Beach Cities
Health District
BCHD
A Public Agency

Beach Cities Health District
Community Health Snapshot Report

2016

Table of Contents

Letter from the Chief Medical Advisor

In 2005, Beach Cities Health District (BCHD) created a data-driven strategic planning process to prioritize and outline funding and programmatic decisions. The plan includes a community needs assessment process, which informs the BCHD Community Health Snapshot Report and provides data to help BCHD achieve its vision and meet its strategic planning goals.

This report addresses our primary strategic planning goal of measurably improving the health and well-being of Beach Cities residents across the lifespan. The goal is divided up throughout the lifespan — youth, adults and older adults — with indicators and emerging issues for each age group.

BCHD's partnership with Blue Zones Project® has afforded access to the Gallup | Healthways Well-Being Index® (WBI). The WBI is a national measure of well-being that provides leaders with the information they need to create solutions for making their community healthier. The Community Health Snapshot Report 2016 also incorporates the national strategic directions and target priorities from the National Prevention and Health Promotion Strategy and Healthy People 2020.

Contents of this report are available at bchd.org/snapshot.

William Kim, M.D.
Chief Medical Advisor

Beach Cities Health District Overview

Beach Cities Health District (BCHD) is a California Healthcare District serving the Beach Cities of Hermosa Beach, Manhattan Beach and Redondo Beach.

Vision
A healthy beach community

Mission
Enhance community health through partnerships, programs and services for people who live and work in Hermosa Beach, Manhattan Beach and Redondo Beach.

Board of Directors
Michelle Bholat, M.D.; Lenore Bloss; Noel Chun, M.D.; Jane Diehl; Vanessa Poster

Core Values
Compassion, Integrity, Accountability, Excellence

Strategic Planning Goals (not in priority order)
- Provide all residents with enhanced health services of demonstrated effectiveness ranging from prevention and education to intervention
- Improve the capacity of the District and its partners to assess and respond to individual and environmental factors that affect community health
- Further the District's standing as a trusted and valued community health resource
- Develop and manage District assets to increase value and maximize efficiencies

Location
The Beach Cities of Hermosa Beach, Manhattan Beach and Redondo Beach, located in Los Angeles County, California

Population
122,770 (2015)

Strategic Planning Process

Beach Cities Health District (BCHD) has developed a Community Health Snapshot to determine the overall health of the Beach Cities. This Snapshot will guide BCHD's strategic planning process and health priorities, and provide an opportunity to evaluate current programming. The Snapshot is updated every three years and focuses on evidence-based public health practices, which according to the Centers for Disease Control and Prevention, are defined as the integration of science-based interventions with community preferences for improving population health.[1]

FIGURE 1

ENVIRONMENT AND ORGANIZATIONAL CONTEXT

Best available research evidence

Decision-making

Population characteristics, needs, values, & preferences

Resources, including practitioner expertise

Source: Satterfield JM et al.

Selection of Data Sources

Beach Cities Health District (BCHD) utilized a variety of data sources and health promotion strategies to inform this Community Health Snapshot.

The **Gallup | Healthways Well-Being Index© (WBI)** uses various indices to understand the well-being of individuals and populations. Gallup surveyed an oversampling of Beach Cities residents in 2010, 2013 and 2015, providing local data for the Community Health Snapshot. The WBI provides data on physical, community, financial, social and purpose well-being.

The National Prevention Strategy, under the direction of the U.S. Surgeon General, aims to "guide our nation in the most effective and achievable means for improving health and well-being." The prevention-focused strategy incorporates a holistic view of health, including community environments, preventive services, empowered people and health disparities.

Healthy People provides science-based, 10-year national objectives for improving the health of Americans. *Healthy People 2020* was launched in 2010, and its goals cover preventable disease, health equity and disparities, social and physical environments, and quality of life and healthy behaviors. BCHD identified select indicators from Healthy People 2020 to target as priorities. Please see Appendix A (page 31) for the list of indicators.

Local data sources include the **Los Angeles County Health Survey** conducted by the Los Angeles County Department of Public Health. Beach Cities Health District is located in Service Planning Area 8, which includes distinct social determinants of health — including race and ethnicity, educational attainment and poverty status — that are most similar to those of Service Planning Area 5 in West Los Angeles[2].

2015 Beach Cities Gallup | Healthways Well-Being Index Overall Population Results

From September to October 2015, Gallup Polls oversampled the cities of Hermosa Beach, Manhattan Beach and Redondo Beach in administering the Gallup | Healthways Well-Being Index (WBI).

	U.S. (Sep. 2015)	CA (MY 2015)	Beach Cities	Hermosa Beach	Manhattan Beach	Redondo Beach
Well-Being Index	61.5	62.7	65.9	67	68	64.8
Thriving in Purpose	37%	38%	33%	33%	33%	33%
Thriving in Social	41%	41%	41%	45%	46%	38%
Thriving in Financial	40%	41%	52%	60%	61%	46%
Thriving in Community	39%	38%	52%	60%	50%	50%
Thriving in Physical	33%	38%	44%	43%	52%	40%

FIGURE 2: Thriving scores across the five domains of the WBI and a comparison of individual city scores, and the aggregate scores for the Beach Cities, California and United States.

STRATEGIC PLANNING PROCESS

Well-Being in the Beach Cities: 2010–2015

	2015	2013	2010	△'15–'10
Well-Being Index	**65.9**	**67.3**	**64.4**	**+0.0**
Thriving in Life Evaluation	72.2%	72.0%	64.4%	**+7.8**
Significant Daily Stress	41.4%	43.6%	45.3%	**-3.9**
Significant Daily Happiness	91.9%	89.2%	90.3%	**+1.6**
Diagnosed with Depression	13.2%	11.8%	12.4%	**+0.8**
Obese	12.1%	13.8%	12.8%	**-0.7**
Above Normal Weight	50.8%	48.6%	60.0%	**-9.2**
Diabetic	5.2%	5.2%	6.3%	**-1.1**
Physical Pain Yesterday	16.4%	15.4%	19.7%	**-3.3**
Smoker	8.9%	7.7%	10.7%	**-1.8**
Exercised 30+ Minutes 3+ Days in Last Week	65.8%	63.2%	60.6%	**+5.2**
5+ Servings Fruits & Vegetables 4+ Days in Last Week	62.5%	63.3%	59.9%	**+2.6**
Ate Healthy All Day Yesterday	66.7%	65.5%	70.4%	**-3.7**
Satisfied with City/Area	94.0%	93.9%	97.2%	**-3.2**
Visited Dentist Last 12 Months	82.6%	83.6%	82.5%	**+0.1**
Have Health Insurance	96.2%	90.4%	93.1%	**+3.1**

FIGURE 3: Data in individual WBI indicators and their change over the three administrations of the WBI in the Beach Cities.

These scores are statistically significantly **higher** than the state and national score.

These scores are statistically significantly **lower** than the state and national score.

Well-Being in the Beach Cities: Goals and Comparisons

Metric	Minimum Base Goal	Good Stretch Goal	Beach Cities Score 2015
Life Evaluation % Thriving	55%	60%	72.2%
Daily Stress	40%	35%	41.4%
Active and Productive	68%	72%	72.3%
Smoker	18%	12%	8.9%
Obesity	22%	15%	12.1%
Exercise 30+ Min/3+ Days/Wk	54%	60%	65.8%
Produce 5+/4+ Days/Wk	58%	63%	62.5%
Someone encourages good health	76%	80%	75.1%
Current HBP	20%	16%	16.3%
Current high cholesterol	15%	12%	14.7%
Current depression	10%	7%	6.8%
Diabetes	10%	7%	5.2%
Personal doctor	Within 10 pts of insured	Within 5 pts of insured	9.2 points of insured

FIGURE 4: The "Minimum Base Goal" is the threshold for well-being in a community indentified by the WBI. The "Good Stretch Goal" numbers were identified by the WBI as the metrics the Beach Cities should strive for in order to have high well-being. The "Beach Cities Score 2015" are the current metrics in the Beach Cities. The Beach Cities exceeded the "Good Stretch Goal" numbers in all areas except those highlighted.

Data sources continued from page 5

To measure the health of children under the age of 18, BCHD uses data from the **California Healthy Kids Survey**, a comprehensive, anonymous and confidential self-reported survey of youth resiliency, school climate, protective factors and risk behaviors. It can be administered annually by school districts in grades 5 through 12 and can help identify and address student and school strengths and weaknesses. Research has provided strong evidence that data from adolescents on self-report questionnaires are valid, provided specific criteria is met. Such criteria includes anonymity, which has been shown to make a critical contribution in securing valid responses from adolescents on self-report surveys like the California Healthy Kids Survey. The survey meets the anonymity criterion, as well as other validity criteria, such as alternate forms of questions and cross-checks to determine the truthfulness of each response. Once local school districts receive the results of the survey, the data is shared with BCHD for use in planning and tracking factors related to student health, wellbeing and positive development.

Other local data sources include regional hospitals **Kaiser Foundation South Bay**, **Providence Little Company of Mary** and **Torrance Memorial**. These health providers conduct Community Health Needs Assessments to determine the health needs and disparities among their service areas, as well as to guide strategic goals and implementation plans.

All demographic information comes from the **U.S. Census**, 2010-2014 American Community Survey 5-Year Estimates.

Finally, BCHD staff worked with community partners and stakeholders to identify emerging health issues that may not be covered in the survey data. The anecdotal feedback is also included in the discussion of key indicators and results.

Selection of Key Indicators

Key indicators were selected for presentation in the report cards if:
- The Beach Cities numbers were better or worse than county, state and national numbers
- There were upward or downward trends in the numbers, depending on the age range

Not every data source measured each indicator and, even when they did, it may be difficult to make direct comparisons due to differences in methodology. There is the least amount of data concerning the older adult population.

