Dignity Health
St. Mary Medical Center

Community Health Needs Assessment 2022

Report adopted by the Board of Directors in May 2022.

Contents

Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by St. Mary Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

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

CHNA Collaborators

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

Community Definition

St. Mary Medical Center is located at 1050 Linden Avenue, Long Beach, California, 90813. The population of the St. Mary Medical Center service area is 553,667. Children and youth, ages 0-17, make up 22.8% of the population, 65.8% are adults, ages 18-64, and 11.4% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as Hispanic/Latino (44.8%), 26.2% of the population identifies as White/Caucasian, 12.7% are Asian, and 12.2% are Black/African American. 2.7% of the population identifies as multiracial (two-or-more races), 0.8% as Native Hawaiian/Pacific Islander, and 0.3% as American Indian/Alaskan Native. Those who are of a race/ethnicity not listed represent an additional 0.3% of the service area population. In the service area, 52.1% of the population, 5 years and older, speak only English in the home. Among the area population, 35.7% speak Spanish, 9.3% speak an Asian/Pacific Islander language, and 2% speak an Indo-European language in the home.

Among the residents in the service area, 16.1% are at or below 100% of the federal poverty level (FPL) and 37.1% are at 200% of FPL or below. Those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 46.9% of owner and renter occupied households spend 30% or more of their income on housing. This is higher than the state rate (41.7%). Educational attainment is a key driver of health. In the hospital service area, 20.4% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.7%). 29.2% of area adults have a Bachelor’s degree or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

Interviews with community stakeholders and focus groups with community residents were conducted to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twenty-seven (27) interviews were conducted from September 2021 to January 2022. Community stakeholders identified by the Long Beach CHNA Collaborative were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the hospital facility.” Six virtual focus groups engaged 90 community residents. The focus groups were conducted from November 2021 to February 2022. The following population groups participated in the focus groups: Latinx, Black/African American, Cambodian/Pacific Islander, LGBTQ+, disabled persons/veterans, and older adults.

Process and Criteria to Identify and Prioritize Significant Health Needs

Significant health needs were identified from an analysis of the primary and secondary data sources. Interviews and surveys with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.

- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

The key informant stakeholders and focus group respondents were asked to prioritize the health needs according to the highest level of importance in the community.

List of Prioritized Significant Health Needs

Access to care, housing and homelessness and mental health were identified as priority needs by the community stakeholders.

Access to health care – Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.1% coverage. 91.2% of the civilian, non-institutionalized population in the service area has health insurance and 96.2% of children, ages 18 and younger, have health insurance coverage in the service area. Quality care was viewed by community members to be culturally competent care or specialized care that can meet the specific needs of a subpopulation or better “meet people where they’re at” and provide health services that are more patient-centered, free of stigma, and aware of generational differences and cultural biases.

Housing and Homelessness – Homelessness in Long Beach declined from 2013 to 2017 before rising again from 2017 to 2020. Of the 2,034 homeless people in Long Beach in 2020, 86.8% were adult individuals, 12.9% were family members (with at least one child, under 18, and one adult, age 18 and older). The percent of Long Beach homeless individuals who are sheltered has dropped from 2013 (34%) to 2020 (22.2%). Community stakeholders noted the direct connections between the exacerbated housing crisis, the steep rise in homelessness, and the COVID-19 pandemic. The rapid increase in rent prices and tensions between tenants and landlords have caused economic, emotional, and mental stress, contributing to a myriad of health issues.

Mental health – Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the hospital service area, the rate of mental distress among adults was 13.9%. Community stakeholders noted mental health needs have been magnified during the pandemic, and have highlighted the need for culture specific services and providers who intimately understand the needs of communities especially when the communities have histories of distrust or stigma regarding mental health and western practices of mental health.

Resources Potentially Available to Address Needs

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

Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Mary Medical Center Board of Directors in May 2022. The report is widely available to the public on the hospital's web site at https://www.dignityhealth.org/socal/locations/stmarymedical/about-us/community-benefits, and a paper copy is available for inspection upon request at the St. Mary Medical Center Community Health Office, 1050 Linden Avenue, Long Beach, CA 90813. Please send comments or questions about this report to Kit Katz, Director, Community Health at Kit.Katz@DignityHealth.org.

Community Definition

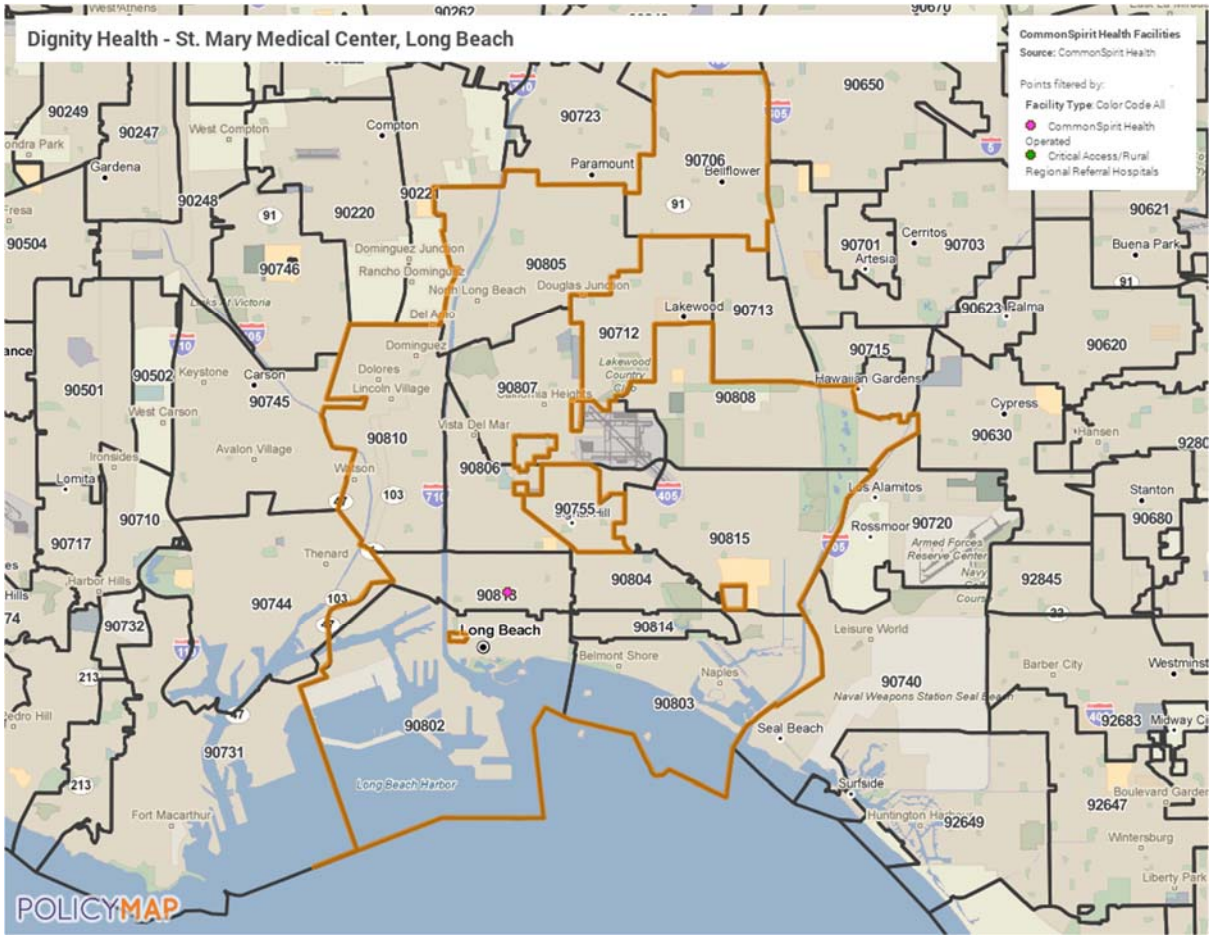
Service Area

St. Mary Medical Center is located at 1050 Linden Avenue, Long Beach, California, 90813. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area as including the following 12 ZIP Codes in Los Angeles County, 11 of which are located in the City of Long Beach.

St. Mary Medical Center Primary Service Area

Place	ZIP Code
Bellflower	90706
Long Beach	90802, 90803, 90804, 90805, 90806, 90807, 90808, 90810, 90813, 90814, 90815

Service Area Map



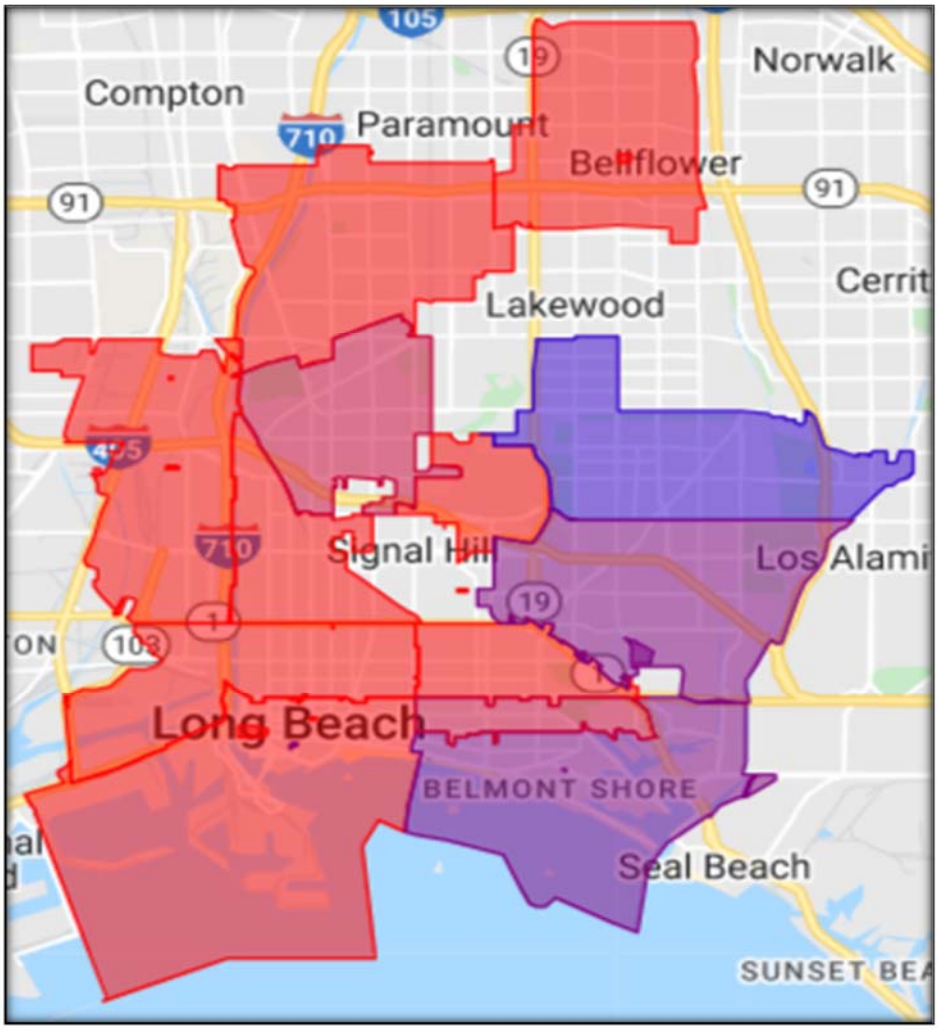
The population of the St. Mary Medical Center service area is 553,667. Children and youth, ages 0-17, make up 22.8% of the population, 65.8% are adults, ages 18-64, and 11.4% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identifies as Hispanic/Latino (44.8%), 26.2% of the population identifies as White/Caucasian, 12.7% are Asian, and 12.2% are Black/African American. 2.7% of the population identifies as multiracial (two-or-more races), 0.8% as Native Hawaiian/Pacific Islander, and 0.3% as American Indian/Alaskan Native. Those who are of a race/ethnicity not listed represent an additional 0.3% of the service area population. In the service area, 52.1% of the population, 5 years and older, speak only English in the home. Among the area population, 35.7% speak Spanish, 9.3% speak an Asian/Pacific Islander language, and 2% speak an Indo-European language in the home.

Among the residents in the service area, 16.1% are at or below 100% of the federal poverty level (FPL) and 37.1% are at 200% of FPL or below. Those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 46.9% of owner and renter occupied households spend 30% or more of their income on housing. This is higher than the state rate (41.7%). Educational attainment is a key driver of health. In the hospital service area, 20.4% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.7%). 29.2% of area adults have a Bachelor’s degree or higher degree.

Los Angeles County is designated as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health.

Community Need Index

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the ZIP Code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. The mean CNI score for the St. Mary Medical Center service area is 3.8. CNI scores range from 2.4 in Long Beach 90808 to 4.8 in Long Beach 90813.



Lowest Need — Highest Need

1 - 1.7 Lowest | 1.8 - 2.5 2nd Lowest | 2.6 - 3.3 Mid | 3.4 - 4.1 2nd Highest | 4.2 - 5 Highest

Mean(zipcode): 3.8 / Mean(person): 4 CNI Score Median: 4.2 CNI Score Mode: 4.2

Zip Code	CNI Score	Population	City	County	State
90706	4.2	78428	Bellflower	Los Angeles	California
90802	4.2	41143	Long Beach	Los Angeles	California
90803	2.8	32937	Long Beach	Los Angeles	California
90804	4.4	40247	Long Beach	Los Angeles	California
90805	4.6	94256	Long Beach	Los Angeles	California
90806	4.6	43254	Long Beach	Los Angeles	California
90807	3.4	31165	Long Beach	Los Angeles	California
90808	2.4	38092	Long Beach	Los Angeles	California
90810	4.2	37010	Long Beach	Los Angeles	California
90813	4.8	58457	Long Beach	Los Angeles	California
90814	3.4	18327	Long Beach	Los Angeles	California
90815	3.2	38163	Long Beach	Los Angeles	California

Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community.

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

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

Primary Data Collection

As part of the Long Beach CHNA Collaborative, St. Mary Medical Center conducted interviews with community stakeholders and virtual focus groups with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

Twenty-seven (27) telephone interviews were conducted during September 2021 to January 2022. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the Long Beach service area who spoke to issues and needs in the communities served by the hospital.

The Long Beach CHNA Collaborative identified a list of 39 key informants with the purpose of being interviewed as primary stakeholders and to give insight to community health needs and strengths. The key informants included leaders and representatives from healthcare institutions, community health clinics, non-profit organizations,

grassroots community groups, direct service providers, public education, and local government. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Prior to the interview, key informants were asked to complete an online survey prioritizing the identified community needs. One-on-one interviews were conducted by Long Beach Forward over Zoom. The interviews consisted of: (1) five open-ended questions; (2) input on issues, challenges, barriers related to identified health needs and; (3) available resources related to identified health needs.

Focus Groups

The Long Beach CHNA Collaborative identified six populations to be the focus of outreach for virtual focus groups to collect input and perspectives regarding the identified community needs and additional barriers and solutions to community health issues. The focus groups were adapted for a virtual format via Zoom due to the unpredictable nature of COVID-19 case rates in Long Beach. The six populations identified for individual focus groups were: Latinx, Black/African American, Cambodian/Pacific Islander, LGBTQ+, disabled persons and veterans, and older adults.

Long Beach Forward partnered with community-based organizations to assist with outreach and recruitment of participants, including: The LGBTQ Center of Long Beach, U.S. VETS, the YMCA of Greater Long Beach, Best Start Central Long Beach, the Long Beach Gray Panthers, Elite Skills Development, Black Lives Matter Long Beach, the Greater Long Beach Mutual Aid Network, the Black healthy Equity Collaborative, and United Cambodian Community. Long Beach Forward selected organizational/program partners that would be able to reach community members as identified as vulnerable populations by the Long Beach CHNA Collaborative and that, as a whole, were as representative of the vulnerable populations as possible within the scope of the project. Each organization was provided with $1,500 to compensate their time for conducting outreach and recruiting the focus group participants. The organizations engaged residents to participate in the focus groups by using the method they knew to be most effective, including distribution of a flyer (template provided by Long Beach Forward), word of mouth, targeted outreach, and email invitations.

To register for the focus group, participants were asked to complete an online registration form to capture their contact information along with socioeconomic and demographic data. Individuals who needed support completing the online form were

assisted by a community partner or a Long Beach Forward team member. Long Beach Forward sent confirmation emails for each focus group to ensure as much participation as possible. For each focus group, a representative from Long Beach Forward served as the facilitator. The main objective of the Long Beach Forward facilitator was to introduce the purpose of the focus groups and Long Beach Forward's role, share the identified significant health needs, facilitate the full group discussion questions, and ensure the process was adhering to the protocol. Another representative from Long Beach Forward controlled the Zoom platform to assist with interpretation, breakout rooms, and moderation. Another representative took notes from the full group discussion, and another representative took attendance and recorded consent from the participants.

The focus groups began with an introduction by the Long Beach Forward facilitator and introductions of all participants using an ice-breaker question via the chat function. Once participants had been introduced, the Long Beach Forward facilitator reviewed each of the definitions and examples of the identified significant health needs. All significant health needs were visible via screen share and participants were encouraged to ask questions and add additional significant health needs that were not identified.

Participants were sorted into breakout rooms depending on the number of attendees. Breakout rooms consisted of three to six participants and two representatives from Long Beach Forward, one to facilitate dialogue and one to capture notes in the virtual "padlet" window. Once in the breakout rooms, participants were asked to identify their top three priorities. Next, participants were asked a series of questions related to their understanding and perspectives on the identified needs, including who is most impacted by the needs, major barriers and challenges to addressing the needs, effective strategies to reduce inequities, and resources that exist in the community. The virtual focus groups lasted ninety minutes and utilized simultaneous interpretation and live captioning to ensure maximum participation. A $25 gift card incentive was given to the participants. Attachment 3 provides information about the focus groups.

Data Quality Assurance

Long Beach Forward assured quality data collection by revisiting the recorded content (from the stakeholder interviews and the focus groups) when reviewing the typed notes that had missing information. In addition, the team entered all hand-written notes into digital notes to ensure that information was comprehensive and themes were identified. Data collected in Spanish or Khmer were translated with the assistance of language-proficient staff and professional interpreters contracted through NewVoice Interpreting. Key quotes were directly transcribed to accurately represent the voices of community members.

Stakeholder responses to the overview questions from the interviews and the focus groups are detailed in Attachment 4.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews and focus groups focused on these significant health needs:

- Access to health services
- Chronic diseases
- COVID-19
- Economic insecurity
- Environment
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Pregnancy and birth outcomes
- Preventive practices
- Racism and discrimination
- Substance use
- Violence and injury

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. St. Mary Medical Center invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public at https://www.dignityhealth.org/socal/locations/stmarymedical/about-us/community-benefits. No written comments have been received.

Project Oversight

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

Consultants

Biel Consulting, Inc. facilitated the Long Beach CHNA Collaborative meetings, coordinated the CHNA process, collected the secondary data and wrote the CHNA. Dr. Melissa Biel was joined by Denise Flanagan, BA. Biel Consulting, Inc. is an independent

consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Long Beach Forward conducted the primary data collection for the CHNA. Long Beach Forward began in 2010 as the Hub Organization for the Building Healthy Communities initiative in Long Beach and rebranded in 2018 as Long Beach Forward. James Suazo, Executive Director, served as the contact person for the Long Beach CHNA Collaborative. Stakeholder interviews and transcriptions were conducted by Takara Richardson, Cindy Guardado, and Antonio Hernandez. Focus groups were conducted collaboratively by Takara Richardson, Cindy Guardado, Antonio Hernandez, Katherine Palaeologus, Rudy Cardoso, Leakhena Ou, Nerexda Soto, Marlene Montañez, and James Suazo. Administrative and logistical support was provided by Ariel Halstead, MPH, and Peter Madsen. www.lbforward.org

Community Demographics

Population

The population of the Dignity Health St. Mary Medical Center service area is 553,667. From 2014 to 2019, the population decreased by 0.3%, while the population of the county grew by 1.1% and the state by 3.2%.

Total Population and Change in Population

	ZIP Code	Total Population	Change in population, 2014-2019
Bellflower	90706	77,195	(-0.3%)
Long Beach	90802	38,962	0.4%
Long Beach	90803	32,126	4.3%
Long Beach	90804	39,239	(-3.5%)
Long Beach	90805	95,995	1.5%
Long Beach	90806	41,990	(-2.7%)
Long Beach	90807	32,202	(-4.5%)
Long Beach	90808	39,330	(-1.3%)
Long Beach	90810	37,251	1.4%
Long Beach	90813	58,380	(-2.7%)
Long Beach	90814	19,685	4.8%
Long Beach	90815	41,312	1.8%
St. Mary Medical Center Service Area		**553,667**	**(-0.3%)**
Los Angeles County		**10,081,570**	**1.1%**
California		**39,283,497**	**3.2%**

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. http://data.census.gov

The service area population is 50.7% female and 49.3% male.

Population, by Gender

	St. Mary Medical Center Service Area	Los Angeles County	California
Male	49.3%	49.3%	49.7%
Female	50.7%	50.7%	50.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05.http://data.census.gov

In Los Angeles County, 90.9% of the adult population identify as straight or heterosexual, and 99.6% as cisgender, or not transgender. In SPA 8, 3% of the population identifies as gay, lesbian or homosexual.

Population, by Sexual Orientation and Gender Identity, Adults

	SPA 8	Los Angeles County	California
Straight or heterosexual	91.4%	90.9%	91.9%
Gay, lesbian or homosexual	3.0%	3.1%	2.7%
Bisexual	3.2%	3.9%	3.6%
Not sexual/celibate/none/other	2.5%	2.1%	1.9%

	SPA 8	Los Angeles County	California
Cisgender/not transgender	*99.6%	99.6%	99.4%
Transgender/gender non-conforming	*0.4%	0.4%	0.6%

*Source: California Health Interview Survey, 2016-2020 combined. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Children and youth, ages 0-17, make up 22.8% of the population, 65.8% are adults, ages 18-64, and 11.4% of the population are seniors, ages 65 and older. The service area has a higher percentage of children under the age of 5 and younger adults, ages 18 to 44, and a lower percentage of older adults, ages 45 and over, than the county or state. The service area percentage of children and youth, ages 5 to 17, is higher than the county.

Population, by Age

	St. Mary Medical Center Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	36,533	6.6%	611,485	6.1%	2,451,528	6.2%
Age 5-17	89,789	16.2%	1,603,275	15.9%	6,570,618	16.7%
Age 18-24	57,336	10.4%	979,915	9.7%	3,789,808	9.6%
Age 25-44	169,808	30.7%	3,003,060	29.8%	11,173,751	28.4%
Age 45-64	137,063	24.8%	2,547,857	25.3%	9,811,751	25.0%
Age 65+	63,138	11.4%	1,335,978	13.3%	5,486,041	14.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. http://data.census.gov/

When the service area is examined by ZIP Code, Long Beach 90813 has the highest percentage of children and youth (29.1%), followed by Long Beach 90805 (28.8%). Long Beach 90803 has the lowest percentage of children and youth in the service area (11.1%).

Long Beach 90803 includes part of the Leisure World retirement community, and has the highest percentage of seniors in the area (20.2%), followed by Long Beach 90807 (16.7%) and 90808 (16%). Long Beach ZIP Codes 90804 and 90813 report a senior population of 7.7%.

Population, by Youth, Ages 0-17, and Seniors, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Bellflower	90706	77,195	25.5%	11.1%
Long Beach	90802	38,962	14.2%	9.4%
Long Beach	90803	32,126	11.1%	20.2%
Long Beach	90804	39,239	21.1%	7.7%
Long Beach	90805	95,995	28.8%	8.8%
Long Beach	90806	41,990	25.4%	9.4%
Long Beach	90807	32,202	18.7%	16.7%
Long Beach	90808	39,330	21.3%	16.0%

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Long Beach	90810	37,251	23.9%	11.6%
Long Beach	90813	58,380	29.1%	7.7%
Long Beach	90814	19,685	15.8%	12.6%
Long Beach	90815	41,312	18.3%	14.8%
St. Mary Medical Center Service Area		**553,667**	**22.8%**	**11.4%**
Los Angeles County		**10,081,570**	**22.0%**	**13.3%**
California		**39,283,497**	**23.0%**	**14.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Race/Ethnicity

The largest portion of the population in the service area identifies as Hispanic/Latino (44.8%), with 26.2% of the population identifying as White/Caucasian, 12.7% as Asian and 12.2% as Black/African American. 2.7% of the population identifies as multiracial (two-or-more races), 0.8% as Native Hawaiian/Pacific Islander, and 0.3% as American Indian/Alaskan Native. Those who are of a race/ethnicity not listed represent 0.3% of the service area population.

Race/Ethnicity

	St. Mary Medical Center Service Area	Los Angeles County	California
Hispanic or Latino	44.8%	48.5%	39.0%
White	26.2%	26.2%	37.2%
Asian	12.7%	14.4%	14.3%
Black/African American	12.2%	7.8%	5.5%
Multiracial	2.7%	2.3%	3.0%
Native HI/Pacific Islander	0.8%	0.2%	0.4%
Some other race	0.3%	0.3%	0.3%
American Indian/AK Native	0.3%	0.2%	0.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. http://data.census.gov/

When race/ethnicity is examined by ZIP Code, Long Beach 90813 has almost two-thirds of the population (65%) identifying as Hispanic/Latino, followed by Long Beach 90805 (59.9%). Long Beach 90803 has the highest percentage of Whites (68.7%), and the lowest percentage of Hispanics and Blacks and second-lowest percentage of Asians. Long Beach 90810 has the highest percentage of Asians in the service area (23.2%), followed by 90806 (19%). Long Beach 90805 (17.8%) and 90806 (16.2%) have the highest percentage of Blacks/African Americans in the service area.

