R-20

July 18, 2023

HONORABLE MAYOR AND CITY COUNCIL
City of Long Beach
California

RECOMMENDATION:

Receive and file a report on the Long Beach Women and Girls' Community Survey Findings. (Citywide)

<u>DISCUSSION</u>

On September 7, 2021, the City Council directed the City Manager to create a plan for a Commission on Women and Girls (Commission), as recommended by the Equity and Human Relations Commission. The City Manager released a memorandum outlining the process and fiscal impact of creating a local Commission on January 10, 2022. On March 7, 2023, the Office of Equity presented updates on those efforts, which included partnering with an Ad Hoc Community Advisory Team (Advisory Team) to develop a community engagement plan, apply for grant funding to support the creation of the Commission, hire a Program Specialist to facilitate the community engagement efforts, create the Women and Girls' Community Survey (Survey) to identify the Commission's priorities, and an overview of the Survey's preliminary findings. In alignment with previous reports, all references to 'women and girls' includes those who identify as female: cis and trans, and those who identify as gender-expansive: non-binary, non-conforming, and genderqueer.

Survey Development and Outreach

The Office of Equity and Advisory Team used the Equity Toolkit to design a comprehensive data collection tool to inform the mission and priorities of the Commission. Using quantitative and qualitative questions, the Survey treats the respondent as a subject-matter expert on the needs and aspirations of Long Beach women and girls to identify policies, programs, and resources that align with six overarching quality of life indicators:

- **Intersectionality** - the way our social identities overlap based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, etc.

- **Economic Stability** - having the resources necessary for a healthy life, such as affordable housing, living wages, worker protections, healthcare, and reliable transportation.

- **Health** - the complete state of physical, mental, and social well-being.

- **Family** - Intimate and domestic connections like marriage, living together, and other economic and social responsibilities.

- **Connectedness** - Social and resource connection, such as community, social networks, and access to support, feeling seen, heard, and valued.

- **Safety** - Efforts to reduce violence against women, including emotional, environmental, physical, sexual, mental, or other harm.

Each section provided participants with the opportunity to disagree, somewhat disagree, somewhat agree, and agree with statements that represented each quality of life indicator. Additionally, open-ended questions were posed, allowing participants to provide written responses on each quality of life category, suggesting priority areas for Long Beach women and girls.

On November 23, 2022, the City of Long Beach (City) published the Survey and incentive platform inviting women and girls to participate. The Survey was available online using the Qualtrics survey platform and in-person in English, Spanish, Khmer, and Tagalog at open Long Beach Public Libraries and King, Chavez, and Houghton Parks. The Survey deadline was extended to January 30, 2023, to accommodate the holiday season.

Throughout this period, the Advisory Team and other community partners facilitated additional community engagement by disseminating the Survey to their respective networks. Office of Equity staff shared the Survey with other City Departments, using email, social media, and electronic newsletters to notify the public. Additionally, Office of Equity staff canvassed Long Beach neighborhoods, tabled at various public events, corresponded with, and presented to multiple women-led and serving organizational partners to recruit participants. Some of these interactions were with: the American Association of University Women (AAUW), Bienestar Long Beach, California State University Long Beach, The Center Long Beach, Centro CHA, CSULB Latino Community Health, Earthlodge, Empowering Pacific Islander Communities (EPIC), Immigrant Defenders Law Center, Khmer Girls in Action, Long Beach Branch of NAACP, Long Beach Forward, Long Beach Grey Panthers, Long Beach Immigrant Rights Coalition, Long Beach Suffrage 100, Long Beach Youth Services Network, Martin Luther King, Jr. Parade and Celebration, More Mothers, National Council of Jewish Women Greater Long Beach and West Orange County, Puente Latino Association, St. Mary's Medical Center, Youth Advisory Council, and the YMCA of Greater Long Beach.

Data Analysis

Following the close of the Survey, Dr. Amber Johnson and a research team from California State University, Long Beach (CSULB) analyzed the responses, providing a quantitative and qualitative review, which includes demographic indicators, participants' agreement with the quality of life statements stratified by race/ethnicity and by zip code, and major themes (or priorities) identified by the participants.

Online survey recruitment efforts resulted in 1,917 total survey responses, which included bot submissions, uncompleted surveys, and surveys submitted beyond the geographical area of Long Beach (e.g., Seattle, Washington, London, England). The survey platform provided the latitude and longitudinal coordinates of survey participants to determine the geographical area of survey participants, which the Research Team used to exclude responses from outside Long Beach. Incomplete survey responses were also excluded from the final analysis, as the final report evaluates 743 valid online survey submissions including 42 paper surveys.

Demographics

Participants could select all categories representing their demographic identities: race/ethnicity, languages spoken, identified disability, gender expression, and sexual orientation. This data was analyzed to describe the percentage of all races/ethnicities, languages spoken, and identified disabilities among survey participants. However, the analysis does not indicate multiple response patterns (e.g., specific multi-racial identities or multiple languages spoken) for each participant.

- Most participants indicated their gender expression as female (89.5%) compared to male (4.0%), non-binary or gender expansive (1.4%), transgender (2.4%), or two-spirit (0.4%).

- Participant's sexual orientation varied with most participants identifying as straight (77.3%). Participants also identified as asexual (0.5%), bisexual (6.6%), gay (1.4%), lesbian (4.3%), pansexual (2.0%), and queer (2.3%).

- Survey participants represented all zip codes in Long Beach. The largest percentage of participants resided in zip codes 90803 (13.4%), 90815 (11.3%), 90802 (10.3%), and 90807 (9.9%)

- Respondents' ages ranged from 12-75 years or older. The largest percentage of participants were between the ages of 25-34 years (18.5%), 35-44 years (23.2%), and 45-54 years (17.7%). Additionally, 12.6% were 55-64 years old, 13.9% of participants were 65-74 years old, and 6.5% were 75 years or older.

- Most participants spoke English (87.7%), whereas Khmer, Spanish, and Tagalog speakers accounted for 2.0%, 9.3%, and 0.5%, respectively.

- Racial/ethnic identities of survey participants were Asian/Pacific Islander (11.1%), Black/African American (11.9%), Hispanic/Latinx (28.9%), and White (38.1%) though 2.1% of participants identified as Middle Eastern, Southwest Asian, or North African and 2.7% identified as Native American, Alaskan Native, or Indigenous.

- 159 participants indicated living with a disability. Most indicated that they lived with a physical (31.4%) or mental disability (23.9%). Others expressed living with a cognitive (1.3%), hearing (6.9%), or visual (7.5%) disability.

Quality of Life Indicators

Quality of Life Indicators consisted of statements which participants had the opportunity to disagree (1), somewhat disagree (2), somewhat agree (3), and agree (4) with. Responses were averaged to determine how much participants agreed with each statement and were reported as mean scores (M) ranging from 1-4. A mean of 1 represents more participant disagreement with each statement, and a mean of 4 represents more participant agreement. Furthermore, the Research Team stratified responses by zip codes and race/ethnicity to further understand how participants' agreement may vary by place and race/ethnicity.

- **Intersectionality:** The highest agreement among participants was related to participants' belief that women and girls encounter discrimination based on their sexual orientation/gender (M=3.35). Participants indicated more disagreement with statements related to the availability of services and programs available to older women (M=2.38) and women and girls with disabilities access to Long Beach services and amenities (M= 2.46).

- **Economic Stability:** The highest agreement related to economic stability was participants' belief that women must leave their careers or have trouble finding a job to care for their families (M=3.43). Participants generally disagreed that women could find employment with adequate health insurance (M=2.04), women and girls have access to affordable healthy foods (M=2.03), women feel comfortable advocating for equity job pay (M=1.90), and single women and head of households have access to quality affordable housing (M=1.78).

- **Health:** The highest agreement was participants' perception that women and girls have access to preventative healthcare (M=2.62) followed by perceptions that women and girls felt safe discussing reproductive health with medical providers (M=2.44). Participants reported more disagreement with statements related to access to safe and affirming health care for transgender women (M=2.12), women's and girls' access to mental/emotional health support (M=2.08), and perceptions that women and girls are empowered to advocate for their health (M=2.15).

- **Family:** The highest agreement to statements on family was participants' belief that COVID-19 heightened stress for women and girls (M=3.69) followed by their belief that women often prioritize the needs of their family before their own (M=3.60). Participants reported lower agreement with the belief that women and girls are supported by their partners, family, and friends (M=2.77). Participants had the lowest agreement with the perception that quality childcare is accessible in Long Beach (M=1.95).

- **Connectedness:** The highest agreement was participants' perception that Long Beach has many safe, competitive sports and recreational activities available for women and girls (M=2.71), followed by Long Beach women and girls are empowered to lead and advocate for the issues affecting their community (M=2.58). The lowest agreement was to the statement that women and girls have someone to talk to and/or confide in about the issues most important to them (M=2.43).

- **Safety:** Participants reported the lowest agreement that women and girls feel safe moving around their neighborhood after dark (M= 1.54) and the highest agreement to the perception that women and girls' mental health relies on feeling safe (M=3.64).

Priorities

Participants were encouraged to respond to open-ended questions pertaining to all quality of life indicators, identifying resources and programs, and topics they would like to prioritize. The Research Team reviewed and coded the qualitative information to identify six primary themes.

- **Economic Support:** A total of 184 responses in the Topic Priority open-ended questions about economic support, representing 20.5% of responses, focusing job opportunities, pay equity, job training, and skills for women and girls in Long Beach.

  Sub-themes include pay equity, career support, childcare support, and housing support.

- **Safety:** A total of 185 responses in the Topic Priority open-ended questions pertained to safety, which represented 19% of responses, focusing on creating a community where women feel safe.

  Sub-themes include domestic violence, harassment, sexual assault, self-defense, and ensuring safe communities

- **Health Access and Equity:** A total of 183 responses in the Topic Priority open-ended questions pertained to health access and equity, which represented 18.5% of responses, focusing on increased access to healthcare, health resources and services.

  Sub-themes include mental health support, reproductive care, specialized clinics, free and/or affordable healthcare, more diverse and inclusive medical professionals, and better access to current options.

- **Support Under-Resourced Communities:** A total of 42 responses in the Topic Priority open-ended questions pertained to supporting under-resourced communities of girls and women, which represented 8.5% of responses, focusing on supporting women and girls from traditionally under-resourced communities, including genderqueer, language diverse, people of color, undocumented, and/or younger women and girls in Long Beach.

