



**CITY OF LONG BEACH
DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

2019 Community
Health Assessment



CITY OF
LONG BEACH

Table of Contents

Executive Summary	6
Introduction & Purpose	6
The Long Beach Collaborative.....	6
Long Beach Demographic Profile	7
Summary of Findings.....	7
Summary of Needs Assessment Methodology and Process.....	8
Introduction.....	12
Long Beach Department of Health and Human Services	12
Consultants.....	13
Methodology	14
Overview	14
Secondary Data Sources & Analysis.....	14
Primary Data Methods & Analysis	14
<i>Focus Groups.....</i>	<i>14</i>
<i>Key Informant Interviews</i>	<i>16</i>
Prioritization.....	16
<i>Prioritization Process.....</i>	<i>17</i>
<i>Data Synthesis.....</i>	<i>18</i>
Demographics.....	20
Population	20
<i>Age</i>	<i>22</i>
<i>Race/Ethnicity</i>	<i>22</i>
<i>Language.....</i>	<i>25</i>
<i>Disability Status.....</i>	<i>27</i>
Social Determinants of Health	29
<i>Life Expectancy.....</i>	<i>29</i>
<i>Income & Poverty.....</i>	<i>31</i>
<i>Employment</i>	<i>33</i>
<i>Education</i>	<i>33</i>
Leading Causes of Death.....	35
<i>Age-Adjusted Mortality Rates.....</i>	<i>35</i>
<i>Leading Causes of Death and Premature Death</i>	<i>35</i>
Prioritized Significant Health Needs.....	39
Communicable Diseases	39
<i>Sexually Transmitted Infections</i>	<i>48</i>
<i>Human Immunodeficiency Virus (HIV)</i>	<i>51</i>
Mental Health & Mental Disorders	66
<i>Depression and Distress</i>	<i>66</i>
<i>Suicide.....</i>	<i>50</i>
Housing & Homelessness	56
<i>Housing and Residence</i>	<i>56</i>



<i>Housing Affordability</i>	56
<i>Persons Experiencing Homelessness</i>	62
Public Safety	69
<i>Crime</i>	69
<i>Traffic Safety</i>	75
Chronic Diseases	76
<i>Respiratory Diseases</i>	39
<i>Diabetes</i>	42
<i>Heart Disease & Stroke</i>	44
Other Identified Health Needs	77
Access to Health Services	77
<i>Health Insurance and Routine Services</i>	77
<i>Difficulty Obtaining Care</i>	78
Cancer	78
<i>Cancer Screening</i>	79
<i>Cancer Deaths</i>	80
Economic Insecurity	80
<i>Economic Insecurity for Children and Older Adults</i>	80
<i>Economic Insecurity for Other Special Populations</i>	84
<i>Earning & Employment by Race/Ethnicity</i>	85
<i>Economy-related Housing Factors</i>	88
Environment	89
<i>Pollution</i>	89
<i>Housing Safety</i>	92
Exercise, Nutrition & Weight	93
<i>Physical Activity</i>	93
<i>Nutrition</i>	94
<i>Obesity & Overweight</i>	95
Food Insecurity	99
<i>Insecurity and Lack of Access</i>	99
<i>Free or Reduced-Price Meals</i>	100
Oral Health/Dental Care	101
<i>Oral Health of Older Adults</i>	103
Pregnancy & Birth Outcomes	103
<i>Prenatal Care</i>	103
<i>Teen Pregnancy</i>	104
<i>Low Birthweight</i>	105
<i>Infant Deaths</i>	107
Preventive Practices	107
<i>Immunizations & Vaccinations</i>	107
<i>Preventive Services</i>	110
<i>Preventable Emergency Room Visits</i>	111
Substance Use and Misuse	113
<i>Alcohol and Substance Misuse Hospitalizations</i>	113
<i>Smoking and Marijuana Use</i>	115
<i>Opioid Use</i>	116
Special Populations	118
LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning)	118
Older Adults	118



<i>Income</i>	118
<i>Housing</i>	118
<i>Transportation</i>	119
<i>Language Spoken</i>	119
<i>CalFresh and Nutrition of Older Adults</i>	119
Persons with Disabilities	119
Veterans	121
Women & Children	123
<i>Social and Economic Factors</i>	123
<i>Children and Adolescent Health Needs</i>	123
<i>Female Health Disparities</i>	124
Conclusion	125
Appendices	127
Appendix A. Secondary Data	127
Data Considerations	127
City of Long Beach Indicators and Data	128
Appendix B. Primary Data Methodology and Results	150
Key Informant Interview Questionnaire	150
Focus Groups Report – Long Beach Forward	151
2019 Long Beach Community Health Needs Assessment Focus Groups Report	151
Appendix C. Prioritization Tools	169
Prioritization Survey	169
Prioritization Survey Results	172
Appendix D. Data Synthesis	175
Data Synthesis Results	175
Works Cited	177



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EXECUTIVE SUMMARY

INTRODUCTION & PURPOSE

The Long Beach Department of Health and Human Services (Health Department) is pleased to present its 2019 Community Health Assessment (CHA). This CHA report provides data on key health and wellness indicators, as well as highlights unmet health needs or gaps in services based on quantitative and qualitative data from key informants across government and non-profit organizations and community members.

The Health Department works to build a healthier and brighter future for all in the city of Long Beach. The Department works to pave the way for opportunities that will enable everyone in Long Beach to enjoy their full potential. There are many bright spots, for example, the Health Department and its partners that form the Continuum of Care are making great strides in reducing the number of people experiencing homelessness, and teen pregnancy rates are dropping. However, we still have much work to do. In Long Beach, there are striking disparities by zip code for our African-American population in the areas of asthma and hypertension. Addressing the root causes of these inequities is imperative to improve health equity for the Long Beach community.

In addition to standard health data, this report highlights areas of inequity in Long Beach in the areas of education, poverty, employment status, housing, food insecurity and race that are widely recognized to be social determinants of health (SDoH). Social determinants of health are defined as social and economic circumstances in which people are born, grow up, live and work. SDoH underlie most health disparities and affect factors at the local, national and global levels.²

The mission of the Long Beach Department of Health and Human Services is to improve the quality of life by promoting a safe and healthy community in which to live, work, and play. This CHA is a key step toward fulfilling that mission, with the collection and analysis of evidence of the significant health needs in Long Beach. The priorities identified will help guide the Health Department's community health improvement programs and activities, as well as its collaborative efforts with other city departments, multi-sector partners and the community to build opportunities for health and wellness across Long Beach.

THE LONG BEACH COLLABORATIVE

The Health Department is part of the Long Beach Collaborative that convened Conduent Healthy Communities Institute (HCI) to conduct their CHNAs for this cycle. This Collaborative consists of the Health Department, MemorialCare Miller Children's and Women's Hospital Long Beach, MemorialCare Long Beach Medical Center, St. Mary's Medical Center, Kaiser Permanente South Bay Medical Center, and The Children's Clinic, Serving Children and Their Families. These entities worked together in



conjunction with HCI to complete their CHNAs, including the prioritization of significant health needs, bringing continuity between the different organizations and their efforts to understand and address health-related needs in Long Beach.

LONG BEACH DEMOGRAPHIC PROFILE

Long Beach is a coastal community with a population of approximately 469,793 people. It covers roughly 50.26 square miles. According to the American Community Survey from 2012-2016, the median age for Long Beach was 34.2 years. The percentage of the population that spoke English only or English very well was 81.7%. In addition, 79.5% of Long Beach residents (25+ years old) had a high school degree or higher, while 29.5% had obtained a Bachelor’s degree or higher.

Nearly half (42.4%) of Long Beach identified as Latinx or Hispanic, while over a quarter identified as White, Non-Hispanic. Approximately 13% of residents identified as each of the following—Black, Asian, and Other Race. The median household income in Long Beach was \$55,151, which was lower than that for Los Angeles County (\$57,952) and California (\$63,783). The highest rates of unemployment were concentrated in the north and west parts of the city. ZIP Codes 90805, 90813, and 90810 have the highest percentages of unemployment (11.03%, 9.57%, and 9.33%, respectively).¹

SUMMARY OF FINDINGS

Secondary and primary data were collected to complete this CHNA. Secondary data were collected from a variety of local, county and state sources. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data were obtained through six focus groups that engaged 91 community residents, and interviews with 20 key community stakeholders, public health, and service providers, members of medically underserved, low-income, and ethnic populations in the community, and individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets potentially available to address needs and gaps in resources.

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

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



The following table provides descriptions for the significant health needs presented in this report.

Topic Area	Description
Access to Health Services	The availability and ease of access to adequate health services, including primary care and specialty care
Cancer	The incidence, prevalence, mortality, screening, treatment, or management of cancer
Chronic Diseases	The incidence, prevalence, mortality, screening, treatment, or management of a persistent or recurring disease, usually affecting a person for three months or longer; includes (but is not limited to) cardiovascular disease, diabetes, and respiratory diseases such as asthma and COPD
Communicable Diseases	The incidence and prevalence of disease that is transmitted from one person to another by direct or indirect means, including sexually transmitted infections
Economic Insecurity	Economic factors affecting an individual's health and quality of life, including income and poverty
Environment	The surroundings or conditions in which individuals live and operate, including physical and social settings, the natural environment, and man-made effects on environmental conditions
Exercise, Nutrition, & Weight	Physical activity, diet behaviors, and measures of healthy weight
Food Insecurity	The disruption of food intake or eating patterns because of lack of money, access, and other resources
Housing & Homelessness	Affordability and accessibility of stable and safe housing; the circumstance involving people without a permanent dwelling
Mental Health	Access to mental health care, prevalence of mental illness, and general mental health status
Oral Health/Dental Care	Access to oral health care, prevalence of oral diseases, and general oral health status
Pregnancy & Birth Outcomes	The health of a mother or child before, during, and after pregnancy
Preventive Practices	Practices related to the prevention of disease
Public Safety	Ensuring a safe learning, working, and living environment, as well as injury, crime, violence, and emergency prevention
Substance Abuse	Alcohol abuse, tobacco use, illegal substance use, and abuse of prescription drugs

SUMMARY OF ASSESSMENT METHODOLOGY AND PROCESS

Secondary Data

The secondary data used in this assessment include a comprehensive set of more than 100 community health and quality of life indicators covering 26 topic areas. Indicator values for Long Beach's zip codes were compared to the city, county, and other zip codes and counties in California and nationwide to compare health topics and relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 goals, and disparities by age, gender and race/ethnicity.

Primary Data

This assessment was further informed using two forms of primary data—key informant interviews and a follow-up prioritization survey with individuals who have a fundamental understanding of health



needs and the broad interests of the community and focus groups with community members. These primary data processes engaged participants to capture meaningful information to inform this CHNA.

PRIORITIZATION

To further assess these significant health needs, the Collaborative, in conjunction with HCI, developed an online prioritization survey to obtain feedback from key community members in Long Beach. Survey respondents were asked to consider to what extent each significant health need:

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

Survey participants scored each issue for each of the criteria on a scale from 1-5, with 1 meaning the respondent strongly disagreed and 5 meaning the respondent strongly agreed that the health need met the criterion (Table 1).

TABLE 1. KEY RESULTS FROM STAKEHOLDER PRIORITIZATION PROCESS

	Impact on Community	Impact on Subgroups	Inadequate Resources	High Risk	Overall Average
Housing and Homelessness	4.86	4.83	4.75	4.75	4.80
Mental Health	4.77	4.75	4.33	4.42	4.57
Public Safety (crime, homicide, general community safety)	4.39	4.67	4.00	4.17	4.31
Chronic Diseases	4.57	4.83	3.42	4.08	4.23
Sexually Transmitted Infections	2.92	3.33	2.58	2.92	2.94

The Health Department considered the results of the prioritization survey and the findings from the secondary and primary data, as well as the goals outlined in the Department’s Strategic Plan, Early Childhood Education Strategic Plan, Older Adult Strategic Plan, Comprehensive HIV/STD Strategy and Everyone Home Long Beach Strategies. The five priorities that were elevated across these plans were identified as:

Health Department’s Five Priorities

- Chronic diseases
- Communicable diseases
- Housing and homelessness
- Mental health
- Public safety

In addition to the results that were found for these health topics in this CHNA, these five health topics also align with the Health Department’s current programs to improve health in the city of Long Beach. The following section addresses in greater detail the work that is currently underway within these five priorities.

Chronic Disease and Injury Prevention

Chronic diseases and injuries are the leading causes of premature death. The Health Department’s Division of Chronic Disease and Injury Prevention work daily to reduce the incidence and burden of chronic diseases and injuries on residents of Long Beach and support healthy lifestyles through direct



education, community engagement, social marketing, and policy systems and environmental change approaches. Their programs include:

- Healthy Active Long Beach
- North Long Beach Healthy Eating Active Living (HEAL) Sustainability Project
- Walk and Roll Long Beach, Bike and Pedestrian Promotion and Safety Education
- GreenlightLB, Drug Impaired Driving and Cannabis Education
- Tobacco Education Program

In addition, the Health Department supports chronic disease prevention through Environmental Health's Asthma Education Program and Community Health's case management services and resources for adults and seniors in Long Beach.

Communicable Diseases

Preventing and controlling communicable diseases is an essential component of the Health Department's work to protect the health and safety of people that live, work and play in Long Beach. The Health Department prevents and controls communicable diseases through strong internal collaboration, coordination and communication among various public health programs. These public health programs are part of the Health Department's Communicable Disease Committee and consists of representatives from Communicable Disease Control Program, Environmental Health (including Food Safety and Inspections, Water Quality, and Vector Control) Public Health Emergency Management (PHEM), Clinical Services, Immunizations, Public Health Nursing, and the Department's Public Health Laboratory. The Communicable Disease Control Committee meets weekly and coordinates as needed to prevent and control outbreaks, conduct disease surveillance including collection, collation, analysis and interpretation of data and disseminate information to prevent and control the spread of diseases. These programs work together to prevent and control HIV/STDs (syphilis, gonorrhea, chlamydia), tuberculosis, measles, pertussis, influenza, foodborne illnesses, waterborne illnesses, and vector-borne (animals and insects that can transmit diseases) diseases like West Nile Virus, Zika and typhus. The Health Department also has strong external partnerships with medical professionals, healthcare providers, infection control practitioners, medical examiners, coroners, dentists, veterinarians and clinical administrators throughout Long Beach and those at the county, state and federal level. These partnerships allow for local, regional, and statewide communicable disease efforts to be effective and efficient.

Housing and Homelessness

The Health Department is the lead agency for the Long Beach Continuum of Care representing collaboration and coordination among local, regional and federal agencies to provide a well-coordinated system of care for people who are at-risk or experiencing homelessness. The system of care includes various services, including street outreach, intake and assessment, homelessness prevention, emergency shelter, transitional housing, permanent housing and supportive services. The Health Department leads the city's multi-agency interdepartmental team which includes the Police and Fire departments, Public Works, Libraries, City Attorney, and Parks, Recreation & Marine. The Health Department also coordinates the Outreach Network Team which engages individuals and families to assess their needs, link them with appropriate services and help them attain permanent housing. The city's Multi-Service Center is a one-stop access center that provides entry to the Coordinated Entry System of care to address people who are at-risk or experiencing homelessness in Long Beach. The Long Beach Housing Authority provides rental assistance for income-eligible families and economically disadvantaged individuals and families, including those who are experiencing homelessness, those living with HIV/AIDS, persons with disabilities and U.S. Veterans experiencing homelessness. The Housing Authority coordinates closely with the Homeless Services team to streamline access to housing.



Mental Health

The definition of health includes a focus on physical, mental and social wellbeing. The Health Department offers a number of programs that both directly address mental and social wellbeing as well as coordinate access to mental health treatments services. These include co-locating a licensed clinical social worker in the HIV clinic and Black Infant Health Program, coordinating referrals and access to mental health services for those experiencing homelessness and those coming out of incarcerated settings, supporting increased access to mental health services for those experiencing a mental health crisis, and supporting families through the Family Preservation Program and the Life Coaching and Fundamentals of Fatherhood Program. These programs offer case management services and linkages to resources for mental health, substance abuse, domestic violence, trauma recovery center and other supportive services. The Health Department also coordinates with Los Angeles County Department of Mental Health to increase access and referrals to County mental health resources.

Public Safety

The Health Department leads the citywide Safe Long Beach Violence Prevention plan that focuses on upstream strategies to improve organizational capacity through system coordination, enhancing social connectedness, advancing economic opportunity, cultivating and enhancing safe and healthy neighborhoods, creating a justice system built on healing and trauma-informed practices and strengthening healthy families to create homes free of violence and abuse. Using an equity lens, the Safe Long Beach Violence Prevention goals are operationalized in community place-based efforts, programs and cross-system collaborations with the intent to improve the quality of life of Long Beach. The plan also calls for the improvement of structural impacts on boys and men of color, through the My Brother's Keeper Initiative. The Health Department also leads the Long Beach Trauma and Resiliency Informed Initiative (LBTRI). The mission of the LBTRI is to strengthen a cross-systems citywide trauma and resiliency approach designed to promote healing and well-being in communities impacted by persistent trauma. Additionally, the Health Department partners with the Justice Lab, a clinician in jail program to link high utilizers of our local jails with behavioral health and supportive service designed to, reduce recidivism.

The city of Long Beach is also a major port of entry for travelers and freight into the country, with numerous travelers coming through the Long Beach Airport, and freight through the Port of Long Beach. The Health Department's Public Health Emergency Management is prepared to detect, control, and prevent morbidity, mortality, and disability resulting from man-made/intentional and natural events. Preparation involves strengthening the existing infrastructure for the surveillance of infectious diseases; detecting and investigating outbreaks; identifying etiologic agents and modes of transmission; developing prevention and control strategies; and mobilizing and managing the resources necessary to respond to disease outbreaks or other health emergencies.



LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Long Beach Health and Human Services Department (Health Department) was established in 1906 and is one of three city-operated health jurisdictions in the State of California. Its mission is to improve the quality of life by promoting a safe and healthy community in which people live, work and play.

The Health Department is a leading partner and change agent for achieving the vision of a healthy, safe, and thriving Long Beach. It is leading efforts essential to health and wellness across the life span beginning with early childhood through the final years of life, partnering with all levels of government, community-based organizations, community members, and private foundations to build prevention and intervention efforts across the city. The focus on prevention builds resiliency for Long Beach communities and residents and provides future cost savings to the city as the Health Department works to reduce future homelessness, violence, accidents, trauma, and other adverse health conditions and events. The Department seeks to build programs, policies and systems that allow those in Long Beach to achieve success no matter their background or where they live in our city.

Through more than 40 programs and 140 projects, the Health Department staff and partners work every day to measurably improve the health, wellness and quality of life for people living, working, and playing across our city. Programs include those in the areas of public health (e.g., environmental health, clinical services, public health nursing, chronic disease and injury prevention, communicable disease prevention and treatment, nutrition services, public health emergency management), early childhood education, violence prevention, trauma and resiliency informed efforts, family strengthening and preservation, older adult services, homeless services, and the Housing Authority.

HEALTH DEPARTMENT'S SERVICE AREA

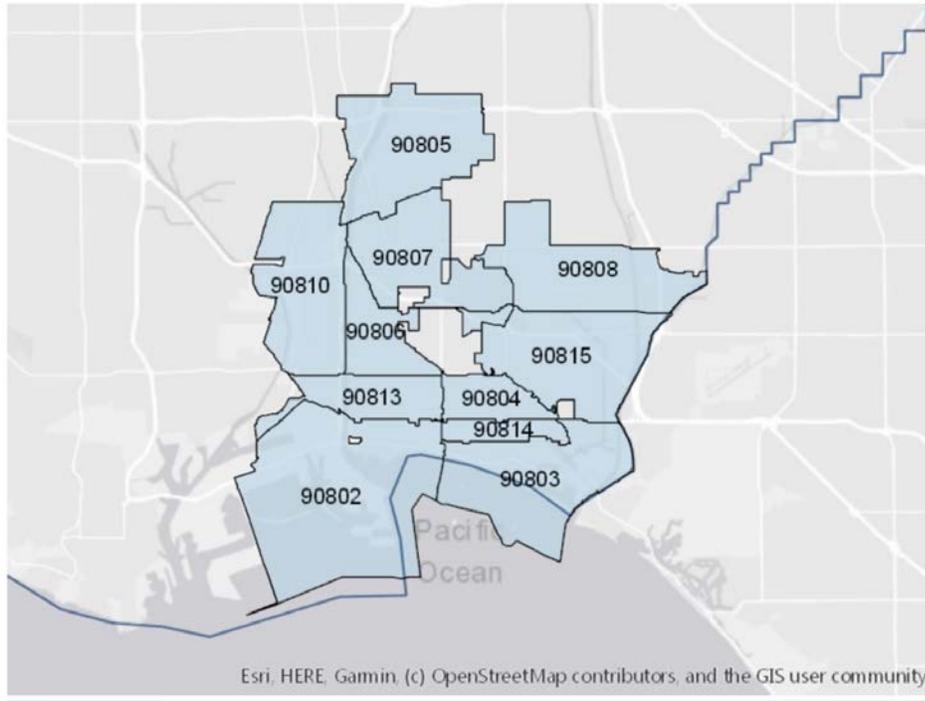
The Health Department serves all 11 ZIP Codes within the city of Long Beach (Table 2) and is considered part of Los Angeles County Service Planning Area (SPA) 8.

TABLE 2. CITY OF LONG BEACH ZIP CODES

ZIP Code	
90802	90808
90803	90810
90804	90813
90805	90814
90806	90815
90807	



FIGURE 1. MAP OF CITY OF LONG BEACH



CONSULTANTS

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

Long Beach Forward conducted the focus groups for this CHNA in conjunction with the following Long Beach based organizations or programs—The LGBTQ Center of Long Beach, Long Beach Alliance for Children with Asthma, Long Beach Department of Health and Human Services’ Black Infant Health Program, Project Return Peer Support Network at Century Villages at Cabrillo, Rose Park Neighborhood Association, and United Cambodian Community. The mission of Long Beach Forward is to create a healthy Long Beach with low-income communities of color by building community knowledge, leadership and power. These focus groups were conducted by Cynthia Howell and Sevly Sngun, with support from Ariel Halstead, MPH. The focus group report was written by Cynthia Howell, MPH, Christine Petit, PhD, and Sevly Sngun, MPH. <https://www.lbforward.org/>



METHODOLOGY

OVERVIEW

Two types of data were used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained through focus groups and key informant interviews. Secondary data are health indicator data that have already been collected by public sources such as government health departments. Findings were organized by health topics and then synthesized for a comprehensive overview of the health needs in the city of Long Beach.

SECONDARY DATA SOURCES & ANALYSIS

Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. This database, maintained by researchers and analysts at HCI, includes over 100 community indicators for the city of Long Beach from at least 15 state and national data sources. HCI carefully evaluates sources based on the following three criteria: the source has a validated methodology for data collection and analysis; the source has scheduled, regular publication of findings; and the source has data values for small geographic areas or populations. Data were also obtained from the Long Beach Department of Health and Human Services, Birth and Death Records. All indicators and secondary data sources used in this assessment are listed in [Appendix A. Secondary Data](#).

For each indicator, the value for Long Beach and each Long Beach ZIP Code was compared to the respective values for Los Angeles County, California, and the United States. Additional considerations were whether the Long Beach value had met any applicable Healthy People 2020 goal, the trend of the indicator value over time, and the relative ranking of Long Beach compared to a distribution of values for other communities. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

PRIMARY DATA METHODS & ANALYSIS

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

FOCUS GROUPS

Long Beach Forward (LBF), a community-based organization that focuses on producing a healthy Long Beach, was selected by the Collaborative to conduct the focus groups for this CHNA. The Collaborative provided guidance to LBF on the populations to engage for this report and potential survey topics,



significant health needs for prioritization, and focus-group questions. From there, LBF designed the focus-group protocol, which included a consent form for participation, a 23-question survey, and focus-group facilitation guide. The Collaborative provided feedback on the protocol which was addressed and incorporated by LBF.

Focus groups were conducted through six Long Beach-based organizations or programs, including The LGBTQ Center of Long Beach, Long Beach Alliance for Children with Asthma, Long Beach Department of Health and Human Services’ Black Infant Health Program, Project Return Peer Support Network at Century Villages at Cabrillo, Rose Park Neighborhood Association, and United Cambodian Community. LBF selected organizational/program partners that could reach two or more special populations as defined by the Collaborative and that were as representative of the special populations as possible within the scope of the project. To view more information regarding the details of the focus groups, see [Appendix B. Primary Data Methodology](#).

Many sub-populations were represented across the six focus groups (Table 3). Although each focus group identified a slightly different set of issues they considered to be the top three priorities for a healthy Long Beach, there were many topics that repeated across these lists. Tallying the votes across all six focus groups, the following top five priorities emerged: Access to Health Services, Housing and Homelessness, Mental Health and Mental Health Conditions, Public Safety, and Chronic Diseases.

TABLE 3. FOCUS GROUP REPRESENTATION AND TOP PRIORITIES

Focus Group	Population Represented	Top 3 Priorities
Project Return Peer Support Network (PRPSN)	<ul style="list-style-type: none"> • Veterans • Persons with disabilities 	<ol style="list-style-type: none"> 1. Public safety 2. Oral health care 3. Housing and homelessness
The LGBTQ Center of Long Beach (LGBTQ Center)	<ul style="list-style-type: none"> • Transitional aged youth (18-25) • Racial ethnic • Older adults • LGBTQ 	<ol style="list-style-type: none"> 1. Mental health and mental health conditions 2. Access to health services 3. Housing and homelessness
Black Infant Health Program (BIH program)	<ul style="list-style-type: none"> • Women and children • Racial/ethnic 	<ol style="list-style-type: none"> 1. Pregnancy and birth outcomes 2. Housing and homelessness 3. Public safety
Long Beach Alliance for Children with Asthma (LBACA)	<ul style="list-style-type: none"> • Women and children • Racial/ethnic 	<ol style="list-style-type: none"> 1. Mental health and mental health conditions 2. Access to health services 3. Chronic disease
Rose Park Neighborhood Association (Rose Park)	<ul style="list-style-type: none"> • Older adults • Persons with disabilities • LGBTQ • Veterans • Women and children 	<ol style="list-style-type: none"> 1. Access to health service 2. Mental health and mental health conditions 3. Housing and homelessness
United Cambodian Community (UCC)	<ul style="list-style-type: none"> • Older adult • Racial/ethnic • Women and children 	<ol style="list-style-type: none"> 1. Access to health services 2. Exercise, nutrition, and weight 3. Oral health/dental care



Top Priorities Across All Focus Groups

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

KEY INFORMANT INTERVIEWS

Community input was also collected through key informant interviews. Twenty key informant interviews were conducted by phone from the middle of January through early March of 2019. Interviewees who were asked to participate were recognized as having expertise in public health, special knowledge of community health needs and/or represented the broad interests of the Long Beach community, and/or could speak to the needs of medically underserved or special populations. Efforts were made to identify interviewees working in and/or knowledgeable about communities in the city of Long Beach.

Interviews were transcribed and analyzed using the qualitative analytic tool called Dedoose.⁴ Interview excerpts were coded by relevant topic areas and key health themes. Multiple approaches were used to assess the relative importance of the needs discussed in these interviews. These approaches included:

1. the frequency by which a health topic was discussed across all interviews,
2. the frequency by which a topic was described in regard to several considerations, including *Barriers/Challenges, Factors of Health Issues, Health Priorities for Future Efforts, Strategies for Addressing Key Issues, and Resources/Community Assets,*
3. the frequency by which a topic was mentioned per interviewee.

Five health issues were identified as being most prevalent in the key informant interviews: Housing, Education, Access to Health Services, Economy, and Mental Health (Table 4). These health issues are hereafter referenced as the top health needs from the key informant interview process. Table 4 showcases the frequency of times a top health need was mentioned for the following topics during the key informant interview process—total counts, challenges/barriers, factors of issues, health priorities, strategies, resources, and presence per interview. For clarity, presence per interview represents the number of key informants who discussed that particular topic at least once during their interview. For example, out of 20 total interviews completed, 13 key informants mentioned housing at least one time.

TABLE 4. MOST FREQUENTLY DESCRIBED TOPICS IN KEY INFORMANT INTERVIEWS (FREQUENCY)

	Total Counts	Challenges/Barriers	Factors of Issues	Health Priorities	Strategies	Resources	Presence Per Interview
Housing	45	6	6	7	6	5	13
Education	40	4	-	-	12	11	13
Access to Health Services	37	2	9	3	5	6	15
Economy	43	4	5	3	6	6	11
Mental Health	42	2	6	8	5	8	11

PRIORITIZATION

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



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

PRIORITIZATION PROCESS

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

The criteria for prioritization included to what extent an issue:

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

Completion of the prioritization matrix resulted in numerical scores for each health need that corresponded to how well each health need met the criteria for prioritization. The significant health needs were ranked from highest to lowest according to the overall score with the highest score being five (Table 5). The topics of Housing and Homelessness, Mental Health, and Economic Insecurity had the highest matrix scores across all health topics, indicating that participants felt that these topics had the most issues that needed to be addressed in the Long Beach community.

TABLE 5. RESULTS FROM THE LONG BEACH KEY INFORMANT PRIORITIZATION MATRIX

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



	Impact on Community	Impact on Subgroups	Inadequate Resources	High Risk	Overall Average
Preventive Practices (immunizations and screenings)	3.00	3.08	2.33	3.50	2.98
Sexually Transmitted Infections	2.92	3.33	2.58	2.92	2.94
Oral Health/Dental Care	3.08	3.17	2.58	2.83	2.92

In addition to rating each need in the matrix, key informants were asked to rate the level of importance of addressing the health topics in the prioritization matrix. As shown in Table 6, 100% of participants marked the following topics to be “Important” or “Very Important” to address moving forward—Access to Health Services, Chronic Diseases, Economic Insecurity, and Housing and Homelessness.

Please see [Appendix C. Prioritization Tools](#) for full results from the prioritization survey.

TABLE 6. KEY INFORMANT PRIORITIZATION SURVEY: IMPORTANCE LEVEL TO ADDRESS ISSUE AMONG LONG BEACH PARTICIPANTS

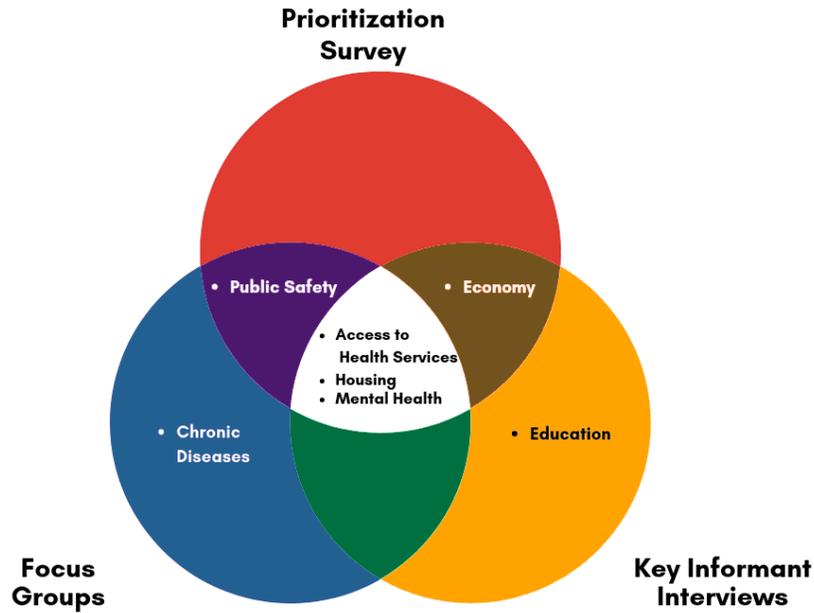
Marked as Important or Very Important	
Access to Health Services	100%
Chronic Diseases (diabetes, heart disease, stroke, asthma, pneumonia and influenza, COPD)	100%
Economic Insecurity	100%
Housing and Homelessness	100%
Mental Health	93%
Environment (outdoor recreation areas and the built environment)	93%
Food Insecurity	93%
Public Safety (crime, homicide, general community safety)	86%
Sexually Transmitted Infections	86%
Exercise, Nutrition and Weight (overweight and obesity, physical activity, access to healthy foods)	86%
Substance Abuse (alcohol, tobacco, and illicit drug use and overdose)	86%
Pregnancy and Birth Outcomes	71%
Preventive Practices (immunizations and screenings)	69%
Oral Health/Dental Care	64%

DATA SYNTHESIS

After reviewing and analyzing the results from the focus groups, key informant interviews, and prioritization survey, HCI identified overlaps in the top health needs that emerged from each of these community input methods (Figure 2). Because the Collaborative reviewed the secondary data to help select the health topics for the prioritization survey, those sources of data were also influential on the outcome of this data synthesis.



FIGURE 2. TOP HEALTH NEEDS IDENTIFIED IN LONG BEACH COLLABORATIVE COMMUNITY HEALTH ASSESSMENT



Access to Health Services, Housing, and Mental Health all overlapped as top health needs across the three community input methods. Economy and Public Safety both overlapped as top health needs for two community input methods, while Chronic Diseases and Education were only observed as top health needs for one community input method.

Considering the results of this collaborative CHNA, the Health Department chose five priorities which align closely with the Health Department’s current strategic plan and other planning documents and strategies that are being pursued to address health equity issues in the Long Beach community. The Health Department had already identified these priorities through previous community engagement and data, further confirming the validity of the findings. Also, these priorities are not listed in a specific order of importance and are discussed more thoroughly in the Prioritized Significant Health Needs section of this report.

Health Department’s Five Priorities

- Chronic diseases
- Communicable diseases
- Housing and homelessness
- Mental health
- Public safety



DEMOGRAPHICS

The secondary data used in this assessment include an analysis of demographic data to describe the community and its population, which is critical to understanding the health needs of the community. Plans for community health improvement can take into account the approaches and best practices that are most suitable for different subgroups. The following section explores the demographic profile of the 11 ZIP Codes within the city of Long Beach.

POPULATION

The population of the entire city of Long Beach is estimated to be approximately 469,793, with ZIP Code 90805 containing the most people (95,808), accounting for almost 20% of the total population of the city of Long Beach — and ZIP Code 90814 containing the fewest (18,760) (Table 7). ZIP Code 90805 is geographically larger than the other ZIP Codes in the service area, accounting for the higher number of residents in that ZIP Code. Moreover, ZIP Codes with the highest population density were 90804 and 90813 with 19,061 and 18,360 residents per square mile respectively.

TABLE 7. POPULATION BY ZIP CODE, 2012-2016

Geography	Population Estimate ¹	Land Area (Square Miles)	Population Density (Per Square Mile)
90802	39,873	6.5	6,069
90803	31,680	4	8,013
90804	40,751	2.1	19,061
90805	95,808	7.4	12,692
90806	42,312	3.4	12,327
90807	33,217	5.8	5,391
90808	38,637	6.8	5,568
90810	37,422	6.7	5,486
90813	60,997	3.2	18,360
90814	18,760	1.4	14,122
90815	39,822	7.1	5,579
Long Beach	469,793	50.3 ⁵	9,191 ⁵

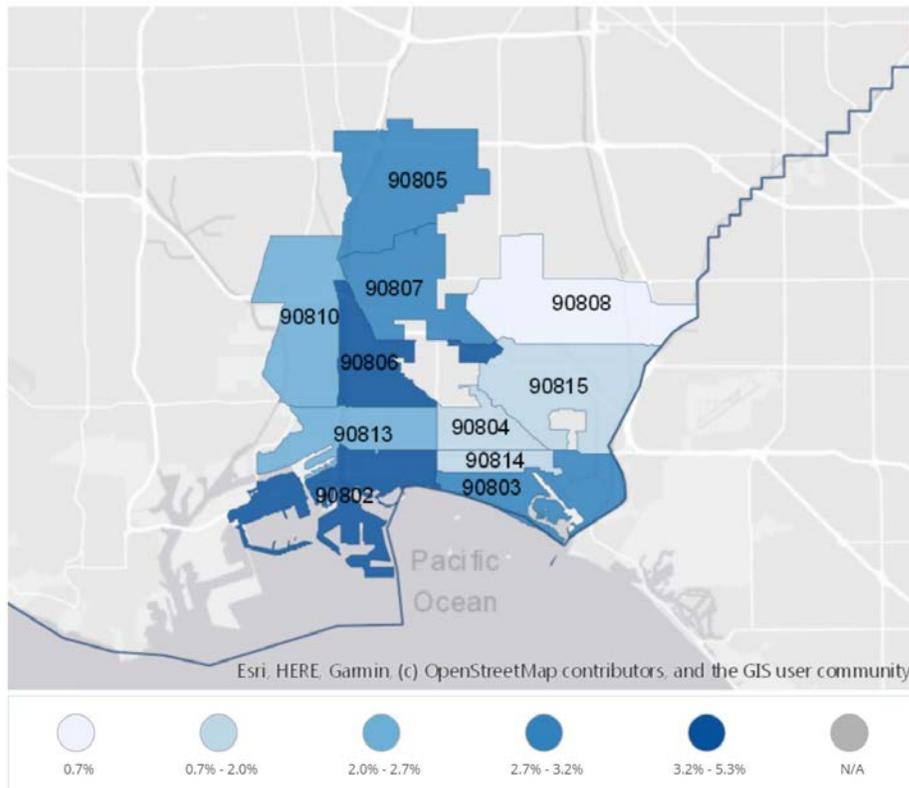
American Community Survey, 2012-2016¹
U.S. Environmental Protection Agency, 2017⁵

Figure 3 displays the percent population growth over time, from 2010 to 2019. In the figure, darker shades of blue display ZIP Codes for which there was greater population change over the time period. The lighter blues and whites display ZIP Codes that had less population change over the time period.



ZIP Code 90802 had the highest percent change over the time period, with a 5.26% growth in the population. ZIP Code 90806 (3.82%), 90803 (3.24%), 90807 (3.13%), and 90805 (3.00%) all had at least a 3% population change over 2010-2019. Population change is an important consideration for planning as it may affect the demand on community resources such as schools, hospitals, housing, and roads, as well as environmental resources including energy, food, and water consumption.

FIGURE 3. PERCENT POPULATION CHANGE FROM 2010 TO 2019 BY ZIP CODE IN LONG BEACH



Claritas® Population Estimates, 2019⁶

TABLE 8. PERCENT POPULATION CHANGE FROM 2010 TO 2019 BY ZIP CODE

Zip Code	2010 Population	2019 Population	Percent Change
90802	39,301	41,368	5.26%
90803	32,547	33,602	3.24%
90804	40,555	41,212	1.62%
90805	93,451	96,255	3.00%
90806	42,811	44,446	3.82%
90807	30,807	31,771	3.13%
90808	38,515	38,765	0.65%
90810	36,731	37,708	2.66%
90813	59,284	60,760	2.49%
90814	18,096	18,451	1.96%
90815	38,225	38,978	1.97%
Los Angeles County	9,818,772	10,255,707	4.45%
California	37,252,841	39,964,848	7.28%

Claritas® Population Estimates, 2019⁶



ZIP Codes 90802 and 90806 experienced the greatest population change from 2010 to 2019 at 5.26% and 3.82% respectively. When compared to the population change percentage for Los Angeles County, only ZIP Code 90802 had a higher percentage. Moreover, the state of California’s population change from 2010 to 2019 was greater than all the service area ZIP Codes and Los Angeles County percentages at 7.28%.

AGE

Table 9 presents the age breakdown for each ZIP Code in Long Beach. Notably, ZIP Code 90813 has the highest percentage of youth under age 5 and between the ages of 5-17. ZIP code 90805 had the second highest percentages. ZIP codes 90813 also has the highest percentage of people living in poverty and the lowest life expectancy at birth. This highlights the need for strong youth and family focused health, social and educational opportunities as well as economic investment to support opportunities for the city’s next generation of adults.

On the other hand, the east side of Long Beach (90803, 90815, 90808) has the highest percentages of older adults (65+) in the city, higher than Los Angeles County, and California.

TABLE 9. POPULATION BY AGE BY LONG BEACH ZIP CODE, 2012-2016

Geography	0 to 4	5 to 17	18 to 24	25 to 44	45 to 64	65+
90802	5.5%	10.4%	8.8%	40.0%	26.4%	8.9%
90803	2.4%	9.6%	6.2%	33.5%	29.7%	18.6%
90804	7.2%	15.8%	14.7%	34.1%	22.0%	6.1%
90805	8.5%	21.3%	12.0%	28.6%	22.2%	7.3%
90806	7.6%	19.6%	11.1%	28.3%	23.8%	9.7%
90807	7.6%	14.4%	7.1%	28.4%	28.2%	14.3%
90808	5.3%	15.6%	7.9%	25.0%	30.6%	15.7%
90810	7.4%	19.5%	11.8%	27.4%	23.0%	10.9%
90813	10.4%	22.7%	11.8%	30.7%	17.9%	6.5%
90814	4.5%	11.0%	8.7%	38.8%	25.6%	11.4%
90815	5.7%	12.7%	15.8%	23.6%	27.4%	14.7%
Long Beach	7.1%	16.9%	11.0%	30.2%	24.4%	10.4%
Los Angeles County	6.3%	16.5%	10.4%	29.5%	25.5%	12.2%
California	6.5%	17.1%	10.2%	28.2%	25.2%	12.9%

American Community Survey, 2012-2016¹

RACE/ETHNICITY

Table 10 presents the breakdown of the population in Long Beach by race and ethnicity. Across the city, 53% of people identify as White, 13% Black, 13% Asian and 19% other race/two+ races. 43% identify as Latinx. Over half of the populations in three ZIP Codes (90813, 90805, and 90806) identify as Hispanic or Latinx. Each ZIP Code in Long Beach has a unique blend of residents of many different racial/ethnic groups, which is an important consideration when planning for effective and culturally-appropriate community health improvement.



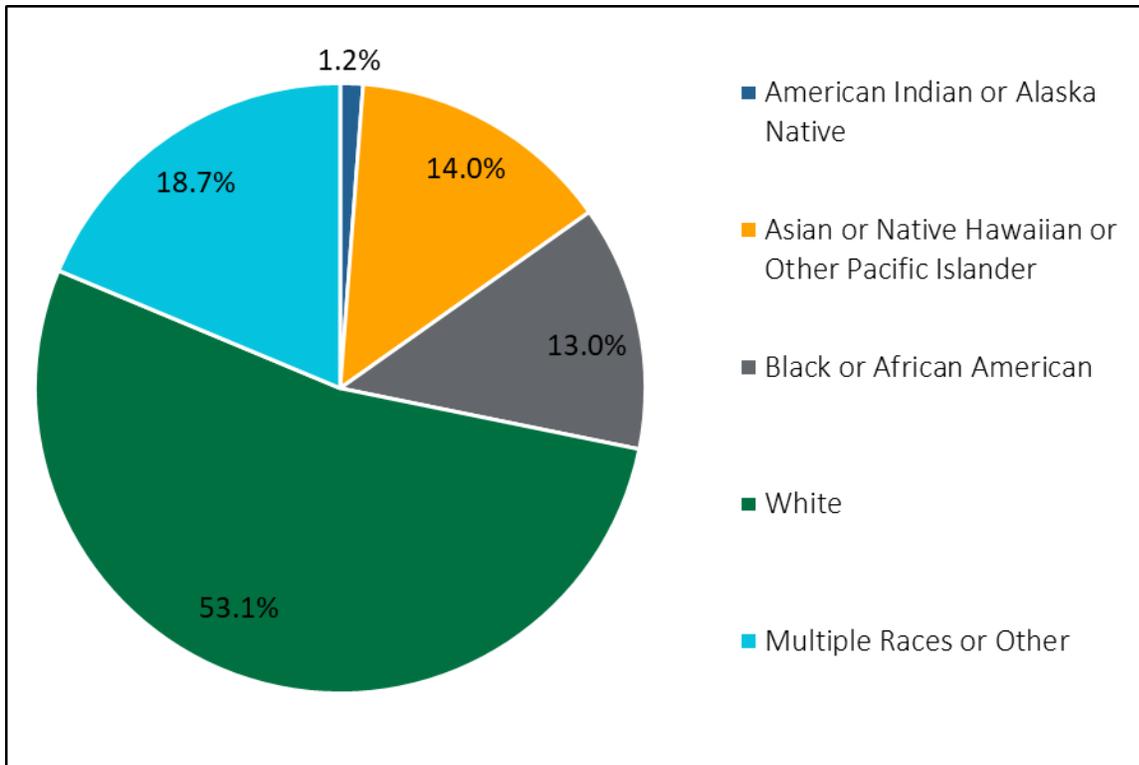
TABLE 10. POPULATION BY RACE/ETHNICITY BY ZIP CODE, 2012-2016

Geography	Black or African American	American Indian/ Alaska Native	Asian	Native Hawaiian /Pacific Islander	Other Race	Two+ Races	White	Non-Hispanic	Hispanic or Latinx
90802	16.8%	1.7%	9.0%	0.8%	9.6%	4.2%	57.9%	62.9%	37.1%
	6,689	687	3,578	304	3,843	1,676	23,096	25,065	14,808
90803	3.8%	0.4%	6.6%	0.3%	2.0%	4.1%	82.9%	83.8%	16.2%
	1,190	137	2,085	81	648	1,287	26,252	26,540	5,140
90804	12.2%	0.7%	12.1%	0.3%	7.4%	4.3%	63.1%	53.2%	46.8%
	4,955	280	4,918	103	3,005	1,758	25,732	21,693	19,058
90805	20.2%	0.7%	11.0%	1.3%	30.4%	4.8%	31.6%	42.2%	57.8%
	19,319	678	10,544	1,271	29,125	4,602	30,269	40,421	55,387
90806	17.4%	1.8%	19.1%	1.0%	13.2%	5.0%	42.5%	48.4%	51.6%
	7,362	776	8,063	430	5,587	2,103	17,991	20,488	21,824
90807	16.0%	0.4%	17.7%	0.6%	9.9%	8.8%	46.6%	73.6%	26.4%
	5,310	132	5,863	208	3,297	2,914	15,493	24,440	8,777
90808	5.3%	1.0%	9.3%	0.3%	4.6%	6.7%	72.8%	75.4%	24.6%
	2,036	405	3,580	128	1,791	2,579	28,118	29,132	9,505
90810	12.1%	1.4%	23.3%	5.0%	13.0%	6.7%	38.5%	50.1%	49.9%
	4,527	524	8,712	1,881	4,859	2,496	14,423	18,767	18,655
90813	11.6%	2.7%	14.8%	0.3%	15.0%	5.8%	49.7%	35.2%	64.8%
	7,070	1,672	9,020	209	9,154	3,553	30,319	21,460	39,537
90814	8.5%	0.8%	7.2%	0.1%	5.9%	4.6%	72.9%	74.3%	25.7%
	1,597	150	1,353	15	1,106	871	13,668	13,935	4,825
90815	4.3%	0.6%	11.9%	0.4%	3.3%	5.8%	73.8%	81%	19.0%
	1,711	221	4,723	150	1,321	2,322	29,374	32,271	7,551
Long Beach	13.0%	1.2%	13.0%	1.0%	13.2%	5.5%	53.1%	57.6%	42.4%
	61,254	5,610	61,284	4,400	61,885	25,798	249,562	270,510	199,283
Los Angeles County	8.3%	0.6%	14.2%	0.3%	20.2%	3.9%	52.5%	51.7%	48.3%
	831,313	62,671	1,431,361	26,810	2,030,157	391,386	5,283,457	5,195,507	4,861,648
California	5.9%	0.7%	13.9%	0.4%	13.3%	4.6%	61.3%	61.4%	38.6%
	2,261,835	285,512	5,354,608	150,908	5,133,600	1,787,159	23,680,584	23,750,224	14,903,982

American Community Survey, 2012-2016¹

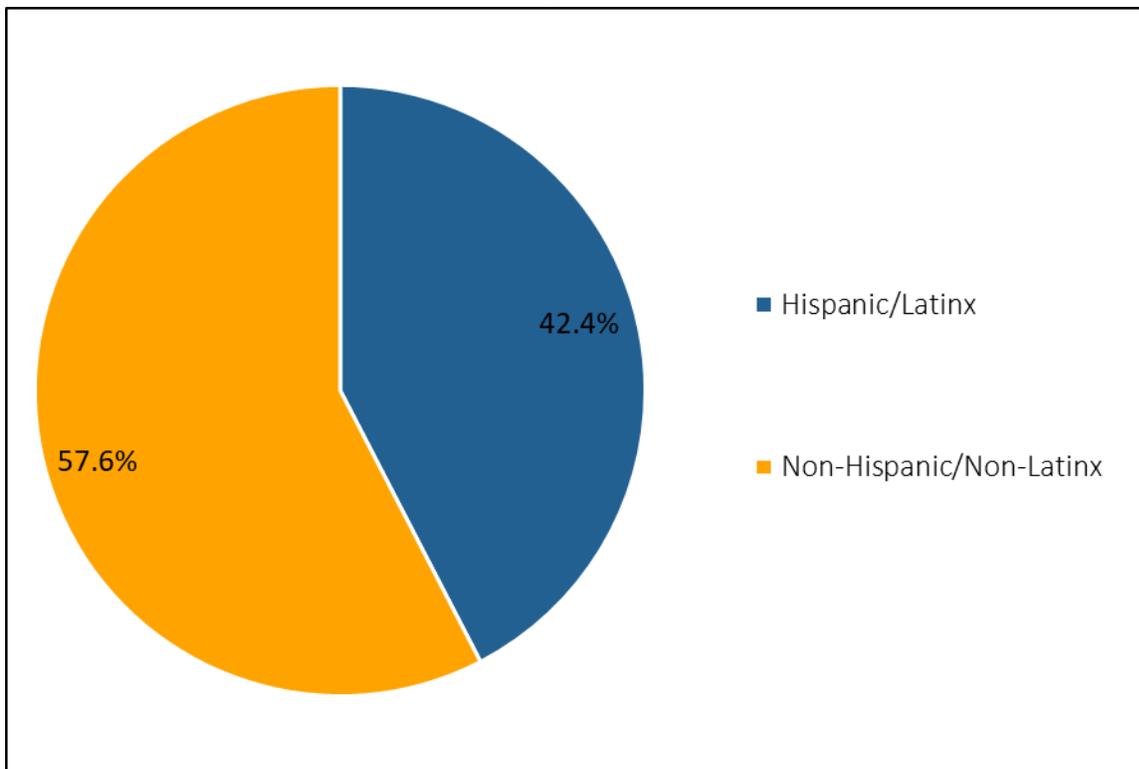


FIGURE 4. POPULATION BY RACE IN LONG BEACH, 2012-2016



American Community Survey, 2012-2016¹

FIGURE 5. POPULATION BY ETHNICITY IN LONG BEACH, 2012-2016



American Community Survey, 2012-2016¹



LANGUAGE

Eighteen percent of those in Long Beach report speaking English “less than very well” (Table 11). ZIP Code 90813 has the highest percentage of residents who have limited English-speaking ability (36%), and the percentage is over 25% for ZIP Codes 90806, 90810, and 90805. ZIP Code 90803 has the smallest percentage of limited English speakers (2.9%).

Language abilities may inhibit people’s ability to gain access to transportation, medical services, social services, fair employment, education opportunities, and civic participation. A focus on language access in programs and services is most crucial.