Race/Ethnicity, by ZIP Code

	ZIP Code	Hispanic/ Latino	White	Asian	Black
Bellflower	90706	55.9%	15.9%	12.1%	13.0%
Long Beach	90802	34.6%	39.2%	7.3%	14.0%
Long Beach	90803	16.1%	68.7%	7.7%	4.2%

	ZIP Code	Hispanic/ Latino	White	Asian	Black
Long Beach	90804	42.8%	25.7%	16.0%	12.1%
Long Beach	90805	59.9%	7.6%	10.5%	17.8%
Long Beach	90806	51.2%	10.4%	19.0%	16.2%
Long Beach	90807	28.9%	36.2%	14.8%	15.3%
Long Beach	90808	23.2%	56.1%	9.8%	4.4%
Long Beach	90810	54.8%	5.5%	23.2%	10.4%
Long Beach	90813	65.0%	8.5%	12.5%	11.5%
Long Beach	90814	26.3%	48.9%	9.1%	12.0%
Long Beach	90815	20.2%	57.1%	12.3%	5.9%
St. Mary Medical Center Service Area		**44.8%**	**26.2%**	**12.7%**	**12.2%**
Los Angeles County		**48.5%**	**26.2%**	**14.4%**	**7.8%**
California		**39.0%**	**37.2%**	**14.3%**	**5.5%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05. http://data.census.gov/

Language

In the service area, 52.1% of the population, 5 years and older, speak only English in the home. Among the area population, 35.7% speak Spanish in the home, 9.3% speak an Asian/Pacific Islander language, and 2% speak an Indo-European language other than Spanish in the home.

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

	St. Mary Medical Center Service Area	Los Angeles County	California
Population, 5 years and older	**517,134**	**9,470,085**	**36,831,969**
English only	52.1%	43.4%	55.8%
Speaks Spanish	35.7%	39.2%	28.7%
Speaks Asian or Pacific Islander language	9.3%	10.9%	10.0%
Speaks non-Spanish Indo-European language	2.0%	5.3%	4.5%
Speaks other language	0.9%	1.1%	1.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. http://data.census.gov/

The highest percentage of Spanish speakers, within the service area, can be found in Long Beach 90813 (57.3%) and 90805 (51.5%). Long Beach 90810 (19.7%) and 90806 (14.7%) have the highest percentages of Asian/Pacific-Islander language speakers. Long Beach 90803 (4.8%) and 90815 (4.1%) have the highest percentages of non-Spanish Indo-European languages spoken at home in the service area. English is spoken in the home by 81.2% of those living in Long Beach 90803 and 79.8% of those living in 90808.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Non-Spanish Indo European
Bellflower	90706	43.0%	44.5%	9.2%	1.5%
Long Beach	90802	63.2%	28.0%	4.4%	3.4%

	ZIP Code	English	Spanish	Asian/Pacific Islander	Non-Spanish Indo European
Long Beach	90803	81.2%	9.5%	3.9%	4.8%
Long Beach	90804	51.2%	34.7%	11.2%	1.9%
Long Beach	90805	38.4%	51.5%	9.2%	0.5%
Long Beach	90806	39.6%	43.4%	14.7%	1.5%
Long Beach	90807	68.4%	19.1%	9.0%	2.6%
Long Beach	90808	79.8%	12.0%	5.1%	2.2%
Long Beach	90810	32.8%	46.2%	19.7%	1.1%
Long Beach	90813	29.9%	57.3%	10.6%	1.4%
Long Beach	90814	74.9%	15.9%	5.8%	2.4%
Long Beach	90815	77.5%	11.0%	6.3%	4.1%
St. Mary Medical Center Service Area		**52.1%**	**35.7%**	**9.3%**	**2.0%**
Los Angeles County		**43.4%**	**39.2%**	**10.9%**	**5.3%**
California		**55.8%**	**28.7%**	**10.0%**	**4.5%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Los Angeles County school districts, the percentage of students who were classified English Learners was 18%. Among area school districts English Learners ranged from 14.3% of the student body in Long Beach Unified to 25.8% of students being English Learners in the Paramount Unified School District.

English Learner (EL) Students, by School District

	Number	Percent
ABC Unified School District	3,267	16.2%
Bellflower Unified School District	1,942	17.0%
Long Beach Unified School District	10,298	14.3%
Los Angeles Unified School District	119,626	20.1%
Paramount Unified School District	3,700	25.8%
Los Angeles County	**258,775**	**18.0%**
California	**1,148,024**	**18.6%**

Source: California Department of Education DataQuest, 2019-2020. http://dq.cde.ca.gov/dataquest/

Community Perspectives – Racism and Discrimination

Racism and discrimination are pervasive for many people in settings related to health and wellbeing, especially within formal institutions. Experiences with racism, microaggressions, and violent practices have fostered a strong distrust and avoidance of seeking support for care and interacting with government agencies or formalized services. In the context of COVID-19, the rise of Asian and Pacific Islander hate rhetoric had a detrimental impact on residents' mental health and willingness to seek care.

Racism has set a foundation for all our experiences with health care. There are real trust issues because of the racial biases that we face in health care, jobs, and careers. - Focus group participant

When I first was pregnant with my daughter, I went to a White OB/GYN and I had a very difficult experience. I didn't go back for care again until I was six months pregnant. I had to be coached. Because that experience on top of being scared and not knowing what was going on with my body, that interaction with that OB/GYN made me make the decision that I did not want to go back. - Key informant

A lot of young folks are targeted by the police. And I think that's another key trauma that our youth have experienced. Really, there is a distrust of the police. - Focus group participant

Racism exists because discrimination exists. We see all these barriers; we see all these challenges. I think acknowledging the reason why the community doesn't trust, the reason why it's not accessible, the reason why folks are dealing with all these problems, the reason why people died, it's because of racism, it's because of discrimination. I think until we address this core problem, none of the other things are going to follow. I think it's going to be a matter of really challenging the institutions. - Key informant

Over four hundred years of systemic racism means that we cannot even get to talking about economics and health care if we are not looking at racism. We need real political will to make changes happen. - Focus group participant

Veteran Status

In the service area, 4.4% of the civilian population, 18 years and older, are veterans. This is higher than in the county rate (3.3%) but lower than the state rate (5.2%). Rates of former military service range from 2.7% in Long Beach 90813 to 7.8% in Long Beach 90807.

Veteran Status

	ZIP Code	Percent
Bellflower	90706	3.1%
Long Beach	90802	5.3%
Long Beach	90803	5.4%
Long Beach	90804	3.3%
Long Beach	90805	3.4%
Long Beach	90806	3.5%
Long Beach	90807	7.8%
Long Beach	90808	6.8%

	ZIP Code	Percent
Long Beach	90810	5.0%
Long Beach	90813	2.7%
Long Beach	90814	4.8%
Long Beach	90815	5.0%
St. Mary Medical Center Service Area		**4.4%**
Los Angeles County		**3.3%**
California		**5.2%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Citizenship

In the service area, 26.2% of the population is foreign-born, which is lower than the county (34%) and state (26.8%) rates. Of the foreign-born, 48.4% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	St. Mary Medical Center Service Area	Los Angeles County	California
Foreign born	26.2%	34.0%	26.8%
Of the foreign born, not a U.S. citizen	48.4%	47.7%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Los Angeles County is ranked 34 among counties in California, down from 30 in 2020 according to social and economic factors, placing it in the bottom half of California counties.

Social and Economic Factors Ranking

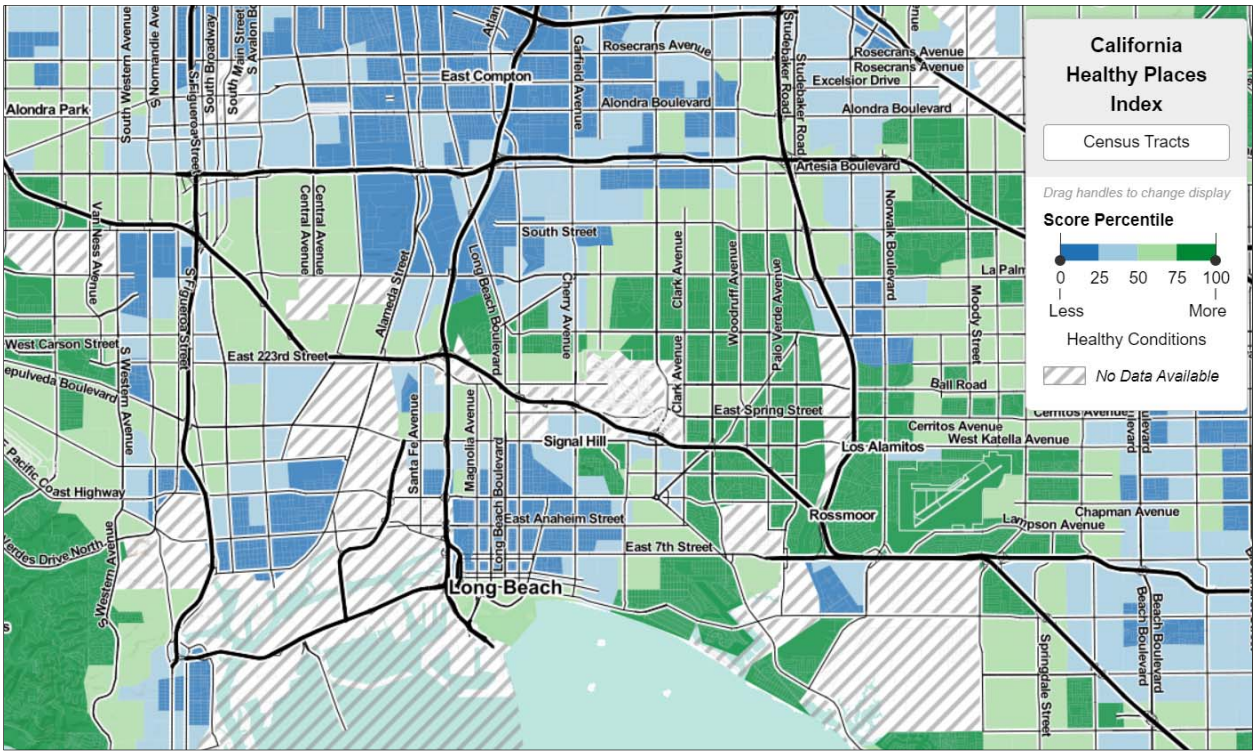
	County Ranking (out of 58)
Los Angeles County	34

Source: County Health Rankings, 2021 http://www.countyhealthrankings.org

California Healthy Places Index

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

The HPI map below displays Long Beach and the surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.)



Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed July 6, 2021. https://healthyplacesindex.org

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was $13,011 and for a family of four $25,926. Among the residents in the service area, 16.1% are at or below 100% of the federal poverty level (FPL) and 37.1% are at 200% of FPL or below. These poverty and low-income rates are higher than county and state rates. The highest poverty and low-income rates in the service area are found in Long Beach 90813, where 28.2% of the population lives in poverty and 61.3% are categorized as low-income residents. Long Beach 90808 has the lowest rate of poverty-level (6.2%) and low-income residents (12.5%).

Ratio of Income to Poverty Level (<100% FPL and <200% FPL), by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Bellflower	90706	12.8%	36.2%
Long Beach	90802	18.4%	38.8%
Long Beach	90803	8.6%	16.7%
Long Beach	90804	20.3%	45.0%
Long Beach	90805	19.9%	46.8%
Long Beach	90806	20.2%	43.4%
Long Beach	90807	6.7%	21.3%
Long Beach	90808	6.2%	12.5%
Long Beach	90810	16.4%	42.4%
Long Beach	90813	28.2%	61.3%

	ZIP Code	<100% FPL	<200% FPL
Long Beach	90814	12.3%	26.2%
Long Beach	90815	9.9%	17.3%
St. Mary Medical Center Service Area		**16.1%**	**37.1%**
Los Angeles County		**14.9%**	**34.8%**
California		**13.4%**	**31.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

Long Beach 90813 has the highest rate of poverty among children (39.7%), seniors (29.5%) and female heads-of-household (HoH), living with their own children under the age of 18 (46.5%) in the service area.

Poverty Levels of Children, under Age 18, Seniors, Ages 65 and Older, and Female HoH

	ZIP Code	Children	Seniors	Female HoH with Children*
Bellflower	90706	18.2%	14.3%	23.0%
Long Beach	90802	27.6%	14.4%	31.8%
Long Beach	90803	3.4%	7.8%	13.7%
Long Beach	90804	28.7%	20.9%	26.6%
Long Beach	90805	28.8%	15.2%	38.0%
Long Beach	90806	28.6%	18.5%	45.1%
Long Beach	90807	6.8%	7.4%	9.5%
Long Beach	90808	5.9%	7.7%	14.4%
Long Beach	90810	24.5%	9.5%	30.5%
Long Beach	90813	39.7%	29.5%	46.5%
Long Beach	90814	16.5%	9.8%	15.0%
Long Beach	90815	5.3%	4.6%	19.3%
St. Mary Medical Center Service Area		**23.2%**	**12.7%**	**31.9%**
Los Angeles County		**20.8%**	**13.2%**	**33.3%**
California		**18.1%**	**10.2%**	**33.1%**

*Source: U.S. Census Bureau, 2015-2019 American Community Survey, S1701 & *S1702. http://data.census.gov/*

Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 5.9%. This is slightly lower than LA County and the state unemployment rate (6.1%). The highest rates of unemployment are found in Long Beach 90805 and 90813 (9%), followed by Long Beach 90810 (8%). The lowest unemployment rates in the service area can be found in Long Beach 90814 (2.6%) and 90808 (2.8%).

Employment Status, Ages 16 and Older

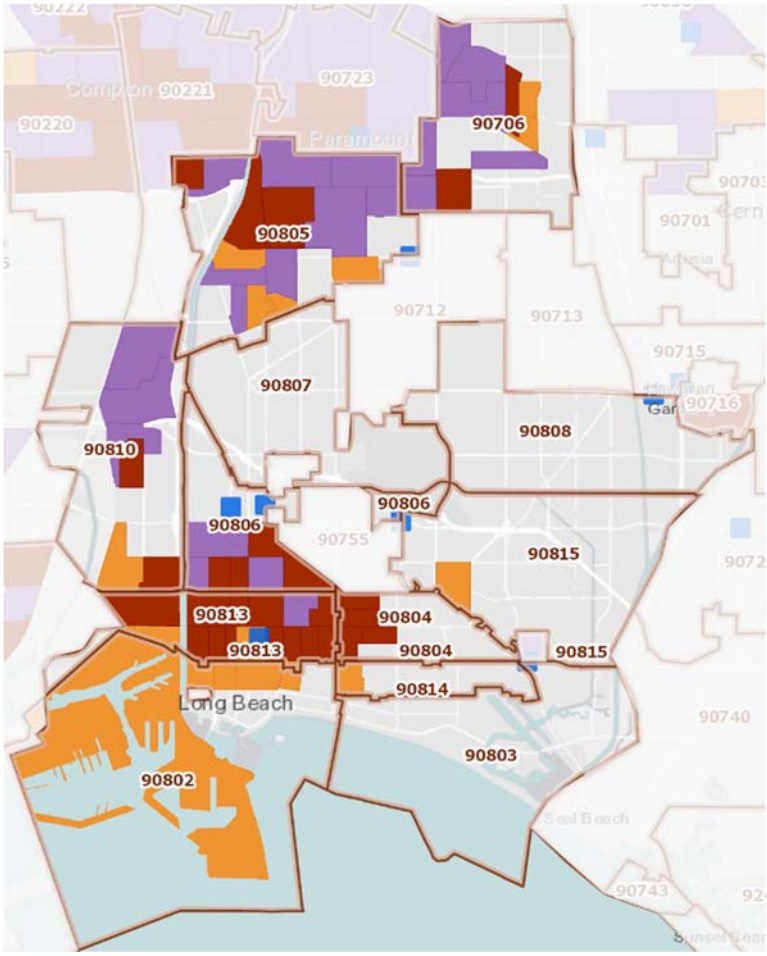
	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Bellflower	90706	38,560	2,242	5.8%
Long Beach	90802	24,678	1,462	5.9%
Long Beach	90803	20,163	858	4.3%
Long Beach	90804	21,951	938	4.3%
Long Beach	90805	46,158	4,143	9.0%

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Long Beach	90806	19,947	969	4.9%
Long Beach	90807	18,332	634	3.5%
Long Beach	90808	20,842	585	2.8%
Long Beach	90810	18,218	1,460	8.0%
Long Beach	90813	27,840	2,515	9.0%
Long Beach	90814	12,351	321	2.6%
Long Beach	90815	20,798	936	4.5%
St. Mary Medical Center Service Area		**289,838**	**17,063**	**5.9%**
Los Angeles County		**5,249,298**	**319,435**	**6.1%**
California		**19,790,474**	**1,199,233**	**6.1%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. http://data.census.gov/

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the St. Mary Medical Center service area and surrounding areas, highlighting the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for both poverty and education are noted on the map in brown. Blue squares represent area hospitals.



Long Beach 90802 shows a high percentage of poverty without low education levels, while Bellflower and Long Beach 90805 and 90810 show areas of population with low education levels without high levels of poverty. The area immediately surrounding St. Mary Medical Center (the blue square located in 90813) contains a high percentage of vulnerable populations, with 25% or more of the population possessing less than a high school education and poverty found among 20% or more of the population, as do portions of the service area further north. (Source: *https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint*)

Free and Reduced-Price Meals

The Free and Reduced-Price Meal Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranges from 50.3% of students in the ABC Unified School District to 94.7% in the Paramount Unified School District. In the Long Beach Unified School District 65% of the student body are eligible for free or reduced-price meals.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
ABC Unified School District	50.1%
Bellflower Unified School District	67.4%
Long Beach Unified School District	65.0%
Los Angeles Unified School District	80.3%
Paramount Unified School District	94.7%
Los Angeles County	**68.9%**
California	**59.3%**

Source: California Department of Education, 2019-2020.http://data1.cde.ca.gov/dataquest/

Community Perspectives – Economic Insecurity

Poverty was a main driver of health issues, causes, and challenges among all the local populations and communities. Economic insecurity was directly tied to COVID-19 and the secondary impacts of the pandemic on the economy and an already depressed job sector.

> *People are desperate for income. We're seeing more thefts in the neighborhood.* - Focus group participant

> *The minimum wage still isn't a living wage. Community members see that we've never really had a living wage, and with the pandemic, that really shows it still wasn't realistic. I think there's some discontent with the wages that are being offered.* - Key informant

> *Everything is getting more expensive. Living conditions are more expensive than ever and full-time jobs can no longer cover our living costs.* - Focus group participant

Transportation

St. Mary Medical Center service area workers spend, on average, 31.1 minutes a day commuting to work. 76.8% of workers who work outside the home drive alone to work and 48.4% of solo drivers have a commute of 30 minutes or more. Few workers commute by public transportation (5.1%) or walk to work (2.2%).

Transportation/Commute to Work

	St. Mary Medical Center Service Area	Los Angeles County	California
Mean travel time to work (in minutes)	*31.1	31.8	29.8
Workers who drive alone	76.8%	74.0%	73.7%
Solo drivers with a long (> 30 min.) commute**	48.4%	50.6%	42.2%
Workers commuting by public transportation	5.1%	5.8%	5.1%
Workers who walk to work	2.2%	2.7%	2.6%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S0801 & **S0802. http://data.census.gov/ *Weighted average of area means*

Households

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

In the service area, there are 192,781 households and 203,561 housing units. Over the last five years, the population fell by 0.3%, but the number of households grew at a rate of 1.7% (suggesting easing of constraints on housing formation). Housing units grew at a rate of 0.5%, and vacant units decreased by 17.6%, to 5.3% of overall housing stock. Owner-occupied housing increased by 0.8% and renters increased by 2.4% from their 2014 levels. The service area has a lower rate of vacancy and a higher rate of renting versus ownership compared to the county.

Households and Housing Units, and Percent Change

	St. Mary Medical Center Service Area			Los Angeles County		
	2014	2019	Percent Change	2014	2019	Percent Change
Households	189,482	192,781	1.7%	3,242,391	3,316,795	2.3%
Housing units	202,565	203,561	0.5%	3,462,075	3,542,800	2.3%
Owner occ.	37.9%	38.0%	0.8%	43.4%	42.9%	1.0%
Renter occ.	55.7%	56.7%	2.4%	50.2%	50.7%	3.4%
Vacant	6.5%	5.3%	(-17.6%)	6.3%	6.4%	2.9%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. http://data.census.gov/

The weighted average of the median household income in the service area is $66,084, which is lower than the county median of $68,044. Median household income ranges from $38,449 in Long Beach 90813 to $110,625 in Long Beach 90808.

Median Household Income

	ZIP Code	Households	Median Household Income
Bellflower	90706	23,240	$60,011
Long Beach	90802	20,756	$54,616
Long Beach	90803	16,718	$90,278
Long Beach	90804	14,955	$52,948
Long Beach	90805	27,354	$50,914
Long Beach	90806	12,788	$54,437
Long Beach	90807	12,741	$78,948
Long Beach	90808	13,916	$110,625
Long Beach	90810	9,400	$60,227
Long Beach	90813	17,192	$38,449
Long Beach	90814	9,165	$73,391
Long Beach	90815	14,556	$94,559
St. Mary Medical Center Service Area		**192,781**	***$66,084**
Los Angeles County		**3,316,795**	**$68,044**
California		**13,044,266**	**$75,235**

*Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. http://data.census.gov/ *Weighted average of the medians.*

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 46.9% of owner and renter occupied households spend 30% or more of their income on housing. This is similar to the county rate (47.3%) but higher than the state rate (41.7%). The ZIP Code with the highest percentage of households spending 30% or more of their income on housing is Long Beach 90813 (57.5%). There are five service area ZIP Codes where just over half of the population spends 30% or more of income on housing: Bellflower 90706 and Long Beach 90802, 90804, 90805 and 90806. The ZIP Code where the smallest percentage of the population is housing-cost burdened is Long Beach 90808 (26.3%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Bellflower	90706	50.3%
Long Beach	90802	51.4%
Long Beach	90803	40.5%
Long Beach	90804	52.5%
Long Beach	90805	52.7%
Long Beach	90806	52.6%
Long Beach	90807	43.7%
Long Beach	90808	26.3%
Long Beach	90810	41.1%
Long Beach	90813	57.5%
Long Beach	90814	43.8%
Long Beach	90815	35.9%
St. Mary Medical Center Service Area		**46.9%**
Los Angeles County		**47.3%**
California		**41.7%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates DP04. http://data.census.gov/

Households by Type

The service area has 20.5% of family households (married or cohabiting couples) with children, under 18 years old, and 6.3% of households are households with a female as head of household with children, with no spouse or partner present. 8.2% of area households are seniors who live alone, which is lower than the county (8.8%) and state (9.5%) rates. Seniors living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family * Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
St. Mary Medical Center Service Area	192,781	20.5%	6.3%	8.2%
Los Angeles County	3,316,795	21.9%	5.1%	8.8%
California	13,044,266	24.0%	4.8%	9.5%

*Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

In the service area, there are 192,781 households. Of these, 26.4% are households with four or more persons, 27.6% are two-person households and 29.6% of household have residents who live alone.

Household Size

	St. Mary Medical Center Service Area	Los Angeles County	California
1 person households	29.6%	25.7%	23.8%
2 person households	27.6%	28.1%	30.4%
3 person households	16.4%	16.9%	16.7%
4+ person households	26.4%	29.4%	29.1%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S2501. http://data.census.gov

Homelessness

A point-in-time count of homeless people was conducted biannually in Long Beach until 2019 but is now planned to be conducted annually. It is conducted to determine how many individuals and families are homeless on a given day, and is scheduled to occur on a single night in the third week of January, unless weather does not permit. The 2021 homeless count was postponed due to COVID-19.

The Long Beach Homelessness Continuum of Care (CoC) is not part of the Los Angeles County CoC. Their counts are conducted independently, and counts do not overlap. The Los Angeles Homeless Services Authority (LAHSA) conducts the annual Greater Los Angeles Homeless Count.

Data from the 2020 survey showed an increase in the number of homeless individuals and the percent of unsheltered homeless from 2017 to 2020. Shelter in Long Beach includes only emergency shelter and transitional housing, while in LA County it includes cars, RVs, tents and temporary structures (e.g. cardboard), in addition to official homeless shelters.

Homelessness in Long Beach declined from 2013 to 2017 before rising again from 2017 to 2019 and again in 2020. Of the 2,034 homeless people in Long Beach in 2020, 86.8% were adult individuals, 12.9% were family members (with at least one child, under 18, and one adult, age 18 and older), and 0.25% were unaccompanied minors (under the age of 18). The percent of chronic homelessness for individuals and family members decreased from 2013 to 2020 in Long Beach while it rose in LA County. The percent of homeless individuals who were veterans fell from 2013 to 2020 in Long Beach and LA County. The percent of Long Beach homeless individuals who are sheltered has dropped from 2013 (34%) to 2020 (22.2%).

Homeless Subpopulations, 2013, 2017 and 2020

	Long Beach			Los Angeles County		
	2013	2017	2020	2013	2017	2020
Count of homeless individuals	2,847	1,863	2,034	35,524	55,188	63,706
Sheltered individuals	34.0%	35.2%	22.2%	36.4%	25.3%	27.7%
Unsheltered individuals	66.0%	64.8%	77.8%	63.6%	74.7%	72.3%
Chronically homeless persons	39.1%	37.3%	34.1%	24.5%	30.0%	38.4%
Survivor of domestic violence	5.8%	13.2%	16.8%	8.9%	N/A	6.1%
Persons with HIV/AIDS	2.2%	3.0%	2.9%	1.0%	2.0%	1.8%
Serious mental illness	24.3%	31.5%	24.5%	28.0%	27.0%	22.2%
Substance use disorder	21.7%	20.7%	27.5%	31.2%	15.9%	23.9%
Veterans	18.5%	17.1%	8.6%	11.3%	8.1%	5.8%
Homeless family members	18.4%	11.6%	12.9%	18.8%	14.7%	19.5%
Unaccompanied youth (under 18)	0.07%	0.00%	0.25%	2.3%	0.45%	0.11%
Foster care experience	N/A	N/A	9.4%	N/A	N/A	N/A
Students	N/A	N/A	8.1%	N/A	N/A	N/A
LGBTQ+	N/A	N/A	6.9%	N/A	N/A	N/A

Source: Long Beach Health and Human Services, Homeless Services Division (HSD), 2020 Homeless Count. https://www.longbeach.gov/health/services/directory/homeless-services/homeless-count/ Source for 2013 & 2017: U.S. Department of Housing and Urban Development (HUD) https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports

Community Perspectives – Housing and Homelessness

There are direct connections between the exacerbated housing crisis, the steep rise in homelessness, and the COVID-19 pandemic. Homelessness is a major issue impacting health and wellbeing.