  Sub-themes include gender equity, language equity, race-related concerns, support for undocumented individuals, and support for youth.

- **Support and Develop Programming:** A total of 37 responses in the Topic Priority open-ended questions pertained to programming for women and girls, which represented 7.5% of responses, focusing on supporting existing programs and developing additional programs geared toward women and girls in Long Beach.

- **Educational Support:** A total of 52 responses, which account for approximately 6% of the total responses for the Topic Priority open-ended questions, focused on supporting educational pursuits for girls and women in Long Beach.

Sub-themes include mental health education, sex education STEM (Science, Technology, Engineering, and Math) education, financial literacy, and career education.

Priorities and Recommendations

The Community Survey sought to identify priorities that guide the forthcoming Long Beach Commission for Women and Girls. Upon completing the data analysis, the Research Team proposed four recommendations that considered survey participants' quantitative and qualitative feedback on women's and girls' economic equity, safety, health, and education. These recommendations intend to guide the forthcoming Commission in its efforts to eliminate gender-based inequities in Long Beach through intentional advocacy, outreach, programming, and policy-based intervention, outlining policy and program solutions to support each recommendation.

Recommendation 1: Employ multi-level strategies that facilitate individual, community, and structural changes that promote economic equity for women and girls in Long Beach.

Recommendation 2: Develop Comprehensive gender-responsive policies and practices that promote the safety of women and girls in both public and private spaces in Long Beach.

Recommendation 3: Promote equitable access to inclusive healthcare services, health education, and support to improve the quality of life for women and girls in Long Beach.

Recommendation 4: Expand and create opportunities to promote gender equity in education for women and girls in Long Beach.

Upon completion of the Survey analysis, the Office of Equity and Advisory Team created recommendations for the Commission for Women and Girls' purpose, duties, and membership.

Purpose: The Commission for Women and Girls serves as an advisory body to the City Council on establishing and maintaining equal rights, equity, social justice, representation, and opportunities for all regarding gender, specifically serving women and girls who live or work in Long Beach. This includes all who live as female-identified: cis and trans, and those who identify as gender-expansive, non-binary, non-conforming, and genderqueer.

Duties:
- To gather, assess and evaluate the needs and concerns of women and girls in Long Beach within the broader context of gender equity;
- To inform and advise the City Council on issues and inequities affecting women and girls in Long Beach:
  - Creating meaningful changes in the conditions, policies, and programs that lift women and girls, ensuring gender equality;

- o Recommending policies, programs, and practices that promote and ensure equal rights and opportunities for all genders;

- o Protecting and promoting visibility for women who are mothers, caregivers, and older adults.

- o Identifying matters of discrimination, prejudice, health, and safety of all women and girls;

- o Encouraging the participation, visibility, and leadership of all women and girls.

- To advocate for policy change using an intersectional feminist lens, ensuring that women's overlapping identities — including but not limited to race, ethnicity, sexual orientation, age, disability, class, religion, and marital status — are considered in decision-making related to City policies, programs, and resource allocation;

- To consult and coordinate with other public agencies, commissions, and organizations serving women and girls on matters relevant to the Commission;

- To conduct studies and surveys on the status of women and girls related to gender equity, as requested by the Mayor and City Council, and advise thereafter;

- To submit an annual report of Commission activities and recommendations to the Mayor and City Council.

Membership:

The Commission for Women and Girls shall consist of eleven (11) commissioners, as defined above, who demonstrate a commitment to advocating and advancing the well-being of Long Beach women and girls. It is the intent that the Commissioners appointed shall be from a diverse cross-section of Long Beach including women of all racial backgrounds, ethnicities, sexual orientation, age, disability, class, religion, and partner status.

There shall be one (1) commission member appointed to represent each of the nine (9) City Council districts and two (2) at large members. These commission members will be nominated by the Mayor and confirmed by the City Council.

This matter was reviewed by Deputy City Attorney Anita Lakhani on June 30, 2023, and by Revenue Management Officer Geraldine Alejo on June 29, 2023.

TIMING CONSIDERATIONS

City Council action is requested on July 18, 2023.

FISCAL IMPACT

There is no fiscal or local job impact associated with this recommendation. The Community Survey findings identifies priorities which will guide the creation of the Long Beach Commission

for Women and Girls. The total cost to develop and conduct the survey, including community engagement efforts, is $50,000 and is supported by the General Fund Group and state grant funding. One-time and structural funding to support the Commission was approved as part of the Fiscal Year 2022 (FY 22) and FY 23 budget processes, which include $30,112 for staff support. After a reassessment of the staffing needs to support this new commission, it is clear that additional ongoing support will be needed. Commissions require dedicated staffing to both prepare and facilitate the meetings, as well as conduct research and support Commission requests for information and production of materials related to the agenda.

If the City Council moves ahead with this item as recommended, the City Manager will be seeking an additional $55,295 in structural funding for a Clerk Typist III to provide administrative support to the Commission in the FY 24 budget and identify solutions to address this additional fiscal need.

SUGGESTED ACTION:

Approve recommendation.

Respectfully submitted,

THOMAS B. MODICA
CITY MANAGER

ATTACHMENT

LONG BEACH WOMEN AND GIRLS SURVEY REPORT

MAY 2023

AMBER JOHNSON, PHD, MPH
KELLIE WALTERS, PHD
ANDREA RODRIGUEZ
MELISSA PANTOJA, MPH

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Gender-based inequities have persisted despite decades-long efforts to achieve gender equality in health, education, workplace, and safety. The disproportionate impact on women and girls was exacerbated by the COVID-19 pandemic and the subsequent economic downturn.This unveiled deepening racial and gender-based differences in job loss, income, childcare services, and mental health concerns. In Long Beach, systemic inequities have contributed to gender-based disparities, as 63% of Black women head of households are[1] rent-burdened and White men earn almost two times as much as Latina women.

In response to growing concerns about the status of women and girls in Long Beach, the City of Long Beach established an Ad-hoc Community Advisory Team comprised of community members who were interested in shaping the development of Long Beach's first Commission for Women and Girls. The Community Advisory Team worked collaboratively with the City of Long Beach's Office of Equity to develop a multilingual (English, Spanish, Tagalog, and Khmer) Long Beach Commission for Women and Girls (LBCWG) Community Survey.

The following indicators were used to assess the quality of life for women and girls living in Long Beach: Intersectionality, Economic stability, Health, Family, Connectedness, and Safety. The survey also provided opportunities for participants to provide written feedback on each quality of life indicator and identify priority areas for Long Beach women and girls.

The Long Beach Office of Equity, Community Advisory Team, and community partners implemented a community engagement approach to recruit Long Beach women and girls to complete the survey in electronic (Qualtrics survey platform) and paper forms. This resulted in 743 valid survey responses.

SUMMARY OF PARTICIPANT DEMOGRAPHICS

LBCWG community survey participants represented all zip codes in Long Beach. The majority of survey participants indicated that they were assigned female at birth (91.7%) while 6.5% of participants were assigned male. Most participants indicated their gender expression as female (89.5%) compared to male (4.0%), non-binary or gender expansive (1.4%), transgender (2.4), or two-spirit (.4%). Participants' sexual orientation varied with most participants identifying as straight (77.3%). Participants also identified as asexual (0.5%), bisexual (6.6%), gay (1.4%), lesbian (4.3%), pansexual (2.0%), or queer (2.3%).

The largest percentage of participants resided in zip codes 90803 (13.4%), 90815 (11.3%), 90802 (10.3%), and 90807 (9.9%). Survey participants' ages ranged from 12 to 75 years or older. However, the largest percentage of participants were between the ages of 25- 34 years (18.5%), 35-44 years (23.2%), and 45-54 years (17.7%). Most participants were Asian/Pacific Islander (11.1%), Black/African American (11.9%), Hispanic/Latinx (28.9%), and White (38.1%). Additionally, 2.1% of participants identified as Middle Eastern, Southwest Asian, or North African, and 2.7% identified as Native American, Alaskan Native, or Indigenous.

The majority of survey participants spoke English (87.7%), whereas Khmer, Spanish, and Tagalog speakers accounted for 2.0%, 9.3%, and 0.5%, respectively. Of the 743 responses, 159 participants indicated living with a disability. Of these 159 participants, most indicated that they lived with a physical (31.4%) or mental disability (23.9%). Others expressed living with a cognitive (1.3%), hearing (6.9%), or visual (7.5%) disability.
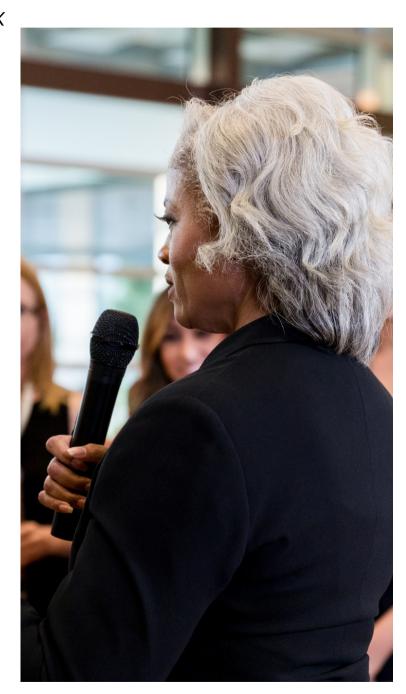
SUMMARY OF QUALITY OF LIFE INDICATORS

"GIVE US MORE PLATFORMS TO SPEAK AND LEAD OUR COMMUNITIES"

Quality of Life Indicators were grouped into six overarching themes: Intersectionality, Economic Stability, Health, Family, Connectedness, and Safety. Each section provided participants with the opportunity to disagree (1), somewhat disagree (2), somewhat agree (3), or agree, (4) with statements that represented each indicator of quality of life.

Participant responses were averaged for each statement to determine, on average, how much participants agreed with each statement. These averages are reported as mean scores (M) that range from 1-4. A mean of 1 represents more participant disagreement with each statement whereas a mean of 4 represents more participant agreement. Participants' agreement to each statement was also stratified by zip codes and race/ethnicity to further understand how sentiments vary by place and race/ethnicity.

These stratifications are included in the full report. Participants were also given an opportunity on the survey to provide their written thoughts and opinions on each quality of life indicator in addition to expanding on the priorities of Long Beach women and girls.

