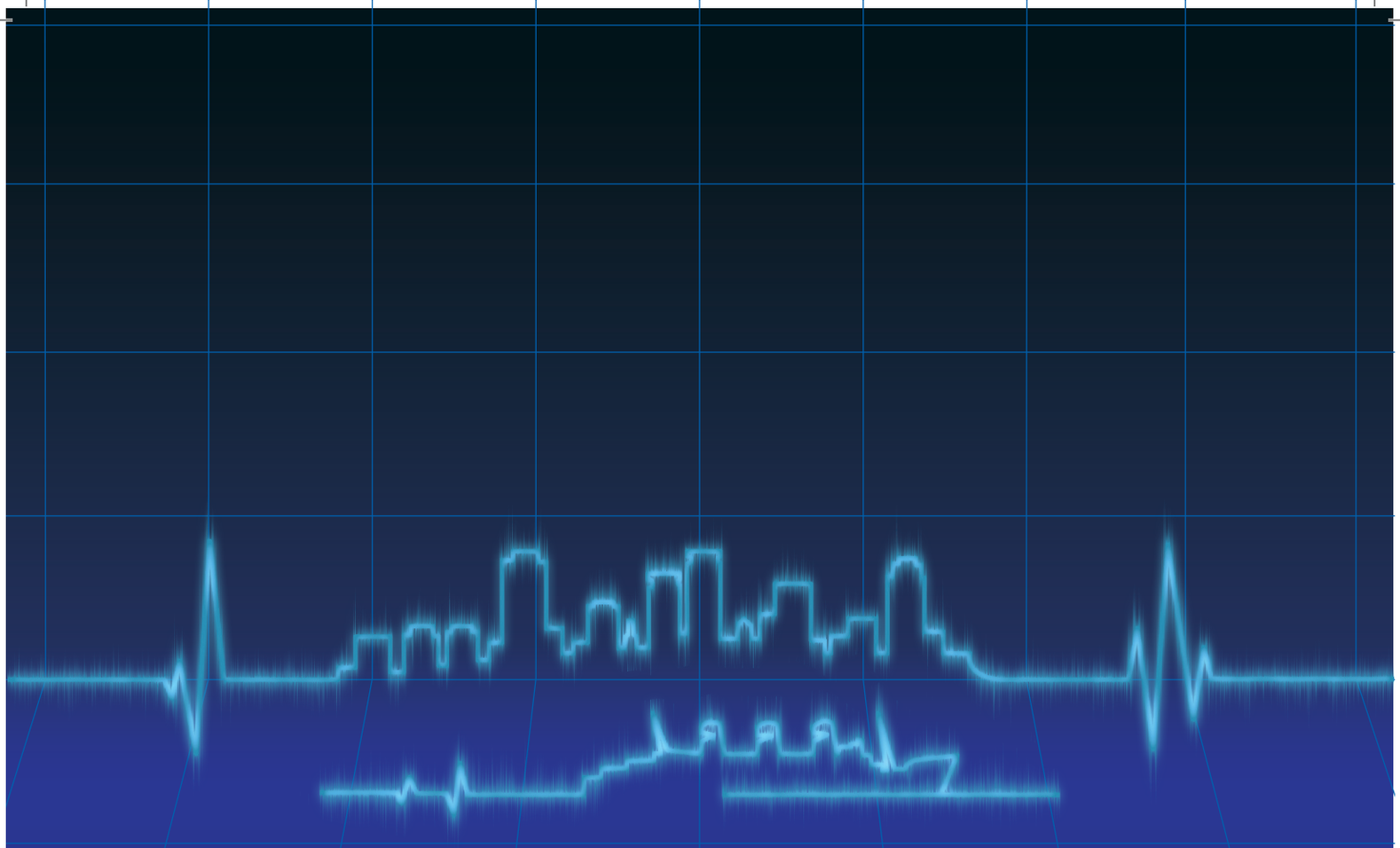

2012
GREATER LONG BEACH COMMUNITY HEALTH NEEDS ASSESSMENT

Community Hospital Long Beach

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EXECUTIVE SUMMARY

Introduction: Four major non-profit hospitals in the city of Long Beach; Community Hospital of Long Beach, Long Beach Memorial Medical Center including Miller Children's Hospital and St. Mary Medical Center have come together in a community partnership to address the health needs of greater Long Beach. Working together in the community, the four local hospitals conducted the greater Long Beach Community Needs Assessment (LBCNA) survey along with key informant survey for 2012. The results of the surveys are shared with community leaders, community-based organizations, stakeholders and the community to improve the quality and quantity of services available; to determine health priorities, and barriers to care and gaps in services available, and to identify social issues/problems in greater Long Beach.

Methodology: Survey instruments were developed through an iterative process with questions covering the above topics affecting, children, teens, young adults, adults and the elderly. The survey instrument was provided in English and Spanish languages. The surveys were collected from a convenience sample at community forums, health fairs and events within the city of Long Beach from September 2011 until March 2012 using web technology. The total number of surveys collected from the LBCNA and key informants surveys were 1,309 (only 1,066 included) and 122, respectively. Results are reported in bar and pie charts along with few tables to summarize findings.

Results and Recommendations: This study found asthma, obesity, mental health, diabetes and arthritis to be top five health priorities in greater Long Beach. About 14% of the survey respondents needed medical care but did not receive it. Further investigation showed that lack of health, dental and vision coverage are major barriers to care along with lack of information about where to get care and transportation to services. Most needed health care services are family physician/primary care and behavioral health, specialty care, along with dental care and prescription drugs. Major social issues identified in the study are: lack of exercise, poor nutrition, lack of insurance and affordable health care, air pollution and drug and alcohol programs. Lastly, the study revealed the top five most needed health related services are: transportation, CalFresh (food stamp), before and after school program, counseling and assisted living. Results are mostly consistent between LBCNA and key informant surveys.

Limitations: The study used convenience sampling to reach vulnerable populations. The study employed basic statistics so the study results may not be generalizable for the whole population of Long Beach.

Future Considerations: Hospitals in conjunction with the public health department and community organizations should collaborate and implement the recommendations made in this report. Each hospital should emphasize a certain area (s) so no overlapping occurs. Monitoring and evaluating of each program implemented by hospitals must be made every year until the next LBCNA report.

With the creation of a community partnership, hospitals are able to decrease the amount of duplicate services as well as increase the amount of resources available to target the most significant community needs of a diverse population.

INTRODUCTION

The community health needs assessment was used to identify and prioritize the community's health needs through the collection and analysis of community input and data. Essential local service providers and policy makers use the community needs assessment results to clearly inform policy development related to health care in the city. Through the analysis of the community data, hospitals can use the results to develop new strategies to improve the health of their community (Bilton, 2011).

In 1996, the Senate Bill 697 passed, requiring non-profit hospitals in the state of California to conduct community needs assessments every three years to assist in the development of their community benefit plans (Official California Legislative Information, 1994). In addition, the Patient Protection and Affordable Care Act of 2010 requires all non-profit, tax-exempt hospitals to develop and adopt an implementation strategy to address the identified needs and report such strategies to the Internal Revenue Service (Bilton, 2011). The purpose of this report is to create more transparency between the organization's mission and the community benefit services being offered.

Over the past twenty years, a community needs assessment has been conducted to determine the specific health needs of the Long Beach population. A collaborative partnership comprised of four major non-profit hospitals in the city of Long Beach, Community Hospital Long Beach, Long Beach Memorial Medical Center, Miller Children's Hospital, and St. Mary Medical Center sponsored the needs assessment data collection effort. With a commitment to ensure the health of the Long Beach population, this partnership conducted the Long Beach Community Needs Assessment survey for 2012.

The Community Needs Assessment survey for 2012 is based on self-reported health experiences of participants. The data was analyzed, focusing primarily on access to care, availability of health services, major health problems and social issues affecting children, teens, and adults living in the greater Long Beach area. According to Healthy People 2020, access to health care services impacts a range of health outcomes, from physical and mental health status, to disease prevention and treatment of health conditions (U.S. Department of Health and Human Services, 2010). In order to access such services, individuals need to know where to locate the services needed. Through the results of the analysis, community partners can identify gaps in services provided, leading to improvements in the health status and quality of life of the community through education, program development, increased access and availability of services.

A key informant survey, which is similar to the LBCNA survey, was also administered with individuals who represent the local health care system in the city of Long Beach. Using web technology, key informants from local hospitals, public health and nonprofit organizations, academicians and city officials responded to a survey to enhance the findings of the LBCNA survey and attempt to discover relatively new emerging health and health-related issues. Results of the surveys are reported and findings were summarized as well.

The city of Long Beach is situated in Los Angeles County in Southern California. According the 2010 U.S. Census, the city is the thirty-fourth largest city in the nation and the fifth largest city in California (California Department of Finance, 2011). Long Beach is recognized as one of the most diverse cities in the nation, with the largest Cambodian population outside of Southeast Asia (U.S. Census Bureau, 2010). The racial composition of the city is predominantly Hispanic or Latino (40.8%), followed by White (29.4%), Black or African American (13.0%), Asian (12.6%), Native Hawaiian and Other Pacific Islander (1.1%), Two or More Races (2.7%) and 0.2% reporting some Other Race.

According the 2010 U. S. Census, the population of Long Beach was 462,257, only a 0.2% increase from the 2000 U. S. Census. In 2010, the gender structure was evenly divided, with slightly more females (51.0%) than males (49.0%). The median age is 33.2 years, with 7% of the population under the age of five and 9.3% of the population 65-years and older (U.S. Census Bureau, 2011). The estimated median family income in 2010 was $51,173 and the percentage of families below the poverty line was reported at 19.1% compared to the state rate of 13.7% and national rate of 15.1% (De Navas-Walt, Proctor & Smith, 2011).

The unemployment rate in Long Beach for November 2010 was reported as 12.2 %, slightly higher than Los Angeles County's 11.1% and the state's average of 10.9% (State of California, 2012). During the 2010-2011 school year, the number of English language learners in grades K-12 in the Long Beach School District totaled 19,774,out of the 84,816 students enrolled or 23.3% (California Department of Education, 2011). The Long Beach Unified School District is very diverse with a total of 30 different languages spoken including Spanish, Khmer, Tagalog, Vietnamese and Samoan (California Department of Education, 2011).

LITERATURE REVIEW

The Patient Protection and Affordable Care Act of 2010 require that all non-profit hospitals conduct a Community Need Assessment every three years. Community Health Needs Assessments (CHNA) provide the opportunity to help identify and prioritize the needs of a community and provide an implementation strategy to address these needs (Bilton, 2011). In addition to the community needs assessment, The U. S. Department of Health and Human Services released a National Strategy for Quality Improvement in Health Care, March 2011 in an effort to create national priorities to improve the quality of health care in the United States (USDHHS, 2011). The strategy lists three aims for the health care system: better care, healthy people and communities, and affordable care (USDHHS, 2011).

In order to collect "community intelligence", local community-based organizations, advocacy groups and the entire community of health providers need to be engaged in the collection process and in determining the potential needs of the community. Community health partnerships are essential for community health improvements. Community partnerships can identify the gaps in services provided; leading to improvement in the health status and quality of life of the community through education, program development, increased access and availability of services (Somerville, et al., 2012).

When unmet health needs are identified through the process, the community partnership can help develop initiatives to address the needs brought forth by the assessment process. Hospitals have been entrusted to address the acute needs of patients waking through their doors. In addition, they are entrusted with improving the lives of community residents in which they serve. This includes; conducting health fairs, providing community clinics and leading health education classes. Hospitals are expected to be accessible and provide cost effective services to all community members equally. By conducting a community needs assessment, hospitals are viewed by their respective service area constituents as being concerned, focused and responsive to the community's health (Proenca, Rosko & Zinn, 2000). Through the use of health needs assessments, the community is included in the overall process of needs identification (Holt, 2008).

The purpose of a community health assessment is to determine if the community has access to quality, affordable and effective health services and to implement a plan to address the needs brought forth by the assessment process. The vision of Healthy People 2020 is to create a society in which all people live long healthy lives. In order to reach this vision, communities need to achieve health equity, eliminate disparities, and improve the health of all groups (USDHHS, 2010a). CHNAs assist the community in maintaining a long term strategic view of the community's health status and the influencing associated factors. A CHNA can be instrumental in determining not only the current health status of a defined population, but also uncover the capacity for addressing the needs. Communities who completed an assessment found that health problems were prioritized, 100% of the time. Additionally, strengths to completing a CHNA found that communications improved between community groups, data interpretation skills were improved and problems were better understood within the community. "Motivating communities to take responsibility for their own health problems is very much the point of community assessment and may represent a more important outcome than the community benefit derived from an assessment alone" (Curtis, 2002, p.21).

The main reason that hospitals are putting resources into community engagement is "health is our mission." Only ten percent of health production is contributed by medical care, the other 90% has to do with genetics, behavior and the environment in which a person lives. In the United States, seven of the ten leading causes of death are linked to preventable lifestyle behaviors (CDC, 2009). In order to improve health, hospitals (especially not-for-profit hospitals) must focus on the community, which is

made up of social network, environment and behaviors of its constituents. Designing an environment through active engagement and fostering healthy lifestyles, is imperative to the creation of health (Health Research & Educational Trust, n.d). In addition, psychosocial health contributes greatly to a person's quality of life (Donatella, 2010). When developing programs, psychosocial health needs must be considered as an aspect of wellness. "Comprehensive community needs surveys should include assessment of environmental, psychosocial, and physiological aspects of health as well as indicators of health-related behaviors in the population" (Lundeen, 1992, p. 243).

All communities should collect data on the health related problems of its residents at regular intervals. The use of the assessment data can assist in health program planning and evaluation, which is sensitive to identified issues and needs of the population or subgroups. The assessment process is not an outcome in and itself rather, once needs are identified the process of meeting those needs through clinical and health promotion or education interventions need to be put in place and executed (Clegg & Doherty, 2001). The assessment process allows for identification of health problems that need to be addressed and any changes in the community (McKenzie, Pinger & Kotecki, 2008).

In order to assess the need of the city of Long Beach, Community Hospital Long Beach, Long Beach Memorial Medical Center including Miller Children's Hospital and St. Mary Medical Center came together in a community partnership to conduct an assessment. The last three assessments were conducted in 2005, 2007 and 2009. A newly revised needs assessment survey and a key informant questionnaire were used for the 2012 report, which aimed to collect information regarding the health status, access and issues related to all segments of the population living in Long Beach. The next section discusses the Methodology used in the study followed by the Results section. The Conclusion and Recommendations sections briefly summarize findings and makes specific recommendations for hospitals to consider.

METHODOLOGY

A literature review was conducted to ascertain the use of community health surveys and assessments within the published texts. Peer reviewed journals were consulted and several articles were selected. The Health Needs Assessment Report of city of Long Beach has two distinct parts. In the first part of the study, the Long Beach Community Health Survey was used to collect data related to the health care needs within the Long Beach community. The community health survey instrument consists of thirty-one questions covering topics such as; population demographics, health concerns affecting children (ages 0 – 12), teens (ages 13 – 18), young adults (ages 19 – 25), adults (ages 26 – 65) and the elderly (ages 65 and over), and access to services and providers. The survey instrument was developed through an iterative process involving a literature review and analysis of previous surveys to determine types of questions and specific wording to generate information important to the process. The survey instrument was provided in both English and Spanish languages. Several meetings were held with community partners to obtain input in order to capture the unique needs of community partners, which resulted in several revisions of the survey instrument.

Surveys were collected from a convenience sample at community forums, health fairs and events within the city of Long Beach from September 2011 until March 2012 using survey monkey. In an effort to control costs, the surveys were self-administered to a convenience sample at these events. The survey was also posted on the hospitals' web sites along with the Long Beach Department of Public Health web site so that other participants could have easy access to the survey. Respondents are residents of the greater Long Beach area, which included; Long Beach, Lakewood, Compton, Carson, Lynwood, Torrance, Wilmington, Signal Hill, Seal Beach and Bellflower. A total of 1,309 surveys were collected; however, only 1,066 surveys were accurately completed and used for analysis.

The second part of the study employed a key informant survey. The main reason for surveying key informants was to enhance the data collection activity with input from individuals who have access to special segments of the population. The key informant survey was developed the same way the community health survey instrument was developed. Through an iterative process involving a literature review, examination of previous surveys and community partnerships input from several meetings helped to finalize the key informant survey. Each hospital included in the study used key informants in the past for a variety of reasons for their community outreach and community benefit activities. Key informant lists were combined into a master list, which added up to over 433 key informants. Using web technology, informants were asked to complete and submit surveys in order to share their valuable input in this project.

RESULTS OF THE COMMUNITY NEEDS ASSESSMENT SURVEY

Participant Demographics

The Long Beach Community Health Survey was developed to provide insight into the health needs of residents living in greater Long Beach. A total of 1,309 surveys were received from the public as a result of intense effort at community events. Survey data was transferred to SPSS and data cleaning was performed. The final data sample included 1,066 surveys because 243 surveys were removed from the data sample for two main reasons: (1) out of area zip codes and (2) blank surveys or those with large missing information.

The Catholic Healthcare West (CHW) developed a Community Need Index (CNI) tool that provides a "picture" of the community's needs and access to care. The CNI collects five socioeconomic variables by zip codes, which have demonstrated a link to health disparities (income, language, education, housing and insurance coverage). The scale is 1-5, the higher the score, the greater the need for services (St. Mary Medical Center, 2011). In Long Beach, six of the fourteen zip codes are in areas with greatest need for services.

Respondents living in the 90813 zip code had the highest percentage (12.6%) of participation in the survey followed by 90802 (9.6%), 90805 and 90806 (6.4%) and 90804 (5.5%). All of these zip codes fall into the highest need category, according to the Community Needs Index (CNI) developed by Catholic Healthcare West. The zip code 90815 acquired 5.8% of the survey responses; however this zip code falls in the moderate need according to the CHW.

The zip codes with the highest need included 90802, 90804, 90805, 90806, 90810 and 90813. A large number of survey respondents (490) live in 'Highest need' areas in Long Beach. The other half of the survey sample was drawn from the moderate to low need zip codes. The data sample properly represented the vulnerable neighborhoods of Long Beach.

Zip Codes with the Greatest Frequency

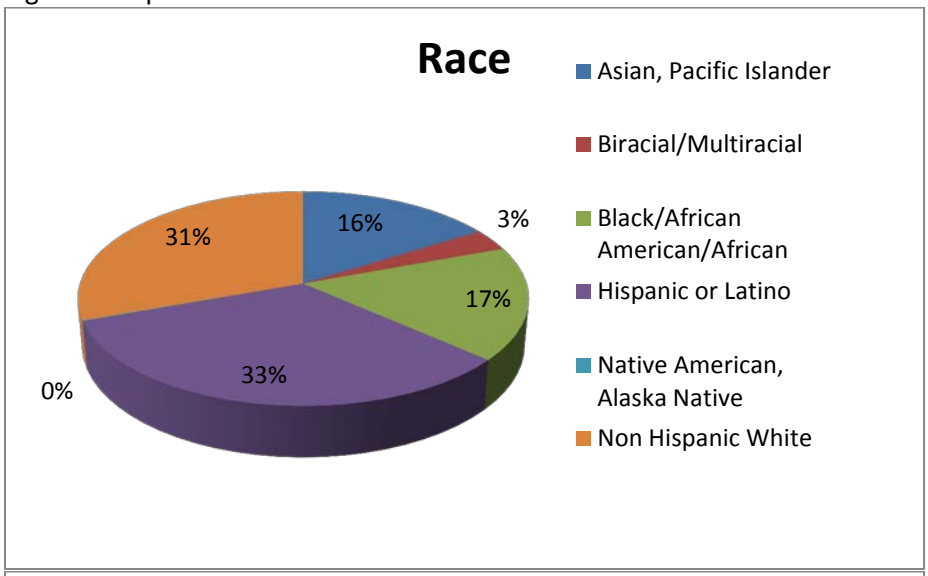
ZIP	COUNT
90813	134
90802	102
90805	68
90806	68
90815	62
90804	59
90807	47
90803	38
90808	35
90810	35
Others	418

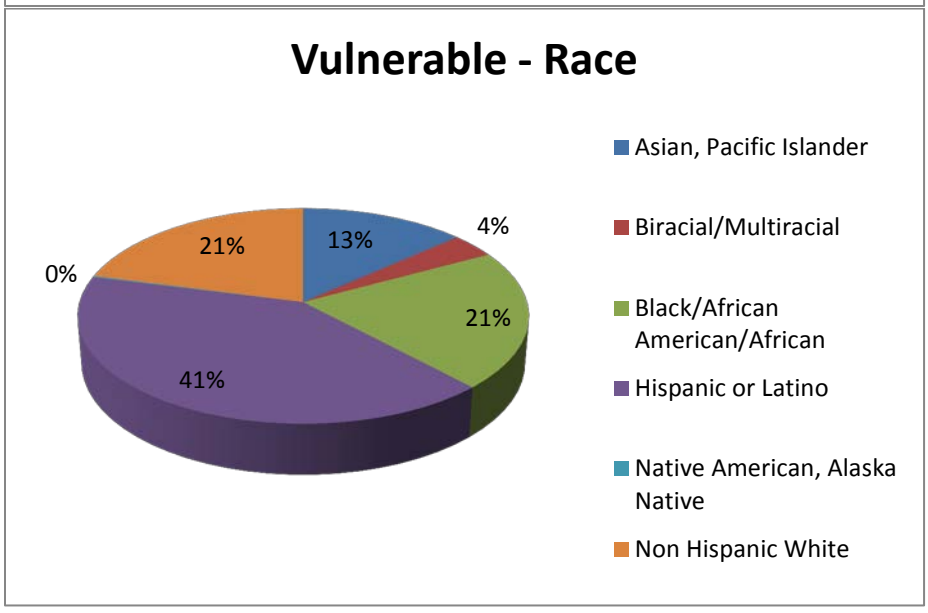
Racial Composition

The majority of survey respondents were Hispanic/Latino (33.9%) and non-Hispanic Whites (31.3%) followed by Asian, Pacific Islander (16.5%), Black/African American/African (17.6%), Biracial/Multiracial (3.4%) and Native American, Alaska Native (.1%). When Asian and Pacific Islanders are split into discrete ethnic groups, the representation was Filipino (72.9%), Khmer (16.7%), Vietnamese (4.2%), Samoan and Chamorran (2.8%) and Tongan (.7%). Hispanic/Latino when split into discrete ethnic group included Mexican (82.3%), South or Central American (15.3%), Puerto Rican (2.8%) and Cuban (1.2%).

According to the 2010 U. S. Census, the racial distribution in the city of Long Beach included Hispanic or Latino making up 40.8%, followed by White (29.4%), Black or African American (13.0%), Asian (12.6%), Native Hawaiian and Other Pacific Islander (1.1%), two or more races (2.7%) and 0.2% reporting some other race. The Hispanic/Latino, Black/African American and White population is slightly over represented; and the Asian and Pacific Islanders is slightly under represented (see Figure 1).

Figure 1. Representation of Races in the Data



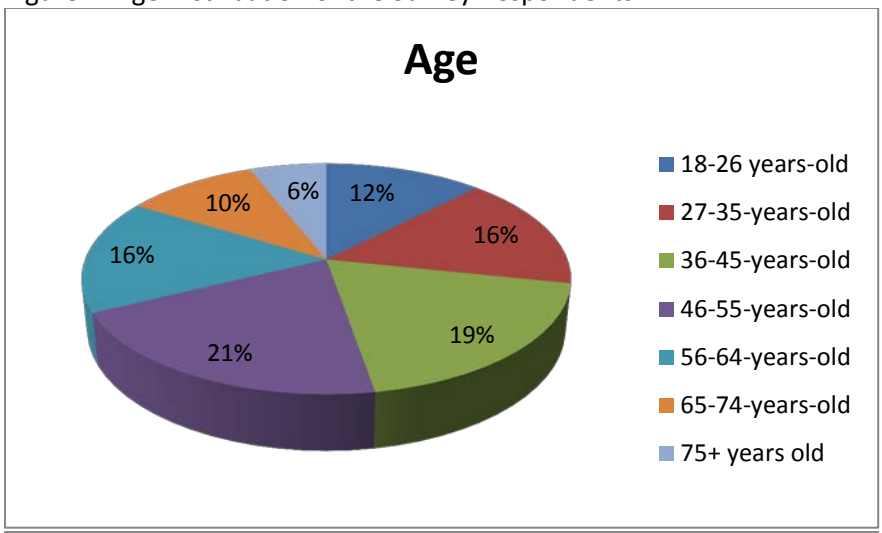


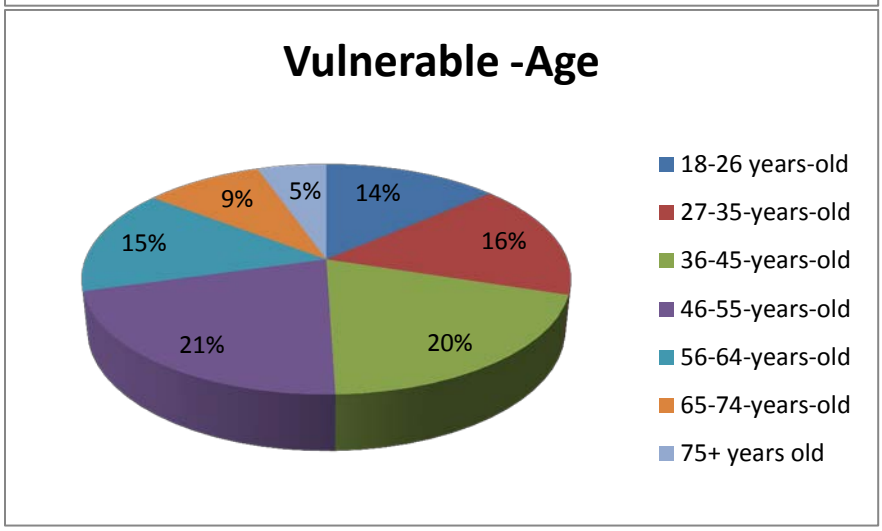
When the data sample was divided between most vulnerable and less vulnerable zip codes, Hispanic/Latino and Black/African American population in most vulnerable areas increased up to 41% and 21%, respectively. Further investigation of Hispanic/Latino data suggested that about 81% of the respondents have a Mexican origin and another 15% have a Cuban origin. This distribution stayed about the same when the data was analyzed for only vulnerable areas. The majority of the Asians are Filipinos in the data, about 69% in vulnerable areas.

Age Distribution of Survey Respondents

The age distribution from survey respondents were 46-64- years-old (35.7%) followed by 27-45-years old (34.4%), 65 and older (16%) and finally 18-26-years-old (12.1%). This age distribution translated to an average age of approximately 46 years. According to the 2010 U. S. Census, the median age of the Long Beach population was 33.2 years old, which is clearly significantly younger than the average person in the survey sample. That is why the results of the survey should be interpreted cautiously. When the smaller data sample for only vulnerable zip codes was used, the age distribution stayed about the same which means that results are more applicable for older individuals living in most vulnerable sections of the city (see Figure 2).

