CITY OF LONG BEACH

Memorandum

Date: July 9, 2025

To: Thomas B. Modica, City Manager

From: Alison King, Director of Health and Human Services

For: Mayor and Members of the City Council

Subject: **Annual Update on the State of Health in Long Beach**

The Long Beach Department of Health and Human Services (Health Department) receives significant funding from the California Department of Public Health to support the public health infrastructure and emergency readiness through its Future of Public Health grant. The Future of Public Health grant requires local health jurisdictions to provide annual updates on the state of public health in their jurisdictions. This memorandum transmits these annual updates.

Life Expectancy: A Measure of Health Disparity

Life expectancy captures the cumulative impact of mortality patterns within a population. It reflects differences in social, environmental and economic conditions that influence how long individuals are expected to live. Examining life expectancy by race, ethnicity and sex assigned at birth provides insight into the underlying inequities shaping health outcomes in the city of Long Beach.

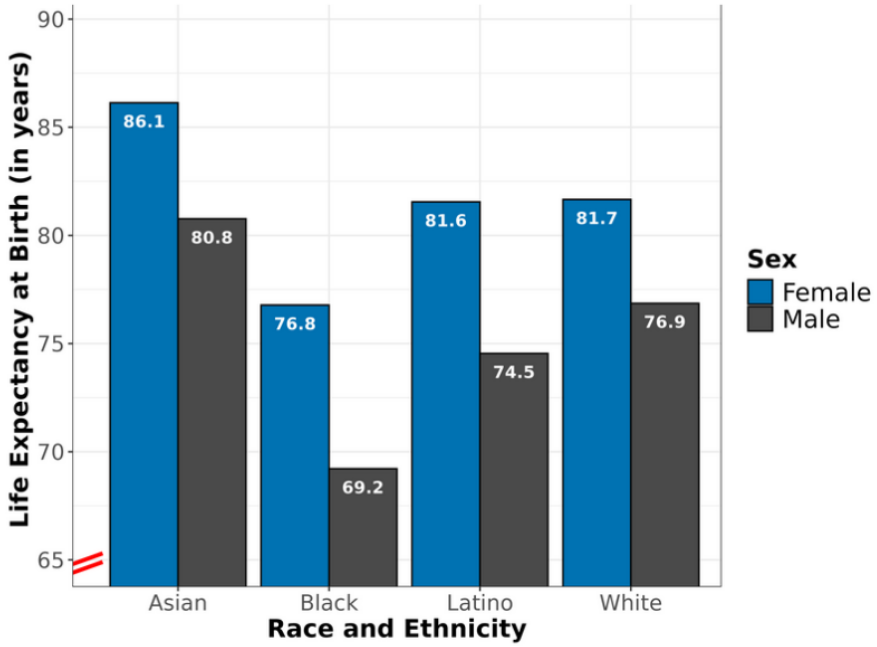
Figure 1 below presents the rolling five-year life expectancy at birth for the period 2019–2023, stratified by race, ethnicity and sex assigned at birth. The data demonstrate disparities in life expectancy across demographic groups in Long Beach.

- Black males have the lowest life expectancy at 69.2 years, which is:
  - 5.3 years lower than Latino males (74.5 years)
  - 7.7 years lower than White males (76.9 years)
  - 11.6 years lower than Asian males (80.8 years)
- Asian females have the highest life expectancy at 86.1 years, living:
  - 4.4 years longer than White females (81.7 years)
  - 4.5 years longer than Latino females (81.6 years)
  - 9.3 years longer than Black females (76.8 years)
- The largest gender gap is observed among Black residents, with Black females living 7.6 years longer than Black males.

These findings highlight the importance of addressing upstream drivers of health,

including structural racism, chronic disease burden, neighborhood conditions and access to preventive care.

Figure 1: Rolling 5-year Life Expectancy by Race/Ethnicity and Sex, 2019-2023



Source: Long Beach City Health Assessment Core Module 2024 Update, California Department of Public Health, Office of Policy and Planning

Leading Causes of Mortality and Morbidity in Long Beach

Understanding the top causes of death (mortality) and illness (morbidity) in Long Beach helps identify the city's most pressing health challenges. Mortality data reveal the primary causes and patterns of death, while morbidity data highlight conditions that affect residents' quality of life. Together, these measures offer a comprehensive view of the city's health burden and inform priorities for prevention, intervention and resource allocation.

In 2023, the leading causes of death in Long Beach were chronic conditions, with ischemic heart disease as the top cause. However, when examining premature mortality through years of life lost, which estimates the years a person would have lived if they had not died before age 75, drug overdose ranked as the leading cause (Figure 2).

Over the ten-year period from 2013 to 2023, several causes of death in Long Beach experienced notable increases in age-adjusted death rates:

- Drug overdose deaths rose by 167%, highlighting the growing impact of opioid-related fatalities in Long Beach.
- Deaths due to congestive heart failure increased by 80.7%, signaling a rising

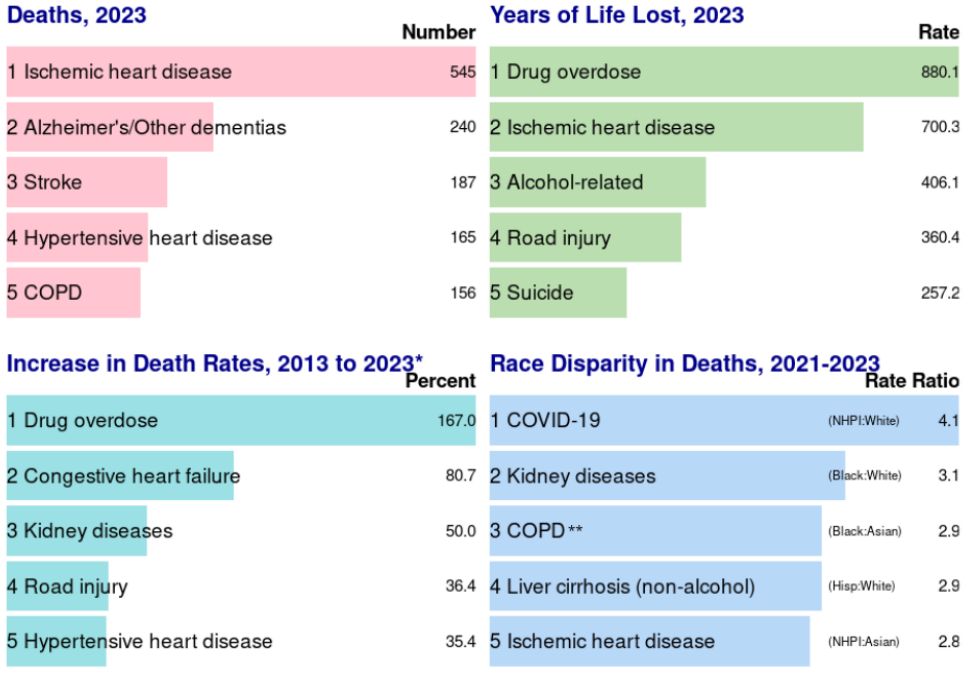
burden of chronic cardiovascular conditions.