INTERSECTIONALITY

To understand the unique needs and diverse experiences of women and girls in Long Beach, participants assessed their level of agreement with statements acknowledging the intersectionality of identities as it relates to race/ethnicity, sexual orientation, gender identity, and disability. Participants were asked the following questions pertaining to intersectionality:

1. Women and girls are disproportionately impacted by racism in systems.
2. Women and girls encounter discrimination based on their sexual orientation/gender identity.
3. Long Beach has many services and programs available to aging (or older) women.
4. Women and girls who are undocumented encounter barriers to services like social support, affirming healthcare, and language access.
5. Women and girls with disabilities can easily access and enjoy Long Beach services and amenities (like playgrounds, recreational equipment, and social programs).

The highest agreement among participants was related to participants' belief that women and girls encounter discrimination based on their sexual orientation/gender (M=3.35). One example of this includes discrimination experienced in the healthcare setting, with one respondent providing the following suggestion,

> *"Having health facilities clearly and openly post their stance on discrimination and their procedures for reporting issues not just on websites but in their lobbies and waiting areas helps people in these groups feel safer. I've been with Kaiser for about 10 years and like that they have their position against discrimination clearly posted in their clinics. Their doctors have profiles on their website and I know to look for doctors that clearly state they like working with LGBTQ+ patients and think this kind of profile system would be great for all health providers."*

This was followed by participants' belief that women who are undocumented encounter barriers to services (M=3.33) with one participant stating, "*Providing additional paid opportunities for undocumented women and girls is very much needed. The lack of these paid fellowships/ internships makes it difficult for members from the undocumented community to really be able to thrive in the City of Long Beach*". Participants also showed strong agreement with the statement women and girls are disproportionately impacted by racism (M=3.29).

Participants indicated more disagreement with statements related to the availability of services and programs available to older women (M=2.38) and women and girls with disabilities (M=2.46). One respondent said, "*Long Beach keeps building playgrounds that are inaccessible to kids with disabilities [and] older women face challenges finding employment, since age discrimination is even worse against older women than older men; and relatedly, affordable housing for older (and underpaid) women is a real challenge.*"

ECONOMIC STABILITY

Economic stability means that people have the resources necessary for a healthy life, such as affordable housing, living wages, worker protections, healthcare, and reliable transportation. Participants were asked the following questions related to economic stability:

1. Women leave their careers or have trouble finding an adequate job so that they can care for their family.
2. Most women feel comfortable advocating for equitable pay at their job.
3. Single women and women-headed households have access to quality, affordable housing.
4. Women in Long Beach can generally find employment opportunities that provide adequate health insurance for them and their families.
5. In Long Beach, almost all women and girls have access to affordable and healthy food in their neighborhoods.

The highest agreement related to economic stability among participants was participants' belief that women must leave their careers or have trouble finding a job to care for their families (M=3.43). When asked about top priorities for women and girls, one participant suggested the City of Long Beach provide, "*support for mothers and young children. The lack of maternity leave (even the City of Long Beach only introduced one month paid leave in 2021), and affordable childcare. Support for mothers reentering the workforce*".

Participants generally disagreed that women could find employment with adequate health insurance (M=2.04) with one participant saying "*Healthcare shouldn't be tied to your employment. Whether or not a woman, or any person, has adequate healthcare depends on their current job. That's not ok. There need to be better options for people without employer-provided care*".

Participants also disagreed that women and girls have access to affordable healthy foods (M=2.03) with one respondent saying, "*There are still parts of Long Beach known as a food desert, i.e., West Long Beach, where healthy organic foods are not accessible for women and young girls. We must prioritize seeing food as medicine and connected to our overall mind & body health.*" Lastly, participants disagreed that women feel comfortable advocating for equity job pay (M=1.90) and that single women and head of households have access to quality affordable housing (M=1.78).

"WE NEED ADVOCACY FOR PAY EQUALITY AND CLOSING THE GENDER GAP AS WELL AS POLICIES FOR REMOVING GLASS CEILINGS."

HEALTH

Questions related to health were focused on women's and girls' state of physical, mental, and social well-being. Participants were asked the following questions related to health:

1. Women and girls in my community have access to preventive healthcare, like screenings and regular check-ups.
2. Women and girls can easily access help for their mental/emotional health.
3. Women and girls feel empowered to advocate for their healthcare needs.
4. Transgender women in my community have access to safe and affirming healthcare.
5. Women and girls feel safe discussing their reproductive health with a medical provider.

Participants generally somewhat agreed or disagreed with statements related to health; response means for this section ranged between 2.08-2.62. This highest agreement, though somewhat modest, was participants' perception that women and girls have access to preventative healthcare (M=2.62) followed by perceptions that women and girls felt safe discussing reproductive health with medical providers (M=2.44).

One respondent said, "*People are suffering. 90% of that waiting room was women of color because they aren't provided with adequate healthcare that allows them to seek preventive medical care, they end up waiting until it becomes an emergency.*" Participants also reported more disagreement with statements related to access to safe and affirming healthcare for transgender women (M=2.12).

Participants also reported more disagreement with the statement that women and girls can easily access mental/emotional health support (M=2.08) and perceptions that women and girls are empowered to advocate for their health (M=2.15). Many of the respondents suggested specialized facilities for women and girls such as "*a clinic geared towards women and teenage girls, access to free mental health services*".

"TRANSGENDER WOMEN NEED SAFE ACCESS TO HEALTH CARE, INCLUDING PROTECTION AGAINST VIOLENCE. GIRLS NEED TO FEEL SAFE THAT THEY CAN DISCUSS THEIR REPRODUCTIVE HEALTH WITHOUT WORRYING ABOUT THEIR FAMILY MEMBERS AND FRIENDS FINDING OUT, EVEN IF THEY ARE A MINOR."

FAMILY

Participants were provided the opportunity to report their agreement to statements related to intimate and domestic connections, like marriage, living together, and other economic and social responsibilities and support/resources. Participants were asked the following questions related to family:

1. Quality childcare in Long Beach is accessible.
2. Some women and girls endure financial, physical, and/or emotional abuse from their partners (or family members).
3. Women and girls are supported by their partners, family, and friends.
4. Women often prioritize the needs of their families before their own.
5. COVID-19 heightened stress for many women and girls.

The highest agreement to statements related to family was participants' belief that COVID-19 heightened stress for women and girls (M=3.69) followed by their belief that women often prioritize the needs of their family before their own (M=3.60). One participant stated, "*Society dictates that women must prioritize everyone else before their own needs. Empowering women is essential to combat this. COVID-19 has heightened stress for everyone; we need women and girl focused affordable healthcare more than ever.*"

Similarly, participants generally agreed that some women and girls endure financial, physical, and/or emotional abuse from their partners or family members (M=3.36) and argued for, "*more publicized places of safety for women who are being abused, education about our right to live without abuse & what abuse looks like, how women can join together to support one another.*"

Participants reported lower agreement with the belief that women and girls are supported by their partners, family, and friends (M=2.77). Participants had the lowest agreement with the perception that quality childcare is accessible in Long Beach (M=1.95).

"MORE QUALITY, PUBLIC CHILD CARE OPTIONS ACROSS THE CITY, ESPECIALLY 90810. INCREASING ACCESS TO AFTER SCHOOL PROGRAMS. OFFERING INCENTIVES FOR EXISTING CHILDCARE CENTERS TO ACCESS PROFESSIONAL DEVELOPMENT SO THEY CAN INCREASE THE QUALITY OF PROGRAMMING FOR THE CHILDREN."

CONNECTEDNESS

Connectedness speaks to the social and resource connections that are available to women and girls. This consists of community, social networks, and access to support. It also comprises the feeling of being seen, heard, and valued. Participants were asked the following questions related to connectedness:

1. Long Beach has many safe, competitive sports and recreational activities available for women and girls.
2. Women and girls have someone to talk to and/or confide in about the issues most important to them, like their health, their job, their hopes, dreams, and their family.
3. Many women and girls engage in activities to practice self-care, manage stress, and maintain their wellness. For example, exercise, gardening, meditation, etc.
4. Long Beach neighborhoods have quality internet and digital services that allow women and girls to connect with each other and to social services from home.
5. Long Beach women and girls are empowered to lead and advocate for the issues affecting their community.

Participant response means for connectedness questions ranged between 2.43-2.53 suggesting that participants generally somewhat agreed or disagreed with statements related to connectedness among women and girls. The highest agreement was participants' perception that Long Beach has many safe, competitive sports and recreational activities available for women and girls (M=2.71). One participant said, "*Yes, women and girls with the resources can avail themselves of services and activities. Low-income women and girls are trying to survive and sports and stress management, etc. may not be top priorities for them.*"

Overall reported means were similar for beliefs that women and girls engage in activities to practice self-care, manage stress, and maintain their wellness (M=2.53), Long Beach neighborhoods have quality internet and digital services that allow women and girls to connect with each other and to social services from home (M=2.50), and Long Beach women and girls are empowered to lead and advocate for the issues affecting their community (M=2.58).

Overall, participants suggested more opportunities for building connections by providing, "*internet access/service for all; more programs and space for self-care, self-advocacy and leadership skills education/practice.*" The lowest agreement was to the statement that women and girls have someone to talk to and/or confide in about the issues most important to them (M=2.43).

"WE NEED SAFE PLACES TO TALK ABOUT (WOMENS' AND GIRLS') ISSUES".

SAFETY

Participants reported their level of agreement on women's safety which involves policies and programs, that focus on reducing violence against women. This also includes emotional, environmental, physical, sexual, mental, or any other type of harm. Participants were asked the following questions related to safety for women and girls:

1. Women and girls' mental health relies on feeling safe.
2. Women and girls in Long Beach know what to do and whom to call if they are assaulted or robbed.
3. Women and girls feel safe moving around their neighborhood after dark.
4. Women and girls can report incidents of assault to female first responders when available.
5. Schools, libraries, and workplaces have consistent practices and standards of how they handle sexual assault and trauma-informed recovery.

Participants' agreement to statements on safety was wide-ranging. Participants reported the lowest agreement to the perception that women and girls feel safe moving around their neighborhood after dark (M=1.54) with one person stating "Long Beach isn't known to be a safe city, which means it is especially not safe for women to walk in the dark." Participants reported the highest agreement with the perception that women's and girls' mental health relies on feeling safe (M=3.64).

