



Community Health Needs Assessment

St. Mary Medical Center

May 2016



table of contents

Executive Summary	i
Purpose Statement	i
Community Definition	i
Assessment Process and Methods	i
Process and Criteria to Identify and Prioritize Significant Health Needs	ii
List of Prioritized Significant Health Needs	ii
Resources Potentially Available	iv
Report Adoption, Availability and Comments	iv
1. Introduction	1
Assessment Purpose and Organizational Commitment	1
Community Definition	2
Map	3
Community Demographics	3
Community Need Index	4
2. Assessment Process and Methods	5
Secondary Data	5
Primary Data	6
Written Comments from Previous Community Health Needs Assessment	7
Data Limitations and Information Gaps	8
Partners Involved in the Community Health Needs Assessment	8
Hospitals and other Partners	8
Consultants	8
3. Assessment Data and Findings	9
Demographic Profile	9
Race/Ethnicity	11
Limited English Speaking Household	12
Language	13
Citizenship	14
Social Determinants of Health	15
Education	15
Unemployment	16
Poverty	16
Vulnerable Populations	19
Public Program Participation	20
Free or Reduced Price Meals	20
Housing	20

Homelessness	21
Crime and Violence	23
General Health Care Access	25
Health Insurance Coverage	25
Sources of Care	27
Dental Care	28
Barriers to Care	30
Delayed Care	30
Health Status	31
Maternal and Infant Health	32
Births	32
Prenatal Care	32
Low Birth Weight	33
Teen Births	34
Infant Mortality	35
Breastfeeding	35
Leading Causes of Death	36
Premature Death	36
Chronic Diseases	38
HIV/AIDS	38
Asthma	38
Cancer	39
Diabetes	39
Heart Disease	39
High Blood Pressure	40
Preventive Health Care	42
Vaccines and Immunizations	42
Flu and Pneumonia Vaccines	42
Childhood Immunizations	43
Screenings	43
Mammograms & Pap Smears	43
Colorectal Cancer Screening	44
Mental & Behavioral Health	45
Mental Health	45
Alcohol and Drug Use	48
Cigarette Smoking	49
Sexual Health	51
Weight Status, Nutrition and Physical Activity	52
Overweight and Obesity	52

Nutrition	53
Physical Activity	54
Environment	57
Air and Water Quality	57
Commute	58
Food Environment	58
4. Prioritized Description of Significant Community Health Needs	60
Identification and Prioritization of Community Health Needs	60
Prioritization Methodology and Criteria	60
Potential Resources to Address Identified Health Needs	61
5. Impacts of Action Taken Since the Last CHNA to Address Significant Health Needs	64
6. Conclusion	65
Appendix A. Additional Data Sources	66
Appendix B. Key Stakeholder Interviewees	69
Appendix C. Summary of Key Stakeholder Interviews	72
Appendix D. Summary of Focus Groups	87
Appendix E. Summary of Prioritization Gallery Walk	94

Acknowledgements

Conducting useful, relevant and actionable research depends upon the contributions of many stakeholders. This Community Health Needs Assessment (CHNA) would not have been possible without the concerned residents and community leaders who generously provided their time, opinions and resources towards this needs assessment. In particular, we would like to thank those who participated in the focus groups, key stakeholder interviews and prioritization forum as well as those who shared data resources with information about that the people, programs, policies in the greater Long Beach community. In addition, we would like to thanks the many people who volunteered to facilitate, take notes and provide translation during the focus groups. Finally, we would like to thank the members of the Long Beach CHNA Collaborative, who tirelessly gave their time and best thinking to this needs assessment as well as funding for the project. Members of the Long Beach CHNA Collaborative included: Angie Benton, Cheryl Barrit and Pamela Shaw from the City of Long Beach Department of Health and Human Services; Dr. Elisa Nicholas and Penelope Leon from The Children’s Clinic “Serving Children and Their Families”; Janae Oliver from Kaiser Permanente South Bay; Kit G. Katz from Dignity Health St. Mary Medical Center; and Melissa Biel from Long Beach MemorialCare System (Long Beach Memorial Hospital, Community Hospital Long Beach and Miller Children’s and Women’s Hospital).

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 CHNA report meets requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697 that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

Community Definition

St. Mary Medical Center is located in Long Beach, CA. Long Beach is the thirty-sixth largest city in the nation and the seventh largest city in California. Long Beach is the second largest city within the Greater Los Angeles area, home to approximately 500,000 people, and is one of the most ethnically diverse communities in the United States with a strong sense of community and unique neighborhoods. St. Mary Medical Center also serves the surrounding communities of Carson, Paramount and Bellflower. While a few of the communities enjoy a higher standard of living, the majority of the communities served have greater needs.

The service area encompasses 14 zip codes representing 4 cities and communities. In this report, we refer to the St. Mary Medical Center service area as the greater Long Beach community. Overall, the St. Mary service area has regions that are economically challenged, has a great deal of homelessness, and has an influx of transitory populations; many of the residents in the service areas live below the poverty level and many neighborhoods and communities are considered underserved. Access to care and services, perceived barriers to existing services, lack of insurance, mental health services, diabetes, asthma, drug and alcohol abuse, and childhood obesity are some of the major health concerns. From a community health perspective, these low income and underserved areas are of major concern.

Assessment Process and Methods

The Long Beach CHNA Collaborative, made up of several hospitals that serve the areas as well as a community clinic and the health department, reviewed secondary data from local, county, state and national sources to develop a comprehensive community profile that was organized by health needs. The community profile (see Assessment Data and Findings Section) includes data points about the demographic characteristics of the service area, social determinants of health, health behaviors and health outcomes. When reviewing possible secondary data sources, the collaborative considered: (1) the geography for which that data was available, prioritizing data that were available at the local level (e.g., data that were available at the zip code, city or service planning area level) and (2) when the data were collected, prioritizing the most current data available.

Community input was also provided by a broad range of community members and leaders through key informant interviews and focus groups. Interviewees included public health experts; representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency); as well as leaders, representatives, or members of medically underserved, low-income and minority populations. Other individuals from various sectors with expertise of local health needs were

also consulted. In October and November 2015, 34 key informants participated in interviews and 52 community members participated in the focus groups. All qualitative data were coded and analyzed using Atlas.ti software. A codebook with robust definitions was developed to code transcripts for information related to each potential health need, as well as to identify comments related to specific drivers of health needs, subpopulations or geographic regions disproportionately affected, existing assets or resources and community recommendations for change.

Process and Criteria to Identify and Prioritize Significant Health Needs

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

Prioritization session participants had data relevant to the health needs of the service area. The following four criteria were used to prioritize the significant health needs:

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

During the prioritization session, health needs were reviewed and discussed and then participants cast seven votes across the 13 health needs using the four criteria discussed above. Following the voting exercise, prioritization session participants were invited to participate in a gallery walk exercise during which they provided input about populations disproportionately impacted by the health needs as well as opportunities, resources and strategies to address the health needs. “Snapshots” from the gallery walk, focus groups and interviews are included throughout the Assessment Data and Findings Section and a detailed summary of information gathered through the interviews, focus groups and gallery walk can be found in Appendices C – E.

List of Prioritized Significant Health Needs

The table on the following page provides the results of prioritization. While the calculated values provide an overall priority score to help indicate which health needs are of higher priority, the results are not intended to dictate the final policy decision. Rather they offer a means by which choices can be ordered.

Prioritized Order of Health Needs

Health Need	Total Score	Health Need Description
1. Mental Health	43	Mental health factors include serious psychological distress, access to mental health care, as well as substance use and abuse. Almost 12% of the population in some parts of the service area experienced serious psychological distress, indicating a high need. Additionally, a significant portion of those who sought or needed help did not receive treatment.
2. Economic Security	39	Economic security is closely linked to many health needs identified in this CHNA, as engaging in healthy behaviors is more difficult when simply meeting one's basic needs is an everyday struggle. About 42% of the service area population lives below the 200% federal poverty level, confirming the need for strategies that address poverty and employment.
3. Obesity and Diabetes	35	Obesity and diabetes greatly impact the St. Mary service area and are diagnosed most frequently among the region's low-income communities of color. Ten to fifteen percent of individuals in the region are diagnosed with diabetes while about one-third are considered obese.
4. Access to Housing	33	Around fifty percent of residents in the service area are either living in substandard housing or living in cost burdened households. Individuals with mental and physical health needs, veterans, LGBTQ populations, people with disabilities and families are populations highly impacted by housing access issues and homelessness.
5. Chronic Disease	30	Chronic diseases include HIV/AIDS, asthma, cancers, heart disease and high blood pressure. Conditions such as asthma impact the service area due to high levels of air pollution, while heart disease and high blood pressure are impacted by factors such as the local food environment.
6. Education	29	Of the service area population age 25 and over, 22.7% have less than a high school diploma. Non-English speakers and young adults from low-income, African American, Latino and Cambodian populations are highly impacted by the lack of formal higher education.
7. Access to Care	25	Health insurance coverage is considered a key component to accessing health care including regular primary care, specialty care and other health services that contributes to one's health status. Within the service area, there are several zip codes where less than 75% of the population is insured.
8. Preventive Care	24	Preventive care includes immunizations and screenings and plays a role in maintaining population health and reducing the burden on health care services. Generally, SPA 8 had a greater need for increased immunization and screenings, as compared to SPA 6; however, both areas would benefit from greater rates of both screening and immunization.
9. Crime and Violence	22	Property crimes include burglary, larceny-theft and motor vehicle theft. Violent crimes include homicide, rape, robbery (of an individual or individuals, not a home or business) and aggravated assault. Long Beach has the highest violent crime rate followed by Paramount and Bellflower.
10. Pregnancy and Birth Outcomes	19	This health need includes indicators such as low birth weight, infant mortality and access to prenatal care. 7.4% of babies were born with low birth weights in the service area and there were 4.4 infant deaths per 1,000 population.

Health Need	Total Score	Health Need Description
11. Environment and Climate	18	The service area is afflicted with high amounts of air and noise pollution from industrial activities and adjacent freeways and railroad tracks. Lower income neighborhoods in Long Beach are often food deserts, lacking grocery stores and other establishments that provide healthier food options.
12. Oral Health	4	Engaging in preventive behaviors, such as having regular dental exams, can decrease the likelihood of developing future health problems. 41.6% of adults in SPA 6 and 30.3% in SPA 8 had not had a dental exam within the last year, while almost 21% of children in SPA 8 had not had a dental exam either.
13. Substance Abuse and Tobacco	4	For both low-income children and adults in African American, Latino and Cambodian communities in the greater Long Beach area, trauma and adversity contribute to substance abuse and other conditions. The mentally ill, the homeless and veterans were identified as the communities that were most affected by this health issue.

Resources Potentially Available

A diverse range of potential resources exist to meet the significant health needs identified in the greater Long Beach community. For example, St. Mary Mobile clinics provide accessible screenings and health care access to individuals in lower income communities. Long Beach Housing is working with renters to ensure that their rights are protected when faced with poor living conditions. The Children's Clinic works to alleviate chronic conditions through their asthma programs as well as their Bridge to Health Program, which utilizes prevention and early detection and screening to ameliorate the effects of pollution. The LGBTQ Center of Long Beach provides cultural sensitivity trainings regarding working with the LGBTQ population to help reduce isolation and provide more culturally sensitive services.

The programs listed here represent just a small portion of the organizations working to advance health and wellness in the greater Long Beach Community. A complete list can be found in the Prioritized Description of Significant Community Health Needs Section of this report.

Report Adoption, Availability and Comments

This CNHA report was adopted by the St. Mary Medical Center community board on June 23rd, 2016.

This report is widely available to the public on the hospital's web site, and a paper copy is available for inspection upon request at St. Mary Medical Center Community Health Office.

Written comments on this report can be submitted to the St. Mary Medical Center Community Health Office, located at 1050 Linden Avenue, Long Beach, CA, or by e-mail to Kit.Katz@Dignityhealth.org.

1. Introduction

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

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

Assessment Purpose and Organizational Commitment

The purpose of this 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 CHNA report meets requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697 that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

St. Mary Medical Center (SMMC), founded in 1923 by the Sisters of the Charity of the Incarnate Word, is located at 1050 Linden Avenue, Long Beach, CA. It became a member of Dignity Health, formerly Catholic Healthcare West in 1996. The facility has 389 licensed beds and a campus that is approximately 14 acres in size. SMMC has a staff of 1,410 and professional relationships with 508 local physicians. Major programs and services include cardiac care, prenatal and childbirth services, bariatric surgery, stroke recovery, critical care, a 24 bed intensive care unit, a level 111B NICU with 25 beds and Disaster Resource Center. St. Mary Medical Center’s Emergency Department is a level II trauma center and the Paramedic Base Station for the area.

St. Mary Medical Center is a tertiary hospital that provides care throughout the spectrum of life. SMMC’s quality of medical services and care has resulted in SMMC receiving Dignity Health’s BLUE STAR recognition on all four FY15 goals: hospital quality metrics, appropriate observation status, HCAHPS total points and Listening and Responding.

St. Mary Medical Center and Dignity Health are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;

- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Rooted in Dignity Health's mission, vision and values, St. Mary Medical Center is dedicated to delivering community benefit with the engagement of its management team, Community Board and the Community Benefits Advisory Committee. The board and the committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

Community Definition

St. Mary Medical Center is located in Long Beach, CA. The city of Long Beach is a coastal community located in Los Angeles County. Based on the U.S. Census, Long Beach is the thirty-sixth most populous city in the nation and seventh in California.¹ Long Beach is one of the most ethnically diverse communities in the United States with a strong sense of community and unique neighborhoods. St. Mary Medical Center also serves the surrounding communities of Carson, Paramount and Bellflower. While a few of the communities enjoy a higher standard of living, the majority of the communities served have greater needs.

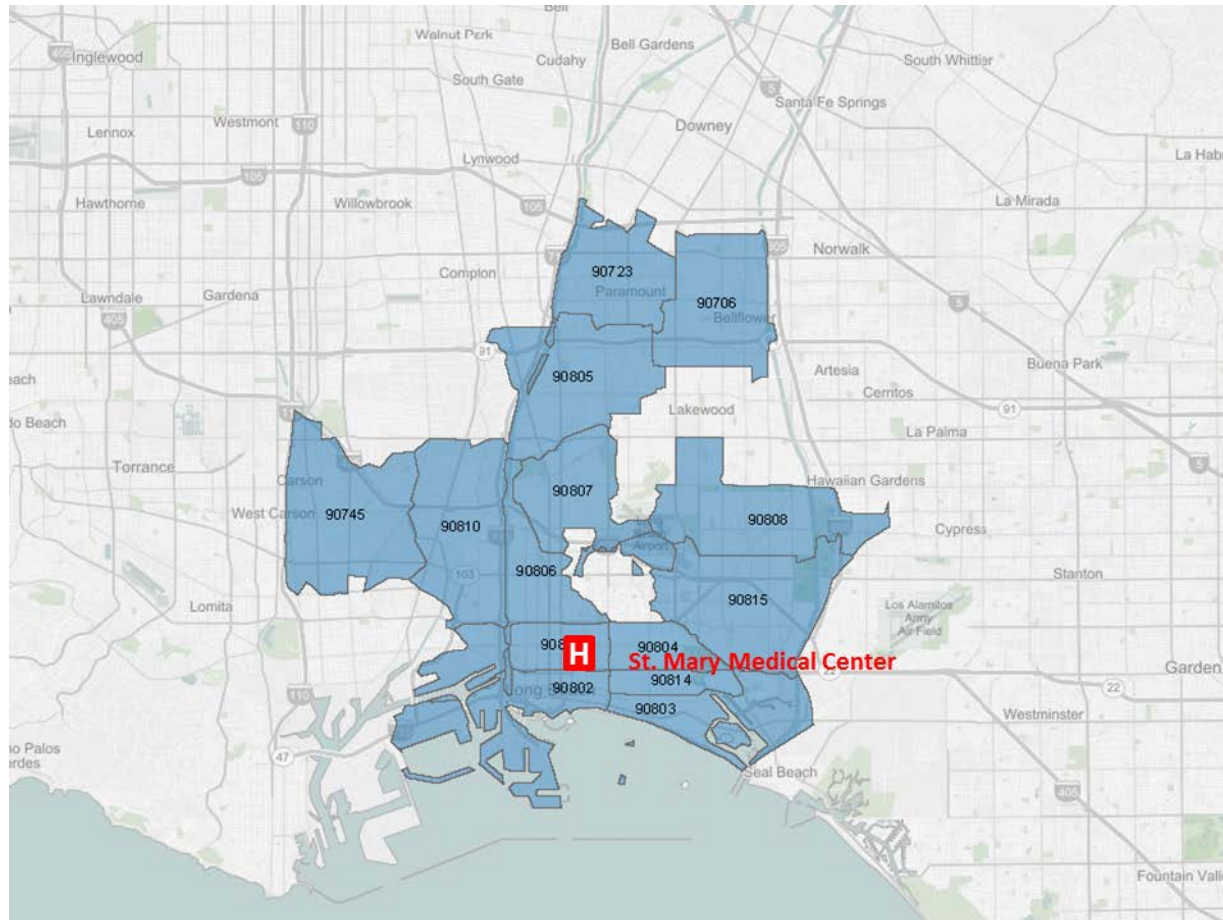
St. Mary Medical Center is located at 1050 Linden Ave, Long Beach, CA 90813. The service area encompasses 14 zip codes representing 4 cities and communities. In this report, we refer to the St. Mary Medical Center service area as the greater Long Beach community. To determine the service area, St. Mary Medical Center takes into account the zip codes of inpatients discharged from the hospital; the current understanding of community need based on the most recent Community Health Needs Assessment; and long-standing community programs and partnerships.