- Kidney disease deaths rose by 50%, underscoring the need for better prevention, early detection and management of underlying conditions such as diabetes and hypertension that contribute to kidney disease or failure.

From 2021 to 2023, mortality data in Long Beach reveal significant disparities across racial and ethnic groups for several leading causes of death:

- Native Hawaiian and Pacific Islander residents experienced a COVID-19 mortality rate 4.1 times higher than that of white residents.
- Black residents were 3.1 times more likely to die from kidney disease than white residents.
- The mortality rate for chronic obstructive pulmonary disease (COPD) among Black residents was 2.9 times higher than that of Asian residents.
- Hispanic residents were 2.9 times more likely to die from non-alcoholic liver cirrhosis than white residents.
- Native Hawaiian and Pacific Islander residents experienced an ischemic heart disease mortality rate 2.8 times higher than that of Asian residents.

Figure 2: Top 5 Leading Causes of Mortality based on Multiple Measures

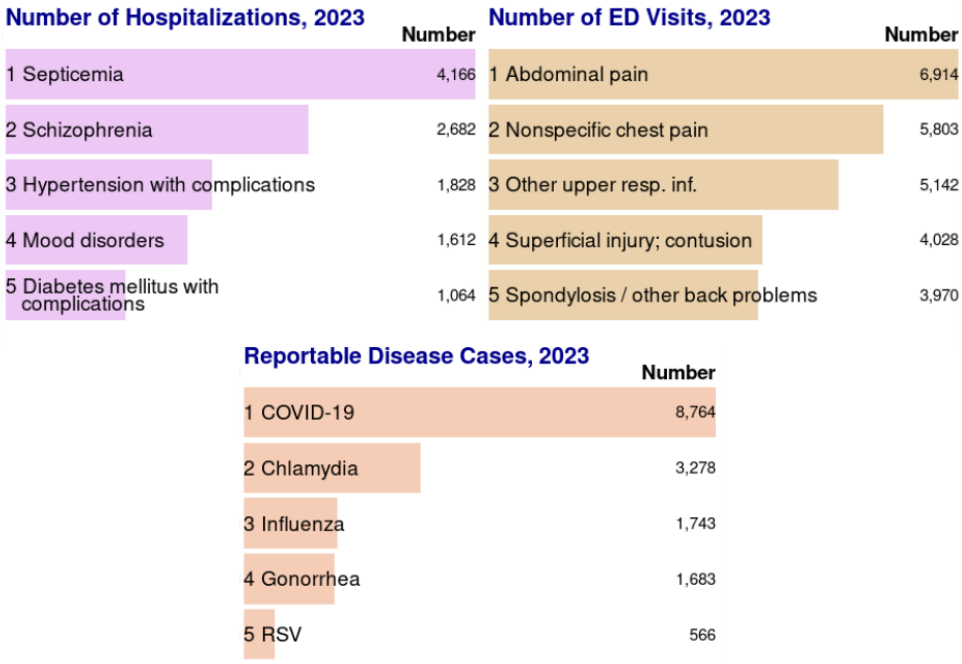


Source: Long Beach City Health Assessment Core Module 2024 Update, California Department of Public Health, Office of Policy and Planning
*Conditions with fewer than 25 deaths in either period are excluded.
**COPD: Chronic Obstructive Pulmonary Disease

Figure 3 presents the top five causes of morbidity in Long Beach across three distinct health system measures for 2023: hospitalizations, emergency department visits and reportable disease cases. These indicators provide insight into the conditions driving healthcare utilization and reflect both acute and chronic health burdens in the community. The following section highlights key findings for these measures.

- In 2023, hospital admissions revealed a pressing dual burden of chronic disease and behavioral health challenges, with the most common diagnoses including septicemia, schizophrenia, hypertension, mood disorders, and diabetes.
- Emergency room use was largely driven by non-emergent conditions such as abdominal and chest pain, respiratory infections, minor injuries, and back problems.
- COVID-19 remained the most reported disease in 2023, followed by chlamydia, influenza, gonorrhea, and RSV, reflecting the ongoing public health burden of infectious diseases in the community.

Figure 3: Top 5 Leading Causes of Morbidity based on Multiple Measures



Source: Long Beach City Health Assessment Core Module 2024 Update, California Department of Public Health, Office of Policy and Planning

Leading Causes of Death Across the Life Course

Understanding the leading causes of death across the life course is essential in public health for identifying when specific health risks emerge and how they evolve over time. Analyzing mortality trends by age and sex provides insight into the shifting burden of disease, from injury-related deaths in youth to chronic and degenerative conditions in older adulthood.

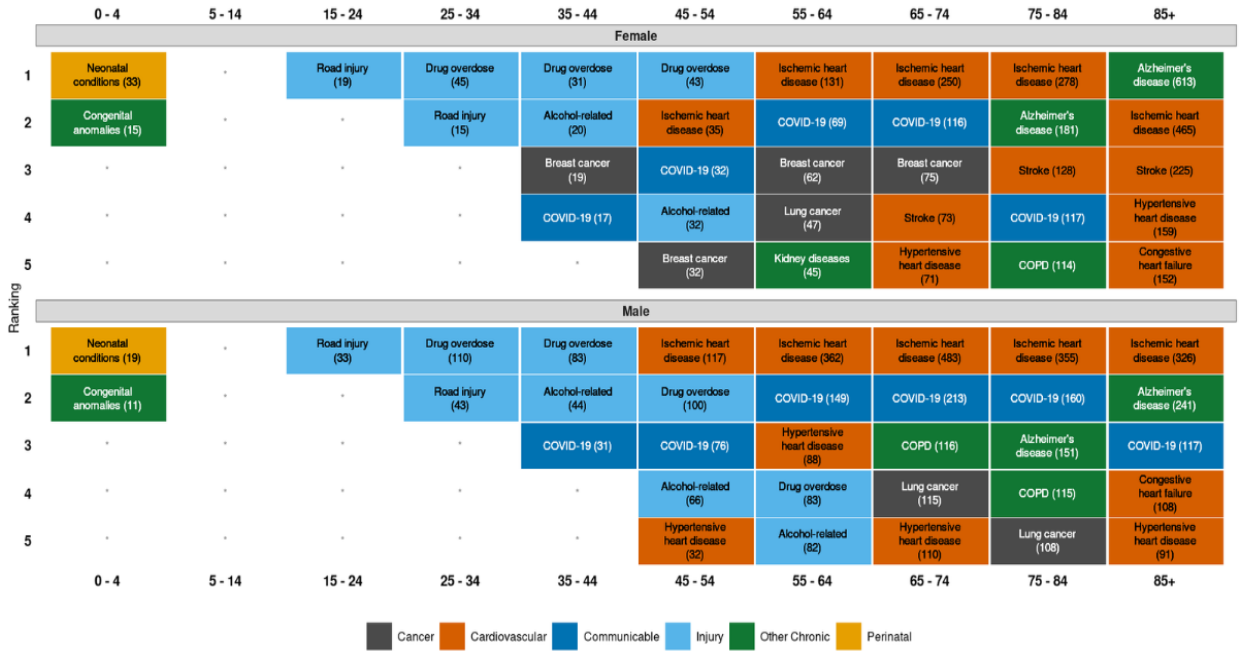
The top portion of Figure 4 shows the leading causes of death among females in Long Beach by age group, using five-year mortality data from 2019 to 2023. The following key findings from this life course analysis highlight how mortality patterns shift with age for female residents, revealing distinct public health challenges at each stage of life.