Figure 2. Age Distribution of the Survey Respondents

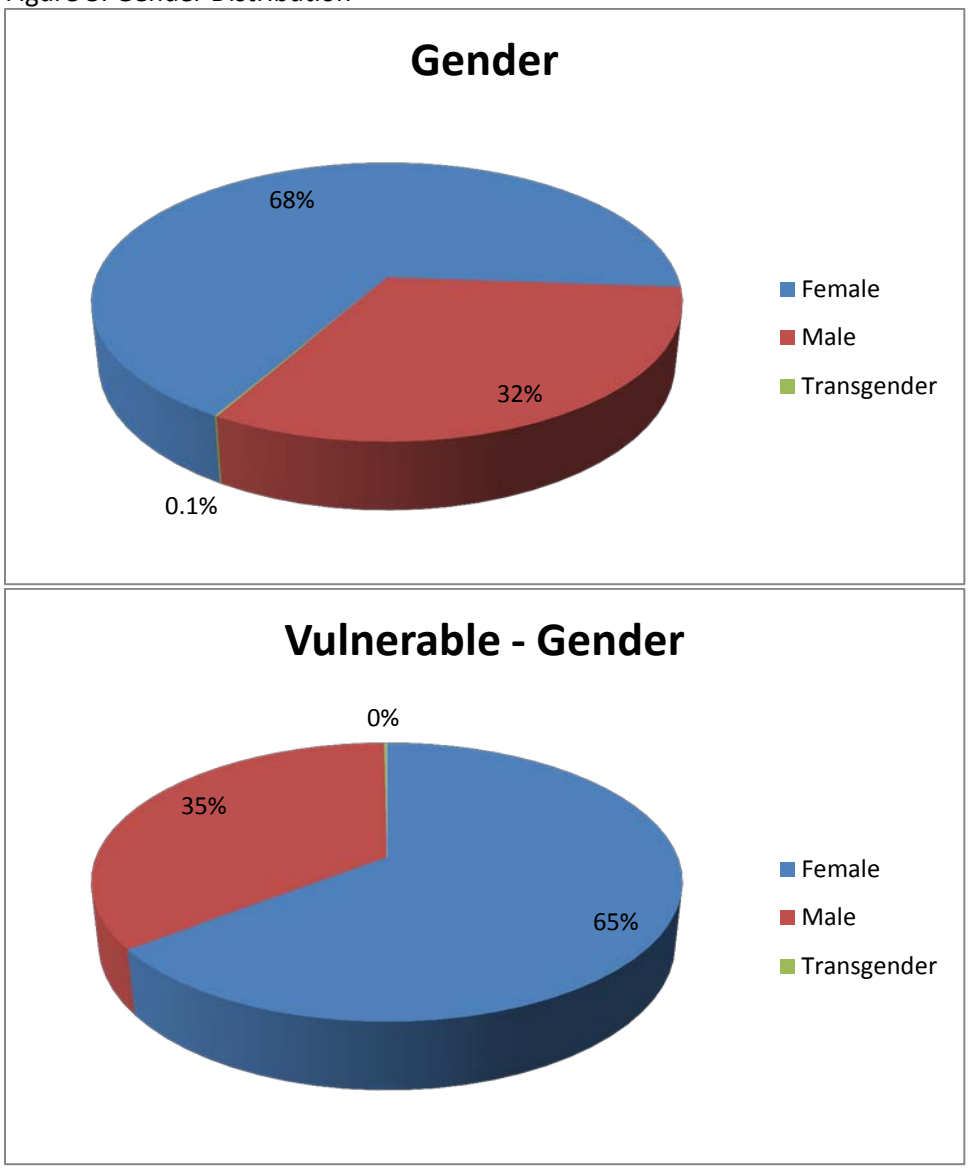




Gender and Gender Orientation

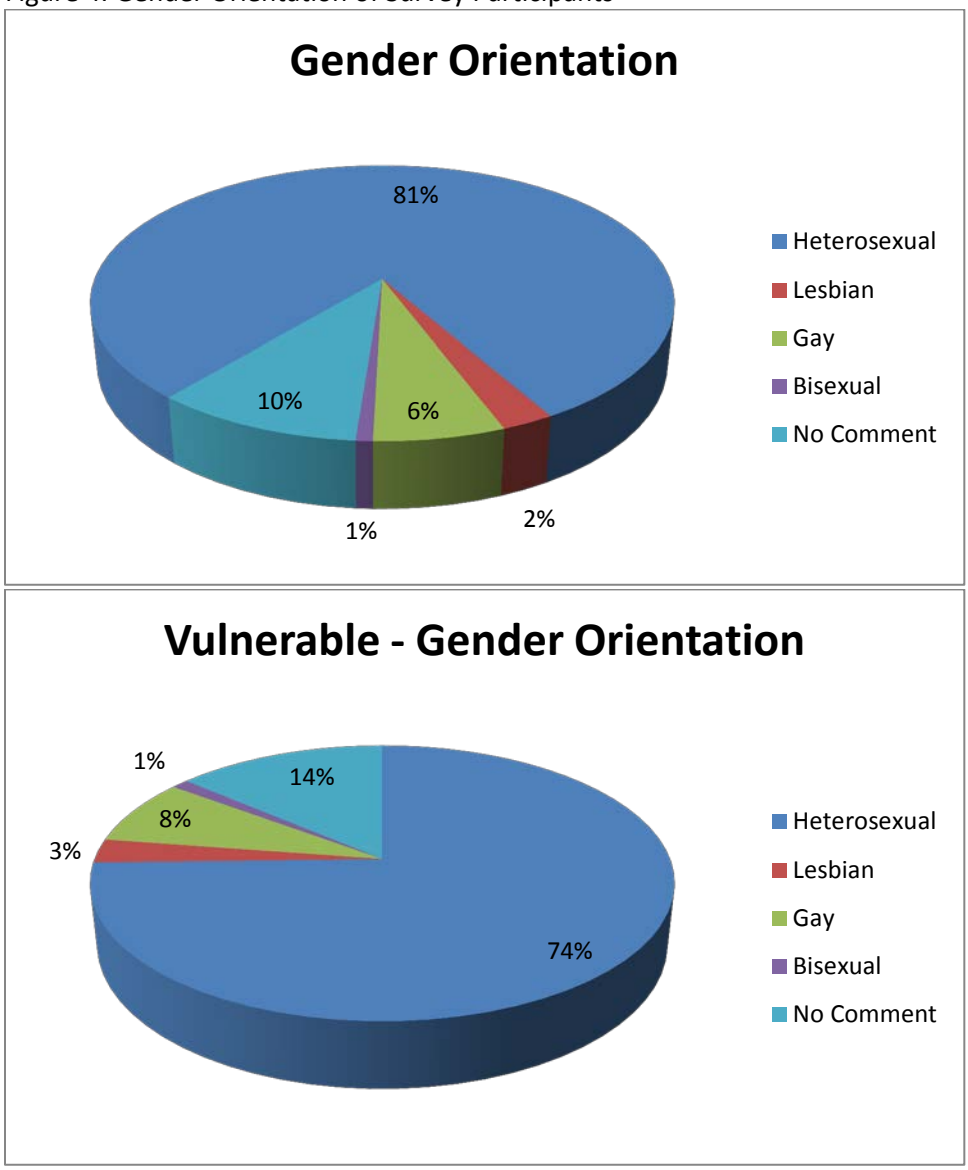
The majority of the survey respondents were females (67.8%) followed by males (32.1%) and transgender (.1%). In the 2009 Long Beach Needs Assessment Survey, approximately 60% percent of the respondents were females. According to the 2010 U. S. Census, 51% of the population living in Long Beach is female and 49% are male. Women were overrepresented in this study. When the data was analyzed for only vulnerable zip codes, the gender distribution stayed about the same.

Figure 3. Gender Distribution



Long Beach has one of the largest gay, lesbian, bisexual and transgender populations in Los Angeles County. Over eighty percent of respondents identified as heterosexual (80.7%) followed by no comment (9.9%), gay (6.2%), Lesbian (2.3%) and bisexual (.8%). This distribution is very similar to the gender orientation obtained in the 2009 Long Beach Health Needs Assessment. When the data sample was analyzed for only vulnerable zip codes, the distribution of gender orientation stayed the same except for the "no comment" proportion which increased to 14%.

Figure 4. Gender Orientation of Survey Participants

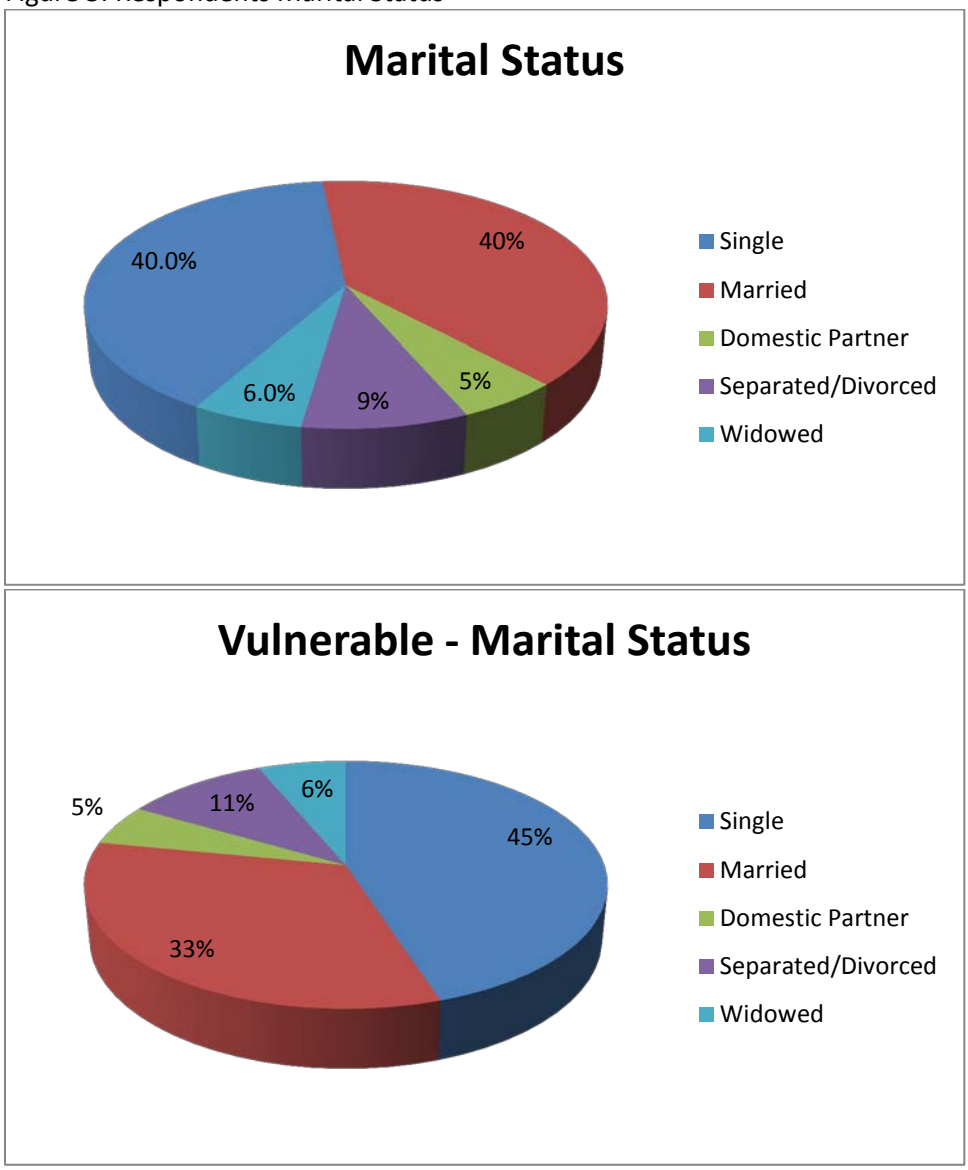


Marital Status

The breakdown of respondents based on marital status is identified in Figure 5. Almost equal numbers of respondents were married or single in the data, about 39.6% and 40.0%, respectively. According to the 2010 U. S. Census, 36.2% of residents of Long Beach were married and 46.1% have never been married. Our sample has slightly more married and more single individuals than the general population. This may be the result of overrepresentation of older population in the study.

When the data sample was analyzed for only vulnerable zip codes, the proportion of married people in the sample decreased to 33% from 39%. In addition, the proportion of single individuals went up to 45% from 40%; about 5 percent increase.

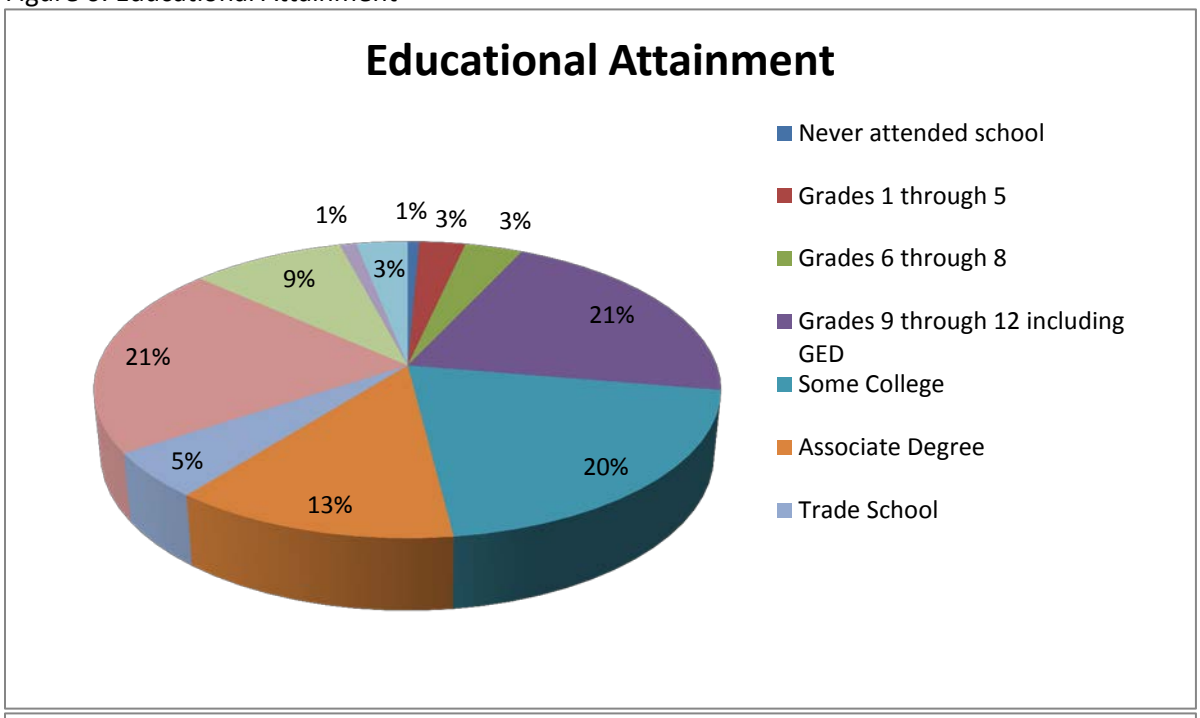
Figure 5. Respondents Marital Status

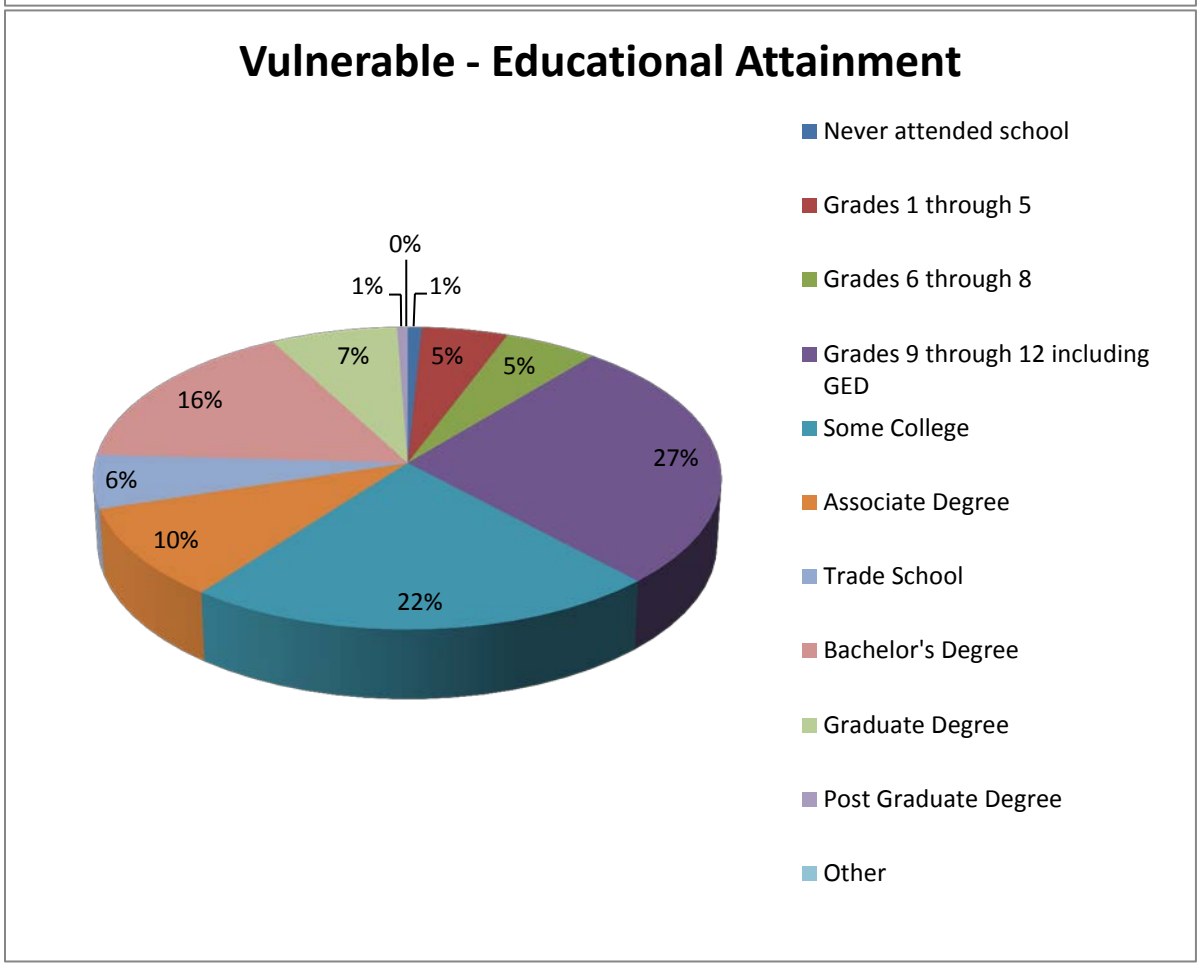


Educational Attainment

The majority of respondents have completed grade 12 or beyond, 93% overall when combining high school equivalency and college attendance categories. Only 7% of the respondents did not finish high school and .7% of the respondents never attended school. According to the 2010 American Community Survey , 83.2% of 18-24-year-olds living in Long Beach have a high school education and 78.5% of individuals over the age of 25 were high school graduates (see Figure 7). When the data was analyzed for only vulnerable zip codes, the proportion of the following categories, grades 1 through 5, 6 through 8, 9 through 12 (and GED) and some college, increased whereas the proportion of other categories representing more education attainment decreased.

Figure 6. Educational Attainment

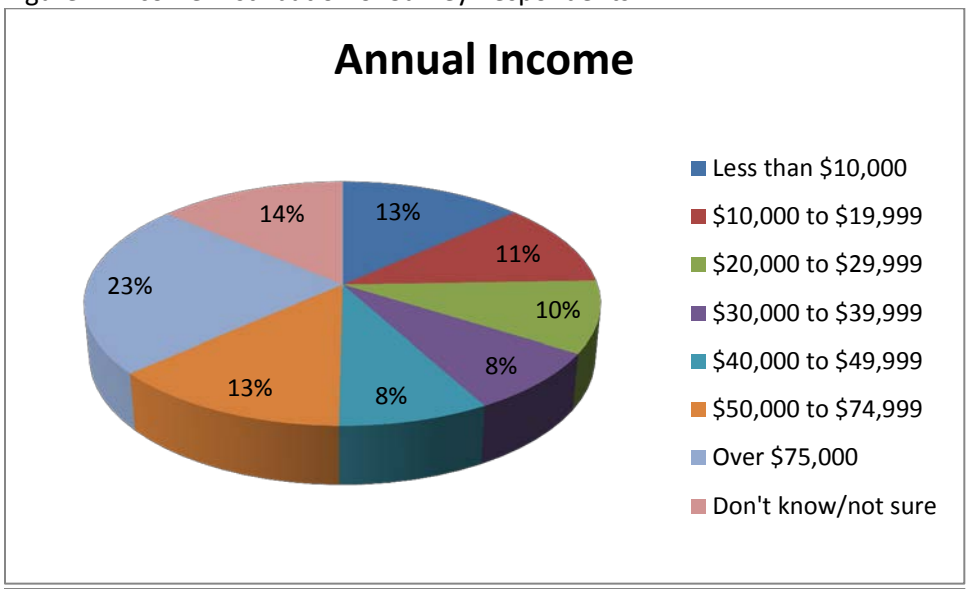


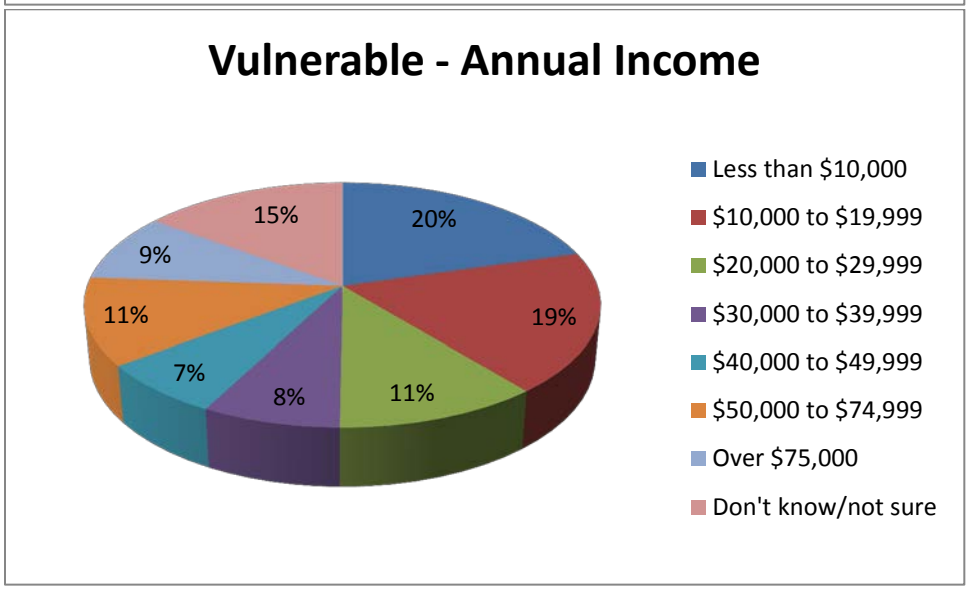


Annual Income

The survey indicated that 23% of respondents had an income over $75,000, which increased 10% from the community health survey conducted in 2009. The income category most frequently reported was over $75,000 (23%), followed by don't know/not sure (13.7%) and less than $10,000 (13.4%). According to the 2010 U. S. Census Bureau, the mean family income for residents of Long Beach was $51,173; however, 19.1% of families were living below the poverty line. When the data sample was analyzed for only vulnerable zip codes, as expected, the percentages of higher income categories decreased and those of lower income categories increased.

Figure 7. Income Distribution of Survey Respondents

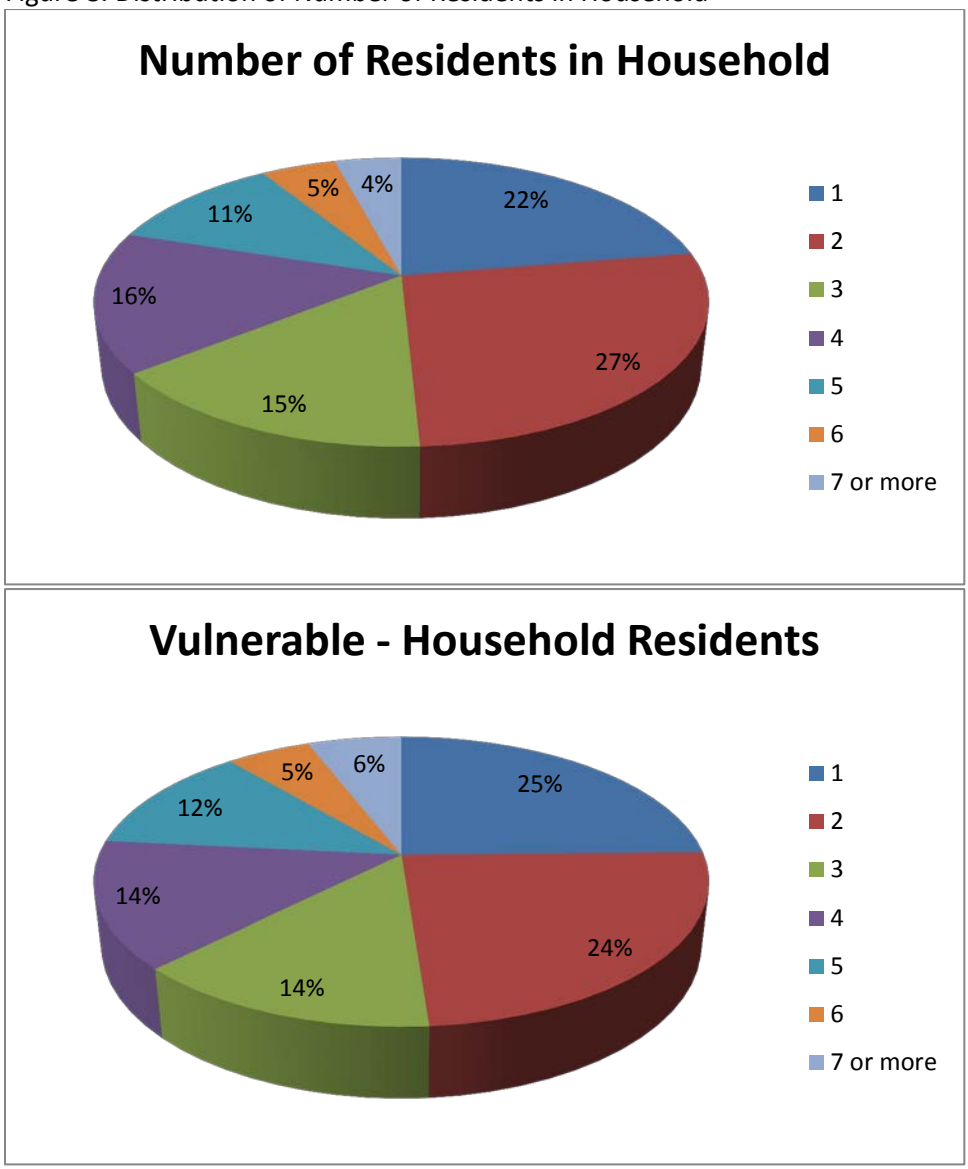




Average Household Size

The majority (80.3%) of respondents reported between 1 and 4 people in the households and 20% living with 5 or more individuals. According to the 2010 U. S. Census the average household size in Long Beach was 2.78 and the average family size was 3.52. Analyzing the data for vulnerable zip codes changed the distribution very minimally.

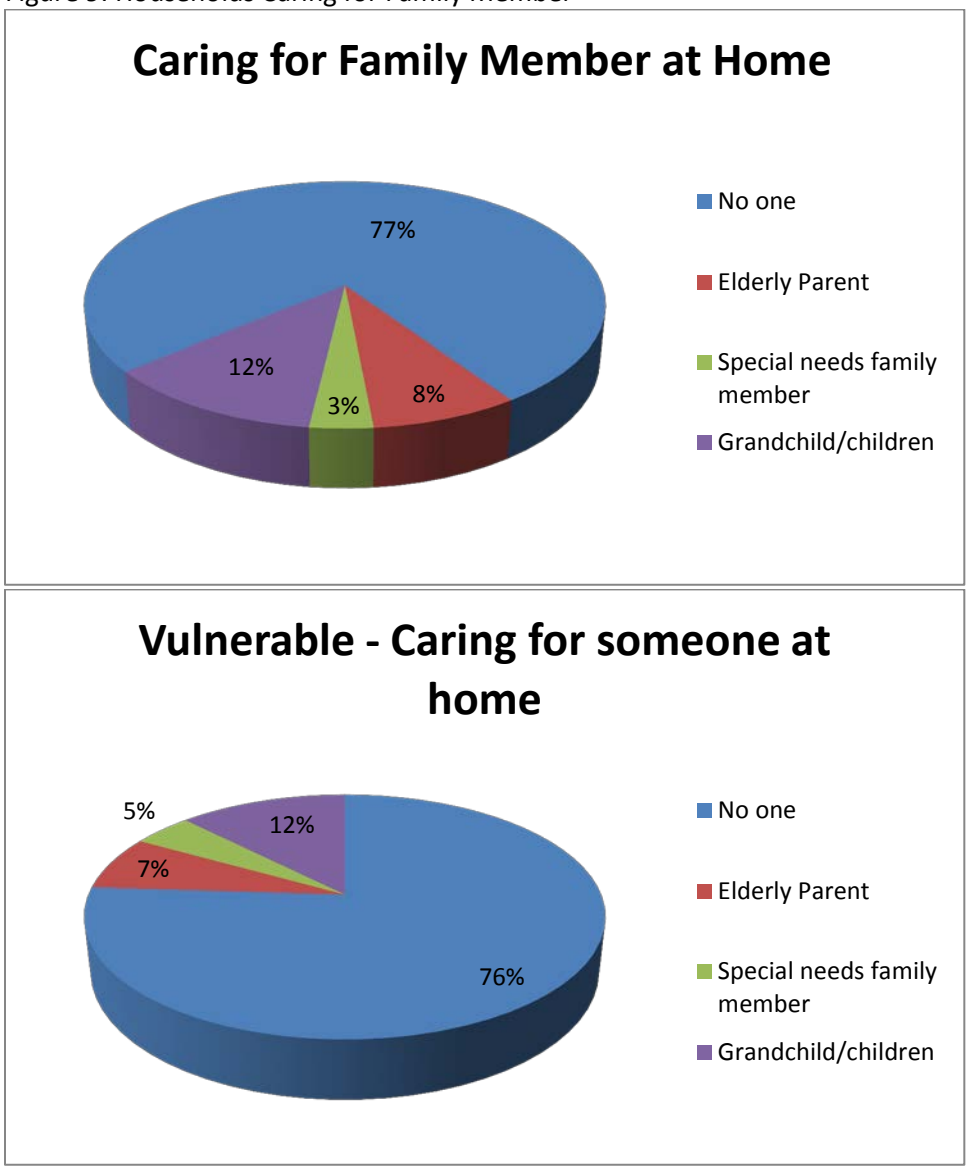
Figure 8. Distribution of Number of Residents in Household



Caring for Family Member at Home

One of the important findings of the study is related to caregivers at home, which previous needs assessment reports did not address. Twenty-three percent of respondents were caring for a family member at home. Individuals who need care at home included elderly parent (8%), family member with special needs (3.4%), and grandchild/children (12%). When the data of vulnerable zip codes was isolated, these findings did not change significantly.

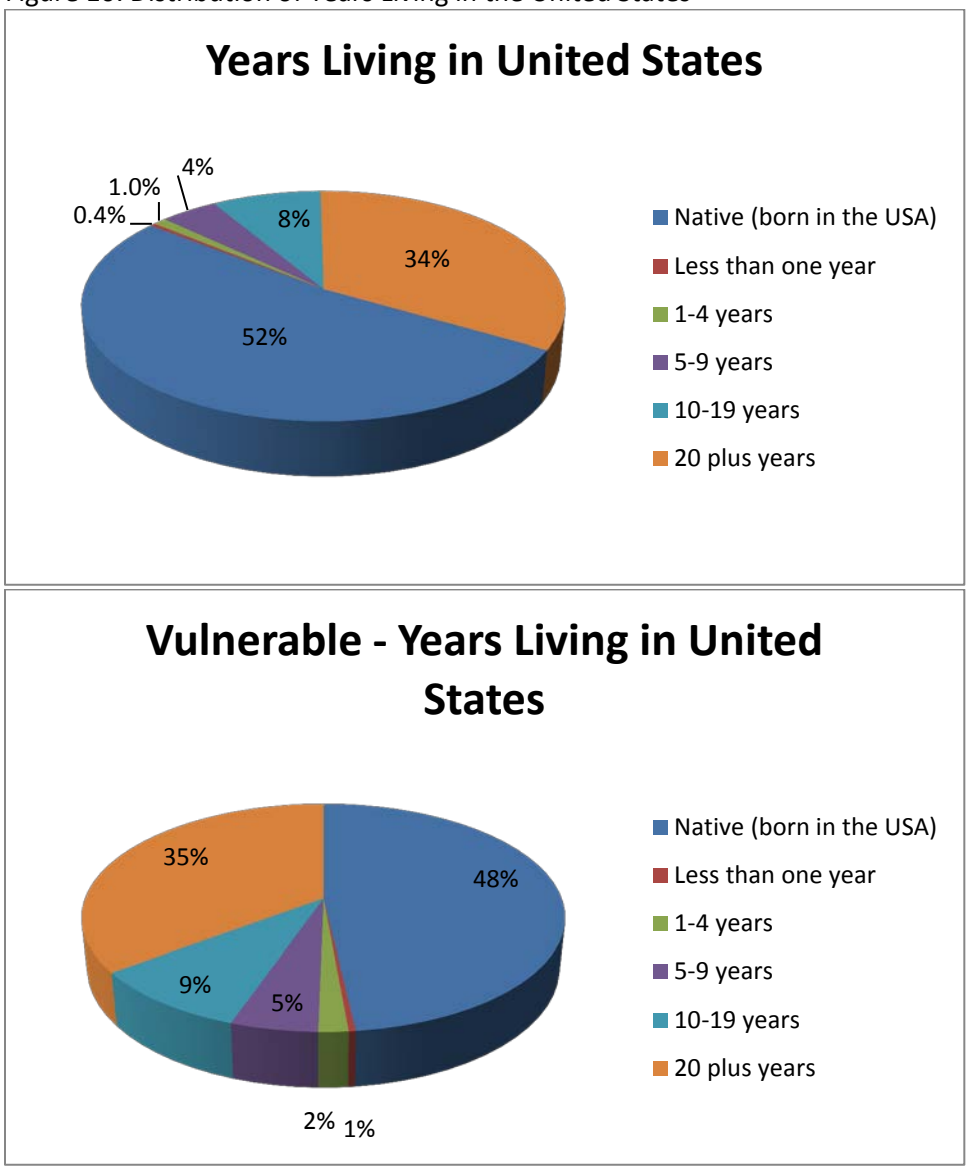
Figure 9. Households Caring for Family Member



Years Living in the United States

The majority of participants were born in the United States (52.2%) and only 5.8% have lived here for less than five years. Further analysis showed that only 0.4% of the survey respondents lived in Long Beach less than one year. When the data sample was analyzed for vulnerable zip codes, results stayed about the same. The proportion of individuals who lived in the United States less than one year increased to 1%. Socioeconomic factors and acculturation were closely related to health outcomes. Sometimes acculturation improved health outcomes, but many times, it increased risks for diseases such as diabetes and obesity (Fitzgerald, 2010).

