May 2019

Community Health Needs Assessment

St. Mary Medical Center

Dignity Health
St. Mary's Medical Center

CONDUENT

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Executive Summary

Introduction & Purpose

St. Mary Medical Center (SMMC) is pleased to present its 2019 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the process and methods used to identify and prioritize significant health needs across SMMC's service area. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

The purpose of this CHNA is to identify and prioritize significant health needs of the community served by SMMC. 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 in California of Senate Bill 697) that not-for-profit hospitals conduct a community health needs assessment at least once every three years. SMMC partnered with Conduent Healthy Communities Institute (HCI) to conduct this CHNA.

Findings from this report will be used to identify and develop efforts to improve the health and quality of life of residents in SMMC's community.

Community Definition

SMMC is located in Long Beach, CA. Long Beach is the thirty-ninth 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. It is home to approximately 500,000 people and one of the most ethnically diverse communities in the United States with a strong sense of community and unique neighborhoods. SMMC 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. To determine its service area, SMMC takes into account the zip codes of inpatients from the hospital, the most recent CHNA and long standing community programs and partnerships.

The Long Beach Collaborative

SMMC is part of the Long Beach Collaborative that convened HCI to conduct their CHNAs for this cycle. This Collaborative consists of SMMC, the Long Beach Department of Health and Human Services, Memorial Care and The Children's Clinic in Long Beach, California. These entities worked together in conjunction with HCI to perform the essential functions and activities to complete their CHNAs. For instance, their prioritization methods and results occurred together, bringing continuity between the different medical groups and their efforts.

In compliance with IRS regulations, SMMC's previous CHNA was made available to the public via: https://www.dignityhealth.org/socal/locations/stmarymedical/about-us/community-benefits. To date, SMMC received no public comments regarding their previous CHNA.

Assessment Summary

Secondary Data

The secondary data used in this assessment includes a comprehensive set of over 100 community health and quality of life indicators covering over 20 topic areas. Indicator values for the service area's zip codes were compared to the city, county, and other zip codes and counties in California and nationwide to compare health topics and relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by age, gender and race/ethnicity.

Primary Data

The needs assessment was further informed using two forms of primary data—key informant interviews with community members who have a fundamental understanding of health needs in SMMC's service area, representing the broad interests of the community, and from focus groups with key individuals in the Long Beach community. These primary data processes required much facilitation and coordination to engage key community members and capture meaningful information to inform this CHNA. These methods sought and engaged community leaders, non-health professionals, and organizations serving the community at large, vulnerable populations, and/or populations with unmet health needs. See Appendix E for a list of key informants and stakeholders who provided their input for this CHNA.

Data Synthesis

After obtaining and reviewing the results of the secondary and primary data, HCI synthesized the data by consolidating the results into a Venn Diagram. This Venn Diagram showcased the overlapping areas of need that resulted across the key informant interviews, focus groups and prioritization survey. Reviewing these results may help SMMC determine key issues to address in its future Implementation Strategy.

Summary of Findings

Through an examination of the secondary data across the Long Beach area, the Collaborative identified health needs that would be examined more closely in this CHNA process. These health needs are listed in the following table:

Long Beach Collaborative – Health Needs

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

Prioritization

To assess these priorities to a greater extent, the Collaborative, in conjunction with HCI developed an online prioritization survey to obtain feedback from key community members in the Long Beach area. This process was successful with measuring the impact and risk of the significant health issues identified by the Collaborative.

The criteria for prioritization included to what extent an issue:

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

The results of this prioritization process are discussed in more detail later in this report, including the scoring of measures with the greatest need based on these prioritization results. When developing its Implementation Strategy, SMMC will review these health issues and consider potential strategies to improve the health outcomes and quality of measures in the Long Beach area.

This CHNA also captured many resources (in Appendix F) that are potentially available to address the significant health needs identified in this report.

Introduction

St. Mary Medical Center

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 an employed staff of 1,530 people and a medical staff of 483 local physicians. Major programs and services include cardiac care, prenatal and childbirth services, bariatric surgery, stroke recovery, critical care, a 39-bed intensive care unit, a level IIIB NICU with 25 beds and a Disaster Resource Center. SMMC's Emergency Department is a level II trauma center and the Paramedic Base Station for the area.

Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.

Mission

We 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.

St. Mary Medical Center: Service Area

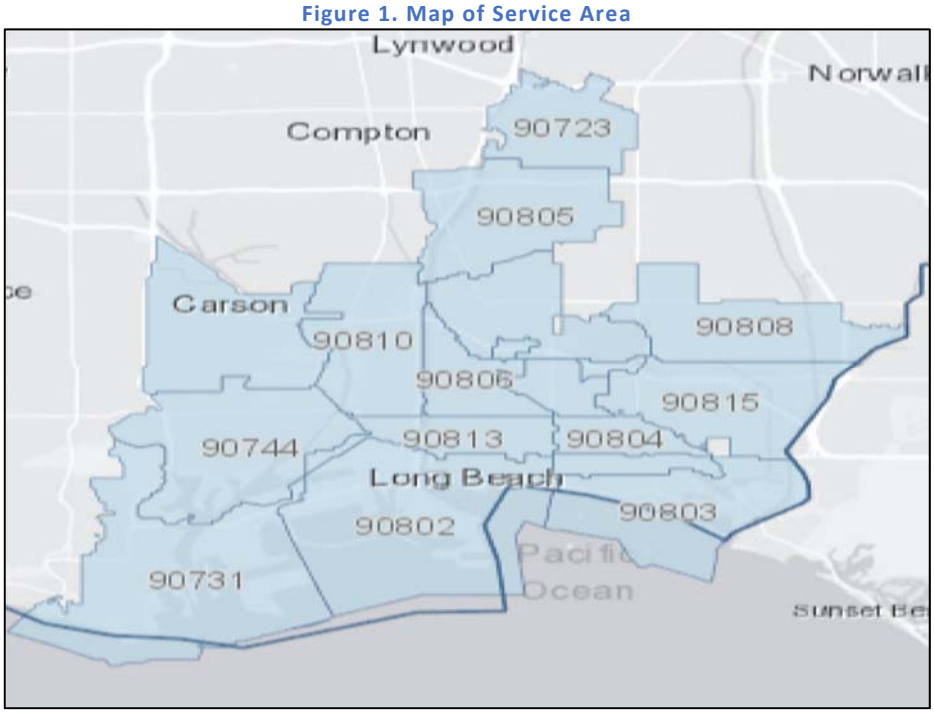
The service area for SMMC is defined by the geographic boundaries of the 16 ZIP Codes in Table 1. As shown, these ZIP Codes cover the cities/communities of Long Beach, Paramount, San Pedro, Wilmington, Carson and Signal Hill.

Table 1: SMMC Service Area

ZIP Code	City/Community
90723	Paramount
90731	San Pedro
90744	Wilmington
90745	Carson
90755	Signal Hill
90802	Long Beach
90803	Long Beach
90804	Long Beach
90805	Long Beach
90806	Long Beach
90807	Long Beach
90808	Long Beach
90810	Long Beach
90813	Long Beach
90814	Long Beach
90815	Long Beach

The service area also includes parts of Los Angeles County Service Planning Area (SPA) 6, SPA 8 and all census tracts located within these 16 ZIP Codes.

Figure 1. Map of Service Area



CHNA Report Adoption, Availability and Comments

This CHNA was adopted by SMMC's Community Board in May of 2019. This report will be made available to the public on SMMC's web site here: www.dignityhealth.org/socal/locations/stmarymedical/about-us/community-benefits, and a paper copy will be made available for inspection upon request at St. Mary Community Health Department. Written comments on this report can be submitted to St. Mary Medical Center Community Health Office, located at 1050 Linden Avenue, Long Beach, CA, or by email to Kit.Katz@DignityHealth.org.

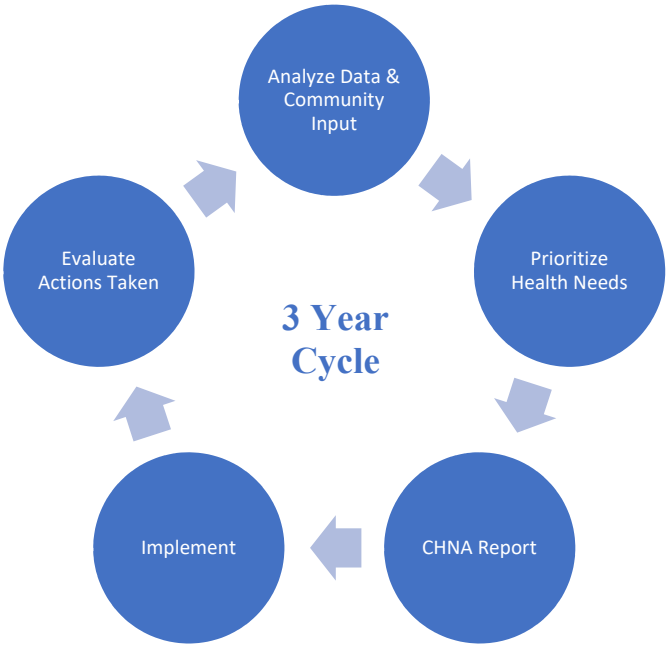
Consultants

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

Evaluation of Progress Since Prior CHNA

The CHNA process should be viewed as a three-year cycle. An important part of that cycle is revisiting the progress made on priority topics from previous CHNAs. By reviewing the actions taken to address priority areas and evaluating the impact of these actions in the community, an organization can better focus and target its efforts during the next CHNA cycle.

Figure 2. CHNA Process



Priority Health Needs and Impact from Prior CHNA

SMMC established priority health areas during its previous CHNA. Those priorities and their impact are detailed in Table 2.

Table 2. SMMC's Priority Areas from Prior CHNA

Priority Area	Population Impact	Example
Access to care	By providing free and low-cost health care, vulnerable and underserved populations are able to better access services reducing their barriers to services.	The Family Clinic of Long Beach has been providing primary care to the Long Beach community for over 25 years. The Family Clinic serves as the hub of medical services for our group of clinics, serving as the medical home for adult patients seeking primary care services or referrals to specialists in our clinic network. The clinic focuses on internal medicine with additional services such as Travel Clinic, Coumadin Clinic, Diabetes Education Program and Specialty Medicine.
Chronic diseases	Chronic diseases include HIV/AIDS, asthma, cancers, heart disease and high blood	CARE Program is a multidisciplinary HIV care and support project. Clients of the CARE program receive an

	pressure. By providing health education and self-management workshops, individuals will learn techniques to better manage their conditions leading to reduced emergency room visits and a better quality of life.	integrated range of high quality medical, dental, health, and psychosocial services to a heavily impacted population of low-income men, women, and children living with HIV; and for those at high risk for acquiring HIV in the Long Beach, South Bay and South Los Angeles Counties.
Obesity and diabetes	Being overweight is a precursor to many chronic diseases, including diabetes. Obesity and diabetes greatly impact the SMMC service area and are diagnosed most frequently among the region's low-income communities of color.	Chronic Disease Self-Management Program (CDSMP): Based on the Stanford Model, this proven 6-week self-help program is offered to the community. The goal of the program is to teach participants the skills they need to know to manage their chronic condition(s) on a daily basis to achieve the maximum quality of physical, mental and emotional well-being.
Preventive care	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.	Every Woman Counts Cancer Protection Program offers mammography screening services to women age 40+ and cervical screenings to women age 21+ who are uninsured/underinsured and of low or no income.
Pregnancy and birth outcomes	Engaging in early prenatal care is important because health risks to both the mother and infant can be detected early.	The Mary Hilton Family Health Center has OB, perinatal and pediatric services: The clinics provide comprehensive services to serve mothers and children from pregnancy through young adulthood. Services include: · Benefits assistance · Comprehensive Pre-natal Services Program (CPSP) · High risk care · Vaccines · Care for diabetic expecting mothers

SMMC anticipates that actions taken to address significant health needs will help achieve the following:

- improve health knowledge, behaviors, and status;
- increase access to needed and beneficial care; and
- help create conditions that support good health.

SMMC is committed to measuring and evaluating key initiatives. SMMC creates and makes public an annual Community Benefit Report and Plan and evaluates impact by setting priorities for its community health program in a triennial Community Health Needs Assessment.

Methodology

Overview

Two types of data were used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained through a community survey and key informant interviews. Secondary data are health indicator data that have already been collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health topics and then synthesized for a comprehensive overview of the health needs in SMMC's service area.

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. This database, maintained by researchers and analysts at HCI, includes over 100 community indicators from at least 15 state and national data sources. HCI carefully evaluates sources based on the following three criteria: the source has a validated methodology for data collection and analysis; the source has scheduled, regular publication of findings; and the source has data values for small geographic areas or populations.

Secondary Data Scoring

HCI's Data Scoring Tool® was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of California and US counties, state and national values, Healthy People 2020, and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs. Please see Appendix A for further details on the quantitative data scoring methodology as well as secondary data scoring results.

Disparities Analysis

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

Primary Data Methods & Analysis

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

Focus Groups

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

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

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

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

As shown in Table 3, a total of 91 participants throughout six focus groups participated in the focus groups. Thirty-seven percent of the sample were 18-44 years old, while the other 63% were 45 years old and older. The largest group included the 64-74 year old group, which represented 23% of the focus group sample. The majority of participants were women at 66%. In addition, more than half of participants were renters, and the racial breakdown was roughly distributed across Asians, White, Hispanic/Latinx, and African-American/Black. The largest representation of ethnic groups included Cambodians and Hispanic/Latinx, where almost 95% of the Asian population were Cambodian. The sexual orientation of our participants was primarily straight/heterosexual, representing 68% of the sample. Sixty-four percent had a household income of less than $40,000.

Table 3. Descriptive Characteristics of Focus Group Participants (N=91)

Socioeconomic & Demographic Characteristics	N(%)
Age	
18-24 years	8 (9%)
25-34 years	12 (13%)
35-44 years	17 (19%)
45-54 years	12 (13%)
55-64 years	17 (19%)
65-74 years	21 (23%)
75 years+	4 (4%)
Gender	
Man (includes small sample of trans-identified men)	29 (31%)
Woman	60 (66%)
Education Status	
Less than high school	19 (23%)
High school or GED equivalent	17 (19%)
Some college (no Associates)	23 (26%)
Associate's or Bachelor's Degree	22 (24%)
Master's Degree or Higher	9 (10%)
Housing Status	
Renter	51 (56%)
Homeowner	14 (15%)
Currently experiencing homelessness	3 (3%)
Living with family or friends	21 (23%)
Other	2 (2%)
Race	
Asian	23 (25%)
African-American/Black	12 (13%)
White	23 (25%)
Hispanic/Latinx	26 (29%)
Multi-racial	7 (8%)
Ethnicity	
Cambodian	21 (23%)
Hispanic/Latinx	26 (29%)
Sexual Orientation	

Straight	62 (68%)
Gay	9 (10%)
Lesbian, Queer, Bisexual	12 (13%)
Income	
Under $10,000	30 (33%)
$10,000 to $19,999	17 (19%)
$20,000 to $39,999	11 (12%)
$40,000 to $69,999	8 (9%)
$70,000+	14 (15%)
Don't know	6 (7%)
Diagnosed with a Mental Health Condition	
Yes	30 (33%)
No	61 67%)

Table 4 describes the different focus groups that were conducted, and the vulnerable populations represented. In addition, it shares each of their top three priorities and a list of the top five priorities across all eight groups. The top five priorities were calculated by tallying all votes and selecting the five with the highest scores.

Table 4. Focus Group Representation and Top Priorities

Focus Group	Vulnerable Population Represented	Top 3 Priorities
Project Return Peer Support Network (PRPSN)	• Veterans • Persons with disabilities	1. Public safety 2. Oral health care 3. Housing and homelessness
The LGBTQ Center of Long Beach (LGBTQ Center)	• Transitional aged youth (18-25) • Racial ethnic minorities • Older adults • LGBTQ	1. Mental health and mental health conditions 2. Access to health services 3. Housing and homelessness
Black Infant Health Program (BIH program)	• Women and children • Racial/ethnic minorities	1. Pregnancy and birth outcomes 2. Housing and homelessness 3. Public safety
Long Beach Alliance for Children with Asthma (LBACA)	• Women and children • Racial/ethnic minorities	1. Mental health and mental health conditions 2. Access to health services 3. Chronic disease

Rose Park Neighborhood Association (Rose Park)	• Older adults • Persons with disabilities • LGBTQ • Veterans • Women and children	1. Access to health service 2. Mental health and mental health conditions 3. Housing and homelessness
United Cambodian Community (UCC)	• Older adult • Racial/ethnic minority • Women and children	1. Access to health services 2. Exercise, nutrition, and weight 3. Oral health/dental care
Top Priorities Across All Groups 1. Access to health services 2. Mental health and mental health conditions 3. Housing and homelessness 4. Public safety 5. Chronic diseases		

Key Informant Interviews

Community input was also collected through key informant interviews. Twenty key informant interviews (KIIs) were conducted by phone from the middle of January through early March of 2019. Interviewees who were asked to participate were recognized as having expertise in public health, special knowledge of community health needs and/or represented the broad interest of the community served by the hospital, and/or could speak to the needs of medically underserved or vulnerable populations. Efforts were made to identify interviewees working in and/or knowledgeable about the counties in SMMC's service area.

Interviews were transcribed and analyzed using the qualitative analytic tool called Dedoose[1]. Interview excerpts were coded by relevant topic areas and key health themes. Multiple approaches were used to assess the relative importance of the needs discussed in these interviews. Using multiple approaches allowed the team to review and analyze the interview results from several analytical perspectives. These approaches included:

1) the frequency by which a health topic was discussed across all interviews,
2) the frequency by which a topic was coded alongside the following codes—*Barriers/Challenges, Factors of Health Issues, Health Priorities for Future Efforts, Strategies for Addressing Key Issues, and Resources/Community Assets*,
3) the frequency by which a topic was mentioned per interviewee.

After completing the analysis for these different approaches, five health issues showcased themselves to be more prevalent in the KIIs. As shown in Table 5, Housing, Education, Access to Health Services, Economy and Mental Health scored in the Top 5 for multiple analysis

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

approaches. Thus, these health issues were considered the Top Health Needs from the KII process, and they will be referenced later in this report.

Table 5. Health Issues Scoring in the Top 5 for Key Informant Interview Analysis Approaches

	Total Counts	Challenges/ Barriers	Factors of Issues	Health Priorities	Strategies	Resources	Presence Per Interview	**Total**
Housing	x	x	x	x	x		x	**6**
Education	x	x			x	x	x	**5**
Access to Health Services	x		x		x		x	**4**
Economy	x	x			x		x	**4**
Mental Health	x			x		x		**3**

Data Considerations

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

Data scores represent the relative community health need according to the secondary data for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole, and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The analysis of subpopulation disparities is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race/Ethnic Groupings

The secondary data presented in this report derives from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

Zip Codes and Zip Code Tabulation Areas

This report presents both ZIP Code and ZIP Code Tabulation Area (ZCTA) data. ZIP or Zone Improvement Plan Codes were created by the U.S. Postal Service to improve mail delivery service. They are based on postal routes, which factor in delivery-area, mail volume and geographic location. They are not designed to be used for statistical reporting and may change

frequently. Some ZIP Codes may only include P.O. boxes or cover large unpopulated areas. ZCTAs or ZIP Code Tabulation Areas were created by the U.S. Census Bureau and are generalized representations of ZIP Codes that have been assigned to census blocks. Therefore, ZCTAs are representative of geographic locations of populated areas. In most cases, the ZCTA will be the same as its ZIP Code. ZCTAs will not necessarily exist for ZIP Code areas with only businesses, single or multiple addresses, or for large unpopulated areas. Since ZCTAs are based on the most recent Census data, they are more stable than ZIP Codes and do not change as frequently.

Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference ZIP Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources is representative by ZIP Codes and are labeled as such.

Prioritization

To identify the significant health needs or priorities for the Collaborative CHNAs, each Collaborative agency reviewed the secondary data results for their perspective service areas. In collaboration, the Collaborative partners then selected fourteen health needs that would be reviewed more thoroughly during their CHNA processes. These health needs are listed below.

Long Beach Collaborative – Health Needs

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

Prioritization Process

To examine the health needs more closely, the Collaborative and HCI developed an online survey using the results from the secondary data analysis. After key informants completed their interviews, HCI invited them to complete a prioritization survey to provide more input on the health needs identified by the Collaborative. Primarily, the prioritization survey contained a prioritization matrix and four criteria by which to rate each need. Survey participants scored each issue for each of the criteria on a scale from 1-5, with 1 meaning the respondent strongly disagrees to 5 meaning the respondent strongly agrees that the health need meets the criterion. Respondents were also able to select “Don’t Know/Unsure” for each health need.

The criteria for prioritization included to what extent an issue:

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

Completion of the prioritization matrix resulted in numerical scores for each health need that corresponded to how well each health need met the criteria for prioritization. The scores were ranked from highest to lowest (see table). As shown in Table 6, Housing/Homelessness, Mental Health, and Economic Insecurity had the highest matrix scores across all health topics, indicating that participants felt that these topics presented the Long Beach community with the most needs or problems to address.

Table 6. Results from the Long Beach Collaborative Prioritization Matrix

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

Upon review of these prioritization results, SMMC selected the top eight results as its significant health needs for this CHNA. Thus, the results of this CHNA report are organized by "significant health needs" and "identified needs." The significant health needs are listed below.

St. Mary Medical Center – Significant Health Needs

- Access to Health Services
- Chronic Diseases
- Economic Insecurity
- Exercise, Nutrition & Weight
- Food Insecurity
- Housing & Homelessness
- Mental Health
- Public Safety

In addition to rating each need in the matrix, prioritization participants were asked to rate the level of importance of addressing the health topics in the prioritization matrix. As shown in Table 7, 100% of participants marked the following topics to be "important or very important" to address moving forward—Access to Health Services, Chronic Diseases, Economic Insecurity and Housing/Homelessness. When asked about a group that is most affected by poor health outcomes in the Long Beach community, survey participants listed racial/ethnic minority populations, persons who are homeless or precariously housed, and older adults as the top three groups for this issue.

Table 7. Prioritization Survey: Importance Level to Address Issue among Long Beach Participants

Marked as Important or Very Important	
Access to Health Services	100%
Chronic Diseases (diabetes, heart disease, stroke, asthma, pneumonia and influenza, COPD)	100%
Economic Insecurity	100%
Housing and Homelessness	100%
Mental Health and Mental Disorders	93.33%
Environment (outdoor recreation areas and the built environment)	92.86%
Food Insecurity	92.85%
Public Safety (crime, homicide, general community safety)	85.72%
Sexually Transmitted Infections	85.72%
Exercise, Nutrition and Weight (overweight and obesity, physical activity, access to healthy foods)	85.71%
Substance Abuse (alcohol, tobacco, and illicit drug use and overdose)	85.71%
Pregnancy and Birth Outcomes	71.43%
Preventive Practices (immunizations and screenings)	69.23%
Oral Health/Dental Care	64.28%

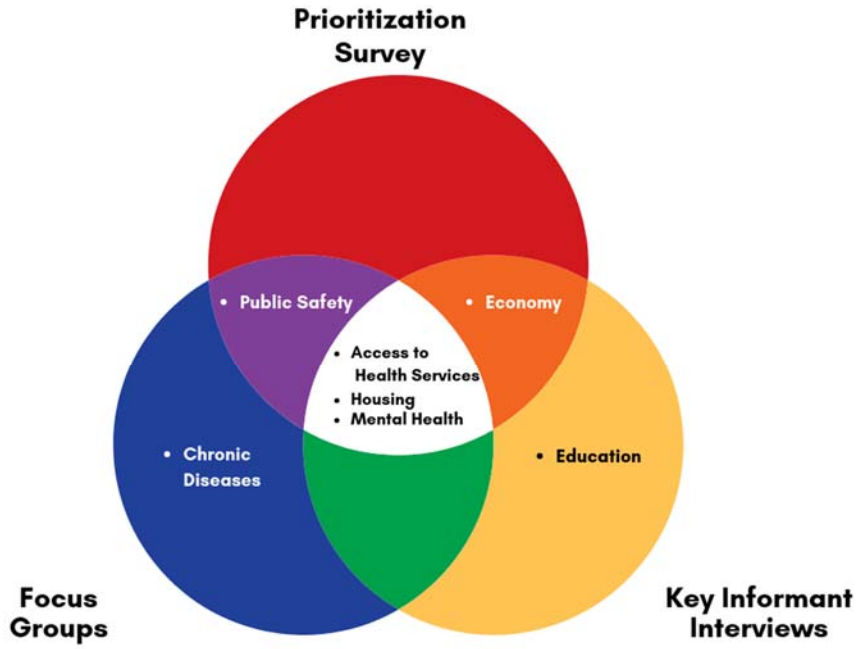
Moreover, 75% of participants believed a promising next step for Long Beach would be to support policies that increase the availability of affordable housing for families with low incomes, such as requiring developers to include low income units in every new housing development or caps to rental increase rates in Long Beach. Fifty percent of participants

supported the idea of improving economic inclusion, such as the creation of living-wage jobs in Long Beach for youth and adults and increased small business and entrepreneurial support.

Data Synthesis

After reviewing and analyzing the results from the key informant interviews, focus groups and prioritization survey, HCI synthesized these results together using a Venn Diagram. This Venn Diagram, in Figure 3, shows the overlapping areas of need across the different data methods for the Collaborative. In addition, the Collaborative reviewed the secondary data results to help select the health topics for the prioritization survey. Thus, the secondary data results influenced the formation of this diagram too.

Figure 3. Venn Diagram for Long Beach Collaborative - CHNAs



As shown in Figure 3, Access to Health Services, Housing and Mental Health all surfaced as top priorities for each one of the data capture measures. The prioritization survey and key informant interviews both revealed Economy and Education to be top priorities, while the focus groups and prioritization survey showed Chronic Diseases and Public Safety to be of high concern. Reviewing this diagram may help SMMC determine which health issues to address when conducting its Implementation Strategy later this year.

Potential Resources

Appendix F includes resources that were identified through the key informant interviews and focus groups with the ability to address the significant health needs in this CHNA.

Demographics

Demographics are an integral part of describing the community and its population, which is critical to forming insights into the health needs of the community to best plan for improvement. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the 39 ZIP Codes that define the SMMC service area. Please note that demographics and data sourced from Claritas® derive from the Claritas Pop Facts® data set which provides demographics data based on Census and American Community Survey (ACS) data. This data set provides current year (2018) estimates using the 2010 Census and the incorporation of newly available ACS data.

Population

The population of the entire SMMC service area is 721,974, with ZIP Code 90650 containing the most people (106,360) and ZIP Code 90755 containing the fewest (11,491) (Table 8). This range shows the extensive diversity in sizes of ZIP Codes in the service area. It is important to disallow smaller, less densely populated ZIP Codes to be overlooked when examining health needs and social determinants of health for the area being served.

Table 8. Population by ZIP Code (2012-2016)[1]

ZIP Code	City/Community	Population Estimate
90723	Paramount	54,941
90731	San Pedro	61,046
90744	Wilmington	57,432
90745	Carson	57,785
90755	Signal Hill	11,491
90802	Long Beach	39,873
90803	Long Beach	31,680
90804	Long Beach	40,751
90805	Long Beach	95,808
90806	Long Beach	42,312
90807	Long Beach	33,217
90808	Long Beach	38,637
90810	Long Beach	37,422
90813	Long Beach	60,997
90814	Long Beach	18,760
90815	Long Beach	39,822
[1] American Community Survey, 2012-2016		

Age

Table 9 presents the age breakdown for each ZIP Code in the service area. Notably, ZIP Code 90813 is the only ZIP Code in the service area with greater than 10% of its population under the age of five, while ZIP Codes 90744 and 90805 both also have greater than 8% of their population under age five. Further, six of the 16 ZIP Codes in the service area have a greater

percentage of their populations in the 5-17 age range than the City of Long Beach (16.9%). ZIP Code 90813 has the highest percentage of this population at 22.7%, with the following ZIP Codes having greater than 25% of their populations under the age of 18: 90723, 90744, 90805, 90806, 90810, and 90813. This highlights the need for child-, teen-, and adolescent-focused health care and services in these parts of the service area. Further, half of the ZIP Codes have higher percentages of older adults (65+) than Long Beach City, while ZIP Codes 90745, 90803, 90807, 90808, and 90815 have larger proportions of older adults than the city, county, and state. These areas may require different strategies and services for this vulnerable population.

Table 9. Population by Age by ZIP Code (2012-2016)[1]

ZIP Code	City/Community	0 to 4	5 to 17	18 to 24	25 to 44	45 to 64	65+
90723	Paramount	6.9%	22.6%	12.5%	28.6%	21.8%	7.6%
90731	San Pedro	6.7%	16.8%	9.8%	27.9%	27.7%	11.1%
90744	Wilmington	9.1%	22.2%	12.2%	27.9%	20.6%	8.0%
90745	Carson	6.1%	16.0%	10.7%	26.0%	26.5%	14.7%
90755	Signal Hill	7.9%	16.4%	13.3%	29.5%	24.8%	8.1%
90802	Long Beach	5.5%	10.4%	8.8%	40.0%	26.4%	8.9%
90803	Long Beach	2.4%	9.6%	6.2%	33.5%	29.7%	18.6%
90804	Long Beach	7.2%	15.8%	14.7%	34.1%	22.0%	6.1%
90805	Long Beach	8.5%	21.3%	12.0%	28.6%	22.2%	7.3%
90806	Long Beach	7.6%	19.6%	11.1%	28.3%	23.8%	9.7%
90807	Long Beach	7.6%	14.4%	7.1%	28.4%	28.2%	14.3%
90808	Long Beach	5.3%	15.6%	7.9%	25.0%	30.6%	15.7%
90810	Long Beach	7.4%	19.5%	11.8%	27.4%	23.0%	10.9%
90813	Long Beach	10.4%	22.7%	11.8%	30.7%	17.9%	6.5%
90814	Long Beach	4.5%	11.0%	8.7%	38.8%	25.6%	11.4%
90815	Long Beach	5.7%	12.7%	15.8%	23.6%	27.4%	14.7%
Long Beach City	--	**7.1%**	**16.9%**	**11.0%**	**30.2%**	**24.4%**	**10.4%**
Los Angeles County	--	**6.3%**	**16.5%**	**10.4%**	**29.5%**	**25.5%**	**12.2%**
California	--	**6.5%**	**17.1%**	**10.2%**	**28.2%**	**25.2%**	**12.9%**
[1] American Community Survey, 2012-2016							

Race/Ethnicity

Table 10 presents the breakdown of the population in SMMC's service area by race and ethnicity. Six ZIP Codes in the service area have over half of their populations identifying as Hispanic or Latinx. Additionally, only four ZIP Codes have greater than half of their populations that identify as White, Non-Hispanic. The range of the percentage of the population that is Black or African American is from less than 2% (90744) to over one fifth of the population (20.2% in 90805). The racial and ethnic breakdowns of ZIP Codes served are crucial to review when analyzing health needs due to the fact that race/ethnicity is a major risk factor for many health issues including cancer and mental health.

Table 10. Population by Race/Ethnicity by ZIP Code (2012-2016)[1]

ZIP Code	City/ Community	Black or African American	American Indian/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Other Race	Two+ Races	White, Non-Hispanic	Hispanic or Latinx
90723	Paramount	9.6%	0.7%	2.6%	0.7%	28.4%	2.7%	4.8%	81.6%
90731	San Pedro	8.0%	0.5%	4.6%	0.5%	19.1%	8.0%	29.5%	54.2%
90744	Wilmington	1.8%	5.5%	2.4%	0.5%	26.9%	3.6%	4.6%	90.5%
90745	Carson	7.1%	0.8%	35.8%	2.3%	14.6%	7.6%	8.0%	44.2%
90755	Signal Hill	11.3%	0.3%	21.4%	0.6%	3.7%	5.7%	26.1%	37.7%
90802	Long Beach	16.8%	1.7%	9.0%	0.8%	9.6%	4.2%	34.6%	37.1%
90803	Long Beach	3.8%	0.4%	6.6%	0.3%	2.0%	4.1%	70.0%	16.2%
90804	Long Beach	12.2%	0.7%	12.1%	0.3%	7.4%	4.3%	26.5%	46.8%
90805	Long Beach	20.2%	0.7%	11.0%	1.3%	30.4%	4.8%	8.1%	57.8%
90806	Long Beach	17.4%	1.8%	19.1%	1.0%	13.2%	5.0%	8.4%	51.6%
90807	Long Beach	16.0%	0.4%	17.7%	0.6%	9.9%	8.8%	34.3%	26.4%
90808	Long Beach	5.3%	1.0%	9.3%	0.3%	4.6%	6.7%	55.9%	24.6%
90810	Long Beach	12.1%	1.4%	23.3%	5.0%	13.0%	6.7%	5.8%	49.9%
90813	Long Beach	11.6%	2.7%	14.8%	0.3%	15.0%	5.8%	6.5%	64.8%
90814	Long Beach	8.5%	0.8%	7.2%	0.1%	5.9%	4.6%	55.5%	25.7%
90815	Long Beach	4.3%	0.6%	11.9%	0.4%	3.3%	5.8%	60.3%	19.0%
Long Beach City	--	**13.0%**	**1.2%**	**13.0%**	**0.9%**	**13.2%**	**5.5%**	**27.7%**	**42.4%**
Los Angeles County	--	**8.3%**	**0.6%**	**14.2%**	**0.3%**	**20.2%**	**3.9%**	**26.7%**	**48.3%**
California	--	**5.9%**	**0.7%**	**13.9%**	**0.4%**	**13.3%**	**4.6%**	**38.4%**	**38.6%**

[1] American Community Survey, 2012-2016

Language

Language concerns as they relate to healthcare and access are measured by the percentage of residents (ages five and older) who have difficulty speaking English. Given the current health care system's reliance on English and the frequent difficulty of navigating healthcare literature and understanding diagnoses and treatment choices for those whose native language is not English, it is crucial to identify areas where more resources may be needed to ensure that all populations, regardless of language, are being effectively reached. In SMMC's service area, ZIP Code 90813 has the highest percentage of its population with English-speaking difficulties, at 36.0%. ZIP Codes 90723, 90744, 90806, 90810, 90745, and 90805 all have greater than a quarter of their populations with English-speaking difficulties. ZIP Code 90803 has the smallest percentage of those who have difficulty speaking English (2.9%). In comparison, the entire city of Long Beach as a whole has 18.3% of its population who have difficulty speaking English.[1]

Disability Status

The share of persons with any type of disability living in each ZIP Code in SMMC's service area is also helpful in determining where and what type of specialized resources or assistance may be needed to ensure healthcare access and ability to access for all. The ZIP Code values are compared to the value for the entire city of Long Beach, which is 9.9% of people with a disability of any kind. ZIP Code 90804 has the lowest percent of persons with a disability living within its boundaries at 6.4%, while ZIP Code 90802 has the highest with a value of 12.4%, followed by ZIP Codes 90810 and 90745.[1]

Social & Economic Determinants of Health

This section explores the social and economic determinants of health in SMMC's service area. Social and economic determinants are the conditions in which people are born, grow, work, live, and age, including the wider set of forces and systems that shape the conditions of daily life for children and women. These social determinants and other factors help build the context of the service area to allow for better understanding of the results of both primary and secondary data.

Life Expectancy

Life expectancy is a quality measure of a population's longevity and general health and wellbeing. It is highly dependent on infant mortality rates and all-cause death rates and can vary greatly between racial and ethnic groups. For Long Beach City, there are also great variations by geography, given the wide range of differences in public health infrastructure, medical care availability and access, and other social determinant of health issues in differing parts of the city.

Income & Poverty

Long Beach City has a median household income value of $55,151. Seven of the 16 SMMC ZIP Codes have values higher than the overall city value. ZIP Code 90808 is the highest of these with a median household income of $97,500. Conversely, ZIP Code 90813 has the lowest median household income ($31,775), creating a gap of $65,725 between the highest and lowest ZIP Codes in the service area.

Table 11 shows the percentages of people and families in each SMMC service area ZIP Code who are living below the poverty level, as compared to Long Beach City. ZIP Code 90813 has the highest percentages of both people and families living in poverty, both over 30% of the ZIP Codes' populations (34.5% and 30.8%, respectively). ZIP Codes 90744, 90804, 90802, 90805, 90806, and 90723 all also have greater than a fifth of their families living below the poverty level. This is a crucial measure when focusing on the health of children and women as a high percentage of families living in poverty signifies likely systemic health issues in these populations, which adversely affect more vulnerable populations. Conversely, ZIP Code 90808 has the lowest percentages of people living below the poverty level (4.9%) and families living below the poverty level (2.9%).