- **Ages 15–24:** Road injury was the leading cause of death, emphasizing the toll of unintentional injuries among young women.
- **Ages 25–54:** Drug overdose was the top cause of death across all three age groups, with alcohol-related deaths and breast cancer also emerging in early middle adulthood.
- **Ages 55 and older:** Ischemic heart disease became the leading cause of death through late adulthood, while Alzheimer's disease was the top cause among women aged 85 and older.

The bottom portion of Figure 4 below illustrates the leading causes of death among males in Long Beach from 2019 to 2023 by age group.

- **Ages 15 to 44:** Among younger males, leading causes of death were road injuries and drug overdose, with overdose ranking first from ages 25 to 44.
- **Ages 45 to 84:** Ischemic heart disease became the leading cause of death at age 45. Drug overdose and alcohol-related deaths were significant at ages 45 to 54, ranking second and fourth. COVID-19 consistently ranked second from age 55 and remained so through age 84. In later years, COPD and lung cancer became more prominent among males, ranking higher than among females.
- **Ages 85 and older:** Leading causes of death included cardiovascular diseases, Alzheimer's disease, and COVID-19. Alzheimer's ranked second for males but first for females, highlighting gender differences in disease patterns.

Figure 4: Leading Causes of Death Across the Life Course in Long Beach, 2019-2023



Source: Long Beach City Health Assessment Core Module 2024 Update, California Department of Public Health, Office of Policy and Planning
**Data surpressed due to small numbers*

Update on Community Health Improvement Plan (CHIP) Priority Areas

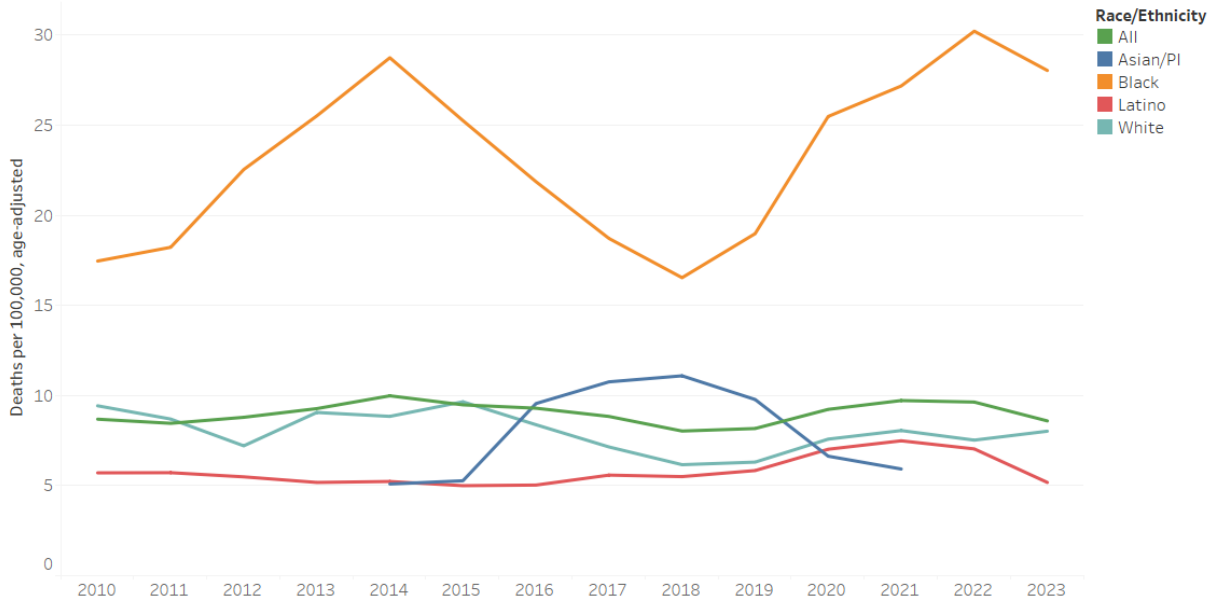
The Community Health Improvement Plan (CHIP) serves as a strategic framework to advance health equity and improve population health in Long Beach. Led by the Health Department, the CHIP is developed in collaboration with community-based organizations, healthcare systems and other stakeholders to ensure the plan reflects local needs and priorities. The initiative has been in place since 2014 and was strengthened in 2019 with the formation of the Long Beach Collaborative, which align efforts with local hospitals on the 3-year cycle Community Health Assessment (CHA) and CHIP. Informed by the CHA, the CHIP outlines strategic priorities and outlines measurable strategies aimed at addressing root causes of health disparities and improving population health outcomes. Population-level measures track overall trends in health and well-being, offering insight into where progress is being made and where additional attention or resources may be needed. This section provides an update on the seven CHIP priority areas: Safe Places, Economic Equity, Housing and Preventing Homelessness, Maternal and Child Health, Chronic Diseases, Communicable Diseases, and Mental Health.

CHIP Priority Area #1: Safe Places

Violence is a public health issue that significantly impacts people's physical and mental health, community trust, and economic opportunity. Figure 5 displays age-adjusted firearm-related death rates per 100,000 in Long Beach by race and ethnicity from 2010 to 2023. The data reveal a persistent and disproportionate burden of firearm violence on Black residents, who have consistently experienced the highest death rates compared to

all other racial and ethnic groups and the citywide total. In 2023, the firearm death rate among Black residents was 3 times higher than the citywide total and white residents and 5 times higher than Latino residents.

Figure 5: Firearm Deaths in Long Beach, 2010-2023

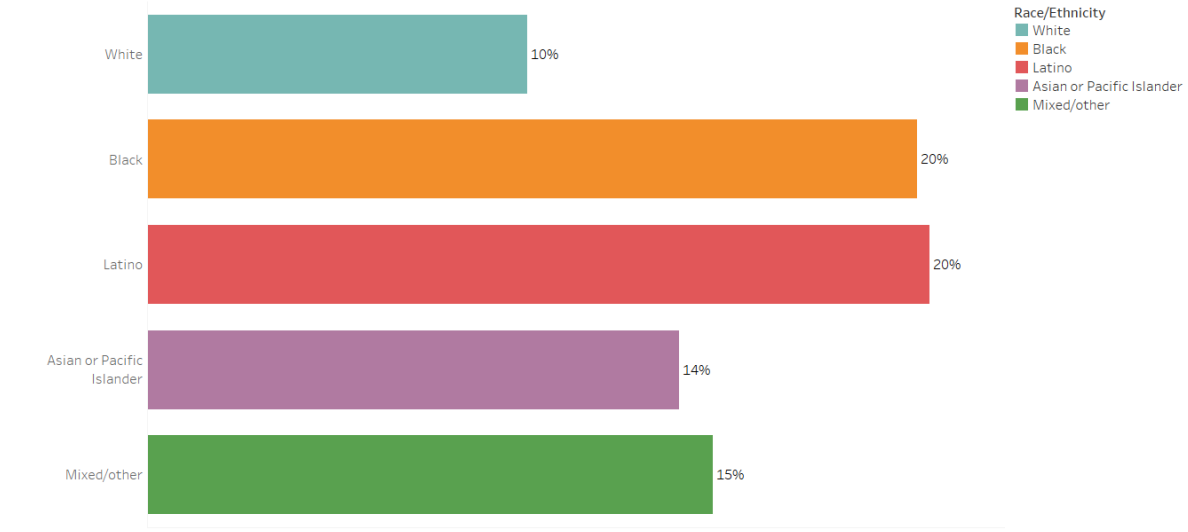


Source: Big Cities Health Inventory Data Platform. Big Cities Health Coalition. Bigcitieshealthdata.org accessed January 2024. Data for Asian/PI residents may be omitted for some years due to low numbers or unavailability of data.