When the pandemic started 18 months ago, we saw a big influx of homelessness and people on the verge of being homeless, or being evicted from their apartment or house. Loss of jobs was the main reason. That created stress in households to figure out how keep housing, try to find work and keep families safe. - Key informant

The rapid increase in rent prices and tensions between tenants and landlords have caused economic, emotional, and mental stress, contributing to a myriad of health issues.

Housing insecurity is a huge issue. Gentrification is happening all over and rents are skyrocketing. I can't afford to pay for all my medical bills and now I can't afford rent. - Focus group participant

One of the things in Long Beach that is a real problem for people who don't own homes is that the rental market is awful. And I think people who had to deal with that during the pandemic were even more stressed. I had to move out of a place I was renting and the housing market was so bad, it was hard to find somewhere to live. Some landlords take advantage of renters and I think that happened even more during the pandemic. - Key informant

Public Program Participation

In the Los Angeles County Service Planning Area 8 (SPA 8), 44.2% of low-income residents (those making less than 200% of the FPL) are not able to afford enough to eat, while only 19.6% of low-income residents utilize food stamps. WIC benefits are accessed by 60.9% of SPA 8 children, 6 years and younger, which is higher than the county rate of use. 7.4% of SPA 8 residents are TANF/CalWorks recipients, compared to 10.5% for the county. Among SPA 8 adult immigrants, 23.8% indicated there had been a time when they avoided government benefits due to a concern about disqualifying themselves or a family member from a green card or citizenship. 22% of adult immigrants indicated they were asked to provide a Social Security Number or other proof of citizenship within the past year in order to obtain medical services or school enrollment.

Public Program Participation

	SPA 8	Los Angeles County
Not able to afford food (<200%FPL)	44.2%	38.6%
Food stamp recipients (<200% FPL)**	19.6%	25.2%
WIC usage among children, 6 years and under***	60.9%	47.6%
TANF/CalWorks recipients****	7.4%	10.5%
Ever a time you avoided gov't benefits due to concern about disqualification from green	23.8%	18.8%

	SPA 8	Los Angeles County
card/citizenship for you or family member (asked only of adult immigrants)**		
Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year**	22.0%	15.8%

*Source: California Health Interview Survey, 2017-2019; **2019 ***2015-2016 & 2018-2019, combined, ****2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In the service area, 6.9% of residents received SSI benefits, 3.8% received cash public assistance income, and 10.9% of residents received food stamp benefits. These rates were higher than county and state rates.

Household Supportive Benefits

	St. Mary Medical Center Service Area	Los Angeles County	California
Total households	**192,781**	**3,316,795**	**13,044,266**
Supplemental Security Income (SSI)	6.9%	6.7%	6.1%
Public Assistance	3.8%	3.4%	3.2%
Food Stamps/SNAP	10.9%	8.7%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 74% of eligible households in 2018, and 789,617 total households in March 2020, in Los Angeles County received food stamps (CalFresh).

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* (% of eligible households)
Los Angeles County	789,617	74%
California	2,431,060	71%

*Source: California Department of Social Services' CalFresh Data Dashboard, March 2020 and *2018. http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard*

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The percent of households in SPA 8, with incomes less than 300% of the Federal Poverty Level, that are food insecure is 27.5%. Food insecurity rises with age until ages 50-59, at which point it begins to decline. Food insecurity declines with increases in income and education, is more prevalent among Black (33.3%) and Latino (30.2%) residents and is least prevalent among Asian (16.4%) residents.

Food Insecure Households <300% FPL, by Demographics

	Percent
18-24	25.7%
25-29	26.5%
30-39	29.9%
40-49	31.3%
50-59	34.5%
60-64	26.3%
65 or older	14.4%
0-99% FPL	37.1%
100-199% FPL	25.9%
200-299% FPL	13.0%
Less than high school	33.9%
High school	25.7%
Some college or trade school	24.2%
College or post graduate school	17.9%
Black	33.3%
Latino	30.2%
White	21.2%
Asian	16.4%
Long Beach Health District	**28.2%**
SPA 8	**27.5%**
Los Angeles County	**26.8%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Perspectives – Food Insecurity

At the beginning of the COVID-19 pandemic, food insecurity needs exploded with the forced closure of schools, further exacerbating hunger issues in communities that are documented as food deserts. This demonstrates the precarious nature of food stability for children and families.

> *Thank goodness for school meals. It was one of the first questions we were asked when we closed the schools: how are we going to feed kids on Monday, because we serve sixty thousand meals a day. When students don't have access to school, it could change things for them. We were super committed, and we served millions of meals, literally millions of meals in the last year and a half at our schools, because we know that sixty percent of our schools, and the community are completely reliant on access to those school meals. There was a point during the pandemic where we started offering supper as well. A student*

could go over to a neighborhood school and pick up lunch, supper and breakfast for the next day. - Key informant

Many children in our community rely on the food that they get at school. Friday afternoon is a hard afternoon for a lot of children who are worrying about what's going to come for them in the next couple of days until they get back to breakfast on Monday morning. - Focus group participant

While school has resumed in-person, food insecurity continues to be a challenge and will be an ongoing recovery effort as the impacts of the pandemic are still felt in low-income and vulnerable communities.

We have seen an increase in the referrals from providers to us to sign people up for the farmers market, for the pantry or for CalFresh. There is not a lot of awareness about CalFresh and there is a lot of stigma around it. Families are concerned that signing up for CalFresh may impact their immigration status. - Key informant

For the Filipino community in West Long Beach, there's not a lot of grocery stores that have fresh produce. That has a big impact on things, especially if they have to go to Wrigley or another part of Long Beach to shop. Making it over the 710 freeway, if there's someone who's walking or riding their bike, it's a dangerous thing to cross the 710 freeway from the West Side. - Focus group participant

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 20.4% of adults, 25 and older, lack a high school diploma, which is similar to the county rate (20.9%) and higher than the state rate (16.7%). 29.2% of area adults have a Bachelor's degree or higher, which is lower than the county (32.5%) and state (33.9%) rates.

Education Levels, Population 25 Years and Older

	St. Mary Medical Center Service Area	Los Angeles County	California
Population 25 years and older	**370,009**	**6,886,895**	**26,471,543**
Less than 9th grade	12.1%	12.3%	9.2%
9th to 12th grade, no diploma	8.3%	8.6%	7.5%
High school graduate	19.2%	20.6%	20.5%
Some college, no degree	23.7%	19.0%	21.1%
Associate's degree	7.5%	7.0%	7.8%
Bachelor's degree	19.2%	21.2%	21.2%
Graduate/professional degree	10.1%	11.3%	12.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP02. http://data.census.gov/,

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Of area school districts, Long Beach Unified and Los Angeles Unified School Districts did not meet this objective in 2019 or 2020, and Paramount Unified School District did not meet the objective in 2019.

Graduation rates rose from the 2019 to 2020 graduation years in all area school districts. The effects of the pandemic on these graduation rates is unknown.

High School Graduation Rates

	2018-2019	2019-2020
ABC Unified School District	93.3%	94.4%
Bellflower Unified School District	92.2%	94.4%
Long Beach Unified School District	87.5%	89.4%
Los Angeles Unified School District	78.0%	80.1%
Paramount Unified School District	87.9%	91.5%
Los Angeles County	**86.1%**	**86.5%**
California	**88.1%**	**87.6%**

Source: California Department of Education DataQuest, 2018-2020. http://dq.cde.ca.gov/dataquest/

Preschool Enrollment

Prior to the COVID-19 Pandemic, 50.8% of 3 and 4-year-olds were enrolled in preschool in the service area. The enrollment rates ranged from 28.7% in Long Beach 90807 to 82.5% in Long Beach 90814.

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Bellflower	90706	2,536	49.7%
Long Beach	90802	793	59.1%
Long Beach	90803	350	52.6%
Long Beach	90804	1,239	43.3%
Long Beach	90805	3,211	43.6%
Long Beach	90806	1,323	58.2%
Long Beach	90807	756	28.7%
Long Beach	90808	975	71.1%
Long Beach	90810	999	57.9%
Long Beach	90813	2,013	38.2%
Long Beach	90814	496	82.5%
Long Beach	90815	906	70.1%
St. Mary Medical Center Service Area		**15,597**	**50.8%**
Los Angeles County		**255,273**	**54.5%**
California		**1,021,926**	**49.6%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. http://data.census.gov/

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. 64.9% of adults interviewed in SPA 8 responded "yes" to this question, which was higher than Los Angeles County (60.2%).

Children, Ages 0 to 5, Read to Daily by a Parent or Family Member

	SPA 8	Los Angeles County
Children read to daily	*64.9%	60.2%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Parks, Playgrounds and Open Spaces

92.4% of SPA 8 children, ages 1-17, were reported to live within walking distance of a park, playground or open space. 85.1% had visited one within the past month.

Access to and Utilization of Parks, Playgrounds and Open Space

	SPA 8	Los Angeles County
Walking distance to park, playground or open space, ages 1 to 17	*92.4%	91.4%
Visited park, playground or open space in past month, ages 1 to 17	85.1%	82.9%

*Source: California Health Interview Survey, 2014-2018; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

There are 3.3 park acres of green space per 1,000 persons in Los Angeles County. Long Beach has 2.8 park acres of green space per 1,000 persons and Bellflower has 0.6 acres of park area per 1,000 residents.

Amount of Green Space (Park Acres), per 1,000 Population

	Acres per 1,000 Persons
Bellflower	0.6
Long Beach	2.8
Los Angeles County	**3.3**

Source: Los Angeles Department of Public Health, Parks and Public Health in Los Angeles County, 2016. http://publichealth.lacounty.gov/chronic/docs/Parks%20Report%202016-rev_051816.pdf

The *Los Angeles Countywide Comprehensive Parks & Recreation Needs Assessment of 2016* reported Bellflower as having a 'Very High' need for parks. Long Beach was divided into five study areas: East/Unincorporated Long Beach and Central Long Beach were reported as having a 'Low' need for additional parks, South Long Beach and North Long Beach were reported as having a 'High' need, and West Long Beach was reported as having a 'Very High' need for parks.

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. For service area police departments, property crime and violent crime declined from 2015 to 2019. The rate of property crime in Long Beach is higher than county and state rates.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2015 and 2019

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2015	2019	2015	2019	2015	2019	2015	2019
Bellflower	1,825	1,506	2,364.1	1,950.9	373	327	483.2	423.6
Long Beach	14,337	11,297	3,063.6	2,414.0	2,766	2,369	591.1	506.2
Cal State Univ. Long Beach	148	125	N/A	N/A	6	4	N/A	N/A
Los Angeles County	**240,050**	**224,192**	**2,387.1**	**2,229.4**	**50,466**	**56,416**	**501.9**	**561.0**
California	**1,023,828**	**915,197**	**2,591.8**	**2,317.9**	**166,588**	**173,205**	**421.7**	**438.7**

*Source: U.S. FBI UCR program, Crime Data Explorer. https://crime-data-explorer.fr.cloud.gov/*All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. As such, 2015 rates are estimates and should be interpreted with caution.*

Intimate Partner Violence

In SPA 8, 19.6% of male adults and 15.1% of female adults reported ever experiencing physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner. 4.7% of males and 9.6% of females in SPA 8 reported experiencing sexual violence (unwanted sex) by an intimate partner. The rates in SPA 8 are lower for women, and higher for men, than the rates for Los Angeles County.

Intimate Partner Violence

	SPA 8	Los Angeles County
Women have experienced physical violence	15.1%	16.0%
Women have experienced sexual violence	9.6%	10.1%
Men have experienced physical violence	19.6%	11.8%
Men have experienced sexual violence	4.7%	3.3%

*Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2018; *Statistically unstable due to small sample size. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm*

16.8% of Los Angeles County residents, 20.3% of SPA 8 residents, and 22.4% of Long Beach residents have experienced domestic violence (physical or sexual) by an intimate partner. Countywide, intimate partner violence is more likely to be experienced by women and disabled persons, though the incidence also appears to increase with household income. Older residents are less likely to have experienced violence in the course of their lives than are younger residents. Domestic violence is more likely among U.S.-born residents of every ethnic and racial group than among immigrants. Domestic violence is most likely to be reported by African-American respondents (27.1%), followed by Whites (21.6%), Latinos (13.5%) and Asians (10.4%).

Intimate Partner Violence, by Demographics

	Percent
Male	13.2%
Female	20.2%
Disability	25.4%

	Percent
No disability	14.0%
18 to 24	13.0%
25 to 29	19.8%
30 to 39	19.9%
40 to 49	18.8%
50 to 59	18.5%
60 to 64	14.3%
65 or older	11.8%
0-99% FPL	15.5%
100-199% FPL	16.7%
200-299% FPL	16.4%
300% or above FPL	17.7%
Less than high school	13.1%
High school	14.5%
Some college or trade school	22.2%
College or post graduate degree	16.1%
African American	27.1%
U.S. born	28.1%
White	21.6%
U.S. born	23.1%
Latino	13.5%
U.S. born	18.0%
Asian	10.4%
U.S. born	13.4%
Long Beach Health District	**22.4%**
SPA 8	**20.3%**
Los Angeles County	**16.8%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size*

Domestic violence calls are categorized as with or without a weapon. 78.2% of domestic violence calls in Los Angeles County involved a weapon. Long Beach's domestic violence calls are less likely to involve a weapon than in Bellflower or the county. The rate of domestic violence calls in Bellflower (4.86 per 1,000 persons) is higher than in Long Beach (4.32), the county (3.65) and the state (4.08).

Domestic Violence Call Rates, per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
Bellflower	375	4.86	20.5%	79.5%
Cal State University Long Beach	1	N/A	100%	0%

	Total	Rate*	Without Weapon	With Weapon
Long Beach	2,022	4.32	91.3%	8.7%
Los Angeles County	**36,707**	**3.65**	**21.8%**	**78.2%**
California	**161,123**	**4.08**	**53.4%**	**46.6%**

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO.*

Teens in SPA 8 were asked about neighborhood cohesion. 78.7% of teens felt adults in their neighborhood could be counted on to watch that children were safe and didn't get into trouble. 75.6% of teens felt people in their neighborhood were willing to help. 78.8% of teens felt their neighbors could be trusted.

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	SPA 8	Los Angeles County
Adults in neighborhood look out for children**	*78.7%	85.7%
People in neighborhood are willing to help	75.6%	85.8%
People in neighborhood can be trusted	*78.8%	78.2%

*Source: California Health Interview Survey, 2015-2019 & **2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

In Los Angeles County, the rate of children under 18 years of age who experienced abuse or neglect was 10 per 1,000 children. This is higher than the state rate of 7.5 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children, 2018

	Los Angeles County	California
Child abuse rates	10.0	7.5

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019. Accessed from KidsData.org at http://kidsdata.org

Community Perspectives –Violence and Crime

The rise in social isolation has worsened domestic violence and heightened disputes within homes. These challenges are faced differently by certain racial and ethnic groups, meaning solutions to address violence must be tailored to specific cultural needs.

> *Domestic violence is very much an unspoken issue in our Khmer community. There have been several deaths of young women due to domestic violence in our community. It is very hard to have people talk about it, because it's so taboo. And what makes it so taboo is that a lot of new immigrants who come here, young women who come here, are married to American citizens. They feel that they owe their lives to this individual who brought them from Cambodia. And so, they live through and deal with domestic violence, because they have the*

privilege of living here in the U.S. They are not able to share their experience or are not able to get out of their house to even connect with others. It is a difficult situation in our communities that we're unable to tap into, because it's such a taboo issue. - Focus group participant

Progress is being made to provide trauma-informed care and shift the internal culture and delivery of care.

One thing that we've implemented recently is screening for adverse childhood events. We screen all our patients for traumatic experiences. And we found that a lot of people actually have experienced violence. And the evidence is pretty clear that those that have experienced traumatic behaviors or violent events, even as a child, can be impacted by chronic conditions as an adult. For those patients who we've identified as having experienced a lot of trauma, we are encouraging them to connect with our mental health team, to get therapy and to work through some of those things so that their chronic conditions can get better. - Key informant

Ozone Levels

In 2019, Los Angeles County had 58 days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million, which is a reduction of two days from the 2016 count. The state ozone levels in 2019 were 11 days of readings above the U.S. standard, which was a reduction from the 2016 reading of 22 days.

Days with Ozone Levels above Regulatory Standard

	Los Angeles County	California
Ozone levels above standards, in days	58	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020 via http://www.kidsdata.org

Community Perspectives – Environment and Environmental Pollution

There are direct connections between community health and the industrial sources of pollution within the built environment of a neighborhood. Ongoing work is still needed to help impacted communities understand the connections and improve preventive and structural changes.

There are indoor allergens and outdoor allergens that contribute to asthma. There's always a challenge with knowledge about asthma, and what happens when a child or an adult has an asthma attack and what you're supposed to do. - Key informant

Air pollution has effects on the community. It has a really long-term impact on

people's health. And issues related to environmental justice are definitely a big concern. - Focus group participant

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 91.2% of the civilian, non-institutionalized population in the service area has health insurance. Long Beach 90814 has the highest health insurance rate (97.2%) and Long Beach 90813 (83.6%) has the lowest rate of health insurance in the service area. 96.2% of children, ages 18 and younger, have health insurance coverage in the service area. Long Beach 90814 has full health insurance coverage among children (100%), and Long Beach 90807 and 90813 have the lowest percentage of children with health insurance (93.1%).

Among adults, ages 19-64, 88.1% have health insurance. Long Beach 90814 has the highest insurance rate among adults (96.1%), and Long Beach 90813 (77.3%) has the lowest health insurance rate among adults. Most area ZIP Codes do not meet the Healthy People 2030 objective of 92.1% coverage overall, or among adults, ages 19 to 64. All area ZIP Codes do meet the Healthy People 2030 objective for health insurance among children under 19 years of age.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Bellflower	90706	89.6%	95.0%	85.6%
Long Beach	90802	89.7%	96.3%	87.4%
Long Beach	90803	96.1%	97.4%	94.9%
Long Beach	90804	90.9%	96.5%	88.4%
Long Beach	90805	91.1%	96.2%	87.6%
Long Beach	90806	88.9%	98.6%	83.4%
Long Beach	90807	93.6%	93.1%	92.5%
Long Beach	90808	97.0%	98.7%	95.6%
Long Beach	90810	89.7%	97.8%	84.9%
Long Beach	90813	83.6%	93.1%	77.3%
Long Beach	90814	97.2%	100.0%	96.1%
Long Beach	90815	96.9%	98.4%	95.9%
St. Mary Medical Center Service Area		**91.2%**	**96.2%**	**88.1%**
Los Angeles County		**90.4%**	**96.1%**	**86.6%**
California		**92.5%**	**96.7%**	**89.3%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP03. http://data.census.gov/

When insurance coverage was examined for SPA 8, 27% of SPA residents have Medi-Cal coverage and 43.5% have employment-based insurance, which is a lower level of Medi-Cal and a higher level of employment-based coverage than in the county.

Insurance Coverage, by Type

	SPA 8	Los Angeles County
Medi-Cal	27.0%	28.8%
Medicare only	1.2%	1.3%
Medi-Cal/Medicare	4.7%	5.0%
Medicare and others	8.6%	7.8%
Other public	*1.5%	1.2%
Employment based	43.5%	41.1%
Private purchase	6.7%	5.8%
No insurance	6.9%	9.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Adults who are uninsured but eligible for Medi-Cal, and at 200% or under the Federal Poverty Level, were asked why they were not enrolled in Medi-Cal. 28.7% said it was because they didn't know if they were eligible; 14.7% said that it was because their income was too high; 15.1% said that they were not eligible due to their citizenship or immigration status; 9.4% said they didn't need it because they were healthy and 29.7% gave some reason that was not listed.

Main Reason Not Enrolled in Medi-Cal, Residents <= 200% FPL

	Los Angeles County	California
Didn't know if eligible	28.7%	19.1%
Income too high	14.7%	19.1%
Not eligible due to citizenship/immigration status	15.1%	20.5%
Not eligible (other reason)	*1.6%	*1.8%
Don't need it because healthy	*9.4%	*3.8%
Don't know how to apply/have not applied	*0.8%	*2.0%
Other	29.7%	33.8%

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

When examined by race/ethnicity, there are differences in the rate of health insurance coverage in the service area. In every age group, health insurance coverage is lowest among American Indian/Alaskan Natives (AIAN) and those who identified as some Other race than the listed races (non-White, Asian, Black, AIAN, Hawaiian or Pacific Islander). The service area average for health insurance coverage in children (noted in previous data table) is 96.2%. The lowest rate of coverage (94.6%) is seen in AIAN children. Lower than average rates are also seen in children who were identified as Other race (95.1%), and Hispanic and Native Hawaiian/Pacific Islander children (95.3%). Among adults, ages 19 to 64, in the service area, 88.1% have health insurance. The lowest rate is found among adults who identify as Other race (80.8%). Lower-than-average rates are also seen among American Indian/Alaskan Native adults (81.3%) and Hispanic adults (81.7%). The lowest rate of coverage among service area

seniors, ages 65 and older, are found among American Indian/Alaskan Natives (93.3%), those of Other race (96%) and Hispanic seniors (97%).

Health Insurance, Service Area Population, by Race/Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	95.3%	97.5%	93.6%	99.4%
Asian	94.4%	97.3%	92.6%	99.0%
Multiracial	94.4%	96.9%	91.8%	99.3%
Black/African American	94.1%	97.5%	92.0%	99.7%
Native Hawaiian/Pacific Islander	92.2%	95.3%	90.2%	100.0%
Hispanic	86.8%	95.3%	81.7%	97.0%
Other race	86.1%	95.1%	80.8%	96.0%
American Indian/Alaskan Native	85.5%	94.6%	81.3%	93.3%

Source: U.S. Census Bureau, 2014-2018 American Community Survey, C27001B thru C27001I. http://data.census.gov/

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 30.9% of adults in the service area do not have a usual primary care provider. At a ZIP Code level, an estimated 37.4% of adults in Long Beach 90813 have no usual primary care provider.

No Usual Primary Care Provider

	ZIP Code	Percent
Bellflower	90706	32.0%
Long Beach	90802	32.0%
Long Beach	90803	23.1%
Long Beach	90804	33.2%
Long Beach	90805	34.1%
Long Beach	90806	34.0%
Long Beach	90807	25.6%
Long Beach	90808	22.4%
Long Beach	90810	32.6%
Long Beach	90813	37.4%
Long Beach	90814	26.8%
Long Beach	90815	25.1%
St. Mary Medical Center Service Area*		**30.9%**
Los Angeles County		**30.2%**
California		**25.3%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

The SPA 8 Native Hawaiian/Pacific Islander population was the least likely to have a

usual source of care (52.1%), followed by Latino residents (80.5%). White residents are among the most likely to have a usual source of care, and Latino and Native Hawaiian/Pacific Islander residents are among the least-likely.

Usual Source of Care, by Race/Ethnicity, All Ages

	SPA 8	Los Angeles County
Multiracial (non-Latino)	*95.9%	89.3%
White (non-Latino)	91.7%	90.8%
Black/African American (non-Latino)	89.0%	90.0%
Asian (non-Latino)	*86.3%	84.3%
American Indian/Alaskan Native (NL)	*84.5%	*83.1%
Latino	80.5%	80.5%
Native Hawaiian/Pacific Islander (NL)	*52.1%	*81.8%
All	**85.8%**	**84.7%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In SPA 8, 61.1% of residents accessed care at a doctor's office, HMO or Kaiser and 21.8% accessed care at a clinic or community hospital. 14.2% had no usual source of care.

Sources of Care

	SPA 8	Los Angeles County
Dr. office/HMO/Kaiser Permanente	61.1%	56.8%
Community clinic/government clinic/ community hospital	21.8%	25.1%
ER/Urgent care	2.2%	2.1%
Other place/no one place	*0.8%	0.8%
No usual source of care	14.2%	15.3%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 21.4% of SPA 8 residents visited an ER in the past year. Seniors, ages 65 and older, visited the ER at the highest rates (25.7%). Poverty-level residents visited the ER at a slightly lower rate (21.1%) than the general population, and low-income residents at a slightly higher rate (23.4%).

Use of Emergency Room

	SPA 8	Los Angeles County
Visited ER in last 12 months	21.4%	21.2%
0-17 years old	19.5%	18.9%
18-64 years old	21.3%	21.7%
65 and older	25.7%	23.0%
<100% of poverty level	21.1%	24.4%

	SPA 8	Los Angeles County
<200% of poverty level	23.4%	23.0%

*Source: California Health Interview Survey, 2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Difficulty Accessing Care

6.2% of SPA 8 adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 14.3% of adults reported difficulty accessing specialty care. 6.1% of adults had been told by a primary care physician's office that their insurance would not be accepted. 11.7% of adults were told their insurance was not accepted at a specialist's office.

Difficulty Accessing Care in the Past Year, Adults

	SPA 8	Los Angeles County
Reported difficulty finding primary care	6.2%	6.2%
Reported difficulty finding specialist care	14.3%	14.7%
Primary care doctor not accepting their insurance	6.1%	6.5%
Specialist not accepting their insurance	11.7%	12.3%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Delayed or Forgone Care

11.9% of SPA 8 residents delayed or did not get medical care when needed. Of these residents, 55.4% ultimately went without needed medical care, meaning that 6.6% of the overall population had to forgo needed care. This is twice the Healthy People 2030 objective of 3.3% of the population who forgo care. 50% of SPA 8 residents who delayed or went without care agreed that 'cost/lack of insurance' was a reason. SPA 8 residents showed a higher rate of delayed and unfilled prescriptions (10%) compared to the county (8.7%).

