Dignity Health
St. Mary Medical Center

A member of CommonSpirit

St. Mary Medical Center

Long Beach, California

2025 Community Health Needs Assessment

Adopted by the Board of Directors May 2025

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Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by St. Mary Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This report meets the requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

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

Community Definition

Dignity Health St. Mary Medical Center is located at 1050 Linden Avenue, Long Beach, California, 90813. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area as including 15 ZIP Codes in Los Angeles County, 11 of which are in the City of Long Beach. Los Angeles County is subdivided into eight Service Planning Areas (SPAs). The hospital service area comprises portions of SPA 6 and SPA 8.

St. Mary Medical Center Primary Service Area

Place	ZIP Code	Service Planning Area
Compton	90220, 90221	SPA 6
Long Beach	90802, 90803, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 90814, 90815	SPA 8
Paramount	90723	SPA 6
Wilmington	90744	SPA 8

Additionally, the Los Angeles Department of Public Health subdivides the eight SPAs into 26 Health Districts. Two Health Districts, and the communities – or portions of communities – which they cover, are mentioned in this report.

Los Angeles Health Districts Within the St. Mary Medical Center Service Area

Health District	SPA	Communities Covered
Compton	6	Carson, Compton, East Compton, Lynwood, Paramount, West Compton, Willowbrook
Long Beach	8	Long Beach

The population of the service area is 681,242. Children and youth, ages 0-17, make up 22.9% of the population, 65.4% are adults, ages 18-64, and 11.7% of the population are seniors, ages 65 and older. The largest portion of the population in the service area are Hispanic or Latino residents (55%), 19.5% are White or Caucasian residents, 12.3% are Black or African American residents, 11.9% are Asian residents, and. 2.7% of the population are non-Latino multiracial (two-or-more races) residents, 0.5% are Native Hawaiian or Pacific Islander residents, and 0.2% are American Indian or Alaskan Native residents. In the service area, 47% of the population, 5 years and older, speak only English in the home. Among the area population, 44.3% speak Spanish, 6.7% speak an Asian or Pacific Islander language, and 1.5% speak an Indo-European language in the home.

Among the residents in the service area, 15.7% are at or below 100% of the federal poverty level (FPL) and 36.2% are at 200% of FPL or below. The median household income in the service area is $77,432 and the unemployment rate is 6.7%. Educational

attainment is a key driver of health. In the hospital service area, 24.1% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (15.6%). 26.9% of area adults have a bachelor's or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

St. Mary Medical Center conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twenty-five (25) interviews were completed during November 2024 through February 2025. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the service area who spoke about issues and needs in the communities. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

Additionally, six (6) listening sessions were completed that engaged 55 people from February to March 2025. The listening sessions engaged community residents representing Latinx communities, Black and African American communities, immigrant and refugee communities, LGBTQIA2S+ communities, disabled and veteran communities, and unhoused and homeless communities. The listening sessions pursued proportional representation across ages, genders, and race and ethnicity.

List of Significant Health Needs

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

- Access to care
- Birth indicators
- Chronic diseases
- Economic insecurity

- Environmental pollution
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive care
- Racism and discrimination
- Substance use
- Violence and injury

Process and Criteria to Identify and Prioritize Significant Health Needs
Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the significant health needs:

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

Interviews with community stakeholders were used to gather input on the significant health needs, including a pre-interview survey. The top five priority health needs identified in the service area are:

1. Access to health care
2. Mental health
3. Chronic disease
4. Housing and homelessness
5. Substance use

The listening session participants identified the most important significant health needs through a priority setting process. The top five priority health needs identified in the service area are:

1. Access to health care
2. Mental health
3. Housing and homelessness
4. Racism and discrimination
5. Chronic diseases

Resources Potentially Available to Address Needs

Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Mary Medical Center Board of Directors in May 2025. The report is widely available to the public on the hospital's web site at https://www.dignityhealth.org/socal/locations/stmarymedical/about-us/community-benefits, and a paper copy is available for inspection upon request at the St. Mary Medical Center Community Health Office, 1050 Linden Avenue, Long Beach, CA 90813. Please send comments or questions about this report to Kit Katz, Director, Community Health at Kit.Katz@commonspirit.org

Community Definition

Service Area

Dignity Health – St. Mary Medical Center is located at 1050 Linden Avenue, Long Beach, California, 90813. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area as including 15 ZIP Codes in Los Angeles County, 11 of which are in the City of Long Beach. Los Angeles County is subdivided into eight Service Planning Areas (SPAs). The hospital service area comprises portions of SPA 6 and SPA 8. The hospital service area is detailed below by ZIP Code and SPA.

St. Mary Medical Center Primary Service Area

Place	ZIP Code	Service Planning Area
Compton	90220, 90221	SPA 6
Long Beach	90802, 90803, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 90814, 90815	SPA 8
Paramount	90723	SPA 6
Wilmington	90744	SPA 8

Additionally, the Los Angeles Department of Public Health subdivides the eight SPAs into 26 Health Districts. Two Health Districts, and the communities – or portions of communities – which they cover, are mentioned in this report.

Los Angeles Health Districts Within the St. Mary Medical Center Service Area

Health District	SPA	Communities Covered
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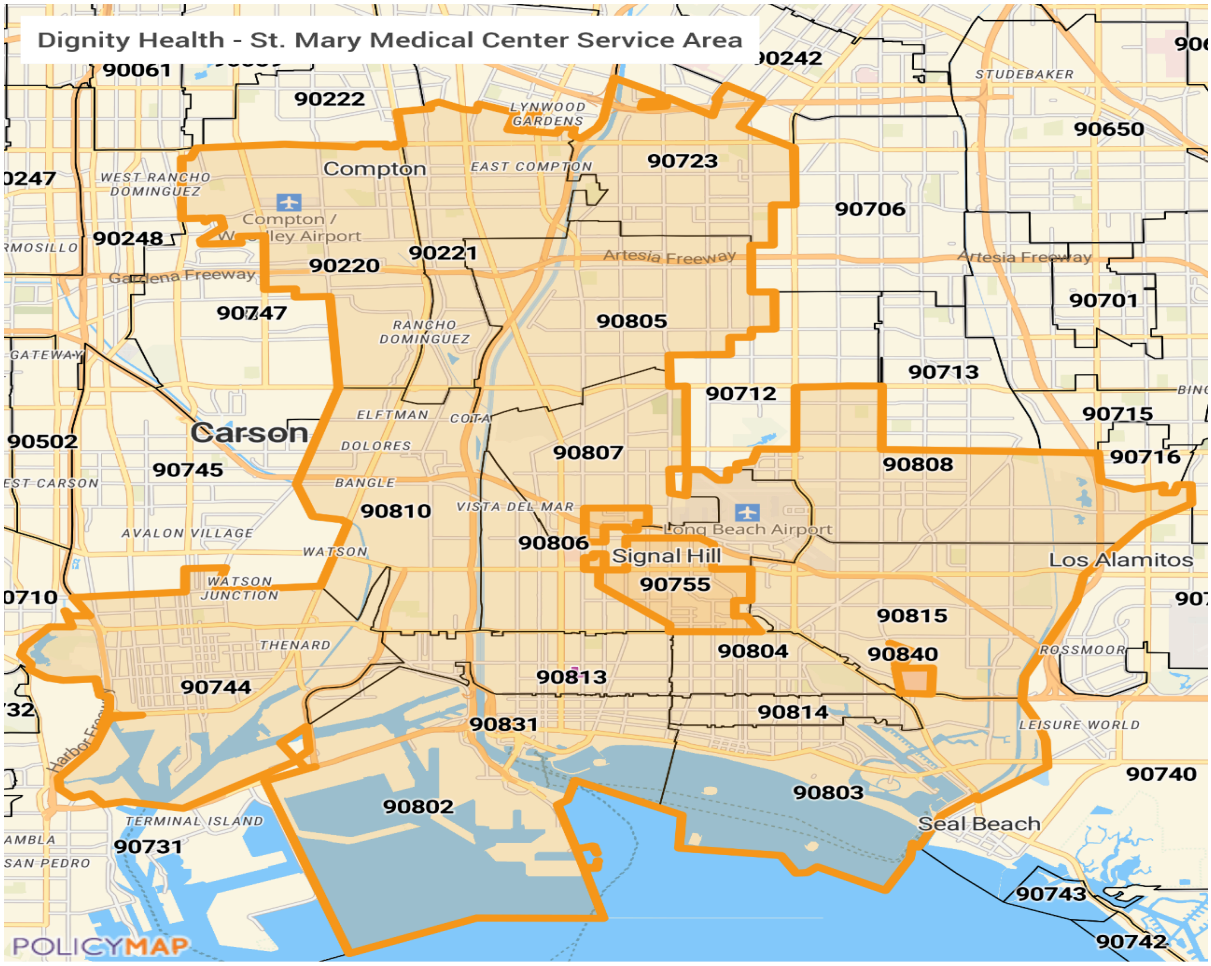
Long Beach	8	Long Beach

Service Area Map



In addition to St. Mary Medical Center, the following hospitals serve the area: MemorialCare Long Beach Medical Center, MemorialCare Miller Children's and Women's Hospital, College Medical Center, VA Long Beach Health Care, Kaiser Permanente South Bay Medical Center and UCI Health Lakewood.

The population of the service area is 681,242. Children and youth, ages 0-17, make up 22.9% of the population, 65.4% are adults, ages 18-64, and 11.7% of the population are seniors, ages 65 and older. The largest portion of the population in the service area are Hispanic or Latino residents (55%), 19.5% are White or Caucasian residents, 12.3% are Black or African American residents, 11.9% are Asian residents, and. 2.7% of the

population are non-Latino multiracial residents, 0.5% are Native Hawaiian or Pacific Islander residents, and 0.2% are American Indian or Alaskan Native residents. In the service area, 47% of the population, 5 years and older, speak only English in the home. Among the area population, 44.3% speak Spanish, 6.7% speak an Asian or Pacific Islander language, and 1.5% speak an Indo-European language in the home. Among the residents in the service area, 15.7% are at or below 100% of the federal poverty level (FPL) and 36.2% are at 200% of FPL or below. The median household income in the service area is $77,432 and the unemployment rate is 6.7%. Educational attainment is a key driver of health. In the hospital service area, 24.1% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (15.6%). 26.9% of area adults have a bachelor's or higher degree.

In the service area, 47% of owner and renter occupied households spend 30% or more of their income on housing. Among renters-only, the rates are higher, with 56.4% of service area renter households being cost burdened, as opposed to 34.7% for owner households. Furthermore, 8.1% of households live in overcrowded conditions, and an additional 5% live in severely overcrowded conditions, for a total of 13.1% of all households being overcrowded. In SPA 6, 45.2% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 39.6% of low-income residents utilized food stamps. In SPA 8, 43.8% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 28.9% of low-income residents utilized food stamps.

In the service area, 89.6% of the civilian, non-institutionalized population have health insurance, and 95.3% of children, ages 18 and younger, have health insurance coverage. Among SPA 6 residents, 40% have Medi-Cal coverage and 23.3% of SPA 8 residents have Medi-Cal coverage.

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. North Long Beach, Long Beach/West Central, Long Beach Port and Compton are designated as MUAs for primary care. There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental health, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. The following regions in the service area are designated as a HPSA for primary care for high needs or low-income populations: Long Beach/West

Central, Paramount N/Willowbrook, Compton East and the Long Beach Port. The following regions in the service area are designated as a HPSA for dental health: Long Beach Central and Bixby Knolls/Long Beach Central. The following regions in the service area are designated as a HPSA for mental health: Compton East/North Long Beach, Long Beach West Central and Lynwood South/Paramount N.

Assessment Process and Methods

Secondary Data Collection

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

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

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

Significant Health Needs

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

- Access to care
- Birth indicators
- Chronic diseases
- Economic insecurity
- Environmental pollution
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Racism and discrimination
- Substance use
- Violence and injury prevention

Primary Data Collection

St. Mary Medical Center conducted interviews and listening sessions with community stakeholders to obtain input on significant community needs, barriers to care and resources available to address the identified health needs.

Interviews

The Long Beach CHNA Collaborative partners identified a list of key stakeholders to be interviewed as primary informants. The key stakeholders included leaders and representatives from health care institutions, including public health, community health clinics, non-profit organizations, grassroots community groups, direct service providers, public education, and local government. Interviews were completed with 25 key stakeholders who responded to requests for interviews from November 2024 to February 2025 (Appendix 2). Prior to the interview, key stakeholders were asked to complete an online survey prioritizing the identified community needs. One-on-one interviews were conducted over Zoom and consisted of (1) five open-ended questions; (2) input on issues, challenges, and barriers related to identified health needs; and (3) available resources related to identified health needs.

Listening Sessions

The Long Beach CHNA Collaborative identified six focus populations for in-person listening sessions. The purpose of the listening sessions was to collect input and perspectives regarding the identified community needs and the additional barriers and resources impacting community health.

The six populations identified for listening sessions were: Latinx communities, Black and African American communities, immigrant and refugee communities, LGBTQIA2S+ communities, disabled and veteran communities, and unhoused and homeless communities (Appendix 3). The listening sessions pursued proportional representation across ages, genders, and race and ethnicity. While youth were not directly engaged in the listening sessions, we sought to engage parents and caretakers.

Six listening sessions engaged 55 participants from February to March 2025. Long Beach Forward partnered with community-based organizations to assist with outreach and recruitment of participants, including: The LGBTQ Center of Long Beach, Best Start Central Long Beach, Black History Long Beach, Greater Long Beach Mutual Aid Network, KUBO Organizing Project, APLA, Century Villages at Cabrillo, and Earthlodge. Long Beach Forward selected organizational/program partners that would be able to reach community members as identified as vulnerable populations by the Long Beach

CHNA Collaborative and that were as representative of the vulnerable populations as possible within the scope of the project. Each organization was provided with a stipend to compensate their time for conducting outreach and recruiting the listening session participants. The organizations engaged residents to participate in the listening sessions by using the method they knew to be most effective.

Listening session participants received a $50 virtual grocery gift card with limited restrictions based on resource guidelines to support and compensate for their participation and involvement. Prior to the start of each listening session, participants were asked to complete a consent form and a demographic survey to capture socioeconomic and demographic data along, and quantitative data for the needs assessment. Participants were asked to give consent for participation before the start of the session and instructed to complete as much of the demographic survey as they felt comfortable, resulting in some questions being skipped and unanswered.

The listening sessions began with an introduction by the facilitator and general introductions of all participants using an ice-breaker question to build relationships and establish familiarity. Once participants had shared, the facilitator reviewed each of the definitions of the identified significant health needs (Appendix 4). Participants were encouraged to ask questions and add additional significant health needs that were not identified. Participants were then asked to prioritize the top three needs from their perspective for their respective communities using a dot voting method. Participants were then reconvened to the full group to discuss a series of questions related to their understanding and perspectives on the identified health needs, including who in the community is most impacted by them, major barriers and challenges to address them, effective strategies to reduce inequities, and resources that exist in the community. All listening sessions lasted two hours and utilized simultaneous interpretation to address language barriers.

Stakeholder comments have been edited for clarity and are presented throughout the report. Responses to the overview questions from the interviews and the focus groups are detailed in Appendix 5.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. St. Mary Medical Center invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on

the web site where they are widely available to the public at https://www.dignityhealth.org/central-california/locations/mercymedical-merced/about-us/community-benefit-report. No written comments have been received.

Project Oversight
The CHNA process was overseen by:
Kit Katz
Director, Community Health
St. Mary Medical Center

CHNA Collaborators
This CHNA was conducted in partnership with the Long Beach CHNA Collaborative that included the Long Beach Department of Health and Human Services, Dignity Health St. Mary Medical Center, MemorialCare Long Beach Medical Center, MemorialCare Miller Children's and Women's Hospital, and TCC Family Health, a Federally Qualified Health Center.

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

Long Beach Forward conducted the primary data collection for the CHNA. Long Beach Forward began in 2010 as the Hub Organization for the Building Healthy Communities initiative in Long Beach and rebranded in 2018 as Long Beach Forward. James Suazo, Executive Director, served as the contact person for the Long Beach CHNA Collaborative. The primary data report was written by lead investigators Diane Burkholder (The DB Approach LLC) and James Suazo. Stakeholder interviews and transcriptions were conducted by Diane Burkholder, James Suazo, Long Beach City College Public Health Fellow, Spencer Thomas, and California State University Long Beach, Master of Public Health Graduate Intern, Elena Ibarra. Listening sessions were conducted by Diane Burkholder, James Suazo, Spencer Thomas, Elena Ibarra, and Long Beach Forward team members Marlene Montañez and Peter Madsen.

Administrative and logistical support were provided by Ariel Halstead, MPH, and Peter Madsen. To learn more, go to www.lbforward.org

Community Demographics

Population

The population of the St. Mary service area is 681,242 residents.

Total Population

	Total Population
St. Mary Service Area	681,242
Los Angeles County	9,936,690
California	39,356,104

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP05. http://data.census.gov

The hospital service area population is 50.3% female and 49.7% male.

Population, by Gender

	St. Mary Service Area	Los Angeles County	California
Male	49.7%	49.7%	50.1%
Female	50.3%	50.3%	49.9%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP05.http://data.census.gov

In Los Angeles County, 89.7% of the adult population identify as straight or heterosexual, and 3.8% identify as gay, lesbian or homosexual. In SPA 6 and SPA 8 there are slightly higher percentages of residents identifying as not sexual, and slightly lower percentages of LGBTQ+ identified residents than in the county.

Sexual Orientation and Gender Identity, Adults

	SPA 6	SPA 8	Los Angeles County	California
Straight or heterosexual	89.3%	89.6%	89.7%	90.2%
Gay, lesbian or homosexual	3.6%	3.6%	3.8%	3.4%
Bisexual	4.5%	4.2%	4.4%	4.4%
Not sexual/celibate/none/other	2.5%	2.6%	2.2%	1.9%
Cisgender/not transgender±	99.5%	99.3%	99.2%	98.9%
Transgender/gender non-conforming±	0.5%	0.7%	0.8%	1.1%

Source: California Health Interview Survey, 2018-2022 or ±2019-2023, pooled. http://ask.chis.ucla.edu/

In SPA 6, 0.2% of the teen population identify as transgender or gender non-conforming, while 27.9% said that other people at school would describe them as gender non-conforming (males who would be described as feminine, females who would be described as masculine, or either gender described as equally feminine and masculine). In SPA 8, 0.7% of the teen population identify as transgender or gender

non-conforming, while 20.9% said that other people at school would describe them as gender non-conforming.

Gender Identity and Gender Expression, Teens

	SPA 6	SPA 8	Los Angeles County
Identify as cisgender/not transgender ±	*99.8%	*99.3%	97.8%
Identify as transgender/gender non-conforming ±	*0.2%	*0.7%	2.2%
Appearance is cisgender/not transgender	72.1%	79.1%	75.3%
Appearance is transgender/gender non-conforming	27.9%	20.9%	24.7%

*Source: California Health Interview Survey, 2019-2022 or ±2019-2023 combined. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Children and youth, ages 0-17, make up 22.9% of the population, 65.4% are adults, ages 18-64, and 11.7% of the population are senior adults, ages 65 and older. The service area has a higher percentage of children, youth, and younger adults, ages 0 to 44, and a lower percentage of older and senior adults, ages 45 and older, than the county or state.

Population, by Age

	St. Mary Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	39,885	5.9%	538,630	5.4%	2,258,308	5.7%
Age 5-17	115,893	17.0%	1,554,442	15.6%	6,516,262	16.6%
Age 18-24	69,761	10.2%	933,968	9.4%	3,738,836	9.5%
Age 25-44	207,286	30.4%	2,965,400	29.8%	11,235,259	28.5%
Age 45-64	168,441	24.7%	2,528,394	25.5%	9,742,139	24.8%
Age 65-74	49,800	7.3%	819,236	8.2%	3,427,460	8.7%
Age 75-84	20,547	3.0%	404,671	4.1%	1,686,649	4.3%
Age 85+	9,629	1.4%	191,949	1.9%	751,191	1.9%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP05. http://data.census.gov/

When the service area is examined by ZIP Code, Compton 90220 has the highest percentage of children and youth (28.5%), followed by Wilmington (28%). Long Beach 90803 has the lowest percentage of children and youth in the service area (10.5%) and the highest percentage of senior adults in the area (21.1%).

Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Compton	90220	49,101	28.5%	11.5%
Compton	90221	52,119	27.1%	9.3%
Long Beach	90802	40,012	13.0%	9.2%

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Long Beach	90803	31,659	10.5%	21.1%
Long Beach	90804	37,299	17.6%	9.1%
Long Beach	90805	96,515	25.5%	9.8%
Long Beach	90806	40,688	23.2%	11.5%
Long Beach	90807	33,153	19.5%	16.2%
Long Beach	90808	39,698	22.2%	19.0%
Long Beach	90810	36,306	22.1%	13.2%
Long Beach	90813	53,647	25.4%	9.1%
Long Beach	90814	20,723	18.4%	12.4%
Long Beach	90815	42,759	19.4%	14.2%
Paramount	90723	53,286	26.8%	9.1%
Wilmington	90744	54,277	28.0%	10.3%
St. Mary Service Area		**681,242**	**22.9%**	**11.7%**
Los Angeles County		**9,936,690**	**21.1%**	**14.2%**
California		**39,356,104**	**22.3%**	**14.9%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. http://data.census.gov/

Race and Ethnicity

The largest portion of the population in the service area identifies as Hispanic or Latino residents (55%), with 19.5% of the population identifying as White residents, 12.3% as Black or African American residents, and 11.9% as Asian residents. 2.7% of the population identifies as multiracial (two-or-more races) residents, 0.5% as Native Hawaiian or Pacific Islander residents, and 0.2% as American Indian or Alaska Native residents. Those who are of a race and ethnicity not listed represent 0.5% of the service area population. This is a higher percentage of Hispanic residents, Black residents, and Native Hawaiian or Pacific Islander residents, and a lower percentage of White residents, Asian residents, and multiracial residents than at the county or state level.

Race and Ethnicity

	St. Mary Service Area	Los Angeles County	California
Hispanic or Latino	55.0%	48.7%	39.7%
White	19.5%	25.2%	35.2%
Black or African American	12.3%	7.6%	5.3%
Asian	9.3%	14.6%	14.9%
Multiracial	2.7%	3.0%	3.8%
Native Hawaiian or Pacific Islander	0.5%	0.2%	0.3%
Some other race	0.5%	0.5%	0.4%
American Indian or Alaska Native	0.2%	0.2%	0.3%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP05. http://data.census.gov/

In the service area, 88.4% of the population in Wilmington are Hispanic or Latino residents. Long Beach 90803 has the highest percentage of White residents (65.5%),

Compton 90220 has the highest percentage of Black or African American residents (28.3%), and Long Beach 90810 has the highest percentage of Asian residents (23.4%) in the service area.

Race and Ethnicity, by ZIP Code

	ZIP Code	Hispanic or Latino	White	Black	Asian
Compton	90220	66.0%	1.6%	28.3%	1.1%
Compton	90221	78.5%	0.7%	18.6%	1.0%
Long Beach	90802	38.4%	34.7%	13.2%	7.1%
Long Beach	90803	18.3%	65.5%	3.2%	6.6%
Long Beach	90804	45.4%	24.3%	13.4%	13.9%
Long Beach	90805	59.9%	7.2%	17.7%	11.2%
Long Beach	90806	52.3%	10.5%	16.2%	17.5%
Long Beach	90807	28.2%	37.3%	13.1%	15.7%
Long Beach	90808	25.7%	52.1%	3.5%	12.3%
Long Beach	90810	56.4%	6.5%	8.4%	23.4%
Long Beach	90813	66.1%	9.3%	10.2%	11.4%
Long Beach	90814	30.9%	50.8%	8.0%	5.6%
Long Beach	90815	25.5%	50.3%	7.4%	10.9%
Paramount	90723	81.3%	4.5%	8.8%	3.6%
Wilmington	90744	88.4%	3.6%	3.4%	3.3%
St. Mary Service Area		**55.0%**	**19.5%**	**12.3%**	**9.3%**
Los Angeles County		**48.7%**	**25.2%**	**7.6%**	**14.6%**
California		**39.7%**	**35.2%**	**5.3%**	**14.9%**

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP05. http://data.census.gov/

Cambodia Town in Long Beach is known for being the highest concentration of Cambodians in the United States. Cambodia Town is home to a diverse community of Black, Indigenous, Latinx, and Asian residents.[1]

Language

In the service area, 47% of the population, 5 years and older, speak only English in the home. Among the area population, 44.3% speak Spanish in the home, 6.7% speak an Asian or Pacific Islander language, and 1.5% speak an Indo-European language other than Spanish or English in the home.

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

	St. Mary Service Area	Los Angeles County	California
Population, 5 years and older	**641,357**	**9,398,060**	**37,097,796**

[1] Cambodia Town Thrives Visit https://www.cambodiatownthrives.org/ for more information.

English only	47.0%	44.5%	56.1%
Speaks Spanish	44.3%	38.3%	28.2%
Speaks Asian or Pacific Islander language	6.7%	10.6%	9.9%
Speaks other Indo-European language	1.5%	5.4%	4.6%
Speaks other language	0.5%	1.2%	1.1%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP02. http://data.census.gov/

The highest percentage of Spanish speakers within the service area can be found in Wilmington (73.8%), followed by Compton 90221 (69.6%) and Paramount (68.6%). Long Beach 90810 (18.2%) and Long Beach 90806 (13.3%) have the highest percentage of Asian or Pacific-Islander language speakers. Long Beach 90814 (5.5%), and Long Beach 90802 (3.7%) have the highest percentages of Indo-European languages spoken at home in the service area. English is spoken in the home by 82.8% of those living in Long Beach 90803 and 77.9% of those living in Long Beach 90808.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo European
Compton	90220	41.2%	57.7%	0.9%	0.1%
Compton	90221	29.2%	69.6%	1.2%	0.1%
Long Beach	90802	63.4%	27.9%	4.5%	3.7%
Long Beach	90803	82.8%	8.9%	4.9%	2.6%
Long Beach	90804	51.5%	36.4%	10.0%	1.7%
Long Beach	90805	40.4%	49.9%	8.5%	0.9%
Long Beach	90806	40.8%	43.8%	13.3%	1.1%
Long Beach	90807	66.9%	18.6%	10.6%	2.8%
Long Beach	90808	77.9%	12.7%	6.3%	2.6%
Long Beach	90810	35.7%	44.7%	18.2%	1.1%
Long Beach	90813	30.9%	58.1%	9.3%	1.2%
Long Beach	90814	72.5%	18.0%	3.2%	5.5%
Long Beach	90815	77.0%	13.1%	6.5%	2.9%
Paramount	90723	27.1%	68.6%	2.5%	0.9%
Wilmington	90744	22.9%	73.8%	2.8%	0.3%
St. Mary Service Area		**47.0%**	**44.3%**	**6.7%**	**1.5%**
Los Angeles County		**44.5%**	**38.3%**	**10.6%**	**5.4%**
California		**56.1%**	**28.2%**	**9.9%**	**4.6%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov/

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English "less than very well." In the service area, 19.1% of the population is linguistically isolated.

Linguistic Isolation, Ages 5 and Older

	Percent
St. Mary Service Area	19.1%
Los Angeles County	22.9%
California	17.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. https://data.census.gov/

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Los Angeles County school districts, the percentage of students who were classified English Learners was 17.6%. Among area school districts, English Learners ranged from 16.7% in Long Beach Unified to 23.8% in the Compton Unified School District.

English Learner (EL) Students, by School District

	Number	Percent
Compton Unified School District	4,694	23.8%
Long Beach Unified School District	10,745	16.7%
Paramount Unified School District	2,509	20.8%
Los Angeles Unified School District	106,318	20.1%
Los Angeles County	**228,626**	**17.6%**
California	**1,074,833**	**18.4%**

Source: California Department of Education DataQuest, 2023-2024. http://dq.cde.ca.gov/dataquest/

Citizenship

In the service area, more than a quarter (27.5%) of the population is foreign-born, which is lower than the county (33.3%) but higher than the state rate (26.5%). Of the foreign-born, more than half (53.2%) are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	St. Mary Service Area	Los Angeles County	California
Foreign born	27.5%	33.3%	26.5%
Of the foreign born, not a U.S. citizen	53.2%	45.8%	46.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov

Community Input – Racism and Discrimination

Stakeholders identified the following issues, challenges and barriers related to racism and discrimination. Following are their comments edited for clarity.

Throughout many of the significant health needs, racism and discrimination were mentioned as root causes of issues for poorer health outcomes. Many individuals specifically pinpointed anti-Blackness and structural racism as key drivers creating

systemic disadvantages for Black individuals in education, health care, policing, and housing. For immigrants, the lack of interpreters, racial biases in medical treatment, and fear of seeking health care due to immigration status perpetuate health care disparities.

- *I remember during the pandemic when our current health director said that racism is the greatest public health issue of our time. And I thought it was profound when she said it, and I've never forgotten it because it's really true. The compounding impact of stress and trauma that people of color live with daily must have health implications.* - Key Stakeholder

- *There are never any interpreters in the emergency rooms, so when you go to see a doctor, I don't feel like I'm treated correctly. We get sent back to the waiting room just because we can't be understood.* - Listening Session Participant

- *Any outcome in which Black people have poor outcomes is the result of racism and discrimination. If we look at the definition of racism and we look at the definition of racial disparities, you can't help but to say that this is due to racism and has a specific impact on health outcomes. The structural systems that are established are built off racism. This country is built off racism. It's entrenched in everything.* - Key Stakeholder

Individuals noted there is a rise in hate crimes since COVID-19, specifically increased anti-Asian hate, anti-Blackness, and xenophobia, with specific attention to multigenerational Black and African American and Latinx experiences. Testimonies of racial profiling from police and experiences with police violence lead to fear, truancy, and trauma.