Beach Cities Demographics

	Total Beach Cities		Redondo Beach		Manhattan Beach		Hermosa Beach	
	#	%	#	%	#	%	#	%
Total population	122,770	-	67,511	55.0%	35,534	28.9%	19,725	16.1%
Youth (under 18 years old)	26,342	21.5%	14,242	21.1%	8,623	24.3%	3,477	17.6%
Adults (18-64 years old)	81,745	66.6%	45,888	68.0%	21,704	61.1%	14,153	71.8%
Older Adults (65+ years old)	14,683	12.0%	7,381	10.9%	5,207	14.7%	2,095	10.6%
Male	60,735	49.5%	33,043	48.9%	17,458	49.1%	10,234	51.9%
Female	62,035	50.5%	34,468	51.1%	18,076	50.9%	9,491	48.1%
White	96,241	78.4%	49,620	73.5%	29,368	82.6%	17,253	87.5%
Black or African American	2,586	2.1%	2,105	3.1%	224	0.6%	257	1.3%
American Indian & Alaska Native	404	0.3%	196	0.3%	107	0.3%	101	0.5%
Asian	12,586	10.3%	8,274	12.3%	3,193	9.0%	1,119	5.7%
Native Hawaiian & Other Pacific Islander	89	0.1%	73	0.1%	16	0.0%	0	0.0%
Other	3,950	3.2%	3,285	4.9%	510	1.4%	155	0.8%
Two or more races	6,914	5.6%	3,958	5.9%	2,116	6.0%	840	4.3%
Total with a disability	7,696	6.3%	4,530	6.7%	2,143	6.0%	1,023	5.2%
Under 18 years with a disability	660	2.5%	363	2.5%	272	3.2%	25	0.7%
18-64 years with a disability	3,258	4.0%	2,065	4.5%	668	3.1%	525	3.7%
65+ years with a disability	3,778	25.8%	2,102	28.7%	1,203	23.1%	473	22.6%
Total below poverty level	5,563	4.5%	3,522	5.2%	1,194	3.4%	847	4.3%
Under 18 years below poverty level	843	3.2%	595	4.2%	235	2.7%	13	0.4%
18-64 years below poverty level	3,960	4.8%	2,424	5.3%	778	3.6%	758	5.4%
65+ years below poverty level	760	5.2%	503	6.9%	181	3.5%	76	3.6%
Total Uninsured	7,942	6.5%	5,380	8.0%	1,258	3.5%	1,304	6.6%
Under 18 yrs uninsured	555	2.1%	327	2.3%	173	2.0%	55	1.6%
18-64 yrs uninsured	7,294	9.0%	4,979	10.9%	1,066	4.9%	1,249	8.9%
65+ yrs uninsured	93	0.6%	74	1.0%	19	0.4%	0	0.0%
Median Income	-	-	103,064	-	142,071	-	105,029	-
Mean Income	-	-	124,954	-	204,794	-	154,587	-

U.S. Census, 2010-2014 American Community Survey 5-Year Estimates

STRATEGIC PLANNING PROCESS

Youth

Youth Population

	Total Beach Cities		Redondo Beach		Manhattan Beach		Hermosa Beach	
	#	%	#	%	#	%	#	%
Total population under 18 years	26,342	21.5%	14,242	21.1%	8,623	24.3%	3,477	17.6%
Under 5 years	7,639	6.2%	4,642	6.9%	1,858	5.2%	1,139	5.8%
5-14 years	14,921	12.2%	7,646	11.3%	5,355	15.1%	1,920	9.7%
15-19 years	5,263	4.3%	2,884	4.3%	1,842	5.2%	537	2.7%

U.S. Census, 2010-2014 American Community Survey 5-Year Estimates

Key Indicators and Results

Beach Cities Health District's (BCHD) Youth Services Department serves youth ages 0-18. BCHD has selected several health indicators impacting the health of Beach Cities youth. The Report Card uses data obtained from the California Healthy Kids Survey (CHKS) and compares the scores of students in Hermosa Beach, Manhattan Beach and Redondo Beach to students in Los Angeles County, California and the U.S.

Beach Cities Health District recognized the importance of establishing healthy weights in students more than a decade ago when it created the LiveWell Kids childhood obesity prevention program.

11

Youth Under 18 Years

SELECTED YOUTH HEALTH INDICATORS	Redondo Beach	Manhattan Beach	Hermosa Beach	LA County Score	CA State Score
Physical Well-Being					
% of obese elementary (K-5) students (BMI)	7%	N/A	N/A	N/A	N/A
% of obese 5th grade students (CHKS)	15%	2.9%	11.6%	26.2%*	19.2%**
% of 5th grade students who reported eating breakfast (CHKS)	91%	92%	94%	83%*	83%**
% of 5th graders in healthy fitness zone in 6 of 6 Physical Fitness Areas (PFT)	44.9%	60.2%	54.8%	24.5%	26.4%
% of 5th graders in healthy fitness zone for Body Composition (PFT)	75.4%	90.4%	89.9%	56.0%	59.7%
% of 9th graders who reported using alcohol or drugs in the past 30 days (CHKS)	20.0%	23.0%	X	29%*	24.3%**
% of 11th graders who reported using alcohol or drugs in the past 30 days (CHKS)	38.0%	42.0%	X	37%*	35.2%**
% of 11th graders who reported using tobacco in the past 30 days (CHKS)	11.0%	7.0%	X	11%*	8.5%**
% of 11th graders who reported binge drinking (5 or more drinks in a row) in the past 30 days (CHKS)	22%	29%	X	19%*	17.6%**
Community Well-Being					
% of 9th graders who reported opportunities for high meaningful participation in school (CHKS)	19.0%	15.0%	X	10.9%*	13%**
% of 9th graders who reported low school connectedness (CHKS)	7.0%	12.0%	X	12.6%*	12%**
Social Well-Being					
% of 7th graders who reported experiencing bullying at school (CHKS)	52.0%	35.0%	50%	39.1%*	40.6%**
% of 9th graders who reported experiencing bullying at school (CHKS)	46.0%	40.0%	X	31.7%*	38%**
% of 11th graders who reported experiencing bullying at school (CHKS)	31.0%	23.0%	X	25%*	31%**

Notes: BMI = Data from BCHD's annual Body Mass Index (BMI) assessments in Redondo Beach elementary schools from Kindergarten through 5th grade, 2015-16;
PFT = Data from annual California Physical Fitness Testing in 5th grade, 2014-15;
CHKS = Data from the California Healthy Kids Survey.
    Results for Redondo Beach are from the Redondo Beach Unified School District Main Report for Secondary, 2013–14
    Results for Manhattan Beach are from the Manhattan Beach Unified School District Main Report for Secondary, 2013–14
    Results for Hermosa Beach are from the Hermosa Beach City School District Main Report for Elementary, 2013–14
    * Results for LA County are from the Los Angeles County Main Report for Elementary and Secondary, 2009–11
    ** Results for the State of California are from the California Main Report for Elementary, 2009–11, and the Biennial Statewide Student Survey, Grades 7, 9 and 11, 2013–15
X = Hermosa Beach students attend high school in Manhattan Beach or Redondo Beach

Meaningful Participation in School and Low School Connectedness (9th grade)

Meaningful participation at school — an important component of school climate — represents the involvement of students in relevant, engaging and interesting activities that offer opportunities for responsibility and contribution. Currently, California Healthy Kids Survey (CHKS) data shows 9th grade students reporting high meaningful participation in school activities at Redondo Union High School (19% meaningful participation) and Manhattan Beach's Mira Costa High School (15% meaningful participation). Student connectedness is even lower than meaningful participation at the high schools. Students in Redondo Beach report a lower level of connectedness in school (7%) when compared to Manhattan Beach (12%), which is identical with the state average.

Why it matters: Connectedness with others is tied directly to academic performance and student motivation in the school environment. Connectedness echoes students' time spent with others and their attitudes toward those in their schools and families[3]. The high prevalence of peer harassment and its association with school connectedness and school achievement provide justification for interventions aimed at prevention of peer harassment[4]. Students' connection to others is tied to student motivation, less risky sexual activity at an early age, and a decrease in the likelihood to use substances[5].

Bullying at School (7th, 9th, 11th grades)

Data from the California Health Kids Survey shows that Beach Cities 7th and 9th graders report significantly higher scores related to bullying compared with the state average. By 11th grade, data shows bullying is on average with state scores.

Why it matters: The negative impact of bullying at school has been long-established. Prevalence of bullying is highest among middle school youth, with both bullies and victims of bullying more likely to report substance use[6]. Therefore, addressing the detrimental (and often lingering) effects of bullying early and regularly is an important public health issue.

Healthy Fitness Zones and Fruit & Vegetable Consumption (5th grade)

The prevalence of childhood obesity among students is tracked statewide through the Board of Education's designated Physical Fitness Test – FITNESSGRAM® – for all 5th, 7th and 9th graders attending public schools. Students complete testing in six fitness areas, including body composition. A child is identified as at-risk, or not in the healthy fitness zone, if their BMI

9th grade students report having high meaningful participation in school activities at Redondo Union High School (19% meaningful participation) and Mira Costa High School (15% meaningful participation)

The LiveWell Kids program is currently implemented in all elementary schools in the Redondo Beach Unified and Hermosa Beach City school districts.

Self-report of current alcohol or drug use nearly doubles between 9th grade to 11th grade among Beach Cities adolescents, which is significantly higher than the Los Angeles Unified School District and state-level trends.

exceeds the 85th percentile for their age and gender. In 2015, 5th graders in the Beach Cities scored significantly better than other students in California in the Healthy Fitness Zone in six of the six Physical Fitness Areas, as well as in Body Composition.