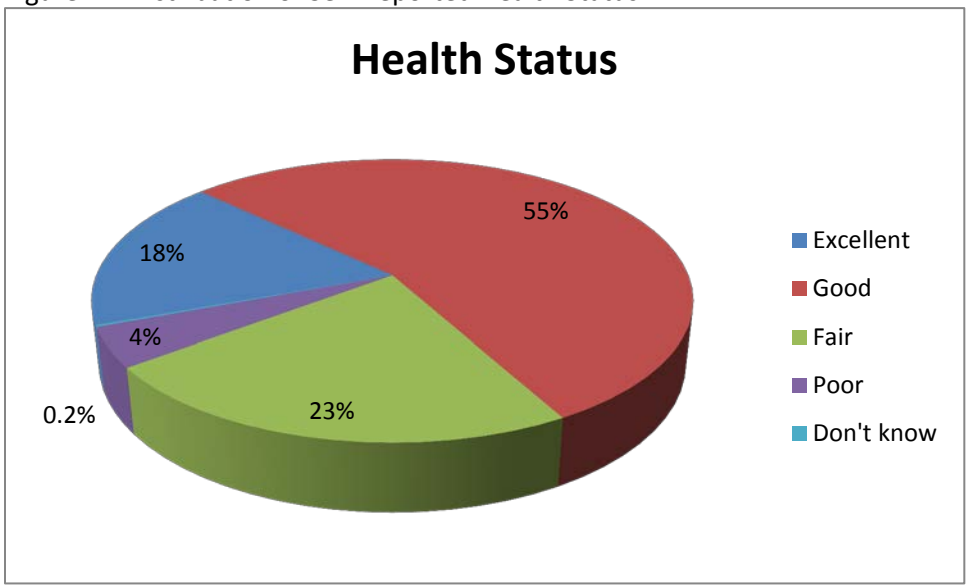
Figure 10. Distribution of Years Living in the United States

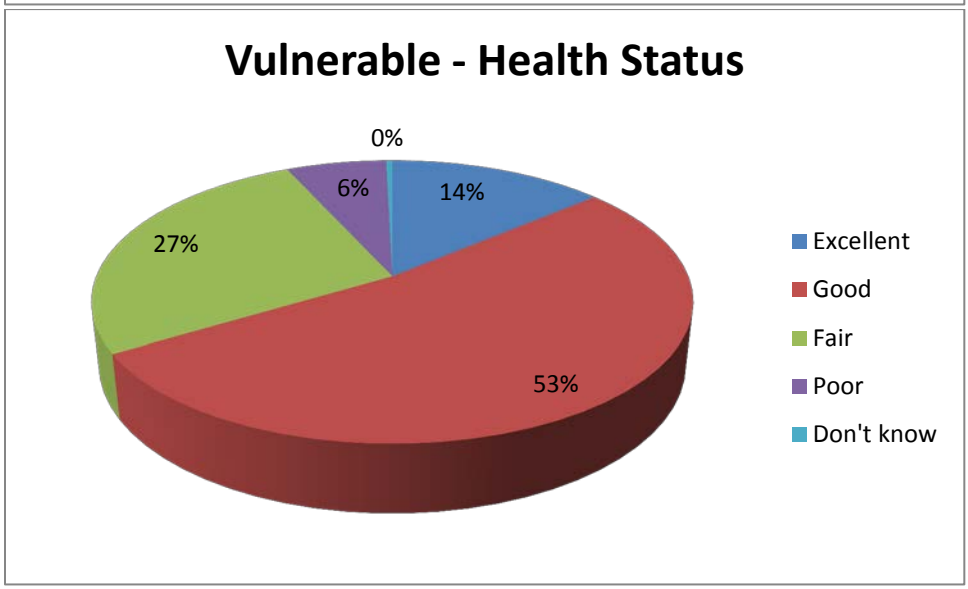


Health Status

The 2012 respondents to the Long Beach Needs Assessment Survey reported their health as excellent (17.6%), good (54.9%), fair (22.8%) and poor (4.5%). There were more people with excellent to good health status (74%) than there were with poor to fair health (36%). Sixty-seven percent of participants living in vulnerable zip codes viewed their overall health as excellent to good and 33% of participants viewed their health are fair to poor. According to the County Health Rankings 2012, those reporting poor to fair health in Los Angeles County was 22%, which was slightly lower than the survey respondents (University of Wisconsin, 2012). This may be attributed to the oversampling of older age groups in the data sample.

Figure 11. Distribution of Self-Reported Health Status

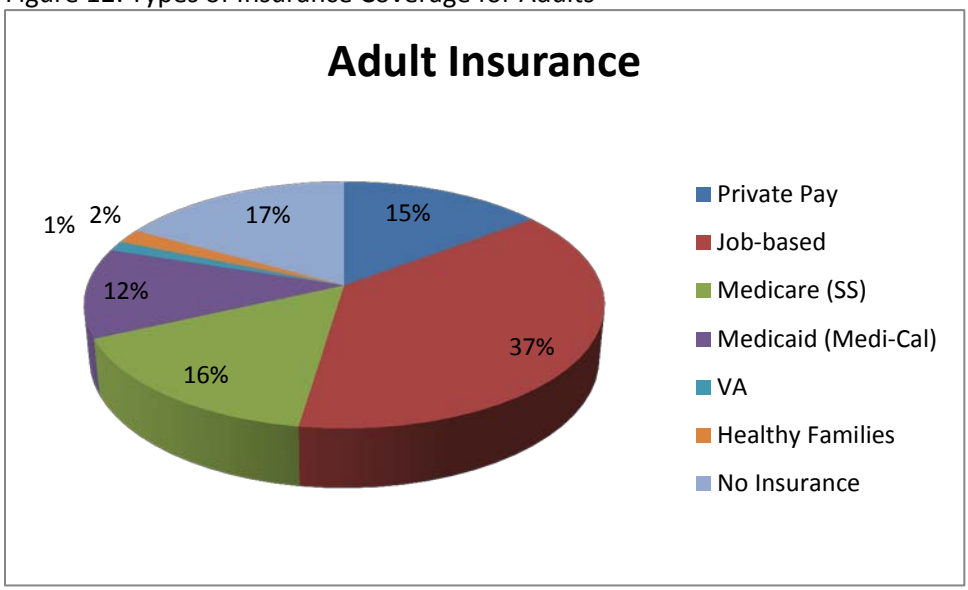


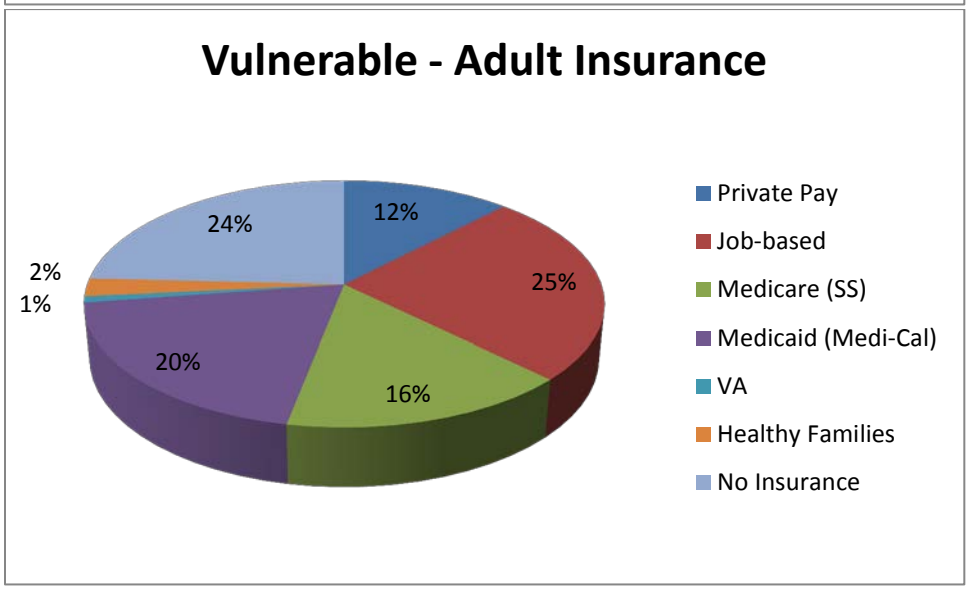


Health Insurance Status

Participants were asked about their health care coverage, as well as the coverage for their children. About thirty-eight percent of respondents reported that they have employer job-based insurance, followed by no insurance (17%), Medicare (16%), Private Pay (15%), Medicaid (12%), Healthy families (2%) and VA (1%). Of those individuals reporting some type of private health care insurance coverage, 39% were also covered by dental insurance and 35% were covered by vision insurance. Los Angeles County reported an uninsured rate of 28.9% (Lavarreda, & et al., 2010). When the data was analyzed for vulnerable zip codes, uninsured population and the Medicaid coverage in the data sample increased to 24% and 20%, respectively.

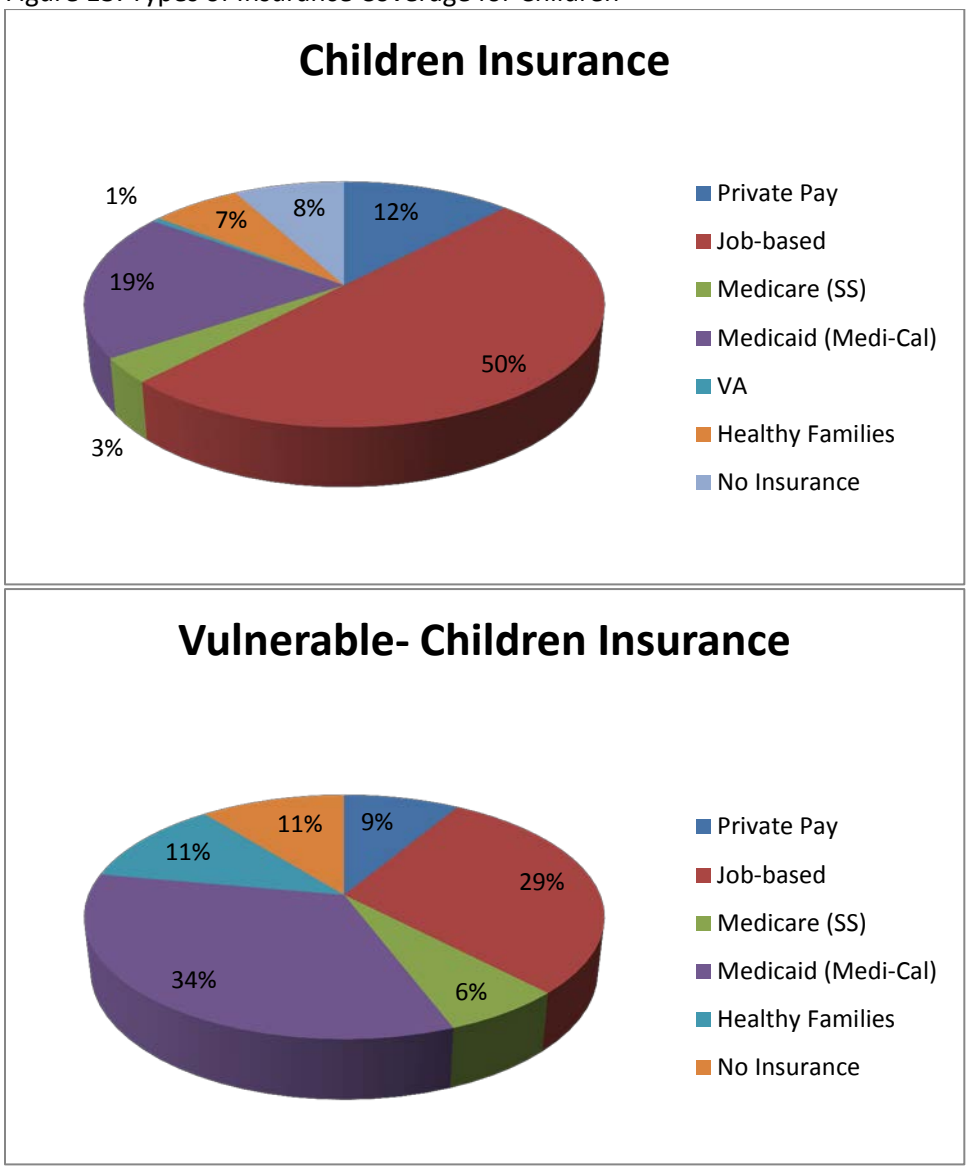
Figure 12. Types of Insurance Coverage for Adults





For the children's insurance coverage, employer job-based insurance was the highest category (50%), followed by Medicaid (20%), Private Pay (12%), No insurance (8%), Healthy Families (7%), Medicare (3%) and VA (1%). Children covered by private health care insurance were also covered by dental insurance (42%) and vision insurance (37%). When the children data was analyzed for vulnerable zip codes, Medicaid coverage jumped to 34% along with that of Health Families (11%).

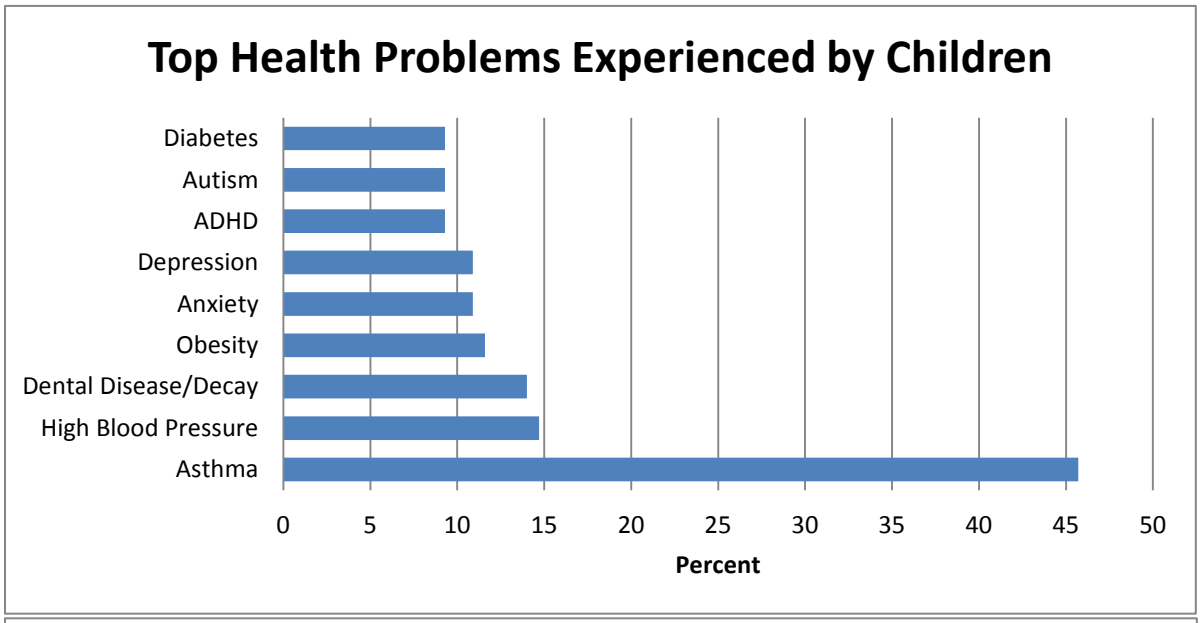
Figure 13. Types of Insurance Coverage for Children

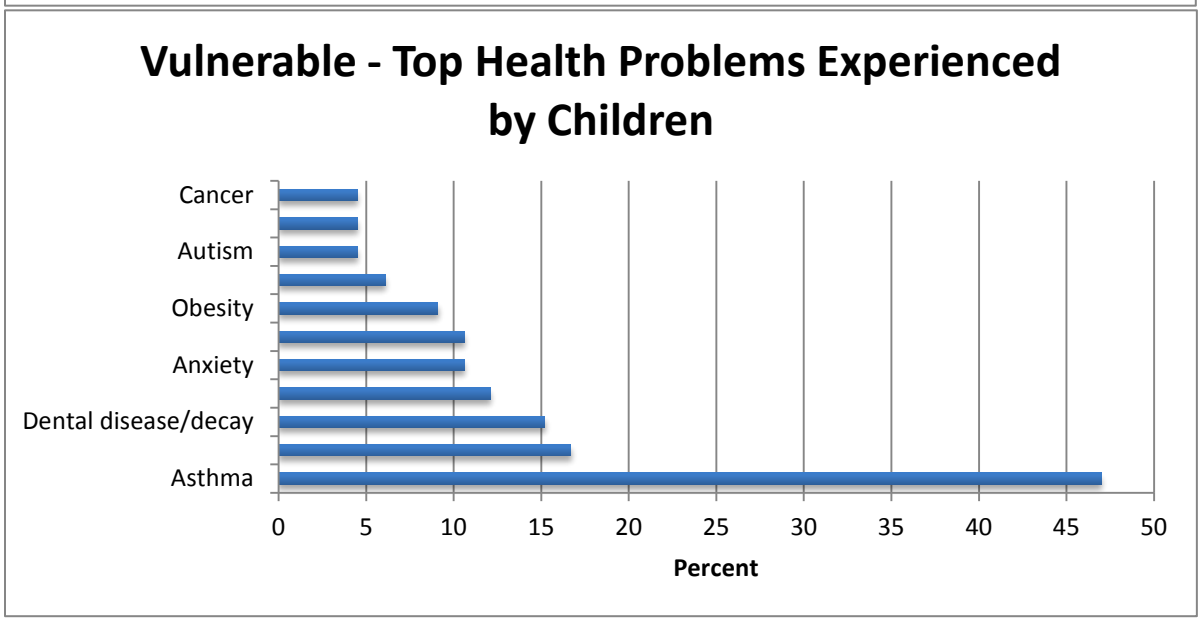


Top Health Problems in Long Beach

The top health issues and problems that currently affect the city of Long Beach residents are reported below for children, teenagers, young adults, adults and elderly. The most important health problems for children were asthma, high blood pressure, dental disease/decay and obesity. Participants were allowed to check more than a single health problem so the total percentage of given answers exceeds 100%. Of the 129 individuals who responded to this question, 45.7% marked asthma as a major health issue for their children. At the aggregate level, this was about 5.5% of the sample population. The other health problems for children existed, but not as urgently as asthma. When the data sample was analyzed for only vulnerable zip codes, asthma's strong show holds and the other health problems identified earlier increased such as high blood pressure, dental disease and obesity.

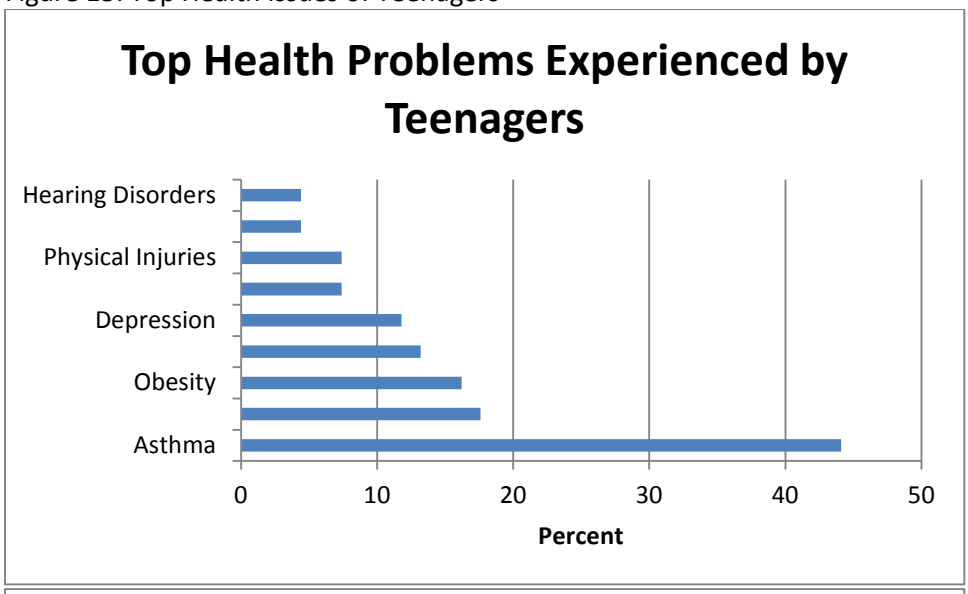
Figure 14. Top Health Issues of Children

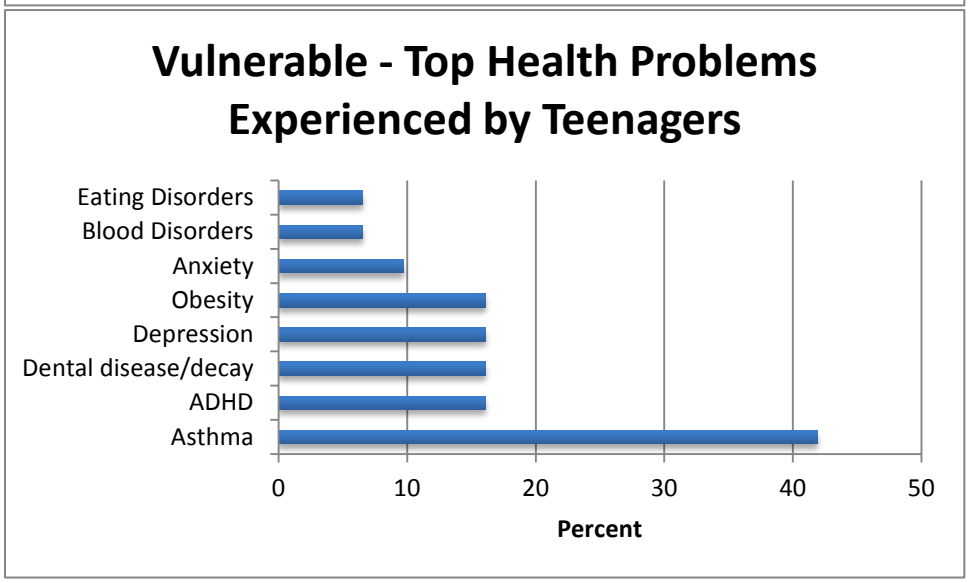




Teenagers reported being plagued with asthma, ADHD, obesity, dental disease and depression. Asthma continued to be a major issue amongst teenagers in addition to a major problem for children. Out of 68 individuals who responded to the question, about 44% identified asthma as a major issue. Once again, these health problems of teenagers increased when the data were analyzed for vulnerable neighborhoods.

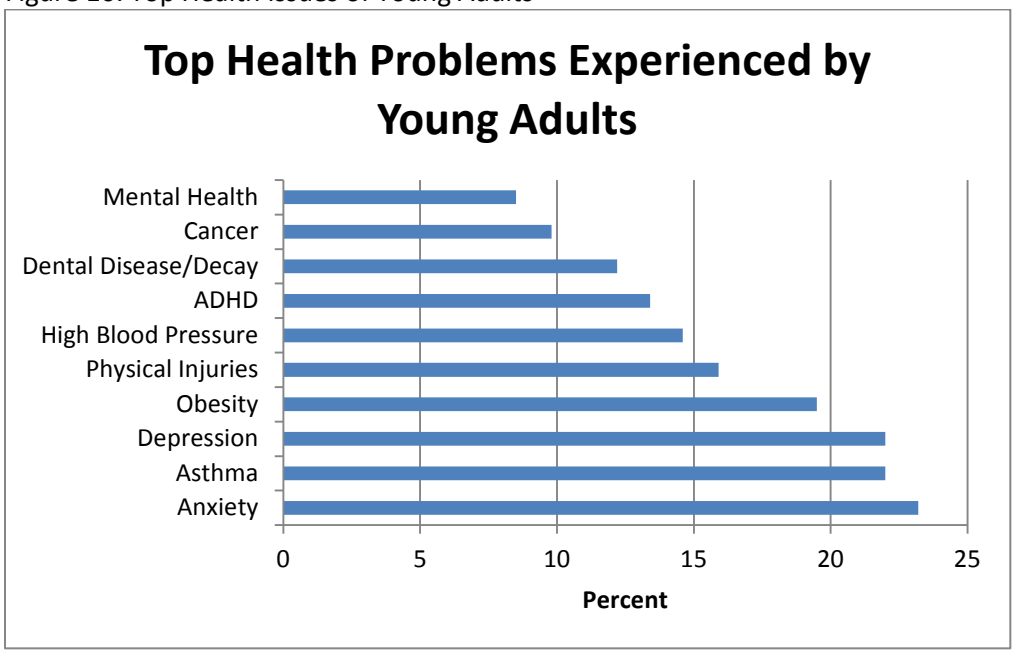
Figure 15. Top Health Issues of Teenagers

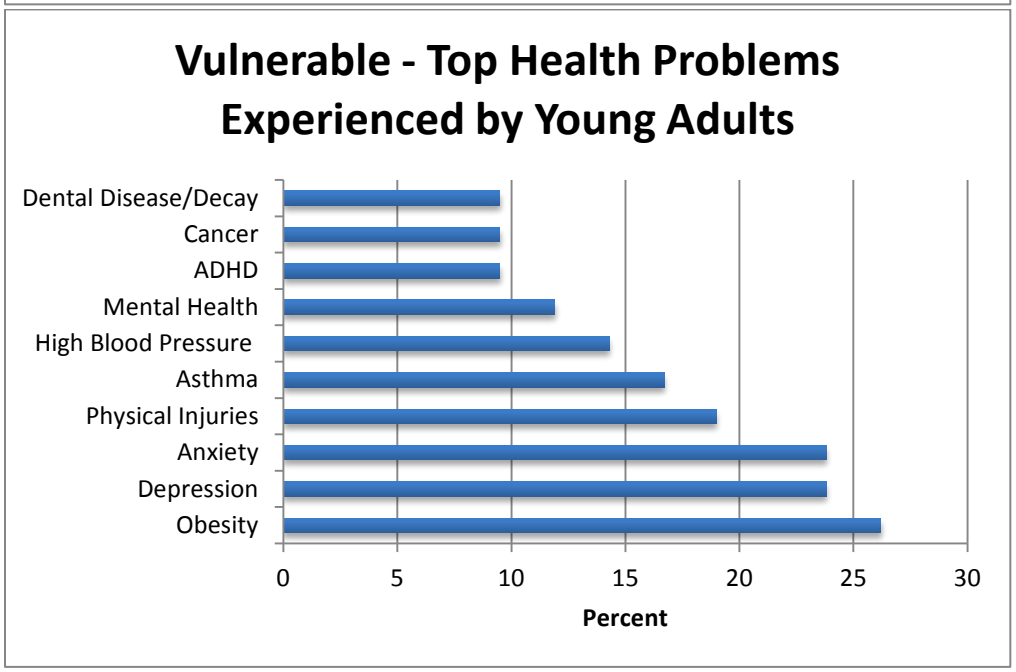




Asthma's dominance in the statistics significantly declined when young adult health problems were analyzed (about 22%). Young adults reported that they were currently plagued with high anxiety (23%), asthma, depression (22%), obesity (20%) and physical injuries (16%). When the data sample was analyzed for vulnerable zip codes, the top five health problems stayed the same but interestingly obesity increased amongst the respondents and asthma decreased.