St. Mary Medical Center Service Area by Zip Code and Community

90706	Bellflower	90806	Long Beach
90723	Paramount	90807	Long Beach
90745	Carson	90808	Long Beach
90802	Long Beach	90810	Long Beach
90803	Long Beach	90813	Long Beach
90804	Long Beach	90814	Long Beach
90805	Long Beach	90815	Long Beach

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

Map



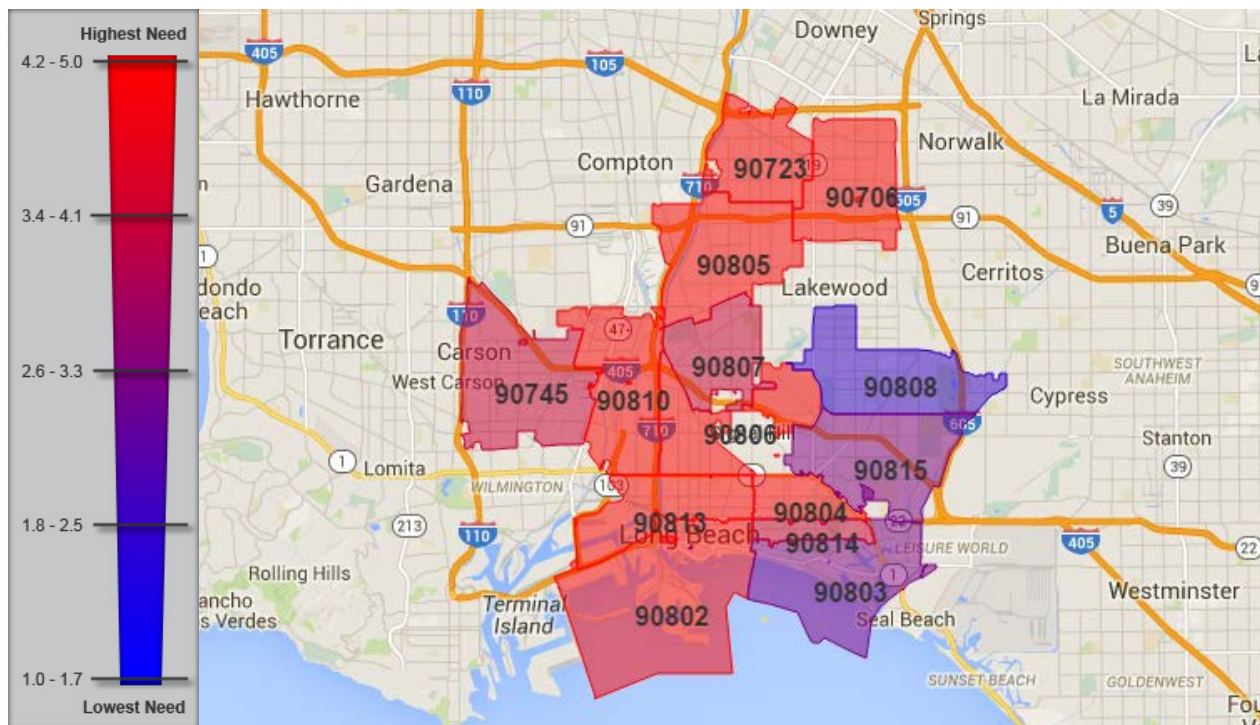
Community Demographics

The service area for St. Mary Medical Center includes 663,973 residents. The majority of the service area residents live in Long Beach (71.4%) with the remaining 28.6% living in Bellflower, Paramount and Carson. Children and youth (ages 0-19) make up 28.7% of the population; while seniors (65 years and older) account for 9.7% of the population. The service area has a higher percentage of young people (ages 0-19) compared to the State. In terms of race/ethnicity, the service area is very diverse. The largest portion of the service area is Hispanic/Latino (46.0%). Whites make up 23.9% of the population; Blacks/African Americans comprise 12.3% of the population and Asians 13.5%. Native Americans, Hawaiians, and other races combined total 4.3% of the population. In terms of educational attainment, 22.7% of service area residents who are 25 years old and older have less than a high school diploma. 42.5% of service area residents live below 200% of the federal poverty level (FPL). Additional information about the characteristics of the service area can be found in the Assessment Data and Findings Section under Demographic Profile.

The city of Long Beach makes up a large percentage of the St. Mary Medical Center's service area. Similar to the service area, in terms of race and ethnicity, Long Beach is diverse. Hispanics/Latinos make up 41.3% of the population in Long Beach; Whites account for 28.6% of the population; Blacks/African Americans comprise 12.9% of the population and Asians 12.5%. Native Americans, Hawaiians, and other races combined total 4.7% of the population. Long Beach has the largest Cambodian community in the United States.

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



The St. Mary Medical Center service area zip codes tend to fall under the high need CNI score category. While the easternmost zip codes, including 90803, 90808 and 90815 have more moderate need scores ranging from 2.4 to 2.6, the majority of the service area scores greater than 4.4 indicating highest need. No zip code in this service area falls into the lowest need range identified by the CNI.

St. Mary Medical Center Service Area CNI Score by Zip Code

Zip Code and City	CNI Score	Zip Code and City	CNI Score
90706 Bellflower	4.4	90806 Long Beach	4.6
90723 Paramount	4.4	90807 Long Beach	3.4
90745 Carson	3.8	90808 Long Beach	2.4
90802 Long Beach	4.6	90810 Long Beach	4.4
90803 Long Beach	2.6	90813 Long Beach	5.0
90804 Long Beach	4.4	90814 Long Beach	3.4
90805 Long Beach	4.6	90815 Long Beach	2.6

2. Assessment Process and Methods

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

Secondary Data

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

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

1. California Department of Education: <http://dq.cde.ca.gov/dataquest/>
2. California Department of Public Health, 2010, 2011, 2012.
 - a. Birth records: www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx
 - b. Death records: www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx
 - c. Immunization Branch, Division of Communicable Disease Immunization records: <https://cdph.data.ca.gov/Healthcare/School-Immunizations-In-Kindergarten-2014-2015/4y8p-xn54> <http://www.cdph.ca.gov/programs/immunize/Documents/2014-15%20CA%20Kindergarten%20Immunization%20Assessment.pdf>
3. California Employment Development Department, Labor Market Information Division, April 2015: www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/AreaSelection.asp?tableName=labforce
4. California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>
5. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.
6. City of Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count: <http://www.longbeach.gov/health/media->

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

[library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/](#)

7. Los Angeles County Department of Public Health,
 - a. Los Angeles County Health Survey 2011: www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm
 - b. Mortality in Los Angeles County, 2014: <http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt11.pdf>
 - c. Annual HIV Surveillance Report: <http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/2013AnnualSurveillanceReport.pdf>
 - d. HealthDataNow! <https://dqs.publichealth.lacounty.gov/query.aspx?d=1>
8. National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
9. South Coast Air Quality Management District. 2014. <http://www.aqmd.gov/home/library/air-quality-data-studies/historical-data-by-year>.
10. University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12.
11. University of Wisconsin Population Health Institute, County Health Rankings. 2013-14. County Health Rankings. www.countyhealthrankings.org/california
12. U.S. Bureau of the Census,
 - a. 2010 Census of Population and Housing: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
 - b. American Community Survey: <http://factfinder.census.gov>
13. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.
14. U.S. Department of Health & Human Services,
 - a. Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
 - b. Health Resources and Services Administration, Area Health Resource File: <http://ahrf.hrsa.gov/arfdashboard/HRCTstate.aspx>.
15. U.S. Department of Justice, FBI, Uniform Crime Reporting Statistics, 2012; www.bjs.gov/ucrdata/index.cfm
16. Vulnerable Populations Footprint <http://assessment.communitycommons.org/footprint/>

In addition to the above data sources that were used to develop the community profile, additional data resources were reviewed that were not included in the community profile. An annotated bibliography of these data resources can be found in Appendix A. Additional Data Sources.

Primary Data

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

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

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

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

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

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

Written Comments from Previous Community Health Needs Assessment

St. Mary Medical Center provided the public an opportunity to submit written comments on the facility's previous CHNA Report through the hospital website www.stmarymedicalcenter.org, or by contacting the Community Benefit Department at 562-491-9000. This website and phone number will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, St. Mary Medical Center had not received written comments about previous CHNA Reports. St. Mary Medical Center will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate staff.

Data Limitations and Information Gaps

One limitation of this study is that some data sources were not available for geographic boundaries at localized levels (e.g., zip code, city or SPA). For other data sources, estimates at these localized levels were unstable, meaning that the size of the sample within these geographic boundaries is smaller and therefore has a higher chance of not accurately representing the larger population within that community. The Collaborative also sought data to better understand which communities within the greater Long Beach area are disproportionately affected by these health needs, for example by collecting prevalence data by gender, race and ethnicity or zip code. However, the availability of such data was limited. Lastly, data are not always collected on an annual basis, meaning that some data estimates are several years old and may not reflect the current health status of the population. In consideration of these limitations, the process of identifying health needs was based on triangulating primary data and multiple indicators of secondary data estimates.

Primary data collection and the prioritization process are also subject to information gaps and limitations. Themes identified during interviews and focus groups were likely subject to the experience of individuals selected to provide input; the Long Beach CHNA Collaborative sought to receive input from a robust and diverse group of stakeholders to minimize this bias. To minimize participant bias, data from all health needs were shared and discussed and criteria for the prioritization process were provided.

Partners Involved in the Community Health Needs Assessment

Hospitals and other Partners

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

Consultants

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

3. Assessment Data and Findings

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

Demographic Profile

At the time of the 2010 Census, the population for the service area was 660,711. Almost three-fourths of the service area residents live in Long Beach (71.4%). The remainder of the residents lives in Bellflower, Paramount, and Carson in Los Angeles County.

Total Population

	St. Mary Medical Center Long Beach Service Area	California
Total Population	660,711	37,253,956

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

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

St. Mary Medical Center Long Beach Service Area: Population by Zip Code

	Number	Percent
90706 - Bellflower	76,989	11.6%
90723 - Paramount	54,468	8.2%
90745 - Carson	58,162	8.8%
90802 - Long Beach	39,297	5.9%
90803 - Long Beach	30,563	4.6%
90804 - Long Beach	40,472	6.1%
90805 - Long Beach	92,991	14.0%
90806 - Long Beach	43,176	6.5%
90807 - Long Beach	32,645	4.9%
90808 - Long Beach	40,016	6.0%
90810 - Long Beach	36,113	5.4%
90813 - Long Beach	59,178	8.9%
90814 - Long Beach	18,937	2.9%
90815 - Long Beach	40,966	6.2%
St. Mary Medical Center Long Beach Service Area	663,973	100.0%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05.

<http://factfinder.census.gov>

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

Population by Gender

	St. Mary Medical Center Long Beach Service Area		California	
	Number	Percent	Number	Percent
Total Male Population	328,080	49.4%	18,726,468	49.7%
Total Female Population	335,893	50.6%	18,932,712	50.3%
Total	663,973	100.0%	37,659,180	100.0%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05.

<http://factfinder.census.gov>

Children and youth (ages 0-19) make up 28.7% of the population; 37.7% are 20-44 years of age; 23.9% are 45-64; and 9.7% of the population are seniors 65 years and older. The service area tends to be younger than that of the State with lower percentages of adults 45-64, and 65 or older.

Population by Age

	St. Mary Medical Center Long Beach Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	47,258	7.1%	646,180	6.5%	2,527,752	6.7%
Age 5-19	143,593	21.6%	2,022,621	20.4%	7,832,780	20.8%
Age 20-44	250,120	37.7%	3,691,941	37.3%	13,436,170	35.7%
Age 45-64	158,752	23.9%	2,421,717	24.6%	9,415,614	25.0%
Age 65+	64,250	9.7%	1,111,022	11.2%	4,446,865	11.8%
Total	663,973	100%	9,893,481	100%	37,659,181	100%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05.

<http://factfinder.census.gov>

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

St. Mary Medical Center Long Beach Service Area: Age of Population by Zip Code

	Youth (Ages 0-17)	Seniors (Ages 65 years +)
90706 - Bellflower	28.8%	9.2%
90723 - Paramount	31.8%	6.4%
90745 - Carson	23.2%	12.8%
90802 - Long Beach	16.9%	7.8%
90803 - Long Beach	11.6%	16.9%
90804 - Long Beach	24.8%	5.7%
90805 - Long Beach	30.1%	6.8%
90806 - Long Beach	30.3%	8.5%
90807 - Long Beach	21.4%	13.4%
90808 - Long Beach	22.5%	14.3%
90810 - Long Beach	27.1%	11.7%
90813 - Long Beach	33.1%	6.0%
90814 - Long Beach	15.4%	11.4%
90815 - Long Beach	18.5%	13.8%
St. Mary Medical Center Long Beach Service Area	25.6%	9.7%
Los Angeles County	24.0%	11.2%
California	24.5%	11.8%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05.

<http://factfinder.census.gov>

Race/Ethnicity

The service area is diverse in terms of race/ethnicity. The largest portion of the service area is Hispanic or Latino (46%). Whites make up 23.9% of the population; Asians comprise 13.5% and Blacks/African Americans 12.3%. Native Americans, Hawaiians, and other races combined total 4.3% of the population. When compared to Los Angeles County, the service area has a larger percentage of Blacks/African Americans.

Population by Race and Ethnicity

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California
Hispanic or Latino	46.0%	47.9%	37.9%
White	23.9%	27.5%	39.7%
Black or African American	12.3%	8.1%	5.7%
Asian	13.5%	13.7%	13.1%
Native Hawaiian & Pacific Islander	0.8%	0.2%	0.4%
American Indian & Alaska Native	0.3%	0.2%	0.4%
Other or Multiple	3.2%	2.4%	2.8%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05.

<http://factfinder.census.gov>

When looking at the service area by zip code, there was some variance in the racial/ethnic makeup by zip code. For example, the percentage of residents that identified as Hispanic/Latino ranged from 13.7% in 90803 to 79% in 90723. Zip codes with 50% or more of residents identifying as Hispanic or Latino included: 90723 (79%), 90813 (65.6%), 90805 (54.1%), 90706 (53%), 90806 (50.6%), and 90810 (50.3%). Zip codes with 50% or more of their population identifying as White included: 90803 (75.2%), 90808 (62%), 90815 (59.4%), and 90814 (55.1%). Zip codes with 15% or more Black or African American residents included: 90805 (21.7%), 90802 (16.9%), 90806 (15.6%), and 90807 (15.4%). Zip

codes with 15% or more Asian residents included: 90745 (35.6%), 90810 (23.8%), 90806 (17.2%), and 90807 (16.9%).