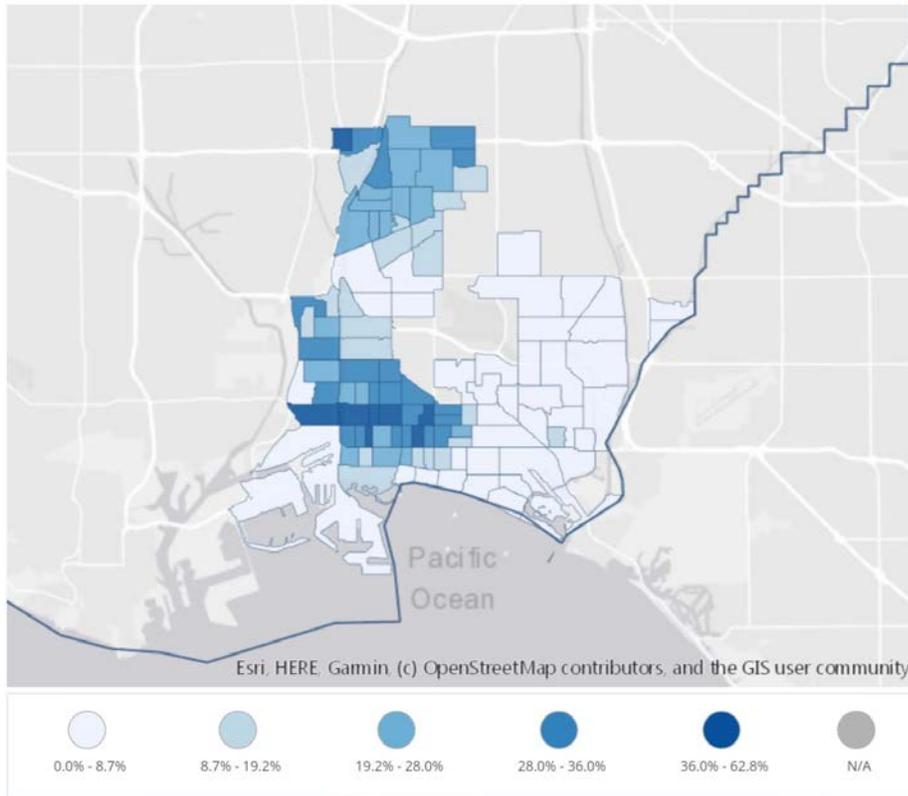
TABLE 11. PEOPLE WHO HAVE LIMITED ENGLISH-SPEAKING ABILITY BY ZIP CODE, 2012-2016

Geography	Limited English-Speaking Ability
90802	14.1%
90803	2.9%
90804	18.5%
90805	25.8%
90806	27.4%
90807	9.2%
90808	3.3%
90810	26.6%
90813	36.0%
90814	6.6%
90815	4.1%
Long Beach	18.3%
Los Angeles County	24.9%
California	18.6%
<i>American Community Survey, 2012-2016¹</i>	

By census tract, there is even greater variation within Long Beach for the percent of the population who have limited English-speaking ability. In the southwestern portion of the city there are several census tracts in which over 36% of the population reports speaking English “less than very well”, including 62.8% of residents of census tract 06037575500. There are also areas in the northern-most parts of the city in which a large proportion of the population falls into this category.



FIGURE 6. PEOPLE WHO HAVE LIMITED ENGLISH-SPEAKING ABILITY BY CENSUS TRACT IN LONG BEACH, 2012-2016



American Community Survey, 2012-2016¹

TABLE 12. PEOPLE WHO HAVE LIMITED ENGLISH-SPEAKING ABILITY BY CENSUS TRACT IN LONG BEACH, 2012-2016

Census Tract	Percent	Census Tract	Percent	Census Tract	Percent
6037555202	5.5	6037572800	0.7	6037575500	62.8
6037570100	11.2	6037572900	34.5	6037575801	31.4
6037570202	25.6	6037573002	32.5	6037575802	29.0
6037570203	33.0	6037573003	20.8	6037575803	39.3
6037570204	29.8	6037573004	24.0	6037575901	25.5
6037570301	32.5	6037573100	29.2	6037575902	15.6
6037570303	24.8	6037573201	32.6	6037576001	9.8
6037570304	27.2	6037573202	32.4	6037576200	22.8
6037570402	19.2	6037573300	34.3	6037576301	27.3
6037570403	39.0	6037573403	7.3	6037576302	33.0
6037570404	34.3	6037573601	2.9	6037576401	36.0
6037570501	23.5	6037573700	4.3	6037576402	40.9
6037570502	26.3	6037573800	3.5	6037576403	32.0
6037570601	26.3	6037573902	2.3	6037576501	24.3
6037570602	28.0	6037574000	2.6	6037576502	12.9
6037570603	10.8	6037574100	3.0	6037576503	15.3
6037571200	2.8	6037574201	8.1	6037576601	5.9
6037571502	16.8	6037574202	8.3	6037576602	1.2
6037571503	10.0	6037574300	4.1	6037576700	4.9
6037571504	11.6	6037574400	1.8	6037576801	12.8



Census Tract	Percent	Census Tract	Percent	Census Tract	Percent
6037571600	14.2	6037574500	1.8	6037576802	7.2
6037571701	24.6	6037574601	3.1	6037576901	29.0
6037571703	21.6	6037574602	6.2	6037576903	24.1
6037571704	25.4	6037574700	16.9	6037576904	14.4
6037571800	3.1	6037574800	2.3	6037577000	5.5
6037571900	6.7	6037574901	2.0	6037577100	3.4
6037572001	6.4	6037574902	5.5	6037577200	4.3
6037572002	8.7	6037575001	6.7	6037577300	2.3
6037572100	12.9	6037575002	8.5	6037577400	1.5
6037572201	17.9	6037575101	28.5	6037577501	2.5
6037572202	19.1	6037575102	31.9	6037577504	3.0
6037572301	30.1	6037575103	16.0	6037577602	3.7
6037572302	26.4	6037575201	29.3	6037577603	4.4
6037572400	15.7	6037575202	46.2	6037577604	2.4
6037572500	13.1	6037575300	38.4	6037980033	0.0
6037572600	28.9	6037575401	42.2		
6037572700	25.7	6037575402	43.0		

American Community Survey, 2012-2016¹

DISABILITY STATUS

Nearly 10% of Long Beach residents are living with a disability of any type. ZIP Code 90804 has the lowest percent of persons with a disability at 6.4%, while ZIP Code 90802 has the highest with a value of 12.4% (Table 13).

Six ZIP Codes have disability rates among those 65 years old and older that are greater than 40%, with ZIP Code 90813 having the highest rate at 57.9%. According to statistics for Los Angeles County, the percent of adults age 60 and older who have an activity limitation varies by race/ethnicity. Black older adults have the highest reported activity limitation (39%) compared to 33% for White, 25% for Hispanic/Latinx, and 12% for Asian Pacific Islander older adults.⁷

TABLE 13. POPULATION WITH A DISABILITY BY ZIP CODE, 2012-2016

Geography	Persons with Disability	Persons 65+ with Disability
90802	12.4%	43.1%
90803	8.0%	21.9%
90804	6.4%	25.8%
90805	10.7%	40.9%
90806	9.3%	42.3%
90807	10.2%	41.2%
90808	9.6%	34.6%
90810	11.9%	48.2%
90813	10.8%	57.9%
90814	9.5%	35%
90815	9.0%	32.7%
Long Beach	9.9%	37.9%
Los Angeles County	9.9%	37%
California	10.6%	36%

American Community Survey, 2012-2016¹



The proportion of residents with each type of disability varies by Long Beach ZIP Code (Table 14 and Table 15). As shown in Table 14, ambulatory difficulty rates are the highest of any disability type for most ZIP Codes in Long Beach. In particular, at least 7% of the populations for ZIP Codes 90802, 90810, and 90813 experience difficulty with walking or climbing stairs. Additionally, ZIP Codes 90802, 90805, 90806, 90810, and 90813 have higher percentages of people experiencing a cognitive difficulty compared to the Long Beach average (4.4%). People with a cognitive difficulty experience difficulty remembering, concentrating, or making decisions due to a physical, mental, or emotional problem (ACS survey question definition). The populations with ambulatory, cognitive, and self-care difficulties are not mutually exclusive of each other as some individuals may be experiencing multiple types of disability. Thus, the sum of percentages in Table 13 may not equal the percentage of persons with a disability included in Table 12.

TABLE 14. PERCENTAGE OF POPULATION BY DISABILITY TYPE BY ZIP CODE, 2012-2016

Geography	Ambulatory Difficulty	Cognitive Difficulty	Self-Care Difficulty
90802	7.0%	6.0%	3.2%
90803	3.5%	3.1%	1.6%
90804	3.0%	3.2%	1.7%
90805	6.1%	4.9%	2.9%
90806	5.9%	5.0%	3.4%
90807	6.7%	3.3%	3.4%
90808	5.5%	3.5%	2.4%
90810	7.7%	5.4%	3.4%
90813	7.1%	5.7%	3.4%
90814	3.6%	4.0%	1.3%
90815	4.7%	2.8%	2.0%
Long Beach	5.7%	4.4%	2.7%
Los Angeles County	5.8%	4.1%	2.9%
California	5.9%	4.3%	2.6%
<i>American Community Survey, 2012-2016¹</i>			

Hearing and vision difficulties are displayed in Table 15. ZIP Code 90805 has the highest rate of those with a vision difficulty (3.1%). ZIP Codes 90805 and 90813 are the only ZIP Codes in Long Beach for which the rates of vision difficulty exceed that of hearing difficulties.

TABLE 15. PERCENTAGE OF POPULATION BY DISABILITY TYPE BY ZIP CODE, 2012-2016 (CONTINUED)

Geography	Hearing Difficulty	Vision Difficulty
90802	3.2%	2.9%
90803	2.2%	1.8%
90804	1.6%	1.3%
90805	2.3%	3.1%
90806	1.7%	1.7%
90807	3.1%	2.2%
90808	3.1%	1.5%
90810	3.5%	2.3%
90813	2.3%	2.4%
90814	2.7%	2.0%
90815	2.7%	0.8%



Geography	Hearing Difficulty	Vision Difficulty
Long Beach	2.5%	2.1%
Los Angeles County	2.5%	1.9%
California	2.9%	2.0%

American Community Survey, 2012-2016⁷

SOCIAL DETERMINANTS OF HEALTH

This section explores the social and economic determinants of health in Long Beach. Social determinants of health are the conditions in which people are born, grow, live, work, and age,⁸ including a wide range of forces and systems that work to shape conditions of daily life.

LIFE EXPECTANCY

Life expectancy is a quality measure of a population’s longevity and general health and wellbeing. It is highly dependent on infant mortality rates and all-cause death rates. There is great variation in life expectancy by ZIP Code and even more notable by census tract, as the overall life expectancy in Long Beach is 77.8 years (Figure 7). The life expectancy for ZIP Code 90813 (74.2 years) is eight years lower than that for ZIP Code 90814 (82.7 years). The life expectancies for ZIP Codes 90805 (75.9 years), 90806 (76.4 years), and 90802 (76.4 years) are also low compared to the other areas of the city. Life expectancy by census tract shows a 17-year life expectancy difference within the city (86.3 compared to 68.9).

Life expectancy is influenced by many factors, including economic, social, biological and/or environmental conditions along with a person’s access to quality health care. Poverty, violence and/or lifestyle choices are other examples of factors that may influence a person’s life expectancy.⁹

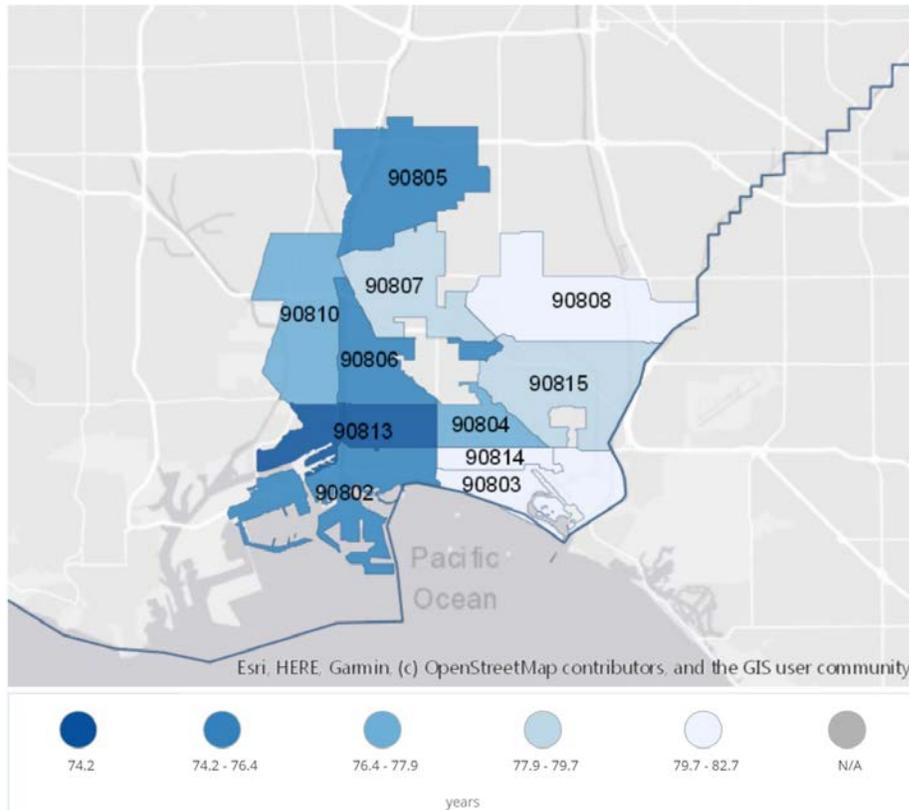
TABLE 16. LIFE EXPECTANCY AT BIRTH IN YEARS BY ZIP CODE IN LONG BEACH, 2017

Geography	Life Expectancy
90802	76.4
90803	82.0
90804	77.4
90805	75.9
90806	76.4
90807	79.5
90808	81.7
90810	77.9
90813	74.2
90814	82.7
90815	79.7
Long Beach	77.8

Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰



FIGURE 7. LIFE EXPECTANCY AT BIRTH IN YEARS BY ZIP CODE IN LONG BEACH, 2017

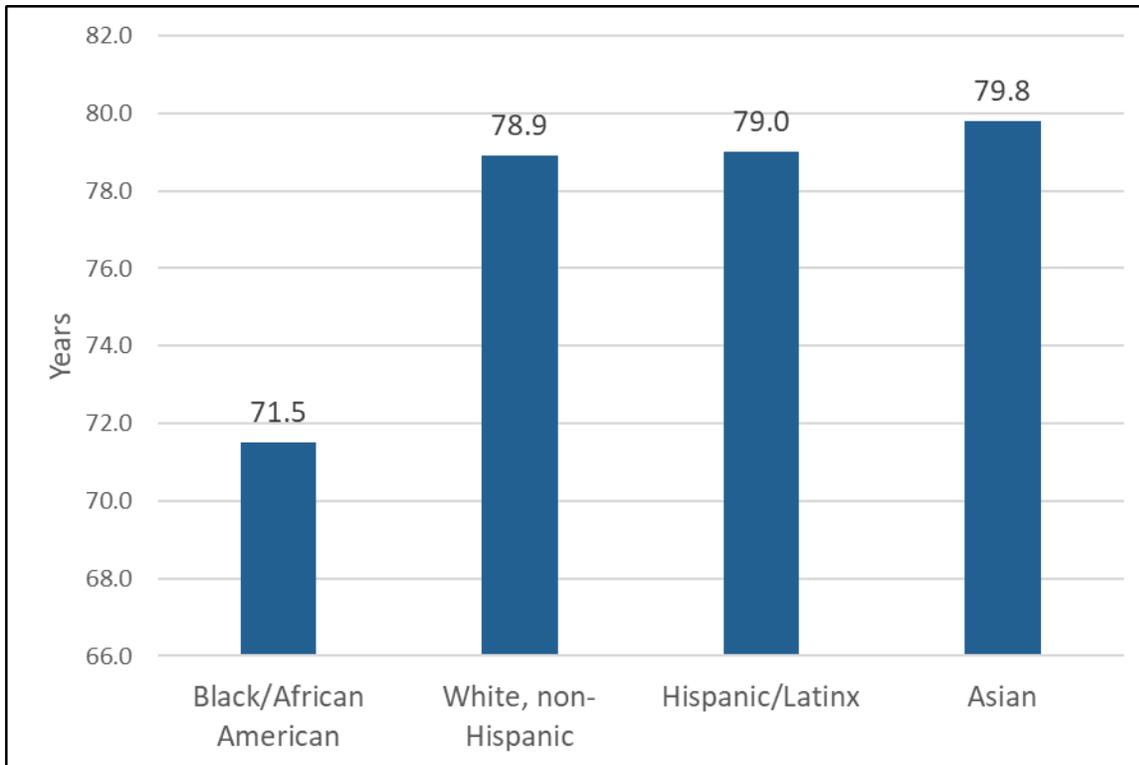


Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

The determinants of life expectancy are complex and varied. When estimates for life expectancy are examined by race/ethnicity, the impact of systemic influences on health and wellness become evident. In Long Beach, the life expectancy for the Black population is much lower than for other racial/ethnic groups. The life expectancy at birth for Blacks in Long Beach in 2017 was 71.5 years, which was more than seven years lower than the other measured racial/ethnic groups (Figure 8).



FIGURE 8. LIFE EXPECTANCY AT BIRTH IN YEARS BY RACE/ETHNICITY IN LONG BEACH, 2017



Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

INCOME & POVERTY

Household income is defined as the sum of money received over a calendar year by all members 15 years of age and older of a given household. The median household income in Long Beach (\$55,151) is lower than that of Los Angeles County (\$57,952) and California (\$63,783) (

Table 17). ZIP Code 90808 has the highest median household income (\$97,500), while ZIP Code 90813 has the lowest median household income (\$31,775), representing a gap of \$65,725.

TABLE 17. MEDIAN HOUSEHOLD INCOME BY ZIP CODE, 2012-2016

Geography	Median Household Income
90802	\$45,689
90803	\$78,406
90804	\$46,790
90805	\$45,878
90806	\$47,034
90807	\$72,401
90808	\$97,500
90810	\$51,271
90813	\$31,775
90814	\$61,093
90815	\$79,809
Long Beach	\$55,151
Los Angeles County	\$57,952
California	\$63,783

American Community Survey, 2012-2016¹



Table 18 shows the percentages of people and families in each ZIP Code that are living below the federal poverty level, as compared to the city of Long Beach. Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. There is a range of poverty levels in the city, with the highest poverty rate for both people and families in ZIP Code 90813 (34.5% and 30.8%, respectively) compared to 2.9% of families in ZIP codes 90807 and 90808. ZIP Codes 90802, 90804, 90805, and 90806 all also have greater than 20% of families living below the poverty level.

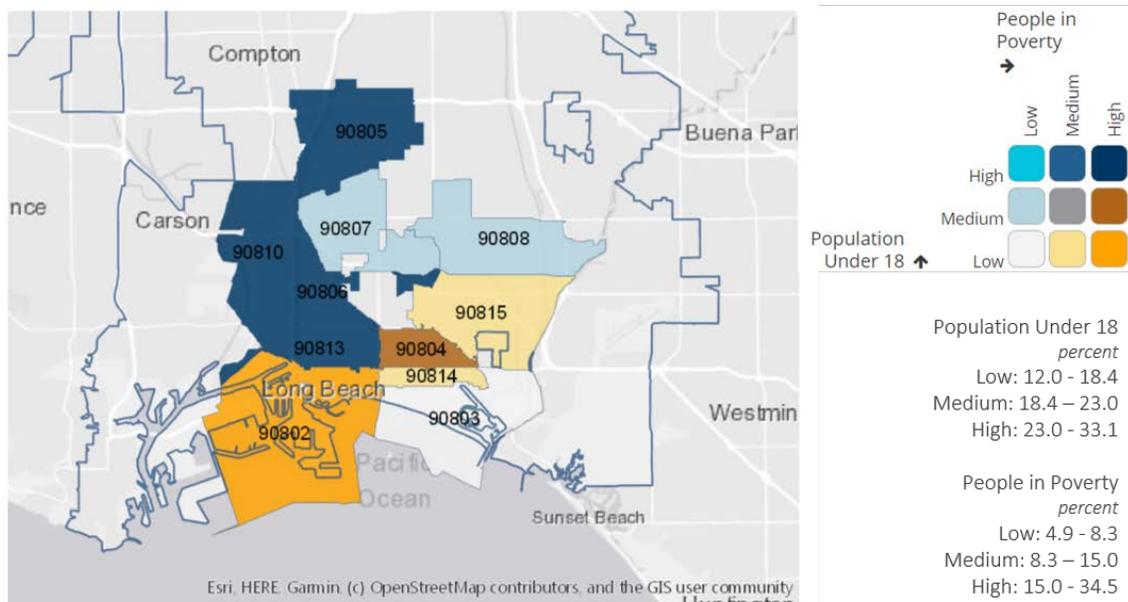
TABLE 18. POVERTY RATES BY ZIP CODE, 2012-2016

Geography	People Below Poverty Level	Families Below Poverty Level
90802	25.0%	21.0%
90803	8.3%	3.6%
90804	25.5%	21.4%
90805	24.0%	20.9%
90806	24.6%	20.3%
90807	6.4%	2.9%
90808	4.9%	2.9%
90810	19.0%	16.0%
90813	34.5%	30.8%
90814	15.0%	8.5%
90815	12.3%	6.0%
Long Beach	20.3%	15.7%
Los Angeles County	17.8%	13.9%
California	15.8%	11.8%
<i>American Community Survey, 2012-2016¹</i>		

There are four ZIP Codes in Long Beach with a high proportion of the population (>23%) that is under 18 years of age living in an area in which there is a high poverty rate (Figure 9). For further discussion on the health effects for children due to social and economic factors please see the Economic Insecurity and Women & Children sections of this report.



FIGURE 9. PERCENT OF POPULATION UNDER 18 YEARS OF AGE (2012-2016)¹ AND POPULATION LIVING BELOW POVERTY (2012-2016)¹ BY ZIP CODE IN LONG BEACH



American Community Survey, 2012-2016¹

EMPLOYMENT

Table 19 shows the number of workers and the percentage of the population 16 years and older who are unemployed from each Long Beach ZIP Code. People are classified as unemployed if they do not have a job but have actively looked for work in the last four weeks. The highest rates of unemployment are concentrated in the north and west parts of the city, with ZIP Codes 90805, 90813, and 90810 having the highest percentages (11.03%, 9.57%, and 9.33%, respectively). ZIP Code 90808 has the lowest rate of unemployment (4.04%) in Long Beach.

TABLE 19. WORKERS AND UNEMPLOYMENT BY ZIP CODE, 2019

Geography	Number of Workers	Population 16+: Unemployed
90802	22,176	5.98%
90803	19,387	4.99%
90804	20,127	6.97%
90805	40,386	11.03%
90806	18,211	7.70%
90807	16,759	4.94%
90808	18,933	4.04%
90810	15,588	9.33%
90813	23,973	9.57%
90814	10,378	5.39%
90815	18,611	4.75%

Claritas® Population Estimates, 2019⁶

EDUCATION

Education is correlated with lower rates of future health problems and longer, healthier lives. High school and college graduation rates may also be important indicators of the performance of the educational system of an area.¹¹



The share of residents in each ZIP Code in Long Beach aged 25 or older with at least a high school degree or equivalent (including general equivalency diploma (GED) and with at least a bachelor’s degree or equivalent) is shown in Table 20. ZIP Codes 90813, 90806, 90805, and 90810 are in the bottom four ZIP Codes for percentages of those with a high school or college degree. ZIP Code 90803 has the highest percentages of both measures (95.7% and 59.2%, respectively).

TABLE 20. EDUCATION LEVEL (POPULATION 25+) BY ZIP CODE, 2012-2016

Geography	High School Degree or Higher	Bachelor’s Degree or Higher
90802	86.1%	37.9%
90803	95.7%	59.2%
90804	74.8%	26.9%
90805	68.9%	11.8%
90806	68.2%	17.0%
90807	92.9%	38.6%
90808	94.6%	40.4%
90810	72.6%	15.0%
90813	55.6%	11.2%
90814	92.1%	49.8%
90815	94.5%	45.9%
Long Beach	79.5%	29.5%
Los Angeles County	77.7%	30.8%
California	82.1%	32.0%

American Community Survey, 2012-2016¹

Educational achievement is a health equity issue in Long Beach. Among fourth graders, 54% of Hispanic/Latinx students and 55% of Black students were proficient in English and language arts in the Long Beach Unified School District (LBUSD), substantially below the overall school district value of 62% for all students.¹² Lower proficiencies in this age group may be an indicator of lower proficiency in middle school, making it more difficult to qualify for college track opportunities.



LEADING CAUSES OF DEATH

Long Beach Department of Health and Human Services analyzed all deaths of those who were residents of Long Beach between January 1, 2013 and December 31, 2017.

AGE-ADJUSTED MORTALITY RATES

The age-adjusted mortality rate for Long Beach has increased over the five-year time period, from 846.0 deaths per 100,000 population in 2013 to 899.3 deaths per 100,000 population in 2017. However, the mortality rates were relatively stable for years 2015, 2016, and 2017. Blacks have the highest age-adjusted mortality rate of any race or ethnicity in every year measured from 2014 to 2017, with a high rate of 1,294.6 deaths per 100,000 Black population in 2017. Males have a higher rate than females across all years.

TABLE 21. AGE-ADJUSTED MORTALITY RATES PER 100,000 POPULATION IN LONG BEACH

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

Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

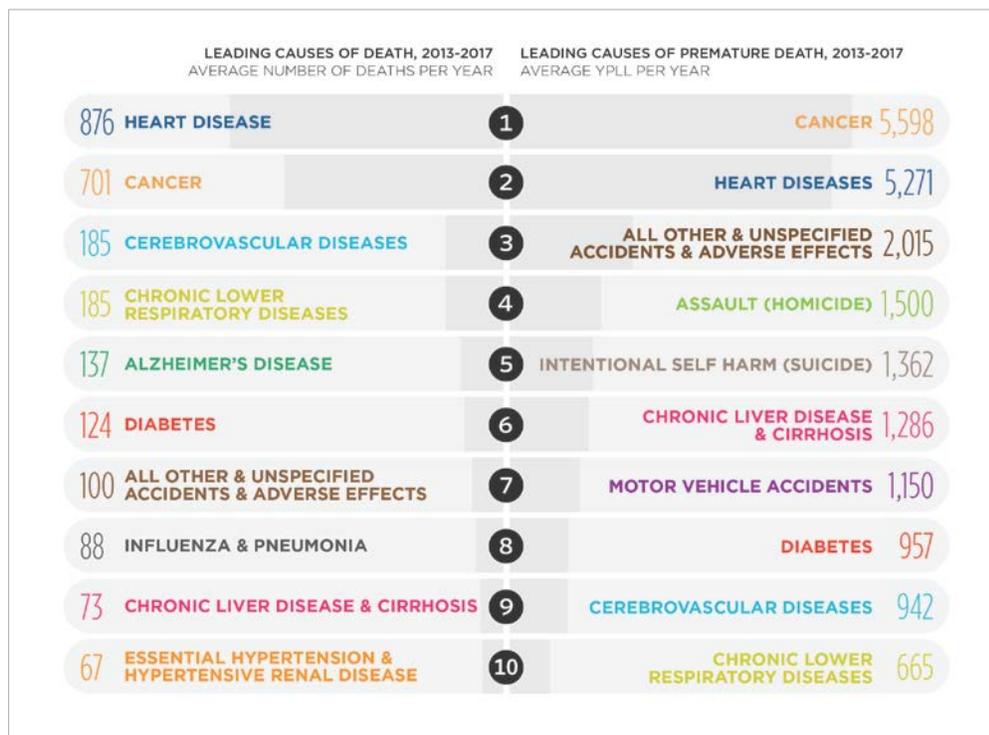
LEADING CAUSES OF DEATH AND PREMATURE DEATH

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



of death with an average of 701 deaths and was the leading cause of premature death, with an annual average of 5,598 years of potential life lost. Premature death includes all deaths before age 75. Heart Diseases were the second leading cause of premature death during this time period. Cerebrovascular Diseases, Chronic Lower Respiratory Diseases, Diabetes, and Chronic Liver Disease and Cirrhosis were all top ten leading causes of both death and premature death in Long Beach from 2013-2017. All other and unspecified accidents and adverse effects include falls, accidental poisoning, accidental drowning, forces of nature, and accidental exposure to other unspecified factors.

TABLE 22. TOP 10 LEADING CAUSES OF DEATH AND PREMATURE DEATH IN LONG BEACH



Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

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

TABLE 23. TOP 10 LEADING CAUSES OF DEATH BY GENDER IN LONG BEACH

Ranking	Leading Causes of Death, 2013-2017, Females	Average Number of Deaths per Year, Females	Leading Causes of Death, 2013-2017, Males	Average Number of Deaths per Year, Males
1	Heart Diseases	383	Heart Diseases	460
2	Cancer	323	Cancer	341
3	Cerebrovascular Diseases	101	Chronic Lower Respiratory Diseases	88
4	Alzheimer's Disease	90	Cerebrovascular Diseases	75
5	Chronic Lower Respiratory Diseases	89	All other and unspecified accidents and adverse effects	58
6	Diabetes	54	Diabetes	57



Ranking	Leading Causes of Death, 2013-2017, Females	Average Number of Deaths per Year, Females	Leading Causes of Death, 2013-2017, Males	Average Number of Deaths per Year, Males
7	Influenza and Pneumonia	51	Chronic Liver Disease and Cirrhosis	52
8	All other and unspecified accidents and adverse effects	31	Influenza and pneumonia	44
9	Chronic Liver Disease and Cirrhosis	27	Alzheimer's Disease	41
10	Essential Hypertension and hypertensive renal disease	27	Intentional Self-harm (suicide)	38

Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

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

TABLE 24. TOP 10 LEADING CAUSES OF PREMATURE DEATH BY GENDER IN LONG BEACH

Ranking	Leading Causes of Premature Death, 2013-2017, Females	Average YPLL, Females	Leading Causes of Premature Death, 2013-2017, Males	Average YPLL, Males
1	Cancer	2,802	Heart Diseases	3,703
2	Heart Diseases	1,568	Cancer	2,953
3	All other and unspecified accidents and adverse effects	625	All other and unspecified accidents and adverse effects	1,390
4	Chronic Liver Disease and Cirrhosis	472	Assault (Homicide)	1,354
5	Cerebrovascular Diseases	441	Intentional Self-harm (suicide)	1,022
6	Diabetes	384	Motor Vehicle Accidents	879
7	Intentional self-harm (suicide)	340	Chronic Liver Disease and Cirrhosis	815
8	Chronic Lower Respiratory Diseases	273	Diabetes	573
9	Motor Vehicle Accidents	271	Cerebrovascular Diseases	501
10	Assault (homicide)	220	Human Immunodeficiency Virus (HIV)	480

Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

Heart Diseases were the leading cause of death for the 2013-2017 time period for each race and ethnicity in Long Beach. Cancer was the second leading cause of death for each race and ethnicity. The total rates for these causes of deaths for all race/ethnicity groups were 179 deaths per 100,000 due to Heart Diseases and 141 deaths per 100,000 for Cancer. The White, non-Hispanic race group was the only one for which Alzheimer's Disease was a top 5 leading cause of death, with an average rate of 73 deaths per 100,000. For Asians, Influenza and Pneumonia are the fifth leading cause of death, with 30 deaths per 100,000 for that racial group. Cerebrovascular Diseases were also a top 5 leading cause of death for every race/ethnicity group. Diabetes was a top 5 cause for all groups except the White, non-Hispanic group (Table 25).



TABLE 25. TOP 5 LEADING CAUSES OF DEATH BY RACE/ETHNICITY IN LONG BEACH, 2013-2017

Ranking	Hispanic/Latinx (all races)	White, non-Hispanic	Black/African American	Asian
1	Heart Diseases 57 per 100,000	Heart Diseases 366 per 100,000	Heart Diseases 232 per 100,000	Heart Diseases 147 per 100,000
2	Cancer 55 per 100,000	Cancer 271 per 100,000	Cancer 169 per 100,000	Cancer 134 per 100,000
3	Cerebrovascular Diseases 16 per 100,000	Chronic Lower Respiratory Disease 94 per 100,000	Diabetes 42 per 100,000	Cerebrovascular Diseases 46 per 100,000
4	Chronic Liver Disease and Cirrhosis 14 per 100,000	Alzheimer’s Disease 73 per 100,000	Chronic Lower Respiratory Disease 41 per 100,000	Diabetes 36 per 100,000
5	Diabetes 13 per 100,000	Cerebrovascular Diseases 69 per 100,000	Cerebrovascular Diseases 39 per 100,000	Influenza and Pneumonia 30 per 100,000

Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

Leading causes of premature death by race and ethnicity were also determined for Long Beach for 2013-2017. Cancer was the leading cause of premature death for the Hispanic/Latinx and Asian groups. Heart Diseases were the leading cause for the White, non-Hispanic and Black groups. For all groups, Cancer was the cause of an annual average of 5,598 YPLL, and Heart Diseases were the cause for an annual average of 5,271 YPLL (Table 22). Homicide was a top 5 cause of premature death for all groups except White, non-Hispanic. Suicide was a leading cause of premature death for White, non-Hispanic and Asian. Motor Vehicle Accidents was a top 5 cause of premature death for the Hispanic/Latinx group with an average 555 YPLL annually (Table 26).

TABLE 26. TOP 5 LEADING CAUSES OF PREMATURE DEATH BY RACE/ETHNICITY IN LONG BEACH, 2013-2017

Ranking	Hispanic/Latinx (all races)	White, non-Hispanic	Black/African American	Asian
1	Cancer Avg. YPLL: 1,466	Heart Diseases Avg. YPLL: 2,160	Heart Diseases Avg. YPLL: 1,417	Cancer Avg. YPLL: 730
2	Heart Diseases Avg. YPLL: 1,016	Cancer Avg. YPLL: 2,153	Cancer Avg. YPLL: 1,077	Heart Diseases Avg. YPLL: 313
3	Assault (Homicide) Avg. YPLL: 614	All other unspecified accidents and adverse effects Avg. YPLL: 1,001	Assault (Homicide) Avg. YPLL: 711	Cerebrovascular Diseases Avg. YPLL: 190
4	All other unspecified accidents and adverse effects Avg. YPLL: 584	Intentional Self-harm (Suicide) Avg. YPLL: 629	Diabetes Avg. YPLL: 314	Intentional Self-harm (Suicide) Avg. YPLL: 189
5	Motor Vehicle Accidents Avg. YPLL: 555	Chronic Liver Disease and Cirrhosis Avg. YPLL: 527	All other unspecified accidents and adverse effects Avg. YPLL: 265	Assault (Homicide) Avg. YPLL: 158

Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰



PRIORITIZED SIGNIFICANT HEALTH NEEDS



The secondary data indicators that are featured in the findings sections below were selected because they had one or more comparisons for which the city of Long Beach or its ZIP Codes compared poorly to other geographies (such as Los Angeles County, California, or the United States), had an unfavorable trend over time, and/or failed to meet a Healthy People 2020 goal.

CHRONIC DISEASES

A chronic disease is a persistent or recurring disease, usually affecting a person for three months or longer. While hereditary may increase an individual’s risk for disease, most chronic diseases are directly linked, or worsened, by factors such as poor diet, inactivity, tobacco use, and/or alcohol abuse. Secondary data findings for this section will focus on respiratory diseases, diabetes, and heart disease. Additional data on the determinants of chronic disease may be found in the section on [Exercise, Nutrition & Weight](#).

RESPIRATORY DISEASES

Respiratory diseases are diseases affecting the airways and other structures of the lung. Some of the most common respiratory conditions include asthma, pulmonary hypertension and chronic obstructive pulmonary disease (COPD). Chronic lower respiratory disease could be prevented by avoiding exposure to tobacco smoke, air pollutants, and respiratory infections.³³

The percentage of adults in Long Beach who currently have asthma (8.6%) is higher compared to the state of California (7.7%). The burden of asthma on Long Beach is also apparent with higher rates of hospital admissions and ER visits for both children and adults, where in all cases the rates exceed those for Los Angeles County and California (Table 27).

TABLE 27. RESPIRATORY DISEASES INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults with Current Asthma ¹⁸	percent	2015	8.6	--	7.7	--
Age-Adjusted ER Rate due to Adult Asthma ¹⁹	ER Visits/ 10,000 population 18+ years	2013-2015	44.6	31.7	32.8	--
Age-Adjusted ER Rate due to Pediatric Asthma	ER Visits/ 10,000 population under 18 years	2013-2015	91.7	78.6	70.0	--
Age-Adjusted Hospitalization Rate due to Adult Asthma ¹⁹	hospitalizations/ 10,000 population 18+ years	2013-2015	11.3	8.2	6.4	--



Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	hospitalizations/ 10,000 population under 18 years	2013-2015	12.4	11.6	10.1	--
Age-Adjusted ER Rate due to Chronic Obstructive Pulmonary Disease (COPD)	ER Visits/ 10,000 population 18+ years	2013-2015	15.2	10.0	14.5	--
<i>Centers for Disease Control and Prevention, 500 Cities Project¹⁸ California Office of Statewide Health Planning and Development¹⁹</i>						

ZIP Codes 90802, 90804, 90805, 90806, and 90813 have the highest rates for each emergency room visit indicator due to respiratory-related chronic issues, including asthma among adults, asthma among children, and chronic obstructive pulmonary disease (Table 28). ZIP Code 90813 has the highest rates for each of these three ER visit measures with rates that are double the rates for adult asthma and COPD compared to Long Beach, Los Angeles County, and California. This same ZIP Code (90813) also has the highest rate of hospitalizations due to asthma for children, with 90806 having the highest rate of hospitalizations for adults.

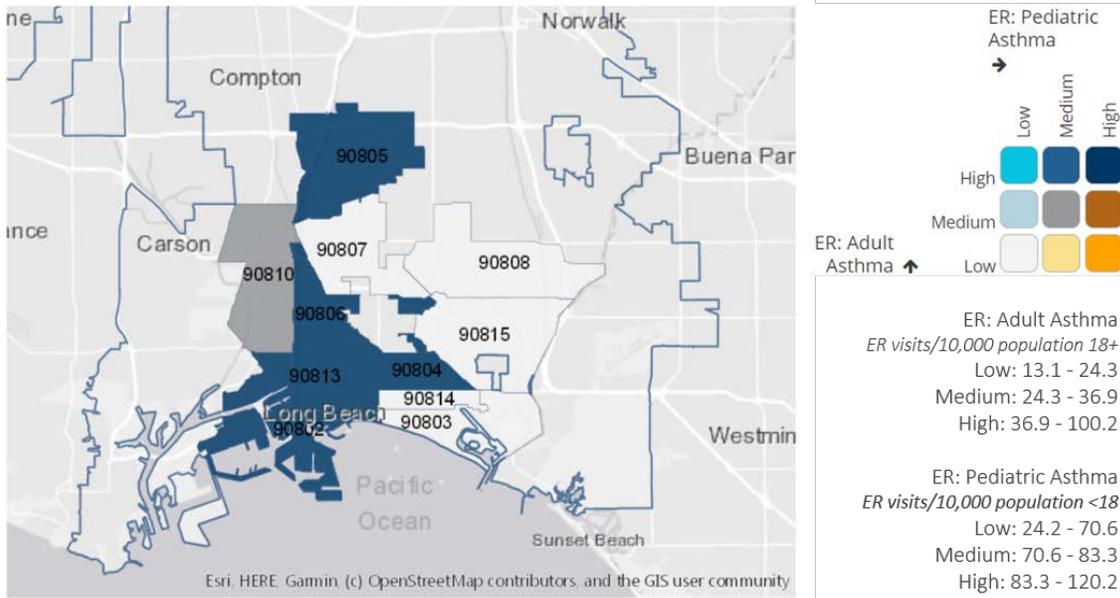
TABLE 28. RESPIRATORY DISEASES INDICATORS BY ZIP CODE

Geography	Age-Adjusted ER Rate due to Adult Asthma ¹⁹	Age-Adjusted ER Rate due to Pediatric Asthma ¹⁹	Age-Adjusted Hospitalization Rate due to Adult Asthma ¹⁹	Age-Adjusted Hospitalization Rate due to Pediatric Asthma ¹⁹	Age-Adjusted ER Rate to COPD ¹⁹
	ER visits/ 10,000 population 18+	ER visits/ 10,000 population under 18 years	hospitalizations/ 10,000 population 18+	hospitalizations/ 10,000 population under 18 years	ER visits/ 10,000 population 18+
	2013-2015	2013-2015	2013-2015	2013-2015	2013-2015
90802	50.9	95.4	10.1	13.4	20.0
90803	13.1	24.2	3.2	9.3	4.9
90804	52	95.5	13.2	13.2	20.6
90805	51.7	116.4	14.2	14.9	19.4
90806	59.9	108.2	21.6	12.9	20.6
90807	24.3	70.6	7.9	10.3	10.1
90808	16.8	35.6	4.4	18.9	5.4
90810	36.9	83.3	12.4	13.0	18.0
90813	100.2	120.2	21.8	13.0	34.9
90814	23.9	61.1	3.9	7.9	6.3
90815	13.3	33.9	6.0	13.4	5.1
Long Beach	44.6	91.7	11.3	12.4	15.2
<i>California Office of Statewide Health Planning and Development¹⁹</i>					

Rates of ER visits due to asthma among either adults or children are highest among ZIP codes 90802, 90804, 90805, 90806, and 90813. The ER visit rate due to asthma among adults in these five ZIP codes is higher than 36.9 visits per 10,000 adults 18+, and the rate among children is higher than 83.3 visits per 10,000 children less than 18 years of age (Figure 10).

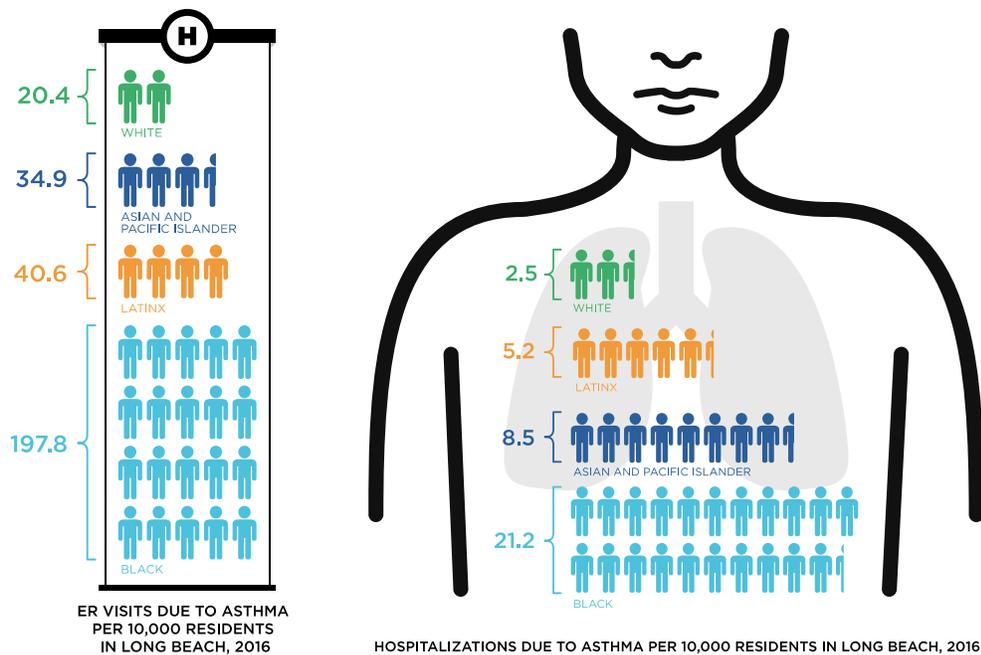


FIGURE 10. AGE-ADJUSTED ER RATES DUE TO ADULT ASTHMA AND PEDIATRIC ASTHMA BY ZIP CODE IN LONG BEACH, 2013-2015



California Office of Statewide Health Planning and Development¹⁹

By race/ethnicity, there is a stark contrast between hospitalization and ER visit rates due to asthma for those identifying as Black versus other racial/ethnic groups. For hospitalizations, due to asthma in 2016 in Long Beach, the age-adjusted rate among the Black population was 21.2 hospitalizations per 10,000 residents, whereas the rate for the White population was 2.5 hospitalizations per 10,000 residents, the rate for the Hispanic/Latinx population was 5.2 hospitalizations per 10,000 residents, and the rate for the Asian and Pacific Islander population was 8.5 hospitalizations per 10,000 residents.



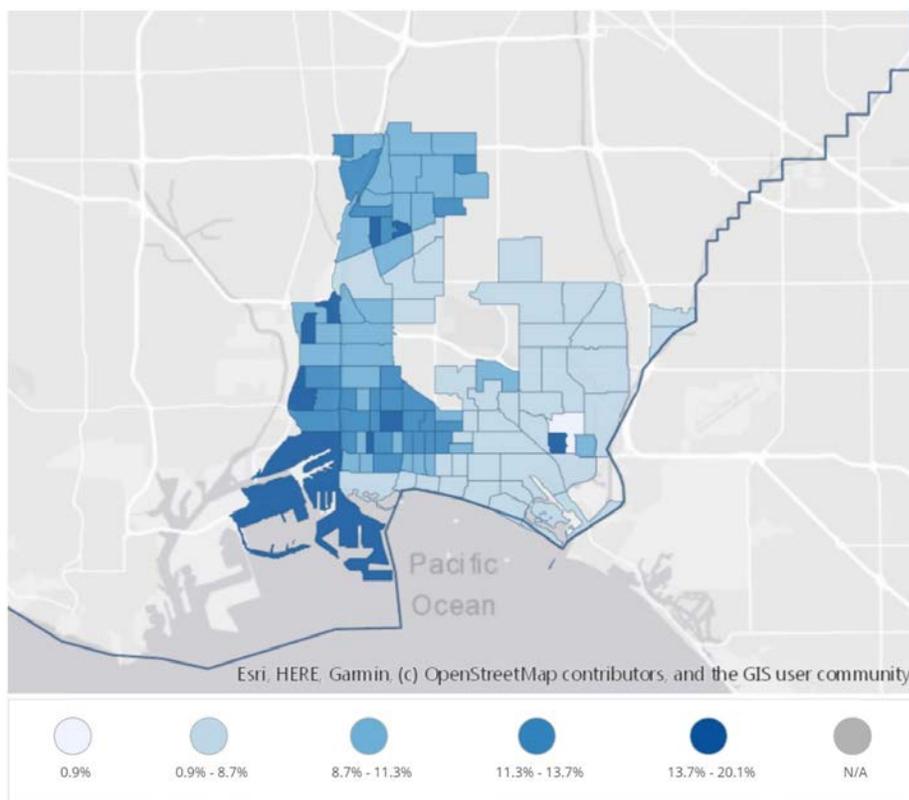
Additionally, for ER visits, the age-adjusted rate was 197.8 visits per 10,000 Black residents in Long Beach in 2016 – more than quadruple the rate of other groups – compared to 20.4 visits for White residents, 40.6 visits for Hispanic/Latinx residents, and 34.9 for Asian and Pacific Islander residents.³⁴ People in the Black population in the United States die from asthma at a higher rate than people of other racial/ethnic groups.³⁵

DIABETES

Diabetes is a chronic condition that affects the body’s ability to turn food into energy. As the seventh leading cause of death in the United States, greater than 30 million people currently have diabetes in the United States, while roughly 25% of them are unaware of their condition. Another 84 million US adults have prediabetes. Among racial/ethnic groups, Blacks, American Indians/Alaskan Natives, Pacific Islanders and some Asian Americans are at a greater risk for prediabetes and type 2 diabetes than Whites.³⁶ Long-term complications due to the disease have both direct health costs and indirect economic costs such as potential work time lost and premature death.³⁷

In the city of Long Beach, 9.7% of adults reported having ever been diagnosed with diabetes. The prevalence of diabetes varies widely across the city. The census tracts with the highest proportion of adults with diabetes are mostly in the western parts of the city; however the census tract with the highest percentage of adults with diabetes is towards the east with 20.1% of adults reporting having ever been diagnosed (census tract 06037574700).¹⁸

FIGURE 11. ADULTS WITH DIABETES BY CENSUS TRACT IN LONG BEACH, 2016



Centers for Disease Control and Prevention, 500 Cities Project¹⁸



TABLE 29. PERCENT OF ADULTS WITH DIABETES BY CENSUS TRACT IN LONG BEACH, 2016

Census Tract	Percent	Census Tract	Percent	Census Tract	Percent
603755202	8.5	6037572800	17.3	6037575500	13.0
6037570100	10.7	6037572900	13.3	6037575801	12.9
6037570202	10.1	6037573002	11.7	6037575802	11.3
6037570203	9.7	6037573003	12.2	6037575803	17.3
6037570204	12.0	6037573004	10.1	6037575901	10.0
6037570301	11.3	6037573100	10.3	6037575902	10.9
6037570303	11.1	6037573201	12.9	6037576001	6.7
6037570304	11.9	6037573202	12.5	6037576200	11.8
6037570402	11.9	6037573300	13.1	6037576301	11.7
6037570403	12.9	6037573403	7.6	6037576302	9.8
6037570404	10.7	6037573601	7.5	6037576401	13.7
6037570501	9.9	6037573700	7.1	6037576402	12.1
6037570502	9.8	6037573800	7.5	6037576403	11.7
6037570601	10.9	6037573902	8.0	6037576501	10.2
6037570602	10.6	6037574000	8.0	6037576502	8.9
6037570603	11.7	6037574100	7.5	6037576503	9.5
6037571200	8.3	6037574201	8.1	6037576601	6.9
6037571502	9.8	6037574202	9.5	6037576602	6.8
6037571503	8.6	6037574300	8.1	6037576700	7.4
6037571504	7.9	6037574400	7.7	6037576801	8.4
6037571600	16.5	6037574500	7.9	6037576802	6.3
6037571701	11.0	6037574601	0.9	6037576901	11.9
6037571703	14.9	6037574602	10.2	6037576903	8.5
6037571704	12.0	6037574700	20.1	6037576904	8.8
6037571800	8.7	6037574800	7.1	6037577000	6.5
6037571900	7.7	6037574901	7.4	6037577100	6.9
6037572001	7.4	6037574902	5.5	6037577200	6.0
6037572002	10.5	6037575001	6.2	6037577300	5.1
6037572100	8.9	6037575002	7.6	6037577400	6.4
6037572201	11.3	6037575101	10.2	6037577501	8.5
6037572202	9.8	6037575102	12.1	6037577504	7.8
6037572301	11.2	6037575103	8.4	6037577602	8.6
6037572302	11.1	6037575201	11.9	6037577603	7.9
6037572400	14.6	6037575202	12.4	6037577604	8.7
6037572500	15.4	6037575300	14.4	6037980033	14.7
6037572600	11.0	6037575401	12.6		
6037572700	12.7	6037575402	11.9		

Centers for Disease Control and Prevention, 500 Cities Project¹⁸

The rates of hospitalizations due to diabetes were higher in Long Beach in 2013-2015 compared to Los Angeles County and California (Table 30). The rate of ER visits due to short-term complications of diabetes (including ketoacidosis, hyperosmolarity, or coma) is higher in Long Beach than Los Angeles County and California.



TABLE 30. DIABETES INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Age-Adjusted ER Rate due to Short-Term Complications of Diabetes ¹⁹	ER visits/ 10,000 population 18+ years	2013-2015	0.8	0.5	0.7	--
Age-Adjusted Hospitalization Rate due to Diabetes ¹⁹	hospitalizations/ 10,000 population 18+ years	2013-2015	24.9	19.3	16.7	--
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes ¹⁹	hospitalizations/ 10,000 population 18+ years	2013-2015	1.9	1.6	1.0	--

California Office of Statewide Health Planning and Development¹⁹

Among the 11 ZIP Codes that make up the city of Long Beach, five have higher rates of hospitalization due to long-term complications of diabetes than the Long Beach average (Table 31). The highest rates are seen in ZIP Codes 90813 (28.5 hospitalizations/10,000 population 18+), 90806 (27.5), 90805 (24.0), 90810 (20.3), and 90804 (17.7).

TABLE 31. DIABETES INDICATORS BY ZIP CODE

Geography	Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes ¹⁹ hospitalizations/ 10,000 population 18+ 2013-2015
90802	15.8
90803	3.2
90804	17.7
90805	24
90806	27.5
90807	9.8
90808	4.1
90810	20.3
90813	28.5
90814	8.9
90815	7.2
Long Beach	16.0

California Office of Statewide Health Planning and Development¹⁹

HEART DISEASE & STROKE

Heart disease and stroke are cardiovascular diseases that cause one out of three deaths in the United States. High blood pressure, high LDL (bad cholesterol), diabetes, obesity and smoking are major risk factors for heart disease and stroke conditions.

ZIP Codes 90805, 90806, 90810, and 90813 have higher rates of emergency room visits due to both heart failure and hypertension compared to Long Beach (Table 32).