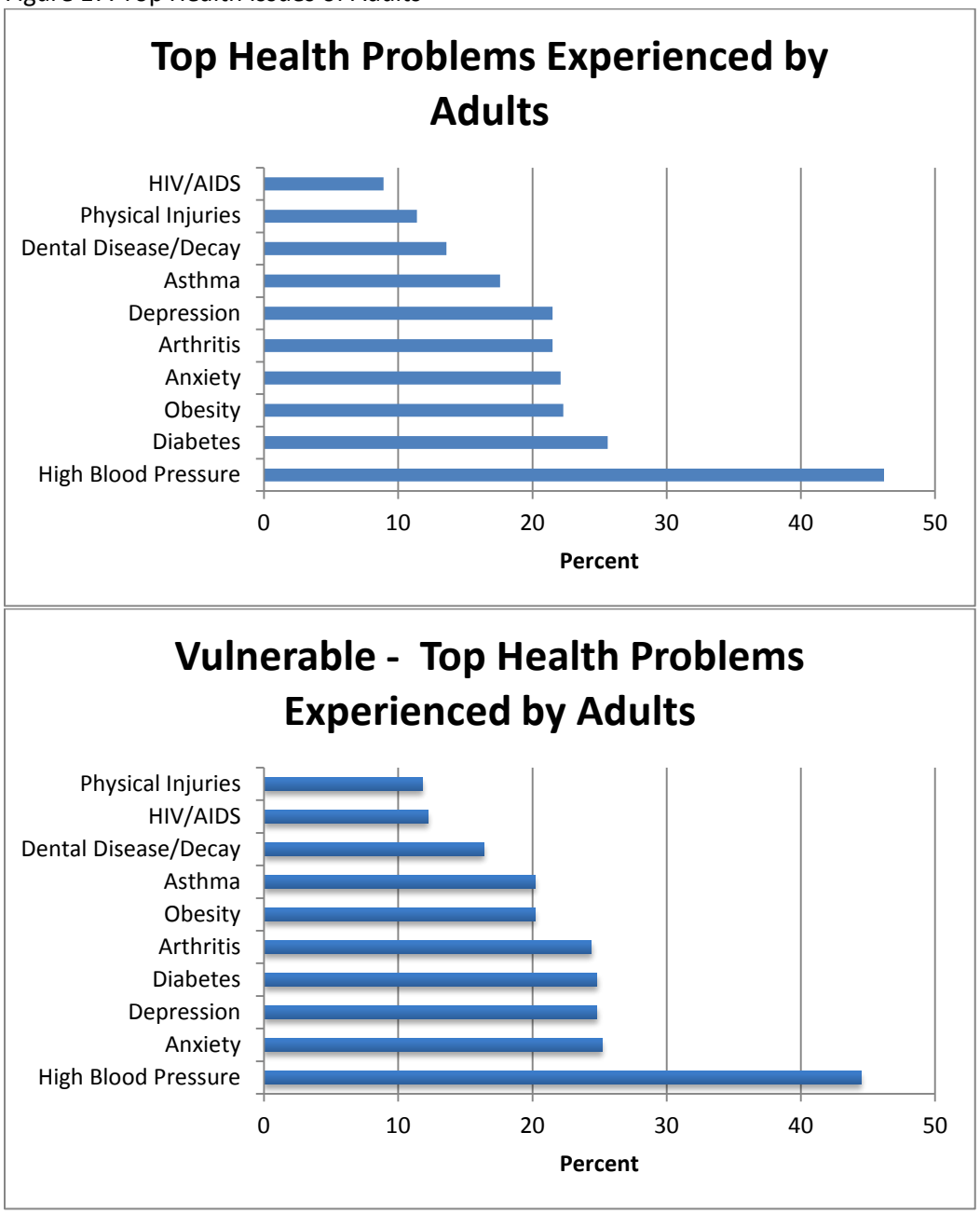
Figure 16. Top Health Issues of Young Adults





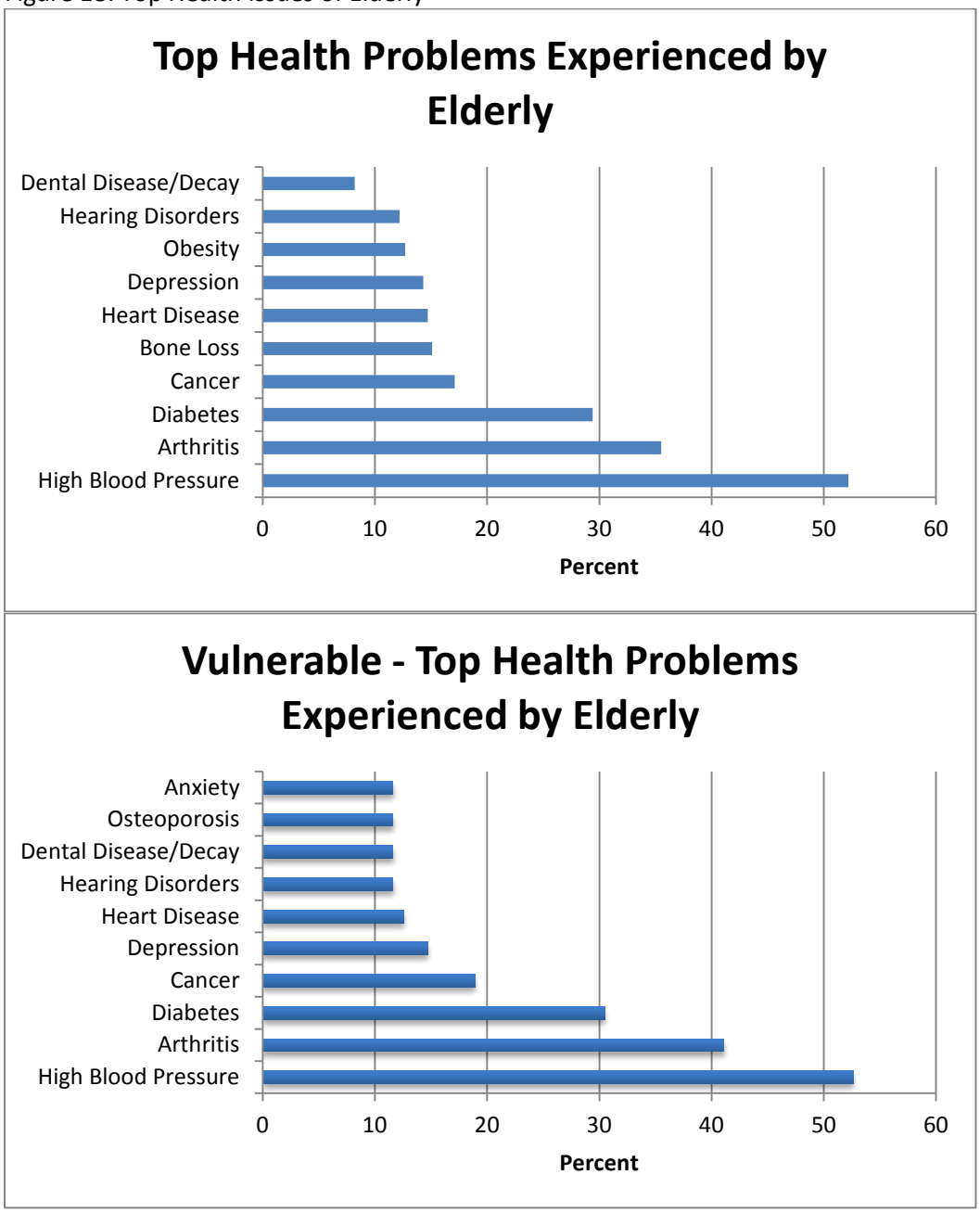
In the case of adults health problems, responses were received from 493 individuals. Adults reported that high blood pressure was a major issue for this group (46% of the respondents), followed by diabetes (26%), anxiety (22%), obesity (22%), arthritis (22%) and depression (22%). Clearly, high blood pressure required immediate attention but the other five major health problems for adults should be noted as well. When the data was analyzed for vulnerable neighborhoods, results stayed the about the same.

Figure 17. Top Health Issues of Adults



The elderly segment of the data sample reported high blood pressure to be a major issue followed by Arthritis and Diabetes. Two other health issues mentioned by the elderly were cancer and especially depression when the data was analyzed just for vulnerable groups. About 245 respondents provided input into this question and an overwhelming majority (52%) marked high blood pressure as a health issue to be addressed.

Figure 18. Top Health Issues of Elderly



Barriers to Care, Lack of Health Services, Alternative Health Methods and Health Education Sources

In the 2012 Long Beach Community Health Survey, participants were asked if their family needed medical care but did not receive the care, only 13.6% of the respondents needed care but did not get care. This went up to 17% when only vulnerable zip codes were included in the analysis. Participants were also asked about barriers to receiving proper medical care over the previous 12 month period as a follow-up question. The majority of participants (60%) reported that they did not receive the health care needed due to lack of insurance (60%) followed by co-payment being too high (23%). Two other reasons included, did not have time (11%) and took care of it at home 10%, respectively. All other reasons for not receiving proper medical care had single digits percentages, with the highest being- did not know where to get care (8%), providers did not take my insurance (8%) and lack of transportation (8%). When the data sample was analyzed for vulnerable zip codes, statistics remained almost unchanged.

Figure 19. Proportion of Barriers to Care

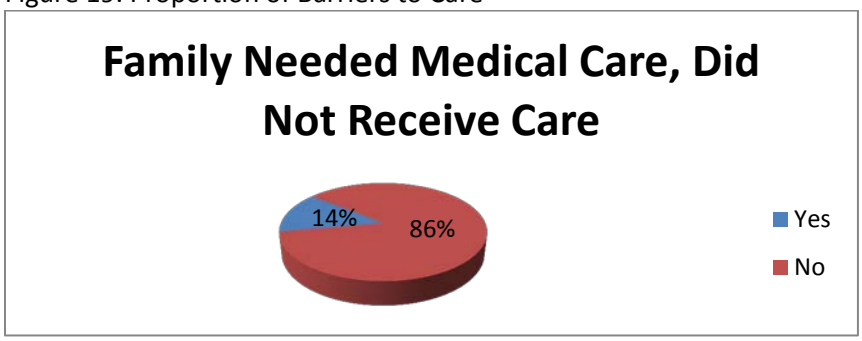
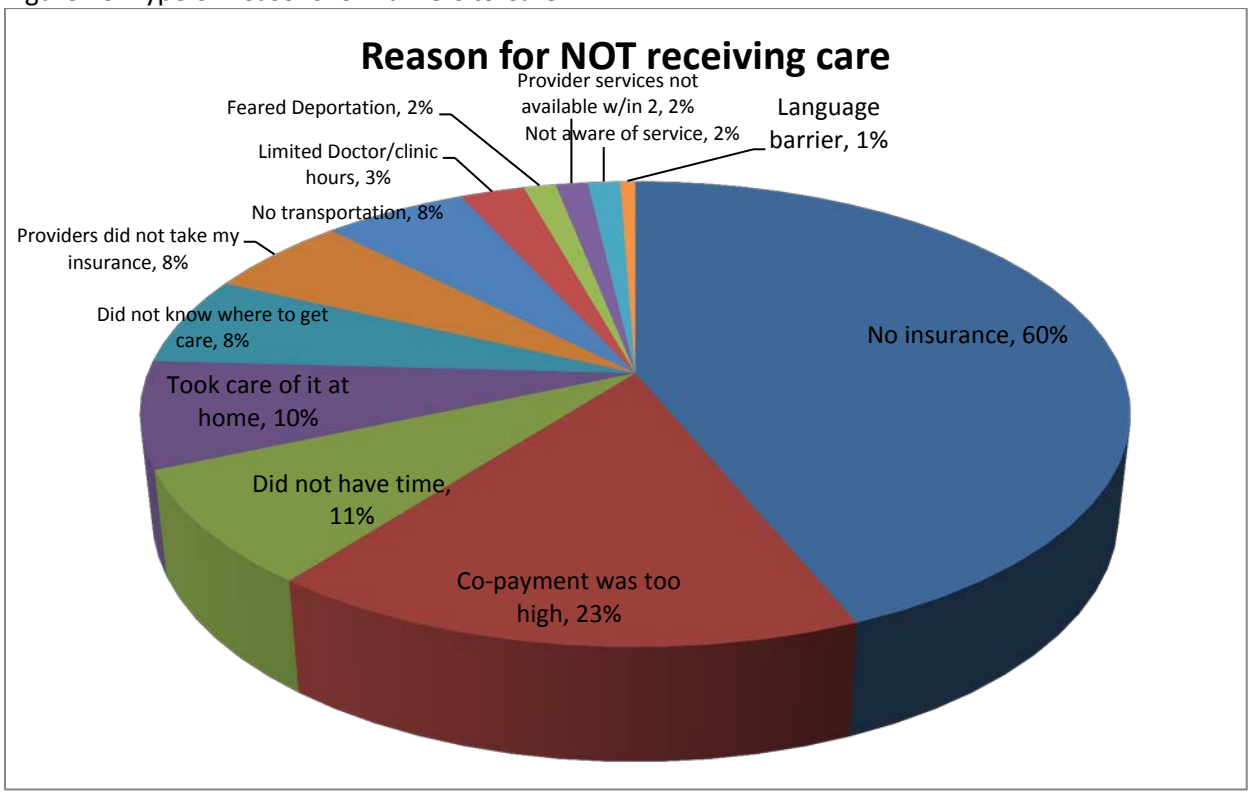
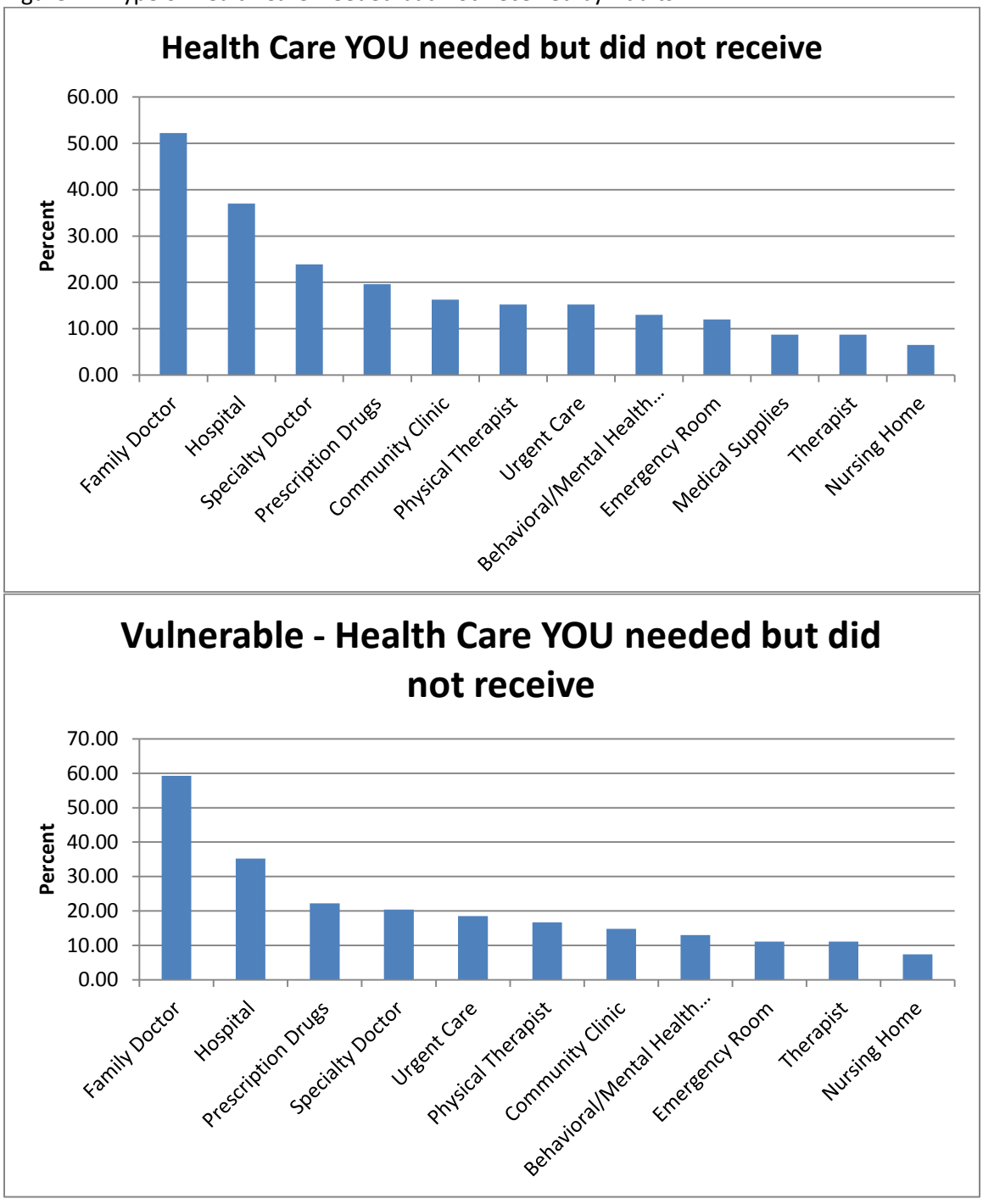


Figure 20. Type of Reasons for Barriers to Care



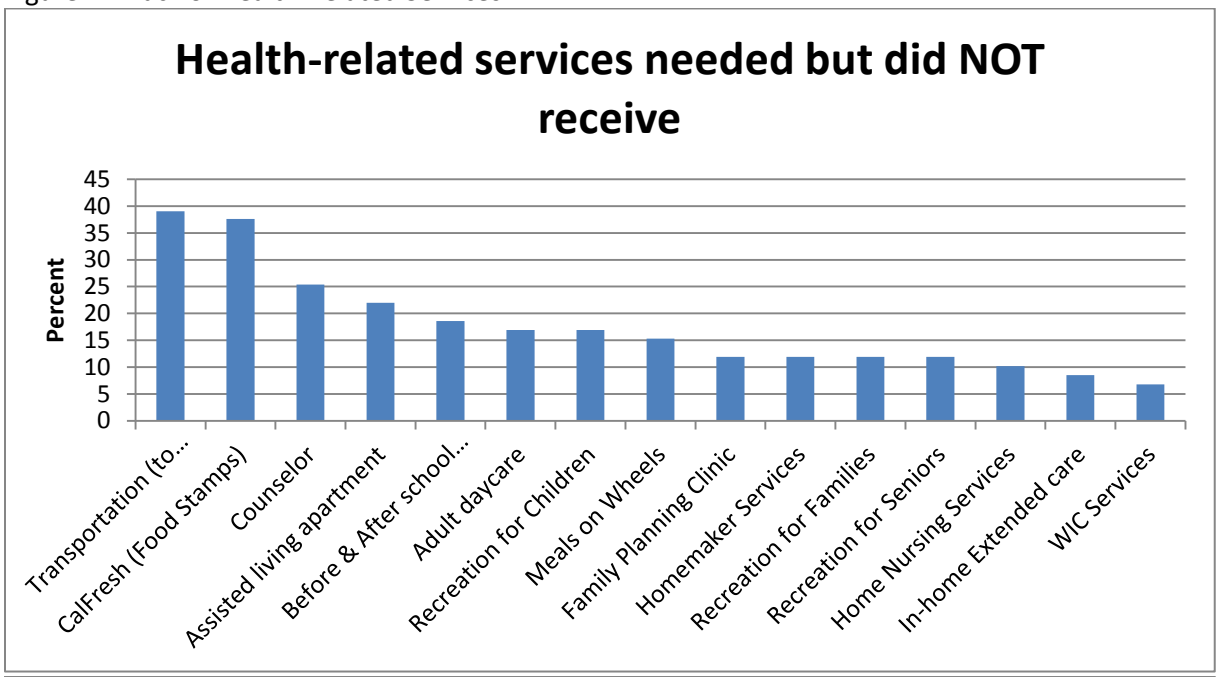
Participants were asked to identify the type of health care needed but did not receive for themselves, their teenagers and children. Ninety-two survey respondents answered this question; 37% needed hospital services, 24% needed specialists, 20% needed prescription drugs, and 16% needed access to a community clinic, but did not receive these services. Due to a very small number of responses for children and teenagers, those statistics were not reported. Only 13 participants marked responses for children and eight for teenagers. When the data sample was analyzed for only vulnerable zip codes, results stayed about the same.

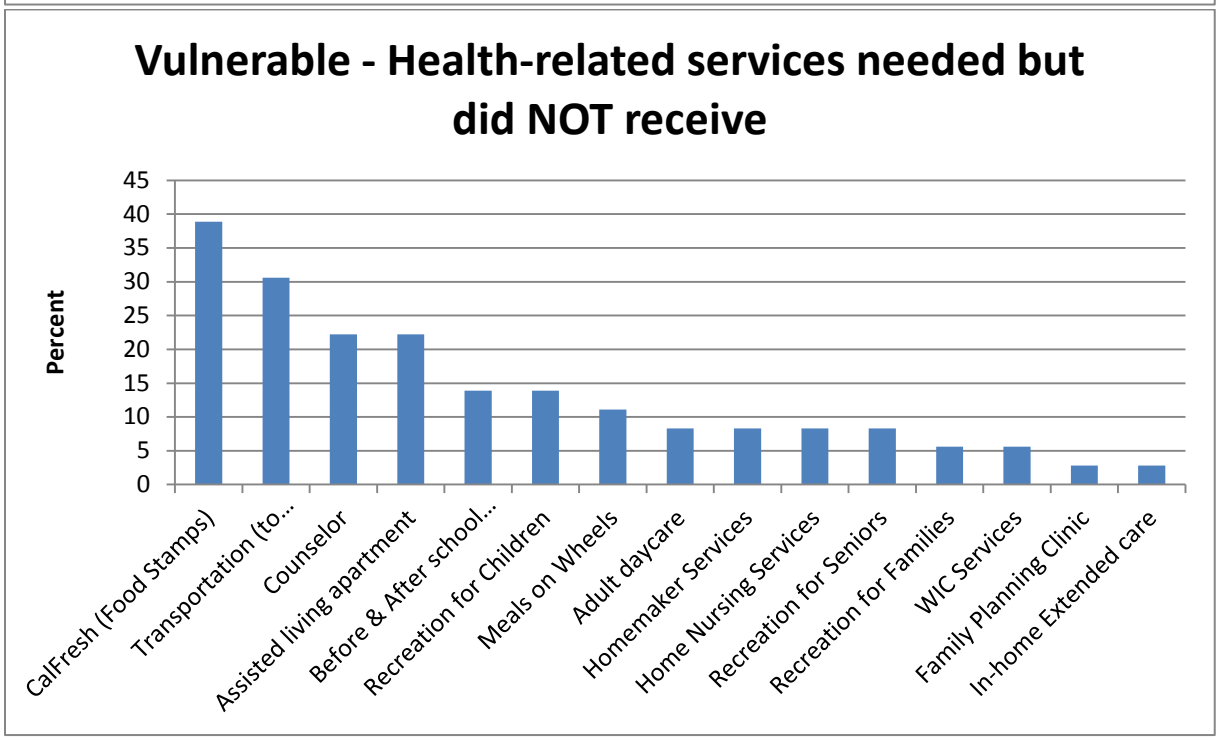
Figure 21. Type of Health Care Needed but Not Received by Adults



The next area the survey explored was the top health-related services needed by participants but were not received. Fifty-nine individuals responded to this question. The most needed services were transportation (39%) and CalFresh (food stamps) program (37%), followed by counseling services.

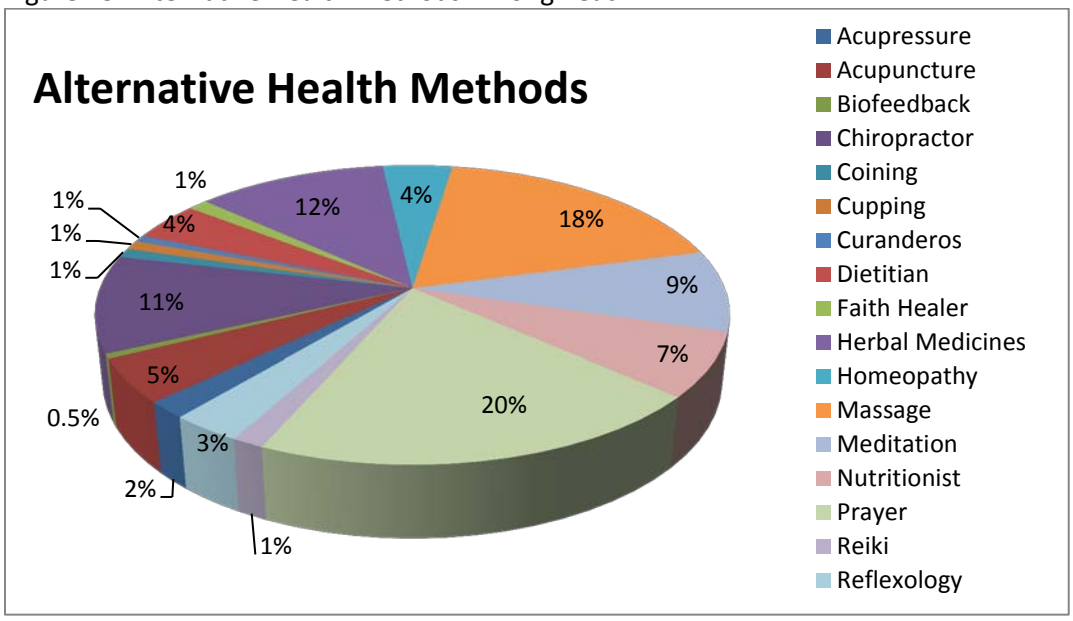
Figure 22. Lack of Health-Related Services





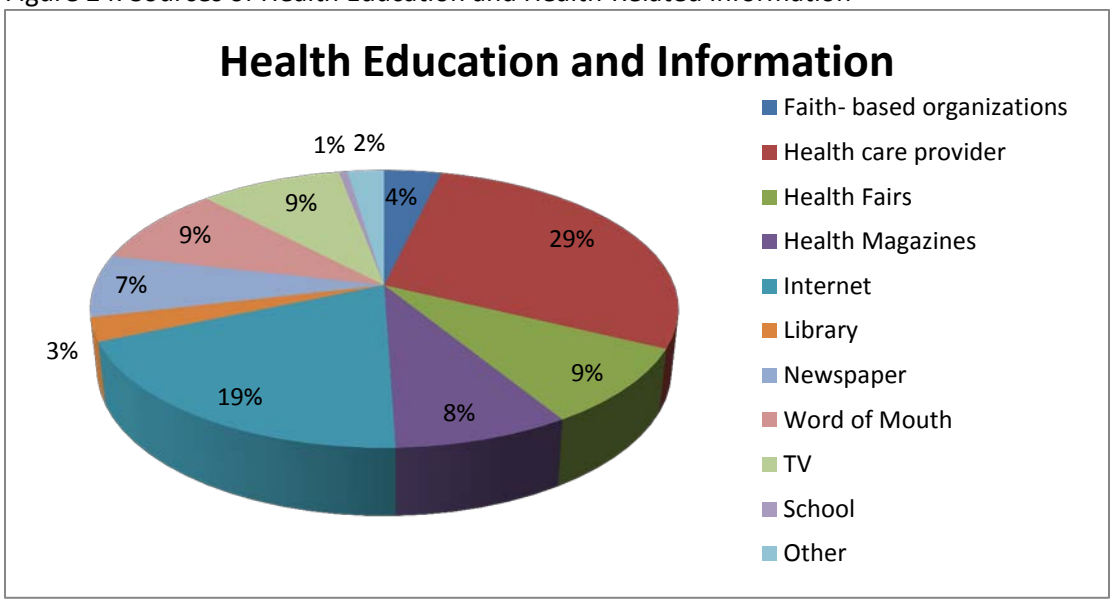
Respondents reported alternative health methods used in the last 12 months. Over 20% reported using prayer, down from 30% in the last survey. Over 18% utilized massage as a form of health care and about 12% used herbal medicines. These results are consistent with the results of previous surveys.

Figure 23. Alternative Health Methods in Long Beach



The needs assessment survey included a specific question about where the residents of the city of Long Beach receive health education and health-related information. The majority of the respondents received this information from their health care providers (29%) and the Internet (19%). Word of mouth (9%), health fairs (9%), TV (9%) and newspaper (7%) are the other outlets for health information.

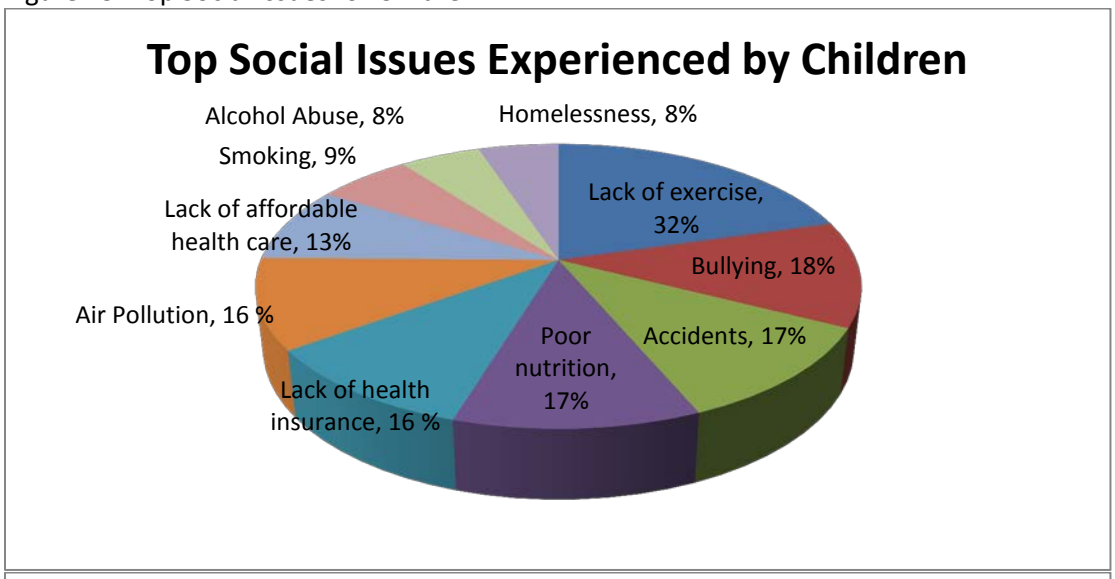
Figure 24. Sources of Health Education and Health-Related Information

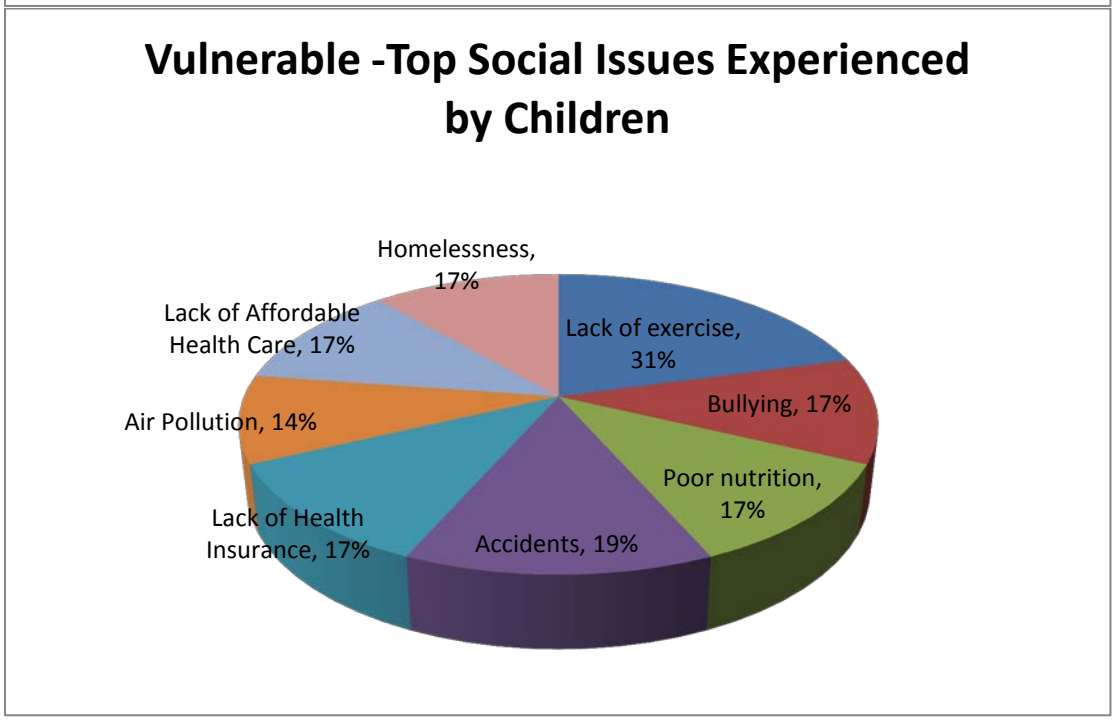


Social Issues Experienced by Children, Teenagers, Young Adults, Adults and Elderly

The current survey also examined the social issues of the city's residents and identified areas for careful consideration. For children, the main issues are: lack of exercise (32%), bullying (19%), poor nutrition (17%), accidents (17%), air pollution (17%), and lack of health insurance (16%). When the data was analyzed for vulnerable zip codes, results stayed about the same except homelessness which was identified as one of the major issues in vulnerable zip code areas.