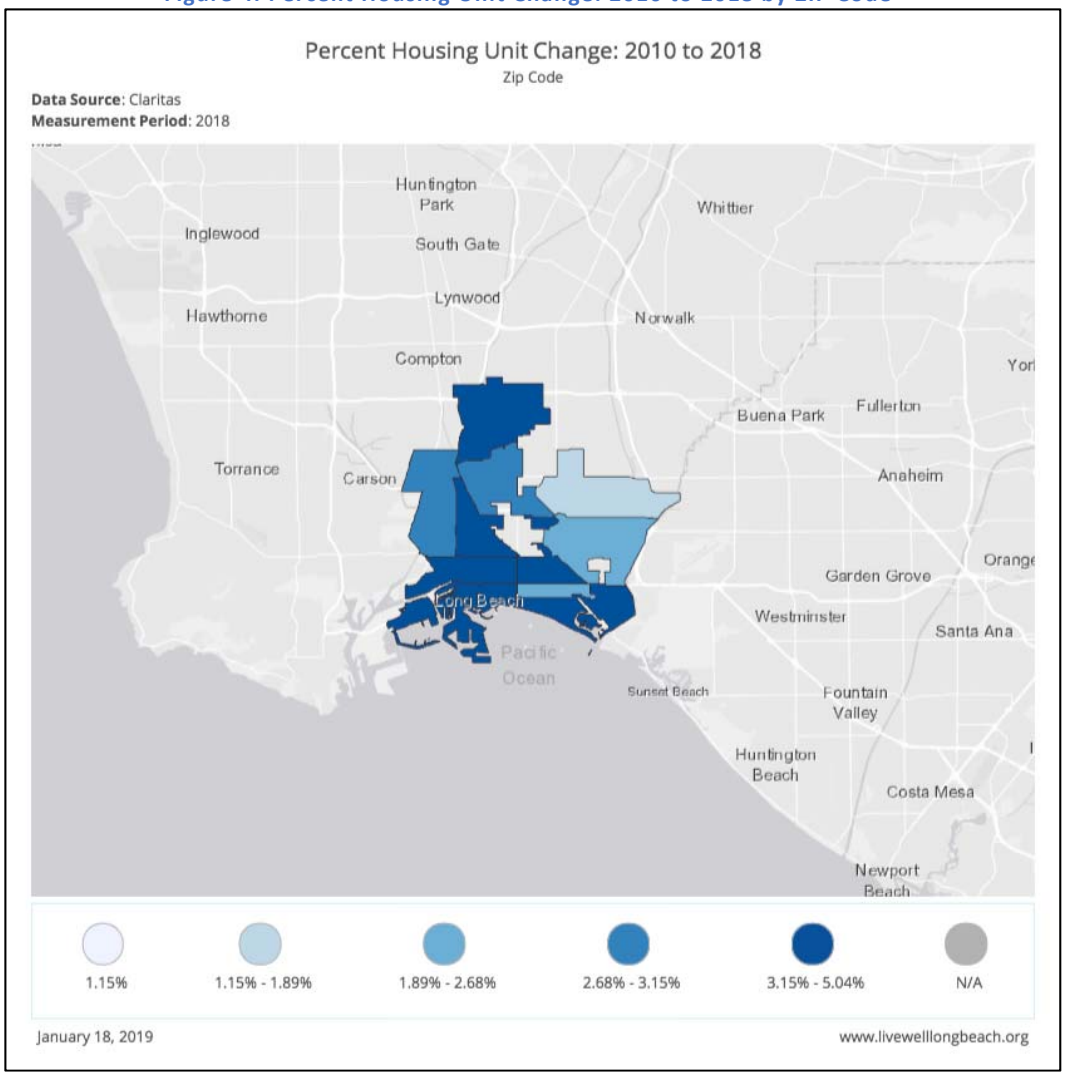
Table 11. Poverty Rates by ZIP Code (2012-2016)[1]

ZIP Code	City/Community	People Below Poverty Level	Families Below Poverty Level
90723	Paramount	22.1%	20.1%
90731	San Pedro	20.6%	17.4%
90744	Wilmington	27.4%	24.2%
90745	Carson	12.2%	9.7%
90755	Signal Hill	15.6%	14.0%
90802	Long Beach	25.0%	21.0%
90803	Long Beach	8.3%	3.6%
90804	Long Beach	25.5%	21.4%
90805	Long Beach	24.0%	20.9%
90806	Long Beach	24.6%	20.3%
90807	Long Beach	6.4%	2.9%
90808	Long Beach	4.9%	2.9%
90810	Long Beach	19.0%	16.0%
90813	Long Beach	34.5%	30.8%
90814	Long Beach	15.0%	8.5%
90815	Long Beach	12.3%	6.0%
Long Beach City	--	**20.3%**	**15.7%**
Los Angeles County	--	**17.8%**	**13.9%**
California	--	**15.8%**	**11.8%**
[1] American Community Survey, 2012-2016			

Housing

Figure 4 shows the percent housing unit change from 2010 to 2018 for the City of Long Beach ZIP Codes. Darker shades of blue represent higher percentages of housing unit changes. Housing unit change refers to the negative or positive growth of housing in an area. Positive percentages show places where more housing units exist now than in 2010. Smaller percentages indicate areas where there have been fewer additions of housing units. These geographical areas are where housing, or lack thereof, may still be an issue, and where issues associated with housing, such as homelessness, lack of health insurance, and poverty are exacerbated.

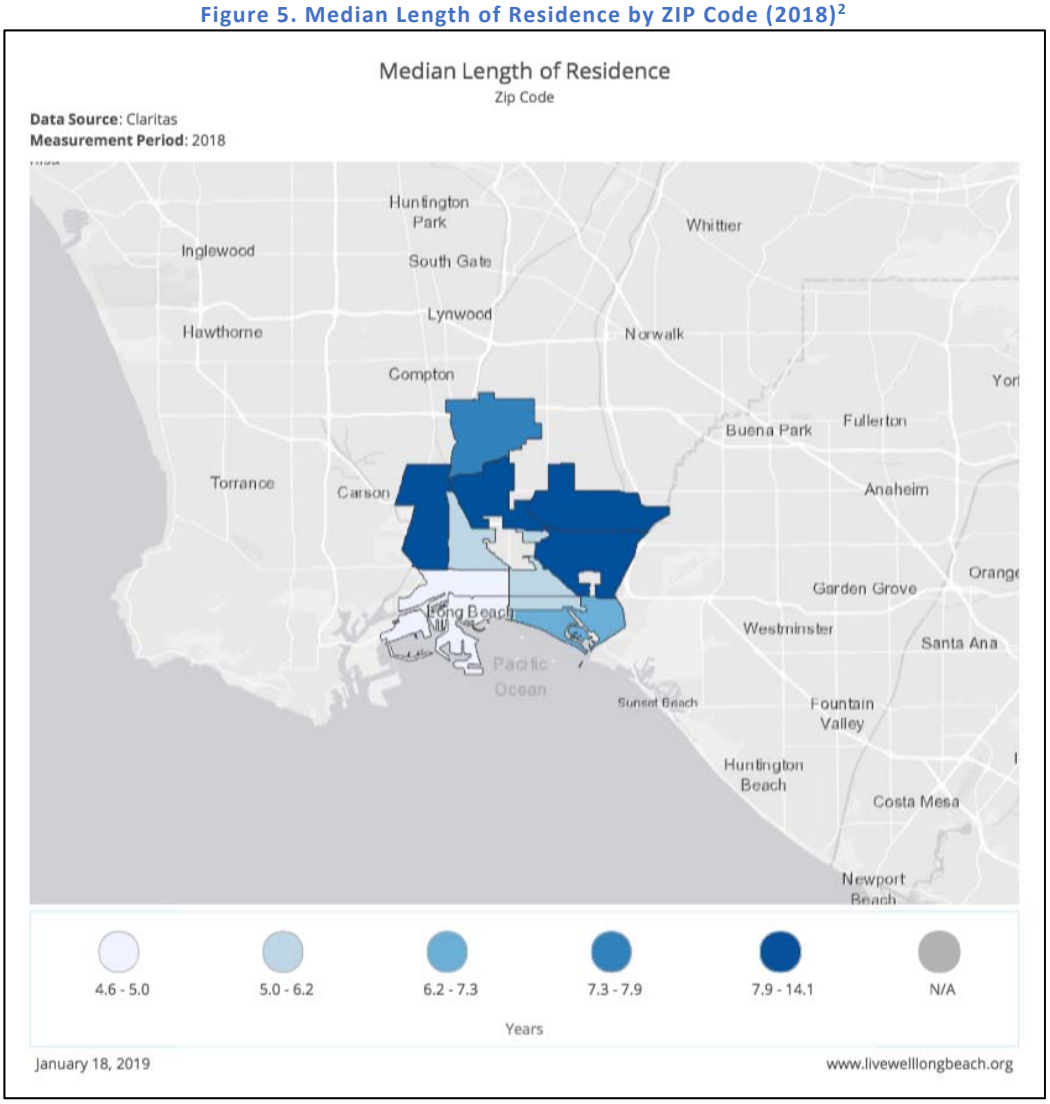
Figure 4. Percent Housing Unit Change: 2010 to 2018 by ZIP Code[2]



[2] Claritas® Population Estimates, 2018

Figure 5 shows the median length of residence (in years) by ZIP Code in Long Beach City. This measure can indicate geographical areas, where it may be more or less difficult to sustain housing in the same residence, due to rising housing costs or other expenses.

Figure 5. Median Length of Residence by ZIP Code (2018)[2]



[2] Claritas® Population Estimates, 2018

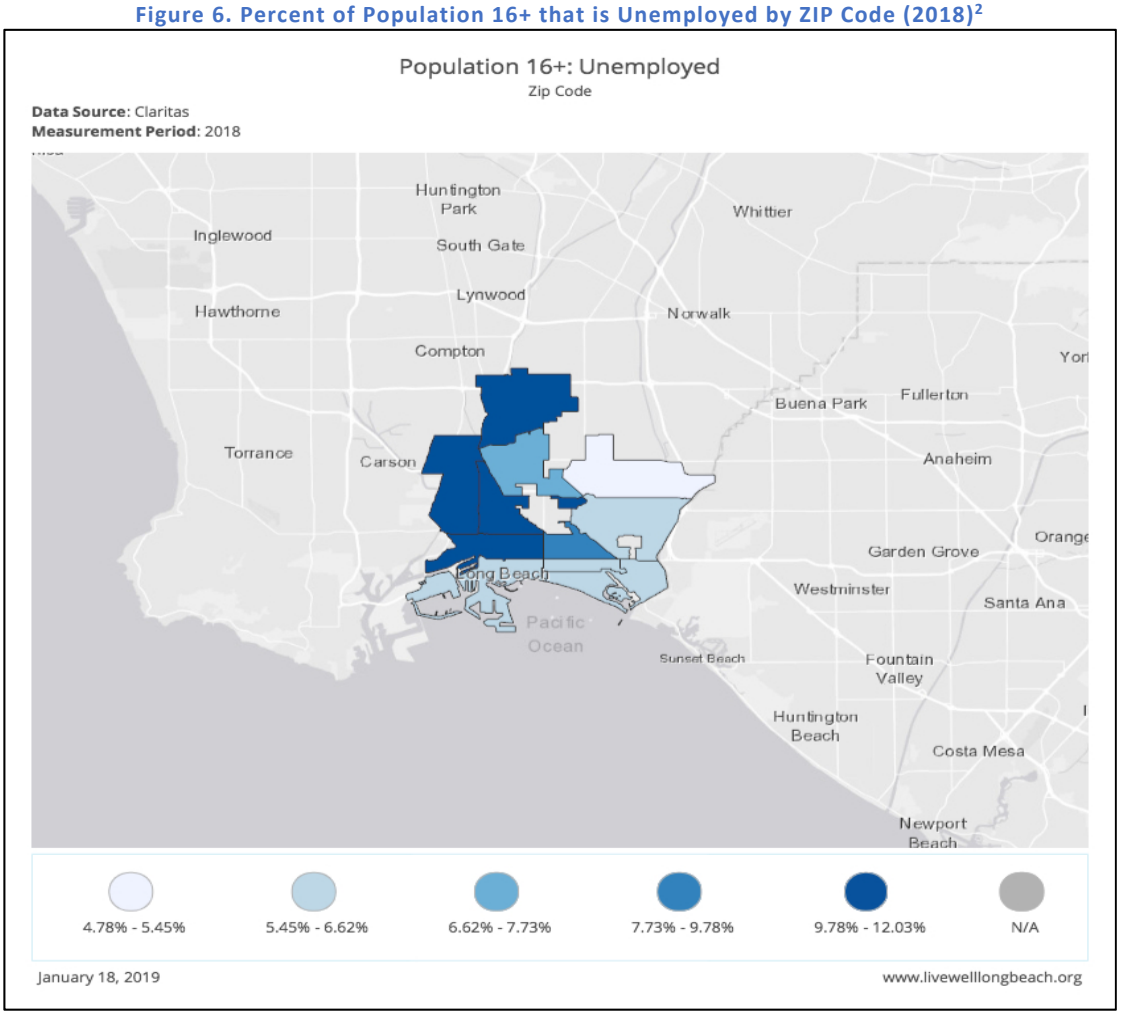
ZIP Code 90755 has the fewest households of any ZIP Code in the service area (4,102), while ZIP Code 90805 has the most (26,343). While fewer households may just indicate areas of smaller populations, it is important to examine those ZIP Codes with relatively low numbers of households compared to their populations such as ZIP Code 90810 which has 37,422 people but only 9,132 households.

ZIP Code 90808 has the highest percentage of homeownership in the service area (75.3%), while 90813 has the lowest percentage (12.2%). Compared to Long Beach City, nine ZIP Codes in the service area have higher percentages of homeownership. Homeownership can be a proxy measure for other social determinants of health such as poverty, employment, and health insurance. Rising housing costs are forcing more people to rent long term as opposed to own their own homes.

Employment

Figure 6 shows the percentage of the population 16 years and older from each Long Beach City ZIP Code that is unemployed. The highest rates of unemployment are concentrated in the north and west parts of the city, with ZIP Codes 90805, 90813, and 90810 having the highest percentages, all over 10.0%. ZIP Codes 90808 and 90815 have the lowest rates of unemployment.

Figure 6. Percent of Population 16+ that is Unemployed by ZIP Code (2018)[2]



[2] Claritas® Population Estimates, 2018

While ZIP Code 90805 and 90813 have the highest percentages of unemployment, they also have the highest raw numbers of workers (39,081 and 23,376 people, respectively). ZIP Codes 90810 and 90814 have the lowest number of workers in the City.[2]

Education

The share of residents in each ZIP Code in the SMMC service area aged 25 or older with at least a high school degree or equivalent (including general equivalency diploma (GED)) and the share of residents aged 25 or older with at least a bachelor's degree or equivalent are shown in Table 12. ZIP Codes 90813, 90744, and 90723 are in the bottom three ZIP Codes in the service area

for both those with a high school degree or higher in the service area and those with a bachelor's degree or higher. On the other hand, ZIP Code 90803 has the highest percentages of both measures (95.7% and 59.2%, respectively).

Table 12. Education Level by ZIP Code (2012-2016)[1]

ZIP Code	City/Community	High School Degree or Higher	Bachelor's Degree or Higher
90723	Paramount	58.9%	9.1%
90731	San Pedro	77.5%	22.2%
90744	Wilmington	56.4%	7.0%
90745	Carson	78.2%	23.4%
90755	Signal Hill	84.6%	38.6%
90802	Long Beach	86.1%	37.9%
90803	Long Beach	95.7%	59.2%
90804	Long Beach	74.8%	26.9%
90805	Long Beach	68.9%	11.8%
90806	Long Beach	68.2%	17.0%
90807	Long Beach	92.9%	38.6%
90808	Long Beach	94.6%	40.4%
90810	Long Beach	72.6%	15.0%
90813	Long Beach	55.6%	11.2%
90814	Long Beach	92.1%	49.8%
90815	Long Beach	94.5%	45.9%
Long Beach City	--	**79.5%**	**29.5%**
Los Angeles County	--	**77.7%**	**30.8%**
California	--	**82.1%**	**32.0%**
[1] American Community Survey, 2012-2016			

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health that may impact health or access to care. Indicator estimates from Claritas®, covering income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are standardized and averaged to create one composite index value for every ZIP Code in the United States with a population of at least 300. ZIP Codes have index values ranging from 0 to 100, where ZIP Codes with higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes, including preventable hospitalizations and premature death.

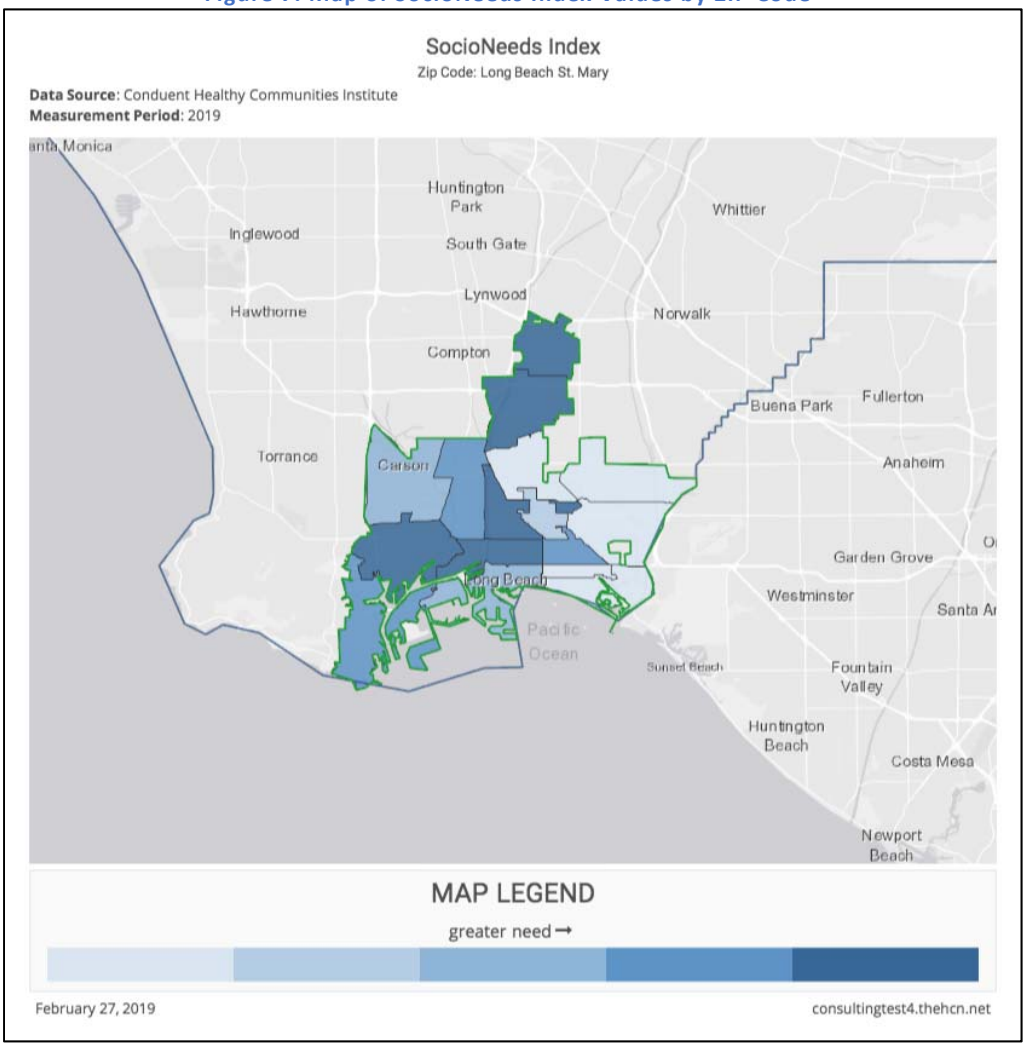
According to the index, ZIP Codes 90813, 90744, 90723, 90805, and 90806 have the direst socioeconomic need in the area served by SMMC (Table 13). Three of these ZIP Codes are in the City of Long Beach, while the other two derive from the Wilmington and Paramount communities.

Table 13. SocioNeeds Index Value by ZIP Code (2019)[3]

ZIP Code	City/Community	SocioNeeds Index Value
90813	Long Beach	98.6
90744	Wilmington	96.8
90723	Paramount	94.9
90805	Long Beach	93.4
90806	Long Beach	93.2
90810	Long Beach	87.2
90804	Long Beach	86.1
90731	San Pedro	82.6
90802	Long Beach	70.7
90745	Carson	68.4
90755	Signal Hill	52.5
90814	Long Beach	27.4
90807	Long Beach	15.3
90815	Long Beach	11.9
90803	Long Beach	8.3
90808	Long Beach	7.1
[3] Conduent Healthy Communities Institute, 2019		

Figure 7 shows a map view of these same SMMC service area ZIP Codes and their SocioNeeds Index® values, with darker shades of blue still signifying the higher levels of socioeconomic need. As shown, the ZIP Codes with high need are mainly concentrated in the north, west, and central part of the service area, with the ZIP Codes of lowest socioeconomic need all located in the east part of the service area.

Figure 7. Map of SocioNeeds Index Values by ZIP Code[3]



[3] Conduent Healthy Communities Institute, 2019

Secondary Data Findings

Upon completion of the secondary data analysis, topic areas were ordered by their identified need from most need to least need. Table 14 shows the health and quality of life topic results for SMMC's service area, with Diabetes as the poorest performing health topic for the service area, followed by Exercise, Nutrition, & Weight, and Education.

Table 14. Data Scoring Results: SMMC Service Area

Topic Area
Diabetes
Exercise, Nutrition, & Weight
Education
Transportation
Access to Health Services
Heart Disease & Stroke

Social Environment
Respiratory Diseases
Environmental & Occupational Health
Immunizations & Infectious Diseases
Substance Abuse
Economy
Disabilities
Mental Health & Mental Disorders
Children's Health
Older Adults & Aging
Teen & Adolescent Health
Oral Health
Prevention & Safety
Environment

The health and quality of life topic areas are described and defined as follows:

Topic Area	Description & Definition
Access to Health Services	Indicators of or directly related to the availability and ease of access to adequate health services, including primary care, specialty care, oral health care, and mental health care
Children's Health	Indicators of or directly related to children's physical or mental health
Diabetes	Indicators of or directly related to the incidence, prevalence, mortality, screening, treatment, or management of diabetes
Disabilities	Indicators of or directly related to the population affected by disabilities
Economy	Indicators of or directly related to economic factors affecting of an individual's health and quality of life, including income and poverty
Education	Indicators of or directly related to education, specifically educational attainment, proficiency, and educational institutions
Environment	Indicators of or directly related to the surroundings or conditions in which individuals live and operate, including the natural environment and man-made effects on environmental conditions
Environmental & Occupational Health	Indicators of or directly related to the health effects of the physical environment, including those related to one's occupation
Exercise, Nutrition, & Weight	Indicators of or directly related to physical activity and diet behaviors or measures of healthy weight
Heart Disease & Stroke	Indicators of or directly related to cardiovascular health

Immunizations & Infectious Diseases	Indicators of or directly related to vaccinations, influenza & pneumonia, HIV/AIDS, STDs, TB, etc.
Maternal, Fetal & Infant Health	Indicators of or directly related to the health of a mother or child before, during, and after pregnancy
Mental Health & Mental Disorders	Indicators of or directly related to access to mental health care, prevalence of mental illness, and general mental health status
Older Adults & Aging	Indicators of or directly related to health issues specific or especially pertinent to older adults (usually age 65+)
Oral Health	Indicators of or directly related to access to oral health care, prevalence of oral diseases, and general oral health status
Prevention & Safety	Indicators of or directly related to injury prevention
Respiratory Diseases	Indicators of or directly related to any disease affecting the respiratory system, including asthma, COPD, lung cancer, and tuberculosis
Social Environment	Indicators of or directly related to the immediate physical and social settings in which people live, including culture, institutions, and interpersonal interactions
Substance Abuse	Indicators of or directly related to alcohol abuse, tobacco use, illegal substance use, and abuse of prescription drugs
Teen & Adolescent Health	Indicators of or directly related to health behaviors and outcomes of adolescents (usually ages 12-17 or grades 7-12)
Transportation	Indicators of or directly related to transportation and its effects on health and quality of life, notably with regards to access to care, commuting, and availability of needed services.

After completion of the data scoring process, topic areas were assessed based on their scores and relation to one another. The following sections will explore the secondary and primary data findings more closely. These results will guide the community health improvement efforts of SMMC. The following health topic results, (significant health needs) and (identified health needs), are presented in the order they occurred in the prioritization findings on Table 6.

Findings of Significant Health Needs

Housing & Homelessness

Table 15 shows the Housing and Homelessness indicators of need for SMMC's service area. Compared to the city, county, state, and national values available, these indicators fared worse for the overall grouping of ZIP Codes that comprise the service area.

Table 15. Housing and Homelessness Indicators of Need

Indicator
Single-Parent Households[1]
Homeownership[1]
Median Household Income: Householders 65+[1]
Single-Parent Female Households[1]
Households with Supplemental Security Income[1]
Median Household Income[1]
[1] American Community Survey, 2012-2016

Notably, when examining indicators of need in addition to previously discussed economic issues, the percentages of single-parent and single-parent female households, along with homeownership, are important indicators for the housing and homelessness issue in an area (Table 16). Notably, ZIP Codes 90802, 90813, and 90804 are the three ZIP Codes of most need for all three of those measures. ZIP Code 90813 has the lowest percentage of homeownership of any ZIP Code in the service area (12.2%), along with the second highest percentages of both single-parent female households (38.5%) and single-parent households (52.5%). Those in single-parent households are at a higher risk for adverse health effects, notably emotional and behavioral problems, compared to their peers, in addition to having less housing security due to only one adult income propping up the household. Additionally, lack of homeownership has negative consequences for both individuals and communities surrounding civic engagement, housing and structural improvement, and monetary stability.

Table 16. Housing and Homelessness Indicators of Need by ZIP Code

Single-Parent Households[1]		**Homeownership[1]**		**Median Household Income: Householders 65+[1]**	
2012-2016		***2012-2016***		***2012-2016***	
percent (%)		**percent (%)**		**dollars ($)**	
HP2020 Goal	n/a	HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	33.6	US Value	55.9	US Value	$40,135
California State Value	31.8	California State Value	49.8	California State Value	$46,749
Los Angeles County Value	35.7	Los Angeles County Value	43.0	Los Angeles County Value	$42,310

Long Beach City (Census Place) Value	42.7		Long Beach City (Census Place) Value	37.7		Long Beach City (Census Place) Value	$41,869
ZIP Codes	***value***		**ZIP Codes**	***value***		**ZIP Codes**	***value***
90723	39.7		90723	37.3		90723	$39,004
90731	46.2		90731	28.4		90731	$35,380
90744	47.7		90744	38.5		90744	$33,973
90745	32		90745	66.7		90745	$46,675
90755	40.9		90755	43		90755	$68,017
90802	57.1		90802	18.9		90802	$27,319
90803	37.1		90803	39.4		90803	$65,992
90804	49.9		90804	20		90804	$36,042
90805	48.7		90805	40.6		90805	$32,156
90806	41.1		90806	32		90806	$28,462
90807	32.5		90807	50.2		90807	$50,926
90808	13.9		90808	75.3		90808	$59,212
90810	42.5		90810	53.1		90810	$34,983
90813	52.5		90813	12.2		90813	$21,552
90814	32.9		90814	31.4		90814	$50,455
90815	18.6		90815	64.8		90815	$52,461

[1] American Community Survey, 2012-2016

Additionally, Long Beach City had almost double the percentage of adults who have been homeless in 2015 than Los Angeles County (Table 17). The percentage of disabled persons living in poverty is also higher in the city than the county and the state. This is an important metric for housing and homelessness because disabled persons are a vulnerable population that may be more likely to struggle to make a living wage and, therefore, afford adequate housing. While the housing costs for homeowners with a mortgage in Long Beach City are lower than the median costs for the county, they are higher than the state average, and are a crucial cost that needs to continue to be tracked. High costs for those with a mortgage can strain both the homeowners and the local housing market. If homeowners are unable to make their mortgage payments, it can lead housing markets to crash and cause many foreclosures. Further, it exacerbate the homeless problem greatly if those who are currently housed end up homeless because of the inability to continue to afford their housing and basic costs of living.

Table 17. Housing and Homelessness Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Adults who have been Homeless[8]	percent	2015	8.9	--	4.8	--	No Change
Persons with Disability Living in Poverty (5-year)[1]	percent	2012-2016	29.3	26.3	27	--	No Change

Mortgaged Owners Median Monthly Household Costs[1]	dollars	2012-2016	2170	2157	2284	--	No Change

[8] Los Angeles County Health Survey
[1] American Community Survey, 2012-2016

Looking closer at the homeless population of the City of Long Beach, data shows reductions in the total homeless population and the number of chronic homeless persons from 2013 to 2017 (Table 18). Additionally, there was a 20% decrease in Other Service Sites (OSS), also known as non-residential locations where homeless persons may be located, from 2015 to 2017. These day shelters or service centers are crucial components to supporting the homeless population in the city.

Table 18. Persons Experiencing Homelessness in Long Beach City

	2013	2015	2017
Total Homeless Population	2,847	2,345	1,863
Chronic Homeless Persons	1,061	927	686
Other Service Sites (OSS)	--	1,513	1,208

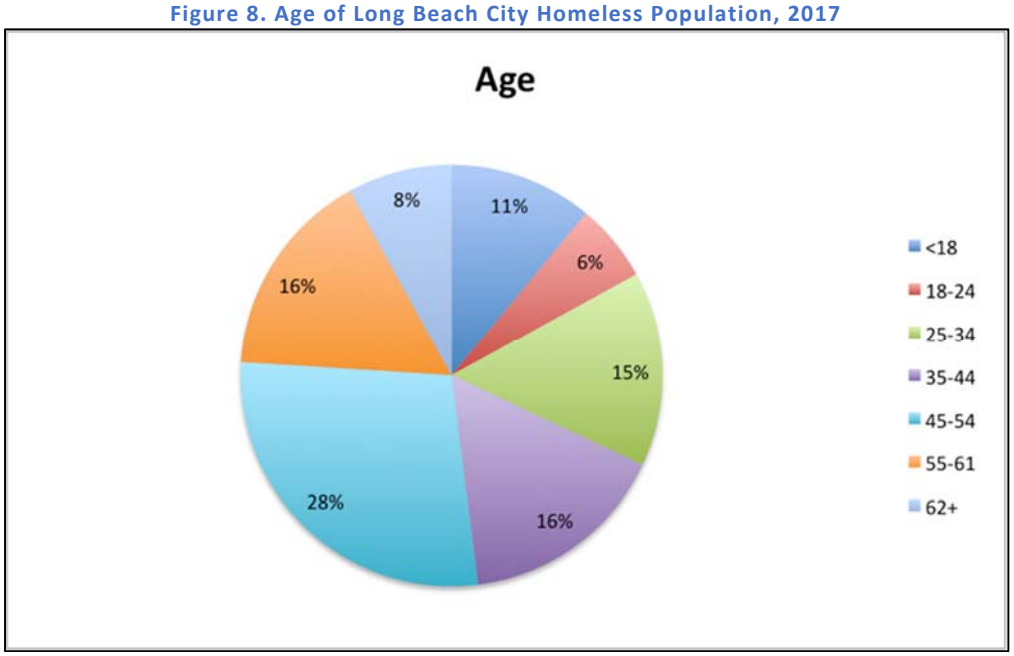
[16] Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)

Notably, there was a 20% decrease from 2015 to 2017 of unsheltered homeless and a 21% decrease of total sheltered homeless, including those in emergency shelters, transitional housing, and safe havens. However, there was a 3% increase from 2015 to 2017 of homeless veterans. The numbers of adults with serious mental illness and substance use disorder decreased in the homeless population, but those with HIV/AIDS and those who are victims of domestic violence in the homeless population both increased.

By geographic area, west, central, and north Long Beach contain the majority of the population experiencing homelessness. In 2013, the majority of the homeless population was concentrated in central Long Beach, southwest of Signal Hill, mostly in ZIP Codes 90813 and 90802. However, in 2015 and 2017 measurements of those experiencing homelessness, a greater range of locations containing this population was seen. While the densest concentrations of the homeless populations still existed in in the central and west parts of the city, greater numbers of those experiencing homeless were measured in north Long Beach (ZIP Codes 90805 and 90810). By 2017, this spread had continued to even include some ZIP Codes in east Long Beach as pockets of homelessness.[16]

Additional descriptive demographics of the 2017 homeless population of Long Beach City can be found in Figure 8, Figure 9, Figure 10, and Figure 11.

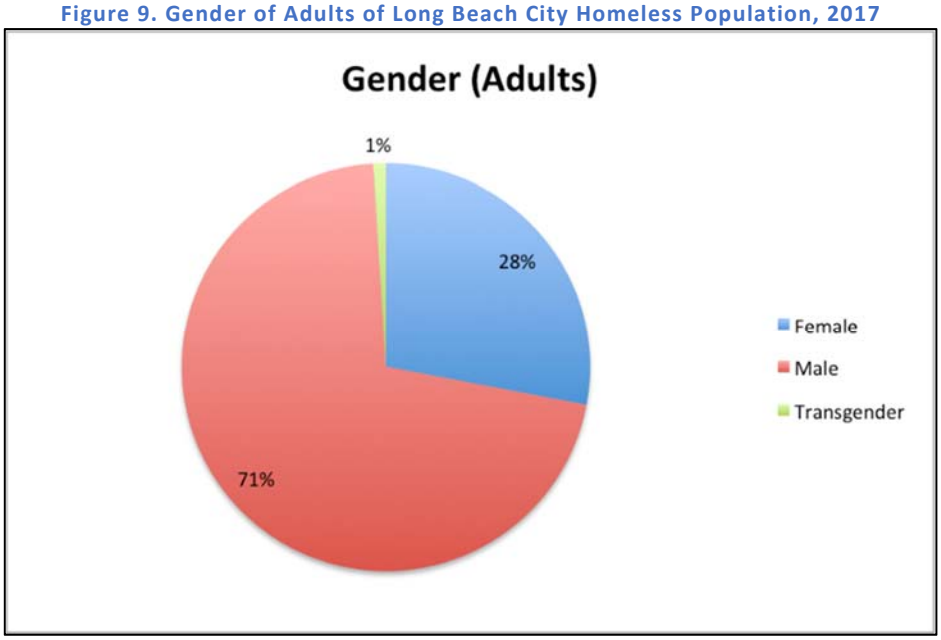
Figure 8. Age of Long Beach City Homeless Population, 2017



[16] Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)

Over a quarter of the homeless population in Long Beach in 2017 was between the ages of 45 and 54 years of age, while just over 10% of the homeless population were children under the age of 18.

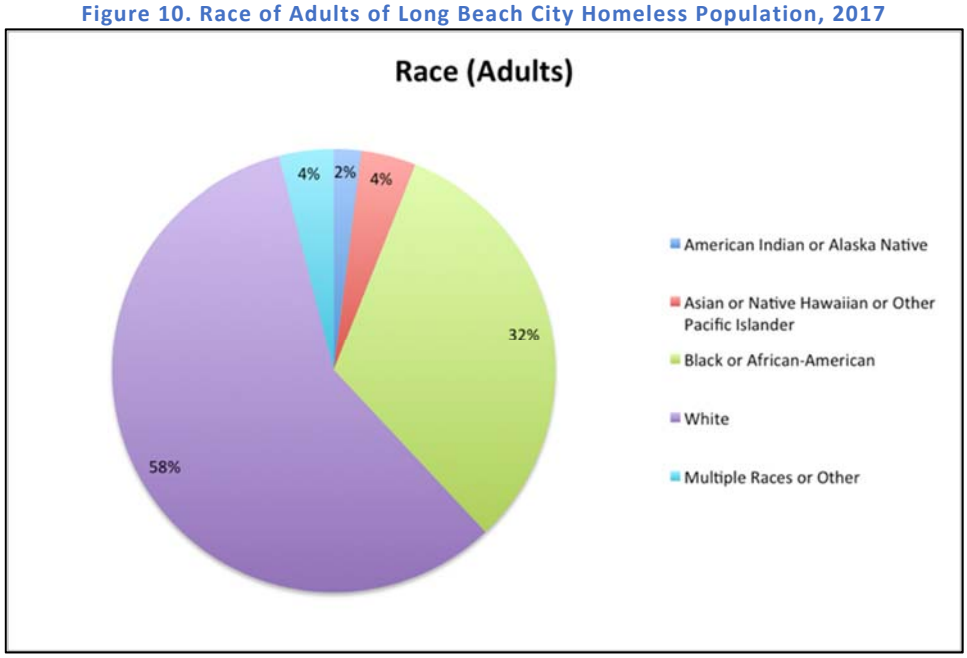
Figure 9. Gender of Adults of Long Beach City Homeless Population, 2017



[16] Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)

Nearly three quarters of the homeless population in Long Beach in 2017 were male, with just over a quarter female, and one percent transgender.

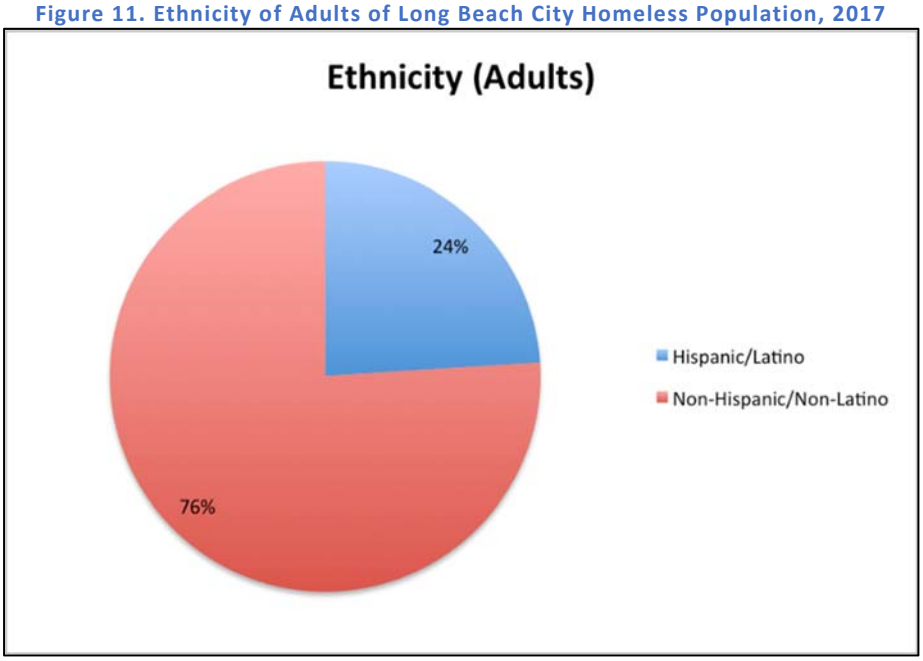
Figure 10. Race of Adults of Long Beach City Homeless Population, 2017



[16] Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)

As for the race and ethnicity of the homeless adult population of Long Beach, over half (58%) identified as White, with 32% identifying as Black or African-American. Regardless of race, 24% of the homeless adults identified as Hispanic/Latino ethnicity.