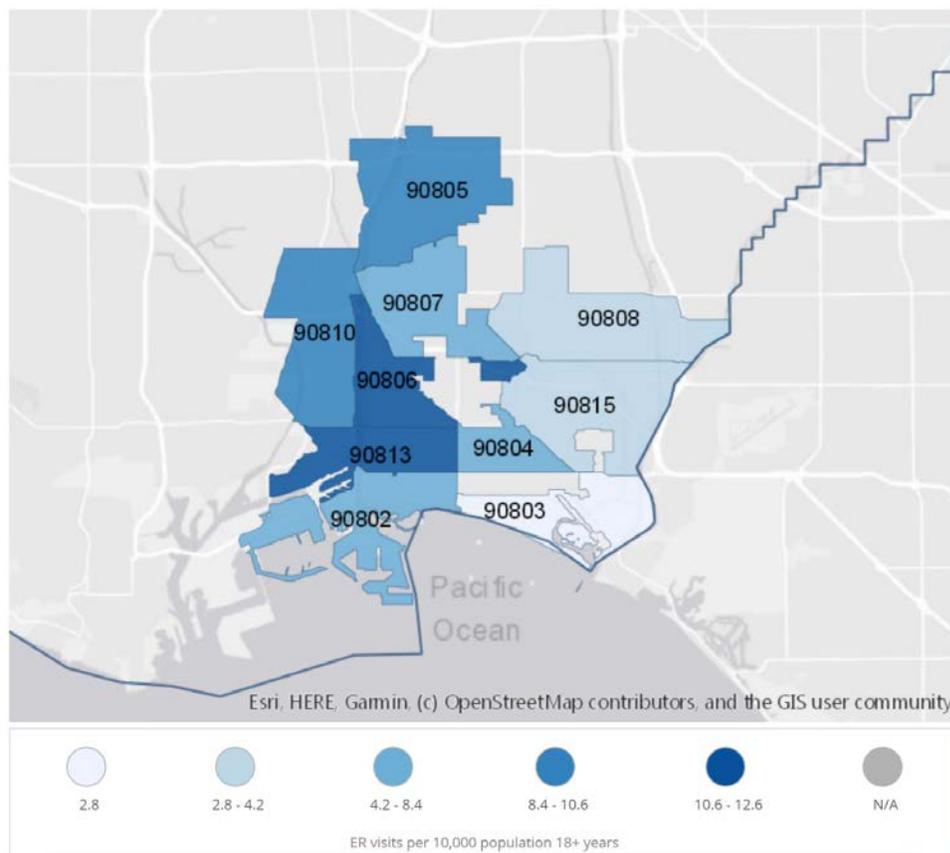


TABLE 32. AGE-ADJUSTED ER RATE DUE TO HEART FAILURE AND HYPERTENSION

Geography	Age-Adjusted ER Rate due to Heart Failure ¹⁹ ER Visits/ 10,000 population 18+ 2013-2015	Age-Adjusted ER Rate due to Hypertension ¹⁹ ER Visits/ 10,000 population 18+ 2013-2015
90802	8.1	24.6
90803	2.8	9.1
90804	8.0	25.2
90805	10.3	34.8
90806	12.6	41.8
90807	8.4	21.6
90808	3.5	13.5
90810	10.6	34.3
90813	12.1	40.8
90814	--	13.8
90815	4.2	15.2
Long Beach	7.8	26.0

California Office of Statewide Health Planning and Development¹⁹

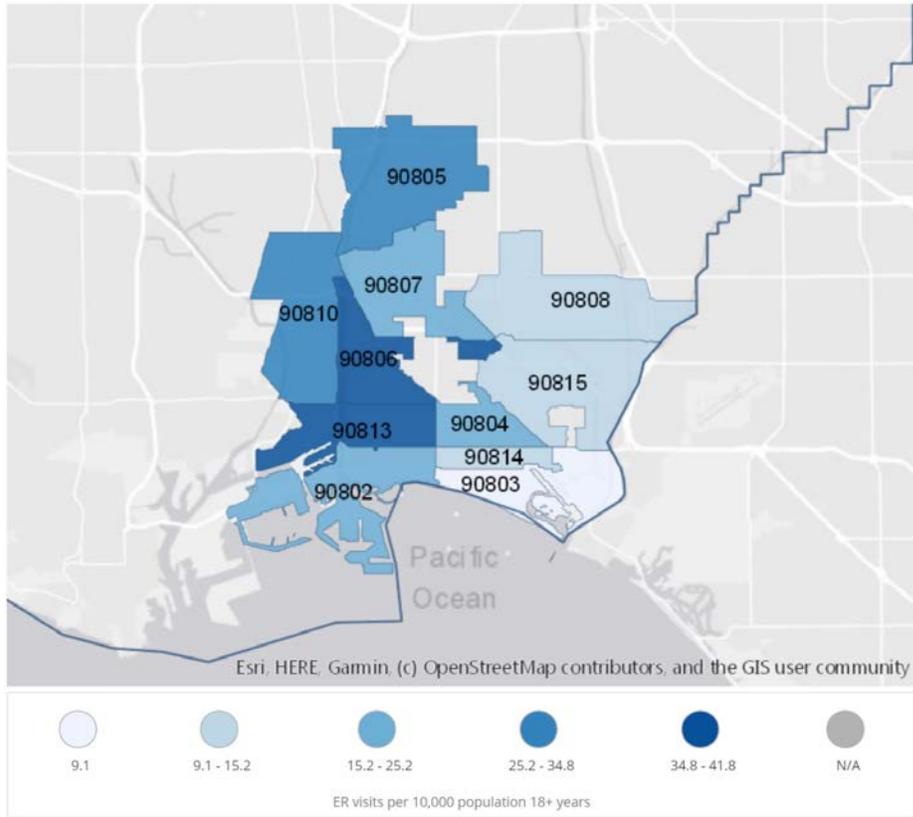
FIGURE 12. AGE-ADJUSTED ER RATE DUE TO HEART FAILURE BY ZIP CODE IN LONG BEACH, 2013-2015



California Office of Statewide Health Planning and Development¹⁹



FIGURE 13. AGE-ADJUSTED ER RATE DUE TO HYPERTENSION BY ZIP CODE IN LONG BEACH, 2013-2015

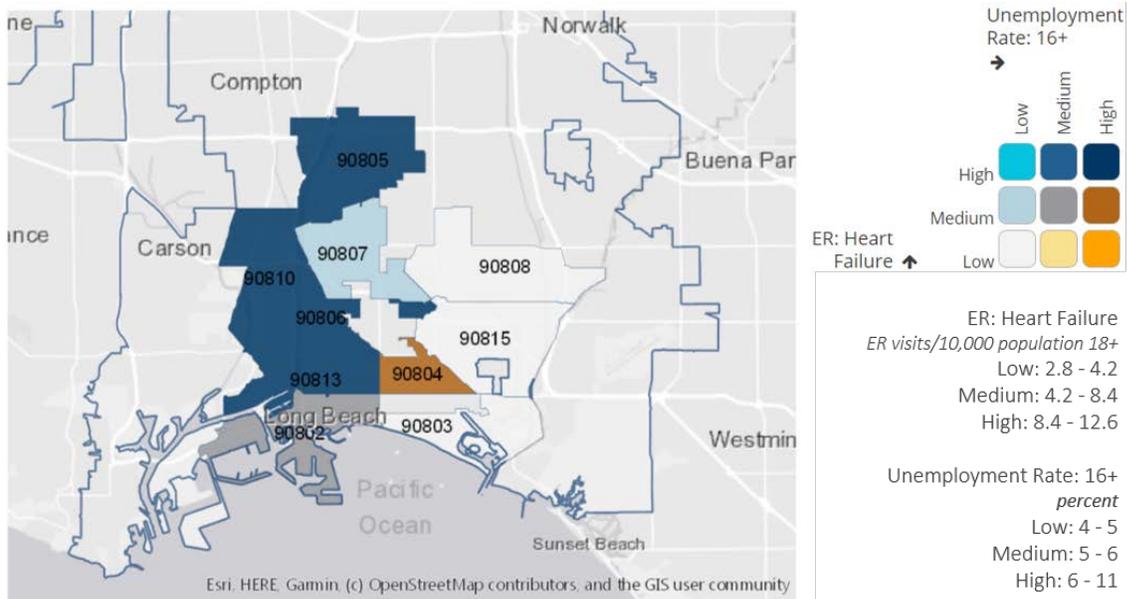


California Office of Statewide Health Planning and Development¹⁹

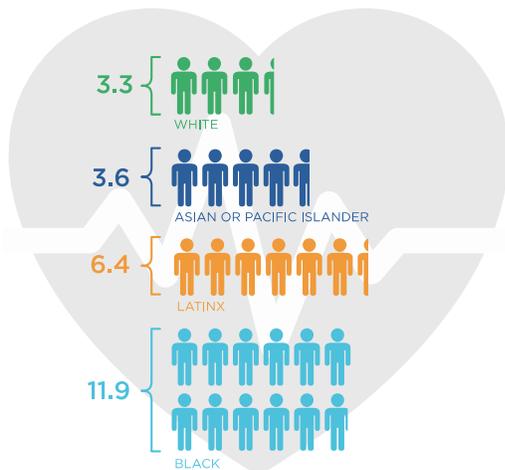


In four ZIP codes where the rate of ER visits due to heart failure are high (> 8.4 visits per 10,000 population 18+) there is also a high rate of unemployment among workers 16 years of age and older (>6%), as noted in Figure 14 with dark blue shading (90805, 90806, 90810, and 90813). The ZIP codes in which both indicators are lowest are shaded white (90803, 90808, and 90815).

FIGURE 14. AGE-ADJUSTED ER RATE DUE TO HEART FAILURE (2013-2015)¹⁹ AND UNEMPLOYMENT RATE (2019)⁶ BY ZIP CODE IN LONG BEACH



California Office of Statewide Health Planning and Development¹⁹
 Claritas® Population Estimates, 2019⁶



HOSPITALIZATIONS DUE TO HYPERTENSION PER 10,000 RESIDENTS IN LONG BEACH, 2013-2015

According to hospital admissions data there is evidence of disparity by race/ethnicity for cardiovascular health, with the Black population having a much higher rate of hospitalizations due to hypertension compared to other groups. In 2013-2015, the rate of hospitalizations per 10,000 Black adults was 11.9, significantly higher than the overall city value of 5.8 and nearly double the rate of any other race/ethnicity subgroup.



TABLE 33. AGE-ADJUSTED HOSPITALIZATION RATE DUE TO HYPERTENSION BY RACE/ETHNICITY, 2013-2015

Race/Ethnicity	Age-Adjusted Hospitalization Rate due to Hypertension hospitalizations/ 10,000 population 18+ years 2013-2015
American Indian or Alaska Native	--
Asian or Pacific Islander	3.6
Black or African American	11.9
Hispanic/Latinx	6.4
White	3.3
Overall	5.8

California Office for Statewide Health Planning and Development¹⁹

COMMUNICABLE DISEASES

Across primary and secondary data findings, notable areas for this topic in Long Beach were pertaining to sexually transmitted infections and HIV. These areas are the focus of this section.

SEXUALLY TRANSMITTED INFECTIONS

The 2017 incidence rates of chlamydia, gonorrhea, and syphilis (primary and secondary only) for the city of Long Beach were all significantly greater than the Los Angeles County and California state rates. The Long Beach rates were all nearly twofold the corresponding values for the state for each measure. Additionally, the rates of chlamydia, gonorrhea, and syphilis (primary and secondary) in Long Beach have all increased year over year since 2013.

TABLE 34. SEXUALLY TRANSMITTED INFECTIONS INDICATORS FOR LONG BEACH

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Chlamydia Incidence Rate¹³	cases/ 100,000 population	2017	901.1	626.2	552.2	--
Gonorrhea Incidence Rate¹³	cases/ 100,000 population	2017	352.4	254.2	190.3	--
Syphilis Incidence Rate¹³ (Primary & Secondary)	cases/ 100,000 population	2017	31.1	19.5	16.8	--

California Department of Public Health, STD Control Branch¹³



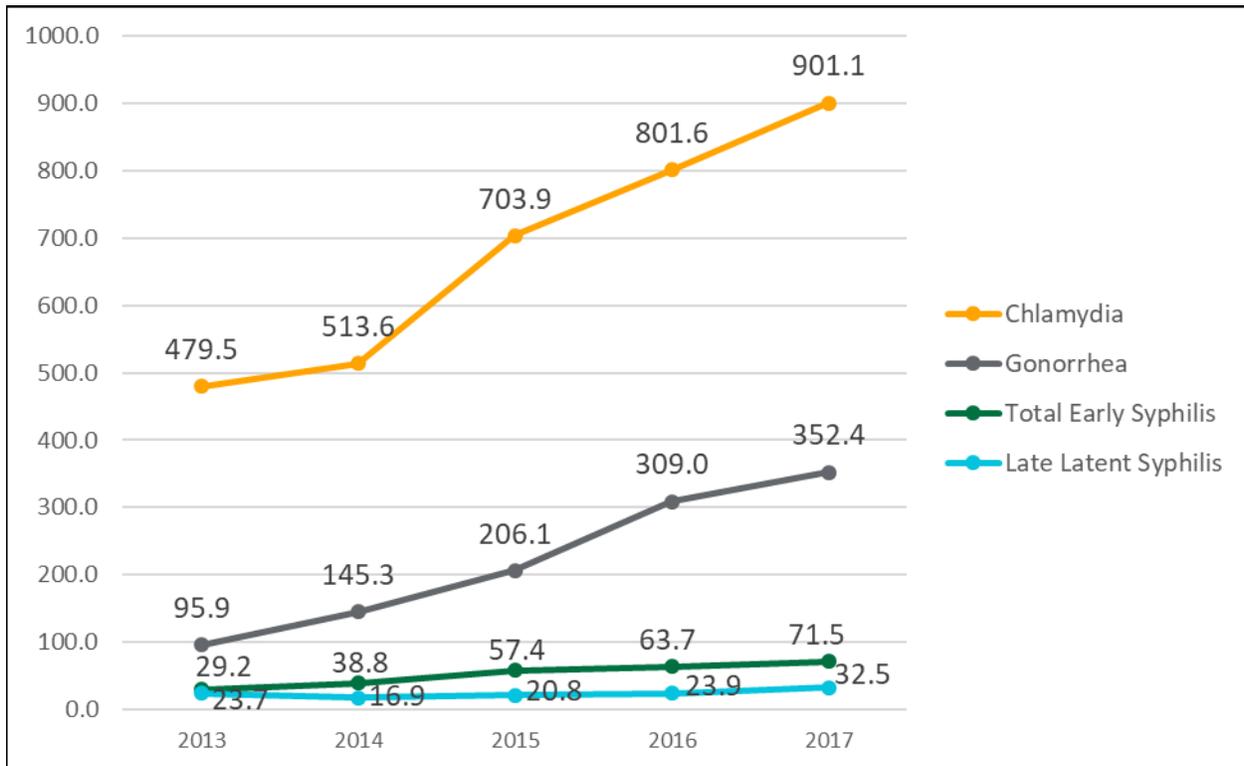
TABLE 35. TREND DATA FOR STI RATES IN LONG BEACH, 2009-2017

Indicator	Units	2009	2010	2011	2012	2013	2014	2015	2016	2017
Chlamydia Incidence Rate ¹³	cases/100,000 population	509.3	536.0	518.3	530.8	479.5	513.6	703.9	801.6	901.1
Gonorrhea Incidence Rate ¹³	cases/100,000 population	74.4	90.0	91.0	98.3	95.9	145.3	206.1	309.0	352.4
Syphilis Incidence Rate ¹³ (Primary&Secondary)	cases/100,000 population	10.9	9.5	10.1	10.5	16.2	19.1	27.1	30.9	31.1

California Department of Public Health, STD Control Branch¹³

Rates of chlamydia, gonorrhea, and total early syphilis (primary, secondary, and early latent stages) in Long Beach have also all increased overall from 2013 to 2017 (Figure 15). The overall percent change from 2013 to 2017 for chlamydia was 87.9%, for gonorrhea was 266.5%, and for total early syphilis was 143.2%. In addition, the rate of late latent syphilis in Long Beach increased every year from 2014 to 2017, with a 92.3% change over that span.

FIGURE 15. STI INCIDENCE RATES PER 100,000 POPULATION IN LONG BEACH, 2013-2017



California Department of Public Health, STD Control Branch¹³

The highest rates of chlamydia cases in 2017 were in ZIP Codes 90802 (1222.5 per 100,000) and 90804 (1108.9). The rates of gonorrhea cases in 2017 were highest in ZIP Codes 90802 (731.9), 90804 (461.4), and 90806 (403.3). ZIP Code 90802 also had the highest rate in 2017 for total early syphilis (238.9). Thus, the highest rates for these STIs mainly occurred in ZIP Codes 90802 and 90804. Table 36 shows the breakdown of STI rates in Long Beach in 2017 by ZIP Code.¹³



TABLE 36. STI RATES PER 100,000 POPULATION BY ZIP CODE IN LONG BEACH, 2017

ZIP Code	Chlamydia	Gonorrhea	Total Early Syphilis
90802	1222.5	731.9	238.9
90803	527.6	209.2	40.6
90804	1108.9	461.4	86.8
90805	938.8	331.5	39.6
90806	1049.6	403.3	84.9
90807	593.9	225.5	44.5
90808	327.0	73.2	15.7
90810	1042.6	225.9	27.2
90813	1060.9	400.6	88.3
90814	569.8	376.4	125.5
90815	204.8	56.2	9.9

California Department of Public Health, STD Control Branch¹³

In the city of Long Beach, the majority of chlamydia cases (61%) occurred in females, while a majority of gonorrhea cases (67%) and total early syphilis cases (92%) occurred in males (Table 37).

TABLE 37. SEXUALLY TRANSMITTED INFECTIONS BY GENDER

Indicator	Percentage of Total Cases	
	Male	Female
Chlamydia cases ¹⁴	39%	61%
Gonorrhea cases ¹⁴	67%	33%
Total Early Syphilis cases ¹⁴	92%	8%

Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017¹⁴

By race/ethnicity, Blacks had the highest rates for chlamydia, gonorrhea, and total early syphilis (primary, secondary, and early latent stages) for both males and females. The rates for Black males and females were more than double the rates of any other race for chlamydia and gonorrhea. The Latinx population had the next highest rates of chlamydia for both males and females, while Whites had the second highest rates of Gonorrhea for both males and females.¹⁴

TABLE 38. STI RATES PER 100,000 POPULATION IN LONG BEACH BY GENDER AND RACE/ETHNICITY, 2017

Indicator	Gender	White	Black/African American	Latinx	Asian/Pacific Islander
Chlamydia ¹⁴	Male	220.0	871.3	280.1	184.2
	Female	243.8	866.5	428.2	261.8
Gonorrhea ¹⁴	Male	211.6	723.7	168.7	75.6
	Female	90.7	332.4	65.6	--*
Total Early Syphilis ¹⁴	Male	121.9	214.3	126.8	75.6
	Female	--*	--*	--*	--*

Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017¹⁴
 *Less than 20 cases – does not meet requirement for minimum degree of accuracy

The prevention and control of syphilis transmission are important considerations for fetal and infant health. Congenital syphilis can have devastating effects on the baby if left untreated, such as neurological or ocular symptoms, low birth weight, miscarriage, or stillbirth. There were 4 cases of



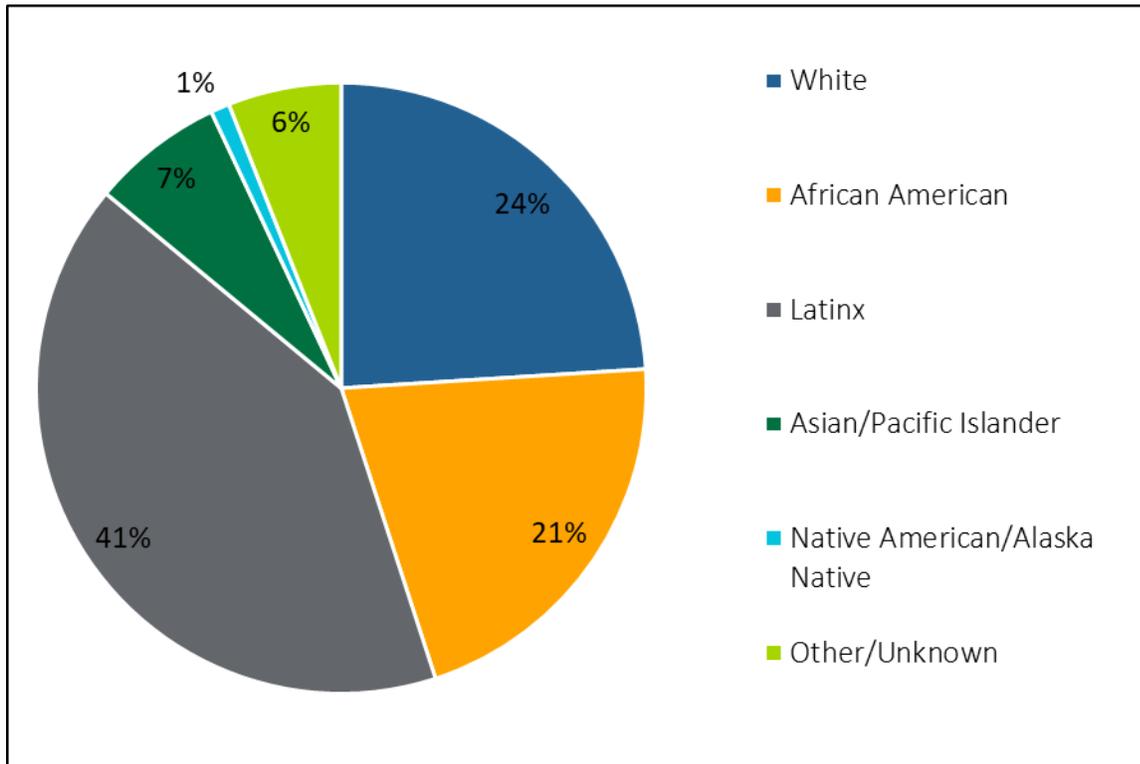
congenital syphilis detected in 2017, which is equivalent to a rate of 67.7 cases per 100,000 live births. This is an increase from 2013 in which there was a rate of 15.2 congenital syphilis cases per 100,000 live births.¹⁴

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Newly Diagnosed HIV Cases

Of newly diagnosed HIV cases in 2017, 92% were males, with the highest rate by race/ethnicity being among the Black population (34 per 100,000) followed by the Latinx population (21) and White population (17).¹⁴ The rate (per 100,000) of persons newly diagnosed with HIV decreased from 2013 to 2017 among the Latinx (32 to 21), White (29 to 17), and Black (49 to 34) populations.

FIGURE 16. PERSONS NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN LONG BEACH, 2017

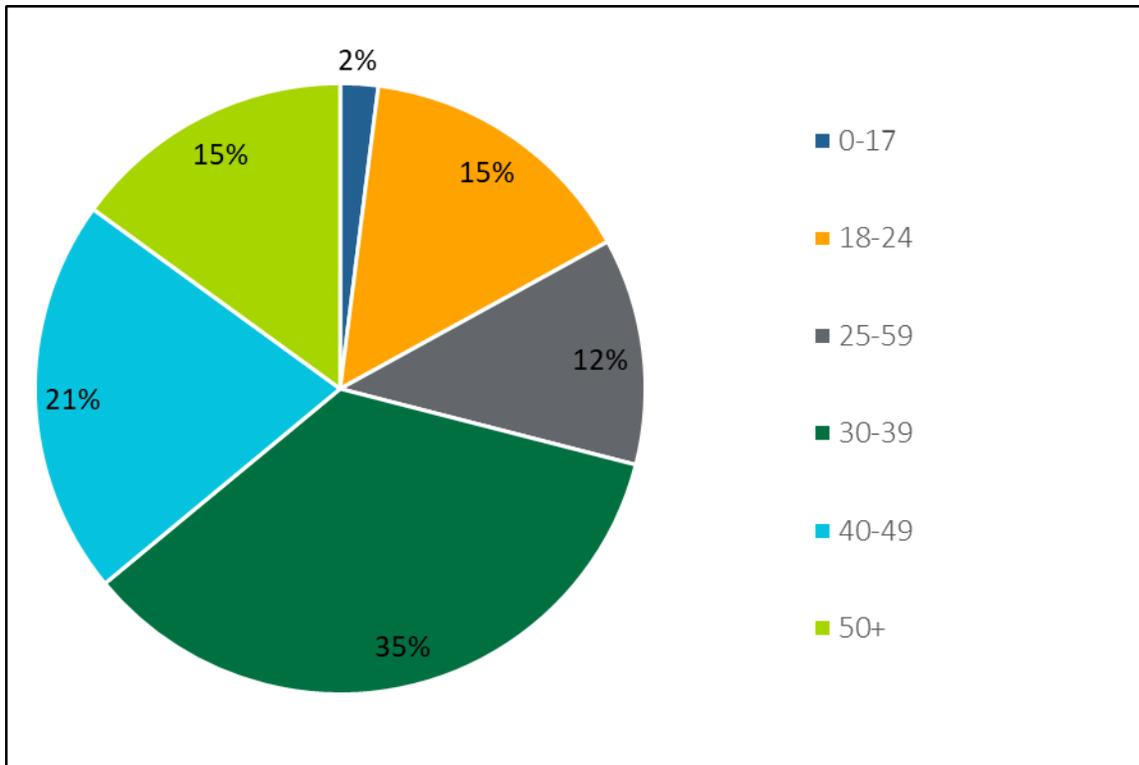


Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017¹⁴

Those aged 30-39 years old made up the highest percentage of newly diagnosed HIV cases in 2017. Adults 50 years of age and older made up 15% of cases, while children and teens under the age of 18 accounted for 2%. Over two-thirds of newly diagnosed HIV cases were among men who have sex with men. One percent were due to heterosexual contact, while 3% were transmitted via drug injection.

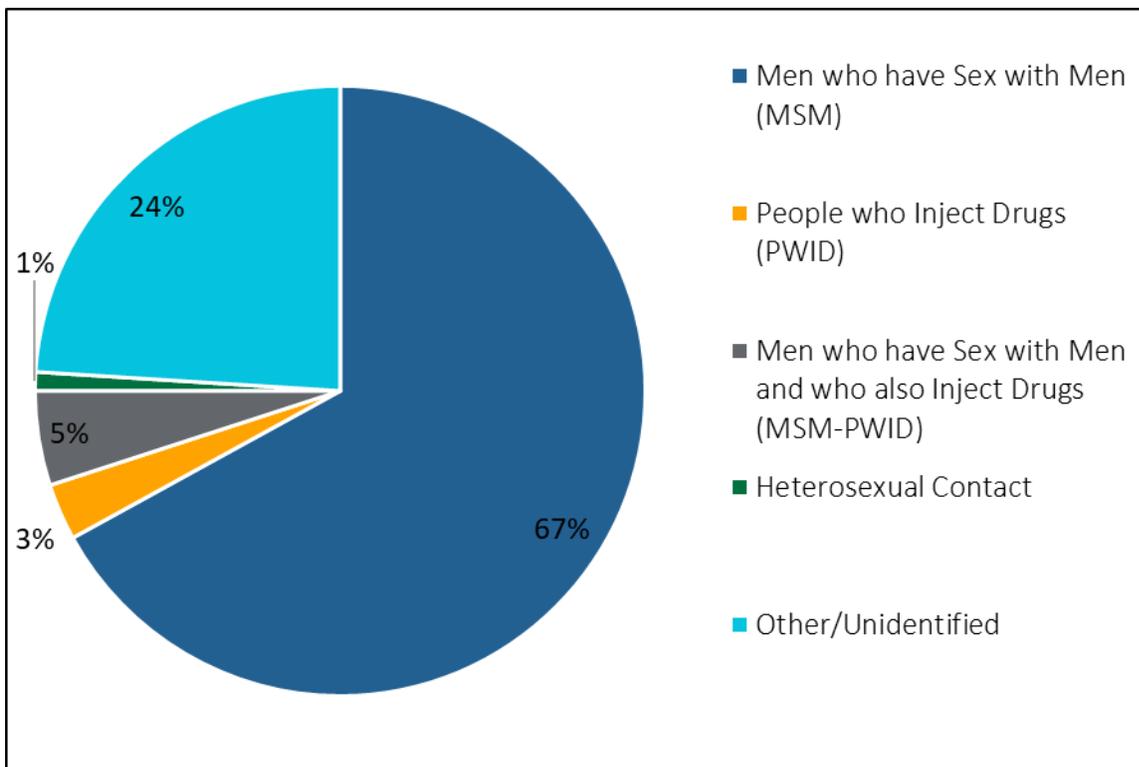


FIGURE 17. PERSONS NEWLY DIAGNOSED WITH HIV BY AGE IN LONG BEACH, 2017



Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017¹⁴

FIGURE 18. PERSONS NEWLY DIAGNOSED WITH HIV BY TRANSMISSION CATEGORY IN LONG BEACH, 2017



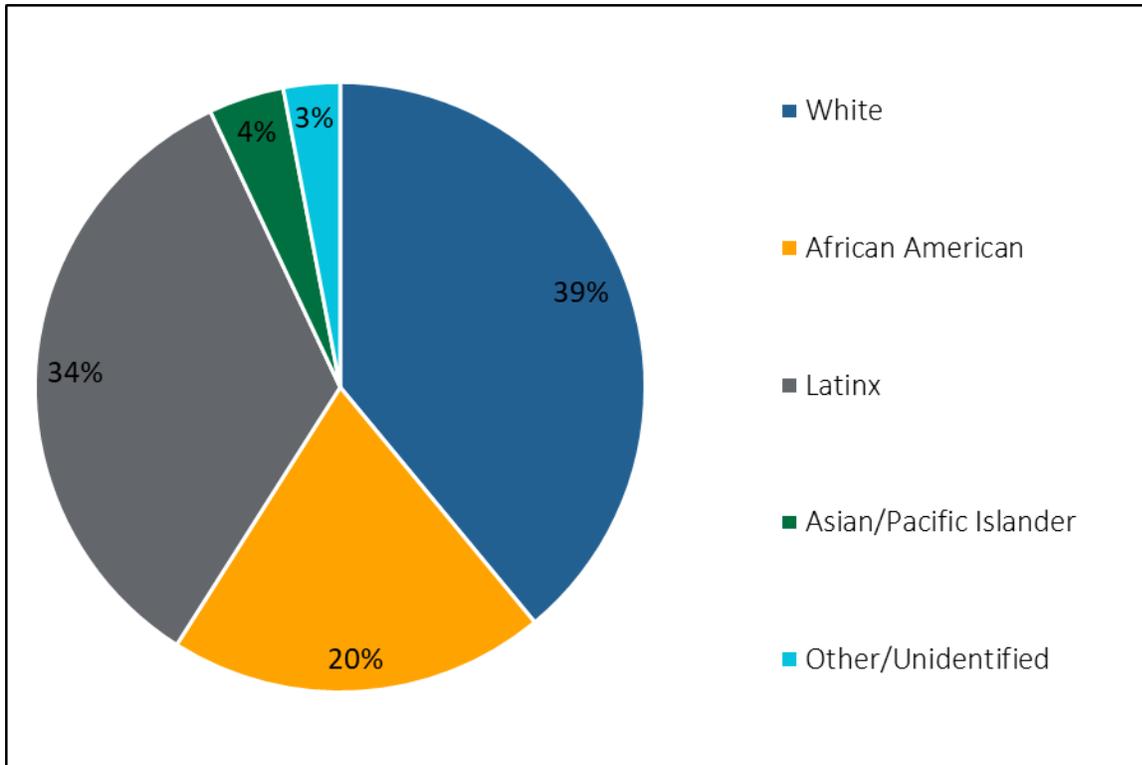
Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017¹⁴



Persons Diagnosed and Living with HIV

Overall, there were 4,520 Long Beach residents diagnosed and living with HIV at the end of 2017. Of those, 90% were male. By race/ethnicity, the highest percentage of HIV cases was among the White population (39%), followed by the Latinx population (34%) and Black population (20%).

FIGURE 19. PERSONS LIVING WITH HIV BY RACE/ETHNICITY IN LONG BEACH, 2017

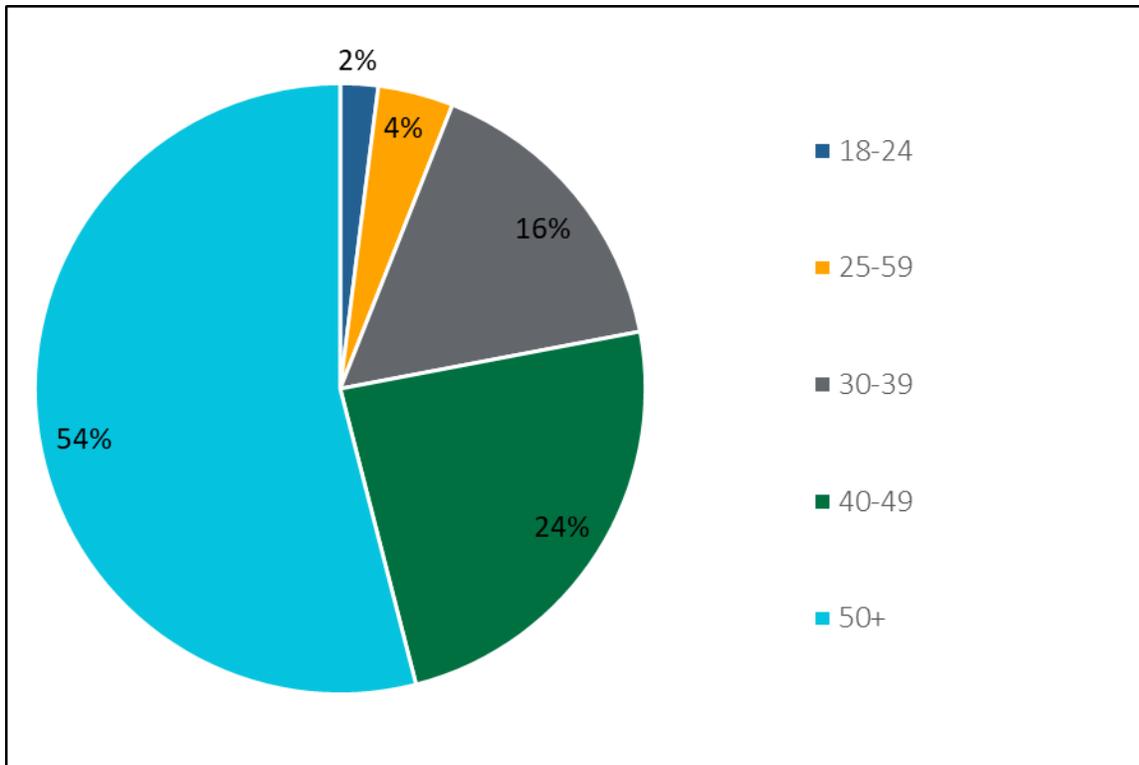


Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017¹⁴

Seventy-eight percent of those living with diagnosed HIV are over the age of 40 in Long Beach. Even though those in the 30-39 age group have the highest percentage of new HIV diagnoses, only 16% of those living with HIV in Long Beach are within that age group. By transmission category, men who have sex with men make up the largest percentage of persons living with HIV, at 73% of the total cases in Long Beach. Seven percent of cases stem from heterosexual transmission and 4% from people who inject drugs (Figure 21).

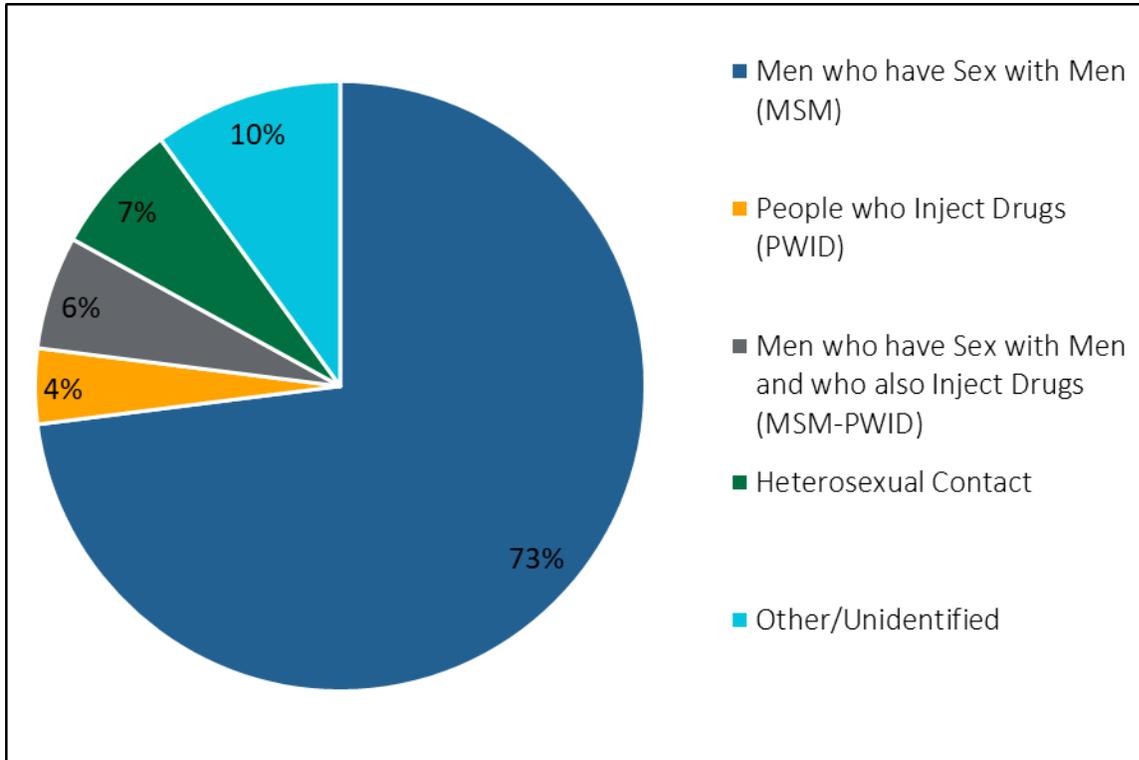


FIGURE 20. PERSONS LIVING WITH HIV BY AGE IN LONG BEACH, 2017



Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017¹⁴

FIGURE 21. PERSONS LIVING WITH HIV BY TRANSMISSION CATEGORY IN LONG BEACH, 2017



Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017¹⁴



Among transgender persons living with HIV in Long Beach (39 total in 2017), almost a third are between the ages of 30 and 39, 33% are African American, and 41% are Latinx. 85% of transgender persons living with HIV report a transmission category of men who have sex with men (MSM).

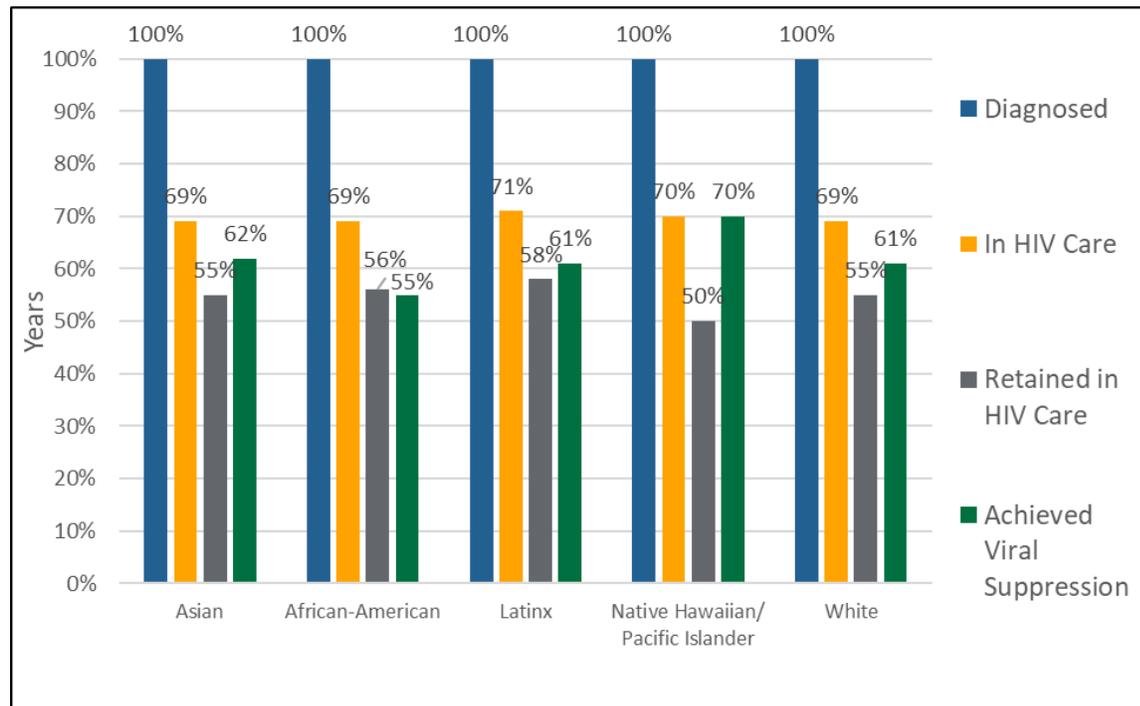
ZIP Code 90802 has the most people (1,111 people) and highest percentage of its population (2.79%) living with HIV compared to the other ZIP Codes in the city. ZIP Codes 90814 and 90813 have the next highest percentages of their populations living with HIV, with 1.47% and 1.18%, respectively. ZIP Code 90808 has the lowest number (111 people) and lowest percentage (0.29%) of its population living with HIV.

HIV Continuum of Care

The HIV care continuum is the series of steps from the time a person is diagnosed with HIV through the successful treatment of their infection with HIV medications.¹⁴ Persons currently diagnosed and living with HIV are considered to be diagnosed. Persons who have had at least one viral load test during the calendar year are considered to be engaged in care, while those who have had two or more viral load tests performed at least three months apart during the calendar year are considered to be retained in care. Persons who have a most recent viral load test result that shows the amount of HIV in the body to be very low or undetectable (less than or equal to 200 copies/ml) during the calendar year are considered to be virally suppressed for HIV.

For persons of any race/ethnicity who have been diagnosed and are living with HIV in Long Beach, 70% are in HIV care, 57% are retained in HIV care, and 60% have achieved viral suppression. Figure 22 shows the HIV care continuum for persons living with HIV by race/ethnicity for Long Beach in 2016. Notably, Blacks are the race/ethnicity group with the lowest percentage of those diagnosed to achieve viral suppression (55%), while the Native Hawaiian/Pacific Islander population has the highest percentage of viral suppression (70%). Those identifying as Latinx have the highest percentage of persons living with HIV who are in HIV care and who are retained in HIV care, compared to other race/ethnicity groups.

FIGURE 22. HIV CONTINUUM OF CARE BY RACE/ETHNICITY IN LONG BEACH, 2016



Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017¹⁴



Of the 297 deaths among persons living with HIV from 2013 to 2017, 91% of the deaths were male, 52% were White, 54% were over the age of 50, and 60% were of the transmission category of MSM.¹⁴

HOUSING & HOMELESSNESS

Housing is a major social determinant of health. The current geographic and racial disparities in homeownership have their roots in historical laws and policies such as redlining. Data on housing, residence, housing safety, and housing affordability can convey important information about a population and help to shape strategy and policy.

HOUSING AND RESIDENCE

The number of households and average household size for each ZIP Code in Long Beach are shown in Table 39. ZIP Code 90814 has the fewest households of any ZIP Code in Long Beach and the third smallest average household size. Conversely, ZIP Code 90810 has the second fewest households of any ZIP Code in Long Beach, but the largest average household size. ZIP Code 90805 has the most households and also the second highest average household size.

ZIP Code 90810 also has the highest percentage of households with five or more people residing in the household (35.5%), followed by ZIP Codes 90805 and 90813 (29.0% and 28.7%, respectively). ZIP Code 90803 has 2.3% of households with five or more residents, and 81.4% with one or two residents.

TABLE 39. HOUSEHOLDS AND HOUSEHOLD SIZE BY ZIP CODE

Geography	Number of Households ¹	Average Household Size ¹	Households with 1-2 People ⁶	Households with 3-4 People ⁶	Households with 5+ People ⁶
	households	persons	percent	percent	percent
90802	20,610	1.9	79.8	14.9	5.3
90803	16,785	1.9	81.4	16.3	2.3
90804	14,626	2.7	57.7	28.4	13.9
90805	26,343	3.6	36.7	34.3	29.0
90806	12,509	3.3	39.6	33.9	26.5
90807	12,589	2.6	60.7	29.1	10.1
90808	13,920	2.8	53.8	35.2	11.0
90810	9,132	4.0	31.8	32.7	35.5
90813	16,683	3.6	39.7	31.6	28.7
90814	9,042	2.1	74.6	21.2	4.2
90815	14,343	2.6	58.7	31.9	9.5
Long Beach	163,919	2.8	--	--	--
<i>American Community Survey, 2012-2016¹</i>					
<i>Claritas PopFacts, 2019⁶</i>					

HOUSING AFFORDABILITY

Residents who have difficulty paying their housing costs are less likely to have a usual source of medical care, more likely to postpone care, and are more likely to have difficulty purchasing food or prescribed medications.²³ Secondary data indicators related to housing affordability are listed in Table 40.



TABLE 40. HOUSING AFFORDABILITY INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Homeownership ¹	percent	2012-2016	37.7	43.0	49.8	--
Mortgaged Owners Median Monthly Household Costs ¹	dollars	2012-2016	2,170	2,284	2,157	--
Median Monthly Owner Costs for Households without a Mortgage ¹	dollars	2012-2016	467	533	517	--

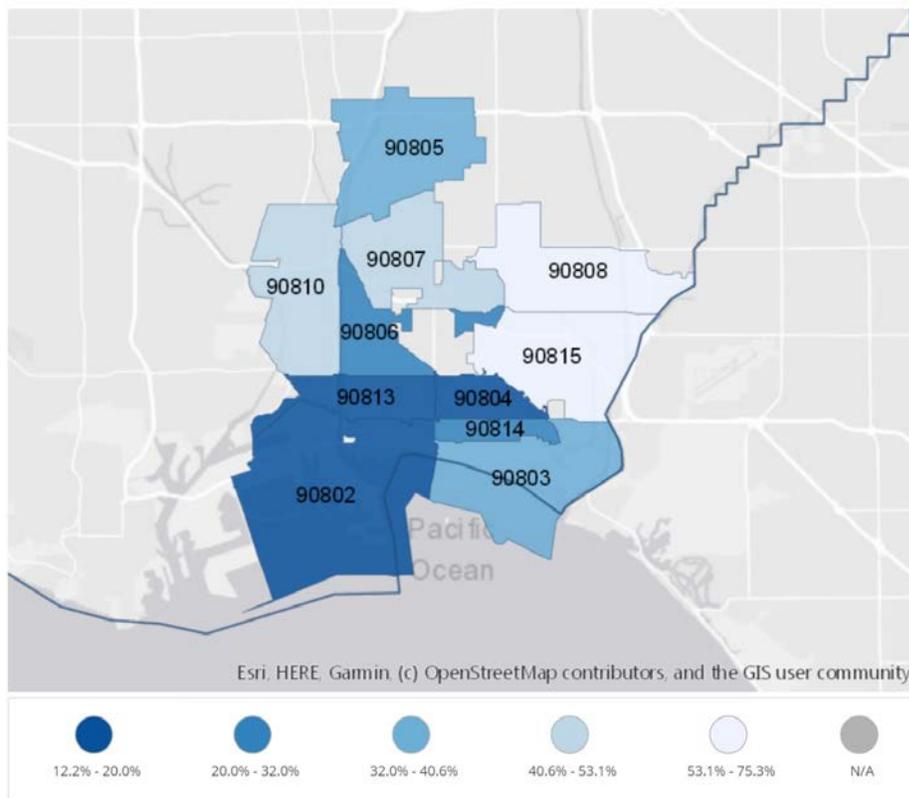
American Community Survey, 2012-2016¹

TABLE 41. TREND DATA FOR HOMEOWNERSHIP IN LONG BEACH, 2006-2016

Indicator	Units	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
Homeownership ¹	percent	38.9	38.0	37.9	38.1	37.6	37.8	37.7

American Community Survey¹

Homeownership can provide opportunities for residents to benefit from stable housing and generational wealth from financial investments for their families. ZIP Code 90808 has the highest percentage of housing units that are occupied by homeowners (homeownership) at 75.3%, while 90813 has the lowest percentage (12.2%). Compared to the homeownership rate for the city of Long Beach (37.7%), six ZIP Codes have higher percentages of homeownership.

FIGURE 23. HOMEOWNERSHIP RATE BY ZIP CODE IN LONG BEACH, 2012-2016

American Community Survey, 2012-2016¹



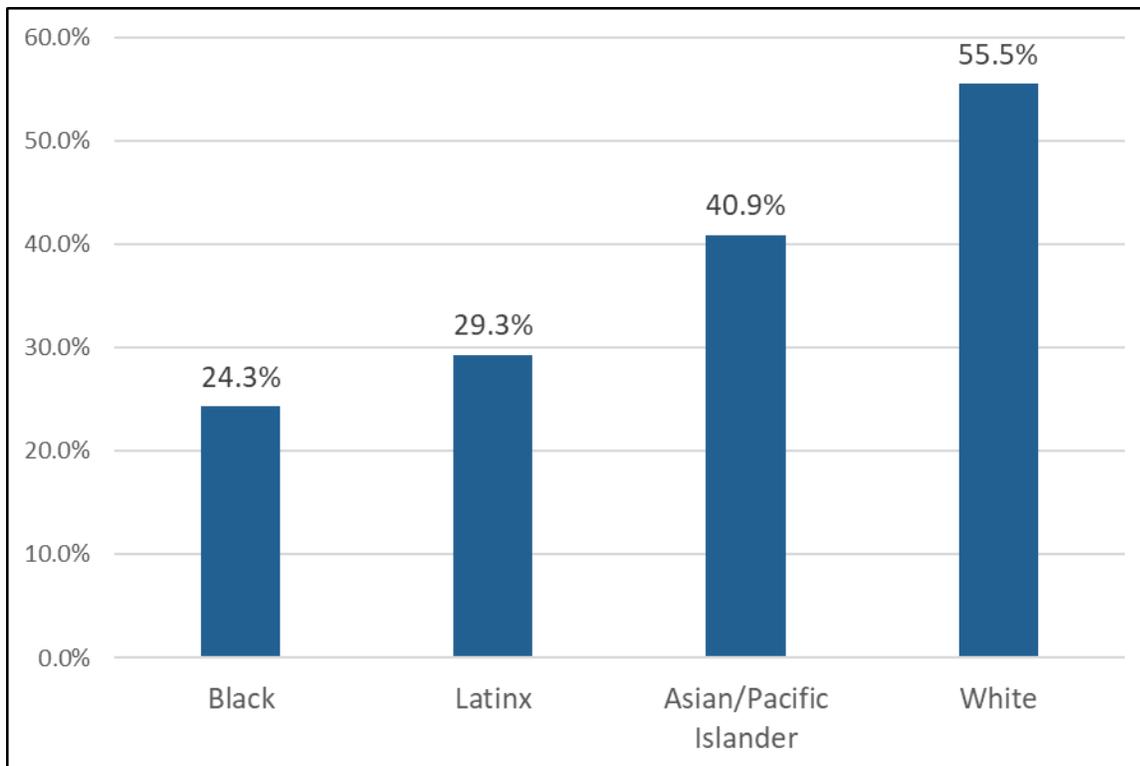
TABLE 42. HOMEOWNERSHIP RATE BY ZIP CODE, 2012-2016

Geography	Homeownership
90802	18.9%
90803	39.4%
90804	20.0%
90805	40.6%
90806	32.0%
90807	50.2%
90808	75.3%
90810	53.1%
90813	12.2%
90814	31.4%
90815	64.8%
Long Beach	37.7%

American Community Survey, 2012-2016¹

Figure 24 shows homeownership rates by race/ethnicity. Slightly over half (55.5%) of White households are owned by those who live there, while only 24.3% of Black households and 29.3% of Latinx households are owned by their residents.

