-2011: Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education.

<http://chks.wested.org/reports/search>

### Primary Data Snapshot: Alcohol, Drug and Tobacco Use

#### What does this health need look like in Long Beach?

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



### Factors that contribute to substance use issues

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

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

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

## Sexual Health

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

### STD Cases, Rate per 100,000 Persons, 2012

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

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

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

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

### Teen Sexual History

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

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

# Weight Status, Nutrition, and Physical Activity

## Overweight and Obesity

The rates of overweight children in SPA 6 (7.3%), SPA 7 (10.2%) and SPA 8 (7.4%) are lower than the County (13.1%) and State (13.6%) rates. However, the rate of overweight teens in SPA 8 (37.2%) is much higher than the County (14.4%) and State (16.3%).

### Overweight

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Teen (Ages 12-17)	2.0%	11.5%	37.2%	14.4%	16.3%
Child (Ages 2-11)	7.3%	10.2%	7.4%	13.1%	13.6%

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

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

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

Youth obesity here is measured as the percentage of children in grades 5, 7 and 9 ranking within the “Needs Improvement” and “Needs Improvement Health Risk” categories for body composition on the Fitnessgram physical fitness test. Between 34.8% and 43.9% of students in Long Beach Unified School District were identified as either “Needs Improvement” or “Needs Improvement High Risk”.

### Youth Obesity

	Long Beach Unified School District			Los Angeles County			California		
	5 <sup>th</sup> Grade	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	5 <sup>th</sup> Grade	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	5 <sup>th</sup> Grade	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade
Youth Obesity	43.9%	37.9%	34.8%	44.0%	41.3%	39.0%	40.3%	38.5%	36.0%

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

## Nutrition

The percentage of children who reported eating fast food two or more times a week in SPAs 6 (47.6%), 7 (62.6%) and 8 (62.7%) is lower than County (45.2%) and State (38.9%) rates.

### Fast Food Consumption, Children (2-18)

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Fast Food Consumption, Two or More Times a Week	47.6%	62.6%	62.7%	45.2%	38.9%

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

The percentage of children who reported eating two or more servings of fruit in the previous date in SPAs 6 (60.1%), 7 (54.0%) and 8 (61.7%) and the County is lower compared to the State (63.3%) rate.

### Fruit Consumption, Children (2-18)

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Ate Two or More Servings of Fruit Previous Day	60.1%	54.0%	61.7%	57.3%	63.3%

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

The percentage of children who reported drinking soda yesterday in SPA 6 (18.4%) is similar to the County (18.2%) rate. The rates for SPAs 7 (19.8%) and 8 (19.7%) were slightly higher and more similar to the State (20.6%) rate.

### Soda Consumption, Children (2-18)

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Drank One or More Glasses of Soda Yesterday	18.4%	19.8%	19.7%	18.2%	20.6%

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

The percentage of children in SPAs 7 (30.9%) and 8 (39.8%) who reported drinking at least one sugary drink the previous day is higher compared to the County (22.3%) and State (25.5%) rates.

### Sugary Drink Consumption, Children (2-18)

	Service Planning Area 6	Service Planning Area 7	Service Planning Area 8	Los Angeles County	California
Drank One or More Glasses of Sugary Drinks (Other than Soda) Yesterday	13.7%	30.9%	39.8%	22.3%	25.5%

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

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

### Food Insecurity Rate

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

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

## Physical Activity

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

### Physical Activity, Children and Teens

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

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

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

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

School District	Fifth Grade	Seventh Grade	Ninth Grade
Bellflower Unified School District	54.4%	52.8%	57.5%
Compton Unified School District	43.0%	46.5%	32.6%
Long Beach Unified School District	64.6%	67.0%	65.2%
Los Angeles Unified School District	54.4%	52.3%	53.3%
Lynwood Unified School District	48.5%	59.2%	55.8%
Norwalk- La Mirada Unified School District	50.6%	61.1%	49.7%
Paramount Unified School District	53.8%	45.8%	59.0%
<b>Los Angeles County</b>	<b>60.2%</b>	<b>60.8%</b>	<b>59.1%</b>
<b>California</b>	<b>63.4%</b>	<b>65.0%</b>	<b>63.9%</b>

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

<sup>4</sup> U.S. Department of Health and Human Services. *Physical Activity Guidelines for Americans*. Washington, DC: U.S. Department of Health and Human Services; 2008. [www.cdc.gov/HealthyYouth/physicalactivity/guidelines.htm](http://www.cdc.gov/HealthyYouth/physicalactivity/guidelines.htm).