Figure 11. Ethnicity of Adults of Long Beach City Homeless Population, 2017

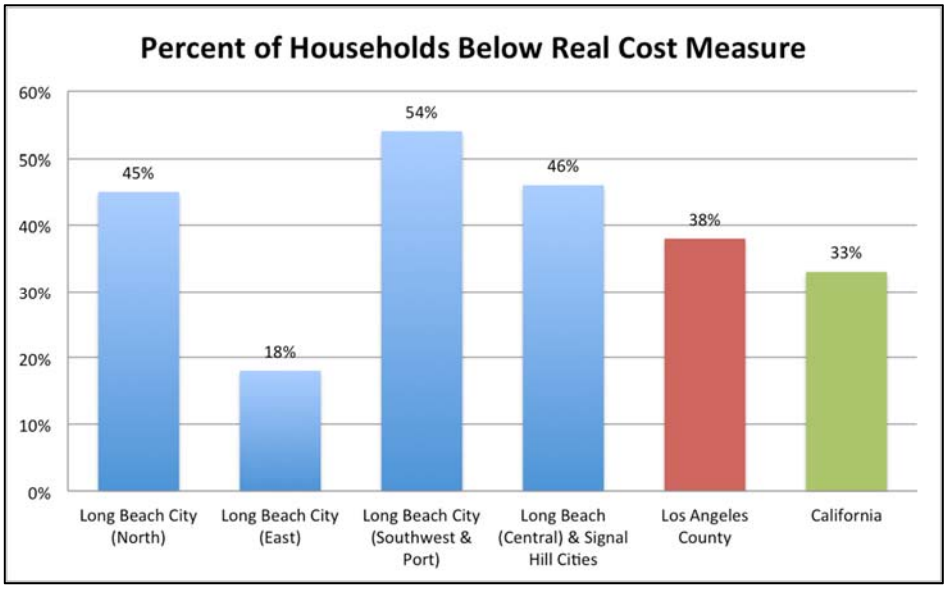


[16] Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)

A closer look at housing measures for Long Beach City shows that the southwest and port regions of the city are those with the highest percentage of households below real cost

measure, with over half below (Figure 12). The real cost measure, unlike poverty measures which do not accurately account for local costs of living, factor in the costs of housing, food, health care, childcare, transportation, and other basic needs to determine what it really costs to live in the city, county, or state. North and central Long Beach (along with Signal Hill City) both also have higher percentages of households below real cost measure than the whole of Los Angeles County (38%) and the state of California (33%).[17]

Figure 12. Households Below Real Cost Measure by Location

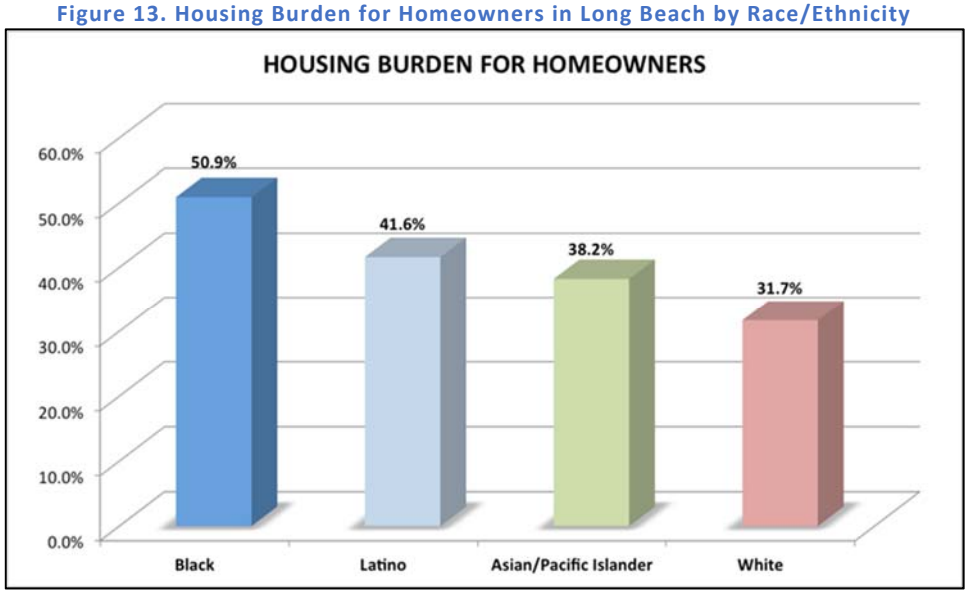


[17] *Struggling to Stay Afloat: The Real Cost Measure in California 2018*

Further, when looking closer at households below real cost measure, the households that are above the federal poverty level, but below the real cost measure, are often in more need than those below the poverty level due to their inability to access as many programs and policies that help prop up those officially below the poverty level. Within the city, the southwest and port areas has the highest percentages of households above poverty but below real cost (36%), with the north and central Long Beach (plus Signal Hill) both with 29% of their households above poverty but below real cost.[17]

Homeownership broken down by race and ethnicity shows that just over half (55.5%) of White households are owned by those who live there, while only 24.3% of Black households and 29.3% of Latino households are owned by their residents.[13] Further, while Black households spend over half of their income on housing costs, White households only spend 31.7% and Asian/Pacific Islander households only spend 38.2% (Figure 13).

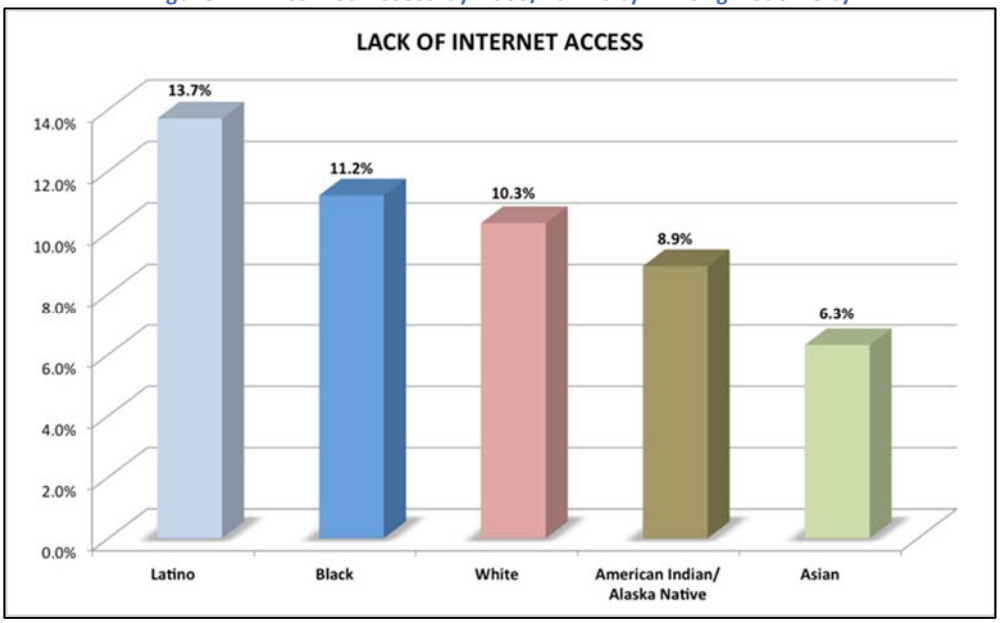
Figure 13. Housing Burden for Homeowners in Long Beach by Race/Ethnicity



[13] City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics

Other housing factors, such as Internet access are crucial to determining housing and economic needs of different races and ethnicities. Figure 14 shows the percentage of housing units by race/ethnicity that lack Internet access. Notably, 13.7% of Latino households lack Internet access while 11.2% of Black households lack this utility.

Figure 14. Internet Access by Race/Ethnicity in Long Beach City



[13] City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics

Primary Data Snapshot: Housing and Homelessness

- Living in the city is stressful while trying to raise one's family and hold a job. It takes luck, support and diligence to break the cycle of homelessness and/or poverty.
- The minimum wage should be increased, which would help some people afford to stay in their apartments.
- Lack of housing is driving up costs and creating more homelessness.
- Keeping people from being homeless helps prevent many other issues related to nutrition, chronic disease treatment, and safety from interpersonal violence.
- It is important to keep people housed, as it is more humane and less costly in the end.
- It is imperative to help those who are homeless or have mental health or drug addiction issues through resources and education.
- The rising cost of rent in Long Beach is a major issue. The limited number of shelter beds and the amount of time and resources it takes to build more emergency shelters are also problematic in Long Beach.
- The mayor's task force on homelessness released a report with 12 recommendations to improve this problem in Long Beach, addressing prevention, development and affordable housing. They are moving forward with implementing these recommendations.
- The Homeless Emergency Assistance Program (HEAP) is a solid resource to help address this issue in Long Beach.
- People with mental illnesses may be more likely to be substance abusers and homeless.
- Lack of housing and healthy food can cause behavioral health issues.
- Increasing access to services can help prevent homelessness. Root causes of homelessness in Long Beach involve social determinants of health, including insufficient access to health services, poverty, social structure and crowded conditions.
- Having policymakers, in both the city and county, on the same page when it relates to addressing homelessness is a challenge.
- The city development rate on housing has made the issue worse.
- Many residents and small businesses are being pushed out their communities because of new developments in the area. Instead, more resources should be allocated to build up the community through equitable housing in all parts of the city.
- Children who experience homelessness also deal with lots of trauma and stress.
- Affordable housing is difficult and virtually non-existent in Long Beach.
- The Multi-Service Center in Long Beach is a one stop shop for those who are homeless or at risk of becoming homeless.
- Housing was identified as one of the top five community needs/issues.
- Rising rent and home costs, poor facilities management, and increasing homelessness were identified as persistent and urgent health needs affecting all communities.
- Understanding and building credit was presented as a unique barrier and opportunity to help residents build financial security, intergenerational wealth, and housing stability.
- Proposed solutions to improving housing and reducing homelessness included offering more supports to help renters transition into home-ownership, building more housing and more types of housing, building empathy amongst the community for those experiencing homelessness or unstable housing conditions through normalizing others' experiences and their own nearness to the risk, and more supports to increase credit and financial literacy.

"The price of rent is increasing so much; I'm having difficulty paying. It's taking too much for us to afford to live here and get our basic needs met. Our cost of living is increasing while our wages have not increased."	*"The job market isn't great, and I'd love to move out. But I still live with my family. I don't feel like there is a job out there at entry level that will help me stay in Long Beach. I have to stay at home with parents. This affects my mental health too."*

Prioritization results

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

Mental Health & Mental Disorders

Table 19 lists the indicators related to Mental Health & Mental Disorders that were identified as those of definite concern for the SMMC service area. Notably, hospitalizations and emergency room visits due to mental health and mental health-related issues, as well as general psychological distress, are problematic for numerous ZIP Codes within the service area.

Table 19. Mental Health & Mental Disorders Indicators of Need

Indicator
Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-Inflicted Injury (CCS definition)[5]
Age-Adjusted ER Rate due to Mental Health (CCS definition)[5]
Adults with Likely Psychological Distress[4]
[5] California Office of Statewide Health Planning and Development [4] California Health Interview Survey, Neighborhood Edition

In particular, seven of the ten ZIP Codes in the service area with the highest hospitalization rates due to suicide and intentional self-inflicted injury are also in the top ten of ZIP Codes with the highest rates for emergency room visits due to mental health. This combination indicates a definite mental health care need for these seven ZIP Codes: 90813, 90731, 90802, 90806, 90804, 90805, and 90810 (Table 20). There is clearly a need for more or improved specialized mental health care in these areas to avoid hospitalizations or other emergencies, either due to suicide or other mental health issues that end up needing care that cannot be handled in home or by a primary care specialist. In addition to these seven ZIP Codes, there are five other ZIP Codes with higher rates of hospitalizations due to suicide than the state value, and one other ZIP Codes with a higher rate of ER visits due to mental health than the county value.

Table 20. Mental Health & Mental Disorders Indicators of Need by ZIP Code

Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury (CCS definition)[5]		Age-Adjusted ER Rate due to Mental Health (CCS definition)[5]		Adults with Likely Psychological Distress[4]	
2013-2015		*2013-2015*		*2013-2014*	
hospitalizations/ 10,000 population 18+ years		ER visits/ 10,000 population 18+ years		percent (%)	
HP2020 Goal	n/a	HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	--	US Value	--	US Value	--
California State Value	10.7	California State Value	93.4	California State Value	8.0
Los Angeles County Value	12.4	Los Angeles County Value	89.3	Los Angeles County Value	9.3
Long Beach City (Census Place) Value	21.5	Long Beach City (Census Place) Value	96.1	Long Beach City (Census Place) Value	10.3
ZIP Codes	***value***	**ZIP Codes**	***value***	**ZIP Codes**	***value***
90723	8.3	90723	84.8	90723	8.8
90731	17.9	90731	140.1	90731	11
90744	11.4	90744	90	90744	11.1
90745	9	90745	75.2	90745	9.6
90755	11	90755	63	90755	8.5
90802	38	90802	133.5	90802	9.7
90803	10.4	90803	47.2	90803	9.2
90804	21.5	90804	118.9	90804	11.9
90805	19.2	90805	105.6	90805	10.3
90806	32.6	90806	122.8	90806	10.3
90807	15.7	90807	64.4	90807	8.8
90808	11.8	90808	55.2	90808	9.3
90810	16.9	90810	80	90810	10.6
90813	43.1	90813	180.1	90813	12.4
90814	13.7	90814	56	90814	10.7
90815	9.3	90815	45.7	90815	9.8

[5] California Office of Statewide Health Planning and Development
[4] California Health Interview Survey, Neighborhood Edition

The trend over time for mental health-related indicators can also help designate ZIP Codes of concern where care and services need to be focused. For the SMMC service area, the following ZIP Codes had increases in their hospitalization rates due to mental health over a four time period span (from 2010-2012 to 2013-2015): 90723, 90744, 90755, 90802, 90805, 90806, 90807, 90813, 90814, and 90815 (Table 21). These ZIP Codes may be areas of the service area

to focus better mental health care and increase availability of services since they are areas where those with mental health issues are ending up needing more intense hospital care to deal with issues stemming from their diseases. Notably, many of these ZIP Codes trending in the wrong direction are located within the city of Long Beach. Although the city rates overall have also increased slightly across the four time period span, the county and state rates have actually decreased.

Table 21. Age-Adjusted Hospitalizations due to Mental Health per 10,000 Population 18+[5]

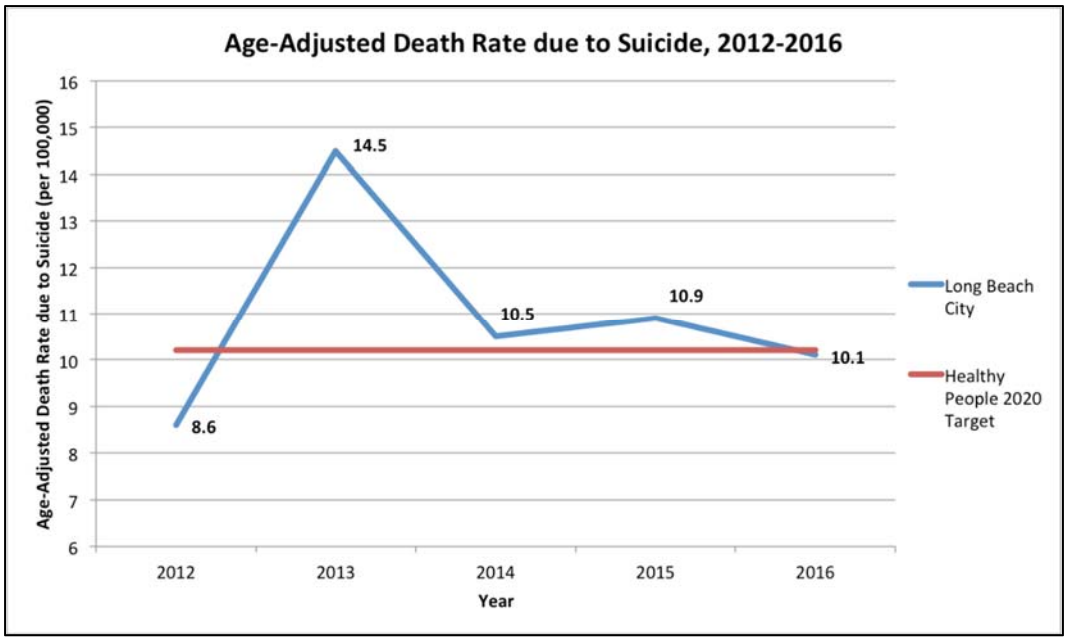
ZIP Code	City/Community	2010-2012	2011-2013	2012-2014	2013-2015
90723	Paramount	44.6	46.2	47.2	45.4
90731	San Pedro	136.2	132.6	115.3	98.6
90744	Wilmington	41.9	44.2	42.1	42.2
90745	Carson	55.3	57.8	56.9	51.9
90755	Signal Hill	50.2	58.8	56.7	58.5
90802	Long Beach	161.4	163	162.2	166.1
90803	Long Beach	51.3	49	45.5	42.1
90804	Long Beach	132.5	128.6	118.1	116.7
90805	Long Beach	82.4	81.3	87.6	94.3
90806	Long Beach	146.4	141.3	137.4	154.6
90807	Long Beach	80.7	83.6	90.3	85.6
90808	Long Beach	52.5	50.4	46.9	47.2
90810	Long Beach	62.3	62.6	66.3	61
90813	Long Beach	174	185.9	197.7	200.4
90814	Long Beach	54.9	55.6	56.5	56.2
90815	Long Beach	48.3	48.7	47.6	50
Long Beach City	--	96.7	96.9	98.4	100.8
Los Angeles County	--	60.9	61	60.6	58.4
California	--	52.5	52.5	52.2	51.3

[5] California Office of Statewide Health Planning and Development

Mental Health & Mental Disorders indicators of concern for the City of Long Beach as a whole include adult depression, adult psychological distress, and premature death due to suicide. Notably, the percent of adults ever diagnosed with depression in Long Beach (16%) is higher than the Los Angeles County value of 13%, while the City value of 10.3% of adults with likely psychological distress is greater than the state value (8%).[8, 4] Additionally, the years of potential life lost (YPLL) per 100,000 population due to premature death from suicide in Long Beach is 392.22, compared to a YPLL rate of 216.04 for Los Angeles County, although the trend over time for Long Beach City is moving in the favorable direction for this measure.[9]

Further, when examining a specific type of mental health issue – suicide – Figure 15 shows the trend over time for death rate due to suicide in the City of Long Beach.

Figure 15. Age-Adjusted Death Rate due to Suicide in Long Beach City



[18] California Department of Public Health, VRBIS Death Statistical Master File 2012-2016

Notably, the age-adjusted death rate per 100,000 population due to suicide in Long Beach was higher than the Healthy People 2020 target of 10.2 in 2013 (14.5), 2014 (10.5), and 2015 (10.9). However, in 2016, the death rate dropped below the target to 10.1 deaths per 100,000 population, showing an improving trend in the city since 2013. For the three-year suicide rate (2014-2016), the City of Long Beach had a value of 10.5 deaths per 100,000 population, which was higher than the Los Angeles County value of 7.8 deaths and the overall California state value of 10.4 deaths.[11]

Extrapolating by gender, death rates due to suicide for the City of Long Beach vary by injury type, or injury cause. Notably, males have a much higher percentage of suicide by firearm than females, while females have higher rates of suicide by falls, poisoning, and suffocation.[18]

By examining demographics of suicide deaths in Long Beach City even more closely, it is seen that males are nearly four times more likely than females to commit suicide (15.5 deaths per 100,000 population versus 4.2 deaths per 100,000 population in 2016). Additionally, the highest rates by age in 2016 come from the 55+ age group (17.3 deaths per 100,000 population) and the highest rates by race and ethnicity in 2016 come from the White race group (20.0 deaths per 100,000 population).[1] Lastly, when looking at geographical trends for death by suicide, ZIP Code 90802 had the highest average suicide rate from 2012-2016 with 18.5 deaths per 100,000.

Primary Data Snapshot: Mental Health

- People with mental health issues usually go to the emergency room or get stopped by cops. They may not know how to access the necessary healthcare services.
- Lack of screening people for certain conditions is difficult. Accessing and treating mental health patients are challenging. Lack of training and limited time are also factors along with high turnover rates in hospitals.
- People are becoming more aware of pressing issues related to drugs or opioids, alcohol use, and mental health disorders, recognizing that these issues need attention now.
- It is imperative to help those who are homeless or have mental health or drug addiction issues through resources and education.
- There are not many mental health facilities for adults in Long Beach. We need a stronger care coordinated program for those who are homeless or returning to society from prison.
- Alzheimer's mortality is a rising issue that should garner more focus.
- More interventions around mental health and behavioral health are needed.
- The county gets funding for mental health, not the city. If the city received funding, the city could deliver it well and be successful.
- Addressing mental health with people of different cultures can be challenging, as discussing it in people's native languages can be very stigmatizing.
- It is important to provide services for people at all stages of mental illness. Mobile vans are available to reach people in the community.
- Family centered approaches around mental health would be useful.
- Mental health affects many different communities across the board, regardless of their race or income level. Due to cultural barriers, some communities are just learning about different resources for mental health, particularly the Cambodian community.
- Police travel with mental health clinicians who are better trained to de-escalate situations regarding those with mental health issues.
- Mental Health was identified as one of the top five community needs/issues.
- Individual and community trauma, and cumulative chronic stress were mentioned as conditions that negatively impact the occurrence of mental illness in specific demographic communities.
- There was a highlighted intersection between access to health care and mental health, where community residents reported barriers to obtaining mental health care due to hours of service, availability of specialists, quality of care, and cultural competency.
- Members of the LGBTQ community were more likely to raise stigma as a barrier to mental health care access.
- Some effective strategies to address mental health and mental health conditions included better use of technology to disseminate information, decentralizing care centers, offering holistic care, working to destigmatize mental health conditions, and providing community education to increase understanding of mental health conditions and available resources.

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

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

Prioritization results

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

Economic Insecurity

Table 22 shows Economic Insecurity indicators of concern for SMMC's overall service area. Of note, the service area has high weighted values for the indicators: Poverty Status by School Enrollment and Children Living Below Poverty Level. Children and adolescents are especially vulnerable to economic insecurity, with poverty affecting children's ability to learn and advance in school, get proper health care, and have proper nutrition.

Table 22. Economic Insecurity Indicators of Need

Indicator
Poverty Status by School Enrollment[1]
Children Living Below Poverty Level[1]
Homeownership[1]
Median Household Income: Householders 65+[1]
Families Living Below Poverty Level[1]
Veterans Living Below Poverty Level[1]
People Living Below Poverty Level[1]
Young Children Living Below Poverty Level[1]
Households with Supplemental Security Income[1]
People Living 200% Above Poverty Level[1]
Median Household Income[1]
[1] American Community Survey, 2012-2016

In addition, ZIP Codes 90813 and 90802 have over a fifth of their veteran population living below the poverty level. These two ZIP Codes, along with 90744, 90804, 90805, and 90806 all have greater than a fifth of their child populations, families, and general populations living in poverty. Notably, 90813 has nearly half (46.3%) of its children living below poverty with over a third (34.5%) of all people in its population also below that threshold.

Broken down by ZIP Code, economic insecurity for youth is problematic for parts of the region. Those enrolled in school but living below the poverty level are likely having their well-being affected by their family's income, potentially do not have health insurance coverage, and are more likely to have physical health problems like low birth weight, lead poisoning, and behavioral problems – in addition to the obvious consequence of economic insecurity

throughout adolescence. ZIP Codes 90813, 90802, and 90744 are the worst performing ZIP Codes in the service area for this metric, with over a third of those school-aged children, aged 5 to 19, facing the short- and long-term barriers to success and economic wellness based on lack financial stability during their formative years. Further, it is seen that the median household income for households with an older adult as the head of the household is of particular concern in ZIP Code 90813, the value of which is only $21,552 – less than half of the state value and nearly less than half of the city, county, and U.S. values (Table 23).

Table 23. Economic Insecurity Indicators of Need by ZIP Code

Poverty Status by School Enrollment[1]		**Children Living Below Poverty Level[1]**		**Median Household Income: Householders 65+[1]**	
2012-2016		***2012-2016***		***2012-2016***	
percent (%)		**percent (%)**		**dollars ($)**	
HP2020 Goal	n/a	HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	15.7	US Value	21.2	US Value	$40,135
California State Value	17.2	California State Value	21.9	California State Value	$46,749
Los Angeles County Value	20.1	Los Angeles County Value	25.3	Los Angeles County Value	$42,310
Long Beach City (Census Place) Value	22.7	Long Beach City (Census Place) Value	28.8	Long Beach City (Census Place) Value	$41,869
ZIP Codes	***value***	**ZIP Codes**	***value***	**ZIP Codes**	***value***
90723	25.3	90723	31.9	90723	$39,004
90731	25.3	90731	30.2	90731	$35,380
90744	34.8	90744	42.1	90744	$33,973
90745	16.4	90745	19.2	90745	$46,675
90755	22.3	90755	31.9	90755	$68,017
90802	36.5	90802	39.8	90802	$27,319
90803	3.5	90803	5.7	90803	$65,992
90804	27.2	90804	34.1	90804	$36,042
90805	24.9	90805	34.2	90805	$32,156
90806	25.9	90806	31.2	90806	$28,462
90807	3.7	90807	4.2	90807	$50,926
90808	3.3	90808	4.1	90808	$59,212
90810	22.3	90810	27.6	90810	$34,983
90813	38.3	90813	46.3	90813	$21,552
90814	14.7	90814	17.8	90814	$50,455
90815	8	90815	7	90815	$52,461

[1] American Community Survey, 2012-2016

Further, there are ZIP Codes in the service area of major concern in terms of homeownership and rent payment ability, issues that has been decidedly prominent in recent years in Long Beach due to rising rent and housing costs. ZIP Code 90813 notably has the lowest homeownership percentage (12.2%), but the highest percentage of households receiving supplemental security income (12.4%) to help them meet basic needs, including shelter. Only 12.2% homeownership – defined as the percentage of all housing units that are occupied by those who own the home – is less than a third of the city (37.7%), county (43.0%), and state (49.8%) values and indicates a dearth of the benefits that often come with homeownership for both individuals and communities, including involvement in civic affairs, repairs or upgrades to the housing unit, and tax benefits.

Table 24 shows indicators found to have more than average need for the City of Long Beach. Notably, the percent of adults who have been homeless in Long Beach City (8.9%) is almost double the value of the county as a whole (4.8%). Further, food insecurity and those with a disability living in poverty both have higher rates for the city than the county.

Table 24. Economic Insecurity Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Adults who have been Homeless[8]	percent	2015	8.9	--	4.8	--	No Change
Food Insecurity Rate: <300% FPL[8]	percent	2015	38.4	--	29.2	--	No Change
Persons with Disability Living in Poverty (5-year)[1]	percent	2012-2016	29.3	26.3	27	--	No Change
Mortgaged Owners Median Monthly Household Costs[1]	dollars	2012-2016	2170	2157	2284	--	No Change
Unemployed Veterans[1]	percent	2012-2016	6.5	6.3	7.1	--	No Change

[8] Los Angeles County Health Survey
[1] American Community Survey, 2012-2016

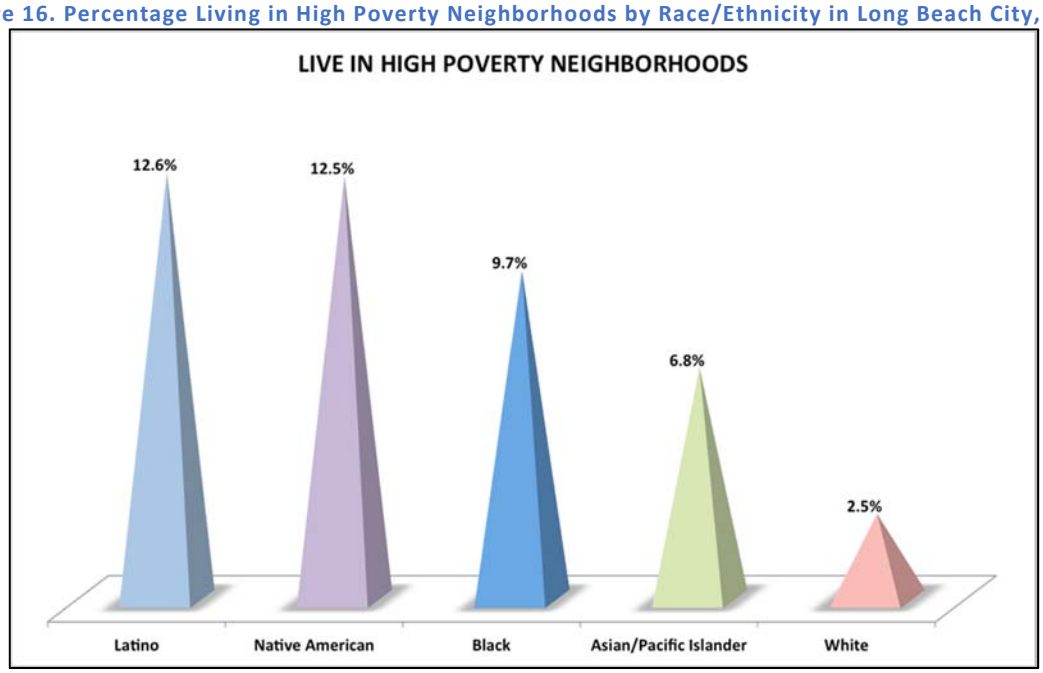
Additionally, data for the City of Long Beach shows the variations among economic opportunities by race and ethnicity. Examining these key indicators can help increase access to economic opportunities in low-income communities through economic vitality, readiness, and connectedness. Median income for Long Beach City, broken down by race/ethnicity, shows that American Indian/Alaska Native, Black, and Latino groups all fall below $50,000 medians and all have more than values more than $14,000 less than the median income for Whites ($57,643). The Asian ($59,479) and Native Hawaiian/Pacific Islander ($73,061) groups have the highest median income values.[13]

Another important economic measure is the percentage of workers in each race/ethnic group that make at least $15 per hour at their jobs by gender. Notably, less than 75% of Latino, Asian/Pacific Islander, and Black workers overall earned $15 or more per hour, while 85% of all

White workers earned this much. By gender, it is seen that the Latino group is the only one that has a higher percentage of female workers (57%) than male workers (53%) making $15 or more per hour. Fewer than 70% of Latino, Asian/Pacific Islander, and Black female workers earned at least $15 per hour.[13]

Figure 16 displays the percentage of each race/ethnicity group in Long Beach City that lives in a high poverty neighborhood. Five times the percentage of Latinos and Native Americans live in high poverty neighborhoods compared to Whites.

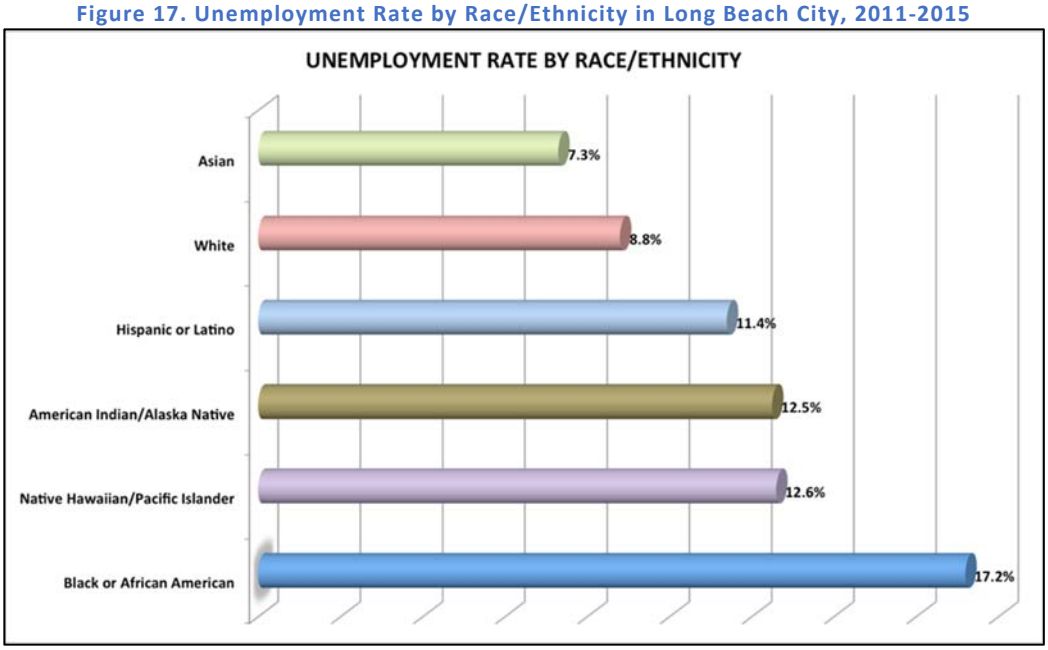
Figure 16. Percentage Living in High Poverty Neighborhoods by Race/Ethnicity in Long Beach City, 2014



[13] City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics

When examining employment by race/ethnicity subpopulation groups, Figure 17 shows the stark difference between the rate of unemployment for Blacks compared to Whites and Asians. Over 17% of Blacks are unemployed, a rate that is more than double that of White and Asian subgroups – which both have less than 10% unemployment – further indicating economic security among the Black subpopulation.

Figure 17. Unemployment Rate by Race/Ethnicity in Long Beach City, 2011-2015



[13] City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics

Primary Data Snapshot: Economic Insecurity

- Lack of housing is driving up costs and creating more homelessness.
- Poverty, access to healthcare, and healthy foods all influence one's health.
- Living in the city is stressful while trying to raise one's family and hold a job. It takes luck, support and diligence to break the cycle of homelessness and/or poverty.
- The vast majority of people in Long Beach are living paycheck to paycheck. Due to this, it is difficult for people to stay healthy.
- The minimum wage should be increased, which would help some people afford to stay in their apartments.
- The rising cost of rent in Long Beach is a major issue. The limited number of shelter beds and the amount of time and resources it takes to build more emergency shelters are also problematic in Long Beach.
- African Americans, Hispanics and seniors are most vulnerable to economic issues in Long Beach.
- It is important to create economic opportunities, so people can go to work and break the cycle of poverty. If people are more productive, the economy grows, generating more resources in the healthcare system.
- Many families are spending roughly 90% of their income on housing, making it hard for them to invest in their health.
- There are racial, economic and gender injustices in the community, creating geographic divisions among those populations and health issues.
- It is important to proactively address racial equity and economic inclusion in the community.
- The city council in Long Beach has an initiative called Divide by Nine, addressing the concept of equality not equaling equity. Efforts should be made to invest in youth through education, prevention and early intervention strategies.

- Parent engagement with their children is difficult, when they are overly consumed with their jobs.
- Long Beach should support healthy communities with its funds, especially environmental health and justice issues.
- Wealth-building education and knowledge on how to build credit scores are significant to economic stability.
- Community members acknowledged that a lack of economic opportunities leads to increased crimes, and a way to address crime is to provide jobs.
- The cost of living is rising at a disproportionate rate to income levels.

"It [financial education] needs to be back in the schools, like junior high, high school. Budgeting is not taught anymore. People graduate and don't know what to do with their money."	*"Either change the way that credit is used, make more opportunities to repair it or make more opportunities for credit-challenged people. It [credit] affects everything. Help me understand and build credit."*

- 100% of survey respondents stated that it was "Important" or "Very Important" to address economic insecurity in the Long Beach area.
- 14% of survey respondents felt low-income residents were most affected by poor health outcomes in the Long Beach area.
- 75% of survey respondents felt Long Beach could support policies that increase the availability of affordable housing for families with low incomes, such as requiring developers to include low income units in every new housing development or caps to rental increase rates in Long Beach.
- 50% of survey respondents felt Long Beach could support economic inclusion, such as the creation of living-wage jobs in Long Beach for youth and adults and increased small business and entrepreneurial support.

Public Safety

Public Safety measures are defined as those that relate to ensuring a safe learning, working, and living environment, as well as injury, crime, and emergency prevention. Table 25 shows Public Safety indicators of need for Long Beach City. The premature death rate due to homicide in total years of potential life lost (YPLL) is almost double for the City of Long Beach (445.26) compared to the Los Angeles County value (239.52). The trends over time for both premature death rate due to homicide and premature death rate due to drug overdoses are both moving in unfavorable directions, with values for the City of Long Beach increasing. The violent crime rate in the city also increased each year from 2014 to 2017, with the rate rising from about 482 violent crimes per 100,000 population to over 661 violent crimes per 100,000 population in that span.