CHIP Priority Area #2: Economic Equity

Economic equity means that all residents in Long Beach, regardless of race, ethnicity, or neighborhood, have access to the resources, support, and opportunities needed for long-term financial stability and upward mobility. Advancing educational attainment is a key strategy to promote economic equity, as it reduces poverty, lowers public costs over time, and strengthens the local economy. In Long Beach, Black and Latino residents experience the highest poverty rates, with 20% living in poverty, which is twice the rate of white residents at 10% (Figure 6).

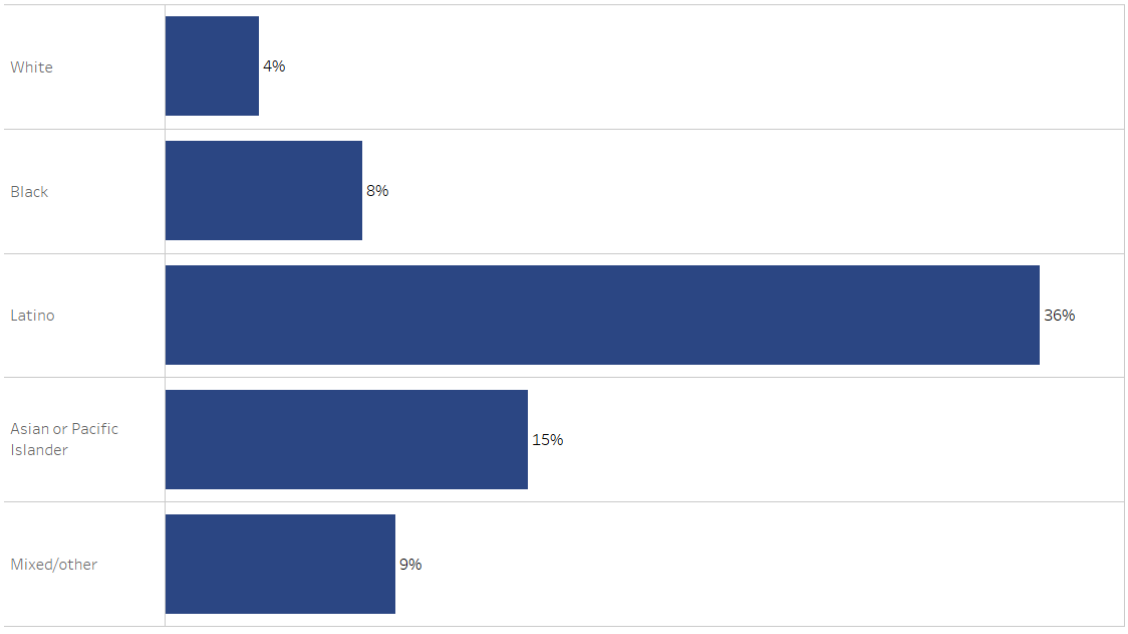
Figure 6: Percent of Individuals Living in Poverty by Race/Ethnicity, Long Beach 2019



Source: National Equity Atlas, PolicyLink, https://nationalequityatlas.org/lab/data/poverty. Accessed February 2024.

Figure 7 presents the percentage of adults in Long Beach without a high school diploma, highlighting significant educational disparities by race and ethnicity. Latino residents have the highest rate at 36%, which is more than four times higher than Black residents at 8% and nine times higher than white residents at 4%.

Figure 7: Percent Without High School Diploma by Race/Ethnicity in Long Beach, 2019



Source: National Equity Atlas, PolicyLink, https://nationalequityatlas.org/lab/data/poverty. Accessed February 2024.

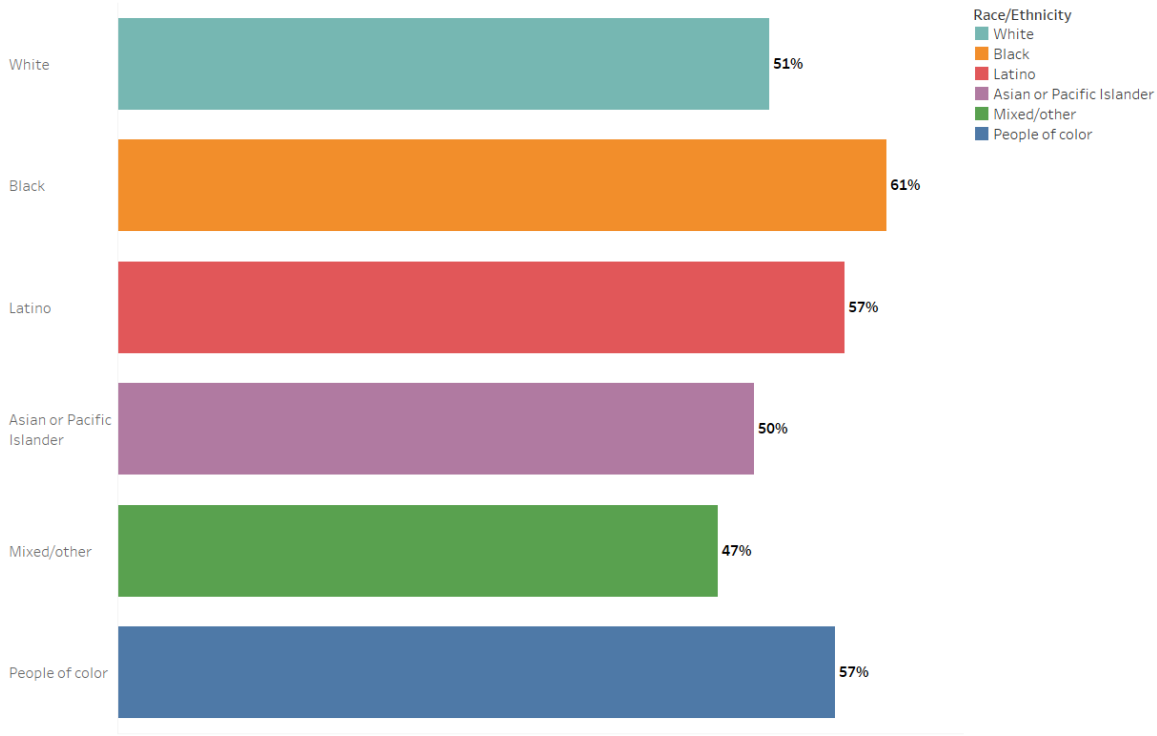
CHIP Priority Area #3: Housing and Preventing Homelessness

Long Beach, like many California cities, faces a complex housing crisis, including

overcrowding, high costs, and rising homelessness. In the 2025 Point-in-Time Count, financial hardship was the leading cause of homelessness, rising from 37.1% in 2024 to 41.2% in 2025. A separate survey of Riverbed residents found that 44.7% became homeless due to job loss or unaffordable housing, highlighting the ongoing economic pressures driving homelessness in the city of Long Beach.