BCHD recognized the importance of establishing healthy weights in students more than a decade ago when creating the LiveWell Kids childhood obesity prevention program, which includes nutrition education lessons, mindfulness, introduction to various fruits and vegetables and physical activity. The curriculum is delivered by parent volunteers in the classroom. The LiveWell Kids program is currently implemented in all Redondo Beach Unified School District (RBUSD) and Hermosa Beach City School District elementary schools.

Beginning in 2008, BCHD began tracking Body Mass Index (BMI) measurements for participating RBUSD K-5 students. BMI does not measure body fat directly, but can be considered an alternative to direct measures of body fat. Since the implementation of LiveWell Kids, obesity rates have significantly declined in Redondo students, from 20% to 7%. Data collected in 2015 also captures the high number of children who are eating fruits (76.2%) and vegetables (62.6%) on a daily basis.

Why it matters: In the U.S., childhood obesity has more than doubled in children, and quadrupled in adolescents during the past three decades[7]. In 2012, more than one third of children and adolescents were overweight or obese. This leads to a plethora of long-term effects on the health and wellness of our youth, including an elevated risk of cardiovascular disease, diabetes, bone and joint problems, as well as social and psychological problems associated with stigmatization and poor self-esteem[8].

Past 30-Day Alcohol or Drug Use (9th and 11th Grade)

An area of growing concern has been substance use (alcohol, drugs, inhalants, etc.) among adolescents. According to the California Health Kids Survey, students in the Beach Cities report high rates of alcohol and drug usage. Self-report of current alcohol or drug use nearly doubles between 9th grade to 11th grade among Beach Cities adolescents, which is significantly higher than the Los Angeles Unified School District and state-level trends. Additionally, by 11th grade, more than 20% of students report binge drinking (5+ drinks in one sitting) within the past 30 days.

Why it matters: Adolescence is a transition between childhood and adulthood, which makes it an important juncture in a person's life, and lifetime habits are often established during

this time. The adolescent brain is not fully developed until age 25. Both early drinking and alcoholism have been linked to personality characteristics associated with impulsive behaviors. Exposure to underage drinking has shown to increase the risk of academic failure, illicit drug use and tobacco use. Early alcohol use has been associated with greater likelihood of abuse or dependence in adulthood[9].

EMERGING ISSUES

Early sexual behavior among middle school students

The Centers for Disease Control and Prevention's National Youth Risk Behavior Survey monitors priority health risk behaviors that contribute to the leading causes of death, disability and social problems among youth (9th-12th grade) in the United States. In 2013, 46.8% of survey respondents had engaged in sexual intercourse, with 5.6% of respondents reporting having had sexual intercourse before age 13 years[10]. Adolescents ages 15-24 account for nearly half of the 20 million cases of sexually-transmitted infections each year, according to the Office of Adolescent Health.

Additionally, "sexting" is the exchange of explicit sexual messages or images by mobile phone. The Kaiser Family Foundation reports that more than one in ten (13%) of 14-24 year olds report having shared a naked photo or video of himself or herself via digital communication (e.g., text messaging, the internet, etc.). There is a need for more research in this area, but a study published in Pediatrics reported 22% of the sample had "sexted" in the past 6 months, with pictures utilized significantly more often by females.

Why it matters: In this study, "sexting" of any kind was associated with higher rates of sexual activity than sending text messages only. This report suggests that phone behaviors, including flirtatious messaging, may be an indicator of risk[11]. Local level data regarding early sexual behavior at the middle school level does not exist at this time. BCHD heard anecdotal reports regarding early sexual behavior from community parents.

15

The State of Our Health

Adults

Adult Population

	Total Beach Cities		Redondo Beach		Manhattan Beach		Hermosa Beach	
	#	%	#	%	#	%	#	%
Total population 18-64 years	81,745	66.6%	45,888	68.0%	21,704	61.1%	14,153	71.8%
18-24 years	6,332	5.2%	3,668	5.4%	1,654	4.7%	1,010	5.1%
25-44 years	39,854	32.5%	22,982	34.0%	9,167	25.8%	7,705	39.1%
45-64 years	35,559	29.0%	19,238	28.5%	10,883	30.6%	5,438	27.6%

U.S. Census, 2010-2014 American Community Survey 5-Year Estimates

Among adults in the Beach Cities, the overall well-being score of 65.3 is significantly higher than national average.

Adults 18–64 Years

SELECTED ADULT HEALTH INDICATORS	Beach Cities Adults 18-64 yrs	LA County Score Adults 18+*	Beach Cities WBI 18-29 yrs	Beach Cities WBI 30-44 yrs	Beach Cities WBI 45-64 yrs
Overall Well-Being					
WELL-BEING 5 / WELL-BEING INDEX COMPOSITE	65.3%	X	64.4%	66.9%	64.4%
% thriving in life evaluation	74.8%	X	72.9%	82.7%	69.9%
% with worry	33.5%	X	45.8%	29.1%	32.2%
% with sadness	13.1%	X	19.5%	8.8%	13.8%
% with stress	45.9%	X	59.3%	49.2%	38.8%
Physical Well-Being					
% thriving in physical	42.5%	X	40.6%	42.9%	42.9%
% who use drugs or medication (including prescription drugs) which affect their mood or help them relax almost every day	13.4%	X	23.0%	8.9%	13.2%

ADULTS

SELECTED ADULT HEALTH INDICATORS	Beach Cities Adults 18-64 yrs	LA County Score Adults 18+*	Beach Cities WBI 18-29 yrs	Beach Cities WBI 30-44 yrs	Beach Cities WBI 45-64 yrs
Physical Well-Being (continued)					
% with physical pain	15.5%	X	9.4%	16.6%	16.8%
% with 2+ days of poor health keeping them from usual activities	17.5%	X	16.5%	10.3%	22.8%
% with current high blood pressure	11.8%	23.5%*	0.0%	2.2%	22.8%
% with current high cholesterol	11.6%	25.2%*	0.0%	5.3%	20.2%
% with diabetes	3.5%	9.8%*	0.0%	1.2%	6.4%
% of 18-39 year olds with prediabetes	X	33.0%**	X	X	X
% of 40-54 year olds with prediabetes	X	48.0%**	X	X	X
% with current depression	7.2%	8.3%*	8.7%	4.7%	8.5%
% who have 1-6 alcoholic drinks in typical week	42.8%	X	33.7%	45.8%	43.8%
% who have 7+ alcoholic drinks in typical week	28.7%	X	34.6%	32.2%	24.2%
% who have 15+ alcoholic drinks in typical week	9.3%	3.5%***	16.7%	12.0%	4.7%
% who smoke	9.9%	13.3%*	25.9%	8.4%	5.4%
% who exercised for 30+ minutes 3+ days in last week	66.9%	65.1%*	77.5%	68.1%	62.2%
% who had 5+ servings of fruits and vegetables 4+ days in last week	61.7%	14.7%*	44.8%	65.5%	65.0%
% who are obese	12.3%	23.5%*	5.3%	12.8%	14.6%
% who are overweight	38.9%	35.9%*	41.2%	39.9%	37.4%
Community Well-Being					
% thriving in community	49.5%	X	56.8%	55.7%	42.5%
% who are satisfied with the city or area where they live	94.0%	X	91.9%	94.6%	94.3%
Financial Well-Being					
% thriving in financial	47.7%	X	37.4%	45.4%	53.0%
Social Well-Being					
% thriving in social	38.2%	X	36.6%	42.3%	38.6%
% who reported sufficient social and emotional support	X	64.0%*	X	X	X
Purpose Well-Being					
% thriving in purpose	30.8%	X	36.6%	35.7%	25.2%
% who get to use their strengths to do what they do best every day.	68.1%	X	64.7%	76.2%	63.5%

Notes: All data presented in this table, with the exception of LA County data, is from the 2015 Gallup | Healthways Well-Being Index (WBI); * = Data from 2011 Los Angeles County Health Survey (LACHS) which is not be directly comparable to WBI data due to the nature of data collection but has been provided here as a rough comparison to local data. LACHS data is not available for only 18-64 year old adults, so LA County data here includes older adults (65+).
** = Rate of prediabetes from a UCLA study on prediabetes and diabetes in California adults using 2013-14 California Health Interview Survey (CHIS) data.
*** = Represents the percent of adults who reported heavy drinking in the past month in the 2011 LACHS. Heavy drinking is males consuming more than 60 drinks and females more than 30 drinks in the previous month.
X = Data not available

The overall Gallup-Healthways Well-Being Index (WBI) is a composite score from the survey that measures five elements of well-being: purpose, social, financial, community and physical. Among adults in the Beach Cities, the overall well-being score is 65.3, higher than the national average of 61.5.

Life evaluation is a person's outlook on life. Beach Cities residents who indicated that they were "thriving" in their life evaluation increased more than 7 percentage points in the past 5 years, with 74.8% of Beach Cities adults indicating they were "thriving" in 2015. Beach Cities adults have a more positive outlook on life, with more happiness and enjoyment, when compared to other Americans surveyed.

An overwhelming 94% of Beach Cities adults indicated they were satisfied in the city where they live, compared to 84% of people statewide and nationally, which indicates the Beach Cities of Hermosa Beach, Manhattan Beach and Redondo Beach provide an environment that fosters a strong sense of community.

EMOTIONAL HEALTH

Depression, Stress and Worry

Emotional Health is a key component to overall well-being. Despite high numbers of adults thriving in their life evaluation, 14% of adults in the Beach Cities self-report experiencing depression in their lifetime. Currently, 7.2% report having depression, slightly lower than the Los Angeles County average of 8.3%. Though rates of people who experience significant daily stress in the Beach Cities decreased almost four percentage points from 2010 to 2015 and are now on par with national levels, 45.9% of adults still experience daily stress. This number is much higher in young adults ages 18 to 29 (59.3%). Young adults in the Beach Cities experience the highest levels of depression, stress and worry.