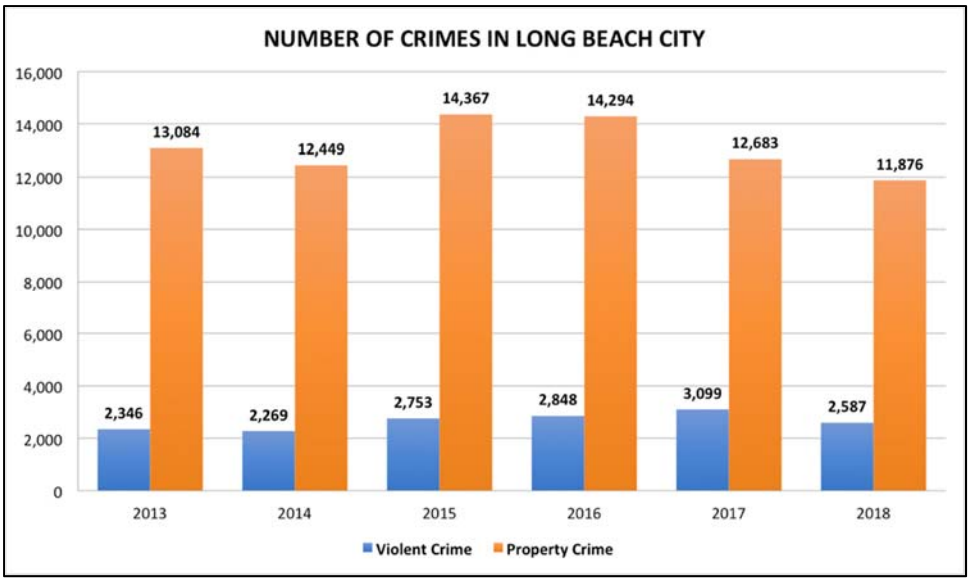
Table 25. Public Safety Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Premature Death Rate due to Homicide in Total Years of Potential Life Lost (YPLL)[9]	YPLL per 100,000 population	2013	445.26	--	239.52	--	Unfavorable Trend
Premature Death Rate due to Drug Overdoses in Total Years of Potential Life Lost (YPLL)[9]	YPLL per 100,000 population	2013	306.36	--	223.74	--	Unfavorable Trend
Neighborhoods without Walking Paths, Parks, Playgrounds, or Sports Fields[8]	percent	2015	17.3	--	15.2	--	No Change
Violent Crime Rate[12]	crimes/ 100,000 population	2017	661.20	--	--	--	Significant Unfavorable Trend
Premature Death Rate due to Suicide in Total Years of Potential Life Lost (YPLL)[9]	YPLL per 100,000 population	2013	392.22	--	216.04	--	Favorable Trend

[9] Los Angeles County Department of Public Health
[8] Los Angeles County Health Survey
[12] Long Beach Police Department

Focusing more specifically on crime, the 2018 value of 2,587 crimes per 100,000 population was 2.9% lower than the 2013-2017 annual average. Property crimes, such as burglary, grand theft, petty theft, grand theft auto, and arson, have decreased over time with the 2018 value of 11,876 crimes 11.2% less than the 2013-2017 average of 13,375.4 crimes per year (Figure 18).[12]

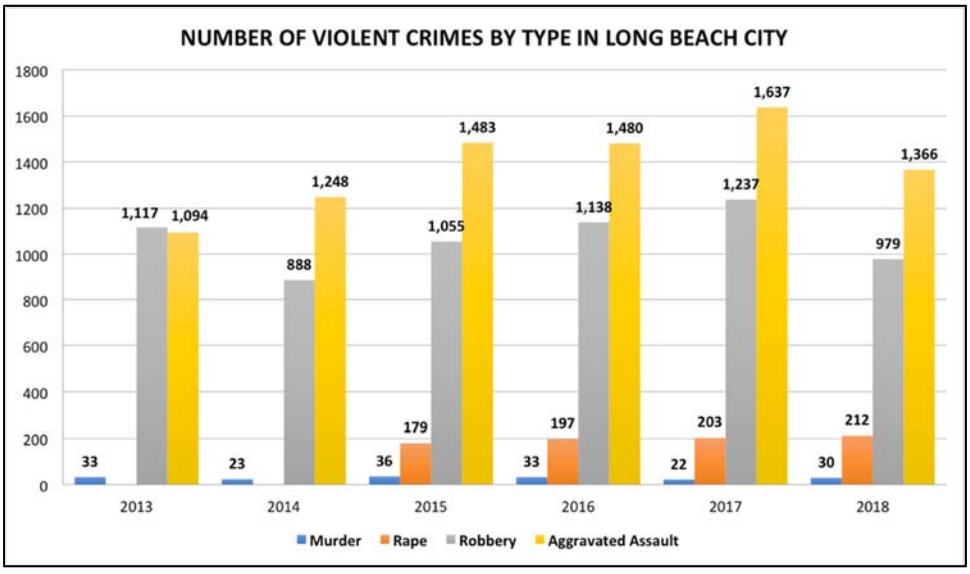
Figure 18. Crimes in Long Beach City, 2013-2018



[12] Long Beach Police Department, 2018

Specifically focusing on violent crimes, the numbers of cases of rape and aggravated assault have risen in Long Beach over time from 2013 to 2018, with the number of cases of murder and robbery slightly falling over that same time period. Robbery and aggravated assault cases both peaked in 2017 and then slightly fell through 2018 (Figure 19).

Figure 19. Violent Crimes by Type in Long Beach City, 2013-2018



[12] Long Beach Police Department, 2018

Additionally, the annual average over the same time period of each type of violent crime as a percentage of all violent crimes shows that over half (52%) of all violent crimes on average annually are aggravated assault, with aggravated assaults and robberies making up 92% of all

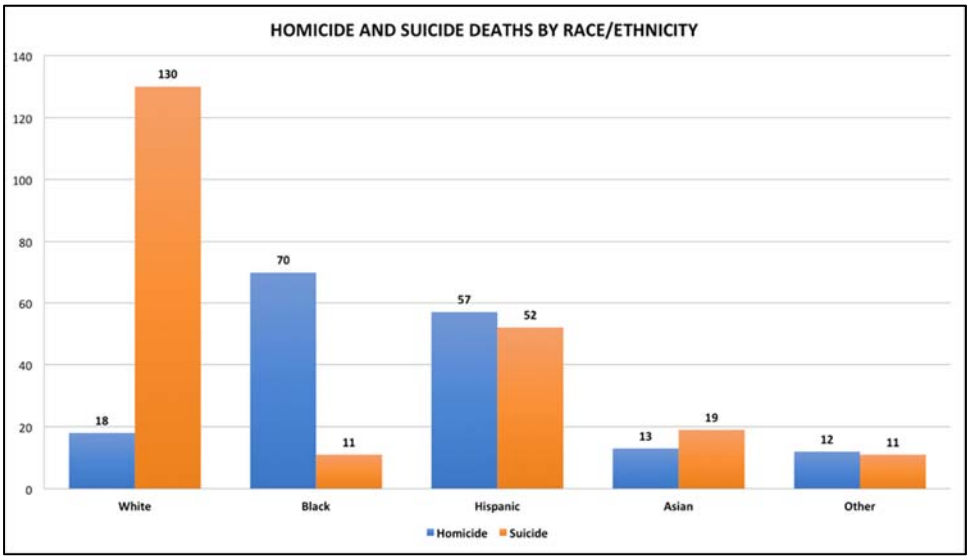
violent crimes. Rapes, on average, only account for 7%, with murders making up the last 1% of all violent crimes annually.[12]

Looking at data specifically on deaths considered violent (homicide and suicide), it is seen that males were victims in the vast majority of both homicides and suicides in Long Beach City from 2010 to 2015. 145 of 170 homicide death victims were male, while 183 of 223 suicide death victims were male.[19]

Further examining breakdowns of homicides and suicides by age, over 40% of homicide deaths in Long Beach from 2010 to 2015 were under the age of 25 and just over 83% of homicide death victims were under the age of 45. For suicides, although the most cases in the city during that time period were in the 45 to 64 age range, it is notable that 15.7% of suicide deaths were over 65 years of age and 12.1% were under 25 years of age.[19]

Figure 20 displays the race/ethnicity breakdown of these same homicide and suicide deaths. Nearly three quarters (74.7%) of homicide deaths in Long Beach were either Black or Hispanic, whereas only 10.6% of deaths were White. Conversely, over half (58.3%) of suicides were White, followed by Hispanics and then Asians.

Figure 20. Number of Homicide and Suicide Deaths by Race/Ethnicity, 2010-2015



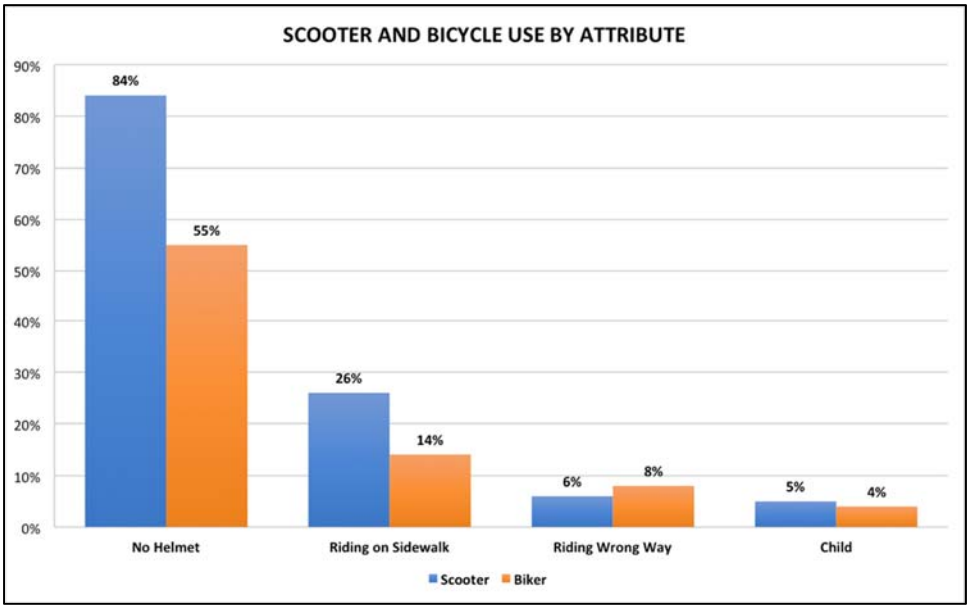
[19] Violent Death Reporting System Data for City of Long Beach, 2010-2015

The percentage of homicides in Long Beach City from 2010 to 2015 by weapon type and leading circumstance can also provide insight on how to best improve public safety in the City. Three quarters of all homicides in this time period were committed using a firearm, with nearly half (49%) of all homicides being gang-related. Also notable is that 11% of homicides were due to intimate partner violence, with 24% being due to an argument, whether between partners or those with other relations or no relation at all.[19]

Other public safety concerns in Long Beach include traffic collisions, as well as walker, biker, and rider safety. In 2018, three distinct check times in the city found an average of 3,172 pedestrians and 1,101 bicyclists. Additionally, of the 486 scooters tracked in Long Beach in 2018, nearly three quarters (73.9%) of riders were male, and of the 3,182 bicycles tracked in the city, just over 80% of bikers were male as well.

Further, Figure 21 shows that 84% of scooter riders tracked were not wearing a helmet, while over half (55%) of bikers were also not wearing a helmet. Over a quarter (26%) of scooter riders were riding on the sidewalk, while 8% of bikers were riding the wrong way on the street.

Figure 21. Scooter and Bicycle Use by Attribute in Long Beach City, 2018



[20] City of Long Beach, 2018 Rider Demographics

A sample of traffic collisions by type of person involved who was either injured or killed was taken from July to September 2018. During this time, only 5 people total were killed from traffic collisions, including two bicyclists. Of the 346 injured in all traffic collisions during this stretch, nearly 14% were pedestrians, almost 10% were bicyclists, 2.3% of all injuries were under 18 years of age, and 1.7% of injured persons were over 65. The remaining number of those who were injured or killed in these traffic collisions that were not pedestrians or bicyclists comes from those who were operating or inside the motor vehicle involved.[20]

Primary Data Snapshot: Public Safety

- Keeping people from being homeless helps prevent many other issues related to nutrition, chronic disease treatment, and safety from interpersonal violence.
- Support agricultural tax break policies in Long Beach, where people can get tax breaks by growing healthy foods on their land. These kinds of projects help reduce crime while improving perceptions of safety.

- Perception of crime is actually a bigger issue than crime itself in many communities in Long Beach. Adopting a more robust, holistic approach on violence prevention would be ideal.
- Participate in the urban agricultural incentive zone partnership, cultivating opportunities to grow food and be physically active in the community.
- Chronic stress is a major issue living in Long Beach due to many determinants, including a lack of green space and opportunities in the area.
- Affordable housing is difficult and virtually non-existent in Long Beach.
- Creating social connectedness is important, involving issues such as complete streets, well-lit streets, public safety and cleanliness.
- The Safe Long Beach Collaborative addresses critical issues in Long Beach, including access to health services, social connectedness, public safety and the criminal justice system.
- Insufficient police presence and ineffective use of police resources were offered as conditions that result in reduced public safety. For example, participants were concerned why multiple police vehicles would arrive at a scene regarding a homeless Black individual but would be less likely to operate surveillance and patrols at night.
- Black participants shared a complex relationship with the police. Some shared that they want more police in their neighborhoods, but all agreed that policing practices need to be changed to stop the targeting of Blacks.
- As a solution to improve Public Safety, participants suggested that police preparation should include cultural sensitivity and mental health training to properly engage with residents, where there is historical trauma from police or higher levels of mental illness. Police were also mentioned as key partners in supporting individuals facing homelessness as a method to reduce crime.

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

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

Prioritization results

- 86% of survey respondents stated that it was "Important" or "Very Important" to address public safety in the Long Beach area.
- 17% of survey respondents felt Long Beach could support policies that create more equitable opportunities for health across Long Beach neighborhoods such as increasing access to low-cost healthy foods, safe sidewalks, bicycle lanes, and fitness loops.
- 8% of survey respondents felt Long Beach could strengthen community-police relations, including increased collaboration and implementation of community safety work in partnership with police and community residents to improve public safety.
- 8% of survey respondents felt Long Beach could promote youth diversion programs that build youth skills and reduce interactions with the criminal justice system.

Access to Health Services

Table 26 shows a list of Access to Health Services indicators of need for the SMMC service area. An indicator is designated as having need, if the service area as a whole is fairing worse compared to the Long Beach City value, the Los Angeles County value, the California state value, and does not meet any Healthy People 2020 objectives, if applicable.

Table 26. Access to Health Services Indicators of Need

Indicators of Need
Preventable Emergency Room Visits[5]
Adults 65+ without Health Insurance[1]
Children and Teens Delayed or had Difficulty Obtaining Care[4]

[5] California Office of Statewide Health Planning and Development
[1] American Community Survey, 2012-2016
[4] California Health Interview Survey, Neighborhood Edition

In particular, ZIP Codes 90744, 90723, 90813, 90745, 90804, 90802, 90810, 90731, 90806, and 90805 all have higher percentages of older adults who do not have health insurance than the city, county, state, and national averages (Table 27). Given that the Healthy People 2020 target for all adults is to have 100% insurance coverage, only two ZIP Codes (90755 and 90814) in the service area are meeting this goal for their older adult population. Insurance coverage is crucial for older adults given their increased likelihood of experiencing adverse health events and their increased vulnerability to disease and need for care.

In addition, ZIP Codes 90803, 90813, 90804, 90814, 90731, and 90806 have higher percentages of children and teens under 18 who reported having delayed or not received medical care they felt they needed than the City of Long Beach, Los Angeles County, and the state of California. Utilizing appropriate clinical and Preventive services in a timely fashion can have important implications on the progression and treatment of many diseases, especially in children and adolescents. Delays in care lead to increased risk of complications and higher changes of chronic issues that could be avoided with detection and treatment during earlier stages.

For preventable emergency room visits for adults 18 years of age and older, ZIP Code 90813 has by far the highest value of all ZIP Codes in the service area with a rate of 895.5 emergency room visits per 10,000 population. This value is more than double the Long Beach City, Los Angeles County, and California state values. Preventable emergency room visits are a significant indicator of lack of access to primary care or ability to access primary care, as well as other health care to address issues that can be prevented without an emergency visit. This implies a severe need in this ZIP Code for additional primary and Preventive care, as well as enhanced ability of citizens of this ZIP Code to be able to access this care.

Table 27. Access to Health Services Indicators of Need by ZIP Code

Preventable Emergency Room Visits[5]		Adults 65+ without Health Insurance[1]		Children and Teens Delayed or had Difficulty Obtaining Care[4]

2013-2015 ER visits/ 10,000 population 18+ years		*2012-2016* percent (%)		*2013-2014* percent (%)	
HP2020 Goal	n/a	HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	--	US Value	0.9	US Value	--
California State Value	389.5	California State Value	1.4	California State Value	9.1
Los Angeles County Value	360.6	Los Angeles County Value	2.0	Los Angeles County Value	8.9
Long Beach City (Census Place) Value	439.7	Long Beach City (Census Place) Value	1.4	Long Beach City (Census Place) Value	10.6
ZIP Codes	***value***	**ZIP Codes**	***value***	**ZIP Codes**	***value***
90723	452.4	90723	3.6	90723	9.3
90731	665.8	90731	1.9	90731	10.7
90744	490	90744	4.4	90744	10.1
90745	314	90745	2.5	90745	8.1
90755	291.9	90755	0	90755	10.5
90802	538.8	90802	2.2	90802	9.3
90803	163.4	90803	0.5	90803	13.7
90804	501	90804	2.3	90804	10.8
90805	556.6	90805	1.7	90805	10.6
90806	552.7	90806	1.8	90806	10.7
90807	275	90807	0.7	90807	9.5
90808	197.6	90808	1	90808	10.3
90810	404	90810	2.2	90810	9.4
90813	895.5	90813	2.8	90813	11.3
90814	202.6	90814	0	90814	10.8
90815	193	90815	0.8	90815	10.3

[5] California Office of Statewide Health Planning and Development
[1] American Community Survey, 2012-2016
[4] California Health Interview Survey, Neighborhood Edition

Other indicators that stand out as having high need for the City of Long Beach as a whole are Adults who Visited a Dentist, Adults who have had a Routine Checkup in the Past Year, and Children who did not Receive Care due to Cost. Most notably is Adults who Visited a Dentist, for which the City of Long Beach has a lower percentage of adults who visited a dentist in the past year than the California average by more than five percent. Additionally, while there is no significant negative trend over time for this measure for Long Beach, there is also no positive trend, meaning that there is a stagnation of adults who are accessing regular dental care that needs to be addressed.

One notable trend over time is the trend of preventable emergency room visits for the SMMC service area (Table 28). Broken down by ZIP Code of residence, nine of the 16 ZIP Codes in the service area saw steadily increasing preventable emergency room visit rates time period after

time period from 2010-2012 to 2013-2015. These nine ZIP Codes had a higher rate each time period than the previous time period. Although this same trend was seen in Long Beach City – with the Mann-Kendall statistical test determining that the trend for the city was increasing at a statistically significant pace – Los Angeles County, and the state of California, it is still a worrying trend for the service area as it indicates a lack of primary and Preventive care availability or utilization. Notably, ZIP Codes 90744 and 90813 all had more than 100 visits per 100,000 population increases from the 2010-2012 time period to the 2013-2015 time period. These ZIP Codes display the greatest need for more affordable primary care facilities, as well as education about accessing care and not using emergency rooms as a place for primary care.

Table 28. Preventable Emergency Room Visits per 100,000 Population 18+

ZIP Code	City/Community	2010-2012	2011-2013	2012-2014	2013-2015
90723	Paramount	423	447	447.6	452.4
90731	San Pedro	607.8	628.4	653.3	665.8
90744	Wilmington	372.6	400.8	441.3	490
90745	Carson	268.1	266	284.1	314
90755	Signal Hill	274	278.8	276.5	291.9
90802	Long Beach	513.9	531.1	542.6	538.8
90803	Long Beach	175.6	173.6	170.3	163.4
90804	Long Beach	441.1	482.1	499.5	501
90805	Long Beach	512.5	537.2	548.3	556.6
90806	Long Beach	491.4	518.1	545.9	552.7
90807	Long Beach	293.8	291.5	285.9	275
90808	Long Beach	188.9	192.1	197.6	197.6
90810	Long Beach	332.2	347.6	378.6	404
90813	Long Beach	786	872.9	903.3	895.5
90814	Long Beach	180.9	186.8	189.7	202.6
90815	Long Beach	174.8	189.5	194.3	193
Long Beach City	--	**400.5**	**424**	**437**	**439.7**
Los Angeles County	--	**307.9**	**323.6**	**341.3**	**360.6**
California	--	**333.8**	**347.6**	**365.6**	**389.5**

[5] California Office of Statewide Health Planning and Development

Primary Data Snapshot: Access to Health Services

- Increasing access to services can help prevent homelessness. Root causes of homelessness in Long Beach involve social determinants of health, including insufficient access to health services, poverty, social structure and crowded conditions.
- Universal healthcare would be a game changer for the Long Beach community and American society as a whole.
- Children and adolescents, specifically in the Latino community, need healthcare and preventive care from primary to dental. Having better access to urgent and outpatient care would also reduce overcrowding in emergency rooms.
- Providing healthcare for all youth should be a systemic, long-term goal.
- Use an integrated approach to provide healthcare. Provide healthcare units, where social workers, police and nurses work together in the field.

- Learn and teach how access to healthcare relates to immigration and misconceptions of citizenship status. Immigration status creates fear and prevents some people from accessing health services.
- Providing and improving language resources help people better access health services.
- African Americans have less access to appropriate health care.
- Institutional racism produces different levels of healthcare access.
- Transportation and language issues are main barriers to healthcare.
- Transportation barriers, employer constraints, access to internet and technology, and language barriers limit access to health services.
- Affordability of services was mentioned as a barrier to accessing health care. Primary high-cost services included: medications, mental health services, dental care, and the cost of healthy food.
- Access to services for children with Autism was brought forth as a unique challenge to accessing health services.
- Members of the LGBTQ community also raised cultural competency as a barrier to accessing health care, indicating they do not feel safe around physicians who do not fully understand their identities.
- Cambodian participants raised wait times for medical care as a major barrier, citing difficulty with obtaining initial and follow-up visits for months after initially requested.
- Black participants had the highest frequency of noting discrimination as a factor that impacts their health care. They expressed experiences of bias, unequal treatment, and a feeling that their lives were not equally valued.
- Black participants acknowledged cultural competency as a factor that needs to be addressed. They also shared how they need to fight to be heard by physicians, and there are no accountability measures for the disparities that are created.
- Potential solutions for improving access to health services included health care reform, operating services in more locations, or locations that are in closer proximity to the communities facing the most barriers. Additional strategies included: more comprehensive insurance, increasing access to the internet, improving the ease of system navigation, or providing access to care coordinators to advocate for and connect to services across Long Beach.

"The location of the health services should be close to our homes. Our insurance should be mindful of placing us at facilities that are near us so it could address the transportation issue."	*"I need someone to help me navigate the healthcare system and I would hope that a community or agency group can help me."*

Prioritization results

- 100% of survey respondents stated that it was "Important" or "Very Important" to address access to health services in the Long Beach area.
- 25% of survey respondents felt Long Beach could increase coordination of mental health resources with LA County to increase access to behavioral health services including drug and alcohol detox and recovery beds.

Chronic Diseases

Table 29 shows indicators of need for the SMMC service area for the health topic of Chronic Diseases. The overall service area, level of need was determined for each indicator by examining how each ZIP Code in the service area compared to the indicator values for Long Beach City, Los Angeles County, and the state of California, as well as applicable Healthy People 2020 targets. Emergency room visit rates due to various diabetes-related conditions (general diabetes, long-term complications of diabetes, and uncontrolled diabetes), as well as emergency room visit rates due to heart-related conditions (hypertension and congestive heart failure) are areas of great need due to rates in many ZIP Codes in the service area exceeding those rates of the city, county, and state.

Table 29. Chronic Diseases Indicators of Need

Indicator
Age-Adjusted ER Rate due to Congestive Heart Failure[5]
Age-Adjusted ER Rate due to Long-Term Complications of Diabetes[5]
Age-Adjusted ER Rate due to Diabetes[5]
Age-Adjusted ER Rate due to Hypertension[5]
Age-Adjusted ER Rate due to Asthma[5]
Age-Adjusted ER Rate due to Adult Asthma[5]
Age-Adjusted ER Rate due to COPD[5]
Adults with Diabetes[4]
Age-Adjusted Hospitalization Rate due to Congestive Heart Failure[5]
Age-Adjusted ER Rate due to Pediatric Asthma[5]
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes[5]
Age-Adjusted ER Rate due to Uncontrolled Diabetes[5]
[5] California Office of Statewide Health Planning and Development [4] California Health Interview Survey, Neighborhood Edition

Notably, ZIP Codes 90723, 90731, 90745, 90805, 90806, 90810, and 90813 all have higher rates of emergency room visits due to both congestive heart failure and hypertension than the Long Beach City, Los Angeles County, and California state values (Table 30). The populations of all of these ZIP Codes are more than 50% Hispanic or Latino, with the exception of 90810 and 90745, and ZIP Code 90805 also has more than one fifth of its population identifying as Black or African American. Race and ethnicity are proven risk factors of hypertension that increase the risk of heart disease, heart attack, and stroke in an individual. Due to these correlations, it is important that areas of such racial and ethnic makeup, as well as overlapping conditions such as diabetes and hypertension, be the focus of education efforts like healthy eating and physical activity.

Table 30. Chronic Diseases Indicators of Need by ZIP Code

Age-Adjusted ER Rate due to Congestive Heart Failure[5]	Age-Adjusted ER Rate due to Long-Term Complications of Diabetes[5]	Age-Adjusted ER Rate due to Diabetes[5]

2013-2015 **ER visits/ 10,000 population 18+ years**		***2013-2015*** **ER visits/ 10,000 population 18+ years**		***2013-2015*** **ER visits/ 10,000 population 18+ years**	
HP2020 Goal	n/a	HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	--	US Value	--	US Value	--
California State Value	9.4	California State Value	12.4	California State Value	26.6
Los Angeles County Value	7.5	Los Angeles County Value	12.1	Los Angeles County Value	25.5
Long Beach City (Census Place) Value	8.6	Long Beach City (Census Place) Value	11.6	Long Beach City (Census Place) Value	27.7
ZIP Codes	***value***	**ZIP Codes**	***value***	**ZIP Codes**	***value***
90723	10.2	90723	23.2	90723	44.3
90731	15.6	90731	19.6	90731	42
90744	15.8	90744	28.4	90744	51.9
90745	10.1	90745	14.4	90745	26.5
90755	5.7	90755	9.1	90755	17.7
90802	9	90802	12.2	90802	30.1
90803	3.2	90803	3.5	90803	7.9
90804	9.3	90804	13.6	90804	30
90805	11.4	90805	16.4	90805	40.7
90806	14.1	90806	19.8	90806	45.4
90807	9.1	90807	8.9	90807	16.7
90808	3.9	90808	3.1	90808	8.5
90810	11.4	90810	16.4	90810	32.7
90813	13.6	90813	20	90813	55.3
90814	2.8	90814	5.5	90814	10.3
90815	4.7	90815	5	90815	9.3

[5] California Office of Statewide Health Planning and Development

Additionally, half (eight of 16) of the service area's ZIP Codes have higher percentages of adults who have diabetes than the city, county, and state averages. While most of those eight ZIP Codes are the same ones that have higher ER rates due to diabetes than the city, county, and state, it is notable that both ZIP Code 90802 and ZIP Code 90804 have lower percentages of adults with diabetes than Long Beach City, but higher rates of ER visits due to diabetes than the city rate (Table 30). This indicates that those with diabetes in these areas may not be getting the proper treatment or care and are thus ending up in the emergency room due to complications or using the emergency room for their primary care for the disease.

Further, the City of Long Beach has a higher rate of emergency room visits due to pediatric asthma than the county and state as well (Table 31). Additionally, there is an unfavorable trend over time for this rate for the city, with the rate of ER visits increasing over the last four periods of measure. Other chronic diseases-related indicators of concern for Long Beach City include

Cholesterol Test History and High Cholesterol Prevalence. Long Beach City fails to meet the Healthy People 2020 for both of these measures, falling nearly 10% short of the goal of 82.1% of adults having had their blood cholesterol checked in the past five years, and having a high cholesterol prevalence rate of almost double the Healthy People 2020 goal of 13.5%. Given that high blood cholesterol does not cause symptoms but is one of the main risk factors for developing heart disease or having a heart attack, it is crucial for people to learn their cholesterol numbers.

Table 31. Chronic Diseases Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	LA County Value	CA Value	HP 2020 Goal	Trend
Age-Adjusted ER Rate due to Pediatric Asthma[5]	ER visits/ 10,000 population under 18 years	2013-2015	91.2	78.1	70.9	--	Unfavorable Trend
Age-Adjusted ER Rate due to COPD[5]	ER visits/ 10,000 population 18+ years	2013-2015	16.9	11	16.4	--	Significant Unfavorable Trend
Adults with Current Asthma[6]	percent	2015	8.6	--	7.7	--	No Change
Cholesterol Test History: 5 Years[6]	percent	2015	72.8	--	--	82.1	No Change
Adults who Have Taken Medications for High Blood Pressure[6]	percent	2015	67.2	--	--	--	No Change
High Cholesterol Prevalence[8]	percent	2015	27.9	25.2	34.2[7]	13.5	Unfavorable Trend
Colon Cancer Screening: Sigmoidoscopy Past 5 Years and FOBT Past 3 Years, Colonoscopy Past 10 Years, or FOBT Past Year[6]	percent	2014	57.5	--	--	--	No Change
Adults with Kidney Disease[6]	percent	2015	2.5	--	--	--	No Change

[5] Office of Statewide Health Planning and Development
[6] Centers for Disease Control and Prevention, 500 Cities Project
[7] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
[8] Los Angeles County Health Survey

Primary Data Snapshot: Chronic Diseases

- Some of the greatest needs in Long Beach involve preventable chronic diseases like diabetes, obesity, heart disease and stroke. More efforts should be focused on them.
- Other chronic conditions that need to be addressed include asthma, high blood pressure, and hepatitis B & C.
- Good recreational opportunities are scarce in some parts of the city. It is imperative for Long Beach to create easy-to-access, high-quality programs and services, so people can exercise and eat well.
- In the Cambodian culture, children typically care for their elderly. However, older adults in this culture do not always follow their children to new communities, leading to more chronic issues among this population.
- Homeless people and those in the low-income category have less health insurance and worse health outcomes than others in the counter groups, which is reflected in the low-income zip codes with low life expectancies.
- Stress, linked to race and/or the economy, is a huge burden that exacerbates already existing chronic health issues.
- The increased risk of cancer around the two ports in Long Beach contributes to the premature death rates in the area. Public health efforts should review and utilize the Clean Air Action Plan. This plan specifically recognizes how these environmental hazards impact the most sensitive populations, including the elderly, children, pregnant women and people with chronic illnesses.
- Residents noted the link between high stress, as early as childhood, and the development of chronic disease. Low-income communities who face more challenges and chronic stressors are more likely to develop these diseases. Residents also noted that children are more frequently developing chronic diseases.
- Poor air quality and pollution were discussed as they influence chronic diseases such as asthma and obesity.
- Residents noted technology is an asset and resource for addressing health. They also referenced an over-usage of technology (i.e. phones, gaming, computers) as a related aspect leading to low physical activity levels and poor mental health in adults and children.
- Access to safe, clean spaces for recreation and physical activity, as well as, access to affordable, healthy foods were highlighted by Cambodian participants as a contributor to chronic disease development.
- Due to the complexity of the diseases, residents suggested whole-person, comprehensive care when approaching and developing solutions.

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

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

Prioritization results

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

Exercise, Nutrition & Weight

The indicators listed in Table 32 denote those areas of most need in the Exercise, Nutrition & Weight category for the SMMC service area based on the secondary data available. Of note, children in some areas of the service area are overweight, while adults are not taking the opportunity, or do not have the realistic ability, to commute using a more active method than driving or public transportation.

Table 32. Exercise, Nutrition & Weight Indicators of Need

Indicator
Workers who Walk to Work[1]
Workers who Bike to Work[1]
Children who are Overweight for Age[4]
[1] American Community Survey, 2012-2016 [4] California Health Interview Survey, Neighborhood Edition

At the ZIP Code level, lack of physical activity during commutes is prominently seen in ZIP Codes 90745, 90803, 90805, 90807, and 90808 (Table 33). Those ZIP Codes all have less than 2% of their workers who walk to work and less than 1% of workers of bike to work. Further, all ZIP Codes in the service area except 90813 and 90802 fail to meet the Healthy People 2020 target of having 3.1% of workers walk to work. Commuting by walking, biking, or other forms of riding, particularly in an area like Long Beach with oft-long commute times and transportation issues, can enhance a person's health and provide that need physical activity per day. Additionally, a lack of those commuting by the aforementioned means can indicate public safety concerns limiting people's willingness to commute out of a vehicle.

Further, the percentage of children aged 2-11 who are overweight for their age – where weight is greater than or equal to the 95th percentile, considering sex, age, and weight – is a concern in much of the SMMC service area. In particular, 10 of the service area's 16 ZIP Codes have higher percentages of children who are overweight for age compared to the city, county, and state values (Table 33). Of notable concern are ZIP Codes 90802 and 90805, which have 15% or greater of their youth who are considered overweight. Obesity is a serious health concern for both children and adolescents, with obese children more likely to become obese as adults. Physical inactivity during childhood, as well as lack of proper nutrition and the social environment of the child, can lead to these weight issues.

Table 33. Exercise, Nutrition & Weight Indicators of Need by ZIP Code

Workers who Walk to Work[1]		**Workers who Bike to Work[1]**		**Children who are Overweight for Age[4]**	
2012-2016		***2012-2016***		***2013-2014***	
percent (%)		**percent (%)**		**percent (%)**	
HP2020 Goal	3.1	HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	2.8	US Value	0.6	US Value	--
California State Value	2.7	California State Value	1.1	California State Value	13.3

Los Angeles County Value	2.8		Los Angeles County Value	0.9		Los Angeles County Value	12.4
Long Beach City (Census Place) Value	2.5		Long Beach City (Census Place) Value	1.0		Long Beach City (Census Place) Value	13.1
ZIP Codes	***value***		**ZIP Codes**	***value***		**ZIP Codes**	***value***
90723	2.8		90723	0.8		90723	13.9
90731	3		90731	0.4		90731	12.6
90744	2.4		90744	0.8		90744	14.6
90745	0.9		90745	0.3		90745	14.2
90755	2.1		90755	0.2		90755	14.4
90802	5.9		90802	1.5		90802	15.3
90803	1.3		90803	0.5		90803	11.5
90804	2.5		90804	0.7		90804	13.4
90805	1.2		90805	0.6		90805	15
90806	2.1		90806	1.1		90806	13.5
90807	1.4		90807	0.9		90807	11.2
90808	1		90808	0.8		90808	7.9
90810	2.1		90810	0.4		90810	14.8
90813	5		90813	1.7		90813	14.7
90814	1.8		90814	1.9		90814	9.1
90815	2.2		90815	0.8		90815	8.3

[1] American Community Survey, 2012-2016
[4] California Health Interview Survey, Neighborhood Edition

Table 34 shows indicators of need for Long Beach City based on the secondary data scoring methodology. The city has higher percentages than the county of children who consume soda or sugar-sweetened beverages at least one time per day and lower percentages of adults who consume five or more servings of fruits or vegetables per day. This makes sense given the city's comparatively low percentage of adults with easy access to fresh produce. It is likely that adults are not able to access or afford healthy, fresh foods, such as fruits and vegetables, which leads to them and their families consuming more processed foods. Combined with the high percentage of neighborhoods in the city without places where children would normally be physically active (i.e. playgrounds, parks, sports fields), this signifies a need to focus on a combination of nutrition and physical activity to ensure proper weight and health among the population.

Table 34. Exercise, Nutrition & Weight Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Food Insecurity Rate: <300% FPL[8]	percent	2015	38.4	--	29.2	--	No Change
Children who Drink Sugar-Sweetened Beverages[8]	percent	2015	48.4	--	39.2	--	No Change

Neighborhoods without Walking Paths, Parks, Playgrounds, or Sports Fields[8]	percent	2015	17.3	--	15.2	--	No Change
Adult Fruit and Vegetable Consumption: 5+ Servings[8]	percent	2015	13.9	--	14.7	--	Unfavorable Trend
Adults with Easy Access to Fresh Produce[8]	percent	2011	82.5	--	89.7	--	No Change
[8] Los Angeles County Health Survey							

Primary Data Snapshot: Exercise, Nutrition and Weight

- There are many parts of Long Beach with limited access to healthy foods. Improving access to healthy food is critical for people to improve and manage their health.
- Long Beach Fresh and several community gardens offer healthy foods in places with food insecurity.
- Supporting culturally competent services creates networking channels that foster healthy activities such as walking and gardening groups.
- Create and/or manage school passages that support people's ability to walk and bike around safely.
- Good recreational opportunities are scarce in some parts of the city. It is imperative for Long Beach to create easy-to-access, high-quality programs and services, so people can exercise and eat well.
- Support agricultural tax break policies in Long Beach, where people can get tax breaks by growing healthy foods on their land. These kinds of projects help reduce crime while improving perceptions of safety.
- Participate in the urban agricultural incentive zone partnership, cultivating opportunities to grow food and be physically active in the community.
- Poverty, access to healthcare, and healthy foods all influence one's health.
- Lack of physical activity is a major contributor to obesity locally.
- Due to housing, employment and economic issues, people do not have enough family and personal time, including time to be physical active.
- Efforts should be implemented to encourage people to walk, bike and use parks in the community.
- The YMCA offers exercise and nutrition classes.
- Investment in clean parks, yoga classes in the park, and workout equipment for community members to get active was encouraged.
- Culturally competent nutrition and dieting advice that focuses on cultural foods were identified as needs.

"I appreciate having libraries and parks, because it keeps me physically active by having somewhere to go. I want safe places to exercise, do yoga, and have picnics."	*"I want public parks to be clean, because I enjoy the opportunity to get physically active. But I feel uncomfortable, if it is not clean."*

Prioritization results

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

Food Insecurity

The following table lists of all Food Insecurity indicators, where the SMMC service area scored poorly according to the secondary data scoring methodology (Table 35). Based on the data, rent and housing costs, in addition to lack of income, are clearly affecting the ability of residents in the service area to afford or have reliable access to healthy, fresh, and nutritious foods.