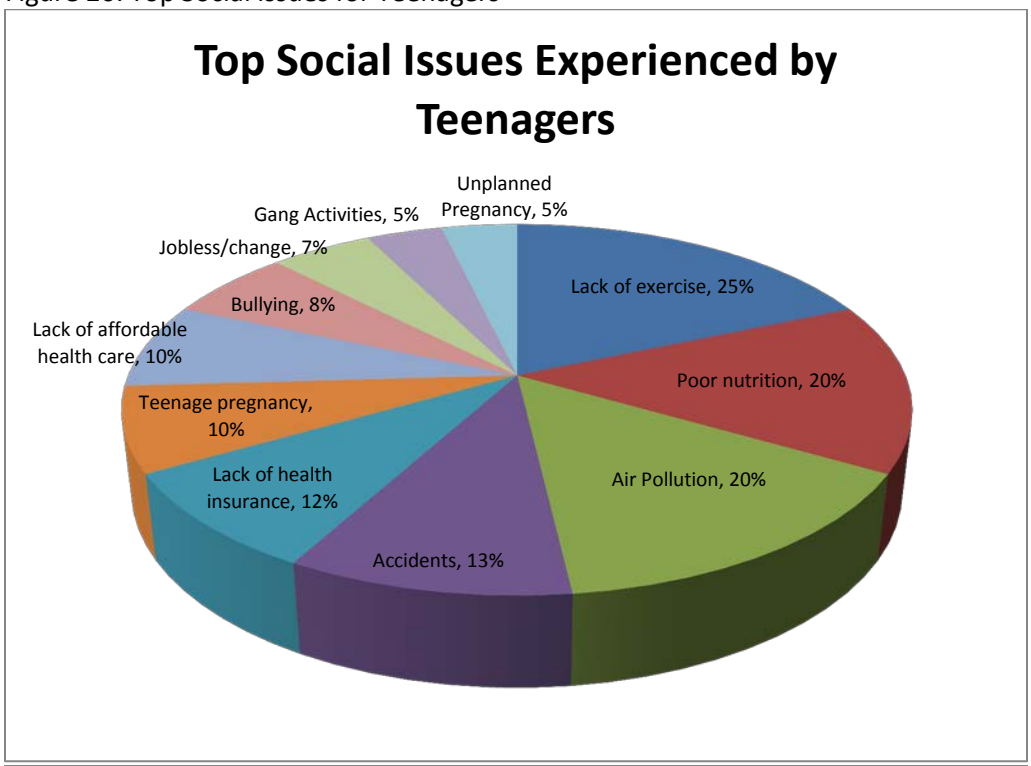
Figure 25. Top Social Issues for Children

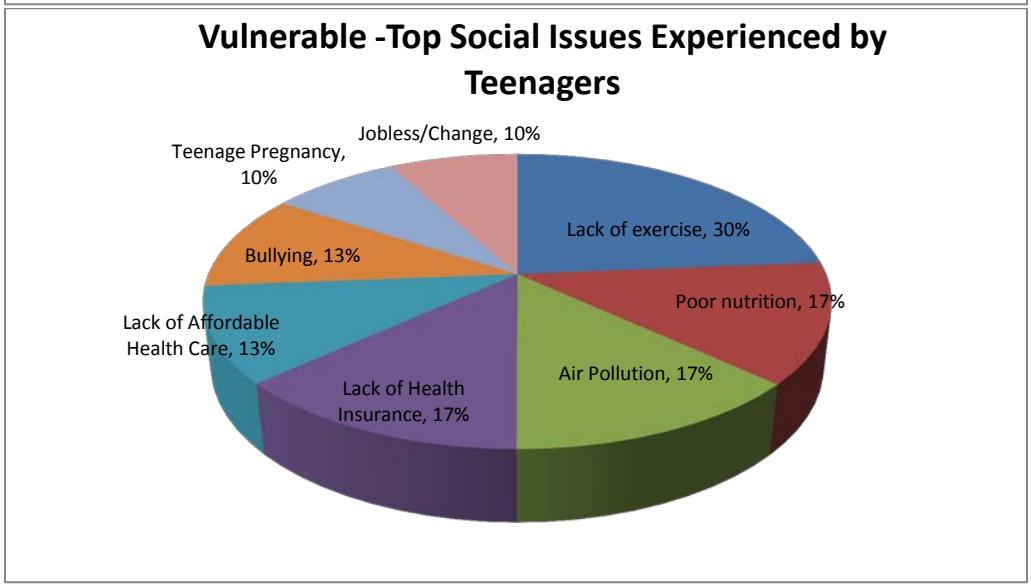




The top social issues experienced by teenagers included lack of exercise, poor nutrition, air pollution, and accidents. When this data was analyzed for vulnerable zip codes, similar social issues remained as concerned areas. Two other areas, a lack of health insurance and a lack of affordable health care, also emerged for vulnerable zip codes.

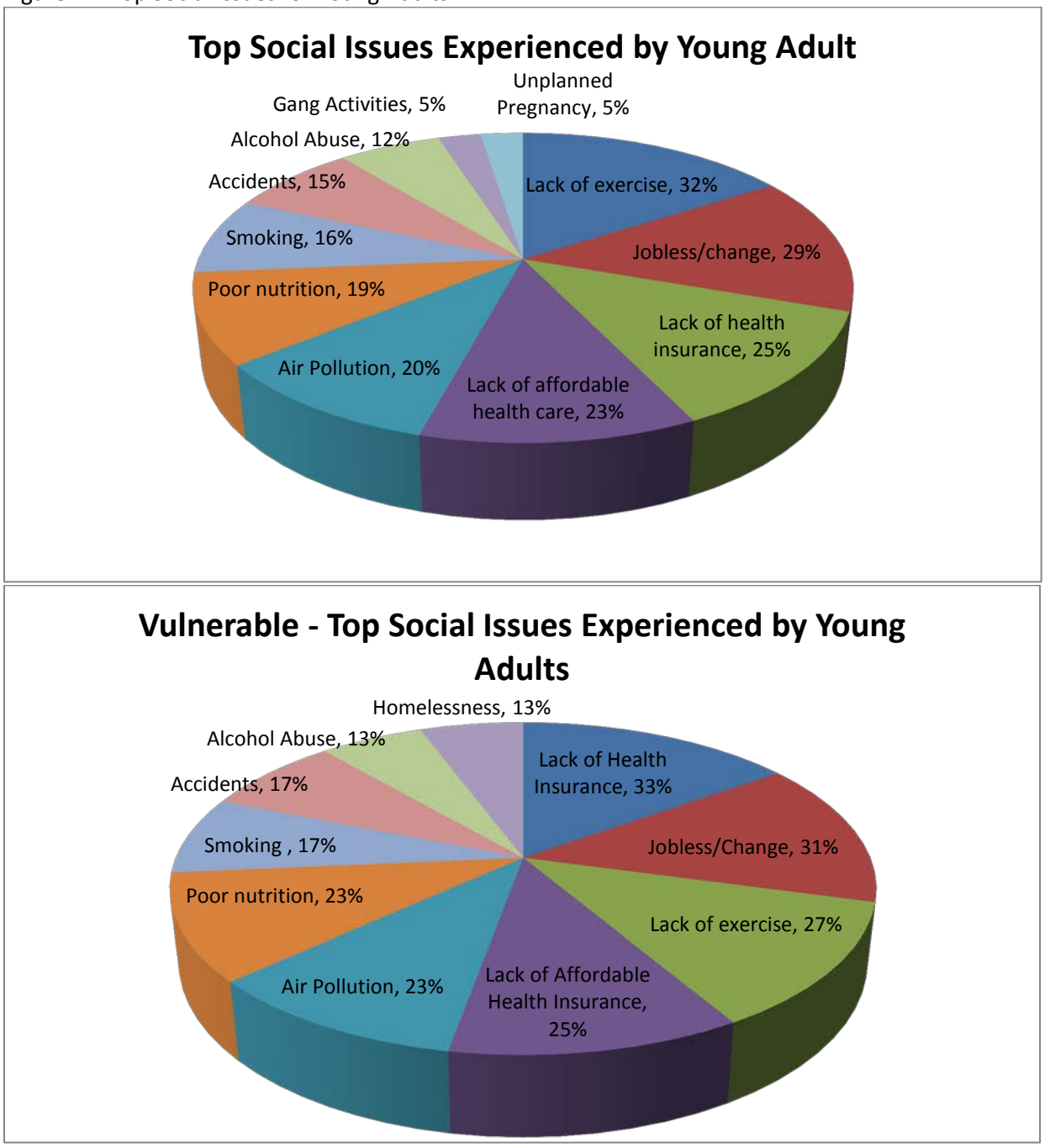
Figure 26. Top Social Issues for Teenagers





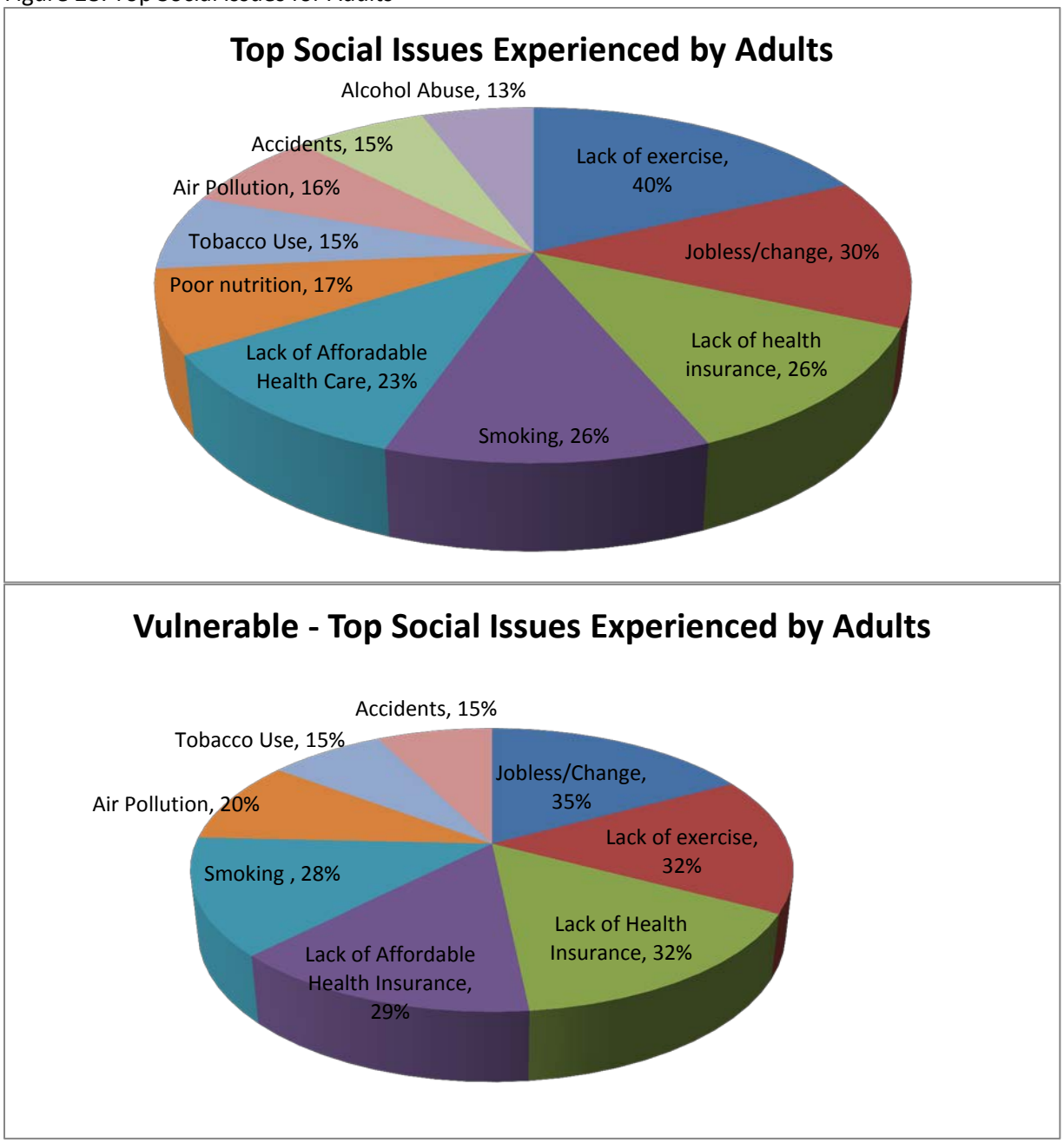
When the data were analyzed for young adults, similar social issues remained as concerned areas - lack of exercise, lack of health insurance and affordable health care, air pollution and accidents. Smoking and unemployment (jobless/change) also became concerned areas.

Figure 27. Top Social Issues for Young Adults



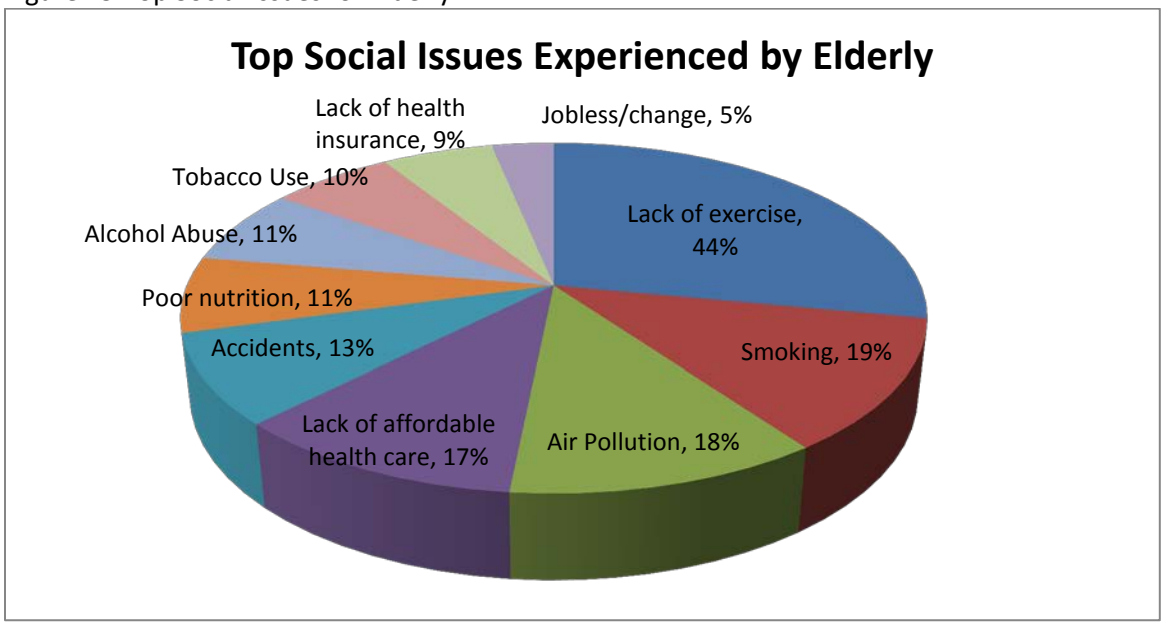
Three hundred seventy two individuals responded to social issues that are experienced by adults (some with multiple social concerns). The top five social problems identified were: lack of exercise (39.8%), jobless/change (30.1%), lack of health insurance (26.3%), smoking (25.8%), and lack of affordable health care (23.4%). When the data was analyzed for vulnerable zip codes, the above social problems became even stronger in the statistics.

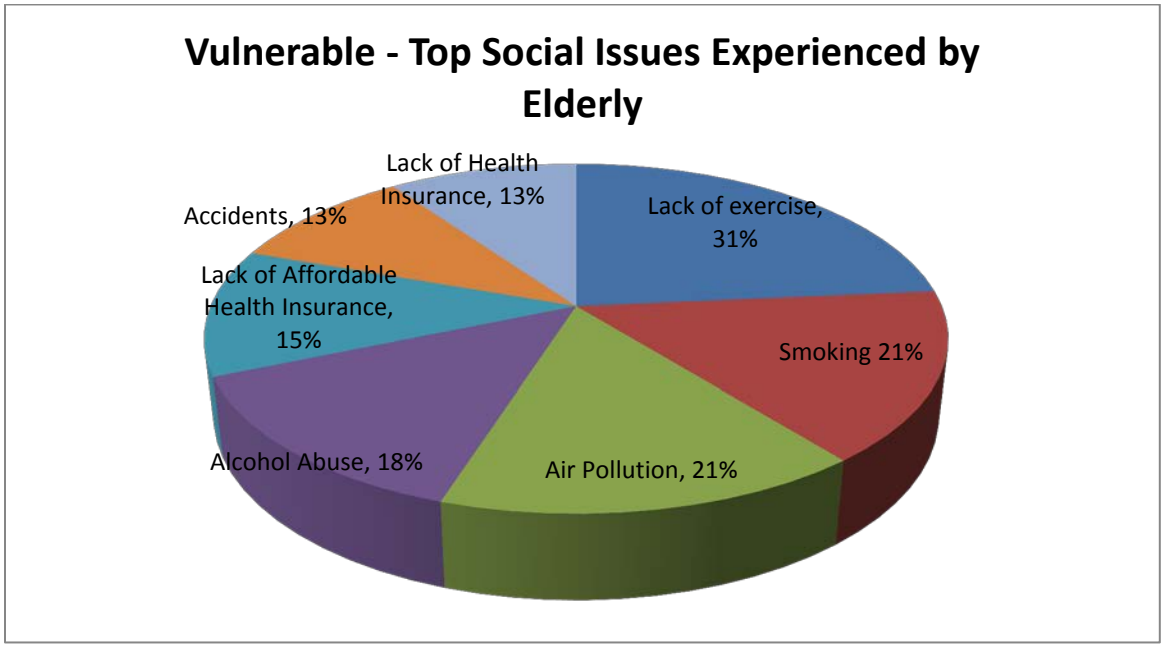
Figure 28. Top Social Issues for Adults



For elderly, the most important problem is the lack of exercise (44.4%), followed by smoking (19.2%), air pollution (18.2%) and lack of affordable health care (17.2%). Results were about the same for vulnerable zip codes.

Figure 29.Top Social Issues for Elderly



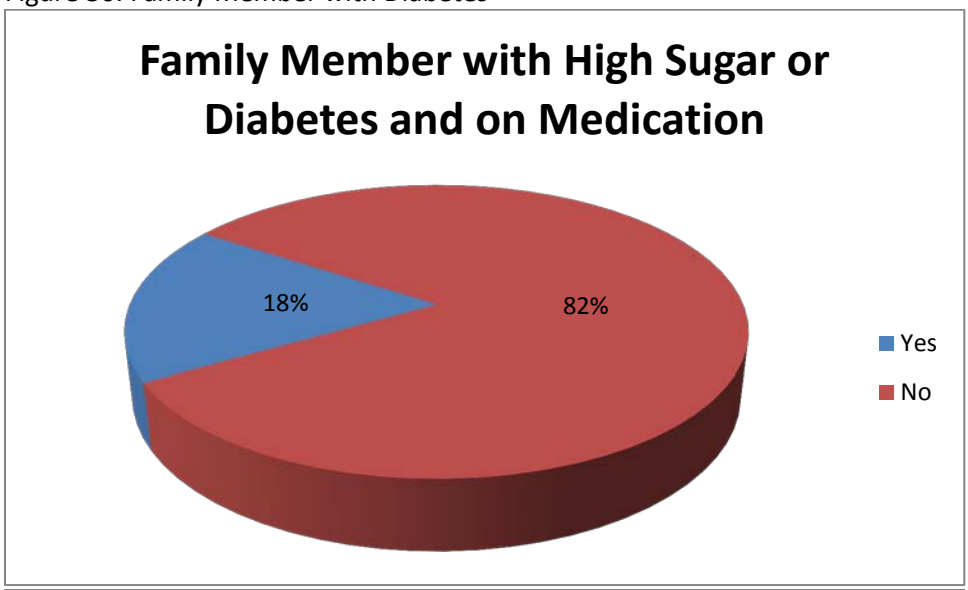


Diabetes, Exercising, Fast Food Consumption and Pregnancy

Diabetes

Diabetes continues to be a problem in Long Beach as well as the United States. According Babey, Wolstein, Diamant, Bloom and Goldstein (2012), the obesity rate in Long Beach is 40.7%. Overweight and obesity are associated with increased risk for diabetes, cardiovascular disease, hypertension, stoke, certain types of cancer, and musculoskeletal conditions. Obesity is the second leading preventable cause of disease and death in the United States. According to the CDC (2012b), 1 in every 3 adults is obese and 1 in 5 youth between the ages of 6 and 19 is obese. Although only 17.6% of respondents reported that they were recently diagnosed with diabetes, diabetes was a common problem in all age categories surveyed. The majority of participants taking medication for diabetes received their medicine from a pharmacy (61.3%).

Figure 30. Family Member with Diabetes



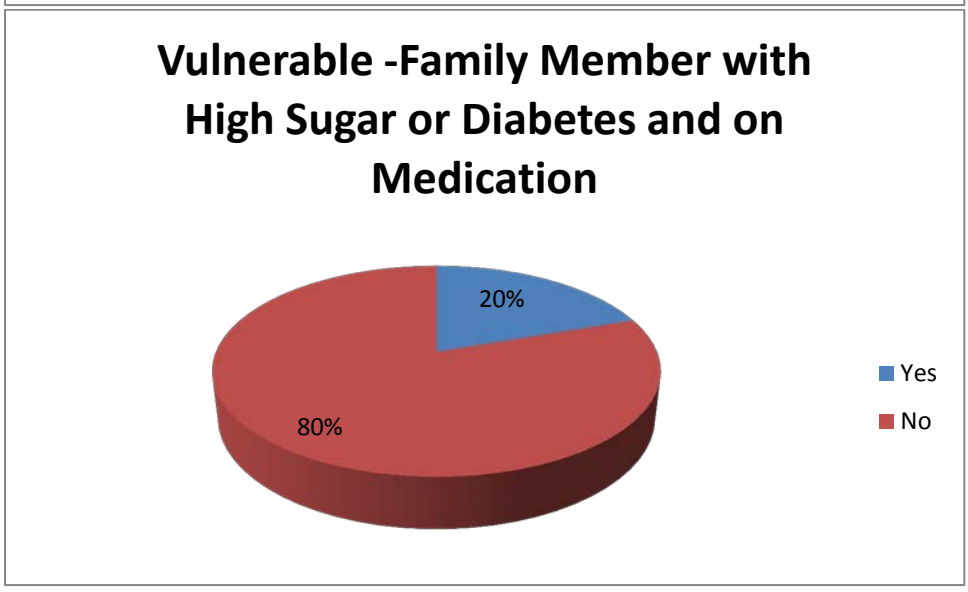
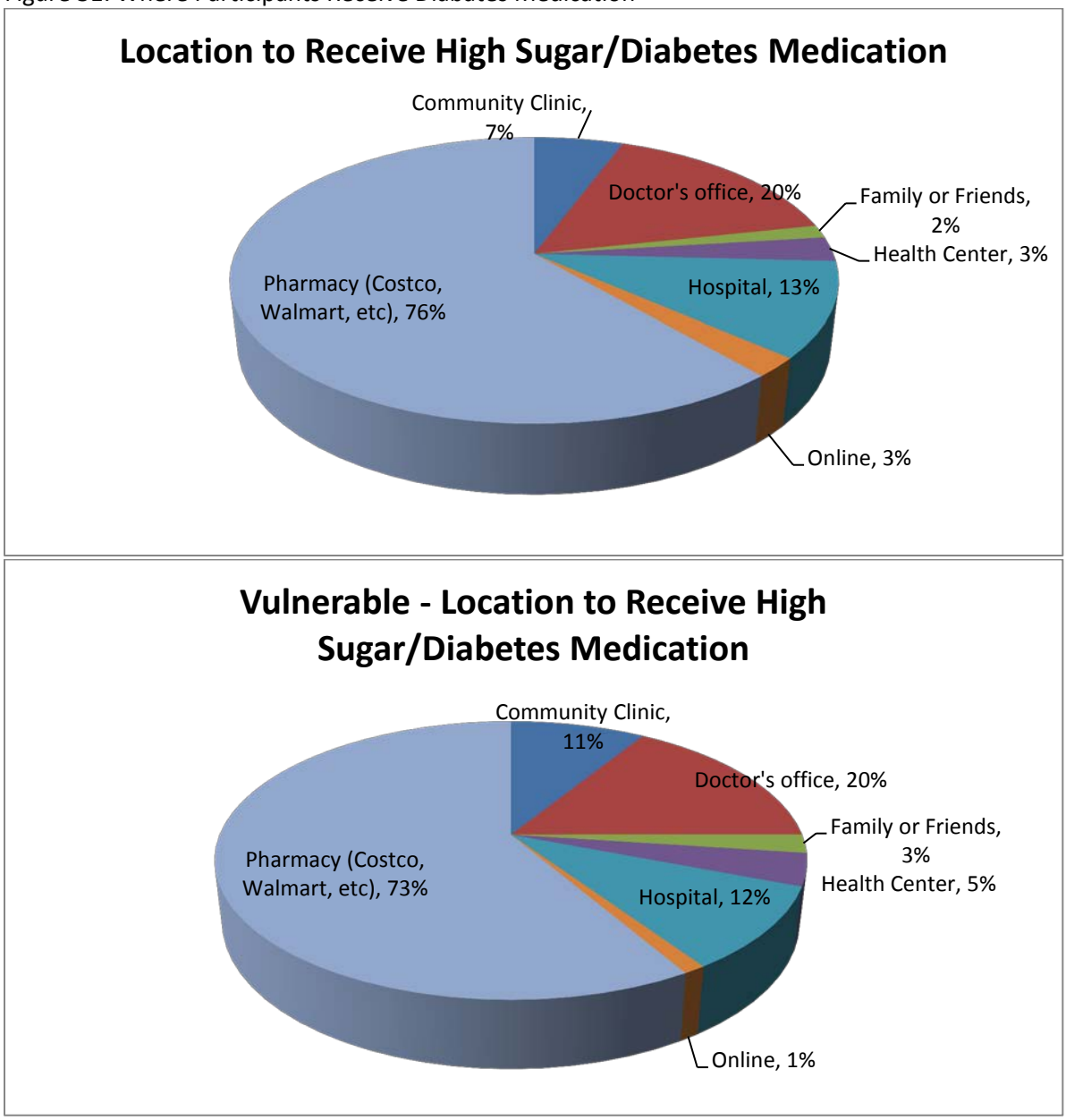


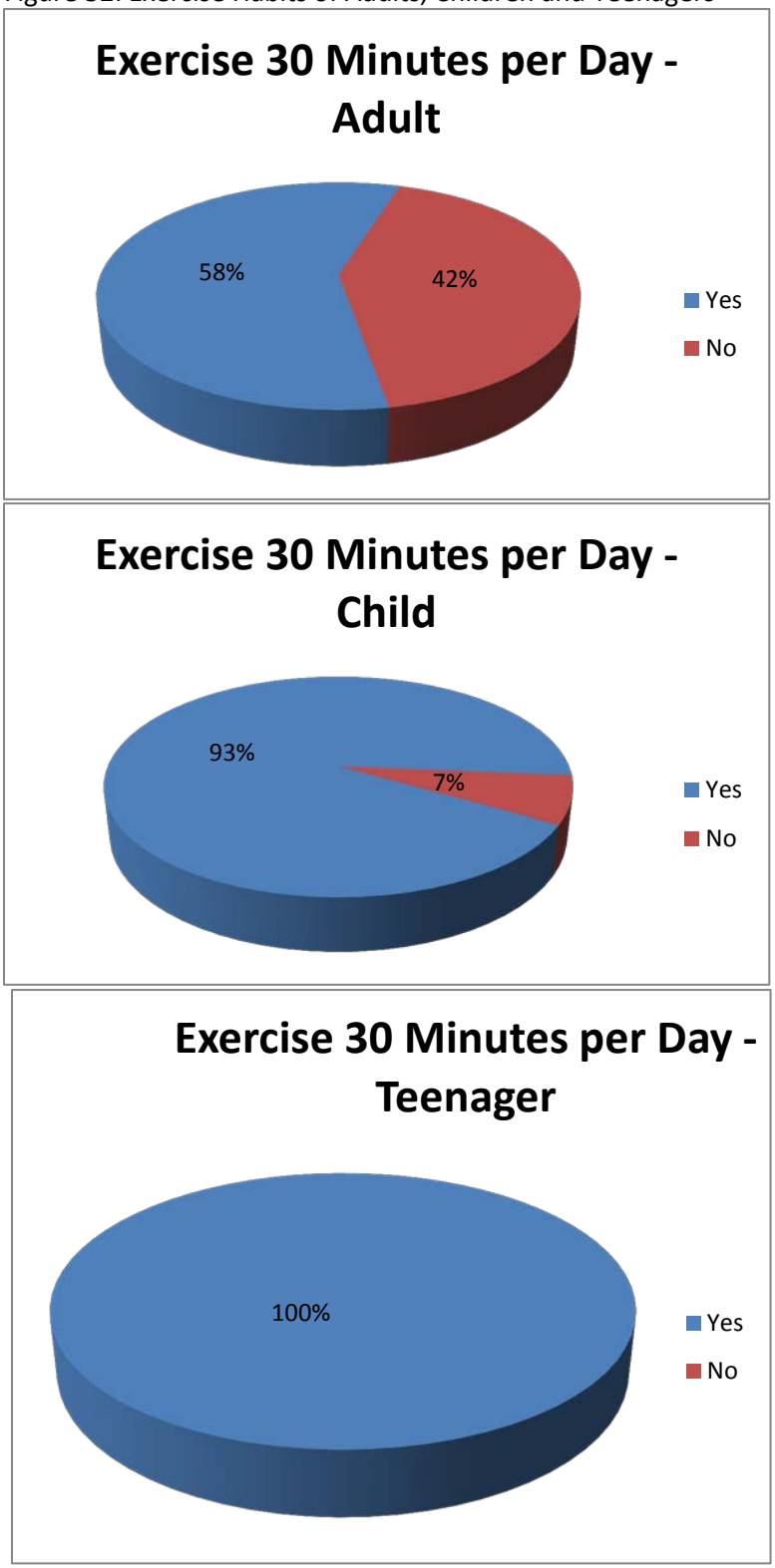
Figure 31. Where Participants Receive Diabates Medication



Exercise

According to the Centers for Disease Control and Prevention more than one-third of all adults do not meet the recommendations for aerobic physical activity (2012b). Eighty percent of adults and adolescents do not get enough aerobic physical activity (USDHHS, 2010e). Regular physical activity can improve health, improve cardiorespiratory and muscular fitness, decrease body fat composition, reduce symptoms of depression, and reduce risk a certain types of cancer. The needs assessment questionnaire included a specific question about exercising 30 minutes a day for children, teenagers, and adults. Figure 33 indicated that approximately 58% of the adults surveyed exercised at least 30 minutes a day. Surprisingly, this ratio increased to 62% for individuals who live in vulnerable zip code areas. The proportion of children and teenagers who exercised in the last 12 months for at least 30 minutes a day was 93% (97% for vulnerable children) and 100% (unchanged for vulnerable). These statistics remained high when the data was analyzed for vulnerable zip codes.