Delayed Care in Past 12 Months, All Ages

	SPA 8	Los Angeles County
Delayed or did not get medical care	11.9%	11.9%
Had to forgo needed medical care	6.6%	7.0%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	50.0%	46.3%
Delayed or did not get prescription meds	10.0%	8.7%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Latino residents of SPA 8 are the most likely to have delayed or foregone needed medical care during the prior year due to cost or lack of insurance (8.3% of the Latino population), followed by non-Latino White residents (6.5%). Black and multiracial SPA residents are the least likely to have had to delay or skip care due to cost or a lack of insurance (3.4% and 3.3%, respectively).

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	SPA 8	Los Angeles County
Latino	8.3%	5.8%
White (non-Latino)	6.5%	6.7%
Black (non-Latino)	3.4%	3.8%
Asian (non-Latino)	*2.7%	3.6%
Multiracial (non-Latino)	*3.3%	*3.7%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Lack of Care Due to Cost, Children

3% of children, ages 0 to 17, in SPA 8 had care missed or delayed within the prior 12 months due to cost or lack of insurance. 1.2% of SPA 8 children ultimately did not receive care. 5.3% of SPA 8 children had delayed or unfilled prescription medications in the past 12 months. These rates are worse than county rates.

Cost as a Barrier to Accessing Health Care in the Past Year for Children, Ages 0 to 17

	SPA 8	Los Angeles County
Child's care delayed or foregone due to cost or lack of insurance	*3.0%	1.5%
Child missed care	*1.2%	* 0.9%
Child's prescription medication delayed or unfilled	*5.3%	4.3%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Primary Care Physicians

When examining ratios of the population to providers, smaller numbers indicate greater access. The ratio of the population to primary care physicians in Los Angeles County is 1,360:1, which is higher (less access) than the state ratio of 1,250 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	Los Angeles County	California
Number of primary care physicians	7,412	31,557
Ratio of population to primary care physicians	1,360:1	1,250:1

Source: County Health Rankings, 2018. http://www.countyhealthrankings.org

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)[1], 37.1% of the population in the service area is low-income (200% of Federal Poverty Level) and 16.1% of the population are living in poverty.

[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
• Community Health Center, Section 330 (e)

There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area. Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 51,471 patients in the service area, which equates to 25.4% penetration among low-income patients and 9.3% penetration among the total population. From 2017-2019, the Community Health Center providers served 4,448 additional patients for a 9.5% increase in patients served by the area clinics. Despite this, there remain 151,075 low-income residents, 74.6% of the population at or below 200% FPL, which are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
202,546	51,471	25.4%	9.3%	151,075	74.6%

Source: UDS Mapper, 2019, 2014-2018 population numbers. http://www.udsmapper.org

Dental Care

12.8% of children, ages 3 to 11, in SPA 8 have never been to a dentist. In the past year, 3% of area children needed dental care and did not receive it. Teens in SPA 8 are more likely to have seen a dentist in the previous year than teens countywide, and to have teeth in good or better condition. Teens are more than twice as likely to have missed school due to a dental problem in the prior year.

Delay of Dental Care among Children

	SPA 8	Los Angeles County
Children, ages 3 to 11, never been to the dentist	12.8%	14.5%
Children, ages 3 to 11, needed but didn't get dental care in past year	*3.0%	3.9%
Teen, ages 12 to 17, either never been to the dentist or more than one year ago**	*0.8%	7.0%
Teen, ages 12 to 17, condition of teen is fair or poor***	*0.4%	*10.1%
Teen, ages 12 to 17, missed school due to a dental problem in the past year***	*16.4%	*8.4%

*Source: California Health Interview Survey, 2015-2019 **2017-2019 ***2018-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

70.7% of SPA 8 adults described the condition of their teeth as 'good', 'very good', or 'excellent.' 2.3% of SPA 8 residents had never been to a dentist.

• Migrant Health Center, Section 330 (g)
• Health Care for the Homeless, Section 330 (h)
• Public Housing Primary Care, Section 330 (i)

Dental Care, Adults

	SPA 8	Los Angeles County
Condition of teeth: good to excellent	70.7%	69.9%
Condition of teeth: fair to poor	27.2%	28.1%
Condition of teeth: has no natural teeth	*2.0%	1.9%
Never been to a dentist	2.3%	3.2%
Visited dentist < 6 months to two years	79.8%	79.9%
Visited dentist more than 5 years ago	7.0%	7.4%

*Source: California Health Interview Survey, 2016-2019 pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

The ratio of residents to dentists in Los Angeles County is 1,120:1, which is more dentists per capita than the state rate.

Dentists, Number and Ratio

	Los Angeles County	California
Number of dentists	8,999	34,385
Ratio of population to dentists	1,120:1	1,150:1

Source: County Health Rankings, 2019. http://www.countyhealthrankings.org

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Los Angeles County, the ratio of residents to mental health providers is 280:1, which is fewer providers than the state rate of 270 persons per mental health provider.

Mental Health Providers, Number and Ratio

	Los Angeles County	California
Number of mental health providers	36,404	147,492
Ratio of population to mental health providers	280:1	270:1

Source: County Health Rankings, 2020. http://www.countyhealthrankings.org

Community Perspectives – Access to Health Care

Access to basic health care coverage and services must be addressed in tandem with quality care regardless of how a person is accessing the care. Insurance, both for quality care and affordability is frequently referenced in connection to the difficulty that patients face in navigating the system.

> *Even if someone is lucky enough to have insurance, they cannot afford to use it or navigating the health care system is too confusing. Even with coverage, there are many gaps and so many things are not covered by insurance.* - Focus group participant

> *You can get access to care but you don't have access to quality care. My daughter had passed out because she had gotten overheated. We went to the urgent care and we waited two and a half hours and then my daughter wasn't provided with a physical exam. Access to quality care is different than just having access to care. I think number one, we should be able to access quality care because just getting in and getting a prescription isn't meeting your health care needs. There is a lack of people to help individuals navigate through a very complicated health care system.* - Key informant

COVID-19 has impacted how care is accessed or whether it is accessed in the first place. Focus group participants referenced putting off medical appointments or being frustrated with telehealth appointments. When appointments were made in-person, transportation and the risk of using public transportation was a major concern.

> *It's kind of twofold in some ways, for example, we never used telehealth prior to the pandemic and now in some ways we can reach more patients more conveniently, with the use of telehealth. At the same time, it also highlights the disparity among the community whether people have access to utilizing a telehealth platform. And then the other piece is that there were a lot of screenings and elective types of treatments that were delayed during the pandemic. There was definitely a delay in screenings and treatments.* - Key informant

Quality care is also interpreted as culturally competent care or specialized care that can meet the specific needs of a subpopulation or better "meet people where they're at" and provide health services that are more patient-centered, free of stigma, and aware of generational differences and cultural biases.

> *I've been exposed to transphobia at a doctor's office before and it was very hurtful to me. The possibility of transphobia is scary and makes people not want to start or consider transitioning.* - Focus group participant

> *I think Federally Qualified Health Centers take up the bulk of the safety network, for those that don't have insurance or are underinsured. We exist to serve those who do not have adequate insurance and access. Unfortunately, because of funding issues, many organizations close down. So even during COVID, there have been clinics that have closed because of funding issues. Community clinics, I think, play really a crucial role in reaching those who aren't getting the care that they need.* - Key informant

Access to interpretation is a need especially in a health setting. There are great technologies but there isn't access to information or translators to give people access to care. - Focus group participant

Birth Indicators

Births

From 2014 to 2018, in the service area there were, on average, 6,918 births per year. Fertility rates (the number of births per 1,000 women, ages 15 to 44) have been on a decline in the county and the state. For the City of Long Beach, the fertility rate decreased from 2016 to 2020. It declined for all racial and ethnic groups in the city, with the exception of American Indian/Alaska Native (AIAN) residents. Pacific Islander/Hawaii Native women have the highest fertility rate in Long Beach (61.3 births per 1,000 women, ages 15 to 44), followed by Hispanic/Latina women (46.9 births per 1,000 women, ages 15 to 44). AIAN women have the lowest fertility rate (6.6 births per 1,000 women, ages 15 to 44), followed by non-Hispanic White women (35.3 births per 1,000 women, ages 15 to 44).

Births, and Rate per 1,000 Women Aged 15 - 44, by Race/Ethnicity of Mother, Long Beach

	2016		2020		2016-2020 % Change
	Number	Rate	Number	Rate	
Hispanic/Latina	2,948	59.3	2,351	46.9	(-20.3%)
White, non-Hispanic	1,073	44.4	851	35.3	(-20.7%)
Asian	691	46.5	618	45.0	(-10.6%)
Black/African American	696	47.3	584	41.9	(-16.1%)
Pacific Islander/Hawaii Native	73	64.5	56	61.3	(-23.3%)
American Indian/Alaska Native	5	3.8	8	6.6	*60.0%
Total (incl. unknown/other)	**5,819**	**53.7**	**4,777**	**45.1**	**(-17.9%)**

*Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020. *Statistically unstable due to sample size.*

Teen Birth Rate

When the teen birth rate is examined for females, ages 15-19, the service area rate is 19.3 births per 1,000 females ages 15-19. The Healthy People 2030 goal is for no more than 31.4 pregnancies per 1,000 females, ages 15 to 19.

Teen Birth Rates, per 1,000 Females, Ages 15 to 19

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers	342	19.3	17.3	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

The number and rate of births to teens, ages 15 to 19, have been decreasing. In Long Beach, the rate decreased from 16.8 births per 1,000 teens in 2016 to 11.8 births per 1,000 teens in 2020. The rate of birth declined for all racial and ethnic groups in the city for whom data is available (groups with fewer than five births were suppressed due to

privacy concerns, and appear only in the totals). The teen birth rate is highest among Hispanic/Latina teens (16.2 births per 1,000 females, ages 15 to 19), followed by Black/African American teens (10 births per 1,000 females, ages 15 to 19).

Teen Mother Birth Rate, per 1,000 Females Ages 15 to 19, Long Beach

	2016		2020		2016-2020 % Change
	Number	Rate	Number	Rate	
Hispanic/Latina	201	22.3	134	16.2	(-33.3%)
Black/African American	51	20.3	21	10.0	(-58.8%)
Asian	8	3.6	6	4.3	*(-25.0%)
White, non-Hispanic	8	3.3	<5	N/A	*(-50.0%)
Total (incl. unknown/other)	**288**	**16.8**	**172**	**11.8**	**(-40.3%)**

*Source: Long Beach Department of Health/Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020. N/A = suppressed due to privacy concerns. *Statistically unstable due to sample size.*

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 154 per 1,000 live births. This rate of late entry into prenatal care translates to 15.4% of women entering prenatal care late or not at all, while 84.6% of women entered prenatal care on time.

Late Entry to Prenatal Care Rate, After 1st Trimester, per 1,000 Live Births

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	1,065	154.0	148.2	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

There are age and race/ethnicity-based differences in the timing of entry into prenatal care. Rates of late-entry fall as the age of the mother increases, from 30% of teens, ages 15 to 17, to 10% of mothers, age 35 to 44, entering care after the first trimester. In Long Beach, Pacific Islander/Hawaiian Native mothers are the most likely to enter prenatal care late (36%), followed by Black/African American mothers (18.4%).

Late Entry to Prenatal Care (After 1st Trimester)* by Mother's Age and Race/Ethnicity

	Long Beach	Los Angeles County
Ages 15 to 17	30.0%	34.6%
Ages 18 to 24	19.5%	20.7%
Ages 25 to 34	12.7%	22.0%
Ages 35 to 44	10.0%	10.4%
Pacific Islander/Hawaiian Native	36.0%	27.1%
Black/African American	18.4%	21.0%
Hispanic/Latina	13.8%	15.1%
Asian	12.9%	11.7%
American Indian/Alaskan Native	11.8%	24.2%

	Long Beach	Los Angeles County
White, Non-Hispanic	8.3%	8.9%
Total	**12.5%**	**13.8%**

Source for Long Beach: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020 data. Source for county and state: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html **Where timing of prenatal care is known.*

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies is 72.0 per 1,000 live births.

Low Birth Weight (Under 2,500g) Rate, per 1,000 Live Births

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	498	72.0	72.0	68.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

There are age and race/ethnicity-based differences in the percentage of infants born at low or very-low (below 1,500g) birth weights. Low birthweight babies are most likely to be born to women ages 35 to 44 (8.3%). In Long Beach, among those groups for whom data were not suppressed due to fewer than five low birthweight births per year, Black/African American mothers were the most likely to have low birthweight babies (11.5% of infants), followed by Asian mothers (8.6% of infants).

Low Birth Weight (Under 2,500g)* Percent of Live Births, Mothers Ages 15-44, 5-Year Avg.

	Long Beach	Los Angeles County
Ages 15 to 17	6.5%	7.8%
Ages 18 to 24	6.8%	7.1%
Ages 25 to 34	6.5%	6.8%
Ages 35 to 44	8.3%	8.3%
Black/African American	11.5%	11.8%
Asian	8.6%	7.4%
Hispanic/Latina	5.9%	7.0%
White, Non-Hispanic	5.0%	6.0%
Total	**7.0%**	**7.2%**

Source for Long Beach: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020 data. Source for county and state: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html **Where birth weight is known.*

Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 556.8 births per 1,000 live births, which is higher than the Los Angeles County (542.9 per 1,000 live births) and state (498.5 per 1,000 live births) rates of births paid by public insurance or self-pay.

Delivery Paid by Public Insurance or Self-Pay Rate, per 1,000 Live Births

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	3,852	556.8	542.9	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Preterm Births

The rate of premature birth, occurring before the start of the 38th week of gestation, in the service area is 85.3 per 1,000 live births. This rate of premature birth is lower than the county (88.5 per 1,000 live births) and state (85.4 per 1,000 live births) rates.

Premature Births before Start of 38th Week Rate, per 1,000 Live Births

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature births	590	85.3	88.5	85.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Maternal Smoking During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) was 8.8 per 1,000 live births.

Mothers Who Smoked Regularly During Pregnancy Rate, per 1,000 Live Births

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Mothers who smoked	61	8.8	6.2	15.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Infant Mortality

For the purposes of this table, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in Los Angeles County, from 2016 to 2018, was 4.11 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality Rate, per 1,000 Live Births, Three-Year Average

	Rate
Los Angeles County	4.11
California	4.21

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html

According to the Long Beach Department of Health and Human Services, there were 90 infant deaths to mothers, ages 15 to 44, in Long Beach from 2016 to 2020, for a rate of 3.4 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births. However, there are disparities in the rates between races/ethnicities. Black/African American mothers (9.8 deaths per 1,000 live births) and Hispanic/Latina mothers (3.6 deaths per 1,000 live births) have the highest infant mortality rates in Long Beach.

Infant Mortality Number and Rate, per 1,000 Live Births to Mothers 15-44, Long Beach

	Number	Rate
Black/African American	31	9.8
Hispanic/Latina	42	3.6
Asian	7	*2.1
White	5	*1.1
Total, all races/ethnicities, incl. unknown/other	**90**	**3.4**

*Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Birth Data Report, 2016-2020 data. *Statistically unstable due to sample size.*

Breastfeeding

Breast feeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breast feeding rates at St. Mary Medical Center indicated 90.5% of new mothers used some breast feeding, which was lower than the county (93.7%) and state (93.8%) rates. 52.1% of new mothers at St. Mary Medical Center used breast feeding exclusively, which was lower than the county (63.4%) and state (70.2%) rates.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
St. Mary Medical Center	1,743	90.5%	1,004	52.1%
Los Angeles County	94,300	93.7%	63,799	63.4%
California	366,592	93.8%	274,331	70.2%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered at St. Mary Medical Center. 90.3% of White, 91.4% of Hispanic/Latina, and 93.5% of multiracial mothers initiated breastfeeding. 71% of multiracial, 69.4% of White, and 56% of Asian mothers breastfed exclusively. African-American mothers had the lowest percentage who exclusive breastfeeding (42.4%), followed by Latina/Hispanic mothers (51.6%).

In-Hospital Breastfeeding, St. Mary Medical Center, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	**Percent**	**Number**	**Percent**
Multiple Race	29	93.5%	22	71.0%
White	65	90.3%	50	69.4%
Asian	80	87.9%	51	56.0%
Latina/Hispanic	1,417	91.4%	800	51.6%
African American	94	79.7%	50	42.4%
St. Mary Medical Center	**1,743**	**90.5%**	**1,004**	**52.1%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018. N/A = not available
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Community Perspectives – Birth Indicators and Pregnancy

Black women face the largest disparities related to birth outcomes and infant mortality rates as noted by several key informants and community members. Chronic stress and racism negatively impact the health of Black infants and expectant mothers.

> *At the end of the day, people just don't believe Black women. There's a lot of research that shows that Black women experience significant stress that contributes to poor physiological outcomes. Early births are one of those outcomes. Having to overcome stress all the time, the racism, discrimination, life, stress, having to deal with that over and over again contributes to a physiological breakdown in our bodies and the release of hormones that stimulate labor for pregnant women* - Key informant

Attitudes among young people regarding pregnancy at early ages and sexual health have shifted, yet challenges continue to persist in accessing care and ensuring proper information is being given in sensitive and culturally relevant ways.

> *There's less stigma around teen pregnancy. However, the issues persist with getting early prenatal care. What we continue to see is that the young woman is pregnant for a very long time before they seek their first medical appointment. Sometimes this is because they want to hide the pregnancy or they are concerned about revealing the pregnancy. There are high school wellness centers and some resources available to young women that connect them to early care. A student can actually check themselves out of school as early as age*

13 for a doctor's appointment that deals specifically with reproductive health. They don't need to have a parent or guardian permission for leaving, which is sometimes not known. But it's important to help young people gain access to the care that they need. - Key informant

Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Los Angeles County, from 2017-2019, was 82.4 years. 260 residents of Los Angeles County per 100,000 residents, died before the age of 75, which is considered a premature death. The total of the Years of Potential Life Lost (the difference between the age of persons who died and the age of 75) was 5,000 years.

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

	Los Angeles County	California
Life expectancy at birth in years	82.4	81.7
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	260	270
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	5,000	5,300

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. http://www.countyhealthrankings.org*

From 2016 to 2020 there were 16,197 deaths in the City of Long Beach, with a total of 136,378 Years of Potential Life Lost (YPLL), which averages out to 8.4 YPLL, per death. Hispanic/Latinx residents of Long Beach had the highest average YPPL per death (12.9), followed by Black/African American residents (11.5).

Premature Death, by Gender and Race/Ethnicity, 2016-2020, Long Beach

	Total Deaths	Total YPLL	Average Years of Potential Life Lost
Female	7,508	48,556	6.5
Male	8,689	86,822	10.0
White	7,862	45,046	5.7
Asian	1,989	13,873	7.0
Black/African American	2,679	30,927	11.5
Hispanic/Latinx	3,111	40,124	12.9
Total Population	**16,197**	**136,378**	**8.4**

Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Mortality Data Report, 2016-2020 data.

Life expectancy in Long Beach is 80 years.

Life Expectancy at Birth

	Years of Life Expected
Long Beach	80.0
Los Angeles County	82.3

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2018.
http://publichealth.lacounty.gov/ohae/cchp/index.htm

Life expectancy at birth for Long Beach in 2017 was 77.8 years of age, and for 2020 it had declined to 75.7 years of age. This may have been due to the effects of the COVID-19 Pandemic, particularly among Hispanic residents. Life expectancy was higher for women (78.9 years) than for men (72.6 years). It was highest for non-Hispanic Whites (77.8 years) and Asians (77.7 years) and lowest for Blacks/African-Americans (69.1 years). Life expectancy in 2020 for Long Beach ZIP Codes ranged from 71.9 years in 90813 to 81.1 years of life expectancy in 90808.

Life Expectancy at Birth, City of Long Beach, 2020

	Years of Life Expected
Female	78.9
Male	72.6
White, non-Hispanic	77.8
Asian	77.7
Hispanic/Latino	74.3
Black/African American	69.1
90802	76.9
90803	80.2
90804	75.6
90805	72.4
90806	73.8
90807	76.6
90808	81.1
90810	74.4
90813	71.9
90814	78.6
90815	79.2
Long Beach	**75.7**

Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Mortality Data Report, 2020 data.

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area is 699.7 per 100,000 persons, which is higher than the county rate (569.8 deaths per 100,000 persons) and the state rate (614.4 deaths per 100,000 persons).

Mortality Rates, per 100,000 Persons, Five-Year Average

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Number	Rate
Deaths	3,183	699.7	569.8	614.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the service area are heart disease and cancer. In addition to heart disease and cancer, stroke, Chronic Lower Respiratory Disease, and Alzheimer's disease are in the top five causes of death in the service area. The rates for all listed causes of death are higher in the service area than in Los Angeles County, with the exception of Alzheimer's disease.

Leading Causes of Death Rates, Age-Adjusted, per 100,000 Persons, 2014-2018, Average

	St. Mary Medical Center Service Area		Los Angeles County	California	Healthy People 2030 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	949	187.9	146.9	142.7	No Objective
Ischemic heart disease	274	134.7	106.8	88.1	71.1
Cancer	802	157.2	134.3	139.6	122.7
Stroke	209	42.3	33.3	36.4	33.4
Chronic Lower Respiratory Disease	200	41.6	28.1	32.1	Not Comparable
Alzheimer's disease	156	33.3	34.2	35.4	No Objective
Diabetes	144	28.1	23.1	21.3	Not Comparable
Unintentional injuries	150	26.3	22.6	31.8	43.2
Pneumonia and influenza	107	21.7	19.2	14.8	No Objective
Liver disease	92	16.1	13.0	12.2	10.9
Kidney disease	56	11.3	11.2	8.5	No Objective
Suicide	53	9.5	7.9	10.5	12.8
Homicide	39	6.8	5.7	5.0	5.5
HIV	21	3.7	2.1	1.6	No Objective

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

In the City of Long Beach, heart disease and cancer were the two leading causes of premature death among all races/ethnicities for whom statistically valid data was available. Homicide was the third leading cause of premature death among Asian and Black residents, and unintentional injuries were the third leading cause among White and Hispanic residents and the fourth leading cause among Blacks.

Top Causes of Premature Death, by Race/Ethnicity, 2016-2020, Long Beach

Hispanic/Latinx	Black/African American	Asian	White	COMBINED
Cancer	Heart disease	Cancer	Cancer	Cancer
Heart disease	Cancer	Heart disease	Heart disease	Heart disease
Unintentional injuries	Homicide	Homicide	Unintentional injuries	Unintentional injuries
Motor vehicle accidents	Unintentional injuries	Stroke	Suicide	Motor vehicle accidents
Chronic liver disease & cirrhosis	Diabetes	Suicide	Chronic liver disease & cirrhosis	Homicide

Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Mortality Data Report, 2016-2020 data.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease is 134.7 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 42.3 deaths per 100,000 persons. These rates do not meet the Healthy People 2030 objectives of 71.1 heart disease deaths and 33.4 stroke deaths per 100,000 persons.

Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	274	134.7	106.8	88.1
Stroke death rate	209	42.3	33.3	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate is 157.2 per 100,000 persons. This rate does not meet the Healthy People 2030 objective of 122.7 deaths from cancer, per 100,000 persons.

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	802	157.2	134.3	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

In Los Angeles County, the rate of death from cancer is below the state cancer death

rate. Rates of death from some cancers are notably higher in the county, however, including the rates of colorectal, liver, cervical and uterine, and stomach cancer deaths.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Los Angeles County	California
Cancer all sites	**136.9**	**140.0**
Lung and bronchus	25.4	28.0
Prostate (males)	20.1	19.8
Breast (female)	19.5	19.3
Colon and rectum	13.1	12.5
Pancreas	10.3	10.3
Liver and intrahepatic bile duct	8.2	7.7
Cervical and Uterine (female)*	8.0	7.2
Ovary (females)	7.2	6.9
Non-Hodgkin lymphoma	5.2	5.2
Stomach	5.1	3.9
Urinary bladder	3.4	3.8
Kidney and renal pelvis	3.1	3.3
Myeloid and monocytic leukemia	3.0	3.0
Myeloma	2.8	2.9
Esophagus	2.5	3.1

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018. https://explorer.ccrcal.org/application.html*
**Cervix Uteri, Corpus Uteri and Uterus, NOS*

From 2016 to 2020 there were 3,450 deaths from cancer in Long Beach. The leading causes of female cancer deaths were breast, trachea/bronchus/lung and cervical/uterine/ovarian cancers. The leading cause of male cancer deaths were trachea/bronchus/lung, prostate, and colorectal/anal cancers.

Cancer Mortality in the City of Long Beach, 2016-2020

Rank	Female		Male	
	Cancer	Number of Deaths	Cancer	Number of Deaths
1.	Breast	275	Trachea, bronchus, & lung	345
2.	Trachea, bronchus, & lung	258	Prostate	208
3.	Cervix uteri, corpus uteri & ovary	225	Colon, rectum & anus	203
4.	Colon, rectum & anus	176	Pancreas	141
5.	Pancreas	111	Urinary tract	119
6.	Leukemia	60	Leukemia	87
7.	Urinary tract	58	Stomach	51
8.	Stomach	48	Non-Hodgkin's lymphoma	50
9.	Non-Hodgkin's lymphoma	45	Breast	3

Source: Long Beach Department of Health and Human Services, Communicable Disease Control Program, 2016-2020 Vital Statistics Report, Mortality Data Report, 2016-2020 data.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for

respiratory disease in the service area is 41.6 per 100,000 persons. This is higher than the county rate (28.1 per 100,000 persons) and state rate (32.1 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	200	41.6	28.1	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 33.3 deaths per 100,000 persons. This is lower than the county rate (34.2 deaths per 100,000 persons) and the state rate (35.4 deaths per 100,000 persons).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	156	33.3	34.2	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate from diabetes in the service area is 28.1 deaths per 100,000 persons. This is higher than the county rate (23.1 per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	144	28.1	23.1	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 26.3 deaths per 100,000 persons. This rate is higher than the county, but lower than the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	150	26.3	22.6	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 21.7 per 100,000 persons. This rate is higher than the county (19.2) and state rates (14.8 per 100,000 persons).