St. Mary Medical Center Long Beach Service Area: Race and Ethnicity by Zip Code

	Hispanic or Latino	White	Black or African American	Asian	Native Hawaiian & Pacific Islander	American Indian & Alaska Native	Other or Multiple
90706 - Bellflower	53.0%	20.0%	13.9%	10.9%	0.4%	0.2%	1.7%
90723 - Paramount	79.0%	5.8%	11.0%	2.7%	0.7%	0.1%	0.6%
90745 - Carson	44.9%	7.4%	6.5%	35.6%	2.2%	0.1%	3.3%
90802 - Long Beach	37.7%	34.5%	16.9%	7.2%	0.3%	0.2%	3.3%
90803 - Long Beach	13.7%	75.2%	2.2%	5.6%	0.4%	0.1%	2.7%
90804 - Long Beach	44.4%	25.9%	13.2%	13.3%	0.3%	0.2%	2.8%
90805 - Long Beach	54.1%	8.7%	21.7%	11.3%	1.3%	0.3%	2.6%
90806 - Long Beach	50.6%	8.4%	15.6%	17.2%	1.8%	0.6%	5.9%
90807 - Long Beach	27.2%	36.0%	15.4%	16.9%	0.2%	0.3%	3.9%
90808 - Long Beach	20.7%	62.0%	4.1%	7.8%	0.1%	0.3%	4.9%
90810 - Long Beach	50.3%	5.5%	13.4%	23.8%	1.7%	0.5%	4.9%
90813 - Long Beach	65.6%	6.1%	10.5%	14.1%	0.3%	0.2%	3.2%
90814 - Long Beach	25.0%	55.1%	9.2%	6.4%	0.0%	0.4%	3.9%
90815 - Long Beach	19.0%	59.4%	5.6%	11.4%	0.4%	0.3%	3.9%
St. Mary Medical Center Long Beach Service Area	46.00%	23.90%	12.30%	13.50%	0.80%	0.30%	3.20%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP05.

<http://factfinder.census.gov>

Limited English Speaking Household

A limited English speaking household is one in which no member, 14 years and older (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English. 9.8% of households in the service area are limited English speaking. This is lower than the County (14.4%) but similar to the State (9.9%) rates.

Limited English Household

	St. Mary Medical Center Long Beach Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Limited English Household	103,105	9.8%	466,665	14.4%	1,238,608	9.9%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; B16002.

<http://factfinder.census.gov>

When looking at the service area by zip code, the percentage of limited English households ranged from 1.1% in 90808 to 23.4% in 90813. There were seven zip codes that had at least 10% of households identified as limited English: 90706 (12.0%), 90723 (17.4%), 90745 (11.6%), 90805 (13.1%), 90806 (14.4%), 90810 (12.6%) and 90813 (23.4%).

St. Mary Medical Center Long Beach Service Area: Limited English Household by Zip Code

	Number	Percent
90706 - Bellflower	2,828	12.0%
90723 - Paramount	2,404	17.4%
90745 - Carson	1,729	11.6%
90802 - Long Beach	1,274	6.3%
90803 - Long Beach	231	1.4%
90804 - Long Beach	1,398	9.5%
90805 - Long Beach	3,439	13.1%
90806 - Long Beach	1,747	14.4%
90807 - Long Beach	602	4.8%
90808 - Long Beach	153	1.1%
90810 - Long Beach	1,188	12.6%
90813 - Long Beach	3,866	23.4%
90814 - Long Beach	240	2.6%
90815 - Long Beach	390	2.6%
St. Mary Medical Center Long Beach Service Area	21,489	9.8%

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

Language

In the service area, English is spoken in 49.8% of the homes; this is higher than the County (43.2%) but lower than the State (56.3%). Spanish is spoken in 36.8% of homes in the service area; this is lower than the County (39.5%) but higher than the State (28.8%).

Language Spoken at Home for the Population 5 Years and Over

	St. Mary Medical Center Service Area	Los Angeles County	California
English Only	49.8%	43.2%	56.3%
Spanish	36.8%	39.5%	28.8%
Asian/Pacific Islander	10.8%	10.8%	9.6%
Other Indo-European	1.8%	5.4%	4.4%
Other	0.7%	1.1%	0.9%

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

Within the service area the zip codes with the largest percentages of Spanish speaking homes includes: 90706 (40.9%), 90806 (42.8%), 90810 (43.0%), 90805 (46.5%), 90813 (58.3%) and 90723 (72.2%). Zip codes with the largest percentages of Asian speaking homes include: 90805 (10.2%), 90804 (10.6%), 90807 (12.5%), 90813 (13.3%), 90806 (15.8%), 90810 (21%) and 90745 (28.7%).

St. Mary Medical Center Long Beach Service Area: Language Spoken at Home by Zip Code

Geographic Area	English Only	Spanish	Asian / Pacific Islander	Other Indo-European	Other
90706 - Bellflower	47.0%	40.9%	9.1%	1.3%	1.6%
90723 - Paramount	24.0%	72.2%	2.6%	0.3%	0.8%
90745 - Carson	35.9%	33.4%	28.7%	1.3%	0.7%
90802 - Long Beach	59.1%	30.5%	4.3%	4.7%	1.4%
90803 - Long Beach	86.2%	7.0%	2.4%	3.8%	0.6%
90804 - Long Beach	51.0%	35.4%	10.6%	2.6%	0.5%
90805 - Long Beach	42.6%	46.5%	10.2%	0.6%	0.2%
90806 - Long Beach	39.6%	42.8%	15.8%	1.3%	0.4%
90807 - Long Beach	69.3%	15.1%	12.5%	2.1%	1.0%
90808 - Long Beach	83.6%	10.0%	4.4%	1.7%	0.3%
90810 - Long Beach	35.4%	43.0%	21.0%	0.4%	0.1%
90813 - Long Beach	27.0%	58.3%	13.3%	1.0%	0.5%
90814 - Long Beach	76.9%	14.5%	2.6%	5.7%	0.2%
90815 - Long Beach	79.2%	10.4%	5.2%	4.1%	1.1%
St. Mary Medical Center Long Beach Service Area	49.8%	36.8%	10.8%	1.8%	0.7%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; DP02.

<http://factfinder.census.gov>

Citizenship

In the service area, 15.4% of the population is not a U.S. citizen. This is a lower percentage than the County (18.6%) but higher than the State (14.3%).

Not a U.S. Citizen

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California
Not a Citizen	15.4%	18.6%	14.3%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; B05001.

<http://factfinder.census.gov>

Social Determinants of Health

Education

Of the service area population age 25 and over, 22.7% have less than a high school diploma; this is lower than the Los Angeles County high school incompleteness rate (23.4%) but higher than the California high school incompleteness rate (18.7%). 25.0% of area residents hold at least a bachelor's degree; this is lower compared to the County (29.6%) and State (30.6%) rates.

Educational Attainment

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California
Population age 25 and over	418,521	6,456,772	24,455,010
Less than 9th grade	12.3%	13.7%	10.2%
9 th to 12 th grade, no diploma	10.4%	9.7%	8.5%
High school graduate	21.0%	20.5%	20.7%
Some college, no degree	23.5%	19.6%	22.1%
Associate degree	7.9%	6.9%	7.8%
Bachelor's degree	16.8%	19.4%	19.4%
Graduate or professional degree	8.2%	10.2%	11.2%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey 5-Year Estimates; DP02.

<http://factfinder.census.gov>.

High school graduation rates within the service range from 81.0% in Long Beach Unified School District to 88.4% in Bellflower Unified School District.

High School Graduation Rates, 2013 - 2014 School Year

	High School Graduation Rate*
Bellflower Unified School District	88.4%
Long Beach Unified School District	81.0%
Paramount Unified School District	85.5%
Los Angeles County	77.9%
California	81.0%

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

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

Primary Data Snapshot: Education*

What does this health need look like in Long Beach?

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

What will it take to move the needle on education?

- Pipeline programs and skilled trade programs are one way for racial and ethnic minorities to pursue

majors that lead to meaningful employment.

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

Unemployment

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

Unemployment Rates, Annual Average, 2010-2014

	2010	2011	2012	2013	2014
Bellflower	11.9%	11.7%	10.4%	9.3%	7.8%
Carson	15.8%	15.5%	13.8%	12.4%	10.6%
Long Beach	13.6%	13.3%	11.9%	10.7%	9.0%
Paramount	14.5%	14.2%	12.7%	11.4%	9.6%
Los Angeles County	12.6%	12.3%	10.9%	9.8%	8.3%
California	12.4%	11.7%	10.5%	8.9%	7.5%

Source: California Employment Development Department, Labor Market Information Division, November 2015.
www.labormarketinfo.edd.ca.gov/cqi/dataanalysis/AreaSelection.asp?tableName=labforce

Poverty

Poverty thresholds are used for calculating poverty population statistics; they are updated each year by the Census Bureau. For 2013, the Federal Poverty Level (FPL) for one person was \$11,490 and for a family of four \$23,550. In the service area, 19% of the population is below poverty level. This poverty rate is higher than the County (17.8%) and State (15.9%) rates. There is a similar trend for those who live at or below 200% of the FPL.

Poverty

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California
Below 100% Poverty	19.0%	17.8%	15.9%
Below 200% Poverty	42.5%	40.3%	35.9%

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

When looking at the service area by zip codes, the percentage of residents that live below the FPL ranged from 4% to 35.9%. Those areas that had larger percentages of their residents living below the FPL generally also had larger percentages of residents living below 200% of the FPL. The zip codes with 50%

or more of residents living below 200% of the FPL included: 90804 (52%), 90805 (50.5%), 90806 (54.6%), 90723 (55.1%), and 90813 (70%).

St. Mary Medical Center Long Beach Service Area: Poverty

	Below 100% Poverty	Below 200% Poverty
90706 - Bellflower	17.1%	43.6%
90723 - Paramount	22.1%	55.1%
90745 - Carson	10.5%	29.6%
90802 - Long Beach	25.9%	46.2%
90803 - Long Beach	8.2%	19.5%
90804 - Long Beach	26.3%	52.0%
90805 - Long Beach	22.8%	50.5%
90806 - Long Beach	27.2%	54.6%
90807 - Long Beach	7.6%	21.3%
90808 - Long Beach	4.0%	12.9%
90810 - Long Beach	18.5%	49.0%
90813 - Long Beach	35.9%	70.0%
90814 - Long Beach	13.3%	31.2%
90815 - Long Beach	9.4%	20.0%
St. Mary Medical Center Long Beach Service Area	19.0%	42.5%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; S1701.

<http://factfinder.census.gov>

Primary Data Snapshot: Economic Security*

What does this health need look like in Long Beach?

- Economic security closely linked to many health needs identified in this CHNA, as engaging in healthy behaviors is more difficult when simply meeting one's basic needs is an everyday struggle. The communities most affected by a lack of economic security in the greater Long Beach area included:
 - Low-income families with young children face significant stressors that affect both the mental and physical health of each individual family member. Speaking about this, one participant said, "I would say that poverty is one of the biggest health issues that faces our families. With that poverty goes lack of access to healthy foods, walkability, more stress and trauma in their lives, and more poor environments, which can exacerbate or lead to asthma, obesity, heart disease, diabetes, hypertension, and mental health issues."
 - Individuals with criminal records or who are reentering the community after completing their sentence face significant barriers in regards to employment and income stability.
 - Many immigrants from Southeast Asia are refugees that do not speak English proficiently. This coupled with the mental and physical health needs already experienced by this population affect employment opportunities and income stability.
 - Individuals with HIV/AIDs often live below the federal poverty level, face social stigmatization by their peers resulting in depression and increased health risks.
- Specific zip codes that were identified include 90813 and 90806.

Factors that contribute to issues of economic security

- Key problems that impact economic security in the greater Long Beach area include low wages and wage theft. In describing those who experience wage theft, one participant said, "There's a lot of [...] wage theft. [Employees are] abused in that sense. I've heard of restaurant owners who hire them and make them come in and they only pay them for the hours where it's rushed. They

take away their tips and things like that.”

- There are also high rates of unemployment and underemployment.
- Low high school and college persistence and graduation rates were cited as a key factor in poverty in the Long Beach community.
- Individuals with limited English proficiency struggle to find higher paying jobs, and English language classes and related supports were said to be limited in the area.

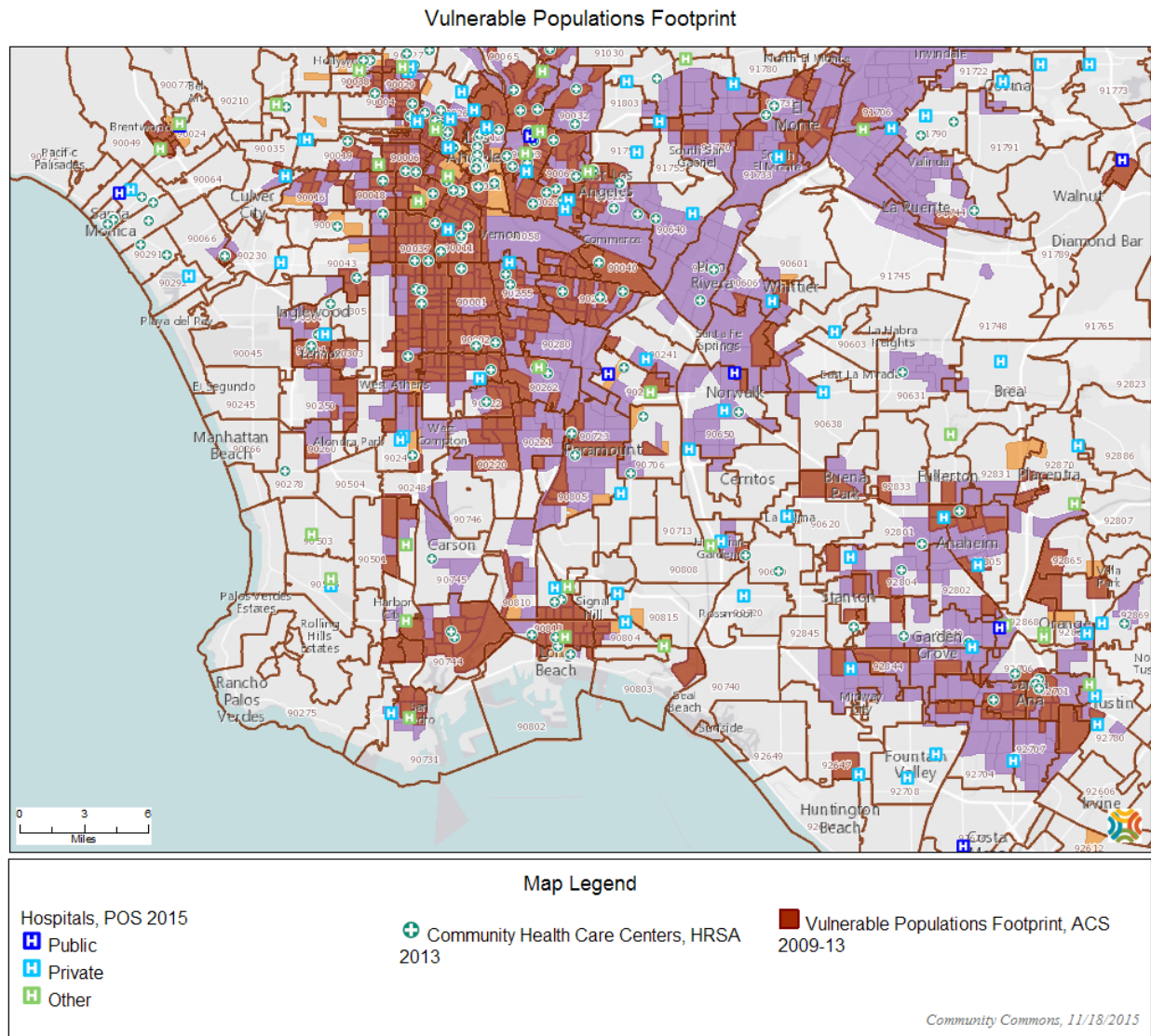
What will it take to move the needle on economic security?