Figure 32. Exercise Habits of Adults, Children and Teenagers

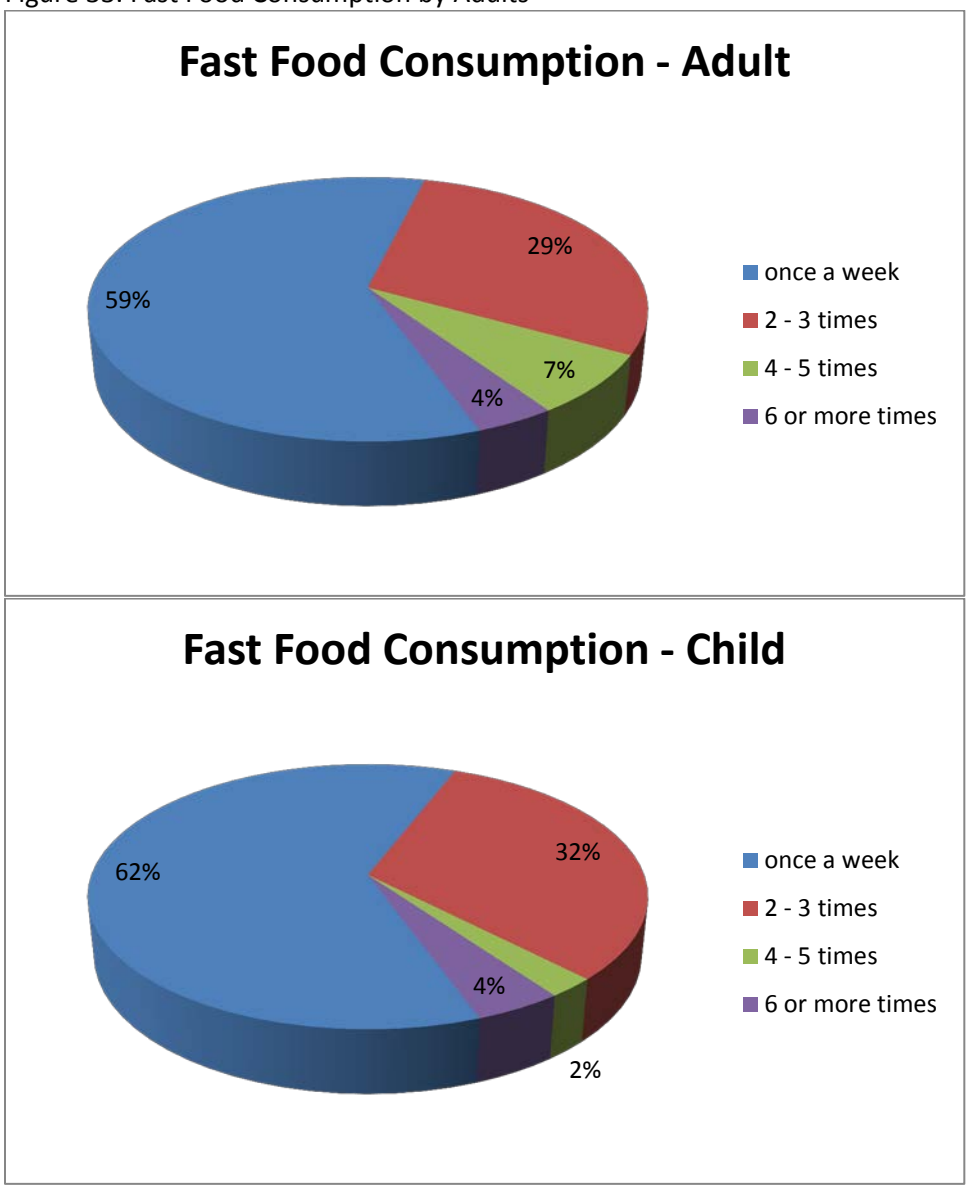


Fast Food

Americans are not consuming adequate amounts of fruits and vegetables per day, less than 22% of high school students and 24% of adults reported eating 5 or more servings of fruits and vegetables per day (CDC, 2012b). A healthy diet can reduce the risks for many health conditions including: diabetes, heart disease, high blood pressure, obesity, and certain types of cancers (USDHHS, 2012d).

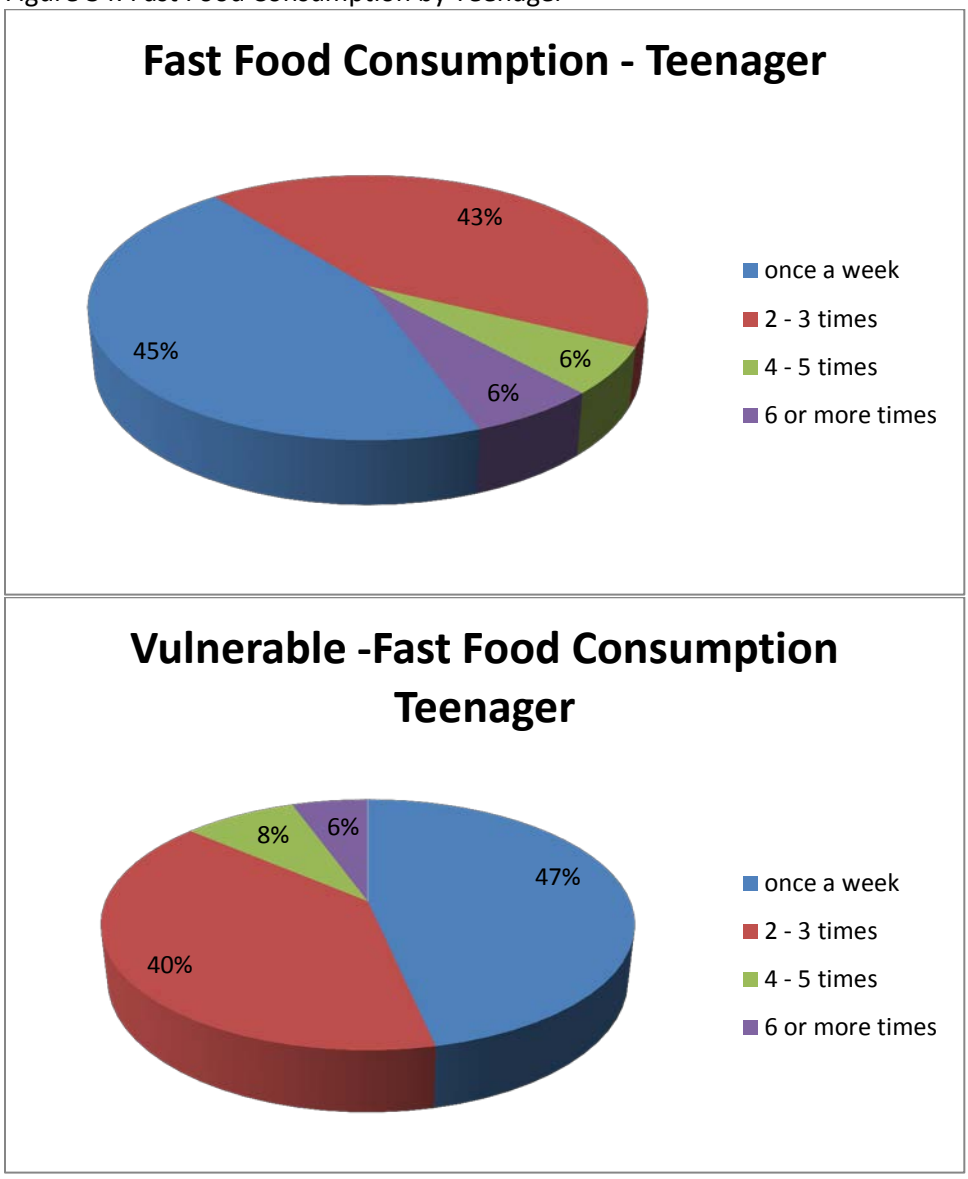
Approximately sixty-percent of adults who responded to the survey acknowledged that they ate fast food once a week. Twenty-nine percent of the adult respondents consumed fast food 2-3 times a week and over eleven percent of adults consumed fast food 4 or more times per week. For vulnerable zip codes these statistics were slightly higher (62% and 26%). Children, on the other hand, ate fast food once a week at 62% rate, followed by 2-3 times a week at 32% rate. For vulnerable neighborhoods, results were about the same.

Figure 33. Fast Food Consumption by Adults



Parents of teenagers reported that teenagers ate fast food once a week (45%); 2-3 times a week (43%) and 4 or more times (12%). This trend was clearly a major concern for teenagers because they consumed more fast food than children and adults per week. When the teenager data was analyzed for vulnerable zip codes, there is a little change in the results.

Figure 34. Fast Food Consumption by Teenager

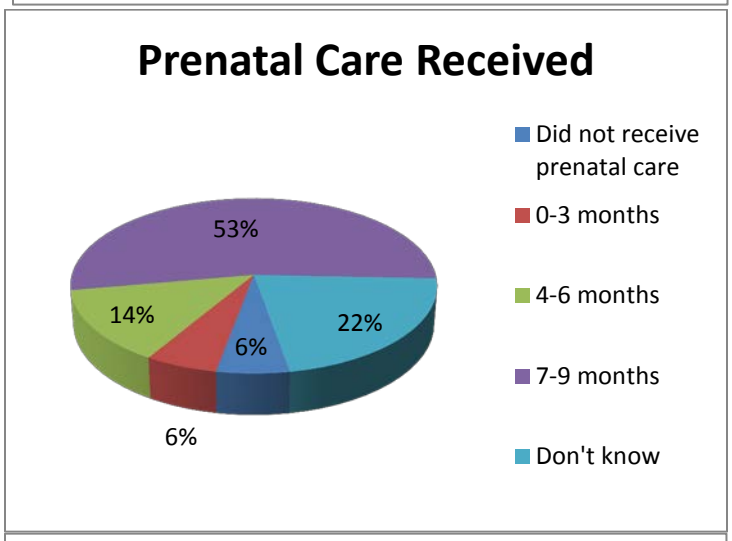


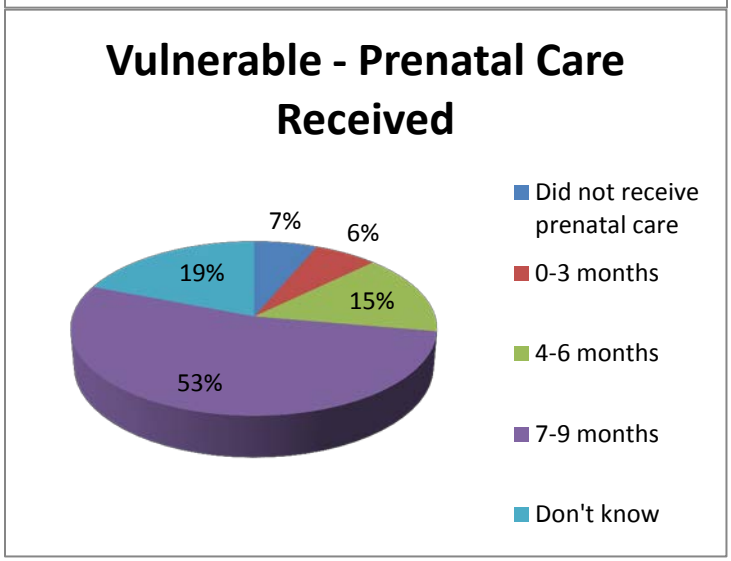
Pregnancy

A couple of questions were asked regarding pregnancy; if someone in the respondent's family was currently pregnant, and if so, when did she begin to receive prenatal care. Eighty respondents answered this question with someone in their family currently pregnant (92.1%), and 47 began prenatal care within the last 3 months of pregnancy (53.4%). Interestingly, only 5.7% of the pregnant women received prenatal care in the first trimester and another 5.7% did not receive any prenatal care. Clearly this should be a concern for local hospitals and public health authorities. Although 80 individuals answered

this question which provides somewhat weak results, there should be enough concern to show more efforts to reach pregnant women who are lacking prenatal care.

Figure 35. Pregnancy in the Last 12 Months





SPECIFIC FINDINGS FOR COMMUNITY HOSPITAL LONG BEACH

Results of the Long Beach Health Needs Assessment represent all zip codes in the catchment areas of four hospitals-St. Mary Medical Center (SMMC), Long Beach Memorial, Community Hospital Long Beach and Miller Children's Hospital Long Beach. The last three hospitals belonged to Memorial System serving the same geographic market with the same zip codes.

In this section, we analyzed the LBHNA data set for only Community Hospital Long Beach(same as Long Beach Memorial), which included 674 valid complete questionnaires for nineteen zip codes. These zip codes and their frequencies are: 90802 (102), 90803 (38), 90804 (59), 90805 (68), 90806 (68), 90807 (47), 90808 (35), 90810 (35), 90813 (134), 90814 (26), and 90815 (62). Overall there is no observable difference between the results of the complete set and those of the Community Hospital Long Beach (CHLB). In most cases, results from CHLB and the current study fluctuated by 1%-2% from their original values. In several cases, especially for children, teenagers and young adults, the number of observations was too limited to report meaningful changes that are reliable. Regardless, there are a few changes in the results to mention.

In Community Hospital Long Beach/Long Beach Memorial catchment area, only 34.7% of the adult respondents had job-based insurance coverage (42.5% obtained from the full sample), and the proportion of individuals with Medicare and Medicaid coverage increased to 19.9% and 17.2%, respectively; about 2 – 4% percent higher than the original results. For children, similar results in insurance coverage were obtained. Private-pay and job-based coverage declined to 10.7% and 44.1%, respectively. On the other hand, Medicare, Medicaid, Healthy Families and Uninsured population percentages went up by 2%-4% with the highest jump on Medicaid percentage by 7.8% (see Figure 12 and 13).

Figure 19 and 20 revealed information on the participants and their family when they needed medical care but did not receive it. 62% of respondents in the CHLB catchment area said they did not have insurance and 26.6% indicated that copayment was too high preventing them obtaining medical care. These are slightly higher figures than those in the overall results; however, this question received only 114 responses and statistics should be cautiously interpreted. The CHLB respondents also had a stronger complaint about the lack of family doctors (57.1% versus 52.2%) but the need for hospital care went down from 37% to 33.3%. The next difference we were able to find was related to adults in the CHLB market eating less fast food per week. The proportion of adults eating 2-3 times fast food per week declined to 24.2% from 29.4%, which suggests that Community Hospital Long Beach and other public health organizations in the area have effective practices to lower this percentage.

When the health issues experienced by children in the CHLB market area were questioned, the proportion of ADHD (7.2% vs. 7.5%), Asthma (42.2% vs. 43.0%), Autism (6% vs. 6.5%) Dental disease/decay (15.7 % vs. 17.25), and High blood pressure (16.9 % vs. 17.2% declined in comparison to the original results (see Figure 14). On the other hand, Obesity (12% vs. 10.8%) and Heart disease (6% vs. 5.4%) increased. There were not enough responses for teenagers and young adults; however, there is a good response rate for adults and elderly.

Table 1 shows the results of institution- based data analysis of health issues for Community Hospital Long Beach along with those from SMMC and the full data set. Remarkably, proportions computed for CHLB are very close with those computed for the full data set which represents the catchment area of all hospitals. Obesity, high blood pressure, diabetes, anxiety and asthma were the only health problems with noteworthy difference in computed statistics; about 2-4%. The largest difference is in the

proportion of obesity, about 4%, which suggests that the efforts of local hospitals started show some positive results.

Table 1. Comparison of Adult Health Issues for CHLB and SMMC

ADULT HEALTH ISSUES	St. Mary Medical Center	Community Hospital Long Beach	Overall Survey Results
ADHD	3.4%	2.6%	3.2%
Asthma	19.8%	20.1%	17.6%
Anxiety	23.2%	25.0%	22.1%
Arthritis	23.4%	23.4%	21.5%
Autism	.6%	.6%	.8%
Blood Disorders	5.1%	5.2%	4.1%
Bone Loss (Osteoporosis)	4.2%	4.2%	3.4%
Cancer	7.1%	7.5%	6.5%
COPD	3.7%	3.6%	3.0%
Dementias including Alzheimer's	.3%	.3%	.2%
Dental disease/decay	14.7%	15.3%	13.6%
Depression	22.0%	21.8%	21.5%
Diabetes	23.7%	23.4%	25.6%
Eating Disorders	4.5%	5.2%	3.9%
High Blood Pressure	44.4%	43.2%	46.2%
Hearing Disorders	7.3%	6.8%	6.1%
Heart Disease	7.6%	7.8%	7.5%
HIV/AIDS	9.6%	10.4%	8.9%
Kidney Diseases	4.5%	3.6%	4.7%
Mental Health	8.8%	9.7%	8.1%
Obesity	20.6%	18.5%	22.3%
Physical Injuries	11.3%	10.4%	11.4%
STDs	3.1%	2.9%	2.4%
Stroke	3.4%	3.2%	3.2%

Table 2 reveals the comparison data of health issues for Community Hospital Long Beach along with those from SMMC and the full data set for elderly population. The largest discrepancy is in obesity percentage. It appears that the respondents in the CHLB catchment area experienced significantly less obesity cases than those respondents in the catchment area of all hospitals (8.8% vs. 12.7%). About 4% decrease in the CHLB catchment area is a good sign for the hospital and their efforts to fight against obesity amongst elderly. A few other categories showed changes within 2-3% range and these are anxiety, arthritis, heart disease and diabetes. Once again the number of respondents is too small for most categories here to make meaningful comparisons. There were more observable differences in the overall survey results than in the hospital specific results.

Table 2. Comparison of Elderly Health Issues for CHLB and SMMC

ELDERLY HEALTH ISSUES	St Mary Medical Center	Community Hospital Long Beach	Overall Survey Results
ADHD	.5%	.6%	.4%
Asthma	6.3%	6.9%	7.8%
Anxiety	8.4%	8.8%	6.9%
Arthritis	37.4%	39.6%	35.5%
Blood Disorders	3.2%	3.8%	3.3%
Bone Loss (Osteoporosis)	16.3%	15.1%	15.1%
Cancer	17.9%	18.2%	17.1%
COPD	2.6%	3.1%	4.1%
Dementias including Alzheimer's	6.8%	7.5%	7.3%
Dental disease/decay	8.4%	9.4%	8.2%
Depression	14.2%	15.1%	14.3%
Diabetes	26.8%	25.8%	29.4%
Eating Disorders	1.1%	1.3%	1.2%
High Blood Pressure	51.1%	52.2%	52.2%
Hearing Disorders	12.1%	11.9%	12.2%
Heart Disease	13.7%	12.6%	14.7%
HIV/AIDS	1.1%	1.3%	.8%
Kidney Disease	2.1%	1.9%	2.4%
Mental Health	3.7%	3.8%	3.3%
Obesity	8.4%	8.8%	12.7%
Physical Injuries	5.3%	6.3%	4.9%
Stroke	3.7%	4.4%	4.1%

Next, the data specific to CHLB are analyzed for the social issues of children, teenagers, young adults, adults and elderly, and results are reported in Table 3 along with those of SMMC and the overall data. Unfortunately there was not a sufficient number of respondents for children, teenagers, young adults and elderly, hence, report results for adults in Table 3. Once again, the statistics computed for only CHLB for this question are very similar to those obtained from the complete data set. Minor differences were in the areas of air pollution (15.9% vs. 19.2%), alcohol abuse (12.6% vs. 15.6%), jobless/change (30.1% vs. 35.3%), lack of affordable health care (23.4% vs. 27.2%), lack of health insurance (26.3% vs. 29.9%) and lack of exercise (39.8% vs. 33.5%). These minor differences were within 3%-5% of the overall results.

Table 3. Comparison of Social Issues of Adults for CHLB and SMMC

ADULT SOCIAL ISSUES	St Mary Medical Center	Community Hospital Long Beach	Overall Survey Results
Accidents	15.8%	15.2%	14.8%
Air Pollution	18.0%	19.2%	15.9%
Alcohol Abuse	14.7%	15.6%	12.6%
Bullying	.7%	.9%	.5%
Child Abuse	1.1%	1.3%	1.1%
Domestic Violence	4.0%	4.0%	3.2%
Drug Abuse	7.7%	8.5%	7.3%
Gang Activities	1.5%	.9%	1.6%
Gender Discrimination	3.3%	3.6%	2.4%
Homelessness	7.7%	8.5%	8.9%
Incarceration	3.3%	3.6%	3.0%
Jobless/change	32.7%	35.3%	30.1%
Lack of Affordable Health Care	25.4%	27.2%	23.4%
Lack of Health Insurance	28.7%	29.9%	26.3%
Lack of Exercise	36.0%	33.5%	39.8%
Poor Nutrition	16.2%	16.1%	16.7%
Smoking	26.5%	27.7%	25.8%
Sexual Assault (rape)	1.8%	2.2%	1.6%
Teenage Pregnancy	.7%	.9%	.5%
Tobacco Use	15.8%	16.5%	15.1%
Unplanned Pregnancy	2.2%	2.7%	1.6%
Violence	2.9%	3.1%	2.7%

Last, we report the top 25 Diagnosis Related Groups (DRGs) for Community Hospital Long Beach in Table 4 and linked the top 25 DRGs to the study findings. As can be seen in this table, CHLB is serving a large population with mental health problems (DRG 885, 881). In addition, CHLB discharges a number of patients with heart conditions, pneumonia and cardiac cases that are similar to those discharged from LBMMC. The 2012 Health Needs Assessment showed that mental health care is an emerging issue in the city of Long Beach (if not already), and CHLB could be specialized in this area to improve the population health. The CHLB could also emphasize outreach activities and health education efforts in the areas of heart diseases, obesity, and lack of exercising to reduce heart-related cases.

Table 4. Community Hospital Long Beach Top 25 DRGs

RANKINGS	DRG #	DESCRIPTION	CASES	LOS
1	885	PSYCHOSES	1,288	6.5
2	313	CHEST PAIN	186	1.5
3	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	165	5.6
4	392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	107	2.3
5	194	SIMPLE PNEUMONIA & PLEURISY W CC	71	4.1
6	641	NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC	71	2.4
7	581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	61	1.3
8	812	RED BLOOD CELL DISORDERS W/O MCC	59	3.2
9	190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	58	4.7
10	312	SYNCOPE & COLLAPSE	56	1.8
11	192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	53	2.9
12	690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	49	2.8
13	208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	47	5.1
14	603	CELLULITIS W/O MCC	45	3.7
15	918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	43	1.9
16	870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	42	10.6
17	881	DEPRESSIVE NEUROSES	42	2.7
18	195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	41	2.9
19	069	TRANSIENT ISCHEMIA	40	2.6
20	310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	37	1.8
21	292	HEART FAILURE & SHOCK W CC	35	4.5
22	193	SIMPLE PNEUMONIA & PLEURISY W MCC	34	6.1
23	309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	34	2.9
24	872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	34	5.0
25	378	G.I. HEMORRHAGE W CC	33	3.6

RESULTS OF THE KEY INFORMANT SURVEY

The 2012 Key Informant survey was conducted to understand the health needs of Long Beach residents and surrounding communities, as well as the barriers faced by patients accessing health services. A total of 122 of the 433 invited individuals completed the survey, for a response rate of 25%. The zip codes with the most key informant surveys included 90813 (32), 90815 (17), 90802 (9), 90803 (3), 90804 (2), 90805 (4), 90806 (9), 90807 (6), 90808 (5), and 90810 (3).

The majority of the key informants represented four groups: non-profit service organizations (24%), educational institutions (19%), hospital providers (17%), and public health employee (15%). The rest of the participating key informants and their role are in Figure 36. Key informants also reported about special target populations they represented as follows: general community (42%), the Hispanic or Latino community (15%), the Asian/Pacific Islander community (10%), the non-Hispanic/White community (5%), and Black/African American/African and LGBT communities (4% each).

Figure 36. Background of Key Informants

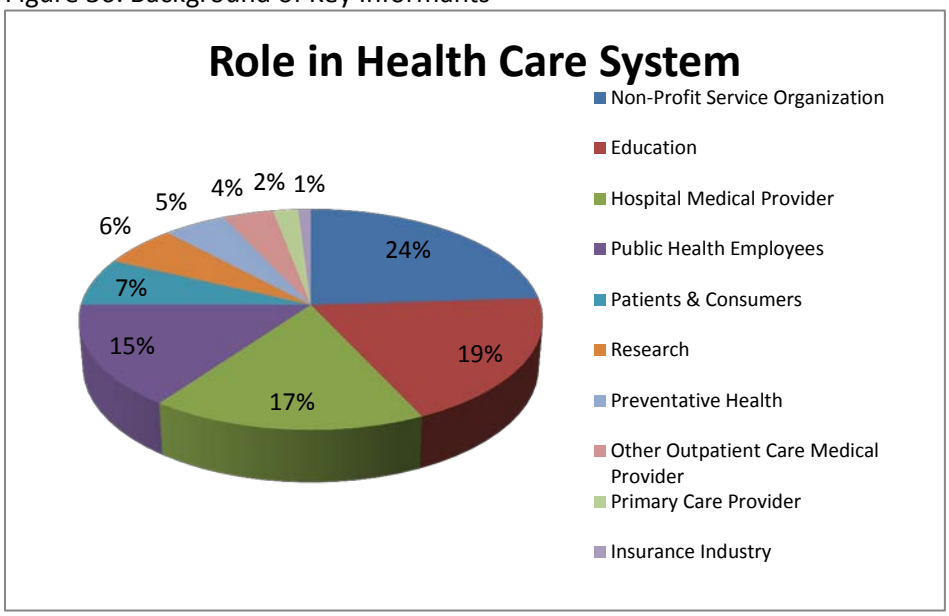
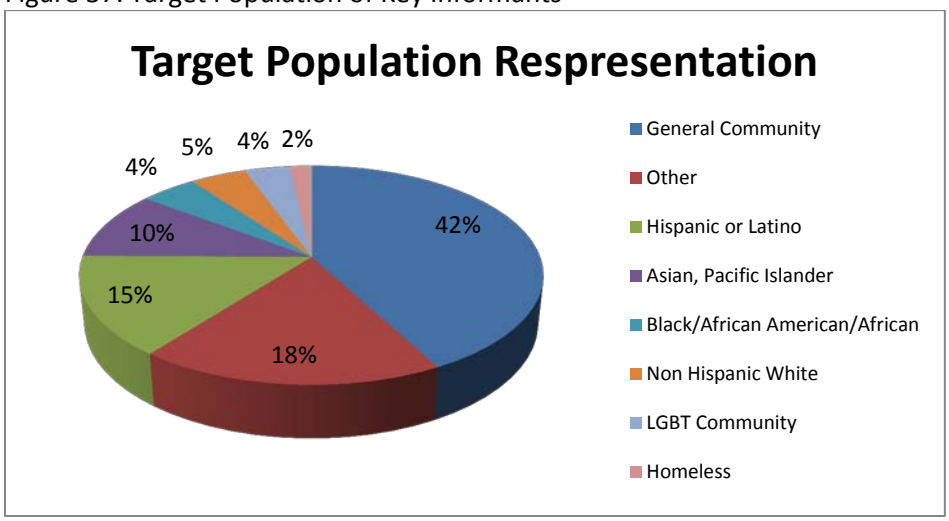


Figure 37. Target Population of Key Informants

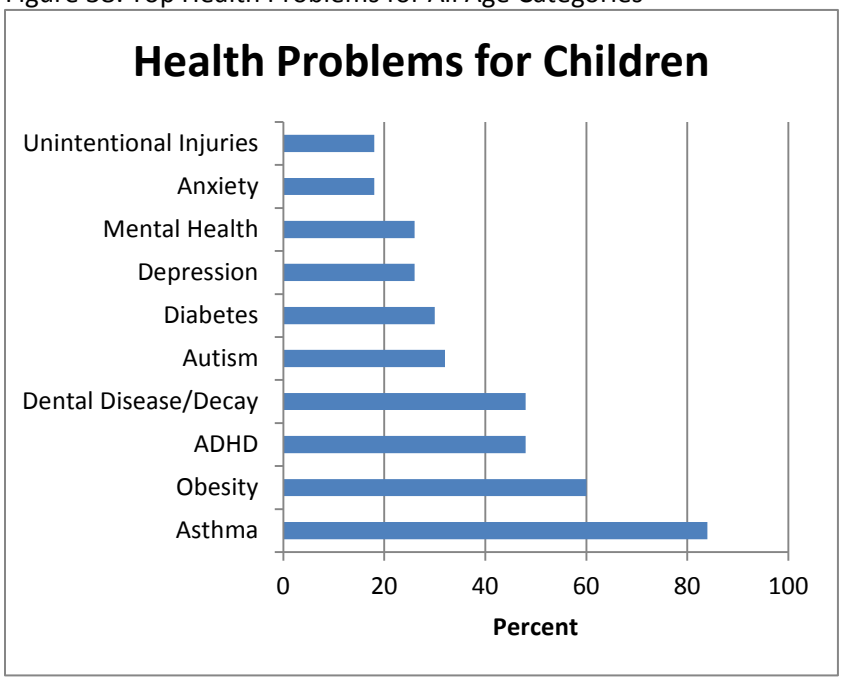


Key informants were asked five major questions to provide their opinion for children, teenagers, young adults, adults and elderly. These five areas are: (1) health problems, (2) reasons for individuals not to receive needed care, (3) lack of health care providers in their service area, (4) lack of health related services (such as enabling services), and (5) social issues experienced by all groups. The main purpose of this part of the study is to identify the problem areas highlighted above and hopefully to support the findings of the health needs assessment.

Top Health Problems in Long Beach

The top five health issues for children in order of frequency were identified as Asthma, obesity, ADHD, dental disease/decay and autism. The top five health issues for teenagers were asthma, obesity, mental health, depression and diabetes. The top five health issues for young adults were depression, diabetes, obesity, mental health and high blood pressure. The top five health issues in adults were diabetes, high blood pressure, depression, mental health and obesity. For elderly, the top five health issues were diabetes, high blood pressure, depression, heart disease and mental health.