- *The Asian hate that's been going on is not getting better. Some of our young people experience getting called racial slurs. I noticed they felt they should have done something; they feel embarrassed to share it with the us. Sometimes, it's hard for people to stay calm in situations like this.* - Key Stakeholder

- *We have been participating with the AAPI equity group on anti-Asian hate. We want to be able to support our Black community and Latino community and build relationships.* - Key Stakeholder

- *Since COVID, there's been high rates of racism discrimination among people of color. There's been a lot of hate crimes as well. We're educating our community*

members about recent discrimination and how to report hate crimes. Our African American clients are experiencing the most, especially those who are multi-generational. We also serve some Eritreans and Ethiopians. They just got here, and they're proud. They want to call on the language and culture, and it's fun. I can see that difference. If I look at those clients versus those who are African American, multigenerational, With the Latino communities, same thing. "Are you born here? Not born here? Do you speak English?" That makes a huge difference. We notice that depending on what country of origin you are from, you have very different feelings about racism. For Cambodians the basics are still there in terms of discrimination. I guess adding on blood, you talk about colorism, there are huge amounts of that within the Cambodian community. Most of our Asian class are Cambodian, but they're all a mix. Some are Chinese Cambodian, and Thai Cambodian. - Key Stakeholder

- *The school district has developed a program called Sankofa, and it's specifically designed for Black families. It's not a district-wide policy, but each school has Sankofa. The parents have to request it. So, if the parents don't know, how can they request that program to come to their school? It has to be driven by parents. There's this hesitation there. There's still a conversation about, "We're going to offer all children to come, even though it's specifically tailored for Black children." So, there's this misunderstanding of something that might be a really wonderful program.* - Key Stakeholder

Limited COVID-safe spaces and barriers to accessing resources for disabled individuals have perpetuated ableism and accessibility concerns. This has also been felt in the discriminatory treatment of unhoused individuals.

- *COVID-safe spaces are hard to find, especially because there are a lot of autoimmune-deficient people.* - Listening Session Participant

- *Disability has a very specific image of someone using a wheelchair or someone who is blind, but there is so much more. There are a number of Black people who are disabled who don't have access to resources or help, and Black disabled people are pushed to the side and not centered.* - Listening Session Participant

- *Not everyone has social media or can navigate a QR code. We can empower people with resources and information.* - Listening Session Participant

The fear of deportation and exclusion from services due to immigration status is exacerbated by political policies.

- *My husband doesn't want to leave the house, my children have been saying, 'Don't go here, don't go there.' There is a fear from people saying 'Go back to your country,'* - Listening Session Participant

- *People are afraid to get Medi-Cal. They're afraid to go get these services, because it means Dad can't get his papers, and we'll always be at risk of being deported. We were just kind of crawling our way out of that, and here we are back again. This keeps people from wanting to be seen by service providers, and I do think there is a very understandable distrust among our communities of color.* - Key Stakeholder

- *There is not enough education and information specifically on how to handle discrimination and racism in proactive ways and protect one's mental health. That's certainly a challenge. We don't talk about racism and discrimination enough. It does impact all of us, and it's going to get worse.* - Key Stakeholder

- *Our city was mindful and conscious of discrimination. But now we're seeing racism and discrimination happening all over again in a very ugly way. After all the hard work that has been done.* - Key Stakeholder

Participants identified internalized racism and colorism as the cultural biases related to skin color and beauty standards that continue to affect multiple racial and ethnic communities. Harassment, abuse, and underpayment, particularly targeting women and marginalized groups, continue in workplaces. LGBTQIA2S+ individuals face significant challenges in health care and employment with a lack of sensitivity and proper accommodation.

- *We are experiencing abuse from bosses, where women get sexually abused or men get harassed, and most of the time you are not paid enough.* - Listening Session Participant

- *I think it's even more prevalent with our federal administration and their ending of the DEI programs and their marginalization of many different groups. It's still prevalent in our adolescents- well, our entire population. There are remaining*

issues that continue to need addressing, and I think our patients, our children are still being exposed to racism and discrimination. - Key Stakeholder

- *On one hand, there is the racism and discrimination that people receive, or they face themselves. A lot of it is in the workplace. On the other hand, there's also internalized racism. There's anti-Blackness in our community, and an anti-immigrant sentiment.* - Key Stakeholder

- *I have felt excluded from groups before because I look White even though I am Mexican American.* - Listening Session Participant

- *They/He is on my information sheet, and they will still use the 'she/her' pronoun. It happened just the other day when I went to get the vital resources that I need. I told them, "I really need to get mental health resources," and the woman on the phone ended the call with, "Take care of yourself first, especially as a woman." Talking about it for the first time makes me so upset. I can't keep having these conversations over and over again with people I am likely to never meet again.* - Listening Session Participant

- *If it's hard for a female, it's even harder for a transgender person to get a position of respect. Or to get a promotion based on hard work. I feel that even in our line of work, we have to prove ourselves more than a regular person. Our work is worth it, and it shouldn't be that way, but it's the reality.* - Key Stakeholder

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank-order counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 counties were ranked according to social and economic factors with one indicating the county with the best factors to 58 for the county with the poorest factors. For social and economic factors, Los Angeles County is ranked 37.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	37

Source: County Health Rankings, 2023. http://www.countyhealthrankings.org

California Healthy Places Index

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

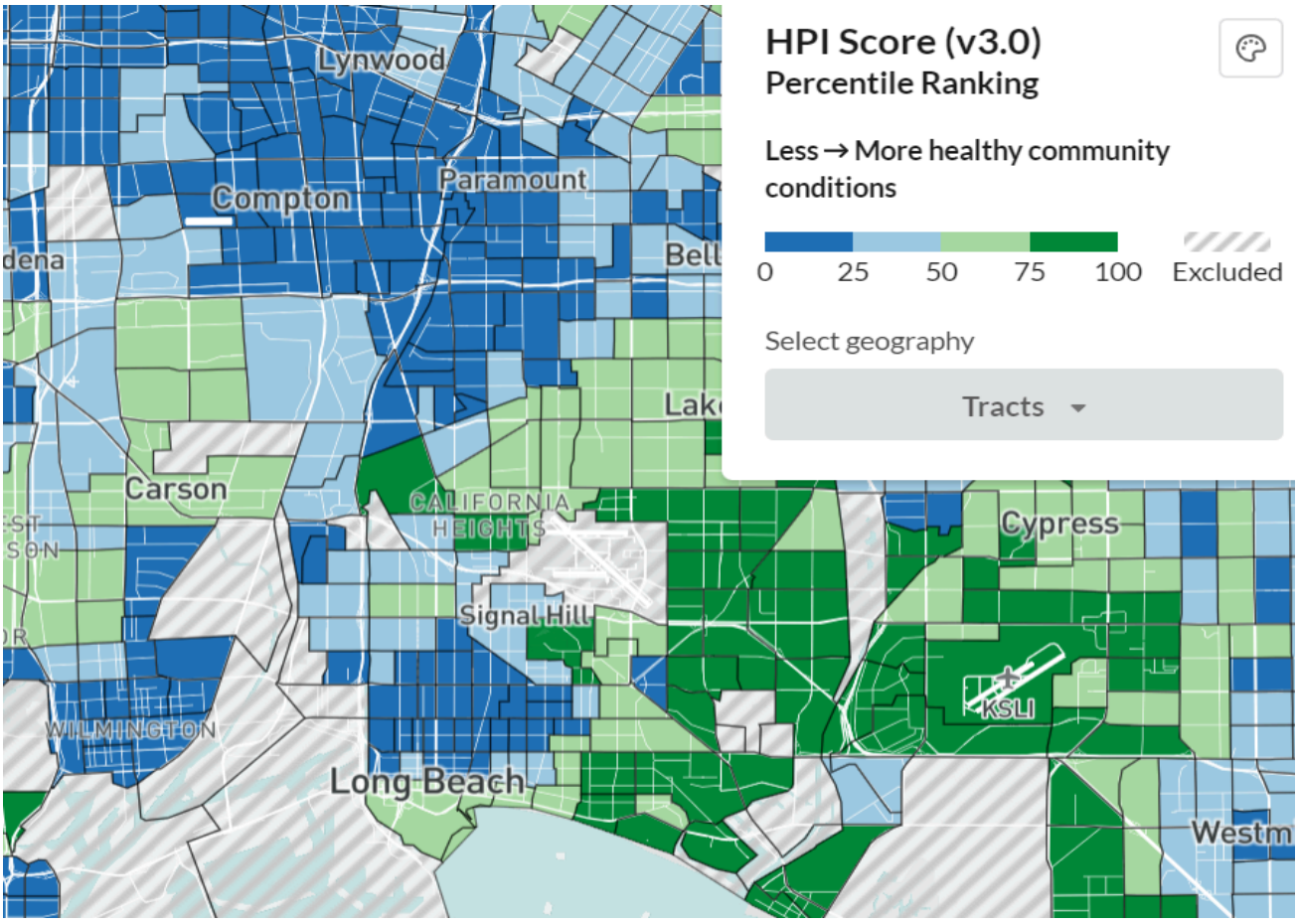
The HPI map displays Long Beach and the surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The service area ZIP Codes, pooled, have an overall HPI score that is better than a quarter (27.9%) of California ZIP Codes. The service area has better housing conditions than just 13.9% of other California ZIP Codes, based on five criteria: homeownership, housing habitability, homeowner and renter severe housing cost burdens, and crowded housing conditions. The area also has better social conditions than 21.4% of California ZIP Codes, and better health care access than 22.6% of other California ZIP Codes. Scores are worse in Census Tracts on the

southwestern and northern sides of the service area (Compton, Paramount, Wilmington, and Northern and Central Long Beach) than they are on the southeastern side.

California Healthy Places Index Value and Sub-Scores, as Percentiles

	St. Mary Service Area
Economic	33.8%
Education	35.9%
Social	21.4%
Transportation	27.0%
Neighborhood	43.0%
Housing	13.9%
Clean Environment	41.7%
Health Care Access	22.6%
HPI Score	**27.9%**

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed October 13, 2024.
https://healthyplacesindex.org



Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 6.7%. Unemployment rates ranged from 3.8% in Long Beach 90814 to 8.7% in Long Beach 90806 and Long Beach 90813.

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Compton	90220	22,814	1,809	7.9%
Compton	90221	24,670	1,911	7.7%
Long Beach	90802	26,536	2,075	7.8%
Long Beach	90803	20,190	973	4.8%
Long Beach	90804	22,217	1,056	4.8%
Long Beach	90805	48,513	3,676	7.6%
Long Beach	90806	19,999	1,732	8.7%
Long Beach	90807	18,673	999	5.3%
Long Beach	90808	20,695	961	4.6%
Long Beach	90810	18,483	1,471	8.0%
Long Beach	90813	26,399	2,305	8.7%
Long Beach	90814	12,943	489	3.8%
Long Beach	90815	21,951	1,182	5.4%
Paramount	90723	26,684	1,402	5.3%
Wilmington	90744	25,604	1,771	6.9%
St. Mary Service Area		**356,371**	**23,812**	**6.7%**
Los Angeles County		**5,235,164**	**365,544**	**7.0%**
California		**20,011,853**	**1,282,055**	**6.4%**

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP03. http://data.census.gov/

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2022, the Federal Poverty Level (FPL) was set at an annual income of $14,880 for one person and $29,678 for a family of four. Among the residents in the service area, 15.7% are at or below 100% of the federal poverty level (FPL) and 36.2% are at 200% of FPL or below. The highest poverty rates in the service area are found in Long Beach 90813 (25.6%), Wilmington and Long Beach 90804 (19.7%), and Compton 90220 (19.5%). The highest rates of low-income residents are found in Long Beach 90813 (55.5%) and Compton 90221 (47.9%), Long Beach 90808 has the lowest rate of poverty (5.5%) and low-income residents (10.8%).

Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Compton	90220	19.5%	41.4%
Compton	90221	17.1%	47.9%
Long Beach	90802	16.5%	36.0%
Long Beach	90803	6.5%	13.7%
Long Beach	90804	19.7%	38.9%
Long Beach	90805	18.9%	40.2%
Long Beach	90806	17.5%	40.2%
Long Beach	90807	7.9%	21.4%
Long Beach	90808	5.5%	10.8%
Long Beach	90810	13.9%	35.6%
Long Beach	90813	25.6%	55.5%
Long Beach	90814	11.7%	23.7%
Long Beach	90815	7.4%	16.5%
Paramount	90723	13.4%	41.2%
Wilmington	90744	19.7%	45.4%
St. Mary Service Area		**15.7%**	**36.2%**
Los Angeles County		**13.7%**	**31.8%**
California		**12.1%**	**28.0%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. http://data.census.gov/

In the service area, 22% of children and 14.2% of senior adults are living in poverty, as are 31.6% of female heads-of-households (HoH) living with their own children under the age of 18. Long Beach 90813 has the highest rate of poverty among children (37.2%), senior adults (33.6%), and female heads-of-households with children (41.7%).

Poverty Levels of Children, under Age 18; Senior Adults, Ages 65+, and Female HoH

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Compton	90220	28.8%	17.1%	37.3%
Compton	90221	24.8%	19.4%	33.9%
Long Beach	90802	28.6%	14.6%	38.3%
Long Beach	90803	2.1%	4.9%	1.7%
Long Beach	90804	28.1%	25.3%	37.6%
Long Beach	90805	25.0%	15.7%	30.3%
Long Beach	90806	27.3%	12.2%	36.2%
Long Beach	90807	3.5%	12.2%	9.9%
Long Beach	90808	5.5%	5.6%	15.1%
Long Beach	90810	18.5%	14.9%	24.9%
Long Beach	90813	37.2%	33.6%	41.7%
Long Beach	90814	4.1%	12.6%	13.8%
Long Beach	90815	4.6%	7.5%	19.0%
Paramount	90723	18.7%	10.5%	33.0%
Wilmington	90744	27.6%	17.8%	41.3%
St. Mary Service Area		**22.0%**	**14.2%**	**31.6%**
Los Angeles County		**18.1%**	**13.9%**	**30.0%**

	ZIP Code	Children	Senior Adults	Female HoH with Children*
California		**15.6%**	**11.0%**	**29.2%**

*Source: U.S. Census Bureau, 2018-2022 American Community Survey, S1701 & *S1702. http://data.census.gov/*

The service area has higher rates of poverty among Hispanic or Latino residents, multiracial residents, Asian residents, non-Hispanic White residents, and residents who identify as a race other than those listed, than do the county or state. American Indian or Alaska Native residents, and Native Hawaiian or Pacific Islander residents, have lower poverty rates than in the county or state. Black or African American residents have a higher poverty rate than the state rate. At all geographic levels, Black residents have the highest rates of poverty, followed by those who identify as some Other race not listed, with Hispanic or Latino residents following closely.

Poverty Levels, by Race and Ethnicity

	St. Mary Service Area	Los Angeles County	California
Black or African American	20.0%	20.1%	19.0%
Some other race	18.2%	16.8%	16.1%
Hispanic or Latino	17.5%	15.9%	15.1%
Multiracial	15.3%	13.0%	12.2%
Asian	13.5%	11.1%	9.8%
American Indian or Alaska Native	11.2%	16.0%	16.1%
White, non-Hispanic	9.9%	9.7%	8.9%
Native Hawaiian or Pacific Islander	8.5%	10.9%	13.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. http://data.census.gov/

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free lunches to children whose families meet eligibility income requirements. Area school district eligibility ranged from 60.3% of students in the Long Beach Unified School District to 94.3% of students in the Paramount Unified School District.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Compton Unified School District	93.1%
Long Beach Unified School District	60.3%
Los Angeles Unified School District	80.7%
Paramount Unified School District	94.3%
Los Angeles County	**69.2%**
California	**61.7%**

Source: California Department of Education, 2023-2024.http://data1.cde.ca.gov/dataquest/

Community Input – Economic Insecurity

Stakeholders identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity.

The community is experiencing severe economic challenges that create a domino effect on health and wellbeing. Residents face extreme difficulty keeping up with the rapidly increasing costs for basic necessities like rent, utilities, food, and gas, forcing impossible choices between essential needs. Concerns related to economic insecurity intersect multiple health issues and drivers, creating a complex web of health and social issues that require comprehensive, coordinated solutions addressing both immediate needs and systemic barriers.

- *I think about how that every time a Black child, or a child, any child, a parent, has to take off, to go to the hospital, that's loss of income, that's lost wages for the whole household.* - Key Stakeholder

- *Black youth in general, especially Gen Z, are really struggling with how expensive things are; many of them don't have savings. With rents being high, even if you go to college if you're not making enough money to qualify for an apartment, it makes it so difficult."* - Listening Session Participant

- *If we don't have economic security, we're not going to have health, we're not going to have safe communities. It's a domino effect that intersects with everything that we're trying to deal with. We're seeing people are not making ends meet. People are challenged. They are rent burdened. They are challenged with food security. They're picking and choosing what medications to purchase.* - Key Stakeholder

Housing costs have remained high while wages have stagnated, creating widespread economic insecurity. Many families work multiple jobs yet still struggle to afford rent, utilities, and food. This economic pressure particularly impacts: (1) Families with children who witness their parents' struggles, creating intergenerational trauma; (2) Undocumented individuals who face barriers to employment due to lack of documentation while struggling to avoid exploitation via wage theft and misclassification; and (3) Transgender individuals who experience employment discrimination and are often forced into underground economies with limited income potential.

- *When we came to this country, we realized how much of a culture shock the United States is, and it's hard to find the organizations and resources that can help people and make people feel comfortable. So many people come strapped for money and get onto food stamps and health services, but then if they start making too much money, they lose those benefits. Then you're struggling to pay for housing and childcare and education for your children, and it becomes really difficult. You try and get a better job, but you can't get a better job or income because you don't have the documentation status, then you cannot advance more, and you start fearing not being able to pay everything.* - Listening Session Participant

- *Wage theft is huge. Because a lot of people are undocumented, they get taken advantage of, they get exploited and get threats of deportation. And then I think a cultural barrier is to keep your head down, stay quiet, just be a good worker. And so culturally, the barrier is not knowing how to speak up and advocate for your rights.* - Key Stakeholder

- *We're not going to speak up because everything is expensive, so we're going to suffer. And that's bad for us.* - Listening Session Participant

- *Most of the kids we serve, their parents are impacted and struggling. We have some who are living in cars. Some are living in shelters. We have some that are three and four families living in a household. Parents are losing jobs. The price of things is going up, and kids don't have access to things while living in motels.* - Key Stakeholder

- *We're seeing a lot of trans folks specifically struggling with access to housing and affordable housing, and it's almost always, if not exclusively, BIPOC trans residents who struggle with economic insecurity, transportation issues, housing issues and the ability to be safe.* - Key Stakeholder

The economic strain on residents impacts the delivery and access of health care services, with an overwhelming number of health care providers and workers noting that an average of 70-75% of patients coming in for emergency services have severe problems, are on Medi-Cal or uninsured. In addition, community clinics face financial challenges as reimbursement rates don't keep pace with increasing costs of providing care.

- *Economic status has a lot to do with it. I've struggled with anemia since having my kids, and I take a lot of vitamins so now it's become chronic. My sister has it too, but she has a good paying job, and I see the difference with her being able to see a doctor and for me, it's harder. So sometimes I stay with her in Texas so I can get care or be able to get the appointments I need.* - Listening Session Participant

- *For the population we serve, roughly 70% of our families are on Medi-Cal or uninsured. We serve a very high-risk population that is economically challenged. Health care should be a right, and we have to make sure they have access while at the same time, the costs for the hospital and the health system are going up, just like the rest of things.* - Key Stakeholder

- *When it comes to Medi-Cal, they compare your income to the national standards and so it feels unfair because everything here is so much more expensive for a family of 3 or 4. My daughter has a chronic illness and recently she had a baby and was on Medi-Cal but once she got married, then she no longer qualified. She has had such a hard time being able to pay her own co-pays.* - Listening Session Participant

The constant stress of economic insecurity creates significant mental health challenges. Anxiety, depression, and other psychiatric issues are prevalent among those experiencing poverty. Parents face isolation and overwhelming pressure trying to meet family needs while many struggle to pay bills on time, leading to late fees and further financial strain. The stress of potential eviction and housing instability creates ongoing trauma.

- *There's a high correlation between economic security and psychiatric issues. Oftentimes, the individuals who are the most vulnerable in terms of their economic security are often also experiencing a lot of mental health challenges. They also experience a lot of victimization. This all goes hand in hand.* - Key Stakeholder

- *I think a huge chunk of the anxiety and depression that our kids are feeling is because they don't have enough to eat at the end of the month, or they're sharing a one-bedroom apartment, and their whole family lives in one room. We have kids who have never slept in a bed. They're in a pile of blankets on the floor,*

and so to say we should be shocked that this child is anxious or somehow not performing at school is nonsense. - Key Stakeholder

- *It's a tremendous concern for our community, for our young people, for families, the cost of living continues to increase, and the salaries for many working-class families do not grow at a rate that's commensurate with the cost of living. I think there's a tremendous issue and a lot of stress that connects to health and wellness for families each year, like in that window in between Thanksgiving and the first of the year and the holidays. You know, if you have a lot of financial stress, it's a very challenging time of year.* - Key Stakeholder

Transportation

Among service area workers, ages 16 and older, 72% drove alone and 4% took public transit to work. The average service area commute time was 30.0 minutes. It should be noted that these data span from pre- to post-Pandemic. As such, it may not be fully reflective of current commuting practices.

Transportation and Commute to Work

	St. Mary Service Area*	Los Angeles County	California
Drove alone to work	72.0%	68.0%	68.4%
Carpooled to work	9.7%	9.3%	9.5%
Commuted by public transportation	4.0%	4.6%	3.6%
Walked or other means	4.3%	4.9%	4.8%
Worked from home	10.0%	13.2%	13.6%
Mean travel time to work (minutes)	30.0	31.0	29.2

*Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. http://data.census.gov/ *Weighted average of area means.*

Households

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

In the service area, there are 228,738 households and 240,569 housing units. Over the last five years, the population decreased by 2.4%, but the number of households grew

by 3.1% (suggesting easing of constraints on housing formation and/or smaller household size). Housing units grew at a rate of 3.2%, and vacant units increased by 5.6%, to 4.9% of overall housing stock. Owner-occupied housing units increased by 4.8%, and renter-occupied units increased by 1.8% from their 2017 levels. The service area has a lower rate of vacancies, and a lower rate of owner-occupied housing compared to the county.

Households and Housing Units, and Percent Change

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Housing units	233,148		240,569		3.2%
Vacant	11,204	4.8%	11,831	4.9%	5.6%
Households	221,944		228,738		3.1%
Owner occ.	93,032	41.9%	97,469	42.6%	4.8%
Renter occ.	128,912	58.1%	131,269	57.4%	1.8%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. http://data.census.gov/

The weighted average of the median household income in the service area is $77,432. Median household incomes range from $48,535 in Long Beach 90813 to $131,535 in Long Beach 90808.

Median Household Income

	ZIP Code	Households	Median Household Income
Compton	90220	13,710	$69,901
Compton	90221	12,588	$64,439
Long Beach	90802	21,734	$69,613
Long Beach	90803	17,082	$107,889
Long Beach	90804	14,967	$64,160
Long Beach	90805	28,163	$64,848
Long Beach	90806	12,541	$67,632
Long Beach	90807	12,771	$89,319
Long Beach	90808	14,198	$131,535
Long Beach	90810	9,965	$75,152
Long Beach	90813	17,215	$48,535
Long Beach	90814	9,267	$89,776
Long Beach	90815	15,210	$110,565
Paramount	90723	14,378	$67,130
Wilmington	90744	14,949	$58,869
St. Mary Service Area		**228,738**	***$77,432**
Los Angeles County		**3,363,093**	**$83,411**
California		**13,315,822**	**$91,905**

*Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP03. http://data.census.gov/ *Weighted average of the medians.*

Housing Affordability

Safe and affordable housing is an essential component of healthy communities. According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 47% of owner and renter occupied households spend 30% or more of their income on housing. The ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Long Beach 90813 (57.7%) and Long Beach 90804 (54.4%). Among renters-only, the rates are higher, with 56.4% of service area renter households being cost burdened, as opposed to 34.7% for owner households. Long Beach 90813 has the highest rate of cost-burdened renters (62.5%), followed by Compton 90221 (61%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Compton	90220	45.8%	38.6%	58.5%
Compton	90221	51.5%	43.7%	61.0%
Long Beach	90802	52.7%	37.7%	56.8%
Long Beach	90803	41.8%	38.6%	44.5%
Long Beach	90804	54.4%	40.3%	58.3%
Long Beach	90805	49.1%	36.9%	58.7%
Long Beach	90806	49.8%	32.6%	58.8%
Long Beach	90807	43.1%	31.8%	57.5%
Long Beach	90808	28.8%	26.4%	42.0%
Long Beach	90810	37.9%	31.1%	47.2%
Long Beach	90813	57.7%	28.6%	62.5%
Long Beach	90814	46.5%	35.6%	51.9%
Long Beach	90815	37.3%	32.6%	46.7%
Paramount	90723	48.7%	35.0%	58.4%
Wilmington	90744	50.8%	34.8%	59.4%
St. Mary		**47.0%**	**34.7%**	**56.4%**
Los Angeles County		**46.8%**	**35.1%**	**57.3%**
California		**41.0%**	**30.8%**	**54.4%**

Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates DP04. http://data.census.gov/

Households by Type

20.2% of service area households are family households (married or cohabiting couples) with children, under age 18, and 6.1% of households are households with a female as head of household (HoH) with children, with no spouse or partner present. This is a higher rate of female HoH with children than the county (4.7%) or state (4.5%) rate. 7.9% of area households are senior adults who live alone, which is lower than the county (9%) and state (9.7%) rates. Senior adults living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family *Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Senior Adults, 65+, Living Alone
	Number	Percent	Percent	Percent
St. Mary Service Area	228,738	20.2%	6.1%	7.9%
Los Angeles County	3,363,093	20.8%	4.7%	9.0%
California	13,315,822	23.3%	4.5%	9.7%

*Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

Household Overcrowding

Residential crowding has been linked to an increased risk of infection from communicable diseases, a higher prevalence of respiratory ailments, and greater vulnerability to homelessness among the poor. Residential crowding reflects demographic and socioeconomic conditions. Older-adult immigrant and recent immigrant communities, families with low income, and renter-occupied households are more likely to experience household crowding. A form of residential overcrowding known as "doubling up" – co-residence with family members or friends for economic reasons – is the most commonly reported prior living situation for families and individuals before the onset of homelessness. *Source: Office of Health Equity, Healthy Communities Data and Indicators Project, Housing Overcrowding Narrative, 12/6/2017.*
https://healthdata.gov/State/Percent-of-Household-Overcrowding-1-0-persons-per-/tqic-be24/about_data

Housing is defined as overcrowded when there is more than one person per room (PPR) - not per bedroom - of the dwelling; it is considered severely overcrowded when there are more than 1.5 people per room of the dwelling. Additional measures for analyzing overcrowding that have been investigated include analyzing housing by greater than two people per bedroom (PPB), or by square feet of dwelling space per person. However, the measure of PPR is generally accepted to be valid, is the most-available measurement, and is the one used by the U.S. Census Department.

In the service area, 8.1% of households live in overcrowded conditions, and an additional 5% live in severely overcrowded conditions, for a total of 13.1% of all households being overcrowded. Wilmington has the highest combined rate of overcrowding in the service area (27.2% of all households), followed by Compton 90221 (25.8% of all households).

Overcrowded and Severely Overcrowded Housing, by ZIP Code

	ZIP Codes	Households With >1 to 1.5 PPR	Households With >1.5 PPR	Combined Rate of Overcrowding
Compton	90220	11.6%	5.7%	17.3%
Compton	90221	15.0%	10.8%	25.8%
Long Beach	90802	2.2%	5.1%	7.2%
Long Beach	90803	1.0%	2.0%	3.0%
Long Beach	90804	5.4%	3.2%	8.7%
Long Beach	90805	11.5%	6.0%	17.4%
Long Beach	90806	10.8%	6.1%	16.8%
Long Beach	90807	2.6%	1.9%	4.5%
Long Beach	90808	0.8%	0.2%	1.0%
Long Beach	90810	10.8%	4.6%	15.3%
Long Beach	90813	14.1%	8.2%	22.3%
Long Beach	90814	2.4%	2.3%	4.7%
Long Beach	90815	1.2%	0.3%	1.5%
Paramount	90723	15.6%	6.5%	22.1%
Wilmington	90744	16.2%	11.0%	27.2%
St. Mary Service Area		**8.1%**	**5.0%**	**13.1%**
Los Angeles County		**6.3%**	**4.7%**	**11.1%**
California		**5.1%**	**3.1%**	**8.2%**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. http://data.census.gov/

Homelessness

A point-in-time count of homeless people is conducted annually in communities nationwide, including in Long Beach and Los Angeles and Orange Counties, to determine how many individuals and families are homeless on a given day.

Greater Los Angeles Homeless Count.

Data from the 2024 survey showed a 2.1% decrease in the number of people experiencing homelessness in Long Beach from 2023 to 2024, and a decrease in the percentage of sheltered homeless people. Of the 3,376 unhoused people in Long Beach in 2024, 96.9% were adult individuals, and 3.1% were family members (with at least one child, under 18, and one adult, age 18 and older). More than half (51.4%) of unhoused individuals in Long Beach in 2024 were chronically homeless, 12.3% were survivors of domestic violence, 11.3% were veterans, 34.3% had a serious mental illness and 28.3% suffer from chronic substance abuse.