## Primary Data Snapshot: Obesity and Diabetes

### What does this health need look like in Long Beach?

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

### Factors that contribute to obesity and diabetes

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

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

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

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

# Environment

## Air and Water Quality

The South Coast Air Quality Management District is the local government agency responsible for measuring, reporting and taking steps to improve air quality in four counties in Southern California: Los Angeles, Orange, Riverside and San Bernardino. This geographic area is divided into 38 areas or “regions” in Southern California; Long Beach is a part of Region 4.<sup>5</sup> In Region 4, there was only one day in which the parts per million (PPM) parts of air, by volume exceeded the current state standard of >0.070. The maximum concentration of carbon dioxide in Region 4 was 2.6. While this was greater than the median for the district median, the federal and state 8-hour standards were not exceeded in any region within the district. In Region 4, 2% of samples exceeded the state standard of > 50 µg/m<sup>3</sup> 24-hour.

### Air Quality

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

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

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

### Exposure to Unsafe Drinking Water

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

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

## Food Environment

The types of food that people have access to within their communities can impact their health and well-being. The number of grocery stores in the service area is similar to that in the County and State. Fast food restaurants are generally less available in the service area when compared to the County and State. A smaller percentage of the population in the service area is identified as having low food access when compared to the County and State. However, there are more liquor stores in the service area per 100,000 people (12.0) compared to the County (11.4) and State (10.0).

<sup>5</sup> South Coast Air Quality Management District. <http://www.aqmd.gov/docs/default-source/default-document-library/map-of-monitoring-areas.pdf?sfvrsn=6>



## Food Environment

	Miller Children's & Women's Hospital Service Area	Los Angeles County	California
Grocery Stores - Rate per 100,000 Population	20.7	20.9	21.5
Fast Food Restaurants - Rate per 100,000 Population	68.9	77.8	74.5
Liquor Store - Rate per 100,000 Population	12.0	11.4	10.0
Food Desert - Percent Population with Low Food Access	2.5%	6.9%	14.3%

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

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

### Primary Data Snapshot: Environment and Climate

#### What does this health need look like in Long Beach?

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

#### Factors that contribute to environmental and climate issues

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

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

Miller Children's & Women's Hospital's 2013 Implementation Strategy Report<sup>6</sup> was developed to identify activities to address health needs identified in the 2013 CHNA. This section summarizes key activities that Miller Children's & Women's Hospital has engaged in to address these health needs as well as the impacts of these activities.

- **Access to Care:** The hospital provides financial assistance through free and discounted care for health care services, consistent with MemorialCare's financial assistance policy. To address health care access issues, Long Beach Memorial Medical Center also offers information and enrollment assistance in the Covered California health care exchange and other low-cost insurance programs. The hospital continues to provide transportation support for those patients and families who may not be able to access needed care due to a lack of transportation.

Outpatient specialty centers provide more than 30 sub-specialties dedicated to the health and well-being of children and adolescents in the greater Long Beach community, with many centers also serving as a medical home for children. These clinics are supported by Miller Children's & Women's and the majority of patients are uninsured or MediCal recipients. Subsidized services are clinical programs that are provided to meet an identified community need and are provided despite a financial loss to the organization. Miller Children's & Women's continues to promote the medical home model to improve access to care and partners with The Children's Clinic (TCC), a federally qualified health center (8 locations throughout greater Long Beach).

As a teaching hospital, Miller Children's & Women's Hospital offers a pediatric residency training program and fellowships in a number of pediatric specialties. In addition to graduate medical education, the hospital has an outstanding nursing education program partnering with local community colleges and California State University Long Beach, School of Nursing. There were over 200 undergraduate and graduate student nurses (non-contracted) participating in a clinical rotation this past year.

Programs and activities are provided through the Family Resource Center, Perinatal Health and Lactation Support Services, Jonathan Jaques Children's Cancer Center, Todd Cancer Institute, Pediatric Safety and Child Life Program. The Family Resource Center is a place for families raising children with special needs to find knowledge and support as they navigate through their health care journey. While the Long Beach Family Resource Center is located in Miller Children's & Women's Hospital and supports patients and their families who are hospitalized, services are also available to all families in the community. Parent support initiatives include the Parent-to-Parent Mentor Program, Supporting Kids with Diabetes (SKWD) and the Type 1 Diabetic Playgroup. A number of support groups are offered in Spanish.