Table 35. Food Insecurity-Related Indicators of Need

Indicator
Poverty Status by School Enrollment[1]
Median Household Income: Householders 65+[1]
Households with Supplemental Security Income[1]
Median Household Income[1]
[1] American Community Survey, 2012-2016

In particular, ZIP Code 90813 has by far the lowest median household income for both the general population and over adults, with values of $31,775 and $21,552, respectively (Table 36). These values are over $10,000 and over $5,000 lower than the next lowest median household incomes of ZIP Codes in the service area, respectively. Additionally, and perhaps unsurprisingly, that ZIP Code also has the highest percentage of school-aged children (ages 5-19) who are living below the federal poverty level and are enrolled in school. ZIP Codes 90802, 90744, 90804, 90806, 90723, 90731, and 90805 also all have higher percentages of this population than the city, county, and state averages. Compared to their peers, children in poverty are more likely to have physical health problems due to lack of food security and nutrition, which can often lead to behavioral and emotional problems.

Residents in ZIP Codes with the above-mentioned concerns are likely to be unable to afford all basic amenities of life and are likely fighting for secure housing, food, employment, health care, and more. These areas are likely hotbeds for food insecurity issues, as the majority of renters

have limited money to spend on food due to high rent costs and low incomes, as residents are being forced to choose and prioritize between housing and rent-related costs and proper nutritious food.

Table 36. Food Insecurity Indicators of Need by ZIP Code

Poverty Status by School Enrollment[1]		Median Household Income: Householders 65+[1]	
2012-2016		*2012-2016*	
percent (%)		dollars ($)	
HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	15.7	US Value	$40,135
California State Value	17.2	California State Value	$46,749
Los Angeles County Value	20.1	Los Angeles County Value	$42,310
Long Beach City (Census Place) Value	22.7	Long Beach City (Census Place) Value	$41,869
ZIP Codes	***value***	**ZIP Codes**	***value***
90723	25.3	90723	$39,004
90731	25.3	90731	$35,380
90744	34.8	90744	$33,973
90745	16.4	90745	$46,675
90755	22.3	90755	$68,017
90802	36.5	90802	$27,319
90803	3.5	90803	$65,992
90804	27.2	90804	$36,042
90805	24.9	90805	$32,156
90806	25.9	90806	$28,462
90807	3.7	90807	$50,926
90808	3.3	90808	$59,212
90810	22.3	90810	$34,983
90813	38.3	90813	$21,552
90814	14.7	90814	$50,455
90815	8	90815	$52,461

[1] American Community Survey, 2012-2016

For Long Beach City, the food insecurity rate for those households with incomes less than 300% of the federal poverty level is nearly 10% higher than the value for the county of Los Angeles (Table 37). Additionally, almost half of children in the city drink soda or sugar-sweetened beverages daily, while only 82.5% of adults have easy access to fresh produce. Given that food insecurity is defined as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways, both lack of fresh produce access and frequency of nutritionally inadequate beverage intake are important indications of food insecurity issues in the city. The poverty rate for very young children (under the age of

five) is higher for the city compared to the county and the state, likely indicating food security issues for this vulnerable population.

Table 37. Food Insecurity-Related Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Children who Drink Sugar-Sweetened Beverages[8]	percent	2015	48.4	--	39.2	--	No Change
Food Insecurity Rate: <300% FPL[8]	percent	2015	38.4	--	29.2	--	No Change
Young Children Living Below Poverty Level[1]	percent	2012-2016	28	22.9	25.6	--	Significant Favorable Trend
Adults with Easy Access to Fresh Produce[8]	percent	2011	82.5	--	89.7	--	No Change
[8] Los Angeles County Health Survey [1] American Community Survey, 2012-2016							

Additionally, Long Beach Unified School District (LBUSD) data for students eligible for free or reduced price meals provides another view of food insecurity in the City of Long Beach. Table 38 shows the total number of students enrolled in grades kindergarten through twelfth grade in LBUSD who are eligible for the Free Meal program and those eligible for the Free or Reduced Price Meals program. Additionally, the percentages of all students K-12 who are eligible for both programs as a proportion of the totals enrolled K-12 population in LBUSD is also provided in the below table.

Table 38. Free or Reduced Price Meals Programs in Long Beach by Student

Type	Number of Students Eligible	Percentage of Total Enrolled Students
Free Meal Program	30,513	59.44%
Free or Reduced Price Meals Program	35,788	69.72%
[15] 2017-18 California Longitudinal Pupil Achievement Data System (CALPADS), Fall 1		

Further, Table 39 shows the number and percentage of schools in LBUSD with at least half of their enrolled K-12 population eligible for the Free Meal and Free or Reduced Price Meals programs. More than half of LBUSD schools have more than half of their student body populations who are eligible for the Free Meal program. This is an alarming percentage of schools whose students' families cannot afford to provide them with adequate nutrition at home.

Table 39. Free or Reduced Price Meal Programs in Long Beach by School

Type	Number of Schools with >50% of Students Eligible	Percentage of LBUSD Schools with >50% of Students Eligible
Free Meal Program	41	58.57%
Free or Reduced Price Meals Program	46	65.71%

[15] 2017-18 California Longitudinal Pupil Achievement Data System (CALPADS), Fall 1

Primary Data Snapshot: Food insecurity

- Food insecurity and language barriers influence people's desire and opportunity to seek basic health information.
- Long Beach Fresh and several community gardens offer healthy foods in places with food insecurity.
- There are many parts of Long Beach with limited access to healthy foods. Improving access to healthy food is critical for people to improve and manage their health.
- It is important for residents to access healthy foods and green spaces, while being able to go outside and play without breathing toxic emissions.
- There is a lack of quality food in low-income neighborhoods.
- Lack of housing and healthy food can cause behavioral health issues.
- Some people live in areas isolated from the rest of the city, where they are removed from amenities like mainstream grocery stores and financial institutions.
- Support agricultural tax break policies in Long Beach, where people can get tax breaks by growing healthy foods on their land. These kinds of projects help reduce crime while improving perceptions of safety.
- Creating access to healthy foods, especially in schools, is very important.
- Having poor access to healthy foods, especially in the Black communities, contributes to poor health outcomes.
- Food insecurity was primarily emphasized by Cambodian focus group, which emphasized the inability to have access to healthy food options because of distance and costs.

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

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

Prioritization results

- 93% of survey respondents stated that it was "Important" or "Very Important" to address Food Insecurity in the Long Beach area.

- Community stakeholders felt Long Beach could support policies that create more equitable opportunities for health across Long Beach neighborhoods such as increasing access to low-cost healthy foods, safe sidewalks, bicycle lanes, and fitness loops.

Findings of Identified Health Needs

Environment

The indicators in Figure 22 are the Environment-related indicators, where the SMMC service area showed need based on the secondary data. The overall service area need was calculated for each indicator by using a weighted average of need for each individual ZIP Code within the service area based on each ZIP Code's population per ZIP Code. The data shows that emergency room visit rates due to asthma for all ages are of high concern for the service area.

Figure 22. Environment-Related Indicators of Need

Indicator
Age-Adjusted ER Rate due to Asthma[5]
Age-Adjusted ER Rate due to Adult Asthma[5]
Age-Adjusted ER Rate due to Pediatric Asthma[5]
[5] Office of Statewide Health Planning and Development

Notably, ZIP Code 90813 has the highest rates of ER rates due to both all asthma (109.2 ER visits per 10,000 population) and adult asthma (106.4 ER visits per 10,000 population 18 years of age and older) (Table 40). This ZIP Code has rates more than double the county and state rates for both measures. It also has the second highest rate in the service area for emergency visits due to pediatric asthma. Additionally, ZIP Codes 90731, 90806, and 90805 are all in the top five of the highest rates in the SMMC service area for all three of these asthma measures. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke, and other factors impacting air quality – as well as decreasing the existence of these environmental harms in the first place – can help prevent asthma and also help those with it better manage the health condition in order to prevent emergency situations.

Table 40. Environment-Related Indicators of Need by ZIP Code

Age-Adjusted ER Rate due to Asthma[5] ***2013-2015*** **ER visits/ 10,000 population**		**Age-Adjusted ER Rate due to Adult Asthma[5]** ***2013-2015*** **ER visits/ 10,000 population 18+ years**		**Age-Adjusted ER Rate due to Pediatric Asthma[5]** ***2013-2015*** **ER visits/ 10,000 population under 18**	
HP2020 Goal	n/a	HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	--	US Value	--	US Value	--

California State Value	44.0		California State Value	34.6		California State Value	70.9
Los Angeles County Value	44.3		Los Angeles County Value	32.6		Los Angeles County Value	78.1
Long Beach City (Census Place) Value	57.3		Long Beach City (Census Place) Value	45.5		Long Beach City (Census Place) Value	91.2
ZIP Codes	***value***		**ZIP Codes**	***value***		**ZIP Codes**	***value***
90723	44.3		90723	33.3		90723	75.9
90731	75.4		90731	57.7		90731	126.5
90744	57.6		90744	46.9		90744	88.2
90745	41.3		90745	27.6		90745	80.7
90755	37.6		90755	31.2		90755	56.1
90802	64.6		90802	52		90802	100.9
90803	16.7		90803	13.2		90803	26.7
90804	65.4		90804	54.5		90804	96.9
90805	69.2		90805	54		90805	113.2
90806	74.5		90806	62.8		90806	108.1
90807	36.2		90807	24.4		90807	70.4
90808	21.8		90808	17.1		90808	35.2
90810	50.1		90810	39		90810	82.1
90813	109.2		90813	106.4		90813	117.3
90814	33		90814	23.1		90814	61.5
90815	18.3		90815	12.7		90815	34.2

[5] Office of Statewide Health Planning and Development

Notable environmental measures that affect health include houses built prior to 1950, the amount of PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released into the environment, and the amount of recognized carcinogens released into the air. For SMMC's service area, all but nine ZIP Codes have higher percentages of the houses in their service area that were built prior to 1950 than the state of California average. This indicates a lack of new and affordable housing in the ZIP Codes and the City of Long Beach and a propensity for those who own buildings and land to continue housing tenants in unsafe environments due to the demand in the area for housing. ZIP Codes 90806, 90221, 90807, and 90813 all have over 40% of their houses that are greater than 65 years old.

For PBT and recognized carcinogens released, ZIP Code 90810 stands out as a geographical area of concern. There were 1,754.65 pounds of PBT released into the environment in 90810 in 2014, which is more than four times as much as any other ZIP Code in the service area. Additionally, 90810 had the second most pounds of recognized carcinogens released into the air in 2017 in the service area, with 14,501.75 pounds.

Hazmat sites, or areas contaminated with hazardous substances and pollutants making them unsafe for people to live or work, are a proxy measure for other potential environmental issues

in a geographic area. The number of Hazmat sites by ZIP Code for the City of Long Beach in 2017 provides an enhanced picture that ZIP Codes 90813, 90805, 90802, and 90806 are particularly environmentally unsafe in relation to the rest of the city. Each of these ZIP Codes have greater than 100 Hazmat sites in their boundaries, whereas the highest number in any other ZIP Code in the service area is only 82.[14] Of these, ZIP Codes 90813, 90802, and 90806 all also have some of the highest rates of people and families living in poverty in the city. This correlation between areas that are potentially environmentally less safe and poor people and families living in those areas marks a clear concern about the health of populations based on their geographical location.

Lead poisoning is an environmental health problem due to exposure to dust from deteriorating lead paint in older homes, such as those built prior to 1950. From 2012 through 2018, lead poisoning cases were tracked in Long Beach City. ZIP Code 90813 again has had the most cases (11), accounting for nearly one third of all cases in the city during that time period and contributing to the environmental health concern for that specific ZIP Code. ZIP Code 90806 had the second most, with six total cases.[14] While the number of cases over this time period is not notably large, ZIP Code 90813 is also the same ZIP Code with the most Hazmat sites and the highest percentages of people living in poverty in the city. Further, 40.2% of houses in this ZIP Code were built prior to 1950 – a major contributing factor to lead poisoning as well as other environmental health issues – the third highest percentage of all ZIP Codes in the SMMC service area, and much higher than the city value (34.2%), county value (25.8%), and state value (15.5%).

Other environmental indicators of note for Long Beach City are shown in Table 41. The city has a greater percentage of neighborhoods without walking paths, parks playgrounds, or sports fields than the county average, and it also has a higher percentage of adults who have been told by a health care provider that they currently have asthma than the state of California average. Additionally, there is a lower percentage of adults with "very or somewhat" easy access to fresh produce than the percentage for the county as a whole. While access to parks and fresh produce are not direct natural environment measures, they both provide an insight into the build environment, which can impact people's health in similar ways. Access to parks and fresh produce can both indicate areas that may be more environmentally-friendly, with green spaces and land that is potentially not as polluted and built up by industry.

Table 41. Environment-related Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Neighborhoods without Walking Paths, Parks, Playgrounds, or Sports Fields[8]	percent	2015	17.3	--	15.2	--	No Change
Adults with Current Asthma[6]	percent	2015	8.6	7.7	--	--	No Change

Adults with Easy Access to Fresh Produce[8]	percent	2011	82.5	--	89.7	--	No Change

[8] Los Angeles County Health Survey
[6] Centers for Disease Control and Prevention, 500 Cities Project

Primary Data Snapshot: Environment

- Southern California and Long Beach, specifically West Long Beach, are exposed to high levels of air and light pollution. Childhood asthma rates are also high in Long Beach.
- There are many health issues associated with the particulate matter pollution from the area's industry. The city can, should and does play a leadership role in this matter.
- Overcrowding is also an environmental concern in central Long Beach, as about a quarter an acre of land is associated with about 1,000 residents.
- Many discussions are occurring regarding the placement of freeways and power plants compared to parks and open spaces. The historical context is strong in these conversations.
- Structurally disempowered communities are generally low-income communities of color, geographically located in central, west, and north Long Beach.
- Support agricultural tax break policies in Long Beach, where people can get tax breaks by growing healthy foods on their land. These kinds of projects help reduce crime while improving perceptions of safety.
- Houses are old and often do not meet code standards in Long Beach. These old housing units expose tenants to pests, mold and other kinds of problems that cause chronic conditions.
- There is much air pollution due to proximity to the port, rail, and trucking corridor along the 710 due to the emission from diesel. More financial support is needed to support this issue. Those living closer to these areas are at greater risk for exposure and adverse health outcomes.
- It is important for residents to access healthy foods and green spaces, while being able to go outside and play without breathing toxic emissions.
- More research and feasibility assessments will be done to determine the impact on environmental hazards on the population, helping to determine the future interventions to address this problem.
- The environment elicited responses and comments on environmental health hazards, particularly outdoor air pollution and the impact pollution has on the quality of life.
- Place-based health, specifically that living in particular zip codes impacts health outcomes.

"Sometimes you don't want to go outside or workout, because you don't want to breathe the air. I can see that pollution that we see every day. We want to open the windows, but we have to instead seal them."

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

Prioritization results

- 93% of survey respondents stated that it was "Important" or "Very Important" to address Environment in the Long Beach area.

Substance Abuse

Table 42 displays indicators, where some ZIP Codes in the SMMC service area have significantly higher values than the city, county, and state values – despite these indicators not being considered of need for the overall service area as a whole. In addition to the measures listed below, the smoking rate among adults is still a problem in some parts of the service area, such as ZIP Codes 90813 (19.5%), 90804 (17.5%), 90806 (16.7%), and 90731 (16.5%), which all have higher rates than the Long Beach City value (14.2%). Further, only six ZIP Codes in the service area meet the Healthy People 2020 target of maximum 12.0% of adults who smoke.[4]

Table 42. Substance Abuse Indicators of Need

Indicator
Age-Adjusted ER Rate due to Alcohol Abuse (Comprehensive)[5]
Age-Adjusted ER Rate due to Substance Abuse (CCS definition)[5]
Age-Adjusted Hospitalization Rate due to Alcohol Abuse (Comprehensive)[5]
Age-Adjusted Hospitalization Rate due to Substance Abuse (CCS definition)[5]
Opioid Prescription Rate[22]
Opioid Prescription Patients[22]
[5] California Office of Statewide Health Planning and Development [22] California Department of Justice, Controlled Substance Utilization Review and Evaluation System (CURES)

In particular, ZIP Code 90813 has by far the highest rates of any ZIP Code in the service area for ER visits due to alcohol abuse (87.1 visits per 10,000 population 18 years of age and over) and the second highest rate of ER visits due to substance abuse (after ZIP Code 90731) (Table 43). ZIP Code 90813's value is more than double the city and county values for alcohol abuse and more than double the county value for substance abuse. Additionally, this ZIP Code has the second highest hospitalization rate for alcohol abuse and the third highest for substance abuse as well (Table 43). Clearly, ZIP Code 90813 is an area of major concern for substance abuse issues, and the high rates of emergency room visits and hospitalizations indicate that those suffering from substance abuse are not getting the help they need in order to avoid extreme health emergencies. ZIP Code 90731 is also a notable area of concern for these substance abuse issues.

Table 43. Substance Abuse Indicators of Need by ZIP Code

Age-Adjusted ER Rate due to Alcohol Abuse (Comprehensive)[5]	Age-Adjusted ER Rate due to Substance Abuse (CCS definition)[5]	Age-Adjusted Hospitalization Rate due to Alcohol Abuse (Comprehensive)[5]

2013-2015 ER visits/ 10,000 population 18+ years	
HP2020 Goal	n/a
US Value	--
California State Value	44.2
Los Angeles County Value	36.2
Long Beach City (Census Place) Value	39.8
ZIP Codes	***value***
90723	24.6
90731	61.9
90744	44.4
90745	23.6
90755	17.1
90802	62.3
90803	28.4
90804	40.8
90805	37
90806	53.6
90807	17.8
90808	18.7
90810	26.1
90813	87.1
90814	32.4
90815	27.3

2013-2015 ER visits/ 10,000 population	
HP2020 Goal	n/a
US Value	--
California State Value	18.6
Los Angeles County Value	15.7
Long Beach City (Census Place) Value	17.2
ZIP Codes	***value***
90723	13.3
90731	34.6
90744	20.2
90745	12.9
90755	12.4
90802	26.7
90803	12.7
90804	18.5
90805	15.7
90806	16.6
90807	8.8
90808	14.7
90810	13.8
90813	32.3
90814	11.9
90815	10.2

2013-2015 hospitalizations/ 10,000 population 18+ years	
HP2020 Goal	n/a
US Value	--
California State Value	11.7
Los Angeles County Value	12.4
Long Beach City (Census Place) Value	15.1
ZIP Codes	***value***
90723	10.1
90731	17.8
90744	13.5
90745	6.1
90755	13.8
90802	26.3
90803	15.1
90804	16.4
90805	12
90806	13.7
90807	12.4
90808	11.3
90810	8.4
90813	24.6
90814	13.5
90815	14.9

[5] California Office of Statewide Health Planning and Development

Focusing specifically on opioids, which have become a major health and substance abuse concern in recent years, it can be seen that there are pockets of SMMC's service area that are at risk for population-level opioid problems. Opioid Prescription Rate shows the number of opioid drug prescription per 10,000 population by patient's locale, while Opioid Prescription Patients shows the percentage of the population that is a patient who has been prescribed an opioid. In the service area, ZIP Code 90731 has the highest opioid prescription rate (417.4 prescriptions per 10,000 population), as well as the highest percentage of patients who have been prescribed opioids (3.4%). Other ZIP Codes of concern include 90804, 90808, 90807, 90755, 90802, and 90806.

For Long Beach City as a whole, it is notable that the percentage of adults who smoke in the City (15.1%) is higher than both the Los Angeles County value and California value (both 11.7%), and 3.1% higher than the Healthy People 2020 target of 12%.[4] Additionally, the trend of adults

who smoke is increasing over time, although not in a statistically significant manner. Further, the number of total years of potential life list (YPLL) due to drug overdoses is over 80 more per 100,000 population in the City than in Los Angeles County, with a trend that is also increasing unfavorably over time.[9]

Focusing on marijuana knowledge and use, a Cannabis education survey done by GreenlightLB found that 72.5% of participants knew the legal age to use cannabis is 21 years or older.[23] Additionally, 21.3% believed that Cannabis is harmful, while 15% believe it to be harmless, and 85.9% thought that frequent or heavy cannabis use is harmful to youth. Further, the majority of the respondents, of which 46.6% have used cannabis to some extent, reported that it was false that cannabis smoke contained many of the same harmful chemicals as tobacco smoke, while 21% admitted they did not know. 39.4% of respondents did not know that THC can pass to babies through breast milk, 75.1% answered that is not legal to use non-medicinal cannabis in public, 91.7% answered it is not legal to drive while high from cannabis, and 87% believe that it is not safe to drive high from cannabis use.[23]

The survey also asked about marijuana usage, categorized under the following categories: former user or non-user, moderate user, or heavy user. 100% of respondents from ZIP Code 90810 were either moderate or heavy users per the survey, while ZIP Codes 90803 and 90804 had greater than two thirds of their survey respondents who either use cannabis moderately or heavily. Further, the survey asked about marijuana usage on the basis of if the respondent has ever or has never used marijuana. Greater than 50% of respondents from ZIP Codes 90814, 90804, 90802, 90803, 90807, 90813, 90815, 90806, and 90808 all reported having used marijuana at least once. Lastly, for cannabis usage method by age group across all ZIP Codes in the city, the survey results found that 25 to 34 year olds are most likely to use cannabis via smoking or vaping (59.5%), while 18 to 24 year olds are most likely to use cannabis by concentrates (42.9%). At least a fifth of users in the following age groups prefer edible or beverage usage: 17 and under, 35 to 44, 45 to 54, 55 to 64, and 65 plus.[23]

Primary Data Snapshot: Substance Use and Misuse

- People are becoming more aware of pressing issues related to drugs or opioids, alcohol use, and mental health disorders, recognizing that these issues need attention now.
- It is imperative to help those who are homeless or have mental health or drug addiction issues through resources and education.
- Long Beach does not have enough detox beds for people who want to recover from substance abuse. Getting the county and state to work together with policymakers would be ideal to make substance treatment beds more accessible.
- Substance use is a rising issue in Long Beach. There is not enough substance abuse help in the city.
- There is a need for more acute detox services, which are very limited compared to long term rehabs that are also needed.
- The Housing First Model Program offers housing and support without the previous requirements that prevented many people from getting the necessary substance abuse

treatment.
- Support groups such as Alcoholics Anonymous are available in many locations, which helps to break isolation and bring people together.
- More trained people and long-term rehabilitation services are needed for substance abuse issues.
- There are not many mental health facilities for adults in Long Beach. We need a stronger care coordinated program for those who are homeless or returning to society from prison.
- People with mental illnesses may be more likely to be substance abusers and homeless.
- Prescription drug abuse is a gateway to substance abuse and an issue that residents face.
- Community members acknowledge the intersections of substance abuse, mental health, and homelessness.

> *"Fairly recently, I lost a dear friend from suicide and it was all behind pain meds. It was a slow decline at the behest of a doctor's prescription."*

> *"People are addicted to prescribed medication. Seniors are addicted to pain medicine or pain killers."*

Prioritization results

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

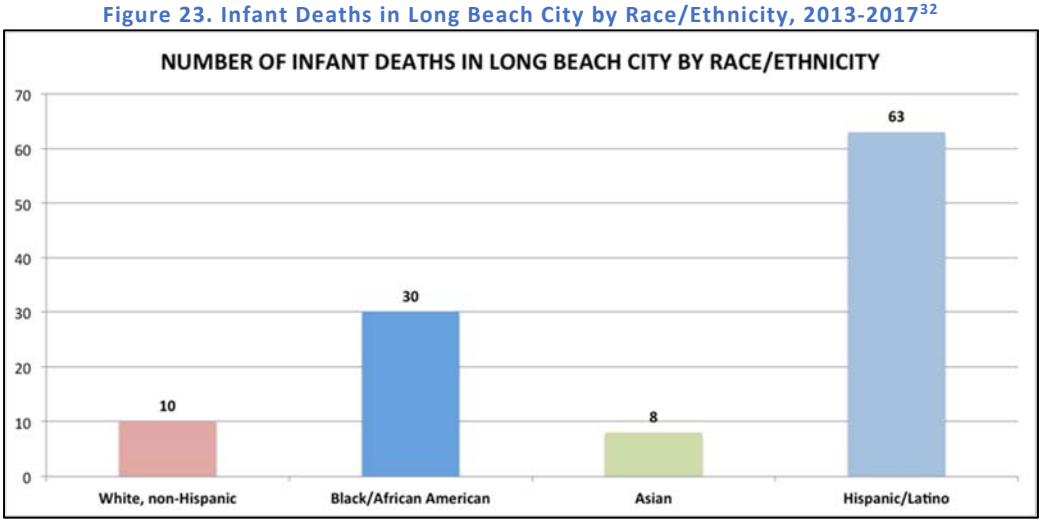
Pregnancy & Birth Outcomes

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

In the City of Long Beach, there were 113 infant deaths from 2013 to 2017. The leading cause of infant mortality in the city was Sudden Infant Death Syndrome (SIDS), as it is in many places across the state and country. There were 16 deaths due to SIDS in Long Beach over the time span, followed by 15 deaths due to complications from extremely low birthweight and premature births.[32] Broken down by Long Beach City ZIP Code, the most infant deaths derive from ZIP Code 90805 (26.5% of infant deaths for the city), followed by 90813 (16.8%), 90806 (14.2%), and 90802 (13.3%). ZIP Code 90802 has the highest infant mortality rate of any ZIP Code at 6.9 deaths per 1,000 live births. Additionally, Figure 23 shows the breakdown of all infant deaths in Long Beach over the five-year time period by race/ethnicity. Notably, more than half of all the infant deaths in Long Beach have been Hispanic/Latino, for a rate of 4.0 deaths per 1,000 live births for that subgroup. With 30 infant deaths during the same span, the infant mortality rate for the Black/African-American group is 7.3 deaths per 1,000 live births, by

far the highest rate of any racial or ethnic group – and more than double the overall city rate of 3.8.[32]

Figure 23. Infant Deaths in Long Beach City by Race/Ethnicity, 2013-2017[32]

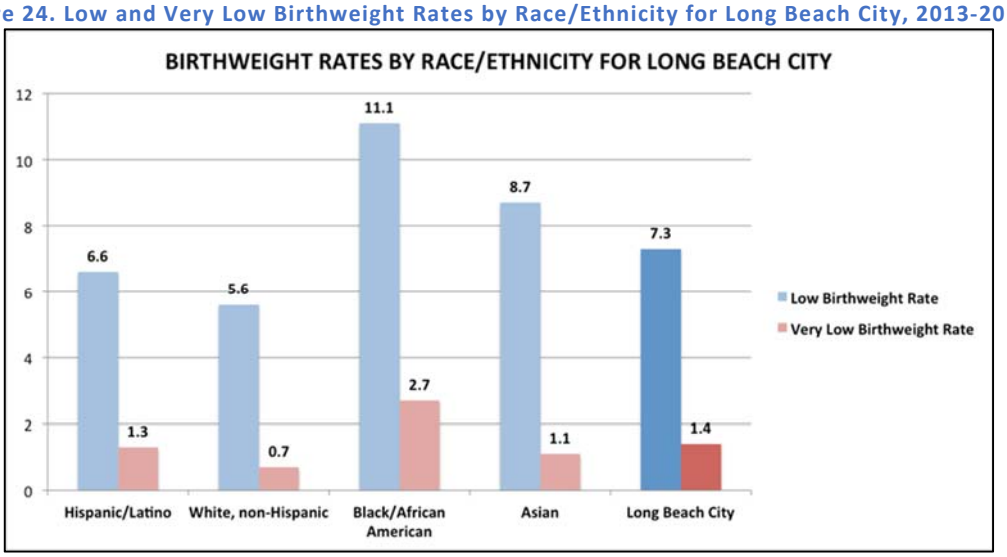


[32] Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

The overall teen pregnancy rate declined by 45.6% from 2013 to 2017 for the City of Long Beach and for each racial/ethnic subgroup. However, some subgroups still have much higher teenage pregnancy rates than others, notably those of Hispanic/Latino ethnicity who had a rate of 23.0 pregnancies per 1,000 population in 2017. This is substantially higher than the overall city rate of 14.6. By ZIP Code, 90813, 90806, and 90805 have the highest teen pregnancy rates, at 29.0, 21.0, and 20.3 pregnancies per 1,000 population, respectively.[32]

Figure 24 shows the low (less than 2,500 grams at birth) and very low (less than 1,500 grams at birth) birthweight rates broken down by race/ethnicity for the City of Long Beach from 2013-2017. Notably, the Black/African American subgroup has the highest low birthweight and very low birthweight rates in the city across the time period. These measures, which are associated with poorer outcomes disproportionately affect Black/African American infants in the city, which is an issue that can be addressed with various methods during pregnancy and also birth. Across age groups for the very low birthweight measure, the rates are fairly similar for the five-year time period, with those 35 years of age and older slightly more at risk of having a very low birthweight baby (1.8 versus 1.4 for the city overall).[32]

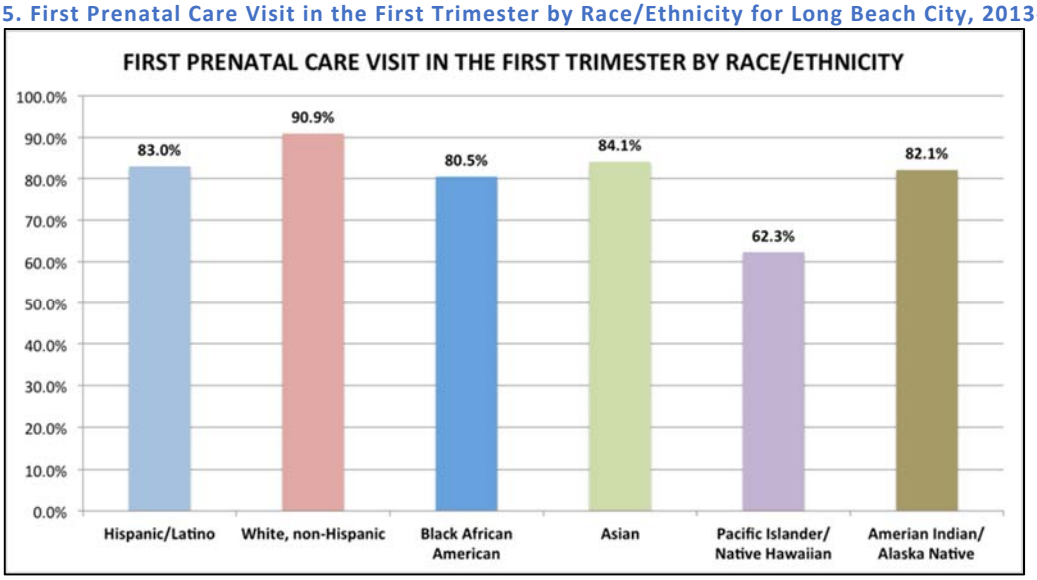
Figure 24. Low and Very Low Birthweight Rates by Race/Ethnicity for Long Beach City, 2013-2017[32]



[32] Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

Another metric to help measure pregnancy and birth outcomes is length and frequency of prenatal care. In Long Beach City, teenage mothers are much less likely than mothers aged 20 and above to start prenatal care in the first trimester (68.6% versus over 80% for all other age groups).[32] Additionally, those in the Pacific Islander/Native Hawaiian race/ethnicity group are substantially less likely to start prenatal care in the first trimester than other race/ethnic subgroups (Figure 25).

Figure 25. First Prenatal Care Visit in the First Trimester by Race/Ethnicity for Long Beach City, 2013-2017[32]



[32] Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017

Primary Data Snapshot: Pregnancy and Birth Outcomes

- The increased risk of cancer around the two ports in Long Beach contributes to the premature death rates in the area. Public health efforts should review and utilize the Clean Air Action Plan. This plan specifically recognizes how these environmental hazards impact the most sensitive populations, including the elderly, children, pregnant women and people with chronic illnesses.
- All populations, but especially the sensitive ones such as the elderly, children and pregnant women, need additional protections from the environmental hazards in the Long Beach area.
- Black or African American participants cited discrimination based on income, race, and insurance type as a direct condition that contributes to poor pregnancy and birth outcomes in the community.
- Providers' lack of cultural competence inhibits full understanding of Black or African American family experiences.
- A solution proposed for improving birth outcomes for Black or African American families was to diversify the health care workforce.

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

> *"They are pushing C-sections. I understand that they get more money for it. But you are not thinking about the healing process for me. I want to have my child naturally."*

Prioritization results

- 71% of survey respondents stated that it was "Important" or "Very Important" to address pregnancy and birth outcomes in the Long Beach area.

Preventive Practices

Table 44 displays indicators related to the topic of area of Preventive Practices, where SMMC's service area showed more than average need. While there is need for increased insurance coverage and easier access to care, particularly for older adults and children, there are other measures more directly related to prevention that are also of concern. For instance, the behavioral health issue of preventing adverse health effects via physical activity is an issue in the service area. Further, immunizations are a consistent issue for those that SMMC serves, especially related to preventable illnesses such as pneumonia and influenza.

Table 44. Preventive Practices Indicators of Need

Indicator
Workers who Walk to Work[1]
Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza[5]

Children with Influenza Vaccination[4]
Preventable Emergency Room Visits[5]
Adults 65+ without Health Insurance[1]
Workers who Bike to Work[1]
Children and Teens Delayed or had Difficulty Obtaining Care[4]
Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza[5]
[1] American Community Survey, 2012-2016 [5] California Office of Statewide Health Planning and Development [4] California Health Interview Survey, Neighborhood Edition

One of the biggest indicators of the success or failure of preventive practices in an area is its emergency room visit and hospitalization rates due to immunization-preventable diseases. This is two-fold: on the one hand, these are diseases that can be prevented before they occur with immunizations, and secondly, it can show the use of the emergency room as a primary care facility when looking at diseases that can normally be treated at home or in a doctor's office. In the SMMC service area, half of the ZIP Codes (eight of 16) have hospitalization rates due to immunization-preventable pneumonia and influenza greater than 1.6 hospitalizations per 10,000 adult population (the Los Angeles county value), and over half the ZIP Codes (nine of 16) have emergency room visit rates due to the same conditions greater than 8.9 visits per 10,000 adult population (the Los Angeles county and Long Beach City values) (Table 45).

Notably, ZIP Codes 90731 (16.4) and 90813 (16.1) have ER visit rates almost double the city and county values of 8.9. Additionally, when focusing on children and immunizations, ZIP Codes 90803, 90808, 90814, and 90815 all had fewer than 40% of their children (ages six months to 11 years) who received an influenza vaccination in the past year. The seasonal influenza vaccine can prevent serious illness and death, especially in children, with CDC recommending annual vaccinations to prevent the spread of the disease and adverse side effects that it causes. Education and awareness about the importance of this vaccination is important for adults and families with children in these ZIP Codes of need in the service area.

Physical activity is another aspect of the preventive practices category that is an area of need. In SMMC's service area, behavioral practices, such as walking or biking to work and engaging in physical activity each day, are a particular issue in ZIP Code 90745. This ZIP Code has the lowest percentage of workers who walk to work (with the only value in the service area less than 1%), and the second lowest percentage of workers who bike to work (less than 0.5%) (Table 45). Further, for the service area as a whole, only four ZIP Codes have higher percentages of workers walking to work than Long Beach City, and only four also have higher percentages of workers biking to work than the city average. Any daily physical activity, even if just in the form of commuting to work, can drastically improve health and well-being of those who might otherwise be sedentary.

Table 45. Preventive Practices Indicators of Need by ZIP Code

Workers who Walk to Work[1]		Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza[5]		Children with Influenza Vaccination[4]	
2012-2016		*2013-2015*		*2013-2014*	
percent (%)		ER visits/ 10,000 population 18+ years		percent (%)	
HP2020 Goal	3.1	HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	2.8	US Value	--	US Value	--
California State Value	2.7	California State Value	9.5	California State Value	55.4
Los Angeles County Value	2.8	Los Angeles County Value	8.9	Los Angeles County Value	47.9
Long Beach City (Census Place) Value	2.5	Long Beach City (Census Place) Value	8.9	Long Beach City (Census Place) Value	43.7
ZIP Codes	***value***	**ZIP Codes**	***value***	**ZIP Codes**	***value***
90723	2.8	90723	7.8	90723	48.4
90731	3	90731	16.4	90731	41
90744	2.4	90744	12.6	90744	44.3
90745	0.9	90745	11.1	90745	46.5
90755	2.1	90755	5.8	90755	47.5
90802	5.9	90802	10.2	90802	43.8
90803	1.3	90803	3.2	90803	36.3
90804	2.5	90804	10.4	90804	42.4
90805	1.2	90805	10.7	90805	46.7
90806	2.1	90806	10.7	90806	46
90807	1.4	90807	6.3	90807	41.6
90808	1	90808	3.8	90808	37.6
90810	2.1	90810	10.1	90810	43.8
90813	5	90813	16.1	90813	46
90814	1.8	90814	6.3	90814	37.6
90815	2.2	90815	4.4	90815	38.9

[1] American Community Survey, 2012-2016
[5] California Office of Statewide Health Planning and Development
[4] California Health Interview Survey, Neighborhood Edition

Notable secondary data values for Long Beach City include the Tuberculosis Incidence Rate of 6.2 cases per 100,000 population, which is much higher than the Healthy People 2020 target of 1 case per 100,000 population (Table 46). Tuberculosis is prevented via screening for those at high risk, early detection and treatment through awareness and access to care, and vaccination for those at high risk. Additionally, 72.8% of adults in Long Beach City have had their blood cholesterol checked in the past five years, which is almost 10% lower than the Healthy People 2020 goal of 82.1% and nearly five percent lower than the U.S. value of 77%.