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

Vulnerable Populations

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



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

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

Public Program Participation

In Service Planning Area 6 (SPA 7), 26.6% of residents are currently receiving food stamps. This is higher than the County (18.7%) or State (18.1%) rate. There is a similar trend for TANF or CalWORKS with 16% of SPA 6 residents reporting being a recipient; higher than County (10.6%) or State (8.4%) rates. However, the rates for SPA 8 residents currently receiving food stamps or TANF/CalWORKS (6.8% currently receiving food stamps and 4.7% currently receiving TANF or CalWORKS) are lower compared to the County and State rates. The percentage of women participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in SPA 8 (46.1%) is lower than the County rate (60.7%).

Public Program Participation

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Currently Receiving Foods Stamps	26.6%	6.8%	18.7%	18.1%
Currently Receiving TANF or CalWORKS	16.0%	4.7%	10.6%	8.4%
Currently Receiving WIC	64.6%	46.1%	60.7%	52.8%

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

Free or Reduced Price Meals

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

Free or Reduced Price Meals Eligibility

School District	Number	Percent
Bellflower Unified School District	9,612	73.1%
Long Beach Unified School District	55,064	67.9%
Paramount Unified School District	14,011	88.1%
Los Angeles County	1,054,345	67.9%
California	3,707,508	59.4%

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

Housing

Cost burdened households reports the percentage of the households (renters and owners) where housing costs exceed 30% of total household income. In the service area, 49.5% of households were cost burdened which is higher than the State (45.9%) but slightly lower than the County (50.3%).

Substandard housing includes the percentage of owner- and renter-occupied housing units that have at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. The service area rate of 53.6% is higher than the State (48.4%) but lower than the County (54.4%).

Housing

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California
Cost Burdened Households	49.5%	50.3%	45.9%
Substandard Housing	53.6%	54.4%	48.4%

Source: US Census Bureau, American Community Survey. 2009-13.

Primary Data Snapshot: Access to Housing*

What does this health need look like in Long Beach?

- Individuals with mental and physical health needs, veterans, LGBTQ populations, people with disabilities, and families are populations of high priority.
- Affordable housing is hard to find and is often located in neighborhoods with high crime rates and pollution.
- Housing conditions (mold and pests, overcrowding, etc.) affect both the physical and mental health of residents.

Factors that contribute to housing access

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

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

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

Homelessness

Every two years the Long Beach Department of Health and Human Services conducts Everyone Counts! to determine the number of homeless people on a given day. Between 2011 and 2015, the number of homeless who were identified decreased from 3,164 to 2,345, a 25.9% decrease. In 2015, the unsheltered homeless made up almost two-thirds of those counted (64.5%); those in transitional housing accounted for 17.7%; and emergency shelters 16.7%.

Homelessness in Long Beach by Sheltered and Unsheltered

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

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

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

Homelessness in Long Beach by Age

	2011		2013		2015	
	N	%	N	%	N	%
Under 18	371	11.7%	334	11.7%	255	10.9%
18 to 24	154	4.9%	138	4.8%	134	5.7%
25 to 61	2,395	75.7%	2,126	74.7%	1,767	75.4%
Over age 62	244	7.7%	249	8.7%	189	8.1%
Total	3,164	100.0%	2,847	100.0%	2,345	100.0%

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

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

Homelessness in Long Beach by Ethnicity

	2015	
	N	%
American Indian or Alaska Native	34	1.6%
Asian or Other Pacific Islander	83	4.0%
Black or African-American	698	33.4%
Hispanic or Latino	470	22.5%
White	763	36.5%
Multiple Races or Other	42	2.0%
Total	2,090	100.0%

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

The U.S. Department of Housing and Urban Development (HUD) defined a chronically homeless individual as an unaccompanied homeless individual with a disabling condition who has either been: (1) continuously homeless for a year or more or (2) had at least four episodes of homelessness in the past

three years. Between 2011 and 2015 the number of chronically homeless decreased from 1,127 to 927 or 17.7%. During this time period, the percentage of chronically homeless individuals who are sheltered has steadily increased from 12.7% to 21.1%.

Chronically Homeless in Long Beach

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

Source: City of Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count;

http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/

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

Veterans in Long Beach

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

Source: City of Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count;

http://www.longbeach.gov/health/media-library/documents/services/directory/homeless-services/about-us/2011-2015-hdx-detailed-biennial-homeless-count-comparison_final/

Crime and Violence

Property crimes include burglary, larceny-theft and motor vehicle theft. Violent crimes include homicide, rape, robbery (of an individual or individuals, not a home or business) and aggravated assault. Long Beach has the highest violent crime rate (575.7) followed by Paramount (443.7) and Bellflower (390.3). Data for Carson were not available.

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

Geographic Area*	Property Crime Rates	Violent Crime Rates
Bellflower	2,313.6	390.3
Long Beach	3,007.3	575.7
Paramount	2,792.9	443.7
California	2,758.7	423.1

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

*Data were not available for Carson

Primary Data Snapshot: Crime and Violence*

What does this health need look like in Long Beach?

- Violence is present both in the neighborhood as well as in the home and impacts residents' use of outdoor spaces such as parks or recreational spaces as well as the development of mental health issues related to trauma (see Primary Data Snapshot: Mental Health).
- There is also a lack of connection to resources for victims. For example emergency rooms do not connect victims of violence to community resources.
- Particular geographic areas, such as North Long Beach and certain zip codes, were identified as disproportionately affected by violence, crime and gang activity. For example one CHNA participant said, "Geographically, two areas... [90105 and 90813] have the highest calls for service, the highest for child abuse and neglect, domestic violence, highest part 1 crime and violent crime and lowest levels of education, highest levels of poverty. We very intentionally for the last year have been investing in what I call social infrastructure and getting to know the key community leaders in those neighborhoods as well as introducing them to each other."

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

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

General Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to accessing health care including regular primary care, specialty care and other health services that contributes to one's health status. The Healthy People 2020 objective is for 100% of the population to have health insurance. The percentage of the population that is insured in the service area (79.5%) is higher than the County's rate (77.8%) but lower than the California (82.2%) and does not meet the Healthy People 2020 Objective. The same trends were observed when examining the rates of those with health insurance among children and adults. Across all geographies, the rates of health insurance are higher for children under 18 compared to adults.

Health Insurance Coverage

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California	Healthy People 2020 Objective
Total Population	79.5%	77.8%	82.2%	100.0%
Children Under 18	91.4%	90.4%	91.7%	
Adults Ages 18-64	72.1%	69.8%	75.5%	

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; S2701.

<http://factfinder.census.gov>

Within the service area, there are several zip codes with less than 75% of their population holding health insurance: 90813 (68.9%), 90723 (70%), and 90804 (74.3%). Zip code 90723 (85.8%) had the lowest percentage of children with health insurance coverage. Zip codes in which less than 60% of adults have health insurance included: 90813 (54.7%) and 90723 (59.5%).

St. Mary Medical Center Long Beach Service Area: Health Insurance Coverage

Geographic Area	Total Population	Children Under 18	Adults Ages 18-64
90706 - Bellflower	78.5%	89.7%	70.7%
90723 - Paramount	70.0%	85.8%	59.5%
90745 - Carson	81.8%	92.0%	74.9%
90802 - Long Beach	76.7%	89.0%	71.9%
90803 - Long Beach	91.7%	96.1%	89.1%
90804 - Long Beach	74.3%	88.5%	67.8%
90805 - Long Beach	76.6%	90.9%	67.5%
90806 - Long Beach	77.4%	92.0%	67.7%
90807 - Long Beach	88.7%	96.5%	84.2%
90808 - Long Beach	92.3%	97.6%	88.9%
90810 - Long Beach	79.2%	95.9%	68.1%
90813 - Long Beach	68.9%	90.2%	54.7%
90814 - Long Beach	86.2%	95.5%	82.7%
90815 - Long Beach	91.0%	96.6%	87.8%
St. Mary Medical Center Long Beach Service Area	80.2%	91.4%	72.1%

Source: U.S. Bureau of the Census, 2009-2013 American Community Survey, 5-year average; S2701.

<http://factfinder.census.gov>

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

percentage of residents in SPA 6 (48.5%) who are covered through Medi-Cal is higher than the County (24.4%) and State (22.5%).

Insurance Coverage

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

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

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

Access to Primary Care

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

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

Primary Data Snapshot: Access to Care*

What does this health need look like in Long Beach?

- Undocumented and low-income, minority individuals typically have the hardest time accessing quality health care because they are not covered by the Affordable Care Act. For example, one participant described the concern stating that, “I know with Obamacare, more people are accessing health care, but I think that that still might be an issue within the community.[...] I would say, probably, lower SES folks are still most affected, as well as ethnic minority groups, that would include African Americans, Latinos, some Asian and Pacific Islanders.”
- Many of the lower income and minority populations in the area do not receive quality health care options from their workplace.
- Individuals that do not qualify for Medi-Cal need access to care. One CHNA participant described the service gap saying, “If a person makes too much to qualify for Medi-Cal, they often must pay an amount for care that is unrealistic for their income. They make too much and too little and end up with no care at all. They slip through the cracks.”
- Older adults were also highlighted as a group especially in need of supports in this area.
- There are also still certain high need areas within the region that need additional enrollment and outreach.

Factors that contribute to housing access

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

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

- There are many entities and health coverage enrollers, but a need exists to increase collaboration and active referrals for hard to reach populations.

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendix C - E.

Sources of Care

Having a medical home and a usual source of care, a place where a person usually goes if sick or in need of health advice, is an important facet of health and well-being since these can improve continuity of care and access to earlier care. The percentage of people who reported access to a usual source of care in SPAs 6 and 8 did not meet the Healthy People 2020 objectives for children, adults and seniors. The rates in SPA 8 for children (87.8%) and seniors (92.0%) were lower than the County (90.3% children; 92.3% seniors) and State (91.5% children; 94.9% seniors). The rate in SPA 6 for children (85.6%) was also lower than the County and State rates.

Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
Service Planning Area 6	85.6%	86.0%	93.4%
Service Planning Area 8	87.8%	88.1%	92.0%
Los Angeles County	90.3%	79.9%	92.3%
California	91.5%	81.7%	94.9%
Healthy People 2020 Objective	100%	89.4%	100%

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

In SPA 6, Community or Government clinics or hospitals were the most frequently identified source of care (41.5%), while Physicians' offices, HMO or Kaiser were the most frequently identified source of care for SPA 8 (66%). There is a sizeable portion of residents who do not have a usual source of care in SPA 6 (13.5%) and SPA 8 (11.5%); however, these rates are smaller compared to the County (16.2%) and State (14.2%).

Sources of Care

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Physician Office/HMO/Kaiser	38.9%	66.0%	57.6%	60.7%
Community Or Government Clinic/Community Hospital	41.5%	21.1%	23.6%	23.0%
Emergency Room/Urgent Care	6.2%	1.0%	1.7%	1.4%
Some Other Place / No One Place	N/A	0.4%	0.9%	0.7%
No Usual Source Of Care	13.5%	11.5%	16.2%	14.2%

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

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

Use of Emergency Room

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

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

Dental Care

Engaging in preventive behaviors, such as having regular dental exams, can decrease the likelihood of developing future health problems. 41.6% of adults in SPA 6 and 30.3% in SPA 8 had not had a dental exam within the last year. The SPA 6 rate was higher than the County (31.1%) and State (28.3%) rates.

Dental Care

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Time since last dental exam, 1 year or longer - Adult	41.6%	30.3%	31.1%	28.3%

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

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

Time since Last Dental Visit Children and Teens

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

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

SPA 6 has a lower percentage of adults who have dental insurance compared to the County (48.2%), whereas SPA 8 has a higher percentage (50.7%). SPA 6 (35%) also has a higher percentage of adults who were unable to obtain dental care because they cannot afford it compared to the County (30.3%).

Adult Dental Care

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Adults Who Have Dental Insurance that Pays for Some or All of Their Routine Dental Care	37.1%	50.7%	48.2%	47.0%
Adults Who Reported Their Last Visit to a Dentist Was Less Than 12 Months Ago	44.5%	60.5%	55.8%	48.9%
Adults Unable to Obtain Dental Care Because They Could Not Afford It	35.0%	27.4%	30.3%	33.9%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.
www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Children have increased access to dental care when compared to adults; 75.8% of children in SPA 6 and 81.5% of children in SPA 8 have dental insurance. However, similar to the trend observed among adults, a greater percentage of children in SPA 6 (14.9%) are unable to obtain dental care due to cost compared to the County (12.6%).

Children Dental Care

	Service Planning Area 6	Service Planning Area 8	Los Angeles County
Children Who Have Dental Insurance	75.8%	81.5%	78.2%
Children Unable to Obtain Dental Care Because They Could Not Afford It	14.9%	12.2%	12.6%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.
www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

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

Federally Qualified Health Centers

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California
Federally Qualified Health Centers, Rate per 100,000 Population	1.4	1.4	2.0

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

Barriers to Care

Compared to the County, a greater percentage of adults in SPA 6 reported barriers in accessing dental care (35%), medical care (18.7%) and mental health care (6.8%) due to cost. In addition 44.6% of SPA 6 residents reported obtaining medical care when needed is somewhat or very difficult. The rates for SPA 6 are higher than the County rates, whereas the rates for SPA 8 are lower than the County.

Barriers to Accessing Health Care

	Service Planning Area 6	Service Planning Area 8	Los Angeles County
Adults Unable to Obtain Dental Care in the Past Year Because They Could Not Afford It	35.0%	27.4%	30.3%
Adults Unable to See a Doctor for a Health Problem When Needed in the Past Year Because They Could Not Afford It	18.7%	14.0%	16.0%
Adults Unable to Receive Mental Health Care or Counseling in the Past Year Because They Could Not Afford It	6.8%	4.2%	6.1%
Adults Who Reported They Did Not Get Prescription Medication When Needed in the Past Year Because They Could Not Afford It	18.8%	15.1%	15.4%
Adults Who Reported Obtaining Medical Care When Needed is Somewhat or Very Difficult	44.6%	28.5%	31.7%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.
www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

In SPA 6, the percentage of residents who had difficulty finding primary care (3.9%) was less than the County (4.7%) and the State (4.6%).

Difficulty Finding Primary Care and Specialty Care, Adults

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Difficulty finding primary care	3.9%	4.0%	4.7%	4.6%
Difficulty finding specialty care	3.2%	9.7%	11.1%	10.8%

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

Delayed Care

Over one-third of respondents in SPA 8 (37.5%) and over half of respondents in SPA 6 (55.5%) reported delaying care due to cost or lack of insurance. However, the rates for SPA 8 are lower than the County (44.8%) and State (51.3%). 13.7% of SPA 8 respondents said that they delayed or didn't get medical care in the past 12 months which is larger than the County (11.7%) or State (11.3%) rates. The rates in SPAs 6 and 8 do not meet the Healthy People 2020 Objectives of reducing the proportion of people who were unable to obtain or delayed medical care to 4.2% and those who were unable to obtain or delayed obtaining necessary prescription medicines to 2.8%.

Delayed Care

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Delayed care due to cost or lack of insurance	55.5%	37.5%	44.8%	51.3%
Delayed or didn't get other medical care in past 12 months	10.7%	13.7%	11.7%	11.3%
Delayed or didn't get prescription medicine in past 12 months	8.8%	7.7%	7.9%	8.7%

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

Health Status

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

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

The percentage of adults with poor dental health indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection. This is important because studies have linked oral health with general health and well-being. The percentage of adults with poor dental health in Los Angeles County (11.6%) is similar to the State rate (11.3%).

Poor Dental Health

	Los Angeles County	California
Percentage of Adults with Poor Dental Health	11.6%	11.3%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.

Maternal and Infant Health

Births

In 2012, there were 9,491 births in the service area. There has been a decrease in the number of births in the service area from 2010 to 2012.

Births by Year, 2010-2012

2010	2011	2012
9,700	9,524	9,491

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

Prenatal Care

Engaging in early prenatal care is important because health risks to both the mother and infant can be detected early. 84.0% of women in the service area obtained prenatal care during the first trimester of their pregnancy. This rate is higher than the State rate (83.8%) and the Healthy People 2020 objective of 77.9%.