Why it matters: Mental health is integral to overall health and well-being. The disease burden of mental illness is among the highest of all diseases[12]. Mental health disorders have an impact on mood, behaviors and interpersonal relationships.

There are many risk factors for leaving mental illness untreated, including alcohol and drug abuse, violent or self-destructive behaviors and suicide[12]. Stress and depression are associated with many chronic diseases including cardiovascular disease, diabetes and obesity, and can have adverse effects on treatment and management of these illnesses[13,14].

PHYSICAL HEALTH

Obesity, Overweight, Fruit & Vegetable Consumption and Exercise

According to the WBI, 28% of Americans and 23% of Los Angeles County residents are obese. Adults in the Beach Cities have a much lower rate of obesity at 12.3%. Obesity rates are flat throughout the Beach Cities adult population, with 5.3% of 18-29 year olds, 12.8% of 30-44 year olds, and 14.6% of 45-64 year olds self-reporting being obese in the Beach Cities.

Additionally, while obesity rates have increased nationally in the past five years, obesity rates in the Beach Cities have trended downward.

These successes are bolstered by Beach Cities Health District (BCHD) programming that encourages physical activity and healthy eating. BCHD operates the Center for Health and Fitness, a low-cost community health facility. BCHD also hosts free community fitness programming throughout the year to promote physical activity in the Beach Cities. Lowering the barriers to exercise, including making it free or low-cost, is a proven strategy for increasing physical activity among adults.

In the past five years, there have been significant improvements in specific health behaviors among Beach Cities adults. Healthy People 2020 (PA-2.1) recommends 150 minutes per week of moderate exercise or 75 minutes per week of vigorous exercise. In the Beach Cities, 66.9% of adults exercised at least 30 minutes a day, at least three times a week. Additionally, 61.7% of adults in the Beach Cities consume at least 5 servings of fruits or vegetables four or more days a week, significantly higher than the 14.7% of Los Angeles County adults who report eating 5 or more servings of fruits or vegetables[15].

Why it matters: Though the obesity rate is lower in the Beach Cities than the national average, 38.9% of adults are considered overweight and at risk of becoming obese. Healthy eating, physical activity and maintaining a healthy body weight are critical to overall health and well-being. Obesity is linked with heart disease, stroke, type 2 diabetes and certain cancers. The annual medical costs of obesity in the U.S. is $147 billion[16].

Tobacco, Alcohol and Other Drug Use

Beach Cities Health District is committed to supporting evidence-based tobacco control policies that decrease smoking rates among residents. Blue Zones Project®, a BCHD-led community well-being initiative, strives to make built environment changes by partnering with decision-makers to create projects and policies that promote health. In the past five years, Blue Zones Project partnered with Hermosa Beach, Manhattan Beach and Redondo Beach to strengthen smoke-free ordinances. Manhattan Beach enacted the most comprehensive ordinance, banning smoking in all public places including multi-unit housing, and implementing a tobacco retail license aimed at reducing the illegal sale of tobacco products to minors and banning the sale of flavored tobacco products. There is strong evidence showing these ordinances can dramatically decrease youth tobacco sale rates. Among adults who smoke daily, approximately 90% report first using cigarettes before their 19th birthday, and nearly 100% report first using before age 26. Evidence suggests delaying initiation can prevent tobacco use altogether in young adults. The American Lung Association's annual State of Tobacco Control Report recently awarded Manhattan Beach an "A" tobacco control grade – a dramatic improvement from the "D" grade it received in 2015[17].

Hermosa Beach expanded its 2011 smoking ban that included beaches, downtown and public events to include all outdoor areas in the city in 2016. The ban includes tobacco and electronic cigarettes.

The percentage of adults who smoke in the Beach Cities is 9.9%, much lower than the Los Angeles County rates of 13.3% and nearly half of the national average (18.8%). Despite these impressive numbers, there is variability across the Beach Cities: smoking rates are lowest in Manhattan Beach (5.6%) and much higher in Redondo Beach (11.1%). Though smoking rates among Beach Cities adults are generally low, rates among young adults ages 18 to 29 are a staggering 25.9%, significantly higher than the national average.

The Beach Cities significantly outpace national averages for alcohol consumption. Beach Cities residents consume an

Smoking rates among Beach Cities adults are generally low, but rates among young adults ages 18 to 29 are at a staggering 25.9%, higher than the national average.

average of 4.9 drinks per week – 2.3 drinks more than the national average. A quarter of Beach Cities adults report having seven or more drinks per week, more than 13 percentage points higher than the national average. Heavy drinking is typically defined as having 15 or more drinks per week for men and 8 or more drinks per week for women. In the Beach Cities, 9.3% of adults report having 15 or more drinks per week, with 16.7% of young adults (18 to 29) reporting 15 or more drinks per week. Compared to the Los Angeles County rate of 3.5% of heavy drinking, the rate of alcohol consumption in the Beach Cities is alarmingly high.

Similarly, more than 13% of Beach Cities adults use drugs or medication almost every day to help them relax or affect their mood. While this number is lower than the state and national rate, young adults (18 to 29) again outpace national averages, with 23% reporting using drugs or medication to help them relax.

Why it matters: Smoking is the single most preventable cause of disease, disability and death in the United States, accounting for more than 480,000 deaths every year[18]. Cigarette smoking harms nearly every organ in the body and increases the risk of heart disease, stroke and lung cancer[19]. Excessive alcohol consumption is the second leading cause of premature death in Los Angeles County[20]. It increases the risk of chronic illnesses including high blood pressure,

heart disease, stroke, liver disease and certain cancers. Similarly, drug-use carries many negative health problems, including abnormal cardiovascular function, contracting HIV and sexually transmitted infections, domestic violence and homicide[21].

EMERGING ISSUES: ADULTS

Mindfulness, Stress and Reducing Depression
Stress and worry continue to be an area of concern for the Beach Cities, with 30.7% of adults reporting worry, 13.3% reporting sadness, and 41.4% reporting stress. As seen in the WBI "stretch goals" (page 7) the Beach Cities have a higher rate of stress (41.4%) than the stretch goal of 35%.

Why it matters: Common effects of stress range from physical symptoms such as headache, muscle tension and fatigue, to mood and behavior symptoms like anxiety, lack of motivation, overeating, drug or alcohol abuse and social withdrawal[22]. Researchers have explored incorporating mindfulness and mindfulness-based cognitive therapies into treatment for depression, anxiety and stress. Although the research is limited, the results show a positive relationship between practicing mindfulness and decreases in depression and anxiety symptoms[23].

Smoking Among Young Adults (18 to 29)
The smoking rate among Beach Cities young adults (18 to 29) is 25.9%, significantly higher than

the national average of 18.8%. Many smoking prevention programs target youth under the age of 18. Even among smokers who first try smoking in their youth, daily or "regular" smoking may not develop until later, typically at 20-21 years old[24]. Additionally, there appears to be a higher proportion of occasional smokers among young adults.

Why it matters: Among young people, the short-term health consequences of smoking include respiratory effects, addiction to nicotine and the associated risk of other drug use. Long-term health consequences include decreased lung function, reduced lung growth, as well as an increased likelihood of heart disease and stroke[24]. This may be explained by significant life transitions experienced by young adults, including changes in social networks, living arrangements, and school and work settings[24].

Heavy Drinking Among Young Adults (18 to 29)
Young adults (18 to 29) consume alcohol at a higher rate than all other age categories. 16.7% of Beach Cities young adults reported having 15 or more drinks per week, compared to 12% of 30-44-year-olds, and 4.7% of 45-64-year-olds. Heavy drinking is defined as having 15 or more drinks per week, and binge drinking is defined as having 5 or more drinks in one sitting.

Why it matters: Heavy drinking and binge drinking are associated with health problems including alcohol poisoning, liver disease, unintentional and intentional injuries (e.g., car crashes, firearm injuries, and domestic violence), sexually transmitted diseases and unintended pregnancy[25].

Homelessness
Overall, the Beach Cities have a high financial well-being score (69.3 versus the U.S. score of 60), with 58.7% of residents reporting they have enough money to do everything they want to do. While many residents fall into the upper middle class and above, there is a small portion of our population who do not have permanent, secure housing. The South Bay Coalition to End Homelessness conducted the 2015 Greater Los Angeles Homeless Count in Los Angeles County Department of Public Health Service Planning Area 8, which includes Hermosa Beach, Manhattan Beach and Redondo Beach. Redondo Beach has the highest homeless count (165), followed by Hermosa Beach (17) and Manhattan Beach (7). Redondo Beach also experienced the greatest growth in homeless persons since the 2013 Homeless Count. The Beach Cities homeless population is predominantly single adults, with many living in vehicles or make-shift shelters and tents.

Why it matters: Homelessness is a complex issue that significantly impacts physical and mental well-being. While poverty is associated with poorer health outcomes, these effects are more pronounced among people without homes[26]. The homeless population has greater rates of tuberculosis, hypertension, diabetes and HIV/AIDS[26]. Homeless persons also face more barriers accessing primary health care, nutritious foods, drug and alcohol treatment, and mental health services[27].