Housing cost burden remains a widespread challenge in Long Beach, with 55% of renters spending more than 30% of their income on housing, a threshold associated with financial strain and reduced resources for other basic needs. Figure 8 shows that all racial and ethnic groups in Long Beach experience significant housing cost burden, with Black (61%) and Latino (57%) renters experiencing the highest burden. Across all racial and ethnic groups, renters are more likely to be cost burdened than homeowners, emphasizing the need for enhanced rental assistance and tenant protections.

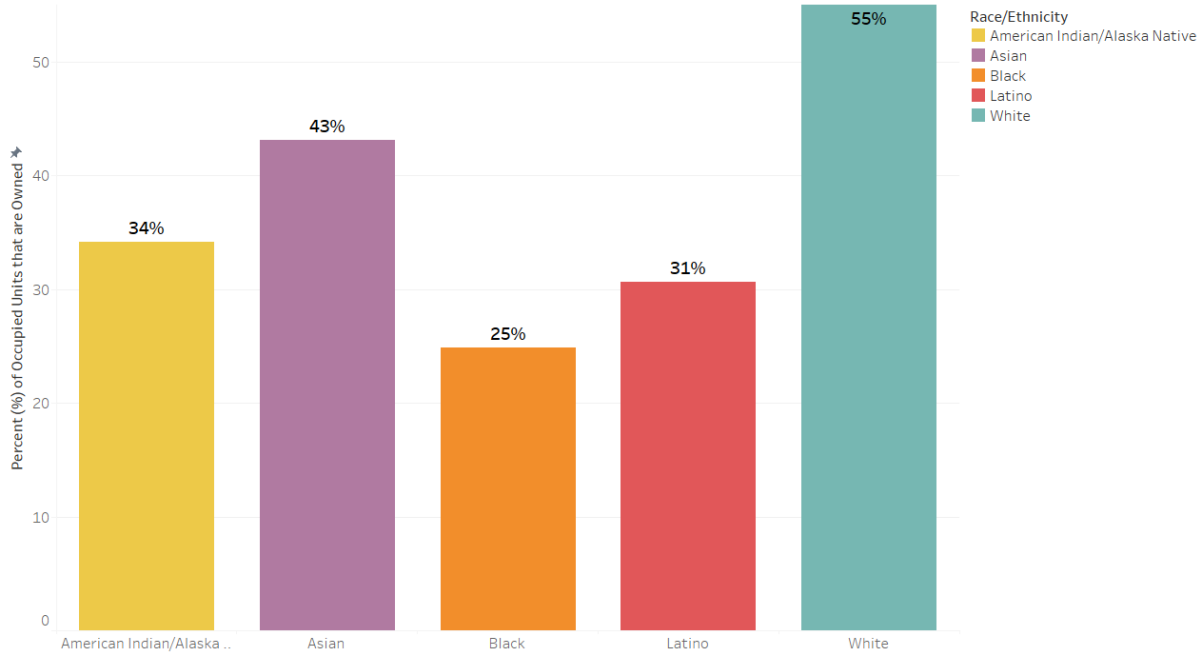
Figure 8: Housing Cost Burden by Race/Ethnicity in Long Beach, 2017



Source: National Equity Atlas, PolicyLink, 2017

White residents have the highest rate of homeownership in Long Beach at 55%, which is more than double the rate of Black residents, who have a homeownership rate of 25% (Figure 9). These disparities reflect longstanding patterns of segregation, discriminatory lending and unequal access to generational wealth.

Figure 9: Owner-Occupied Housing in Long Beach, 2023

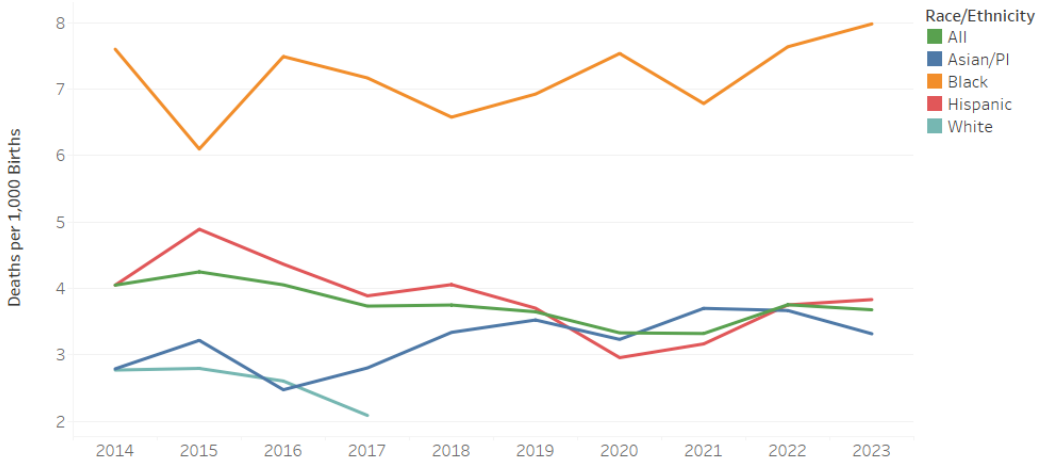


Source: 2023, Big Cities Health Inventory Data Platform. Big Cities Health Coalition. Bigcitieshealthdata.org accessed January 2024.

CHIP Priority Area #4: Maternal and Child Health

In the U.S., infant mortality among Black infants remains unaddressed due to limited access to prenatal care, higher rates of chronic conditions and the effects of systemic racism and chronic stress. In 2023, the Black infant mortality rate in Long Beach was 8 per 1,000 births, the highest rate observed from 2014 to 2023. This rate was 2.4 times higher than Asian infants, 2.1 times higher than that of Latino infants and 2.2 times higher than the overall citywide rate (Figure 10).