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	107	21.7	19.2	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area is 16.1 deaths per 100,000 persons. This is higher than the county (13 deaths per 100,000 persons) and state (12.2) rates, and the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	92	16.1	13.0	12.2

Source: Calculated by Gary Bess Associates using CA DPH Master Death File 2014-2018 and U.S. Census Bureau ACS, 5-Year Average 2014-2018, Table B01001, using the 2000 US standard million. Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

The death rate from kidney disease is 11.3 deaths per 100,000 persons. This is higher than the county rate (11.2 per 100,000 persons) and the state rate (8.5 deaths per 100,000 persons).

Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	56	11.3	11.2	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area is 9.5 deaths per 100,000 persons. This rate is higher than the county rate (7.9 per 100,000 persons), but meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	53	9.5	7.9	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Homicide

The homicide rate in the service area is 6.8 deaths per 100,000 persons. This rate is higher than the county (5.7 deaths per 100,000 persons) and state (5 deaths per 100,000 persons) rates and does not meet the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	39	6.8	5.7	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

HIV/AIDS

The rate of HIV deaths in the service area is 3.7 deaths per 100,000 persons. This is higher than county rate (2.1 deaths per 100,000 persons) and California rates (1.6 deaths per 100,000 persons).

HIV/AIDS Mortality Rate, Age-Adjusted, per 100,000 Persons

	St. Mary Medical Center Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV/AIDS	21	3.7	2.1	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Drug Overdoses

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

The state and county meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Mortality Rate, Age-Adjusted, per 100,000 Persons

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Los Angeles County	7.7	6.9	6.7	6.6	7.8	6.9	6.9	7.6	8.5	9.3	12.1
California	10.7	10.6	10.7	10.3	11.1	11.1	11.3	11.2	11.7	12.8	15.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

In 2019, the age-adjusted death rate from opioid overdoses in Los Angeles County was 6.7 deaths per 100,000 persons, which is lower than the state rate. While the rate of opioid deaths is rising steeply, statewide, it has risen more-swiftly in Los Angeles County, more than doubling over the past four years. The Healthy People 2030 objectives is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2019

	Annual Rate			
	2016	2017	2018	2019
Los Angeles County	3.2	4.1	4.6	6.7
California	4.9	5.2	5.8	7.9

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

In 2019, there were approximately 5.2 overdose deaths involving opioids per 100,000 persons in the service area. Rates were highest in Long Beach 90807 (13.5 deaths per 100,000 persons) and 90802 (13.3 deaths per 100,000 persons).

Opioid Drug Overdose Mortality Rates, Age-Adjusted, per 100,000 Persons

	ZIP Code	Rate
Bellflower	90706	2.4
Long Beach	90802	13.3
Long Beach	90803	8.0
Long Beach	90804	4.9
Long Beach	90805	4.1
Long Beach	90806	2.4
Long Beach	90807	13.5
Long Beach	90808	2.0
Long Beach	90810	2.9
Long Beach	90813	6.8
Long Beach	90814	3.5
Long Beach	90815	3.2

	ZIP Code	Rate
St. Mary Medical Center Service Area*		**5.2**
Los Angeles County		**6.7**
California		**7.9**

*Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

Opioid overdose deaths in Los Angeles County were more likely to occur in men (10.4 deaths per 100,000 men) than women (3 deaths per 100,000 women). The rate rises from among ages 15 to 19 (4.3 deaths per 100,000 persons) to among ages 30 to 34 (14.3 deaths per 100,000 persons). Rates of opioid overdose death are highest among the Native American/Alaska Native residents (18.8 deaths per 100,000 persons), Whites (12.3 deaths per 100,000 persons) and Black/African Americans (10.2 deaths per 100,000 persons) and lowest among Asians (1.2 deaths per 100,000 persons).

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

	Rate
Male	10.4
Female	3.0
10 to 14 years old	0.2
15 to 19 years old	4.3
20 to 24 years old	12.7
25 to 29 years old	11.5
30 to 34 years old	14.3
35 to 39 years old	10.7
40 to 44 years old	10.1
45 to 49 years old	8.7
50 to 54 years old	9.2
55 to 59 years old	8.2
60 to 64 years old	6.2
65 to 69 years old	2.8
70 to 74 years old	2.8
75 to 79 years old	1.2
80 to 84 years old	1.2
85+ years old	0.0
Native American/Alaska Native	18.8
White	12.3
Black/African American	10.2
Hispanic/Latino	4.7
Asian/Pacific Islander	1.2

	Rate
Los Angeles County	**6.7**

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020; data from 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/

COVID-19

COVID-19, Cases and Death Rates

As of January 26, 2022, there have been 117,613 confirmed cases of COVID-19 in Long Beach. The rate of COVID for Long Beach was 251.7 cases per 1,000 residents. This was higher than the county rate (247 cases per 100,000 persons), and the state rate (194.9 cases per 1,000 persons). Through January 26, 2022,1,129 residents of Long Beach had died due to COVID-19 complications. The rate of deaths was 2.26 per 1,000 persons. This was lower than the county rate of 2.84 deaths per 1,000 persons, but higher than the statewide rate of 1.99 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 1/26/22 and 1/28/22*

	Long Beach		Los Angeles County*		California*	
	Number	Rate	Number	Rate	Number	Rate
Cases	117,613	251.7	2,473,332	247.0	7,706,395	194.9
Deaths	1,129	2.26	28,467	2.84	78,825	1.99

Source for state and county: California for All, Tracking COVID-19 in California, accessed on January 29, 2022. https://covid19.ca.gov/state-dashboard/ Rates calculated using U.S. Decennial Population 2020 P1 Redistricting data. Source Long Beach case and death numbers: Long Beach Department of Health and Human Services, COVID-19 Digital Dashboard. Cases and deaths updated on January 27, 2022, accessed on January 29. https://longbeach.gov/health/diseases-and-condition/information-on/coronavirus/

Bellflower had the highest rate of COVID infections, with 280.3 cases per 1,000 persons, followed by Long Beach 90805 (277.4 cases per 1,000 persons) and Long Beach 90806 (274.9 cases per 1,000 persons). Long Beach 90807 had the highest vaccination rate (81%). Long Beach 90813 had the lowest percentage of residents vaccinated, with 64.8% of the total population having received at least one dose.

COVID-19, Cases and Rates, per 1,000 Persons, Vaccination Rates for Total Population

	ZIP Code	Cases	Rate	Percent Vaccinated
Bellflower*	(City of)	21,789	280.3	*69.6%
Long Beach	90802	8,391	213.3	78.4%
Long Beach	90803	4,835	151.0	79.9%
Long Beach	90804	9,360	232.2	70.6%
Long Beach	90805	25,940	277.4	68.4%
Long Beach	90806	11,655	274.9	74.3%
Long Beach	90807	6,761	214.8	81.0%
Long Beach	90808	6,869	179.7	79.9%
Long Beach	90810	8,531	232.2	68.6%
Long Beach	90813	14,019	238.0	64.8%
Long Beach	90814	3,371	176.2	75.1%
Long Beach	90815	7,163	180.3	80.5%

*Source for Long Beach: Long Beach Department of Health and Human Services, COVID-19 Digital Dashboard. Cases & rates updated through January 26, 2022, vaccinations updated Jan. 28. https://longbeach.gov/health/diseases-and-condition/information-on/coronavirus/ *Source for Bellflower: Los Angeles Public Health Department, COVID-19 Locations and Demographics. Cases & rates updated through 6pm January 28. http://publichealth.lacounty.gov/media/Coronavirus/locations.htm Vaccination data through January 23, 2022; % of total population extrapolated utilizing population estimates provided by case rates. http://publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard.htm All data accessed January 29, 2022.*

In Long Beach, Pacific Islander residents have the highest rates of partial and full vaccination, followed by White and Asian residents. Black and Hispanic/Latino residents have the lowest rates of partial and full vaccination.

Vaccinations for COVID-19, Long Beach, by Race, as of 1/27/22

	Partially Vaccinated	Fully Vaccinated
Pacific Islander	84.5%	75.3%
White	75.8%	70.2%
Asian	75.6%	69.8%
Multiracial	68.8%	65.9%
Hispanic/Latino	56.1%	49.7%
Black	54.6%	49.5%

Source for Long Beach: Long Beach Department of Health and Human Services, COVID-19 Digital Dashboard, Updated on January 28, 2022, accessed January 29. https://longbeach.gov/health/diseases-and-condition/information-on/coronavirus/

The number of Los Angeles County residents, ages 5 and older, who have received at least one dose of a COVID-19 vaccine was 7,081,364, or 81.8% of that population. This was similar to the 81.6% statewide COVID-19 vaccination rate for those ages 5 and older. Among seniors, 85.8% received at least one vaccine dose, which was lower than the statewide rate of 91.1% for seniors. For adults, ages 18 to 64, the county rate of any level of vaccination was 87.8%, compared to 87.2% statewide. For children, ages 5-17, the rate of at least partial vaccination was 54.4%, compared to 51.8% for California.

COVID-19 Vaccination, Number and Percent, by Age, as of 1/28/22

	Los Angeles County				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population, ages 5-11	84,351	9.7%	194,519	22.4%	329,427	9.4%	846,322	24.1%
Population, ages 12-17	68,529	8.9%	541,625	70.6%	261,703	8.3%	2,026,547	64.0%
Population, ages 18-64	551,796	8.6%	5,070,847	79.2%	2,216,824	9.1%	19,130,031	78.2%
Population, ages 65+	117,495	7.2%	1,274,373	78.6%	526,979	8.1%	5,417,725	83.0%

Source: California Department of Public Health. https://covid19.ca.gov/vaccination-progress-data/#progress-by-group Updated January 29th, 2022 with data through January 28, 2022.

In Los Angeles County, Hispanic/Latino and non-Hispanic Black residents appear to be underrepresented among the number of vaccines administered compared to the corresponding vaccine-eligible population.

COVID-19 Vaccinations, by Race, as of 1/25/2022

	Percent of Vaccines Administered*	Percent of Vaccine Eligible Population
Latino	43.7%	49.6%

	Percent of Vaccines Administered*	Percent of Vaccine Eligible Population
White	29.1%	26.3%
Asian	17.3%	13.5%
Multiracial	2.5%	2.0%
Black	6.8%	8.1%
Native Hawaiian/Pacific Islander	0.3%	0.2%
American-Indian/Alaska Native	0.2%	0.2%

*Source: California State Health Department, COVID19 Vaccination Dashboard, Updated January 26th, 2022 with data from January 25th. https://covid19.ca.gov/vaccination-progress-data/ *Where race/ethnicity was known.*

COVID-19 Vulnerability and Recovery Index

The Vulnerability and Recovery Index compares all ZIP Codes in California along various indices of vulnerability, and is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators, including the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian/ Pacific Islander populations, the percent of the population qualified as essential workers, the percent of population under 200% of FPL, percent of population in overcrowded housing units, population ages 75 and older living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates. The Index rates ZIP Codes in the 0 to 19th percentile as in the 'Lowest' Vulnerability and Recovery Index category, those in the next-highest quintiles are 'Low', then 'Moderate', while those in the 60th to 79th percentiles are 'High' and 80th percentile and above are 'Highest' in terms of vulnerability to COVID-19 and need for recovery assistance from the effects of COVID-19. In the service area ZIP Codes, Long Beach 90813 is ranked as the highest vulnerability, with an Index score higher than 97.2% of California ZIP Codes. Long Beach 90808 is ranked as the lowest vulnerability, with a composite score higher than 16.3% of California ZIP Codes.

Vulnerability and Recovery Index

	ZIP Code	Risk	Severity	Recovery Need	Index
Bellflower	90706	68.5%	71.1%	67.8%	69.3%
Long Beach	90802	71.8%	83.7%	61.0%	72.3%
Long Beach	90803	18.7%	14.8%	22.4%	18.3%
Long Beach	90804	72.2%	77.0%	62.7%	70.6%
Long Beach	90805	84.9%	83.4%	84.9%	85.7%
Long Beach	90806	81.9%	91.9%	70.4%	82.5%
Long Beach	90807	30.6%	46.5%	30.9%	35.5%
Long Beach	90808	22.8%	16.4%	12.7%	16.3%
Long Beach	90810	87.3%	86.4%	83.2%	86.8%
Long Beach	90813	96.1%	97.1%	95.9%	97.2%
Long Beach	90814	37.2%	28.4%	24.7%	29.2%
Long Beach	90815	24.6%	17.3%	23.4%	21.1%

Source: Advancement Project California, Vulnerability and Recovery Index, Published February 3, 2021, data as of January 31, 2021. https://www.racecounts.org/covid/covid-statewide/

Community Perspectives – COVID-19

The majority of the health inequities and issues faced during the COVID-19 pandemic were not new to Long Beach communities. These issues have been significantly magnified and multiplied in the new COVID-19 landscape. Communities that were already at a disadvantage before the pandemic have borne the brunt of the impacts from the pandemic.

> *One of the things that was clear about the COVID-19 pandemic is those who had other underlying health conditions, including obesity, heart disease, diabetes, for example, were disproportionately impacted low income and racial minority communities. And if you happen to catch COVID-19, it could prove to be quite detrimental to an individual's health and livelihood. For me, COVID-19 really underscored that we still have unmet health related needs in these communities. And you know, even as we move out of the pandemic, and find a way to vaccinate against it, we haven't found a way to really vaccinate against those other conditions that I just described.* - Key informant

The social isolation required to slow the spread of COVID-19 has deeply impacted marginalized communities. Service providers and organizations have had to adapt to the unique challenges and psychological impacts of social isolation.

> *The COVID restrictions haven't been lifted for seniors, so we are supposed to stay at home. A lot of people have taken that to heart. They are not going out except for grocery shopping. Because of COVID, their families haven't been able to visit them. They don't want to carry anything to the older people because we have a lot of seniors in the building that have compromised health issues. Many of them have diabetes. Some people have hardly left their apartments for 18 months. And I've seen an increase in the number of people that sit and watch TV all day. A lot of them turn to the news constantly and it tends to make you very depressed. Because the news is not all good right now.* - Focus group participant

> *Within the Cambodian community, a lot of Cambodian adults have five or more chronic conditions that include physical and mental health. They have high rates of diabetes, hypertension, PTSD, depression, and anxiety. During the pandemic, the mental health conditions of our community members have increased because of social isolation. Issues around API hate has really increased the anxiety within our community members. One of the key things that helps generate healing within our community is being together sharing food, all the things that we can't do during the pandemic. The social isolation really created greater health needs within our community.* - Key informant

COVID-19 has caused additional layers of anxiety and chronic stress for low-income families and low-wage workers. They struggle to make ends meet while prioritizing the health and safety of their families or households, especially amid overcrowded housing conditions and a lack of social safety net options.

> *I think there is a lot of pressure on keeping businesses open, but then it is really at the expense of the workers on the front lines who are putting themselves at risk. Workers are worried about getting COVID at work and then giving it to someone they live with. Many times, it's like, you know, intergenerational households.* - Key informant

> *There were people in the pandemic who worked really long hours. They may have had a couple of jobs. Every day they went out, it was a risk. Not only were they putting themselves at risk, but also their entire families. It was heartbreaking knowing that folks were putting themselves at risk by going to work. But they had to do that, because they had no other option.* - Key informant

Acute and Chronic Disease

Hospitalizations by Diagnoses

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

Hospitalizations, by Principal Diagnoses, Top Ten Causes

	Percent
Complications of pregnancy, childbirth & postpartum period	15.7%
Circulatory system	14.9%
Certain conditions originating in perinatal period	14.6%
Infectious and parasitic diseases	11.6%
Injury and poisoning	8.5%
Digestive system	6.7%
Endocrine, nutritional, and metabolic diseases and immunity disorders	6.2%
Respiratory system	5.3%
Genitourinary system	4.1%
Nervous system and sense organ	2.6%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Visits by Diagnoses

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

Emergency Room Visits, by Principal Diagnoses, Top Ten Causes

	Percent
Injury and poisoning	17.9%
Respiratory system	13.4%
Musculoskeletal system and connective tissue	9.7%
Nervous system and sense organs	9.2%
Genitourinary system	7.1%
Digestive system	6.6%
Circulatory system	6.4%
Skin and subcutaneous tissue	5.0%
Mental illness	4.5%
Complications of pregnancy, childbirth & postpartum period	3.1%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

Fair or Poor Health

When asked to self-report on health status in the past 30 days, 20.1% of adults in the hospital service area indicated they were in fair or poor health. This was higher than the state rate (18.1%). Among area ZIP Codes, Long Beach 90813 had the highest

estimated rate of self-reported fair or poor health (23.1%)and Long Beach 90803 had the lowest rate of self-reported fair or poor health among adults (14.6%).

Fair or Poor Health, Adults

	ZIP Code	Percent
Bellflower	90706	21.6%
Long Beach	90802	19.4%
Long Beach	90803	14.6%
Long Beach	90804	18.5%
Long Beach	90805	22.2%
Long Beach	90806	22.9%
Long Beach	90807	20.1%
Long Beach	90808	15.9%
Long Beach	90810	23.0%
Long Beach	90813	23.1%
Long Beach	90814	16.1%
Long Beach	90815	15.0%
St. Mary Medical Center Service Area*		**20.1%**
Los Angeles County		**20.5%**
California		**18.1%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Limited Activity Due to Poor Health

Adults in Long Beach and SPA 8 limited their activities due to poor mental or physical health on an average of 3.0 days in the previous month. At the county level, the likelihood of limiting activities generally increased with age until age 65, and was higher among women (2.9 days) than men (2.5 days). The likelihood of limiting activities decreased with income, was highest among Black/African-American residents, and was more likely among U.S. born populations than among foreign-born, with the exception of Asian populations.

Average Days in Past Month, Activities Limited from Poor Mental/Physical Health

	Percent
Male	2.5
Female	2.9
18-24	2.0
25-29	1.7
30-39	2.5
40-49	2.9
50-59	3.2
60-64	4.0

	Percent
65 or older	3.0
0-99% FPL	3.9
100-199% FPL	3.3
200-299% FPL	2.5
300%+ FPL	1.9
Less than high school	2.9
High school	3.1
Some college or trade school	3.1
College or post graduate school	2.0
Black	4.0
U.S. Born	4.0
White	2.7
U.S. Born	3.0
Latino	2.6
U.S. Born	3.0
Asian	2.2
U.S. Born	1.9
Long Beach Health District	**3.0**
SPA 8	**3.0**
Los Angeles County	**2.7**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Diabetes

In the service area, 9.8% of adults had been diagnosed with diabetes by a health professional. Among area communities, Long Beach 90814 had the lowest estimated rate of diabetes (8.1%) and Long Beach 90810 had the highest estimated rate of adults diagnosed with diabetes (12.1%).

Diabetes, Adults

	ZIP Code	Percent
Bellflower	90706	10.4%
Long Beach	90802	8.9%
Long Beach	90803	8.3%
Long Beach	90804	8.3%
Long Beach	90805	10.3%
Long Beach	90806	10.9%
Long Beach	90807	11.1%
Long Beach	90808	9.3%
Long Beach	90810	12.1%

	ZIP Code	Percent
Long Beach	90813	9.9%
Long Beach	90814	8.1%
Long Beach	90815	8.2%
St. Mary Medical Center Service Area*		**9.8%**
Los Angeles County		**10.4%**
California		**10.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

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

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Los Angeles County	California
Diabetes short term complications	55.9	60.9
Diabetes long term complications	105.8	97.1
Lower-extremity amputation among patients with diabetes	26.8	29.6
Uncontrolled diabetes	36.1	**30.5**
Diabetes composite	**209.6**	**202.2**

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease and Stroke

2.6% of service area adults reported being told by a health professional that they have heart disease. The lowest estimated rate was seen in Long Beach 90804 (2%) and the highest rates were in Long Beach 90807 and 90808, where an estimated 3.3% of adults had been told they have heart disease. 2.7% of service area adults were told by a health professional they have had a stroke. Rates in the service area ranged from an estimated low of 2.3% in Long Beach 90804 to a high of 3.3% in Long Beach 90807.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Bellflower	90706	2.6%	2.6%
Long Beach	90802	2.4%	2.6%

	ZIP Code	Heart Disease	Stroke
Long Beach	90803	3.1%	2.5%
Long Beach	90804	2.0%	2.3%
Long Beach	90805	2.3%	2.7%
Long Beach	90806	2.4%	2.8%
Long Beach	90807	3.3%	3.3%
Long Beach	90808	3.3%	3.0%
Long Beach	90810	2.8%	3.0%
Long Beach	90813	2.1%	2.5%
Long Beach	90814	2.6%	2.5%
Long Beach	90815	3.0%	2.7%
St. Mary Medical Center Service Area*		**2.6%**	**2.7%**
Los Angeles County		**2.8%**	**2.8%**
California		**3.2%**	**2.6%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

4.4% of service area adults reported having been diagnosed with angina or coronary heart disease, or a heart attack (Myocardial Infarction). The lowest estimated area rates of adults diagnosed with angina, coronary heart disease, or a heart attack were in Long Beach ZIP Code 90804 (3.6%) and 90813 (3.9%) and the highest rates were estimated to be in Long Beach 90808 (5.3%) and 90807 (5.5%).

Heart Disease or Heart Attack, Adults

	ZIP Code	Percent
Bellflower	90706	4.5%
Long Beach	90802	4.2%
Long Beach	90803	4.8%
Long Beach	90804	3.6%
Long Beach	90805	4.1%
Long Beach	90806	4.3%
Long Beach	90807	5.5%
Long Beach	90808	5.3%
Long Beach	90810	4.9%
Long Beach	90813	3.9%
Long Beach	90814	4.3%
Long Beach	90815	4.8%
St. Mary Medical Center Service Area*		**4.4%**
Los Angeles County		**4.7%**
California		**5.0%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

In SPA 8, 6.7% of adults have been diagnosed with heart disease, which is higher than the county rate of 6.1%. Among adults diagnosed with heart disease, 73.3% said they were given a management care plan by a health care provider. Among the SPA 8 adults with a management plan, 59.4% were very confident in their ability to control their condition; however, 7.1% of SPA 8 residents surveyed reported lacking confidence to control their condition.

Heart Disease, Adults

	SPA 8	Los Angeles County
Diagnosed with heart disease	6.7%	6.1%
Has a management care plan**	73.3%	71.0%
Very confident to control condition***	59.4%	57.7%
Somewhat confident to control condition***	33.5%	35.7%
Not confident to control condition***	*7.1%	*6.6%

*Source: California Health Interview Survey, 2015-2019. **2014-2018. ***2015-2016 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Los Angeles County (363 annual hospitalizations per 100,000 persons, risk-adjusted) is above the state rate (355 hospitalizations per 100,000 persons).

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to heart failure	363.0	355.0

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

High Blood Pressure and High Cholesterol

High blood pressure (hypertension) and high blood cholesterol re co-morbidity factors for diabetes and heart disease. In the service area, 26.4% of adults reported being diagnosed with high blood pressure and 26% were diagnosed with high cholesterol. The highest estimated rates of persons diagnosed with high blood pressure and high cholesterol were reported in Long Beach 90807 (30.8% and 29.6%, respectively) and Long Beach 90808 (28.5% and 29.8%, respectively).

High Blood Pressure and High Cholesterol

	ZIP Code	Hypertension	High Cholesterol
Bellflower	90706	26.9%	26.1%
Long Beach	90802	25.6%	24.6%
Long Beach	90803	27.1%	28.3%
Long Beach	90804	22.9%	22.9%

	ZIP Code	Hypertension	High Cholesterol
Long Beach	90805	26.2%	24.8%
Long Beach	90806	26.7%	25.5%
Long Beach	90807	30.8%	29.6%
Long Beach	90808	28.5%	29.8%
Long Beach	90810	28.0%	27.3%
Long Beach	90813	24.2%	23.6%
Long Beach	90814	25.3%	26.2%
Long Beach	90815	25.8%	26.7%
St. Mary Medical Center Service Area*		**26.4%**	**26.0%**
Los Angeles County		**26.9%**	**27.1%**
California		**28.4%**	**31.7%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

In SPA 8, 28.2% of adults have been diagnosed with high blood pressure and 9.5% have been told they have borderline high blood pressure. 74.7% of persons diagnosed with high blood pressure take medication for their condition. SPA 8 rates are higher than county rates.

High Blood Pressure, Adults

	SPA 8	Los Angeles County
Diagnosed with high blood pressure	28.2%	25.5%
Borderline high blood pressure	9.5%	7.2%
Doesn't/never had high blood pressure	62.3%	67.4%
Takes medication for high blood pressure**	74.7%	69.9%

*Source: California Health Interview Survey, 2019 **2016-2017. http://ask.chis.ucla.edu/*

The remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Los Angeles County (50.2 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (43.4 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to hypertension	50.2	43.4

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Cancer

Cancer diagnoses (incidence rates) have been increasing, while cancer mortality rates have been decreasing. In Los Angeles County, the age-adjusted cancer incidence rate was 373.5 cancers per 100,000 persons, which was lower than the state rate of 394.5

per 100,000 persons. The incidence of colorectal and stomach cancers was higher for Los Angeles County than for the state.

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

	Los Angeles County	California
All sites	**373.5**	**394.5**
Breast (female)	117.9	122.2
Prostate (males)	90.6	91.7
Lung and bronchus	35.6	40.0
Colon and rectum	35.6	34.8
Corpus Uteri (females)	27.3	26.6
Non-Hodgkin lymphoma	17.7	18.3
Kidney and renal pelvis	14.1	14.7
Melanoma of the skin	13.9	23.1
Thyroid	13.3	13.1
Ovary (females)	11.7	11.1
Pancreas	11.6	11.9
Leukemia	11.9	12.4
Liver and Intrahepatic Bile Duct	9.3	9.7
Stomach	9.1	7.3
Urinary bladder	8.2	8.7

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 https://explorer.ccrcal.org/application.html*

Asthma

Reported rates of adult asthma in the service area (9.5%) were higher than county (9.2%) and state (8.5%) rates. The cities with the highest estimated rates based on self-report were Long Beach 90802 and 90805 (9.8%). Long Beach 90810 had the lowest rate of adult asthma in the service area (8.9%).