Homeless Subpopulations, 2023 and 2024

	Long Beach		Los Angeles County	
	2023	2024	2023	2024
Count of homeless individuals	3,447	3,376	71,320	71,201
Sheltered individuals	28.0%	27.3%	26.7%	30.5%

	Long Beach		Los Angeles County	
	2023	2024	2023	2024
Unsheltered individuals	72.0%	72.7%	73.3%	69.5%
Chronically homeless persons	39.4%	51.4%	44.9%	41.9%
Survivor of domestic violence	26.5%	12.3%	34.1%	9.6%
Persons with HIV/AIDS	4.1%	1.3%	2.1%	1.8%
Serious mental illness	34.3%	34.3%	22.2%	22.0%
Substance use disorder	28.1%	28.3%	26.7%	24.2%
Veterans	10.5%	11.3%	5.4%	4.2%
Homeless family members	2.7%	3.1%	14.7%	15.0%
Parenting youth (ages 18 to 24)	0.1%	-	0.7%	0.5%
Children of parenting youth	0.2%	-	0.7%	0.6%
Unaccompanied youth (under 18)	-	-	0.1%	0.1%
Transgender/non-conforming/questioning	2.3%	3.8%	2.5%	2.3%
*LGBTQ+	11.2%	7.7%	Not asked	Not asked
*Students	7.4%	6.6%	Not asked	Not asked
*Foster care experience	19.0%	19.1%	Not asked	Not asked

*Source: U.S. Department of Housing and Urban Development (HUD), 2023 and 2024 Homeless Populations and Subpopulations reports. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports and *City of Long Beach, 2023 and 2024 Homeless Counts, https://www.longbeach.gov/homelessness/annual-homeless-count/*

Community Input – Housing and Homelessness

Stakeholders identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments edited for clarity.

Housing and its economic, social, and racial conditions emerged as a top issue impacting health outcomes for a variety of communities and stakeholders. As a key social determinant of health, housing was a root cause issue that originated many of the downstream factors that led to more significant health issues. Mental health struggles are common among people experiencing homelessness or housing insecurity, stemming from trauma experienced while living on the streets and the stress of trying to stay housed while juggling multiple financial responsibilities. Stable housing is critical for maintaining health care, but many people experiencing homelessness struggle to access health care, including essential prescriptions like PrEP.

- *One of the most important issues is housing and homelessness; there are so many people living on the streets, and they also have health and mental health problems.* - Listening Session Participant

- *I think that the increased cost of living has made things difficult. It's made housing less affordable. It's resulted in people living further away from where they work. That puts stress on their family.* - Key Stakeholder

- *When you see people on the street and you don't know the back story about why people are there on the street in the first place… as Black people, that is the hardest struggle for us.* - Listening Session Participant

- *The biggest thing is gentrification, the displacement, and people of different economic means needing to live in this community. They can't commute for an hour for a job. We've got to prevent the families from becoming homeless. We had a program through [State funding] where you pay for their rent so the family wouldn't be evicted. But that all has gone into treatment for the severely mentally ill via Proposition 1.* - Key Stakeholder

- *A lot of people are homeless, they don't have a job opportunity. When it comes to housing, a place to be safe, it's like a domino effect. If you don't have housing, you don't have a place to get medicines. If you want to apply for PrEP, you're not able to get PrEP unless you have an address. There's a lot of health effects if you don't have a stable place to live.* - Key Stakeholder

Many building owners are not accepting lower-income individuals, and people with pets face additional challenges in accessing resources. Homelessness is disproportionately affecting Black people, including elders and queer youth who are often kicked out of homes.

- *When I was homeless, I didn't know what to do because that had never happened before. Calling 211 never helped because they just gave me lists of resources, but I wasn't always able to access them. Especially having a pet, it was hard for my dog to take care of him, even trying to get him food. I would have to leave him in my car because I wasn't always able to bring him with me everywhere.* - Listening Session Participant

- *Many building owners aren't accepting of lower-income people.* - Listening Session Participant

- *A lot of the people who don't have stable housing live in hotels or motels, day by day. Imagine the stress you have to be under, trying to work every day to make $100 a day to pay for your room, not only that, but also you don't have any money.* - Key Stakeholder

- *There are a lot of dark skinned, Black people who are homeless, especially a lot of elders. I know a lot of Black queer youth who are struggling with housing insecurity or living in their car while they are trying to go to school because they were kicked out.* - Listening Session Participant

In terms of the existing housing stock, there continues to be a lack of affordable, safe, and accessible housing. Overcrowded living conditions are unsafe, particularly for children, while many affordable market-rate units are often older, substandard, and unsafe. Agencies and service providers struggle to place individuals in emergency housing, and many are forced to move out of the Long Beach area. Because there is not enough affordable housing, some families and individuals have no choice but to live in unregulated and unpermitted garages and structures. The lack of affordable housing, insufficient support for marginalized groups (like transgender people), and challenges faced by veterans and formerly incarcerated residents are compounding factors.

- *The housing crisis in Long Beach is appalling. And we serve families that are employed, that's not the issue. They're living in a garage or they're living out in the environment. Why do we have families that are working, and they still can't house and feed their children? It's substandard housing for a lot of our families, but that's all they can afford.* - Key Stakeholder

- *My neighbor had a stroke, and she's my age, I'm 31, and our building is not ADA accessible. We all pitched in and helped her up and down the stairs because there is no elevator. We tried to advocate to the landlord since it's a private building so she could get a washer and dryer in her unit, but the landlord said no, and it's a majority Black building. We're single-handedly holding this building together.* - Listening Session Participant

- *Housing is still an issue. That's nothing new. It's hard for our people who may qualify for subsidized housing, even through an HIV-specific Section 8 or what we call HOPWA funding, we have money for that, but we don't have a sense of what happens once people get their Section 8 voucher, because there aren't enough places that are willing to rent them. Having subsidized housing doesn't help if nobody will take you up on that.* - Key Stakeholder

- *We know in pediatrics that overcrowding is another issue with housing. People are just so crowded now that we buy bunk beds for people because they're sleeping on the floor. We know that children living in crowded conditions are*

more likely to be abused, both physically and sexually, because the parents have no choice but to bring in other people to help pay the rent. Not having housing, not being able to house your family safely in a quality location or not being able to feed them well causes stress in your home. That also leads to people getting more depressed, people drinking more, and more things happening in the home. - Key Stakeholder

- *I've heard from my friends that Long Beach is not a great place to try and figure out housing. As soon as I mentioned to my contact that, "Hey, we're having a really hard time housing a transgender client," she's like, "Oh, you're in Long Beach, that's why. If you're in Koreatown, you're in Hollywood, we could place her." Because my staff had been trying to place this person in transitional housing for more than nine months. It's more than just obtaining stable housing, but it's also about meeting her needs of safety and what she wants.* - Key Stakeholder

- *We help people sign up for senior, low-income housing, but there's always a wait list.* - Key Stakeholder

- *There are a lot of people in bad living conditions because they live in a rented room, or not a licensed unit, or the back of a house. Because everything's under the table, the landlord has free will to do what they want with rent. And then the residents just feel like they have to do what they need to do to survive.* - Key Stakeholder

- *I think incarceration, like our justice system, plays a part in a lot of these things. Being incarcerated makes it harder for you to find a job. It makes it harder for you to find somewhere to live. They are discriminated against because they've been incarcerated.* - Key Stakeholder

The growing cost of housing in Long Beach and the greater Los Angeles area, along with an unregulated rental market and lack of strong, enforceable local renter protections, makes it difficult for people, including college graduates, to find affordable places to live. There is a severe shortage of housing, with new construction often out of reach for most. Unstable finances, poor credit scores, and rising rent prices make it difficult for people to secure housing, even for those who are employed. Many face a choice between paying rent or covering health care costs. The lengthy wait for

affordable housing and poor conditions in substandard units further exacerbate the housing crisis.

- *Housing and homelessness are the most visible of the health needs.* - Listening Session Participant

- *Housing is very challenging for young people when they live in poor conditions, which doesn't support their growth and development. One of our youth members had to move within a week after the COVID pandemic hit because even though they had protections, the landlords raised the rent more than they were allowed. We had to serve the landlord a letter, but they did not care. My client had to move with her sibling into their grandparents' house, which was already overcrowded, and had to live away from their mother.* - Key Stakeholder

Public Program Participation

In SPA 8, 43.8% of low-income residents (those making less than 200% of the FPL) are not able to afford enough to eat, while only 28.9% of low-income residents utilize food stamps. WIC benefits are more-readily accessed by 56.4% of low-income SPA 8 children, ages 6 and younger. 6.5% of SPA 8 low-income residents are TANF/CalWORKs recipients. Food insecurity and food stamp access are higher in SPA 6 than in SPA 8, while WIC usage is lower in SPA 6 (49.2%). TANF/CalWORKs access is higher in SPA 6. 16.2% of SPA 6 adult immigrants and 8.6% of those in SPA 8, indicated there had been a time in the past year when they avoided government benefits due to a concern about disqualifying themselves or a family member from a green card or citizenship. 16.8% of adult immigrants in SPA 6, and 17% in SPA 8 indicated they were asked to provide a Social Security Number or other proof of citizenship within the past year in order to obtain medical services or school enrollment.

Public Program Participation, Population < 200% FPL

	SPA 6	SPA 8	Los Angeles County
Not able to afford food	45.2%	43.8%	41.7%
Food stamp recipients	39.6%	28.9%	30.2%
WIC usage among children, 6 years and younger	49.2%	56.4%	49.4%
TANF/CalWORKs recipients	19.4%	6.5%	10.2%
Avoided government benefits (asked of all immigrants, regardless of income), past year, due to concerns over green card disqualification for self or a family member	16.2%	8.6%	10.4%
Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year	16.8%	17.0%	16.0%

Source: California Health Interview Survey, 2019-2023, pooled. http://ask.chis.ucla.edu/

In the service area, 7.1% of households received SSI benefits, 4.9% received cash public assistance income, and 14.2% of households received food stamp benefits. These rates were higher than county and state rates.

Household Supportive Benefits

	St. Mary Service Area	Los Angeles County	California
Total households	**228,738**	**3,363,093**	**13,315,822**
Supplemental Security Income (SSI)	7.1%	6.7%	5.9%
Cash Public Assistance	4.9%	4.3%	3.7%
Food Stamps/SNAP	14.2%	11.5%	10.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. http://data.census.gov

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 82.1% of eligible households in Los Angeles County received food stamps (CalFresh) in 2021. A monthly average of 966,548 households in the county received food stamps in 2023, with the number rising over the year. The number of households receiving food stamps in April 2024 (986,585) was a 2.1% increase over the 2023 monthly average.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	April 2024	Percent Increase From 2023 Monthly Average
Los Angeles County	966,548	82.1%	986,585	2.1%
California	3,049,919	77.0%	3,175,087	4.1%

*Source: California Department of Social Services' CalFresh Master Data and Dashboard, 2023 and *2021 Calendar Year Average.*
http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Food insecurity is highest among adults, ages 25 to 29, and lowest among senior adults, ages 65 and older. Food insecurity highest among American Indian or Alaska Native residents, Hispanic or Latino residents and Black or African American residents of the county, and lowest among White residents and Asian residents. Food insecurity falls with rising levels of education and income and is higher among residents with a disability. 26.1% of adults in

SPA 8 reported food insecurity. This is a similar rate of food insecurity to that of the county (26.3%), while rates for SPA 6 (40.7%) are higher. Rates are particularly high in the Compton (36.1%) Health District.

Food Insecure Individuals, Los Angeles County, by Demographics

	Percent
Male	24.2%
Female	27.5%
Gender non-binary/non-conforming/Queer	47.0%
Prefer not to state	36.6%
Gay or lesbian	25.1%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	39.2%
Straight or heterosexual	23.4%
18 to 24 years old	32.5%
25 to 29 years old	34.6%
30 to 39 years old	30.3%
40 to 49 years old	27.3%
50 to 59 years old	27.5%
60 to 64 years old	21.9%
65 or older	13.9%
American Indian or Alaska Native, non-Hispanic	44.5%
Hispanic or Latino	35.8%
Black or African American, non-Hispanic	35.2%
Native Hawaiian or Pacific Islander, non-Hispanic	31.1%
Multiracial or Other Race, non-Hispanic	23.1%
Asian, non-Hispanic	15.9%
White, non-Hispanic	14.0%
Less than high school	40.0%
High School	32.6%
Some college or trade school	28.1%
College or post-graduate degree	13.0%
0 - 99% FPL	51.3%
100% - 199% FPL	42.5%
200% - 299% FPL	30.0%
300% or above FPL	11.0%
Disabled	39.3%
Not disabled	21.0%
Compton Health District	36.1%
Long Beach Health District	28.9%
SPA 6	40.7%
SPA 8	26.1%
Total	**26.3%**

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

Community Input – Food Insecurity

Stakeholders identified the following issues, challenges and barriers related to food insecurity. Following are their comments edited for clarity.

Food insecurity is a significant issue in Long Beach, affecting various communities with multiple interconnected challenges. People who are unhoused or experiencing housing insecurity struggle to consistently access healthy, fresh, or hot food, with free food options being unreliable. Rising food prices force difficult choices between adequate nutrition and paying rent, contributing to economic insecurity.

- *When it comes to food insecurity, it's the cost of living and the cost of food. And there are programs, government programs, and food banks that help with food, but it's an ongoing need. We've had families really talk about wanting to provide the best food for their children. Sometimes it's cheaper to just buy something that might not be the healthiest thing instead of making a home meal with fresh fruits and vegetables.* - Key Stakeholder

- *Hot food options are hard to find, and some places aren't always consistent. There was a place on 7th and Cherry that used to give out hot meals, but they stopped two days out of the week. I don't know why, but it was a real bummer to have that stop.* - Listening Session Participant

- *We have a lot of food insecurity because people are so busy trying to pay rent that they're eating ramen for breakfast, lunch, and dinner. Yes, we throw a lot of vegetables and some meat in there, but it's still not a nutritious meal.* - Key Stakeholder
- *A lot of students I work with don't have housing, food, or health care. They are trying to figure out how to meet these needs while also going to school and trying to balance everything.* - Listening Session Participant

Economic constraints force many to purchase only sale items rather than healthier options. This contributes to weight gain and feelings of guilt about poor nutrition. As one community member noted, "nutritious food is expensive" compared to fast food options. The demand for assistance has grown substantially, with significant increases in families attending farmers' markets and food giveaways.

- *There's lots of fast food, there's lots of convenience stores, and not as many healthy food choices. So right now, I feel like fast food is the easiest choice,*

which doesn't lend itself to healthy eating and lends itself to diabetes and heart disease." - Key Stakeholder

- *When I go to the supermarket, I only buy what's on sale, and that's not always the healthiest thing, but it's only what I can afford. I know I'm not able to give my kids the healthiest options.* - Listening Session Participant

- *The need has really been increasing, especially in the last year. There's [a food distribution] at Admiral Kidd Park. It was just maybe a few people last, like, November, December. Now, the line stretches from the West Health Facility almost to Cabrillo. This is an indication that there's more need for it.* - Key Stakeholder

- *I will ask [my son] what he wants to eat, but he'll say whatever you want because he knows he doesn't want me to stress out about what we will find or what we can afford.* - Listening Session Participant

- *We have a weekly free farmers market for our patients only. Unfortunately, we can't help everybody. At three of our sites, we used to be about 100 families at each of the three sites. But recently, at one of our sites, there are 175 families. And then we have food pantries. If families come in during their visit, and they mention food insecurity, we can help them with other things, but for that moment, at least, we can give them something if they need it for that day.* - Key Stakeholder

Low-income neighborhoods face geographic barriers to food access, with limited grocery stores in these areas. Transportation challenges make reaching grocery stores difficult, particularly for those without vehicles. Cultural food access is also threatened, with gentrification and rising costs forcing the closure of culturally relevant markets. This particularly impacts the Cambodian community, who must now travel to Westminster or Santa Ana for affordable Asian groceries.

- *There's not a lot of grocery stores in Downtown Long Beach that provide fresh food and fresh produce for low-income people. The store where the majority of people go, I think their prices are very high.* - Key Stakeholder

- *The most popular Cambodian market in Cambodia Town was gentrified and priced out. When that happened, it took away some of their culture because it*

was the number one store where the community could go to get any herb, any seasoning they're used to and familiar with. Other stores are too expensive, or they don't carry it. [Cambodian community members] travel far for the resources they need when it comes to food, because cooking traditional meals in the Southeast Asian community is very therapeutic and healing. So not having the right ingredients, not having the right places to eat, not having the familiar places that you were used to going, I feel like it does take a toll on our community. - Key Stakeholder

- *Access to healthy food and nutrition is an issue on the Westside because there's not really many grocery stores. At some of the Filipino or other ethnic grocery stores, the grade of produce isn't always the best compared to other healthy or pricier markets.* - Key Stakeholder

- *I still have to drive to the Westminster area, the Santa Ana area–that's where our communities go now, like my aunts, my uncles, their friends, other people's family, we all drive that far, just go get food that is cheaper, because the Asian foods here are double the price sometimes. And this is not as convenient or fair for us.* - Key Stakeholder

Despite interest in community-based solutions like gardens, there are significant barriers to establishing these alternatives, limiting self-sufficiency options for affected communities.

- *I know there was a period when people were harvesting people's fruits and vegetables. People have avocado trees, some have lemon trees, and sometimes they can't harvest them. And it all goes to waste. Our green spaces and places to be able to have community gardens should be a focus. We need to grow our own food.* - Key Stakeholder

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 24.1% of adults, 25 and older, lack a high school diploma, which is higher than the county (19.7%) and state (15.6%) rates. 26.9% of area adults have a bachelor's degree or higher, which is lower than the county (34.6%) and state (35.9%) rates.

Education Levels, Population 25 Years and Older

	St. Mary Service Area	Los Angeles County	California
Population 25 years and older	**455,703**	**6,909,650**	**26,842,698**
Less than 9th grade	14.8%	11.7%	8.7%
9th to 12th grade, no diploma	9.2%	8.0%	6.9%
High school graduate	20.8%	20.4%	20.4%
Some college, no degree	21.5%	18.2%	20.1%
Associate's degree	6.7%	7.0%	8.0%
Bachelor's degree	17.7%	22.3%	22.1%
Graduate/professional degree	9.2%	12.3%	13.8%

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP02. http://data.census.gov/,

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. The area school districts did not meet this objective in 2023.

High School Graduation Rates, Four-Year Cohorts, 2022-2023

	Graduation Rate
Compton Unified School District	88.9%
Long Beach Unified School District	83.0%
Los Angeles Unified School District	83.3%
Paramount Unified School District	90.0%
Los Angeles County	**87.6%**
California	**89.1%**

Source: California Department of Education, 2024. https://data1.cde.ca.gov/dataquest/ Note: By default, Charter Schools data are not included in district, county, or state rates,

Parks, Playgrounds and Open Spaces

The *Los Angeles Countywide Comprehensive Parks & Recreation Needs Assessment of 2016* looked at area communities in terms of their need for additional parks. The follow-up 2022 Park Needs Assessment Plus (PNA+) report created 'priority areas' for increasing access to regional recreation. These areas have high levels of social and transportation barriers, health and environmental vulnerability, low proximity to regional recreation sites, and low visitorship rates to these sites.

Children and teens who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. 61.6% of SPA 6 teens and parents of children surveyed said they had easy access to a park, playground or other place that is safe from crime, to play, as compared to 85.5% in SPA 8. In Los Angeles County, the parents/guardians/decision-makers for younger children are more likely to say that their child has easy access to a safe park, playground or other place to play than teens, ages 12 to 17. Access rises with

increasing income. The highest rates of easy access to safe places to play are found among Asian residents and White residents, and the lowest rates are found among American Indian or Alaska Native residents and Hispanic or Latino residents.

Easy Access to Safe Park/Playground/Other Place to Play, LA County, by Demographics

	Percent
1 to 5 years old	84.3%
6 to 11 years old	84.0%
12 to 17 years old	79.2%
Asian, non-Hispanic	92.6%
White, non-Hispanic	90.6%
Native Hawaiian or Pacific Islander, non-Hispanic	88.4%
Multiracial or Other Race, non-Hispanic	88.1%
Black or African American, non-Hispanic	79.4%
Hispanic or Latino	77.7%
American Indian or Alaska Native, non-Hispanic	68.2%
0 - 99% FPL	74.6%
100% - 199% FPL	79.5%
200% - 299% FPL	80.1%
300% or above FPL	88.6%
Compton Health District	72.6%
Long Beach Health District	79.4%
SPA 6	61.6%
SPA 8	85.5%
Los Angeles County	**82.1%**

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

Crime and Violence

People can be exposed to violence in many ways. They may be victimized directly, witness violence, experience property crimes in their community, or hear about crime and violence from other residents, all of which can affect quality of life. Safe neighborhoods are a key component of physical and mental health. Among SPA 8 adults, 74.1% perceived their neighborhoods to be safe from crime, 26.2% reported having something stolen or damaged either inside or outside of their home, and 4.7% reported having been mugged, punched/hit, or shot in their neighborhood. In SPA 6 52.8% of residents perceive their neighborhoods as safe, 30.1% have been robbed or had their property vandalized, and 9.6% of respondents had been assaulted in their neighborhood.

Perceived Safe, Robbed, Vandalized, Assaulted in Neighborhood, LA County, by Demographics

	Perceived Safe	Robbed or Vandalized	Assaulted in Neighborhood
Transgender male	83.4%	*11.6%	**
Gender non-binary/non-conforming/Queer	77.6%	31.7%	*3.8%
Male	76.4%	23.4%	5.1%
Female	72.2%	22.9%	5.0%
Prefer not to state	70.3%	23.7%	*5.7%
Transgender female	67.3%	*46.0%	**
Heterosexual	75.2%	22.6%	4.7%
Gay or lesbian	73.6%	24.3%	4.8%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	72.9%	29.4%	5.9%
18 to 24 years old	75.2%	23.3%	3.8%
25 to 29 years old	69.3%	31.4%	7.6%
30 to 39 years old	71.9%	26.0%	5.6%
40 to 49 years old	71.1%	22.8%	7.2%
50 to 59 years old	72.6%	24.6%	4.4%
60 to 64 years old	76.2%	21.8%	4.6%
65 or older	82.1%	16.0%	3.0%
Asian, non-Hispanic	82.7%	18.9%	3.7%
White, non-Hispanic	81.0%	20.9%	3.2%
Multiracial or Other Race, non-Hispanic	77.7%	25.6%	7.8%
Black or African American, non-Hispanic	70.1%	19.7%	5.1%
Hispanic or Latino	68.2%	26.5%	6.4%
Native Hawaiian or Pacific Islander, non-Hispanic	66.4%	*27.7%	**
American Indian or Alaska Native, non-Hispanic	64.3%	*20.5%	**
Less than high school	64.5%	24.6%	7.0%
High School	70.3%	25.1%	5.3%
Some college or trade school	75.4%	22.7%	5.5%
College or post-graduate degree	81.6%	21.5%	3.4%
0 - 99% FPL	61.3%	26.9%	9.9%
100% - 199% FPL	68.9%	26.0%	7.3%
200% - 299% FPL	71.7%	24.8%	4.6%
300% or above FPL	81.0%	20.4%	2.8%
Disabled	68.2%	29.1%	7.9%
Not disabled	76.7%	20.7%	3.9%
Compton Health District	61.4%	15.7%	*5.9%
Long Beach Health District	64.2%	34.3%	5.5%
SPA 6	52.8%	30.1%	9.6%
SPA 8	74.1%	26.2%	4.7%
Los Angeles County	**74.3%**	**23.2%**	**5.0%**

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. *Statistically unstable due to small sample size; **Suppressed due to small sample size*
http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

When adults and teens in SPA 6 were asked about neighborhood cohesion, most adult

residents (63.3%) agreed their neighborhood felt safe most or all of the time, neighbors were willing to help (67.6%), and people in their neighborhood could be trusted (59.9%). The majority of SPA 6 teens (75.5%) felt safe most or all of the time, and that people in the neighborhood were willing to help (79.1%) and could be trusted (64%). These rates were lower in SPA 6 than in SPA 8, which generally had higher-than-county rates.

Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	SPA 6	SPA 8	Los Angeles County
Feels safe all or most of time	63.3%	84.1%	81.2%
People in neighborhood are willing to help	67.6%	83.7%	77.6%
People in neighborhood can be trusted	59.9%	77.7%	74.6%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Neighborhood Cohesion, Teens, Ages 12-17, Who Agree or Strongly Agree

	SPA 6	SPA 8	Los Angeles County
Feels safe all or most of the time	75.5%	82.5%	80.7%
People in neighborhood are willing to help	*79.1%	82.9%	85.0%
People in neighborhood can be trusted	64.0%	86.5%	78.6%

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Intimate Partner Violence

In area SPAs, the highest rates of physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner were reported by women in SPA 8 (12.5%). The highest rates of having experienced sexual violence (unwanted sex) by an intimate partner were also reported by women in SPA 8 (9.4%). Men in SPA 8 experienced higher rates of both forms of intimate partner violence than the county average.

Intimate Partner Violence

	SPA 6	SPA 8	Los Angeles County
Women have experienced physical violence	10.9%	12.5%	11.5%
Women have experienced sexual violence	6.6%	9.4%	8.8%
Men have experienced physical violence	3.2%	7.2%	5.7%
Men have experienced sexual violence	*0.7%	*2.7%	1.6%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

When examined by demographics, physical and sexual violence in Los Angeles County is higher among individuals who identify as gender non-binary/non-conforming/Queer, and among women who identify as lesbian or bisexual+ than among men who identify as gender conforming, particularly heterosexual men. Physical violence is highest among adults, ages 30 to 64, while sexual violence is highest among adults, ages 18 to

49. Physical and sexual violence are highest among multiracial residents, and lowest among Asian residents. Rates of violence are high in the Long Beach Health District.

Physical and Sexual Intimate Partner Violence, Los Angeles County, by Demographics

	Physical Violence	Sexual Violence
Male	5.7%	1.6%
Female	11.5%	8.8%
Gender non-binary/non-conforming/Queer	27.4%	34.8%
Prefer not to state	8.3%	*6.7%
Bisexual+ (bi/pan/fluid/flexible/queer) women	22.0%	29.3%
Lesbian women	14.3%	*8.6%
Heterosexual women	11.2%	8.0%
Bisexual+ (bi/pan/fluid/flexible/queer) men	*13.1%	*6.4%
Gay men	11.8%	6.7%
Heterosexual men	5.2%	0.9%
18 to 24 years old	5.2%	6.2%
25 to 29 years old	7.2%	5.7%
30 to 39 years old	10.2%	6.2%
40 to 49 years old	10.9%	7.0%
50 to 59 years old	9.3%	5.2%
60 to 64 years old	9.6%	4.0%
65 or older	7.5%	3.6%
Multiracial or Other Race, non-Hispanic	16.8%	14.4%
Black or African American, non-Hispanic	11.0%	4.9%
White, non-Hispanic	10.3%	6.8%
Hispanic or Latino	8.2%	4.9%
Asian, non-Hispanic	4.7%	3.3%
American Indian or Alaska Native, non-Hispanic	**	**
Native Hawaiian or Pacific Islander, non-Hispanic	**	**
Disabled	14.7%	9.5%
Not disabled	6.3%	3.8%
Compton Health District	*8.6%	**
Long Beach Health District	11.8%	11.0%
SPA 6	7.1%	3.9%
SPA 8	10.1%	6.9%
Los Angeles County	**8.7%**	**5.5%**

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm *Statistically unstable due to small sample size; **Suppressed due to small sample size*

Community Input – Violence and Injury Prevention

Stakeholders identified the following issues, challenges and barriers related to violence and injury prevention. Following are their comments edited for clarity.

Participants described violence and crime as symptoms of underlying community health

issues. Some justify violence as self-defense, noting that BIPOC communities experience higher rates of violence. Many young people are exposed to violence in their homes and communities, and witnessing violence affects their psychological well-being and sense of safety.

- *We know that minoritized individuals experience far more acts of violence than our white, heterosexual Christian groups"* - Key Stakeholder

- *I hear it through the lens of the community that we serve. The amount of violence that young people are exposed to, both as individuals and in their surrounding homes and communities, is concerning. The stress that exists for people because they're in circumstances that could very quickly become unsafe is very concerning. When we have a serious situation like significant bodily injury or death, what we learn in those moments is how much exposure young people have to violence of all types- certainly in higher crime areas of our community. When you talk to young people, everybody knows somebody who's been shot, stabbed, significantly injured, and it's concerning for them and for their psychological safety.* - Key Stakeholder

- *People use violence as a way of self-defense in some cases. I feel like sometimes they use it for good, sometimes they use it for bad.* - Key Stakeholder

- *We have had an uptick in workplace violence here at the hospital, and I have other friends who work in other hospitals and work at the VA. It's not like they didn't deal with it before. Health care is one of the most dangerous professions. Violence in health care settings is a rising problem. They're not going to do the job anymore. They're going to go to a different place where they don't have to deal with it.* - Key Stakeholder

- *A high percentage of the children have been witnesses or victims of violence, and that could be within the home or in their neighborhoods. If you ask them, "Who knows someone who has been a victim?" they raise their hands. "Raise your hand if you ever hear guns at night." Everyone raises their hands. Walking to school they witness drug deals, see gang graffiti, and they know people who were shot. They don't trust the police. They're living in a world that doesn't feel physically safe. Violence and Injury are 100% an underlying issue for every client.* - Key Stakeholder

Poorly maintained sidewalks, unsafe pedestrian conditions, and a lack of safe outdoor spaces increase injuries and violence. Injury prevention, such as helmet use, is a growing concern as is the increase in pedestrian injuries due to lack of traffic control resources. Short crosswalk times make it difficult for elderly and disabled individuals.

- *Cracks in the sidewalks–we need to repair that. Because if we want to have people out here walking and running and utilizing the space, we need to make sure that it's safe to walk.* - Key Stakeholder

- *I think injury prevention is a huge thing. People on e-bikes with no helmets get injured. We see our fair share of it.* - Key Stakeholder

- *There are more injuries involved with pedestrians. Injuries on the street that are related to vehicles have increased. I think that it's because resources have been taken away from traffic control.* - Key Stakeholder

- *Our streets are and can be very unsafe for children traveling on them, and they all know which alleys not to go down. You don't go to the backside of Chavez or Drake Park.* - Key Stakeholder

- *I really do think those crosswalks on the major streets are timed too short. Why are they only 10 or 15 seconds? If you are in a wheelchair or need help getting across, it's so hard for elders or people who are disabled. I'm thinking of the train station at Willow and Long Beach Blvd and downtown where you are given 25 seconds to cross a tiny street versus this huge area.* - Listening Session Participant

- *In North Long Beach, there's a lack of green space, lack of lighting, lack of face space, after school programs, and education programs. Gang violence is brought up. We need more job opportunities, economic opportunities, and extracurricular activities for our youth to reduce the violence in the area.* - Key Stakeholder

Gun and gang violence remain significant problems, particularly in Central Long Beach. Parks are often controlled by gangs rather than the community. Gang violence is prevalent, requiring more economic and extracurricular opportunities. It was noted that an overfunding of police was at the expense of community services.