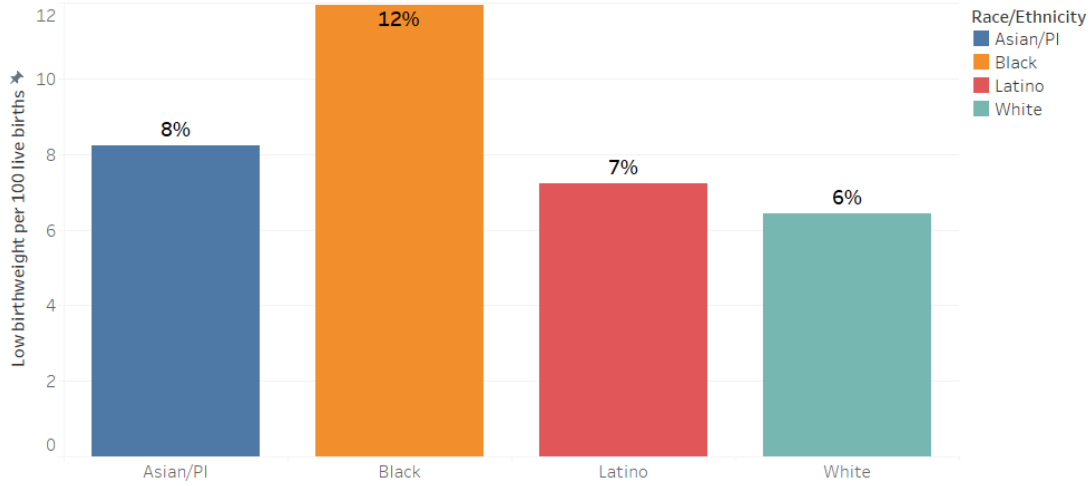
Figure 10: Infant Deaths in Long Beach, 2014-2023



Source: Big Cities Health Inventory Data Platform. Big Cities Health Coalition. Bigcitieshealthdata.org accessed January 2024. Data for white residents is likely missing for years 2018-2021 due to low numbers.

In 2023, Black infants in Long Beach had the highest rate of low birth weight at 12%, compared to 8% among Asian and Pacific Islander infants, 7% among Latino infants and 6% among white infants. These disparities highlight ongoing inequities in maternal and infant health outcomes (Figure 11).

Figure 11: Low Birthweight in Long Beach, 2023

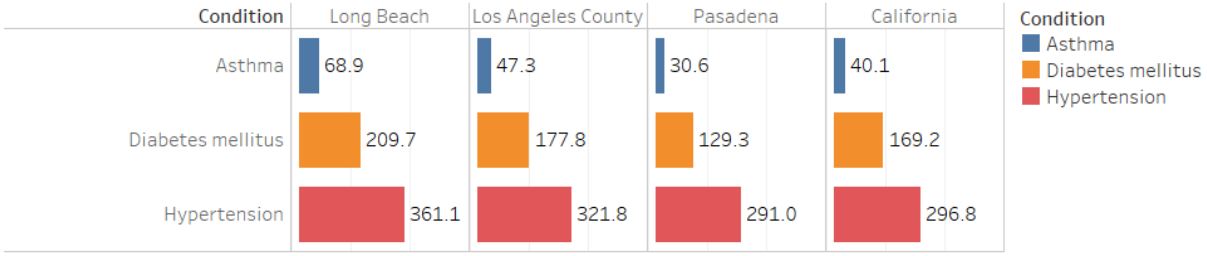


Source: 2023, Big Cities Health Inventory Data Platform. Big Cities Health Coalition. Bigcitieshealthdata.org accessed January 2024.

CHIP Priority Area #5: Chronic Diseases

Addressing chronic conditions like cardiovascular disease, hypertension, diabetes and asthma is critical to improving health outcomes in Long Beach. Figure 12 shows that in 2023, Long Beach had significantly higher age-adjusted hospitalization rates for asthma, diabetes, and hypertension compared to neighboring areas and the state overall. Asthma rates were 72% higher than the state average, diabetes 24% higher, and hypertension 22% higher, highlighting the city's disproportionate burden of chronic diseases.

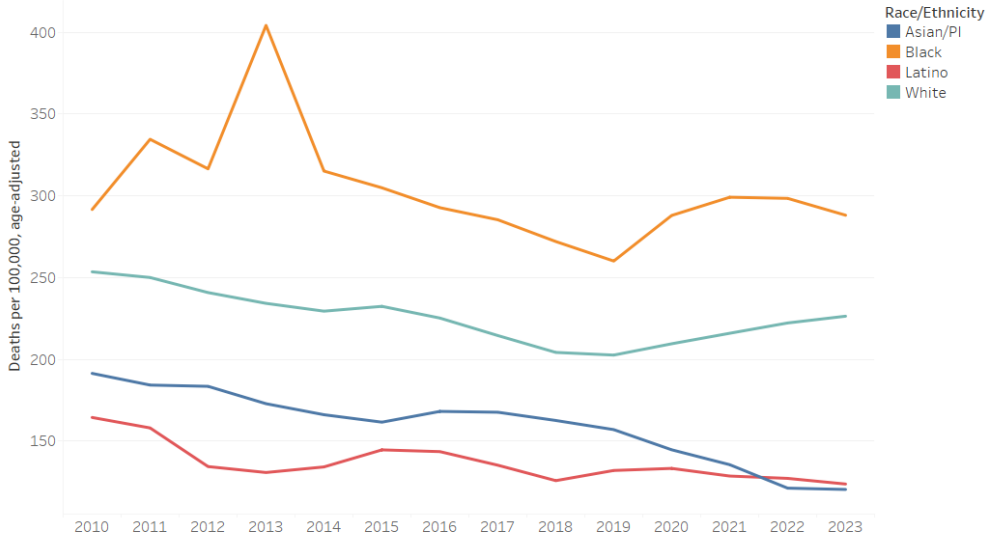
Figure 12: 2023 Age-Adjusted Hospitalization Rates by Jurisdiction



Source: Long Beach City Health Assessment Core Module 2024 Update, California Department of Public Health, Office of Policy and Planning
Notes: Los Angeles County excludes Long Beach and Pasadena for comparison. Categories labeled "Diabetes" and "Hypertension" reflect hospitalizations originally coded as "diabetes mellitus with complications" and "hypertension with complications". These hospitalizations may involve co-occurring or contributing complications.

Black residents in Long Beach face the highest mortality from heart disease, with an age-adjusted death rate of 288 per 100,000 in 2023, which is more than twice the rate of Asian/Pacific Islander and Latino residents (Figure13).

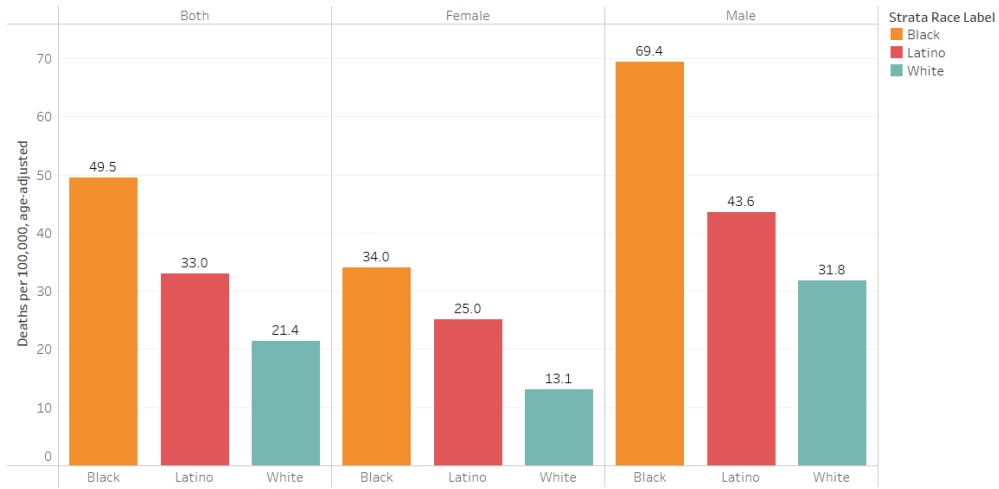
Figure 13: Heart Disease Deaths in Long Beach, 2010-2023



Source: , Big Cities Health Inventory Data Platform. Big Cities Health Coalition. Bigcitieshealthdata.org accessed January 2024. Data may be omitted for certain subgroups in a given year due to unstable estimates or unavailability of data.