Asthma Prevalence, Adults

	ZIP Code	Percent
Bellflower	90706	9.2%
Long Beach	90802	9.8%
Long Beach	90803	9.2%
Long Beach	90804	9.6%
Long Beach	90805	9.8%
Long Beach	90806	9.6%
Long Beach	90807	9.7%
Long Beach	90808	9.4%
Long Beach	90810	8.9%
Long Beach	90813	9.5%
Long Beach	90814	9.6%
Long Beach	90815	9.5%
St. Mary Medical Center Service Area*		**9.5%**
Los Angeles County		**9.1%**

	ZIP Code	Percent
California		**8.5%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

In SPA 8, 14.5% of the population has been diagnosed with asthma. 16.3% of children have been diagnosed with asthma. 29.2% of the general public with diagnosed asthma had an asthma episode or attack in the past year and 44.4% take medication daily to control their symptoms. Among children with an asthma diagnosis, 27.6% had had an asthma episode or attack in the past year, and 19.3% had missed days of school or daycare due to asthma. 40.7% of children with asthma take daily medication to control it. Rates of diagnosed asthma are higher in SPA 8 than the county, but residents, including children, appear to be less likely to take daily medication to control it.

Asthma

	SPA 8	Los Angeles County
Diagnosed with asthma, total population	14.5%	13.9%
Diagnosed with asthma, 0-17 years old	16.3%	14.2%
Had asthma episode/attack in past 12 months	29.2%	27.9%
Had asthma episode/attack in past 12 months, 0-17 years old	*27.6%	32.1%
Missed days of daycare/school in the past 12 months, 0-17	*19.3%	22.7%
Takes daily medication to control asthma, total population	44.4%	45.4%
Takes daily medication to control asthma, 0-17 years old	*40.7%	43.1%

*Source: California Health Interview Survey, 2015-2019 http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. The rate of COPD and asthma hospitalizations among LA County adults, ages 40 and older, was 233.2 hospitalizations per 100,000 persons. The rate of hospitalizations in LA County for asthma among young adults, ages 18 to 39, was 22.4 hospitalizations per 100,000 persons. The county rates were higher than the state rates.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Los Angeles County	California
COPD or asthma in older adults, 40+	233.2	220.2
Asthma in younger adults, ages 18 to 39	22.4	19.7

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Tuberculosis

Tuberculosis (TB) rates in Los Angeles County rose in 2019, continuing a 2-year upward trend for the county. The rate of TB was 5.6 per 100,000 persons, which was above the statewide rate of 5.3 TB cases per 100,000 persons.

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

	2015		2016		2017		2018		2019	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Los Angeles County	602	6.3	550	5.7	509	5.3	528	5.5	537	5.6
California	2,131	5.5	2,059	5.2	2,057	5.2	2,097	5.3	2,115	5.3

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Data Tables, 2019. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 10% of the non-institutionalized civilian population identified as having a disability. In Los Angeles County, 9.9% had a disability, while the rate of disability in the state was 10.6%.

Disability, Five-Year Average

	St. Mary Medical Center	Los Angeles County	California
Population with a disability	10.0%	9.9%	10.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Disability is defined as having limited activity because of physical, mental or emotional problems, having a health problem requiring the use of special equipment, or a self-perception of being disabled. Utilizing this description, 28.4% of SPA 8 residents reported having a disability. 28.6% of Long Beach residents had a disability.

Those reporting disabilities were more likely to be older and have a lower income. Black residents were the most likely to report a disability (36.8%), followed by Whites (30.1%) and Latinos (21.5%). Asian residents (14.4%) were the least-likely to report having a disability. Disability was more likely to be reported by U.S.-born (versus foreign-born) Black, White and Latino individuals, but less-likely to be reported by U.S.-born Asians.

Disability, Adults, by Demographics

	Percent
18-24	10.9%
25-29	14.7%
30-39	17.7%
40-49	19.8%
50-59	30.3%
60-64	40.1%
65 or older	41.4%
0-99% FPL	33.2%

	Percent
100-199% FPL	25.9%
200-299% FPL	22.3%
300% or above FPL	20.2%
Black	36.8%
U.S. Born	38.5%
White	30.1%
U.S. Born	32.1%
Latino	21.5%
U.S. Born	22.6%
Asian	14.4%
U.S. Born	11.7%
Long Beach	**28.6%**
SPA 8	**28.4%**
Los Angeles County	**24.6%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Children with Special Health Care Needs

In SPA 8, 15% of children were reported by their caretakers to meet the criteria of having a special health care need, which is defined as dependency on prescription medications, service use above that considered usual or routine, and/or a functional limitation. 15.8% of Long Beach children were reported as having a special health care need.

At the county level, boys are more likely than girls to meet the criteria for having special health care needs (17% versus 12.4%), and children, 6 to 17 years, were more likely to have an identified special health care need (17.3%) than were children, 5 and younger (9.2%). Black/African-American children were the most likely to have a special health care need (25.3%) followed by White children (18.2%), with 12.7% of Latino and Asian children reported as having a special health care need.

Special Health Care Needs, Children, Ages 0 to 17

	Percent
Male	17.0%
Female	12.4%
0 to 5 years old	9.2%
6 to 17 years old	17.3%
Black	25.3%
White	18.2%
Latino	12.7%

	Percent
Asian	12.7%
Long Beach Health District	**15.8%**
SPA 8	**15.0%**
Los Angeles County	**14.7%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Perspectives – Chronic Disease

There are links between the social determinants of health and a person's circumstances and environments that impact on chronic diseases. Chronic diseases need to be addressed through prevention.

> *I feel that other circumstances happening in family's lives really are a barrier for helping them work on chronic disease management. So, if someone has uncontrolled diabetes, but they have all these other circumstances happening to them, they don't know when they're going to have time for healthy eating and exercising. You really can't even do any of that if you're worried about other things. I think one of the challenges for improving chronic disease management is focusing on the other circumstances that are happening in the home, whether it's accessing healthy food or getting to work.* - Key informant

> *When people who have been deemed chronically homeless by other organizations, often living on the streets for years and years at a time, get into permanent supportive housing, they have many unmet health needs. When they were living on the street, their health needs were vastly unmet, especially things like chronic diseases that take time to address. What we find, especially as people get stable housing for the first time, is all these other issues present themselves as chronic diseases – cancers, heart and lung ailments, liver and kidney ailments.* - Key informant

> *If you truly want to deal with chronic diseases, you need to talk about prevention, you need to talk about lifestyle changes. I know that's a pain to talk about, and clients are going to look at you like the devil. But you know, that is a part of what you should be doing. As far as I can tell, that just does not happen with those who have chronic disease. Get the blood work, do your analysis, prescribe your meds, if you're eligible, and then do bloodwork to make sure there's no side effects. I'm not convinced that chronic diseases can be addressed that way. There needs to be more whole-health-person approaches.* - Key informant

Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts LA County in the top quartile of California counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

Source: County Health Rankings, 2021. http://www.countyhealthrankings.org

Overweight and Obesity

In the service area, 27.6% of adults are obese and 34% are overweight. Estimated rates of obesity in service area ZIP Codes ranged from 24.1% in Long Beach 90815 to 29.7% in Long Beach 90805. Combined rates of overweight and obesity were lowest in Long Beach 90815 (56.8%), and highest in Bellflower (63.3%) and Long Beach 90805 (63.7%). The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, age 20 and older. The service area and area ZIP Codes meet this objective.

Overweight and Obesity, Adults

	ZIP Code	**Overweight	Obese	Combined
Bellflower	90706	34.8%	28.5%	63.3%
Long Beach	90802	34.1%	28.4%	62.5%
Long Beach	90803	34.7%	25.7%	60.4%
Long Beach	90804	32.9%	26.4%	59.3%
Long Beach	90805	34.0%	29.7%	63.7%
Long Beach	90806	33.6%	27.9%	61.5%
Long Beach	90807	34.5%	27.5%	62.0%
Long Beach	90808	34.5%	25.9%	60.4%
Long Beach	90810	34.4%	26.7%	61.1%
Long Beach	90813	33.8%	28.3%	62.1%
Long Beach	90814	34.0%	26.6%	60.6%
Long Beach	90815	32.7%	24.1%	56.8%
St. Mary Medical Center Service Area*		**34.0%**	**27.6%**	**61.6%**
Los Angeles County		**34.7%**	**26.9%**	**61.6%**
California		**36.4%**	**25.8%**	**62.2%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates. **Calculated by subtracting percentage of those with BMI of 30 or more from the percentage of total population with a BMI over 24.9.*

When adult obesity levels are tracked over time, SPA 8 has an increase in obesity, with 9.8% more of the population reporting obesity in 2019 than in 2005. This rate of increase, as well as the overall percent, is higher than in Los Angeles County.

Obesity, Adults, Ages 20 and Older, 2005 - 2019

	2005	2007	2009	2011-12	2013-14	2015-16	2017-18	2019	Change 2005-2019
SPA 8	22.8%	26.2%	24.0%	26.1%	27.3%	30.7%	29.2%	32.6%	9.8%
LA County	21.0%	23.1%	23.2%	25.6%	26.2%	29.5%	28.6%	28.9%	7.9%

Source: California Health Interview Survey, 2005-2019. http://ask.chis.ucla.edu

In SPA 8, 75.6% of Latino adults, 75.1% of African-American, 59.6% of White, 55.9% of Multiracial and 47.9% of Asian adults are overweight or obese. These rates are higher than county rates.

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

	SPA 8	Los Angeles County
Latino	75.6%	73.8%
Native Hawaiian/Pacific Islander (NL)	N/A	*73.0%
African American (non-Latino)	75.1%	70.4%
White (non-Latino)	59.6%	55.7%
Multiracial (non-Latino)	*55.9%	54.7%
American Indian/Alaska Native (NL)	N/A	*52.8%
Asian (non-Latino)	*47.9%	40.2%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*
N/A = suppressed due to small sample size

In SPA 8, 14.9% of teens and 9.4% of children are overweight, and 12.1% of teens are obese. The Healthy People 2030 objective for obesity in children and teens is a maximum of 15.5%.

Overweight, Children and Teens, and Obesity in Teens

	SPA 8	Los Angeles County
Overweight, teens, ages 12-17	*14.9%	18.8%
Overweight, children, ages under 12	9.4%	12.8%
Obese, teens, ages 12-17	*12.1%	17.4%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese).

Los Angeles Unified and Paramount Unified School Districts had worse rates, combined, than the other area districts, with over half of their 5th grade and about half of their 7th grade students being overweight or obese. Los Angeles Unified School District had 48.4% of their 9th grade students needing improvement or at health risk, while Paramount Unified improved slightly by 9th grade, to 42.3% of their student body being overweight or obese. Among the area school districts, only ABC Unified School District had lower combined rates of overweight and obesity than the state, at every grade level.

5th, 7th and 9th Graders; Body Composition, Needs Improvement and at Health Risk

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
ABC Unified	20.5%	20.1%	16.5%	21.6%	20.0%	15.4%
Bellflower Unified	20.3%	24.3%	17.9%	26.6%	20.8%	21.9%
Long Beach Unified	19.6%	26.0%	19.1%	21.6%	22.4%	15.9%
Los Angeles Unified	20.6%	30.5%	20.5%	27.3%	21.9%	26.5%
Paramount Unified	20.4%	30.9%	21.5%	29.3%	18.5%	23.8%
Los Angeles County	**20.2%**	**25.4%**	**19.8%**	**23.2%**	**20.3%**	**21.0%**
California	**19.4%**	**21.9%**	**19.4%**	**20.6%**	**18.9%**	**18.9%**

*Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest *Suppressed due to 10 or fewer students.*

Community Perspectives – Overweight and Obesity

The built environment and conditions in neighborhoods play a key role in addressing obesity rates. It is difficult when people live in unsafe and unwalkable neighborhoods or live in food deserts with few options for healthy and fresh food. With food insecurity, there is an increased reliance on food banks, which do not necessarily have the healthiest food options. This is coupled with social isolation and less exercise people experienced during the pandemic.

> *We are in this dilemma where we're considered a walkable neighborhood. But in reality, it's unsafe. It's unsafe because of the road traffic. There are grocery stores, but I would say the cost of food has become a major factor. We have a food mobile food bank that comes twice a month to the neighborhood and the food is okay, but it doesn't necessarily address some of the nutritional issues that relate to obesity.* - Key informant

> *This is a group that may be very distrusting of the medical system, and may also be inappropriately or unfairly treated by the medical system. I think some of that has to do with general social conditioning and cultural biases around body shaming. And we know for a fact that they access health care less than regular bodied folks. People who are overweight or considered obese have a more*

difficult time trusting their providers, or even maybe getting care. - Key informant

Soda/Sugar-Sweetened Beverage (SSB) Consumption

3.7% of children and teens in SPA 8 consumed at least two glasses of non-diet soda the previous day, and 14.5% consumed at least two glasses of a sugary drink other than soda the previous day. 9.7% of SPA 8 adults consumed non-diet sodas at a high rate (7 or more times per week). 57.5% of adults reported drinking no non-diet soda in an average week.

Soda or Sweetened Drink Consumption

	SPA 8	Los Angeles County
Children and teens reported to drink at least two glasses of non-diet soda yesterday	*3.7%	5.2%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday**	*14.5%	9.8%
Adults who reported drinking non-diet soda at least 7 times weekly***	9.7%	10.4%
Adults who reported drinking no non-diet soda weekly***	57.5%	56.9%

*Source: California Health Interview Survey, 2014-2017 & 2019, combined, **2014-2018, ***2015-2017. http://ask.chis.ucla.edu*
**Statistically unstable due to sample size.*

39.8% of Los Angeles County children and teens consume at least one sugar-sweetened beverage per day. The rate is higher in boys (40.8%) than girls (33.5%) and rises with age (26.5% of children five and under and 45% of youth 12 to 17 years of age). Rates are higher in households earning less, and with the responding parent or guardian having a high school education or less. Rates are also highest in families where the responding parent or guardian was Black (48%) or Latino (44.4%) and lowest where the parent or guardian was White (19.8%).

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

	Percent
Male	40.8%
Female	33.5%
0 to 5 years old	26.5%
6 to 11 years old	39.3%
12 to 17 years old	45.0%
0-99% FPL	47.2%
100-199% FPL	43.4%
200-299% FPL	36.3%
300% or above FPL	22.0%
Less than high school	47.4%
High school	47.4%
Some college or trade school	36.6%

	Percent
College or post graduate degree	23.8%
Black	48.0%
Latino	44.4%
Asian	26.6%
White	19.8%
Long Beach Health District	**39.8%**
SPA 8	**33.2%**
Los Angeles County	**37.2%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Adequate Fruit and Vegetable Consumption

Teens are less likely than children to eat five or more servings of fruit and vegetables a day. In SPA 8, 29.9% of children and 18.1% of teens eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes).

Five or More Servings of Fruit and Vegetables, Daily, Children and Teens

	SPA 8	Los Angeles County
Children	29.9%	29.8%
Teens	*18.1%	23.6%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

12.1% of Los Angeles County adults surveyed reported eating five or more servings of fruits and vegetables the previous day. Rates were lower in SPA 8 (10%) and Long Beach (10%). The rate rose with both education and income, was higher among women (14.8%) than men (9%) and was lowest among the youngest (ages 18-24, 10.3%) and oldest (ages 65 and older, 10.2%) adults. White adults were the most likely to have eaten five or more servings of fruit and vegetables (18.1%) and Asian adults were the least likely (7.2%).

Five or More Servings of Fruit and Vegetables Yesterday, Adults, Ages 18 and Older

	Percent
Male	9.0%
Female	14.8%
18 to 24	10.3%
25 to 29	13.2%
30 to 39	12.3%
40 to 49	12.4%
50 to 59	12.9%
60 to 64	14.8%
65 or older	10.2%

	Percent
0-99% FPL	8.1%
100-199% FPL	9.7%
200-299% FPL	13.7%
300% or above FPL	15.1%
Less than high school	6.8%
High school	9.2%
Some college or trade school	12.4%
College or post graduate degree	17.7%
White	18.1%
Black	10.4%
Latino	9.7%
Asian	7.2%
Long Beach Health District	**10.0%**
SPA 8	**10.0%**
Los Angeles County	**12.1%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

29.8% of Los Angeles County children, ages birth through 11, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). This rate is higher among those under five years of age (39.8%) than those ages 5 through 11. Adequate daily fruit and vegetable consumption is highest among children of families with an income 300% or more of the FPL (31.4%). It is also highest among Black children (44.3%) and White children (34.1%) and lowest among Asian children (10.5%).

Five or More Servings Fruit and Vegetables Daily, Children, by Demographics

	Percent
Male	29.8%
Female	29.7%
0 to 4 years old	39.8%
5 to 11 years old	25.3%
0-99% FPL	28.9%
100-199% FPL	27.8%
200-299% FPL	26.4%
300% or above FPL	31.4%
Black, non-Latino	44.3%
White, non-Latino	34.1%
Multi-racial, non-Latino	*31.1%
Latino	29.7%
Asian, non-Latino	*10.5%

	Percent
Los Angeles County	**29.8%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

Access to Fresh Produce

85.7% of adults in SPA 8 reported they could usually or always find fresh fruit and vegetables in the neighborhood, and 77.3% said they were usually or always affordable.

Communities with Good or Excellent Access to Fresh Produce

	SPA 8	Los Angeles County
Neighborhood usually or always has fresh produce	85.7%	86.5%
Neighborhood fresh produce usually or always affordable	77.3%	77.3%

Source: California Health Interview Survey, 2016-2018. http://ask.chis.ucla.edu

78.2% of adults in Los Angeles County who were parents, guardians or decision-makers for children rated access to fresh fruits and vegetables as good or excellent. 77.3% of SPA 8 adults and 79.9% of Long Beach adults rated access to fresh fruits and vegetables as good or excellent. Parents or guardians of younger children were more likely to feel this way, and in general the older the parent or guardian was, the more likely they were to feel this way, unless they were 65 years of age or older. Parents or guardians with less education and income were less likely to feel their community had good or excellent access to fresh produce, as were Latino (71.8%) and Black (67.1%) parents or guardians, while Whites (92.9%) and Asians (88.5%) were more likely to feel they lived in a community with good or excellent access.

Good or Excellent Community Access to Fresh Fruits/Vegetables, by Demographics

	Percent
0 to 5 years old	82.5%
6 to 11 years old	77.1%
12 to 17 years old	75.2%
18 to 24 (parents/guardians characteristics)	73.6%
25 to 29	75.8%
30 to 39	74.9%
40 to 49	81.1%
50 to 59	80.9%
60 to 64	85.4%
65 or older	75.9%
0-99% FPL	70.4%
100-199% FPL	71.7%
200-299% FPL	77.1%
300% or above FPL	91.0%

	Percent
Less than high school	71.7%
High school	69.3%
Some college or trade school	73.4%
College or post graduate degree	89.8%
White	92.9%
Asian	88.5%
Latino	71.8%
Black	67.1%
Long Beach	**79.9%**
SPA 8	**77.3%**
Los Angeles County	**78.2%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week, working all major muscle groups). 66% of SPA 8 adults meet the aerobic exercise recommendations and 42.4% meet the muscle-strengthening guidelines, while 36.4% meet both sets of guidelines.

Physical Activity Guidelines Met, Adults

	SPA 8	Los Angeles County
Aerobic activity guidelines met	66.0%	64.4%
Muscle strengthening guidelines met	42.4%	43.1%
Both aerobic and strengthening guidelines met	36.4%	35.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Men are more likely to have met the muscle-strengthening and aerobic exercise guidelines than women, and rates of both types of exercise declined with age. Aerobic activity increased steadily with education and income.

Physical Activity Guidelines Met, Adults, by Demographics

	Aerobic Activity	Strength-Training
Male	69.9%	50.0%
Female	59.3%	36.5%
18 to 24	79.0%	59.8%
25 to 29	70.0%	52.2%
30 to 39	67.1%	43.7%
40 to 49	65.3%	38.8%
50 to 59	59.7%	39.2%

	Aerobic Activity	Strength-Training
60 to 64	57.9%	36.3%
65 or older	52.8%	35.3%
0-99% FPL	53.2%	33.9%
100-199% FPL	62.2%	40.8%
200-299% FPL	67.6%	48.1%
300% or above FPL	70.2%	47.3%
Less than high school	52.2%	30.7%
High school	64.9%	47.3%
Some college or trade school	67.6%	44.9%
College or post graduate degree	69.2%	47.1%
White	67.0%	45.4%
Latino	63.5%	40.6%
African American	62.8%	50.3%
Asian	62.4%	39.8%
Long Beach Health District	**69.6%**	**43.2%**
SPA 8	**66.0%**	**42.4%**
Los Angeles County	**64.4%**	**43.1%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Current recommendations for physical activity for children and teens are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises. While only 15.1% of children and teens in Los Angeles County met both requirements, 25.8% of children and 21.5% of teens met the aerobic requirement. Boys were more likely to meet it than girls. 17.7% of children and teens in Long Beach met the aerobic guideline (32.6%). African American children and teens were more likely to meet the recommendation (29.3%) than were Latino (24%) White (21.1%) or Asian (20.8%) children and teens.

Aerobic Activity Guidelines Met, Children and Teens, Ages 6-17

	Percent
Male	26.2%
Female	20.9%
6 to 11 years	25.8%
12 to 17 years	21.5%
African American	29.3%
Latino	24.0%
White	21.1%
Asian	20.8%
Long Beach Health District	**17.7%**

	Percent
SPA 8	**24.5%**
Los Angeles County	**23.7%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 57.1% of Los Angeles County 5th graders were in the 'Healthy Fitness Zone' (HFZ) of aerobic capacity. Area ninth graders performed slightly worse, with 54.1% of Los Angeles County 9th graders testing in the Healthy Fitness Zone. Rates between school districts vary from 50.5% of Los Angeles Unified School District's 5th grade students being in the HFZ of aerobic capacity, to 67.8% of Paramount Unified School District's 5th grade students achieving that designation. Among 9th graders, however, Paramount Unified rates dropped to the worst of the area school districts, with only 43.6% of their 9th graders testing in the healthy fitness zone. ABC Unified School District had the fittest 9th graders, with two-thirds (66.6%) testing in the healthy fitness zone.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

School District	Fifth Grade	Ninth Grade
ABC Unified School District	59.3%	66.6%
Bellflower Unified School District	65.1%	49.6%
Long Beach Unified School District	60.8%	64.1%
Los Angeles Unified School District	50.5%	48.1%
Paramount Unified School District	67.8%	43.6%
Los Angeles County	**57.1%**	**54.1%**
California	**60.2%**	**60.0%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

14.2% of SPA 8 children and teens spent five or more hours in sedentary activities after school on a typical weekday, and 4.3% spent 8 hours or more a day on sedentary activities on weekend days.

Sedentary Children

	SPA 8	Los Angeles County
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	*14.2%	13.6%
8+ hours spent on sedentary activities on a typical weekend day - children and teens**	*4.3%	8.0%

*Source: California Health Interview Survey, 2014-2018, **2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

11.2% of Los Angeles County adults, 12% of SPA 8 adults, and 13.4% of Long Beach adults reported not participating in any aerobic activity within the past week. Women

(13.1%) were more likely than men (9.2%) to report being sedentary, and the likelihood of participating in at least some aerobic activity increased with education and income.

Sedentary Adults, by Demographics

	Percent
Male	9.2%
Female	13.1%
18 to 24	6.6%
25 to 29	5.7%
30 to 39	9.8%
40 to 49	12.4%
50 to 59	11.7%
60 to 64	12.7%
65 or older	17.7%
0-99% FPL	16.8%
100-199% FPL	11.6%
200-299% FPL	10.8%
300% or above FPL	8.5%
Less than high school	15.6%
High school	12.5%
Some college or trade school	10.5%
College or post graduate degree	8.1%
Black	14.6%
Asian	14.0%
White	10.9%
Latino	9.6%
Long Beach Health District	**13.4%**
SPA 8	**12.0%**
Los Angeles County	**11.2%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size*

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:
0-24: Car Dependent (Almost all errands require a car)
25-49: Car Dependent (A few amenities within walking distance)
50-69: Somewhat Walkable (Some amenities within walking distance)
70-89: Very Walkable (Most errands can be accomplished on foot)
90-100: Walker's Paradise (Daily errands do not require a car)

Many parts of Long Beach are walkable by Southern California standards. Based on the above scoring method, only two ZIP Codes in the service area were considered “Car Dependent”, with Long Beach 90810 being the least walkable, with a score of 33 and Long Beach 90808 having a score of 49. Nine Long Beach ZIP Codes were ranked as ‘Somewhat’ or ‘Very’ walkable, while Long Beach 90802 was considered to be a “Walker’s Paradise.”

Walkability

	ZIP Code	Walk Score
Bellflower	90706	65
Long Beach	90802	90
Long Beach	90803	75
Long Beach	90804	87
Long Beach	90805	66
Long Beach	90806	73
Long Beach	90807	68
Long Beach	90808	49
Long Beach	90810	33
Long Beach	90813	89
Long Beach	90814	84
Long Beach	90815	56

Source: WalkScore.com, 2020

Sexually Transmitted Infections

In 2018, the rate of chlamydia in Long Beach was 832.9 cases per 100,000 persons. The Long Beach rate of gonorrhea was 369.3 cases per 100,000 persons. The rate of primary and secondary syphilis for Long Beach was 36.1 cases per 100,000 persons. The rate of early latent syphilis was 35.8 cases per 100,000 persons.

Sexually Transmitted Infections, Cases and Rates, per 100,000 Persons

	Long Beach		Los Angeles County	California
Chlamydia	3,974	832.9	661.8	583.0
Gonorrhea	1,762	369.3	265.9	199.4
Primary and secondary syphilis	172	36.1	23.0	19.1
Early latent syphilis	171	35.8	31.8	19.5

Source: California Department of Public Health, STD Control Branch, 2018 STD Surveillance Report, 2018 data.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf

Teen Sexual History

In SPA 8, 86.2% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex, which is lower than the county rate of not having had sex (89%).

Teen Sexual History, Ages 14 to 17

	SPA 8	Los Angeles County
Never had sex	* 86.2%	89.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

HIV

The rate of new HIV cases in Long Beach (a subset of the LA County numbers) was 22.3 per 100,000 persons in 2019, which declined from a new-case rate of 29.1 in 2015. 72.1% of persons in Long Beach with diagnosed HIV were receiving care and 64.9% were virally suppressed. The California Integrated Plan objective is for 90% of persons with HIV to be in care, and 80% to be virally suppressed by 2021.