- *We see a lot of gun violence and gang violence within our community. There's been a lot of violence that has been happening in the sixth district for the past two years. There have been shootings and gang violence in the area as well.* - Key Stakeholder

- *Too much funding is going to the police department instead of going to the services that would redirect from the police.* - Listening Session Participant

- *The gangs are taking over the parks. We really need to have the parks run by the community. It is our tax dollars that are paying for that, and it's a constant battle with our own city to be able to do that with our parks and recreation. We need to activate those spaces, to design them in a way that really will address the quality of life for our young people, for our children.* - Key Stakeholder

Domestic violence is prevalent but often unspoken. Immigrant women often experience higher rates of domestic violence. The fear of speaking out or not knowing how to exit these types of relationships can often perpetuate the issue. Community education is needed to break cycles of violence.

- *There's a lot of domestic violence, especially when people are under a lot of stress. I think our children are impacted by that. It's like a silent killer.* - Key Stakeholder

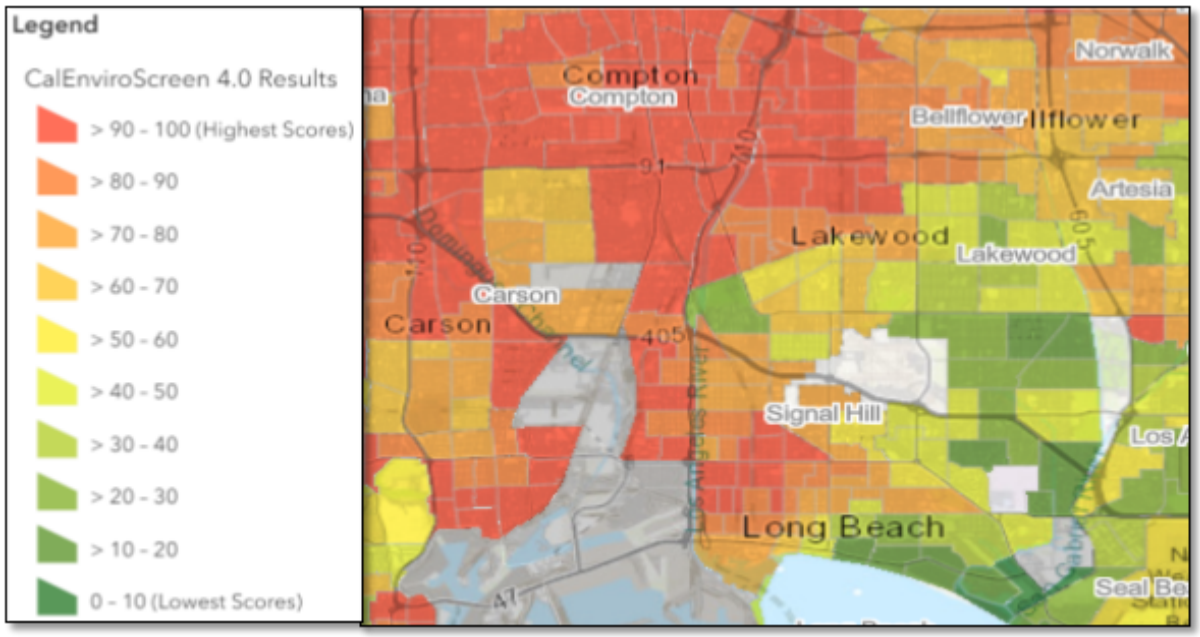
- *Some of the violence we've seen is cultural violence and threats. People try to save face, or males dominate their wives. If their wives want to leave, they prevent them–causing harm, maybe physical harm or death. The same thing with beating your child. Kids are aware too, and then they sometimes call the police on their parents.* - Key Stakeholder

Environmental Health

The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify communities that are disproportionately burdened by multiple sources of pollution. Developed by the Office of Environmental Health Hazard Assessment (OEHHA), an office within the California Environmental Protection Agency, it presents a relative evaluation of pollution burdens and vulnerabilities in communities by providing a relative ranking of communities across the state of California. The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age)

and Socioeconomic Factors. Census tracts across California are ranked from the lowest possible score of 0 up to the highest possible score of 100, and then maps are created to help visualize the data.

As can be seen from the map, most of the Census tracts in the service particularly in the northern and western areas, belong to the top 10th (red), 20th (dark orange), 30th (orange), or 40th (light orange) percentiles of highest-burdened California tracts. Some of the tracts on the southeast side of the service area (such as Long Beach 90803, 90807, 90808, 90814 and 90815) belong to the bottom percentiles of lowest-burdened tracts (shades of green). Areas that are shaded grey are high-pollution but low-population areas.



Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021. *https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40*

Community Input – Environmental Pollution

Stakeholders identified the following issues, challenges and barriers related to environmental pollution. Following are their comments edited for clarity.

Pollution from ports, freeways, auto shops, and refineries heavily impacts Long Beach area residents, particularly in lower-income areas. Poor air quality contributes to respiratory illnesses, asthma, and cancer in children. Lack of access to electric vehicle infrastructure worsens the problem.

- *It's hard for my patients on the Westside and downtown to exercise outside. if I tell them, "Just go on a walk around the block." If you live in a rich neighborhood, great, easy for you to do that. But if you are living in a place where you know cop cars are going by all the time, and there are unhoused folks, it can be very, very hard to do that.* - Key Stakeholder

- *The wonderful green space around ZIP Codes 90802, 90813, 90806, has lost a big piece of their green space because it's gone through renovation at MacArthur Park.* - Key Stakeholder

- *A lot of our young children are getting cancer in the Westside and North Long Beach…… and you don't hear much about how all the pollution impacts you.* - Listening Session Participant

Smoke and airborne particles from wildfires exacerbate existing respiratory conditions, leading to an increase in asthma and allergies. Many residents stay indoors to avoid exposure, sometimes missing medical appointments.

- *The fire fragments have been floating in the air. There's little pellets of dust and things that came from the fires. If you're an elderly person with a vision problem, you may not even know that you've been inhaling and breathing that stuff if you were outside.* - Key Stakeholder

- *We've been seeing an uptick in people who are coming in with respiratory problems. Increase in asthma, exacerbations, allergies, flaring up.* - Key Stakeholder

- *Existing respiratory issues related to poor air quality in West Long Beach are exacerbated by recent wildfires. People have been staying inside over the past few weeks, likely missing or canceling health-related appointments.* - Key Stakeholder

Noise from freeways, trucks, and modified vehicles affects residents' well-being, especially near the 710 freeway. Overcrowding and traffic contribute to excessive noise levels, which may worsen health conditions.

- *The noise is related to the trucks from the 710 freeway, especially for those who live right along it. It's so loud there, and they said it's deafening at times."* - Key Stakeholder

- *There is noise from cars with those mufflers and those little mopeds. I think a lot of traffic noise is due to being overcrowded.* - Key Stakeholder

- *One of our clients shared that she had some health issues with her asthma, and all this stuff made it worse. She lives in an apartment, and in Long Beach, there's no policy for smoke-free housing or anything like that. Secondhand smoke, even third-hand smoke is an issue.* - Key Stakeholder

Improper trash disposal, abandoned furniture, and lack of landlord responsibility contribute to neighborhood pollution, creating unsanitary living conditions. Water pollution deters people from using the ocean, raising concerns about environmental neglect and public health risks.

- *When they come to pick up trash, people go through the trash but do not put it back in. And then sometimes trash comes from people moving in and moving out. I think landlords and management should be more responsible because when their people move out, they just leave all their old furniture, and you don't want to pay for that. We see it as a full couch, and by the end of the week, it's all beat up and in pieces.* - Key Stakeholder

- *It's important to name environmentalism and how the water is constantly polluted, and people are just scared to get into the water.* - Listening Session Participant

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective is for health insurance of 92.4% among all segments of the population. 89.6% of the civilian, non-institutionalized population in the service area has health insurance. Long Beach 90808 has the highest health insurance rate (97.4%) and Long Beach 90813 (84.8%) has the lowest rate of health insurance in the service area. 95.3% of children, ages 18 and younger, have health insurance coverage in the service area. Among adults, ages 19-64, 85.7% in the service area have health insurance. 98.5% of senior adults (ages 65 and older) in the service area have coverage.

Health Insurance Coverage, by Age Group

	ZIP Code	All Ages	0 to 18	19 to 64	65+
Compton	90220	88.9%	95.5%	83.8%	97.2%
Compton	90221	85.7%	93.3%	80.3%	98.6%
Long Beach	90802	90.6%	97.8%	88.3%	99.5%
Long Beach	90803	96.6%	99.5%	95.1%	99.7%
Long Beach	90804	89.7%	96.5%	86.9%	99.0%
Long Beach	90805	88.1%	93.2%	84.6%	97.3%
Long Beach	90806	88.3%	96.9%	83.1%	99.3%
Long Beach	90807	92.2%	90.5%	91.3%	98.3%
Long Beach	90808	97.4%	99.3%	95.7%	100.0%
Long Beach	90810	91.2%	97.3%	86.9%	100.0%
Long Beach	90813	84.8%	96.2%	78.3%	96.5%
Long Beach	90814	95.2%	96.9%	94.1%	99.2%
Long Beach	90815	96.3%	98.4%	94.7%	99.8%
Paramount	90723	86.1%	94.3%	80.5%	98.1%
Wilmington	90744	84.9%	94.0%	78.5%	96.0%
St. Mary Service Area		**89.6%**	**95.3%**	**85.7%**	**98.5%**
Los Angeles County		**91.0%**	**96.4%**	**87.4%**	**98.4%**
California		**92.9%**	**96.6%**	**90.0%**	**98.9%**

Source: U.S. Census Bureau, 2018-2022 American Community Survey, S2701. http://data.census.gov/

When insurance coverage was examined by SPA, 40% of SPA 6 and 23.3% of SPA 8 residents have Medi-Cal coverage. 33.5% of SPA 6 and 49% of SPA 8 residents have employment-based insurance. SPA 8 has a lower level of Medi-Cal and a higher level of employment-based coverage than in the county.

Insurance Coverage, by Type

	SPA 6	SPA 8	Los Angeles County
Medi-Cal	40.0%	23.3%	26.1%
Medicare only	1.5%	2.0%	1.5%
Medi-Cal/Medicare	7.3%	3.7%	4.8%
Medicare and others	5.1%	12.7%	10.1%
Other public	0.9%	0.5%	0.8%
Employment based	33.5%	49.0%	45.4%
Private purchase	1.8%	2.8%	4.5%
No insurance	9.9%	6.1%	6.9%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/.

75.8% of SPA 6 and 54.1% of SPA 8 adults reported that it was very difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO), which is higher than the county rate (49.9%).

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO, Adults

	SPA 6	SPA 8	Los Angeles County
Very difficult	*75.8%	54.1%	49.9%
Somewhat difficult	*5.9%	24.1%	24.0%
Not too difficult	*12.7%	*9.7%	14.3%
Not at all difficult	*5.6%	*12.1%	11.8%

*Source: California Health Interview Survey, 2020-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

48.1% of SPA 6 adults and 41.9% of SPA 8 adults reported it was very difficult to find an affordable health plan directly through Covered California, These rates are higher than the county rate.

Difficulty Finding Affordable Health Insurance Plan - Covered California, Adults

	SPA 6	SPA 8	Los Angeles County
Very difficult	48.1%	41.9%	34.1%
Somewhat difficult	28.8%	19.2%	31.3%
Not too difficult	15.7%	30.9%	23.1%
Not at all difficult	7.4%	8.1%	11.5%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

When examined by race and ethnicity, there are differences in the rate of health insurance coverage in the service area. In every age group except senior adults, health insurance coverage is lowest among those who identified as a race or ethnicity Other than those. The lowest rate of coverage among the total population is among those who identify as Other race (84.5%), followed by Hispanic residents (85.7%) and American Indian and Alaska Native residents (85.9%). The lowest rate of coverage (93.1%) is

seen in children who were identified as Other race, followed by American Indian and Alaska Native children (93.3%), Hispanic children (94.7%), and Black or African American children (94.8%). The lowest rate of coverage among adults, ages 19 to 64, is found among those who identify as Other race (79.5%), followed by Hispanic adults (80.3%) and American Indian and Alaska Native adults (82.8%). The lowest rate of coverage among service area senior adults, ages 65 and older, is found among multiracial senior adults (96.1%), American Indian and Alaska Native senior adults (96.3%), adults of Other race (96.4%), and Hispanic senior adults (96.6%).

Health Insurance, by Race and Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	95.7%	98.0%	94.0%	99.6%
Asian	94.2%	96.9%	92.0%	99.7%
Black or African American	92.4%	94.8%	90.1%	99.3%
Native Hawaiian or Pacific Islander	92.1%	100.0%	89.0%	100.0%
Multiracial	88.8%	95.4%	84.4%	96.1%
American Indian or Alaska Native	85.9%	93.3%	82.8%	96.3%
Hispanic	85.7%	94.7%	80.3%	96.6%
Other race	84.5%	93.1%	79.5%	96.4%
All races and ethnicities	**89.6%**	**95.3%**	**85.7%**	**98.5%**

Source: U.S. Census Bureau, 2018-2022 American Community Survey, C27001B thru C27001I. http://data.census.gov/

Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. Rates for all age groups are lower in SPA 6 than in the county, and higher in SPA 8. SPA 6 adults, ages 18 to 64, are the least likely to have a regular source of care (76%), followed by SPA 8 adults (77.8%).

Usual Source of Care, by Age Group

	Ages 0-17	Ages 18-64	Ages 65 and Older
SPA 6	85.8%	76.0%	87.6%
SPA 8	90.3%	77.8%	92.9%
Los Angeles County	**88.7%**	**76.8%**	**91.4%**
California	**89.3%**	**79.5%**	**92.8%**

Source: California Health Interview Survey, 2019-2023. http://ask.chis.ucla.edu/

In SPA 8, American Indian or Alaska Native residents are the least likely to have a usual source of care (72.4%), followed by Latino residents (80.8%). Latino residents are the least likely to have a usual source of care in SPA 6 (77.6%).

Have Usual Source of Care, by Race and Ethnicity, All Ages

	SPA 6	SPA 8	Los Angeles County
White (non-Latino)	86.5%	85.8%	86.2%
American Indian or Alaska Native, non-Latino	**	*72.4%	84.9%
Black or African American (non-Latino)	86.8%	84.0%	84.7%
Asian (non-Latino)	*86.2%	85.7%	82.7%
Multiracial (non-Latino)	*87.2%	86.9%	82.6%
Native Hawaiian or Pacific Islander, non-Latino	**	**	81.6%
Latino	77.6%	80.8%	78.9%
All	**80.2%**	**83.5%**	**81.8%**

*Source: California Health Interview Survey, 2019-2023. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. **Suppressed due to statistical instability related to insufficient sample size.*

Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consultations, and wireless communications. 37.6% of SPA 6 adults and 42.1% of SPA 8 adults received care from a health care provider through telehealth in the prior year, rather than an office visit.

Telehealth, Past Year, Adults

	SPA 6	SPA 8	Los Angeles County
Received care from a health care provider through video or telephone	37.6%	42.1%	42.5%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

When asked to rate their most-recent video call experience with a provider compared to an in-person visit, 24.1% of SPA 6 adults and 18.7% of SPA 8 adults felt it was better than an in-person visit.

Most-Recent Video Visit Experience with Provider Compared to In-Person

	SPA 6	SPA 8	Los Angeles County
Much worse	2.6%	4.7%	3.8%
Somewhat worse	13.2%	17.5%	17.4%
About the same	38.4%	42.3%	41.2%
Somewhat better	10.7%	10.2%	10.1%
Much better	13.4%	8.5%	9.4%
Have not had one	21.6%	16.7%	18.1%

Source: California Health Interview Survey, 2021-2022, pooled. http://ask.chis.ucla.edu/

Emergency Room Visits

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. Overall ER usage was higher in SPA 6, where 19.6% of the population, including 16.6% of children, 19.1% of adults, ages 18 to 64, and 27.9%

of the population ages 65 and older had visited the ER in the past year. SPA 8 had the highest rate of ER use among low-income residents (25.2%).

Use of Emergency Room

	SPA 6	SPA 8	Los Angeles County
Visited ER in last 12 months	19.6%	13.2%	16.6%
0-17 years old	16.6%	11.1%	14.1%
18-64 years old	19.1%	13.0%	16.6%
65 and older	27.9%	16.6%	19.9%
<100% of poverty level	20.6%	12.0%	22.2%
≥ 100% to <200% of poverty level	22.7%	25.2%	19.0%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Difficulty Accessing Care

A delay in care can lead to an increased risk of health care complications. In the prior 12 months, 18.4% of SPA 6 adults and 25.7% of SPA 8 adults indicated they were always able to get a doctor's appointment within two days for sickness or injury. 21.7% of SPA 6 adults and 20.5% of SPA 8 adults were never able to get an appointment within two days.

Ability to Get Doctor's Appointment Within 2 Days in the Past 12 Months, Adults

	SPA 6	SPA 8	Los Angeles County
Always able	18.4%	25.7%	19.8%
Usually able	30.0%	25.8%	26.4%
Sometimes able	29.8%	28.0%	30.6%
Never able	21.7%	20.5%	19.8%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

8.6% of SPA 6 adults had difficulty finding a primary care doctor who would see them or take them as new patients in the past year and 7.1% had been told by a primary care physician's office that their insurance would not be accepted.

8% of SPA 8 adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year and 4.8% had been told by a primary care physician's office that their insurance would not be accepted.

Difficulty Accessing Care in the Past Year, Adults

	SPA 6	SPA 8	Los Angeles County
Reported difficulty finding primary care	8.6%	8.0%	10.3%
Reported difficulty finding specialist care	24.3%	15.8%	20.2%
Primary care doctor not accepting their insurance	7.1%	4.8%	6.3%

Specialist not accepting their insurance	12.2%	9.4%	12.0%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Delayed or Forgone Care

13.7% of SPA 8 residents delayed or did not get medical care when needed. Of these residents, 52.7% ultimately went without needed medical care, meaning that 7.2% of the overall SPA 8 population had to forgo needed care. In SPA 6, 7.4% of the population had to forgo needed care. These rates are higher than the Healthy People 2030 objective of 5.9% of the population who forgo care. SPA 8 residents had a higher rate of delayed and unfilled prescriptions (7.7%) than SPA 6 (7.5%).

Delayed Care in Past 12 Months, All Ages

	SPA 6	SPA 8	Los Angeles County
Delayed or did not get medical care	12.9%	13.7%	16.3%
Had to forgo needed medical care	7.4%	7.2%	8.6%
Delayed or did not get prescription meds	7.5%	7.7%	9.1%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Of the SPA 8 residents who delayed or did not get care, 24.6% attributed it to cost, lack of insurance, or insurance issues. Residents of SPA 6 also attributed the delay to cost, lack of insurance or insurance issues (33.9%).

Reason for Delayed Care, All Ages

	SPA 6	SPA 8	Los Angeles County
Cost, lack of insurance or other insurance issue	33.9%	24.6%	28.7%
Health care system/provider issues & barriers	33.7%	33.6%	30.6%
Personal and other reasons	26.3%	27.4%	28.6%
COVID-19	6.1%	14.4%	12.2%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Primary Care Physicians

The ratio of the population to primary care physicians in Los Angeles County is 1,326:1, which is higher (worse) than the state ratio of 1,233 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	Los Angeles County	California
Number of primary care physicians	7,411	31,820
Ratio of population to primary care physicians	1,326:1	1,233:1

Source: County Health Rankings, 2024; data from 2021. http://www.countyhealthrankings.org

MUA and HPSA Designations

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. North Long Beach, Long Beach/West Central, Long Beach Port and Compton are designated as MUAs for primary care.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental health, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need.

The following regions in the service area are designated as a HPSA for primary care for high needs or low-income populations: Long Beach/West Central, Paramount N/Willowbrook, Compton East and the Long Beach Port. The following regions in the service area are designated as a HPSA for dental health: Long Beach Central and Bixby Knolls/Long Beach Central. The following regions in the service area are designated as a HPSA for mental health: Compton East/North Long Beach, Long Beach West Central and Lynwood South/Paramount N.

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)[2], 36.2% of the population in the service area is low-income (200% of Federal Poverty Level) and 15.7% of the population are living in poverty. There are a number of Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area

Even with Section 330 funded Community Health Centers serving the area, there are low-income residents who are not served by the clinic providers. The FQHCs have a total of 95,104 patients in the service area, which equates to 39% penetration among low-income patients and 14% penetration among the total population. From 2021-2023,

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

the Community Health Center providers increased the number of patients they cared for in the service area by 9.7%. There remain 145,581 low-income residents, 61% of the population at or below 200% FPL, who are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
243,685	95,104	39.0%	14.0%	148,581	61.0%

Source: Health Center Program GeoCare Navigator, 2024, 2018-2022 population numbers. https://geocarenavigator.hrsa.gov/

Dental Care

Oral health is essential to a person's overall health and well-being. In SPA 6, 7.4% of children and 39.1% of adults lack dental insurance. In SPA 8, 5.7% of children and 32.3% of adults lack dental insurance.

Dental Insurance

	SPA 6	SPA 8	Los Angeles County
Children without dental insurance	7.4%	5.7%	6.6%
Adults without dental insurance	39.1%	32.3%	32.5%

Source: California Health Interview Survey, 2020-2022, pooled. http://ask.chis.ucla.edu/

The ratio of residents to dentists in Los Angeles County is 1,032:1, which is better than the number of dentists per capita in the state (1,076 persons per dentist).

Dentists, Number and Ratio

	Los Angeles County	California
Number of dentists	9,423	36,261
Ratio of population to dentists	1,032:1	1,076:1

Source: County Health Rankings, 2024; data from 2022. http://www.countyhealthrankings.org

15.9% of children, ages 3 to 11, in SPA 8, and 11.2% in SPA 6 have never been to a dentist. In the prior year, 8.7% of children in SPA 6 and 9.5% in SPA 8 needed dental care and did not receive it due to cost.

Time Since Last Dental Visit, Children, Ages 3-11

	SPA 6	SPA 8	Los Angeles County
Never been to the dentist	11.2%	15.9%	13.7%
Visited dentist < 6 months ago	72.0%	65.3%	67.2%
Visited dentist > 6 months to 1 year ago	11.7%	15.2%	14.3%
Visited dentist > 1 to 2 years ago	3.5%	3.3%	3.7%

	SPA 6	SPA 8	Los Angeles County
Visited dentist > 2 to 5 years ago	*1.7%	*0.3%	1.1%
Visited dentist more than 5 years ago	*0.0%		0.0%
Parent could not afford needed dental care for child	8.7%	9.5%	7.4%

*Source: California Health Interview Survey, 2020-2023 pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Among SPA 6 teens, ages 12 to 17, 55.9% had had a dental visit within the prior six months, which is below the SPA 8 (73%) and county (68.1%) rates.

Time Since Last Dental Visit, Teens, Ages 12-17

	SPA 6	SPA 8	Los Angeles County
Never been to the dentist	*2.2%	**	0.6%
Visited dentist < 6 months ago	55.9%	73.0%	68.1%
Visited dentist > 6 months to 1 year ago	27.6%	17.1%	18.9%
Visited dentist > 1 to 2 years ago	≤ *11.3%	< *9.9%	6.7%
Visited dentist > 2 to 5 years ago			3.8%
Visited dentist more than 5 years ago	*3.0%		1.8%

*Source: California Health Interview Survey, 2020-2023 pooled. *Statistically unstable due to sample size. **Suppressed due to instability related to small sample size. http://ask.chis.ucla.edu/*

70.4% of SPA 8 adults described the condition of their teeth as ‘good’, ‘very good’, or ‘excellent’ compared to 56.4% in SPA 6. 10.6% of SPA 6 residents had not been to a dentist in the past five years, compared to 6.9% of adults in SPA 8.

Dental Care, Adults

	SPA 6	SPA 8	Los Angeles County
Condition of teeth: good to excellent †	56.4%	70.4%	68.8%
Condition of teeth: fair to poor †	40.4%	27.6%	29.4%
Condition of teeth: has no natural teeth †	3.1%	2.0%	1.8%
Never been to a dentist	3.9%	2.4%	2.6%
Visited dentist < 6 months to two years	72.9%	80.8%	79.0%
Visited dentist more than 5 years ago	10.6%	6.9%	2.6%

Source: California Health Interview Survey, 2021-2023 or †2020-2022, pooled. http://ask.chis.ucla.edu/

Community Input – Access to Health Care

Stakeholders identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity.

Many individuals, especially those with public insurance like Medi-Cal or Medicaid, struggle to navigate the health care system, understand their rights, and access to the care they need. Many people cited a lack of guidance on choosing doctors and how to effectively use insurance.

- *Access to affordable, safe and culturally competent health care is a priority. The challenges are families having access to care and trusting who they're getting their care from, being educated on health navigation and how to navigate their insurance and understanding their rights. A lot of families and community members don't know their rights or what their insurance plan covers, what they can ask for, or how to choose a doctor.* - Key Stakeholder

- *[When we] start with a new client, [we] find they are lost in the system. They don't know who their primary doctor is. They don't know what their health insurance is. "Oh, I got Medicare." Medicare alone doesn't take care of it. A lot of what we do is get them connected with Medicare, Medi-Cal, or some kind of advantage care plan.* - Key Stakeholder

- *Being able to disseminate and access information can be challenging. I've had providers tell me, "Oh wow, you don't go away.," I'm disabled, and I've had to advocate so much for myself. I have the time, but many others don't have the time to navigate and fight for their care.* - Listening Session Participant

High out-of-pocket expenses, even for those with insurance, deter people from seeking the care they need. Many are underinsured, facing high co-pays and unaffordable medications.

- *Sometimes we have health insurance, but it can't cover everything, and we pay so much for the insurance, but then I still am left to cover things out of my pocket.* - Listening Session Participant

- *'How much is this bill going to be?', and I don't want to do it or the element of 'How much are they going to make me pay?', and I just don't want to do it.* - Listening Session Participant

- *There are people who are not insured, or they're underinsured. They have high co-pays and coinsurance. Or, their medicines might be too expensive, and there*

might be issues with how long it takes to get an appointment. I'm hearing there's a lack of providers. - Key Stakeholder

Certain specialties, language-accessible services, and LGBTQIA2S+ inclusive care are scarce, forcing people to travel long distances or forgo treatment.

- *Language access is an issue. We do speak a couple of Asian languages, but we don't speak all of them. We do get people who speak Thai. Even telehealth is an issue because we can't deal with a Thai speaking person at the level they need.* - Key Stakeholder

- *If I'm not there to translate for my mom when she goes to the doctor, then it takes a lot longer. Many doctors don't have interpreters for Vietnamese, it's very uncommon. I see the same problem with my friends who have parents who only speak Spanish.* - Listening Session Participant

- *For the LGBTQ community, especially for young people, we're really fortunate to have the Center of Long Beach and the expertise that's connected there. But it would be really nice to have options for youth who live north or farther away because the Center is located downtown or central Long Beach. If you live north of Del Amo, you're two buses, an hour and a half from getting anywhere downtown. The thing we know about youth and poor communities is that when we remove the barriers to getting support, people access support more. We can't presume that everybody has a vehicle and what would be a 15- or 20-minute ride, is much longer if that person has to ride public transportation.* - Key Stakeholder

- *Endocrinology care outside of APLA Health Center in Long Beach is horrible. I would constantly get dismissed and have the hardest time getting my prescriptions and medications.* - Listening Session Participant

- *I don't think that the managed care plans in Medi-Cal have done an adequate job of having a wide enough network of providers. If somebody needs to see a GI doctor, there may not be any available. Or they're at quite a distance. The narrowness of those networks is a big thing, and it's true with us. When we're trying to refer people, patients have a hard time trying to get a hold of somebody.* - Key Stakeholder

Low reimbursement rates make it difficult to retain health care providers. This affects access to care, especially in pediatrics and for low-income individuals seeking care.

- *If we increase the salaries for our employees, which we try to do, we don't get any adjustments in the reimbursements that we get per visit. They can pass a law that says we have to have a minimum wage of $25 by 2026, but we are not getting any increase in what we're getting reimbursed.* - Key Stakeholder

- *It's getting harder to recruit physicians. Things that are not cheap in California-housing is certainly not cheap. The reimbursement from the state is pretty flat. Physicians have taken a significant cut over the past decade or so. There's a misperception that physicians are making tons of money. Some specialties are. But the physicians who serve our population are not getting rich by any stretch of the imagination. Children's specialties are reimbursed much less than adults. And so all those things combined result in fewer medical students choosing pediatrics or pediatric subspecialties as a career.* - Key Stakeholder

Many people lack a primary care provider or the ability to regularly access their primary care doctor, leading to the overuse of urgent care and emergency services. Delayed diagnoses, particularly for vulnerable populations like the unhoused and veterans, worsen health outcomes.