The burden of diabetes mortality in Long Beach is disproportionately high among Black residents. In 2023, the overall age-adjusted diabetes death rate for Black residents was 49.5 per 100,000, the highest among all racial and ethnic groups and twice the rate observed among white residents. When disaggregated by sex, Black males had the highest diabetes death rate at 69.4 per 100,000, which is also twice the rate of white males (Figure 14). These patterns highlight persistent inequities in chronic disease outcomes and access to preventive care.

Figure 14: Diabetes Deaths in Long Beach, 2023

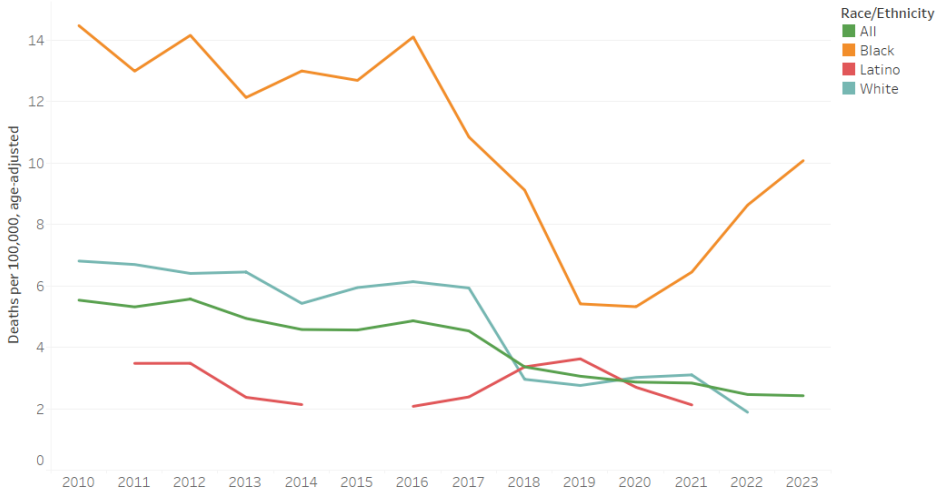


Source: , Big Cities Health Inventory Data Platform. Big Cities Health Coalition. Bigcitieshealthdata.org accessed January 2024. Data may be omitted for certain subgroups in a given year due to unstable estimates or unavailability of data.

CHIP Priority Area #6: Communicable Diseases

The Health Department works in close coordination with local, state and federal partners to reduce transmission, improve health equity, and ensure all residents have access to timely prevention, testing and treatment services. From 2010 to 2023, HIV/AIDS deaths in Long Beach show that age-adjusted death rates for Black residents have remained higher than those of all other racial and ethnic groups. Although there was a decline in deaths from 2016 to 2020, rates began to rise again between 2021 to 2023. In 2023, the age-adjusted death rate among Black residents reached 10.8 per 100,000, which is four times higher than the total rate (Figure 15).

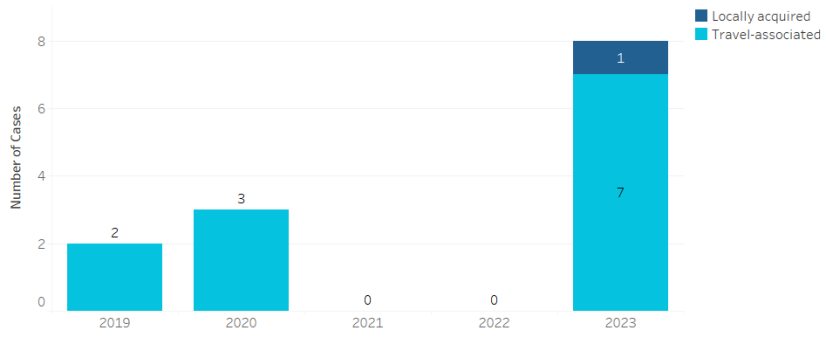
Figure 15: HIV/AIDS Deaths in Long Beach, 2010-2023



Source: Big Cities Health Inventory Data Platform. Big Cities Health Coalition. Bigcitieshealthdata.org accessed January 2024.
Data for Hispanic residents may be omitted for some years due to low numbers or unavailability of data.

Long Beach reported eight dengue cases in 2023 (Figure 16), including one locally acquired case, which was the first in city history and the second ever in California. The case prompted a large-scale response, including increased mosquito surveillance, targeted vector control and community outreach within a 150-meter radius. The Health Department deployed 52 trained staff to conduct door-to-door education, risk screening and testing.

Figure 16: Dengue Cases Reported in Long Beach, 2019-2023



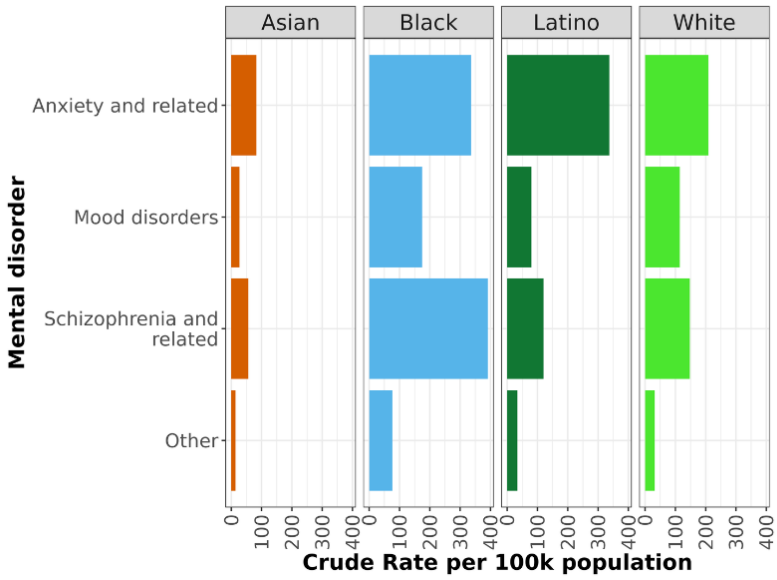
Source: 2023 Communicable Disease Morbidity Report, Long Beach Department of Health and Human Services

CHIP Priority Area #7: Mental Health

The Mental Health priority area in the CHIP aims to ensure that all residents have access to mental health and trauma-informed resources. Cost of mental health care, lack of providers and the presence of stigma are some of the major barriers to accessing mental health care.