HIV, per 100,000 Persons

	Long Beach	Los Angeles County	California
Newly diagnosed cases	103	1,501	4,396
Rate of new diagnoses	22.3	14.6	11.0
Living cases	4,400	52,409	137,785
Rate of HIV	951.1	510.8	344.8
Percent in care	72.1%	71.0%	75.0%
Percent virally suppressed	64.9%	61.8%	65.3%
Deaths per 100k HIV+ persons, in 2019	10.4	6.3	4.8

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

Mental Health

Among adults in SPA 8, 10.6% were determined to have experienced serious psychological distress in the past year, while 9.4% had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Among those adults who had experienced moderate or severe psychological distress, SPA 8 adults were generally slightly more likely to say they had experienced impairment in their daily lives (their family or work life, and household chores, though not their social life) when compared to county rates of impairment. By contrast, serious psychological distress was experienced in the past year by 23.4% of area teens, which was higher than the county level (15%).

Mental Health Indicators

	SPA 8	Los Angeles County
Adults who had serious psychological distress during past year	10.6%	10.4%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	9.4%	9.3%
Adults: family life impairment during the past year	16.9%	16.4%
Adults: social life impairment during the past year	16.6%	16.8%
Adults: household chore impairment during the past year	15.9%	15.5%
Adults: work impairment during the past year	16.1%	15.5%
Teens who had serious psychological distress during past year	*23.4%	15.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

In LA County, psychological distress in the past year was higher for women and teen girls than it was for men and teen boys. Women were more likely than men to have taken medication for at least two weeks in the past year, for an emotional or personal problem. Straight and non-sexual/celibate adults in the county were less likely to have suffered serious psychological distress in the past year than were LGB-identifying residents. Asian teens and adults were the least likely to have reported psychological distress or taking medication. While Black and Latino adults in the county were more likely to have reported serious psychological distress in the past year than area Whites, they were less likely to have taken medication for at least two weeks in the past year.

Mental Health Indicators, by Demographics

	Teen, Serious Psychological Distress, Past Year	Adult, Serious Psychological Distress, Past Year	Adult, Medications for Mental Health, Past Year
Male	7.8%	9.5%	7.7%
Female	22.9%	11.2%	10.9%
Straight/heterosexual	N/A	9.1%	8.5%
Gay, Lesbian/homosexual	N/A	19.1%	19.7%

	Teen, Serious Psychological Distress, Past Year	Adult, Serious Psychological Distress, Past Year	Adult, Medications for Mental Health, Past Year
Bisexual	N/A	32.9%	20.4%
Non-sexual/celibate none/other	NA	*11.8%	*11.2%
Multiracial	*16.4%	17.0%	16.0%
Native Hawaiian/Pacific Islander	N/A	*18.5%	*15.9%
White	28.2%	9.1%	14.9%
Black	*16.1%	11.2%	11.1%
American Indian/Alaska Native	N/A	*20.7%	*10.6%
Latino	12.6%	11.5%	7.0%
Asian	*6.8%	8.1%	4.2%
Total Los Angeles County	**15.0%**	**10.4%**	**9.3%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Frequent Mental Distress

Frequent mental distress is defined as 14 or more bad mental health days in the last month. In the service area the rate of mental distress was 13.9% of adults, which was slightly higher than in the county (13.1%) and the state (11.4%). Service area ZIP Codes rates ranged from 12.4% in Long Beach 90803 and 12.5% in Long Beach 90808, to 14.9% of adults in Long Beach 90813 with frequent mental distress.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Bellflower	90706	13.6%
Long Beach	90802	14.5%
Long Beach	90803	12.4%
Long Beach	90804	14.4%
Long Beach	90805	14.7%
Long Beach	90806	14.5%
Long Beach	90807	13.4%
Long Beach	90808	12.5%
Long Beach	90810	13.3%
Long Beach	90813	14.9%
Long Beach	90814	13.5%
Long Beach	90815	13.2%
St. Mary Medical Center Service Area*		**13.9%**
Los Angeles County		**13.1%**
California		**11.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Mental Health Care Access

30.4% of SPA 8 teens needed help for emotional or mental health problems in the past year, and 17.6% of teens had received psychological or emotional counseling in the past year. 22.4% of adults in SPA 8 needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 57.2% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	SPA 8	Los Angeles County
Teen who needed help for emotional or mental health problems in the past year	30.4%	23.5%
Teen who received psychological or emotional counseling in the past year**	*17.6%	13.1%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	22.4%	19.7%
Adults, sought/needed help and received treatment	57.2%	57.5%
Adults, sought/needed help but did not receive	42.8%	42.5%

*Source: California Health Interview Survey, 2017-2019 and **2015-2019 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Youth Mental Health

Among Los Angeles County 7th graders, 30.4% had experienced depression in the previous year, described as 'feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities'. This rate was higher than the state rate, and rose by grade level.

Youth Depression, Past 12 Months, 7th - 11th Grade Youth

	7th Grade	9th Grade	11th Grade
Los Angeles County	27.6%	32.1%	34.4%
California	30.4%	32.6%	36.6%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org. N/A = data suppressed due to low number of respondents.

Suicide is the second-leading cause of death among young people, ages 10 to 19, in the U.S. and rates of youth suicide and self-injury hospitalization are on the rise, especially among younger adolescents. 15.8% of 9th grade students in Los Angeles County said they had seriously considered suicide in the past year, and 14.9% of 11th graders had.

Rates of suicidal ideation in the county were higher among girls (20.7% in 9th grade, 18.8% in 11th) than boys (11% in the 9th grade, 10.9% in 11th) and among Native

Hawaiian/Pacific Islander students (19.2%) and multiracial students (18.5%) than among American Indian/Alaskan Native and Asian students (15.6%), Latino students (15.5%) and White students (15.1%), with suicidal ideation being lowest among Black/ African-American students (13.5%). Rates were higher among LGBTQ students (39.7%) and questioning students (26.5%) than among those who identified as straight (12.1% of whom had seriously considered suicide).

Youth Seriously Considered Suicide, Past 12 Months, 9th & 11th Grade Youth

	Los Angeles County	California
9th Grade	15.8%	15.8%
11th Grade	14.9%	16.4%
Male, 9th Grade	11.0%	11.2%
Female, 9th Grade	20.7%	21.1%
Male, 11th Grade	10.9%	12.7%
Female, 11th Grade	18.8%	20.2%
Gay/Lesbian/Bisexual	39.7%	43.7%
Not sure	26.5%	29.2%
Straight/Heterosexual	12.1%	12.5%
Native Hawaiian/Pacific Islander	19.2%	19.2%
Multiracial	18.5%	19.9%
Other race/ethnicity	15.7%	17.6%
American Indian/Alaska Native	15.6%	20.0%
Asian	15.6%	16.8%
Hispanic/Latino	15.5%	15.4%
White	15.1%	13.9%
African American/Black	13.5%	12.6%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org

In addition to lower-than-state-level self-reports of suicidal ideation, county children and youth, ages 5 to 20, also had lower rates of hospital admissions due to non-fatal self-inflicted injuries (35.6 hospital discharges per 100,000 children and youth, ages 5 to 20), than in California (36.5 discharges per 100,000 children and youth). There was also a lower-than-state rate of completed suicides, among county youth, ages 15 to 24 at 6.5 per 100,000 youth versus 8.2 per 100,000 youth at the state level.

Hospital Discharges for Non-fatal Self-inflicted Injuries, Ages 5 to 20, 2015
Youth Suicides, Ages 15 to 24, 2015-2017

	Self-Injury Discharges Rate per 100,000	Youth Suicides, Rate per 100,000
Los Angeles County	35.6	6.5
California	36.5	8.2

Source: California Department of Public Health's EpiCenter (Injury Data Onlin) and the CDC's Nonfatal Injury Data, 2015.via http://www.kidsdata.org.

Community Perspectives – Mental Health

Mental health needs have been magnified during the pandemic. This has highlighted the need for culture specific services and providers who understand the needs of communities. This is especially important when the communities have histories of distrust or stigma regarding mental health and western practices of mental health.

> *Culturally, there is still stigma around mental health. Youth to young adults are much more open about talking about mental health. But when talking about an older immigrant population, it's something you don't talk about with people in your household. If there are issues, you only keep it within the household. We're just going to keep this problem to ourselves, because we don't want to put our business out there. I think with the pandemic, the older adults we work with have been talking about it a little bit more. This is a breakthrough in the sense that they're opening up about depression or anxiety and social isolation. It is positive that people are slowly starting to talk about it, but I think we still have a long way to go in terms of addressing the social stigma.* - Key informant

> *It's so hard to find mental health providers who are LGBTQ friendly or even to get simple referrals to specialists that I would feel comfortable with as a queer person.* - Focus group participant

> *Cambodians look at wellness as a whole person, because that's how our community addresses wellness. In Khmer there's not a word for mental health, because everything is interconnected. We talk about the wellness of your mind, heart, spirit, your emotions, all those things are interconnected. In order to take care of yourself, you need to take care of all these different aspects of your life, to feel overall wellness. We encourage community members to be part of social support networks, because it's in these relationships that our communities heal together, learn from one another, and build resources with one another.* - Key informant

Needs related to mental health also focused on how society responds to mental health challenges or interpersonal situations, recognizing that high confrontational responses cause further trauma and escalate mental health crises.

> *We often send out police officers to respond to mental health needs and, in my opinion, that is not the best way to address people's mental health needs. As a cisgendered, white male with a lot of privilege, I don't like it when I'm stopped by the cops. It gives me a lot of anxiety. What are the mental health impacts, especially when somebody is struggling with mental health already, when we are*

sending out people with a gun and a badge, who have shot or tased people before, and often treat people poorly? This can exacerbate people's mental health experiences. I think there are some police that respond well, but as a general response, we have to find better ways to respond to people who are in crisis and are reaching out for help. - Key informant

Poor mental health is prevalent because people have been isolated, lonely, anxious, and worried. And that's not one group–that's across all groups. It isn't only among the people we serve but the people serving are also experiencing poor mental health. - Key informant

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In SPA 8, 7.5% of adults smoke cigarettes, which is lower than the County rate. 72.8% of SPA 8 residents have never smoked. 67.9% of SPA 8 adult smokers were thinking of quitting in the next 6 months. 15.4% of SPA 8 adults, ages 18 to 65, had smoked an e-cigarette, which is lower than the County rate (15.6%).

Smoking, Adults

	SPA 8	Los Angeles County
Current smoker	7.5%	8.4%
Former smoker	19.7%	19.9%
Never smoked	72.8%	71.6%
Thinking about quitting in the next 6 months	67.9%	67.3%
Ever smoked an e-cigarette (all adults 18-65)	15.4%	15.6%

Source: California Health Interview Survey, 2017-2019. http://ask.chis.ucla.edu

Approximately 0.1% of SPA 8 teens are current smokers, 9% had tried an e-cigarette, and 1.9% had smoked an e-cigarette in the past 30 days. The rates of current cigarette and e-cigarette use among teens were lower than L.A. County levels.

Smoking, Teens

	SPA 8	Los Angeles County
Current cigarette smoker	*0.1%	*1.0%
Ever smoked an e-cigarette**	*9.0%	8.5%
Smoked an e-cigarette in the past 30 days***	*1.9%	*3.2%

*Source: California Health Interview Survey, 2015-2019, **2014-2018, & ***2017-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 18.1% in the service area reported having engaged in binge drinking in the previous 30 days, which was higher than state (16.1%) and county (17.7%) rates. Rates of binge drinking ranged from 16.1% in Long Beach 90810, to 19.8% in Long Beach 90802.

Binge Drinking, Past 30 Days, Adults

	ZIP Code	Percent
Bellflower	90706	17.9%
Long Beach	90802	19.8%
Long Beach	90803	19.3%

	ZIP Code	Percent
Long Beach	90804	19.3%
Long Beach	90805	17.9%
Long Beach	90806	16.8%
Long Beach	90807	16.3%
Long Beach	90808	17.7%
Long Beach	90810	16.1%
Long Beach	90813	18.4%
Long Beach	90814	19.7%
Long Beach	90815	18.4%
St. Mary Medical Center Service Area*		**18.1%**
Los Angeles County		**17.7%**
California		**16.1%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Men are more likely to engage in binge drinking (22.3%) than women (13.5%) and rates fall steadily with age. The Healthy People 2030 objectives is for 25.4% of adults to binge drink, which is met by every age group in the county except for those ages 18 to 24. Rates of binge drinking rise with income, but are not reliably correlated with education levels. Binge-drinking is most common among U.S.-born populations, and particularly U.S.-born Latino and Asian residents of the county; rates of binge-drinking are lowest among African-Americans.

Binge Drinking, Past 30 Days, Adults, by Demographics

	Percent
Male	22.3%
Female	13.5%
18 to 24	28.2%
25 to 29	25.3%
30 to 39	21.8%
40 to 49	19.9%
50 to 59	13.4%
60 to 64	11.5%
65 or older	5.8%
0-99% FPL	13.8%
100-199% FPL	16.9%
200-299% FPL	18.4%
300% or above FPL	20.3%
Less than high school	11.7%
High school	21.7%
Some college or trade school	20.9%

	Percent
College or post graduate degree	16.4%
Latino	18.4%
U.S. born	25.2%
White	18.2%
U.S. born	18.5%
Asian	18.0%
U.S. born	23.7%
African-American	14.7%
U.S. born	15.3%
Long Beach Health District	**17.9%**
SPA 8	**18.3%**
Los Angeles County	**17.9%**

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size*

21.8% of SPA 8 teens have tried alcohol, and 1.6% binge drank in the past month, which were higher rates of alcohol use among teens than county rates.

Binge Drinking and Alcohol Experience, Teens

	SPA 8	Los Angeles County
Teen binge drinking, past month	*1.6%	*2.9%
Teen ever had an alcoholic drink	*21.8%	19.4%

*Source: California Health Interview Survey, 2015-2019 pooled, for teens. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in California in 2107 (while remaining illegal at the Federal level). 48.1% of SPA 8 adults interviewed said that they had tried marijuana or hashish, which is slightly higher than the Los Angeles County rate of 45.7% of adults. Of those who had tried it, SPA 8 adults were less likely to have used it in the previous month (28.8%) than county adults (32.6%), and more likely to say that they last used it more than 15 years ago (32.6%) than were county adults (27.1%).

Marijuana Use, Adults

	SPA 8	Los Angeles County
Have tried marijuana or hashish	48.1%	45.7%
Used marijuana within the past month	28.8%	32.6%
Used marijuana within the past year	45.9%	50.0%
Used marijuana more than 15 years ago	32.6%	27.1%

*Source: California Health Interview Survey, 2017-2019 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana use was reported by 4.1% of 7th graders and 29.4% of 11th graders in Los Angeles County. Marijuana use – ever, and within the prior 30 days – tends to rise with age in middle school and high school. County 7th and 11th graders who had tried marijuana were also less likely to have used it in the prior 30 days, and/or have used it slightly less often than teens in the state.

Marijuana Use, Teens

	Los Angeles County	California
Ever tried marijuana, 7th grade	4.1%	4.2%
Ever tried marijuana, 9th grade	16.9%	17.4%
Ever tried marijuana, 11th grade	29.4%	31.0%
Used marijuana 0 days in past 30 days, 7th grade	97.7%	97.7%
Used marijuana 1 day in past 30 days, 7th grade	1.1%	0.9%
Used marijuana 2 days in past 30 days, 7th grade	0.4%	0.5%
Used marijuana 3-9 days in past 30 days, 7th grade	0.4%	0.5%
Used marijuana 10-19 days in past 30 days, 7th grade	0.2%	0.2%
Used marijuana 20-30 days in past 30 days, 7th grade	0.2%	0.3%
Used marijuana 0 days in past 30 days, 11th grade	85.1%	84.0%
Used marijuana 1 day in past 30 days, 11th grade	4.2%	4.3%
Used marijuana 2 days in past 30 days, 11th grade	2.9%	3.0%
Used marijuana 3-9 days in past 30 days, 11th grade	3.4%	3.4%
Used marijuana 10-19 days in past 30 days, 11th grade	1.6%	1.8%
Used marijuana 20-30 days in past 30 days, 11th grade	1.9%	3.5%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2015-2017.via http://www.kidsdata.org. N/A = Suppressed due to small sample size

Opioid Use

The rate of mortality from opioid overdose is lower for the county (6.7 deaths per 100,000 persons) than the state (7.9 deaths per 100,000 persons). The rate of hospitalizations due to opioid overdose in Los Angeles County was lower (5.1 per 100,000 persons) than the state (7.6 per 100,000 persons).

Emergency Department visits due to opioid overdose in Los Angeles County were 10.2 per 100,000 persons, which was lower than the state rate (17.5 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 315.8 per 1,000 persons. This rate is less than the state rate of opioid prescribing (400.6 per 1,000 persons). Prescription rates for opioids have been declining, from 444.1 prescriptions per 1,000 county residents and 587.1 per 1,000 state residents, from four years ago.

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

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin)	5.1	7.6

	Los Angeles County	California
ER visits for opioid overdose (excludes heroin)	10.2	17.5
Opioid prescriptions, per 1,000 persons	315.8	400.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/

Substance Use and Misuse Disparities

In Los Angeles County, 10% of adults report being current smokers. The rate is higher among Native Hawaiian/Pacific Islander residents (31.1%), American Indian/Alaskan Natives (19.9%), Blacks (16.2%), and Multiracial residents (14.3%) and lowest among Latinos (9.4%) and Asians (7.1%).

Almost a third (32.6%) of Los Angeles County adults had used marijuana during the prior month; this rate had risen, by 2019 (the most recent year of data) to 37.5%. Compared to the average, rates among Los Angeles County American Indian/Alaskan Native residents were higher (65%), as were rates among multiracial residents (39%), Black/African-American residents (37.4%), and Native Hawaiian/Pacific Islander residents (37.2%).

17.9% of all adults in Los Angeles County reported binge drinking in the prior 30 days. the rates were highest among U.S.-born residents: 46.5% of American Indian/Alaskan Natives, 33.5% of Native Hawaiian/Pacific Islander residents, 25.2% of Latinos, and 18.5% of White residents born in the United States.

Cigarette Smoking, Binge Drinking and Marijuana Use, Adults, by Race

	Current Smoker**	Current Marijuana Use	Current Binge Drinking (U.S. born)
American Indian/Alaskan Native	*19.9%	*65.0%	46.5%
Multiracial	14.3%	39.0%	N/A
Native Hawaiian/Pacific Islander	*31.1%	*37.2%	*33.5%
Latino	9.4%	33.1%	25.2%
Asian	7.1%	33.1%	23.7%
Black/African American	16.2%	37.4%	15.3%
White	10.0%	30.1%	18.5%
Los Angeles County, all races	**10.0%**	**32.6%**	**17.9%**

*Source for smoking and marijuana: California Health Interview Survey, 2017-2019 and **2015-2019. http://ask.chis.ucla.edu*
*Source for binge drinking: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm *Statistically unreliable due to sample size.*

Community Perspectives – Substance Use

There is no central provider for substance abuse treatment in Long Beach that meets the demand and can address the numbers of individuals seeking treatment and help.

There's no place for people to go because of very limited space. And they have

to make a commitment to want to go into treatment. And some of them are in so much pain, they just can't make that choice. I think we need a lot more substance abuse treatment resources. - Focus group participant

We actually don't have an agency that specifically supports substance abuse issues in the City of Long Beach. As a result, there are a lot of youth health issues related to drug and alcohol use that are an ongoing concern. - Key informant

Substance abuse treatment is even harder to find than mental health treatment in our city. There are, I think, somewhere between eight and ten medical detox beds for all of Long Beach. It is very difficult to get into treatment. The County has funded some organizations to do prevention but they just don't have everything that is needed to be able to meet all the needs of the city. Issues of substance use, suicide, mental health and trauma were elevated during COVID. - Key informant

Unless we get at some of the root causes of what people are dealing with when they are using, we're not going to be able to get a handle on addressing substance abuse. We must address the underlying problems. - Focus group participant

Preventive Practices

Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten was 94.6% for LA County, and ranged from 91% (Paramount) to 97.4% (Bellflower). Paramount Unified and Los Angeles Unified had rates lower than the Los Angeles County rate and the California rate of 94.5% of students immunized.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2018-2019*

School District	Immunization Rate
ABC Unified School District	97.0%
Bellflower Unified School District	97.4%
Long Beach Unified School District	96.7%
Los Angeles Unified School District	94.4%
Paramount Unified School District	91.0%
Los Angeles County*	**94.6%**
California*	**94.5%**

*Source: California Department of Public Health, Immunization Branch, 2018-2019. *For those schools where data were not suppressed due privacy concerns over small numbers. https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year*

Flu and Pneumonia Vaccines

29.2% of adults in the service area received a flu shot, which is lower than the county (30.4%) and state (32.4%) rates, and falls below the Healthy People 2030 objective for 70% of all adults, 18 and older, to receive a flu shot. Area rates ranged from 26.7% in the Long Beach 90813 to 33.2% in Long Beach 90815.

Flu Shots, Adults, Past 12 Months

	ZIP Code	Percent
Bellflower	90706	27.6%
Long Beach	90802	27.8%
Long Beach	90803	32.8%
Long Beach	90804	28.1%
Long Beach	90805	27.2%
Long Beach	90806	28.1%
Long Beach	90807	31.5%
Long Beach	90808	34.4%
Long Beach	90810	29.7%
Long Beach	90813	26.7%
Long Beach	90814	30.9%
Long Beach	90815	33.2%
St. Mary Medical Center Service Area*		**29.2%**
Los Angeles County		**30.4%**

	ZIP Code	Percent
California		**32.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

The Healthy People 2030 objective is for 70% of the total population to receive a flu shot. In SPA 8, 51.1% of adults received a flu shot. Among SPA 8 seniors, 70.8% received a flu shot. Among children, 6 months to 17 years, 59% in SPA 8 received a flu shot. These flu vaccination rates do not meet the Healthy People 2030 objective, except for among seniors.

Flu Vaccine

	SPA 8	Los Angeles County
Received flu vaccine, ages 65+	70.8%	73.2%
Received flu vaccine, ages 18+ (includes 65+)	51.1%	47.1%
Received flu vaccine, ages 6 months-17 years	59.0%	59.9%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

The current countywide rate of pneumonia vaccination among adults, ages 65 and older, was 72.3%. Rates were higher in SPA 8 (75.3%) and the area Health Districts (except for the San Antonio Health District and the South Health District). Vaccination levels are low among African-American (68.6%) and Latino (68.9%) seniors. Flu vaccination rates are lower among senior men (68.6%) than women (75.2%).

Pneumonia Vaccine, Adults, Ages 65 and Older, by Demographics

	Percent
Male	68.6%
Female	75.2%
0-99% FPL	69.2%
100-199% FPL	67.2%
200-299% FPL	72.5%
300% or above FPL	75.9%
Less than high school	68.4%
High school	69.3%
Some college or trade school	78.9%
College or post graduate degree	70.0%
White	75.3%
Asian	70.8%
Latino	68.9%
African-American	68.6%
Long Beach Health District	**81.4%**
SPA 8	**75.3%**

	Percent
Los Angeles County	**72.3%**

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2018; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Senior Falls

Among seniors, falls and injuries from falls occurred among residents of SPA 8 (26.9%) at higher rates than among senior residents of the county (26.5%).

Fallen in the Past Year, Adults, 65 Years and Older

	SPA 8	Los Angeles County
Seniors who have fallen	26.9%	26.5%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

9.8% of SPA 8 seniors were injured from a fall.

Injuries from Falls, Seniors, Previous Year

	SPA 8	Los Angeles County
Injured due to a fall	9.8%	11.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In Los Angeles County, 77% of women interviewed had obtained mammograms, which is just under this objective. SPA 8 (81.4%) and Long Beach (88.1%) have a higher rate of compliance. The likelihood of compliance among county women rises with age and income, and is highest among Whites and Blacks and lowest among Asians.

Mammogram in Past Two Years, Women, Ages 50-74, by Demographics

	Percent
50-59	73.4%
60-64	77.9%
65 or older	82.0%
0-99% FPL	73.4%
100-199% FPL	74.4%
200-299% FPL	78.5%
300% or above FPL	79.9%
White	79.3%
Black	79.0%
Latino	77.1%

	Percent
Asian	70.0%
Long Beach Health District	**88.1%**
SPA 8	**81.4%**
Los Angeles County	**77.0%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. SPA 8 (82.8%) does not meet the Healthy People 2030 objective. In Long Beach, 74.2% of women, ages 21 to 65, had a cervical cancer screening in the prior 3 years. County rates are similar among women of White, Black and Latina backgrounds (between 82.3% and 82.6%), but lower among Asian women (73.6%). Rates are highest among women, ages 30 to 39 years (85.7%).

Pap Test, Past Three Years, Women, Ages 21-65, by Demographics

	Percent
21-24	60.2%
25-29	82.8%
30-39	85.7%
40-49	84.8%
50-59	84.1%
60-65	77.2%
White	82.6%
Black	82.4%
Latino	82.3%
Asian	73.6%
Long Beach Health District	**74.2%**
SPA 8	**82.8%**
Los Angeles County	**81.4%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 64.7% of Los Angeles County residents, ages 50-75, met the colorectal cancer screening guidelines.

Colorectal Cancer Screening, Adults, Ages 50-75

	Crude Rate
Los Angeles County	64.7%
California	71.6%

Source for L.A. County:: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb Source for California: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

20% of Los Angeles County residents, ages 50-75, had a blood stool test in the past year. Women were more likely to have screenings (20.9%) than men (19%). Rates rose with age, and were highest among Black residents of the county (26.6%) and lowest among Asians (15.9%).