Older Adults

Older Adult Population

	Total Beach Cities		Redondo Beach		Manhattan Beach		Hermosa Beach	
	#	%	#	%	#	%	#	%
Total population over 65 years	14,683	12.0%	7,381	10.9%	5,207	14.7%	2,095	10.6%
65-74 years	8,543	7.0%	4,352	6.4%	2,960	8.3%	1,231	6.2%
75-84 years	4,167	3.4%	2,159	3.2%	1,483	4.2%	525	2.7%
85+ years	1,973	1.6%	870	1.3%	764	2.2%	339	1.7%

U.S. Census, 2010-2014 American Community Survey 5-Year Estimates

Older Adults 65+ Years

SELECTED OLDER ADULT HEALTH INDICATORS	Beach Cities Adults 18-64 years	Beach Cities Older Adults 65+ years	LA County Score 65+	US National Score 65+
Overall Well-Being				
WELL-BEING 5 / WELL-BEING INDEX COMPOSITE	65.3%	68.8%	X	X
% thriving in life evaluation	74.8%	59.3%	X	X
% with worry	33.5%	19.0%	X	X
% with sadness	13.1%	14.2%	X	X
% with stress	45.9%	21.4%	X	X
Physical Well-Being				
% thriving in physical	42.5%	47.3%	X	X
% who use drugs or medication (including prescription drugs) which affect their mood or help them relax almost every day	13.4%	17.5%	X	X
% with physical pain	15.5%	21.1%	X	X

SELECTED OLDER ADULT HEALTH INDICATORS	Beach Cities Adults 18-64 years	Beach Cities Older Adults 65+ years	LA County Score 65+	US National Score 65+
Physical Well-Being (continued)				
% with 2+ days of poor health keeping them from usual activities	17.5%	23.8%	X	X
% who have dementia (Alzhiemers Association national estimate)	X	X	X	10.0%
% with high blood pressure	11.8%	37.7%	54.2%*	X
% with high cholesterol	11.6%	29.1%	47.5%*	X
% with diabetes	3.5%	12.2%	21.2%*	X
% of 55-69 year olds with prediabetes	X	X	57.0%**	X
% of 70+ year olds with prediabetes	X	X	56.0%**	X
% with depression	7.2%	5.4%	9.2%*	X
% who have 1-6 alcoholic drinks in typical week	42.8%	38.6%	X	X
% who have 7+ alcoholic drinks in typical week	28.7%	25.3%	X	X
% who have 15+ alcoholic drinks in typical week	9.3%	6.3%	3.2%*	X
% who smoke	9.9%	4.1%	7.4%*	X
% who exercised for 30+ minutes 3+ days in last week	66.9%	61.3%	52.4%*	X
% who had 5+ servings of fruits and vegetables 4+ days in last week	61.7%	65.8%	14.9%*	X
% who are obese	12.3%	11.4%	20.2%*	X
% who are overweight	38.9%	38.6%	40.7%*	X
Community Well-Being				
% thriving in community	49.5%	61.2%	X	X
% who are satisfied with the city or area where they live	94.0%	94.0%	X	X
Financial Well-Being				
% thriving in financial	47.7%	71.9%	X	X
Social Well-Being				
% thriving in social	38.2%	48.0%	X	X
% who reported sufficient social and emotional support	X	X	56.5%*	X
Purpose Well-Being				
% thriving in purpose	30.8%	41.0%	X	X
% who get to use their strengths to do what they do best every day.	68.1%	65.9%	X	X

Notes: All data presented in this table, with the exception of LA County data, is from the 2015 Gallup | Healthways Well-Being Index (WBI); * = Data from 2011 Los Angeles County Health Survey (LACHS) for adults 65 years and older, which is not be directly comparable to WBI data due to the nature of data collection but has been provided here as a rough comparison to local data. ** = Rate of prediabetes from a UCLA study on prediabetes and diabetes in California adults using 2013-14 California Health Interview Survey (CHIS) data. X = Data not available

The Gallup-Healthways Well-Being Index (WBI) score for older adults is high at 68.8% — outpacing the scores for adults (18 to 64). The Purpose Thriving score (41%) and the Financial Thriving score (71.9%) also exceed scores observed in the general population. However, the Life Evaluation score drops among older adults — 59.3% compared with 74.8% in the general population.

EMOTIONAL HEALTH

Depression, Stress and Worry (Los Angeles County Health Survey and WBI)

The percentage of older adults with depression in the Beach Cities is 5.4%. This is lower than other points in the lifespan, and lower than the Los Angeles County rate of 8.5%. Worry falls to 19% among older adults and stress dips to its lowest point. However, sadness trends slightly up to 14.2%.

Why it matters: According to the Center for Disease Control, depression is more common in people with other illnesses or chronic conditions and whose function becomes limited. Older adults are often misdiagnosed and undertreated for depression, with symptoms often mistaken for cognitive impairment. Depression can also be mistaken for a natural reaction to illness or the life changes that occur with advancing age.[28] Older adults themselves may not understand their depression can be treated. Those with depression are more likely to suffer from sleep disturbances, eating disturbances and loss of interest in activities. Older adults as a cohort are at an increased risk for suicide, particularly older white men. The baby boomer generation has a historically high rate of suicide as a cohort[29].

PHYSICAL HEALTH

Obesity, Overweight, Fruit & Vegetable Consumption and Exercise

While obesity and overweight rates remain roughly steady among the general population and older adult population, the older adult population carries a higher disease burden across several domains.

The prevalence of high blood pressure more than doubles from 11.8% in the general population to 37.7% among older adults. Similarly, prevalence of high cholesterol among older adults increases from 11.6% to 29.1%.

The WBI reports 5.2% of Beach Cities residents have had diabetes in their lifetime versus the Los Angeles County report of 9.5%[30]. It should be noted that the decreased prevalence of diabetes in the Beach Cities is similar to the decreased

The 2015 Well Being Index found that 56% of Beach Cities residents have not completed legal planning for end of life care.

prevalence of overweight and obese residents. Lifestyle habits, such as increased fruit and vegetable consumption and frequency of exercise, can act as protective factors against chronic diseases like diabetes. However, data shows that the older adult population has an prevalence of diabetes (12.2%) that is more than double that of the general population (5.2%) despite the lack of change in obese and overweight statistics.

A person with prediabetes has a blood sugar level higher than normal, but not high enough to be diagnosed with diabetes[31]. Los Angeles County has an estimated prediabetes rate of 44%[30]. Beach Cities-specific data is not available at this time.

Why it matters: Research has found that obesity is related to an increased risk of disability in older adult populations.[32] Additionally, obesity seems to negatively affect older adults' recovery from disabilities considering it effects functional status and mobility. Obesity is a marker of poor outcomes for chronic disease interventions and interferes with the management of most chronic diseases.

Greater numbers of older adults report physical pain (21.1%) and 2 or more days of "poor health keeping you from your usual activities" (23.8%). At the same time, the percentage of older adults exercising 30 minutes a day, 3 or more days a week, trends down to 61.3%.

Alcohol & Other Drug Use
38.6% of older adults report drinking 1-6 glasses of alcohol per week, while 25.3% report drinking more than 7 glasses per week. Additionally, 17.5% of older adults report using medications or drugs to control their mood or relax.

Why it matters: Older adults are at a higher risk for medication interactions and often use medications that should not be taken with alcohol. Side effects that effect balance and cause dizziness may lead to a higher risk of falls.[33] Each year, 1 out of 3 older adults experience a fall. Falls often cause severe disability among survivors, and injuries from falls lead to fear of falling, sedentary

behavior, impaired function and lower quality of life. Falls are the leading cause of death due to unintentional injury among older adults. Once an older adult falls, they are at increased risk for additional falls[34].

EMERGING ISSUES: OLDER ADULTS

End of Life Planning
The WBI found that 56% of Beach Cities residents have not completed legal planning for end of life care.

Why it matters: While residents of all ages should have advance directives in place, older adults are at greater risk of negative outcomes, including painful and costly end of life care, without these documents in place.[35]

Dementia
The Alzheimer's Association estimates that 10% of individuals over the age of 65 will have dementia in their lifetime. For individuals over the age of 85, the prevalence estimate jumps to 1 in 3[36]. Alzheimer's disease prevalence in the baby boomer generation is projected to increase from 1.2% in 2020 to 50.1% in 2050[36].

Why it matters: Care for those with Alzheimer's disease is projected to amount to 24.2% of Medicare spending by 2040[36]. Medicare spending does not include costs for in-home care, lost work productivity for family caregivers or nursing home care.

Recommendations

In general, the health status of Beach Cities residents is higher than Los Angeles County, the state of California and the nation. In some areas — smoking, obesity and diabetes — Beach Cities rates are lower and continuing to decrease over time, while national rates are trending up. Despite these positive results, there are distinct areas of risk, and opportunities for intervention across the lifespan. Based upon the existing reach of Beach Cities Health District programming (Appendix D, page 40) and the available measurements and evidence-based programming (Appendix E, page 43), we recommend the following areas of focus.

Youth

Childhood obesity rates continue to drop in the Beach Cities, and rates of healthy eating and exercise remain high. However, the rates of bullying and alcohol and drug consumption are alarmingly high — particularly as students transition from 7th to 11th grade.

Recommendations for Youth:
- Continue focusing on nutrition and exercise
- Expand social-emotional learning/MindUp programming
  – Target bullying prevention
  – Target alcohol and drug prevention
- Identify measurement regarding rates of early sexual behavior in teenagers to quantify the scope of the issue

Adults

There are distinct and general issues within the 18-64-year-old section of the lifespan. In general, 18- to 29-year-olds are the unhealthiest. When young adults transition to adulthood, general health improves for the 30 to 44 age category. Health begins to decline again among 45- to 64-year-olds. Adults in the 18–29 age range are some of the most difficult to target, which

strengthens the need to build resiliency and skills in the youth population to establish healthy habits before they become young adults.

Recommendations for Adults:
- Determine effective engagement tools for the 18–29 age group
- Continue emphasizing stress reduction, mindfulness and purpose
- Decrease alcohol and drug consumption
- Continue focusing on smoking cessation, nutrition and exercise
- Engage residents in end-of-life planning

Older Adults

Many of the positive health trends earlier in the lifespan disappear in the 65 and older age group. Significantly, the rates of hypertension, high cholesterol and diabetes, as well as the incidence of pain and days of poor heath, increase. As BCHD continues to track health data and interventions at earlier stages in the lifespan, it will be interesting to see if these conditions improve as that cohort ages. In the meantime, there are distinct opportunities for building resiliency in the current cohort.