Overall, participants responded similarly to the belief that schools, libraries, and workplaces have consistent practices and standards for handling sexual assault and trauma-informed recovery (M=2.17), women and girls in Long Beach know what to do and who to call if they are assaulted or robbed (M=2.22) and women and girls can report incidents of assault to female first responders when available (M=2.45). One of the participants stated, "*I didn't know about the ability to report assaults to female first responders or that our libraries had standards about handling sexual assault. I think it would be great if this was advertised more!!*"

"STANDARDS AND POLICIES FOR HANDLING VIOLENCE AGAINST WOMEN AND GIRLS NEED TO BE CONSISTENT AND ENFORCED WITHOUT BIAS OR PREJUDICE. "

TOPICS PRIORITIZED BY SURVEY PARTICIPANTS

Participants responded to open-ended questions pertaining to all quality-of-life indicators, resources and programs, overall well-being, and topics they would like to prioritize. Overall analysis revealed six primary themes: 1) economic support, 2) safety, 3) health access and equity, 4) support under-resourced communities, 5) support and develop programming, and 6) educational support. These are discussed in detail in the full report. The following image represents words that are representative of participants suggestions and feedback. The bigger and bolder the word, the more often it was mentioned by survey participants.

.

"WOMEN OF COLOR, WOMEN WITH DISABILITIES, AND UNDOCUMENTED ALL FIND THEMSELVES ON WITH LIMITED OPPORTUNITIES IF THEY DON'T ALREADY HAVE SOMEONE TO FIGHT FOR THEM. INFORMATION IS WITHHELD IN MOST CASES, IT IS ALMOST LIKE YOU MUST COME WITH PROOF OF A DISPARITY BEFORE SOMEONE WILL HELP WITH VITAL AND SOMETIMES CRITICAL INFORMATION IN THE FORM OF WHERE TO GO, WHEN TO GO, WHOM TO SPEAK WITH OR EVEN WHAT TO ASK FOR."

INTRODUCTION

Before the pandemic, the Long Beach City Council adopted a resolution supporting the Convention of the Elimination of all Forms of Discrimination Against Women on March 1, 2016.[1] This Convention sought to guide policy changes that support the advancement of women and reduce the disproportionate representation of women in poverty and violence.

The California Commission on the Status of Women and Girls has worked for over 50 years to eradicate inequities in California laws, practices, and conditions that impact the quality of life for women and girls in California. Twenty-five city and county women's commissions across California have been created to support the advancement of California women on the local level. These commissions advise local governments, including city councils, on the intersectional needs of women and girls across varying ages, race/ethnicity, socioeconomic status, gender identity, and sexual orientation.

These commissions also educate and empower communities to advocate on behalf of women through the development of initiatives that address issues that adversely affect California women and girls, such as poverty, pay equity, domestic violence, and educational opportunities. Moreover, community voiced women's commissions can promote community-engaged experiences that guide local policy priorities and initiatives.

Like other local women's commissions, a Long Beach Commission for Women and Girls can support the elimination of gender-based inequities in Long Beach through intentional outreach, engagement, advocacy, and policy-based intervention. The Equity and Human Relations Commission recommended a plan to create a Long Beach Commission for Women and Girls, brought forward to the Long Beach City Council by Second District Councilwoman Cindy Allen and

co-sponsored by former Third District Councilwoman Suzie Price. City Council approved the recommendation in September 2021, providing the pathway for the City Council to allocate funding toward creating a women's commission. Additionally, the City of Long Beach's Office of Equity pursued grant funding awarded by the California Commission on the Status of Women and Girls. The added capacity and investments were instrumental in creating a community-informed survey that would guide the creation of the City's first commission focused on the advancement and equity of all women and girls. The purpose of this survey is to provide recommendations to the Long Beach City Council to ensure the LBCWG priorities align with community input by Long Beach women and girls.

"I AM NOT FREE WHILE ANY WOMAN IS UNFREE, EVEN WHEN HER SHACKLES ARE VERY DIFFERENT FROM MY OWN."
– AUDRE LORDE

METHODOLOGY

SURVEY DEVELOPMENT

The Office of Equity, with guidance from the Long Beach Equity Toolkit for City Leaders and Staff, initiated an inclusive and intersectional community engagement process in the development of the Long Beach Women and Girls Community Survey. This led to the creation of an Ad-Hoc Community Advisory Team comprised of women, mothers, advocates, and industry leaders who expressed interest and commitment to shaping the LBCWG. The Community Advisory Team worked collaboratively with the Office of Equity to design a survey that would focus intersectionally on issues impacting the quality of life for women and girls in Long Beach.

After several collaborative iterations, the Office of Equity in partnership with the Community Advisory team developed a finalized LBCWG Community Survey to assess the quality of life for women and girls in Long Beach using the following indicators; Intersectionality, Economic Stability, Health, Family, Connectedness, and Safety. The survey also prompted information to describe survey participants' demographics. Demographic information included participants' sex assigned at birth, gender expression, sexual orientation, residential zip code, age, race/ethnicity, language(s) spoken, and disability status. Participants with disabilities were provided options to indicate their category of disability including visual, hearing, cognitive, physical, mental health, and/or other disability.

Participants were also provided space to give written feedback on each quality of life indicator and identify priority areas for Long Beach women and girls. The survey was translated from English to Spanish, Tagalog, and Khmer to promote equitable access to provide feedback. The survey was made available online using the Qualtrics survey platform for those with access to a computer or smartphone. The survey was also available in paper format for individuals who could not access the survey online.

RECRUITMENT

The Office of Equity, Community Advisory Team, and community partners implemented a community engagement approach to recruit Long Beach women and girls between November 2022- January 30, 2023. The Office of Equity developed promotional flyers in English, Spanish, Tagalog, and Khmer with QR codes and links to the online survey. Surveys were distributed via email, social media (e.g., Twitter), the Office of Equity's

electronic newsletter, community events, City Parks and Libraries. The Office of Equity intentionally partnered with individuals and community organizations that have provided support to populations who have been historically marginalized. Collectively, these partnerships provided specific recruitment of women who self-identified as Asian/Pacific Islanders, Black, Latinx, and/or Indigenous, women of diverse gender expressions including transwomen, and women currently living with a disability. Organizations that assisted in the recruitment of these communities were provided funding to support the additional labor of assisting with survey recruitment.

Participation in the survey was voluntary and anonymous. However, participants who completed the survey received a $20 physical gift card or electronic incentive. Participants who received the gift cards or electronic incentives were required to provide names, addresses (if available), and email (for electronic incentives only). This information was collected separately from data collected from participants' survey responses allowing survey responses to remain anonymous.

Of note, engaging in city-wide efforts using an online platform that incentivized participation had both strengths and limitations. The incentivized participation of the online survey increased access to the survey such that participants could complete the survey at a convenient time in a setting most comfortable to the participant. This also allowed participants to receive reasonable compensation that acknowledged the participants' time in completing the survey. However, an early pilot of the protocol found that the initial surveys were compromised by survey bots. Survey bots are automated programs designed to complete a survey by mimicking a human user. Survey bots were not authentic survey takers but benefited from an automated survey incentive protocol designed to quickly incentivize participants. This led to a short pause in the online survey implementation to protect the integrity of the survey while appropriately incentivizing participants for their time. The survey was then revised to provide participants with a validation link after completing the survey, in which participants provided information to receive their incentive later. This information was then screened to determine whether the provided information was valid.

Online survey recruitment efforts led to 1917 total survey responses. This included survey bot submissions, uncompleted surveys, and surveys submitted beyond the geographical area of Long Beach (e.g., Seattle, Washington, London, England). The Qualtrics survey platform provides the latitude and longitudinal coordinates of survey participants to determine the geographical area of survey participants when they completed the survey. Survey responses with latitudes and longitudes indicating completion of the survey outside of Long Beach were excluded from the final survey analysis. Upon closer inspection, most of the survey submissions outside of the Long Beach geographical area were shown to be survey bots. Incomplete survey responses were also excluded from the final survey. The final survey analysis included 743 valid survey submissions of which 42 were paper survey submissions.

DATA ANALYSIS

QUANTITATIVE ANALYSIS

Participants had the option to select all categories that represented them on demographic indicators race/ethnicity, languages spoken, and identified disability. This data was analyzed to represent the percentage of all races/ethnicities, languages spoken, and identified disabilities among survey participants. However, the analysis did not indicate multiple response patterns (e.g., specific multi-racial identities or multiple languages spoken) for each participant.

Quality of Life Indicators were grouped into overarching themes: Intersectionality, Economic Stability, Health, Family, Connectedness, and Safety. Each section provided participants with the opportunity to disagree (1), somewhat disagree (2), somewhat agree (3), or agree (4) with statements that represented each Quality of Life Indicator. Participant responses were averaged for each statement to determine, on average, how much participants agreed with each statement. These averages are reported as mean scores (M) that ranged from 1-4, whereas a mean of 1 represents more participant disagreement with each statement and a mean of 4 represents more participant agreement. Participants' agreement to each statement was also stratified by zip codes and race/ethnicity to further understand how participants' sentiments may vary by place and race/ethnicity.

QUALITATIVE ANALYSIS

Qualitative analysis was conducted on participants' written responses to each quality of life indicator. Participants also provided written suggestions for priority areas for Long Beach women and girls. The qualitative information was thoroughly reviewed and coded to identify emerging themes brought forth by survey participants. These themes were checked across the data evaluation team to determine whether themes were appropriately categorized to reflect the major themes within the survey. Finalized themes were considered perceived priorities among survey participants.

2

RESULTS

PARTICIPANT DEMOGRAPHICS

TABLE 1. GENDER EXPRESSION

GENDER EXPRESSION	N	%
Female	697	89.5
Male	31	4.0
Non-Binary/ Gender Expansive	11	1.4
Transgender	19	2.4
Two Spirit	3	0.4
Prefer not to answer	11	1.4
Other (Queer)	1	0.1

Most participants indicated their gender expression as female (89.5%) compared to male (4.0%), non-binary or gender expansive (1.4%), transgender (2.4), or two-spirit (0.4%). Participant's sexual orientation varied with most participants identifying as straight (77.3%).

The majority of survey participants indicated that they were assigned female at birth (91.7%) while 6.5% of participants were assigned male.