Prenatal Care

	St. Mary Medical Center Long Beach Service Area	California	Healthy People 2020 Objective
Prenatal care in the first trimester	84.0%	83.8%	77.9%

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

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

The highest percentage of women in zip codes 90808 (92.7%) and 90803 (93.8%) obtained prenatal care in the first trimester, while less than 80% of women in zip codes 90745 (78.9%), 90802 (79.6%) and 90806 (79.8%) obtained prenatal care in the first trimester.

Prenatal Care Beginning in the First Trimester by Zip Code

	Number of Women	Live Births [^]	Percent of Live Births
90706 - Bellflower	914	1,067	85.7%
90723 - Paramount	737	866	85.1%
90745 - Carson	522	662	78.9%
90802 - Long Beach	391	491	79.6%
90803 - Long Beach	225	240	93.8%
90804 - Long Beach	485	571	84.9%
90805 - Long Beach	1,318	1,574	83.7%
90806 - Long Beach	595	746	79.8%
90807 - Long Beach	298	333	89.5%
90808 - Long Beach	345	372	92.7%
90810 - Long Beach	421	516	81.6%
90813 - Long Beach	884	1,098	80.5%
90814 - Long Beach	176	197	89.3%
90815 - Long Beach	321	350	91.7%
St. Mary Medical Center Long Beach Service Area	7,632	9,083	84.0%
California	79,964	492,643	83.8%
Healthy People 2020 Objective			77.9%

Source: California Department of Public Health, 2012.

www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

[^]Births in which the first month of prenatal care is unknown are not included in the tabulation.

Low Birth Weight

Low birth weight reports the percentage of total births that are low birthweight (under 2500g). This indicator is relevant because low birthweight infants are at high risk for health problems. The percent of low weight births in the service area is 7.4% which is higher than the State (6.7%). The service area meets the Healthy People 2020 Objective of 7.8%.

Low Birth Weight

	St. Mary Medical Center Long Beach Service Area	California	Healthy People 2020 Objective
Low Birth Weight	7.4%	6.7%	7.8%

Source: California Department of Public Health, 2012.

www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

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

Low Birth Weight (Under 2,500 g)

	Low-Weight Births	Live Births	Percent of Live Births
90706 - Bellflower	77	1,100	7.0%
90723 - Paramount	61	893	6.8%
90745 - Carson	51	673	7.6%
90802 - Long Beach	35	514	6.8%
90803 - Long Beach	16	252	6.3%
90804 - Long Beach	51	598	8.5%
90805 - Long Beach	149	1,674	8.9%
90806 - Long Beach	67	788	8.5%
90807 - Long Beach	22	348	6.3%
90808 - Long Beach	25	392	6.4%
90810 - Long Beach	27	541	5.0%
90813 - Long Beach	93	1,147	8.1%
90814 - Long Beach	12	204	5.9%
90815 - Long Beach	16	367	4.4%

Source: California Department of Public Health, 2012.

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

^Births in which the birth weight is unknown are not included in the tabulation.

Teen Births

In 2012, teen births occurred at a rate of 80 per 1,000 births, or 8.0% of total births in the service area.

This rate is higher than the State rate of 7.0%. There were a number of zip codes where the percentage of teen births exceeded 10% including: 90723 (10.1%), 90806 (11.7%), 90810 (12.2%) and 90813 (11.6%).

Births to Teenage Mothers (Under Age 20)

	Births to Teen Mothers	Rate per 1,000 Live Births	Percent of Teen Births
90706 - Bellflower	70	63.6	6.4%
90723 - Paramount	90	100.8	10.1%
90745 - Carson	45	66.9	6.7%
90802 - Long Beach	27	52.5	5.3%
90803 - Long Beach	4	15.9	1.6%
90804 - Long Beach	40	66.9	6.7%
90805 - Long Beach	160	95.6	9.6%
90806 - Long Beach	92	116.8	11.7%
90807 - Long Beach	16	46.0	4.6%
90808 - Long Beach	5	12.8	1.3%
90810 - Long Beach	66	122.0	12.2%
90813 - Long Beach	133	116.0	11.6%
90814 - Long Beach	3	14.7	1.5%
90815 - Long Beach	8	21.8	2.2%
St. Mary Medical Center Long Beach Service Area	759	80.0	8.0%
California	35,281	70.0	7.0%

Source: California Department of Public Health, 2012.

www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Infant Mortality

Infant mortality in the service area was 4.4 deaths per 1,000 live births in 2012. The infant death rate in the State was slightly higher, at 4.5 deaths per 1,000 live births. The area infant death rate is better than the Healthy People 2020 Objective of 6.0 infant deaths per 1,000 live births.

Infant Mortality Rate

	Infant Deaths	Live Births	Death Rate per 1,000 Live Births
St. Mary Medical Center Long Beach Service Area	42	9,491	4.4
California	2,247	503,788	4.5
Healthy People 2020 Objective			6.0

Source: California Department of Public Health, 2012.

www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx;

www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Primary Data Snapshot: Pregnancy and Birth Outcomes*

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

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

Breastfeeding

For babies born at the hospital, 92.2% of new mothers breastfed some during their hospital stay and 60.6% breastfed exclusively. The any breastfeeding rate is slightly lower than that of hospitals in Los Angeles County and the State, while the exclusive breastfeeding rate is higher than the County but lower than the State. The Healthy People 2020 objective is that 81.9% of women breastfeed their infants.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
St. Mary Medical Center Long Beach Service Area	2,447	92.2%	1,484	60.6%
Los Angeles County	109,455	92.8%	62,955	53.3%
California	396,602	92.9%	275,706	64.6%

Source: California Department of Public Health, In-Hospital Breastfeeding by Hospital of Occurrence, 2013.

www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx

Leading Causes of Death

Premature Death

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

Leading Cause of Premature Death, Service Planning Areas 6 & 8, 2011

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

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2014.

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

Years of Potential Life Lost (YPLL) measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This can provide a unique and comprehensive look at the overall health status by examining premature deaths in a community. The service area rate of 5464 is very similar to the County (5463) and lower than the State (5594).

Years of Potential Life Lost

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California
Years of Potential Life Lost, Rate per 100,000 Population	5464	5463	5594

Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2008-10.

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

Age Adjusted Mortality Rates per 100,000

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California	Healthy People 2020 Objective
Heart Disease	216.0	172.6	163.2	103.4
Cancer	168.4	153.0	157.1	161.4
Stroke	43.1	36.2	37.4	34.8
Homicide	6.3	6.0	5.2	5.5
Motor Vehicle Accident	6.1	5.4	5.2	12.4
Pedestrian Accident	2.4	2.3	2.0	1.4

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

In 2012, the majority of deaths were attributed to heart disease and malignant neoplasms (cancer), consistent with the age-adjusted mortality rate. The percent of deaths attributed to heart disease was slightly higher in the service area (29.1%), compared to the State (24.4%).

Causes of Death

	St. Mary Medical Center Long Beach Service Area	California
Heart Disease	29.1%	24.4%
Malignant Neoplasms (Cancer)	22.9%	23.7%
Cerebrovascular Disease (Stroke)	5.6%	5.5%
Chronic Lower Respiratory Disease	5.2%	5.3%
Alzheimer's Disease	3.2%	4.8%
Unintentional Injuries (Accidents)	3.9%	4.4%
Diabetes Mellitus	3.5%	3.2%
Influenza and Pneumonia	3.0%	2.4%
Chronic Liver Disease and Cirrhosis	2.0%	1.9%
Essential Hypertension and Hypertensive Renal Disease	2.2%	1.9%
Intentional Self Harm (Suicide)	1.3%	1.6%
Nephritis, Nephrotic Syndrome and Nephrosis	1.1%	1.1%
Other	17.0%	19.7%

Source: California Department of Public Health, 2012.

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

Chronic Diseases

HIV/AIDS

Between 2011 and 2013, the rate of HIV diagnoses has decreased. In 2013, the rate of HIV is highest in SPA 6 (16 per 100,000 people), followed by SPA 8 (13 per 100,000 people).

HIV Diagnoses and Rates per 100,000 Population, 2011 – 2013

	2011		2012		2013	
	Number	Rate	Number	Rate	Number	Rate
Service Planning Area 6	268	27	223	22	159	16
Service Planning Area 8	300	20	324	21	205	13
Los Angeles County	1,930	19	1,911	19	1,268	13

Source: County of Los Angeles, Public Health, 2013 Annual HIV Surveillance Report.

<http://publichealth.lacounty.gov/www/files/ph/hae/hiv/2013AnnualSurveillanceReport.pdf>

The rate of persons living with AIDS per 100,000 population in SPA 6 (285) and SPA 8 (324) is higher than the County rate (276).

Persons Living with AIDS and Rates per 100,000 Population, 2013

	Service Planning Area 6		Service Planning Area 8		Los Angeles County	
	Number	Rate	Number	Rate	Number	Rate
Persons Living with AIDS	2,904	285	4,698	324	27,314	276

Source: County of Los Angeles, Public Health, 2013 Annual HIV Surveillance Report.

<http://publichealth.lacounty.gov/www/files/ph/hae/hiv/2013AnnualSurveillanceReport.pdf>

Asthma

Asthma is a condition that when appropriately managed can prevent ER visits or hospitalizations. In SPA 6, 6.8% of the population has been diagnosed with asthma, with 10.7% in SPA 8. The percentage of SPA 6 residents taking daily medication to control asthma (39.8%) is also lower than the County and State rates.

Asthma

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Diagnosed with Asthma, Total Population	6.8%	10.7%	11.4%	14.0%
ER Visit in Past Year Due to Asthma, Total Population	3.4%	1.6%	4.7%	9.6%
Takes Daily Medication to Control Asthma, Total Population	39.8%	56.8%	41.0%	44.2%

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

Cancer

Compared to the State, age-adjusted cancer incidences in Los Angeles County were lower for breast and lung and bronchus cancer and were higher for colon and rectum and cervical cancer.

Age-Adjusted Cancer Incidence, per 100,000 Persons

	Los Angeles County	California	Healthy People 2020 Objective
Breast Cancer	117.1	122.4	None
Lung and Bronchus Cancer	43.1	49.5	None
Colon and Rectum Cancer	43	41.5	38.7
Cervical	9.2	7.8	7.1

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.

Diabetes

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

Adult Diabetes

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

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

Heart Disease

The percentage of adults who have been diagnosed with heart disease in SPA 6 (8.6%) is higher compared to the County (5.7%) and State (6.1%) rates, while SPA 8 (5.7%) is the same as the County and slightly less than the State. SPA 8 (59.2%) has a higher percentage of adults with heart disease that have a management care plan than the County (55.5%) but is lower than the State rate (67.1%). The rate in SPA 6 (55.4%) is similar to the County (55.5%) and lower than the State (67.1%).

Adult Heart Disease

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Ever Diagnosed with Heart Disease	8.6%	5.7%	5.7%	6.1%
Very Confident to Control Condition	62.4%	53.6%	53.5%	53.6%
Somewhat Confident to Control Condition	33.3%	32.5%	36.0%	34.9%
Not Confident to Control Condition	4.2%	13.9%	10.4%	11.5%
Has a Management Care Plan	55.4%	59.2%	55.5%	67.1%

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

High Blood Pressure

High blood pressure (hypertension) is a contributing cause to stroke, diabetes and heart disease. The percentage of adults diagnosed with high blood pressure in SPA 6 (35.7%) and SPA 8 (34.0%) is greater than the County (27.3%) and State (28.5%) rates as well as the Healthy People 2020 Objective (26.9%). However, the percentage of those who report taking medication for high blood pressure in SPA 8 (79.8%) is greater than the County (67.2%) and State (68.5%).

High Blood Pressure

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California	Health People 2020 Objective
Diagnosed with High Blood Pressure	35.7%	34.0%	27.3%	28.5%	26.9%
Takes Medication for High Blood Pressure	55.5%	79.8%	67.2%	68.5%	

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

Primary Data Snapshot: Chronic Disease*

What does this health need look like in Long Beach?

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

Factors that contribute to chronic disease

- Lack and awareness of available resources: There are a limited number of affordable health clinics available to treat chronic diseases and provide prevention services which impacts chronic

disease rates.

- Lack of education regarding chronic diseases: Many members of the disproportionately impacted groups mentioned above lack a solid understanding of the causes, symptoms and long term impacts of chronic diseases.
- Cultural mistrust in doctors and professional health services: Although members of the Cambodian community were the most often cited group that are reluctant to seek professional help for chronic conditions, communities of color in general were said to rely more on natural or religious remedies to deal with chronic disease symptoms due to a cultural mistrust in doctors and modern medicine.

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

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

Preventive Health Care

Vaccines and Immunizations Flu and Pneumonia Vaccines

Compared to the County (40.6%) and State (45.8%), a smaller percentage of SPA 8 (35.2%) residents received the flu vaccine. However, a higher percentage received the flu vaccine in SPA 6 (43.3%) compared to the County. More seniors received flu vaccines than adults or children in SPA 8. Children (58.5%) and seniors (57.4%) both had higher percentages than adults in SPA 6. The Healthy People 2020 Objective is that 70% of children and adults are vaccinated annually against influenza. The rates for SPA 6 (58.5% children; 34.5% adults) and SPA 8 (31.3% children, 33.1% adults), do not meet the Healthy People 2020 Objective.

Flu Vaccine in the Last 12 Months

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Received Flu Vaccine, Total Population	43.3%	35.2%	40.6%	45.8%	
Received Flu Vaccine, 0-17 Years Old	58.5%	31.3%	47.8%	53.7%	70%
Received Flu Vaccine, 18-64	34.5%	33.1%	32.5%	37.4%	70%
Received Flu Vaccine, 65+ Years Old	57.4%	54.0%	69.7%	72.8%	

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

Children in SPA 6 (45.9%) most frequently receive vaccines at a community clinic. In SPA 8 (48.6%), however, children most frequently receive vaccines from a doctor's office, Kaiser or HMO. The SPA 8 rates are similar to the County (47.1%) and State (47.1%).

Flu Vaccine, Location Received

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Received Vaccine at Dr. Office/ Kaiser/ HMO	31.5%	48.6%	47.1%	47.1%
Received Vaccine at Community Clinic	45.9%	23.3%	24.5%	23.6%
Received Vaccine at Hospital or E	16.2%	7.5%	9.0%	7.1%
Received Vaccine Some Other Place	6.3%	17.5%	19.4%	22.2%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu>

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 53.9% of seniors in SPA 6 and 62.9% in SPA 8 obtained a pneumonia vaccine, neither of which meets the Healthy People 2020 Objective.

Pneumonia Vaccine, Adults 65+

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Adults 65+, had a Pneumonia Vaccine	53.9%	62.9%	61.3%	63.4%	90%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011. www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Childhood Immunizations

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

School Immunizations in Kindergarten, 2014-2015

	Percentage Range of Up-To-Date Immunizations
Bellflower Unified School District	92%-99%
Long Beach United School District	46%-100%
Paramount Unified School District	75%-100%
Los Angeles County	86.0%
California	90.4%
Healthy People 2020 Objective	95.0%

Source: School Assessments Unit, Immunization Branch, Division of Communicable Disease Control, Center for Infectious Diseases, California Department of Public Health. 2015. School Immunizations In Kindergarten, 2014-2015. <https://cdph.data.ca.gov/Healthcare/School-Immunizations-In-Kindergarten-2014-2015/4y8p-xn54>
<http://www.cdph.ca.gov/programs/immunize/Documents/2014-15%20CA%20Kindergarten%20Immunization%20Assessment.pdf>

Screenings

Mammograms & Pap Smears

The Healthy People 2020 objective is for 81.1% of women age 50 to 74 to have a mammogram in the past two years. The percent of women age 50 and over who had a mammogram in the previous two years in SPA 6 (83.5%) met the Healthy People 2020 objective. However, the SPA 8 rate of 76% does not meet the Healthy People 2020 objective and is lower than the County rate of 79.8%.

The Healthy People 2020 objective is for 93% of women age 21 to 65 to have a pap smear in the past three years. The percentages of women 21 to 65 who have had a pap smear in the past three years in SPA 6 (87.4%) and SPA 8 (83.3%) do not meet the Healthy People 2020 objective. The rates in all three, however, are higher than the County rate (82.8%).