Recommendations for Older Adults:
- Increase physical exercise with a focus on fall prevention
- Decrease alcohol consumption and increase medication management
- Decrease depression and sadness
- Increase dementia programming and support for caregivers

Health Priorities 2016–2019

YOUTH	ADULTS	OLDER ADULTS
Nutrition and exercise	Nutrition and exercise	Nutrition and exercise
Mindfulness, social-emotional learning and stress reduction	Mindfulness, social-emotional learning and stress reduction	Mindfulness, social-emotional learning and stress reduction
Substance use prevention	Substance abuse prevention	Substance abuse prevention
Support evidence-based tobacco control policies	Support evidence-based tobacco control policies	Support evidence-based tobacco control policies
Bullying prevention	End-of-life planning	Dementia programming

Appendix A: Healthy People 2020 indicators

YOUTH
Physical Activity
- Obesity among children and adolescents (NWS-10.4)

Substance Use
- Reduce use of cigarettes by adolescents (TU-2.2)
- Increase the proportion of adolescents never using substances (SA-2)

Social Emotional Health and School Connectedness
- Increase the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems (AH-3.1)
- Reduce bullying among adolescents (IVP-35)
- Reduce physical fighting among adolescents (IVP-34)

Healthy Eating
- Reduce the proportion of children and adolescents who are considered obese (NWS-10)
- Reduce the proportion of adolescents aged 2 to 5 years who are considered obese (NWS-10.1)
- Increase the contribution of fruits to the diets of the population aged 2 years and older (NWS-14)
- Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older (NWS-15)

ADULTS
Physical Activity
- Adults who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity (PA-2.4)

Tobacco
- Reduce cigarette smoking by adults (TU-1.1)

Healthy Eating
- Increase the proportion of adults who are at a healthy weight (NWS-8)
- Reduce the proportion of adults who are obese (NWS-9)
- Increase the contribution of fruits to the diets of the adult population (NWS-14)
- Increase the variety and contribution of vegetables to the diets of the adult population (NWS-15)

OLDER ADULTS

Mental Health (Dementia)
- Increase the proportion of adults aged 65 years and older with diagnosed Alzheimer's disease and other dementias, or their caregiver, who are aware of the diagnosis (DIA-1)
- Reduce the proportion of preventable hospitalizations in adults aged 65 years and older with diagnosed Alzheimer's disease and other dementias (DIA-2)

Fall Prevention (Physical)
- Prevent an increase in fall-related deaths (IVP-23)
  - Prevent an increase in fall-related deaths among all persons (IVP-23.1)
  - Prevent an increase in fall-related deaths among adults aged 65 years and older (IVP-23.2)

Social Support
- Increase the proportion of adults with disabilities who report sufficient social and emotional support (DH-17)

Healthy Eating
- Increase the proportion of adults who are at a healthy weight (NWS-8)
- Reduce the proportion of adults who are obese (NWS-9)
- Increase the contribution of fruits to the diets of the older-adult population (NWS-14)
- Increase the variety and contribution of vegetables to the diets of the older-adult population (NWS-15)

APPENDIX B: Gallup | Healthways Well-Being Index

METRIC	TOTAL	MANHATTAN BEACH	HERMOSA BEACH	REDONDO BEACH
COUNT (Unweighted)	996	316	160	520
WELL-BEING 5 / WELL-BEING INDEX COMPOSITE	**65.9**	**68.0**	**67.0**	**64.8**
Step of the ladder you personally feel you stand at this time?	7.6	8.1	7.7	7.4
Step you think you will stand about five years from now?	8.3	8.4	8.1	8.3
Life Evaluation Thriving score	72.2	78.8	71.3	69.6
Life Evaluation Struggling score	26.6	20.8	26.9	29.1
Life Evaluation Suffering score	1.2	0.4	1.8	1.4
% smiled or laughed a lot	83.4	84.7	85.4	82.4
% experienced enjoyment	86.3	89.9	88.6	84.1
% with worry	30.7	28.4	27.7	32.5
% with sadness	13.3	10.3	13.0	14.7
% with stress	41.4	37.9	33.7	44.9
% experienced happiness	91.9	92.6	91.2	91.7
PHYSICAL WELL-BEING SCORE	**6.5**	**6.8**	**6.5**	**6.4**
Physical Thriving score	43.5	51.5	42.5	40.2
Physical Struggling score	49.8	45.5	49.5	51.8
Physical Suffering score	6.7	3.0	7.9	8.0
How often do you use drugs or medication (including prescription drugs) which affect your mood or help you relax?				
% Almost Every Day	14.1	12.0	10.7	15.9
% Never	65.0	71.6	66.5	61.7
% with physical pain	16.4	15.9	18.8	16.0
% with 2+ days of poor health keeping you from usual activities	18.5	23.7	20.1	15.8

% with high blood pressure (lifetime)	**20.6**	**19.6**	**22.9**	**20.5**
% with high cholesterol (lifetime)	**22.2**	**21.9**	**27.1**	**21.1**
% with diabetes (lifetime)	**5.2**	**3.8**	**6.2**	**5.5**
% with depression (lifetime)	**13.2**	**12.0**	**14.2**	**13.4**
% with heart attack (lifetime)	**1.3**	**1.9**	**1.4**	**1.1**
% with asthma (lifetime)	**11.6**	**11.3**	**13.4**	**11.3**
% with cancer (lifetime)	**9.6**	**10.8**	**17.3**	**7.2**
Healthcare provider limits ability to exercise (% yes)	**8.8**	**8.7**	**9.8**	**8.6**
Little interest or pleasure in doing things				
% 1 (Not at all)	77.9	76.9	79.6	78.0
% 4 (Nearly every day)	6.5	9.1	3.4	6.2
Your physical health is near-perfect				
% 4+5 (Agree)	61.8	67.4	58.9	60.0
% 1+2 (Disagree)	13.0	12.2	13.2	13.3
In the last seven days, you have felt active and productive every day.				
% 4+5 (Agree)	72.3	74.3	69.2	72.3
% 1+2 (Disagree)	8.0	6.0	7.0	9.0
A doctor would say that you do a great job of managing your health.				
% 4+5 (Agree)	68.6	79.3	66.4	64.5
% 1+2 (Disagree)	7.9	4.6	8.4	9.3
You always feel good about your physical appearance.				
% 4+5 (Agree)	56.1	58.0	56.0	55.3
% 1+2 (Disagree)	11.7	10.9	7.3	13.1
How many alcoholic drinks do you have in a typical week?				
Mean (code 15: use 20 as top value)	4.9	4.6	6.3	4.6
% None	29.6	26.7	22.7	32.5
% 1-6	42.1	45.1	37.1	42.0
% 7+	28.0	28.1	39.0	25.2
Do you smoke? (% Yes)	**8.9**	**5.6**	**5.9**	**11.1**
What type of tobacco product/s do you use?				
% Cigarettes	7.6	4.4	5.5	9.6
% Cigars	1.1	2.7	1.2	0.4
% Pipe	0.7	0.1	0.0	1.1
% Smokeless Tobacco	1.8	1.2	1.3	2.3

% who ate healthy all day	66.7	74.7	69.7	62.4
% who exercised for 30+ minutes 3+ days in last week	65.8	72.6	69.8	61.9
% who had 5+ servings of fruits and vegetables 4+ days in last week	62.5	64.5	65.2	61.0
% Obese	12.1	6.3	8.8	15.5
% Overweight	38.7	41.2	42.0	36.8
% Normal Weight	47.5	49.2	47.5	46.7
COMMUNITY WELL-BEING SCORE	**6.7**	**6.9**	**7.0**	**6.6**
Community Thriving score	51.5	49.9	59.8	50.2
Community Struggling score	41.6	46.3	35.3	41.1
Community Suffering score	6.9	3.8	5.0	8.8
You can't imagine living in a better community than the one you live in today.				
% 4+5 (Agree)	62.7	65.1	74.4	58.7
% 1+2 (Disagree)	17.1	14.6	11.4	19.6
The city or area where you live is a perfect place for you.				
% 4+5 (Agree)	78.7	82.5	84.7	75.5
% 1+2 (Disagree)	5.4	4.7	4.9	5.8
You are proud of your community (or the area where you live).				
% 4+5 (Agree)	78.5	81.9	81.9	76.2
% 1+2 (Disagree)	6.8	4.0	3.9	8.8
You always feel safe and secure.				
% 4+5 (Agree)	87.8	89.6	93.8	85.6
% 1+2 (Disagree)	3.2	3.6	0.7	3.6
The house or apartment that you live in is ideal for you and your family.				
% 4+5 (Agree)	74.8	78.4	78.0	72.4
% 1+2 (Disagree)	9.5	7.0	9.7	10.5
In the last 12 months, you have received recognition for helping to improve the city or area where you live.				
% 4+5 (Agree)	15.9	19.5	14.7	14.7
% 1+2 (Disagree)	67.9	63.1	65.5	70.5
% Satisfied with the city or area where you live	94.0	96.0	95.9	92.6
FINANCIAL WELL-BEING SCORE	**6.9**	**7.3**	**7.2**	**6.7**
Financial Thriving score	52.0	60.8	60.2	46.1
Financial Struggling score	38.0	31.7	32.1	42.2
Financial Suffering score	10.0	7.5	7.7	11.7