FIGURE 24. HOMEOWNERSHIP BY RACE/ETHNICITY



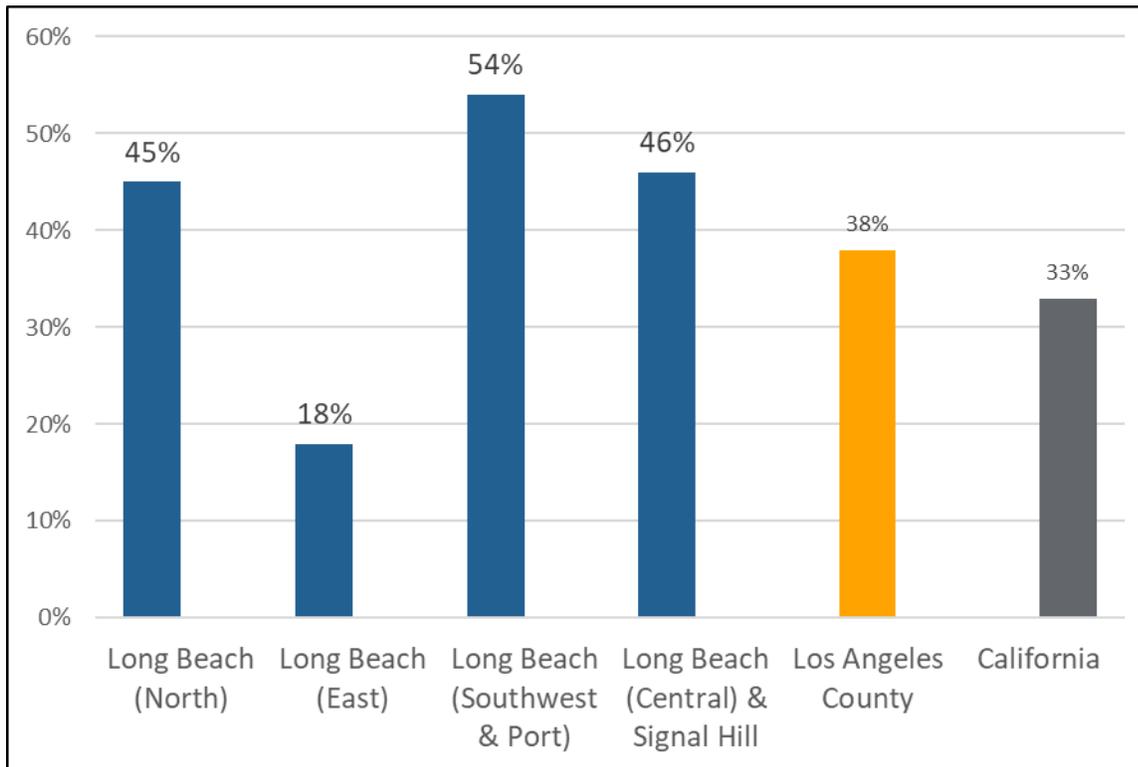
City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics²⁴

The real cost measure, unlike poverty measures which do not accurately account for local costs of living, factors in the costs of housing, food, health care, childcare, transportation, and other basic needs to determine what it really costs to live in the city, county, or state. A closer look at housing cost measures for Long Beach shows that the southwest and port regions of the city are those with the highest percentage of households below real cost measure (Figure 25). North and central Long Beach



(along with Signal Hill) both also have higher percentages of households below real cost measure than Los Angeles County (38%) and the state of California (33%).²⁶

FIGURE 25. HOUSEHOLDS BELOW REAL COST MEASURE BY LOCATION



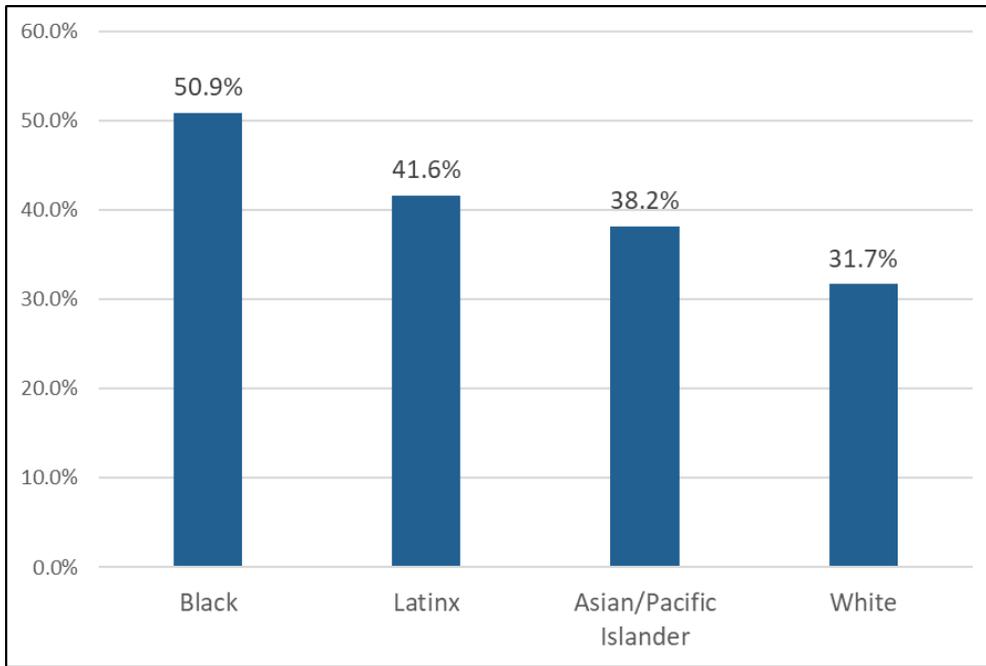
Struggling to Stay Afloat: The Real Cost Measure in California 2018²⁶

Households that are above the federal poverty level, but below the real cost measure, are often financially burdened more than those below the poverty level due to their inability to gain access to as many programs and policies that help support households officially below the poverty level.

Housing burden is defined as the percentage of income that households spend on housing costs. Over 20,000 households in Long Beach are considered to be precariously housed, having an income that is 30% or less of the area median income and/or paying 90% of their income on housing.²⁷ In Long Beach, Black households spend over half of their income on housing costs, while White households only spend 31.7% and Asian/Pacific Islander households only spend 38.2% (Figure 26).



FIGURE 26. HOUSING BURDEN FOR HOMEOWNERS BY RACE/ETHNICITY IN LONG BEACH

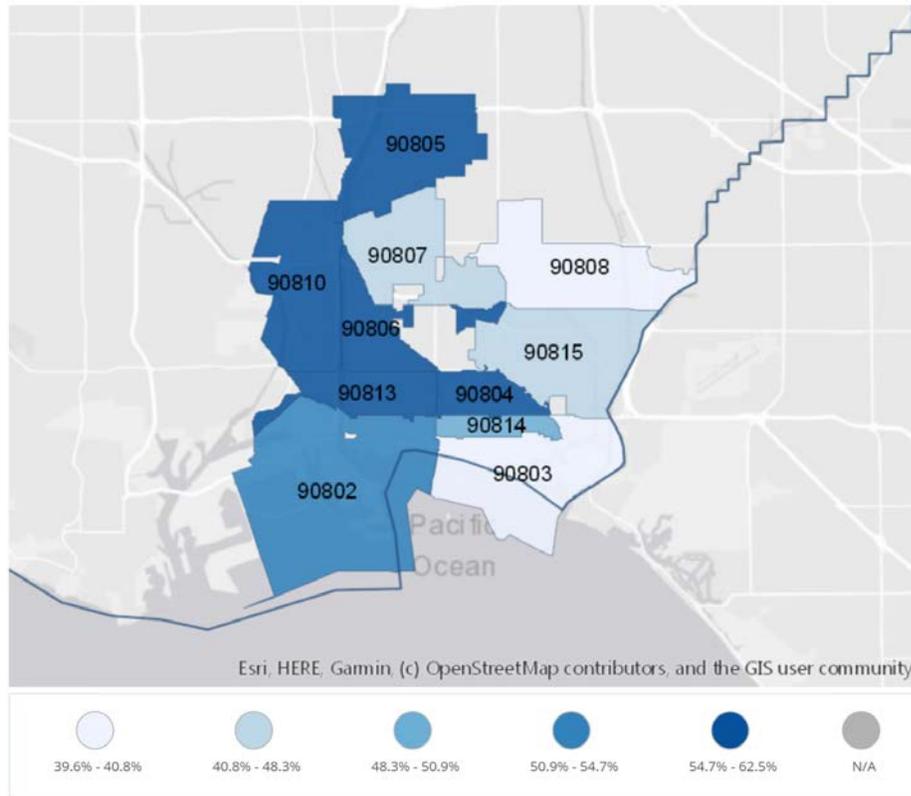


City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics²⁴



In the city of Long Beach, 54.3% of renters spend 30% or more of their household income on rent. Six ZIP codes have a higher proportion of renters above this threshold. The ZIP code with the highest percentage of renters spending 30% or more of household income on rent is 90813 at 62.5%; the ZIP code with the lowest percentage is 90808 at 39.6%.

FIGURE 27. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT, 2012-2016



American Community Survey, 2012-2016¹

TABLE 43. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT BY ZIP CODE, 2012-2016

Geography	Percent
90802	54.7%
90803	40.8%
90804	58.6%
90805	61.7%
90806	61.1%
90807	48.3%
90808	39.6%
90810	60.4%
90813	62.5%
90814	50.9%
90815	47.1%
Long Beach	54.3%

American Community Survey, 2012-2016¹



PERSONS EXPERIENCING HOMELESSNESS

Homelessness is the circumstance involving people without a permanent dwelling, such as a house or apartment. According to a publication of recommendations from the Everyone Home Long Beach Task Force, the initial cause of homelessness for 50% of people was the loss of a job or insufficient wages to cover bills. Other causes of homelessness include being evicted by a family member, abuse at home, incarceration, behavioral health and health issues, change in family status, and drug or alcohol use. Certain populations such as transitional age youth, older adults and LGBTQ individuals are extremely vulnerable to experiencing homelessness.²⁸ Moreover, many people experience homelessness for brief periods of time. Long Beach has almost double the percentage of adults who have ever been homeless than Los Angeles County as of 2015 (Table 44).

TABLE 44. PERSONS WHO HAVE EVER EXPERIENCED HOMELESSNESS INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults who have been Homeless ¹⁶	percent	2015	8.9	4.8	--	--
<i>Los Angeles County Health Survey¹⁶</i>						

Longitudinal analysis of Point-in-Time count data indicates a reduction in the total population experiencing homelessness and in the number of persons experiencing chronic homelessness from 2013 to 2019 (Table 45).

TABLE 45. PERSONS EXPERIENCING HOMELESSNESS IN LONG BEACH

	2013	2015	2017	2019
Total Homeless Population	2,847	2,345	1,863	1,894
Chronic Homeless Persons	1,061	927	686	632
Newly Homeless	--	--	43%	53%
<i>Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)²⁹</i>				

From 2015 to 2019, there was a 16% decrease in unsheltered people experiencing homelessness and a 26% decrease of sheltered people experiencing homelessness, including those in emergency shelters, transitional housing, and safe havens. There was also a decrease in people experiencing homelessness with a serious mental health illness (26%) and people experiencing homelessness with a substance abuse disorder (15%). However, there was a 26% increase from 2015 to 2019 among those with HIV/AIDS experiencing homelessness and a 28% increase of those who are victims of domestic violence.²⁹

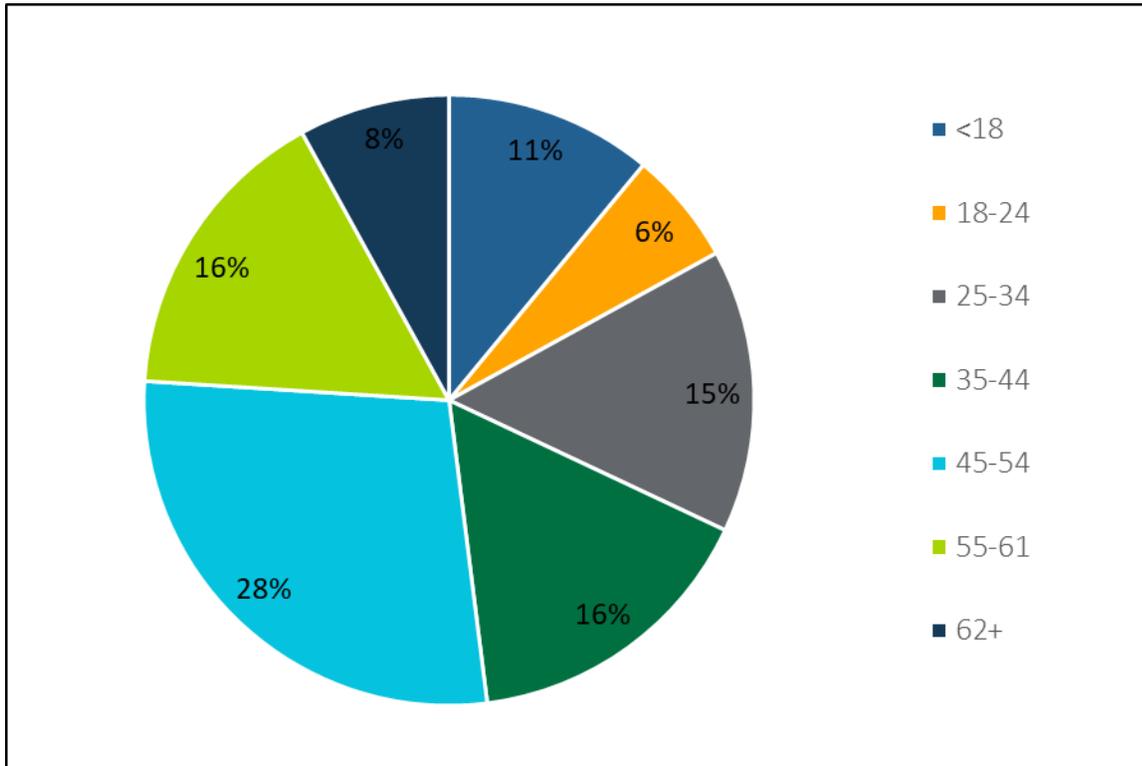
TABLE 46. CHANGE IN NUMBER OF PERSONS EXPERIENCING HOMELESSNESS IN LONG BEACH

	2015	2017	2019	2015 to 2019 Comparison
Unsheltered	1,513	1,208	1,275	-16%
Sheltered	832	655	619	-26%
Veterans Experiencing Homelessness	308	318	304	-1%
With a Serious Mental Health Illness	759	586	560	-26%
With a Substance Abuse Disorder	457	386	390	-15%
With HIV/AIDS	43	56	54	26%
Who are Victims of Domestic Violence	205	246	263	28%
<i>Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)²⁹</i>				



More than a quarter of the population experiencing homelessness in Long Beach in 2017 was between the ages of 45 and 54, while just over 10% of those experiencing homelessness were children under the age of 18 (Figure 28).

FIGURE 28. AGE OF LONG BEACH PERSONS EXPERIENCING HOMELESSNESS, 2017

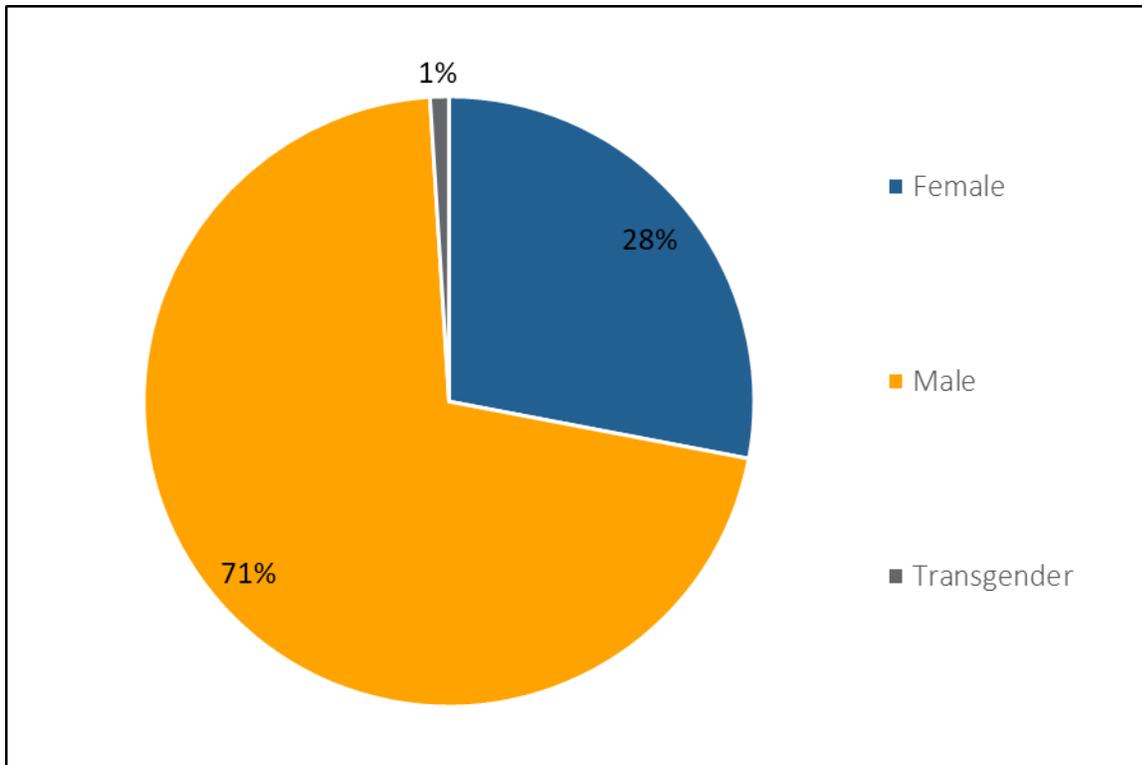


Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)²⁹

Nearly three quarters of the population experiencing homelessness in Long Beach in 2017 were male, just over one quarter were female, and one percent identified themselves as transgender (Figure 29). However, this number may not be reflective of the total number of persons experiencing homelessness who are transgender as some individuals may not feel safe or comfortable identifying themselves.



FIGURE 29. GENDER OF LONG BEACH ADULTS EXPERIENCING HOMELESSNESS, 2017

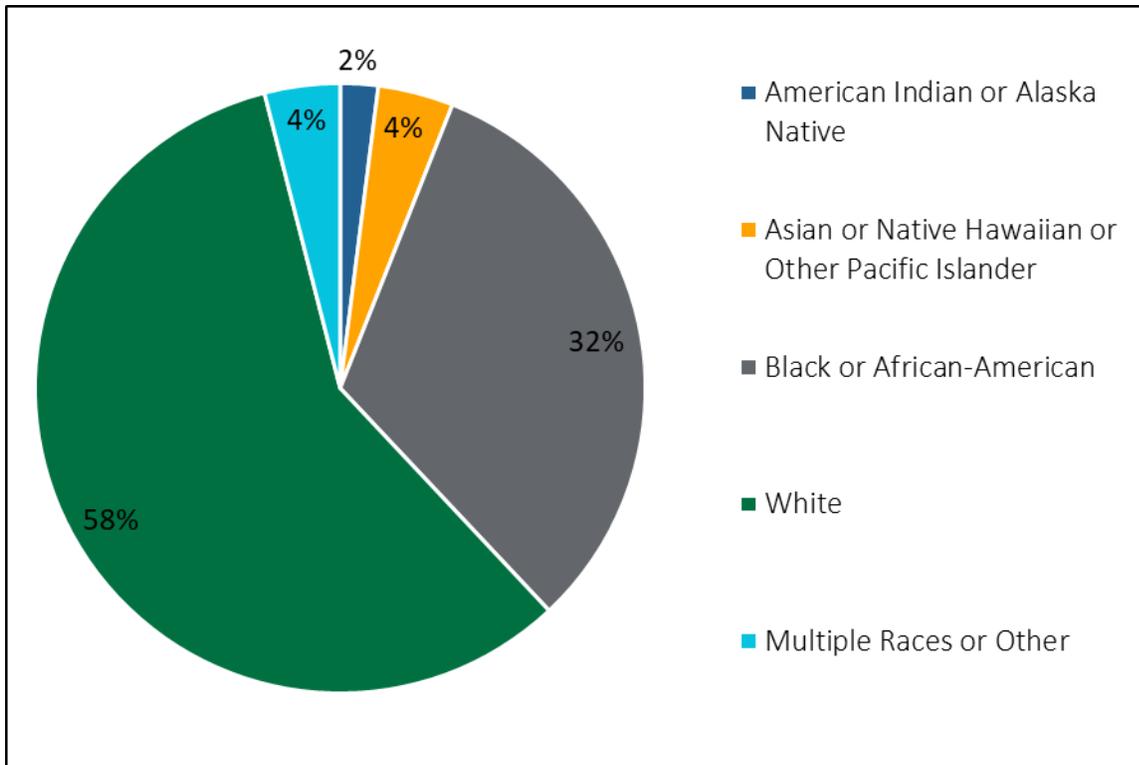


Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)²⁹

More than half (58%) of adults experiencing homelessness identified as White (regardless of ethnicity), with 32% identifying as Black (Figure 30). This is notable, because only 13% of the general population of Long Beach identified as Black. Regardless of race, 24% of the adults experiencing homelessness identified as Hispanic/Latinx ethnicity (Figure 31) compared to around 42% of the general city population.

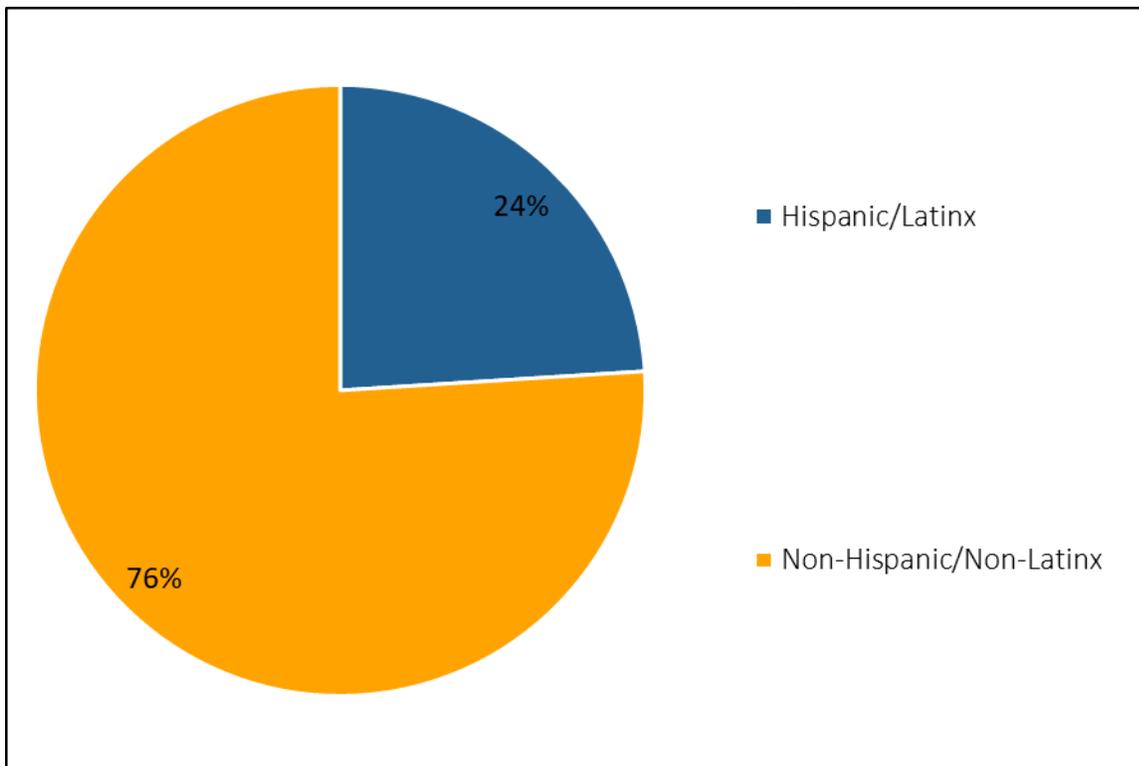


FIGURE 30. RACE OF LONG BEACH ADULTS EXPERIENCING HOMELESSNESS, 2017



Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)²⁹

FIGURE 31. ETHNICITY OF LONG BEACH ADULTS EXPERIENCING HOMELESSNESS, 2017



Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX)²⁹



MENTAL HEALTH

Mental health is a state of psychological well-being, at which someone is operating on a range of possible emotional or behavioral levels. Mental health influences how someone handles stress, makes healthy choices, and relates to others.¹⁵

DEPRESSION AND DISTRESS

Depression is a mental disorder that is characterized by at least two weeks of low mood that persists across most situations. Symptoms include low self-esteem, lack of interest, and low energy. The percentages of adults ever diagnosed with depression and adults who are at risk for major depression in Long Beach are both higher than the Los Angeles County values (Table 47). Additionally, the percentage of adults in Long Beach who have likely had serious psychological distress in the last year is greater than the California percentage. Psychological distress is defined based on the Kessler 6 Scale (K6), which was developed with support from the National Center for Health Statistics, and measures nonspecific psychological distress including symptoms of anxiety, restlessness, and depression.

TABLE 47. DEPRESSION AND DISTRESS INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults Ever Diagnosed with Depression ¹⁶	percent	2015	16.0	13.0	--	--
Adults with Likely Psychological Distress ¹⁷	percent	2013-2014	10.3	--	8.0	--
Poor Mental Health Days: 14+ Days ¹⁸	percent	2015	13.1	--	--	--
Adults who are at Risk for Major Depression ¹⁶	percent	2015	11.6	11.8	--	--
Age-Adjusted Hospitalization Rate due to Mental Health ¹⁹	hospitalizations/ 10,000 population 18+	2013-2015	116.4	68.8	55.9	--
Age-Adjusted ER Rate due to Mental Health ¹⁹	ER visits/ 10,000 population 18+	2013-2015	94.3	86.9	90.1	--
<i>Los Angeles County Health Survey¹⁶ California Health Interview Survey, Neighborhood Edition¹⁷ Centers for Disease Control and Prevention, 500 Cities Project¹⁸ California Office of Statewide Health Planning and Development¹⁹</i>						

In 2013-2014, every ZIP Code in Long Beach had a rate of likely psychological distress among adults greater than the California state value of 8.0%. ZIP Codes 90813, 90804, 90814, and 90810 are the areas of the city with higher values than the city average (Table 48).

Hospitalization rates are measured by the number of visits per every 10,000 people in the population or given sub-population group. The five ZIP Codes in Long Beach with the highest hospitalization and emergency room visit rates due to mental health issues are: 90802, 90804, 90805, 90806, and 90813 (Table 48). The ER visit rates due to mental health emergencies in these five ZIP Codes are much higher than the rest of Long Beach.



TABLE 48. DEPRESSION AND DISTRESS INDICATORS BY ZIP CODE

Geography	Adults with Likely Psychological Distress ¹⁷	Age-Adjusted Hospitalization Rate due to Mental Health ¹⁹	Age-Adjusted ER Rate due to Mental Health ¹⁹
	percent	hospitalizations/ 10,000 population 18+	ER visits/ 10,000 population 18+
	2013-2014	2013-2015	2013-2015
90802	9.7	198.4	131.7
90803	9.2	49.6	49
90804	11.9	124.6	110.5
90805	10.3	114.1	102.4
90806	10.3	163.4	116.7
90807	8.8	109.3	64.3
90808	9.3	51.0	53.4
90810	10.6	68.0	76.8
90813	12.4	222.9	171.1
90814	10.7	67.0	60.6
90815	9.8	58.9	47.1
Long Beach	10.3	116.4	94.3
<i>California Health Interview Survey, Neighborhood Edition¹⁷</i>			
<i>California Office of Statewide Health Planning and Development¹⁹</i>			

The following ZIP Codes had increases in hospitalization rates due to mental health from 2010-2012 to 2013-2015: 90802, 90805, 90806, 90807, 90813, 90814, and 90815 (Table 49). These ZIP Codes with worsening trends are scattered throughout Long Beach, including areas in the eastern part of the city. From 2011-2013 to 2013-2015, the rate of hospitalizations due to mental health issues has increased more rapidly in Long Beach compared to the increase in rates for Los Angeles County and California over the same time period.

TABLE 49. AGE-ADJUSTED HOSPITALIZATION RATE DUE TO MENTAL HEALTH PER 10,000 POPULATION 18+

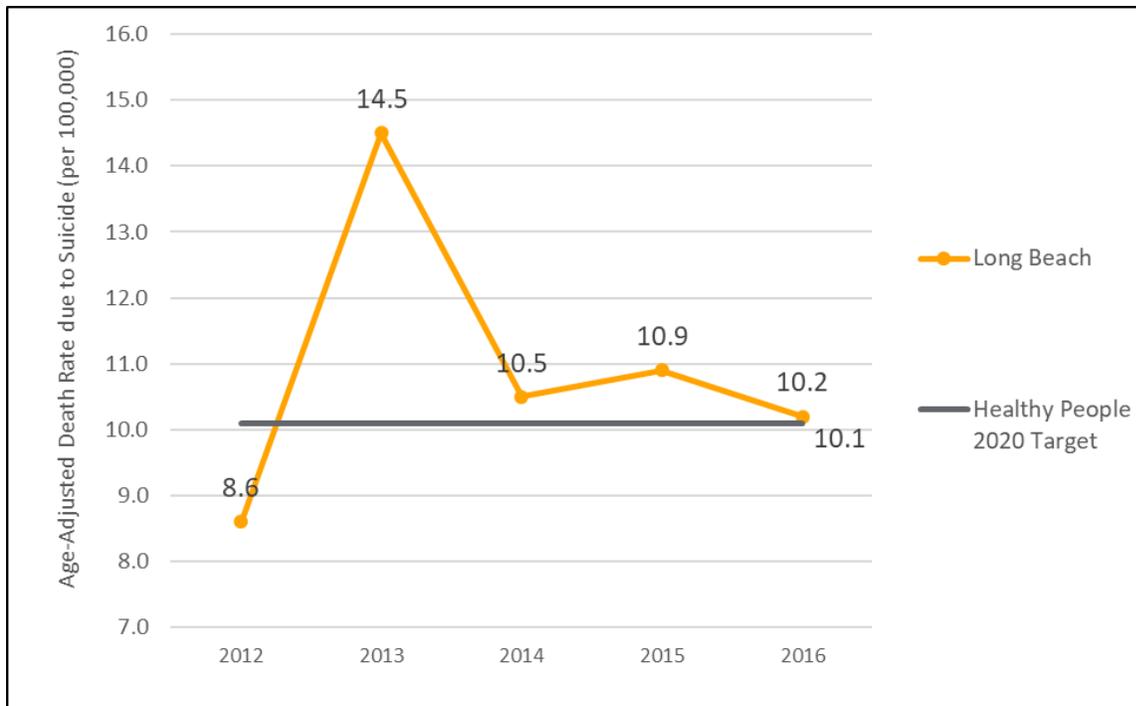
Geography	2010-2012	2011-2013	2012-2014	2013-2015
90802	160.1	162.5	178.3	198.4
90803	58.7	54.0	51.1	49.6
90804	123.7	122.6	120.1	124.6
90805	82.0	80.4	97.8	114.1
90806	144.9	138.7	141.4	163.4
90807	84.0	85.2	101.2	109.3
90808	52.6	49.3	47.2	51.0
90810	64.8	63.8	68.6	68.0
90813	168.9	182	205.5	222.9
90814	59.3	61.1	64.1	67.0
90815	51.6	51.4	52.3	58.9
Long Beach	97.4	97.3	105.6	116.4
Los Angeles County	60.5	60.6	65.6	68.8
California	52.4	52.0	54.2	55.9
<i>California Office of Statewide Health Planning and Development¹⁹</i>				



SUICIDE

Risk factors for suicide are complex and may include (but are not limited to) having a history of mental disorders, previous suicide attempts or family history of suicide, alcohol and substance abuse, and loss or other stressful life events.²⁰ The Healthy People 2020 goal for age-adjusted death rate due to suicide is 10.2 occurrences per 100,000 people. The age-adjusted suicide rate for Long Beach exceeded this threshold in 2013 (14.5), 2014 (10.5), and 2015 (10.9). However, in 2016, the death rate dropped below the goal to 10.1 deaths per 100,000 population, showing an overall decline in suicides within Long Beach since 2013 (Figure 32). For the three-year suicide rate (2014-2016), the city of Long Beach had a value of 10.5 deaths per 100,000 population, higher than the Los Angeles County value of 7.8 deaths and slightly higher than the California value of 10.4 deaths.²¹

FIGURE 32. AGE-ADJUSTED DEATH RATE DUE TO SUICIDE IN LONG BEACH



California Department of Public Health, VRBIS Death Statistical Master File 2012-2016²²

Males are nearly four times more likely than females to commit suicide in Long Beach (15.5 deaths per 100,000 population versus 4.2 deaths per 100,000 population in 2016). Males have a much higher rate of suicide by firearms than females, while females have higher rates of suicide by falls, poisoning, and suffocation. This gender pattern of suicide is similar to those on the national level.²²

Suicide rates are higher for some other sub-populations as well. The highest suicide rate by age in 2016 was in the 55+ age group (17.3 deaths per 100,000 population) and the highest rate by race/ethnicity in 2016 was among the White population (20.0 deaths per 100,000 population).²²

Geographically, ZIP Code 90802 had the highest rate of death due to suicide in 2016 with 22.6 deaths per 100,000. ZIP Code 90802 had the second highest rate of hospitalizations due to suicide and intentional self-inflicted injury for the 2013-2015 time period, following only ZIP Code 90813, which had a rate of 49.7 hospitalizations per 10,000 adult population. These values are compared to the Long Beach value of 24.0 hospitalizations per 10,000 adult population and the Los Angeles County and California values of 17.7 and 11.1, respectively. Emergency room visit rates due to suicide and intentional self-inflicted injury follow a same geographical pattern, with the highest rates in ZIP Codes



90813 and 90802. ZIP Code 90806 and 90805 also have higher rates of ER visits than the Long Beach value of 21.0 visits per 10,000 adults.

TABLE 50. SUICIDE INDICATORS BY ZIP CODE

Geography	Age-Adjusted Death Rate due to Suicide ²²	Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-Inflicted Injury ¹⁹	Age-Adjusted ER Rate due to Suicide and Intentional Self-Inflicted Injury ¹⁹
	deaths/ 100,000 population	hospitalizations/ 10,000 population 18+	ER visits/ 10,000 population 18+
	2016	2013-2015	2013-2015
90802	22.6	39.9	35.7
90803	--	11.8	13.5
90804	12.3	22.2	17.8
90805	5.2	21.9	21.2
90806	--	34.1	22.0
90807	18.1	21.2	15.2
90808	15.5	12.1	14.4
90810	--	17.3	12.5
90813	--	49.7	43.1
90814	--	15.9	10.7
90815	17.6	10.4	11.0
Long Beach	10.1	24.0	21.0

*California Office of Statewide Health Planning and Development¹⁹
California Department of Public Health, VRBIS Death Statistical Master File 2012-2016²²*

PUBLIC SAFETY

Public Safety measures are defined as those that relate to ensuring a safe learning, working, and living environment, as well as preventing injury, crime, violence and emergencies.

CRIME

The violent crime rate in Long Beach increased each year from 2014 to 2017 and then decreased in 2018. The rate rose from around 482 to 661 violent crimes per 100,000 population; the violent crime rate then decreased to about 553 violent crimes per 100,000 population (Table 52). 6.8% of adults in Long Beach have ever experienced physical violence by an intimate partner, which includes hitting, slapping, pushing, and kicking, as compared to 9.1% for Los Angeles County (Table 51). In 2015, 92.6% of adults in Long Beach reported that they perceived their neighborhood to be safe from crime, which is higher than the 2011 reported value of 76% and the 84% of Los Angeles County adults who reported such in 2015.

TABLE 51. CRIME INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Violent Crime Rate ³⁰	crimes/ 100,000 population	2018	553.54	--	--	--
Adults who have been Victims of Physical Domestic Violence ¹⁶	percent	2015	6.8	9.1	--	--
Adults who Perceive Neighborhood to be Safe from Crime ¹⁶	percent	2015	92.6	84.0	--	--

*Official Long Beach Police Department 3010 Reported Crime Statistics³⁰
Los Angeles County Health Survey¹⁶*



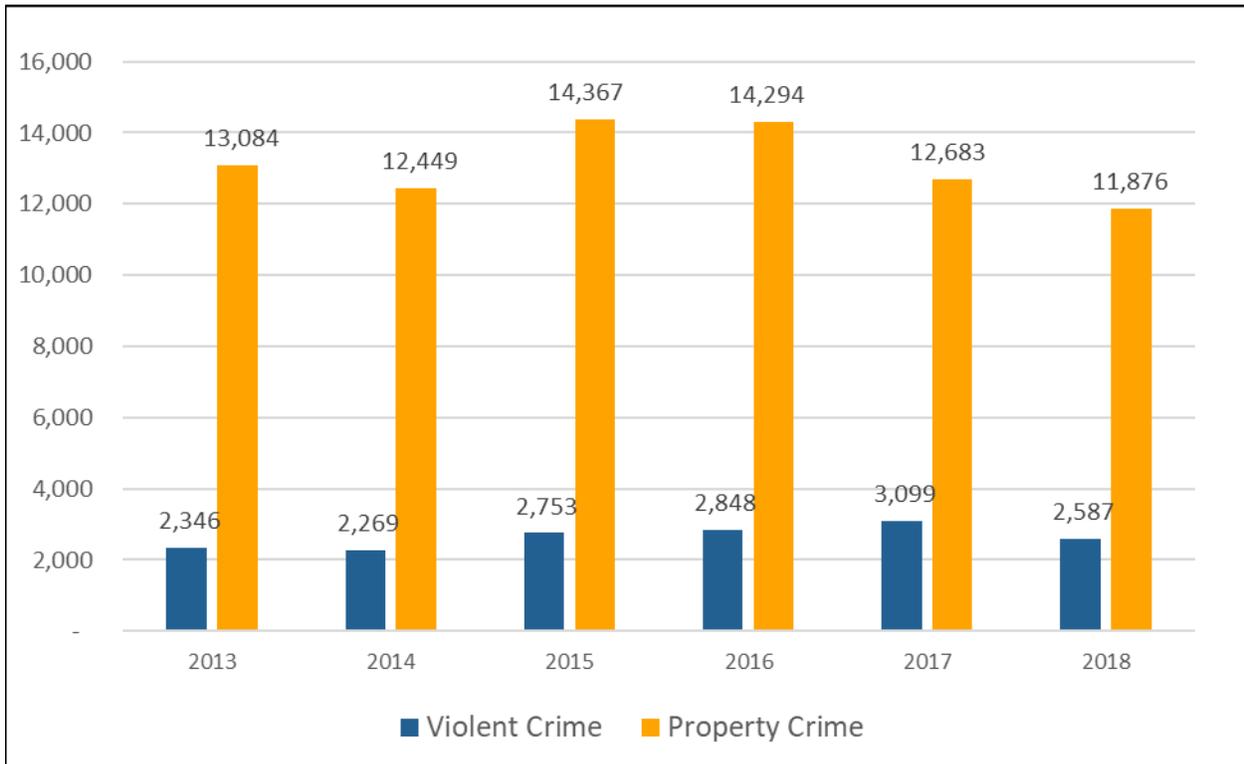
TABLE 52. TREND DATA FOR VIOLENT CRIME RATES IN LONG BEACH, 2010-2018

Indicator	Units	2010	2011	2012	2013	2014	2015	2016	2017	2018
Violent Crime Rate ³⁰	crimes/100,000 population	591.08	613.91	578.08	499.90	482.03	583.30	604.86	661.20	553.54

Official Long Beach Police Department 3010 Reported Crime Statistics³⁰

The overall crime rate for Long Beach in 2018 was 2.9% lower than the annual average for 2013 to 2017. The 2018 value of 11,876 crimes is 11.2% less than the 2013-2017 average of 13,375.4 crimes per year (Figure 33). Specifically, property crimes, such as burglary, grand theft, petty theft, grand theft auto, and arson, have significantly decreased over time.

FIGURE 33. CRIMES IN LONG BEACH, 2013-2018



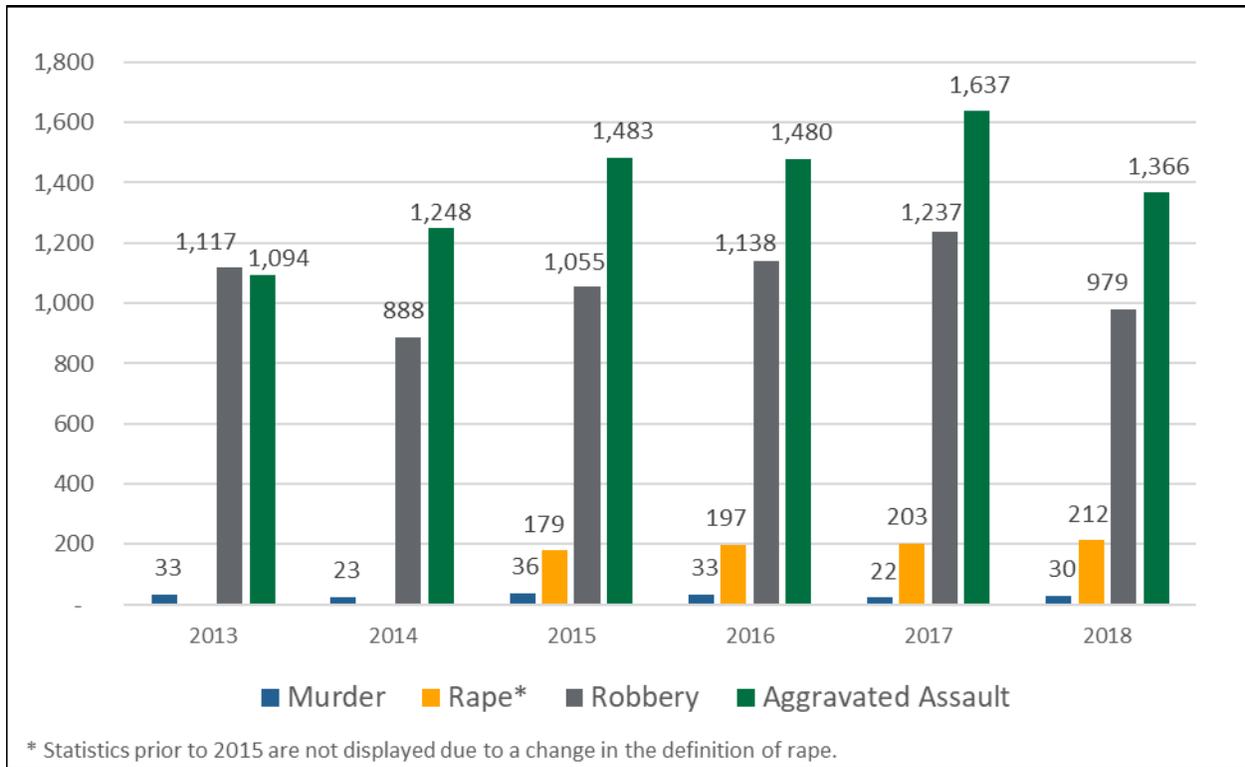
Official Long Beach Police Department 3010 Reported Crime Statistics³⁰

Violent Crimes

Specifically focusing on types of violent crimes, the numbers of cases of rape and aggravated assault have risen in Long Beach over time from 2013 to 2018, while the number of cases of murder and robbery slightly decreased over that same time period. Robbery and aggravated assault cases both peaked in 2017 and then decreased in 2018 (Figure 34).



FIGURE 34. VIOLENT CRIMES BY TYPE IN LONG BEACH, 2013-2018

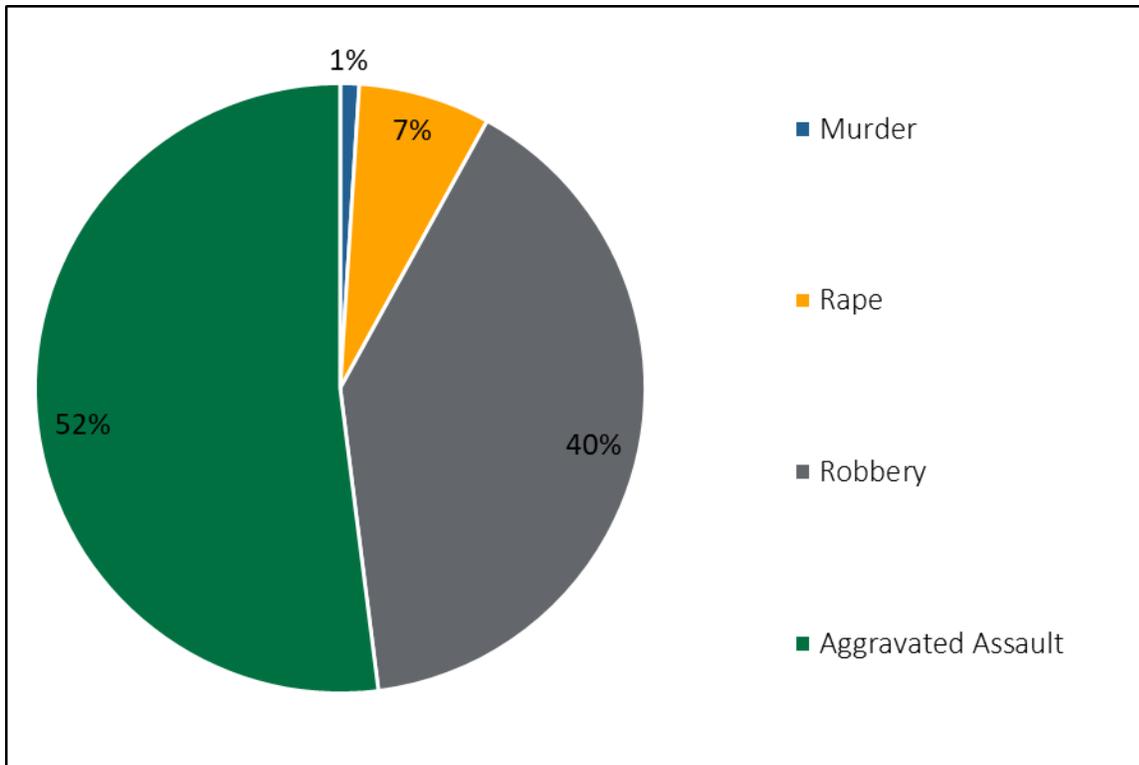


Official Long Beach Police Department 3010 Reported Crime Statistics³⁰

Additionally, the 2013 – 2018 averages for each type of violent crime shows that over half (52%) of all violent crimes are aggravated assault, which when combined with robberies make up 92% of all violent crimes (Figure 35).



FIGURE 35. PERCENTAGE OF VIOLENT CRIMES BY TYPE IN LONG BEACH, 2013-2018



Official Long Beach Police Department 3010 Reported Crime Statistics³⁰

Homicide Deaths

Males were victims in the vast majority of homicides in Long Beach from 2010 to 2015. Over 85% of those who were victims of homicide in Long Beach were male (Table 53).

TABLE 53. HOMICIDE DEATHS BY GENDER, 2010-2015

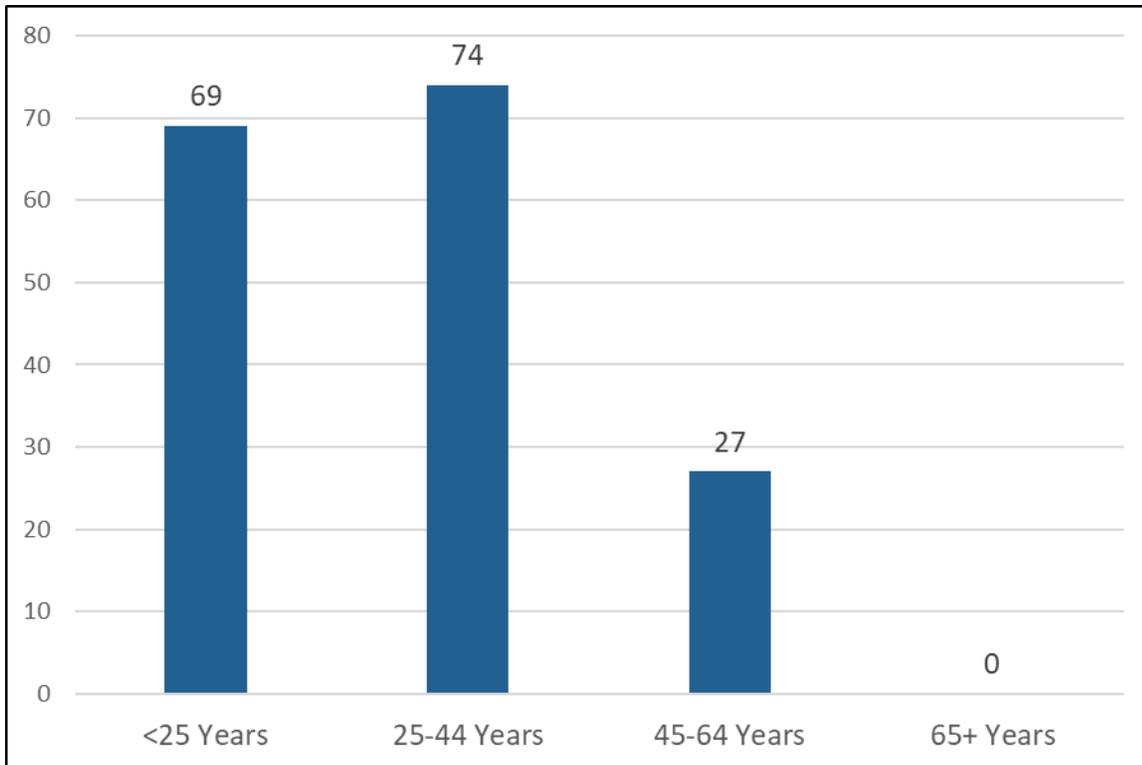
	Number	Percentage
Male	145	85.3
Female	25	14.7
Total	170	100.0

Los Angeles County Violent Death Reporting System, 2010-2015. LAC-VDRS local data providers are: Los Angeles County Medical-Examiner Coroner, Long Beach Police Department, Los Angeles Sheriff's Department, and Los Angeles Police Department.³¹

More than 40% of homicide deaths in Long Beach from 2010 to 2015 involved victims younger than 25 years of age. No homicide victims were 65 years of age or older in Long Beach during that time period (Figure 36).



FIGURE 36. NUMBER OF HOMICIDE DEATHS BY AGE IN LONG BEACH, 2010-2015

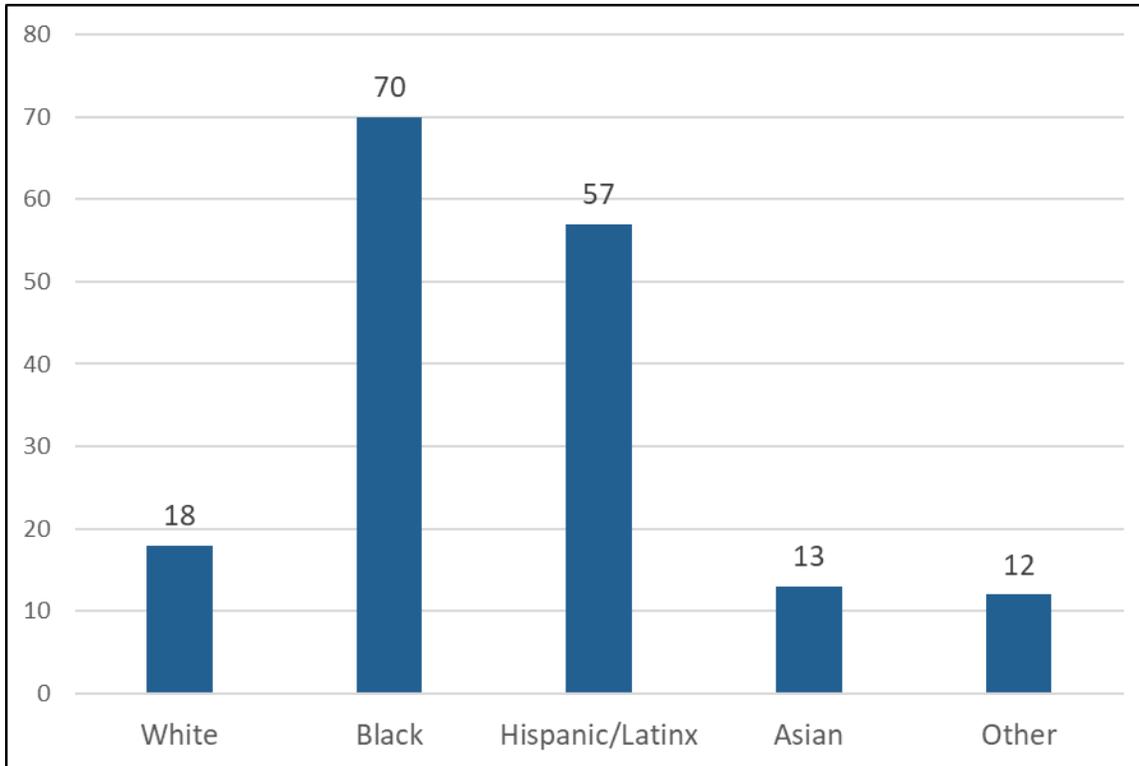


Los Angeles County Violent Death Reporting System, 2010-2015. LAC-VDRS local data providers are: Los Angeles County Medical-Examiner Coroner, Long Beach Police Department, Los Angeles Sheriff's Department, and Los Angeles Police Department.³¹



There are wide disparities in Long Beach for homicide by race and ethnicity. Nearly three quarters (74.7%) of homicide deaths in Long Beach were among the Black or Hispanic/Latinx populations, and 10.6% among the White population. The greatest number of homicide victims during this time period were Black (70 total homicide deaths) (Figure 37).