Figure 38. Top Health Problems for All Age Categories



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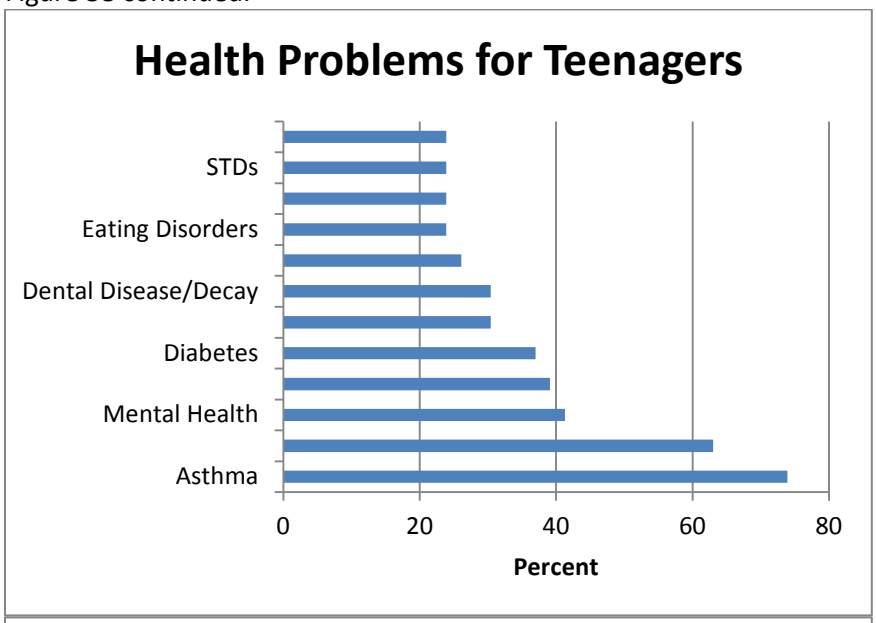

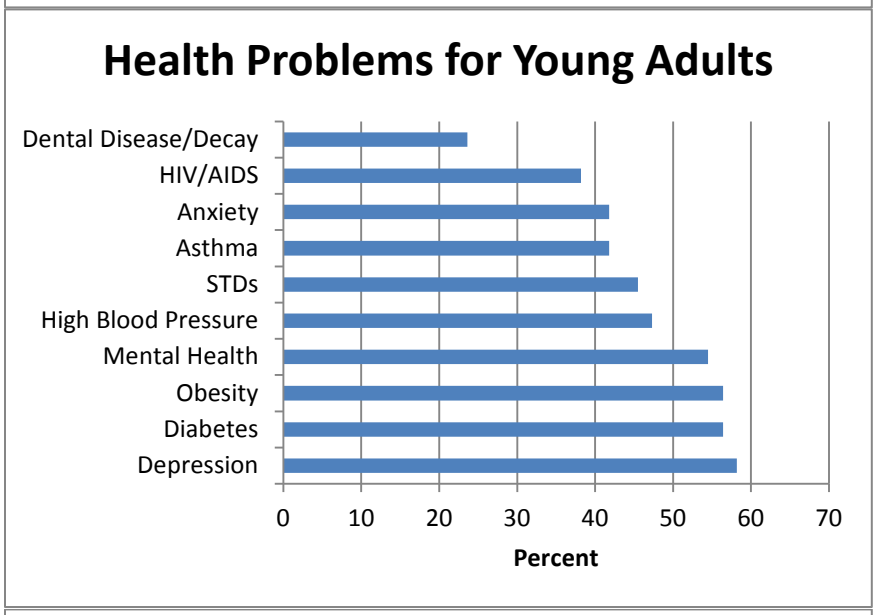

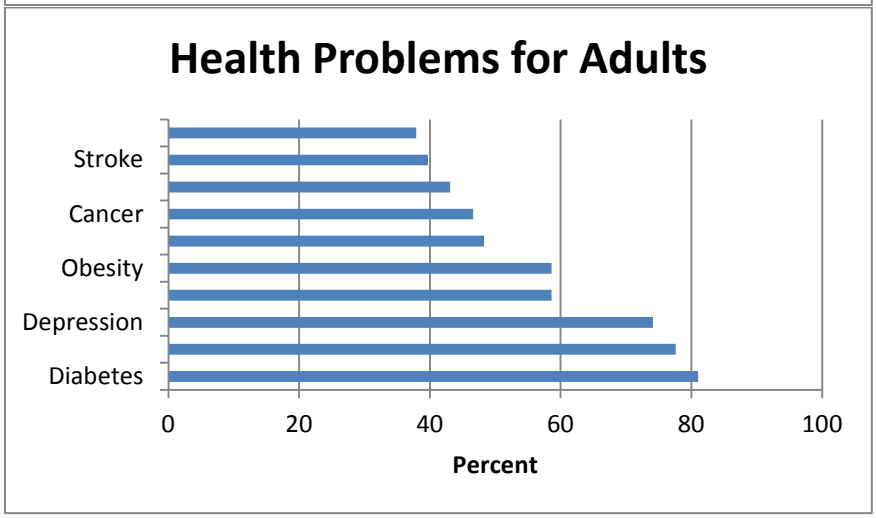

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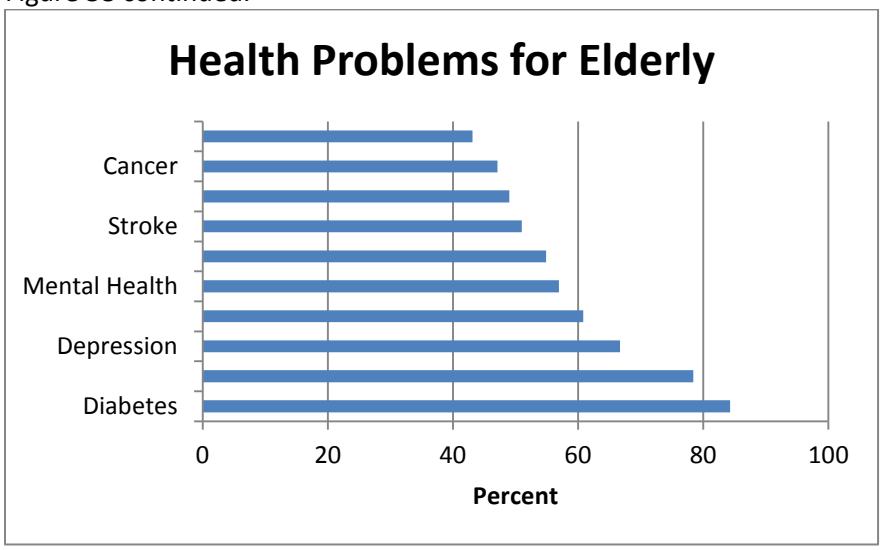
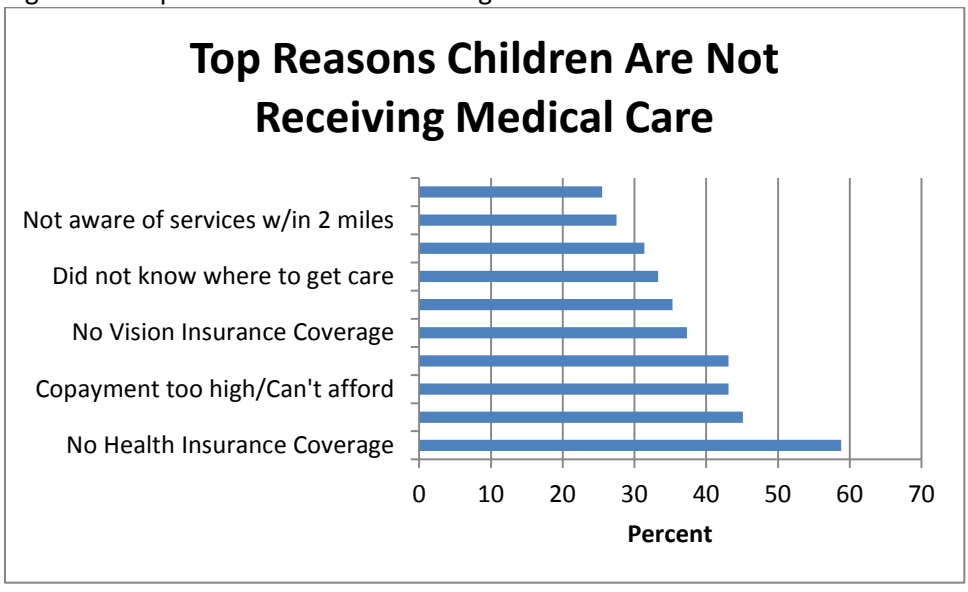


Top Reasons for Not Receiving Medical Care

In the next question, key informants reported top reasons why individuals in their community were not receiving needed medical care for each of the age categories (Children, Teens, Young Adult, Adult and Elderly). The most frequently selected reasons for children and teens not receiving care were no health insurance coverage and no dental insurance coverage. The top three reasons young adults and adults were not receiving care included no health insurance coverage, no vision insurance coverage and did not know where to get care. The top reason the elderly were not receiving care was due to lack of transportation.

Figure 39. Top Reasons for Not Receiving Medical Care



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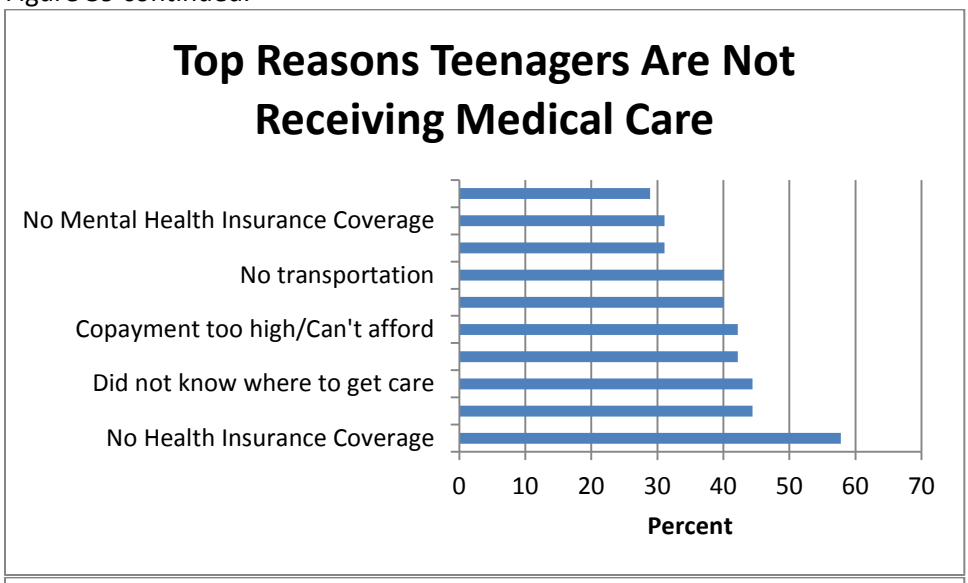

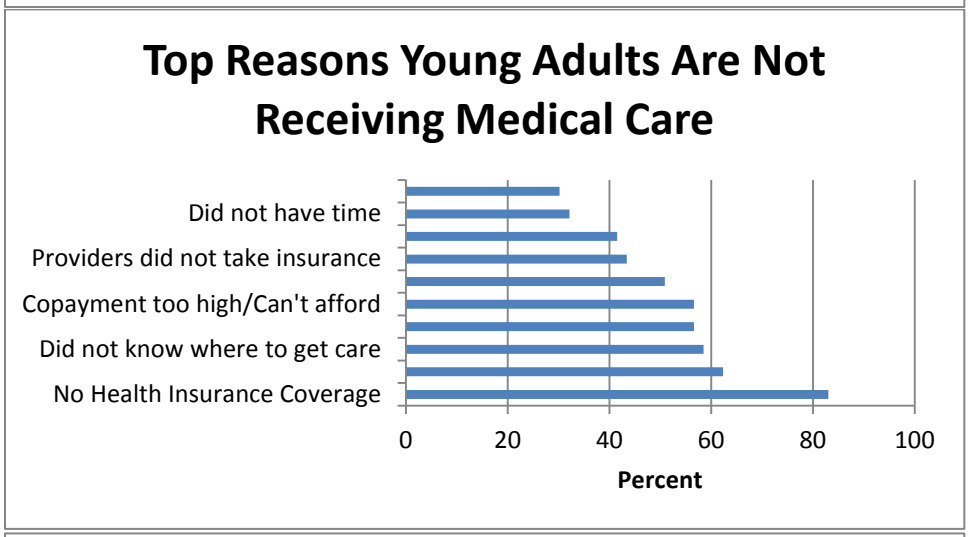

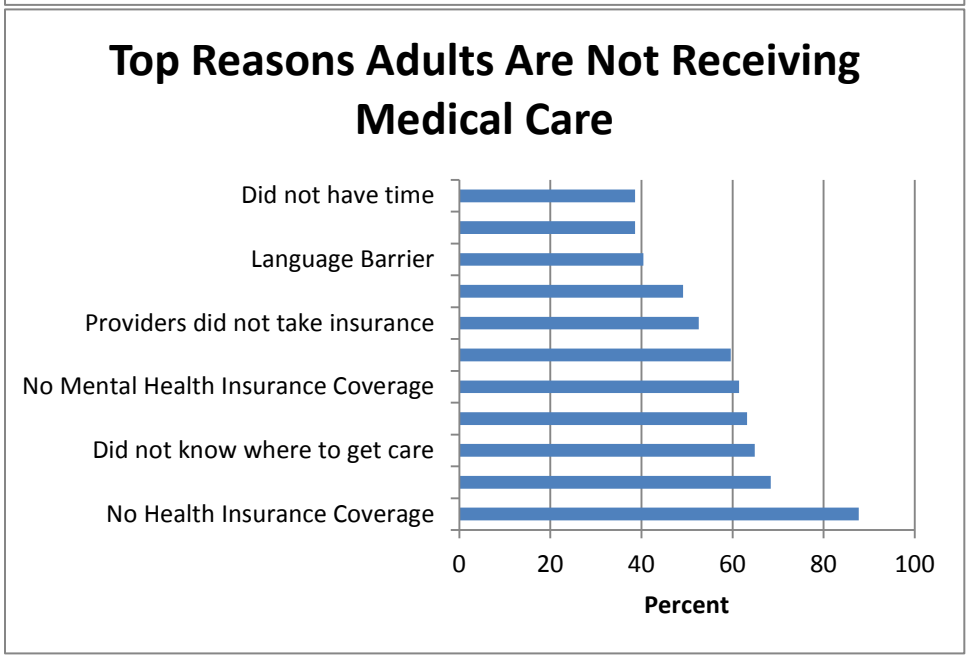

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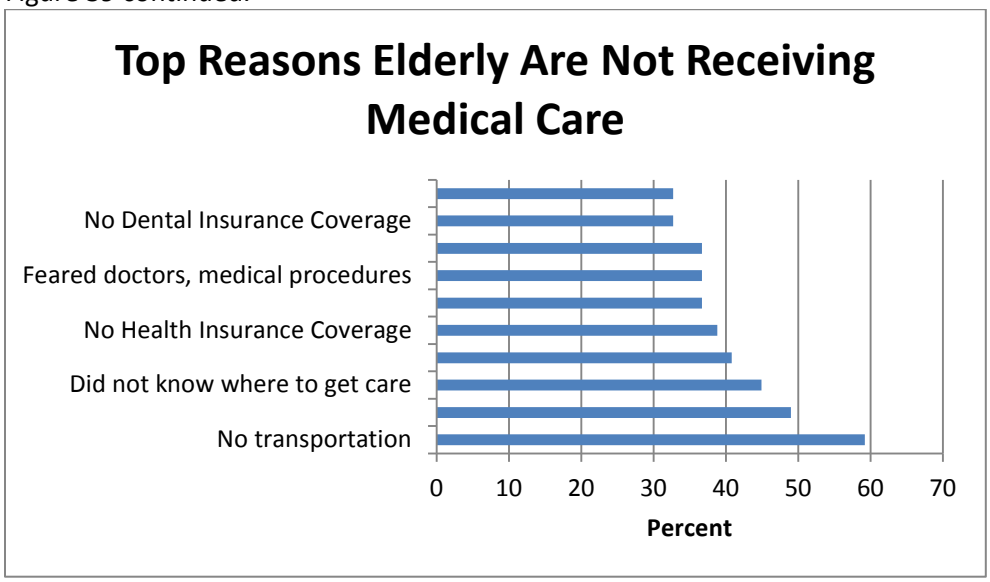
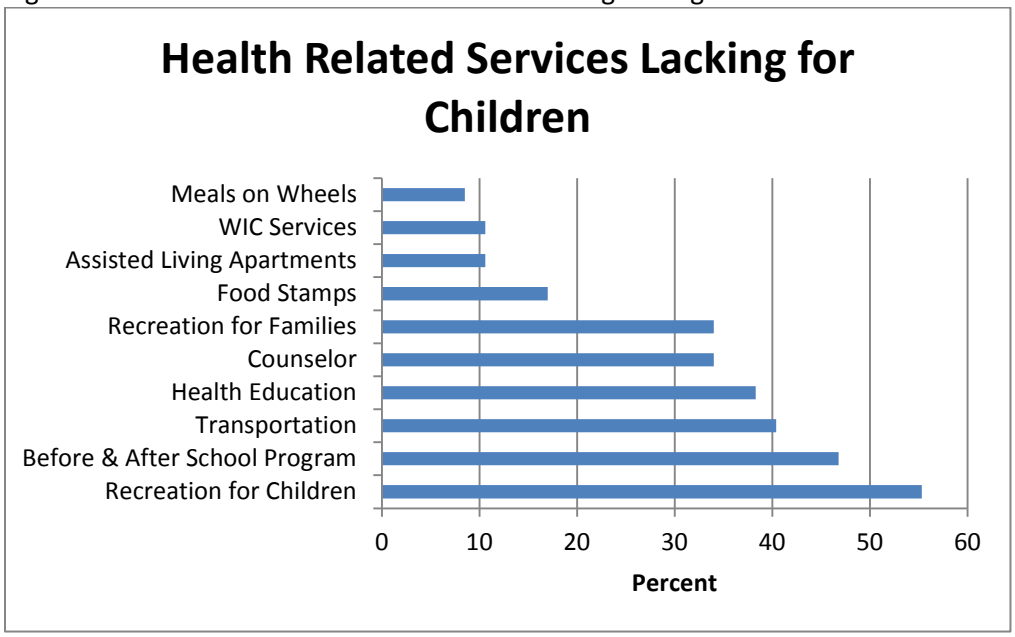


Lack of Health-Related Services

Key informants were also asked to identify the major problems in health related services in their community for each age category. The top services lacking for children included recreation, before and after school programs and transportation services. The top services lacking for teenagers included before and after school programs, health education and recreation. In the community, young adults and adult services that were lacking included health education, transportation and counseling. The services that were lacking for the elderly included adult day care, transportation and assisted living apartments.

Figure 40. Lack of Health Related Services for All Age Categories



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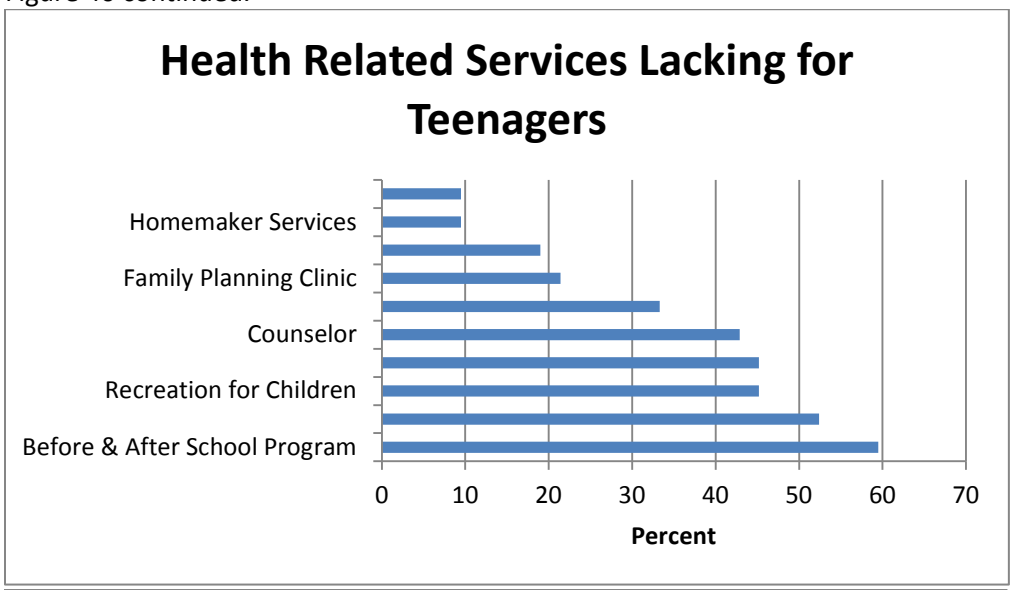

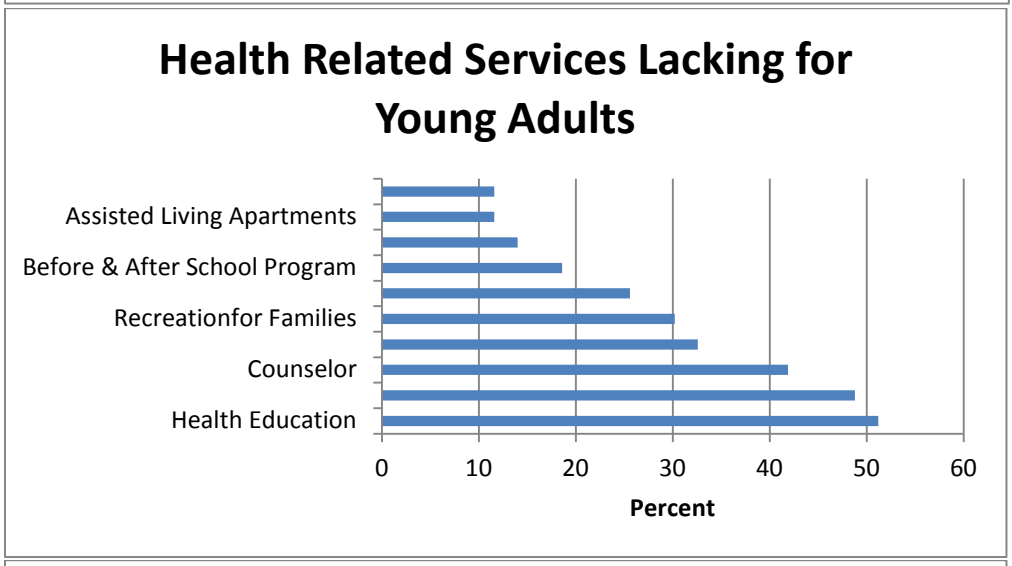

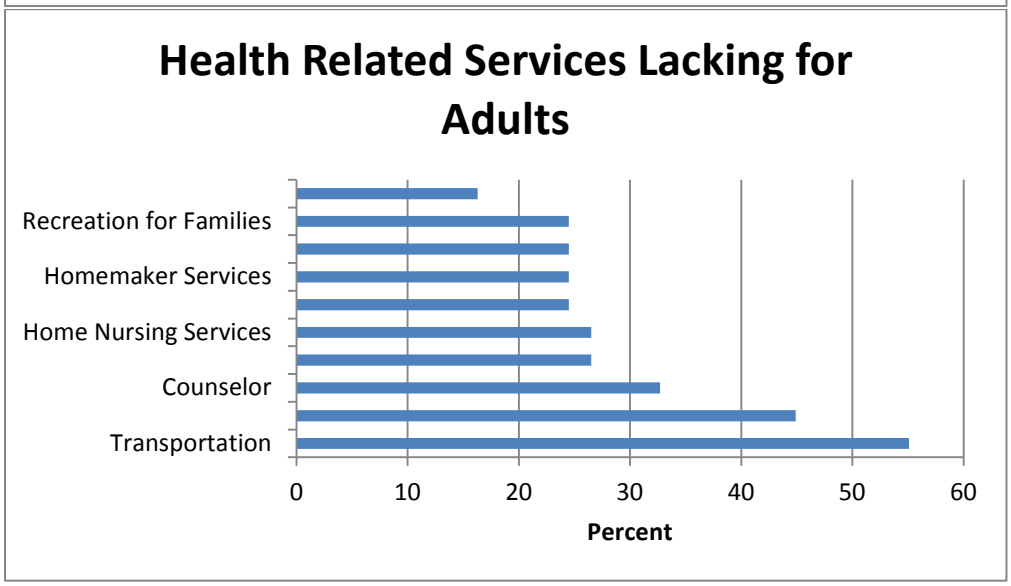

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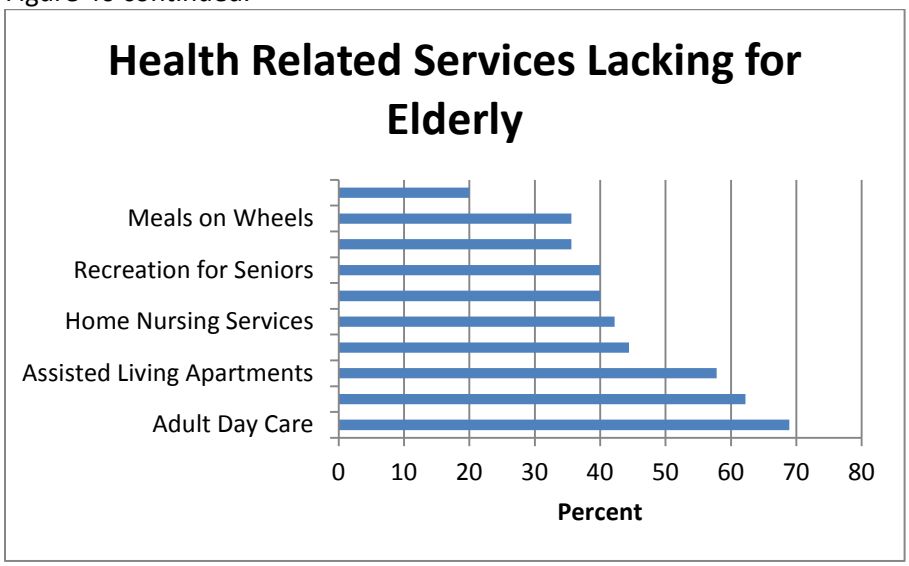
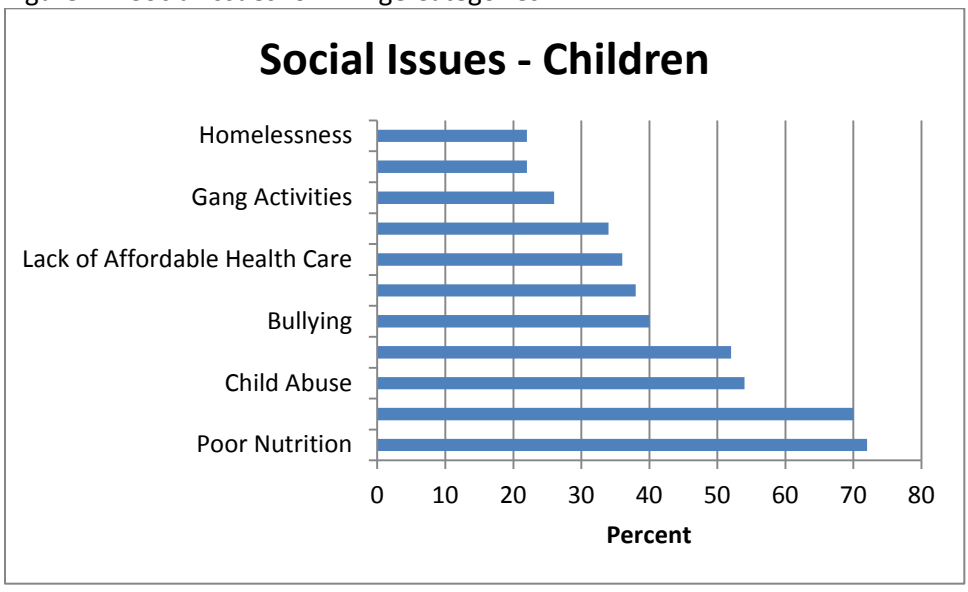


Social Issues in the City of Long Beach

In addition, the top social issues by age group in the greater Long Beach area were identified by the key informants. In children, the top five social issues identified were poor nutrition, air pollution, child abuse, lack of exercise and bullying. The top five social issues in teenagers were gang activities, poor nutrition, air pollution, lack of exercise and teenage pregnancy. The top five social issues for young adults were poor nutrition, jobless/change, lack of health insurance, lack of affordable health care and lack of exercise. The top five social issues for adults were Jobless/change, lack of health insurance, lack of affordable health care, poor nutrition and lack of exercise. The top five social issues in the elderly were poor nutrition, lack of exercise, air pollution, lack of affordable health care and homelessness.