APPENDICES   Appendix B: Gallup|Healthways Well-Being Index

Not enough money to buy food (% Yes)	4.9	2.9	3.9	6.1
Not enough money for healthcare (%Yes)	5.3	1.6	5.1	7.0
You have enough money to do everything you want to do.				
% 4+5 (Agree)	58.7	67.0	67.4	52.9
% 1+2 (Disagree)	17.8	16.2	12.5	19.7
In the last seven days, you have worried about money.				
% 4+5 (Agree)	26.7	22.3	21.1	30.0
% 1+2 (Disagree)	55.5	59.9	61.0	52.2
Compared to the people you spend time with, you are satisfied with your standard of living.				
% 4+5 (Agree)	84.6	86.1	87.7	83.2
% 1+2 (Disagree)	4.1	3.3	1.8	5.1
SOCIAL WELL-BEING SCORE	**6.2**	**6.4**	**6.3**	**6.2**
Social Thriving score	41.3	46.1	44.7	38.3
Social Struggling score	44.4	37.7	45.2	47.2
Social Suffering score	14.3	16.1	10.1	14.5
Your relationship with your spouse, partner, or closest friend is stronger than ever.				
% 4+5 (Agree)	77.6	74.4	79.3	78.7
% 1+2 (Disagree)	8.2	8.0	6.5	8.7
Your friends and family give you positive energy every day.				
% 4+5 (Agree)	74.9	72.3	79.2	75.0
% 1+2 (Disagree)	7.9	7.1	3.2	9.5
You always make time for regular trips or vacations with friends and family.				
% 4+5 (Agree)	60.2	68.4	62.3	56.0
% 1+2 (Disagree)	20.6	16.2	18.0	23.2
Someone in your life always encourages you to be healthy.				
% 4+5 (Agree)	75.1	76.2	72.7	75.2
% 1+2 (Disagree)	10.6	9.3	10.1	11.3
PURPOSE WELL-BEING SCORE	**6.1**	**6.1**	**6.2**	**6.0**
Purpose Thriving score	32.6	32.7	32.5	32.6
Purpose Struggling score	54.4	53.0	57.3	54.3
Purpose Suffering score	13.0	14.2	10.2	13.1
There is a leader in your life who makes you enthusiastic about the future.				
% 4+5 (Agree)	53.3	51.4	47.1	55.7
% 1+2 (Disagree)	26.7	28.5	25.8	26.2

You like what you do every day.				
% 4+5 (Agree)	82.0	85.4	85.9	79.6
% 1+2 (Disagree)	5.2	6.3	1.8	5.6
In the past 12 months, you have reached most of your goals.				
% 4+5 (Agree)	55.2	62.0	58.1	51.5
% 1+2 (Disagree)	16.9	12.3	15.3	19.2
You get to use your strengths to do what you do best every day.				
% 4+5 (Agree)	67.7	66.3	65.6	68.9
% 1+2 (Disagree)	12.0	12.1	9.0	12.7
You learn or do something interesting every day.				
% 4+5 (Agree)	71.3	70.0	74.9	70.9
% 1+2 (Disagree)	9.0	8.2	5.4	10.2
WELL-BEING INDEX (BRIDGE)	73.3	75.6	74.6	72.1
LIFE EVALUATION INDEX (BRIDGE)	71.1	78.4	69.5	68.2
PHYSICAL HEALTH INDEX (BRIDGE)	80.5	80.2	78.8	81.1
EMOTIONAL HEALTH INDEX (BRIDGE)	79.8	81.5	82.2	78.4
HEALTHY BEHAVIORS INDEX (BRIDGE)	65.5	68.4	67.2	63.9
WORK ENVIRONMENT INDEX (BRIDGE)	53.9	54.6	60.0	52.2
BASIC ACCESS INDEX (BRIDGE)	89.3	90.6	89.8	88.6
Get to use your strengths to do what you do best every day (% Yes)	83.9	79.5	91.4	84.1
Supervisor treats you like he/she is your partner (% Partner)	60.8	62.5	59.1	60.5
Supervisor always creates environment that is trusting/ open (% Yes)	81.8	80.5	87.8	81.0
Have you visited a dentist in the last 12 months? (% Yes)	82.6	85.9	86.7	80.1
Do you have health insurance coverage?				
% 1 (Yes)	96.0	97.8	97.0	95.0
% 2 (No)	3.8	2.2	1.6	5.0
Do you have a personal doctor? (% Yes)	86.8	93.7	84.5	84.2
% with high blood pressure (current via full base)	16.3	15.4	18.4	16.2
% with high cholesterol (current via full base)	14.7	15.6	16.5	13.8
% with depression (current via full base)	6.8	5.4	8.4	7.1
% with asthma (current via full base)	5.9	5.3	4.4	6.4
% with cancer (current via full base)	2.2	4.5	2.0	1.2

Appendix C: Morbidity and Mortality

Morbidity and Mortality

Morbidity is defined as a diseased state or symptom, while mortality is defined as the quality or state of being mortal (or death rate). As part of the Community Health Snapshot, Beach Cities Health District uses local, county, state, and national data to inform the strategic planning process. By looking at disease rates and how people die, we use that information to address the preventive health needs of the community we serve.

The information in the following table shows the leading causes of death for (1) Torrance Health District, (2) Los Angeles County, (3) California, and (4) the United States. Data for the Torrance Health District is limited, as noted by the absence of cells 6 – 10. The Los Angeles County Health Survey (LACHS) is a population-based telephone survey used for assessing the health-related needs of the population. The LACHS covers a wide geographical area, including the Torrance Health District. Because the data for the Beach Cities is so limited, we are using the LACHS population data from the Torrance Health District. The Torrance Health District includes the Beach Cities.

Leading Cause of Death, 2012–2013

	Torrance Health District (SPA 8)	Los Angeles County	California	United States
1	Heart Disease	Heart Disease	Heart Disease	Heart Disease
2	Lung Cancer*	Stroke	Cancer	Cancer
3	Stroke	Lung Cancer*	Stroke	Chronic lower respiratory disease
4	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease	Chronic lower respiratory disease	Accidents
5	Influenza and Pneumonia	Alzheimer's disease	Alzheimer's disease	Stroke
6		Diabetes	Accidents	Alzheimer's disease
7		Influenza and Pneumonia	Diabetes	Diabetes
8		Colorectal Cancer*	Influenza and Pneumonia	Influenza and Pneumonia
9		Liver disease/cirrhosis	Liver disease/cirrhosis	Nephritis, nephrotic syndrome and nephrosis
10		Hypertension	Hypertension	Intentional self-harm

*In Los Angeles County and Torrance, specific cancers were counted in their own categories instead of an aggregate number for all cancers. In Los Angeles County in 2012, deaths caused by all types of cancer (14,139) accounted for more deaths than those caused by heart disease (11,677).

Tobacco Control Policies

	Hermosa Beach	Manhattan Beach	Redondo Beach
Smoke-Free policies	✓	✓	✓
Tobacco Retail License	-	✓	-
Multi-Unit Housing Ban	-	✓	-
State of Tobacco Control Overall Grade	D	A	F

APPENDIX D: Reach and Capacity of Beach Cities Health District Programs

YOUTH SERVICES

Program	# of current sites	# of potential sites	Saturation Point (%)	Room for expansion?
Walking School Bus (WSB)	10	14	71%	Over the past 5 years, the number of schools participating in the WSB program has increased, however, in recent years the program has reached a plateau. Volunteer turnover has been the main challenge, with volunteers and coordinators "graduating out" after 5th grade. In addition to volunteer turnover, overall participation has dropped. BCHD has worked hard to recruit volunteers at all 15 schools with a goal of implementing the program at 100% of sites, but recruitment has been unsuccessful. At this point it is important to re-assess the school environment and determine the best strategy for moving forward.
LiveWell Tots	9	19	47%	Expansion plans for additional preschools participating in LiveWell Tots curriculum and training structures are updated, focusing on engaging preschools that already have some alignment with the BCHD mission first and expanding to additional preschools.
Classroom Activity Breaks	4	15	27%	The program was piloted in 4 elementary schools for 2015-16, with plans to expand the program to 4 additional elementary schools for 2016-17. The goal is to expand this program to all 15 elementary schools over the next 4 years.
LiveWell Kids Nutrition	10	10	100%	No room for expansion; Manhattan Beach Unified School District has its own nutrition program through Growing Great.
LiveWell Kids Garden	8	14	57%	Potential to expand to Hermosa View school in 2016-17 school year and then Hermosa Valley school at a later date. Currently Manhattan Beach implements a garden education program called Growing Great.
MindUP/Social Emotional Learning	13	15	86%	Both Hermosa Beach City School District (HBCSD) schools will have teachers trained to lead MindUp in June 2016 for the 16–17 school year. This would make all the elementary schools MindUp-based.
Project Alert	3	4	75%	Redondo Beach Unified School District has hired a counselor to teach Project Alert to its middle school students. HBCSD has a contractor that comes into the school to lead Project Alert, but will be integrating the program using their own staff next school year (16–17). MBUSD has expressed interest in having either Project Alert come into the middle school setting, or setting up some type of program focused on Social Emotional Learning and/or Bullying Prevention.
Bully Prevention	0	7	0%	Yes. Next steps include conducting meetings with community partners to assess feasibility and identifying appropriate evidence-based programming that would be a good fit for our partners.
High School Purpose	2	4	50%	Purpose Workshops were offered at two RBUSD high schools for the 15-16 school year. A 2 hour session was offered at RUHS (traditional) and a 7-session series is currently being piloted at Redondo Shores (alternative).