FIGURE 37. NUMBER OF HOMICIDE AND SUICIDE DEATHS BY RACE/ETHNICITY IN LONG BEACH, 2010-2015

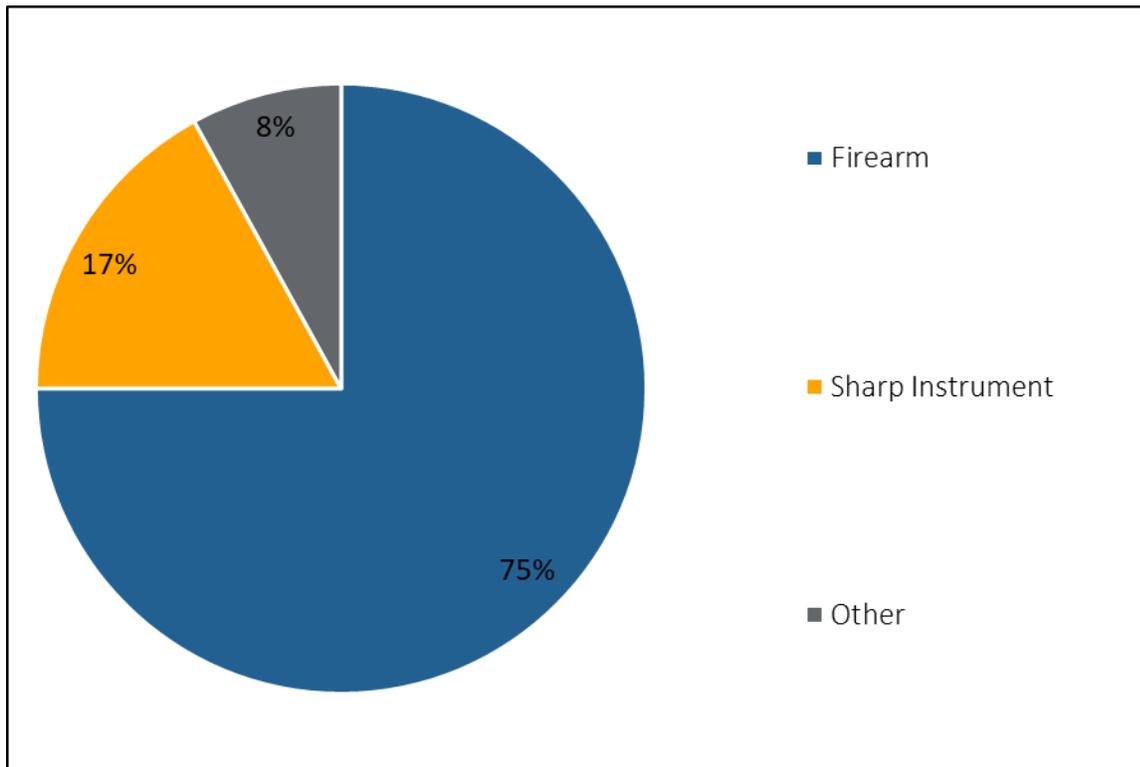


Los Angeles County Violent Death Reporting System, 2010-2015. LAC-VDRS local data providers are: Los Angeles County Medical-Examiner Coroner, Long Beach Police Department, Los Angeles Sheriff's Department, and Los Angeles Police Department.³¹



Figure 38 shows the percent of homicides in Long Beach from 2010 to 2015 by weapon type. Three quarters of homicides were committed using a firearm and 17% using a sharp instrument.

FIGURE 38. HOMICIDES BY WEAPON TYPE IN LONG BEACH, 2010-2015



Los Angeles County Violent Death Reporting System, 2010-2015. LAC-VDRS local data providers are: Los Angeles County Medical-Examiner Coroner, Long Beach Police Department, Los Angeles Sheriff's Department, and Los Angeles Police Department.³¹

TRAFFIC SAFETY

Traffic issues are core components of public safety. This includes instances of traffic collisions, as well as walker, biker, and rider safety.

Traffic collisions in Long Beach from July to September 2018, by injuries and fatalities, are shown in Table 54. During this time, five people were killed from traffic collisions, including two bicyclists. Of the 346 injured in all traffic collisions during this time period, nearly 14% were pedestrians and almost 10% were bicyclists. The remaining injuries were to those operating or riding in the motor vehicles involved. 2.3% of all traffic collisions injuries were under 18 years of age, and 1.7% of injured persons were over 65.

TABLE 54. TRAFFIC COLLISION-RELATED INJURIES AND FATALITIES IN LONG BEACH, JULY TO SEPTEMBER 2018

	Number of Total Cases				
	Total Persons	Pedestrians	Bicyclists	Pedestrians/ Bicyclists Under 18 Years of Age	Pedestrians/ Bicyclists Over 65 Years of Age
Injured	346	48	32	8	6
Killed	5	0	2	0	0

City of Long Beach, 2018 Rider Demographics³²



Scooter and Bicycle Usage

In 2018, three distinct Point-in-Time checks in the city counted an average of 3,172 pedestrians and 1,101 bicyclists. A Point-in-Time count is an unduplicated count of a group or object over a given period of time. Of the 486 scooters tracked in Long Beach in 2018, nearly three quarters (73.9%) of riders were male. Of the 3,182 bicycles tracked in the city, just over 80% of cyclists were male. Eighty four percent of scooter riders tracked were not wearing a helmet, while over half (55%) of cyclists were also observed to not be wearing a helmet. Over a quarter (26%) of scooter riders were riding on the sidewalk, while 8% of cyclists were riding the wrong way on the street.

TABLE 55. CHARACTERISTICS OF SCOOTER RIDERS AND CYCLISTS IN LONG BEACH, 2018 POINT-IN-TIME

	Number Riders		Percentage of Riders			
	Male	Female	No Helmet	Riding on Sidewalk	Riding Wrong Way	Under 18 Years of Age
Scooter Riders	359	127	84%	26%	6%	5%
Cyclists	2,571	611	55%	14%	8%	4%
<i>City of Long Beach, 2018 Rider Demographics³²</i>						



OTHER IDENTIFIED HEALTH NEEDS

ACCESS TO HEALTH SERVICES

Access to Health Services refers to the ease by which an individual can obtain needed medical services, and may be influenced by economic conditions, supply, location, cost of services, immigration and other structural and social factors.

HEALTH INSURANCE AND ROUTINE SERVICES

In Long Beach, 80.5% of adults, 96.4% of children, and 98.6% of older adults over 65 years of age have health insurance. These values fall short of the Healthy People 2020 goal of 100% health insurance coverage for all persons. For adults and children, the insurance coverage rates for Long Beach are also less than the California values. Nearly one third of Long Beach residents (32.1%) are covered through public health insurance which is similar to the Los Angeles County rate.

64.3% of adults reported having visited a doctor for a routine checkup within the past year in 2015. This percentage decreased from 65.5% of individuals who reported a routine checkup in 2014.

TABLE 56. ROUTINE CARE INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults with Health Insurance ¹	percent	2012-2016	80.5	78.2	82.4	100
Children with Health Insurance ¹	percent	2016	96.4	96.3	97.1	100
Adults 65+ without Health Insurance ¹	percent	2012-2016	1.4	2.0	1.4	--
Persons with Public Health Insurance Only ¹	percent	2017	32.1	32.3	29.3	--
Adults who have had a Routine Checkup: Past Year ¹⁸	percent	2015	64.3	--	--	--
<i>American Community Survey¹</i>						
<i>Centers for Disease Control and Prevention, 500 Cities Project¹⁸</i>						

TABLE 57. TREND DATA FOR ADULTS WITH HEALTH INSURANCE IN LONG BEACH, 2008-2016

Indicator	Units	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
Adults with Health Insurance ¹	percent	73.8	73.3	73.8	77.3	80.5
<i>American Community Survey¹</i>						



DIFFICULTY OBTAINING CARE

Utilizing appropriate clinical and preventive services in a timely fashion can have important implications on the progression and treatment of many diseases. Individuals who receive services in a timely manner have greater opportunity to prevent disease or detect disease during earlier, treatable stages. A delay of necessary care can lead to an increased risk of complications. In Long Beach, 24.4% of adults reported having delayed or having difficulty obtaining care they felt they needed, and 10.6% of children and teens under 18 years of age reported the same. These values are both higher than the Los Angeles County and California values. Only 9.7% of children did not receive dental care due to the cost in Long Beach in 2015, which was less than the value for Los Angeles County.

TABLE 58. DIFFICULTY OBTAINING MEDICAL AND DENTAL CARE INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults Delayed or had Difficulty Obtaining Medical Care ¹⁷	percent	2013-2014	24.4	21.1	21.2	--
Children and Teens Delayed or had Difficulty Obtaining Medical Care ¹⁷	percent	2013-2014	10.6	8.9	9.1	--
Children who did not Receive Dental Care due to Cost ¹⁶	percent	2015	9.7	11.5	--	--
<i>California Health Interview Survey, Neighborhood Edition¹⁷</i>						
<i>Los Angeles County Health Survey¹⁶</i>						

Higher percentages of children and teens under 18 who reported having delayed or had difficulty obtaining medical care they felt they needed were found in ZIP Codes 90803, 90813, 90804, 90814, and 90806 compared to citywide. ZIP Code 90814 had the highest percentage of adults who reported having delayed or had difficulty obtaining care (28.6%).

TABLE 59. DIFFICULTY OBTAINING MEDICAL CARE INDICATORS BY ZIP CODE

Geography	Adults Delayed or had Difficulty Obtaining Care ¹⁷	Children and Teens Delayed or had Difficulty Obtaining Care ¹⁷
	percent 2013-2014	percent 2013-2014
90802	25.7	9.3
90803	24.9	13.7
90804	26.5	10.8
90805	20.7	10.6
90806	23.4	10.7
90807	25.5	9.5
90808	26.7	10.3
90810	21.0	9.4
90813	24.6	11.3
90814	28.6	10.8
90815	27.0	10.3
Long Beach	24.4	10.6
<i>California Health Interview Survey, Neighborhood Edition, 2013-2014¹⁷</i>		

CANCER

Cancer was the second leading cause of death in the United States in 2016. Nearly 10% of adults have ever been diagnosed with cancer.³⁹ Screening tests may help to identify cancer early when treatment is most likely to be successful. The risk for some cancers can be reduced with vaccination, and the risk for many cancers can be reduced through healthy behaviors such as physical activity, nutrition, abstaining



from alcohol use, skin protection, and avoiding exposure to cancer causing chemicals and agents, such as asbestos and some pesticides.⁴⁰

The percentage of adults in Long Beach who have ever been told by a health professional that they have cancer (other than skin cancer) is lower than the national value of 6.6% (Table 60). However, the value for the city increased from 4.9% in 2014 to 5.1% in 2015.

TABLE 60. ADULTS WITH CANCER

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults with Cancer ¹⁸	percent	2015	5.1	--	--	--
<i>Centers for Disease Control and Prevention, 500 Cities Project¹⁸</i>						

Mortality rates for specific types of cancer from the National Cancer Institute are available only at the county level and are not available for smaller geographies such as city or ZIP code. For Los Angeles County, cancer mortality rates are slightly lower, overall, than state rates. In Los Angeles County the rates of death from female breast cancer (20.5 per 100,000 women), colorectal cancer (13.8 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), Non-Hodgkin Lymphoma (5.5 per 100,000 persons), stomach cancer (5.2 per 100,000 persons), and uterine cancers (4.8 per 100,000 women), exceed the state death rates for these cancers.

TABLE 61. CANCER MORTALITY RATES, AGE-ADJUSTED, PER 100,00 PERSONS

	Los Angeles County	California
Cancer all sites	142.1	146.6
Lung and bronchus	28.4	32.0
Breast (female)	20.5	20.1
Prostate (males)	19.1	19.6
Colon and rectum	13.8	13.2
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.6
Ovary (females)	7.0	7.1
Leukemia	6.1	6.3
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine (females)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5
<i>The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015.⁴¹</i>		

CANCER SCREENING

For three types of cancer screening, colon cancer screening, mammograms, and pap tests, a lower percentage of the Long Beach population has had these screenings compared to the California state averages (Table 62). The percentage of those aged 50 to 75 in Long Beach who have been screened for colon cancer is nearly 14 percentage points less than the state of California.



TABLE 62. CANCER SCREENING INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Colon Cancer Screening: 50-75 Sigmoidoscopy Past 5 Years and FOBT Past 3 Years, Colonoscopy Past 10 Years, or FOBT Past Year ¹⁸	percent	2014	57.5	--	71.4 (2016) ⁴²	--
Mammogram: 50-74 Past 2 Years ¹⁸	percent	2014	77.8	--	82.4 (2016) ⁴²	81.1
Pap Test: Past 3 Years 21-65 ¹⁸	percent	2014	79.1	--	81.6 (2016) ⁴²	--
<i>Centers for Disease Control and Prevention, 500 Cities Project¹⁸</i>						
<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System⁴²</i>						

CANCER DEATHS

According to an analysis conducted by the Long Beach Department of Health and Human Services, there were 3,320 deaths due to cancer in Long Beach from 2013 to 2017. For males and females, lung, trachea, and bronchus cancer was the leading cause of cancer death with 344 and 312 deaths among males and females, respectively. Colon cancer and pancreatic cancer were within the top 5 leading cancer causes of death for both males and females. For females, breast cancer was the second leading cause of death due to cancer with 256 deaths, and for males, prostate cancer was the second leading cause with 212 deaths (Table 63).

TABLE 63. LEADING CAUSES OF DEATH DUE TO CANCER IN LONG BEACH

Ranking	Females	Number of Deaths	Males	Number of Deaths
1	Lung, trachea, bronchus	312	Lung, trachea, bronchus	344
2	Breast	256	Prostate	212
3	Colon	126	Liver	141
4	Pancreas	109	Colon	128
5	Other and unspecified sites	90	Pancreas	113
6	Ovary	81	Other and unspecified sites	109
7	Corpus uteri and uterus	69	Esophagus	70
8	Liver	65	Brain	63
9	Cervix uteri	47	Bladder	59
10	Brain	47	Kidney and renal pelvis	52
<i>Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰</i>				

ECONOMIC INSECURITY

Economic insecurity describes the risk of economic loss faced by workers and households, as they encounter the unpredictable events of life. Economic security, or the ability to cover basic expenses and plan for the future, is a social determinant of health.

ECONOMIC INSECURITY FOR CHILDREN AND OLDER ADULTS

Children and adolescents are especially vulnerable to economic insecurity, with poverty affecting children’s nutritional intake, access to healthcare, and ability to learn and advance in school. The percentage of children living below the poverty level in Long Beach is 28.8%, which is greater than both the Los Angeles County and California values. Furthermore, percentage of children living in poverty has increased over time, from 27.8% in 2006-2010 to 28.8% in 2012-2016. For Long Beach residents over the age of 65, the median household income of \$41,869 lags behind that of the county (\$42,310) and the state (\$46,749).



TABLE 64. ECONOMIC INSECURITY FOR CHILDREN AND OLDER ADULTS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Children Living Below Poverty Level ¹	percent	2012-2016	28.8	25.3	21.9	--
Poverty Status by School Enrollment ¹	percent	2012-2016	22.7	20.1	17.2	--
Median Household Income: Householders 65+ ¹	dollars	2012-2016	41,869	42,310	46,749	--

American Community Survey, 2012-2016¹

TABLE 65. TREND DATA FOR CHILDREN LIVING BELOW POVERTY LEVEL IN LONG BEACH, 2006-2016

Indicator	Units	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
Children Living Below Poverty Level ¹	percent	27.8	27.7	28.5	28.4	28.9	28.8	28.8

American Community Survey¹

In ZIP Codes 90813 and 90802, over one third of children enrolled in school face the short- and long-term barriers to success and economic wellness based on a lack of financial stability during their formative years (Table 66).

Additionally, the median income for households with an older adult householder for ZIP Code 90813 (\$21,552) is nearly less than half the value for Long Beach (\$41,869). Other areas with particularly low values for the median household income for older adults are ZIP Codes 90802 (\$27,319) and 90806 (\$28,462).

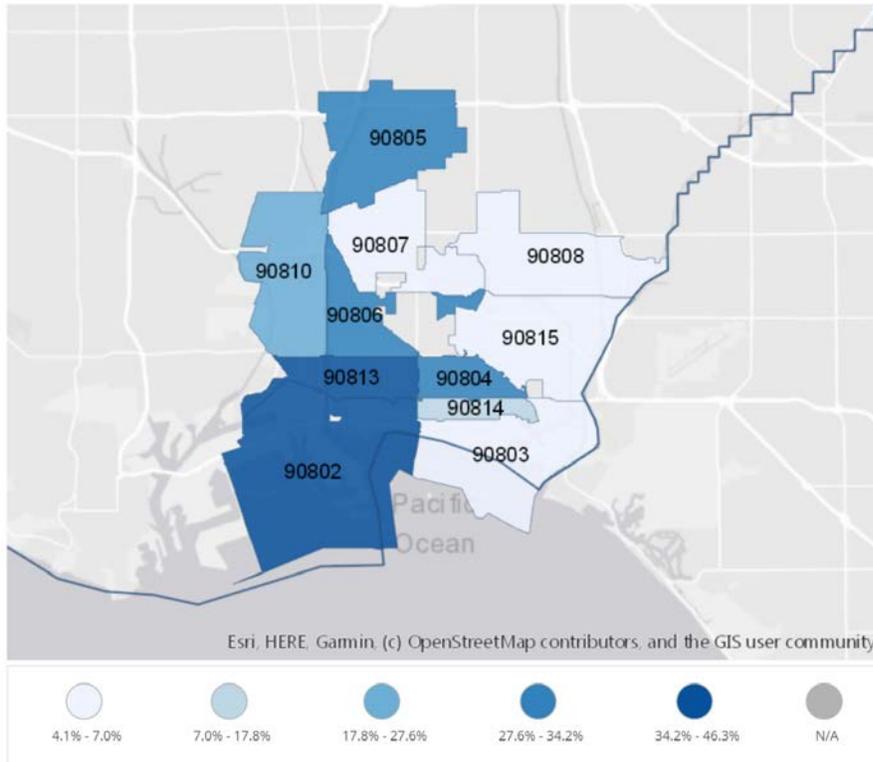
TABLE 66. ECONOMIC INSECURITY FOR CHILDREN AND OLDER ADULTS BY ZIP CODE

Geography	Children Living Below Poverty Level ¹ percent 2012-2016	Poverty Status by School Enrollment ¹ percent 2012-2016	Median Household Income: Householders 65+ ¹ dollars 2012-2016
90802	39.8	36.5	\$27,319
90803	5.7	3.5	\$65,992
90804	34.1	27.2	\$36,042
90805	34.2	24.9	\$32,156
90806	31.2	25.9	\$28,462
90807	4.2	3.7	\$50,926
90808	4.1	3.3	\$59,212
90810	27.6	22.3	\$34,983
90813	46.3	38.3	\$21,552
90814	17.8	14.7	\$50,455
90815	7.0	8.0	\$52,461
Long Beach	28.8	22.7	\$41,869

American Community Survey, 2012-2016¹

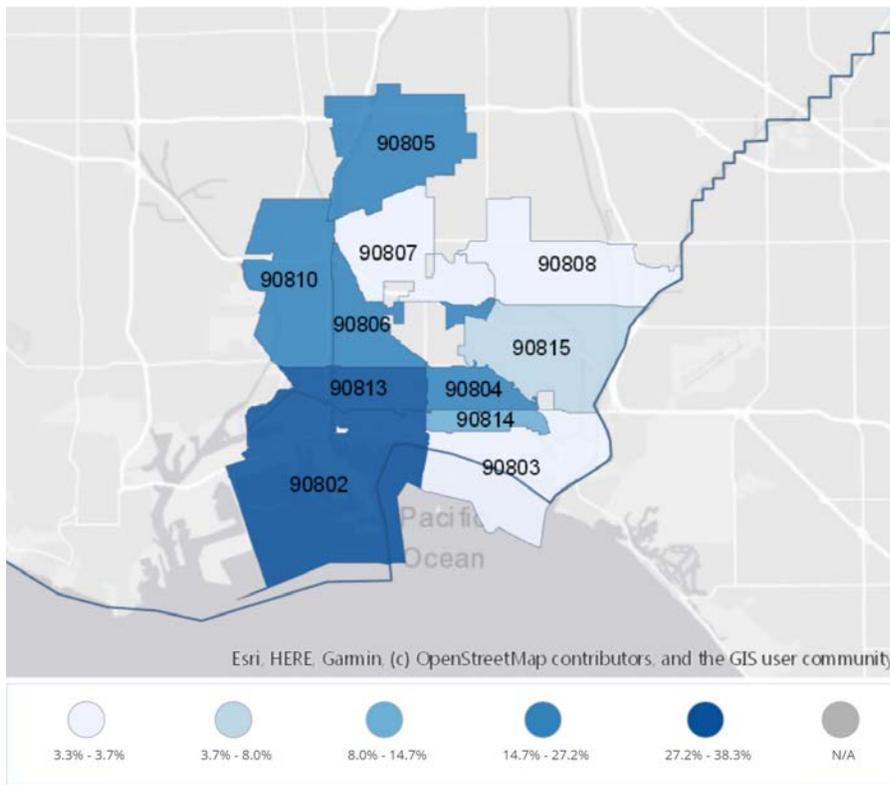


FIGURE 39. CHILDREN LIVING BELOW POVERTY LEVEL BY ZIP CODE IN LONG BEACH, 2012-2016



American Community Survey, 2012-2016¹

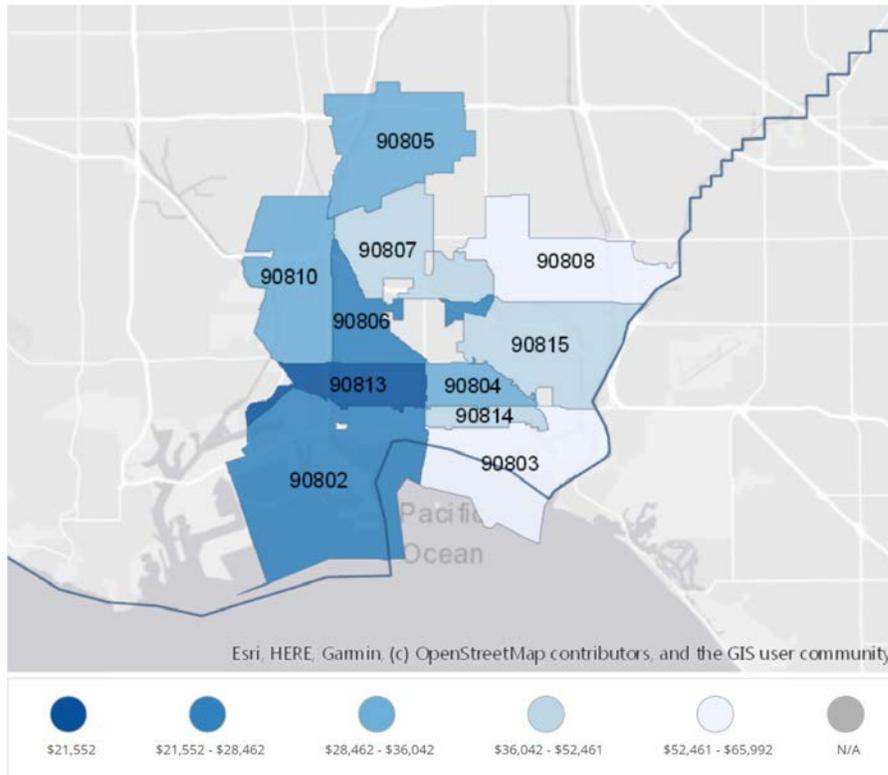
FIGURE 40. POVERTY STATUS BY SCHOOL ENROLLMENT BY ZIP CODE IN LONG BEACH, 2012-2016



American Community Survey, 2012-2016¹



FIGURE 41. MEDIAN HOUSEHOLD INCOME: HOUSEHOLDERS 65+ BY ZIP CODE IN LONG BEACH, 2012-2016



American Community Survey, 2012-2016¹



ECONOMIC INSECURITY FOR OTHER SPECIAL POPULATIONS

There are other populations in Long Beach for which economic insecurity may be especially impactful. The percentage of persons with a disability living in poverty in Long Beach is 29.3%. This value is higher than the Los Angeles County and California values. For veterans living in Long Beach, the rate of unemployment was 6.5% in 2012-2016, which is higher than the state value but lower than the 2011-2015 Long Beach value of 7.8%.

TABLE 67. ECONOMIC INSECURITY INDICATORS FOR OTHER SPECIAL POPULATIONS FOR LONG BEACH

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Persons with Disability Living in Poverty ¹	percent	2012-2016	29.3	27	26.3	--
Unemployed Veterans ¹	percent	2012-2016	6.5	7.1	6.3	--
Veterans Living Below Poverty Level ¹	percent	2012-2016	10.9	9.1	7.6	--

American Community Survey, 2012-2016¹

Over 10% of veterans in Long Beach are living below the federal poverty level. This is greater than the Los Angeles County (9.1%) and California state values (7.6%). In ZIP Codes 90813 and 90802, at least one out of five veterans is living below the poverty level (Table 68). These two ZIP Codes also have more than 20% of children, families, and general populations living in poverty.

TABLE 68. ECONOMIC INSECURITY FOR VETERANS BY ZIP CODE

Geography	Veterans Living Below Poverty Level ¹ percent 2012-2016
90802	20.6
90803	4.0
90804	11.9
90805	11.7
90806	10.7
90807	8.3
90808	3.3
90810	9.6
90813	27.8
90814	17.7
90815	7.8
Long Beach	10.9

American Community Survey, 2012-2016¹

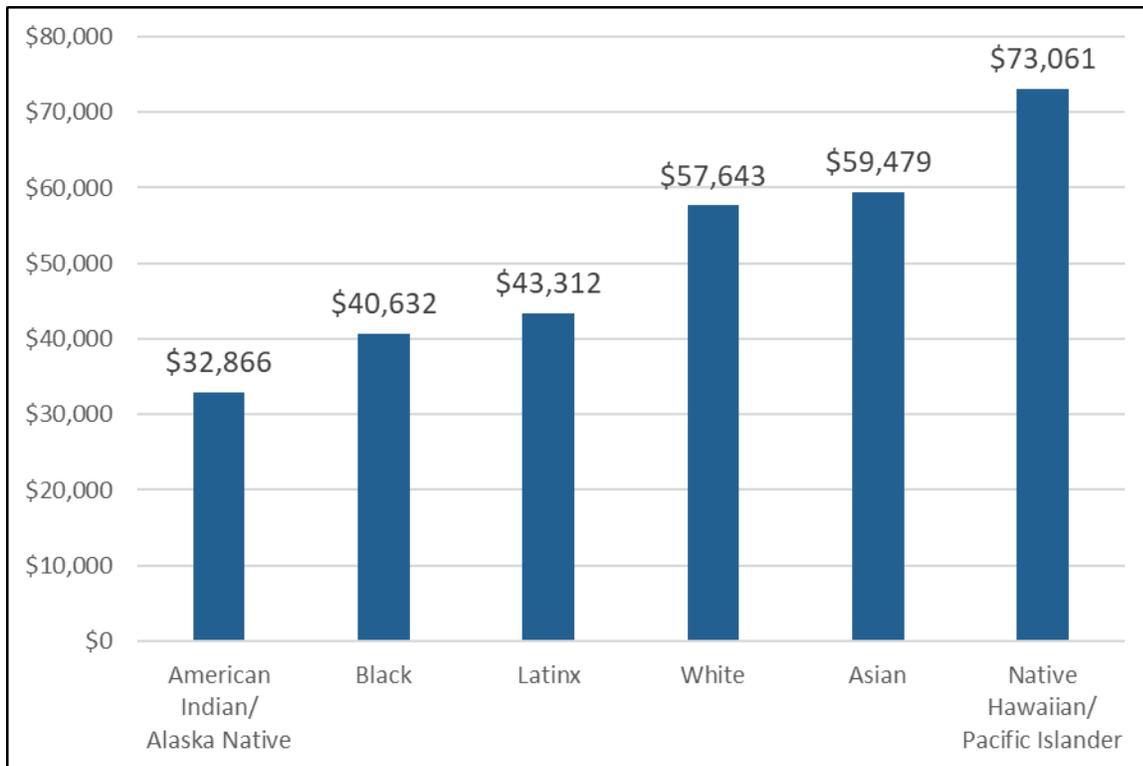


EARNING & EMPLOYMENT BY RACE/ETHNICITY

Data for the city of Long Beach show variations among economic security and opportunity by race and ethnicity. Understanding the root causes of the economic differences in the city can help design opportunities that increase access to economic opportunities in low-income communities through economic vitality, readiness, and connectedness.

Figure 42 shows the median income for Long Beach by race/ethnicity, with American Indian/Alaska Native, Black, and Latinx groups with a median value below \$50,000. Medians for these three groups are all at least \$14,000 less than the median income for Whites.

FIGURE 42. MEDIAN INCOME BY RACE/ETHNICITY IN LONG BEACH, 2011-2015

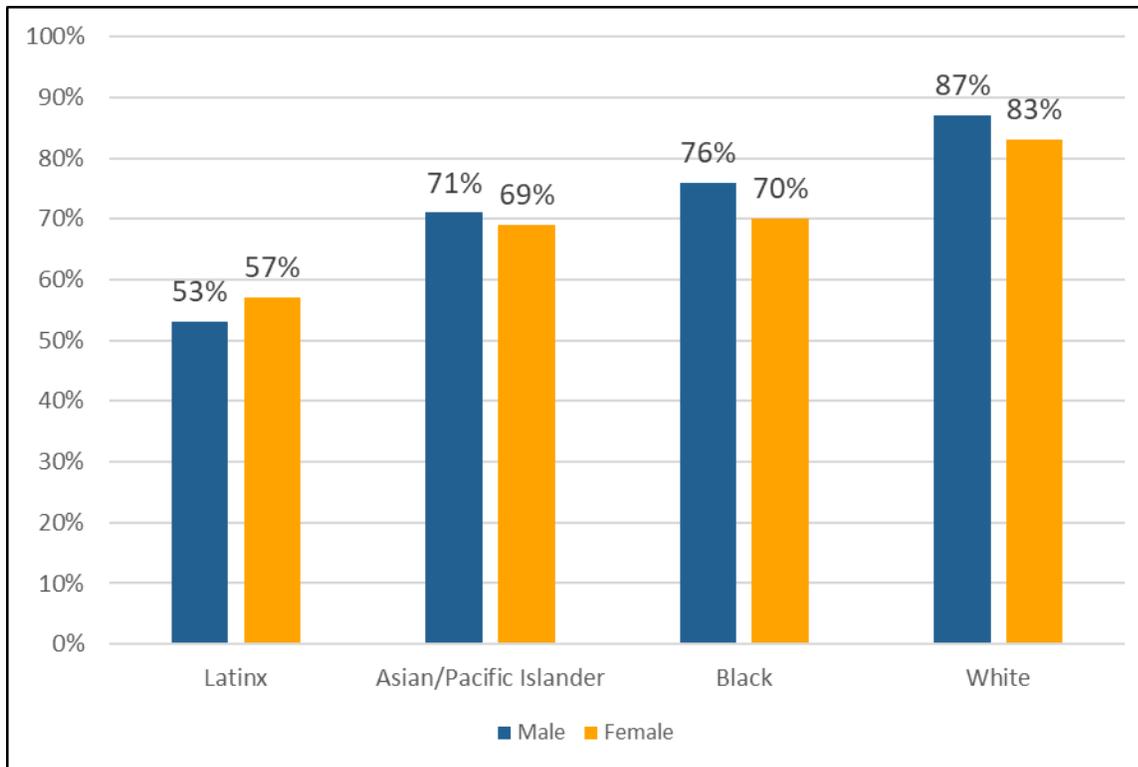


City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics²⁴



Figure 43 displays the percentage of workers in each race/ethnic group that earn at least \$15 per hour at their jobs, by gender, in Long Beach. Notably, less than 75% of Latinx, Asian/Pacific Islander, and Black workers overall earned \$15 or more per hour, while 85% of all White workers earned this much. By gender, the Latinx group is the only group with a higher percentage of female workers (57%) than male workers (53%) making \$15 or more per hour.

FIGURE 43. WORKERS EARNING AT LEAST \$15 PER HOUR IN LONG BEACH, 2014

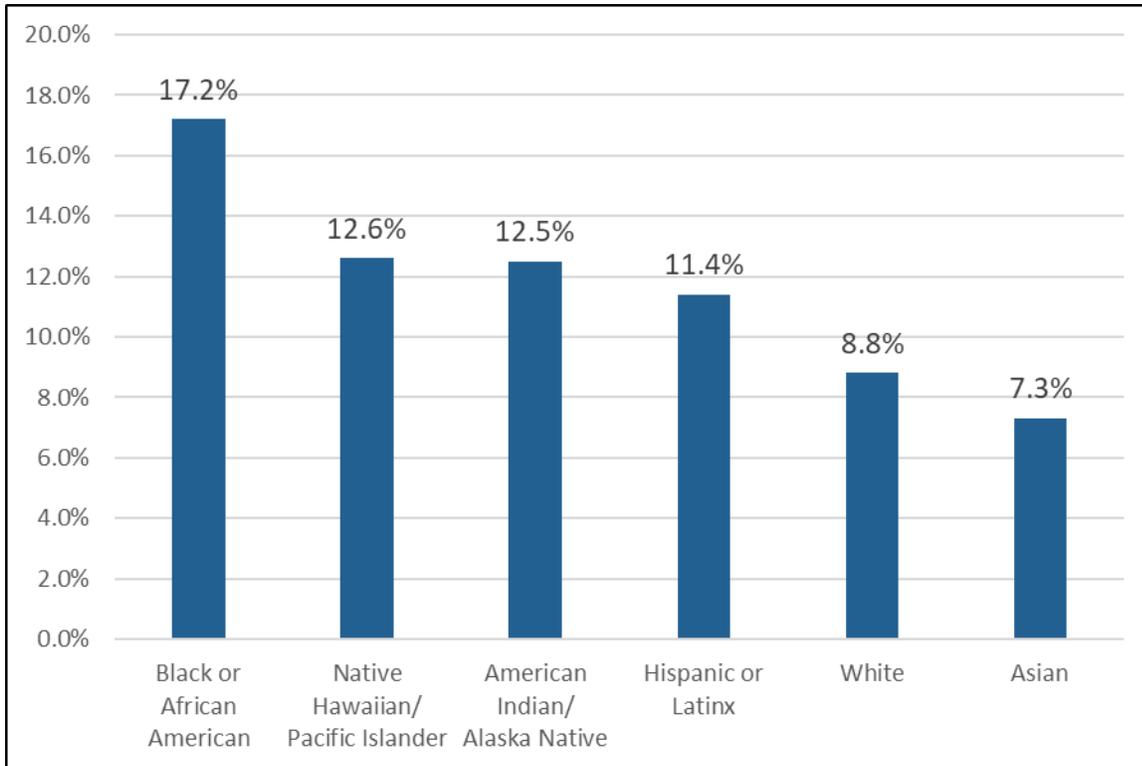


City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics²⁴



More than 17% of Blacks were unemployed in 2011-2015, more than double the rate for Whites and Asians, with both groups having less than 10% unemployment during the same time period. The unemployment rate and relatively low median household income indicate an economic insecurity among the Black subpopulation in Long Beach.

FIGURE 44. UNEMPLOYMENT RATE BY RACE/ETHNICITY IN LONG BEACH, 2011-2015



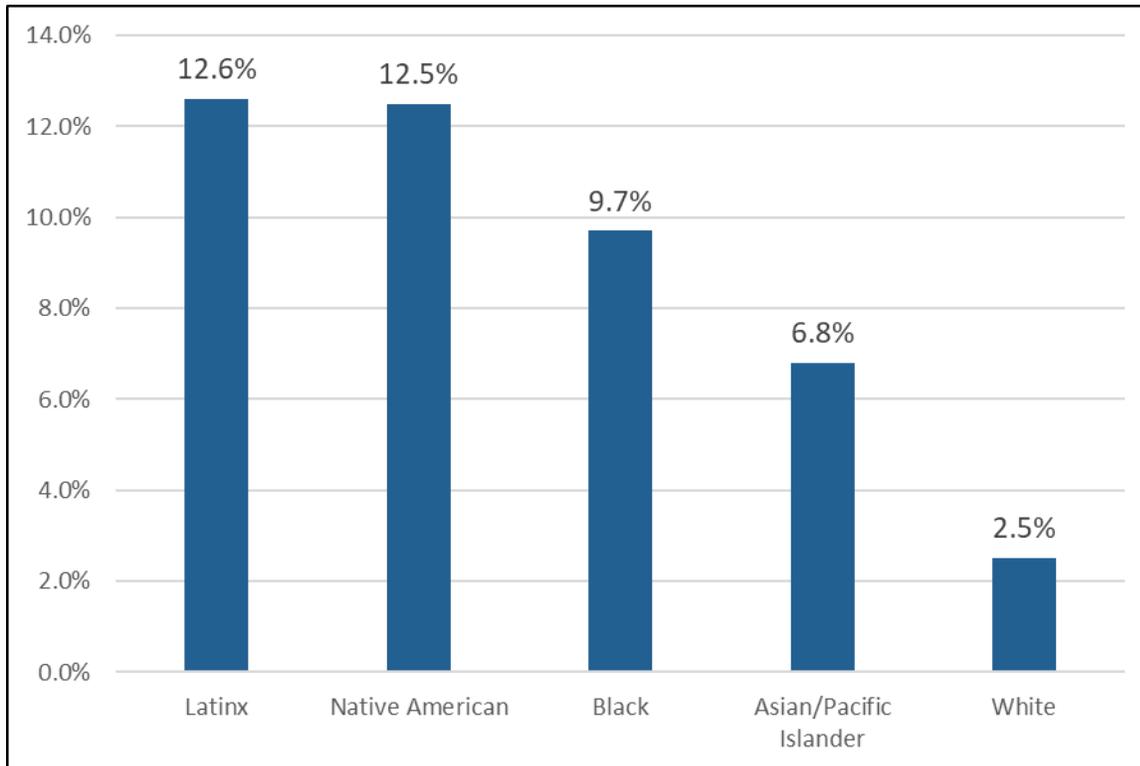
City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics²⁴



ECONOMY-RELATED HOUSING FACTORS

The percentage of each race/ethnicity group in Long Beach who live in a high poverty neighborhood (defined as census tracts with a poverty rate of 40% or higher) is shown in Figure 45. The rates for the Latinx and Native American populations living in high poverty neighborhoods are five times higher than the rate for the White population.

FIGURE 45. PERSONS LIVING IN HIGH POVERTY NEIGHBORHOODS BY RACE/ETHNICITY IN LONG BEACH, 2014

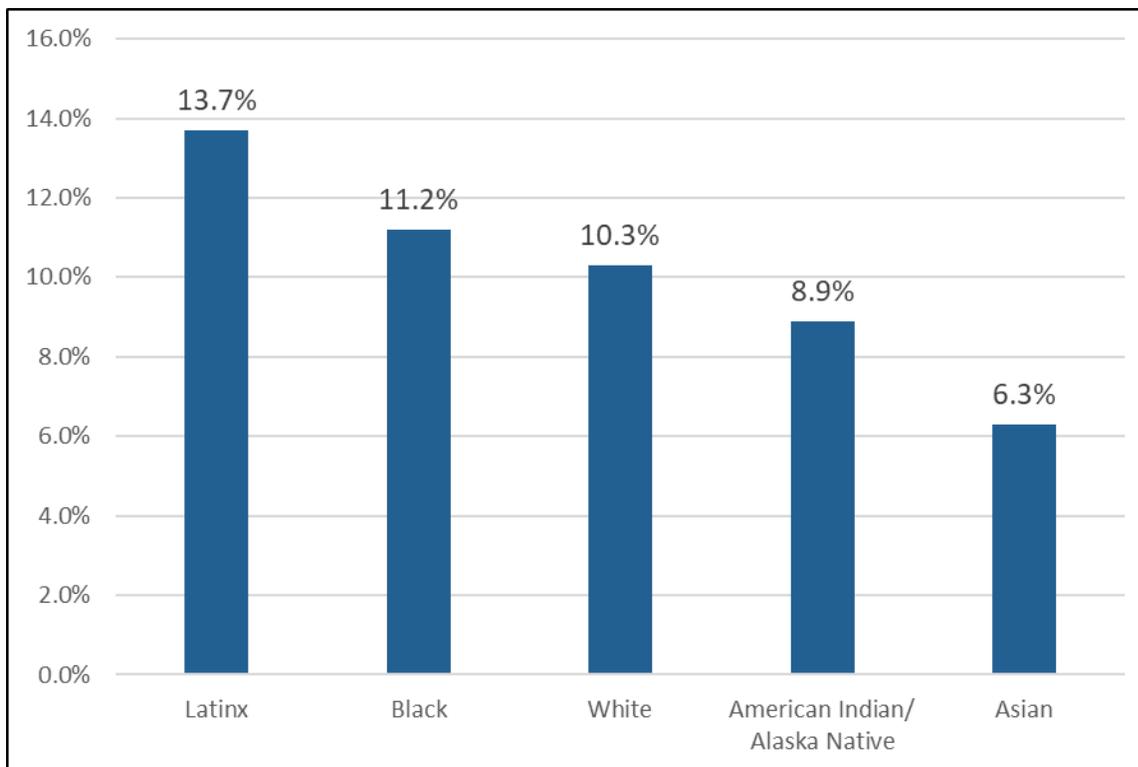


City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics²⁴



The percentages of housing units by race/ethnicity that lack Internet access as of 2015 are shown in Figure 46. Notably, 13.7% of Latinx households lack Internet access, while 11.2% of Black households lack this service.

FIGURE 46. HOUSING UNITS WITH LACK OF INTERNET ACCESS BY RACE/ETHNICITY IN LONG BEACH, 2015



City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics²⁴

ENVIRONMENT

The environment with which people interact can affect quality of life, length of life, and health disparities.⁴³ Environmental factors affecting community health include environmental pollutants, building safety, and infrastructure to support healthy lifestyles.

POLLUTION

The amount of Persistent, Bioaccumulative, and Toxic Chemicals (PBT) released into the environment and the amount of recognized carcinogens released into the air are important measures to understanding the level of health-impacting pollutants that may affect a population's health. For PBT and other recognized carcinogens released, ZIP Code 90810 stands out as an area with higher levels among those ZIP Codes for which data are available. There were 1,755 pounds of PBT released into the environment in 90810 in 2017, which is more than four times as much as any other ZIP Code in Long Beach (Table 69). Additionally, 90810 had the second highest number of pounds of recognized carcinogens released into the air in 2017 in Long Beach at 14,502 pounds. The ZIP Code with the highest level of recognized carcinogens released in 2017 was 90813, with 44,498 pounds.⁵

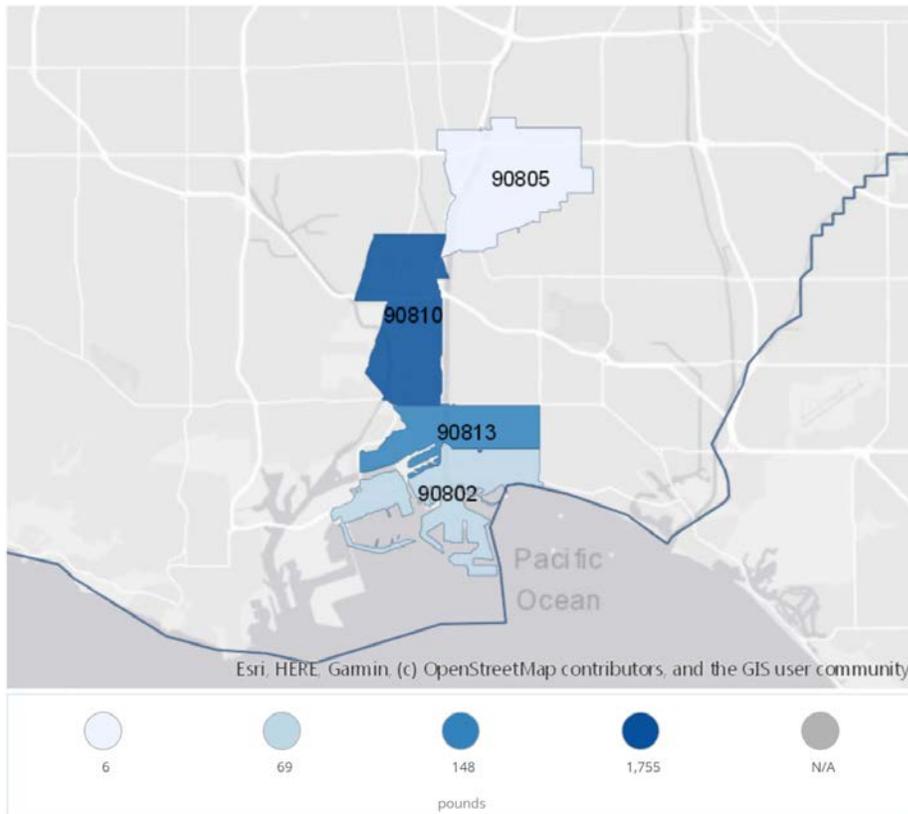


TABLE 69. PBT AND RECOGNIZED CARCINOGENS RELEASED INTO AIR BY ZIP CODE IN LONG BEACH, 2017

ZIP Code	PBT Released (lbs)	Recognized Carcinogens Released into Air (lbs)
90802	69	163
90803	--	--
90804	--	--
90805	6	268
90806	--	--
90807	--	738
90808	--	--
90810	1,755	14,502
90813	148	44,498
90814	--	--
90815	--	--

U.S. Environmental Protection Agency⁵

FIGURE 47. PBT RELEASED BY ZIP CODE IN LONG BEACH, 2017

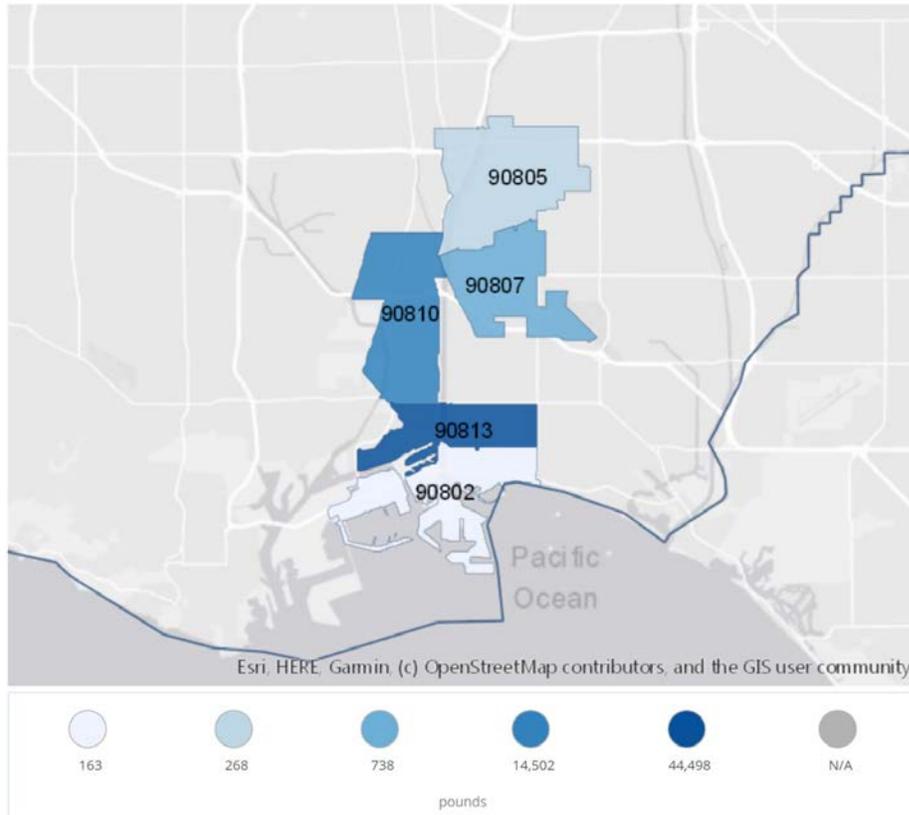


Environmental Protection Agency⁵

U.S.



FIGURE 48. RECOGNIZED CARCINOGENS BY ZIP CODE IN LONG BEACH, 2017



U.S.

Environmental Protection Agency⁵

Hazmat Sites

The hazmat sites described in Table 70 are businesses that generate hazardous wastes. These businesses are required to obtain a permit from the local permitting authority, the Certified Unified Program Agency (CUPA). The Health Department’s CUPA program licenses and inspects hazardous waste generators to ensure compliance with local, state and federal requirements. Proper compliance protects the health and safety of people who live in the surrounding geographic area. However, concentrated hazardous waste sites in a geographic area may increase risk to nearby residents from cumulative impacts or accidental releases. The number of hazmat sites in 2017 was highest in ZIP Codes 90813, 90805, 90802, and 90806, all of which also have some of the highest rates of people living below poverty in the city (34.5%, 24.0%, 25.0% and 24.6%, respectively).

TABLE 70. HAZMAT SITES BY ZIP CODE IN LONG BEACH, 2017

ZIP Code	Hazmat Sites
90802	108
90803	42
90804	74
90805	159
90806	104
90807	82
90808	64
90810	37
90813	227



ZIP Code	Hazmat Sites
90814	11
90815	62

Long Beach Department of Health and Human Services⁴⁴

Lead Poisoning

The total number of lead poisoning cases per ZIP Code in Long Beach from 2012 through 2018 are displayed in Table 71. Lead poisoning is an environmental health problem due to exposure to deteriorating lead paint in older homes, such as those built prior to 1950.

TABLE 71. LEAD POISONING CASES BY ZIP CODE IN LONG BEACH, 2012-2018

ZIP Code	Lead Poisoning Cases
90802	2
90803	--
90804	3
90805	3
90806	6
90807	2
90808	1
90810	3
90813	11
90814	1
90815	3

Long Beach Department of Health and Human Services⁴⁴

HOUSING SAFETY

Houses built prior to 1950 that have not undergone substantial updates may contain hazardous materials, such as lead based paint and asbestos insulation. In Long Beach, 34.2% of houses were built prior to 1950. This value is much higher than the Los Angeles County value of 25.8% and the state of California value of 15.5%.

TABLE 72. HOUSING SAFETY INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Houses Built Prior to 1950 ¹	percent	2012-2016	34.2	25.8	15.5	--

American Community Survey, 2012-2016¹

TABLE 73. TREND DATA FOR HOUSES BUILT PRIOR TO 1950 IN LONG BEACH, 2006-2016

Indicator	Units	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
Houses Built Prior to 1950 ¹	percent	37.4	36.7	36.5	36.5	36.0	35.0	34.2

American Community Survey¹

ZIP Code 90806 has the highest percentage of housing units built prior to 1950 (46.9%). ZIP Codes 90807, 90813, 90810, and 90803 also have at least 37% of the housing stock built prior to 1950.



TABLE 74. HOUSING SAFETY INDICATORS BY ZIP CODE

Geography	Houses Built Prior to 1950 percent 2012-2016
90802	33.6
90803	37.0
90804	28.4
90805	33.6
90806	46.9
90807	44.4
90808	22.7
90810	39.9
90813	40.2
90814	36.8
90815	16.7
Long Beach	34.2
<i>American Community Survey, 2012-2016¹</i>	

EXERCISE, NUTRITION & WEIGHT

Exercise, nutrition, and weight are some indicators of a person’s overall health. A healthy weight, physical activity, and good nutrition can decrease the risk of developing health conditions and can help to manage health conditions, so they do not worsen.⁴⁵ To view data on chronic diseases such as diabetes, view the appropriate section of this report.

PHYSICAL ACTIVITY

Physical activity is effective for the prevention of chronic disease, and beneficial to reducing the impact of disease. Increased levels of physical activity are generally correlated with improved health status.⁴⁶

Guidelines recommend that adults engage in at least 150 minutes of aerobic physical activity per week.⁴⁷ In Long Beach, 65.3% of adults participate in physical activity that meets this guideline, a percentage greater than that for Los Angeles County (65.1%) and California (57.3%). Among children and teens in Long Beach, 25.2% are physically active for at least one hour per day, meeting recommended guidelines. However, this percentage is less than that of the county (28.5%) and has been decreasing over time, from 40.7% in 2007 to 30.9% in 2011 to the current value of 25.2% in 2015.

The percentage of adults who are sedentary in Long Beach (21.6%) meets and is much lower than the Healthy People 2020 goal of 32.6%. Furthermore, the percentage of adults who walk regularly (at least 150 minutes per week) is in line with the Los Angeles County and California values. In contrast, only 2.5% of workers walk to work in Long Beach, short of the Healthy People 2020 goal of 3.1%.



TABLE 75. PHYSICAL ACTIVITY INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults Engaging in Regular Physical Activity ¹⁶	percent	2015	65.3	65.1	57.3 ⁴²	--
Children and Teens Engaging in Regular Physical Activity ¹⁶	percent	2015	25.2	28.5	--	--
Adults who are Sedentary ¹⁸	percent	2015	21.6	--	20.0 ⁴²	32.6
Adults who Walk Regularly ¹⁷	percent	2013-2014	32.9	34.1	33.0	--
Workers who Walk to Work ¹	percent	2012-2016	2.5	2.8	2.7	3.1
<i>Los Angeles County Health Survey¹⁶</i>						
<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System⁴²</i>						
<i>Centers for Disease Control and Prevention, 500 Cities Project¹⁸</i>						
<i>California Health Interview Survey, Neighborhood Edition¹⁷</i>						
<i>American Community Survey¹</i>						

TABLE 76. TREND DATA FOR WORKERS WHO WALK TO WORK IN LONG BEACH, 2006-2016

Indicator	Units	2006-2010	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016
Workers who Walk to Work ¹	percent	3.0	3.1	2.8	2.6	2.7	2.3	2.5
<i>American Community Survey¹</i>								

ZIP Code 90810 has the lowest percentage of adults who walk regularly (30.0%) compared to other Long Beach ZIP Codes. Four ZIP codes have a higher percentage of people walking regularly compared to the city average (32.9%).