TABLE 2. SEX ASSIGNED AT BIRTH

SEX ASSIGNED AT BIRTH	N	%
Female	714	91.7
Male	51	6.5
Prefer not to answer	7	0.9
Nonresponse	7	0.9

TABLE 3. SEXUAL ORIENTATION

SEXUAL ORIENTATION	N	%
Asexual	4	0.5
Bisexual	52	6.6
Gay	11	1.4
Lesbian	34	4.3
Pansexual	16	2
Queer	18	2.3
Straight	605	77.3
Other	7	0.9

Participant's sexual orientation varied with most participants identifying as straight (77.3%). Participants also identified as asexual (0.5%), bisexual (6.6%), gay (1.4%), lesbian (4.3%), pansexual (2.0%), and queer (2.3%).

FIGURE 1. LONG BEACH ZIP CODES

City of Long Beach, California
Zip Codes

TABLE 4. ZIP CODES

ZIP CODE	N	%	ZIP CODE	N	%
90802	80	10.3	90810	37	4.7
90803	104	13.4	90813	53	6.8
90804	56	7.2	90814	55	7.1
90805	60	7.7	90815	88	11.3
90806	67	8.6	90822	3	0.4
90807	77	9.9	90831	4	0.5
90808	69	8.9	90840	2	0.3
90809	5	0.6	Nonresponse	19	2.4

Survey participants from all zip codes are represented in the survey. However, the largest percentage of participants resided in zip codes 90803 (13.4%), 90815 (11.3%), 90802 (10.3%), and 90807 (9.9%). This was followed by participants in 90808 (8.9%), 90806 (8.6%), 90805 (7.7%), 90804 (7.2%), 90814 (7.1%), 90813 (6.8%), and 90810 (4.7%). The remaining zip codes accounted for less than 1% of participants.

TABLE 5. AGE

AGE	N	%
12-17 years old	21	2.7
18-24 years old	28	3.6
25-34 years old	144	18.5
35-44 years old	181	23.2
45-54 years old	138	17.7
55-64 years old	98	12.6
65-74 years old	108	13.9
75 years or older	51	6.5
Nonresponse	10	1.3

FIGURE 2: AGE DISTRIBUTION OF LBCWG SURVEY PARTICIPANTS

- 12-17 years old
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
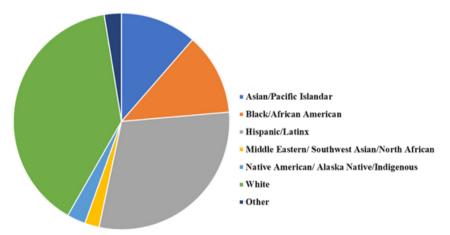- 65-74 years old
- 75 years or older

Survey participants' ages ranged from 12-75 years or older, though the largest percentage of participants were between the ages of 25-34 years (18.5%), 35-44 years (23.2%), and 45-54 years (17.7%). Additionally, 12.6% were 55-64 years old, 13.9% of participants were 65-74 years old, and 6.5% were 75 years or older. Participants younger than 24 years older accounted for the smallest number of participants with 18-24 year olds accounting for 3.6% and 12-17 year olds accounting for 2.7%..

TABLE 6. LANGUAGE

LANGUAGE	N	%
English	706	87.7
Spanish	75	9.3
Tagalog	4	0.5
Khmer	16	2.0
Other	4	0.5

The majority of survey participants spoke English (87.7%), whereas Khmer, Spanish, and Tagalog speakers accounted for 2.0%, 9.3%, and 0.5%, respectively.

FIGURE 3: RACIAL/ETHNIC DISTRIBUTION OF LBCWG SURVEY PARTICIPANTS

- Asian/Pacific Islandar
- Black/African American
- Hispanic/Latinx
- Middle Eastern/ Southwest Asian/North African
- Native American/ Alaska Native/Indigenous
- White
- Other

TABLE 7. RACE/ETHNICITY

RACE/ETHNICITY	N	%
Asian/Pacific Islander	95	11.1
Black/African American	102	11.9
Hispanic/Latinx	247	28.9
Middle Eastern/ Southwest Asian/ North African	18	2.1
Native American/Alaska Native/ Indigenous	23	2.7
White	325	38.1
Other	21	2.5
Prefer not to answer	23	2.7

Most participants were Asian/Pacific Islander (11.1%), Black/African American (11.9%), Hispanic/Latinx (28.9%), and White (38.1%) though 2.1% of participants identified as Middle Eastern, Southwest Asian, or North African and 2.7% identified as Native American, Alaskan Native, or Indigenous.

TABLE 8. DISABILITY

DISABILITY	N	%
Visual	12	7.5
Hearing	11	6.9
Cognitive	2	1.3
Physical	50	31.4
Mental Health	38	23.9
Other	15	9.4
Prefer not answer	31	19.5

159 participants indicated living with a disability. Of these 159 participants, most indicated that they lived with a physical (31.4%) or mental disability (23.9%). Others expressed living with a cognitive (1.3%), hearing (6.9%), or visual (7.5%) disability.

FIGURE 4: DISTRIBUTION OF STATED DISABILITIES (N)

Legend:
- Visual
- Hearing
- Cogntive
- Physical
- Mental Health
- Prefer not answer
- Other

QUALITY OF LIFE INDICATORS

The following sections provide the results of the LBCWG community survey participants' responses to statements related to their perceptions of intersectional experiences, economic stability, health, family, connectedness, and safety. Participants responded 1 (Strongly Disagree), 2 (Disagree), 3 (Agree), or 4 (Strongly Agree) to statements within each category. The findings below report participants' overall mean (average) response to each statement. Findings are also reported by race/ethnicity and zip code. Higher scores indicate higher agreement with each statement whereas lower scores indicate more disagreement among participants.

TABLE 9. INTERSECTIONALITY

INTERSECTIONALITY	Overall Mean
Women and girls are disproportionately impacted by racism in systems	3.29
Women and girls encounter discrimination based on their sexual orientation/gender identity.	3.35
Long Beach has many services and programs available to aging (or older) women.	2.38
Women and girls who are undocumented encounter barriers to services like social support, affirming healthcare, and language access.	3.33
Women and girls with disabilities can easily access and enjoy Long Beach services and amenities (like playgrounds, recreational equipment, and social programs).	2.46

The highest agreement among participants was related to participants' belief that women and girls encounter discrimination based on their sexual orientation/gender (M=3.35). This was followed by participants' belief that women who are undocumented encounter barriers to services (M= 3.33) and women and girls are disproportionately impacted by racism (M=3.29). Participants indicated more disagreement with statements related to the availability of services and programs available to older women (M=2.38) and women and girls with disabilities access to Long Beach services and amenities (M= 2.46).

TABLE 10. INTERSECTIONALITY BY RACE/ETHNICITY

INTERSECTIONALITY BY RACE/ETHNICITY	Asian American/ Pacific Islander	Black/African American	White	Hispanic/Latinx	Middle Eastern/ Southwest Asian/ North African	Native American/ Alaskan Native/ Indigenous
Women and girls are disproportionately impacted by racism in systems such as employment, education, healthcare, and housing.	3.29	3.23	3.28	3.29	3	3.48
Women and girls encounter discrimination based on their sexual orientation/gender identity.	3.35	3.19	3.43	3.34	2.89	3.7
Long Beach has many services and programs available to aging (or older) women.	2.4	2.56	2.33	2.37	2.33	1.96
Women and girls who are undocumented encounter barriers to services like social support, affirming healthcare, and language access.	3.43	2.95	3.38	3.42	3.17	3.3
Women and girls with disabilities can easily access and enjoy Long Beach services and amenities (like playgrounds, recreational equipment, and social programs).	2.36	2.69	2.36	2.5	2.67	1.91

When examining intersectionality by race/ethnicity, the highest agreement among participants was related to the belief that women and girls encounter discrimination based on their sexual orientation/gender. However, individuals who identified as Middle Eastern, Southwest Asian, and/or North African on average indicated more disagreement with this statement (M=2.89). Generally, participants of all races/ethnicities believed that women who are undocumented encounter barriers to services for participants with more disagreement being observed among participants who indicated they were Black or African American (M=2.95).

Overall participants of all races/ethnicities agree that women and girls are disproportionately impacted by racism but generally disagreed that services and programs were available to older women. Participants of all races and ethnicities also generally disagreed that women and girls with disabilities have access to Long Beach services and amenities. The disagreement on the aforementioned two statements was more pronounced among participants identified as Native American, Alaskan Native, and/or Indigenous with means of 1.96 and 1.91, respectively.

"WE NEED PARK AND CITY PROGRAMMING SPECIFICALLY OPEN TO TRANS WOC, DISABLED, AND UNDOCUMENTED WOMEN AND GIRLS SUCH AS WORKSHOPS, JOB FAIRS, SUPPORT GROUPS AND RECREATIONAL ACTIVITIES HOSTED AT THE LIBRARY OR PARKS."

TABLE 11. INTERSECTIONALITY BY ZIP CODE

INTERSECTIONALITY BY ZIP CODE	90802	90803	90804	90805	90806	90807	90808	90809	90810	90813	90814	90815	90822	90831	90840
Women and girls are disproportionately impacted by racism in systems such as employment, education, healthcare, and housing.	3.38	3.24	3.36	3.33	3.34	3.42	3.38	3	3	3.23	3.17	3.22	3.33	3	3.5
Women and girls encounter discrimination based on their sexual orientation/gender identity.	3.32	3.31	3.45	3.28	3.44	3.51	3.51	2.6	3.16	3.22	3.31	3.37	3.67	2.5	3
Long Beach has many services and programs available to aging (or older) women.	2.34	2.4	2.17	2.49	2.37	2.47	2.44	3.6	2.17	2.59	2.36	2.22	3	3	2
Women and girls who are undocumented encounter barriers to services like social support, affirming healthcare, and language access.	3.46	3.27	3.53	3.22	3.34	3.41	3.41	3	3.35	3.23	3.21	3.36	2.33	2.75	3
Women and girls with disabilities can easily access and enjoy Long Beach services and amenities (like playgrounds, recreational equipment, and social programs).	2.35	2.37	2.27	2.78	2.48	2.54	2.37	3	2.46	2.58	2.3	2.44	3.33	2.75	4

Stratifying perceptions of intersectionality by zip code revealed an agreement with statements often varied by zip code location. Participants generally somewhat agreed or agreed that women and girls are disproportionately impacted by racism and discrimination based on the sexual orientation/gender of women. However, participants in 90831 exhibited more disagreement with this statement (M=2.5). Participants in zip codes 90809, (M=3.6), 90822 (M=3.0), and 90831 (M=3.0) had more agreement with the statement that services and programs were available to older women while participants in the remaining zip code generally disagreed. Participants in most zip codes somewhat agreed or agreed that those undocumented encounter barriers to services. More disagreement was observed in zip codes 90822 (M=2.33) and 90833 (M=2.75). Generally, participants in all zip codes disagreed with the statement that women and girls with disabilities have access to Long Beach services and amenities.