APPENDIX D: Reach and Capacity of BCHD Programs

ADULT SERVICES

Center for Health & Fitness

Median Age	66
Average Age	64
Total visits in 2015	106,426
Visits each month	13,500
Members & class participants	2,400

Age Range	Count	Percentage
Under 25	22	1%
25 to 34	72	3%
35 to 44	106	5%
45 to 54	263	12%
55 to 64	544	24%
65 to 74	798	36%
75 to 84	373	17%
85+	62	3%

Blue Zones Project

Sector	# of Participants
Restaurants	100+
Perks Card Program	40
Grocery Stores	5

Sector	# of Participants
Worksites	14
Purpose Workshops	2,500
Personal Pledges	24,000

Blue Zones Project Programs

Program	Frequency (ex: # on average each year, monthly, etc)	# of Participants (ex: average # at event)	Total participation (annually or cumulatively)
Purpose	Monthly (or by request)	20–100	Cumulatively: • 40 workshops • 2,800 participants
Mindfulness	2 workshops per year	200	Cumulatively: • 4 workshops • 1,100 participants
Moais	Ongoing	4–10 participants per Moai	Cumulatively: • 2,000 people • More than 100 groups

Fitness in the Community

BCHD Fitness Offering	Frequency	# of Participants
Free Fitness Series	12 weeks once a year	2,100
Free Fitness Weekends	3 times a year	2,800
BCHD fitness classes in the Senior centers	15 classes per week	300 participants per week

APPENDIX D: Reach and Capacity of BCHD Programs

OLDER ADULT SERVICES

Program	Frequency	# of Participants	Notes
Care Management	On-going	290 per month, 430 unduplicated per year	*See table below for demographics
Volunteers serving clients	200–300 volunteer visits to clients per month	150 volunteers serving 185 clients (current data)	64% of the caseload receives service from a volunteer
Memory Club	Two 8-week sessions per year	16 per session	
Mindfulness	Weekly in Manhattan Beach, Quarterly 6-week sessions in Redondo Beach	20–30 participants per class	
Senior Center Fitness	15 classes per week	300 participants per week	
Adaptive Mobility (stroke survivor support group)	2 groups per month	10–15 clients per group	
Caregiver Support Group	2 groups per month	10–12 clients per group	Multiple other community groups
Healthier Living	Four 6-week sessions per year	15–20 per session	*Proposed 16–17
Powerful Tools for Caregivers	Four 6-week Sessions per year	15–20 per session	*Proposed 16–17

Care Mangagement Demographics

Age Group/City	Total # of clients (288)	Percentage of caseload
Ages 64 & under	29	10%
Hermosa Beach	3	0.01%
Manhattan Beach	4	0.01%
Redondo Beach	22	7%

Age Group/City	Total # of clients (288)	Percentage of caseload
Ages 65–74	47	16%
Hermosa Beach	6	2%
Manhattan Beach	5	2%
Redondo Beach	36	12%

Ages 75–84	96	33%
Hermosa Beach	6	2%
Manhattan Beach	21	7%
Redondo Beach	69	24%

Ages 85+	119	41%
Hermosa Beach	7	2%
Manhattan Beach	42	14%
Redondo Beach	70	24%

Appendix E: Measurements available and Next Steps

EMERGING ISSUES IN THE SNAPSHOT: Measurements Available and Next Steps

Emerging Issue	**Early sexual behavior among middle school students**
Measurement	• Not currently measuring • Can use additional CHKS Sexual behavior module
Next Steps	• Identify appropriate measurement and assess feasibility of data collection • Discuss issue with community partners to assess scope of issue and identify opportunities for intervention • Research appropriate evidence-based interventions
Emerging Issue	**Social Emotional Learning (SEL) or Social Emotional (SE) Health in Middle School and High School**
Measurement	• Not currently measuring in depth, although some questions related to Social Emotional Health are in the core module of CHKS • Schools that are implementing MindUp surveys will have some additional measures • Can use additional CHKS module to measure SE health and other protective factors such as resilience in either of these additional modules: Resilience & Youth Development Module or the Social Emotional Health Module
Next Steps	• Research appropriate evidence-based interventions • Convene community partners to assess feasibility of interventions • Develop implementation plan with community partners
Emerging Issue	**Smoking in 18–29 year olds**
Measurement	• Percentage of adults who smoke any type of tobacco used are currently measured by self-reported items in the WBI • Additional smoking rates are available at the County level via LACHS
Next Steps	• Convene community partners around existing smoking ordinances and educational campaigns • Research evidence-based interventions for the 18-29 age group • Assess interventions for feasibility
Emerging Issue	**Binge and heavy drinking in 18–29 years olds**
Measurement	• Percentage of adults who consume more than 15 alcoholic drinks per week is currently measured by self-reported items in the WBI • Additional binge drinking rates are available at the County level via LACHS, although the definition of binge drinking differs from that of the WBI
Next Steps	• Research evidence-based interventions for the 18-29 age group • Assess interventions for feasibility

Emerging Issue	Homelessness
Measurement	• Currently measured by the Greater Los Angeles Homeless Count
Next Steps	• Continue participation with the South Bay Homeless Coalition to monitor the regional conversation • Provide office space to PATH (People Assisting the Homeless) outreach workers from the South Bay Cities Council of Government grant program
Emerging Issue	End of life planning
Measurement	• Currently measured by a self-reported item in the WBI as of this year
Next Steps	• Continue educational workshops with community partners • Assess the feasibility of a large community-wide campaign
Emerging Issue	Dementia
Measurement	• Currently estimated by the Alzheimer's Association, but only on a national level • Currently BCHD has rates of dementia in the Community Services case load data, however this is only for past and current clients and may not represent the rest of the Beach Cities population
Next Steps	• Assess scope and depth of current programming for individuals with dementia and their caregivers in the Beach Cities • Identify evidence-based programming • Assess feasibility of additional programming as needed • Develop implementation plans with community partners

References

[1] Jacobs, JA. et al. Tools for Implementing an Evidence-Based Approach in Public Health Practice. Preventing Chronic Disease. 2012; (9) 110324.

[2] Los Angeles Department of Public Health. Service Planning Areas. 2016.

[3] Karcher, M. J. The Effects of Developmental Mentoring and High School Mentors' Attendance on Their Younger Mentees' Self-Esteem, Social Skills, and Connectedness. Psychology in the Schools. 2005; 42: 65–77.

[4] Eisenberg, M. E., Neumark-Sztainer, D. and Perry, C. L. Peer Harassment, School Connectedness, and Academic Achievement. Journal of School Health. 2003; 73: 311–316.

[5] McNeely, C. A., Nonnemaker, J. M. and Blum, R. W. Promoting School Connectedness: Evidence from the National Longitudinal Study of Adolescent Health. Journal of School Health. 2002; 72: 138–146.

[6] Radcliff et al. Illuminating the Relationship Between Bullying and Substance Use Among Middle and High School Youth. Addictive Behaviors. 2012; 37:569-572

[7] Center for Disease Control and Prevention. About Child & Teen BMI. 2015.

[8] Freedman et al. Cardiovascular Risk Factors and Excess Adiposity Among Overweight Children and Adolescents: The Bogalusa Heart Study. Journal of Pediatrics. 2007; 150(1):12–17.

[9] National Institute on Alcohol Abuse and Alcoholism. The Scope of the Problem. 2016.

[10] Center for Disease Control and Prevention. Trends in the Prevalence of Sexual Behaviors and HIV Testing. 2013.

[11] Houck, C., Barker, D., Rizzo, C., Hancock, E. Norton, A., & Brown, L. Sexting and Sexual Behavior in At-Risk Adolescents. Pediatrics. 2014; 133(2).

[12] Office of Disease Prevention and Health Promotion. Healthy People 2020 Leading Health Indicators: Mental Health. 2016.

[13] Centers for Disease Control and Prevention. CDC Report: Mental Illness Surveillance Among Adults in the United States. 2011.

[14] Centers for Disease Control and Prevention. The Role of Public Health in Mental Health Promotion. Morbidity and Mortality Weekly Report. 2005; 53(34);841-842.

15 Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. 2011 LA County Health Survey. 2011.

16 Centers for Disease Control and Prevention: Division of Nutrition, Physical Activity, and Obesity. Adult Obesity Facts. 2015.

17 American Lung Association in California. State of Tobacco Control: California Local Grades 2016.

18 Centers for Disease Control and Prevention. Smoking and Tobacco Use: Health Effects of Cigarette Smoking. 2015.

19 Centers for Disease Control and Prevention. Smoking and Tobacco Use: Current Cigarette Smoking Among Adults in the United States. 2015.

20 Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2012: Leading Causes of Death and Premature Death with Trends for 2003-2012. 2015.

21 Office of Disease Prevention and Health Promotion. Healthy People 2020 Leading Health Indicators: Substance Abuse. 2016.

22 Mayo Clinic. Stress Symptoms: Effects on Your Body and Behavior. 2013.

23 Sundquist, et al. Mindfulness Group Therapy in Primary Care Patients with Depression, Anxiety and Stress and Adjustment Disorders: Randomised Controlled Trial. The British Journal of Psychiatry. 2014.

24 Hammond, D. (2005). Smoking Behaviour Among Young Adults: Beyond Youth Prevention. Tobacco Control, 2005; 14:181-185.

25 Centers for Disease Control and Prevention. Alcohol and Public Health: Fact Sheets – Alcohol Use and Your Health. 2016.

26 American Psychological Association. Health and Homelessness. 2016.

27 American Public Health Association. Homelessness as a Public Health Problem. 2016.

28 Centers for Disease Control and Prevention. Depression is Not a Normal Part of Growing Older. 2015.

29 Conwell, Y., et al. Suicide in Older Adults. Psychiatric Clinics of North America. 2011; 23(2):451-468.

30 UCLA Center for Health Policy Research. Prediabetes and Diabetes by County. 2016.

31 Centers for Disease Control and Prevention. Prediabetes. 2016.

32 Samper-Ternent, R. and Snih, S.A. Obesity on Older Adults: Epidemiology and Implications for Disability and Disease. Clinical Gerontology. 2012; 22(1):10-34.

33 National Institute on Alcohol Abuse and Alcoholism. Older Adults. 2016.

34 Centers for Disease Control and Prevention. Home and Recreational Safety. 2016.

35 Khosla, N., et al. Trends in Engagement in Advance Care Planning Behaviors and the Role of Socio-economic Status. American Journal of Hospice & Palliative Care. 2015.

36 Brooks, M. Grim Picture of Alzheimer's in Aging Baby Boomers. Medscape. 2015.

REFERENCES