Table 46. Preventive Practices Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Tuberculosis Incidence Rate[11]	cases/ 100,000 population	2016	6.2	5.2	5.8	1	Favorable Trend
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+[5]	hospitalizations / 10,000 population 65+ years	2013-2015	6.7	5.8	6.5	--	Unfavorable Trend
Cholesterol Test History: 5 Years[6]	percent	2015	72.8	--	--	82.1	No Change
Adults 65+ who Received Recommended Preventive Services: Females[6]	percent	2014	25.9	--	--	--	No Change
Adults 65+ who Received Recommended Preventive Services: Males[6]	percent	2014	24.7	--	--	--	No Change
Adults who did not Visit a Dentist[8]	percent	2015	41.4	--	40.7	--	No Change
Colon Cancer Screening: Sigmoidoscopy Past 5 Years and FOBT Past 3 Years, Colonoscopy Past 10 Years, or FOBT Past Year[6]	percent	2014	57.5	71.4 (2016)[7]	--	--	No Change

[11] California Department of Public Health
[5] California Office of Statewide Health Planning and Development
[4] California Health Interview Survey, Neighborhood Edition
[6] Centers for Disease Control and Prevention, 500 Cities Project
[8] Los Angeles County Health Survey
[7] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Primary Data Snapshot: Preventive Practices

- People with mental health issues usually go to the emergency room or get stopped by cops. They may not know how to access the necessary healthcare services.
- Lack of screening people for certain conditions is difficult. Accessing and treating mental health patients are challenging. Lack of training and limited time are also factors along with high turnover rates in hospitals.
- It is important to keep people housed, as it is more humane and less costly in the end.
- Keeping people from being homeless helps prevent many other issues related to nutrition,

chronic disease treatment, and safety from interpersonal violence.

- Use an integrated approach to provide healthcare. Provide healthcare units, where social workers, police and nurses work together in the field.
- Continue to support government sectors and nonprofits that provide activities and facilities for free or low cost to seniors, youth and families, including gyms and daycare centers.
- Providing healthcare for all youth should be a systemic, long-term goal.
- Continue to support and/or support agricultural tax break policies in Long Beach, where people can get tax breaks by growing healthy foods on their land. These kinds of projects help reduce crime while improving perceptions of safety.
- There are many parts of Long Beach with limited access to healthy foods. Improving access to healthy food is critical for people to improve and manage their health.
- Perception of crime is actually a bigger issue than crime itself in many communities in Long Beach. Adopting a more robust, holistic approach on violence prevention would be ideal.
- The city council in Long Beach has an initiative called Divide by Nine, addressing the concept of equality not equaling equity. Efforts should be made to invest in youth through education, prevention and early intervention strategies.
- Education on resources available to promote health and well-being was acknowledged throughout focus groups.
- Residents suggested working to shift public perception of "safety" to include public health, which would take an upstream, preventive approach.

"We have so many neighborhood associations in the city. What if we had education there? We [can] talk about educating the families that may have somebody with a mental health [condition] and may not understand mental health."	*"There needs to be a policy change with the perception of public safety. Most of the money goes to fire and police, but health is also public safety too. And this perception is not our perception of it. Health should be in public safety."*

Prioritization results

- 69% of survey respondents stated that it was "Important" or "Very Important" to address preventive practices in the Long Beach area.

Sexually Transmitted Infections

For Long Beach City, indicators in Table 47 are those related to Sexually Transmitted Infections (STIs) that showed as having the highest need in the city.

The 2017 incidence rates of chlamydia, syphilis, and gonorrhea for Long Beach City were all significantly greater than the Los Angeles County and California state rates. In most cases these city rates were more than or almost 50% higher than their county and state counterparts. Additionally, over time the chlamydia and syphilis incidence rates are statistically significantly increasing per the Mann-Kendall trend test, and the gonorrhea incidence rate is increasing over

time, although not statistically significantly. Lastly, due to tuberculosis' frequent co-infection with STIs, specifically HIV, it is included as an indicator of need in this category. The tuberculosis incidence rate is 6.2 cases per 100,000 population in the city of Long Beach, which is greater than the county, state, and national values, and far exceeding the Healthy People 2020 target goal of 1 case per 100,000 population.

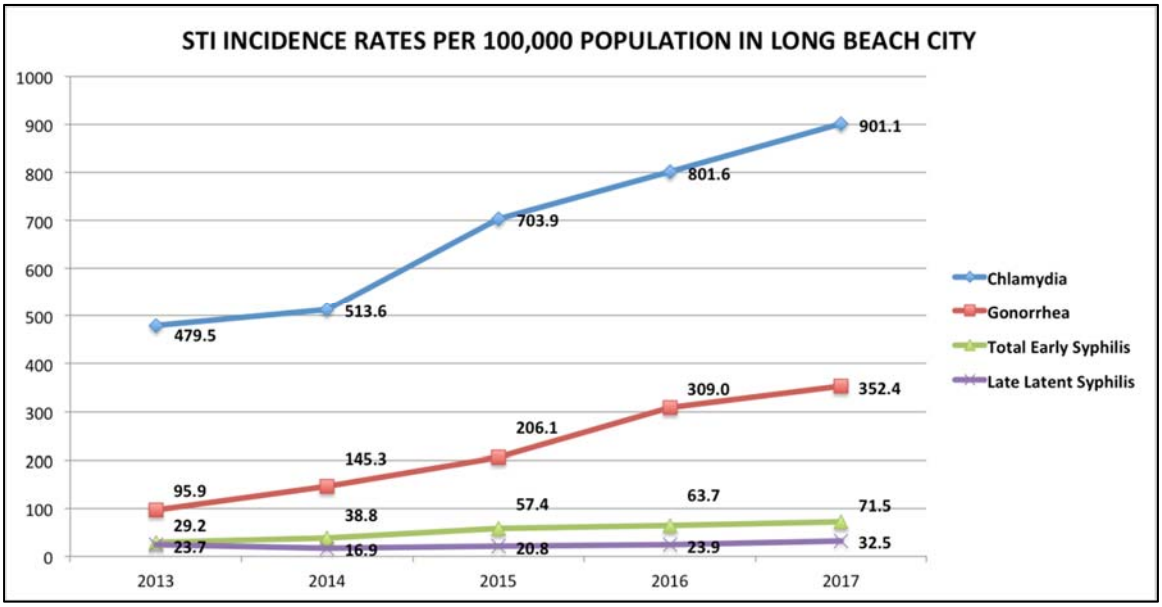
Table 47. Sexually Transmitted Infections Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Chlamydia Incidence Rate[10]	cases/ 100,000 population	2017	806	504.6	579.2	--	Significant Unfavorable Trend
Syphilis Incidence Rate[10]	cases/ 100,000 population	2017	31.1	16.8	19.5	--	Significant Unfavorable Trend
Gonorrhea Incidence Rate[10]	cases/ 100,000 population	2017	308.8	164.4	218.8	--	Unfavorable Trend
Tuberculosis Incidence Rate[11]	cases/ 100,000 population	2016	6.2	5.2	5.8	1	Favorable Trend

[10] California Department of Public Health, STD Control Branch
[11] California Department of Public Health

A closer look at sexually transmitted infections in the City of Long Beach reveals that rates of chlamydia, gonorrhea, and total early syphilis in Long Beach have seen an overall increase from 2013 to 2017 (Figure 26). The percent change from 2013 to 2017 for chlamydia was 87.9%, for gonorrhea was 266.5%, and for the same time period for total early syphilis was 143.2%.

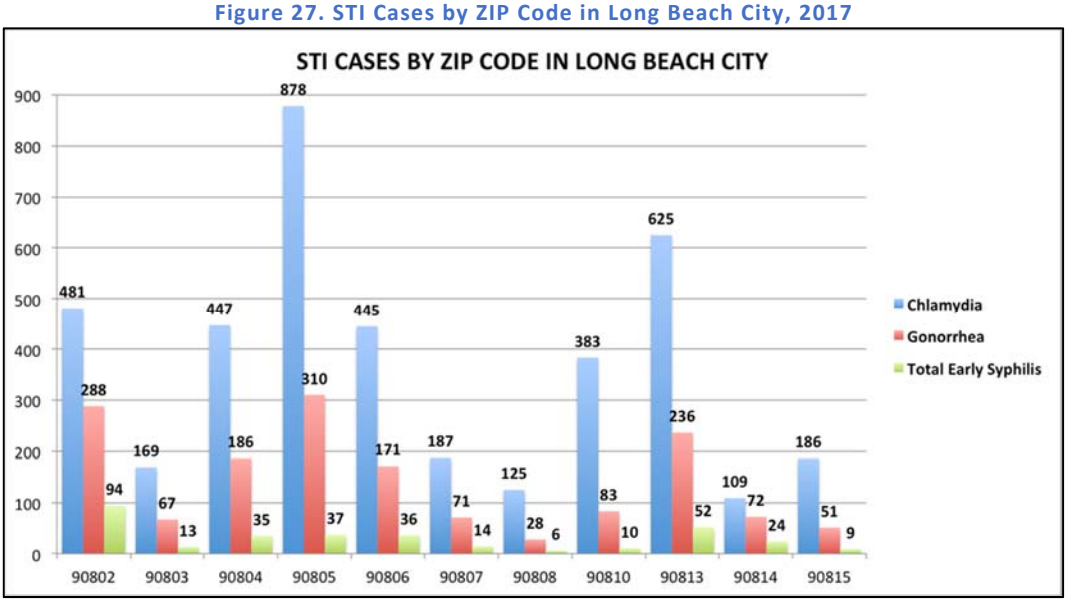
Figure 26. STI Incidence Rates per 100,000 Population in Long Beach City, 2013-2017



[10] California Department of Public Health, STD Control Branch

At the ZIP Code level, ZIP Codes 90802 and 90805 are the geographic areas of need with regards to sexually transmitted infections. ZIP Code 90802 had the most total early syphilis cases in Long Beach City in 2017 with 94 and also had the second most gonorrhea cases with 288. ZIP Code 90805 had by far the most cases of chlamydia in 2017 with 878 – more than 250 more than the next highest ZIP Code – as well as the most gonorrhea cases (310). Figure 27 shows the breakdown of STI cases in Long Beach City in 2017 by ZIP Code.[10]

Figure 27. STI Cases by ZIP Code in Long Beach City, 2017



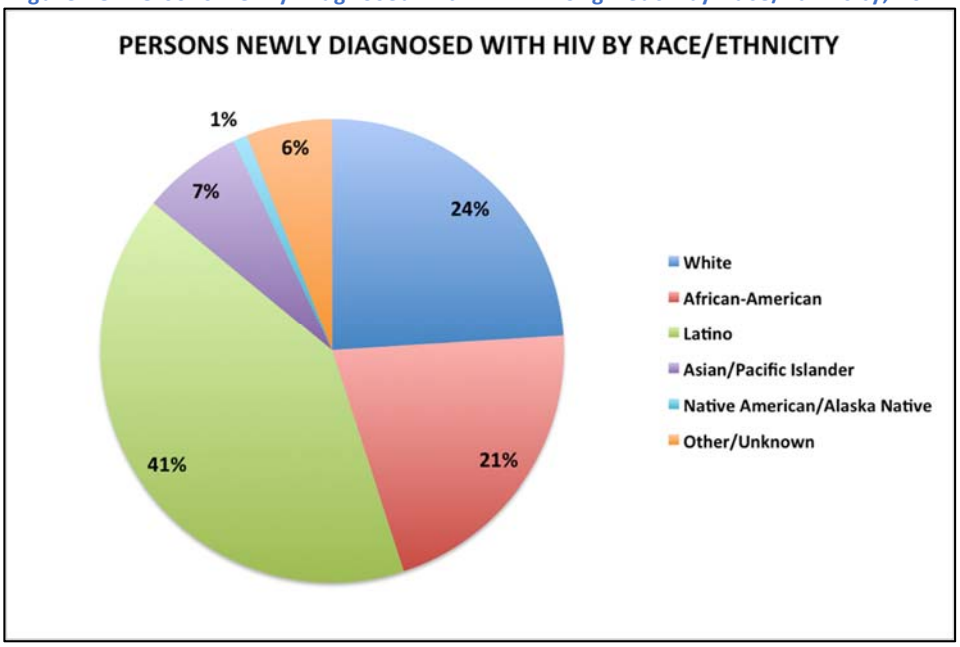
[10] California Department of Public Health, STD Control Branch

Further, for demographic breakdowns for the city for 2017, 61% of chlamydia cases occurred in females, 67% of gonorrhea cases occurred in males, and 92% of total early syphilis cases occurred in males. Additionally, when looking by race/ethnicity, those who identify as other, multiple race, or not specified race had the highest proportion of both chlamydia and gonorrhea cases in Long Beach in 2017. For chlamydia, Latinos had the second highest percentage, and for gonorrhea, African Americans had the second highest percentage or males (18%), while Latinos had the second highest for females (19%) followed by African Americans (18%). For males for total early syphilis, Latinos had 40% of the cases in 2017, followed by Whites (28%) and then African Americans (19%).[21]

Finally, for the City of Long Beach, the percent of male syphilis cases who have sex with men (MSM) has increased from 2013 to 2017 from 45% to 67%. Further, the congenital syphilis incidence rate for the City of Long Beach has increased from below 20 cases per 100,000 population of live births (15.2) in 2013 to over 60 cases per 100,000 population in 2017 (67.7), an increase during that time period of 300%. The Long Beach rate in both 2016 and 2017 exceeded both the rates for Los Angeles County and the state of California.[21] Congenital syphilis can have devastating effects on the baby if left untreated such as neurological or ocular symptoms, low birth weight, miscarriage, or stillbirth.

In terms of HIV, there were 4,520 Long Beach City residents diagnosed and living with HIV at the end of 2017. Of those, 90% were male, while Whites had the highest percentage of the total cases for race/ethnicity groups at 39%, followed by Latinos (34%) and African Americans (20%). Of newly diagnosed cases in 2017, 92% were male for Long Beach City, with Latinos having the highest percentage for race/ethnicity at 41% of the total newly diagnosed cases followed by Whites at 24% and African Americans at 21%.[21] Figure 28 shows the breakdown of those newly diagnosed with HIV by race/ethnicity for 2017 for the City of Long Beach.

Figure 28. Persons Newly Diagnosed with HIV in Long Beach by Race/Ethnicity, 2017

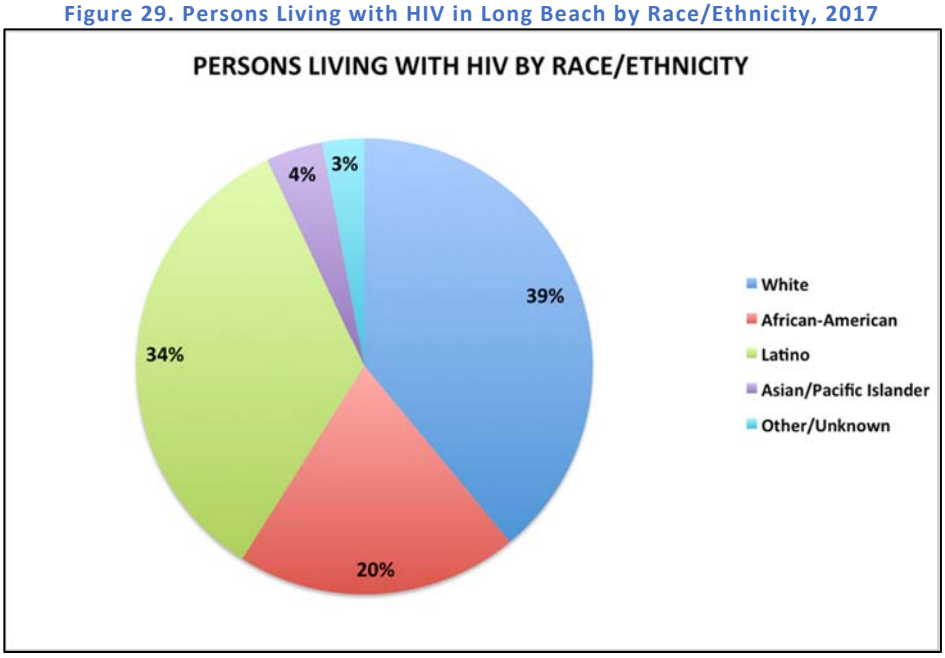


[21] Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017

Looking closer at race/ethnicity, it is seen that the number of cases of persons newly diagnosed with HIV has fallen from 2013 to 2017 among the Latino population, although that subgroup still has the highest number of new cases of all race/ethnicity groups. White and African American groups have also seen a decrease in number of newly diagnosed cases from 2013 to 2017, although the drops have been smaller. Among transgender persons living with HIV, almost a third are between the ages of 30 and 39, and nearly three quarters are either Latino or African American. 85% of transgender persons living with HIV have a transmission category of men who have sex with men (MSM).

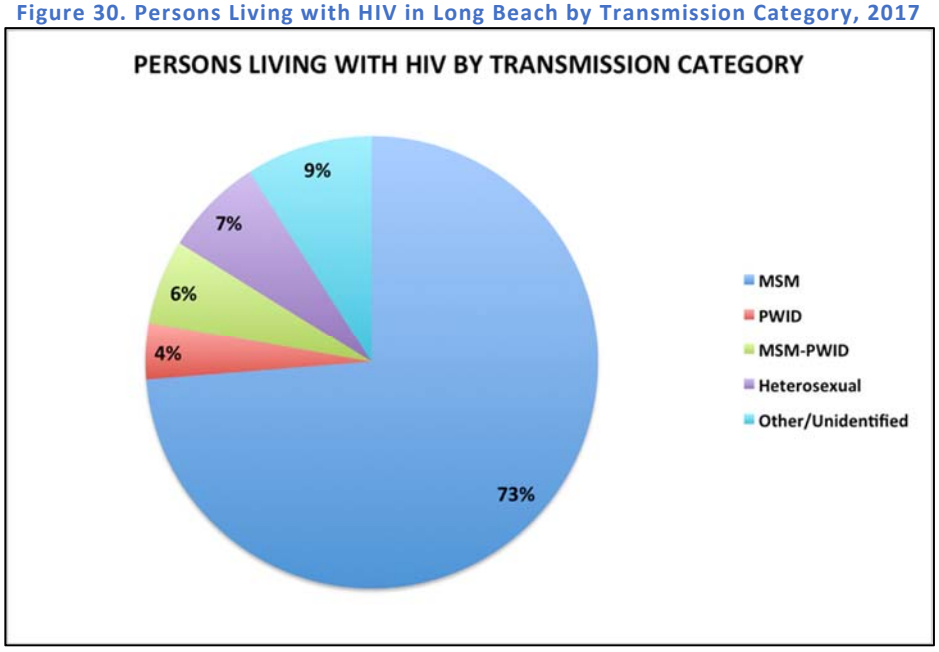
Figure 29 and Figure 30 below show the demographic breakdowns for those living with HIV for the same time period and location. For the figure showing transmission categories, MSM stands for Men who have Sex with Men, PWID stands for People Who Inject Drugs, and MSM-PWID stands for Men who have Sex with Men and who also Inject Drugs.

Figure 29. Persons Living with HIV in Long Beach by Race/Ethnicity, 2017



[21] Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017

Figure 30. Persons Living with HIV in Long Beach by Transmission Category, 2017

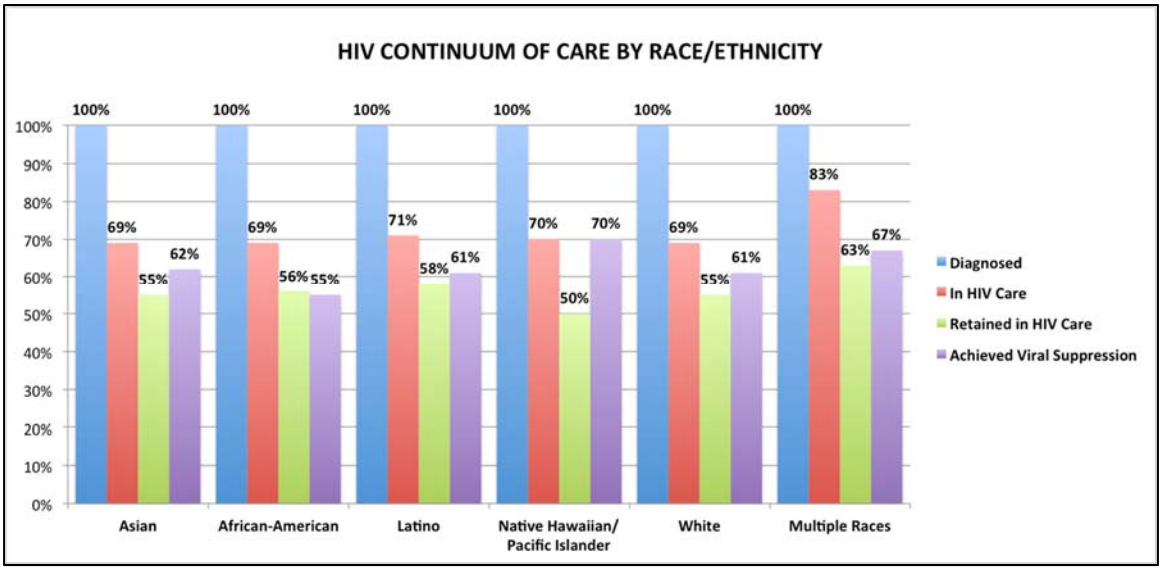


[21] Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017

The breakdown of persons living with HIV by ZIP Code in Long Beach City provides another view of the areas of need for HIV support and care in the city. ZIP Code 90802 has the most people by far living with HIV in the city at 1,111 people, with ZIP Code 90813 having the next highest HIV positive population at 722, followed by ZIP Code 90804 (473 people) and 90805 (455 people). Other than 90805, all of these highest case ZIP Codes are in the west and central parts of the city.

Figure 31 shows the HIV care continuum for persons living with HIV by race/ethnicity for Long Beach in 2016. Overall, for the 100% who have been diagnosed, 70% are in HIV care, 57% are retained in HIV care, and 60% have achieved viral suppression.

Figure 31. HIV Continuum of Care in Long Beach by Race/Ethnicity, 2016



[21] Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017

Lastly, in terms of mortality due to HIV, from 2013 to 2017, 91% of the deaths among persons with HIV have been male, 52% have been White, 54% have been over the age of 50, and 60% had the transmission category MSM.[21]

Primary Data Snapshot: Sexually Transmitted Infections

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

Prioritization results

- 86% of survey respondents stated that it was "Important" or "Very Important" to address Sexually Transmitted Infections in the Long Beach area.

Oral Health/Dental Care

Table 48 shows Oral Health or Dental Care indicators where some ZIP Codes in the SMMC service area showed need.

Table 48. Oral Health/Dental Care Indicators of Need by ZIP Code

Children who Visited a Dentist[4]		**Age-Adjusted ER Rate due to Dental Problems[5]**	
2013-2014		***2013-2015***	
percent (%)		**ER visits/ 10,000 population**	
HP2020 Goal	n/a	HP2020 Goal	n/a
US Value	--	US Value	--
California State Value	78.7	California State Value	36.6
Los Angeles County Value	77.9	Los Angeles County Value	22.9
Long Beach City (Census Place) Value	86.3	Long Beach City (Census Place) Value	31.1
ZIP Codes	***value***	**ZIP Codes**	***value***
90723	86.7	90723	22.1
90731	87.9	90731	45.7
90744	86.5	90744	28.1
90745	84.8	90745	17.9
90755	83.9	90755	16.2
90802	84.7	90802	37.6
90803	85.5	90803	10.7
90804	85.4	90804	34.9
90805	87.4	90805	35.1
90806	87.4	90806	41.4
90807	83.1	90807	18.2
90808	84.5	90808	12.7
90810	85.3	90810	29.8
90813	89.3	90813	61.4
90814	86.9	90814	16.1
90815	83.8	90815	11.4

[4] California Health Interview Survey, Neighborhood Edition
[5] California Office of Statewide Health Planning and Development

While oral health and dental care are not the greatest health issues in the SMMC service area per the secondary data, there are places in the region that are of concern, as displayed in Table 48. Although all ZIP Codes in the service area have greater than 80% of children who visited a dentist in the past year, nine of the 16 service area ZIP Codes have lower percentages than the Long Beach City value of 86.3%. Additionally, ZIP Code 90813 has by far the highest rate of ER visits due to dental problems in the service area with a value of 61.4 visits per 10,000

population, more than double the Los Angeles County value (22.9) and almost double the Long Beach City value of 31.1 visits per 10,000 population.

Additional measures of concern for the City include the percent of adults who did not visit a dentist within the last year in Long Beach, which was greater than the Los Angeles County value (41.4% versus 40.7%).[8] Additionally, total tooth loss in older adults was 1.5% greater in Long Beach City than the state average, indicating how a potential lack of dental care in early adulthood leading to tooth loss issues in older age.[6]

Primary Data Snapshot: Oral Health/ Dental Care

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

"I want to get a dental cleaning and get dental services. But I need to have dental insurance to cover, and it's so expensive to get any sort of dental service."	*"There is a program here for veterans, when you go into the VIP. You have two weeks to show up at the VA hospital dental ward. It took three to four months to get an entire new mouth."*

Prioritization results

- 64% of survey respondents stated that it was "Important" or "Very Important" to address dental care in the Long Beach area.

Leading Causes of Death

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

Age-Adjusted Mortality Rates

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

Age-Adjusted Mortality Rates in Long Beach City

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

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

Leading Causes of Death and Premature Death

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

leading cause of premature death, with an annual average of 5,598 years of potential life lost. Premature death includes all deaths before age 75. Heart Diseases was the second leading cause of premature death during this time period. Cerebrovascular Diseases, Chronic Lower Respiratory Diseases, Diabetes, all other and unspecified accidents and adverse effects, and Chronic Liver Disease and Cirrhosis were all top ten leading causes of both death and premature death in Long Beach from 2013-2017. All other and unspecified accidents and adverse effects includes falls, accidental poisoning, accidental drowning, forces of nature, and accidental exposure to other unspecified factors.

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

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

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

Reviewed by gender, Heart Diseases and Cancer were still both clearly the most significant causes of death in Long Beach for both females and males. The average numbers of annual deaths for these two causes are both three times the averages for any other causes for females and males. The only leading cause for females that is not a top 10 leading cause for males is Essential Hypertension (and hypertensive renal disease), while for males it is Intentional Self-harm (Suicide). Alzheimer's Disease impacts females more than males, while males are more impacted by Chronic Liver Disease and Cirrhosis.

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

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

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

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

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

Ranking	Leading Causes of Premature Death, 2013-2017, Females	Average YPLL, Females	Leading Causes of Premature Death, 2013-2017, Males	Average YPLL, Males
1	Cancer	2,802	Heart Diseases	3,703
2	Heart Diseases	1,568	Cancer	2,953
3	All other and unspecified accidents and adverse effects	625	All other and unspecified accidents and adverse effects	1,390
4	Chronic Liver Disease and Cirrhosis	472	Assault (Homicide)	1,354
5	Cerebrovascular Diseases	441	Intentional Self-harm (suicide)	1,022

6	Diabetes	384	Motor Vehicle Accidents	879
7	Intentional self-harm (suicide)	340	Chronic Liver Disease and Cirrhosis	815
8	Chronic Lower Respiratory Diseases	273	Diabetes	573
9	Motor Vehicle Accidents	271	Cerebrovascular Diseases	501
10	Assault (homicide)	220	Human Immunodeficiency Virus (HIV)	480

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

Heart Diseases were the leading cause of death for the 2013-2017 time period for each race and ethnicity in Long Beach. Cancer was the second leading cause of death for each race and ethnicity. The total rates for these causes of deaths for all race/ethnicity groups were 179 deaths per 100,000 due to Heart Diseases and 141 deaths per 100,000 for Cancer. Notably, the White, non-Hispanic race group was the only one for which Alzheimer's Disease was a top 5 leading cause of death, with an average rate of 73 deaths per 100,000. For Asians, Influenza and Pneumonia is the fifth leading cause of death, with 30 deaths per 100,000 for that race group. Cerebrovascular Diseases were also a top 5 leading cause of death for every race/ethnicity group. Diabetes was a top 5 cause for all groups except the White, non-Hispanic group.

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

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

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

Leading causes of premature death by race and ethnicity was also determined for Long Beach City for 2013-2017. Cancer was the leading cause of premature death for the Hispanic/Latino and Asian groups. Heart Diseases was the leading cause for the White, non-Hispanic and Black/African American groups. For all groups, Cancer was the cause of an annual average of 5,598 YPLL, and Heart Diseases was the cause for an annual average of 5,271 YPLL. Homicide was a top 5 cause for all groups except White, non-Hispanic. Suicide was a leading cause for White, non-Hispanic and Asian. Motor Vehicle Accidents was a top 5 cause for the Hispanic/Latino group with an average 555 YPLL annually.

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

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

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

Analysis was also done to determine the leading causes of death due to cancer by type of cancer. In Long Beach City from 2013 to 2017, there were 3,320 total deaths due to cancer. For both males and females, lung, trachea, and bronchus cancer was the leading cause of cancer death. There were 344 male deaths and 312 female deaths due to lung, trachea, and bronchus cancer. Colon cancer and pancreas cancer were both top 5 leading cancer causes of death for males and females. For females, breast cancer was the second leading cause of death due to cancer with 256 deaths, and for males, prostate cancer was the second leading cause with 212 deaths.

Leading Causes of Death Due to Cancer by Gender in Long Beach City

Ranking	Females	Males
1	Lung, trachea, bronchus	Lung, trachea, bronchus
2	Breast	Prostate
3	Colon	Liver
4	Pancreas	Colon
5	Other and unspecified sites	Pancreas
6	Ovary	Other and unspecified sites
7	Corpus uteri and uterus	Esophagus
8	Liver	Brain
9	Cervix uteri	Bladder
10	Brain	Kidney and renal pelvis

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

Primary Data Snapshot: Leading Causes of Death

- Mental Health was identified as one of the top five community needs/issues.
- Individual and community trauma, and cumulative chronic stress were mentioned as conditions that negatively impact the occurrence of mental illness in specific demographic communities.

- Some of the greatest needs in Long Beach involve preventable chronic diseases like diabetes, obesity, heart disease and stroke. More efforts should be focused on them.
- Other chronic conditions that need to be addressed include asthma, high blood pressure, and hepatitis B & C.
- The increased risk of cancer around the two ports in Long Beach contributes to the premature death rates in the area. Public health efforts should review and utilize the Clean Air Action Plan. This plan specifically recognizes how these environmental hazards impact the most sensitive populations, including the elderly, children, pregnant women and people with chronic illnesses.
- Poor air quality and pollution were discussed as they influence chronic diseases such as asthma and obesity.
- Alzheimer's mortality is a rising issue that should garner more focus.

Vulnerable Populations

As a part of the IRS CHNA requirements, special attention should be made to vulnerable and marginalized communities in data gathering and analysis. The health needs of vulnerable and marginalized communities were identified through two methods in this CHNA process: (1) the analysis of secondary data indicators for any disparities by age, race/ethnicity, or gender; and (2) community input participants were asked how health issues impacted particular communities. The following section presents the findings around these vulnerable populations and how they should be considered for future implementation planning.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning)

Data was specifically examined for the LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) population to determine needs for this vulnerable group in Long Beach. In terms of demographics of this subpopulation, a random sampling of 76 persons accessing mental health services at The LGBTQ Center Long Beach in 2017 found that 40% reported their cultural identity as White, 34% as Latinx, 11% as Black, 9% mixed race/ethnicity, 3% Asian Pacific Islander, and 1% Middle Eastern. Additionally, 21% self-identified as transgender or gender non-conforming. When looking closer at other attributes of this population, 42% reported earning less than $13,000 per year, 63% less than $23,500 per year, and 56% reported depression and/or anxiety.[24]

Further data found that there were 117 new survivors and victims of domestic violence in the LGBTQ domestic violence program in Long Beach in 2016. Two thirds of those survivors and victims are between the ages of 25 and 39, 9% are transgender or transgender non-binary, 39% are Latinx, and 21% are Black/African-American. Of the survivors, 72% have the sexual orientation of gay, lesbian, or bisexual, while only 16% identify as heterosexual. 3% had undocumented immigration status at the time of data collection, and 6% are HIV-positive, with 23% not knowing their HIV status.[25]

The 2017 Transitional Age Youth (TAY) Needs Assessment conducted by The LGBTQ Center Long Beach showed that nearly half of respondents in this population identified as multi-racial, with an additional 22.86% identifying as Latino. More respondents were unemployed (29.41%) than were employed with full-time jobs (23.52%) at the time of the assessment. Importantly, barely over half of participants were aware of employment resources available to them such as Pacific Gateway and The Center, and of those, only 12.2% had accessed any resources for employment help.[26] Further of all TAY cases intake in 2017, only 37.7% of clients were retained past intake, which means that nearly two-thirds of those who came in as TAY cases did not attend at least one follow up appointment with youth services, either in person or remotely. This further indicates a lack of utilization, or inability to utilize, resources available to those in need in this community.[26]

Over half (54.25%) of participants noted housing or rent as their most pressing financial need, symbolizing the dire housing issue in Long Beach and the heightened housing issue for this subpopulation. Further, 14.2% of participants had experienced at least one night of homelessness, including couch surfing and living on the street, in the last five years.[26] Additionally, TAY case management tracking found that 29.0% of clients were homeless upon intake, with 39.3% reporting housing insecurity, which includes hostile home environment, inability to maintain rent or finances, couch surfing, and other issues that threaten stable housing. To further the point of the housing crisis, nearly three quarters of TAY case clients in Long Beach reported needing housing resources – the top most need – followed by mental health services (68.9%) and employment resources (59.0%). Because of the lack of youth shelters in Long Beach, many homeless TAY client intakes are referred out to other agencies that have housing placement.[27]

Older Adults

According to the secondary data analysis results, the indicators listed in Table 49 are those in the Older Adults & Aging topic area that are of concern for SMMC's service area. The service area's older adult population is afflicted by issues related to the social determinants of health, including linguistic barriers, insurance coverage, and income.

Table 49. Older Adults Indicators of Need

Indicator
People who have Difficulty Speaking English: 65+[1]
Adults 65+ without Health Insurance[1]
Median Household Income: Householders 65+[1]
[1] American Community Survey

Given that the value for the City of Long Beach's older adults (65+) without health insurance is 1.4%, this is an area of particular concern for SMMC's service area. ZIP Code 90744 has 4.4% of its older adults without health insurance, while nine other ZIP Codes have percentages higher than the city value. The values for this indicator show a need for better assistance programs, or awareness of the existence of such programs, that can provide insurance to those who are retired or no longer able to work. Older adults are an especially vulnerable population that

require more care than the general population and thus will suffer disproportionately from a lack of insurance.

Economic factors are also a social determinant of health issue for older adults in some areas of the service area. Most notably, ZIP Codes 90813, 90802, and 90806 are the ZIP Codes of most concern in the area in terms of older adults' household income, with median values less than $30,000 per year – over $10,000 less than the city, county, and state medians. ZIP Code 90813 also has the highest percentage of those over the age of 65 who have difficulty speaking English – another factor that can exacerbate healthcare issues in addition to insurance and money. With over half of the older adult population unable to speak English very well in ZIP Codes 90813, 90723, and 90744, those populations are at more risk of being unable to adequately or easily navigate the healthcare system.

For the City of Long Beach, both male and female older adult groups in Long Beach City have a lower percentage of those who have received the recommended preventive services than the national average (Table 50). Further, the hospitalization rate among adults 65 years of age and older due to immunization-preventable pneumonia and influenza in Long Beach City (6.7 hospitalizations per 10,000 population 65 plus) is greater than the rate for both Los Angeles County (6.5) and the state of California (5.8).

Table 50. Older Adults Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+[5]	hospitalizations / 10,000 population 65+ years	2013-2015	6.7	5.8	6.5	--	Unfavorable Trend
Adults 65+ who Received Recommended Preventive Services: Females[6]	percent	2014	25.9	--	--	--	No Change
Adults 65+ who Received Recommended Preventive Services: Males[6]	percent	2014	24.7	--	--	--	No Change

[5] California Office of Statewide Health Planning and Development
[6] Centers for Disease Control and Prevention, 500 Cities Project

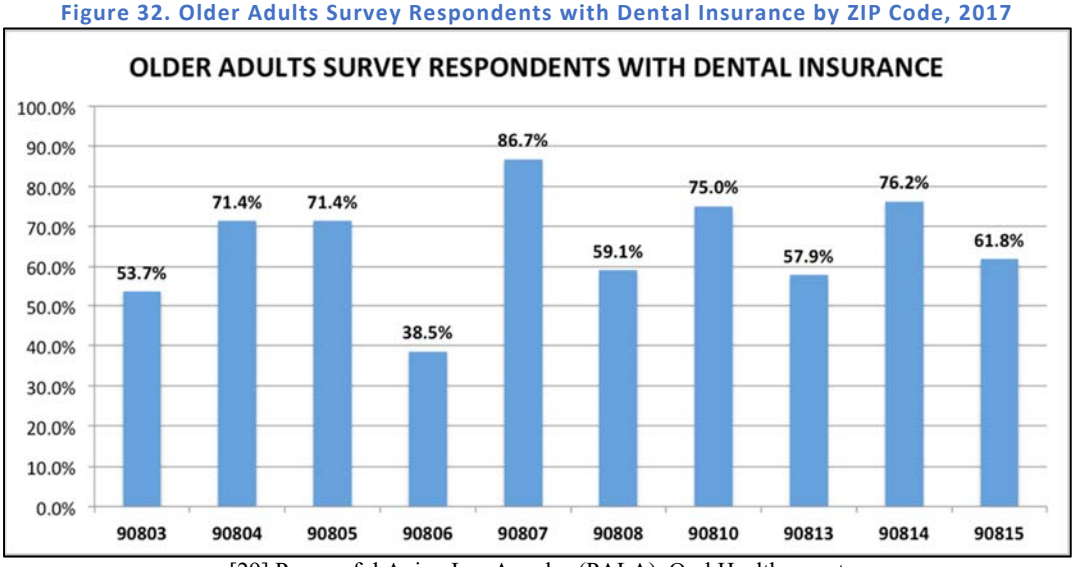
CalFresh is a nutrition program in California that can help households buy healthy foods. Older adults who are eligible for CalFresh signifies a certain level of need, either in terms of poverty, lack of support, to help with a disability, or to help with medical expenses for that older adult population. When broken down by ZIP Code, the percentages of the older adult population who were eligible for, but un-enrolled in, CalFresh in 2017 indicate stark contrast in awareness of,

access to, or ability to enroll in the CalFresh program based on geographical location. While the east pat of the city does not have any areas where greater than 13% of the eligible senior population is not enrolled in the program, both central and north Long Beach have geographical areas where more than a fifth of the eligible CalFresh population is not enrolled.[28] This signifies that these percentages of people are in need, but are not utilizing the resources available to them through CalFresh to help address those needs.