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<sup>6</sup> Miller Children's & Women's Hospital's 2013 Implementation Strategy, can be found at <http://www.memorialcare.org/sites/default/files/media/mchlb-community-benefits-strategy-2013.pdf>

In 2014, over 6,500 people participated in community offerings. In 2015, over 7,400 individuals were reached through diverse community classes and events. Health education classes and events are made available to the public at no cost and target the community at large, populations with health disparities and families with children with special needs.

- **Prevention and Preventive Care:** Miller Children's & Women's provided Community Health Improvement and Prevention services through 20 different programs and activities, which include community health education, community lectures, presentations and workshops in the areas of asthma, diabetes, obesity, health screenings, pediatric cancer, and children with special needs. These efforts are expanded to reach more people through partnership with the Long Beach Health Department and community based organizations. The pediatric safety program includes community education but also provides bicycle helmets and car seats to those who are unable to afford them. Hospital representatives participate in local, regional and state level organizations and committees that address health improvement, including work done with breast feeding coalitions, Best Start, Long Beach Early Intervention Council and pediatric safety. For example, Miller Children's & Women's Hospital is a program strategic partner in the Welcome Baby, funded by First 5 LA, that provides pregnant women and new moms with information, support and a trusted partner to help them through the journey of pregnancy and early parenthood. Available at no cost to all maternity patients, the Welcome Baby continuum of care includes breastfeeding support, referrals to community resources and an in home visit from a registered nurse.
- **Mental Health:** Miller Children's & Women's Hospital has an active school reintegration program for children who have long-term illness that keeps them out of their school environment. There are a number of support groups available for parents and children to address their identified and unique needs, to increase social support and provide information directly related to their disease. Support groups include HIV/AIDS, Autism and children with special needs.
- **Chronic Disease:** Miller Children's & Women's Hospital was part of the founding coalition of the Long Beach Alliance for Children with Asthma (LBACA). LBACA provides education, clinician training, community health workers and advocacy related to asthma in the greater Long Beach area. Activities include a community health worker home visiting program, an asthma resource center, Physician Asthma Care Education training to improve physician asthma management skills and training for medical assistants to provide asthma education to patients at provider sites. LBACA also partners with schools, after-school programs, parks and recreational centers to develop asthma-friendly environments and policies, and mobilizes the community to respond to air quality issues, indoors and outdoors. LBACA's long-term objectives are to change the profile of childhood asthma in the most affected areas of the cities of Long Beach, Carson, Wilmington and San Pedro through improved health care delivery and quality outreach, education, support systems, improved living environments and changes in policy at all levels. The program is committed to improving clinical outcomes including reduction in preventable hospitalizations, emergency room visits, and school absenteeism due to asthma, and enhanced quality of life measures.
- **Overweight/Obesity:** Miller Children's & Women's Hospital worked in partnership with the City of Long Beach to promote the Healthy Active Long Beach initiative to battle overweight and obesity. In addition, the hospital provides nutrition communication in multiple languages. Miller Children's & Women's Hospital staff actively participates on coalitions such as First 5 LA. The Family Medicine

program facilitates a Fit Teen support group and education program for overweight and obese teens and their families.

## 5. Conclusion

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

This CHNA engaged a wide variety of stakeholders to identify and prioritize significant health needs of the greater Long Beach community through examination of secondary data sources, key stakeholder interviews, focus groups and a prioritization session that included a gallery walk. This report details the methods of this CHNA and its findings. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697 that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

# Appendix A. Additional Data Sources

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

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

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

2. **Building Healthy Communities Long Beach: Integrated Community Action Plan, April 2013–April 2016.** Accessed January 2016: [http://www.bhclongbeach.org/wp-content/uploads/2013/07/13-0604-BHC-Community-Action-Plan-FULLY-Integrated\\_5.pdf](http://www.bhclongbeach.org/wp-content/uploads/2013/07/13-0604-BHC-Community-Action-Plan-FULLY-Integrated_5.pdf)

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

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

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

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

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

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](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](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](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](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.