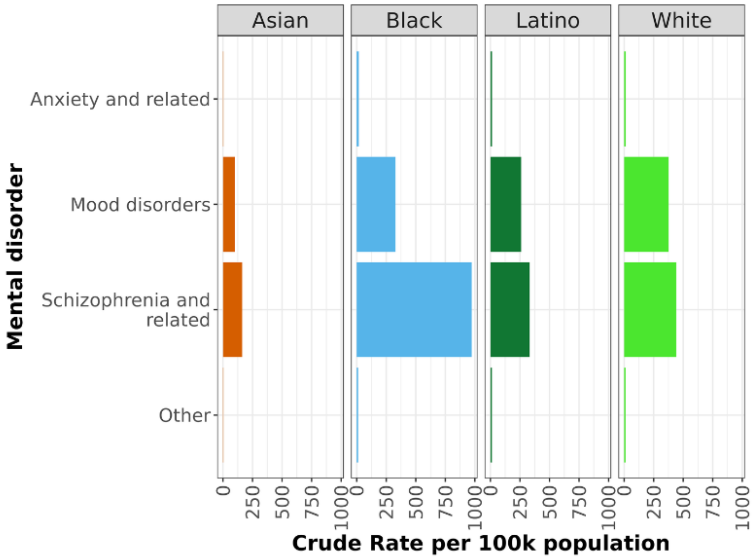
In Long Beach, Black and Latino residents visited the emergency department for mental health disorders at higher rates than whites and Asian residents. The most apparent disparity was seen in schizophrenia-related emergency visits where Black residents had the highest crude rate at 391.6 per 100,000, which is 7 times higher than Asian residents, 3 times higher than Latino residents and 2 times higher than white residents (Figure 17). Asian residents consistently have the lowest emergency department visit rates across all mental disorders.

Figure 17: ED visits for Mental Health Disorders by Race/Ethnicity, 2018-2022



From 2018 to 2022, crude hospitalization rates for mental health disorders revealed that Black residents had the highest rates across all racial and ethnic groups. Hospitalizations for schizophrenia were especially elevated, with a crude rate of 973.6 per 100,000, which was 6 times higher than Asian residents, 3 times higher than Latino residents and 2 times higher than white residents (Figure 18).

Figure 18: Hospitalizations for Mental Health Disorder by Race/Ethnicity, 2018-2022



Policy Recommendations

Each CHIP priority area includes a corresponding policy recommendation aimed at addressing and reducing critical health disparities, as demonstrated in the data above. All recommendations are aligned with the City of Long Beach's Legislative Agenda. The City supports legislation and grant opportunities that invest in upstream violence prevention strategies, including the California Violence Intervention and Prevention Program (CalVIP), and initiatives that promote living wage jobs, affordable housing, healthy communities, and other social services to support long-term violence prevention.

To advance economic equity, the City supports policies, legislation, and funding to expand job training and community programming, with a focus on at-risk youth, reentry populations, and long-term unemployed residents. In the area of housing and homelessness, the City supports policies, legislation, and grants that reduce homelessness through housing assistance, case management, and services related to mental health and substance use. The City also supports efforts to ensure all jurisdictions within the region provide appropriate accommodation for individuals experiencing homelessness.

To improve maternal and child health outcomes, the City supports policies, legislation, and funding to increase capacity to address maternal mortality and morbidity, with the goal of improving maternal health and reducing infant mortality. The City further supports investments in chronic disease prevention, including cardiovascular disease, cancer, hypertension, and type 2 diabetes. In addressing communicable diseases, the City supports policies, legislation, and funding to promote, screen, and control communicable diseases, sexually transmitted infections (STIs), and emerging or reemerging vector-

borne diseases. Lastly, the City supports regional mental health initiatives that expand access to mental health and substance use treatment and prioritizes homelessness interventions over incarceration-based responses.

Technical Notes

Data Sources

- The data presented in this memo was gathered from Long Beach City Health Assessment Core Module 2024 Update prepared by California Department of Public Health, Office of Policy and Planning.
- Social determinants of health and owner-occupied housing data were gathered from the US Census American Community Survey.
- CHIP priorities reference data from the Big Cities Health Inventory Data Platform, National Equity Atlas, PolicyLink, and USC Equity Research Institute.

Measures

- *Crude Death Rate* takes the size of the population into account by dividing the number of deaths by the number of people in the population (multiplied by 100,000 for interpretability, i.e. number of deaths per 100,000 people).
- *Age-adjusted Death Rate* takes into account or "controls" for the age distribution of the population where the rate is being assessed. It is the rate that would have existed if the population had the same age distribution as a reference population. This allows for comparisons between populations with differences in age distributions, accounting for the fact that age itself is generally correlated with higher mortality.
- Rolling five-year aggregate life expectancy at birth is a measure that summarizes the overall mortality patterns of a population over a multi-year period. Combining five consecutive years of mortality and population data provides a more stable and reliable estimate than single-year calculations, particularly for smaller populations.
- *Years of Life Lost (YLL)* (sometimes referred to as "premature mortality" and sometimes as "years of premature life lost (YPLL)") is based on summing the number of years prior or at the age 75 that each death occurs.
- *Percent Increase* measures the change in the death rate between two different years and shows which conditions are increasing (or decreasing) most rapidly. This is measured by showing the percentage increase in the age-adjusted death rate. Because this measure focuses on the degree of increase it may sometimes highlight a condition or group for which the absolute number of deaths is relatively small, but the percent increase is great.
- *Disparity Ratio* measures the difference in the death rate between racial/ethnic

groups for the same condition using combined data from a three-year period. The measure compares the age-adjusted death rate in the group with the highest rate to the group with the lowest rate. A large ratio between the two rates indicates a large disparity.

Next Steps

The Health Department will continue to provide annual updates to track progress, evaluate impact and refine strategies to address the leading causes of morbidity and mortality in Long Beach. This work is ongoing, and the department remains dedicated to collaborating with community, local hospitals and non-profit organizations to implement sustainable solutions that improves the public's health. Planning for the CHIP 2026 is currently underway. This next phase will build on the work outlined in this memo, incorporate updated data and community input and ensure that our efforts remain responsive to emerging needs. The policy recommendations are intended to directly address the urgent and ongoing health challenges with potential policy solutions to provide a clear foundation for action and focused investment where it is needed most.

If you have any questions, please contact Alison King at (562) 570-4016.

CC: DAWN MCINTOSH, CITY ATTORNEY
DOUGLAS P. HAUBERT, CITY PROSECUTOR
LAURA L. DOUD, CITY AUDITOR
APRIL WALKER, ASSISTANT CITY MANAGER
TERESA CHANDLER, DEPUTY CITY MANAGER
MEREDITH REYNOLDS, DEPUTY CITY MANAGER
GRACE YOON, DEPUTY CITY MANAGER
TYLER BONANNO-CURLEY, DEPUTY CITY MANAGER
KEVIN LEE, CHIEF PUBLIC AFFAIRS OFFICER
MONIQUE DE LA GARZA, CITY CLERK
DEPARTMENT HEADS