TABLE 12. ECONOMIC STABILITY

ECONOMIC STABILITY	Overall Mean
Women leave their career, or have trouble finding an adequate job, so that they can care for their family.	3.43
Most women feel comfortable advocating for equitable pay at their job.	1.9
Single women and women-headed households have access to quality, affordable housing.	1.78
Women in Long Beach can generally find employment opportunities that provide adequate health insurance for them and their families.	2.04
In Long Beach, almost all women and girls have access to affordable and healthy food in their neighborhood.	2.03

The highest agreement related to economic stability among participants was the belief that women must leave their careers or have trouble finding a job to care for their families (M=3.43). Participants generally disagreed that women could find employment with adequate health insurance (M=2.04), women and girls have access to affordable healthy foods (M=2.03), women feel comfortable advocating for equity job pay (M=1.90), and single women and head of households have access to quality affordable housing (M=1.78).

"WHEN WOMEN DO BETTER, ECONOMIES DO BETTER."
– CHRISTINE LAGARDE

TABLE 13. ECONOMIC STABILITY BY RACE/ETHNICITY

ECONOMIC STABILITY BY RACE/ETHNICITY	Asian American/ Pacific Islander	Black/African American	White	Hispanic/Latinx	Middle Eastern/ Southwest Asian/ North African	Native American/ Alaskan Native/ Indigenous
Women leave their career, or have trouble finding an adequate job, so that they can care for their family.	3.57	3.31	3.48	3.43	3.47	3.65
Most women feel comfortable advocating for equitable pay at their job.	1.85	2.29	1.72	2.04	1.67	1.48
Single women and women-headed households have access to quality, affordable housing.	1.85	2.09	1.68	1.79	1.94	1.74
Women in Long Beach can generally find employment opportunities that provide adequate health insurance for them and their families.	2.16	2.31	1.93	2	2.18	1.48
In Long Beach, almost all women and girls have access to affordable and healthy food in their neighborhood.	2.02	2.27	1.97	1.99	2.56	1.74

Examining economic stability by race/ethnicity revealed that the highest agreement related to economic stability among participants of all racial/ethnic groups was the belief that women must leave their careers or have trouble finding a job to care for their families. Participants generally disagreed that women could find employment with adequate health insurance with participants. However, participants who identified as White (M=1.93) and Native American, Alaskan Native, and/or Indigenous indicated more disagreement (M=1.48). Native American, Alaskan Native, and/or Indigenous participants indicated the most disagreement with women and girls having access to affordable healthy foods (M=1.74) followed by participants who identified as White (M=1.97) and Hispanic/Latinx (M=1.99). Participants of all races/ethnicities generally disagreed or strongly disagreed with the belief that women feel comfortable advocating for equitable job pay and that single women and head of households have access to quality affordable housing.

"AS A SINGLE 28 YEAR OLD WOMAN WHO HAS A BACHELOR'S DEGREE AND WORKS FOR LBUSD, I CAN'T AFFORD TO MOVE OUT OF MY CHILDHOOD HOME. HOUSING IN LONG BEACH IS NO WHERE NEAR AFFORDABLE AND I GREW UP WITH PRIVILEGE. I CAN'T IMAGINE WHAT IT'S LIKE FOR OTHERS WHO WEREN'T AS FORTUNATE."

TABLE 14. ECONOMIC STABILITY BY ZIP CODE

ECONOMIC STABILITY BY ZIP CODE	90802	90803	90804	90805	90806	90807	90808	90809	90810	90813	90814	90815	90822	90831	90840
Women leave their career, or have trouble finding an adequate job, so that they can care for their family.	3.47	3.3	3.49	3.47	3.37	3.51	3.44	3.2	3.62	3.53	3.38	3.47	3.67	3	3.5
Most women feel comfortable advocating for equitable pay at their job.	1.86	1.76	1.83	1.89	2.24	1.86	1.68	2.6	2.35	1.92	1.92	1.7	3.67	3.25	1.5
Single women and women-headed households have access to quality, affordable housing.	1.7	1.72	1.63	1.84	1.87	1.82	1.71	3.6	1.81	1.79	1.63	1.86	3	3	4
Women in Long Beach can generally find employment opportunities that provide adequate health insurance for them and their families.	1.96	2.07	1.85	2.16	2.05	2.05	2.01	3.2	1.83	2.15	2.02	2.01	3	2.5	4
In Long Beach, almost all women and girls have access to affordable and healthy food in their neighborhood.	1.89	2	1.89	2.31	2.24	2	1.96	3.4	1.76	2.06	1.92	2.02	3	3.5	3

Perceptions of economic stability also varied by zip code. Participants across all zip codes somewhat agreed to agreed that women have to leave their careers or have trouble finding an adequate job in order to care for their families. The level of agreement with the statement, most women feel comfortable advocating for equitable pay at their jobs, was mixed across zip codes. Participant response means ranged from 1.5-1.92 in most zip codes indicating more disagreement with this statement. However, more agreement with this statement was found in zip codes 90806 (M=2.24), 90809 (M=2.6), 90810 (M=2.35), 90822 (M=3.67), and 90831 (M=3.25). This level of disagreement for participants' belief that single women and heads of households have access to quality affordable housing was similar for most zip codes (M= 1.7-1.87) with the exception of zip codes 90809 (M=2.24), 90822 (M=2.24), 90831 (M=2.24), 90840 (M=2.24) where participants expressed more agreement. Slightly higher agreement with the belief that women could find employment with adequate health insurance was observed among participants across all zip codes (M=2.01-4.0). However, a lower agreement was observed in zip codes 90802 (M=1.96) and 90809 (M=1.83). Participants generally disagreed with the statements that women and girls have access to affordable healthy foods and that women can find employment opportunities with adequate health insurance.

TABLE 15. HEALTH

HEALTH	Overall Mean
Women and girls in my community have access to preventive healthcare, like screenings and regular check-ups.	2.62
Women and girls can easily access help for their mental/emotional health.	2.08
Women and girls feel empowered to advocate for their healthcare needs.	2.15
Transgender women in my community have access to safe and affirming health care.	2.12
Women and girls feel safe discussing their reproductive health with a medical provider.	2.44

Participant response means for health questions ranged between 2.08–2.62 suggesting that participants generally somewhat agreed or disagreed with statements related to health. This highest agreement was participants' perceptions that women and girls have access to preventative healthcare (M=2.62) followed by perceptions that women and girls felt safe discussing reproductive health with medical providers (M=2.44). Participants reported more disagreement with statements related to access to safe and affirming healthcare for transgender women (M=2.12), women's and girls' access to mental/emotional health support (M=2.08), and perceptions that women and girls are empowered to advocate for their health (M=2.15).

TABLE 16. HEALTH BY RACE/ETHNICITY

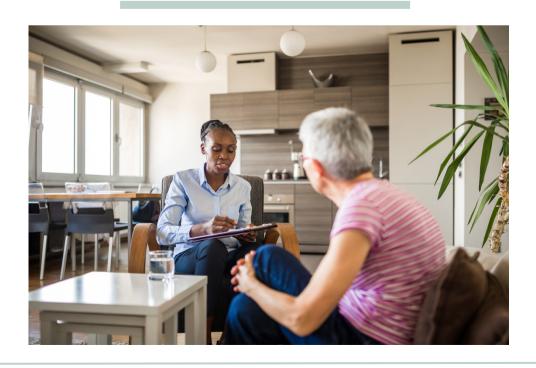| HEALTH BY RACE/ETHNICITY	Asian American/Pacific Islander	Black/African American	White	Hispanic/Latinx	Middle Eastern/ Southwest Asian/ North African	Native American/ Alaskan Native/ Indigenous
Women and girls in my community have access to preventive healthcare, like screenings and regular check-ups.	2.55	2.76	2.63	2.57	3	2.26
Women and girls can easily access help for their mental/emotional health.	2.16	2.3	1.94	2.13	2.33	1.65
Women and girls feel empowered to advocate for their healthcare needs.	2.29	2.32	2.04	2.22	2.28	1.57
Transgender women in my community have access to safe and affirming health care.	2.21	2.31	2.02	2.14	2.59	1.76
Women and girls feel safe discussing their reproductive health with a medical provider.	2.48	2.61	2.42	2.4	2.94	2.09

Participant response means for health questions accounting for race/ethnicity generally ranged between 2.02-3.0 suggesting that participants somewhat agreed or disagreed with statements related to health. Regarding the statement, women and girls can easily access help for their mental/emotional health, participants who identified as White (M=1.94) and Native American, Alaskan Native, and/or Indigenous (M=1.65) exhibited slightly more disagreement. Participants who identified as Native American, Alaskan Native, and/or Indigenous also showed more disagreement with the perceptions that women and girls are empowered to advocate for their health (M=1.57) and there is access to safe and affirming healthcare for transgender women (M=1.76).