Further CalFresh data shows that overall for all census tracts in Long Beach City, 7.72% of the population 60 years of age and older who are eligible for CalFresh are unenrolled. Additionally, only 8.53% total of households with a person over 60 years of age living in the household are enrolled in CalFresh. Further, in Long Beach City census tracts, 13.74% of the population over the age of 60 is living in poverty.[1]

Purposeful Aging Los Angeles (PALA) provides data from 2017 on the oral health of adults over 50 years of age in Long.[29] Analysis was done to determine if there was statistical significance between the ZIP Code of respondents to an older adult survey and whether they have dental insurance or have had a dental exam in the past three years. Crosstabs analysis and Chi Square tests showed that there was not enough evidence to declare that there was a statistically significant relationship between ZIP Codes and dental insurance, however trends showed that the lowest percentage of respondents reporting having dental insurance were in ZIP Codes 90806 and 90803 (Figure 32).

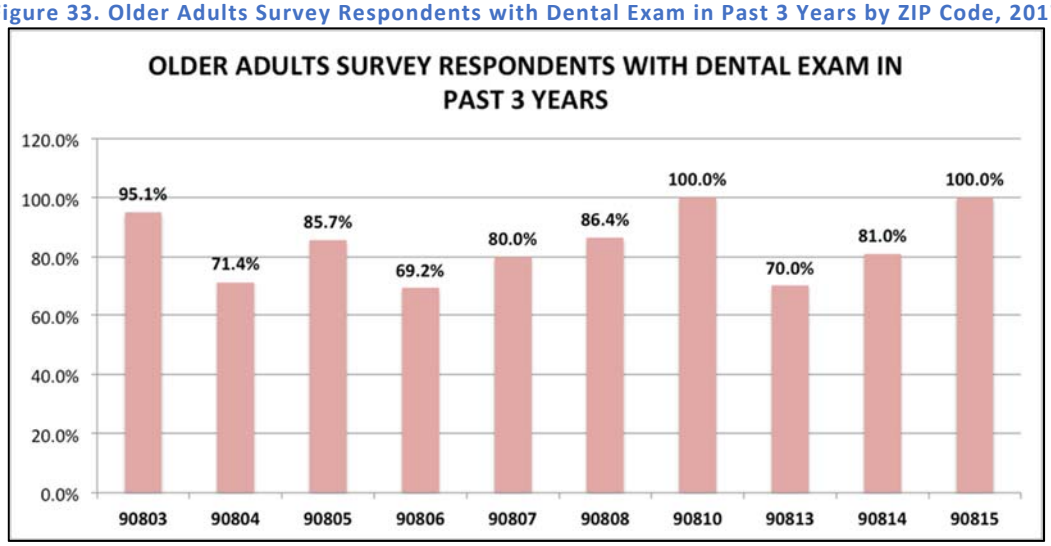
Figure 32. Older Adults Survey Respondents with Dental Insurance by ZIP Code, 2017



[29] Purposeful Aging Los Angeles (PALA), Oral Health report

However, tests showed that ZIP Code did have a statistically significant relationship with dental exams. The ZIP Codes with the highest percentage of responses indicating they had not had a dental exam in the last three years were 90806 and 90804 (Figure 33). Of note, ZIP Code 90806 showed up as an area of concern and need for both low dental insurance and low dental exams.

Figure 33. Older Adults Survey Respondents with Dental Exam in Past 3 Years by ZIP Code, 2017



[29] Purposeful Aging Los Angeles (PALA), Oral Health report

A test was also conducted to determine if there was a relationship between age of respondent and dental insurance status, and the results showed that there was a statistical association. The results found that older age groups were generally less likely to have dental insurance, with only 47.1% of respondents aged 70-79 and 55.6% of respondents aged 80-89 with dental insurance. More than 60% of those under the age of 70 responded that they have dental insurance.[29]

Persons with Disabilities

According to the secondary data analysis results, the indicator listed in Table 51 is the indicator of most need in the Persons with Disabilities topic area for SMMC's service area. Additionally, a number of ZIP Codes in the service area have higher values than the city, county, and state for people with a disability who are living in poverty.

Table 51. Persons with Disabilities Indicators of Need

Indicator
Households with Supplemental Security Income[1]
[1] American Community Survey

In comparison to Long Beach City (29.3%), Los Angeles County (27.0%), and the state of California (26.3%), ZIP Codes 90813, 90802, 90806, 90731, and 90804 have higher percentages of people with a disability living in poverty. Those with disabilities are often more susceptible to other health issues and are thus even more vulnerable to health issues stemming from poverty or exacerbated by the lack of ability to pay for proper medicine, care, and services.

Additionally, Households with Supplemental Security Income (SSI) is the disability-related measure showing most need for SMMC's service area. SSI is a Federal income supplement program designed to help older adults, blind, and otherwise disabled people who have little or no income. This proxy measure for those with disability who need help meeting basic needs

such as food, clothing, and shelter, shows that again ZIP Codes 90813 and 90806 are the two ZIP Codes of most need, with 10% or more of households receiving SSI – over three percent more than the city value of 6.7% and nearly double the national average.

Race/Ethnic Minority Populations

According to the secondary data for Long Beach City, in Long Beach Unified School District, Black or African American fourth graders had the lowest percentage of any subgroup of students who are proficient in math (65%), followed by the Hispanic or Latino subgroup (69%). In comparison, the overall value for all students in the school district is 74%. In terms of English and language arts proficiency, the Hispanic or Latino subgroup had only 54% of its students proficient, with Black or African Americans next at 55%. Both of these values are substantially below the overall school district value of 62% for all students.[30]

For physical fitness and healthy weight among students in the school district, the Native Hawaiian or Pacific Islander subgroup has high need for the City of Long Beach. For 5th grade students, only 29.0% of that subgroup is at a healthy weight or underweight, compared to 55.2% overall for all students. For 9th graders, 41.1% of Native Hawaiian or Pacific Islanders were at a healthy weight or underweight, the lowest of any race/ethnicity group, compared to an overall value of 66.8%. Lastly, among 7th graders who are physically fit, Native Hawaiian or Pacific Islanders are again the subgroup of most need with only 53.2% of the students in the school district from this subgroup physically fit (compared to 66.4% for the entire student population).[31]

For rates of hospitalization due to hypertension, the Black or African-American subgroup fares significantly worse than the overall city value, with a rate more than double any other race/ethnicity group. Additionally, for alcohol abuse hospitalizations, the rate for Whites is significantly worse than the overall city value and all other subgroup rates.[5]

Veterans

According to the secondary data scoring results, the indicator in Table 52 is the veterans-related indicator of most need for the SMMC service area. In addition to the issue of veterans living in poverty, there are also parts of the service area that struggle with veteran unemployment and lack of educational attainment for veterans.

Table 52. Veterans-Related Indicators of Need

Indicator
Veterans Living Below Poverty[1]
[1] American Community Survey

ZIP Codes 90813 and 90802 all have more than a fifth of their veteran population living below the poverty level, while ZIP Code 90814 has 17.7% of veterans living in poverty, with 14.9% unemployed – the highest veteran unemployment percentage in the service area. Further, six other ZIP Codes have higher unemployment rates for their veterans than the City of Long Beach as a whole. Additionally, the unemployment trend over time has not been notably changing for

this subgroup population, despite the overall employment rate improving over recent years. Unemployment and poverty levels are particularly striking for the veteran population as it is often more difficult for those returning from service to gain and hold steady jobs, and this population is often in need of more economic help due to other issues they must deal with upon returning home.

Similarly, nine of the 16 SMMC service area ZIP Codes have lower percentages of their veterans with at least a high school degree than Long Beach City's value of 95.5%. Notably, only 88.8% of veterans in ZIP Code 90723 have at least a high school degree, over four percent less than the city, county, and state values. Veterans are a vulnerable population that often suffer from health issues stemming from their service or side effects to their service. A high school degree provides the potential ability for veterans to find and maintain work, allowing them to earn an income and gain health insurance that can help deal with health issues later in life.

Women & Children

According to the secondary data analysis results, the indicators in Table 53 are those related to women and children that are troubling for the SMMC service area. For children, economic security is an issue in the region, along with problems related to vaccinations, access to care, asthma, and regular exercise and physical activity.

Table 53. Women & Children Indicators of Need

Indicator
Children with Influenza Vaccination[4]
Children Living Below Poverty Level[1]
Children and Teens Delayed or had Difficulty Obtaining Care[4]
Single-Parent Female Households[1]
Young Children Living Below Poverty Level[1]
Age-Adjusted ER Rate due to Pediatric Asthma[5]
Children who are Overweight for Age[4]

[4] California Health Interview Survey, Neighborhood Edition
[1] American Community Survey, 2012-2016
[5] California Office of Statewide Health Planning and Development

ZIP Code-level data shows areas where these measures are of particular need when focusing on children in SMMC's service area. As previously discussed, influenza vaccination in children is crucial to preventing serious illness and potential death, especially in very young children. Additionally, as mentioned, utilizing appropriate clinical and preventive services in a timely fashion can have important implications on the progression and treatment of many diseases in children, with delays in necessary care increasing risk of complications of otherwise more easily treatable conditions. ZIP Code 90803 has the lowest percentage of children with an influenza vaccination at only 36.3%, compared to the county value of 47.9% and the state value of 55.4%. That same ZIP Code, 90803, also has the highest percentage of children and teens who report having delayed or had difficulty obtaining care they needed (13.7%).

Additionally, economic insecurity – summed up by the indicators Children Living Below Poverty Level and Young Children Living Below Poverty Level – is problematic for parts of the region. ZIP Code 90813 has the highest percentages for both these measures with 46.3% children living in poverty and 44.9% young children facing this challenge. ZIP Codes 90744 and 90805 are also both of concern for these metrics. This group of the youth population represents those who potentially do not have health insurance coverage, may be involved in lifestyles that are not conducive to good health and wellness, and may not be receiving needed care or education about favorable behavioral practices.

Lastly, ZIP Codes 90731, 90813, 90805, 90806, 90802, and 90804 are the ZIP Codes in the service area with higher rates of emergency room visits due to asthma for children under the age of 18 than the city, county, and state values. These areas are likely those more prone to environmental concerns, as well as lack of preventive care, services, or treatment to prevent emergency situations from occurring.

Table 54 shows women or children indicators of need for Long Beach City. Notably, both ER visit and hospitalization rates due to pediatric asthma were higher for the City of Long Beach than the both the county of Los Angeles and the state of California. Additionally, the rate for ER visits due to pediatric asthma for Long Beach has been increasing unfavorably over time. Other measures to note are preventive services for both women and children. Percentages of children who have received an influenza vaccination and older females (65+) who have received their recommended preventive services are both lower in comparison to the county, state, and nation. This indicates a need to increase awareness for and ability of women and children to receive vaccines and other preventive immunizations and services that can prevent other diseases in these vulnerable groups.

Table 54. Women & Children Indicators of Need for Long Beach City

Indicator	Units	Period of Measure	Long Beach Value	CA Value	LA County Value	HP 2020 Goal	Trend
Age-Adjusted ER Rate due to Pediatric Asthma[5]	ER visits/ 10,000 population under 18 years	2013-2015	91.2	70.9	78.1	--	Unfavorable Trend
Children with Influenza Vaccination[4]	percent	2013-2014	43.7	55.4	47.9	--	No Change
Children who Drink Sugar-Sweetened Beverages[8]	percent	2015	48.4	--	39.2	--	No Change

[5] California Office of Statewide Health Planning and Development
[4] California Health Interview Survey, Neighborhood Edition
[8] Los Angeles County Health Survey

Examining more specific health issues broken down by gender for the City of Long Beach, females have more unfavorable values than the overall population and male subgroup values –

indicating a need for women – for the following measures: students who are physically fit by gender, hospitalization rate due to hypertension, hospitalization rate due to urinary tract infection, and hospitalization rates due to asthma for adults and all ages. Notably, the hospitalization rates due to urinary tract infections and adult asthma are both double for females compared to their male counterparts.[5] Additionally, only 60.7% of 7th grade females are physically fit, an indicator of current and future health for youth, compared to 71.9% for males.[31]

Conclusion

This CHNA for SMMC utilized many processes and indicators to measure the health and quality of life needs for its service area. Knowledgeable and diverse individuals, representing the broad interests of the community, informed this CHNA and its findings. These processes included secondary and primary data approaches, including key informant interviews and focus groups, that influenced the significant health needs identified by the Collaborative. These significant health needs are listed below again. SMMC will review these health needs more closely during its Implementation Strategy and consider interventions to improve the health outcomes and quality of life measures for residents in Long Beach, CA.

SMMC invites your feedback on this CHNA to help with its next CHNA process. If you have any feedback or remarks, please send them to Kit.Katz@DignityHealth.org.

St. Mary Medical Center – Significant Health Needs

- Access to Health Services
- Chronic Diseases
- Economic Insecurity
- Exercise, Nutrition & Weight
- Food Insecurity
- Housing & Homelessness
- Mental Health
- Public Safety

Appendices

Appendix A. Secondary Data Methodology

Secondary Data Sources

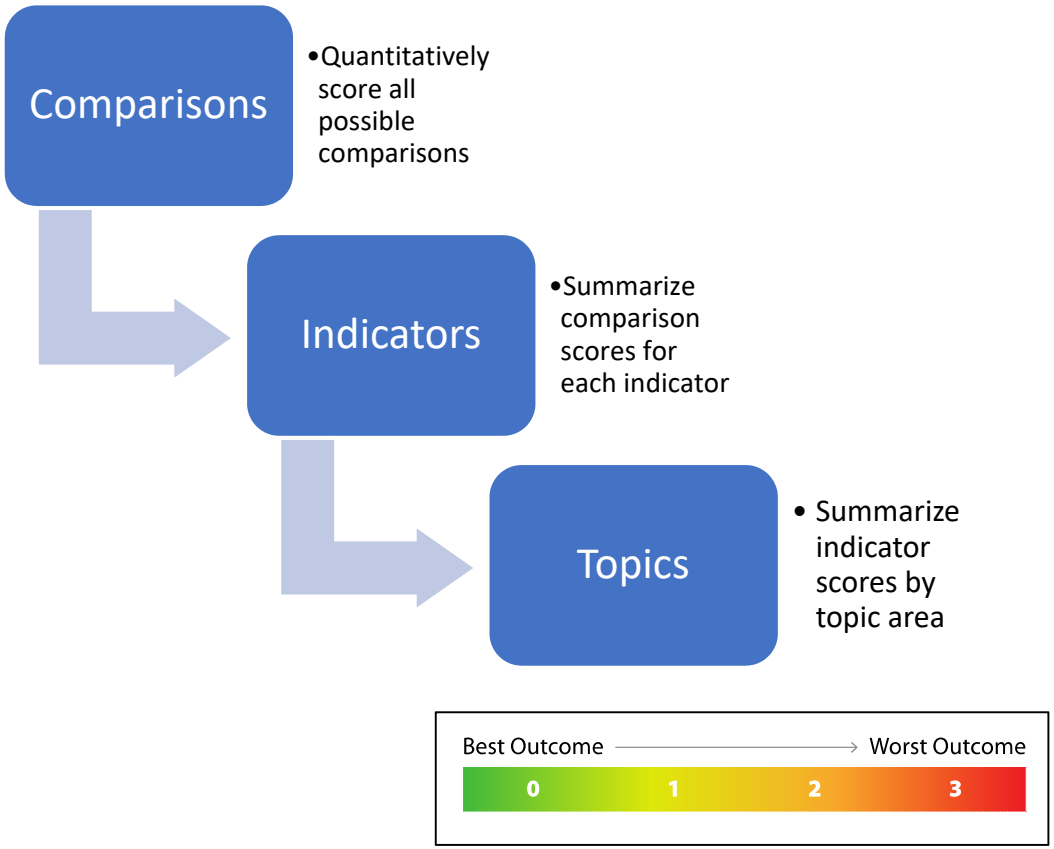
The following is a list of both local and national sources for which data is maintained for Long Beach City and SMMC's service area, as referenced throughout this report:

1. U.S. Census Bureau, American Community Survey (ACS). Retrieved from https://www.census.gov/programs-surveys/acs/
2. Claritas Pop-Facts®. Retrieved from https://www.environicsanalytics.com/data/demographic
3. Conduent Healthy Communities Institute, SocioNeeds Index.
4. California Health Interview Survey, Neighborhood Edition. Retrieved from http://askchisne.ucla.edu
5. California Office of Statewide Health Planning and Development. Retrieved from https://oshpd.ca.gov/data-and-reports/request-data/
6. Centers for Disease Control and Prevention, 500 Cities Project. Retrieved from https://www.cdc.gov/500cities/index.htm
7. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Retrieved from https://www.cdc.gov/brfss/annual_data/annual_data.htm
8. Los Angeles County Health Survey. Retrieved from http://www.publichealth.lacounty.gov/ha/HA_DATA.htm
9. Los Angeles County Department of Public Health. Retrieved from http://publichealth.lacounty.gov/statrpt.htm
10. California Department of Public Health, STD Control Branch. Retrieved from https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx
11. California Department of Public Health. Retrieved from https://www.cdph.ca.gov/Pages/CDPHHome.aspx
12. Long Beach Police Department. Retrieved from http://www.longbeach.gov/police/crime-info/crime-statistics/
13. City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics.
14. Long Beach Department of Health and Human Services, Number of Hazmat Sites by Zip Code.
15. 2017-18 California Longitudinal Pupil Achievement Data System (CALPADS), Fall 1.
16. Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX).
17. *Struggling to Stay Afloat: The Real Cost Measure in California 2018*. United Ways of California. June 2018. Retrieved from http://unitedwaysca.org/realcost
18. California Department of Public Health, VRBIS Death Statistical Master File, 2012-2016.
19. Violent Death Reporting System, City of Long Beach, 2010-2015.

20. City of Long Beach, 2018 Rider Demographics.
21. Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017.
22. California Department of Justice, Controlled Substance Utilization Review and Evaluation System (CURES). Retried from https://oag.ca.gov/cures/statistics
23. Long Beach Department of Health and Human Services, GreenlightLB Survey.
24. The LGBTQ Center Long Beach, Random Sample Survey.
25. National Coalition for Anti-Violence Programs, Long Beach Demographics, 2016.
26. The LGBTQ Center Long Beach, Transition Age Youth (TAY) Needs Assessment.
27. The LGBTQ Center Long Beach, Case Management Tracking, 2017.
28. Long Beach Department of Health and Human Services, CalFresh Data.
29. Purposeful Aging Los Angeles (PALA), Oral Health report, September 2017.
30. California Department of Education, California Assessment of Student Performance and Progress (CAASPP). Retrieved from https://caaspp.cde.ca.gov/
31. California Department of Education, Physical Fitness Testing (PFT). Retrieved from https://www.cde.ca.gov/ta/tg/pf/
32. Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017.

Data Scoring Detailed Methodology

Data scoring is done in three stages:



For each indicator, the Long Beach census place and each ZIP Code in the service area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all ZIP Code values within the county, state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.

Comparison to Values: State, National, and Targets

Long Beach City and each ZIP Code are compared to the city value, county value, state value, the national value, and target values. Target values include the nation-wide Healthy People 2020 (HP2020) goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the city or ZIP Code value is better or worse than the comparison value, as well as how close the city or ZIP Code value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the city or ZIP Code value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the city or ZIP Code, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

City of Long Beach – Data Scoring Results

SCORE	**ACCESS TO HEALTH SERVICES**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	Source
2.40	Adults Delayed or had Difficulty Obtaining Care	*2013-2014*	*percent*	24.4	21.1	21.2			4
2.40	Children and Teens Delayed or had Difficulty Obtaining Care	*2013-2014*	*percent*	10.6	8.9	9.1			4
2.30	Preventable Emergency Room Visits	*2013-2015*	*ER visits/ 10,000 population 18+ years*	439.7	360.6	389.5			5
1.95	Adults who Visited a Dentist	*2014*	*percent*	59.5		65.1	64.4		6
1.90	Adults who did not Visit a Dentist	*2015*	*percent*	41.4	40.7				8
1.90	Adults with Health Insurance (5-year)	*2012-2016*	*percent*	80.5	78.2	82.4	83.6	100	1
1.85	Adults who have had a Routine Checkup: Past Year	*2015*	*percent*	64.3			70		6

1.80	Adults who had Difficulty Obtaining Care	*2015*	*percent*	24.9	23.6				8
1.50	Children who did not Receive Dental Care due to Cost	*2015*	*percent*	9.7	11.5				8
1.50	Children with Health Insurance	*2016*	*percent*	96.4	96.3	97.1	95.5	100	1
1.40	Adults with Health Insurance	*2016*	*percent*	88.6	86.8	89.7	88	100	1
1.35	Adults 65+ without Health Insurance	*2012-2016*	*percent*	1.4	2	1.4	0.9		1
1.10	Adults Unable to Afford to See a Doctor	*2011*	*percent*	14.6	16				8
1.10	Children with a Regular Source of Health Care	*2015*	*percent*	97.4	94.3				8
1.00	Adults with a Regular Source of Health Care	*2015*	*percent*	83.2	80.3				8
1.00	Children who Visited a Dentist	*2013-2014*	*percent*	86.3	77.9	78.7			4
SCORE	**CANCER**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	
1.80	Colon Cancer Screening: Sigmoidoscopy Past 5 Years and FOBT Past 3 Years, Colonoscopy Past 10 Years, or FOBT Past Year	*2014*	*percent*	57.5					6
1.25	Pap Test: Past 3 Years 21-65	*2014*	*percent*	79.1			81.8		6
1.20	Mammogram: 50-74 Past 2 Years	*2014*	*percent*	77.8			75.8	81.1	6
1.05	Adults with Cancer	*2015*	*percent*	5.1			6.6		6
SCORE	**CHILDREN'S HEALTH**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.50	Age-Adjusted ER Rate due to Pediatric Asthma	*2013-2015*	*ER visits/ 10,000 population under 18 years*	91.2	78.1	70.9			5

2.20	Children with Influenza Vaccination	*2013-2014*	*percent*	43.7	47.9	55.4			4
2.10	Children and Teens who Engage in Regular Physical Activity: Every Day	*2015*	*percent*	25.2	28.5				8
2.10	Children who Drink Sugar-Sweetened Beverages	*2015*	*percent*	48.4	39.2				8
1.90	Adults with Easy Access to Fresh Produce	*2011*	*percent*	82.5	89.7				8
1.90	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	*2013-2015*	*hospitalizations/ 10,000 population under 18 years*	11.7	10.9	9.8			5
1.60	Children who are Overweight for Age	*2013-2014*	*percent*	13.1	12.4	13.3			4
1.50	Children and Teens with Asthma	*2013-2014*	*percent*	12.5		15.2			4
1.50	Children who did not Receive Dental Care due to Cost	*2015*	*percent*	9.7	11.5				8
1.50	Children with Health Insurance	*2016*	*percent*	96.4	96.3	97.1	95.5	100	1
1.30	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health (CCS definition)	*2013-2015*	*hospitalizations/ 10,000 population under 18 years*	26.1	26.7	26.5			5
1.30	Children with Easy Access to Fresh Produce	*2015*	*percent*	74.5	75				8
1.10	Children with Easy Access to a Park or Playground	*2015*	*percent*	91.3	86.8				8
1.10	Children with a Regular Source of Health Care	*2015*	*percent*	97.4	94.3				8
1.00	Children who Visited a Dentist	*2013-2014*	*percent*	86.3	77.9	78.7			4

0.90	Age-Adjusted ER Rate due to Pediatric Mental Health (CCS definition)	*2013-2015*	*ER visits/ 10,000 population under 18 years*	23.3	29.6	30.4			5
SCORE	**DIABETES**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.30	Age-Adjusted ER Rate due to Short-Term Complications of Diabetes	*2013-2015*	*ER visits/ 10,000 population 18+ years*	2	1.4	1.8			5
2.30	Age-Adjusted Hospitalization Rate due to Diabetes	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	25.2	19.3	17.2			5
2.30	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	16.2	12.3	10.2			5
2.30	Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	1.7	1.4	0.9			5
2.10	Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	7	5.5	5.9			5
1.90	Age-Adjusted ER Rate due to Uncontrolled Diabetes	*2013-2015*	*ER visits/ 10,000 population 18+ years*	2.6	2.3	2.2			5

1.70	Age-Adjusted ER Rate due to Diabetes	*2013-2015*	*ER visits/ 10,000 population 18+ years*	27.7	25.5	26.6			5
1.55	Adults with Diabetes	*2015*	*percent*	9.8		10	10.4		6
1.10	Age-Adjusted ER Rate due to Long-Term Complications of Diabetes	*2013-2015*	*ER visits/ 10,000 population 18+ years*	11.6	12.1	12.4			5
SCORE	**DISABILITIES**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.05	Persons with Disability Living in Poverty (5-year)	*2012-2016*	*percent*	29.3	27	26.3	27.6		1
1.55	Households with Supplemental Security Income	*2012-2016*	*percent*	6.7	6.9	6.2	5.4		1
SCORE	**ECONOMY**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.65	Children Living Below Poverty Level	*2012-2016*	*percent*	28.8	25.3	21.9	21.2		1
2.65	Homeownership	*2012-2016*	*percent*	37.7	43	49.8	55.9		1
2.55	Poverty Status by School Enrollment	*2012-2016*	*percent*	22.7	20.1	17.2	15.7		1
2.55	Veterans Living Below Poverty Level	*2012-2016*	*percent*	10.9	9.1	7.6	7.1		1
2.45	Families Living Below Poverty Level	*2012-2016*	*percent*	15.7	13.9	11.8	11		1
2.35	Youth not in School or Working	*2012-2016*	*percent*	2.9	2.3	2.3	2.4		1
2.25	Households with Cash Public Assistance Income	*2012-2016*	*percent*	5	4	3.8	2.7		1
2.25	People Living Below Poverty Level	*2012-2016*	*percent*	20.3	17.8	15.8	15.1		1

2.15	People Living 200% Above Poverty Level	*2012-2016*	*percent*	57.8	60.4	64.8	66.4		1
2.10	Adults who have been Homeless	*2015*	*percent*	8.9	4.8				8
2.10	Food Insecurity Rate: <300% FPL	*2015*	*percent*	38.4	29.2				1
2.05	People 65+ Living Below Poverty Level	*2012-2016*	*percent*	13.1	13.5	10.3	9.3		1
2.05	Persons with Disability Living in Poverty (5-year)	*2012-2016*	*percent*	29.3	27	26.3	27.6		1
2.05	Young Children Living Below Poverty Level	*2012-2016*	*percent*	28	25.6	22.9	23.6		1
1.95	Median Household Income: Householders 65+	*2012-2016*	*dollars*	41869	42310	46749	40135		1
1.75	Median Household Income	*2012-2016*	*dollars*	55151	57952	63783	55322		1
1.75	Mortgaged Owners Median Monthly Household Costs	*2012-2016*	*dollars*	2170	2284	2157	1491		1
1.75	Per Capita Income	*2012-2016*	*dollars*	27752	29301	31458	29829		1
1.75	Unemployed Veterans	*2012-2016*	*percent*	6.5	7.1	6.3	4.8		1
1.65	Renters Spending 30% or More of Household Income on Rent	*2012-2016*	*percent*	55.3	56.5	56.5	47.27		1
1.55	Households with Supplemental Security Income	*2012-2016*	*percent*	6.7	6.9	6.2	5.4		1
1.45	Income Inequality: Gini Index	*2012-2016*	*index*	0.473	0.5	0.5	0.48		1
1.35	Median Household Gross Rent	*2012-2016*	*dollars*	1150	1264	1297	949		1
1.25	Median Housing Unit Value	*2012-2016*	*dollars*	448800	465000	409300	184700		1
1.15	Homeowner Vacancy Rate	*2012-2016*	*percent*	1.3	1.1	1.3	1.8		1
1.15	Mortgaged Owners Spending 30% or More of Household Income on Housing: 65+	*2012-2016*	*percent*	31.2	35	32.3	26.7		1
1.05	Median Monthly Owner Costs for Households without a Mortgage	*2012-2016*	*dollars*	467	533	517	462		1
0.95	Female Population 16+ in Civilian Labor Force	*2012-2016*	*percent*	60.7	57.7	57.1	58.3		1

0.95	Population 16+ in Civilian Labor Force	*2012-2016*	*percent*	66	64.3	63	63.1		1
SCORE	**EDUCATION**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
1.65	People 25+ with an Associate's Degree or Higher	*2012-2016*	*percent*	37.2	37.7	39.8	38.5		1
1.35	People 25+ with a Bachelor's Degree or Higher	*2012-2016*	*percent*	29.5	30.8	32	30.3		1
1.35	People 25+ with a High School Degree or Higher	*2012-2016*	*percent*	79.5	77.7	82.1	87		1
1.10	Young Children who are Read to Daily	*2015*	*percent*	58.1	56.4				8
0.95	Veterans with a High School Degree or Higher	*2012-2016*	*percent*	95.5	93.2	94.4	93.2		1
SCORE	**ENVIRONMENT**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.45	Houses Built Prior to 1950	*2012-2016*	*percent*	34.2	25.8	15.5	18.2		1
1.50	Park Space Per Capita	*2016*	*acres per 1,000 people*	2.8	3.3				9
SCORE	**ENVIRONMENTAL & OCCUPATIONAL HEALTH**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.70	Age-Adjusted ER Rate due to Asthma	*2013-2015*	*ER visits/ 10,000 population*	57.3	44.3	44			5
2.50	Age-Adjusted ER Rate due to Adult Asthma	*2013-2015*	*ER visits/ 10,000 population 18+ years*	45.5	32.6	34.6			5

2.50	Age-Adjusted ER Rate due to Pediatric Asthma	*2013-2015*	*ER visits/ 10,000 population under 18 years*	91.2	78.1	70.9			5
2.30	Age-Adjusted Hospitalization Rate due to Adult Asthma	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	11.6	8.4	6.8			5
2.10	Age-Adjusted Hospitalization Rate due to Asthma	*2013-2015*	*hospitalizations/ 10,000 population*	11.7	9.1	7.6			5
2.05	Adults with Current Asthma	*2015*	*percent*	8.6		7.7	8.8		6
1.90	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	*2013-2015*	*hospitalizations/ 10,000 population under 18 years*	11.7	10.9	9.8			5
1.50	Adults with Asthma	*2013-2014*	*percent*	10.4		13.9			4
SCORE	**EXERCISE, NUTRITION, & WEIGHT**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.40	Workers who Walk to Work	*2012-2016*	*percent*	2.5	2.8	2.7	2.8	3.1	1
2.35	Adults who are Overweight	*2015*	*percent*	41.1	35.9		35.5		8
2.20	Adults who Drink Sugar-Sweetened Beverages	*2013-2014*	*percent*	19.6	17.7	17.4			4
2.10	Children and Teens who Engage in Regular Physical Activity: Every Day	*2015*	*percent*	25.2	28.5				8
2.10	Children who Drink Sugar-Sweetened Beverages	*2015*	*percent*	48.4	39.2				8

2.10	Food Insecurity Rate: <300% FPL	*2015*	*percent*	38.4	29.2				1
2.10	Neighborhoods without Walking Paths, Parks, Playgrounds, or Sports Fields	*2015*	*percent*	17.3	15.2				8
2.00	Adult Fruit and Vegetable Consumption: 5+ Servings	*2015*	*percent*	13.9	14.7				8
1.90	Adults with Easy Access to Fresh Produce	*2011*	*percent*	82.5	89.7				8
1.60	Adults who Walk Regularly	*2013-2014*	*percent*	32.9	34.1	33			4
1.60	Adults who are Sedentary	*2015*	*percent*	21.6		20	25.9	32.6	6
1.60	Children who are Overweight for Age	*2013-2014*	*percent*	13.1	12.4	13.3			4
1.30	Children with Easy Access to Fresh Produce	*2015*	*percent*	74.5	75				8
1.10	Children with Easy Access to a Park or Playground	*2015*	*percent*	91.3	86.8				8
1.05	Workers who Bike to Work	*2012-2016*	*percent*	1	0.9	1.1	0.6		1
1.00	Children and Teens who Engage in Regular Physical Activity: 60 min	*2013-2014*	*percent*	22.5	18.9	20.7			4
0.65	Adults Engaging in Regular Physical Activity	*2015*	*percent*	65.3	65.1	57.3	51.3		8
0.20	Adults who are Obese	*2015*	*percent*	24.6	28.3	28	28.8	30.5	4

SCORE	**HEART DISEASE & STROKE**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.30	Age-Adjusted ER Rate due to Hypertension	*2013-2015*	*ER visits/ 10,000 population 18+ years*	28	26.2	26.4			5
2.30	Age-Adjusted Hospitalization Rate due to Hypertension	*2013-2015*	*hospitalizations/ 10,000*	6	4.7	3.3			5

			population 18+ years						
2.00	Cholesterol Test History: 5 Years	*2015*	*percent*	72.8			77	82.1	6
1.95	Adults who Have Taken Medications for High Blood Pressure	*2015*	*percent*	67.2			77.2		6
1.90	Age-Adjusted ER Rate due to Congestive Heart Failure	*2013-2015*	*ER visits/ 10,000 population 18+ years*	8.6	7.5	9.4			5
1.90	Age-Adjusted Hospitalization Rate due to Congestive Heart Failure	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	32.2	31.8	29.1			5
1.90	High Cholesterol Prevalence	*2015*	*percent*	27.9	25.2	34.2	36.3	13.5	8
1.65	Adults who Experienced Coronary Heart Disease	*2015*	*percent*	4.5			6.3		6
1.65	Adults who Experienced a Stroke	*2015*	*percent*	2.7			3		6
1.30	High Blood Pressure Prevalence	*2015*	*percent*	26.5	23.5	28.8	31.9	26.9	8
1.05	High Cholesterol Prevalence: Adults 18+	*2015*	*percent*	31.9			37.1		6
0.80	Adults with Heart Disease	*2013-2014*	*percent*	4.8	5.2	5.9			4
SCORE	**IMMUNIZATIONS & INFECTIOUS DISEASES**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.70	Chlamydia Incidence Rate	*2017*	*cases/ 100,000 population*	806	579.2	504.6			10
2.70	Syphilis Incidence Rate	*2017*	*cases/ 100,000 population*	31.1	19.5	16.8			10

2.50	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	1.7	1.6	1.5			5
2.50	Gonorrhea Incidence Rate	*2017*	*cases/ 100,000 population*	308.8	218.8	164.4			10
2.40	Tuberculosis Incidence Rate	*2016*	*cases/ 100,000 population*	6.2	5.8	5.2	2.9	1	11
2.30	Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+	*2013-2015*	*hospitalizations/ 10,000 population 65+ years*	6.7	6.5	5.8			5
2.20	Children with Influenza Vaccination	*2013-2014*	*percent*	43.7	47.9	55.4			4
1.50	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	*2013-2015*	*ER visits/ 10,000 population 18+ years*	8.9	8.9	9.5			5
1.30	Age-Adjusted ER Rate due to Bacterial Pneumonia	*2013-2015*	*ER visits/ 10,000 population 18+ years*	16.3	13.6	19			5
1.30	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	17.9	16.4	16.7			5
1.10	Adults with Influenza Vaccination	*2015*	*percent*	42.1	40.1				8
1.10	Age-Adjusted Hospitalization Rate due to Hepatitis	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	2.2	2	2.3			5

0.70	Age-Adjusted ER Rate due to Hepatitis	*2013-2015*	*ER visits/ 10,000 population 18+ years*	0.8	0.8	0.9			5
SCORE	**MENTAL HEALTH & MENTAL DISORDERS**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.70	Age-Adjusted Hospitalization Rate due to Mental Health (CCS definition)	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	100.8	58.4	51.3			5
2.70	Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury (CCS definition)	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	21.5	12.4	10.7			5
2.10	Adults Ever Diagnosed with Depression	*2015*	*percent*	16	13				8
2.10	Adults with Likely Psychological Distress	*2013-2014*	*percent*	10.3		8			4
2.00	Premature Death Rate due to Suicide in Total Years of Potential Life Lost (YPLL)	*2013*	*YPLL per 100,000 population*	392.216181	216				9
1.95	Poor Mental Health Days: 14+ Days	*2015*	*percent*	13.1			11.4		6
1.90	Age-Adjusted ER Rate due to Mental Health (CCS definition)	*2013-2015*	*ER visits/ 10,000 population 18+ years*	96.1	89.3	93.4			5
1.90	Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury (CCS definition)	*2013-2015*	*ER visits/ 10,000 population 18+ years*	21.1	18.1	21.7			5
1.70	Adults who are at Risk for Major Depression	*2015*	*percent*	11.6	11.8				8

1.70	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (CCS definition)	*2013-2015*	*hospitalizations/ 10,000 population aged 12-17*	12.6	12.3	13.9			5
1.50	Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (CCS definition)	*2013-2015*	*ER visits/ 10,000 population aged 12-17*	39.4	33.9	46.3			5
1.30	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health (CCS definition)	*2013-2015*	*hospitalizations/ 10,000 population under 18 years*	26.1	26.7	26.5			5
0.90	Age-Adjusted ER Rate due to Pediatric Mental Health (CCS definition)	*2013-2015*	*ER visits/ 10,000 population under 18 years*	23.3	29.6	30.4			5
SCORE	**OLDER ADULTS & AGING**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.35	People 65+ Living Alone	*2012-2016*	*percent*	27.7	22.3	23.1	26.4		1
2.30	Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+	*2013-2015*	*hospitalizations/ 10,000 population 65+ years*	6.7	6.5	5.8			5
2.05	People 65+ Living Below Poverty Level	*2012-2016*	*percent*	13.1	13.5	10.3	9.3		1
1.95	Adults 65+ who Received Recommended Preventive Services: Females	*2014*	*percent*	25.9			30.7		6