Women Mammograms and Pap Smears

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	Healthy People 2020 Objective
Women 50-74 Years, had a Mammogram in Past Two Years	83.5%	76.0%	79.8%	81.1%
Women 21-65 had a Pap Smear in Past Three Years	87.4%	83.3%	82.8%	93.0%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011. www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Colorectal Cancer Screening

The Healthy People 2020 Objective for colorectal screening is that 70.5% of adults 50 to 75 years old are screened. 67.1% received a colorectal cancer screening in SPA 6 and 79.1% in SPA 8. Of adults advised to obtain screening, 57.9% complied at the time of recommendation in SPA 6 and 70.1% in SPA 8.

Colorectal Cancer Screening, Adults 50+

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Screening Sigmoidoscopy, Colonoscopy or Fecal Occult Blood Test	67.1%	79.1%	75.7%	78.0%	70.5%
Compliant with Screening at Time of Recommendation	57.9%	70.1%	66.5%	68.1%	

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

Primary Data Snapshot: Preventive Health Care*

What will it take to move the needle on preventive health care?

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

Mental & Behavioral Health

Mental Health

8.2% of adults in SPA 6 and 11.8% in SPA 8 experienced serious psychological distress in the past year. The rate for SPA 8 is higher than the County (9.6%) and State (7.7%). The percentage of adults who needed help for emotional-mental and/or alcohol-drug issues in the past year in SPA 8 (21.5%) was higher than the County (18%) and State (15.9%), whereas SPA 6 had a lower percentage (15.0%). A significant portion of people who sought or needed help did not receive treatment (45.6% in SPA 6 and 32.1% in SPA 8). The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment.

Mental Health Indicators, Adults

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Adults who has Likely had Serious Psychological Distress During Past Year	8.2%	11.8%	9.6%	7.7%
Adults who Needed Help for Emotional-Mental and/or Alcohol-Drug Issues in Past Year	15.0%	21.5%	18.0%	15.9%
Adults who Saw a Health Care Provider for Emotional/Mental Health and/or Alcohol-Drug Issues in Past Year	10.9%	18.1%	13.0%	12.0%
Adults who Sought/Needed Help but Did Not Receive Treatment	45.6%	32.1%	43.2%	43.4%
Adults who Took Prescription Medicine for Emotional/Mental Health Issue in Past Year	8.0%	11.2%	9.2%	10.1%

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

SPA 6 had a lower percentage of teens that needed help for an emotional or mental health problem (17.5%) compared to the than the County (22.4%) and State (23.2%). SPA 8 had much higher percentages of both teens who needed help for an emotional or mental health problem (48.2%) and teens who received psychological or emotional counseling in the past year (36.6%) that the County and State.

Mental Health Indicators, Teens

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Teens who Needed Help for Emotional / Mental Health Problems in Past Year	17.5%	48.2%	22.4%	23.2%
Teens who Received Psychological / Emotional Counseling in Past year	10.4%	36.6%	14.5%	11.6%

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

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

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

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

www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Compared to the County (11.9%) and State (10.4%), a greater percentage of SPA 8 residents (12.5%) said that emotions interfere with their work.

Mental Health Impairment, Adults, in the past 12 months

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Did your emotions interfere with your work?				
• No	91.2%	87.5%	88.1%	89.6%
• Moderate	5.1%	5.6%	7.2%	6.5%
• Severe	3.7%	6.9%	4.7%	3.9%
Did your emotions interfere with your family life?				
• No	89.5%	81.2%	84.9%	86.6%
• Moderate	6.6%	6.2%	8.5%	7.6%
• Severe	3.9%	12.5%	6.6%	5.8%
Did your emotions interfere with your social life?				
• No	92.0%	81.7%	85.4%	86.9%
• Moderate	2.9%	5.8%	7.5%	6.3%
• Severe	5.1%	12.5%	7.0%	6.9%

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

5.2% of adults in SPA 6 and 9.5% in SPA 8 had seriously considered suicide. The SPA 8 percentage is higher than the County (7.2%) and State (7.8%).

Thought about Committing Suicide

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Adults Who Ever Seriously Thought About Committing Suicide	5.2%	9.5%	7.2%	7.8%

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

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

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

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

Source: County of Los Angeles Public Health, LA HealthDataNow!

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

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

Primary Data Snapshot: Mental Health*

What does this health need look like in Long Beach?

- Four populations are disproportionately affected by mental health issues in the greater Long Beach community
 - Many members of the homeless population suffer from addiction and substance abuse, which can often lead to severe mental health disorders. Additionally, unstable housing often brings with it significant stressors and anxiety as affected individuals struggle to meet their basic needs.
 - Veterans are more at risk of trauma-related disorders such as PTSD that may further exacerbate other mental health issues. They also lack accessible mental health resources and face further stigmatization by the public and by law enforcement officials in Long Beach.
 - The historical trauma experienced by the older Cambodian population coupled with neighborhood violence are key contributors to this mental health issues for the Cambodian community in the greater Long Beach area. In describing the experiences of the Cambodian community, one CHNA participant said, "The Cambodian community has lots of history of trauma. They don't really want to go to government or medical facilities because they are fearful."
 - Youth, in particular LGBTQ youth and those in foster care, often deal with neighborhood and family violence in Long Beach.
- Several specific geographic areas within the Long Beach community were raised as disproportionately affected by mental health issues, including the zip code 90813 and specific parks, such as Cesar Chavez and a park on 7th St.

Factors that contribute to mental health issues

- Stigmatization of mental health issues: The stigmatization of mental health issues was by far the most frequently mentioned factor and was attributed mainly to cultural stigmas in communities of color.
- Lack of mental health resources and barriers to access: Several participants said that Long Beach lacks sufficient mental health resources that are accessible to the most impacted populations.
- Trauma and violence: Many of the groups affected by mental health issues in the greater Long Beach community have experienced or are currently experiencing trauma in the form of racial persecution, domestic violence, gang violence and violent crimes. In describing the extent of trauma and its impact for residents, one CHNA participant said, "I think we have a community that has experienced tremendous trauma, and actually lives with trauma in such a routine way that they may not even recognize some of the mental health challenges that ultimately have developed

as a result. When you have a community that is routinely exposed to circumstances that are traumatic, one of the reasons I think our families appear to be resistant to care is because they don't even know they're uncomfortable."

- **Poverty:** Poverty can exacerbate mental health issues when people are not able to afford needed prescriptions or mental health services. Secondly, economic stress experienced by those who are unemployed or underemployed can impact one's mental well-being.

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

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol in a set period of time. For males, it is five or more drinks per occasion. For females, it is four or more drinks per occasion. In SPA 6 (31.9%), a higher percentage of adults engaged in binge drinking than at the County (31.5%) and State (32.6%) level. The percentage of adults in SPA 8 who reported binge drinking in the past year (26.3%) is lower than the County and State rates. 17.8% of teens in SPA 6 and 33.8% of teens in SPA 8 reported they had tried an alcoholic drink. The SPA 8 rate is higher than the County (19.1%) and State (22.5%) rates.

Alcohol Consumption and Binge Drinking

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Adult Binge Drinking Past Year	31.9%	26.3%	31.5%	32.6%
Teen Ever Had an Alcoholic Drink	17.8%	33.8%	19.1%	22.5%

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

Compared to the County and State, a larger percentage of teens in SPA 6 and SPA 8 reported trying illegal drugs (31.9% and 23.4% respectively). SPA 8 also has a larger percentage of teens using marijuana in the past year (21.6%) compared to the County and State.

Teen Illegal Drug Use

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

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

6.9% of adults in SPA 6 and 6.8% in SPA 8 reported misuse of prescription drugs in the past year. The SPA 6 and SPA 8 rates are higher than the County (5.2%).

Adults Who Reported Misusing Any Form of Prescription Drugs in the Past Year

	Service Planning Area 6	Service Planning Area 8	Los Angeles County
Adults, 18+ Years Old	6.9%	6.8%	5.2%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.

www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Among adults, 2.4% in SPA 6 and 1.6% in SPA 8 indicated they had used methamphetamines, cocaine or ecstasy in the past year. The rate in SPA 6 is slightly higher than the County rate (2.3%).

Adults Who Reported Using Methamphetamines, Cocaine, or Ecstasy in the Past Year

	Service Planning Area 6	Service Planning Area 8	Los Angeles County
Adults, 18+ Years Old	2.4%	1.6%	2.3%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.

www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Cigarette Smoking

Smoking has been found to increase the risk of developing heart disease, stroke and cancer. The percentage of adults who identified themselves as current smokers in SPA 6 (12.8%) is higher than the County (10.8%) and State (11.6%) rates and does not meet the Healthy People 2020 objective of 12%. The rate in SPA 8 (10.3%) is lower compared to the County and State and meets the Healthy People 2020 objective. The percentage of residents who identified themselves as former smokers in SPA 6 (26.1%) is higher compared to the four other geographies.

Cigarette Smoking, Adults

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Current Smoker	12.8%	10.3%	10.8%	11.6%	12%
Former Smoker	26.1%	22.6%	22.4%	22.4%	

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

Among teens in SPA 8, 9.1% are current cigarette smokers and 33.6% have smoked an electronic (vaporizer) cigarette. These rates are higher than the County (2.3% cigarette smoker; 11.3% have tried and electronic cigarette) and State (3.1% cigarette smoker; 10.3% have tried and electronic cigarette).

Smoking, Teens

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Current Cigarette Smoker	1.4%	9.1%	2.3%	3.1%
Ever Smoked an e-Cigarette	3.2%	33.6%	11.3%	10.3%

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

Primary Data Snapshot: Alcohol, Drug and Tobacco Use*

What does this health need look like in Long Beach?

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

Factors that contribute to substance use issues

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

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

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

Sexual Health

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

STD Cases, Rate per 100,000 Persons, 2012

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

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

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

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

Teen Sexual History

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Never Had Sex	56.8%	70.1%	78.4%	82.9%
First Encounter Under 15 Years Old	29.4%	13.5%	10.7%	7.6%
First Encounter Over 15 Years Old	13.9%	16.4%	10.9%	9.5%
If Had Sex, Tested for STD in Past Year	4.6%	56.9%	36.7%	31.7%

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

Weight Status, Nutrition and Physical Activity

Overweight and Obesity

35.9% of adults in SPA 6 and 34.1% in SPA 8 are overweight. The rate in SPA 8 is lower compared to the County (36.2%) and State (35.5%) rates, while the rate in SPA 6 is below the County rate but above the State rate. The rates of overweight children in SPA 6 (7.3%) and SPA 8 (7.4%) are lower than the County (13.1%) and State (13.6%) rates. However, the rate of overweight teens in SPA 8 (37.2%) is much higher than the County (14.4%) and State (16.3%).

Overweight

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Adult (Ages 18+)	35.9%	34.1%	36.2%	35.5%
Teen (Ages 12-17)	2.0%	37.2%	14.4%	16.3%
Child (Ages 2-11)	7.3%	7.4%	13.1%	13.6%

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

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

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

38.6% of adults in SPA 6 and 30.2% in SPA 8 have a body mass index (BMI) of 30 or more. All three are higher than the County (27.2%) and State (27.0%) rates. In addition, the SPA 6 rate does not meet the Healthy People 2020 Objective (30.5%).

Adult Obesity

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California	Healthy People 2020 Objective
Adults with BMI 30 or Higher	38.6%	30.2%	27.2%	27.0%	30.5%

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

An adult is considered obese if $\text{BMI} \geq 30 \text{ kg/m}^2$.

When adult overweight and obesity rates are examined by race and ethnicity, African-Americans and Latinos have higher rates across all geographies. Among Asians, a larger percentage in SPA 6 is overweight and obese compared to rates for the County and State.

Adult Overweight and Obesity by Race/Ethnicity

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
African-American	84.8%	88.1%	80.8%	71.2%
Asian	59.6%	32.3%	40.4%	43.7%
Latino	73.6%	78.2%	71.4%	73.2%
White	41.2%	57.9%	58.7%	58.9%

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

An adult is considered obese if $\text{BMI} \geq 30 \text{ kg/m}^2$.

Youth obesity here is measured as the percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or "High Risk-Health Risk" category (Obese) for body composition on the Fitnessgram physical fitness test. Rates of obesity in Paramount Unified School District are higher than the County and State for all three grade levels.

Youth Obesity

	5 th Grade	7 th Grade	9 th Grade
Bellflower Unified School District	45.1%	44.7%	40.0%
Long Beach Unified School District	43.9%	37.9%	34.8%
Paramount Unified School District	48.8%	46.7%	42.7%
Los Angeles County	44.0%	41.3%	39.0%
California	40.3%	38.5%	36.0%

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

Nutrition

The percentage of residents who reported eating fast food two or more times a week in SPA 6 (36.5%) is lower than both the County (42.3%) and State (42.4%) rates. SPA 8 (51.1%) however is greater than the County and State rates.

Fast Food Consumption

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Fast Food Consumption, Two or More Times a Week	36.5%	51.1%	42.3%	38.6%

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

44.6% of youth in the County reported eating less than five servings of fruit and vegetables each day. This percentage is lower in SPA 6 (40.5%) and in SPA 8 (35.0%). Compared to youth, a greater percentage of adults reported eating less than five servings of fruit and vegetables each day in SPA 6 (93.9%), SPA 8 (89.8%) and the County (80.3%).

Eats Less Than 5 Servings of Fruit and Vegetables Daily

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Youth	40.5%	35.0%	44.6%	80.3%
Adults	93.9%	89.8%	80.3%	76.6%

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

29.4% of respondents in SPA 6 reported drinking two or more sodas during an average week. This rate is higher than the County (25.1%) and State (24.5%) percentages. The percentage in SPA 8 (18.3%) is lower than the County and State.

Average Weekly Soda Consumption

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Average Weekly Soda Consumption, 2 or More	29.4%	18.3%	25.1%	24.5%

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

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

Food Insecurity Rate

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

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

Physical Activity

The Federal Guidelines for youth physical activity recommend children and adolescents have 60 minutes or more of physical activity daily.⁴ The percentage of children engaged in at least one hour of physical activity three or more days in the previous week in SPA 6 (86.2%) is higher than the County (72.2%) and State (76.3%) rates, while the SPA 8 (50.1%) rate is lower. The percentages for SPA 6 (47.6%) and SPA 8 (47.6%) were much lower compared to the County and State rates.

Physical Activity, Children and Teens

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

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

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

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

School District	Fifth Grade	Seventh Grade	Ninth Grade
Bellflower Unified School District	54.4%	52.8%	57.5%
Long Beach Unified School District	64.6%	67.0%	65.2%
Paramount Unified School District	53.8%	45.8%	59.0%
Los Angeles County	60.2%	60.8%	59.1%
California	63.4%	65.0%	63.9%

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

For adults to meet the government Physical Activity Guidelines at least one of the following criteria must be fulfilled: 1) Vigorous activity for at least 75 minutes a week, 2) Moderate activity for at least 150 minutes a week, or 3) A combination of vigorous and moderate activity for at least 150 minutes a week

⁴ U.S. Department of Health and Human Services. *Physical Activity Guidelines for Americans*. Washington, DC: U.S. Department of Health and Human Services; 2008. www.cdc.gov/HealthyYouth/physicalactivity/guidelines.htm.

AND muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).⁵ 28.1% of adults in SPA6 and 31.7% in SPA 8 meet these guidelines. The rate in SPA 6 is lower than the County.

Percent of Adults Who Meet the Recommended Amount of Weekly Aerobic & Muscle Strengthening Activity

	Service Planning Area 6	Service Planning Area 8	Los Angeles County
Adults, 18+ Years Old	28.1%	31.7%	29.7%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.
www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Primary Data Snapshot: Obesity and Diabetes*

What does this health need look like in Long Beach?

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

Factors that contribute to obesity and diabetes

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

⁵ Physical Activity Guidelines Advisory Committee. *Physical Activity Guidelines Advisory Committee Report*, 2008. Washington, DC: U.S. Department of Health and Human Services. www.health.gov/paguidelines/pdf/paguide.pdf.