TABLE 77. PHYSICAL ACTIVITY INDICATORS BY ZIP CODE

Geography	Adults who Walk Regularly ¹⁷	Workers who Walk to Work ¹
	percent 2013-2014	percent 2012-2016
90802	38.0	5.9
90803	36.2	1.3
90804	32.3	2.5
90805	31.2	1.2
90806	32.8	2.1
90807	33.1	1.4
90808	32.0	1.0
90810	30.0	2.1
90813	32.3	5.0
90814	32.2	1.8
90815	33.7	2.2
Long Beach	32.9	2.5
<i>California Health Interview Survey, Neighborhood Edition¹⁷</i>		
<i>American Community Survey, 2012-2016¹</i>		

NUTRITION

Consumption of sugar-sweetened beverages is associated with a number of health issues, including tooth decay, obesity, and chronic disease. Long Beach has higher percentages than Los Angeles County for both adults and children who consume soda or sugar-sweetened beverages at least one time per day. Fruit and vegetable consumption, on the other hand, is widely recognized as a healthy diet choice that provides a high concentration of vitamins, minerals, antioxidants, and fiber.⁴⁸ Although Long Beach has a lower percentage of adults who consume five or more servings of fruits or vegetables per day



(13.9%) compared to the county (14.7%). According to the Los Angeles County Health Survey in 2015, approximately one quarter of children in Long Beach do not have easy access to fresh produce (Table 78).

TABLE 78. NUTRITION INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults who Drink Sugar-Sweetened Beverages ¹⁷	percent	2013-2014	19.6	17.7	17.4	--
Children who Drink Sugar-Sweetened Beverages ¹⁶	percent	2015	48.4	39.2	--	--
Adult Fruit and Vegetable Consumption: 5+ Servings ¹⁶	percent	2015	13.9	14.7	--	--
Children with Easy Access to Fresh Produce ¹⁶	percent	2015	74.5	75.0	--	--
<i>California Health Interview Survey, Neighborhood Edition¹⁷ Los Angeles County Health Survey¹⁶</i>						

TABLE 79. TREND DATA FOR ADULT FRUIT AND VEGETABLE CONSUMPTION IN LONG BEACH, 2002-2015

Indicator	Units	2002	2005	2007	2011	2015
Adult Fruit and Vegetable Consumption: 5+ Servings ¹⁶	percent	10.5	18.1	14.5	19.7	13.9
<i>Los Angeles County Health Survey¹⁶</i>						

OBESITY & OVERWEIGHT

The state of being overweight or obese presents increased health risks for many health conditions and is associated with a number of poor health outcomes that can shorten and reduce the quality of life. Obesity is defined as a body mass index (BMI) greater than or equal to 30, with overweight equating to a BMI between 25 and 29.9.⁴⁹ Although the rate of obesity in Long Beach is lower compared to the nation, about one out of every four adults in the city is considered obese. An additional proportion of adults in Long Beach are overweight and that percentage has risen steadily over time: from 34.6% in 2002, to 36.9% in 2007, and finally 41.1% in 2015.

Obesity and overweight status extends to younger residents of Long Beach. Among teens who are of high school age, 40.1% are overweight or obese. This number exceeds both the California (33.1%) and Los Angeles County (37.9%) values. For children ages 2 to 11, 13.1% are overweight for their age in Long Beach (Table 80).

TABLE 80. OBESITY & OVERWEIGHT INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults who are Obese ¹⁷	percent	2013-2014	26.6	28.2 (2017) ⁵⁰	25.8	30.5
Adults who are Overweight ¹⁶	percent	2015	41.1	35.9	--	--
Teens who are Overweight or Obese ¹⁷	percent	2013-2014	40.1	37.9	33.1	--
Children who are Overweight for Age ¹⁷	percent	2013-2014	13.1	12.4	13.3	--
<i>California Health Interview Survey, Neighborhood Edition¹⁷ County Health Rankings and Roadmaps⁵⁰ Los Angeles County Health Survey¹⁶</i>						



TABLE 81. TREND DATA FOR ADULTS WHO ARE OVERWEIGHT IN LONG BEACH, 2002-2015

Indicator	Units	2002	2005	2007	2011	2015
Adults who are Overweight ¹⁶	percent	34.6	38.4	36.9	40.9	41.1
<i>Los Angeles County Health Survey¹⁶</i>						

ZIP Code 90805 has the highest percentage of adults who are obese (35.4%) and teens who are overweight or obese (46.7%) compared to the other Long Beach ZIP Codes. It also has the second highest percentage of children who are overweight for their age (15.0%).

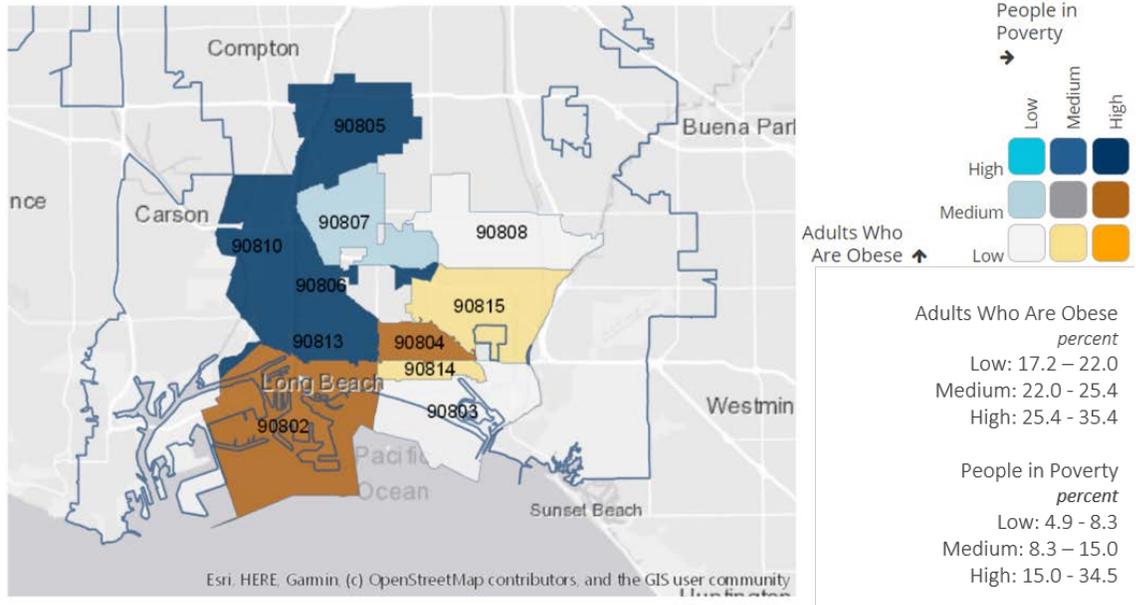
TABLE 82. OBESITY & OVERWEIGHT INDICATORS BY ZIP CODE

Geography	Adults who are Obese ¹⁷ percent 2013-2014	Teens who are Overweight or Obese ¹⁷ percent 2013-2014	Children who are Overweight for Age ¹⁷ percent 2013-2014
90802	25.4	30.9	15.3
90803	17.2	--	--
90804	25.2	37.7	13.4
90805	35.4	46.7	15.0
90806	28.3	44.3	13.5
90807	24.6	38.2	11.2
90808	21.4	28.8	7.9
90810	32.4	--	14.8
90813	28.4	43.5	14.7
90814	22.0	--	9.1
90815	20.7	28.9	8.3
Long Beach	26.6	40.1	13.1
<i>California Health Interview Survey, Neighborhood Edition¹⁷</i>			

There is a similar trend in the obesity and poverty rates by ZIP Code in Long Beach (Figure 49). In ZIP Codes 90802, 90804, 90805, 90806, 90810, and 90813, over 15% of people are living below poverty and over 25% of adults are obese. In those ZIP Codes where the poverty rate is lowest, 90803 and 90808, the adult obesity rate is also lower (17.2% and 21.4%, respectively).

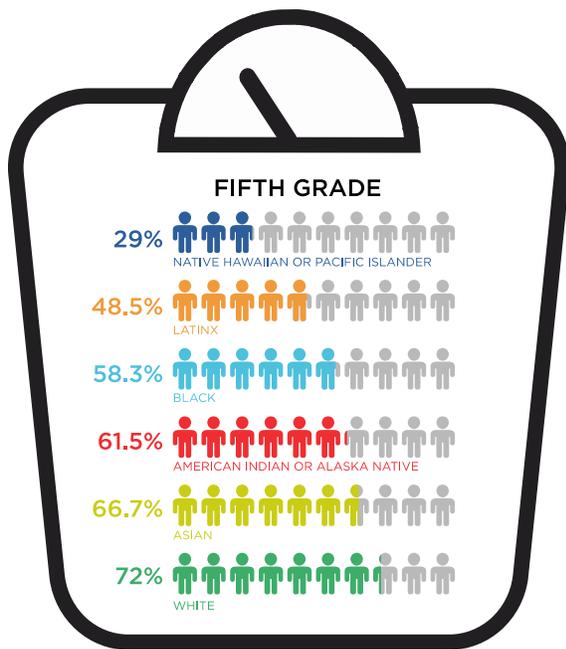


FIGURE 49. ADULTS WHO ARE OBESE (2013-2014)¹⁷ AND PEOPLE LIVING BELOW POVERTY (2012-2016)¹ BY ZIP CODE IN LONG BEACH

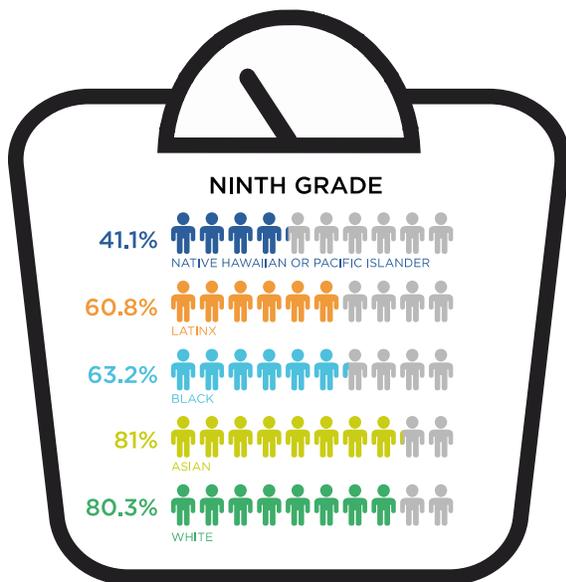


American Community Survey, 2012-2016¹
 California Health Interview Survey, Neighborhood Edition¹⁷





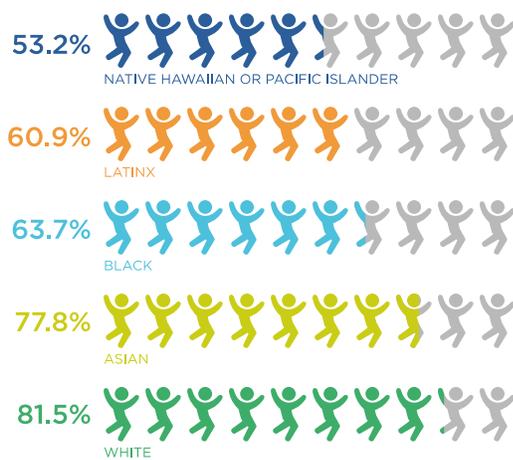
According to data from the Long Beach Unified School District (LBUSD), physical fitness and healthy weight status among students vary by race/ethnicity. Twenty-nine percent of fifth grade Native Hawaiian or Pacific Islander students are at a healthy weight or underweight, compared to 55.2% for all students in the district. For those fifth grade students who identify as Hispanic/Latinx, 48.5% are at a healthy weight or underweight. This healthy weight or underweight value is 58.3% for the Black group, 61.5% for the American Indian or Alaska Native group, and 66.7% for the Asian group. White students have the highest percentage of healthy weight or underweight students at 72%.



The overall value for ninth grade students who are at a healthy weight or underweight is 66.8%. For this grade level, Native Hawaiian or Pacific Islanders have the lowest rate of being at a healthy weight or underweight among racial groups at 41.1%. Hispanic/Latinx (60.8%) and Black (63.2%) groups both have lower values than the overall LBUSD value, while the White (80.3%) and Asian groups (81%) have the highest values of ninth grade students who at a healthy weight or underweight.

HEALTHY WEIGHT OR UNDERWEIGHT RATES AMONG STUDENTS IN LONG BEACH, 2016-2017





53.2% of Native Hawaiian or Pacific Islander seventh graders in the school district were considered physically fit per the test. This is compared to 66.4% for the entire seventh grade student population. Hispanic/Latinx (60.9%) and Black (63.7%) groups have lower values than the overall LBUSD value, while Asian (77.8%) and White (81.5%) groups have the highest values of being physically fit of any racial/ethnicity group.⁵¹

PHYSICALLY FIT RATES FOR 7TH GRADE STUDENTS BY RACE IN LONG BEACH, 2016-2017

FOOD INSECURITY

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Food insecurity is “a household-level economic and social condition of limited or uncertain access to adequate food.”⁵²

INSECURITY AND LACK OF ACCESS

For Long Beach, the food insecurity rate for those households with incomes less than 300% of the federal poverty level is nearly 10 percentage points higher than the rate for Los Angeles County. In Long Beach, 82.5% of adults have easy access to fresh produce, which is lower than the Los Angeles County percentage (89.7%).

TABLE 83. INSECURITY AND LACK OF ACCESS INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Food Insecurity Rate: <300% FPL ¹⁶	percent	2015	38.4	29.2	--	--
Adults with Easy Access to Fresh Produce ¹⁶	percent	2011	82.5	89.7	--	--
<i>Los Angeles County Health Survey¹⁶</i>						

A higher poverty rate for families is linked with rising levels of food insecurity, with children particularly affected. More than one-fifth of families living in ZIP Codes 90813, 90804, 90802, 90805, and 90806 are below the federal poverty level and have the highest percentages of school-age children (ages 5-19) who are living below the poverty level and enrolled in school. According to the American Psychological Association, school-age children who are experiencing severe hunger are more likely to suffer from chronic health conditions, psychiatric distress, and behavioral problems among other negative outcomes.



TABLE 84. INSECURITY AND LACK OF ACCESS INDICATORS BY ZIP CODE

Geography	Families Living Below Poverty Level ¹	Poverty Status by School Enrollment ¹
	percent 2012-2016	percent 2012-2016
90802	21.0	36.5
90803	3.6	3.5
90804	21.4	27.2
90805	20.9	24.9
90806	20.3	25.9
90807	2.9	3.7
90808	2.9	3.3
90810	16.0	22.3
90813	30.8	38.3
90814	8.5	14.7
90815	6.0	8.0
Long Beach	15.7	22.7

American Community Survey, 2012-2016¹

FREE OR REDUCED-PRICE MEALS

Long Beach Unified School District (LBUSD) data for students eligible for free or reduced-price meals, which is based on income level, provide another metric of food insecurity in the city of Long Beach. In 2017-2018, more than 30,500 students enrolled in grades kindergarten through twelfth grade in LBUSD were eligible for the Free Meals program, and 35,788 students of this same grade range were eligible for the Free or Reduced-Price Meals program.

TABLE 85. FREE OR REDUCED PRICE MEALS PROGRAMS IN LONG BEACH BY STUDENT

Type	Number of Students Eligible	Percentage of Total Enrolled Students
Free Meals Program	30,513	59.44%
Free or Reduced-Price Meals Program	35,788	69.72%

2017-18 California Longitudinal Pupil Achievement Data System (CALPADS), Fall 1⁵³

There are 41 schools in LBUSD with at least half of the enrolled K-12 population eligible for the Free Meals program, and 46 schools with at least half of student enrollees eligible for the Free or Reduced-Price Meals programs. Out of 70 schools in the district, the majority have more than half of the student body population eligible for these programs.

TABLE 86. FREE OR REDUCED PRICE MEAL PROGRAMS IN LONG BEACH BY SCHOOL

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

2017-18 California Longitudinal Pupil Achievement Data System (CALPADS), Fall 1⁵³



ORAL HEALTH/DENTAL CARE

Oral health is essential to overall health, wellbeing, and quality of life. Factors that influence oral health include access and availability of dental services, awareness of the need for care, and self-care and other behaviors that can impact oral health.⁵⁴

In Long Beach, the percentage of adults who visited a dentist in the past year (60.2%) was lower than the state of California (67.1%). However, the percentage of Long Beach children who visited a dentist in the past year (86.3%), is more than seven percentage points higher than both the state (78.7%) and Los Angeles County (77.9%) values.

The rate of ER visits due to dental problems – including teeth or jaw disorders, jaw pain, oral soft tissue diseases, and dental prosthetic or orthodontic devices – is lower in Long Beach (30.6 visits per 10,000 population) compared to the state value (34.9), but is higher than the Los Angeles County value (22.4). The rate in Long Beach has increased from 29.4 visits per 10,000 population in 2010-2012.

TABLE 87. ORAL HEALTH/DENTAL CARE INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults who Visited a Dentist ¹⁸	percent	2016	60.2	--	67.1 ⁴²	--
Children who Visited a Dentist ¹⁷	percent	2013-2014	86.3	77.9	78.7	--
Adults 65+ with Total Tooth Loss ¹⁸	percent	2016	10.6	--	9.4 ⁴²	--
Age-Adjusted ER Rate due to Dental Problems ¹⁹	ER visits/ 10,000 population	2013-2015	30.6	22.4	34.9	--
<i>Centers for Disease Control and Prevention, 500 Cities Project¹⁸</i> <i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System⁴²</i> <i>California Health Interview Survey, Neighborhood Edition¹⁷</i> <i>California Office of Statewide Health Planning and Development¹⁹</i>						

Although all ZIP Codes in Long Beach have greater than 83% of children who visited a dentist in the past year (greater than both the Los Angeles and California values), seven of the 11 Long Beach ZIP Codes have lower percentages than the overall Long Beach value of 86.3%. ZIP Code 90813 has the highest rate of ER visits due to dental problems in the city with a value of 58.5 visits per 10,000 population, more than double the Los Angeles County value (22.4) and almost double the Long Beach value (30.6).

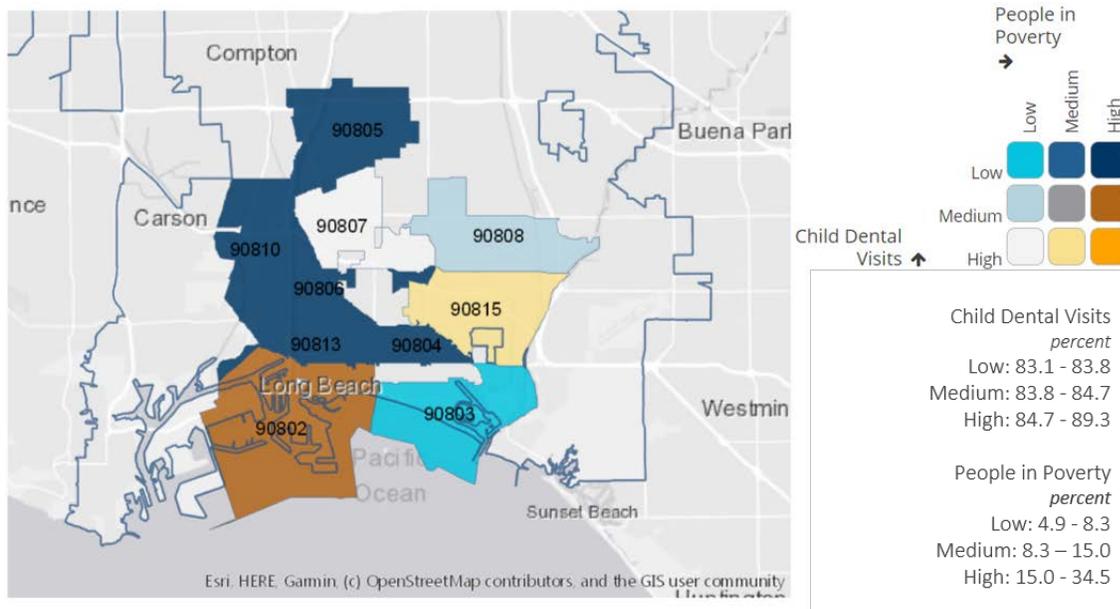


TABLE 88. ORAL HEALTH/DENTAL CARE INDICATORS BY ZIP CODE

Geography	Children who Visited a Dentist ¹⁷	Age-Adjusted ER Rate due to Dental Problems ¹⁹
	percent 2013-2014	ER visits/ 10,000 population 2013-2015
90802	84.7	37.7
90803	85.5	11.1
90804	85.4	33
90805	87.4	34
90806	87.4	39.7
90807	83.1	18.6
90808	84.5	12.8
90810	85.3	28.8
90813	89.3	58.5
90814	86.9	17.8
90815	83.8	11.6
Long Beach	86.3	30.6
<i>California Health Interview Survey, Neighborhood Edition¹⁷</i>		
<i>California Office of Statewide Health Planning and Development¹⁹</i>		

Some of the ZIP Codes with the lowest percentages of children who have visited a dentist in the past year also have the highest poverty rates in the city, including 90804, 90805, 90806, 90810, and 90813 (Figure 50).

FIGURE 50. CHILDREN WHO VISITED A DENTIST (2013-2014)¹⁷ AND POPULATION LIVING BELOW POVERTY (2012-2016)¹ BY ZIP CODE IN LONG BEACH



American Community Survey, 2012-2016¹
California Health Interview Survey, Neighborhood Edition¹⁷



ORAL HEALTH OF OLDER ADULTS

In regard to the older adult population, 10.6% of Long Beach residents 65 years of age and older have experienced total tooth loss. This is slightly higher than the California percentage of 9.4% (Table 87).

Further data on the oral health status of older adults (ages 50 years and older) in Long Beach are available in the Purposeful Aging Los Angeles (PALA) report. Analysis was done to determine if there was statistical significance between the ZIP Code of respondents of an older adult survey and whether they have dental insurance or have had a dental exam in the past three years. There was not enough evidence to declare that there was a statistically significant relationship between ZIP Codes and dental insurance, however trends showed that the lowest percentage of respondents reporting having dental insurance were in ZIP Codes 90806 (38.5%) and 90803 (53.7%). Tests did show that there is a statistically significant relationship between ZIP Codes and dental exams for older adults. The ZIP Codes with the lowest percentage of responses indicating that they did have a dental exam in the last three years were 90806 (69.2%) and 90804 (71.4%).

PREGNANCY & BIRTH OUTCOMES

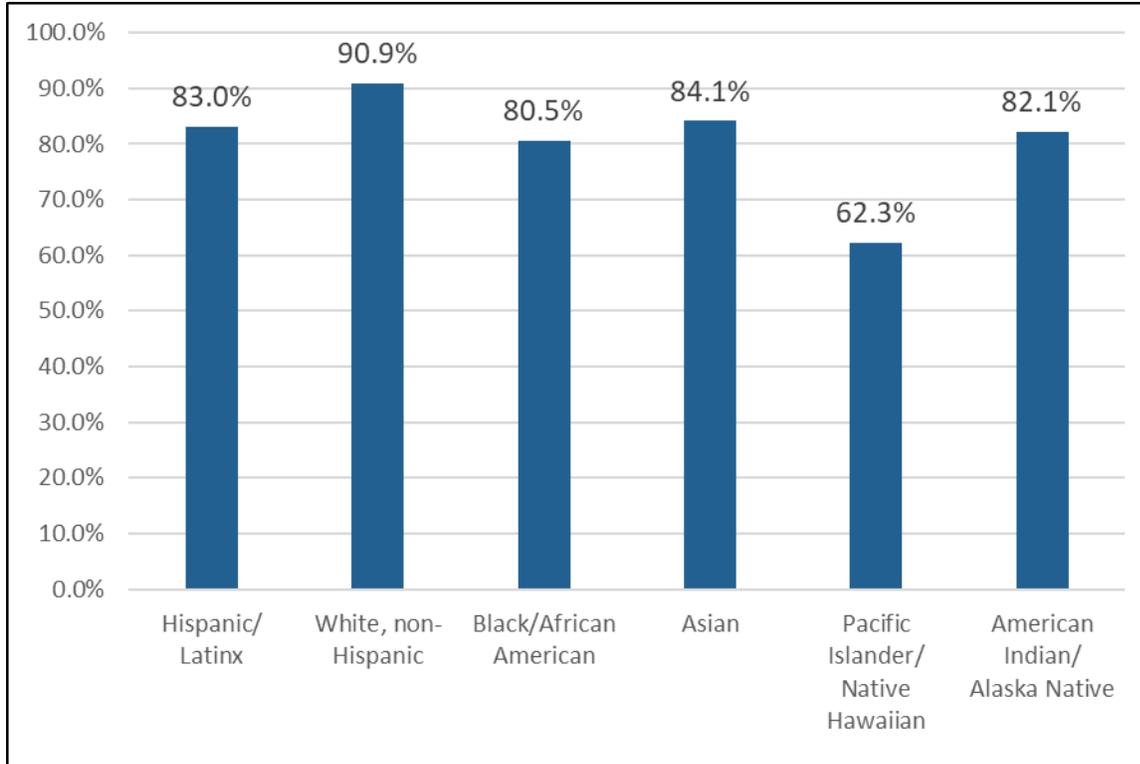
The well-being of mothers and infants is a priority for public health across the United States and can influence the future of health for the next generation.⁵⁵ Appropriate pre- and post-natal care can help reduce risk for maternal complications and adverse birth outcomes.

PRENATAL CARE

The risk of complications for the mother and her infant can be reduced with adequate prenatal care. It is recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics that prenatal care include early and ongoing risk assessment for all women and be customized according to the needs and risk status of the woman and her fetus.⁵⁶ In 2013-2017 in Long Beach, 82% of pregnant women began receiving prenatal care during their first trimester.¹⁰ This rate varies by race/ethnicity, and pregnant women in the Pacific Islander/Native Hawaiian population are less likely to start prenatal care in the first trimester than other race/ethnic subgroups (Figure 51).



FIGURE 51. PREGNANT WOMEN WHO STARTED PRENATAL CARE VISIT IN THE FIRST TRIMESTER BY RACE/ETHNICITY IN LONG BEACH, 2013-2017



Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

TEEN PREGNANCY

In Long Beach, teenage mothers are much less likely than mothers aged 20 and above to start prenatal care in the first trimester (68.6% versus over 80% for all other age groups).

TABLE 89. TRIMESTER OF FIRST PRENATAL CARE VISIT BY AGE OF MOTHER IN LONG BEACH

Indicator	Units	Period of Measure	15-19 Age Group	20-29 Age Group	30-39 Age Group	40-49 Age Group
Trimester of First Prenatal Care Visit: First Trimester ¹⁰	percent	2013-2017	68.6	81.2	88.5	86.1

Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

The rate of pregnancy among teens ages 15-19 years old in Long Beach declined from 26.8 pregnancies per 1,000 teens in 2013 to 14.6 in 2017.

TABLE 90. TEENAGE PREGNANCY RATE IN LONG BEACH

Indicator	Units	2013	2014	2015	2016	2017
Teenage Pregnancy Rate ¹⁰	pregnancies per 1,000 population	26.8	23.6	19.0	17.9	14.6

Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰





The rates for each racial/ethnic subgroup declined from 2013 to 2017. However, teen pregnancy rates differ across racial/ethnic populations. Hispanic/Latinx teens have a rate of 23.0 pregnancies per 1,000 teen population in 2017, substantially higher than the rate for Black teens (8.6), Asian teens (4.5), and White, non-Hispanic teens (2.5).

ZIP Codes 90813, 90806, and 90805 had the highest teen pregnancy rates in Long Beach, with rates of 29.0, 21.0, and 20.3 pregnancies per 1,000 teen population, respectively. These ZIP Codes had higher rates of teen pregnancy than the city of Long Beach.

TABLE 91. TEENAGE PREGNANCY RATE BY ZIP CODE, 2017

Geography	Teenage Pregnancy Rate pregnancies per 1,000 population 2017
90802	7.9
90803	0.0
90804	14.3
90805	20.3
90806	21.0
90807	3.3
90808	--
90810	12.9
90813	29.0
90814	--
90815	0.0
Long Beach	14.6

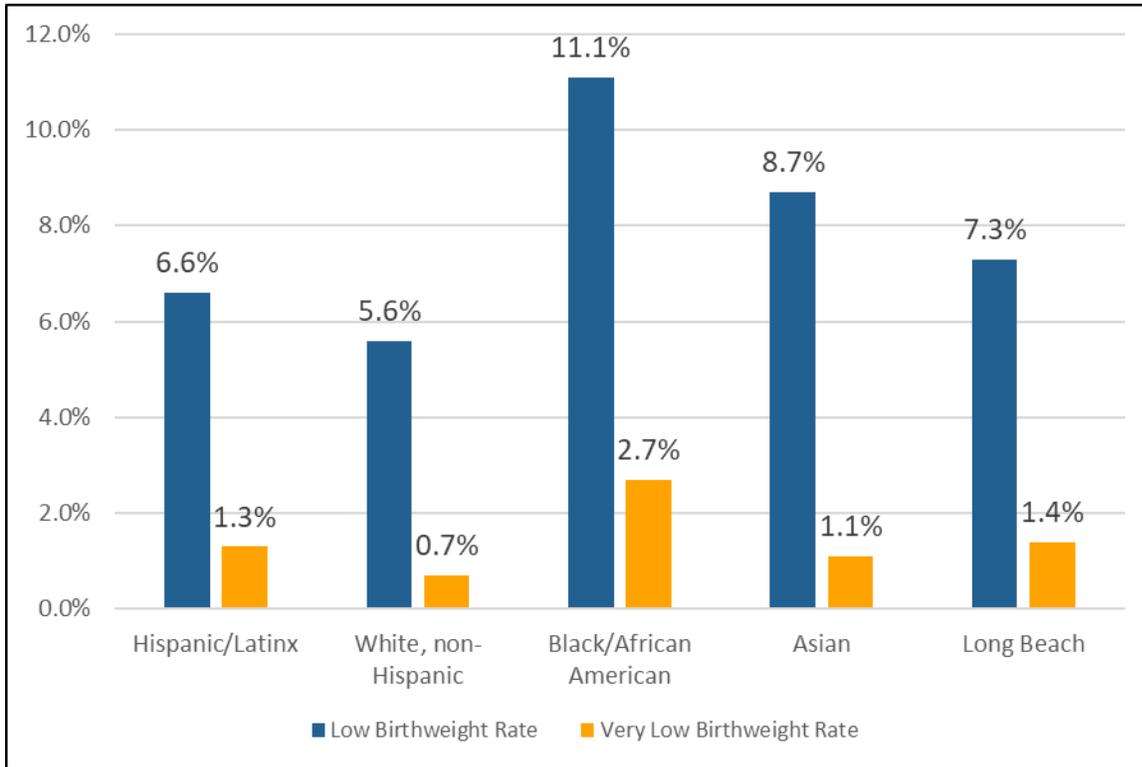
Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

LOW BIRTHWEIGHT

Babies with a low birth weight (less than 5.5 lbs, or 2500 grams) or very low birth weight (less than 3.3 lbs, or 1500 grams) may be more at risk for health problems, including delayed motor and social development or learning disabilities.⁵⁷ Rates of low and very low birth weight, by race/ethnicity, are displayed in Figure 52. The highest rates for low birthweight and very low birthweight in Long Beach from 2013-2017 are among Black infants. The rate of very low birthweight varies slightly by maternal age, with infants born to mothers 35 years of age and older slightly more at risk of having a very low birthweight (1.8) compared to those born to mothers less than 18 years old (1.5) or mothers between the ages of 18-34 years (1.3).¹⁰



FIGURE 52. LOW AND VERY LOW BIRTHWEIGHT RATES BY RACE/ETHNICITY IN LONG BEACH, 2013-2017



Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

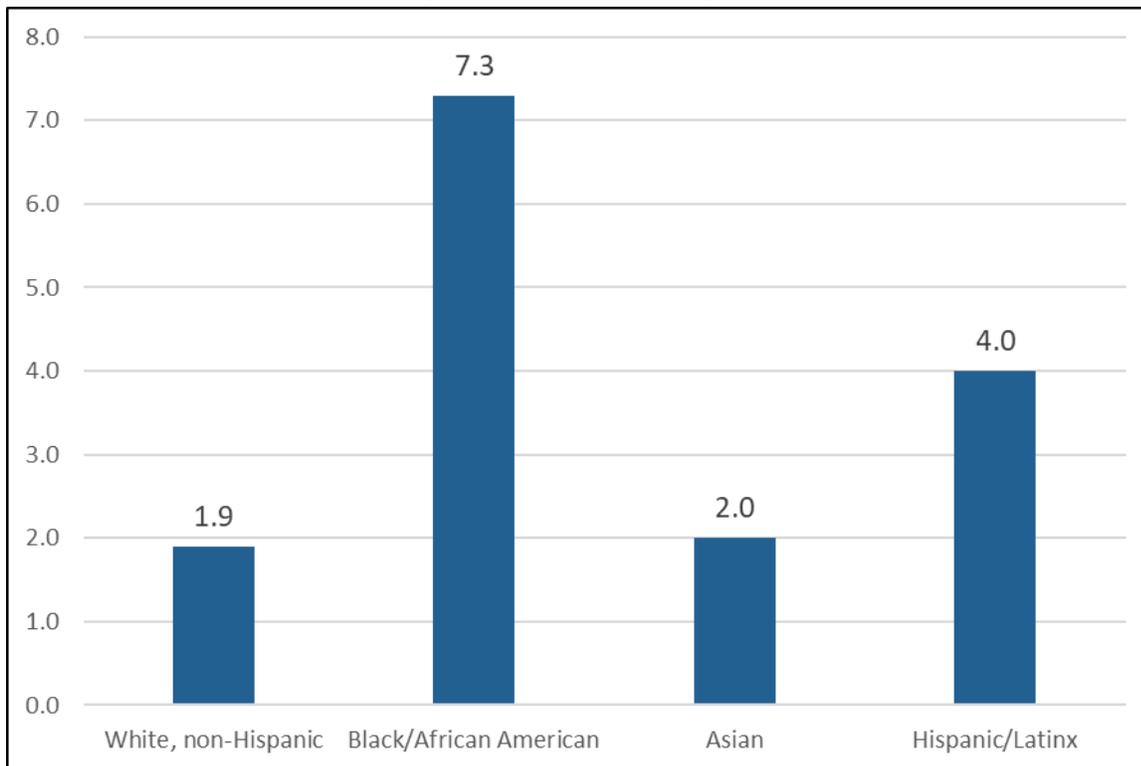


INFANT DEATHS

In the city of Long Beach, there were 113 infant deaths from 2013 to 2017. The leading cause of infant mortality in the city was Sudden Infant Death Syndrome (SIDS), as it is in many places across the state and country. There were 16 deaths due to SIDS in Long Beach over the time span, followed by 15 deaths due to complications from extremely low birthweight and premature births.¹⁰

Infant death rates by race/ethnicity in Long Beach for the 2013-2017 time period are shown in Figure 53. While more than half of all infant deaths in Long Beach during this time period were among Hispanic/Latinx infants (63 infant deaths), the rate of infant deaths was highest among the Black subpopulation (7.3 deaths per 1,000 live births). The Hispanic/Latinx group had the second highest infant death rate at 4.0 deaths per 1,000 live births, higher than the overall Long Beach rate of 3.8.¹⁰

FIGURE 53. INFANT DEATH RATES BY RACE/ETHNICITY IN LONG BEACH, 2013-2017



Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017¹⁰

PREVENTIVE PRACTICES

Prevention opportunities focus on efforts taken throughout the life course to reduce disease, trauma, homelessness, and violence as opposed to treatment and later interventions.

IMMUNIZATIONS & VACCINATIONS

Vaccinations are among the most effective preventive tools in medicine, having eradicated and dramatically reduced the incidence of many vaccine-preventable diseases in the United States and around the world.⁵⁸ Despite the successes achieved with vaccination, there continue to be inadequate levels of vaccine coverage in many communities as well as hospital admissions and emergency room visits due to vaccine-preventable disease.

The seasonal influenza vaccine can prevent serious illness and death. Some populations are at increased risk of flu complications, including adults 65 and older, pregnant women, people living with



heart disease, people living with asthma, and young children. The Centers for Disease Control and Prevention recommends that everyone 6 months of age and older receive a flu vaccine every season.⁵⁹ In Long Beach, less than half (43.7%) of children received an influenza vaccination in the past year, less than both the Los Angeles County (47.9%) and California (55.4%) values. Influenza as well as vaccine-preventable pneumonia are the cause for many potentially avoidable hospitalizations in Long Beach. The hospitalization rate due to influenza and pneumonia for older adults over 65 years of age is higher in Long Beach (6.7) than in the county (6.5) and state values (5.3), and it has increased over time (from 1.7 hospitalizations/10,000 population 65+ in 2010-2012).

TABLE 92. IMMUNIZATIONS & VACCINATIONS INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Children with Influenza Vaccination ¹⁷	percent	2013-2014	43.7	47.9	55.4	--
Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza ¹⁹	hospitalizations/ 10,000 population 18+ years	2013-2015	1.6	1.5	1.4	--
Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza ¹⁹	ER visits/ 10,000 population 18+ years	2013-2015	8.8	8.6	9.0	--
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+ ¹⁹	hospitalizations/ 10,000 population 65+ years	2013-2015	6.7	6.5	5.3	--
<i>California Health Interview Survey, Neighborhood Edition¹⁷ California Office of Statewide Health Planning and Development¹⁹</i>						

In 2013-2014, fewer than 40% of children ages six months to 11 years old in ZIP Codes 90803, 90808, 90814, and 90815 received an influenza vaccination in the past year.

Five Long Beach ZIP Codes (90802, 90806, 90808, 90810, and 90813) have the same or higher hospitalization rates due to immunization-preventable pneumonia and influenza compared to the Long Beach average. Six ZIP Codes have emergency room visit rates due to the same conditions that are greater than the Long Beach average, including 90802, 90804, 90805, 90806, 90810, and 90813. ZIP Code 90813 has the highest ER visit rate at 15.3 visits per 10,000 adult population – nearly double the Long Beach rate (Table 93).



TABLE 93. IMMUNIZATIONS & VACCINATIONS INDICATORS BY ZIP CODE

Geography	Children with Influenza Vaccination ¹⁷	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza ¹⁹	Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza ¹⁹
	percent	hospitalizations/ 10,000 population 18+ years	ER visits/ 10,000 population 18+ years
	2013-2014	2013-2015	2013-2015
90802	43.8	1.9	10.3
90803	36.3	--	3.3
90804	42.4	--	10.1
90805	46.7	1.5	10.4
90806	46	3	10.2
90807	41.6	1.5	6.5
90808	37.6	1.6	3.7
90810	43.8	2.7	9.6
90813	46	2.5	15.3
90814	37.6	--	7.3
90815	38.9	--	4.7
Long Beach	43.7	1.6	8.8
<i>California Health Interview Survey, Neighborhood Edition¹⁷</i>			
<i>California Office of Statewide Health Planning and Development¹⁹</i>			



PREVENTIVE SERVICES

Individuals who receive recommended clinical preventive services in a timely manner have greater opportunity to prevent disease or detect disease during earlier, treatable stages. For older adults, these recommended preventive services include influenza vaccination, pneumococcal vaccination, and relevant colon cancer screening tests or mammograms.

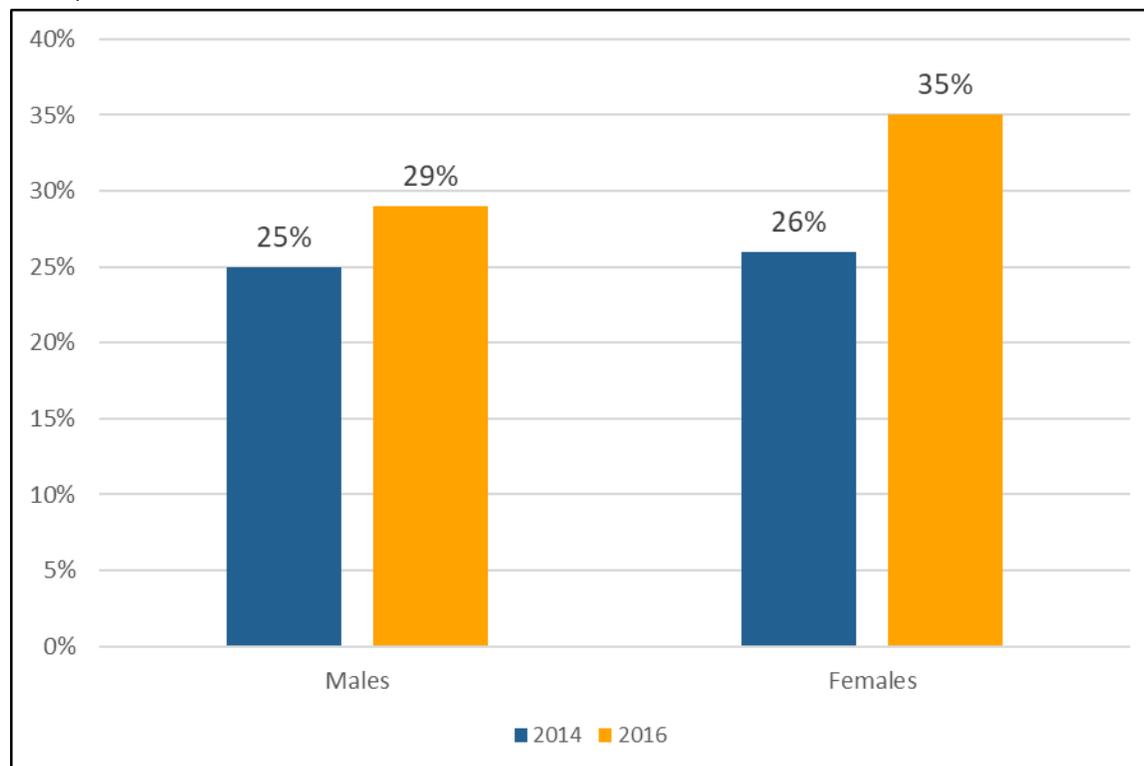
In 2016, the percentages of both males and females over 65 years of age who received the recommended preventive services increased from 2014. For females, the value increased by nearly 10 percentage points, from 25.9% in 2014 to 34.8% in 2016. For males, the value increased from 24.7% to 29.1%.

TABLE 94. PREVENTIVE SERVICES INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults 65+ who Received Recommended Preventive Services: Females ¹⁸	percent	2016	34.8	--	--	--
Adults 65+ who Received Recommended Preventive Services: Males ¹⁸	percent	2016	29.1	--	--	--

Centers for Disease Control and Prevention, 500 Cities Project¹⁸

FIGURE 54. PEOPLE 65+ RECEIVING RECOMMENDED PREVENTIVE SERVICES BY GENDER IN LONG BEACH, 2014-2016



Centers for Disease Control and Prevention, 500 Cities Project¹⁸



PREVENTABLE EMERGENCY ROOM VISITS

Preventable emergency room visits may indicate an inability of community residents to gain access to primary care or other health care services to address issues that would not normally require an emergency room visit. The rates of preventable emergency room visits included in Table 95,

Figure 55, and Table 96 below were calculated using ICD diagnosis codes identified by Medi-Cal as being avoidable ER visits. These diagnoses range from primary care services such as pregnancy exams and eye exams to bacterial and parasitic infections.

ZIP Code 90813 had the highest rate of people utilizing emergency rooms for preventable health conditions (846.4 emergency room visits per 10,000 population). This is about double the values for Long Beach (429.4), Los Angeles County (348.1), and the state of California (367.1).

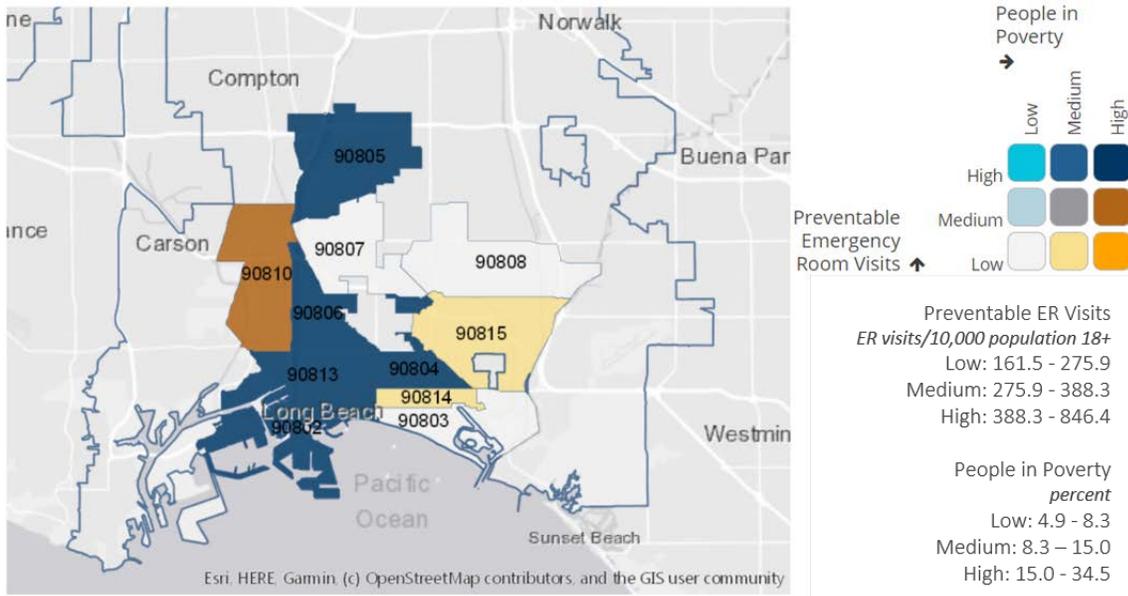
TABLE 95. PREVENTABLE EMERGENCY ROOM VISIT RATE BY ZIP CODE

Geography	Preventable Emergency Room Visits ER visits/ 10,000 population 18+ years 2013-2015
90802	532.0
90803	161.5
90804	474.9
90805	531.1
90806	520.2
90807	275.9
90808	193.5
90810	388.3
90813	846.4
90814	215.7
90815	198.1
Long Beach	429.4
<i>California Office of Statewide Health Planning and Development¹⁹</i>	

In all ZIP Codes in which the rate of preventable ER visits is higher than 388.3 visits per 10,000 population 18 years and older (ZIP Codes 90802, 90804, 90805, 90806, and 90813), the poverty rate is higher (>15%) compared to other parts of Long Beach. In ZIP codes where the poverty rate is lowest (ZIP Codes 90803, 90807, and 90808) the rate of preventable ER visits is also lower (Figure 55).



FIGURE 55. PREVENTABLE ER VISITS (2013-2015)¹⁹ AND PEOPLE LIVING BELOW POVERTY (2012-2016)¹ BY ZIP CODE IN LONG BEACH



American Community Survey, 2012-2016¹
 California Office of Statewide Health Planning and Development¹⁹

There are notable trends over time for the preventable emergency room visit rates in Long Beach. Nine of the 11 ZIP Codes in Long Beach saw an increase in preventable emergency room visit rates from the 2010-2012 time period to the 2013-2015 time period. The rate for ZIP Code 90813 increased from 786.0 visits per 10,000 population 18 and older in 2010-2012 to 895.5 in 2013-2015. The rates for the city of Long Beach, Los Angeles County, and the state of California all increased over this time period.

TABLE 96. PREVENTABLE EMERGENCY ROOM VISITS PER 10,000 POPULATION 18+

ZIP Code	2010-2012	2011-2013	2012-2014	2013-2015
90802	531.2	543.3	545.0	532.0
90803	202.9	186.8	172.1	161.5
90804	418.5	464.3	485.6	474.9
90805	510.6	530.8	533.4	531.1
90806	481.1	504.9	526.7	520.2
90807	308.9	300.3	289.5	275.9
90808	193.5	193.0	194.9	193.5
90810	338.2	348.0	371.4	388.3
90813	761.5	853.9	884.4	846.4
90814	202.4	204.6	204.3	215.7
90815	187.8	200.1	200.2	198.1
Long Beach	405.6	426.8	434.6	429.4
Los Angeles County	305.8	320.7	335.1	348.1
California	332.1	343.7	353.0	367.1

California Office of Statewide Health Planning and Development¹⁹

There is also an apparent disparity by race/ethnicity for rates of preventable ER visits. The rate for these avoidable visits is over twice as high for Black or African American residents compared to all other race/ethnic groups (Table 97).



TABLE 97. PREVENTABLE EMERGENCY ROOM VISITS PER 10,000 POPULATION 18+

Race/Ethnicity	Preventable Emergency Room Visits ER visits/ 10,000 population 18+ years 2013-2015
American Indian or Alaska Native	359.8
Asian or Pacific Islander	166.7
Black or African American	1051.9
Hispanic/Latinx	375.7
White	401.3
Overall	429.4
<i>California Office for Statewide Health Planning and Development¹⁹</i>	

SUBSTANCE USE AND MISUSE

Substance use and misuse includes alcohol misuse, tobacco use, illegal substance use, and misuse of other prescription drugs, including opioids. The misuse of alcohol, tobacco, and drugs can have many adverse health effects, both in the short-term and the long-term.⁶⁰

ALCOHOL AND SUBSTANCE MISUSE HOSPITALIZATIONS

Alcohol and substance misuse can impact the health of individuals, families, and communities. Individuals who misuse or abuse alcohol and other drugs can be at increased risk for serious health conditions such as heart disease, liver diseases, and cancer. The rates of hospitalizations due to both alcohol misuse and substance use are greater in Long Beach than the rates for Los Angeles County and the state of California. Hospitalizations due to alcohol misuse are increasing over time (from 13.4 hospitalizations per 10,000 population 18 and older in 2010-2012) (Table 99), while hospitalizations due to substance use not including alcohol stayed nearly constant with a slight decrease in 2013-2015.

TABLE 98. ALCOHOL AND SUBSTANCE MISUSE HOSPITALIZATIONS INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Age-Adjusted Hospitalization Rate due to Alcohol Misuse ¹⁹	hospitalizations/ 10,000 population 18+ years	2013-2015	15.3	12.5	11.5	--
Age-Adjusted Hospitalization Rate due to Substance Use not including Alcohol ¹⁹	hospitalizations/ 10,000 population 18+ years	2013-2015	8.6	7.0	6.1	--
<i>California Office for Statewide Health Planning and Development¹⁹</i>						

TABLE 99. TREND DATA FOR HOSPITALIZATIONS DUE TO ALCOHOL AND SUBSTANCE MISUSE IN LONG BEACH, 2010-2015

Indicator	Units	2010-2012	2011-2013	2012-2014	2013-2015
Age-Adjusted Hospitalization Rate due to Alcohol Misuse ¹⁹	hospitalizations/ 10,000 population 18+ years	13.4	13.1	13.8	15.3
Age-Adjusted Hospitalization Rate due to Substance Use ¹⁹	hospitalizations/ 10,000 population 18+ years	8.9	8.8	9.0	8.6
<i>California Office for Statewide Health Planning and Development¹⁹</i>					

During 2013-2015, ZIP Code 90802 had the highest hospitalization rate for alcohol misuse, while ZIP Code 90808 had the highest hospitalization rate for substance use. ZIP Code 90813 had the second



highest hospitalization rates due to both alcohol misuse and substance use as compared to all other ZIP Codes in Long Beach (Table 100).