Figure 41. Social Issues for All Age Categories



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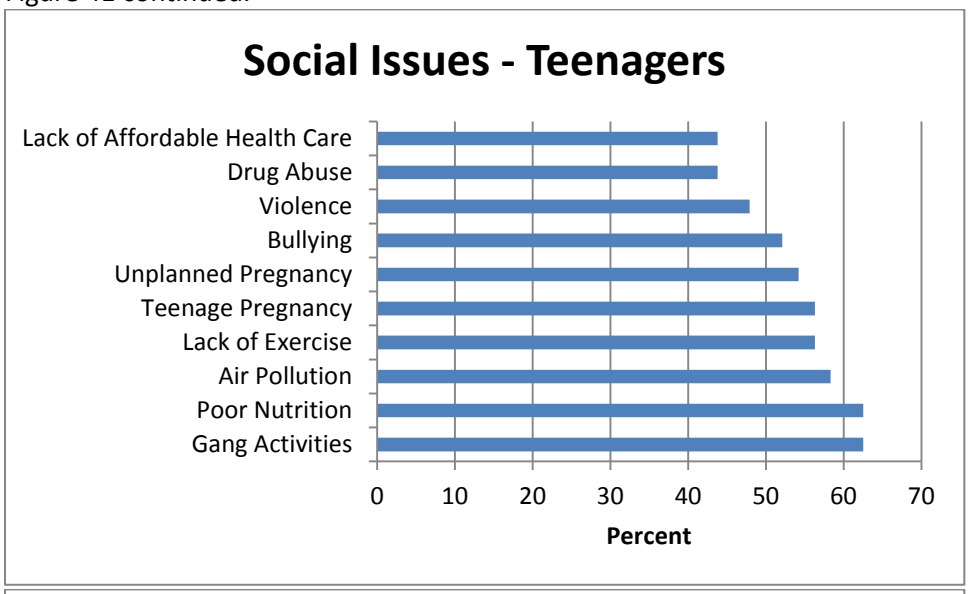

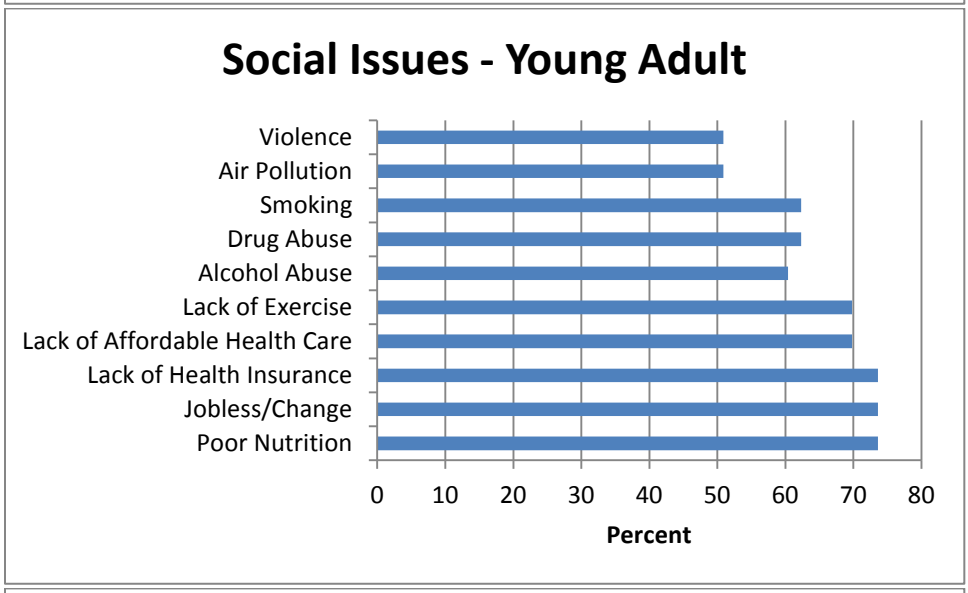

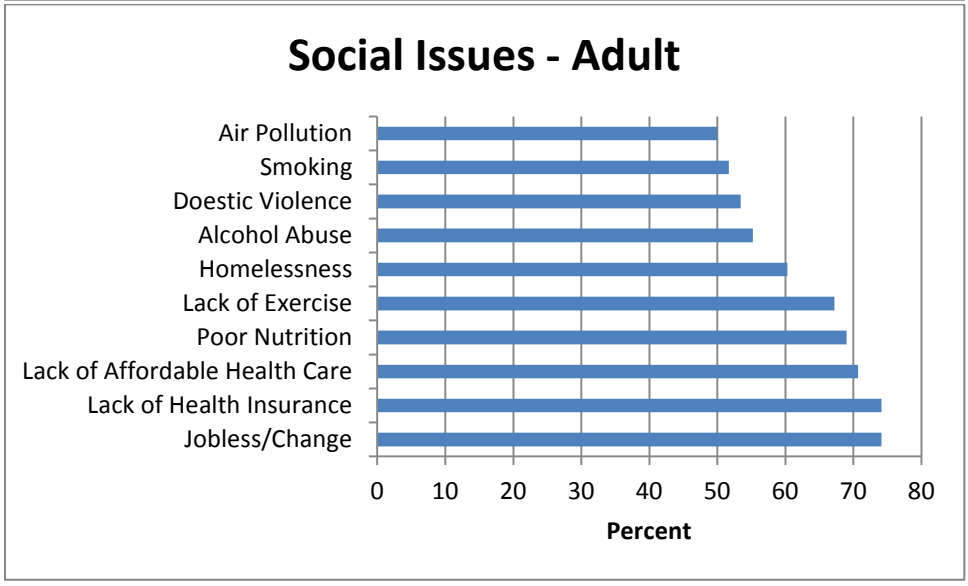

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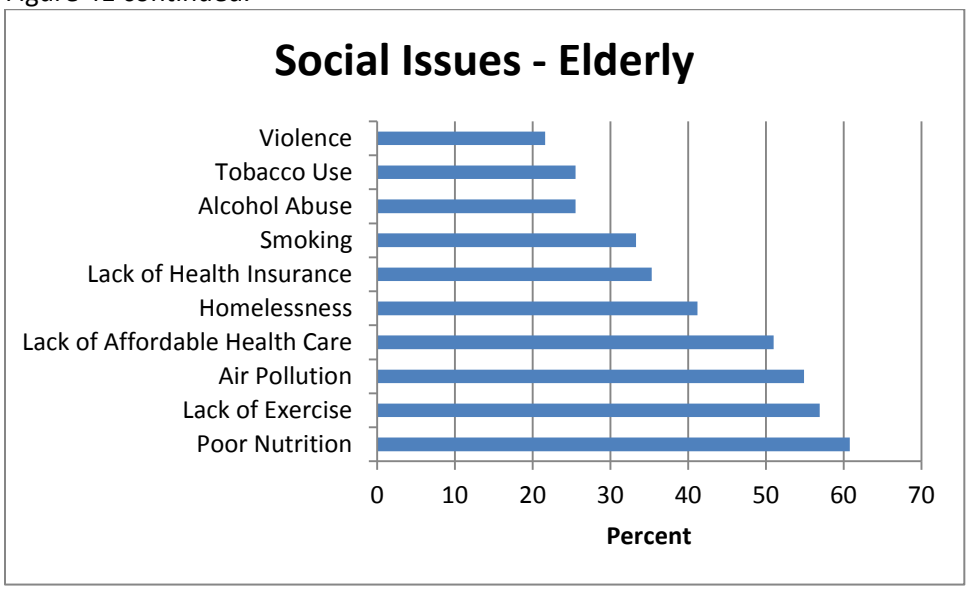
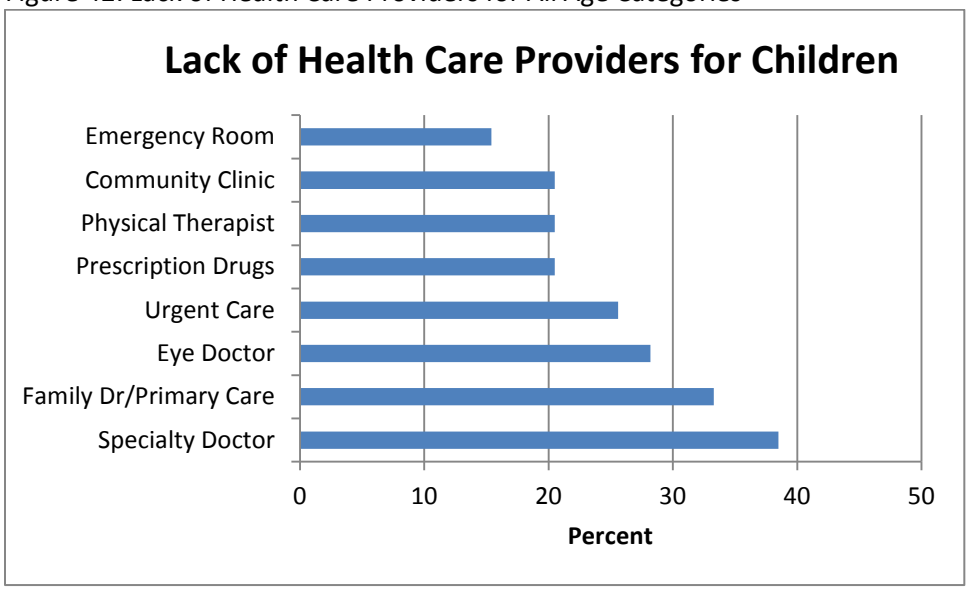


Lack of Health Care Providers in the City of Long Beach

The top three providers that children were lacking included specialty doctor, family doctor/primary care doctor and eye doctor. The top health care provider lacking for teenagers, young adults, adults and the elderly was a behavioral/mental health provider (about 80%). In addition, it was reported that young adults and adults needed more or easier access to family doctors/primary care, specialty doctors and dentists (over 40%).

Figure 42. Lack of Health Care Providers for All Age Categories



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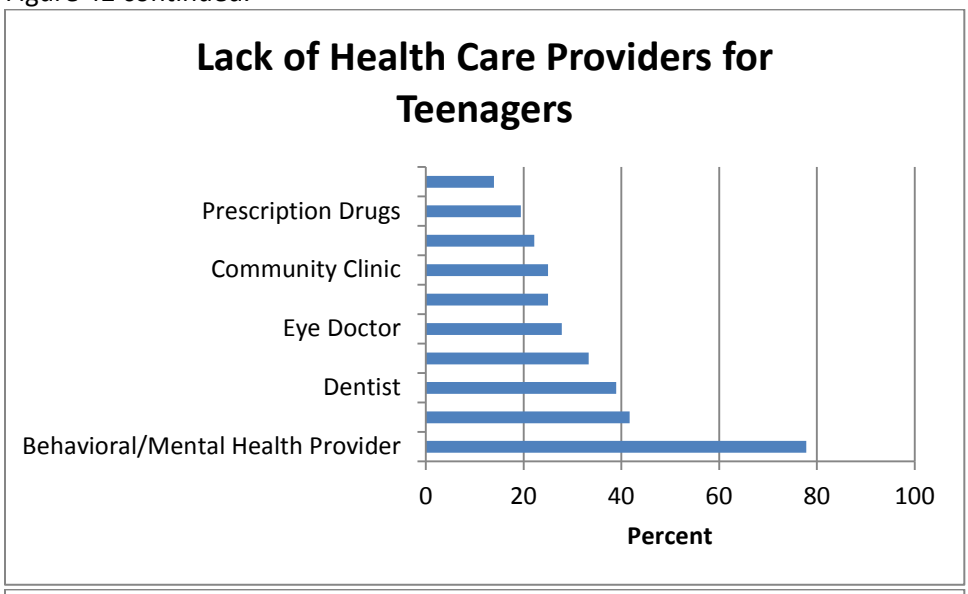

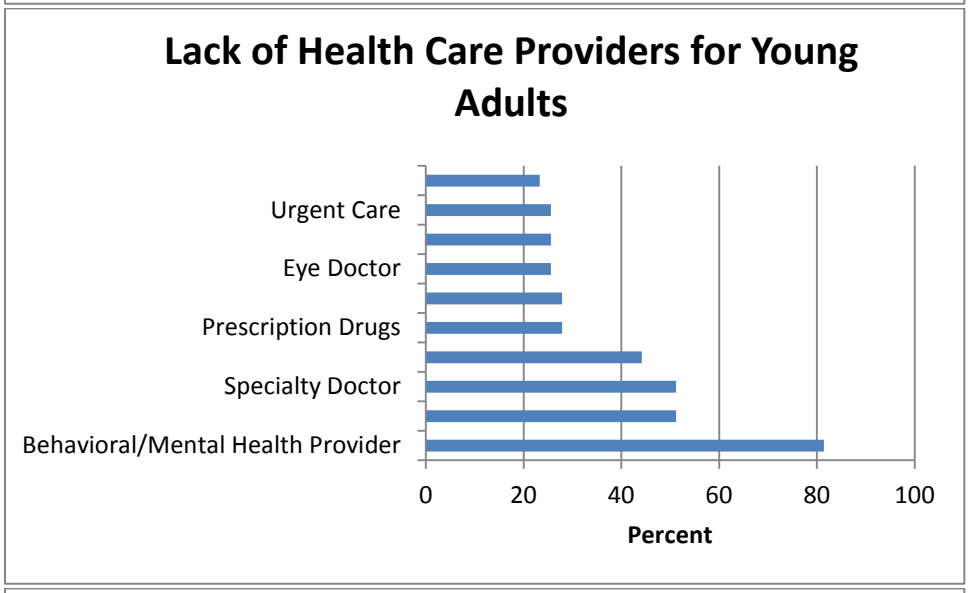

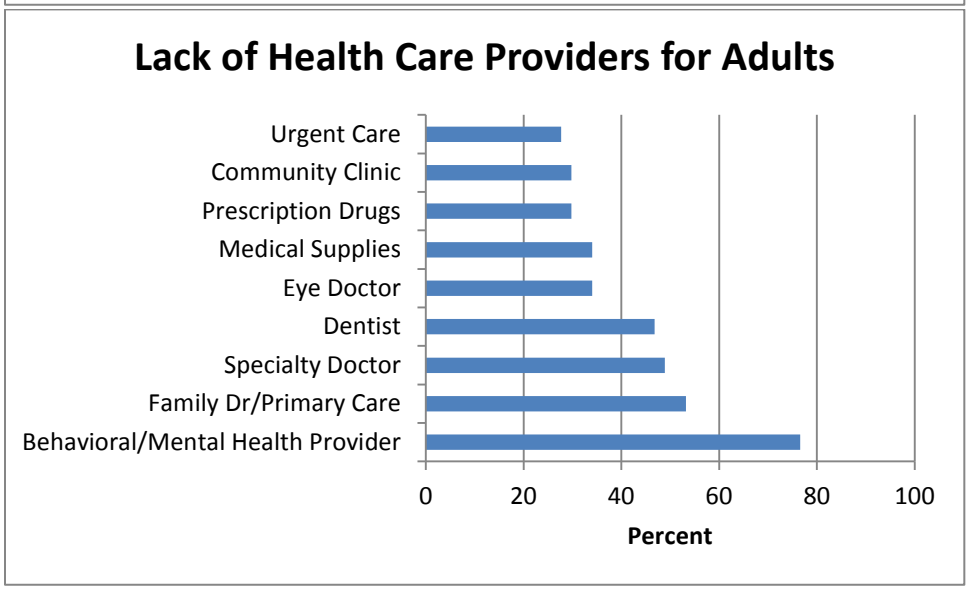

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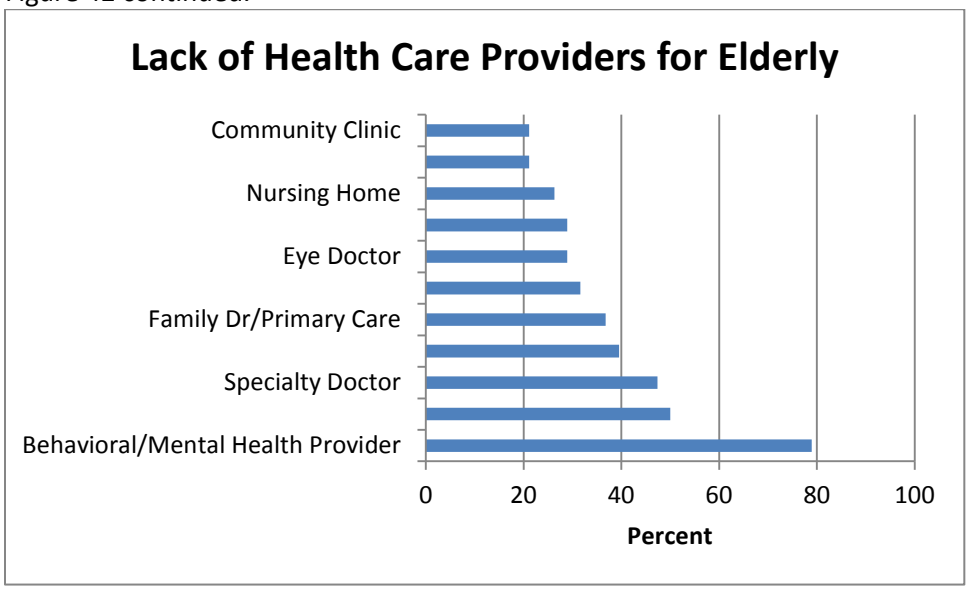


Places to Receive Prescription Drugs, Health Education and Alternative Health Methods

Key informants were asked report where the community members fill their prescription drugs and receive medicine; where they received health education and health information, and what type of alternative health care the community may be using. The majority of the individuals received their medicine at pharmacy (32%) and community clinics (24), followed by hospitals (12%) and health centers (10%). According to key informants, the community members received health education and health information mostly from health fairs (19%), health care provider (18%), word of mouth (18) and faith based organizations (13%). Finally, the community's top three choices for alternative medicine were herbal medicine (16%), prayer (10%) and massages (8%). These results are consistent with those received from the health needs assessment survey.

Figure 43. Where the Community Members Receive Medicine

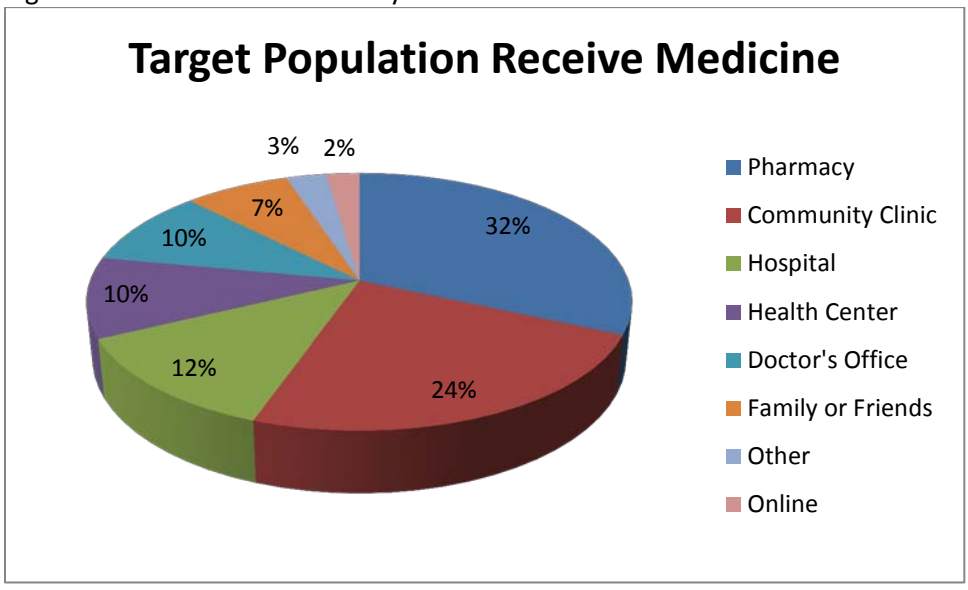


Figure 44. Where the Community Members Receive Health Education

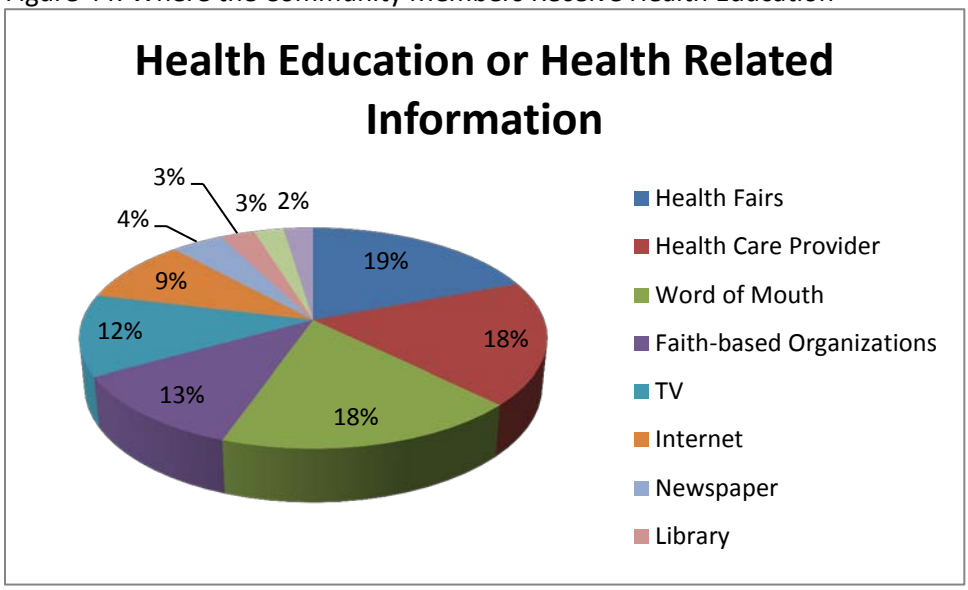
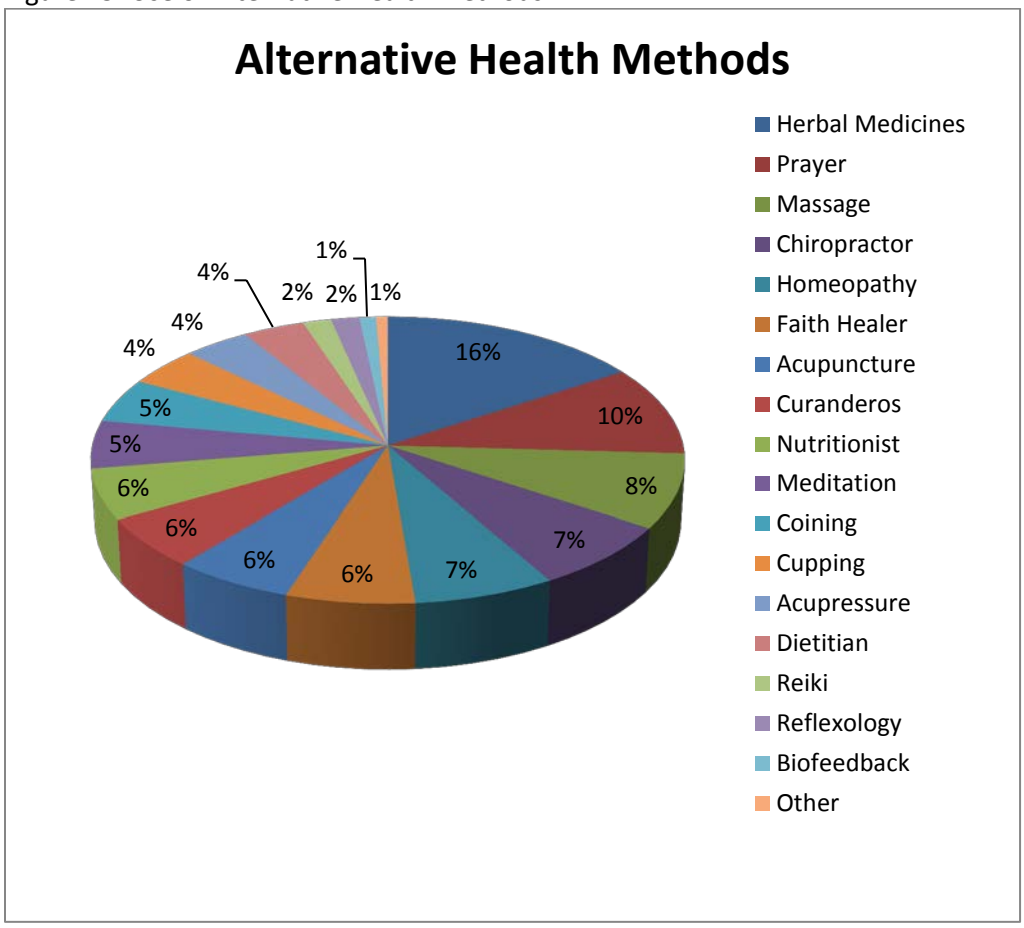


Figure 45. Use of Alternative Health Methods



CONCLUSION

This report includes two sets of results and the findings are consistent throughout the study. The community health needs assessment results highlight the major health priorities, health system challenges, gaps in the health services availability in the community, and barriers to health services. Almost all results were reported separately for children, teenagers, young adults, adults and elderly. The key informant survey was used to support the findings from the community needs assessment, and also to search for new emerging issues that were not clearly visible and/or identifiable to hospitals and community partners.

The report provides an extensive list of findings from 1,066 community health needs assessment surveys and another 122 key informant surveys received. All health problems, issues, gaps and health system irregularities are important to us, but the community resources are limited and must be prioritized. The methodology used in this study was descriptive and did not rely on inferential statistics to make results generalizable for the entire population of the greater Long Beach area. It focused on hard-to-reach populations to understand the needs of these populations who live in the certain pockets of the city.

Community Hospital Long Beach is a leading mental health care provider in the area, serving to a very large population in nine zip codes. CHLB also provides a wide range of care in the areas of sepsis, heart conditions, pneumonia, and many others. When we analyzed the LBHNA data set for only Community Hospital Long Beach to identify specific health problems and health related needs of the CHLB catchments area, descriptive statistics (%) did not differ meaningfully from overall study results. The only observed difference was obesity, which was reported about 4% less by the respondents living in the catchment areas of CHLB.

Specific Findings and Recommendations

Health Priorities

The community needs assessment and the key informant surveys results reveal consistent results for hospitals and the community organizations to focus. Table 5 consolidated the results of both surveys and focused on only the top few health issues/problems mentioned in both surveys by age groups. Asterisks were used for only the health needs assessment and a plus sign was used for key informant survey results. Much stronger results were represented by three or two asterisks, and similarly three or two plus signs used for key informant survey results.

The top health problem for children and teenagers was, inarguably, Asthma (PRIORITY #1). Young adults need substantial help with Asthma problems as well. Obesity (PRIORITY #2) surfaced as a major problem for children, teenagers, young adults and adults in the health needs assessment, and was supported by key informants for all age categories. The community needs assessment results were somewhat weaker than the key informant results but were consistently pointed out by all parties involved in the study. Another major health problem is mental health (PRIORITY #3) for teenagers, young adults, adults and even the elderly population. The community needs assessment survey results strongly supported programs addressing anxiety and depression problems for young adults and adults. The key informant survey results supported similar findings and added mental health as a major problem for young adults and adults. Diabetes (PRIORITY #4) was also found to be a major issue with a high percentage in the key informant survey for young adults and adults. For the elderly, depression and mental health problems along with diabetes appear to be important health priorities. Two other important health issues found

in the community needs assessment and key informant surveys for elderly were: High Blood Pressure and Arthritis (PRIORITY #5). More information is available in Table 5 below.

Table 5. Consolidated Results of Health Needs Assessment and Key Informant Survey – Health Priorities

Potential Priorities	Children		Teenagers		Young Adults		Adults		Elderly	
Asthma	***	+++	***	+++	**	++	*			
Dental Disease	*	++	*		*	++	*			
Obesity	*	+++	*	+++	*	+++	**	++	*	
High Blood pressure	*				*	++	***	+++	***	+++
Anxiety					**	++	**			
Depression	*		*	++	**	+++	**	+++	*	+++
ADHD		++	*		*					
Arthritis							**		***	++
Diabetes				++		+++	**	+++	**	+++
Physical Injur.					*					
Bone Loss									*	
Cancer									*	
Hearing Loss									*	
Heart Disease									*	++
Mental Health		++				+++		++		
STD						++				

Barriers to Care (ACCESS)

The Long Beach Community Health Survey results showed that 13.6% of the respondents needed care but did not get care. This ratio increased to 17% when only vulnerable zip codes were included in the analysis. The majority of participants (60%) reported that they did not receive health care needed due to lack of insurance and another 23% stated co-payment being too high. A similar question was answered by key informants of the local community for children, teenagers, young adults, adults and elderly. The most frequently selected reasons for children and teenagers for not receiving care were no health insurance coverage and no dental insurance coverage. The top three reasons for young adults and adults were no health insurance coverage, no vision insurance coverage and did not know where to get care. The top reason for elderly not receiving care was due to lack of transportation.

Therefore, PRIORITY # 1 and PRIORITY #2 in this area should focus on the lack of insurance, and dental and vision coverage in order to provide regular access to medical care. Health education and community outreach activities should be PRIORITY #3 to educate the community members to access the health care system (at least the safety net providers). PRIORITY #4 should go to providing transportation services to elderly and adults; at least to subsidize this valuable service. It is a necessary condition for people to reach the health care provider to access the health care system.

Participants and key informants also identified the type of health care services that community members needed, but were not received. For adults, fifty-two percent of the survey respondents checked family doctor and another 37% marked hospital care as a needed service provider. Specialty doctor and prescription drugs followed the top two responses by 24% and 20%, respectively. According to the key informants, children were lacking specialty doctor, family doctor/primary care doctor and eye

doctor. Key informants had an overwhelming consensus on the health care needs of teenagers, young adults, adults and the elderly.

According to both survey results behavioral/mental health providers were desperately needed in the community (~80%). In addition, young adults and adults need more and/or easier access to family doctors/primary care, specialty doctors and dentists (over 40% response). In conclusion, PRIORITY #1 and PRIORITY #2 in this section go to behavioral health/mental health and family doctors/primary care. PRIORITY #3 should be assigned to specialty care; however, an additional analysis of this particular data did not suggest any Specific type of specialty care needed. Dental care and prescription drugs should be PRIORITY #4 and #5. Dental care has been moderately checked by key informants for all age categories except for children.

Social Issues (SERVICE GAPS)

Both the community needs assessment and key informant surveys examined the social issues of the city's residents and identified areas for improvement. Results are consistent in both surveys for many of the social issues. Table 6 highlights the top social issues identified by both survey respondents and they are prioritized for public health officials and community leaders.

The most important social issue appeared to be lack of exercise in the community, which was supported by the survey respondents across the board. Clearly, PRIORITY #1 involves the lack of community exercise programs. The second major social issue (perhaps as important as lack of exercise) is the poor nutrition and/or lack of food support program in the community. This appears to be a major problem for all age categories. PRIORITY #2 is to improve nutrition across all age groups and increase food support programs. PRIORITY #3 is lack of health insurance and affordable health care combined. These were not new issues to community activists, hospitals, and public health officials. Earlier in the study, lack of insurance was also identified as one of the priority areas as well. PRIORITY #4 is air pollution and PRIORITY #5 is drug and alcohol programs, which have a moderate show in the surveys. Another area is joblessness in the community, which may be a attributed to the weak economy.

Table 6. Consolidated Results of Health Needs Assessment and Key Informant Survey - Social Issues

Potential Priorities	Children		Teenagers		Young Adults		Adults		Elderly	
Lack of Exercise	***	++	**	++	***	++	***	++	***	+++
Bullying	*	+		++						
Air pollution	*	+++		++	**		*		*	+++
Lack of Affordable C.	*		*		**	++	**	+++	*	+++
Lack of Insurance	*	+	*		**	+++	**	+++		+
Poor Nutrition	*	+++	**	+++	*	+++	*	++	*	+++
Accidents	*				*		*		*	
Child Abuse		++								
Teenage Preg.			*	++						
Gang Activities				+++						
Alcohol Abuse					*	++	*	+	*	
Drug Abuse					*	++				
Jobless/change					**	+++	***	+++		
Smoking/Tobacco					*	++	**		*	+
Homelessness								+		

Last but not least, the study explored the needs for health related services in the community. Both surveys explored the issue and results were somewhat consistent in both surveys. According to the community health survey, the most needed services were transportation and CalFresh (food stamps) program, followed by counseling services, assisted living and after school programs.

Key informants also identified the top needs of the community for various age groups. The top services for children included recreation, before and after school programs and transportation services. The top services lacking for teenagers included before and after school programs, health education and recreation. For young adults and adults, health education, transportation and counseling were listed. Services that were lacking for the elderly included adult day care, transportation and assisted living apartments. Based upon the various needs reported, the priorities should be: 1) transportation, 2) CalFresh (food stamps), 3) before and after school programs, 4) counseling and 5) assisted living.

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