

Long Beach Recovery and Equity Index

The COVID-19 pandemic has exacerbated long-standing inequities in Long Beach. Communities of color, already facing disproportionate negative health outcomes, have suffered the highest coronavirus disease burden and death rates. Specifically, research from the City's [Health Equity Investment Framework](#) demonstrates that there is over-representation of COVID-19 hospitalizations and deaths among those living in poverty and overcrowded conditions, among Black, Latino, and Native Pacific Islanders, and those who were unvaccinated. COVID-19 has also had many negative impacts on the community including food insecurity, mental health and trauma, violence (including domestic violence), income loss, exacerbation of chronic illness, grief and isolation. Data also show that nearly two-thirds of those hospitalized from COVID-19 have diabetes or hypertension as an underlying health condition.

It is critical that Long Beach Recovery Act funding, programs, and services reach the communities that need them the most. To that end, the Citywide Recovery team has developed the Recovery and Equity Index (Index) to measure the progress and impact of LB Recovery funds.

Based on a model developed by Coalition for Equitable ARPA Implementation, the Index uses Tract and ZIP code level data to identify Long Beach communities most in need of immediate and long-term pandemic and economic relief interventions based on relative risk. The Index assesses the risk factors for COVID-19 infection and severity, as well as its ability to recover from the health, economic, and social impacts of the pandemic. The higher need areas on the Index experience progressively higher rates of overcrowded housing, poverty, unemployment, essential workforce employment, lack of insurance, and diabetes. Below are some key data points that illustrate the relative risk experienced by higher need communities when compared to lower need communities.

Figure 1. Index indicators

RISK	SEVERITY	RECOVERY NEED	HARD-TO-COUNT POPULATIONS	NON-GEOGRAPHICALLY TARGETED COMMUNITIES
<ul style="list-style-type: none"> ● Percent essential workers ● Percent population under 200% of federal poverty level ● Percent residing in overcrowded housing units ● Noncitizen population 	<ul style="list-style-type: none"> ● Percent population under 200% of federal poverty level ● Percent population age 75+ in poverty ● Percent uninsured population ● Heart attack hospitalization rate ● Diabetes hospitalization rate ● Asthma rates 	<ul style="list-style-type: none"> ● Percent essential workers ● Percent population under 200% of federal poverty level ● Unemployment rate ● Percent uninsured population ● Gun injury rate ● Single-parent households 	<ul style="list-style-type: none"> ● Tenant Vulnerability (Publicly Available) ● Homeless Status (Internal/CIO) ● Preferred Language (Publicly Available) ● Area Agency on Aging Services (Internal/CIO) ● Child Welfare Services (Internal/CIO) ● Substance Abuse Treatment Program (Internal/CIO) ● Substance Abuse Treatment Program (Internal/CIO) ● GAIN/GROW enrollment (Internal/CIO) ● SOGI (Internal/CIO) if available 	<ul style="list-style-type: none"> ● Partner with CBOs to identify and reach hard-to-count populations ● Partner with internal County entities focused on target populations ● Engage in participatory mapping effort ● Develop a workgroup

This Index aligns with Goal 4 of the [Racial Equity and Reconciliation Initiative](#) which uplifts strategies to "improve health and wellness in the City by eliminating social and economic disparities in the communities most impacted by racism."

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