- *Most of our clients don't have a primary care provider, and even though they are on Medi-Cal, they don’t have a primary physician, even for their children. There's an overuse of emergency services. I think it's partly educational or disempowerment, or they're so busy and overwhelmed and they just use the ED when there's not an emergency.* - Key Stakeholder

- *Formerly housed residents often receive later diagnoses due to a lack of access to medical care. [There is] limited transportation on the Westside.* - Key Stakeholder

- *People go to the ER… they wait till the last minute, and then they have no idea what their medical insurance covers. They think that “I pay for insurance. This should pay for everything.” No, this is going to impact your pocketbook.* - Key Stakeholder

- *Some veterans are connected to the VA. Others do not feel comfortable accessing VA services. It's difficult to connect to outside providers due to challenges getting approval from the VA.* - Key Stakeholder

- *Health insurance is a huge problem, especially because I work so much but still don't make enough money to qualify for Medi-Cal. Being undocumented, it's hard for me to pay for everything from the bus pass to the laundromat to utilities.* - Listening Session Participant

Many low-income and immigrant communities distrust and fear the health care system, leading to avoidance of preventive care. Fear of exposure to government agencies, misinformation, and systemic biases contribute to this issue. Transgender patients face increasing challenges accessing gender-affirming care, while undocumented individuals fear seeking medical services due to immigration enforcement concerns.

- *We work with low-income residents. Most of the ones that we work with are Latino, Cambodian, Filipino, Asian ethnic subgroups, and African American residents. There is a basic lack of trust- of people who seem like they're part of the government.* - Key Stakeholder

- *Patients don't engage in preventive care, even though most do have Medi-Cal. Whereas a family member who is undocumented, they're much less likely to have primary care because they're afraid to get the system exposure.* - Key Stakeholder

- *There are people who don't even know how to access care, except for in a place where they feel safe in their community–at the LGBTQ center, right? I would refer patients to our own clinic here, but the success rate was probably less than 50% because, at the end of the day, it's still a health system that was built by and for cis[gender] straight, white folks.* - Key Stakeholder

- *One out of 200 to 250 trans folks is monolingual Spanish speaking. They have a fear of seeking medical care in a medical setting because of fear of immigration, and I think it's going to get worse. One of my friends just texted me saying, "ICE is right behind our building, like an intimidation tactic. Of course, you're going to be afraid to seek care. That is my concern, number one is folks who do not speak English and their fear of seeking care. And then number two, and this is broader, is the patient population, despite us advertising we are a safe space, it skews*

White, it skews insured, it skews more affluent. It skews PPO and HMO versus Medicaid. - Key Stakeholder

Birth Characteristics

Births

From 2017 to 2021, there were, on average, 5,042 births per year in Long Beach. The number of births declined from 5,414 in 2017 to 4,760 in 2021.

Births, Parent Giving Birth, Ages 15-44, Long Beach, 2017-2021

	2017	2018	2019	2020	2021
Births	5,414	5.262	5,004	4,769	4,760

Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021.

From 2017-2021, the birth rate for women, ages 15-44, giving birth in Long Beach decreased by 10.3%. Birth rates decreased by 15.3% for White females, 12.6% for Black or African American females, and 6% for Latina or Hispanic females. The rate of births increased by 3.7% for Asian females and increased by 6.8% for American Indian or Alaska Native females.

Births, Rates per 1,000 Females, Ages 15 - 44, by Race and Ethnicity, Long Beach

	2017		2021		2017-2021 % Change
	Number	Rate	Number	Rate	
Hispanic or Latina	2,768	27.4	2,412	25.7	-6.0%
White	958	20.1	806	17.0	-15.3%
Asian	603	21.8	599	22.6	3.7%
Black or African American	707	24.1	549	21.1	-12.6%
Pacific Islander or Hawaiian Native	68	81.6	35	70.3	-13.9%
American Indian or Alaska Native	7	5.1	6	5.5	6.8%
Multi-Racial	267	55.4	238	24.2	-53.3%

Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021.

Teen Births

The overall teenage (15-19 years) pregnancy rate in Long Beach decreased by 13.2% from 2017 to 2021. The highest decrease was among multiracial individuals (77.5%). Note: rates based on small numbers of births should be interpreted with caution.

Teen Pregnancy, Rates per 1,000 Persons, Ages 15-19, by Race and Ethnicity

	2017		2021		2017-2021 % Change
	Number	Rate	Number	Rate	
Hispanic or Latina	174	19.9	139	17.6	-11.4%
White	6	0.8	<5	*	*
Asian	8	5.3	<5	*	*
Black or African American	20	8.4	21	9.2	8.9%

	2017		2021		2017-2021 % Change
	Number	Rate	Number	Rate	
Multi-Racial	16	17.7	6	4.0	-77.5%

*Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021. *Suppressed due to small sample size.*

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. An infant born weighing less than 2500 grams is defined as low birthweight and an infant born weighing less than 1500 grams is defined as very low birthweight. The rate of low-birth-weight babies in Long Beach in 2021 was 7.7.

There are age and race and ethnicity-based differences in the percentage of infants born at low or very-low birth weights. From 2017-2021, low birthweight babies are most likely to be born to women, ages 35 to 44. In Long Beach, Black or African American mothers had the highest increase in low birth-weight babies (12.1%), followed by Asian mothers (9.3%).

Low Birth Weight (Under 2,500g), Number and Rate+, by Race and Ethnicity, Long Beach

	2017		2021		2017-2021 % Change
	Number	Rate	Number	Rate	
Ages 15 to 17	<5	*	<5	*	*
Ages 18 to 24	78	7.8	60	7.4	-5.8%
Ages 25 to 34	183	6.2	196	7.4	19.5%
Ages 35 to 44	85	6.3	109	8.7	28.9%
Hispanic or Latina	161	6.1	157	6.5	6.0%
White	44	4.7	40	5.0	5.1%
Asian	76	6.7	62	11.3	9.3%
Black or African American	45	12.0	81	13.5	12.1%
Multi-Racial	17	7.1	18	7.6	7.9%

*Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021. +Low and very low birthweights are calculated by dividing the number of low birthweight infants or very low birthweight infants by the total number of live births in the same year then multiplying by 100. *Suppressed due to small sample size.*

Prenatal Care

Between 2017-2021, 87.0% of Long Beach women started their prenatal care in the first trimester. The highest rate of first trimester prenatal care was among women ages 35-44 (90.6%), and the lowest rate was among teens ages 15-17 (74.0%). When examined by race and ethnicity, the highest rate of women who started their prenatal care in their first trimester was among White females (92.0%), and the lowest rate was among Pacific Islander or Hawaiian Native females (67.3%).

Prenatal Care Started at 1st Trimester, Number and Percent, 5-Year Average

	Number	Percent
Ages 15 to 17	188	74.0%
Ages 18 to 24	3,850	81.6%
Ages 25 to 34	12,417	88.0%
Ages 35 to 44	5,564	90.6%
White	4,104	92.0%
American Indian or Alaska Native	29	90.6%
Hispanic or Latina	11,045	87.1%
Asian	2,775	87.1%
Multi-Racial	1,049	86.2%
Black or African American	2,513	82.6%
Pacific Islander or Hawaiian Native	186	67.3%
Total	**22,019***	**87.0%**

*Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021. *Total also includes those whose race or ethnicity is either unknown or other.*

Infant Mortality

There were 85 infant deaths (death of an infant before their first birthday) from 2017-2021 in Long Beach. Infants born to Hispanic or Latina women had the highest rate of mortality (1.7 deaths per 1,000 live births). The leading cause of infant mortality in Long Beach, from 2017-2021, was certain conditions originating in the perinatal period (n=42), congenital malformations, deformations, and chromosomal abnormalities (n=18), and sudden infant death syndrome (n=10). The Healthy People 2030 objective for infant mortality is 4.8 deaths per 1,000 live births. Long Beach meets this objective.

Infant Mortality Number and Rate, per 1,000 Live Births, Long Beach, Five Year Average

	Number	Rate
Hispanic or Latina	42	1.7
White	6	0.2
Black or African American	25	1.0
Asian	7	0.3
Total*	**85**	**3.4**

*Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021. *Total also includes those whose race or ethnicity is either unknown or other.*

Breastfeeding

Breast feeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of their life. Breastfeeding rates at St. Mary Medical Center indicated 93.6% of new mothers used some breastfeeding. 55.8% of new mothers at St. Mary Medical Center used breastfeeding exclusively.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
St. Mary Medical Center	1,058	93.6%	631	55.8%
Los Angeles County	79,205	93.9%	52,204	61.9%
California	346,452	93.9%	253,783	68.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

There were ethnic and racial differences noted in breastfeeding rates of mothers who delivered at St. Mary Medical Center. 96.7% of White mothers and 94.5% of Latina or Hispanic mothers initiated breastfeeding, as did 88.9% of Asian mothers, 88.7% of Black or African American mothers, and 85.7% of multiracial mothers. Black or African American mothers had the lowest percentage who breastfed exclusively (46.5%), followed by Latina or Hispanic mothers (54.9%), and Asian mothers (64.8%). Multiracial mothers had the highest rate of exclusive breastfeeding at the hospital (78.6%), followed by White mothers (76.7%). Rates are not available for groups with fewer than 10 births.

In-Hospital Breastfeeding, by Race and Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
White	29	96.7%	23	76.7%
Latina or Hispanic	877	94.5%	509	54.9%
Asian	48	88.9%	35	64.8%
Black or African American	63	88.7%	33	46.5%
Multi-racial	12	85.7%	11	78.6%
St. Mary Medical Center	**1,058**	**93.6%**	**631**	**55.8%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

Community Input – Pregnancy and Birth Characteristics

Stakeholders identified the following issues, challenges and barriers related to birth characteristics. Following are their comments edited for clarity.

Black women face significantly higher rates of maternal mortality and poor birth outcomes due to systemic racism and inadequate health care access.

- *I always want to amplify Black women, particularly Black birthing women, particularly when it comes to poor birth outcomes among Black women, it remains consistently high, and no woman should die by giving life.* - Key Stakeholder

- *Black women, 100% are affected by this. I think we see the effects in the entire BIPOC community, but I want to note that black women are dying at a much higher rate when it comes to maternal health. Some of the challenges in general are just having the proper care, having the knowledge of how to advocate for yourself. When it comes to teen births, we need to educate young women prior to them getting pregnant. But we need to wrap our arms around them when they are expecting, because some of the other challenges, the mental health aspect that comes with being pregnant with giving birth, with postpartum, those things are going to be even more challenging for a younger woman.* - Key Stakeholder

The stress from unmet basic needs—housing, utilities, and food insecurity—directly impacts pregnancy outcomes and infant health. Prenatal care access remains a critical issue, with many pregnant women facing barriers, including transportation challenges, lack of insurance, and difficulty navigating health care systems. This contributes to low birth weight and increased transmission of STIs, with a concerning rise in congenital syphilis cases. These birth-related challenges create ripple effects throughout families, affecting overall family stability and health. An emerging concern is infants being born in homeless encampments or on streets, highlighting the intersection of housing insecurity and maternal health.

- *When we were served the eviction notices, they even came and shut off our water, so we didn't have access to running water in our building. With the new owners, a lot of people couldn't stay, including this one young girl who was pregnant, and she decided to leave because of the stress, she just couldn't take it anymore.* - Listening Session Participant

- *We've had a couple of clients who were born homeless. We have a program specific to newborns with issues of postpartum depression or drug addiction, or we have babies who were born in the homeless encampments under the bridge and were found two months old, and now they're in a foster home. We see kids who were born drug-exposed, alcohol exposed, so those are issues, and our parents don't necessarily get consistent help. There's been a dramatic increase in those born homeless, those born in camps. And so that's kind of new for us.* - Key Stakeholder

Teen and adolescent births continue to be problematic, particularly in Latinx and Pacific Islander communities, where cultural stigmas may prevent open discussions about reproductive health. The scarcity of culturally competent health care providers is a

significant barrier. Black and Latinx families struggle to find doctors and doulas who understand their cultural needs and experiences, with high demand making these limited resources difficult to access.

- *I have been noticing a rise in births by young women who are still in their teens, which means they are probably not married, and they end up living with their families. They're still under the insurance of their parents. For the most part, the girls continue with their education, but it's still rough.* - Key Stakeholder

- *We need to provide more education for families about teen pregnancies, especially because religion comes into play. "Just be abstinent" is what the older generation is saying.* - Key Stakeholder

- *Even though we have all this information about Black women and the lack of care, there's still an issue of Black women not being believed, not being listened to, not being trusted to know their own bodies and being able to find providers that when they say something is wrong, that they are believed. What happens is when you do have great providers and women love to use their services and be their patients, then they become booked. So, there's providers that provide good quality, comprehensive care to Black women, and they want access to them, but making sure they have availability for taking new patients is a challenge.* - Key Stakeholder

Health care providers are implementing screening for adverse childhood experiences (ACEs) during prenatal care to identify and address trauma. This approach recognizes that many mothers have experienced trauma that affects their parenting and that connecting both mothers and fathers to appropriate support services can prevent the cycle of trauma from continuing for the next generation.

- *We screen everybody for ACEs, which are adverse childhood experiences. It's particularly important to talk about it with the mothers, it's not just their prior adversity in their life that affects them but also how they parent. We want to make sure they've gotten the care, understanding and therapy if they need it. But also, are they in an abusive relationship now? If so, then that child will be born into a household where people automatically have that adverse childhood experience. We would rather prevent it prenatally from happening with both parties addressing what their trauma was, because most of the time the physical*

abusers were physically abused as children. And if we can maybe help them deal with what happened to them, they can be better parents. - Key Stakeholder

Leading Causes of Death

Life expectancy in Los Angeles County is 80.1 years. 321 residents of Los Angeles County per 100,000 residents, died before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 6,317 years.

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

	Los Angeles County	California
Life expectancy at birth in years	80.1	79.9
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	321	319
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	6,317	6,373

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. http://www.countyhealthrankings.org*

Leading Causes of Death

From 2017 to 2021 there were 16,899 deaths in the City of Long Beach. The leading causes of death were heart disease, cancer, and COVID-19. The top three causes of premature death (before age 75) were cancer, heart disease, and other accidents and adverse effects.

Leading Causes of Death, Number and Premature Death Ranking, Long Beach, 5-Year Average

Causes of Death	Number of Deaths	Premature Death Rank
Heart diseases	853	2
Cancer	685	1
COVID-19	200	4
Cerebrovascular disease (stroke)	182	10
Alzheimer's disease	165	20
Chronic lower respiratory diseases	156	11
Diabetes mellitus	135	9
Unspecified accidents and adverse effects	129	3
Influenza and pneumonia	87	13
Chronic liver disease and cirrhosis	79	8

Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021.

Among females in Long Beach, heart disease, cancer and Alzheimer's disease were the top three causes of death. Cancer, heart disease and unspecified accidents and adverse effects were the top three causes of premature death.

Leading Causes of Death, Females, Number and Premature Death Ranking, Long Beach, 5-Year Average

Causes of Death	Number of Deaths	Premature Death Rank
Heart diseases	366	2
Cancer	321	1
Alzheimer's disease	110	19
Cerebrovascular diseases	106	7
COVID-19	79	4
Chronic lower respiratory diseases	77	10
Diabetes	61	6
Influenza and pneumonia	45	13
Unspecified accidents and adverse effects	42	3
Hypertension and hypertensive renal disease	33	12

Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021.

Among males in Long Beach, heart disease, cancer and COVID-19 were the top three causes of death. Heart disease, cancer, and unspecified accidents and adverse effects were the top three causes of premature death.

Leading Causes of Death, Males, Number and Premature Death Ranking, Long Beach, 5-Year Average

Causes of Death	Number of Deaths	Premature Death Rank
Heart diseases	487	1
Cancer	363	2
COVID-19	122	4
Unspecified accidents and adverse effects	87	3
Chronic lower respiratory diseases	79	11
Cerebrovascular diseases	76	10
Diabetes	74	9
Alzheimer's disease	55	21
Chronic liver disease and cirrhosis	53	8
Influenza and pneumonia	42	14

Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021.

In the City of Long Beach, heart disease, cancer, COVID-19, cerebrovascular disease, and Alzheimer's disease were the top five leading causes of death among all races and ethnicities for whom statistically valid data were available. Among Black or African

American residents, cerebrovascular diseases were the third leading cause of death. Among White residents, chronic lower respiratory diseases were the third leading cause of death. Diabetes was the fourth leading cause of death among Hispanic or Latino residents, Black or African American residents, and Asian residents.

Leading Causes of Death, by Race and Ethnicity, Long Beach, 5-Year Average

Hispanic or Latino	Black or African American	Asian	White	Combined
Heart disease	Heart disease	Heart disease	Heart disease	Heart disease
Cancer	Cancer	Cancer	Cancer	Cancer
COVID-19	Cerebrovascular disease	COVID-19	Chronic lower respiratory diseases	COVID-19
Diabetes	Diabetes	Diabetes	Alzheimer's disease	Cerebrovascular disease
Cerebrovascular disease	COVID-19	Cerebrovascular disease	Cerebrovascular disease	Alzheimer's disease

Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021.

In the City of Long Beach, cancer and heart disease were the two leading causes of premature death among all races and ethnicities for whom statistically valid data were available. Homicide was the third leading cause of premature death among Black or African American residents and the fourth leading cause of premature death among Asian residents. Suicide was the fourth leading cause of premature death among White residents. Motor vehicle accidents were the fifth leading cause of premature death among Hispanic or Latino residents and Black or African American residents.

Leading Causes of Premature Death, by Race and Ethnicity, Long Beach, 5-Year Average

Hispanic or Latino	Black or African American	Asian	White	Combined
Cancer	Heart disease	Cancer	Cancer	Cancer
Heart disease	Cancer	Heart disease	Heart disease	Heart disease
Unspecified accidents and adverse effects	Assault (homicide)	COVID-19	Unspecified accidents and adverse effects	Unspecified accidents and adverse effects
COVID-19	Unspecified accidents and adverse effects	Assault (homicide)	Intentional self-harm (suicide)	COVID-19

Hispanic or Latino	Black or African American	Asian	White	Combined
Motor vehicle accidents	Motor vehicle accidents	Unspecified accidents and adverse effects	Chronic liver disease and cirrhosis	Motor vehicle accidents

Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021.

Cancer Mortality

From 2017 to 2021 there were 3,423 deaths from cancer in Long Beach. The leading causes of female cancer deaths were breast, trachea/bronchus/lung, and cervical/uterine/ovarian cancers. The leading causes of male cancer deaths were trachea/bronchus/lung, colon/rectum/anus, and prostate.

Cancer Mortality, by Gender, Long Beach, 5-Year Average

Rank	Female		Male	
	Cancer	Number of Deaths	Cancer	Number of Deaths
1.	Breast	273	Trachea, bronchus and lung	346
2.	Trachea, bronchus and lung	257	Colon, rectum and anus	211
3.	Cervix, uterus and ovary	222	Prostate	203
4.	Colon, rectum and anus	166	Pancreas	136
5.	Pancreas	104	Urinary tract	112
6.	Urinary tract	61	Leukemia	79
7.	Leukemia	56	Stomach	50
8.	Stomach	46	Non-Hodgkin's lymphoma	45
9.	Non-Hodgkin's lymphoma	41	Breast	3

Source: City of Long Beach Department of Health and Human Services, Communicable Disease Surveillance and Control. Vital Statistics Report, 2017-2021.

Drug Overdoses

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have been rising statewide, particularly in the last several years. Drug overdose deaths in Los Angeles County have been consistently lower than the statewide rate.

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

	2009	2011	2013	2015	2017	2018	2019	2020	2021*	2022*
Los Angeles County	7.7	6.7	7.8	6.9	8.5	9.3	12.1	19.3	23.6	25.1
California	10.7	10.7	11.1	11.3	11.7	12.8	15.0	21.8	27.8	28.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2022, on CDC WONDER.
*https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html *Except for 2021 and 2022, for which age-adjusting is not available at the county level; therefore 2021 & 2022 rates are crude rates.*

In 2023, the age-adjusted death rate from opioid overdoses in Los Angeles County was 16.7 deaths per 100,000 persons. The Healthy People 2030 objective is 13.1 opioid overdose deaths per 100,000 persons.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016-2023

	Annual Rate							
	2016	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Los Angeles County	3.2	4.1	4.6	6.7	12.4	15.4	16.5	16.7
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7	20.4

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024. https://skylab.cdph.ca.gov/ODdash/

When examined by demographics, opioid overdose deaths in Los Angeles County are more likely to occur in men (26.3 deaths per 100,000 men) than women (7.1 deaths per 100,000 women). Rates rise sharply from the 15- to 19-year-old demographic (6.6 deaths per 100,000 persons) to the 25- to 29-year-old demographic (28.8 deaths per 100,000 persons), peaking among those ages 35 to 39 (39.4 deaths per 100,000 persons). With low population levels among some racial and ethnic groups in Los Angeles County, rates of opioid overdose mortality should be interpreted with caution.

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

	Los Angeles County	**California**
Male	26.3	31.0
Female	7.1	8.8
< 5 years old	0.2	0.7
5 to 9 years old	0.0	0.04
10 to 14 years old	0.8	0.4
15 to 19 years old	6.6	5.9
20 to 24 years old	11.2	14.5
25 to 29 years old	28.8	29.2
30 to 34 years old	34.4	41.8
35 to 39 years old	39.4	42.4
40 to 44 years old	29.8	36.4
45 to 49 years old	23.1	29.1
50 to 54 years old	21.3	26.3
55 to 59 years old	25.0	32.6
60 to 64 years old	16.5	25.9
65 to 69 years old	11.3	16.3
70 to 74 years old	3.8	8.5
75 to 79 years old	3.5	4.0
80 to 84 years old	2.0	1.8
85+ years old	0.4	0.8
Black or African American	36.5	45.4
American Indian or Alaska Native	31.0	59.3

White	23.6	27.7
Hispanic or Latino	14.2	16.5
Asian or Pacific Islander	4.0	4.1
Total	**16.7**	**20.4**

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2023 data. https://skylab.cdph.ca.gov/ODdash/

Acute and Chronic Disease

Hospitalizations by Diagnoses

At St. Mary Medical Center, the top four primary diagnoses resulting in hospitalization were circulatory diseases, infectious and parasitic diseases, complications of pregnancy, childbirth and the puerperium (the period immediately after childbirth), and certain conditions originating in the perinatal period.

Hospitalizations, by Principal Diagnoses, Top Ten Causes

	St. Mary Medical Center
Circulatory system diseases	14.9%
Infectious and parasitic diseases	14.3%
Complications of pregnancy, childbirth, and the puerperium	13.9%
Certain conditions originating in the perinatal period	12.6%
Injury and poisoning	9.2%
Digestive system diseases	7.4%
Endocrine, nutritional, and metabolic diseases and immunity disorders	6.5%
Genitourinary system diseases	4.6%
Respiratory system diseases	3.7%
Nervous system and sense organ diseases	2.9%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2023. https://data.chhs.ca.gov/dataset/

Emergency Room Visits by Diagnoses

At St. Mary Medical Center, the top four primary diagnoses seen in the Emergency Department were injuries or poisonings, circulatory system diagnoses, musculoskeletal system and connective tissue diagnoses, and respiratory system diagnoses.

Emergency Room Visits, by Principal Diagnoses, Top Ten Causes

	St. Mary Medical Center
Injury and poisoning	16.8%
Circulatory system diseases	8.7%
Musculoskeletal system & connective tissue diseases	8.7%
Respiratory system diseases	7.7%
Digestive system diseases	6.5%
Genitourinary system diseases	6.3%
Infectious and parasitic diseases	6.2%
Skin and subcutaneous tissue diseases	4.9%
Nervous system and sense organ diseases	4.6%
Mental illness	3.2%

Source: California Department of Health Care Access and Information (HCAI), Hospital Emergency Department Characteristics by Facility, Pivot Profile, 2023. https://data.chhs.ca.gov/dataset/

COVID-19 Incidence, Mortality, and Vaccination Rates

While COVID-19 cases and mortality data are no longer being tracked in the same manner as earlier in the Pandemic, as of December 20, 2023, there had been 3,601,672 confirmed cases of COVID-19 in Los Angeles County. This was a higher rate of infection (351.1 cases per 1,000 persons) than the statewide average of 288 cases per 1,000 persons. The county also had a higher rate of confirmed deaths due to COVID-19. Through the same date, 36,239 county residents were confirmed to have died due to COVID-19 complications, for a rate of 3.53 deaths per 1,000 persons, as compared to the state rate of 2.63 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/20/23

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	3,601,672	351.1	11,558,304	288.0
Deaths	36,239	3.53	105,346	2.63

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated December 26, 2023, with data from December 20, 2023. https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state

The percentage of Los Angeles County residents who have completed the primary series of a COVID-19 vaccine is 77.1%. The CDC's vaccination recommendations, as of September 29, 2024, included an updated 2023-2024 vaccine dose for everyone ages five and older. 10.6% of county residents were considered to be up to date with their COVID vaccinations as of that date.

COVID-19 Vaccinations, Completed Primary Series and 'Up to Date', by Age

	Primary Series		Up to Date*	
	Los Angeles County	California	Los Angeles County	California
Population, under 5	7.6%	7.9%	3.2%	4.1%
Population, ages 5-11	40.1%	37.1%	5.5%	6.3%
Population, ages 12-17	81.7%	66.9%	5.5%	5.6%
Population, ages 18-49	82.3%	78.6%	7.4%	7.6%
Population, ages 50-64	87.3%	83.0%	12.8%	13.6%
Population, ages 65+	87.3%	91.1%	23.8%	27.2%
Total Population	**77.1%**	**72.9%**	**10.6%**	**11.4%**

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. *Data through Sept. 29th, 2024. *Up-to-Date as of September 29th, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine.* https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data & https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx

In Los Angeles County, among the vaccine-eligible population, nearly or fully all of the Native Hawaiian or Pacific Islander population have completed the primary COVID-19 vaccination series, as have 86.5% of the American Indian or Alaska Native population. 70.6% of Latino residents, 66.6% of Asian residents, 62.7% of White residents, 51.9%

of Black residents, and 37.8% of multiracial residents have also completed their primary COVID-19 vaccination series. Uptake of the 2023-2024 COVID-19 vaccine, recommended by the CDC for all people, ages 5 and older, through September 29, 2024, when a new vaccine was released, followed largely the same pattern, with the highest vaccination rates among Native Hawaiian or Pacific Islander residents, followed by American Indian or Alaska Native residents and the lowest among multiracial residents of the county. Uptake among Asian residents and Latino residents lagged as compared to their acceptance of primary series vaccinations.

COVID-19 Vaccinations, Completed Primary Series and Up to Date, by Race and Ethnicity

	Primary Series	Up to Date*
Native Hawaiian or Pacific Islander	100.0%	22.5%
American Indian or Alaska Native	86.5%	12.5%
Latino	70.6%	6.4%
Asian	66.6%	10.5%
White	62.7%	10.7%
Black	51.9%	7.5%
Multiracial	37.8%	2.6%

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. *Data through Sept. 29th, 2024. *Up-to-Date as of September 29th, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine.* https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data

Diabetes

25.5% of SPA 6 adults and 24% of SPA 8 adults have been diagnosed as pre-diabetic. 18% of SPA 6 adults and 12% of SPA 8 adults have been diagnosed with diabetes.

Pre-Diabetes and Diabetes, Adults

	SPA 6	SPA 8	Los Angeles County	California
Diagnosed pre-diabetic †	25.5%	24.0%	23.3%	20.6%
Diagnosed with diabetes	18.0%	12.0%	12.6%	11.0%

Source: California Health Interview Survey, 2021-2023, or †2021-2022, pooled. http://ask.chis.ucla.edu/

When examining diabetes diagnoses by race and ethnicity, SPA 6 non-Latino Black or African American adults and multiracial adults had the highest rates of diabetes (19.9%), followed by non-Latino adults (19.7%). In SPA 8, the rate of diabetes is highest for American Indian or Alaska Native adults (29.8%), followed by Latino adults (14.2%).

Diabetes, by Race and Ethnicity, Adults

	SPA 6	SPA 8	Los Angeles County
Native Hawaiian or Pacific Islander, non-Latino	**	**	*26.8%
American Indian or Alaska Native, non-Latino	**	*29.8%	*18.7%

	SPA 6	SPA 8	Los Angeles County
Black or African American, non-Latino	19.9%	11.0%	14.6%
Latino	16.4%	14.2%	14.6%
Asian, non-Latino	*19.7%	12.2%	11.2%
White, non-Latino	7.7%	7.3%	7.4%
Multiracial, non-Latino	19.9%	5.3%	5.4%
Total	**17.0%**	**11.2%**	**12.0%**

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
***Suppressed due to instability.*

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

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Los Angeles County	California
Diabetes short term complications	63.8	70.1
Diabetes long term complications	115.6	108.7
Lower-extremity amputation among patients with diabetes	33.3	34.4
Uncontrolled diabetes	35.4	31.9
Diabetes composite	**229.5**	**226.6**

Source: California Office of Statewide Health Planning & Development, 2022.
*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease

6.2% of adults in SPA 6 and 5.4% in SPA 8 have been diagnosed with heart disease.

Heart Disease, Adults

	SPA 6	SPA 8	Los Angeles County
Diagnosed with heart disease	6.2%	5.4%	7.0%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Los Angeles County (389.2 annual hospitalizations per 100,000

persons, risk-adjusted) is above the state rate (380.7 hospitalizations per 100,000 persons).

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to heart failure	389.2	380.7

Source: California Office of Statewide Health Planning & Development, 2022.
*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

When viewed by race and ethnicity, American Indian or Alaska Native residents in SPA 8 (21.6%) have the highest rate of diagnosed heart disease, followed by non-Latino White residents (9.3%) and non-Latino Black or African American residents (8.3% in SPA 8). In SPA 6, Black or African American residents have the highest rate of diagnosed heart disease (10.9%), followed by non-Latino Asian residents (7.1%).

Heart Disease, by Race and Ethnicity, Adults

	SPA 6	SPA 8	Los Angeles County	California
American Indian or Alaska Native, non-Latino	**	*21.6%	*17.5%	12.7%
White, non-Latino	4.5%	9.3%	9.8%	10.1%
Native Hawaiian or Pacific Islander, non-Latino	**	**	*4.8%	8.8%
Black or African American, non-Latino	10.9%	8.3%	8.6%	7.2%
Multiracial, non-Latino	*3.9%	*4.7%	4.8%	5.7%
Asian, non-Latino	7.1%	6.5%	5.4%	5.3%
Latino	4.1%	5.5%	4.4%	4.2%
Total	**5.7%**	**7.4%**	**6.4%**	**6.9%**

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
***Suppressed due to instability.*

High Blood Pressure

In SPA 6, 32.1% of adults have been diagnosed with high blood pressure and 7.1% have been told they have borderline high blood pressure. In SPA 8, 25.5% of adults have been diagnosed with high blood pressure and 9.2% have been told they have borderline high blood pressure.