1.95	Adults 65+ who Received Recommended Preventive Services: Males	*2014*	*percent*	24.7			32.3		6
1.95	Adults 65+ with Total Tooth Loss	*2014*	*percent*	10.2		8.7	14.9		6
1.95	Median Household Income: Householders 65+	*2012-2016*	*dollars*	41869	42310	46749	40135		1
1.75	People who have Difficulty Speaking English: 65+	*2012-2016*	*percent*	23.8	35.9	23.1	8.6		1
1.65	Adults with Arthritis	*2015*	*percent*	17.3			24.7		6
1.35	Adults 65+ without Health Insurance	*2012-2016*	*percent*	1.4	2	1.4	0.9		1
1.15	Mortgaged Owners Spending 30% or More of Household Income on Housing: 65+	*2012-2016*	*percent*	31.2	35	32.3	26.7		1
0.95	Hospitalization Rate due to Hip Fractures Among Females 65+	*2013-2015*	*hospitalizations/ 10,000 females 65+ years*	608.1	591.1	675.6		741.2	5
0.55	Hospitalization Rate due to Hip Fractures Among Males 65+	*2013-2015*	*hospitalizations/ 10,000 males 65+ years*	317.3	319.4	358.9		418.4	5

SCORE	**ORAL HEALTH**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
1.95	Adults 65+ with Total Tooth Loss	*2014*	*percent*	10.2		8.7	14.9		6
1.95	Adults who Visited a Dentist	*2014*	*percent*	59.5		65.1	64.4		6
1.90	Adults who did not Visit a Dentist	*2015*	*percent*	41.4	40.7				8
1.50	Age-Adjusted ER Rate due to Dental Problems	*2013-2015*	*ER visits/ 10,000 population*	31.1	22.9	36.6			5

1.50	Children who did not Receive Dental Care due to Cost	*2015*	*percent*	9.7	11.5				8
1.00	Children who Visited a Dentist	*2013-2014*	*percent*	86.3	77.9	78.7			4
SCORE	**OTHER CHRONIC DISEASES**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
1.75	Adults with Kidney Disease	*2015*	*percent*	2.5			2.7		6
1.65	Adults with Arthritis	*2015*	*percent*	17.3			24.7		6
SCORE	**OTHER CONDITIONS**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.50	Age-Adjusted ER Rate due to Dehydration	*2013-2015*	*ER visits/ 10,000 population 18+ years*	18.2	12.5	14.4			5
2.30	Age-Adjusted Hospitalization Rate due to Dehydration	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	12	10.2	9			5
2.10	Age-Adjusted ER Rate due to Urinary Tract Infections	*2013-2015*	*ER visits/ 10,000 population 18+ years*	97.4	84.9	93.9			5
2.10	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	*2013-2015*	*ER visits/ 10,000 population 18+ years*	17.4	15.6	12.9			5
SCORE	**PREVENTION & SAFETY**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE

0.95	Hospitalization Rate due to Hip Fractures Among Females 65+	*2013-2015*	*hospitalizations/ 10,000 females 65+ years*	608.1	591.1	675.6		741.2	5
0.55	Hospitalization Rate due to Hip Fractures Among Males 65+	*2013-2015*	*hospitalizations/ 10,000 males 65+ years*	317.3	319.4	358.9		418.4	5
SCORE	**PUBLIC SAFETY**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.20	Premature Death Rate due to Homicide in Total Years of Potential Life Lost (YPLL)	*2013*	*YPLL per 100,000 population*	445.264431	239.5				9
2.10	Violent Crime Rate	*2017*	*crimes/ 100,000 population*	661.199275					12
1.60	Premature Death Rate due to Motor Vehicle Crashes in Total Years of Potential Life Lost (YPLL)	*2013*	*YPLL per 100,000 population*	221.566989	236.2				9
1.50	Adults who have been Victims of Domestic Violence: Physical	*2015*	*percent*	6.8	9.1				8
0.90	Adults who Perceive Neighborhood to be Safe from Crime	*2015*	*percent*	92.6	84				8
SCORE	**RESPIRATORY DISEASES**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.70	Age-Adjusted ER Rate due to Asthma	*2013-2015*	*ER visits/ 10,000 population*	57.3	44.3	44			5
2.50	Age-Adjusted ER Rate due to Adult Asthma	*2013-2015*	*ER visits/ 10,000*	45.5	32.6	34.6			5

			population 18+ years						
2.50	Age-Adjusted ER Rate due to Pediatric Asthma	*2013-2015*	*ER visits/ 10,000 population under 18 years*	91.2	78.1	70.9			5
2.50	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	1.7	1.6	1.5			5
2.40	Tuberculosis Incidence Rate	*2016*	*cases/ 100,000 population*	6.2	5.8	5.2	2.9	1	11
2.30	Age-Adjusted Hospitalization Rate due to Adult Asthma	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	11.6	8.4	6.8			5
2.30	Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+	*2013-2015*	*hospitalizations/ 10,000 population 65+ years*	6.7	6.5	5.8			5
2.20	Children with Influenza Vaccination	*2013-2014*	*percent*	43.7	47.9	55.4			4
2.10	Age-Adjusted ER Rate due to COPD	*2013-2015*	*ER visits/ 10,000 population 18+ years*	16.9	11	16.4			5
2.10	Age-Adjusted Hospitalization Rate due to Asthma	*2013-2015*	*hospitalizations/ 10,000 population*	11.7	9.1	7.6			5
2.10	Age-Adjusted Hospitalization Rate due to COPD	*2013-2015*	*hospitalizations/*	19.2	13.8	12.9			5

			10,000 population 18+ years						
2.05	Adults with Current Asthma	*2015*	*percent*	8.6		7.7	8.8		6
1.90	Age-Adjusted Hospitalization Rate due to Pediatric Asthma	*2013-2015*	*hospitalizations/ 10,000 population under 18 years*	11.7	10.9	9.8			5
1.65	Adults with COPD	*2015*	*percent*	4.8			6.3		6
1.50	Adults with Asthma	*2013-2014*	*percent*	10.4		13.9			4
1.50	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	*2013-2015*	*ER visits/ 10,000 population 18+ years*	8.9	8.9	9.5			5
1.50	Children and Teens with Asthma	*2013-2014*	*percent*	12.5		15.2			4
1.30	Age-Adjusted ER Rate due to Bacterial Pneumonia	*2013-2015*	*ER visits/ 10,000 population 18+ years*	16.3	13.6	19			5
1.30	Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	17.9	16.4	16.7			5
1.10	Adults with Influenza Vaccination	*2015*	*percent*	42.1	40.1				8
SCORE	**SOCIAL ENVIRONMENT**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.65	Children Living Below Poverty Level	*2012-2016*	*percent*	28.8	25.3	21.9	21.2		1
2.65	Homeownership	*2012-2016*	*percent*	37.7	43	49.8	55.9		1

2.65	Single-Parent Female Households	*2012-2016*	*percent*	32.3	26.2	23.2	25.8		1
2.45	Single-Parent Households	*2012-2016*	*percent*	42.7	35.7	31.8	33.6		1
2.35	People 65+ Living Alone	*2012-2016*	*percent*	27.7	22.3	23.1	26.4		1
2.35	Youth not in School or Working	*2012-2016*	*percent*	2.9	2.3	2.3	2.4		1
2.25	Mean Travel Time to Work	*2012-2016*	*percent*	29.9	30.4	28.4	26.1		1
2.25	People Living Below Poverty Level	*2012-2016*	*percent*	20.3	17.8	15.8	15.1		1
2.05	Young Children Living Below Poverty Level	*2012-2016*	*percent*	28	25.6	22.9	23.6		1
1.75	Median Household Income	*2012-2016*	*dollars*	55151	57952	63783	55322		1
1.75	Mortgaged Owners Median Monthly Household Costs	*2012-2016*	*dollars*	2170	2284	2157	1491		1
1.75	People who have Difficulty Speaking English: 65+	*2012-2016*	*percent*	23.8	35.9	23.1	8.6		1
1.75	Per Capita Income	*2012-2016*	*dollars*	27752	29301	31458	29829		1
1.55	People who have Difficulty Speaking English: 5+	*2012-2016*	*percent*	18.3	24.9	18.6	8.5		1
1.35	Median Household Gross Rent	*2012-2016*	*dollars*	1150	1264	1297	949		1
1.35	People 25+ with a Bachelor's Degree or Higher	*2012-2016*	*percent*	29.5	30.8	32	30.3		1
1.35	People 25+ with a High School Degree or Higher	*2012-2016*	*percent*	79.5	77.7	82.1	87		1
1.25	Median Housing Unit Value	*2012-2016*	*dollars*	448800	465000	409300	184700		1
1.10	Young Children who are Read to Daily	*2015*	*percent*	58.1	56.4				8
1.05	Median Monthly Owner Costs for Households without a Mortgage	*2012-2016*	*dollars*	467	533	517	462		1
0.95	Female Population 16+ in Civilian Labor Force	*2012-2016*	*percent*	60.7	57.7	57.1	58.3		1
0.95	Population 16+ in Civilian Labor Force	*2012-2016*	*percent*	66	64.3	63	63.1		1

0.90	Adults who Perceive Neighborhood to be Safe from Crime	*2015*	*percent*	92.6	84				8
0.85	Linguistic Isolation	*2012-2016*	*percent*	8	13.5	9.4	4.5		1
SCORE	**SUBSTANCE ABUSE**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.70	Age-Adjusted Hospitalization Rate due to Alcohol Abuse	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	11.6	9	8.8			5
2.50	Adults who Smoke	*2015*	*percent*	15.1	11.7	11.7	16.8	12	6
2.50	Age-Adjusted Hospitalization Rate due to Alcohol Abuse (Comprehensive)	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	15.1	12.4	11.7			5
2.30	Age-Adjusted Hospitalization Rate due to Substance Abuse (CCS definition)	*2013-2015*	*hospitalizations/ 10,000 population 18+ years*	8.4	6.9	6.1			5
2.20	Premature Death Rate due to Drug Overdoses in Total Years of Potential Life Lost (YPLL)	*2013*	*YPLL per 100,000 population*	306.358972	223.7				9
1.70	Age-Adjusted ER Rate due to Alcohol Abuse (Comprehensive)	*2013-2015*	*ER visits/ 10,000 population 18+ years*	39.8	36.2	44.2			5
1.50	Age-Adjusted ER Rate due to Substance Abuse (CCS definition)	*2013-2015*	*ER visits/ 10,000 population 18+ years*	17.2	15.7	18.6			5
0.40	Adults who Binge Drink	*2015*	*percent*	14.6	15.9	16.5	16.3	24.2	8

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.10	Children and Teens who Engage in Regular Physical Activity: Every Day	*2015*	*percent*	25.2	28.5				8
1.70	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (CCS definition)	*2013-2015*	*hospitalizations/ 10,000 population aged 12-17*	12.6	12.3	13.9			5
1.50	Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (CCS definition)	*2013-2015*	*ER visits/ 10,000 population aged 12-17*	39.4	33.9	46.3			5
1.50	Children and Teens with Asthma	*2013-2014*	*percent*	12.5		15.2			4
1.00	Children and Teens who Engage in Regular Physical Activity: 60 min	*2013-2014*	*percent*	22.5	18.9	20.7			4

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
2.45	Households without a Vehicle	*2012-2016*	*percent*	10.7	9.5	7.6	9		1
2.40	Workers who Walk to Work	*2012-2016*	*percent*	2.5	2.8	2.7	2.8	3.1	1
2.25	Mean Travel Time to Work	*2012-2016*	*percent*	29.9	30.4	28.4	26.1		1
1.65	Workers who Drive Alone to Work	*2012-2016*	*percent*	73.9	73.3	73.5	76.4		1
1.05	Workers who Bike to Work	*2012-2016*	*percent*	1	0.9	1.1	0.6		1
0.80	Workers Commuting by Public Transportation	*2012-2016*	*percent*	6.8	6.5	5.2	5.1	5.5	1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE

2.55	Self-Reported General Health Assessment: Poor or Fair	*2015*	*percent*	25.7	21.5	17.8	15		8
2.25	Insufficient Sleep	*2014*	*percent*	38.2	35.4	34	34.8		6
1.85	Poor Physical Health Days: 14+ Days	*2015*	*percent*	12.3			12		6
1.30	Self-Reported General Health Assessment: Good or Better: 18-64	*2013-2014*	*percent*	80.4		80.8			4
1.20	Self-Reported General Health Assessment: Good or Better: 0-17	*2013-2014*	*percent*	94.9	94.2	94.8			4
SCORE	**WOMEN'S HEALTH**	MEASUREMENT PERIOD	UNITS	LONG BEACH CITY	LA COUNTY	CALIFORNIA	U.S.	HP2020	SOURCE
1.25	Pap Test: Past 3 Years 21-65	*2014*	*percent*	79.1			81.8		6
1.20	Mammogram: 50-74 Past 2 Years	*2014*	*percent*	77.8			75.8	81.1	6

Appendix B. Primary Data Methodology

Key Informant Interview Questionnaire

INTERVIEW QUESTIONS:

1. What do you believe are the most significant health and wellness issues or needs in your community? Why do these stand out for you?

2. What factors or conditions contribute to these health issues? (e.g., social, cultural, behavioral, environmental or medical (like insurance, access to services))
   [Note: Ask for each of up to three issues.]

3. In your opinion, what are the root causes of the factors or conditions you just mentioned?
   a. (Probe if they only mention things under an individual's control, like behavior such as working hard or eating habits) As you consider these factors or conditions, what could be the root causes that are beyond an individual's control?

4. Who or what groups in the community are most affected by these issues or needs? (e.g., youth, older residents, racial/ethnic groups, LGBTQ, veterans, specific neighborhoods)
   [Note: Ask for each of up to three issues.]

5. What are some major barriers or challenges to addressing these issues?
   [Note: Ask for each of up to three issues.]

6. What do you think are effective strategies for addressing these issues?
   [Note: Ask for each of up to three issues.]

7. What resources exist in the community to help address these health issues? (e.g., people, organizations or agencies, programs, or other community resources)

8. What are some opportunities you think Long Beach and its partners could focus on to address these health issues using policy changes or strengths in the community?

9. What else is important for us to know about significant health and wellness strengths or needs in the community?

10. Given all that we have discussed today, prioritize which three health issues would be most important to address. Please consider both their importance and urgency.

Focus Group Protocol – Long Beach Forward

Long Beach Community Health Needs Assessment
Focus Group Protocol
January 2019 (Version 7)

Introduction to Purpose
The Long Beach Community Health Needs Assessment Collaborative is working together for the 2019 Community Health Needs Assessment (CHNA) process and report. The Collaborative includes MemorialCare Long Beach Medical Center, Miller Children's and Women's Hospital Long Beach, Dignity Health St. Mary's Medical Center, The Children's Clinic, "Serving Children and Their Families," Kaiser Permanente South Bay, and the Long Beach Department of Health and Human Services. The assessment will be used to help meet the hospitals' state and federal Community Health Needs Assessments, the Long Beach Department of Health and Human Services' public health accreditation, and federal requirements for The Children's Clinic. The focus groups and survey data collected will be combined with secondary data to inform the overall assessment. The purpose of the CHNA is to identify and prioritize significant health needs for the community served. The priorities identified in this report help guide programs and community benefit activities, as well as collaborative efforts to improve health.

The contents of this protocol include the informed consent outline, a 23-question survey, the facilitation guide for focus groups, and the significant needs handout.

Facilitator's Focus Group In-Depth Agenda (80 minutes)

Key/Legend for Focus Group Guide:

Symbol	Description
★ Instructions Additional Details	Provides information on action items, what we recommend you should be doing.
Main Context Supplement Context	Provides details on the overall activity. It provides context on what is happen and should be information for you as a facilitator.
➔ Participant Engagement	Indicates areas in which participants should be sharing information and we should be taking extension notes.

Roles for Staff:

- *Scribe*: Individual who writes comments from the community on butcher paper
- *Notetaker*: Individual who write everything a

community member says.

- *Facilitator (1 LB Forward & 1 Org Rep)*: Individual who is responsible for moving the conversation forward.

Welcome Activity & Group Agreements (10 minutes)

- ❖ LB Forward Introduction: LB Forward Staff will share a bit about our organization first.
  - ➢ Thank you for joining us today. (Introduce ourselves). We were selected by the Long Beach Collaborative because as an organization, we have strong connections to the community and community partnerships, and we also have a strong reputation in collaboration. The vision of LB Forward is that race and income don't determine one's future. And our mission is to create a healthy Long Beach with low-income communities of color by building community knowledge, leadership, and power.
  - ➢ Our role in this focus group is to help facilitate the conversation and make sure we cover a set of questions (or as many as possible).
  - ➢ We'll help move the conversation forward at times, so that we can hear from as many of you as possible and so we can gather a variety of information.
  - ➢ Our partners, *(insert other facilitators*) will also help guide the conversation, and lead us forward now to open up the discussion.
- ❖ Priming individuals for the focus group dialogue that will occur. This is the opportunity to break the ice among the groups and see who we have in the room with us. In addition, to remind people the purpose of this focus group.

★ <u>Instructions:</u> Share the check-in question below and ask for a volunteer to start. We will then go in a circle having participants introduce themselves.

- Name
- *Pronouns (If folks are comfortable)*
- Sample Check-In Questions:
  - What is your favorite season?
  - What is your favorite piece of art?

- Do you prefer salty or sweet food?

★ Purpose Script: "The purpose of the focus group is to have a better understanding of what the community (you all) identify as significant community health needs. We have data that provides some context and are interested in learning more about your lived experiences as well as providing strategies for addressing the needs. We will be recording the session. Your responses will be reviewed by Long Beach Forward and then shared with the Collaborative in a final report. The information you share will be kept safe and private."

Activity #1 (10 minutes)

Share Information on Identified Health Needs

- ❖ We are preparing people for the focus group questions, there are a total of 8 questions. We have data that the Community Health Needs Assessment Collaborative defined as "identified significant health needs."
  - ➢ We don't need to ask people to share their thoughts, but ask participants to reflect on how they feel and hold onto some initial thoughts. They can make notes on the handout.
  - ➢ This is simply to inform and give them some more context.

★ Instructions**:** Display the significant health needs on the project. Go one-by-one to briefly explain the different significant health needs.

Question #1 Reflection (15 minutes)

What are the most significant health issues or needs in your community?

- ❖ Participants now have an idea of what are some identified significant health needs. We now want to identify if there are any additional significant health needs outside the identified significant health issues.

★ **(5-10 mins) Instructions:** Ask participants to reflect on what they see in their community and also what they experience in their own lives?

- Example Script: "Now that we have an idea of what health professionals see as significant health needs. We ask that you reflect on what are some additional significant health issues or needs in your community? Reflect on needs you see when you are out in the community, think about needs in your daily life, think about needs that impact you and your loved ones."

➔ *People will begin sharing what are some additional health needs. Please make sure that there is adequate time for people to share, pay attention to the speed and frequency of those who share. There might be individuals who are a bit slower, check-in with them to make sure they share.*

★ **(5-10 minutes)** Jot down the needs on the butcher paper/large post-it paper, we will need this in our next activity.

Activity #2 Top 3 Priority Needs (10 minutes)

- ❖ Participants will have the opportunity to **rank** their top 3 priorities and this will

determine the course of dialogue for the focus group.

★ **(5-10 minutes) <u>Instructions</u>:** Provide 3 stickers for each participant and ask them to vote based on "***which of these are your top three priority needs? Consider how they impact your life and if they are urgent to you."*** They cannot vote for the same one twice and are asked to choose 3 different priorities. Put the butcher paper up and have them place their stickers near the priorities they feel resonate with them most.

➔ *Participants will be posting their top priorities.*

Question #3 (8 minutes): What factors or conditions contribute to these health issues? (What are the things that lead to these health issues? What do you think contributes to these health issues?) (**e.g., social, cultural, behavioral, environmental, medical, systemic, or structural)**

- ❖ Participants will have the opportunity to answer the question above and have a dialogue on the topic.

★ **Instructions**: Pose the above question to the group and give them time to think and reflect. The questions will be prepared on butcher paper with the three priorities the group voted on.

★ Once the activity is done; proceed to the next question which will also be on butcher paper.

Questions #4-8 (average of 8 minutes each): Repeat question #3 process for the rest of the questions.

★ **Instructions:** Remember the different facilitation tips above as they'll guide you through different unforeseen barriers. Also acknowledge that we may or may not get to all the questions.

★ **Instructions:** Use a new piece of butcher paper for each question please. Particularly the scribe.

- ❖ See Question Table for #4-8

Question #	Question Table
4	Who or what groups in the community are most affected by these issues? (e.g., youth, older residents, racial/ethnic groups, specific neighborhoods)
5	What do you think are effective strategies for addressing these issues? (What do you think can solve these issues?)
6	What are some major barriers or challenges to addressing these issues? (What do you think prevents solving these issues?)
7	What resources exist in the community to help address these health issues? (If any, what resources are you familiar with to help address these health issues?) (e.g., people, organizations or agencies, programs, or other community resources)
8	What else is important for us to know about the significant health needs in the community?
9	Any other last questions or comments? (If time permits)

Appendix C. Prioritization Tools

Prioritization Survey

1. The following health needs are listed in alphabetical order and not by order of importance.

For each health need, click on the arrow on the drop down box and select your agreement with each statement. If you are on a tablet or phone, please make sure to scroll all the way to the right for each row.

	This issue **impacts many people** in my community.	This issue **significantly impacts subgroups** (subgroups by age, gender, race/ethnicity, LGBTQ, etc.)	There are not enough **existing and adequate resources** to address this issue in my community.	This issue has **high risk for disease** or death.
Access to Health Services				
Chronic Diseases (diabetes, heart disease, stroke, asthma, pneumonia and influenza, COPD)				
Economic Insecurity				
Environment (outdoor recreation areas and the built environment)				
Exercise, Nutrition and Weight (overweight and obesity, physical activity, access to healthy foods)				
Food Insecurity				
Housing and Homelessness				
Mental Health and Mental Disorders				
Oral Health/Dental Care				
Pregnancy and Birth Outcomes				
Preventive Practices (immunizations and screenings)				
Public Safety (crime, homicide, general community safety)				
Sexually Transmitted Infections				
Substance Abuse (alcohol, tobacco, and illicit drug use and overdose)				

2. Indicate the level of importance that should be given towards addressing the following health issues from not important to very important.

	Not Important	Somewhat Important	Important	Very Important	Not Sure
Access to Health Services	○	○	○	○	○
Chronic Diseases (diabetes, heart disease, stroke, asthma, pneumonia and influenza, COPD)	○	○	○	○	○
Economic Insecurity	○	○	○	○	○
Environment (outdoor recreation areas and the built environment)	○	○	○	○	○
Exercise, Nutrition and Weight (overweight and obesity, physical activity, access to healthy foods)	○	○	○	○	○
Food Insecurity	○	○	○	○	○
Housing and Homelessness	○	○	○	○	○
Mental Health and Mental Disorders	○	○	○	○	○
Oral Health/Dental Care	○	○	○	○	○
Pregnancy and Birth Outcomes	○	○	○	○	○
Preventive Practices (immunizations and screenings)	○	○	○	○	○
Public Safety (crime, homicide, general community safety)	○	○	○	○	○
Sexually Transmitted Infections	○	○	○	○	○
Substance Abuse (alcohol, tobacco, and illicit drug use and overdose)	○	○	○	○	○

3. Who in your community is most affected by poor health outcomes? *(Select up to 5)*

- ☐ Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ)
- ☐ Older Adults
- ☐ Persons with Disabilities (cognitive, sensory or physical disability)
- ☐ Racial/Ethnic Minority Populations
- ☐ Other population (please specify)
- ☐ Veterans
- ☐ Immigrants and undocumented persons
- ☐ Persons experiencing homelessness or precariously housed

4. Given the needs you just prioritized, what are the most promising next steps Long Beach as a whole can take to strengthen opportunities? Check the three most promising opportunities to address Long Beach's needs, in your opinion.

- [ ] Support policies that create more equitable opportunities for health across Long Beach neighborhoods such as increasing access to low-cost healthy foods, safe sidewalks, bicycle lanes, and fitness loops.
- [ ] Promote urban agriculture and bring nutritious and affordable food to underserved communities.
- [ ] Support policies that increase the availability of affordable housing for families with low incomes, such as requiring developers to include low income units in every new housing development or caps to rental increase rates in Long Beach.
- [ ] Increase coordination of mental health resources with LA County to increase access to behavioral health services including drug and alcohol detox and recovery beds.
- [ ] Support initiatives that aim to reduce negative stigma regarding mental health services.
- [ ] Integrate mental health screenings into non-mental health services (including maternal depression screenings).
- [ ] Increased supports and harm reduction strategies for people experiencing homelessness.
- [ ] Support economic inclusion, such as the creation of living-wage jobs in Long Beach for youth and adults and increased small business and entrepreneurial support.
- [ ] Invest in more parks and open public spaces.
- [ ] Increase the availability and coordination of STD and HIV testing and treatment in the City.
- [ ] Implement oral health screening at schools.
- [ ] Promote trauma informed strategies, including for communities and workplaces.
- [ ] Strengthen community-police relations, including increased collaboration and implementation of community safety work in partnership with Police and community residents to improve public safety.
- [ ] Strengthen re-entry strategies to create social and economic networks for the formerly incarcerated.
- [ ] Promote strategies and build communities that are accessible and inclusive of older adults.
- [ ] Strengthen and diversify youth engagement and development opportunities in the city.
- [ ] Promote youth diversion programs that build youth skills and reduce interactions with the criminal justice system.
- [ ] Use more family centered strategies, including intergenerational approaches and the role of men as fathers, mentors, and peers.
- [ ] Expand supports for families with young children, such as encouraging neighborhood-level social connections, home visitation programs, and increased available subsidized slots for Early Childhood Education.

Other (please specify)

5. Please provide your name.

6. Please provide your email address.

7. Please provide the name of your organization.

Thank you for your input and participation in the Community Health Needs Assessment process.

Prioritization Survey Results

Survey Results Summary

- Received 14 total responses
- Top issues were assessed after analyzing the results from the prioritization matrix in question 1.
- Priorities can be determined by viewing the "average scores" below.

These topics were ranked using the 0-5 agreement scale from the survey.
1-strongly disagree | 2-disagree | 3-neutral | 4-agree | 5-strongly agree

*The higher the score, the higher the respondents viewed the topic as a need or problem.

Prioritization Ranking of Health Topics					
	Impact	**Subgroups**	**Resources**	**High Risk**	**Overall Average**
Housing and Homelessness	4.857	4.833	4.75	4.75	**4.798**
Mental Health and Mental Disorders	4.769	4.75	4.333	4.417	**4.567**
Economic Insecurity	4.643	4.917	4.417	4.25	**4.558**
Public Safety (crime, homicide, general community safety)	4.385	4.667	4	4.167	**4.305**
Access to Health Services	4.357	4.833	3.917	3.917	**4.256**
Chronic Diseases	4.571	4.833	3.417	4.083	**4.226**
Exercise, Nutrition and Weight	4.143	4.5	4	4.167	**4.203**
Food Insecurity	4	4.583	3.75	3.833	**4.042**
Environment	4	4.333	4	3.583	**3.979**
Substance Abuse	4	3.917	3.5	3.167	**3.646**
Pregnancy and Birth Outcomes	3.462	3.583	2.667	3.333	**3.261**
Preventive Practices (immunizations and screenings)	3	3.083	2.333	3.5	**2.979**
Sexually Transmitted Infections	2.923	3.333	2.583	2.917	**2.939**
Oral Health/Dental Care	3.077	3.167	2.583	2.833	**2.915**

	Question 1 Categories
Impact	The issue impacts many people in the community.
Subgroups	The issue significantly impacts subgroups.
Resources	There are not enough adequate resources to address this issue.
High risk	The issue has high risk for disease or death.

2. Indicate the level of importance that should be given towards addressing the following health issues from not important to very important.

Marked as Important or Very Important	
Access to Health Services	100%
Chronic Diseases (diabetes, heart disease, stroke, asthma, pneumonia and influenza, COPD)	100%
Economic Insecurity	100%
Housing and Homelessness	100%
Mental Health and Mental Disorders	93.33%
Environment (outdoor recreation areas and the built environment)	92.86%
Food Insecurity	92.85%
Public Safety (crime, homicide, general community safety)	85.72%
Sexually Transmitted Infections	85.72%
Exercise, Nutrition and Weight (overweight and obesity, physical activity, access to healthy foods)	85.71%
Substance Abuse (alcohol, tobacco, and illicit drug use and overdose)	85.71%
Pregnancy and Birth Outcomes	71.43%
Preventive Practices (immunizations and screenings)	69.23%
Oral Health/Dental Care	64.28%

3. Who in your community is most affected by poor health outcomes?

Racial/Ethnic Minority Populations	85.71%
Persons experiencing homelessness or precariously housed	78.57%
Older Adults	71.43%
Immigrants and undocumented persons	57.14%
Persons with Disabilities (cognitive, sensory or physical disability)	42.86%
Veterans	35.71%
Other population (please specify)	28.57%
Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ)	14.29%
Low-income	14.29%
Children	7.14%
Refugees	7.14%
Teen and Adolescents	7.14%
Men	0.00%
Mothers with Infants	0.00%
Women	0.00%

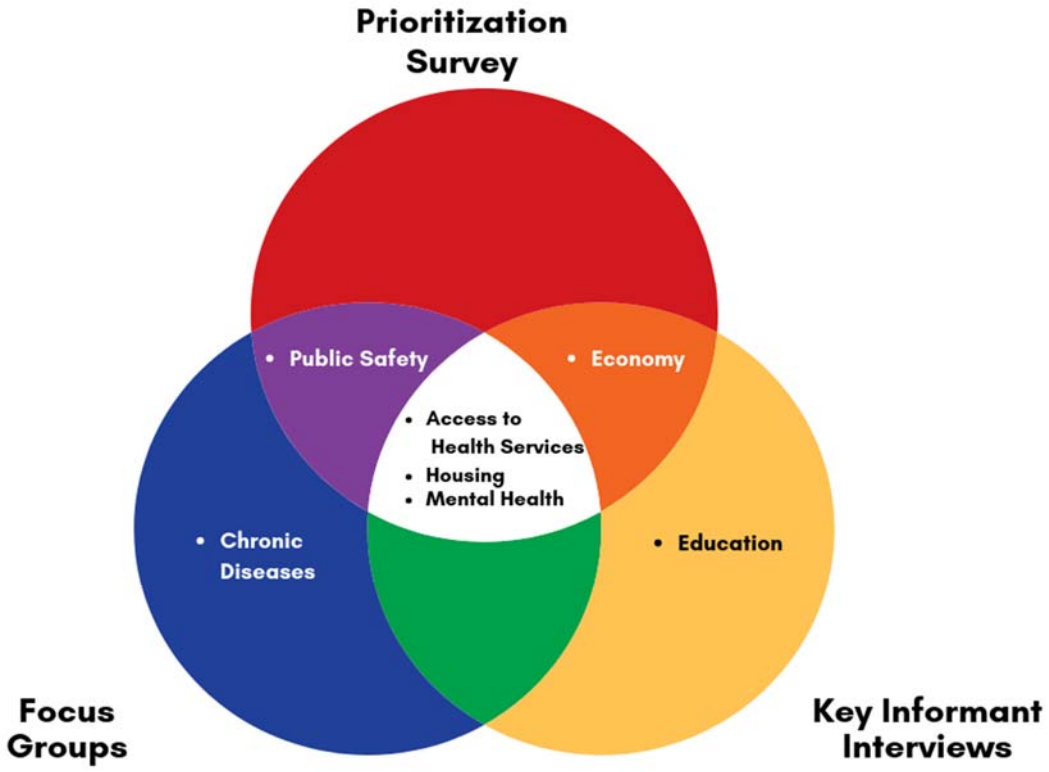
4. Given the needs you just prioritized, what are the most promising next steps Long Beach as a whole can take to strengthen opportunities? Check the three most promising opportunities to address Long Beach's needs, in your opinion.

Support policies that increase the availability of affordable housing for families with low incomes, such as requiring developers to include low income units in every new housing development or caps to rental increase rates in Long Beach.	75.00%
Support economic inclusion, such as the creation of living-wage jobs in Long Beach for youth and adults and increased small business and entrepreneurial support.	50.00%
Strengthen and diversify youth engagement and development opportunities in the city.	33.33%
Increase coordination of mental health resources with LA County to increase access to behavioral health services including drug and alcohol detox and recovery beds.	25.00%
Support policies that create more equitable opportunities for health across Long Beach neighborhoods such as increasing access to low-cost healthy foods, safe sidewalks, bicycle lanes, and fitness loops.	16.67%
Support initiatives that aim to reduce negative stigma regarding mental health services.	16.67%
Promote trauma informed strategies, including for communities and workplaces.	16.67%
Strengthen re-entry strategies to create social and economic networks for the formerly incarcerated.	16.67%
Promote strategies and build communities that are accessible and inclusive of older adults.	16.67%
Use more family centered strategies, including intergenerational approaches and the role of men as fathers, mentors, and peers.	16.67%
Expand supports for families with young children, such as encouraging neighborhood-level social connections, home visitation programs, and increased available subsidized slots for Early Childhood Education.	16.67%
Integrate mental health screenings into non-mental health services (including maternal depression screenings).	8.33%
Strengthen community-police relations, including increased collaboration and implementation of community safety work in partnership with Police and community residents to improve public safety.	8.33%
Promote youth diversion programs that build youth skills and reduce interactions with the criminal justice system.	8.33%
Promote urban agriculture and bring nutritious and affordable food to underserved communities.	0.00%
Increased supports and harm reduction strategies for people experiencing homelessness.	0.00%
Invest in more parks and open public spaces.	0.00%
Increase the availability and coordination of STD and HIV testing and treatment in the City.	0.00%
Implement oral health screening at schools.	0.00%

Appendix D. Data Synthesis

Data Synthesis Results

HCI consolidated the data results from the prioritization survey, key informant interviews and focus groups to develop the Venn Diagram below for the Long Beach CHNA Collaborative. This diagram shows the overlapping areas of need across the different data methods for Long Beach. In addition, please remember that the secondary data results were used to help select the health topics for the prioritization survey. Thus, the secondary data results influenced this diagram too.



Top Health Needs Per Data Synthesis Method			
	KIIs	Focus Groups	Prioritization Survey
Housing	x	x	x
Education	x		
Access to Health Services	x	x	x
Economy	x		x
Mental Health	x	x	x
Public Safety		x	x
Chronic Diseases		x	

Top Issues Across Focus Groups

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

Indicators that Scored in the Top 5 for Key Informant Interview Approaches								
	Total Counts	Challenges/ Barriers	Factors of Issues	Health Priorities	Strategies	Resources	Presence Per Interview	Total
Housing	x	x	x	x	x		x	6
Education	x	x			x	x	x	5
Access to Health Services	x		x		x		x	4
Economy	x	x			x		x	4
Mental Health	x			x		x		3

Prioritization Survey Ranking of Health Topics					
	Impact	**Subgroups**	**Resources**	**High Risk**	**Overall Average**
Housing and Homelessness	4.857	4.833	4.75	4.75	**4.798**
Mental Health and Mental Disorders	4.769	4.75	4.333	4.417	**4.567**
Economic Insecurity	4.643	4.917	4.417	4.25	**4.558**
Public Safety (crime, homicide, general community safety)	4.385	4.667	4	4.167	**4.305**
Access to Health Services	4.357	4.833	3.917	3.917	**4.256**
Chronic Diseases	4.571	4.833	3.417	4.083	**4.226**
Exercise, Nutrition and Weight	4.143	4.5	4	4.167	**4.203**
Food Insecurity	4	4.583	3.75	3.833	**4.042**
Environment	4	4.333	4	3.583	**3.979**
Substance Abuse	4	3.917	3.5	3.167	**3.646**
Pregnancy and Birth Outcomes	3.462	3.583	2.667	3.333	**3.261**
Preventive Practices (immunizations and screenings)	3	3.083	2.333	3.5	**2.979**
Sexually Transmitted Infections	2.923	3.333	2.583	2.917	**2.939**
Oral Health/Dental Care	3.077	3.167	2.583	2.833	**2.915**

Appendix E. Community Stakeholders

Focus Group Representation

Focus Group	Participants	Number of Participants	Language
Project Return Peer Support Network (PRPSN)	• Veterans • Persons with disabilities	14	English
The LGBTQ Center of Long Beach (LGBTQ Center)	• Transitional-aged youth (18-25) • Racial ethnic minorities • Older adults • LGBTQ	17	English
Black Infant Health Program (BIH program)	• Women and children • Racial/ethnic minorities	11	English
Long Beach Alliance for Children with Asthma (LBACA)	• Women and children • Racial/ethnic minorities	19	English and Spanish
Rose Park Neighborhood Association (Rose Park)	• Older adults • Persons with disabilities • LGBTQ • Veterans • Women and children	10	English
United Cambodian Community (UCC)	• Older adult • Racial/ethnic minority • Women and children	20	Khmer

Key Informant Interview Stakeholders

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

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

Appendix F. Resources to Address Community Needs

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

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

General Resources

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

Access to Health Care

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

Chronic Diseases

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

Housing and Homelessness

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

Mental Health and Mental Health Conditions

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

Public Safety

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

Substance Use and Misuse

- Support groups (i.e. Alcoholics Anonymous)