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

- Provide family-focused programming that teaches nutrition, healthy cooking and healthy living principles in a child-friendly way.
- Ensure that cooking classes are culturally competent to make it easier on residents unfamiliar with new ingredients to adapt their cooking.
- Incentivize local business and work places to provide opportunities for physical activity for their employees.
- Provide targeted, culturally applicable outreach regarding obesity and healthy living instead of generic posters.
- Promote the economic development of the area.
- Increase CalFresh enrollment.
- Incentivize grocery store chains to build in the area.
- Schools play a major role in preventing obesity; health education and physical activity requirements should be enforced and the food environment in schools should be improved.
- Promote access to spaces such as farmers markets, healthy food markets and safe parks.

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C -E.

Environment

Air and Water Quality

The South Coast Air Quality Management District is the local government agency responsible for measuring, reporting and taking steps to improve air quality in four counties in Southern California: Los Angeles, Orange, Riverside and San Bernardino. This geographic area is divided into 38 areas or “regions” in Southern California; Long Beach is a part of Region 4.⁶ In Region 4, there was only one day in which the parts per million (PPM) parts of air, by volume exceeded the current state standard of >0.070. The maximum concentration of carbon dioxide in Region 4 was 2.6. While this was greater than the median for the district median, the federal and state 8-hour standards were not exceeded in any region within the district. In Region 4, 2% of samples exceeded the state standard of > 50 µg/m³ 24-hour.

Air Quality

	Region 4	District Maximum	District Median
Ozone – Number of Days Exceeded Current State > 0.070 Parts Per Million, 8-hour	1 day out of 351	97 days out of 365	25 days out of 365
Carbon Dioxide - Maximum Concentration in Parts Per Million, 8 - Hour	2.6	3.8	1.9
Suspended Particulate PM10 – Percentage of Samples Exceeding State Standard of > 50 µg/m ³ 24-hour	2%	24%	2.5%

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

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

Exposure to Unsafe Drinking Water

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

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

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

Commute

While the percentage of those who commute to work alone in a car in the service area (73.9%) is greater than the County (72.4%), the service area rate is lower compared to the State (76.2%). A very small percentage of workers commute to work via bike or walking. The percentage in the service area is 3.5% which is very similar to the County (3.7%) and the State (3.8%).

Percentage of Workers Commuting by Car or Walking and Biking

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California
Commute to Work - Alone in Car	73.9%	72.4%	76.2%
Commute to Work - Walking/Biking	3.5%	3.7%	3.8%

Source: US Census Bureau, American Community Survey. 2009-13.

Food Environment

The types of food that people have access to within their communities can impact their health and well-being. The number of grocery stores in the service area is similar to that in the County and State. Fast food restaurants are generally less available in the service area when compared to the County and State. A smaller percentage of the population in the service area is identified as having low food access when compared to the County and State. However, there are more liquor stores in the service area per 100,000 people (14.0) compared to the County (11.4) and State (10.0).

Food Environment

	St. Mary Medical Center Long Beach Service Area	Los Angeles County	California
Grocery Stores - Rate per 100,000 Population	21.7	20.9	21.5
Fast Food Restaurants - Rate per 100,000 Population	70.3	77.8	74.5
Liquor Store - Rate per 100,000 Population	14.0	11.4	10.0
Food Desert - Percent Population with Low Food Access	3.3%	6.9%	14.3%

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

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

Primary Data Snapshot: Environment and Climate*

What does this health need look like in Long Beach?

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

Factors that contribute to environmental and climate issues

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

*Note: This Snapshot is a summary of findings on this health issue identified in key informant interviews, focus groups and the gallery walk. These are described in detail in Appendices C - E.

4. Prioritized Description of Significant Community Health Needs

Identification and Prioritization of Community Health Needs

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

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

Prioritization Methodology and Criteria

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

Prioritization session participants had data and other information relevant to the health needs of the service area. The following four criteria were used to prioritize the significant health needs:

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

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

Prioritized Order of Health Needs

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

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

Potential Resources to Address Identified Health Needs

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

Resources to Address Identified Health Needs

Health Need	Potential Resources
Access to Care	<ul style="list-style-type: none"> • St. Mary Mobile Clinics go out into the community to provide more accessible screenings to individuals in lower income communities. • The Children’s Clinic, “Serving Children and Their Families” (TCC) is supporting the development of a Teen Health and Wellness Center at one of their four school based health centers.
Access to Housing	<ul style="list-style-type: none"> • Long Beach Department of Health and Human Services (LBDHHS) is focusing on reducing homelessness with their Section 8 VASH voucher program and through the construction of new affordable housing units. • Long Beach Housing is working with renters to ensure that their rights are protected when they report mold and bad living conditions. • Molina Healthcare and LINC (Limited Income Communities) Housing are partnering to build low-income housing that is focused on providing housing to seniors, adults with disabilities, and the homeless. • The California Endowment is focused on housing and environmental issues.
Chronic Disease	<ul style="list-style-type: none"> • St. Mary provides the Chronic Disease Self-Management program, Living a Healthy Life with Chronic Conditions, utilizing an evidence-based model developed at Stanford University to teach English- and Spanish-speaking participants techniques to manage their chronic conditions to achieve maximum quality of life.

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

Health Need	Potential Resources
Mental Health	<ul style="list-style-type: none"> • Legal Aid helps families experiencing domestic violence obtain immigration relief, restraining orders, and child and spousal support. • LGBTQ Center of Long Beach provides cultural sensitivity trainings regarding working with the LGBTQ population to help reduce isolation and provide more culturally sensitive services. • Long Beach Department of Health and Human Services (LBDHHS) is currently engaged in an anti-stigma campaign focused on providing information about mental health issues and how treatment works. • Long Beach Trauma Recovery Center provides no-cost mental health services to individuals in their area. They are located in St. Mary and are fairly accessible to low-income individuals by public transportation. • Mental Health America provides mental health education in the Long Beach community through their Mental Health First Aid program. • Mental Health Association of America runs a local “village” focused on providing case management and support accessing services (ID, bus passes, disability benefits, etc.) • TCC has integrated behavioral health services at each of their eleven sites providing therapy, counseling and resources. • The Long Beach Veterans Affairs (VA) provides programming focused on behavioral health for veterans through their Move program. • The United Cambodian Community (UCC) provides services aimed at supporting refugees connect with their communities and to local service providers. • Through a County of Los Angeles Department of Mental Health grant, Pacific Asian Counseling Services, Mental Health America and TCC work together to provide primary care and integrated behavioral health services for individuals with a dual diagnosis of chronic disease and a mental health and/or substance abuse disorder.
Obesity and Diabetes	<ul style="list-style-type: none"> • Best Start Central Long Beach is a First 5 initiative that also promotes nutrition and healthy weights for children 0-5. • Building Healthy Communities is a place-based initiative that promotes healthy eating among its other focus areas. • California State Long Beach conducts community outreach to provide healthy eating education. • Centro Salud es Cultura provides culturally relevant health education on obesity and Zumba classes for families to engage in physical activity. • Century Villages offers enrichment classes on financial literacy and healthy eating, showing people how to make healthy foods using healthy ingredients for less money than going to McDonalds. • Healthy Active Long Beach is focused on making Long Beach more bike accessible. • Long Beach Alliance for Food and Fitness is a community collaborative promoting healthy eating and physical fitness. • Long Beach Fresh provides online information about healthy foods. • Martin Luther King Park holds an annual Fruit and Veggie Party as part of the Healthy Active Long Beach project. • Memorial Hospital provides nutrition classes on healthy cooking. • Project Playful is helping raise awareness about healthy living. • St. Mary provides a diabetes self-management education and support program to meet the medical, psychological, social and spiritual needs of patients with diabetes. • TCC’s Health Education and Outreach Department offers workshops and classes on Everyday Health, Weight Management & Nutrition, Yoga and Zumba as part of their Healthy Lifestyles Initiative. • The Department of Health and Human Services provides basic nutrition information, healthy cooking and snack ideas, and basic healthy living activities through their Healthy Active Long Beach project.
Oral Health	<ul style="list-style-type: none"> • The Children’s Dental Health Clinic delivers oral health education and comprehensive treatment for economically disadvantaged children.

Health Need	Potential Resources
Pregnancy and Birth Outcomes	<ul style="list-style-type: none"> • Planned Parenthood provides a safe and approachable environment for services. • TCC provides comprehensive Women's Health Care Services.
Preventive Care	<ul style="list-style-type: none"> • Kaiser Permanente South Bay has an initiative focused on reducing the cost of screening for many of these chronic diseases. • The Es Tiempo campaign is a multi-faceted campaign raising awareness and support for prevention and treatment of cervical cancer.
Substance Abuse and Tobacco	<ul style="list-style-type: none"> • Virginia Hospital provides tobacco and smoking cessation support.

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

St. Mary Medical Center 2013 Implementation Plan⁷ was developed to identify activities to address health needs identified in the 2013 CHNA. This section summarizes key activities that St. Mary Medical Center has engaged in to address these health needs as well as the impacts of these activities.

- **Access to Care:** The hospital provides financial assistance through free and discounted health care services, as well as funds organizations committed to increasing access to care within the community. St. Mary Medical Center's Hilton Family Health Center (OB, mobile clinic, family clinic and Pediatrics Clinic) provides comprehensive services to serve mothers and children from pregnancy to young adulthood through benefits, assistance, pregnancy testing, education (English and Spanish) CPSP, high risk care, vaccines and diabetic care for expecting mothers. Over 2,500 women accessed prenatal care, and over 1,500 children received pediatric care through the center.
- **Mental Health:** The Dignity Health - St. Mary Medical Center Community Grant Funding Program provided funding for two mental health programs: 1.) Pathways At-Risk Youth Program, which promotes mental health wellness to disadvantaged children and their families suffering from issues related to loss, grief and other underlying social, emotional and mental health issues in the Long Beach/Signal Hill areas within Long Beach School District. This program reached over 1,100 at-risk students providing at least one of the following services; mental health wellness presentations, art-therapy classroom sessions, peer support group or one-on-one counseling resulting in increased coping skills and strategies, 2) Cambodian Wellness Center has also improved mental health for that vulnerable population. The program promotes mental wellness through prevention and early intervention, mental health assessment/case management, treatment, counseling and referrals to social services and peer support groups/workshops with a focus on chronic disease management and practical skills to reduce risk factors. The program provided case management services to 62 participants and peer support groups to 680 participants.
- **Chronic Disease:** The hospital administers the Comprehensive AIDS Resource and Education (C.A.R.E.) program, which provided HIV medical, dental and psychosocial services to 1,700 low-income residents living in Southern Los Angeles County. The program offered extensive benefit services to assist with navigating and enrolling in a health plan preventing disruption of service and provided CARE services to anyone testing positive for HIV improving health outcomes. The hospital also runs the Chronic Disease Self-Management program, Living a

⁷ St. Mary Medical Center's 2013 Community Health Needs Assessment and Implementation Plan Summaries can be found at <https://www.dignityhealth.org/cm/media/documents/St-Marys-Medical-Center-SF-IS.pdf>.

Healthy Life with Chronic Conditions, utilizing an evidence-based model developed at Stanford University to teach English- and Spanish-speaking participants techniques to manage their chronic conditions to achieve maximum quality of life.

- **Prevention and Preventive Care:** The hospital's Every Woman Counts program offers critical preventive screening, providing mammography services to uninsured/underinsured women over the age of 40. 4862 women were provided mammography services and 532 services were performed to evaluate breast masses. The Bazzeni Wellness Center served over 1,700 individuals, promoting healthy lifestyles to those 50 and older through free health care education and screenings, transportation, resource center and low cost exercise programs. The hospital also runs Families in Good Health, which provides programs around prevention and treatment of respiratory disorders, obesity and other chronic conditions, access to care and mental wellness, all of which are culturally tailored for the Cambodian community. The program served thirty individuals in developing leadership and empowerment skills in order to increase graduation rates, and referred 23 people to the Welcome Baby program.
- **Overweight and Obesity:** : The Dignity Health - St. Mary Medical Center Community Grant Funding Program provided funding for programs that specifically work to reduce overweight and obesity in the greater Long Beach community. St. Mary funds the American Heart Association/American Stroke Association's Check.Change.Control program, which provides education and resources to empower approximately 100 underserved Asian adults and seniors in Long Beach to improve and control their blood pressure and overall health. Program results found that 108 members enrolled in the program, with participants walking more by participating in a Walk Club, participating in healthy cooking classes, and consuming farm fresh produce that was distributed through the program. The Diabetes Self-Management Education and Support Program serves to meet the medical and psychological, social and spiritual needs of patients with diabetes. The program has served 100 people, minimizing the acute and chronic complications associated with diabetes, and eighty percent of participants reported that they made improved lifestyle changes.

6. Conclusion

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

This CHNA engaged a wide variety of stakeholders to identify and prioritize significant health needs of the greater Long Beach community through examination of secondary data sources, key stakeholder interviews, focus groups and a prioritization session that included a gallery walk. This report details the methods of this CHNA and its findings. The priorities identified in this report help to guide the St. Mary Medical Center community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health.

Appendix A. Additional Data Sources

Below is a list of additional data sources about the health needs of the greater Long Beach community that were not used in the report, including a brief summary of the data included in the report.

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

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

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

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

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

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

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

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

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

Physician acceptance of new Medicaid patients has shown to be lower than acceptance of new Medicare patients or new privately insured patients. In 2013, 95.3% of physicians were accepting new patients. The percentage of physicians accepting new privately insured patients (84.7%) was greater than the

percentage accepting new Medicare (83.7%) and new Medicaid patients (68.9%). The percentage of office-based physician's accepting new Medicare patients (77.2%) in California was not significantly different than the National average. The percentage of office-based physician's accepting new Medicaid patients (54.2%) in California was significantly lower than the National average.

6. First 5 LA Best Start: Central Long Beach.

<http://www.first5la.org/index.php?r=site/tag&id=617>

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

□ and

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

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

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

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

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

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

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

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

11. Long Beach Violence Prevention Planning Community Survey Results. (2013). LB Development Services. Accessed: http://www.lbds.info/neighborhood_services/lbvpp/lbvpp_community_survey_results.asp.

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

- 12. Passel, J.S. and Cohn, D. (2014). Unauthorized Immigrant Totals Rise in 7 States Chapter 1: State Unauthorized Immigrant Populations. *Pew Research Center Hispanic Trends*. Accessed January 2016: http://www.pewhispanic.org/files/2014/11/2014-11-18_unauthorized-immigration.pdf.**

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

- 13. Safe Long Beach: City of Long Beach Violence Prevention Plan 2020. Accessed January 2016 http://www.livewelllongbeach.org/content/sites/longbeach/Safe_Long_Beach_VPP.pdf.**

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

- 14. Wallace, S.P., Torres, J., Sadegh-Nobari, T., Pourat, N., Brown, E.R. (2012). Undocumented Immigrants and Health Care Reform. *UCLA Center for Health Policy Research*, Accessed January 2016: <http://healthpolicy.ucla.edu/publications/Documents/PDF/undocumentedreport-aug2013.pdf>**

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

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

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

Appendix B. Key Stakeholder Interviewees

Key Stakeholder Interviewees

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

Contact	Title	Organization	Background					
			Public health expert	Health dept rep	Leader or representative of...			
					Pops with chronic conditions	Minorities	Medically underserved	Low-income
Jeff Bailey, MPH	Director of Client Services	AIDS Project Los Angeles The David Geffen Center	√		√	√	√	√
Jennifer Rasmussen	AVP, Case Management	Molina Healthcare of California		√	√	√	√	√
Jenny Chheang	Program Manager for the Building Healthy Communities Initiative, Long Beach	The California Endowment				√		√
Judeth Luong	Grant Program Manager	ALSAA/CAARE/Healthy Homes Programs City of Long Beach Dept. of Health & Human Services	√					
Kate Marr	Managing Attorney	Legal Aid Foundation of Los Angeles			√	√	√	√
Kelly Colopy	Director of Health and Human Services	LBDHHS	√	√	√	√	√	√
Louisa Franco	Health Promotions Coordinator	City of Long Beach Dept. of Health & Human Services	√	√		√		√
Mariko Kahn	Executive Director	Pacific Asian Counseling Services	√					
Martha Cota	Founder	Latinos in Action			√	√	√	√
Miguel Angel Ortiz-Valenzuela	Assistant Director of the Latino Center	Cal State Long Beach	√		√	√	√	√
Misi Tagaloa	Civic Engagement Advocate and Senior Minister	Molina Healthcare, Inc. and Second Samoan Congregational Church				√	√	

Contact	Title	Organization	Background					
			Public health expert	Health dept rep	Leader or representative of...			
					Pops with chronic conditions	Minorities	Medically underserved	Low-income
Pat Kennedy	Chief Executive	Greater Long Beach Interfaith Community Organization				√	√	√
Dr. Patty A. Bellas	Family Physician	The Children's Clinic			√	√	√	√
Dr. Paul Simon	Director Division of Chronic Disease and Injury Prevention	LA County Department of Public Health	√					
Renee Moilanen	Manages the Air Quality Programs	Port of Long Beach		√				
Rex Richardson	9th District Council Member	Councilmember			√	√	√	√
Richard Espinosa	Supervisor	Health Deputy		√				
Steve Colman	Executive Director	Century Villages of Cabrillo			√	√	√	√
Sylvia Betancourt	Project Manager	Long Beach Alliance for Children with Asthma			√	√	√	√
Tiffany Brown, Ed.D.	Assistant Superintendent, School Support Services	Long Beach Unified School District			√	√	√	√
Tracy Colunga	Neighborhood Relations Officer	Violence Prevention - City of Long Beach		√	√	√	√	√

Appendix C. Summary of Key Stakeholder Interviews

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

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

1. Access to Care

Groups and communities impacted by limited access to care

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

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

Factors that contribute to and impact access to care

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

- “Right, well there is always the challenge of language barriers. There's also the challenge of, some environmental ones as well, especially for the homeless. We could have these services available, and welcome signs on the door, but how do we get these folks to feel comfortable enough to go our doors and seek the care that they need? That's come to be a major challenge.”
- “That's one of the things that I think is a really important issue for not just mental health agencies, but health agencies in general. It's not just providing the service. It's helping people manage the care. It presumes a lot that a person with little to no education and a language barrier can fully navigate the system.