High Blood Pressure, Adults

	SPA 6	SPA 8	Los Angeles County
Diagnosed with high blood pressure	32.1%	25.5%	26.6%
Has borderline high blood pressure	7.1%	9.2%	7.6%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

The remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Los Angeles County (58 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (51.3 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to hypertension	58.0	51.3

Source: California Office of Statewide Health Planning & Development, 2022.
*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

In SPA 6, 58.8% of non-Latino Black or African American residents have been diagnosed with high or borderline-high blood pressure. In SPA 8, American Indian or Alaska Native residents have the highest rate of high blood pressure (49.9%).

High or Borderline High Blood Pressure, by Race and Ethnicity, Adults

	SPA 6	SPA 8	Los Angeles County
Black or African American, non-Latino	58.8%	48.6%	49.0%
American Indian or Alaska Native, non-Latino	**	49.9%	45.0%
Native Hawaiian or Pacific Islander, non-Latino	**	**	37.1%
White, non-Latino	25.8%	40.0%	36.3%
Asian, non-Latino	28.6%	33.7%	32.0%
Latino	29.6%	28.3%	30.7%
Multiracial, non-Latino	42.0%	27.9%	27.6%
Total	**36.5%**	**35.5%**	**33.8%**

*Source: California Health Interview Survey, 2019-2023, pooled. http://ask.chis.ucla.edu/ **Suppressed due to instability.*

Cancer

Cancer incidence rates are available at the county level from the California Cancer Registry. In Los Angeles County, cancer incidence rates are highest for breast cancer, prostate cancer, colorectal cancer, and lung and bronchus cancers.

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

	Los Angeles County	California
All sites	**369.8**	**398.3**
Breast (female)	119.9	124.1
Prostate (males)	92.1	99.0
Colon and rectum	34.0	33.5
Lung and bronchus	32.6	36.8
Corpus uteri (females)	28.6	27.7
Non-Hodgkin lymphoma	16.5	17.7
Kidney and renal pelvis	13.9	15.0
Urinary bladder	13.4	15.4

Melanoma of the skin	12.8	22.8
Thyroid	12.3	12.4
Pancreas	12.1	12.4
Leukemia	11.8	12.3
Ovary (females)	10.8	10.6
Liver and intrahepatic bile duct	9.2	9.6
Stomach	8.7	7.4
Cervix uteri (females)	7.8	7.3
Brain and Other Nervous System	5.3	5.8
Esophagus	2.8	3.5

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*

Asthma

In SPA 6, 15.3% of adults and 17.2% of children have been diagnosed with asthma. In SPA 8, 15.2% of adults and 14.7% of children had been diagnosed with asthma The rate of asthma episodes or attacks in the prior year, among the adult population of those diagnosed with asthma, was 34.1% in SPA 6, and 30.7% of diagnosed children having had at least one attack or episode. Adults (62.3%) and children (67.2%) in SPA 6 who have been diagnosed with asthma are also taking daily medication to control it. The rate of asthma episodes or attacks in the prior year, among the adult population of those diagnosed with asthma, was 27.1% in SPA 8, and 24.1% of diagnosed children having had at least one attack or episode. Adults (48.4%) and children (16.3%) in SPA 8 who have been diagnosed with asthma take daily medication to control it.

Asthma

	SPA 6	SPA 8	Los Angeles County
Ever diagnosed with asthma, adults	15.3%	15.2%	15.0%
Has had an asthma episode/attack in past 12 months, adults	34.1%	27.1%	26.7%
Takes daily medication to control asthma, adults	62.3%	48.4%	46.3%
Ever diagnosed with asthma, ages 1-17	17.2%	14.7%	13.4%
Has had an asthma episode/attack in past 12 months, ages 1-17	30.7%	24.1%	27.6%
Takes daily medication to control asthma, ages 1-17	*67.2%	16.3%	43.0%

*Source: California Health Interview Survey, 2020-2023 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2022, hospitalization rates in Los Angeles County for COPD and asthma among adults, ages 40 and older, were 179 per 100,000 persons. The rate of hospitalizations in the county for asthma among young adults, ages 18 to 39, was 21.3 hospitalizations per 100,000 persons.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Los Angeles County	California
COPD or asthma in older adults, 40 and older	179.0	176.5
Asthma in younger adults, ages 18 to 39	21.3	18.0

Source: California Office of Statewide Health Planning & Development, 2022.
*https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Tuberculosis

Tuberculosis (TB) rates in Los Angeles County rose in 2022 and 2023, following two years of a lower rate of diagnosis. In 2023, the rate of TB was 5.9 cases per 100,000 persons, which was above the statewide rate of 5.4 TB cases per 100,000 persons.

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

	2019		2020		2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Los Angeles County	536	5.7	458	4.9	466	5.0	520	5.6	543	5.9
California	2,110	5.3	1,703	4.3	1,749	4.5	1,842	4.7	2,113	5.4

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Provisional Data Tables, 2023, accessed Sept. 8, 2024. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 10.8% of the non-institutionalized civilian population identified as having a disability.

Disability, 5-Year Average

	St. Mary Service Area	Los Angeles County	California
Population with a disability	10.8%	10.6%	11.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov

Children with Special Health Care Needs

In SPA 6, 12.1% of children and 16.6% of children in SPA 8, were reported by their caretakers to meet the criteria of having a special health care need, which is defined as dependency on prescription medications, service use above that considered usual or routine, and/or a functional limitation. In Los Angeles County, children reported as having special needs were more likely to be male (16.5%) than female (14.1%). Rates of special health care needs rose with age, from 9.3% of children, ages 0 to 5 years, to 19.1% of those ages 12 to 17. Non-Hispanic White children were the most likely to be

reported as having special health care needs (20.7%), while non-Hispanic Asian children were the least likely to report having a special health care need (10.2%).

Children with Special Health Care Needs, by Demographics

	Percent
Male	16.5%
Female	14.1%
0 to 5 years old	9.3%
6 to 11 years old	16.4%
12 to 17 years old	19.1%
White, non-Hispanic	20.7%
American Indian or Alaska Native, non-Hispanic	*18.8%
Multiracial or Other Race, non-Hispanic	18.0%
Black or African American, non-Hispanic	15.7%
Hispanic or Latino	14.7%
Asian, non-Hispanic	10.2%
Native Hawaiian or Pacific Islander, non-Hispanic	**
Compton Health District	8.5%
Long Beach Health District	16.1%
SPA 6	12.1%
SPA 8	16.6%
Los Angeles County	**15.4%**

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm *Suppressed due to small sample size.*

Community Input – Chronic Disease

Stakeholders identified the following issues, challenges and barriers related to chronic disease. Following are their comments edited for clarity.

Diabetes, hypertension, heart disease, and lung disease are widespread and often linked to smoking, vaping, and lifestyle factors. Diabetes rates are alarmingly high, with potential complications like dialysis. There are significant delays in accessing specialty care for chronic conditions, which can lead to disability if untreated.

- *Diabetes, hypertension, heart disease, even lung disease all come from smoking and vaping. We work on addressing that because it's such a big thing in our community. Now, almost 6 out of 10 people have diabetes.* - Key Stakeholder

- *We need better linkages to specialty services. Conditions get worse, and people can become disabled due to diabetes. They need to get into care, not wait three months.* - Key Stakeholder

Past trauma, including genocide and historical hardships, contribute to chronic illnesses in Southeast Asian communities. Conditions like diabetes, heart disease, high blood pressure, and Hepatitis B are common, often influenced by past starvation and long-term stress. Chronic diseases are pervasive in communities of color, frequently discussed at family gatherings, and continue to rise, including liver infections.

- *I think chronic disease for our community usually is depression from the past history. The trauma, the genocide, the hybrid depression, and diabetes are common among many of our older males. I would say more so for smokers and drinkers.* - Key Stakeholder

- *I feel like a lot of the Southeast Asian communities that we focus on get diagnosed with chronic diseases, like diabetes, heart disease, high blood pressure, and Hepatitis B. These are very prevalent in our community, and most of the time it's because of their living conditions. I also think it's due to the Khmer Rouge, back when they were starving. It translates to their health conditions now because their body has been working so much and for so long it's still playing catch up. I feel like diabetes is number one. Every time I go to a family event or anything like that, we always hear about someone getting diagnosed with diabetes. Liver infections are increasing in our communities.* - Key Stakeholder

Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. LA County has a ranking of 10.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	10

Source: County Health Rankings, 2023. http://www.countyhealthrankings.org

Overweight and Obesity

34.5% of adults in SPA 6 and 33.9% in SPA 8 are overweight. 27.1% of teens in SPA 6 and 15.6% in SPA 8 are overweight. 18.8% of SPA 6 children and 11.2% of children in SPA 8 are overweight for their age. SPA 6 residents of all age groups are more likely to be overweight than those of SPA 8 and the county.

Overweight, All Ages

	SPA 6	SPA 8	Los Angeles County
Adults, ages 20 and older	34.5%	33.9%	33.8%
Teens, ages 12-17†	27.1%	15.6%	17.5%
Children, ages younger than 12†	18.8%	11.2%	14.0%

Source: California Health Interview Survey, 2021-2023, pooled and †2019-2023, pooled. http://ask.chis.ucla.edu/

The Healthy People 2030 objectives for obesity are for no more than 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19 to be obese. 43.5% of adults in SPA 6 are obese, which does not meet the objective. 28.9% of SPA 8 adults, 24.7% of SPA 6 teens, and 15.9% of SPA 8 teens are obese.

Obesity, Adults and Teens

	SPA 6	SPA 8	Los Angeles County
Adults, ages 20 and older	43.5%	28.9%	29.6%
Teens, ages 12-17†	24.7%	15.9%	19.6%

Source: California Health Interview Survey, 2021-2023 and †2019-2023, pooled. http://ask.chis.ucla.edu/

Rates of overweight and obesity among residents in SPAs 6 and 8, combined, are higher than county rates for all racial and ethnic groups for whom data is available. The highest rate of overweight and obesity is among Latino residents (77.1%), followed by

Black or African American residents (73.6%), and Native Hawaiian or Pacific Islander residents (66.4%).

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

	SPAs 6 and 8	Los Angeles County	California
Latino	77.1%	73.9%	73.3%
Black or African American (non-Latino)	73.6%	72.8%	72.3%
American Indian or Alaska Native (non-Latino)	**	66.5%	72.8%
Native Hawaiian or Pacific Islander (non-Latino)	*66.4%	*58.4%	70.5%
Multiracial (non-Latino)	61.4%	52.7%	59.5%
White (non-Latino)	57.1%	55.1%	59.1%
Asian (non-Latino)	43.5%	38.7%	40.7%
Total	**68.7%**	**63.1%**	**62.6%**

*Source: California Health Interview Survey, 2018-2023. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. **Suppressed due to small sample size*

Soda and Sugar-Sweetened Beverage (SSB) Consumption

34.6% of Los Angeles County children and teens consume at least one sugar-sweetened beverage per day. The rate is higher in boys (35.5%) than girls (33.7%) and rises with age (19.5% of children, ages five and younger, and 44.7% of youth, ages 12 to 17). Rates are highest in families with Black parents (49.7%), Native Hawaiian or Pacific Islander parents (48.3%), Latino parents or American Indian or Alaska Native parents (both 41.2%). Almost half of children in SPA 6 (46.8%), drank at least one sugar-sweetened beverage per day.

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

	Percent
Male	35.5%
Female	33.7%
0 to 5 years old	19.5%
6 to 11 years old	36.0%
12 to 17 years old	44.7%
0-99% FPL	46.0%
100-199% FPL	43.8%
200-299% FPL	35.2%
300% or above FPL	21.4%
Less than high school	45.3%
High school	45.8%
Some college or trade school	38.1%
College or post graduate degree	23.2%
Black or African American, non-Hispanic	49.7%

	Percent
Native Hawaiian or Pacific Islander, non-Hispanic	48.3%
American Indian or Alaska Native, non-Hispanic	*41.2%
Latino	41.2%
Multi-racial or Other race, non-Hispanic	30.7%
Asian, non-Hispanic	20.2%
White, non-Hispanic	19.8%
Compton Health District	44.3%
Long Beach Health District	31.5%
SPA 6	46.8%
SPA 8	33.3%
Los Angeles County	**34.6%**

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

Adequate Fruit and Vegetable Consumption

12.4% of SPA 6 adults and 10.7% of SPA 8 adults indicated they had eaten at least five servings of fruits and vegetables the prior day, as recommended by the World Health Organization. In Los Angeles County, rates of consumption of five or more servings of fruits and vegetables the prior day are higher in women and generally rise with age.

Ate Five or More Servings of Fruits or Vegetables Yesterday, by Demographics

	Percent
Male	10.2%
Female	11.5%
Gay or lesbian	12.9%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	10.8%
Heterosexual	10.2%
18 to 24 years old	7.8%
25 to 29 years old	10.2%
30 to 39 years old	11.4%
40 to 49 years old	11.3%
50 to 59 years old	11.1%
60 to 64 years old	9.6%
65 or older	12.4%
Native Hawaiian or Pacific Islander, non-Hispanic	*17.5%
Multiracial or Other Race, non-Hispanic	14.6%
White, non-Hispanic	12.5%
Black or African American, non-Hispanic	11.6%
Asian, non-Hispanic	10.5%
Hispanic or Latino	9.6%
American Indian or Alaska Native, non-Hispanic	**

	Percent
Disabled	9.5%
Not disabled	11.3%
Compton Health District	*8.4%
Long Beach Health District	14.0%
SPA 6	12.4%
SPA 8	10.7%
Los Angeles County	**10.8%**

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. *Unstable due to sample size. **Suppressed due to small sample size*
http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

In SPA 6, 30% of teens, ages 12 to 17, ate five or more servings of fruit and vegetables daily (excluding juice and fried potatoes). In SPA 8, 32.2% of teens, ages 12 to 17, ate five or more servings of fruit and vegetables daily (excluding juice and fried potatoes). The rate is similar for boys (36.6%) and girls (37.2%), and lower among teens, ages 15 to 17 (24.2%), than among youth, ages 12 to 14 (38%). 70.6% of children and teens in SPA 6 and 71.3% in SPA 8 ate two or more servings of fruit the prior day. The rate is higher for boys (78.7%) than for girls (60.3%). The rate is lowest (65.3%) among children, ages 5 to 11.

Ate Five or More Servings Fruit or Vegetables Daily, Teens, Ages 12 to 17,
At Least Two Servings of Fruit Daily, Children and Teens, SPAs 6 and 8 Combined

	Five or More Servings of Fruit and Vegetables	Two or More Servings of Fruit
Male	36.6%	78.7%
Female	*37.2%	60.3%
Child, ages 2 to 4	N/A	*82.5%
Child, ages 5 to 11	N/A	65.3%
Teen, ages 12 to 14	38.0%	*71.4%
Teen, ages 15 to 17	*24.2%	74.2%
SPA 6	30.0%	70.6%
SPA 8	32.2%	71.3%
Los Angeles County	**26.3%**	**68.4%**
California	**27.8%**	**68.0%**

*Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/ N/A = Not asked. *Statistically unstable due to sample size.*

Access to Fresh Produce

Families who are not able to easily access fresh fruits and vegetables are less likely to provide healthy food options for themselves and their children. In SPA 8, 82.1% of the parents/guardians/decision-makers for children indicated that their community's access

to fresh fruits and vegetables was ‘good’ or ‘excellent’. In SPA 6, 56.6% of caregivers indicated that their community’s access to fresh fruits and vegetables was ‘good’ or ‘excellent’. Access fell with the child’s age and rose with family income.

Child’s Community Has Good/Excellent Access to Fresh Fruits and Vegetables, Los Angeles County, by Demographics

	Percent
0 to 5 years old	81.9%
6 to 11 years old	79.9%
12 to 17 years old	77.2%
White, non-Hispanic	93.3%
Multiracial or Other Race, non-Hispanic	93.1%
Asian, non-Hispanic	91.8%
Native Hawaiian or Pacific Islander, non-Hispanic	81.0%
Hispanic or Latino	73.7%
American Indian or Alaska Native, non-Hispanic	64.2%
Black or African American, non-Hispanic	62.9%
Less than high school	71.5%
High School	71.1%
Some college or trade school	75.4%
College or post-graduate degree	87.9%
0 - 99% FPL	69.2%
100% - 199% FPL	72.0%
200% - 299% FPL	77.2%
300% or above FPL	90.3%
Compton Health District	64.1%
Long Beach Health District	81.8%
SPA 6	56.6%
SPA 8	82.1%
Los Angeles County	**79.5%**

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week, working all major muscle groups). 56.9% of SPA 6 adults and 56.66% of SPA 8 adults meet the aerobic exercise recommendations

Physical Activity Guidelines Met, Adults

	SPA 6	SPA 8	Los Angeles County
Aerobic activity guidelines met	56.9%	56.6%	56.3%

Muscle strengthening guidelines met	52.4%	49.7%	48.6%
Both aerobic and strengthening guidelines met	37.0%	37.1%	36.0%

Source: L.A. County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

Current recommendations for physical activity for children and teens are at least an hour of aerobic exercise daily and at least 3 days per week of muscle-strengthening exercises. 14.6% of children in SPA 6 and 14.1% of children in SPA 8 met the aerobic activity guidelines.

Physical Activity Guidelines Met, Children and Teens, Ages 6 to 17

	SPA 6	SPA 8	Los Angeles County
Aerobic activity guidelines met	14.6%	14.1%	12.9%
Muscle strengthening guidelines met	49.0%	48.7%	45.7%
Both aerobic and strengthening guidelines met	12.5%	11.0%	10.1%

Source: L.A. County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

Sedentary Adults, Children and Teens

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 21.8% of Los Angeles County adults had not engaged in any leisure-time physical activity.

No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	Los Angeles County	California
No leisure time physical activity, past month	21.8%	*20.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among SPA 6 children, ages two to 11, 24% spent five or more hours in sedentary activities on weekend days. 21.1% of SPA 8 children spent five or more hours in sedentary activities on weekend days.

Sedentary Children, Ages 2 to 11, Weekend Days

	SPA 6	SPA 8	Los Angeles County
2 to <3 hours	31.7%	22.8%	27.5%
3 to <5 hours	21.8%	29.1%	27.6%
5 or more hours	*24.0%	*21.1%	18.8%

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

About 34.3% of teens in SPAs 6 and 8, ages 12-17, spent five or more hours in sedentary activities on weekend days.

Sedentary Teens, Ages 12 to 17, Weekend Days

	SPAs 6 and 8	Los Angeles County	California
2 to <3 hours	*14.6%	12.4%	12.8%
3 to <5 hours	36.8%	31.0%	25.6%
5 or more hours	*34.3%	46.3%	53.9%

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

Community Input – Overweight, Obesity and Eating Disorders

Stakeholders identified the following issues, challenges and barriers related to overweight, obesity and eating disorders. Following are their comments edited for clarity.

Obesity can be linked to underlying health issues like metabolic disorders rather than just diet and exercise. Some individuals experience medical bias, where doctors blame weight for all health problems, leading to distrust and body image issues.

- *Overweight and obesity are diseases, something that's related to you. It could be related to diet and physical activity, but there's some people who can diet and eat right but because it's an underlying health condition, it makes it difficult for people to lose weight.* - Key Stakeholder

- *Some overweight people are perfectly healthy. They are dejected and don't trust the medical community because doctors may have blamed everything from knee pain, to depression, to lupus, on their weight. I think that, apart from harming patients' trust in the medical community, it also puts people at risk of body image issues.* - Key Stakeholder

There is a rise in eating disorders, particularly among teens, influenced by social media and beauty standards. The LGBTQ+ community, especially trans individuals and gay cisgender men, faces higher risks of disordered eating due to body image pressures. However, inpatient care for severe cases is scarce.

- *It's middle school and high schoolers who are talking about [eating disorders]. I don't know if it's happening in elementary school.* - Key Stakeholder

- *Overweight is a long-standing issue, but we're seeing a lot of behavioral eating disorders. There's a big gap in the inpatient side. Patients come in with an acute*

medical issue, but there is a chronic, very extreme eating disorder. It's very hard to find places that will care for them. Either they've gone through all the programs, and they say there's nothing more we can do, or it's full and we don't have any space. It takes specialized individuals and a team to be able to look after these individuals optimally, and those resources are scarce. - Key Stakeholder

- *Trans individuals are definitely at higher risk and tend to struggle with weight. Especially in gender dysphoria, they already have issues about how their body looks. They're very underweight, and then they struggle with wanting curvy hips; there's not necessarily a specific way that you can target that. I would also say that in the gay, cis[gender] male community, this is one issue where being underweight, having anorexia, or restrictive food behaviors is also an issue because of how toxic the gay community can be. There are a lot of gay cis[gender] folks who engage in unhealthy eating behaviors, working out to an unhealthy degree, and taking supplements they shouldn't because there's an expectation of a certain body type being the most desirable.* - Key Stakeholder

Low-income communities have limited access to nutritious food. Processed and fast food are more affordable and convenient than fresh produce, contributing to poor diet and weight-related issues.

- *People who are poor have less access to food. Fish is more expensive than ground beef, and for large families, pasta goes further. People are trying to make it day to day, not thinking about vegetables.* - Key Stakeholder

- *We don't have a lot of resources that are nutritious or fresh in our community. That leads to being overweight. If you look at every corner, there's always a fast-food chain, compared to healthy grocery stores. When we think about fast food, it's cheaper than fresh produce. It saves time because you don't have to cook.* - Key Stakeholder

- *I gained a lot of weight when I was homeless because all the food I could find at pantries wasn't very healthy, and I couldn't have a lot of fresh or perishable groceries.* - Listening Session Participant

Safety concerns, lack of recreational areas, and increased screen time (gaming, social media) limit physical activity, contributing to obesity and related health problems. In

lower-income and high-crime areas, opportunities for outdoor exercise are even more restricted.

- *One of the challenges is not having an adequate understanding of what causes overweight and obesity because it's not just about what you put in your mouth all the time. It's about your food environment, your ability to access green space, to go outside and play, to walk, because those things are free.* - Key Stakeholder

- *"It crosses economic lines in a different way than we've seen in years past because of the gaming obsession, social media, and phone use, which does affect the amount of mobility that young people have. There continue to be concerns in higher crime areas, there's generally less green space, and less opportunity to be outside and move because of safety concerns. I don't think that's changed a lot from years past.* - Key Stakeholder

Sexually Transmitted Infections

Rates of sexually transmitted infections (STI) were higher in Long Beach than in Los Angeles County. In 2023, the rate of chlamydia in Long Beach was 723.8 cases per 100,000 persons, and the rate of gonorrhea was 370.1 cases per 100,000 persons. The rate of primary and secondary syphilis for Long Beach was 28 cases per 100,000 persons, and the rate of early latent syphilis was 42.4 cases per 100,000 persons. The rate of late or unknown-duration syphilis was 61.7 cases per 100,000 persons. The rate of congenital syphilis cases for 2023 was also higher in Long Beach (187.1 cases per 100,000 live births) than the county (150.3 per 100,000 live births) though this rate is based on only 9 cases.

STI Cases and Rates, per 100,000 Persons or per 100,000 Live Births

	Long Beach		Los Angeles County	California
	Cases	Rate	Rate	Rate
Chlamydia	3,329	723.8	592.4	489.7
Gonorrhea	1,702	370.1	287.1	189.7
Primary and secondary syphilis	129	28.0	21.3	16.3
Early latent syphilis	195	42.4	32.6	19.1
Late/unknown duration syphilis	284	61.7	49.4	46.5
Congenital syphilis by year of birth	9	187.1	150.3	128.9

Source: California Department of Public Health, STD Control Branch, 2023 STD Surveillance Report.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

Teen Sexual History

11.8% of SPA 6 teens and 12.3% of SPA 8 teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex. In SPAs 6 and 8, combined, boys were almost twice as likely to report they had sex (16.6%) as girls (8.7%).

Teen Sexual History, Ages 14 to 17

	SPA 6	SPA 8	Los Angeles County
Ever had sex	11.8%	12.3%	11.5%
Ever had sex, male	16.6%		11.7%
Ever had sex, female	8.7%		11.4%

Source: California Health Interview Survey, 2019-2023. http://ask.chis.ucla.edu/

HIV

In 2022, there were 88 new cases of HIV diagnosed in the city of Long Beach, for a new rate of diagnosis of 19.5 cases per 100,000 persons. 74.4% of diagnosed persons are in care, and 68.1% are virally suppressed, which is higher than county and state rates.

HIV, per 100,000 Persons

	Long Beach	Los Angeles County	California
Newly diagnosed cases	88	1,619	4,882
Rate of new diagnoses	19.5	15.9	12.2
Number of persons living with HIV	4,088	52,563	142,772
Rate of HIV	905.8	514.9	355.6
Percent in care	74.4%	71.6%	73.7%
Percent virally suppressed	68.1%	63.3%	64.7%
Deaths per 100k HIV+ persons	14.8	7.6	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2022. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

Mental Health Indicators

14.5% of SPA 6 adults and 13.8% of SPA 8 adults experienced serious psychological distress in the past year. SPA 8 adults (9.5%) were more likely to have taken a prescription medication for two weeks or more for an emotional or personal problem during the past year than those in SPA 6 (8.4%). Serious psychological distress was experienced in the prior year by 21.2% of SPA 6 teens and 24.9% of SPA 8 teens.

Mental Health Indicators

	SPA 6	SPA 8	Los Angeles County
Adults with serious psychological distress during past year	14.5%	13.8%	15.5%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	8.4%	9.5%	10.9%
Adults: family life impairment during the past year	23.0%	21.7%	23.8%
Adults: social life impairment during the past year	22.9%	22.1%	24.0%
Adults: household chore impairment during the past year	21.7%	21.6%	23.4%
Adults: work impairment during the past year	19.5%	20.8%	23.8%
Teens with serious psychological distress during past year	21.2%	24.9%	31.2%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

In SPAs 6 and 8, combined, psychological distress in the past year was higher for women – and particularly for teen girls – than it was for men and teen boys. Women were more likely than men to have taken medication for at least two weeks in the past year, for an emotional or personal problem. Black or African American teens and adults were the least likely to have reported psychological distress, followed by White adults.

Mental Health Indicators, Past Year, by Demographics, SPAs 6 and 8, Combined

	Teen, Serious Psychological Distress	Adult, Serious Psychological Distress	Adult, Medications for Mental Health
Male	18.1%	10.7%	5.9%
Female	31.1%	16.4%	10.9%
Straight/heterosexual†	N/A	11.8%	7.3%
Gay, Lesbian/homosexual †	N/A	26.4%	15.3%
Bisexual †	N/A	39.4%	36.2%
Non-sexual/celibate none/other †	N/A	24.8%	7.1%
Latino	29.9%	16.1%	7.6%
Black or African American, non-Latino	18.1%	10.3%	8.1%
White, non-Latino	21.0%	10.7%	13.5%
Multiracial, non-Latino	*20.6%	22.7%	15.4%
Asian, non-Latino	*25.1%	12.1%	3.9%
SPAs 6 and 8, combined	**25.1%**	**13.8%**	**8.6%**

*Source: California Health Interview Survey, 2019-2023 or †2019-2022. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = Not Asked.*

Among adults in SPA 6, 13.9% tested as being at risk for major depression and 7.5% reported they have been diagnosed with depression and are either currently in treatment or having symptoms. In SPA 8, the rate of 'at-risk' was 10.2% and the rate of current depression was 10.8%.

Women in Los Angeles County were more likely to be at risk for major depression (11.7%) than were men (9.9%), Bisexual+ residents were the most likely to be at risk. In general, the risk of depression decreased with age, decreased with increasing income, and decreased with increases in education past high school. Disabled residents were almost five times as likely to be at risk for major depression.