"WE NEED MORE REDUCED FEE PROGRAMS FOR HEALTHCARE (INCLUDING MENTAL HEALTH CARE) THAT ARE APPROACHABLE AND ACCESSIBLE. FROM THERE, I THINK IT COULD BE GREAT FOR HEALTHCARE PROVIDERS THEMSELVES TO BE EMPOWERED TO ADVERTISE WHAT THEY HAVE TO OFFER. MAYBE GRANTS TO DO OUTREACH OR CREATE BANNERS FOR REDUCED FEE SCREENINGS, AND SAFETY FOR TRANS FOLK"

TABLE 17. HEALTH BY ZIP CODE

HEALTH BY ZIP CODE	90802	90803	90804	90805	90806	90807	90808	90809	90810	90813	90814	90815	90822	90831	90840
Women and girls in my community have access to preventive healthcare, like screenings and regular check-ups.	2.66	2.6	2.29	2.7	2.58	2.63	2.65	2.8	2.51	2.49	2.69	2.67	3.67	3	4
Women and girls can easily access help for their mental/emotional health.	2.1	1.93	1.85	2.11	2.24	2.04	1.98	2.8	2.32	2.13	2.08	2.01	3.67	2.5	2
Women and girls feel empowered to advocate for their healthcare needs.	2.08	2.11	1.89	2.25	2.26	2.04	2.12	3.6	2.38	2.15	2.15	2.09	3.33	3.5	1.5
Transgender women in my community have access to safe and affirming health care.	2.13	2.08	1.89	2.22	2.05	2.06	2	2.8	2.31	2.26	2.18	2.11	2.67	3.5	4
Women and girls feel safe discussing their reproductive health with a medical provider.	2.32	2.35	2.11	2.49	2.39	2.45	2.49	3	2.49	2.56	2.51	2.49	3.67	2.5	3

Participant response means for health questions across all zip codes generally ranged between 2.0-3.0 indicating a modest level of agreement on statements related to women's and girls' health. However, participants in 90804 generally had the lowest level of agreement with the statements, women and girls can easily access mental/emotional health support (M=1.85), women and girls are empowered to advocate for their health needs (M=1.89), and transgender women have access to safe and affirming healthcare (M=1.89). The lowest agreement to the statement that women and girls can easily access mental/emotional health support (M=1.50) was observed in 90804.

TABLE 18. FAMILY

FAMILY	Overall Mean
Quality childcare in Long Beach is affordable and accessible.	1.95
Some women and girls endure financial, physical, and/or emotional abuse from their partners (or family members).	3.36
Women and girls are supported by their partners, family and friends.	2.77
Women often prioritize the needs of their family before their own.	3.6
COVID-19 heightened stress for many women and girls.	3.69

The highest agreement to statements on family was participants' belief that COVID-19 heightened stress for women and girls (M=3.69) followed by their belief that women often prioritize the needs of their family before their own (M=3.60). Similarly, participants generally agreed that some women and girls endure financial, physical, and/or emotional abuse from their partners or family members (M=3.36). Participants reported lower agreement with the belief that women and girls are supported by their partners, family, and friends (M=2.77). Participants had the lowest agreement with the perception that quality childcare is accessible in Long Beach (M=1.95).

TABLE 19. FAMILY BY RACE/ETHNICITY

FAMILY BY RACE/ETHNICITY	Asian American/ Pacific Islander	Black/African American	White	Hispanic/Latinx	Middle Eastern/ Southwest Asian/ North African	Native American/ Alaskan Native/ Indigenous
Quality childcare in Long Beach is affordable and accessible.	2	2.38	1.81	1.96	2.35	1.74
Some women and girls endure financial, physical, and/or emotional abuse from their partners (or family members).	3.3	3.24	3.48	3.3	3.44	3.3
Women and girls are supported by their partners, family and friends.	2.87	2.72	2.8	2.7	2.89	2.52
Women often prioritize the needs of their family before their own.	3.59	3.58	3.65	3.55	3.67	3.83
COVID-19 heightened stress for many women and girls.	3.71	3.7	3.69	3.73	3.61	3.96

The highest agreement to statements on family among participants of all races/ethnicities was participants' belief that COVID-19 heightened stress for women and girls followed by the belief that women often prioritize the needs of their family before their own. Similarly, participants of all races/ethnicities generally agreed that some women and girls endure financial, physical, and/or emotional abuse from their partners or family members. Participants across all races/ethnicities reported more disagreement with the belief that women and girls are supported by their partners, family, and friends and the perception that quality childcare is accessible in Long Beach, though participants who identified as White (M=1.81) and Native American, Alaskan Native, and/or Indigenous (M=1.74) indicated the most disagreement.

"WE NEED MORE QUALITY AFFORDABLE CHILDCARE PROGRAMS THAT ARE QUICK TO HAVE ACCESS TO AND TAKES THE TOTAL FINANCIAL AND EMOTIONAL NEEDS OF THE FAMILY UNIT CONDITIONS AND DYNAMICS INTO CONSIDERATION."
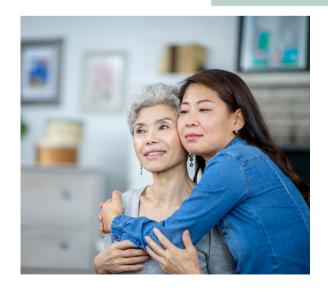
TABLE 20. FAMILY BY ZIP CODE

FAMILY BY ZIP CODE	90802	90803	90804	90805	90806	90807	90808	90809	90810	90813	90814	90815	90822	90831	90840
Quality childcare in Long Beach is affordable and accessible.	1.82	1.87	1.85	2.04	1.97	2.04	1.9	3	2.08	2.08	1.82	1.84	2.67	3.5	3
Some women and girls endure financial, physical, and/or emotional abuse from their partners (or family members).	3.41	3.35	3.58	3.3	3.34	3.47	3.41	2.6	3.06	3.21	3.37	3.31	2.67	3.25	4
Women and girls are supported by their partners, family and friends.	2.68	2.86	2.71	2.66	2.67	2.84	2.9	3	2.7	2.72	2.72	2.82	3.33	2.5	3
Women often prioritize the needs of their family before their own.	3.68	3.65	3.64	3.49	3.52	3.71	3.66	3	3.54	3.42	3.63	3.69	2.33	3	3
COVID-19 heightened stress for many women and girls.	3.87	3.73	3.69	3.7	3.69	3.74	3.63	3.2	3.54	3.6	3.63	3.77	3	2.75	3

Participants across zip codes demonstrated the most disagreement with the belief that quality childcare in Long Beach is affordable and accessible. However, more agreement was observed in 90809 (M=3.0), 90831 (M=3.50), and 90840 (M=3.0). This was followed by participants' belief that women and girls are supported by their partners, family, and friends in which participants' response means ranged from 2.5-3.33. Participants' response means (M=3.0-4.0) were highest suggesting more agreement with the statements related to the belief that women and girls endure financial, physical, and/or emotional abuse from their partners or family members, women often prioritize the needs of the family before their own, and COVID-19 heightened stress for many women and girls. Participants in 90822 exhibited lower disagreement (M=2.67) to perceptions of abuse among women and girls and women often prioritize the needs of the family (M=2.33). Participants in 90831 exhibited lower disagreement (M=2.75) with the perception that COVID-19 heightened stress for women and girls.

TABLE 21. CONNECTEDNESS

CONNECTEDNESS	Overall Mean
Long Beach has safe, competitive sports and recreational activities available for women and girls.	2.71
Women and girls have someone to talk to and/or confide in about the issues most important to them, like their health, their job, their hopes, dreams, and their family.	2.43
Women and girls engage in activities to practice self-care, manage stress, and maintain their wellness.	2.53
Long Beach neighborhoods have quality internet and digital services that allow women and girls to connect with each other and to social services from home.	2.5
Long Beach women and girls are empowered to lead and advocate for the issues affecting their community.	2.58

Participant response means for statements about connectedness ranged between 2.43-2.71 suggesting that participants somewhat agreed or disagreed with statements related to connectedness among women and girls. This highest agreement was participants' perception that Long Beach has many safe, competitive sports and recreational activities available for women and girls (M=2.71). Overall reported means were similar for beliefs that women and girls engage in activities to practice self-care, manage stress, and maintain their wellness (M=2.53), Long Beach neighborhoods have quality internet and digital services that allow women and girls to connect with each other and to social services from home (M=2.50), and Long Beach women and girls are empowered to lead and advocate for the issues affecting their community (M=2.58). The lowest agreement was to the statement that women and girls have someone to talk to and/or confide in about the issues most important to them (M=2.43).

"I AM AN EXAMPLE OF WHAT IS POSSIBLE WHEN GIRLS FROM THE VERY BEGINNING OF THEIR LIVES ARE LOVED AND NURTURED BY PEOPLE AROUND THEM. I WAS SURROUNDED BY EXTRAORDINARY WOMEN IN MY LIFE WHO TAUGHT ME ABOUT QUIET STRENGTH AND DIGNITY."
— MICHELLE OBAMA

TABLE 22. CONNECTEDNESS BY RACE/ETHNICITY

CONNECTEDNESS BY RACE/ETHNICITY	Asian American/Pacific Islander	Black/African American	White	Hispanic/Latinx	Middle Eastern/ Southwest Asian/ North African	Native American/ Alaskan Native/ Indigenous
Long Beach has safe, competitive sports and recreational activities available for women and girls.	2.66	2.78	2.83	2.63	2.82	2.82
Women and girls have someone to talk to and/or confide in about the issues most important to them, like their health, their job, their hopes, dreams, and their family.	2.44	2.49	2.4	2.41	2.5	2.5
Women and girls engage in activities to practice self-care, manage stress, and maintain their wellness. For example exercise, gardening, meditation, etc.	2.71	2.67	2.53	2.43	2.56	2.56
Long Beach neighborhoods have quality internet and digital services that allow women and girls to connect with each other and to social services from home.	2.59	2.68	2.47	2.5	2.88	2.88
Long Beach women and girls are empowered to lead and advocate for the issues affecting their community.	2.6	2.66	2.57	2.63	2.61	2.61

When examining connectedness by race/ethnicity, participants' response means for connectedness questions continued to range between 2.43-2.71 suggesting that participants, regardless of racial/ethnic identity, generally somewhat agreed or disagreed with statements related to connectedness among women and girls. However, mean scores for participants who identified as Black (M=2.78), White (M=2.83), Middle Eastern, Southwest Asian, and/or North African (M=2.82) and Native American, Alaskan Native and/or Indigenous (M=2.82) indicate slightly higher agreement to with belief that Long Beach has many safe, competitive sports and recreational activities available for women and girls. There was also slightly higher agreement among participants who identified as Middle Eastern, Southwest Asian, and/or North African (M=2.88) and Native American, Alaskan Native, and/or Indigenous (M=2.88) with the statement Long Beach neighborhoods have quality internet and digital services that allow women and girls to connect with each other and to social services from home.

"FEMALE LED PROGRAMS SO THAT WOMEN AND GIRLS HAVE STRONG ROLE MODELS WOULD BE GREAT TO SEE IN THE CITY."