- “A lot are certainly educated, literate in using computers and those kinds of things, but probably thirty to forty percent have some literacy issues.”
- “Also coordinating benefits is difficult. Many people qualify for different benefits but it’s not easy to access those benefits. You have to go to ten different places. You deal with overworked staff in ten different places. Like you can’t go to the children’s clinic and sign up, get your health care and then also in the next building you can get your Medi-Cal fixed, the WIC, sign up for food stamps, and all that stuff. You have to go here for this thing and another place for another thing...”

2. Access to Housing

Groups and communities impacted by housing issues

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

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

Factors that contribute to and impact housing issues

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

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

Assets and community recommendations

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

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

3. Chronic Disease

Groups and communities impacted by chronic diseases

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

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

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

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

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

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

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

Factors that contribute to and impact chronic diseases

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

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

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

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

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

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

Assets and community recommendations

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

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

4. Crime and Violence

Groups and communities impacted by crime and violence

Crime and violence was mentioned 12 times (40%) as one of the greater Long Beach community’s biggest health needs. Violence is both in the neighborhood as well as in the home and affects both the use of outdoor spaces such as parks or recreational spaces as well as the development of mental health issues

related to trauma. North Long Beach is one geographic area identified as disproportionately affected by violence, crime, and gang activity.

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

5. Economic Security

Groups and communities impacted by economic security

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

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

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

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

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

Homeless: Housing instability was cited as a key contributor to a wide range of health needs.

Homelessness is often the result of economic instability, and can further impede an individual's ability to return to a financially stable situation. The mental and physical stress of living on the street or in a shelter mounts significant barriers to employment.

- “If somebody does not have a home, a safe place, a domicile, some place where they're safe, that's makes it much more difficult. There's a whole litany of things that feed into not having that. It's economic opportunity, not just opportunity, but the ability to ... I guess, there is a difference

between access and opportunity. Having the opportunity to have a job, to be able to provide and have a wage that provides for the ability to get a house or a home or apartment or whatever, a room even, some place where they have some stability where they're not worried about where they're going to sleep tonight can make a huge difference. Again my focus being working with the homeless, that's a huge issue. It's an economic issue."

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

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

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

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

Factors that contribute to and impact chronic diseases

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

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

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

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

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

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

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

Assets and community recommendations

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

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

6. Education

Groups and communities impacted by the lack of education

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

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

Factors that contribute to and impact levels of education

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

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

7. Mental Health

Groups and communities impacted by mental health

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

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

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

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

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

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

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

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

Factors that contribute to and impact mental health

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

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

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

Stigmatization of mental health issues in communities of color: Individuals dealing with mental health issues in Long Beach both perceive and experience rejection and judgement by their peers and family

members due to cultural and social norms, resulting in a reticence to seek professional help or access mental health services.

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

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

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

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

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

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

- “I think what you will find is depression, isolation. [...] I think what happens for the older adults, unless they are doing child care for their kids or taking care of their grandkids, most of them live in a lot of isolation. The husband and wife, their kids work two or three jobs. The grandkids don't speak their language anymore. They're isolated, and it's sad when you see people sitting all alone and just looking out the window because they don't speak the language.
- “I would say, let's talk about mental health. There is a lack of family support and just general community support. For example if we have youths who get kicked out of their home for identifying a certain way, whether it's gender or sexual orientation, there isn't much family support on that end. There's a lot of judgement, potential kicking out of homes for not complying with whatever kind of rules they want and then not going any place where they feel supported. For example, a lot of kids go to their schools to vent about family issues and whatnot and sometimes schools aren't prepared to handle some of the emotional issues that the youth have.

They end up getting farther and farther pushed into their, let's call it depression, or anxiety that they experience. I think one of the things this leads to is just having no true safety net if something were to happen around mental health.”

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

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

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

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

Community assets to address mental health

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

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

- **Planned Parenthood** provides general healthy living education and services in a safe and approachable way for young adults.
- **The Long Beach Veterans Affairs (VA)** provides programming focused on behavioral health for veterans through their Move program.
- **The United Cambodian Community (UCC)** provides services aimed at supporting refugees connect with their communities and to local service providers.

Community recommendations about mental health

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

- “Local policies need to be more specifically changed for the mental health issues to get better. We need to have an actual plan, set the goals through the year. There needs to be a network of people working together to educate individuals on how to fix these issues.”
- Provide more community events where individuals and families can gather and talk about their shared experiences.
- Increase the likelihood of detection and intervention at a younger age by creating more school based health centers. These centers can provide services to youth experiencing mental health issues before they are exacerbated even further over time.

8. Obesity and Diabetes

Groups and communities impacted by obesity and diabetes

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

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

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

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

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

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

- “I think cultural things also play into it too. What people grew up eating is what they're going to continue eating. Certain cultures have relatively unhealthy diets.”

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

Factors that contribute to and impact obesity and diabetes

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

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

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

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

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

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

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

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

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

Community assets to address obesity and diabetes

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

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

Community recommendations about obesity and diabetes

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

- Promote existing social groups focused on healthy living activities (jogging groups, support groups, etc.) and make them more visible and accessible to community members.
- Provide targeted, culturally applicable outreach regarding obesity and healthy living instead of generic posters.
- Promote the economic development of the area and incentivize grocery store chains to build in the area.

9. Substance Abuse and Tobacco

Groups and communities impacted by substance abuse and tobacco

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

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

Factors that contribute to and impact substance abuse and tobacco

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

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

Appendix D. Summary of Focus Groups

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

Focus Group Participants: Demographic Characteristics and Background (n=52)	
Gender	<ul style="list-style-type: none"> Female: 79% Male: 21%
Race/Ethnicity <i>Participants were asked to select all that apply</i>	<ul style="list-style-type: none"> Asian: 40% Responses included respondents who identified as Cambodian, Vietnamese, Filipino, Chinese, Japanese, Thai and Sri Lankan Black: 12% Hispanic: 42% White: 4%
Background <i>Participants were asked to select all that apply</i>	<ul style="list-style-type: none"> Leader, representative or member of medically underserved, low-income, minority populations, and populations with chronic health needs: 39% Public health expert: 29% Representative from a federal, tribal, regional, state or local department or agency with current information of the health needs of Long Beach: 37%

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

Chronic Disease

Groups and communities impacted by chronic disease

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

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

- “There are a lot of asthma issues happening in the last few years. We’re seeing a lot of children coming in over and over into the clinics over a period of a few months.”
- “Families go to the ER to hospitalize their children. Families don’t take their children to a doctor’s appointment if they have asthma. They wait until the very end and take them to the ER instead of going in for maintenance. Every three months they go to the ER instead of getting regular checkups for maintenance.”

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

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

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

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

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

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

Factors that contribute to chronic disease

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

- **Environmental factors:** By far the most frequently cited factor for asthma, the high pollution levels in Long Beach stemming from industrial activities at the ports and freeway expansions are a key contributor for residents living nearby. Residents in low-income neighborhoods also deal with low-quality housing issues such as pests and mold that can lead to increased instances of asthma.
- **Lack and awareness of available resources:** Focus group participants expressed concern with the limited number of affordable health clinics available to treat chronic diseases and provide prevention services in the service area. Individuals seeking treatment often have to wait long periods of time to access services due to a surplus of demand.
- **Lack of education regarding chronic diseases:** Many members of the disproportionately impacted groups mentioned above lack a solid understanding of the causes, symptoms and long term impacts of chronic diseases. There are also few programs in the service area that provide information about how to prevent asthma and diabetes by changing individual behaviors and avoiding the environmental factors that can lead to these health needs.
- **Cultural mistrust in doctors and professional health services:** Although members of the Cambodian community were the most often cited group that is reluctant to seek professional help for chronic conditions, communities of color in general were said to rely more on natural or religious remedies to deal with symptoms of asthma, diabetes, and heart disease due to a cultural

mistrust in doctors and modern medicine. Coupled with a lack of education regarding safe drugs and remedies, this mistrust often results in untreated illnesses and exacerbated symptoms, which leads to more frequent visits to the emergency room.

- **Stress, smoking, and other chronic disease triggers:** Asthma, diabetes, cardiovascular disease and some cancers are often linked with triggers such as smoking, eating habits and stress. Many residents do not understand the effects of second or third-hand cigarette smoke or certain cleaning products. Additionally, with few available outdoor physical activities and the increased pressure of living in poverty, stress levels are high in low-income neighborhoods.

Resources and strategies to address chronic disease

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

Resources:

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

Strategies:

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

Mental Health

Groups and Communities Impacted by Mental Health Needs

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

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

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

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

particular lacked accessible mental health resources and face further stigmatization by the public and by law enforcement officials in the greater Long Beach community.

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

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

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

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

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

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

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

Factors that contribute to mental health issues

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

- **Stigmatization of mental health issues:** The stigmatization of mental health issues was by far the most frequently mentioned factor and was attributed mainly to cultural stigmas in communities of color. Some communities view mental illness as a weakness or a temporary problem, making affected individuals reluctant to seek help.

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

Resources and strategies to address mental health needs

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

Resources:

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

Strategies:

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

Obesity and Overweight

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

Being overweight or obese puts individuals at risk for many health problems. Overweight or obese individuals are more at risk for other health issues such as coronary heart disease, high blood pressure, Type 2 diabetes, and certain cancers. Focus group participants identified three populations

disproportionately affected by obesity or other weight-related issues in the greater Long Beach community: Hispanics/Latinos, children and teenagers, and low-income families. A few geographic areas were also identified where obesity and weight-related health needs are great.

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

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

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

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

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

- “Poor families are usually [dealing with] obesity, as they are not able to buy healthy food.”
- “Fast food is usually the best way to eat because the parents are working too much.”
- “They don’t get the exercise or physical activity. The neighborhoods are sometimes not safe.”

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

- Zip Code 90813
- Lincoln Park area
- North Town

Factors that contribute to obesity and overweight

Focus group participants further elaborated on the socio-economic, cultural and systemic factors that contribute to obesity and other weight-related health issues in the greater Long Beach community. Contributing factors that were most frequently mentioned included the lack of physical activity, the lack of time, food choice, and nutrition/cooking education.

- **Lack of Physical Activity:** Many residents of the greater Long Beach community do not engage in sufficient physical activity. Although some parks and bike lanes do exist in the area, residents often view these as unsafe to use. Additionally, many residents opt for sedentary activities using their electronic devices instead of playing sports or other recreational activities outside.
- **Lack of Time:** Another key factor was the lack of time to engage in physical activity or prepare healthier meals. Many residents work long hours, and choose fast food because of convenience

and affordability. With limited leisure time, families often put exercise and healthy eating below other priorities.

- **Food Choice:** A major contributor to unhealthy diets in the area is the lack of accessible grocery stores and other affordable healthy food options. Additionally, marketing to teenagers and children puts pressure on parents to purchase less nutritional foods to make them happy.
- **Nutritional/Cooking Education:** Many participants said that existing nutrition-focused programs are ineffective because they promote recipes and ingredients that are unfamiliar to community members and the nutrition concepts they teach are difficult to grasp and are constantly changing. Residents also do not know how to prepare and store quick and healthy meals their families can eat throughout the week, which often results in last minute trips to fast food restaurants.

Resources and Strategies to Address Obesity/Overweight

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

Resources:

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

Strategies:

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

Appendix E. Summary of Prioritization Gallery Walk

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

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

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

1. Access to Care

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

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

Opportunities, resources and strategies to improve access to care

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

2. Access to Housing

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

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

Opportunities, resources and strategies to address access to housing

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

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

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

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

3. Chronic Disease

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

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

Opportunities, resources and strategies to strengthen chronic disease prevention

- Participants offered the idea of partnering with health plans for reimbursement so that clinics and hospitals can run support groups for disease self-management.
- Others suggested policy solutions, such as limiting marketing of chronic disease promoting substances or taxing them and using revenue for healthy messaging campaigns.

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

4. Crime and Violence

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

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

Opportunities, resources and strategies to improve crime and violence prevention

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

5. Economic Security

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

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

Opportunities, resources and strategies to address economic security

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

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

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

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

6. Education

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

Educational attainment was referenced by some individuals:

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

Opportunities, resources and strategies to improve education

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

- Long Beach Promise
- LBCC
- CSULB
- LBUSD

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

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

7. Environment and Climate⁸

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

8. Mental Health

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

- Several participants mentioned that children are particularly underserved in the area of mental health, with a need for additional supports in schools, especially for low-income children exposed to trauma and other adversity. Current funding is too siloed and narrow to promote access.
- One participant noted that there is a lack of awareness of the available mental health resources, “People don’t know where to go for help.”
- Violence, trauma and adversity underlie the mental health, substance abuse, and physical health issues.
- Participants mentioned that the type of health insurance one has impacts access. Those with chronic mental health conditions tend to have either Medicare or Medi-Cal, which limits access. One person stated “Patients who live in LB are going to Torrance for an outpatient psychiatrist.”
- For both low-income children and adults, trauma and adversity contribute to anxiety, depression, oppositional defiance disorder, substance abuse, and other conditions.
- One participant noted that maternal depression is an important need.

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

- Specific at-risk populations that were identified included substance users, individuals in jails or prison, the undocumented, and youth. Participants also honed in on zip codes with the highest needs.

Opportunities, resources and strategies to improve mental health care

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

9. Obesity and Diabetes

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

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

Opportunities, resources and strategies to address obesity and diabetes

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

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

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

- Focus on the top two to three Long Beach zip codes with the greatest needs/risk and work to increase access to health promoting spaces such as farmers markets, healthy food markets, and safe parks.

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

10. Pregnancy and Birth Outcomes⁹

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

11. Preventive Care

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

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

Opportunities, resources and strategies to strengthen preventative care

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

⁹ Neither Environment and Climate nor Pregnancy and Birth Outcomes made it to the top of the prioritized health needs list during the voting prioritization process. As a result, these two health needs have fewer suggestions and areas for opportunity listed.

harder+company

community research

Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Davis, San Diego, and Los Angeles, California. Harder+Company's mission is to help our clients achieve social impact through quality research, strategy, and organizational development services. Since 1986, we have assisted foundations, government agencies, and nonprofits throughout California and the country in using good information to make good decisions for their future. Our success rests on providing services that contribute to positive social impact in the lives of vulnerable people and communities.

harderco.com