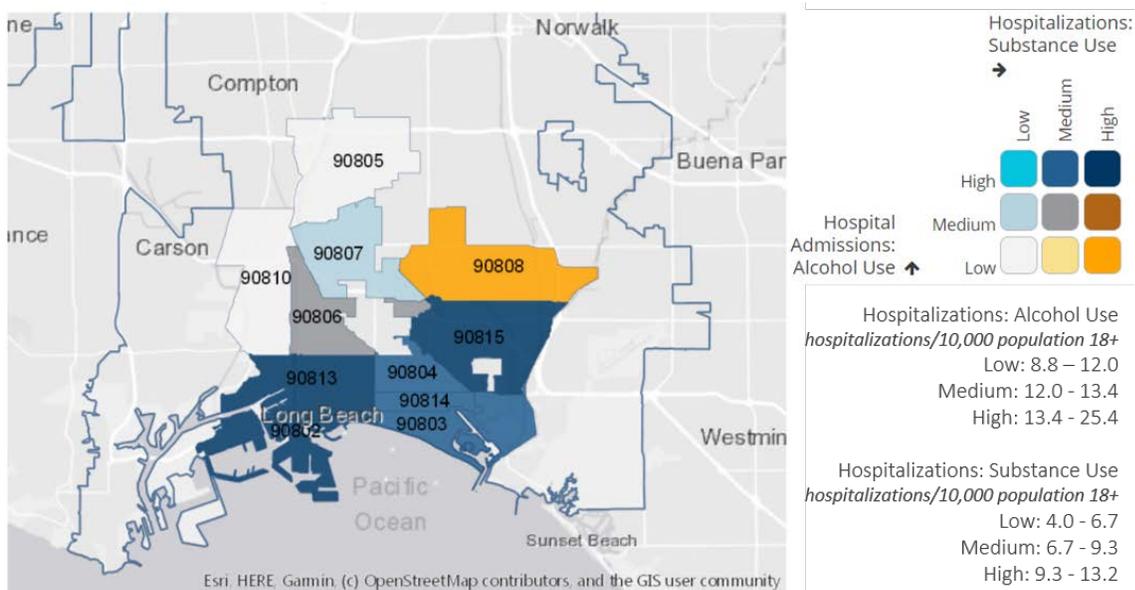
TABLE 100. ALCOHOL AND SUBSTANCE MISUSE HOSPITALIZATIONS INDICATORS BY ZIP CODE

Geography	Age-Adjusted Hospitalization Rate due to Alcohol Misuse hospitalizations/ 10,000 population 18+ years 2013-2015	Age-Adjusted Hospitalization Rate due to Substance Use hospitalizations/ 10,000 population 18+ years 2013-2015
90802	25.4	10.9
90803	15.9	7.8
90804	16	8.7
90805	12	5.9
90806	13.4	9.3
90807	12.6	6.7
90808	11.5	13.2
90810	8.8	4
90813	24.1	12.8
90814	15.5	9.2
90815	16.3	11.6
Long Beach	15.3	8.6

California Office of Statewide Health Planning and Development¹⁹

As seen in Figure 56, several ZIP codes in Long Beach have high rates of hospitalization due to alcohol misuse as well as high rates of hospitalization due to substance abuse. However, the pattern between these two causes of hospitalization is not always similar; in ZIP code 90808 there is a high rate of hospitalization due to substance use (13.2 hospitalizations per 10,000 population 18 and older), but a relatively low rate of hospitalization due to alcohol misuse (11.5 hospitalizations per 10,000 population 18 and older) compared to other Long Beach ZIP Codes.

FIGURE 56. AGE-ADJUSTED HOSPITALIZATION RATE DUE TO ALCOHOL MISUSE AND SUBSTANCE ABUSE BY ZIP CODE IN LONG BEACH, 2013-2015¹⁹



The rate of hospitalizations due to alcohol misuse among the White adult population is higher than that of other racial/ethnic groups. The rate for White, non-Hispanics (21.3 hospitalizations per 10,000 adults) is significantly higher than the overall city value (15.3 hospitalizations per 10,000 adults) and all other race/ethnicity subgroup rates.

TABLE 101. AGE-ADJUSTED HOSPITALIZATION RATE DUE TO ALCOHOL ABUSE BY RACE/ETHNICITY, 2013-2015

Geography	Age-Adjusted Hospitalization Rate due to Alcohol Abuse hospitalizations/ 10,000 population 18+ years 2013-2015
American Indian or Alaska Native	--
Asian or Pacific Islander	2.0
Black or African American	8.8
Hispanic/Latinx	10.4
White	21.3
Overall	15.3
<i>California Office for Statewide Health Planning and Development¹⁹</i>	

SMOKING AND MARIJUANA USE

The percentage of adults who smoke in Long Beach (15.1%) is higher than both the Los Angeles County value and California value (both 11.7%). It is also three percentage points higher than the Healthy People 2020 goal of 12%.

TABLE 102. SUBSTANCE ABUSE INDICATORS OF NEED FOR LONG BEACH

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Adults who Smoke ¹⁸	percent	2015	15.1	11.7 ⁵⁰	11.7 ⁴²	12.0
<i>Centers for Disease Control and Prevention, 500 Cities Project¹⁸</i>						
<i>Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System⁴²</i>						
<i>County Health Rankings & Roadmaps (CHR)⁵⁰</i>						

Marijuana Education

A Cannabis education survey was conducted by GreenlightLB in Long Beach. The survey found that 72.5% of respondents know the legal age to use cannabis is 21 years or older. Additionally, 20.3% believed that cannabis is harmful, while 15.3% believe it to be harmless. The other 63.7% believe it is neither harmful nor harmless (168 respondents). Additionally, 87.7% thought that frequent or heavy cannabis use is harmful to youth in particular.⁶¹

Roughly 43% of survey respondents reported that it was false that cannabis smoke contained many of the same harmful chemicals as tobacco smoke, while 21.2% admitted they did not know. 91.7% of respondents answered that it is not legal to drive while high from cannabis, and 82.7% believe that driving while high is not a safe practice.⁶¹

Marijuana Usage

The GreenlightLB survey also asked about marijuana usage, categorized under the following categories: former user or non-user, moderate user, or heavy user. In ZIP Codes 90803 and 90804 more than two-thirds of survey respondents were either moderate or heavy users of cannabis (Table 103). More than 50% of respondents from ZIP Codes 90814, 90804, 90802, 90803, 90807, 90813, 90815, 90806, and 90808 all reported having used marijuana at least once.



TABLE 103. PERCENTAGE OF RESPONDENTS BY FREQUENCY OF MARIJUANA USAGE

Geography	Former User or Non-User	Currently Use Marijuana	
		Moderate User	Heavy User
90802 (n=41)	48.8	36.6	14.6
90803 (n=15)	33.4	53.3	13.3
90804 (n=22)	27.3	40.9	31.8
90805 (n=17)	70.6	11.8	17.6
90806 (n=16)	62.5	12.5	25.0
90807 (n=15)	60.0	13.4	26.6
90808 (n=17)	94.1	5.9	0.0
90810 (n=4)	0.0	75.0	25.0
90813 (n=21)	47.6	23.8	28.6
90814 (n=14)	42.9	35.7	21.4
90815 (n=17)	52.9	35.3	11.8
Overall (n=199)	51.7	29.2	19.1

Long Beach Department of Health and Human Services, GreenlightLB Survey⁶¹

The survey found that 25 to 34 year-olds are most likely to use cannabis via smoking or vaping the cannabis flower (59.5%). Eighteen to 24 year-olds are most likely to use cannabis by smoking or vaping concentrates (42.9%). Of all respondents, 18.1% prefer edibles or beverages containing marijuana.⁶¹

TABLE 104. PERCENTAGE OF RESPONDENTS BY TYPE OF MARIJUANA USAGE

Age Group	Method of Most Frequent Usage			
	Smoking or Vaping (flower)	Smoking or Vaping (concentrates)	Edibles or Beverages	Other
17 and under (n=1)	0.0	0.0	100.0	0.0
18-24 (n=14)	50.0	42.9	7.1	0.0
25-34 (n=42)	59.5	26.2	9.5	4.8
35-44 (n=21)	47.6	23.8	28.6	0.0
45-54 (n=10)	30.0	0.0	30.0	40.0
55-64 (n=5)	40.0	20.0	20.0	20.0
65 plus (n=1)	0.0	0.0	100.0	0.0
Overall (n=94)	50.0	24.5	18.1	7.4

Long Beach Department of Health and Human Services, GreenlightLB Survey⁶¹

OPIOID USE

Opioids are a major health and substance use issue nationally, and there is evidence of some areas of Long Beach that are impacted by opioid use. The opioid prescription rate shows the number of opioid drug prescriptions per 10,000 population by patient’s locale, while the opioid prescription patients metric displays the percentage of the population that has been prescribed an opioid. In 2017, prescription opioids were involved in more than 35% of all opioid overdose deaths in the United States.⁶²

ZIP Code 90804 has the highest opioid prescription rate (415.3 prescriptions per 10,000 population), and ZIP Code 90808 has the highest percentage of patients who have been prescribed opioids (3.1%) (Table 105).



TABLE 105. OPIOID USE INDICATORS BY ZIP CODE

Geography	Opioid Prescription Rate prescriptions/ 10,000 population May 2018	Opioid Prescription Patients percent May 2018
90802	366.7	3.0
90803	360.9	2.9
90804	415.3	2.9
90805	307.4	2.6
90806	367.5	2.9
90807	392.3	3.0
90808	390.8	3.1
90810	274.9	2.2
90813	292.6	2.5
90814	314.1	2.5
90815	342.8	2.6
Long Beach	--	--
<i>California Department of Justice, Controlled Substance Utilization Review and Evaluation System (CURES)⁶³</i>		



SPECIAL POPULATIONS



A number of subpopulations in Long Beach are more impacted than other subpopulations by the various community health needs described in this community health assessment. The following section presents the findings for these special populations and how they should be considered for future program and planning.

LGBTQ (LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER OR QUESTIONING)

Long Beach has a thriving LGBTQ population with many strengths and needs. Unfortunately, there were no known reliable data available to present an accurate picture of the LGBTQ population in Long Beach. Although some sources may provide helpful information, they are based on convenience samples and may not be representative. Therefore, we note that there is a need for a demographic and other data to better understand and serve Long Beach's LGBTQ population.

OLDER ADULTS

Special considerations for the older adult population in Long Beach are described throughout multiple sections of this report, including [Access to Health Services](#), [Oral Health/Dental Care](#), and [Preventive Practices](#). This section includes further information on economic and social factors for older adults.

INCOME

As mentioned in the [Economic Insecurity](#) section of this report, the median household income for households with a householder over the age of 65 is low in Long Beach (\$41,869) when compared to Los Angeles County (\$42,310) and California (\$46,749). Median household income reflects the relative prosperity of an area. Many adults within the United States aged 65 years and older are retired from the workforce, and many experience a drop in household income, which can lead to difficulties with paying for health care, food, and other basic necessities.

HOUSING

For older adults residing in Los Angeles County, housing affordability can be a major financial burden.⁷ Table 106 shows the percentage of homeowners age 65 years and older who are spending 30% or more of their household income on housing costs. This can illustrate financial hardship, especially for older adult homeowners who are retired from the workforce and have a lower income. In Long Beach, nearly one-third (31.2%) of older adult homeowners are spending 30% or more of their income on these housing costs. This percentage is lower than the Los Angeles County (35.0%) and California (32.3%) values.



TABLE 106. ECONOMIC AND SOCIAL FACTORS INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Older Adults Homeowners Spending 30% or More of Household Income on Housing Costs	percent	2012-2016	31.2	35.0	32.3	--
<i>American Community Survey, 2012-2016¹</i>						

TRANSPORTATION

Mobility issues are often an issue for older adults, affecting their ability to access social activities, civic engagement, groceries and health care services.⁷ According to a survey of older adults conducted by Purposeful Aging Los Angeles, the mode of transportation varies for adults ages 60 and older in Los Angeles County. While 76% of respondents reported driving themselves, 32% walk, 28% use public transportation, and 8% use special transportation services for older adults or people with disabilities. There may be improvements needed in the infrastructure for these transportation modes, as only 62% of respondents said that public transportation was reliable, 59% thought that their city/town had well-maintained streets, and 65% felt that pedestrian crossings were safe.

LANGUAGE SPOKEN

Speaking a language other than English is another factor that can affect the health and wellbeing of older adults in Long Beach. Language issues can lead to poorer clinical outcomes, as communication has proven to be an important factor for patients to receive high quality care.⁶⁶ ZIP Code 90813 has the highest percentage of residents over the age of 65 who have limited English language skills. With English as the second language for over half of the older adult population in ZIP Code 90813, this population is at more risk of being unable to adequately or easily navigate government supports, social services and the healthcare system.

CALFRESH AND NUTRITION OF OLDER ADULTS

CalFresh is a nutrition program in California that can help people in low-income households buy healthy foods. Eligibility for CalFresh for older adults signifies a certain level of need which may be due to poverty, lack of support, disability, or medical expenses. CalFresh data at the census tract level in Long Beach show that only 8.5% of total households with a person 60 years and older are enrolled in the program.⁶⁷

Awareness of, access to, or ability to enroll in the CalFresh program varies by geographical location. Fewer than 13% of older adults who are eligible for CalFresh are not enrolled in most areas of east Long Beach, compared to over 22% in some areas of both central and north Long Beach.⁶⁷

PERSONS WITH DISABILITIES

Persons with a disability are more likely to live in poverty as compared to persons without a disability. Additionally, people with disabilities living below the poverty level are more likely to experience material hardship compared to others living in poverty.⁶⁸ In Long Beach, 29.3% of persons aged 20 to 64 with any type of disability are living below the poverty level (2012-2016), and this value is higher than the California and Los Angeles County percentages. For the general population, 20.3% of persons in Long Beach are living below the poverty level, which is also higher than the county and state values (Table 107).

Financial support is provided to persons with disabilities by the Social Security Administration as Supplemental Security Income (SSI), a federal income supplement designed to help those who have little or no income. The supplement provides cash to meet basic needs for food, clothing, and shelter.



The percentage of households receiving this Supplemental Security Income in Long Beach is 6.7%, compared to 6.9% in Los Angeles County and 6.2% in the state of California.

TABLE 107. PERSONS WITH DISABILITIES INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Persons with Disability Living in Poverty ¹	percent	2012-2016	29.3	27.0	26.3	--
Persons Living Below Poverty Level ¹	percent	2012-2016	20.3	17.8	15.8	--
Households with Supplemental Security Income ¹	percent	2012-2016	6.7	6.9	6.2	--
<i>American Community Survey, 2012-2016¹</i>						

Compared to other areas of the city, ZIP Codes 90813, 90802, 90806, and 90804 have higher percentages of persons with a disability living in poverty. ZIP Code 90808 has the lowest percentage of persons with a disability that live below the poverty level (9.5%).

ZIP Codes 90813 and 90806 have more than 10% of households receiving SSI – over 3% more than the city value and nearly double the national average of 5.4%.

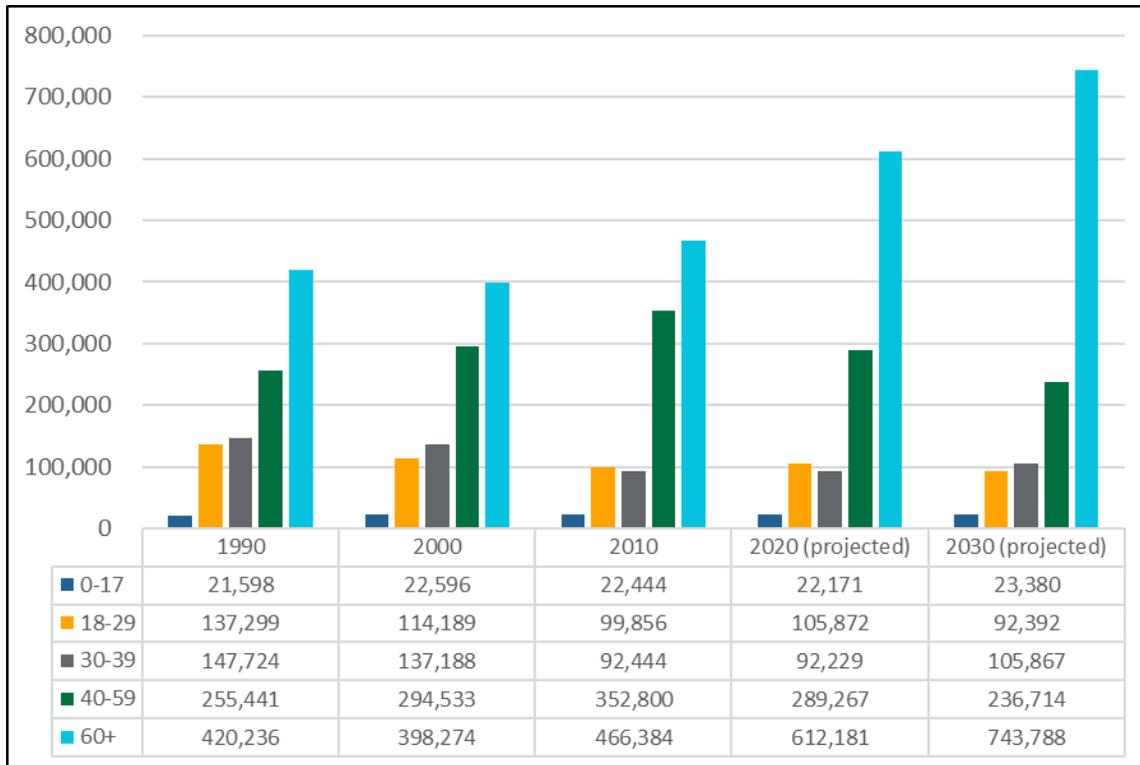
TABLE 108. PERSONS WITH DISABILITIES INDICATORS BY ZIP CODE

Geography	Persons with Disability Living in Poverty percent 2012-2016	Households with Supplemental Security Income percent 2012-2016
90802	39.5	7.0
90803	16.0	1.4
90804	29.5	6.9
90805	26.4	8.5
90806	31.9	10.0
90807	14.4	4.7
90808	9.5	3.9
90810	26.4	9.7
90813	44.6	12.4
90814	29.1	3.2
90815	18.8	3.7
Long Beach	29.3	6.7
<i>American Community Survey, 2012-2016¹</i>		

In Los Angeles County, the number of individuals with a disability is expected to increase among the population ages 60 years and older. By the year 2030, the population with a disability in this age group is projected to grow to over 700,000 individuals (Figure 57).⁷



FIGURE 57. DISABLED POPULATION BY AGE IN LOS ANGELES COUNTY, 1990-2030



Purposeful Aging Los Angeles (PALA), Oral Health report, September 2017⁷

VETERANS

Veterans comprise a special population deserving of compassionate health care and access to quality services. An estimated 17,927 veterans live in Long Beach, and, as such, make up 4.9% of the population. As Table 109 illustrates, ZIP Codes 90805, 90808, and 90815 have the highest numbers of veteran residents in the city, while the proportions of veterans by percentages are highest in ZIP Codes 90808, 90807, and 90802.

TABLE 109. NUMBER AND PERCENT OF VETERANS BY ZIP CODE

Geography	Population 18+	Veterans	Percent of Population 18+
90802	34598	2174	6.3%
90803	31293	1854	5.9%
90804	29979	949	3.2%
90805	66060	2436	3.7%
90806	32710	1255	3.8%
90807	25710	1968	7.7%
90808	30749	2339	7.6%
90810	28736	1277	4.4%
90813	40614	1058	2.6%
90814	12333	651	5.3%
90815	31829	1966	6.2%

American Community Survey, 2013-2017²

The transition from active duty to civilian life is often accompanied by several challenges, particularly when it comes to obtaining and maintaining gainful employment with adequate wages. Unemployment and underemployment are strongly correlated with poverty rates.



The unemployment rate for veterans in Long Beach is 7.5%, nearly two percentage points lower than the rate for the county, 9.4%, but slightly higher than the rate for California (7.1%). Currently, the poverty level for the veterans' population stands at 11.5%. This figure is 2 percentage points higher than the county value of 9.5% and 4 percentage points higher than the state value of 7.5%. Having at least a high school degree impacts a veteran's ability to find and maintain work, earn adequate income and acquire health insurance. In Long Beach, 95.5% of veterans have a high school degree or higher. This value is higher than both the county (93.2%) and state (94.5%) values.

TABLE 110. VETERANS' INDICATORS

Indicator	Units	Period of Measure	Long Beach	California	LA County	HP 2020 Goal	Trend
Veterans Living Below Poverty Level ¹	percent	2013-2017	11.5	7.5	9.5	--	up
Unemployed Veterans ¹	percent	2013-2017	7.5	7.1	9.4	--	up
Veterans with a High School Degree or Higher ¹	percent	2013-2017	95.3	94.5	93.2	--	No Change

American Community Survey, 2013-2017¹

In Table 111, the percentages of veterans living in poverty, unemployed veterans and veterans with a high school degree or higher are shown.

TABLE 111. VETERANS INDICATORS BY ZIP CODE

Geography	Veterans Living Below Poverty Level percent 2013-2017	Unemployed Veterans percent 2013-2017	Veterans with a High School Degree or Higher Percent 2013-2017
90802	19.4	5.8	95.3
90803	5.0	6.9	97.9
90804	12.6	3.7	95.0
90805	11.8	7.5	95.7
90806	18.0	11.0	91.1
90807	7.1	7.2	96.6
90808	5.0	6.2	95.3
90810	6.6	8.8	95.3
90813	27.3	7.0	91.7
90814	18.3	16.8	98.2
90815	6.6	5.0	97.3
Long Beach	11.5	7.5	95.5

American Community Survey, 2012-2016¹

ZIP Code 90813 (1,058 veterans) has 27.3% of veterans living in poverty. The next highest poverty rates for Long Beach are in ZIP Codes 90802, 90814 and 90806, which range between 18 and 19.4%, respectively. ZIP Code 90814 (651 veterans) has the highest veteran unemployment rate in the city, 16.8%, while ZIP Codes 90806 and 90810 have unemployment rates of 11.0 and 8.8% respectively, higher than Long Beach's overall rate of 7.5%. More than 90% of the veterans residing in all 11 Long Beach ZIP Codes have high school degrees. The ZIP Code with the lowest percentage of veterans with high school degrees is 90813 with 90.9%, 4.6 percentage points less than the city's overall graduation rate of 95.3%.



WOMEN & CHILDREN

SOCIAL AND ECONOMIC FACTORS

Data regarding women and children are described in multiple sections of this report including [Cancer](#), [Pregnancy & Birth Outcomes](#), [Respiratory Diseases](#), [Housing & Homelessness](#), [Access to Health Services](#), [Exercise](#), [Nutrition & Weight](#), [Oral Health/Dental Care](#), and [Preventive Practices](#). This section includes further information on economic and social factors. Studies suggest increased health risks for children from single-parent households. This may be partially explained by socioeconomic factors such as lower incomes and access to supports. Both adults and children from single-parent households are at risk for adverse health effects, such as emotional and behavioral problems, as well as substance use and abuse, compared to their peers in two-parent households. All-cause mortality risk is also higher among both the single parents and the children.^{69,70} Concerning income and according to the US Census in 2016 for those working full-time, year round, the median income of men was \$51,640 compared to \$41,554 for women, showcasing the gender pay gap that exists in society.⁷¹

ZIP Code 90802 has the highest percentage of single-parent households where the parent is a female (46.7%). ZIP Codes 90813, 90804, 90805, 90810, and 90806 all also have higher percentages of single-parent female headed households compared to the Los Angeles County, state, and national values.

TABLE 112. SOCIAL AND ECONOMIC FACTORS BY ZIP CODE

Geography	Single-Parent Female Households percent 2012-2016	Female Population 16+ in Civilian Labor Force percent 2012-2016	Households with Children Receiving SNAP percent 2012-2016
90802	46.7	66.3	56.3
90803	25.5	66.2	15.3
90804	38.2	64.3	69.6
90805	38	59.6	82.0
90806	31.2	55.0	70.1
90807	20.5	66.9	54.6
90808	12	59.6	31.6
90810	31.9	57.4	72.9
90813	38.5	54.5	78.9
90814	23.9	66.9	38.6
90815	14.8	58.0	56.9
Long Beach	32.3	60.7	72.2

American Community Survey, 2012-2016²

More than two-thirds of female residents 16 years and older in ZIP Codes 90802, 90803, 90804, 90807, and 90814 are in the civilian labor force (classified either as employed or unemployed and looking for work). ZIP Code 90813 (54.5%) has the lowest percentage of female residents in the labor force.

In Long Beach, 72.2% of households participating in the Supplemental Nutrition Assistance Program (SNAP) have children under 18 years of age. There is a large range across the city in the percentage of households with children receiving SNAP, with ZIP Code 90805 having the highest percentage at 82% and ZIP Code 90803 having the lowest at 15.3%.

CHILDREN AND ADOLESCENT HEALTH NEEDS

The percentage of children ages 0 to 17 who have special health care needs in Long Beach (18.8%) is notably higher than the Los Angeles County percentage (14.5%).



Furthermore, the ER visit rate due to suicide and intentional self-inflicted injury among adolescents (32.1 ER visits per 10,000 population aged 10-17) is higher for Long Beach compared to Los Angeles County, though lower than the state rate.

Another important measure of children’s health is their level of physical fitness. For the 2016-2017 school year, 66.4% of Long Beach Unified School District seventh graders were physically fit according to the Healthy Fitness Zone for the aerobic capacity portion of the annual state physical fitness test. This is a higher percentage than the Los Angeles County and California percentages. The school district fitness value is also undergoing statistically significant improvements over time, up almost 7% from the 2010-2011 school year value of 58.9%. A significantly higher percentage of male seventh graders (71.9%) were considered physically fit per the test as compared to their female peers (60.7%).

TABLE 113. CHILDREN AND ADOLESCENT HEALTH NEEDS INDICATORS

Indicator	Units	Period of Measure	Long Beach	LA County	California	HP 2020 Goal
Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury ¹⁹	hospitalizations/ 10,000 population aged 10-17	2013-2015	10.3	10.6	11.5	--
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury ¹⁹	ER visits/ 10,000 population aged 10-17	2013-2015	32.1	28.2	36.6	--
Children who have Special Care Needs ¹⁶	percent	2015	18.8	14.5	--	--
7 th Grade Students who are Physically Fit (Female) ⁵¹	percent	2016-2017	60.7 (LBUSD)	61.0 (Overall)	64.6 (Overall)	--
7 th Grade Students who are Physically Fit (Male) ⁵¹	percent	2016-2017	71.9 (LBUSD)	61.0 (Overall)	64.6 (Overall)	--
<i>California Office of Statewide Health Planning and Development¹⁹</i>						
<i>Los Angeles County Health Survey¹⁶</i>						
<i>California Department of Education: Physical Fitness Test (PFT)⁵¹</i>						

FEMALE HEALTH DISPARITIES

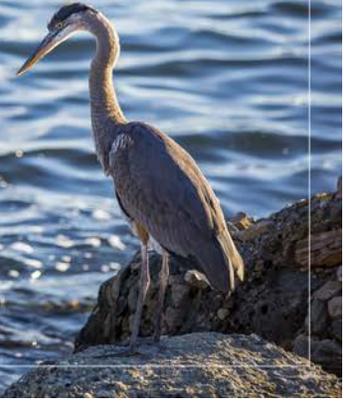
Data show gender disparities for specific health measures in Long Beach. The hospitalization rates due to hypertension, urinary tract infections, and asthma all have significantly higher rates for females as compared to males. The hypertension hospitalization rate is over 50% higher for females than males, and the urinary tract infection hospitalization rate for females is more than double the rate for males. While asthma is generally more common in women than men overall, it is still notable that the hospitalization rate due to asthma in Long Beach is more than 50% higher for females than males (Table 114).

TABLE 114. GENDER DISPARITIES FOR HEALTH MEASURES

Geography	Age-Adjusted Hospitalization Rate due to Hypertension	Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	Age-Adjusted Hospitalization Rate due to Asthma
	hospitalizations/ 10,000 population 18+ years	hospitalizations/ 10,000 population 18+ years	hospitalizations/ 10,000 population
	2013-2015	2013-2015	2013-2015
Female	7.0	24.6	13.9
Male	4.5	11.1	8.9
Overall	5.8	18.3	11.6
<i>California Office for Statewide Health Planning and Development¹⁹</i>			



CONCLUSION



The City of Long Beach has made great strides in addressing many factors that contribute to the health of our families, neighborhoods and communities. Yet, we have a lot work to do. Health disparities continue to exist along racial and geographic lines, and among many of our communities. In general, where there is more poverty there is a greater health burden. This is the direct result of past laws and practices that reduced investment and opportunity in specific communities. This legacy persists today.

In Long Beach, as in many places across the country, factors that support health and those that inhibit good health tend to cluster in neighborhoods. In neighborhoods where housing is adequate; fresh foods are abundant; open space is available for recreation, exercise and social connection; and families have incomes adequate to meet their needs, life expectancy can be as much as 17 years longer than in other areas of the city. In the areas of the city where these supports to good health are missing and stressors such as inadequate income, unaffordable housing, and inability to afford childcare and other basics, we see the worst health outcomes.

The findings presented in this document were produced in collaboration with our health care and community partners. Secondary data were pulled from multiple sources, such as the American Community Survey. These data were examined in concert with primary data, or actual Long Beach voices, as heard in our focus groups with community members and stakeholder interviews with community leaders. Data from all of these sources were then synthesized and prioritized. The Department of Health and Human Services has identified the following priority areas:

Chronic Diseases

Diabetes, heart disease, asthma and other chronic diseases remain a focus. Many of the factors that contribute to these diseases can be addressed. One way is to make structural changes in our neighborhoods, like making sure there are healthy foods, safe places to exercise, and cleaner air closer to places where people live. Since chronic diseases develop over time, individual choice is also an area that can be influenced with education, behavior change supports and policy change.

Communicable Diseases

Rates of STDs and HIV have risen dramatically in Long Beach over the last few years. In addition, diseases like Hepatitis A and Tuberculosis require public health attention. Finally, we must prepare for potential threats of new diseases, such as Zika. Disease surveillance, outreach, community education, immunizations, and treatment play strong roles.

Housing and Homelessness

Health begins at home. Long Beach is working to develop more affordable and supportive housing, but more is needed in all parts of the city. The Department of Health and Human



Services will continue to work with its Continuum of Care, Housing Authority and community organizations to seek additional innovative solutions focused on ending homelessness.

Mental Health

Long Beach is becoming a trauma informed city through extensive training and a multisector collaboration. Deeper integration of mental health services into other health services and the justice system is underway. Additional efforts, including more focus on promotion of mental and emotional health and awareness and prevention of common mental health issues are needed.

Public Safety

Public health is an essential part of the City's public safety continuum. Public safety starts by giving families and young children a fair and safe start in life. Public safety continues through the life span, with supports for families such as early childhood education, youth engagement opportunities, violence prevention, and behavioral health opportunities for people who have been engaged in the criminal justice system. It also includes making sure our beaches, restaurants and other spaces are safe and that we are prepared for public health emergencies.

Long Beach is the perfect place to implement programs and policies that can truly make a difference. With a population of nearly a half million people, Long Beach is fortunate to have its own Health Department, which is an independent jurisdiction within Los Angeles County. This means that in addition to benefiting from the services provided by Los Angeles County, Long Beach has a dedicated Health Department all its own. Long Beach also has an extensive network of non-profit, academic, health care and government partners all working to make Long Beach a healthier place for everyone.

We invite you to work with us to build opportunities for health and wellness across our city and to use these data to take action to continue to make Long Beach the healthiest city possible for all.



Appendices

Appendix A. Secondary Data

DATA CONSIDERATIONS

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

Many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability and may have a larger margin of error, especially for smaller populations. The analysis of subpopulation disparities is also limited by data availability, where indicator data varies based on the population groups and geographies being analyzed.



CITY OF LONG BEACH INDICATORS AND DATA

The city of Long Beach indicators and data in the table below are those provided from Conduent Healthy Communities Institute’s database. Additional indicators and data throughout the report come from a variety of sources and reports. All data sources are listed in the Works Cited at this end of this document.

DEMOGRAPHICS								
DEMOGRAPHICS	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REFERENCE
Adults who Perceive Neighborhood to be Safe from Crime	2015	percent	92.6	84				16
Children Living Below Poverty Level	2012-2016	percent	28.8	25.3	21.9	21.2		1
Female Population 16+ in Civilian Labor Force	2012-2016	percent	60.7	57.7	57.1	58.3		1
Homeownership	2012-2016	percent	37.7	43	49.8	55.9		1
Households without a Vehicle	2012-2016	percent	10.7	9.5	7.6	9		1
Linguistic Isolation	2012-2016	percent	8	13.5	9.4	4.5		1
Mean Travel Time to Work	2012-2016	percent	29.9	30.4	28.4	26.1		1
Mean Travel Time to Work	2012-2016	percent	29.9	30.4	28.4	26.1		1
Median Household Gross Rent	2012-2016	dollars	1150	1264	1297	949		1
Median Household Income	2012-2016	dollars	55151	57952	63783	55322		1
Median Housing Unit Value	2012-2016	dollars	448800	465000	409300	184700		1



Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	467	533	517	462		1
Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	2170	2284	2157	1491		1
People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	29.5	30.8	32	30.3		1
People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	29.5	30.8	32	30.3		1
People 25+ with a High School Degree or Higher	2012-2016	percent	79.5	77.7	82.1	87		1
People 25+ with a High School Degree or Higher	2012-2016	percent	79.5	77.7	82.1	87		1
People 25+ with an Associate's Degree or Higher	2012-2016	percent	37.2	37.7	39.8	38.5		1
People 65+ Living Alone	2012-2016	percent	27.7	22.3	23.1	26.4		1
People Living Below Poverty Level	2012-2016	percent	20.3	17.8	15.8	15.1		1
People who have Limited English Speaking Ability: 5+	2012-2016	percent	18.3	24.9	18.6	8.5		1
People who have Limited English Speaking Ability: 65+	2012-2016	percent	23.8	35.9	23.1	8.6		1
Per Capita Income	2012-2016	dollars	27752	29301	31458	29829		1
Population 16+ in Civilian Labor Force	2012-2016	percent	66	64.3	63	63.1		1
Single-Parent Female Households	2012-2016	percent	32.3	26.2	23.2	25.8		1
Single-Parent Households	2012-2016	percent	42.7	35.7	31.8	33.6		1



Veterans with a High School Degree or Higher	2012-2016	percent	95.5	93.2	94.4	93.2		1
Workers Commuting by Public Transportation	2012-2016	percent	6.8	6.5	5.2	5.1	5.5	1
Workers who Bike to Work	2012-2016	percent	1	0.9	1.1	0.6		1
Workers who Drive Alone to Work	2012-2016	percent	73.9	73.3	73.5	76.4		1
Workers who Walk to Work	2012-2016	percent	2.5	2.8	2.7	2.8	3.1	1
Young Children Living Below Poverty Level	2012-2016	percent	28	25.6	22.9	23.6		1
Young Children who are Read to Daily	2015	percent	58.1	56.4				16
Young Children who are Read to Daily	2015	percent	58.1	56.4				16
Youth not in School or Working	2012-2016	percent	2.9	2.3	2.3	2.4		1
PRIORITIZED NEEDS								
COMMUNICABLE DISEASES	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adults with Influenza Vaccination	2015	percent	42.1	40.1				16
Age-Adjusted ER Rate due to Bacterial Pneumonia	2013-2015	ER visits/ 10,000 population 18+ years	15.4	12.8	17.5			19
Age-Adjusted ER Rate due to Hepatitis	2013-2015	ER visits/ 10,000 population 18+ years	0.7	0.7	0.9			19



Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	2013-2015	ER visits/ 10,000 population 18+ years	8.8	8.6	9.0			19
Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	2013-2015	hospitalizations/ 10,000 population 18+ years	18.8	16.7	16.0			19
Age-Adjusted Hospitalization Rate due to Hepatitis	2013-2015	hospitalizations/ 10,000 population 18+ years	2.3	2.0	2.3			19
Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	2013-2015	hospitalizations/ 10,000 population 18+ years	1.6	1.5	1.4			19
Children with Influenza Vaccination	2013-2014	percent	43.7	47.9	55.4			17
Chlamydia Incidence Rate	2017	cases/ 100,000 population	806	579.2	504.6			13
Gonorrhea Incidence Rate	2017	cases/ 100,000 population	308.8	218.8	164.4			13
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+	2013-2015	hospitalizations/ 10,000 population 65+ years	6.7	6.5	5.3			19
Syphilis Incidence Rate	2017	cases/ 100,000 population	31.1	19.5	16.8			13
Tuberculosis Incidence Rate	2016	cases/ 100,000 population	6.2	5.8	5.2	2.9	1	21
MENTAL HEALTH	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adults Ever Diagnosed with Depression	2015	percent	16	13				16



Adults who are at Risk for Major Depression	2015	percent	11.6	11.8				16
Adults with Likely Psychological Distress	2013-2014	percent	10.3		8			17
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (CCS definition)	2013-2015	ER visits/ 10,000 population aged 12-17	32.1	28.2	36.6			19
Age-Adjusted ER Rate due to Mental Health (CCS definition)	2013-2015	ER visits/ 10,000 population 18+ years	94.3	86.9	90.1			19
Age-Adjusted ER Rate due to Pediatric Mental Health (CCS definition)	2013-2015	ER visits/ 10,000 population under 18 years	24.1	30.8	30.9			19
Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury (CCS definition)	2013-2015	ER visits/ 10,000 population 18+ years	21.0	17.7	21.1			19
Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (CCS definition)	2013-2015	hospitalizations/ 10,000 population aged 12-17	10.3	10.6	11.5			19
Age-Adjusted Hospitalization Rate due to Mental Health (CCS definition)	2013-2015	hospitalizations/ 10,000 population 18+ years	116.4	68.8	55.9			19
Age-Adjusted Hospitalization Rate due to Pediatric Mental Health (CCS definition)	2013-2015	hospitalizations/ 10,000 population under 18 years	35.2	34.3	29.9			19
Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury (CCS definition)	2013-2015	hospitalizations/ 10,000 population 18+ years	24.0	13.8	11.1			19
Poor Mental Health Days: 14+ Days	2015	percent	13.1			11.4		18
HOUSING & HOMELESSNESS	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE



Adults who have been Homeless	2015	percent	8.9	4.8				16
Homeowner Vacancy Rate	2012-2016	percent	1.3	1.1	1.3	1.8		1
Homeownership	2012-2016	percent	37.7	43	49.8	55.9		1
Houses Built Prior to 1950	2012-2016	percent	34.2	25.8	15.5	18.2		1
Median Household Gross Rent	2012-2016	dollars	1150	1264	1297	949		1
Median Household Income	2012-2016	dollars	55151	57952	63783	55322		1
Median Household Income: Householders 65+	2012-2016	dollars	41869	42310	46749	40135		1
Median Housing Unit Value	2012-2016	dollars	448800	465000	409300	184700		1
Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	467	533	517	462		1
Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	2170	2284	2157	1491		1
Mortgaged Owners Spending 30% or More of Household Income on Housing: 65+	2012-2016	percent	31.2	35	32.3	26.7		1
Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	55.3	56.5	56.5	47.27		1
PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF- ERENCE
Adults who have been Victims of Domestic Violence: Physical	2015	percent	6.8	9.1				16



Adults who Perceive Neighborhood to be Safe from Crime	2015	percent	92.6	84				16
Violent Crime Rate	2017	crimes/ 100,000 population	661.199275					30
CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adults who Experienced a Stroke	2015	percent	2.7			3		18
Adults who Experienced Coronary Heart Disease	2015	percent	4.5			6.3		18
Adults who Have Taken Medications for High Blood Pressure	2015	percent	67.2			77.2		18
Adults with Arthritis	2015	percent	17.3			24.7		18
Adults with Asthma	2013-2014	percent	10.4		13.9			17
Adults with COPD	2015	percent	4.8			6.3		18
Adults with Current Asthma	2015	percent	8.6		7.7	8.8		18
Adults with Diabetes	2015	percent	9.8		10	10.4		18
Adults with Heart Disease	2013-2014	percent	4.8	5.2	5.9			17
Adults with Influenza Vaccination	2015	percent	42.1	40.1				16
Adults with Kidney Disease	2015	percent	2.5			2.7		18



Age-Adjusted ER Rate due to Adult Asthma	2013-2015	ER visits/ 10,000 population 18+ years	44.6	31.6	32.8			19
Age-Adjusted ER Rate due to Asthma	2013-2015	ER visits/ 10,000 population	56.7	43.7	42.3			19
Age-Adjusted ER Rate due to Bacterial Pneumonia	2013-2015	ER visits/ 10,000 population 18+ years	15.4	12.8	17.5			19
Age-Adjusted ER Rate due to Heart Failure	2013-2015	ER visits/ 10,000 population 18+ years	7.8	6.8	8.4			19
Age-Adjusted ER Rate due to COPD	2013-2015	ER visits/ 10,000 population 18+ years	15.2	10.0	14.5			19
Age-Adjusted ER Rate due to Diabetes	2013-2015	ER visits/ 10,000 population 18+ years	26.2	23.9	24.7			19
Age-Adjusted ER Rate due to Hypertension	2013-2015	ER visits/ 10,000 population 18+ years	26.0	24.3	24.1			19
Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	2013-2015	ER visits/ 10,000 population 18+ years	8.8	8.6	9.0			19
Age-Adjusted ER Rate due to Long-Term Complications of Diabetes	2013-2015	ER visits/ 10,000 population 18+ years	10.8	11.2	11.4			19
Age-Adjusted ER Rate due to Pediatric Asthma	2013-2015	ER visits/ 10,000 population under 18 years	91.7	78.6	70.0			19
Age-Adjusted ER Rate due to Short-Term Complications of Diabetes	2013-2015	ER visits/ 10,000 population 18+ years	0.8	0.5	0.7			19
Age-Adjusted ER Rate due to Uncontrolled Diabetes	2013-2015	ER visits/ 10,000 population 18+ years	3.6	2.9	3.0			19
Age-Adjusted Hospitalization Rate due to Adult Asthma	2013-2015	hospitalizations/ 10,000	11.3	8.2	6.4			19



		<i>population 18+ years</i>						
Age-Adjusted Hospitalization Rate due to Asthma	<i>2013-2015</i>	<i>hospitalizations/ 10,000 population</i>	11.6	9.0	7.3			19
Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	<i>2013-2015</i>	<i>hospitalizations/ 10,000 population 18+ years</i>	18.8	16.7	16.0			19
Age-Adjusted Hospitalization Rate due to Heart Failure	<i>2013-2015</i>	<i>hospitalizations/ 10,000 population 18+ years</i>	31.4	30.8	27.4			19
Age-Adjusted Hospitalization Rate due to COPD	<i>2013-2015</i>	<i>hospitalizations/ 10,000 population 18+ years</i>	18.8	13.6	12.0			19
Age-Adjusted Hospitalization Rate due to Diabetes	<i>2013-2015</i>	<i>hospitalizations/ 10,000 population 18+ years</i>	24.9	19.3	16.7			19
Age-Adjusted Hospitalization Rate due to Hypertension	<i>2013-2015</i>	<i>hospitalizations/ 10,000 population 18+ years</i>	5.8	4.5	3.1			19
Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	<i>2013-2015</i>	<i>hospitalizations/ 10,000 population 18+ years</i>	1.6	1.5	1.4			19
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	<i>2013-2015</i>	<i>hospitalizations/ 10,000 population 18+ years</i>	16.0	12.3	9.9			19
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	<i>2013-2015</i>	<i>hospitalizations/ 10,000 population under 18 years</i>	12.4	11.6	10.1			19



Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	2013-2015	hospitalizations/ 10,000 population 18+ years	6.7	5.2	5.6			19
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	2013-2015	hospitalizations/ 10,000 population 18+ years	1.9	1.6	1.0			19
Children and Teens with Asthma	2013-2014	percent	12.5		15.2			17
Children with Influenza Vaccination	2013-2014	percent	43.7	47.9	55.4			17
Cholesterol Test History: 5 Years	2015	percent	72.8			77	82.1	18
High Blood Pressure Prevalence	2015	percent	26.5	23.5	28.8	31.9	26.9	16
High Cholesterol Prevalence	2015	percent	27.9	25.2	34.2	36.3	13.5	16
High Cholesterol Prevalence: Adults 18+	2015	percent	31.9			37.1		18
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+	2013-2015	hospitalizations/ 10,000 population 65+ years	6.7	6.5	5.3			19
Tuberculosis Incidence Rate	2016	cases/100,000 population	6.2	5.8	5.2	2.9	1	21
OTHER NEEDS								
ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adults 65+ without Health Insurance	2012-2016	percent	1.4	2	1.4	0.9		1
Adults Delayed or had Difficulty Obtaining Care	2013-2014	Percent	24.4	21.1	21.2			17



Adults Unable to Afford to See a Doctor	2011	percent	14.6	16				16
Adults who did not Visit a Dentist	2015	Percent	41.4	40.7				16
Adults who had Difficulty Obtaining Care	2015	percent	24.9	23.6				16
Adults who have had a Routine Checkup: Past Year	2015	percent	64.3			70		18
Adults who Visited a Dentist	2014	Percent	59.5		65.1	64.4		18
Adults with a Regular Source of Health Care	2015	percent	83.2	80.3				16
Adults with Health Insurance	2016	percent	88.6	86.8	89.7	88	100	1
Adults with Health Insurance (5-year)	2012-2016	Percent	80.5	78.2	82.4	83.6	100	1
Children and Teens Delayed or had Difficulty Obtaining Care	2013-2014	Percent	10.6	8.9	9.1			17
Children who did not Receive Dental Care due to Cost	2015	percent	9.7	11.5				16
Children who Visited a Dentist	2013-2014	percent	86.3	77.9	78.7			17
Children with a Regular Source of Health Care	2015	percent	97.4	94.3				16
Children with Health Insurance	2016	percent	96.4	96.3	97.1	95.5	100	1
Preventable Emergency Room Visits	2013-2015	ER visits/ 10,000 population 18+ years	429.4	348.1	367.1			19
CANCER	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adults with Cancer	2015	percent	5.1			6.6		18
Colon Cancer Screening: Sigmoidoscopy Past 5 Years and FOBT Past 3 Years, Colonoscopy Past 10 Years, or FOBT Past Year	2014	percent	57.5					18
Mammogram: 50-74 Past 2 Years	2014	percent	77.8			75.8	81.1	18
Pap Test: Past 3 Years 21-65	2014	percent	79.1			81.8		18



ECONOMIC INSECURITY	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adults who have been Homeless	2015	percent	8.9	4.8				16
Children Living Below Poverty Level	2012-2016	percent	28.8	25.3	21.9	21.2		1
Families Living Below Poverty Level	2012-2016	percent	15.7	13.9	11.8	11		1
Female Population 16+ in Civilian Labor Force	2012-2016	percent	60.7	57.7	57.1	58.3		1
Food Insecurity Rate: <300% FPL	2015	percent	38.4	29.2				1
Homeowner Vacancy Rate	2012-2016	percent	1.3	1.1	1.3	1.8		1
Homeownership	2012-2016	percent	37.7	43	49.8	55.9		1
Households with Cash Public Assistance Income	2012-2016	percent	5	4	3.8	2.7		1
Households with Supplemental Security Income	2012-2016	percent	6.7	6.9	6.2	5.4		1
Income Inequality: Gini Index	2012-2016	index	0.473	0.5	0.5	0.48		1
Median Household Gross Rent	2012-2016	dollars	1150	1264	1297	949		1
Median Household Income	2012-2016	dollars	55151	57952	63783	55322		1
Median Household Income: Householders 65+	2012-2016	dollars	41869	42310	46749	40135		1
Median Housing Unit Value	2012-2016	dollars	448800	465000	409300	184700		1



Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	467	533	517	462		1
Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	2170	2284	2157	1491		1
Mortgaged Owners Spending 30% or More of Household Income on Housing: 65+	2012-2016	percent	31.2	35	32.3	26.7		1
People 65+ Living Below Poverty Level	2012-2016	percent	13.1	13.5	10.3	9.3		1
People Living 200% Above Poverty Level	2012-2016	percent	57.8	60.4	64.8	66.4		1
People Living Below Poverty Level	2012-2016	percent	20.3	17.8	15.8	15.1		1
Per Capita Income	2012-2016	dollars	27752	29301	31458	29829		1
Persons with Disability Living in Poverty (5-year)	2012-2016	percent	29.3	27	26.3	27.6		1
Population 16+ in Civilian Labor Force	2012-2016	percent	66	64.3	63	63.1		1
Poverty Status by School Enrollment	2012-2016	percent	22.7	20.1	17.2	15.7		1
Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	55.3	56.5	56.5	47.27		1
Unemployed Veterans	2012-2016	percent	6.5	7.1	6.3	4.8		1
Veterans Living Below Poverty Level	2012-2016	percent	10.9	9.1	7.6	7.1		1
Young Children Living Below Poverty Level	2012-2016	percent	28	25.6	22.9	23.6		1



Youth not in School or Working	2012-2016	percent	2.9	2.3	2.3	2.4		1
ENVIRONMENT	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adults with Asthma	2013-2014	percent	10.4		13.9			17
Adults with Current Asthma	2015	percent	8.6		7.7	8.8		18
Age-Adjusted ER Rate due to Adult Asthma	2013-2015	ER visits/ 10,000 population 18+ years	44.6	31.6	32.8			19
Age-Adjusted ER Rate due to Asthma	2013-2015	ER visits/ 10,000 population	56.7	43.7	42.3			19
Age-Adjusted ER Rate due to Pediatric Asthma	2013-2015	ER visits/ 10,000 population under 18 years	91.7	78.6	70.0			19
Age-Adjusted Hospitalization Rate due to Adult Asthma	2013-2015	hospitalizations/ 10,000 population 18+ years	11.3	8.2	6.4			19
Age-Adjusted Hospitalization Rate due to Asthma	2013-2015	hospitalizations/ 10,000 population	11.6	9.0	7.3			19
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	2013-2015	hospitalizations/ 10,000 population under 18 years	12.4	11.6	10.1			19
Houses Built Prior to 1950	2012-2016	percent	34.2	25.8	15.5	18.2		1
EXERCISE, NUTRITION & WEIGHT	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adult Fruit and Vegetable Consumption: 5+ Servings	2015	percent	13.9	14.7				16



Adults Engaging in Regular Physical Activity	2015	percent	65.3	65.1	57.3	51.3		16
Adults who are Obese	2015	percent	24.6	28.3	28	28.8	30.5	17
Adults who are Overweight	2015	percent	41.1	35.9		35.5		16
Adults who are Sedentary	2015	percent	21.6		20	25.9	32.6	18
Adults who Drink Sugar-Sweetened Beverages	2013-2014	percent	19.6	17.7	17.4			17
Adults who Walk Regularly	2013-2014	percent	32.9	34.1	33			17
Adults with Easy Access to Fresh Produce	2011	percent	82.5	89.7				16
Children and Teens who Engage in Regular Physical Activity: 60 min	2013-2014	percent	22.5	18.9	20.7			17
Children and Teens who Engage in Regular Physical Activity: Every Day	2015	percent	25.2	28.5				16
Children who are Overweight for Age	2013-2014	percent	13.1	12.4	13.3			17
Children who Drink Sugar-Sweetened Beverages	2015	percent	48.4	39.2				16
Children with Easy Access to a Park or Playground	2015	percent	91.3	86.8				16
Children with Easy Access to Fresh Produce	2015	percent	74.5	75				16
Food Insecurity Rate: <300% FPL	2015	percent	38.4	29.2				1
Neighborhoods without Walking Paths, Parks, Playgrounds, or Sports Fields	2015	percent	17.3	15.2				16



Workers who Bike to Work	2012-2016	percent	1	0.9	1.1	0.6		1
Workers who Walk to Work	2012-2016	percent	2.5	2.8	2.7	2.8	3.1	1
FOOD INSECURITY	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adult Fruit and Vegetable Consumption: 5+ Servings	2015	percent	13.9	14.7				16
Adults with Easy Access to Fresh Produce	2011	percent	82.5	89.7				16
Children Living Below Poverty Level	2012-2016	percent	28.8	25.3	21.9	21.2		1
Children with Easy Access to Fresh Produce	2015	percent	74.5	75				16
Families Living Below Poverty Level	2012-2016	percent	15.7	13.9	11.8	11		1
Food Insecurity Rate: <300% FPL	2015	percent	38.4	29.2				1
Households with Cash Public Assistance Income	2012-2016	percent	5	4	3.8	2.7		1
Households with Supplemental Security Income	2012-2016	percent	6.7	6.9	6.2	5.4		1
Poverty Status by School Enrollment	2012-2016	percent	22.7	20.1	17.2	15.7		1
Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	55.3	56.5	56.5	47.27		1
ORAL HEALTH/DENTAL CARE	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adults 65+ with Total Tooth Loss	2014	percent	10.2		8.7	14.9		18



Adults who did not Visit a Dentist	2015	percent	41.4	40.7				16
Adults who Visited a Dentist	2014	percent	59.5		65.1	64.4		18
Age-Adjusted ER Rate due to Dental Problems	2013-2015	ER visits/ 10,000 population	30.6	22.4	34.9			19
Children who did not Receive Dental Care due to Cost	2015	percent	9.7	11.5				16
Children who Visited a Dentist	2013-2014	percent	86.3	77.9	78.7			17
PREVENTIVE PRACTICES	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REFERENCE
Adults with Influenza Vaccination	2015	percent	42.1	40.1				16
Age-Adjusted ER Rate due to Bacterial Pneumonia	2013-2015	ER visits/ 10,000 population 18+ years	15.4	12.8	17.5			19
Age-Adjusted ER Rate due to Hepatitis	2013-2015	ER visits/ 10,000 population 18+ years	0.7	0.7	0.9			19
Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza	2013-2015	ER visits/ 10,000 population 18+ years	8.8	8.6	9.0			19
Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia	2013-2015	hospitalizations/ 10,000 population 18+ years	18.8	16.7	16.0			19
Age-Adjusted Hospitalization Rate due to Hepatitis	2013-2015	hospitalizations/ 10,000 population 18+ years	2.3	2.0	2.3			19
Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	2013-2015	hospitalizations/ 10,000 population 18+ years	1.6	1.5	1.4			19



Children with Influenza Vaccination	2013-2014	percent	43.7	47.9	55.4			17
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+	2013-2015	hospitalizations/ 10,000 population 65+ years	6.7	6.5	5.3			19
Tuberculosis Incidence Rate	2016	cases/ 100,000 population	6.2	5.8	5.2	2.9	1	21
SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF- ERENCE
Adults who Binge Drink	2015	percent	14.6	15.9	16.5	16.3	24.2	16
Adults who Smoke	2015	percent	15.1	11.7	11.7	16.8	12	18
Age-Adjusted ER Rate due to Alcohol Misuse	2013-2015	ER visits/ 10,000 population 18+ years	38.8	35.3	39.8			19
Age-Adjusted ER Rate due to Substance Abuse (CCS definition)	2013-2015	ER visits/ 10,000 population 18+ years	17.2	15.5	18.1			19
Age-Adjusted Hospitalization Rate due to Alcohol Misuse	2013-2015	hospitalizations/ 10,000 population 18+ years	15.3	12.5	11.5			19
Age-Adjusted Hospitalization Rate due to Substance Abuse (CCS definition)	2013-2015	hospitalizations/ 10,000 population 18+ years	8.6	7.0	6.1			19
SPECIAL POPULATIONS								
OLDER ADULTS	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF- ERENCE
Adults 65+ who Received Recommended Preventive Services: Females	2014	percent	25.9			30.7		18



Adults 65+ who Received Recommended Preventive Services: Males	2014	percent	24.7			32.3		18
Adults 65+ with Total Tooth Loss	2014	percent	10.2		8.7	14.9		18
Adults 65+ without Health Insurance	2012-2016	percent	1.4	2	1.4	0.9		1
Adults with Arthritis	2015	percent	17.3			24.7		18
Hospitalization Rate due to Hip Fractures Among Females 65+	2013-2015	hospitalizations/ 10,000 females 65+ years	577.1	565.2	628.8		741.2	19
Hospitalization Rate due to Hip Fractures Among Males 65+	2013-2015	hospitalizations/ 10,000 males 65+ years	304.9	304.0	329.6		418.4	19
Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza 65+	2013-2015	hospitalizations/ 10,000 population 65+ years	6.7	6.5	5.3			19
Median Household Income: Householders 65+	2012-2016	dollars	41869	42310	46749	40135		1
Mortgaged Owners Spending 30% or More of Household Income on Housing: 65+	2012-2016	percent	31.2	35	32.3	26.7		1
People 65+ Living Alone	2012-2016	percent	27.7	22.3	23.1	26.4		1
People 65+ Living Below Poverty Level	2012-2016	percent	13.1	13.5	10.3	9.3		1
People who have Limited English Speaking Ability: 65+	2012-2016	percent	23.8	35.9	23.1	8.6		1
PERSONS WITH DISABILITIES	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE



Households with Supplemental Security Income	2012-2016	percent	6.7	6.9	6.2	5.4		1
Persons with Disability Living in Poverty (5-year)	2012-2016	percent	29.3	27	26.3	27.6		1
VETERANS	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Unemployed Veterans	2012-2016	percent	6.5	7.1	6.3	4.8		1
Veterans Living Below Poverty Level	2012-2016	percent	10.9	9.1	7.6	7.1		1
Veterans with a High School Degree or Higher	2012-2016	percent	95.5	93.2	94.4	93.2		1
WOMEN AND CHILDREN	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Adults with Easy Access to Fresh Produce	2011	percent	82.5	89.7				16
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (CCS definition)	2013-2015	ER visits/ 10,000 population aged 12-17	32.1	28.2	36.6			19
Age-Adjusted ER Rate due to Pediatric Asthma	2013-2015	ER visits/ 10,000 population under 18 years	91.7	78.6	70.0			19
Age-Adjusted ER Rate due to Pediatric Mental Health (CCS definition)	2013-2015	ER visits/ 10,000 population under 18 years	24.1	30.8	30.9			19
Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (CCS definition)	2013-2015	hospitalizations/ 10,000 population aged 12-17	10.3	10.6	11.5			19
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	2013-2015	hospitalizations/ 10,000 population under 18 years	12.4	11.6	10.1			19



Age-Adjusted Hospitalization Rate due to Pediatric Mental Health (CCS definition)	2013-2015	<i>hospitalizations/ 10,000 population under 18 years</i>	35.2	34.3	29.9			19
Children and Teens who Engage in Regular Physical Activity: 60 min	2013-2014	<i>percent</i>	22.5	18.9	20.7			17
Children and Teens who Engage in Regular Physical Activity: Every Day	2015	<i>percent</i>	25.2	28.5				16
Children and Teens who Engage in Regular Physical Activity: Every Day	2015	<i>percent</i>	25.2	28.5				16
Children and Teens with Asthma	2013-2014	<i>percent</i>	12.5		15.2			17
Children and Teens with Asthma	2013-2014	<i>percent</i>	12.5		15.2			17
Children who are Overweight for Age	2013-2014	<i>percent</i>	13.1	12.4	13.3			17
Children who did not Receive Dental Care due to Cost	2015	<i>percent</i>	9.7	11.5				16
Children who Drink Sugar-Sweetened Beverages	2015	<i>percent</i>	48.4	39.2				16
Children who Visited a Dentist	2013-2014	<i>percent</i>	86.3	77.9	78.7			17
Children with a Regular Source of Health Care	2015	<i>percent</i>	97.4	94.3				16
Children with Easy Access to a Park or Playground	2015	<i>percent</i>	91.3	86.8				16
Children with Easy Access to Fresh Produce	2015	<i>percent</i>	74.5	75				16
Children with Health Insurance	2016	<i>percent</i>	96.4	96.3	97.1	95.5	100	1



Children with Influenza Vaccination	2013-2014	percent	43.7	47.9	55.4			17
Mammogram: 50-74 Past 2 Years	2014	percent	77.8			75.8	81.1	18
Pap Test: Past 3 Years 21-65	2014	percent	79.1			81.8		18
OTHER DATA								
WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	LONG BEACH	LA COUNTY	CALIFORNIA	U.S.	HP 2020	REF-ERENCE
Insufficient Sleep	2014	percent	38.2	35.4	34	34.8		18
Poor Physical Health Days: 14+ Days	2015	percent	12.3			12		18
Self-Reported General Health Assessment: Good or Better: 0-17	2013-2014	percent	94.9	94.2	94.8			17
Self-Reported General Health Assessment: Good or Better: 18-64	2013-2014	percent	80.4		80.8			17
Self-Reported General Health Assessment: Poor or Fair	2015	percent	25.7	21.5	17.8	15		16



Appendix B. Primary Data Methodology and Results

KEY INFORMANT INTERVIEW QUESTIONNAIRE

INTERVIEW QUESTIONS:

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

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

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

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

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

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

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

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

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

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



2019 Long Beach Community Health Assessment Focus Groups Report

Methods

Focus Group Planning

The process for conducting focus groups and a corresponding survey for the Long Beach Community Health Assessment (LB CHNA) was developed in partnership with members of the LB CHNA Collaborative, which included Dignity Health St. Mary's Medical Center, Kaiser Permanente South Bay, Long Beach Department of Health and Human Services, MemorialCare Long Beach Medical Center, Miller Children's and Women's Hospital Long Beach, and The Children's Clinic. The Collaborative provided guidance on the populations to engage as well as potential survey topics, significant health needs for prioritization, and focus-group questions.