Depression, Adults, Los Angeles County, by Demographics

	At Risk for Major Depression	Currently Have Depression
Male	9.9%	9.9%
Female	11.7%	14.1%
Gender non-binary/non-conforming/Queer	33.5%	51.2%
Prefer not to state	17.9%	13.3%
Gay or lesbian	17.8%	30.1%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	25.0%	39.4%
Heterosexual	9.5%	10.4%
18 to 24 years old	16.2%	13.6%
25 to 29 years old	15.3%	13.1%
30 to 39 years old	12.9%	13.8%
40 to 49 years old	10.6%	10.8%
50 to 59 years old	8.7%	13.6%
60 to 64 years old	9.7%	12.5%
65 or older	7.7%	10.0%
Native Hawaiian or Pacific Islander, non-Hispanic	*18.5%	N/A
Multiracial or Other Race, non-Hispanic	12.3%	24.2%
Black or African American, non-Hispanic	12.1%	11.4%
Hispanic or Latino	11.8%	10.4%
White, non-Hispanic	10.4%	17.5%
Asian, non-Hispanic	9.6%	7.8%
American Indian or Alaska Native, non-Hispanic	*9.3%	*13.3%
Less than high school	11.7%	10.3%
High School	14.2%	9.9%
Some college or trade school	11.8%	14.8%
College or post-graduate degree	8.1%	13.5%
0 - 99% FPL	19.2%	14.7%
100% - 199% FPL	13.7%	12.9%
200% - 299% FPL	11.0%	10.8%
300% or above FPL	7.9%	12.0%
Disabled	25.6%	28.7%

	At Risk for Major Depression	Currently Have Depression
Not disabled	5.2%	5.7%
Compton Health District	16.3%	*3.4%
Long Beach Health District	12.7%	14.3%
SPA 6	13.9%	7.5%
SPA 8	10.2%	10.8%
Los Angeles County	**11.2%**	**12.4%**

*Source: L.A. County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm *Statistically unstable due to sample size. N/A = Not Asked.*

Mental Health Care Access

33.4% of SPA 6 teens and 30.1% of SPA 8 teens needed help for emotional or mental health problems in the prior year. 13.7% of SPA 6 teens and 19.8% of SPA 8 teens had received psychological or emotional counseling in the past year. 21.5% of adults in SPA 6 and 23.2% in SPA 8 needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 46.7% in SPA 6 and 46.9% in SPA 8 received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	SPA 6	SPA 8	Los Angeles County
Teen who needed help for emotional or mental health problems†	33.4%	30.1%	32.0%
Teen who received psychological or emotional counseling†	13.7%	19.8%	16.4%
Adults who needed help for emotional-mental and/or alcohol-drug issues	21.5%	23.2%	25.1%
Adults, sought/needed help and received treatment	53.3%	53.1%	54.2%
Adults, sought/needed help but did not receive	46.7%	46.9%	45.8%

Source: California Health Interview Survey, 2021-2023 and †2020-2023 http://ask.chis.ucla.edu/

Among SPA 6 adults who had seen a professional in the past 12 months for problems with mental health, emotions, or nerves, 24.2% visited only a primary care physician, 26.7% visited only a mental health professional, and 49.1% visited both. In SPA 8, among adults who had seen a professional in the past 12 months for problems with mental health, emotions, or nerves, 24.4% visited only a primary care physician in the past year, 38.5% visited only a mental health professional, and 37% visited both.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

	SPA 6	SPA 8	Los Angeles County
Primary care physician only	24.2%	24.4%	21.8%
Mental health professional only	26.7%	38.5%	39.1%
Both	49.1%	37.0%	39.1%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Among adults and teens, 6.9% in SPA 6 and 8.2% in SPA 8 sought help through an online tool (mobile apps or texting services) for mental health, emotions, or use of alcohol or drugs in the past 12 months. 5.9% of SPA 6 adults and teens and 6.3% in SPA 8 had connected online with a mental health professional in the prior year. 6.2% of SPA 6 adults and teens and 4.8% SPA 8 adults and teens had connected online in the prior year with people with similar mental health or alcohol/drug issues.

Online Mental Health Utilization, Adults and Teens

	SPA 6	SPA 8	Los Angeles County
Sought help from an online tool	6.9%	8.2%	7.8%
Connected with a mental health professional online in last 12 months	5.9%	6.3%	8.1%
Connected online with people with similar mental health or alcohol/drug status	6.2%	4.8%	6.2%

Source: California Health Interview Survey, 2020-2022, pooled. http://ask.chis.ucla.edu/

Women and girls are more likely to access online mental health tools than men or boys. Younger adults, ages 18 to 24, are the most likely to have sought help from an online tool, while those ages 25 to 39 are the most likely to connect with a mental health professional online. Teens, ages 15 to 17, are the most likely to have connected online with peers with similar mental health or alcohol or drug status, followed by young adults, ages 18 to 24.

Online Mental Health Utilization, Adults and Teens, SPAs 6 and 8, by Demographics

	Sought Help from Online Tool	Connected with Mental Health Professional	Connected with Similar-Issue Peers
Male	4.8%	5.3%	4.6%
Female	9.3%	6.6%	6.7%
12 to 14 years old	*7.1%	*2.4%	*9.2%
15 to 17 years old	5.2%	*3.7%	18.3%
18 to 24 years old	18.5%	6.4%	13.1%
25 to 39 years old	10.9%	10.7%	7.0%
40 to 64 years old	4.9%	5.7%	3.1%
65 to 79 years old	2.1%	1.8%	0.5%
80+ years old	*0.2%	*2.2%	*2.2%
Total	**7.2%**	**6.0%**	**5.7%**

*Source: California Health Interview Survey, 2019-2022, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Los Angeles County, the ratio of residents to mental health providers is 224:1, which is similar to the state ratio of 222 persons per mental health provider.

Mental Health Providers, Number and Ratio

	Los Angeles County	California
Number of mental health providers	43,347	175,563
Ratio of population to mental health providers	224:1	222:1

Source: County Health Rankings, 2024; data from 2023. http://www.countyhealthrankings.org

Suicidal Ideation

15% of adults in SPA 6 and 15.5% of adults in SPA 8 indicated they had seriously thought about committing suicide.

Ever Seriously Thought About Committing Suicide, Adults

	SPA 6	SPA 8	Los Angeles County
Ever seriously thought about committing suicide	15.0%	15.5%	17.7%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Among teens in service area schools, 11% to 16% had seriously considered attempting suicide in the past 12 months. Paramount Unified had the highest rates of 7th and 9th graders considering suicide (16%). LAUSD had the highest rate of 11th graders considering suicide (14%).

Seriously Considered Suicide, Teens, 7th – 11th Grade

	7th Grade	9th Grade	11th Grade
Compton Unified School District	15%	11%	11%
Los Angeles Unified School District*	15%	14%	14%
Paramount Unified School District	16%	16%	N/A

*Source: California Department of Education, California Healthy Kids Survey, 2022-2023 and *2021-2022. N/A = Data not available. +No data available for Long Beach Unified School District. https://data1.cde.ca.gov/dataquest/*

Community Input – Mental Health

Stakeholders identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity.

The state of mental health in the greater Long Beach community is in a crisis shaped by

a combination of systemic, economic, and cultural factors that outweigh the current resources and abilities of the health care system. Considering cumulative stress factors: economic, environmental, housing, food, employment, and racial issues collectively worsen mental health. The demand for mental health services far exceeds available resources. Many residents are focused on survival due to financial limitations. Financial hardship exacerbates mental health struggles, creating a vicious cycle. Therapy and treatment are expensive, with limited insurance coverage. Mental health struggles are closely linked to homelessness and substance use, creating a cycle of instability.

- *Our experience is that oftentimes the individuals who are probably the most vulnerable in terms of their economic security are often also experiencing a lot of mental health challenges.* - Key Stakeholder

- *There's so much unmet mental health in Long Beach. There's already a waiting list, or we close it off occasionally to see clients that are backlogged. We need more services for mental health, but we're not close to coming up with a solution to increase the amount of access for everyone.* - Key Stakeholder

- *There is such a stigma with mental health, and many of the existing resources are inadequate. They often misgender folks, and it takes so long to get responses when people are in immediate crisis. I know there are limited resources, but I have to believe that it can be better.* - Listening Session Participant

- *There's a great need for folks who have mental health issues, and that often means they don't have housing either. Having people out on the street means that we feel unsafe in our neighborhoods and in the parks.* - Listening Session Participant

Mental health stigma discourages people from seeking help, with access further hindered by social and cultural barriers. Unresolved trauma from past generations continues to affect mental health, necessitating intergenerational healing.

- *The stigma is the same thing as a taboo. Even though we know about mental health and everything that has to do with it, it feels like you can't let go. I take my kids to therapy, but I haven't gone to therapy even though you should help yourself first, but that stigma feels real.* - Listening Session Participant

- *Mental health must be addressed in a way that is culturally and linguistically appropriate because if you talk about mental health to certain groups, they'll be offended. Many don't understand the traumas and things they've been exposed to.* - Key Stakeholder

- *Talking to therapists isn't part of [Cambodian] culture, but for people that were born here, it could be theirs. So, there has to be three or four different kinds of approaches. There's the older generation that just is very old school. And there are the younger kids who got the intergenerational trauma from them, but also you can look at intergenerational issues as another layer of identity crisis, or dual identity, depending on that family.* - Key Stakeholder

- *Our Cambodian population has been impacted around mental health – depression, PTSD, trauma. Many of our Cambodian older adults dealt with the Cambodian genocide. Being able to deal with that, and then dealing with mental health, it's definitely an issue especially not being able to talk about it. Mental health is a taboo in our community. That's why it's been a struggle for the younger generation to not know the history of what really happened during the Cambodian genocide, because the parents don't really educate the kids on it.* - Key Stakeholder

Families are feeling mental health pressures that ripple into each individual's life. Young people are increasingly struggling with mental health challenges. Anxiety, depression, and suicide among children are rising with insufficient resources to meet the demand. More mothers are experiencing postpartum depression with inadequate support.

- *I was at a school meeting recently, and I was sharing with people that we have to do so much to advocate for children with disabilities or mental health challenges. There are children who are bullied or don't have the ability to control emotions so it's easy for them to be aggressive and if the child is nonverbal, all they can do is react angrily. They need therapy or help to channel and manage their emotions."* - Listening Session Participant

- *Motherhood can be isolating. It can be stressful and overwhelming, and moms face invisible pressures. So often mothers do not take care of themselves. We know this, that mom is rarely number one on the list. We really must focus on making sure Mom is good, because it's the trickledown effect. When Mom is good, the family can be good.* - Key Stakeholder

- *Close to 30% of our kids at their very first intake appointment are endorsing suicidal thoughts. We treat 3,000 kids a year, so that's 1,000 suicidal kids just on our caseload. That's a huge health crisis for the children of Long Beach. The suicidality among our youth is off the charts. It's catastrophic. We need to do better at providing preventive wellness care for children and families. We should not have 1,000 suicidal kids on our caseload right now.* - Key Stakeholder

Many unresolved mental health issues from the pandemic remain unaddressed. Black therapists and culturally competent providers have become less accessible since the end of COVID-era funding. Loneliness, particularly among elders, has increased since COVID-19. Close living quarters during the pandemic heightened family anxiety.

- *The overall environment has gotten worse since COVID. There's more talk about mental health issues. Mental health is something we should talk about. But then on the flip side, mental health being discussed means the needs are still growing.* - Key Stakeholder

- *Post COVID I think we're still playing catch up with anxiety and depression, which leads to other health issues. I see a lot of anxiety and depression coming from our young people. The first few years of learning in high school were through zoom. Another layer is added to anxiety by being in-person and learning how to cope with different technology. And there is also depression. Kids have reached out to me and said they are going through depression and anxiety and just overall mental health. It's affecting their school, their academics, and their personal lives as well.* - Key Stakeholder

The current political, social, environmental, and economic environment heightens anxiety, particularly for marginalized communities. Immigrants face unique mental health challenges due to discrimination, instability, and lack of support. Filipino immigrants and other communities feel the mental burden of supporting families abroad amid climate disasters.

- *Anxiety and depression are really related to economic insecurity. I would say that's probably the biggest source. Also being recent immigrants to the country causes anxiety. People are trying to adjust, and acclimate to a new country, and at the same time, feeling the need to support their families back home.* - Key Stakeholder

- *There is a lot of physical and mental abuse that comes from this political climate– just because we are Latino or Hispanic residents, we face a lot of discrimination.* - Listening Session Participant

- *The typhoons that are happening as a result of climate change in the Philippines, impact the mental health of Long Beach residents because they have families back home. They get very worried and stressed about that. They try to pull the few resources that they have to send back home.* - Key Stakeholder

Structural racism intensifies mental health struggles for specific communities. Black and LGBTQ communities are significantly affected by mental health challenges due to systemic inequities. Black men face unique struggles, including identity crises, substance abuse, and the pressure of survival mode. LGBTQ individuals face mental health struggles due to discrimination, rejection, and trauma. Demand for mental health services among veterans continues to grow. Forced or one-size-fits-all treatments fail to meet the needs of BIPOC and formerly incarcerated communities. Police interventions frequently worsen mental health emergencies instead of providing support.

- *Like the majority of [the LGBTQ] community, we have a lot of traumas from family rejection, transphobia, homophobia. There is a lot of rejection and hate, and there's a lot of mental health problems. A lot of members of our community were molested or treated badly when they were little. Most of our community, and specifically for the trans community, are very focused on the image instead of "my mental health is more like my self-esteem.* - Key Stakeholder

- *The police are not viewed favorably in many communities, and that's a concern, because the police are not viewed as people who are safe and supportive. What I hear relayed is that other community members who know how to intervene and support are safe people. This needs to include the support of mental health providers who can intervene, because some violence can stem from a mental health condition or drugs or both.* - Key Stakeholder

- *There are mental health outcomes that often go unaddressed in the Black community in Long Beach. This can drive underlying economic and housing issues."* - Key Stakeholder

From the perspective of current health care providers, there are not enough mental health professionals, making access difficult. Agencies struggle to hire mental health professionals due to resource limitations. Emergency mental health services are in high demand, but resources remain insufficient. Uninsured individuals struggle to access mental health care, which remains costly and often uncovered by insurance. A lack of comprehensive data on mental health needs prevents effective solutions.

- *When people seek mental health services, they have a hard time finding a provider. They have a hard time sticking to a provider for a variety of reasons. If the systems were linked in a more organized fashion, it may help the individuals who need these services. We need a bridge between different programs. Like a warm handoff.* - Key Stakeholder

- *It is harder these days for agencies to hire medical professionals who can prescribe. We're competing with school systems or Kaiser. We have some supplemental funding, but I need more people with a medical background to get medication"* - Key Stakeholder

- *The number one issue everywhere is mental health, especially for queer and BIPOC residents, and trans youth. I have had issues trying to connect people with therapists. But the reality is, with health care costs going up, therapists can't even afford rental space or a space to lease anymore, so all of it's being done virtually. And for Medi-Cal patients, or undocumented or uninsured or underinsured, it is almost impossible to find a therapist, especially a good therapist, and especially a therapist who can follow them longitudinally*- Key Stakeholder

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In SPA 6, 7.2% of adults smoke cigarettes and in SPA 8, 5.3% of adults smoke cigarettes. 73.3% of SPA 6 and 68.5% of SPA 8 adult smokers were thinking of quitting in the next 6 months. 12.6% of SPA 6 and 14.2% of SPA 8 adults, ages 18 to 65, had smoked an e-cigarette.

Smoking, Adults

	SPA 6	SPA 8	Los Angeles County
Current smoker	5.6%	4.6%	5.0%
Former smoker	15.2%	19.2%	17.9%
Never smoked	79.2%	76.2%	77.0%
Thinking about quitting in the next 6 months	74.1%	66.2%	64.4%
Ever smoked an e-cigarette (all adults 18-65)	14.9%	17.7%	20.2%
Smoked an e-cigarette in the past 30 days	2.6%	2.8%	4.3%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Among Los Angeles County teens, 0.9% are current smokers, and 1.8% smoked an e-cigarette in the past 30 days. 0.9% of SPA 6 teens and 3.2% of SPA 8 teens smoked an e-cigarette in the past 30 days.

Smoking, Teens

	SPA 6	SPA 8	Los Angeles County
Current cigarette smoker	*0.6%	*0.0%	*0.9%
Smoked an e-cigarette in the past 30 days	*0.9%	*3.2%	1.8%

*Source: California Health Interview Survey, 2019-2023. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 22.1% in Los Angeles County reported having engaged in binge drinking in the previous 30 days. Rates of binge drinking were 23.9% in SPA 6 and 23.2% in SPA 8. The Healthy People 2030 objective is for 25.4% of adults to binge drink.

Men are more likely to engage in binge drinking (25.8%) than women (18.6%). Rates decline with age, from a high of 37.7% among those ages 25 to 29. Binge drinking is

more common among residents who identify as bisexual+ (34.2%) and gay or lesbian (32.1%). Rates of binge drinking rise with rising education and income.

Binge Drinking, Adults, Previous 30 Days, by Demographics

	Percent
Male	25.8%
Female	18.6%
Gay or lesbian	32.1%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	34.2%
Straight or heterosexual	21.1%
18 to 24	20.6%
25 to 29	37.7%
30 to 39	31.5%
40 to 49	25.0%
50 to 59	19.2%
60 to 64	17.4%
65 or older	8.2%
0-99% FPL	20.1%
100-199% FPL	19.0%
200-299% FPL	22.5%
300% or above FPL	24.0%
Less than high school	19.4%
High school	21.1%
Some college or trade school	22.3%
College or post graduate degree	24.1%
Latino	25.4%
U.S. born	28.0%
Multi-racial or Other race, non-Hispanic	24.6%
White, non-Hispanic	21.0%
U.S. born	21.7%
Asian, non-Hispanic	17.2%
U.S. born	20.5%
Black or African-American, non-Hispanic	17.6%
U.S. born	17.9%
Native Hawaiian or Pacific Islander, non-Hispanic	*9.4%
American Indian or Alaska Native, non-Hispanic	*4.4%
Compton Health District	17.9%
Long Beach Health District	27.7%
SPA 6	23.9%
SPA 8	23.2%
Los Angeles County	**22.1%**

*Source: L.A. County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm *Statistically unstable due to sample size.*

14.2% of teens in SPA 6 and 16.3% of teens in SPA 8 have tried alcohol. However, SPA 8 teens reported binge drinking in the prior month at a higher rate (5.2%) than teens in the county (2.7%) or SPA 6 (0.7%).

Teen Binge Drinking and Alcohol Experience

	SPA 6	SPA 8	Los Angeles County
Teen binge drinking, past month	*0.7%	5.2%	2.7%
Teen ever had an alcoholic drink †	14.2%	16.3%	19.6%

*Source: California Health Interview Survey, 2019-2023 and †2019-2022, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 14.2% of adults in SPA 8 have used marijuana in the previous month, and an additional 8.1% have used it within the past year but not within the past month. 11.7% of SPA 6 adults had used marijuana in the past month. 9.5% of SPA 6 teens and 9.2% of SPA 8 teens had tried marijuana or hashish.

Marijuana Use, Adults

	SPA 6	SPA 8	Los Angeles County
Used marijuana within the past month	11.7%	14.2%	15.3%
Used marijuana within the past year but not within the past month	7.4%	8.1%	8.7%

Source: California Health Interview Survey, 2021-2023 pooled. http://ask.chis.ucla.edu/

Marijuana Use, Teens

	SPA 6	SPA 8	Los Angeles County
Have tried marijuana or hashish	9.5%	9.2%	11.8%
Used marijuana within the past month	4.3%	3.5%	5.3%

Source: California Health Interview Survey, 2019-2023 pooled. http://ask.chis.ucla.edu/

Opioid Use

The rate of hospitalizations due to opioid overdose in Los Angeles County (excluding heroin) was 12.5 per 100,000 persons. Emergency Department visits due to opioid use other than heroin in Los Angeles County were 34 per 100,000 persons, which was well below the state rate (58.7 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 234.4 per 1,000 persons, which is lower than the state rate of opioid prescribing (296 per 1,000 persons).

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

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin)	12.5	15.0
ER visits for opioid overdose (excludes heroin)	34.0	58.7
Opioid prescriptions, per 1,000 persons	234.4	296.0

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; data from 2023. https://skylab.cdph.ca.gov/ODdash/

Community Input – Substance Use

Stakeholders identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity.

Substance use and abuse are connected to economic hardship, mental health struggles, and systemic issues like racism and homelessness. Limited access to affordable treatment, a shortage of detox beds, and a lack of mental health and substance use providers exacerbate the crisis. Economic and social stressors have led to increased alcohol, marijuana, and drug use as coping mechanisms. Fentanyl-related deaths are on the rise. Despite the clear need for harm reduction and a wider range of interventions, funding and support for such programs are declining, leaving many without the help they need.

- *I think substance abuse affects everybody you know. If you have a family member that is addicted to a certain substance, it not only affects that person, it affects the children. It affects the mothers and the fathers. It affects the siblings. It affects the whole family.* - Key Stakeholder

- *When I didn't have housing, I didn't have stable family support, and my coping skills went downhill, and I felt like I needed a drink here and there. It wasn't necessarily that I had a drinking problem, but it was hard to cope and deal with living out of my car every night.* - Listening Session Participant

- *Racism and discrimination play into substance use, and homelessness definitely does. Homelessness can lead to substance use because you're trying to stay awake so that your stuff doesn't get stolen, or you're trying to stay awake so you can make money in the middle of the night.* - Key Stakeholder

- *We have a lot of people using fentanyl. It's to the point where my team carries Narcan with them, because we're out in the parks, we're out in the community. There have been some people who survived a couple of times. But with the fentanyl, if they overdose, they're done. I think there needs to be a lot of*

education around that for our young people, and our immigrant families, who really have no idea what that is. - Key Stakeholder

Black men face unique challenges related to identity, alcohol use, and survival, while substance abuse affects entire families. The homeless population, in particular, is vulnerable to substance use and the violence of street life. Substance use in youth and teens was reported and observed multiple times but not at the same rates as other populations. Veterans are also experiencing higher rates of substance use, even while in recovery.

- *I feel there are more Black men on the streets, and it's intentional. They are dealing with mental health issues and substance abuse that keeps them down internally. When I speak to them, there's a sense they are taking on the survival mentality.* - Listening Session Participant

- *When we have substance abuse issues among our kids, it's mostly self-medicating, and the mental health issue is the primary issue. It's common to see a 15-year-old smoking a lot of pot because they're depressed. We do see such substance abuse issues, but I don't know that in the last three years we've seen a big uptick.* - Key Stakeholder

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In the Long Beach Health District, 51.9% of adults received a flu shot. Rates of annual flu vaccinations were higher for men than for women. Among children, rates decline with age, but among adults, rates generally rise with age. American Indian or Alaska Native children and non-Hispanic Black or African American children are the least likely to be vaccinated. Among adults, ages 18 years and older, flu shot rates are lowest among Black or African American residents and Latino residents. Disabled adults are more likely to get vaccinated against the flu.

Flu Vaccinations, Los Angeles County, by Demographics

	Children, 6mos to 17 Years	Adults, 18 and Older	Adults, 65 and Older
Male	57.0%	58.4%	83.0%
Female	59.1%	57.1%	77.9%
Prefer not to state	-	56.6%	72.6%
Transgender male	-	52.8%	N/A
Gender non-binary/non-conforming/Queer	-	46.3%	N/A
Transgender female	-	*43.5%	N/A
Gay or lesbian	-	70.7%	82.5%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	-	56.0%	85.9%
Heterosexual	-	57.5%	81.2%
6 months to 5 years old	58.9%	-	-
6 to 11 years old	58.0%	-	-
12 to 17 years old	57.6%	-	-
18 to 24 years old	-	43.2%	-
25 to 29 years old	-	48.0%	-
30 to 39 years old	-	47.0%	-
40 to 49 years old	-	52.6%	-
50 to 59 years old	-	59.9%	-
60 to 64 years old	-	67.0%	-
65 or older	-	80.3%	80.3%
Asian, non-Hispanic	70.8%	69.5%	81.8%
White, non-Hispanic	59.7%	64.5%	82.8%
Native Hawaiian or Pacific Islander, non-Hispanic	72.8%	57.8%	67.8%
American Indian or Alaska Native, non-Hispanic	*39.4%	57.0%	N/A
Multiracial or Other Race, non-Hispanic	69.9%	57.0%	66.0%
Hispanic or Latino	55.9%	51.1%	78.4%
Black or African American, non-Hispanic	43.9%	47.2%	73.6%
0 - 99% FPL	53.9%	48.2%	71.4%

	Children, 6mos to 17 Years	Adults, 18 and Older	Adults, 65 and Older
100% - 199% FPL	53.4%	51.2%	75.5%
200% - 299% FPL	51.5%	56.6%	79.2%
300% or above FPL	66.1%	63.4%	84.1%
Disabled	-	61.0%	81.9%
Not disabled	-	56.2%	79.4%
Compton Health District	44.8%	43.2%	68.4%
Long Beach Health District	55.6%	51.9%	85.6%
SPA 6	53.9%	49.2%	71.2%
SPA 8	60.0%	59.8%	87.1%
Los Angeles County	**58.1%**	**57.6%**	**80.3%**

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm *Statistically unstable due to sample size. N/A = Not Asked. Blank = No Data.*

Pneumococcal Vaccine

Among senior adults in the Long Beach Health District, 72.4% had received a pneumococcal vaccine. The rate is highest among individuals who identify as heterosexual and rises with levels of education and income. Pneumonia vaccine rates are highest among non-Hispanic White senior adults and lowest among Hispanic or Latino senior adults.

Pneumococcal Vaccine, Adults, 65 and Older, Los Angeles County, by Demographics

	Percent
Gay or lesbian	65.7%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	67.3%
Heterosexual	69.9%
White, non-Hispanic	73.0%
Asian, non-Hispanic	69.6%
Native Hawaiian or Pacific Islander, non-Hispanic	67.5%
Black or African American, non-Hispanic	65.8%
Multiracial or Other Race, non-Hispanic	65.7%
Hispanic or Latino	62.3%
American Indian or Alaska Native, non-Hispanic	**
Less than high school	58.1%
High School	62.7%
Some college or trade school	71.8%
College or post-graduate degree	76.6%
0 - 99% FPL	54.0%
100% - 199% FPL	63.0%
200% - 299% FPL	68.5%
300% or above FPL	74.2%
Compton Health District	59.2%
Long Beach Health District	72.4%

	Percent
SPA 6	50.5%
SPA 8	72.4%
Los Angeles County	**69.0%**

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. **Suppressed due to low sample size. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm*

Senior Falls

Among senior adults, 30.1% in SPA 6 and 24.3% in SPA 8 experienced a fall. Among SPA 6 senior adults, 13.8% were injured during a fall in the past year, and 8.5% of SPA 8 senior adults were injured in a fall.

Senior Adults, Ages 65 and Older, Who Have Fallen and Were Injured in the Past Year

	SPA 6	SPA 8	Los Angeles County
Senior adults who have fallen	30.1%	24.3%	26.7%
Injured due to a fall	*13.8%	8.5%	10.1%

*Source: L.A. County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. *Statistically unstable due to low sample size. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm*

Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten in area public school districts was 94.1% for Los Angeles County. The Long Beach Unified School District had a 95.4% immunization rate among children entering kindergarten.

Up to Date Immunization Rates of Children Entering Kindergarten, 2021-2022*

School District	Percent
Compton Unified School District	93.6%
Long Beach Unified School District	95.4%
Los Angeles Unified School District	94.7%
Paramount Unified School District	86.3%
Los Angeles County*	**94.1%**
California*	**93.8%**

*Source: California Department of Public Health, Immunization Branch, 2021-2022. *For those schools where data were both reported, and not suppressed due privacy concerns over small numbers. Excludes private schools.*
https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

Mammograms

The Healthy People 2030 objective for mammograms is 80.3% of women, ages 50 to 74, to have had a mammogram in the past two years. Among women in the Long Beach Health District, 79.2% had a mammogram in the past two years, which did not meet the Healthy People 2030 objective. Breast cancer screening in Los Angeles County is highest among individuals who identify as heterosexual and lowest among those who identify as lesbian. Mammography screening is lowest among Latina women,

non-Hispanic Asian women, and Native Hawaiian or Other Pacific Islander women. Screening rates rise with level of education and higher levels of income and are lower among residents with a disability.

Mammograms, Women, Ages 50-74, Los Angeles County, by Demographics

	Percent
Lesbian	59.3%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	73.6%
Heterosexual	78.8%
Multiracial or Other Race, non-Hispanic	84.3%
Black or African American, non-Hispanic	80.9%
American Indian or Alaska Native, non-Hispanic	80.4%
White, non-Hispanic	80.3%
Asian, non-Hispanic	77.1%
Hispanic or Latina	76.4%
Native Hawaiian or Pacific Islander, non-Hispanic	*51.7%
Less than high school	72.7%
High School	75.7%
Some college or trade school	78.6%
College or post-graduate degree	83.0%
0 - 99% FPL	72.7%
100% - 199% FPL	72.0%
200% - 299% FPL	76.8%
300% or above FPL	82.5%
Disabled	73.7%
Not disabled	79.8%
Compton Health District	95.5%
Long Beach Health District	79.2%
SPA 6	79.4%
SPA 8	75.6%
Los Angeles County	**78.1%**

*Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, LA County Health Survey, 2023. *Statistically unstable due to small sample size. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm*

Pap Smears

The Healthy People 2030 objective for Pap smears is 79.2% of women, ages 21 to 65, to have been screened in the past three years. Among women in area Health Districts, rates fall short of the Healthy People 2030 objective. Cervical cancer screening in Los Angeles County is highest among individuals who identify as heterosexual and lowest among those who identify as lesbian. Cervical cancer screening is lowest among women, ages 21 to 24, and highest among women ages 30 to 64. Screening is highest among non-Hispanic White women, Black or African American women, and American Indian or Alaska Native women, and lowest among non-Hispanic Asian women and

Native Hawaiian or Pacific Islander women. Screening rates rise with income and levels of education and are lower among residents with a disability.

Pap Smears in Past 3 Years, Women, Ages 21-65, Los Angeles County, by Demographics

	Percent
Lesbian	66.2%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	72.4%
Heterosexual	77.2%
21 to 24 years old	47.1%
25 to 29 years old	72.5%
30 to 39 years old	80.1%
40 to 49 years old	76.3%
50 to 59 years old	79.0%
60 to 64 years old	76.8%
65 years and old	70.0%
White, non-Hispanic	81.6%
Black or African American, non-Hispanic	80.7%
American Indian or Alaska Native, non-Hispanic	80.1%
Multiracial or Other Race, non-Hispanic	77.2%
Hispanic or Latino	72.1%
Asian, non-Hispanic	69.3%
Native Hawaiian or Pacific Islander, non-Hispanic	62.0%
Less than high school	65.6%
High School	63.5%
Some college or trade school	79.1%
College or post-graduate degree	81.8%
0 - 99% FPL	59.8%
100% - 199% FPL	70.1%
200% - 299% FPL	75.5%
300% or above FPL	81.5%
Disabled	70.2%
Not disabled	76.4%
Compton Health District	75.9%
Long Beach Health District	72.6%
SPA 6	70.7%
SPA 8	73.7%
Los Angeles County	**74.7%**

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm

Colorectal Cancer Screening

The current recommendation for colorectal cancer screening is for adults, ages 50-75, to have a Fecal Occult Blood Test (FOBT) within the previous year, a sigmoidoscopy in the past five years *and* an FOBT in the past three years, or a colonoscopy exam in the past 10 years. The Healthy People 2030 objective for colorectal cancer screening is

68.3%. In Los Angeles County the reported rate of colorectal cancer screening was 49.8%, which does not meet the objective.