Colorectal Cancer Screening (Blood Stool Test Past Year), Adults, Ages 50-75

	Percent
Male	19.0%
Female	20.9%
50-59	16.3%
60-64	23.2%
65 or older	23.9%
0-99% FPL	16.7%
100-199% FPL	22.0%
200-299% FPL	23.7%
300% or above FPL	19.1%
Black	26.6%
White	21.2%
Latino	18.9%
Asian	15.9%
Long Beach Health District	**27.4%**
SPA 8	**17.5%**
Los Angeles County	**20.0%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Los Angeles County residents, ages 50-75, were more likely to have had a sigmoidoscopy within the past 5 years or a colonoscopy within the past 10, than they were to have had a fecal occult blood test within the past year. 54.6% of county residents, 55.9% of SPA 8 residents, and 57.7% of SPA 7 residents had met this screening recommendation. Rates of compliance in the county were higher among women (54.9%) than men (54.3%), and rise with age and income level. Whites were the most likely to have had this screening (64.4%) and Latinos were the least likely (42%).

Colorectal Cancer Screening (Sigmoidoscopy/Colonoscopy), Adults, Ages 50-75

	Percent
Male	54.3%
Female	54.9%
50-59	43.8%
60-64	60.1%
65 or older	69.5%
0-99% FPL	36.9%
100-199% FPL	47.6%
200-299% FPL	55.3%
300% or above FPL	65.1%
White	64.4%
Asian	62.2%
Black	57.7%
Latino	42.0%
Long Beach Health District	**59.4%**
SPA 8	**55.9%**
Los Angeles County	**54.6%**

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Perspectives – Preventive Practices

While often referenced in relation to other health issues, preventive care is recognized as a practice that many people do not engage in until situations become dire.

> *A lot of people don't seek medical care until it's an emergency situation, or it's gotten really severe. And typically, when they come in, they're not interested in doing preventive things, they want to get their diabetes under control. It's hard to do everything that needs to happen. Time is always a limiting factor.* - Key informant

Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

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

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Economic insecurity, COVID-19, mental health, housing and homelessness and access to care had the highest scores for severe and very severe impact on the community. Economic insecurity, housing and homelessness and mental health were the top three needs that had worsened over time. Economic insecurity, mental health, housing and homelessness, access to care and substance use had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	90.8%	43.4%	86.3%
Birth indicators	36.3%	18.1%	52.3%
Chronic diseases	82.5%	47.8%	72.7%
COVID-19	95.5%	52.1%	63.6%
Economic insecurity	95.6%	91.3%	100%
Environmental pollution	56.5%	47.8%	63.5%
Food insecurity	86.8%	65.2%	77.2%
Housing and homelessness	91.2%	86.9%	95.3%
Mental health	95.4%	81.8%	95.4%
Overweight and obesity	59.0%	40.9%	61.9%
Preventive practices	65.1%	30.4%	50.0%
Racism and discrimination	82.5%	65.2%	77.1%
Substance use	82.5%	56.5%	86.3%
Violence and injury	69.5%	52.1%	59.0%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, access to care, housing and homelessness, substance use and chronic disease were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.95
Access to health care	3.91
Housing and homelessness	3.82
Substance use	3.80
Chronic diseases	3.73
COVID-19	3.69
Preventive practices	3.64
Racism and discrimination	3.59
Violence and injury	3.52
Economic insecurity	3.48
Food insecurity	3.48
Birth indicators	3.43
Overweight and obesity	3.23
Environmental pollution	3.00

Community participants in the focus groups were also asked to prioritize the significant needs. The priorities identified by each focus group are listed below. The overall top five priorities were calculated by tallying all votes and selecting the five with the highest scores: mental health, housing and homelessness, access to health care, racism and discrimination, COVID-19 and economic insecurity *(tied).*

Focus Group	Top Three Priorities
LGBTQ+	1. Mental health 2. Racism and discrimination 3. Access to health care
Older adults	1. Access to health care 2. Preventive practices 3. Economic insecurity
Black/African American	1. Mental health 2. Housing and homelessness 3. Racism and discrimination
Latinx	1. Access to health care 2. COVID-19 3. Housing and homelessness

Focus Group	Top Three Priorities
Disabled persons/Veterans	1. Housing and homelessness 2. Mental health 3. Access to health care
Cambodian/Asian Pacific Islanders	1. Mental health 2. COVID-19 3. Access to health care

Top Priorities Across All Groups

1. Mental health
2. Housing and homelessness
3. Access to health care
4. Racism and discrimination
5. COVID-19 and economic insecurity *(tied)*

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to https://www.211la.org/.

Needs	Community Resources
Access to health care	APLA Health, CARE program, Century Villages at Cabrillo, The Children's Clinic, City of Long Beach COVID Testing, College Hospital, Health for All Coalition, The LGBTQ Center of Long Beach, Long Beach Department of Health and Human Services - Medi-Cal Outreach Program, Long Beach MemorialCare Hospital, Medi-Cal, Medicaid, Miller Children's and Women's Hospital Long Beach, My Health LA, St. Mary Medical Center, Tichenor Clinic, VA Hospital Long Beach
Birth indicators and pregnancy	Best Start Central Long Beach, Long Beach Department of Health and Human Services - Black Infant Health Program, Miller Children's and Women's Hospital Long Beach, Welcome Baby program
Chronic diseases	American Heart Association, Century Villages at Cabrillo
COVID-19	Alpert Jewish Community Center, Best Start Central Long Beach, Black Health Equity Collaborative, Centro CHA, The Children's Clinic, City of Long Beach COVID Testing, City of Long Beach Economic Development Department, City of Long Beach Office of Equity, Community Development YMCA - YMCA of Greater Long Beach, Disabled Resource Center, Elite Skills Development, Filipino Migrant Center, Downtown Associated Youth Services Long Beach, Heart of IDA, Khmer Girls in Action, Latinos in Action California, The LGBTQ Center of Long Beach, Long Beach Forward, Long Beach Gray Panthers, Long Beach Immigrant Rights Coalition, Long Beach MemorialCare Hospital
Economic Insecurity	Advisor Business Solutions, Alpert Jewish Community Center, Best Start Central Long Beach, Centro CHA, Century Villages at Cabrillo, City of Long Beach Economic Development Department, Disabled Resource Center, Filipino Migrant Center, Long Beach Center for Economic Inclusion, Long Beach Gray Panthers, Long Beach Immigrant Rights Coalition, Social security, United Cambodian Community, WIC - Special Supplemental Nutrition Program for Women, Infants, and Children
Environment and environmental pollution	Best Start Central Long Beach, Cambodia Town Thrives Collaborative, Communities for a Better Environment, East Yard Communities for Environmental Justice, Long Beach Alliance for Children with Asthma, Long Beach Forward, United Cambodian Community
Food insecurity	Best Start Central Long Beach, CalFresh, Century Villages at Cabrillo, Filipino Migrant Center, Food Not Bombs Long Beach, Food Finders, Long Beach Center for Economic Inclusion, Long Beach City College Food Pantry, Long Beach Community Table, Long Beach Fresh, Meals on Wheels, Revive Church, St. Mark's Baptist Church, St. Matthews Church, Urban Community Outreach, WIC - Special Supplemental Nutrition Program for Women, Infants, and Children

Needs	Community Resources
Housing and homelessness	Best Start Central Long Beach, Cambodia Town Thrives Collaborative, Century Villages at Cabrillo, East Yard Communities for Environmental Justice, The LGBTQ Center of Long Beach, Long Beach Alliance for Children with Asthma, Long Beach Forward, Long Beach Multi-Service Center, Long Beach Residents Empowered, Mental Health America - Los Angeles, Project Return Peer Support Network, Safe Refuge, U.S. VETS, Washington Neighborhood Association, Women's Shelter of Long Beach
Mental health	100 Black Men, All Children Thrive, Alpert Jewish Community Center, Best Start Central Long Beach, Cambodian Advocacy Collaborative, Century Villages at Cabrillo, College Hospital, Community Development YMCA - YMCA of Greater Long Beach, Disabled Veterans of America, Elite Skills Development, Downtown Associated Youth Services Long Beach, The Guidance Center, Heart of IDA, Latinos in Action California, The LGBTQ Center of Long Beach, Long Beach Trauma Recovery Center, LA County Department of Mental Health, Love Beyond Limits, Mental Health America - Los Angeles, Pacific Asian Counseling Center, Project Return Peer Support Network, Safe Refuge, St. Mary Medical Center, Tichenor Clinic, United Cambodian Community, U.S. VETS, Women's Shelter of Long Beach
Preventive practices	Alpert Jewish Community Center, APLA Health, CARE program, The Children's Clinic, The LGBTQ Center of Long Beach, Miller Children's and Women's Hospital Long Beach, United Cambodian Community
Racism and discrimination	100 Black Men, Alpert Jewish Community Center, American Indian Changing Spirits, Best Start Central Long Beach, Black Health Equity Collaborative, Black Lives Matter Long Beach, California Conference for Equality and Justice, Cambodian Advocacy Collaborative, City of Long Beach Office of Equity, Communities for a Better Environment, East Yard Communities for Environmental Justice, Filipino Migrant Center, Health for All Coalition, Khmer Girls in Action, 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, Long Beach Forward, Long Beach Gray Panthers, Long Beach Immigrant Rights Coalition, Long Beach Residents Empowered, United Cambodian Community
Substance abuse	American Indian Changing Spirits, Asian American Drug Abuse Program, Century Villages at Cabrillo, The LGBTQ Center of Long Beach, Long Beach Department of Health and Human Services - GreenlightLB, Project Return Peer Support Network, Safe Refuge, Tarzana Treatment Center, U.S. VETS
Violence and crime	Centro CHA, Downtown Associated Youth Services Long Beach, Long Beach Trauma Recovery Center, Women's Shelter of Long Beach

Impact of Actions Taken Since the Preceding CHNA

In 2019, St. Mary Medical Center conducted the previous CHNA and significant health needs were identified from issues supported by primary and secondary data sources. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to health services, food insecurity, housing and homelessness, mental health and preventive practices through a commitment of community benefit programs and resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2019 CHNA.

Access to Health Care

Strategy or Program Name	Summary Description
Financial Assistance	The hospital provided financial assistance to eligible patients who did not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.
CARE Program	The CARE program is a multidisciplinary HIV care and support project. Clients of the CARE program received integrated high quality medical, dental, health, and psychosocial services to a population of low-income men, women, and children living with HIV and for those at high risk for acquiring HIV. 92% of CARE patients maintained complete HIV viral suppression. There were 2,128 biomedical prevention (PrEP/PEP) patient visits.
Family Clinic of Long Beach	The Family Clinic served 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 focused on internal medicine with additional services such as Travel Clinic, Coumadin Clinic, Diabetes Education Program and Specialty Medicine.
Families in Good Health	Families in Good Health is a multilingual, multicultural health and social education program for the Southeast Asian, Latino and other communities in Long Beach. Families in Good Health provided the following programs: Educated Men with Meaningful Messages, Welcome Baby Program, Healthy Families America, Parenting workshops and insurance enrollment.
Low Vision Center	Provided no cost vision screening, optical aids, education and referrals for persons with limited vision.
Mary Hilton Family Clinic	The Mary Hilton Family Health Center provided OB, Urology/Gyn, perinatal, and pediatric services. The clinic provided comprehensive services to serve

Strategy or Program Name	Summary Description
	mothers and children from pregnancy through adulthood.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to improve access to care.

Food Insecurity

Strategy or Program Name	Summary Description
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address food insecurity.

Housing and Homelessness

Strategy or Program Name	Summary Description
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to address housing and homelessness.

Mental Health

Strategy or Program Name	Summary Description
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to improve access to mental health care.

Preventive Practices

Strategy or Program Name	Summary Description
Bazzeni Wellness Center	Provided health education and evidence-based disease self-management programs.
Mobile Care Unit	The mobile unit traveled to high need areas to provide health care screenings, education, outreach and immunizations.
Every Woman Counts	Provided preventive screenings for breast and cervical cancer. Offered mammography services to underserved women over the age of 40 for breast care services and pap smears.
Community Grants	The Community Grants Program partnered with local agencies that share common values and work together to improve access to preventive care services.

Attachment 1: Benchmark Comparisons

Where data were available, the service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**80.1%** - 94.4%	90.7%
Child health insurance rate	96.2%	92.1%
Adult health insurance rate	**88.1%**	92.1%
Unable to obtain medical care	**6.6%**	3.3%
Ischemic heart disease deaths	**134.7**	71.1 per 100,000 persons
Cancer deaths	**157.2**	122.7 per 100,000 persons
Colon/rectum cancer deaths	**13.1**	8.9 per 100,000 persons
Lung cancer deaths	**25.4**	25.1 per 100,000 persons
Female breast cancer deaths	**19.5**	15.3 per 100,000 persons
Prostate cancer deaths	**20.1**	16.9 per 100,000 persons
Stroke deaths	**42.3**	33.4 per 100,000 persons
Unintentional injury deaths	26.3	43.2 per 100,000 persons
Suicides	9.5	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**16.1**	10.9 per 100,000 persons
Homicides	**6.8**	5.5 per 100,000 persons
Drug-overdose deaths	12.1	20.7 per 100,000 persons
Overdose deaths involving opioids	6.7	13.1 per 100,000 persons
Infant death rate	4.1	5.0 per 1,000 live births
Adult obese, ages 20+	30.5%	36.0%, adults ages 20+
Adults engaging in binge drinking	18.1%	25.4%
Cigarette smoking by adults	**7.5%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**82.8%**	84.3%
Mammogram, ages 50-74, screened in the past 2 years	81.4%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**64.7%**	74.4%
Annual adult influenza vaccination	**29.2%**	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Amber Johnson	Coordinator	Black Health Equity Collaborative
Dr. Anissa Davis	Health Officer	City of Long Beach Department of Health and Human Services
Bill Cruikshank	Executive Director	Meals on Wheels
Chris Miller	Chief Executive Officer	Mental Health America Los Angeles
Dr. Elisa Nicholas	Chief Executive Officer	TCC Family Health
Dr. Jack Tsai	Doctor	TCC Family Health
Dr. Odrin Castillo	Director of Community Engagement and Diversity	MemorialCare Family Medicine Residency Program
Gaby Hernandez	Executive Director	Long Beach Immigrant Rights Coalition
Gretchen Swanson	Fall Prevention Program Advisor	Heart of Ida
Jennifer Ponce	Chief Health Education and Promotion Officer	TCC Family Health
Jolissa Hebard	Director of Outreach	NAMI Long Beach
Karen Reside	President	Long Beach Gray Panthers
Kathryn Miles	Executive Director	Tichenor Orthopedic Clinic for Children
Kelly Colopy	Director	City of Long Beach Department of Health and Human Services
Les Peters	Vice President	YMCA of Greater Long Beach
Lian Cheun	Executive Director	Khmer Girls in Action
Mona Abea	Director	Families in Good Health
Myron Quon	Executive Director	Pacific Asian Counseling Services
Patricia Costales	Chief Executive Director	The Guidance Center
Paul Duncan	Homeless Division Officer	City of Long Beach Homeless Services Bureau
Paul Lovely	Executive Director	CARE Program
Romeo Hebron	Executive Director	Filipino Migrant Center
Sofia Karim	Social Worker	MemorialCare Todd Cancer Institute
Steve Coleman	Executive Director	Century Villages at Cabrillo
Susana Sngiem	Executive Director	United Cambodian Community of Long Beach
Tiffany Brown	Deputy Superintendent	Long Beach Unified School District
Tunua Thrash-Ntuk	Executive Director	Local Initiative Support Corporation

Attachment 3: Focus Groups

Six focus groups engaged 90 participants from November 10, 2021 to February 3, 2022.

Date	Target Population	Number of Participants
November 10, 2021	LGBTQ+	14
November 20, 2021	Older adults	12
December 7, 2021	Black/African American	15
January 22, 2022	Latinx	15
January 27, 2022	Disabled persons/Veterans	13
February 3, 2022	Cambodian/Asian Pacific Islanders	21

26.6% of the focus group participants were ages 18-44, 43.4% of participants were ages 45-64, and 30% of the participants were ages 65 and older. The majority of participants were women (68.8%). 17.7% of participants were experiencing homelessness or temporarily living with family or friends. Cambodians represented 42.2% of the participants and Black/African Americans represented 18.8% of the participants. The following table provides details of the focus group participant characteristics.

Socioeconomic and Demographic Characteristics	N (%)
Age	
18-24 years	3 (3.3%)
25-34 years	13 (14.4%)
35-44 years	8 (8.9%)
45-54 years	18 (20%)
55-64 years	21 (23.4%)
65-74 years	21 (23.4%)
75 years+	6 (6.6%)
Gender	
Man	21 (23.3%)
Woman	62 (68.8%)
Trans man	0 (0%)
Trans woman	1 (1.1%)
Trans masculine/non-binary	1 (1.1%)
Genderqueer/Gender non-conforming	4 (4.4%)

Prefer not to answer	1 (1.1%)
Education Status	
Elementary School (0-8 years)	19 (21.1%)
Some High School (9-12 years)	4 (4.4%)
High School or GED equivalent (9-12 years)	17 (18.8%)
Some College (13-16 years)	23 (25.5%)
Associate’s or Bachelor's Degree (13-16 years)	19 (21.1%)
Master’s Degree or Higher (17-20+ years)	8 (8.8%)
ZIP Code	
90278	1 (1.1%)
90605	1 (1.1%)
90650	1 (1.1%)
90706	1 (1.1%)
90712	1 (1.1%)
90740	1 (1.1%)
90755	2 (2.2%)
90802	4 (4.4%)
90803	3 (3.3%)
90804	11 (12.2%)
90805	6 (6.6%)
90806	11 (12.2%)
90807	4 (4.4%)
90808	1 (1.1%)
90810	11 (12.2%)
90813	19 (21.1%)
90814	2 (2.2%)
90815	1 (1.1%)
91006	1 (1.1%)

91104	1 (1.1%)
Not Disclosed	9 (10%)
Housing Status	
Renter	54 (60%)
Homeowner	18 (20%)
Currently experiencing homelessness	11 (12.2%)
Living with family or friends	5 (5.5%)
Other	2 (2.2%)
Race/Ethnicity	
Asian, Cambodian	38 (42.2%)
Asian, Other	4 (4.4%)
African-American/Black	17 (18.8%)
White	15 (16.6%)
Hispanic/Latinx	9 (10%)
Multi-racial	5 (5.5%)
Native American or Alaskan Native	1 (1.1%)
Pacific Islander	1 (1.1%)
Sexual Orientation	
Lesbian	5 (5.5%)
Gay	5 (5.5%)
Queer	6 (6.6%)
Bisexual	4 (4.4%)
Straight or heterosexual	52 (57.7%)
Other	1 (1.1%)
Not Disclosed	17 (18.8%)
Living with a Disability or with Someone who has a Disability	
Yes	31 (34.4%)
No	59 (65.5%)

The focus group participants were surveyed about their ability to get medical help and the barriers they faced when seeking medical help. Participants were able to make multiple selections in the final question. The top three barriers to seeking medical help were COVID-19, transportation, and the financial cost of medical help.

Access to Care and Barriers to Care

I am able to get medical care when I need it	
Yes	82 (91.1%)
No	7 (7.7%)
N/A	1 (1.1%)
In the last year, I have delayed seeking help for a medical condition	
Yes	41 (45.5%)
No	44 (48.8%)
N/A	5 (5.5%)
Barriers that hinder you from seeking medical help	
COVID made it too difficult to seek medical care	40
Too far away or other transportation barriers	26
Too expensive	13
Not enough health-insurance coverage	10
No health insurance	9
Caring for a child	7
Lack of competent care	6
Discrimination (ex: racial, gender, sexuality)	2
No interpretation	2
Undocumented status	1
None of the above, I did not delay care	24

Attachment 4: Community Interview and Focus Group Responses

Key informants and focus group participants provided their insights on factors and conditions that contribute to community needs. Individuals were asked to consider the social, racial, cultural, behavioral, and environmental factors that may contribute to health issues. The following themes were identified:

Access to basic health care

- Unaffordable and inaccessible preventive medical care (routine check-ups, medicine, etc.), which leads to worsening health conditions and expensive medical treatments
- The inability to have health insurance unless you are working or having to be married to use a partners' health benefits
- Lack of comprehensive care for chronic illnesses (specifically where chronic illnesses prevent individuals from getting affordable health insurance when initially the chronic illness could have been prevented with health care access)
- Barriers due to digital literacy/technology and language

Access to culturally accepting health care

- Lack of availability and access to physical and mental health care providers and professionals who understand the needs of various communities or are from those direct communities, including LGBTQ+ communities, Latinx communities, Cambodian communities, Black/African-American communities, undocumented communities, veteran communities, and older adult communities
- Difficulty accessing insurance for specialized care
- LGBTQ+ affirming care
- Fear of racism, homophobia, and transphobia.
- There is a need for programs for undocumented community members and services in one's native language
- Historical trauma around mental health and the lack of trust from health care workers (long waits, improper care, narrow perspective from professionals, misinformation, feeling excluded)

Chronic stress

- The cumulative impact of multiple stressors, resulting in people experiencing anxiety and increasing their risk for diabetes and high blood pressure, among other diseases

Difficulty with the social safety net

- Systemic underfunding of the social safety net

- Historical changes in welfare laws resulting in only 20% of qualifying households attaining welfare support
- Difficulty navigating services especially with literacy and language challenges
- Lack of providers who will accept programs like Medi-Cal

Education

- Ongoing achievement disparities among students of color
- The increasing prevalence of the school-to-prison pipeline
- A need for career readiness opportunities for young people, including trade programs and soft skills training

Family structures

- Connection and familial problems, including family violence, absent male figures, separation of families due to economic, criminal, or immigration reasons, domestic violence, loss of family due to COVID-19, lack of healthy family relationships, and lack of stable housing
- Adverse impacts from childhood trauma and abuse

Food insecurity

- Lack of healthy food options and sources of fresh food in low-income neighborhoods Physical barriers like freeways making healthy food options inaccessible
- Oversaturation of fast-food restaurants accepting EBT

Housing and homelessness

- Availability of affordable, safe, and stable housing amid rapid increases in rent causing a rise in homelessness
- Hate and disgust for people who are homeless
- Stigma around homelessness and mental illness
- Disproportionate rate of homeless people who are Black/African American
- Difficulty getting housing for veterans because of low-income
- Housing discrimination
- Multigenerational living and multiple families in one home
- Lack of renter's rights and education
- Lack of access of homeownership for future generations
- Overcrowded neighborhoods and buildings because people cannot afford rent by themselves
- Aging housing stock within the city

- People becoming homeless after losing a home because of the death of a loved one

Immigration status

- Deportation rates are high and disproportionately impact undocumented individuals and families, many need additional resources that they are unable to access due to their status
- Many immigrants and refugees face high levels of trauma and conduct “under the table” work to make ends meet

Income and economic insecurity

- Being forced to rely on Social Security earlier in life than expected
- Fixed income not being enough to pay rent in Long Beach
- Poor economic climate where people are losing jobs or are underemployed for their education level
- Prices continuing to go up despite wages not keeping up
- Lack of living wage jobs
- Difficulty for people of color to build wealth, constant need to take out loans and not being able to keep up on payments
- Need to work multiple jobs to take care of families and sustain wellbeing
- Lack of accountability and enforcement of wage and employment laws for companies that do not pay overtime wages.

Industrial pollution

- Communities that have high rates of health issues are in direct proximity to large amounts of pollution dirtying the air quality from ports, oil refineries, and freeways
- Pollution results in dirtier sidewalks and basic infrastructure despite community clean ups.

Policing

- Stress and anxiety caused by over policing in neighborhoods (such as Central Long Beach)
- Large amounts of trauma and distrust of police based on violence, arrests, and past interactions

Transportation

- Burden on patients to provide their own transportation to and from appointments, which is difficult for disabled and older adult populations
- Specialty care covered through Medicare is offered far away from a patient’s home

Racism and discrimination

- Racial biases and microaggressions within almost every sphere of life
- Homophobic and transphobic jokes and comments against LGBTQ+ people in health institutions and society
- Ageism
- Age or disability-based accessibility issues
- Gender discrimination
- Growth in anti-Asian hate

Social isolation

- The social isolation caused by quarantining during the COVID-19 pandemic caused multiple challenges while exacerbating existing barriers to maintaining connections and caring for loved ones who may live apart
- Lack of opportunities for people to connect both in general and physically
- Lack of visibility for marginalized groups
- Families not being able to visit one another or elderly members

The COVID-19 Pandemic

An overarching cause for the exacerbation of health issues was identified as stemming from the COVID-19 pandemic. While also identified as a community health issue itself, participants noted that beyond the impact on premature death, the COVID-19 pandemic has been the root cause of increasing social isolation, racial tension targeting the Asian community specifically, a shortage of nurses and in-home care providers, and poorer health status due to lack of physical activity, prolonged sitting, and stagnation. The constant changes in restrictions, public health guidance, and best practices has been difficult to follow in light of widespread misinformation about solutions and facts related to the COVID-19 pandemic. As the landscape improves, people who have weak or weakened immune systems will still face ongoing challenges.

Mental Health

Participants identified poor mental health as a condition for producing many of the identified health issues. Mental health services were noted as being difficult to access both from a cultural and personal perspective (where mental health stigmas continue to persist including in Cambodian and Latinx families) and from a service perspective (where the number of mental health providers does not meet the current demand).

In discussing housing and mental health, participants noted that being homeless is an additional barrier to accessing mental health services and support. Sustainable and long-term support for mental health was also identified. As one focus group participant

noted, their mental illness causes them to constantly feel unsafe and paranoid, causing them to lose multiple jobs and face economic instability.

Bureaucratism and Political Decisions

While there may be the political will to make changes, participants pointed out that actions and policy changes often get lost within government processes and the bureaucracy. It is difficult to change the issues that are more systemic. Some participants felt city officials were not taking responsibility to control the health issues happening in the city. Key informants pointed to historical practices and policies that were influenced by racial and ethnic biases (such as red lining) that have created these health issues.

Sexually Transmitted Infections

increased rates of sexually transmitted infections (in particular gonorrhea and syphilis) and the disproportionate impact on individuals living with HIV strained by the COVID-19 pandemic were addressed by key informants and focus group participants. In both instances, young people and older adults, over age 60, were most impacted by these health issues.

Dental Care

Dental hygiene is a health issue that appeared consistently in connection with general preventive care that does not get addressed, medical appointments that were severely delayed or canceled due to COVID-19, and the root cause of other illnesses and diseases that occur when left untreated.