From there, Long Beach Forward, a community-based organization selected by the Collaborative to design and conduct the LB CHNA focus groups, developed the focus-group protocol, which included a consent form for participation in the focus group and survey, a 23- question survey, and focus-group facilitation guide. The Collaborative provided feedback on the protocol which was addressed and incorporated by Long Beach Forward.

Focus groups were conducted through six Long Beach based organizations or programs, including The LGBTQ Center of Long Beach, Long Beach Alliance for Children with Asthma, Long Beach Department of Health and Human Services' Black Infant Health Program, Project Return Peer Support Network at Century Villages at Cabrillo, Rose Park Neighborhood Association, and United Cambodian Community. Long Beach Forward selected organizational/program partners that would be able to reach two or more vulnerable populations as defined by the Collaborative and that, as a whole, were as representative of the vulnerable populations as possible within the scope of the project. The planning process was highly collaborative, increased the capacity of organizations to facilitate focus groups and/or meet other organizational/program objectives, and compensated partners (with the exception of LBACA due to its affiliation with MemorialCare) \$2000 for their time and expertise. Long Beach Forward staff provided the focus-group protocol to each partner for review and met with each partner in order to gather and incorporate their feedback. While the method for conducting the focus groups was highly standardized across organizations, the focus-group protocol was tailored to each

organization and a minimum of one staff member or volunteer played a key role in co-facilitating each focus group.

Each partner secured the participation of 12-20 participants using the method they knew to be most effective--two used a flyer template provided by Long Beach Forward, others used word of mouth, targeted outreach, and email invitations. Partners advertised the \$20 cash incentive for participants as well as food, childwatch, and interpretation as needed. Four of the focus groups were conducted in English, one in Khmer, and one in Spanish. RSVPs were collected by partners, and recruiting participants proved to be fairly easy for each partner. Coordination between Long Beach Forward and each partner included approximately 20-30 emails or phone calls and three to five hours of in-person meetings for input, planning, and preparation.

Focus Group Implementation

The components of each focus group were 1. Introduction and Consent, 2. Survey Completion; 3. Focus Group; and 4. Closing and Incentive. Each of these components is detailed in the protocol (attached). For the purposes of this report, we will focus most on the focus-group component.

Before the start of the focus group, there was an initial sign-in and registration where participants were given a consent form to confirm their official participation. After the consent form was signed, participants were given the 23-question survey to collect more socioeconomic and demographic data and to ask about sensitive topics that the Collaborative and Long Beach Forward suspected might not come up in the focus group. Several partners shared the consent forms and surveys prior to the focus-group meeting which streamlined the registration process. Participants were provided 30 minutes to sign-in, enjoy refreshments, and complete the survey before the official start of the focus group.

There were multiple key roles that were consistent at each focus group. Two representatives from Long Beach Forward served as either a co-facilitator or note-taker. There was usually one staff or volunteer from each partner who was the main facilitator along with a Long Beach Forward co-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, scribe notes on large post-it papers, and to ensure the process was moving according to protocol. The note-taker was in charge of writing all direct statements spoken by each participant. In addition, the note-taker was provided with two recorders that were activated at the same exact time; one recorder was placed on the other side of the room and one near the note-taker for time stamping purposes. Time stamps were placed in notes when the group transitioned for a new question and for key comments a participant shared that synthesized a main point.

The focus group began with an introduction by the Long Beach Forward co-facilitator and general introductions of all participants using an ice-breaker question. Once all participants shared, the Long Beach Forward co-facilitator reviewed each of the definitions and examples of the significant health needs. All significant health needs were listed on large post-it papers and

participants were encouraged to ask questions and add additional significant health needs that were not identified. In most cases, there were no additional health needs added where the group then transitioned to a dot-voting activity also known as “dot-crazy.” All participants were given three round sticker “dots” to vote for their top three priorities by placing a sticker near their choice. All votes were tallied and the top three were selected as the significant health needs for the discussion. Facilitation was then passed onto the partner where the facilitator went through each focus group question one-by-one. There was some variation in the way partners facilitated this section. Long Beach Forward found that respondents had the most to contribute to the conversation when each question was asked in the context of each of the individual top health needs the group had identified.

Data Quality Assurance

Long Beach Forward assured quality data collection by revisiting recorded content for typed notes that had missing information. In addition, the team entered the scribed notes into the notes to ensure that large takeaways were taken into consideration. Key quotes were directly transcribed to accurately represent the voices of community members.

Qualitative & Quantitative Analysis

Qualitative analysis was performed using a vertical inductive approach where all responses and comments by participants were given at least one descriptive code. The intent of the qualitative analysis is to depict what type of responses or details frequently arose in all our focus groups. Qualitative analysis was performed in Atlas.ti v8.

Quantitative analysis was conducted to describe the key characteristics of our focus group sample. Frequency counts and proportions are provided for all demographic and socioeconomic factors; mean and medians are conducted for Likert-scaled questions. All analysis was performed in R statistical programming v3.4.3.

Results

There were a total of 91 participants throughout six focus groups. Thirty-seven percent of the sample were ages 18-44 and the other 63% of the sample were ages 45 and older. The largest group were ages 64-74 which represented 23% of our sample. The majority of our participants were women, which comprised 66% of our total sample. In addition, more than half of our sample are renters and the racial breakdown was roughly distributed across Asians, White, Hispanic/Latinx, and African-American/Black. The largest ethnic groups were Cambodians and Hispanic/Latinx where almost 95% of the Asian population were Cambodians. The sexual orientation of our participants was primarily straight/heterosexual where they were 68% of our sample. Sixty-four percent of our sample had a household income of less than \$40,000 and 38% of the total sample were parents or guardians for children ages 18 and younger. See Table 1 for more details on the descriptive characteristics of the focus group.

Table 1: Descriptive Characteristics of Focus Group Participants (N=91)

Socioeconomic & Demographic Characteristics	N(%)
Age	
18-24 years	8 (9%)
25-34 years	12 (13%)
35-44 years	17 (19%)
45-54 years	12 (13%)
55-64 years	17 (19%)
65-74 years	21 (23%)
75 years+	4 (4%)
Gender	
Man*	29 (31%)
Woman	60 (66%)
Education Status	
Less than high school	19 (23%)
High school or GED equivalent	17 (19%)
Some college (no Associates)	23 (26%)
Associate's or Bachelor's Degree	22 (24%)
Master's Degree or Higher	9 (10%)
ZIP Codes	
90732	1 (1%)
90755	4 (4%)
90801	2 (2%)
90802	7 (8%)
90804	8 (9%)
90805	11 (13%)
90806	5 (6%)
90807	2 (2%)
90808	2 (2%)

90810	14 (16%)
90813	13 (15%)
90814	10 (12%)
90815	4 (4%)
Housing Status	
Renter	51 (56%)
Homeowner	14 (15%)
Currently experiencing homelessness	3 (3%)
Living with family or friends	21 (23%)
Other	2 (2%)
Race	
Asian	23 (25%)
African-American/Black	12 (13%)
White	23 (25%)
Hispanic/Latinx	26 (29%)
Multi-racial	7 (8%)
Ethnicity	
Cambodian	21 (23%)
Hispanic/Latinx	26 (29%)
Sexual Orientation	
Straight	62 (68%)
Gay	9 (10%)
Lesbian, Queer, Bisexual	12 (13%)
Income	
Under \$10,000	30 (33%)
\$10,000 to \$19,999	17 (19%)
\$20,000 to \$39,999	11 (12%)
\$40,000 to \$69,999	8 (9%)
\$70,000+	14 (15%)
Don't know	6 (7%)

Primary Caregiver for Children 0-18	
None	46 (62%)
1 Child	14 (19%)
2 Children	6 (8%)
3 Children	5 (7%)
4 Children	3 (4%)
Living with a Disability	
Yes	19 (22%)
No	69 (78%)
Diagnosed with a Mental Health Condition	
Yes	30 (33%)
No	61 (67%)
Veteran	
Yes	6 (7%)
No	83 (93%)
Survivor of Domestic Violence in Last Year	
Yes	7 (8%)
No	83 (92%)
Today my Health Feels	
Poor	10 (11%)
Fair	40 (44%)
Very Good	33 (36%)
Excellent	8 (9%)
Doctor's Visit for Recurring Condition in Last 6 Months	
Yes	60 (66%)
No	31 (34%)
Ability to Get Medical Care When Needed	
Yes	77 (85%)
No	12 (13%)
Delayed Medical Health	

Yes	25 (28%)
No	65 (72%)

* includes small sample of trans-identified men.

For Likert scaled questions, participants generally agreed with the statements where they received an average of 3 or higher. Overall, our participants noted that they have access to safe spaces for recreation activity, know individuals they can rely upon, people they can talk to about their health, and know people they can reach out to when having difficult emotions. The question of “In the past 6 months, I couldn’t afford balanced meals for me or my family,” received a 2.37 mean and a 2 for the median, which means most of our participants are not facing food insecurity. Table 2 below displays the mean and median for each of the Likert scaled questions.

Table 2: Likert Scaled Questions

Question	Mean (Median)
I have access to safe spaces for recreation and physical activity.	3.67 (4)
I know some people upon whom I can always rely.	4.05 (4)
I have someone I can talk to about my health.	4.05 (4)
I know people that I can talk to when I am dealing with difficult emotions.	3.96 (4)
In the past 6 months, I couldn't afford balanced meals for me or my family.	2.37 (2)

Table 3 below describes the different focus groups and the vulnerable population represented. In addition, it shares each of their top three priorities and a list of the top five priorities across all groups. The top five priorities were calculated by tallying all votes and selecting the five with the highest scores.

Table 3: Focus Group Representation and Top Priorities

Focus Group	Vulnerable Population Represented	Top 3 Priorities
Project Return Peer Support Network (PRPSN)	<ul style="list-style-type: none"> ● Veterans ● Persons with disabilities 	<ol style="list-style-type: none"> 1. Public safety 2. Oral health care 3. Housing and homelessness
The LGBTQ Center of Long Beach (LGBTQ Center)	<ul style="list-style-type: none"> ● Transitional aged youth (18-25) ● Racial ethnic ● Older adults ● LGBTQ 	<ol style="list-style-type: none"> 1. Mental health and mental health conditions 2. Access to health services 3. Housing and homelessness
Black Infant Health Program (BIH program)	<ul style="list-style-type: none"> ● Women and children ● Racial/ethnic 	<ol style="list-style-type: none"> 1. Pregnancy and birth outcomes 2. Housing and homelessness 3. Public safety
Long Beach Alliance for Children with Asthma (LBACA)	<ul style="list-style-type: none"> ● Women and children ● Racial/ethnic 	<ol style="list-style-type: none"> 1. Mental health and mental health conditions 2. Access to health services 3. Chronic disease
Rose Park Neighborhood Association (Rose Park)	<ul style="list-style-type: none"> ● Older adults ● Persons with disabilities ● LGBTQ ● Veterans ● Women and children 	<ol style="list-style-type: none"> 1. Access to health service 2. Mental health and mental health conditions 3. Housing and homelessness
United Cambodian Community (UCC)	<ul style="list-style-type: none"> ● Older adult ● Racial/ethnic ● Women and children 	<ol style="list-style-type: none"> 1. Access to health services 2. Exercise, nutrition, and weight 3. Oral health/dental care
<p>Top Priorities Across All Groups</p> <ol style="list-style-type: none"> 1. Access to health services 2. Mental health and mental health conditions 3. Housing and homelessness 4. Public safety 5. Chronic diseases 		

Finally, Table 4 below shows responses to a question that aimed to assess barriers participants face to seeking medical help. Participants were able to make multiple selections. The top three barriers to seeking medical help were expense, inadequate health-insurance coverage, and transportation.

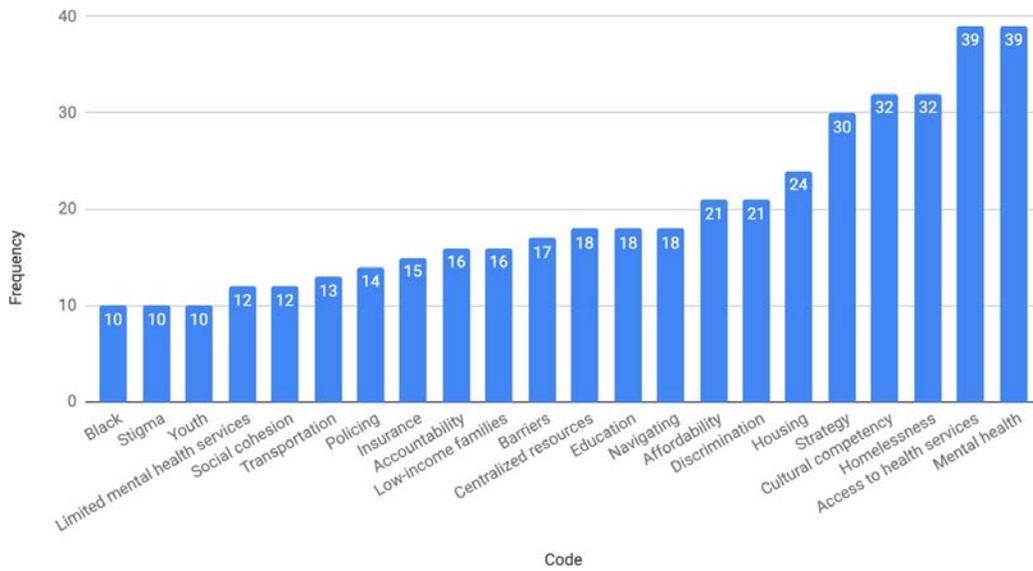
Table 4: Barriers to Health

What are some of the barriers that hinder you from seeking medical help when needed?	Frequency (n=92)
Caring for a child	7
Too expensive	22
Too far away or other transportation barriers	9
No health insurance	8
Not enough health-insurance coverage	13
Lack of competent care	7
Discrimination (Ex: Racial, Gender, Sexuality)	5
Other	8
None of the Above	13

Each statement or comment by participants was given at least one descriptive code. There were a total of 78 unique descriptive codes with a total of 617 codes in our first wave of qualitative vertical analysis. The top 11 frequency codes were access to health care ($n=39$), mental health ($n=39$), cultural competency ($n=32$), homelessness ($n=32$), strategy ($n=30$), housing ($n=24$), discrimination ($n=21$), affordability ($n=21$), centralized resources ($n=18$), education ($n=18$), and navigating ($n=18$). There is a possibility for more code reconciliation of the responses, but an initial scan demonstrated that here were top discussion points for the communities we work with.

Figure 1: Graph of Code Frequencies

Descriptive Codes with Highest Frequencies



Discussion

Identification and discussion of health priorities

In the section below, focus-group dialogue is thematically grouped according to its associated priority health need. Along with frequently articulated input, information is also presented which is unique to individual communities or vulnerable populations. Supporting quotations from the focus groups are also presented throughout.

Access to Health Services

- Transportation barriers, employer constraints, access to internet and technology, and language barriers limit access to health services. Cambodian participants indicated that language barriers impacted clear communication between providers and patients which impacted the understanding of treatment plans or changes in medications. The diversity of Long Beach presents as a source of pride and also a challenge for accessing services in primary languages.
 - *“One of the things that comes to mind is that we don’t have supported sick leave. It costs us to go see a physician because you lose pay, you get docked a job or a contract. Health services are not convenient to people who work different schedules.”* - Rose Park participant
 - *“Many times we don’t go to the doctor because we don’t want to miss work or we don’t have enough PTO or we think we’re going to get fired. Workplaces also have to understand that health is a priority because that is your workforce and you want a healthy workforce.”* - LBACA participant
 - *“To add to that, [transportation barriers for those living on the West side trying to get to that mental-health facility] when you think of the process within our entire health care system, some people have to go see three doctors before seeing a mental-health professional. So even if you have some type of coverage, it might be such a hard process that you have no idea how to navigate it. So that is another barrier.”* - Rose Park participant
 - *“Making sure the doctor tells us clearly about what meds we are supposed to have. I should have been given a paper with the information. I am used to taking a certain type of medication and had difficulty getting the medication I needed. The doctor was not clear with me about the changes and I had my child talk to the pharmacy for me. It seems like they stopped approving a medicine for me and I was confused.”* - UCC participant (translated from Khmer)
 - *“The location of the health services should be close to our homes. Our insurance should be mindful of placing us at facilities that are near us so it could address the transportation issue.”* - UCC participant (translated from Khmer)
- Affordability of services was mentioned with high frequency as a barrier to accessing health care. Primary high-cost services mentioned include medications, mental health services, dental care, and the cost of healthy food.
 - *“I got 5150’d as an adult at 19. They gave me a \$1,500 bill that insurance didn’t cover. How can you pay that at 19? With a job at Chipotle. They were sending people over to my house and calling me. I couldn’t move out because I had that bill on my name.”* - LGBTQ Center participant
 - *“When I needed to get a deep cleaning for my teeth, it costs \$350 and I couldn’t believe it, but knew I would not be able to afford it.”* - UCC participant (translated from Khmer)

- Access to services for children with Autism was brought forth as a unique challenge to accessing health services.
 - *“I know of women with autistic kids who have to fight for services. They have to go to different region because Long Beach does not have the service. It almost takes a year and symptoms increase for their kids.”* - LBACA participant (translated from Spanish)
 - *“My son is on the spectrum and it is very hard to get care for him because he doesn’t qualify for regional and doesn’t qualify for others because he is too autistic but also not autistic enough. I am lost and have to rely on an advocate.”* - PRPSN participant
- Members of the LGBTQ community also raised cultural competency as a barrier to accessing health care, indicating that they feel unsafe around physicians who do not fully understand their identities. They indicated frustration with having to educate medical providers on gender and sexuality.
 - *“Cultural competency. We must use our energy to seek out our own health [knowledge]... because we are clear that this person [health care provider] does not understand. It’s like giving them Gay 101 or Gender 101.”* - LGBTQ Center participant
 - *“The state legislature mandated that long-term...care facilities have to have Gay 101 to give them a reference point for where the gay/lesbian/trans person is coming from. So that is good, but it only affects a certain segment of the population, the older adult population, but still, this is important.”* - LGBTQ Center participant
- Cambodian participants raised wait times for medical care as a major barrier, citing difficulty with obtaining initial and follow up visits for months after initially requested. Another commonly cited challenge among Cambodian participants was difficulty establishing trust with medical providers and maintaining that relationship amidst insurance changes.
 - *“I have a family doctor that is good and that I can communicate with. However, when they change my group and insurance, I lost the doctor that I am comfortable with and the change was not communicated well to me.”* - UCC participant (translated from Khmer)
- Black or African American participants had the highest frequency of noting discrimination as a factor that impacts their health care. They expressed noticing bias, unequal treatment, and a feeling that their lives were not valued equally.
 - *“If you have a complaint about how you were treated, and there should be a place to do that without being laughed at in your face. You should be listened to and respected. Especially by public servants.”* - BIH program participant
- Black or African American participants acknowledge cultural competency as a factor that needs to be addressed, they often shared how they need to fight to be heard by physicians and there is no accountability measures for the disparities that are created. This point was articulated in relation to the poor health outcomes for Black infants. A particular challenge noted with addressing this is the bilingual requirement for many health care positions which limits the employment of Black residents into these medical provider positions.
 - *“A lot of the clinics make it a requirement to be bilingual which cancels out people*

who are not bilingual. A lot of people like us [African American/Black] are not bilingual. If I had more people like me, then they might listen. Because of the way the demographic is, I feel a lot of times that I am dismissed more quickly and not heard out enough.” - BIH program participant

- Potential solutions for improving access to health services ranged from complete healthcare reform to operating services in more locations, or locations that are in close proximity to the communities facing the most barriers. Additional strategies included more comprehensive insurance, increasing access to the internet, improving the ease of system navigation, or providing access to care coordinators to advocate for and connect to services across Long Beach. Care coordinators or case management was noted most frequently in relation to improving language access. In-home services were suggested as they reduce many barriers and offer a more complete view of the individual or family. Members of the LGBTQ community strongly supported an App to highlight LGBTQ- friendly providers within the region.
 - *“Rather than have one centralized mental health facility in Long Beach, why not break it up into a half-dozen or so, spread out in a spider web around the city. Why should the City maintain or even own a large building? Let them rent a nice office space somewhere on the north side and somewhere on the west side and some on the east side. Maybe if they are saving money, set up a shuttle bus.”*
- Rose Park participant
 - *“I would appreciate transportation services for us to get to the doctor and translators in Khmer at the office. If they could provide us with transportation, it would make life easier.”* - UCC participant (translated from Khmer)
 - *“Agencies need to help us with more acquiring support services. In the past, we had our children to support us or help us navigate resources. However, they are no longer available to help us navigate the system because they are working and trying to care for us. I need someone to help me navigate the healthcare system and I would hope that a community or agency group can help me.”* - UCC participant (translated from Khmer)

Mental Health and Mental Health Conditions

- Individual and community trauma, and cumulative chronic stress came forth as conditions which negatively impact the occurrence of mental illness in specific demographic communities.
- Frequently mentioned barriers brought forth from several focus groups included the lack of awareness of what mental wellness is, insufficient understanding of mental health conditions, and the low knowledge of available resources.
 - *“When we talk about mental health...it seems so often that it is expressed as a black or white, yes or no, or on or off. You’re either mentally healthy or you’re not. Is mental health something that you have it or you don’t?”* - Rose Park participant
 - *“I think people need to recognize that there are shifts [in mental health] so you know that if you are not feeling well it’s absolutely okay to ask for help, to tell somebody and to say something. It’s stigmatized a lot as if you have it or you don’t.”* - Rose Park participant
- There was a highlighted intersection between the Access to Health Services priority area and Mental Health and Mental Health Conditions where community residents reported barriers to obtaining mental health care due to hours of service, availability of specialists, quality of care, and cultural competency.
 - *“With my first [child], I was able to see that I was suffering postpartum*

[depression]. When I reached [out] to my family to speak to them, they told me don't say anything because they are going to take your children away. And I didn't, and so it continued. Finally, I didn't get help until after my third one (child). Even now with my fourth child, I almost died during that labor and I was struggling a lot with that. I went for help and I didn't get it. I went to the mental health clinic...they gave me an appointment two weeks later. And I told them I want to die. And they said come back in two weeks." - LBACA participant

- *"I have a mental health disorder myself and finding the right practitioner is almost by luck."* - LGBTQ Center participant
- *Bad care makes you doubt yourself. It can lead to suicide and it can lead to lashing out at others...If I felt judgment from others who I went to for help I would think 'Is there something wrong with me?' It's embarrassing to have to ask someone to help me navigate a very simple thing. It's supposed to be made where everyone can navigate it and I can't even do that.* - LGBTQ Center participant
- Members of the LGBTQ community were more likely to raise stigma as a barrier to mental health care access.
 - *"A lot of people experience shame or judgement and are afraid to talk about things because I think in general society doesn't have enough information so that they can become aware of these different types of things. There is a lack of awareness and acceptance of other people. I know, it's scary to tell people what you're going through. When you go to a hospital and talk to a doctor, they treat you differently when they know (of your mental health condition). They categorize you."* - LGBTQ Center participant
- Some effective strategies to address mental health and mental health conditions included better use of technology to disseminate information, decentralizing care centers, offering holistic care, working to destigmatize mental health conditions, and providing community education to increase understanding of mental health conditions and available resources. Others suggested to start educating youth on mental health and supporting them to have empathy and compassion towards others.
 - *"(We need) a better way to disseminate the information, using technology to our advantage. I think of the First 5 commercial...they've been effective in some way. So having some sort of commercials or public announcements about mental health illness and health access and chronic illnesses. Not only that, but how to self-advocate and where to find that [services]."* - LBACA participant

Housing and Homelessness

- Rising rent and home costs, poor facilities management, and increasing homelessness were brought forward in each focus group as persistent and urgent health needs affecting all communities. Although identified in four of six groups as one of the top three health needs, all group discussions included attention to this matter.
 - *"They [property managers] are raising rent and also we have to fix our own stuff because they pick and choose what they want to fix. They will come and fix my toilet but they won't fix something else. I will email and message them and they won't say anything."* - BIH program participant
 - *"The price of rent is increasing so much; I'm having difficulty paying. It's taking too much for us to afford to live here and get our basic needs met. Our cost of living is increasing while our wages have not increased."* - UCC participant (translated from Khmer)

- In relation to the aforementioned priority health needs, it was noted that individuals facing homelessness were reported to have a high level of barriers to accessing health services, particularly mental-health services. Participants also noted the connection between mental health and its impact on substance abuse and homelessness.
- Understanding and building credit was presented as a unique barrier and opportunity to help residents build financial security, intergenerational wealth, and housing stability.
- Young adults cite specific challenges with affording housing costs due to low availability of entry-level jobs and low wages relative to housing prices. Other groups who were identified as facing the most barriers included: undocumented individuals, people of color, those with low incomes, seniors, those living with a disability, those in Section 8 housing, transsexual individuals, veterans, individuals with mental illness or substance-abuse disorders, and domestic-abuse survivors.
 - *“Job market isn’t great and I’d love to move out but I still live with my family. I don’t feel like there is a job out there at entry level that will help me stay in Long Beach. I have to stay at home with parents. This affects my mental health too.”* - LGBTQ Center participant
- Cambodian participants were primarily renters and will often rent at a family or friend’s home to save money.
- Proposed solutions to improving housing and reducing homelessness included offering more supports to help renters transition into home-ownership, building more housing and more types of housing, building empathy amongst the community for those experiencing homelessness or unstable housing conditions through normalizing others’ experiences and their own nearness to the risk, and more supports to increase credit and financial literacy.
 - *“I think there should be some kind of bridge where they help you to do your expenses and your finances and you move into a house. There used to be a way that they would get families out of apartments and into housing.”* - PRPSN participant
 - *“For the homeless I think they need adequate housing. Why do they keep building shelters but why can’t they build more places for them to live; new housing? They can only stay in those shelters, sometimes, for three months, so they are back on the streets.”* - PRPSN participant

Public Safety

- Insufficient police presence or ineffective use of police resources were offered as conditions which result in reduced public safety. For example, participants were concerned as to why multiple police vehicles would arrive at a scene regarding a homeless Black individual but are less likely to operate surveillance and patrols at night. Participants also suggested that drug usage was a contributing factor to high crime levels.
- Black or African American participants shared a complex relationship with the police, some shared they want more police, but all agreed that policing practices need to be changed.
- As a solution to improve public safety, participants suggested that police preparation

should include cultural sensitivity and mental-health training to properly engage with residents where there is historical trauma from police or where there are higher levels of mental illness. Police were also mentioned as a key partner in supporting individuals facing homelessness as a method to reduce crime. Another solution offered to improve public safety was to increase public perception of the value of public health services as part of public safety rather than solely police and fire services.

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

Chronic Disease

- Residents noted the link between high stress, as early as childhood, and the development of chronic disease. Low-income communities who face more challenges and chronic stressors are more likely to develop these diseases. Residents also noted that children are now more frequently developing chronic diseases.
- Although the environment was not identified as a priority health need within the focus groups, poor air quality and pollution were discussed relative to their influence on chronic diseases such as asthma and obesity.
 - *“I wish environmental is on there, because the air we breathe, the soil, water that we drink. It contributes to the mental health and chronic disease. I see that younger people are dying in their 50s now.”* - LBACA participant (translated from Spanish)
 - *“Air quality. I have the diesel and concentrated smell, it’s terrible. The bridges over Alameda, it is awful, you feel like your head is inside a balloon and tied around your neck as if you are suffocating. All the trash under the bridge, it’s a different world that is hidden. Concentrated in certain areas and that’s important.”* - LBACA participant (translated from Spanish)
 - *“There is sometimes you don’t want to go outside or workout because you don’t want to breathe the air...I can see that pollution that we see every day. We want to open the windows, but we have to instead seal it so the air can’t come inside. I try to get an air purifier, but it can lead to chronic diseases still. I was given an inhaler because someone needed to treat my asthma.”* - LBACA participant
- Residents brought forth technology as an asset and resource for addressing health, while also referenced an over-usage of technology (i.e. phones, gaming, computers) as a related aspect leading to low physical activity levels and poor mental health in adults and children.
 - *“Kids who are two years old are having issues. Sometimes parents, they prefer to give them a tablet, and say ‘don’t bother me’, leave me alone. So I think that’s a factor that is connected to mental health. Mental health because the kids are just playing games and are killing each other. Then some kids don’t want to socialize after that. I say it because I see it at my house, my nephews don’t come out on the weekends and doesn’t want to join the family because he wants to play a game and doesn’t want to miss anything on social media.”* - LBACA participant (translated from Spanish)
- Access to safe, clean spaces for recreation and physical activity as well as access to affordable, healthy foods were highlighted by Cambodian participants as a contributor to chronic disease development.
 - *“I have difficulty getting to grocery stores because it is far from my home and I*

would have to drive. I'm old and when places are far, it's hard for me to get to places because I have no transportation and am unable to walk that far." - UCC participant (translated from Khmer)

- *"I appreciate having libraries and parks because it keeps me physically active by having somewhere to go. I want safe places to exercise, to do yoga, and to have picnics."* - UCC participant (translated from Khmer)
- *"I want public parks to be clean because I enjoy the opportunity to get physically active, but feel uncomfortable if it is not clean."* - UCC participant (translated from Khmer)
- Due to the complexity of the diseases, residents suggested whole-person, comprehensive care when approaching and developing solutions.

Community resources identified to address priority health needs

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

General resources presented to support with all health priorities:

- Neighborhood associations
- Nonprofit organizations
- Engaged residents as resources to address priority needs
- The Children's Clinic (provides food pantries and baby supplies)
- The Long Beach Department of Health and Human Services
- 211
- 311
- United Cambodian Community
- Parks and green space

Access to Health Services

- Case managers or care coordinators
- MediCal
- Translators

Mental Health and Mental Health Conditions

- Mental Health America
- Case managers
- The LGBTQ Center
- Active Minds Housing

and Homelessness

- HUD
- Section 8
- Rapid rehousing from Housing Authority
- His Nesting Place
- Catholic Charities
- Fair Housing Authorities
- Mission of Long Beach

Public Safety

- 911 and the Police Department

Chronic Disease

- *No specific resources mentioned for chronic diseases*

Additional considerations mentioned

The most frequently mentioned people or groups of people impacted by the priority health needs included: low-income individuals and families, communities of color, undocumented, women, youth, veterans, and seniors.

Increased civic engagement, increased advocacy, and more politicians willing to listen to community input was brought forth as a piece of the solution to improving community health. Community engagement was important to all groups. Most of them expressed appreciation at the opportunity to be heard in this focus group as well as a desire to continue conversations around these topics. Some reported feeling voiceless in the decision-making processes of institutions and policy-makers with statements around “closed doors” and not having a “seat at the table.”

It is valuable to note the cultural differences in family structures for residents in Long Beach. For example, Cambodian participants often have grandparents take part in child care responsibilities and also have children who help with caretaking for their elders.

Isolation, lack of social connections, and lack of empathy for others were social cohesion measures mentioned repeatedly in the focus groups. Participants linked these as contributing elements in creating more mental-health illness, reducing the general population’s readiness to engage in solutions, and as a component of addressing the priority health needs.

Accountability was brought forth as an important consideration in relation to both police and health-systems improvement. Residents indicate a desire to have more transparency in data sharing as well as accountability for tax investments and addressing disparities in health outcomes.

- *“One thing I would like to see is accountability. In Long Beach, we are a very wealthy city but somehow we don’t have enough money for things. We need to start holding people accountable. If I gave you 10 million last year to run a project, where did that go?...I didn’t know that the Health Department only gets 1% [of the City’s general-fund budget]. I am very upset about that. That’s unacceptable. That’s how you are saying you prioritize your resident’s needs.” - Rose Park participant*

Conclusion

Long Beach Forward aimed to capture the diversity and complexity of Long Beach residents through the Long Beach Community Health Assessment focus groups. Long Beach residents have an array of lived experiences and their health concerns intersect on multiple fronts. Three key takeaways are:

1. Access to health care includes the ability to have adequate health insurance, transportation to the office or walkability, and culturally competent health care staff. Cultural competency can reflect language access, a physician that reflects and/or understands the values of the population or group, or physicians awareness of the social issues community face.
 - a. Solutions proposed by the community include intentional efforts to recruit or increase physicians and staff that reflect the community, provide cultural competency training to stop discrimination or bias, expand Medicaid coverage and provide clarity on what is being covered, and provide transportation to patients with barriers to transportation.
2. Homelessness is an intersectional issue that weaves into inadequate mental health resources for vulnerable populations and the housing crisis in Long Beach.
 - a. Solutions proposed by the community include centralizing resource centers and referrals to approach health holistically, such as addressing mental health and its connection to homelessness. In addition, to acknowledge stigma within communities as they tackle mental health. Lastly, while resources should be centralized and holistic, these sites need to be dispersed across the city's districts.
3. Public safety is a concern for community members. People want safer policing practices that do not criminalize people based on race, gender, class or ethnicity. They often want to find safety in the police, but sometimes police presence can make residents feel less safe.
 - a. Solutions proposed by the community include more training from police to avoid instances of racial profiling and to use weapons or practices that do not kill but can restrain people. In addition, increased investments into community assets to build social cohesion, such as neighborhood-based organizations and better public parks was proposed.

The three large themes and recommendations come from multiple voices represented in the focus groups. Long Beach Forward hopes these recommendations offer some initial strategies for addressing the intersectional health needs of the Long Beach community, and acknowledges that there is much good work to build upon in the areas.

Acknowledgments

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Long Beach Forward gives thanks to all community partners and participants for openly sharing their health priorities. We also thank the Long Beach Community Health Assessment Collaborative for their commitment to hearing Long Beach's diverse communities and working towards a healthier Long Beach.

Appendix C. Prioritization Tools

PRIORITIZATION SURVEY

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

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

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

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

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

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

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

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

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

Other (please specify)

PRIORITIZATION SURVEY RESULTS

Survey Results Summary

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

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

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

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

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

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

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

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

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

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

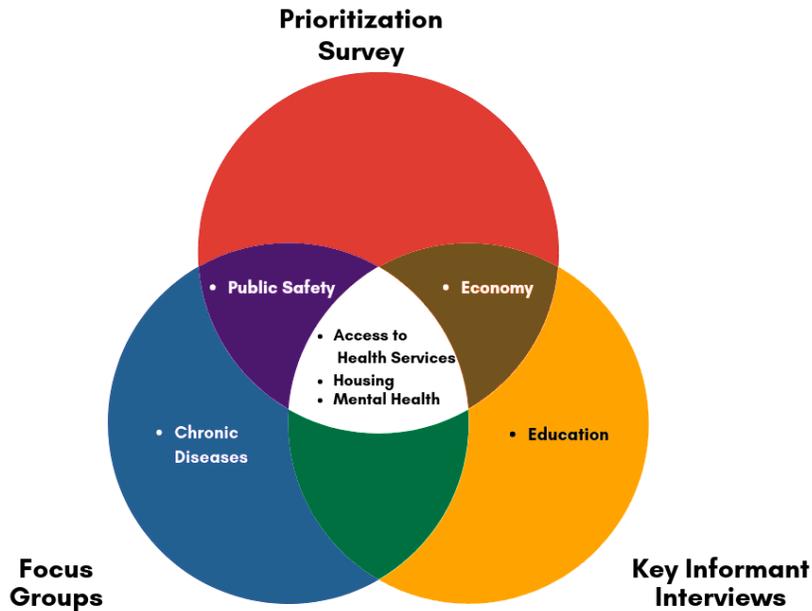
Support policies that increase the availability of affordable housing for families with low incomes, such as requiring developers to include low income units in every new housing development or caps to rental increase rates in Long Beach.	75.00%
Support economic inclusion, such as the creation of living-wage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

When asked which sub-groups are most affected by poor health outcomes in Long Beach, survey participants most frequently listed racial/ethnic populations, persons who are homeless or precariously housed, and older adults. Moreover, 75% of participants believed a promising next step for Long Beach to take in order to strengthen opportunities would be to support policies that increase the availability of affordable housing for families with low incomes, such as requiring developers to include low income units in every new housing development or caps to rental increase rates in Long Beach. Fifty percent of participants supported the idea of improving economic inclusion, such as the creation of living-wage jobs in Long Beach for youth and adults and increased small business and entrepreneurial support.

Appendix D. Data Synthesis

DATA SYNTHESIS RESULTS

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



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

Top Issues Across Focus Groups

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

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

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

Works Cited

1. U.S. Census Bureau, American Community Survey (ACS)(2012-2016). Retrieved from: <https://www.census.gov/programs-surveys/acs/>.
2. Daniel HKC et al. Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper. *Ann Intern Med*. 2018;168(8):577-578.
3. Wikipedia contributors. "Long Beach Map." Wikipedia, The Free Encyclopedia. https://en.wikipedia.org/wiki/Long_Beach,_California#/media/File:LA_County_Incorporated_Areas_Long_Beach_highlighted.svg.
4. Dedoose. 2018. www.dedoose.com.
5. *U.S. Environmental Protection Agency, 2017*.
6. Claritas Pop-Facts®. Retrieved from: <https://www.environicsanalytics.com/data/demographic>.
7. *Purposeful Aging Los Angeles (PALA), Oral Health Report, September 2017*.
8. World Health Organization: About social determinants of health. www.who.int/social_determinants/sdh_definition/en/.
9. World Health Organization: World health statistics 2019: monitoring health for the SDGs. www.who.int/gho/publications/world_health_statistics/2018/en/.
10. *Long Beach Department of Health and Human Services, Vital Statistics Report, 2013-2017*.
11. Zajacova, Anna and EML. The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. *Annu Rev Public Health*. 2018;39:273-289.
12. California Department of Education, California Assessment of Student Performance and Progress (CAASPP). Retrieved from: <https://caaspp.cde.ca.gov/>.
13. California Department of Public Health, STD Control Branch. Retrieved from: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>.
14. *Long Beach Department of Health and Human Services, STD/HIV Surveillance Annual Report 2017*.
15. Centers for Disease Control and Prevention: Mental Health. www.cdc.gov/mentalhealth/index.htm. Published 2018.
16. Los Angeles County Health Survey. Retrieved from: http://www.publichealth.lacounty.gov/ha/HA_DATA.htm.
17. California Health Interview Survey, Neighborhood Edition. Retrieved from:
18. Centers for Disease Control and Prevention, 500 Cities Project. Retrieved from: <https://www.cdc.gov/500cities/index.htm>.
19. California Office of Statewide Health Planning and Development. Retrieved from: <https://oshpd.ca.gov/data-and-reports/request-data/>.
20. Centers for Disease Control and Prevention: Risk and Protective Factors. www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html. Published 2018.
21. California Department of Public Health. Retrieved from: <https://www.cdph.ca.gov/Pages/CDPHHome.aspx>.
22. *California Department of Public Health, VRBIS Death Statistical Master File, 2012-2016*.
23. Housing and Health: An Overview of the Literature. <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/full/>. Published 2018.
24. *City of Long Beach, Advancing Economic Inclusion in Long Beach Infographics*.
25. National Equity Atlas. Retrieved from: <https://nationalequityatlas.org/indicators/Homeownership>. Published 2015.
26. Struggling to Stay Afloat: The Real Cost Measure in California 2018. United Ways of California. June 2018. Retrieved from: <http://unitedwaysca.org/realcost>.
27. Colopy K. *Everyone Home Long Beach Task Force PowerPoint*.; 2019.
28. Everyone Home Long Beach Task Force Recommendations. www.longbeach.gov/globalassets/everyone-home-lb/media-library/documents/news/everyone-home-lb-task-force--recommendations-sm-file.
29. Department of Health and Human Services, Homeless Services Division, Homelessness Data Exchange (HDX).
30. Official Long Beach Police Department 3010 Reported Crime Statistics. Retrieved from: <http://www.longbeach.gov/police/crime-info/crime-statistics/>.

31. Los Angeles County Violent Death Reporting System, 2010-2015. LAC-VDRS local data providers are: Los Angeles County Medical-Examiner Coroner, Long Beach Police Department, Los Angeles Sheriff's Department, and Los Angeles Police Department.
32. *City of Long Beach, 2018 Rider Demographics.*
33. Centers for Disease Control and Prevention: Smoking and COPD. www.cdc.gov/tobacco/campaign/tips/diseases/copd.html#how-prevented. Published 2019.
34. *Long Beach Asthma Data (from Office of Statewide Health Planning and Development (OSHPD) 2016 Patient Discharge Database), Prepared by: Jacklyn Wong, March 2018.*
35. Centers for Disease Control and Prevention: Most Recent Asthma Data. www.cdc.gov/asthma/most_recent_data.htm. Published 2019.
36. Centers for Disease Control and Prevention: Diabetes Quick Facts. www.cdc.gov/diabetes/basics/quick-facts.html. Published 2019.
37. Deshpande AD et al. Epidemiology of diabetes and diabetes-related complications. *Phys Ther.* 2008;88(11):1254-1264.
38. Centers for Disease Control and Prevention: Heart Disease and Stroke. www.cdc.gov/chronicdisease/resources/publications/factsheets/heart-disease-stroke.htm. Published 2019.
39. Centers for Disease Control and Prevention: Cancer Information. www.cdc.gov/nchs/fastats/cancer.htm. Published 2017.
40. Centers for Disease Control and Prevention: How to prevent cancer or find it early. www.cdc.gov/cancer/dcpc/prevention/. Published 2019.
41. The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015. <https://statecancerprofiles.cancer.gov>.
42. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Retrieved from: https://www.cdc.gov/brfss/annual_data/annual_data.htm.
43. Healthy People: Environmental Health. www.healthypeople.gov/2020/topics-objectives/topic/environmental-health. Published 2019.
44. *Long Beach Department of Health and Human Services, Number of Hazmat Sites by Zip Code.*
45. Healthy People: nutrition, physical activity and obesity. www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity. Published 2019.
46. Warburton DER et al. Health benefits of physical activity: the evidence. *C Can Med Assoc J.* 2006;174(6):801-809.
47. Healthy People: nutrition, physical activity and obesity guidelines. www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity/data. Published 2019.
48. Slavin, Joanne L and BL. Health benefits of fruits and vegetables. *Adv Nutr.* 2012;3(4):506-516.
49. Centers for Disease Control and Prevention: The health effects of overweight and obesity. www.cdc.gov/healthyweight/effects/index.html. Published 2015.
50. County Health Rankings & Roadmaps (CHR). Retrieved from: <http://www.countyhealthrankings.org/explore-health-rankings>.
51. California Department of Education, Physical Fitness Testing (PFT). Retrieved from: <https://www.cde.ca.gov/ta/tg/pf/>.
52. United States Department of Agriculture: definitions of food security. www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security/. Published 2018.
53. 2017-18 California Longitudinal Pupil Achievement Data System (CALPADS), Fall 1.
54. Healthy People: Oral Health. www.healthypeople.gov/2020/topics-objectives/topic/oral-health. Published 2019.
55. Healthy People: Maternal, Infant and Child Health. www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health. Published 2019.
56. National Vital Statistics Reports: Timing and Adequacy of Prenatal Care in the United States, 2016. www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf. Published 2018.
57. Centers for Disease Control and Prevention: Reproductive and Birth Outcomes. <https://ephtracking.cdc.gov/showRbLBWGrowthRetardationEnv.action>. Published 2016.
58. Orenstein W et al. Immunizations In The United States: Success, Structure, And Stress. *Health Aff.* 2005;24(3):599-610.
59. Centers for Disease Control and Prevention: Who needs a flu vaccine and when.

- www.cdc.gov/flu/prevent/vaccinations.htm. Published 2018.
60. Substance Abuse and Mental Health Services Administration: Alcohol, Tobacco and Other Drugs. www.samhsa.gov/find-help/atod. Published 2019.
 61. *Long Beach Department of Health and Human Services, GreenlightLB Survey.*
 62. Centers for Disease Control and Prevention: Prescription Opioid Data. www.cdc.gov/drugoverdose/data/prescribing.html. Published 2018.
 63. California Department of Justice, Controlled Substance Utilization Review and Evaluation System (CURES). Retrieved from: <https://oag.ca.gov/cures/statistics>.
 64. *The LGBTQ Center Long Beach, Random Sample Survey.*
 65. *National Coalition for Anti-Violence Programs, Long Beach Demographics, 2016.*
 66. The CMS Equity Plan for Improving Quality in Medicare. www.cms.gov/About-CMS/Agency-Information/OMH/OMH_Dwnld-CMS_EquityPlanforMedicare_090615.pdf. Published 2015.
 67. *Long Beach Department of Health and Human Services, CalFresh Data.*
 68. National Council on Disability: Highlighting Disability / Poverty Connection, NCD Urges Congress to Alter Federal Policies that Disadvantage People with Disabilities. <https://ncd.gov/newsroom/2017/disability-poverty-connection-2017-progress-report-release>. Published 2017.
 69. County Health Rankings and Roadmaps: children in single-parent households. www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/family-social-support/children-in-single-parent-households.
 70. Scharte M et al. Increased health risks of children with single mothers: the impact of socio-economic and environmental factors. *Eur J Public Health*. 2013;23(3):469-475.
 71. US Census: Median Earnings Data. www.census.gov/data/tables/time-series/demo/industry-occupation/median-earnings.html. Published 2019.



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