Colorectal Cancer Screening, Adults, Ages 50-75, Age-Adjusted

	Los Angeles County	California
Screening sigmoidoscopy, colonoscopy or Fecal Occult Blood Test	49.8%	*53.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Community Input – Preventive Practices

Stakeholders identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity.

Many residents, especially young people, are unaware of their primary care provider (PCP) and miss essential vaccinations (Hep A/B, HPV). Medicaid patients face barriers in accessing nutritionists, as preventive care is deprioritized in the health care system. The pandemic disrupted routine screenings, highlighting the need to reinvest in pediatric and preventive services. Screenings are generally more accepted than vaccines because they don't involve inserting substances into the body. This distinction impacts public attitudes toward preventive care.

- *A lot of people don't know who their PCP is, especially younger people.* - Key Stakeholder

- *For people on Medicaid, it can be really difficult to connect with a nutritionist. Nutrition is not covered, or visits with nutritionists are not in network for Medicaid. We have to refer to health education classes. We're really kind of backwards in that we as a health care system are prioritizing acute care over preventive care.* - Key Stakeholder

- *After COVID, a lot of the screening practices stopped. I think restarting preventive health care is key to diagnosing diabetes early. We need to make sure that children get the screenings they need – lead, hearing, vision, and injury prevention. Putting revenue resources into that kind of work is important.* - Key Stakeholder

- *We should talk about vaccines differently than screenings because screenings are tools in which no substance is entering your body. There is not a lot of*

medical intervention at the screening level, like a diabetes screening- you're not putting in, you're just checking what is there now. - Key Stakeholder

Widespread misinformation, particularly about vaccines, leads to distrust in medical advice. Many individuals lack accurate health information, making it difficult to promote preventive measures like vaccinations and screenings.

- *People without access to information have heard misinformation about vaccines.* - Key Stakeholder

- *I've been struggling trying to educate my family because they did not get vaccinated for COVID-19. I feel like there are a lot of missed opportunities when it comes to announcing these preventive practices. Sometimes it can be daunting to answer questions and to talk about it because most of our communities don't have records of their health journey.* - Key Stakeholder

Transgender individuals often avoid medical care due to fear of mistreatment or misgendering. Preventive sexual health services (e.g., PrEP, PEP, STI screenings) are essential but not always accessible. Trans masculine individuals face challenges with cancer screenings due to gender dysphoria, leading to lower screening rates for cervical and breast cancer.

- *Some clients are afraid of being rejected because a lot of people don't have good information. They're afraid of the language barrier when someone mistreats them, or when someone treats them differently. I'm talking about in the transgender community.* - Key Stakeholder

- *Sexual health is part of preventive care. Our patients need preventive sexual screening and medications- PrEP, Doxy, PEP. That's something that we do routinely and something that many patients ask about*. - Key Stakeholder

Colon and breast cancer are being detected at later stages, increasing risks. Trans masculine individuals are particularly disadvantaged in accessing screenings due to discomfort and medical mistrust, reducing early detection rates.

- *There is an increase in colon cancer and breast cancer being caught at a later stage. Some people consider it a chronic disease, but it's not a chronic disease. I think there should be a focus on cancer.* - Key Stakeholder

- *Cancer screenings are harder for the LGBTQ community, I would say for transmasc[uline] folks. Those who have a cervix and need cervical cancer screening can be disadvantaged because they have dysphoria, talking about their genital area. This is an area where they are just inherently uncomfortable talking about inserting a speculum into this very sensitive area, let alone having enough trust to have someone do it right. It takes several visits for them to be comfortable even discussing this. That's one area where cancer screening uptake is very, very low. Then thinking about cancer screening for breast cancer this is an area where trans masculine folks who have not yet had top surgery are at a lower uptake, specifically because it's called breast cancer screening, and if they already have dysphoria, simply around the term breast, then they're already at a higher risk of not going.* - Key Stakeholder

Prioritized Description of Significant Health Needs

The significant health needs were identified through primary and secondary data analysis and prioritized with input from the community. The following criteria were used to prioritize the significant health needs:

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

Interviews

The stakeholder interviewees were sent a link to an electronic survey (SurveyMonkey) in advance of the interview and asked to rank the significant health needs. The percentage of responses for each significant health need were those that identified the need as having severe or very severe impact on the community, had worsened over time, and had insufficient or absent resources available in the community. Not all respondents answered every question; therefore, response percentages were calculated based on respondents only and not on the entire sample size. Mental health, access to health care, and racism and discrimination had the highest scores for severe and very severe impact on the community. Housing and homelessness, economic insecurity, mental health, and racism and discrimination were the top needs that had worsened over time. Housing and homelessness, economic insecurity, and mental health had the highest scores for insufficient resources available to address the need.

Significant Health Needs (Alphabetical Order)	Significant and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access health care	90%	18%	55%
Birth indicators	18%	10%	20%
Chronic disease	72%	27%	64%
Economic insecurity	82%	73%	90%
Environmental pollution	27%	36%	54%
Food insecurity	82%	55%	64%
Housing and homelessness	82%	82%	91%
Mental health	91%	64%	90%
Overweight and obesity	27%	18%	45%
Preventive practices	55%	18%	18%
Racism and discrimination	90%	64%	55%
Substance use	72%	36%	55%
Violence and injury	82%	27%	64%

The interviewees also prioritized the significant health needs according to the highest level of importance in the community. Access to health care, mental health, chronic disease, housing and homelessness, and substance use were prioritized as the top five most important significant health needs in the service area.

Significant Health Needs	Very Important
Access health care	100%
Mental health	100%
Chronic disease	90%
Housing and homelessness	82%
Substance use	82%
Racism and discrimination	73%
Economic insecurity	64%
Preventive practices	55%
Violence and injury	55%
Environmental pollution	45%
Food insecurity	45%

Listening Sessions

Listening session participants were also asked to prioritize the significant health needs. Using a sticky dot voting method, participants were given three colored dots and asked to place a dot (or dots) next to the significant health needs that were the most important

from their perspective, indicating the level of importance the hospital should place on addressing these significant health needs.

The top three significant health needs identified by the participants from each of the listening sessions are listed below. The table also includes the list of the top six significant health needs prioritized across all groups. The significant health need priorities were calculated by tallying all votes from the listening sessions and selecting those with the highest scores.

Listening Session Significant Health Need Priorities

Listening Session	**Top Three Priorities**
Black and African American communities	1. Housing and Homelessness 2. Mental Health 3. Economic Insecurity
Disabled and Veteran communities	1. Mental Health 2. Chronic Diseases 3. Access to Health Care
Immigrant and Refugee communities	1. Access to Health Care 2. Housing and Homelessness 3. Racism and Discrimination
Latinx communities	1. Food Insecurity 2. Mental Health 3. Housing and Homelessness
LGBTQIA2S+ communities	1. Access to Health Care 2. Mental Health 3. Racism and Discrimination
Unhoused and Homeless communities	1. Housing and Homelessness 2. Access to Health Care 3. Food Insecurity
Priorities Across All Groups ● Access to health care ● Mental health ● Housing and homelessness ● Racism and discrimination ● Chronic diseases ● Food insecurity	

Resources to Address Significant Health Needs

Key stakeholders and listening session participants provided input on available resources to address the significant health needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Los Angeles County at https://211la.org/.

Specific resources named include (in alphabetical order):

211 Los Angeles County
7th Street Collective
Adelita's Revenge
African American Cultural Center - Long Beach
AHN Foundation
AIDS Healthcare Foundation (AHF)
AIDS Project Los Angeles (APLA)
Airgasmic LA
American Diabetes Association
American Heart Association
April Parker Foundation
Asian American Drug Abuse Program (AADAP)
Bay Area American Indian Two Spirits (BAAITS)
Best Start Central Long Beach (BSCLB)
Bienestar
Birthworkers of Color Collective
Black Emotional and Mental Health Collective (BEAM)
Black Everywhere
Black Lives Matter Long Beach (BLMLBC)
Black Neighborhood Tenant Council
Body and Mind Cannabis Dispensary
California Native Vote Project
California State University, Long Beach - Bob Murphy Access Center (BMAC)
California State University, Long Beach - School of Nursing
CalFresh
Cambodia Town Inc.
Cambodian Association of America
Camp of Mathematical Queries
Centro CHA
Centro de Salud
Century Villages at Cabrillo
Changing Spirits
The Chapter House
Christian Outreach in Action (COA)
City of Long Beach Alternative Crisis Response
City of Long Beach Black Infant Health Program
City of Long Beach Department of Health and Human Services
City of Long Beach Department of Parks, Recreation, and Marine
City of Long Beach Fundamentals of Fatherhood Program
City of Long Beach Multi Service Center (MSC)
City of Long Beach Office of Equity
City of Long Beach Public Library
City of Long Beach Utility Bill Payment Assistance
CityHeART
Comunidades Indígenas en liderazgo (CIELO)
Delta Sigma Theta
East Yard Communities for Environmental Justice
Everywhere Is Queer
Food Finders
Friends of Puvungna
Good RX Medication
Good Time Coffee Shop
Greater Long Beach Mutual Aid Network (GLBMAN)
Green Wisdom Herbs
Harbor UCLA Medical Center
Healthy Active Long Beach
Healthy Active Streets
Heart of Ida
Helping Hands Senior Housing
Helping Homeless Companions
Holistic Collective (Long Beach Forward)
Homeland Cultural Center - West African Dance class
Invisible Men/Transmen
Khmer Girls in Action
Khmer Parent Association
Kubo Organizing Project
LA Care Community Resource Center
La Clinica Chestnut Comunitaria
Latinos in Action California
Latinx Therapy
LBUSD Student Wellness Centers
The LGBTQ Center of Long Beach
Long Beach Alliance for Children with Asthma

Long Beach Black Worker Center
Long Beach City College - Basic Needs Program
Long Beach City College - Phoenix Scholars Program
Long Beach City College - Pride Scholars Program
Long Beach City College - Umoja Scholars Program
Long Beach Community Action Partnership
Long Beach Community Table
Long Beach Forward (LBF)
Long Beach Home Visitation Collaborative
Long Beach Ladies Group
Long Beach Memorial Hospital / MemorialCare Long Beach
Long Beach Proud Celebration
Long Beach Rescue Mission
Long Beach Residents Empowered (LiBRE)
Long Beach Senior Center
Long Beach Time Exchange (LBTE)
Long Beach Trauma Recovery Center
Long Beach Unified School District
Long Beach Watchdog - Jackie Rae
Los Angeles County Department of Children and Family Services
Los Angeles County Department of Mental Health
Los Angeles County Department of Social Services
Los Angeles Regional Food Bank
MaskBloc Long Beach
Meals on Wheels
Medi-Cal
Mental Health America Los Angeles (MHALA)
Meztli Projects
Miller Women and Children's Hospital
M.O.R.E. Mothers
National Alliance on Mental Illness - South Bay (NAMI)
Norfside Outreach
Options for Youth Charter School
Orange County Animal Care
Organizing Rooted in Abolition, Liberation, and Empowerment (ORALE)
Out Loud Sports
Out of the Closet
Pacific Asian Counseling Services (PACS)
Pacific Power Group
People's Dog Training
Place LB
Planned Parenthood
Project Therapy
Project X LB
Queermunity
Realistic Education in Action Coalition to foster Health (REACH LA)
ROADS - MCA Behavioral Health CenterRonnie's House
Sacred Path Indigenous Wellness Center
Salvation Army
Still COVIDing LA
So'oh-Shinálí Sister Project
St. John's Community Health
St. Mary Medical Center
The Street Dog Coalition
TCC Family Health Community Clinics
Thick Thrift LA
Trans Can Work
Trans Wellness Center (TWC)
The TransLatin@ Coalition
United American Indian Involvement (UAII)
U.S. Vets
Women's Shelter of Long Beach (WSLB)
Wood Coffee Co.
Yoga on the Bluff
Youth Leadership Institute

Impact of Actions Taken Since the Preceding CHNA

In 2022, St. Mary Medical Center conducted the previous CHNA, and significant health needs were identified from issues supported by primary and secondary data sources. The hospital Implementation Strategy associated with the 2022 CHNA addressed access to health care, housing and homelessness, mental health, preventive practices, and violence and injury prevention through a commitment of community benefit programs and resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2022 CHNA.

Access to Health Care

Strategy or Program Name	Summary Description
CARE Program	The CARE program is a multidisciplinary HIV care and support project, based on the campus of St. Mary Medical Center. Clients of the CARE program received integrated high quality medical, dental, health, and psychosocial services to a heavily impacted population of low-income men, women, and children living with HIV and for those at high risk for acquiring HIV. 85% of CARE patients were retained in care and 94% of CARE patients maintained HIV viral suppression.
Community grants program	Offered grants to nonprofit community organizations that provided health care access programs and services.
Families in good health	Families in Good Health is a multilingual, multicultural health and social education program for Southeast Asian residents, Latino residents and other communities in Long Beach. Its mission is to help the community make informed choices and gain access to needed health and social resources.
Financial Assistance program	Financial assistance was provided to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay.
Low Vision Center	Provided no cost vision screening, optical aids, education and referrals for persons with limited vision.

Housing and Homelessness

Strategy or Program Name	Summary Description
Community grants program	Offered grants to nonprofit community organizations that provided housing and homelessness programs and services.

Mental Health

Strategy or Program Name	Summary Description
CARE Program	The CARE program is a multidisciplinary HIV care and support project, based on the campus of St. Mary Medical Center. Clients of the CARE program received integrated high quality medical, dental, health, and psychosocial services to a heavily impacted population of low-income men, women, and children living with HIV and for those at high risk for acquiring HIV. 85% of CARE patients were retained in care and 94% of CARE patients maintained HIV viral suppression.
Community grant program	Offered grants to nonprofit community organizations that provided mental health programs and services.
Mental Health First Aid program	Mental Health First Aid is a skills-based training course that taught participants about mental health and substance-use issues.

Preventive Practices

Strategy or Program Name	Summary Description
Brazzeni Wellness Center	The Bazzeni Wellness Center provided health education, health screenings and chronic disease prevention services.
CARE Program	The CARE program is a multidisciplinary HIV care and support project, based on the campus of St. Mary Medical Center. Clients of the CARE program received integrated high quality medical, dental, health, and psychosocial services to a heavily impacted population of low-income men, women, and children living with HIV and for those at high risk for acquiring HIV. 86% of CARE patients were retained in care and 94% of CARE patients maintained HIV viral suppression.
Community grants program	Offered grants to nonprofit community organizations that provided preventive care and chronic disease-focused programs and services.
Every Woman Counts	Mammogram services were provided to underserved women older than age 40. Cervical screenings were offered for women ages 21 and older. 7,289 patients were evaluated under the Every Woman Counts program.
Families in Good Health	Families in Good Health is a multilingual, multicultural health and social education program for Southeast Asian residents, Latino residents and other communities in Long Beach. Its mission is to help the community make informed choices and gain access to needed health and social resources. FiGH also offered disease management programs.

Strategy or Program Name	Summary Description
Food Systems Advisory Committee	Participated in CommonSpirit systemwide committee to address food insecurity issues in the community, including reducing barriers to accessing healthy food.
Mobile Care Unit	The mobile van provided health care screenings, education and outreach to communities at high-risk of negative health outcomes.

Violence and Injury Prevention

Strategy or Program Name	Summary Description
Community grants program	Offered grants to nonprofit community organizations that provided violence and injury prevention programs and services.
Families in Good Health	Families in Good Health is a multilingual, multicultural health and social education program for Southeast Asian residents, Latino residents and other communities in Long Beach. FiGH provided community outreach and education to address violence and injury prevention.
Violence and Human Trafficking Prevention and Response Team	Provides education to assist providers and staff to identify patients who may be impacted by abuse, neglect, or violence, including human trafficking. Guide caregivers to provide victim assistance in a trauma-informed manner.

Appendix 1: Benchmark Comparisons

Where data were available, the hospital service area health and social indicators were compared to the Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**83%-90%**	90.7%
Child health insurance rate	95.3%	92.4%
Adult health insurance rate	**85.7%**	92.4%
Unable to obtain medical care	**7.2%-7.4%**	5.9%
Overdose deaths involving opioids	**16.7**	13.1 per 100,000 persons
Infant death rate	3.4	5.0 per 1,000 live births
Adult obese, ages 20+	33.9%-34.5%	36.0%, adults ages 20+
Obese teens, ages 12 to 17	**15.9%-24.7%**	15.5%, children & youth, 2 to 19
Adults engaging in binge drinking	17.9%-**27.7%**	25.4%
Cigarette smoking by adults	4.6%-5.6%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	**70.7%-75.9%**	79.2%
Mammogram, ages 50-74, screened in the past 2 years	**75.6%**-95.5%	80.3%
Annual adult influenza vaccination	**43.2%-59.8%**	70.0%

Appendix 2: Community Stakeholder Interviewees

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

Name	Title	Organization
Amber Johnson, PhD	Coordinator	Black Health Equity Collaborative
Anissa Davis, MD, MPH	Health Officer	City of Long Beach Department of Health and Human Services
Audrey Alo	Chairperson	SoCal Pacific Islander Community Response Team
Bill Cruikshank	Executive Director	Meals on Wheels
Bita Ghafoori, PhD	Director	Long Beach Trauma Recovery Center, California State University Long Beach
Chris Miller	Chief Executive Officer	Mental Health America Los Angeles
Don Rodriguez	Chief Executive Officer	Boys and Girls Clubs of Long Beach
Elisa Nicholas, MD	Chief Executive Officer	TCC Family Health
Gina Overholt	Coordinator	City of Long Beach Office of Veterans Support & Veterans Commission
Graham Tse, MD	Chief Medical Officer	Memorial Care Miller Children's and Women's Hospital
Jennifer Ponce	Chief Health Education and Promotion Officer	TCC Family Health
Jessica Quintana	Executive Director	Centro CHA
Kimberly Wee	Executive Director	Century Villages at Cabrillo
Ladine Chan	Program Manager	Families in Good Health
Myron Quon	Executive Director	Pacific Asian Counseling Services
Nancy Valencia	Executive Director	DAYS Long Beach
Odrin Castillo, MD	Director of Community Engagement and Diversity	Memorial Family Medicine Residency Program
Patricia Costales, LCSW	Chief Executive Officer	The Guidance Center
Paul Lovely	Executive Director	CARE Program
Pouelinna Chhey	Lead Organizer	Khmer Girls in Action
Romeo Hebron	Executive Director	Filipino Migrant Center
Sayon Syprasoeuth	Associate Program Director	United Cambodian Community of Long Beach
Tiffany Brown, EdD	Deputy Superintendent	Long Beach Unified School District
Toi Nichols	Founder and President	M.O.R.E. Mothers
Vivan Gallardo	Health Educator	Bienestar

Appendix 3: Listening Session Participants

Target Population	Attendees	Partner Organization	Session Date
Immigrants and refugees	12	Best Start Central Long Beach	2/22/25
Black and African American	7	Black History Long Beach	2/24/25
LGBTQIA2S+	12	LGBTQ Center of Long Beach, Kubo Organizing Project, APLA, and Earthlodge	2/26/25
Homeless/unhoused community	5	Greater Long Beach Mutual Aid Network	3/1/25
Veterans and disabled	8	Century Villages at Cabrillo	3/3/25
Latinx	11	Greater Long Beach Mutual Aid Network	3/4/25

Characteristics of Listening Session Participants (N=55)

Socioeconomic and Demographic Characteristics	Percent
Age	
18-24 years	9%
25-34 years	18%
35-44 years	24%
45-54 years	27%
55-64 years	15%
65-74 years	4%
75 years+	2%
Gender	
Woman	62%
Man	16%
Genderqueer/Gender non-conforming	11%
Trans man	7%
Trans woman	2%
Different Identity	2%
Prefer not to answer	0%
Residential ZIP Code	
90221	2%
90731	2%
90801	4%
90802	18%
90803	2%
90804	13%
90805	5%
90806	9%
90807	4%
90810	5%
90813	24%
90814	2%
90815	4%
92840	2%

Socioeconomic and Demographic Characteristics	Percent
Not Disclosed	5%
Housing Status	
Renter	71%
Homeowner	11%
Living with family or friends	11%
Currently experiencing homelessness	5%
Other	2%
Race and Ethnicity	
Hispanic or Latinx	56%
White	16%
Black	15%
African American or African Descent	7%
Native American or Alaskan Native	5%
Asian - Vietnamese	4%
Ashkenazi Jewish	2%
Sexual Orientation	
Straight or heterosexual	62%
Queer	18%
Lesbian	7%
Gay	5%
Bisexual	4%
Other	9%
Not Disclosed	2%
Living with a Disability or with Someone who has a Disability	
Yes	49%
No	42%

Barriers to Health and Climate Hazards

I can get medical care when I need it.	Percent
Yes	75%
No	22%
In the last year, I have delayed seeking help for a medical condition.	
Yes	45%
No	53%
What are the barriers that hinder you from seeking medical help when needed?	
Too expensive	38%
Lack of competent care	31%
Too difficult to seek medical care	29%
Not enough health-insurance coverage	20%
Too far away or other transportation barriers	16%
Discrimination (Ex: Racial, Gender, Sexuality)	16%
No health insurance	5%
Other - Fear	5%
Other - Lengthy process for referrals and specialists	5%
Other - Language barriers	4%
Other - Lack of COVID care and safety	4%
Caring for a child	2%
None of the above, I did not delay care	20%

In the past three years, have you been impacted by climate hazard events?	
Wildfire and/or wildfire smoke	36%
Extreme heat	29%
Flooding	15%
Drought	11%
Other	35%

Appendix 4: Definitions of Significant Health Needs

Significant Health Need	Definition
Access to Health Care	Access to health services can be defined as timely use of health services to achieve optimal health outcomes. Includes access to a health care system, having insurance, locations of health services, cost of care, and lack of culturally competent care.
Chronic Diseases	Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention. Some chronic diseases are diabetes, heart disease, stroke, asthma, pulmonary disease, and Alzheimer's disease.
Economic Insecurity	Economic insecurity can be broadly defined as experiencing poverty, lack of employment opportunities, food insecurity, and housing instability.
Environmental Pollution	Air and water quality and pollution.
Food Insecurity	Food insecurity is the inability to eat food or irregular eating patterns because of lack of money and other resources to have access to food.
Housing and Homelessness	Housing and homelessness can be defined as lack of affordable housing, people experiencing homelessness, and if a person owns or rents a house.
Mental Health and Mental Health Conditions	Mental health can be defined as a person's state of emotional, psychological, and social well-being. It may impact the way a person thinks, feels, or acts. A person's thinking, feeling, or mood can cause distress in their life or impact the way they function.
Overweight and Obesity	Exercise, nutrition, and weight can be defined as physical activity, healthy eating, and weight status.
Pregnancy and Birth Outcomes	Pregnancy and birth outcomes can be defined as the health status of pregnant individuals as well as birth outcomes.
Preventive Practices	Preventive practices include routine screening and immunizations to prevent and detect illness and diseases in earlier, more treatable stages. Also includes injury prevention.
Racism and Discrimination	Discrimination is treating a person unfairly because of who they are or because they possess certain characteristics or identities, including age, gender, race, sexual orientation, disability, religion, pregnancy and maternity, gender reassignment, and marriage and civil partnership.
Substance Abuse	Substance abuse can be described as the overindulgence in or dependence on mind and behavior altering substances (such as alcohol or illicit drugs).
Violence and Injury	Refers to the incidence of crime, child abuse or neglect, violence, and other unintentional injuries, as well as community safety with respect to emergency preparedness, police and fire services, and transportation safety.

Appendix 5: Community Stakeholder Interview Responses

Identified Factors and Conditions that Contribute to Health Issues
Key stakeholders and listening session participants provided input on conditions that contribute to the significant health needs. Individuals were asked to consider the social, racial, cultural, behavioral, and environmental factors that may contribute to one or multiple health issues.

Economic Barriers and Poverty-Related Challenges

- Rising rents and stagnant wages contribute to stress and limited health care access
- Many are "too rich to be poor," meaning they don't qualify for assistance but struggle financially to make ends meet
- High costs of health care, delayed appointments, and lack of health insurance prevent adequate treatment
- People experience food insecurity due to the high cost of healthy food

Housing and Homelessness

- There is a need for supportive housing for formerly incarcerated, disabled, and homeless individuals
- People experience displacement due to gentrification, which forces people into worse living conditions
- Majority of market-rate affordable housing is substandard and in violation of housing codes
- There are limited free transportation options for low-income residents

Influence of Social and Political Climate

- There is misinformation, high-deductible rates, and a lack of transparency from insurance companies
- Political and economic instability contribute to health care insecurity
- Increasing use of social media impacts mental health, especially for marginalized communities and young people

Lack of Access to Quality Health Care and Resources

- People experience overcrowded clinics and long wait times for medical appointments
- There is insufficient health care for undocumented individuals
- There is a lack of primary care doctors and substance use treatment options

- Language barriers lead to lower-quality care for non-English speakers

Mental Health and Stigma

- Fear of medical bills and diagnoses prevents people from seeking care
- Stigma around mental health in certain cultures discourages seeking help
- Discrimination and profiling cause mental health struggles, particularly among Black and immigrant populations
- People experience high stress levels from economic hardship, discrimination, and living in survival mode

Structural and Social Barriers

- Gentrification has displaced communities and reduced access to culturally relevant grocery stores
- Limited public transportation makes accessing health care and grocery stores difficult
- There is a lack of communal support structures due to increasing individualism in society
- Ageism and xenophobia further hinder access to services

Systemic Racism and Inequities in Health Care

- Black individuals receive lower-quality care and face discrimination in the medical system
- Environmental racism affects access to clean air and water
- Public transit and parking limitations restrict access to health care
- Cultural incompetence is seen in medical education and services, including misgendering and lack of respect for chosen names

Community Members Most Impacted by Health Issues

Key stakeholders and listening session participants identified subpopulations within the greater Long Beach community who are most impacted by health issues. The most frequently mentioned people or groups of people impacted by the significant health needs included (in alphabetical order):

- Black community
- Black pregnant women
- Black queer youth and Millennials
- Cambodian community
- Caregivers for families, elders, and children
- Children and youth who grew up during the pandemic shut down

- Disabled Black community
- Formerly incarcerated youth
- Foster youth
- Hearing-impaired people
- Immigrants
- Incarcerated people
- Infant children (prenatal to age 5) and their families
- Intersex people
- Low-income people
- Low-wage workers
- North Long Beach residents
- People living with HIV
- People with chronic illnesses
- People with disabilities
- Pregnant individuals
- Renters
- Seniors on fixed income
- Transgender community
- Transgender women of color
- Under/unemployed people
- Under/uninsured people
- Unhoused college students
- Unhoused and homeless people
- Unhoused and homeless veterans
- Undocumented immigrants
- Victims of domestic violence
- Young men and working men

Barriers and Challenges to Addressing Significant Health Needs

Key stakeholders and listening session participants listed barriers and challenges that exist in trying to address and solve health issues. The most frequently mentioned barriers and challenges to addressing inequities and health issues in the community included (in alphabetical order):

<u>Barriers to Health Care and Mental Health Support</u>

- Limited mental health coverage and long wait times for appointments
- Stigma around mental health, especially in immigrant communities

- Lack of time to prioritize mental health due to financial and family obligations or inability to have paid time off

Community and Political Representation

- Lack of leadership accountability in government, especially regarding the needs of working class and low-income Black, Indigenous, and people of color communities
- Emphasis on symbolic gestures rather than substantive policy changes
- Slow response from government at all levels on urgent issues

Economic Barriers and Inequities

- Low wages and financial insecurity
- Cost barriers to legal representation, health care, and essential resources
- Lack of access to funding opportunities for community organizations and institutions

Housing and Displacement

- Fear of retaliation from landlords for speaking out
- Gentrification and displacement of low-income residents as rents increase
- Restrictions on pets in apartments, despite their mental health benefits

Language and Accessibility Challenges

- Language barriers in schools, medical facilities, and service access
- Limited availability of quality interpreters
- Digital divide restricts access to information and resources as many health programs and services begin digital services only

Post-COVID Challenges and Fragmentation

- Difficulty rebuilding community relationships after the pandemic
- Budget cuts to community programs that provided key lifelines during the pandemic
- Increased reliance on digital services, making access difficult for some populations
- Compounded traumas and mental health issues stemming from the pandemic that remain unaddressed

Structural Barriers in Public Services

- Overfunding of police while other public and social services lack resources to respond to the same problems
- Limited transportation and accessibility options outside of car ownership
- Bureaucratic red tape and litigation preventing efficient resource distribution

Systemic Discrimination and Inequality

- Racial and economic discrimination, particularly against Black and immigrant communities
- Persistent prejudices and narratives such as the "welfare queen" stereotype
- Over-policing and surveillance in lower-income and denser neighborhoods

Community Perspectives on Climate Hazards

Key stakeholders and listening session participants were asked questions regarding climate hazards, including extreme heat, wildfire and/or wildfire smoke, drought, flooding, and other examples. Insights and themes that emerged included:

Air Quality and Health Issues

Wildfires and pollution have exacerbated respiratory conditions like asthma, causing individuals to isolate themselves and miss activities. Many reported anxiety and mental health struggles due to air pollution.

Extreme Heat

High temperatures have led to heat strokes, decreased productivity, and increased struggles for those living without air conditioning. School closures during heat waves are debated, with wealthier families advocating for closures, while lower-income families prefer schools to remain open for access to cooling.

Flooding and Water Issues

Certain areas, such as central Long Beach, experience frequent flooding, impacting daily life, particularly for students and residents in flood-prone zones.

Unhoused and Vulnerable Populations

Extreme weather conditions—both heat and cold—have made life more difficult for the unhoused and elderly. Limited access to cooling centers and heating solutions has caused health concerns.

Mosquitoes and Pest Issues

Increased mosquito populations and mold growth due to climate conditions have been reported, impacting public health.

Community and Infrastructure Struggles

Limited green spaces, lack of air conditioning, and safety concerns in public parks restrict residents' ability to seek relief from extreme weather.