TABLE 23. CONNECTEDNESS BY ZIP CODE

CONNECTEDNESS BY ZIP CODE	90802	90803	90804	90805	90806	90807	90808	90809	90810	90813	90814	90815	90822	90831	90840
Long Beach has safe, competitive sports and recreational activities available for women and girls.	2.61	2.83	2.62	2.75	2.42	2.68	2.84	3.4	2.47	2.6	2.83	2.84	3	3.5	3
Women and girls have someone to talk to and/or confide in about the issues most important to them, like their health, their job, their hopes, dreams, and their family.	2.47	2.47	2.36	2.37	2.36	2.4	2.42	3.4	2.3	2.49	2.4	2.4	2.33	3.25	2
Women and girls engage in activities to practice self-care, manage stress, and maintain their wellness. For example exercise, gardening, meditation, etc.	2.65	2.48	2.64	2.56	2.43	2.43	2.46	3.2	2.3	2.64	2.47	2.59	3.33	2.5	3
Long Beach neighborhoods have quality internet and digital services that allow women and girls to connect with each other and to social services from home.	2.38	2.6	2.41	2.43	2.38	2.58	2.57	3.2	2.3	2.58	2.6	2.43	3.67	2.75	4
Long Beach women and girls are empowered to lead and advocate for the issues affecting their community.	2.63	2.61	2.49	2.53	2.59	2.53	2.52	2.8	2.56	2.69	2.62	2.52	3	3	2.5

Participant response means across zip codes pertaining to statements related to connectedness generally ranged between 2.0-3.0 suggesting most participants regardless of zip code disagreed or somewhat agreed with these statements. Participants in zip code 90822 had a higher agreement with the belief that women and girls engage in activities to practice self-care, manage stress, and maintain their wellness (M=3.33) as well as the perception that Long Beach has quality internet and digital services for women and girls (M=3.67). Participants in zip code 90831 exhibited higher agreement with the perceptions that Long Beach has safe competitive sports and recreational activities for women (M=3.5) and girls, and women and girls have someone to talk to and/or confide in (M=3.25).

TABLE 24. SAFETY

SAFETY	Overall Mean
Women and girls' mental health relies on feeling safe.	3.64
Women and girls in Long Beach know what to do and who to call if they are assaulted or robbed.	2.22
Women and girls feel safe moving around their neighborhood after dark.	1.54
Women and girls can report incidents of assault to female first responders when available.	2.45
Schools, libraries, and workplaces have consistent practices and standards of how they handle sexual assault and trauma-informed recovery.	2.17

Participants' agreement to statements on safety was wide-ranging. Participants reported the lowest agreement that women and girls feel safe moving around their neighborhood after dark (M= 1.54) and the highest agreement to the perception that women and girls' mental health relies on feeling safe (M=3.64). Overall, participants responded similarly to the belief that schools, libraries, and workplaces have consistent practices and standards for handling sexual assault and trauma-informed recovery (M=2.17), women and girls in Long Beach know what to do and whom to call if they are assaulted or robbed (M=2.22) and can report incidents of assault to female first responders when available (M=2.45).

TABLE 24. SAFETY BY RACE/ETHNICITY

SAFETY BY RACE/ETHNICITY	Asian American/Pacific Islander	Black/African American	White	Hispanic/Latinx	Middle Eastern/ Southwest Asian/ North African	Native American/ Alaskan Native/ Indigenous
Women and girls' mental health relies on feeling safe.	3.6	3.47	3.75	3.57	3.56	3.78
Women and girls in Long Beach know what to do and who to call if they are assaulted or robbed.	2.22	2.42	2.25	2.11	2.56	1.78
Women and girls feel safe moving around their neighborhood after dark.	1.46	2.05	1.47	1.49	1.67	1.43
Women and girls can report incidents of assault to female first responders when available.	2.3	2.68	2.45	2.43	2.56	2.26
Schools, libraries, and workplaces have consistent practices and standards of how they handle sexual assault and trauma-informed recovery.	2.18	2.42	2.17	2.08	2.35	1.7

Participants' agreement to statements on safety was also wide-ranging when accounting for racial/ethnic identity. Participants continued to show more disagreement with the statement that women and girls feel safe moving around their neighborhood after dark. However, participants who identified as Black or African American indicated slightly higher agreement (M= 2.05). The highest agreement among participants of all racial/ethnic identities was the perception that women's and girls' mental health relies on feeling safe. Participants across all racial/ethnic identities generally indicated that they somewhat disagree or disagree with the belief that schools, libraries, and workplaces have consistent practices and standards for handling sexual assault and trauma-informed recovery, women and girls in Long Beach know what to do and whom to call if they are assaulted or robbed, can report incidents of assault to female first responders when available. However, participants who identified as Native American, Alaskan Native, and/or Indigenous had the lowest agreement to statements related to knowing whom to call when experiencing violence (M=1.78) schools, libraries, and workplaces having consistent standards for handling sexual assaults and trauma-informed recovery (M=1.7).

"I THINK ONE OF THE CHALLENGES MAY BE THAT WOMEN OF COLOR MAY NOT NECESSARILY FEEL COMFORTABLE REACHING OUT TO LAW ENFORCEMENT IF THEY EXPERIENCE AN ASSAULT OR SOMETHING LIKE THAT BECAUSE EVEN IN LONG BEACH WE ARE NOT FREE FROM DISCRIMINATORY BEHAVIOR WITHIN LAW ENFORCEMENT."

TABLE 25. SAFETY BY ZIP CODE

SAFETY BY ZIP CODE	90802	90803	90804	90805	90806	90807	90808	90809	90810	90813	90814	90815	90822	90831	90840
Women and girls' mental health relies on feeling safe.	3.66	3.76	3.72	3.44	3.55	3.63	3.69	3.2	3.35	3.64	3.51	3.77	3.67	3.5	4
Women and girls in Long Beach know what to do and who to call if they are assaulted or robbed.	2.03	2.28	2.02	2.42	1.96	2.31	2.17	3	2.14	2.45	2.28	2.25	2.67	2.5	2.5
Women and girls feel safe moving around their neighborhood after dark.	1.44	1.44	1.35	1.56	1.42	1.61	1.7	3	1.73	1.57	1.52	1.59	3.33	2.75	2
Women and girls can report incidents of assault to female first responders when available.	2.13	2.44	2.25	2.65	2.6	2.34	2.42	3	2.54	2.5	2.39	2.51	2.67	3	4
Schools, libraries, and workplaces have consistent practices and standards of how they handle sexual assault and trauma-informed recovery.	2.09	2.09	2.04	2.21	2.16	2.18	2.21	3.4	2	2.28	2.1	2.2	3	3.5	4

Participants across all zip codes had the highest agreement to the belief that women's and girls' mental health relies on feeling safe (M 3.2-4.0). However, the most disagreement among participants was to the statement, women and girls feel safe moving around their neighborhood after dark. The highest disagreement was seen among participants residing in zip codes 90804 (M=1.35) and 90806 (M=1.42). The highest agreement was found in 90809 (M=3.0). Participants somewhat disagreed or agreed with the statement women and girls in Long Beach know what to do and whom to call if they are assaulted or robbed (M=2.0-3.0) with the lowest agreement observed among participants in 90806 (M=1.96). Generally, participants somewhat disagreed with schools, libraries, and workplaces having consistent standards for handling sexual assaults and trauma-informed recovery (M=2.0-2.28) with the exceptions of participants in 90809 (M=3.4), 90822 (M=3.0), 90831 (M=3.5), and 90840 (M=4.0). Participants somewhat disagreed to somewhat agreed with the ability of women and girls to report incidents of assault to female first responders (M= 2.13-3.0) with the exception of participants in 90840 (M=4.0).

TOPICS PRIORITIZED BY SURVEY PARTICIPANTS

Participants were encouraged to respond to open-ended questions pertaining to all Quality of Life Indicators, resources and programs, overall well-being, and topics they would like to prioritize. Analysis of these open-ended questions resulted in six primary themes: 1) economic support, 2) safety, 3) health access and equity, 4) support under-resourced communities, 5) support and develop programming, and 6) educational support. Each theme, along with available sub-themes, is listed below with sample quotes to support them. A quantitative evaluation depicting the representation of each theme is presented using responses from answers to the topics prioritized question.

Theme 1: Economic Support

This theme focused on supporting job opportunities, pay equity, job training, and skills for women and girls living in Long Beach. A total of 184 responses in the Topic Priority open-ended questions related to economic support, representing 20.5% of responses. Multiple sub-themes emerged including; 1) pay equity (e.g., "*equal pay city-wide with the city being the leader in that.*"), 2) career support (e.g., "*creating jobs that pay enough for women and youth*"), 3) childcare support (e.g., "*Subsided or free childcare for low-income single women households*"), and 4) housing support (e.g., "*access to good and affordable housing*").

Theme 2: Safety

This theme focused on creating a community where women feel safe, which included reducing experiences with harassment, sexual assault, and domestic violence. A total of 185 responses in the Topics Priority open ended questions pertained to safety, which represented 19% of responses. Multiple sub-themes emerged including; 1) domestic violence, 2) harassment, 3) sexual assault, 4) self-defense, and 5) ensuring safe communities.

One participant said, "*A topic that I would like to see the Long Beach Commission for Women and Girls prioritize would be sexual assault/harassment among women and girls*" while another suggested the city provide, "*funding to ensure rape kits are priority and clear any backlogs*".

Additional suggested solutions to the issue of safety include offering, "*self-defense workshops for women and girls*", a "*buddy system specialized numbers to call*", and "*providing safety nets and support (mental and financial) for women and girls that are domestically abused*". Lastly, respondents also requested the City of Long Beach prioritize neighborhood safety so that women and girls have, "*access to clean, safe green areas*" and "*can be anywhere in this city free of potential rapists, assailants, and kidnappers*".

Theme 3: Health Access and Equity

This theme focused on increasing access to healthcare and providing equity in health access, health resources, and health services. A total of 183 responses in the Topic Priority open ended questions pertained to health access and equity, which represented 18.5% of responses. Multiple sub-themes emerged including 1) mental health support, 2) reproductive care, 3) specialized clinics, 4) free and/or affordable healthcare, 5) more diverse and inclusive medical professionals, and 6) better access to current options.

Many of these sub-themes were then used to inform recommendations to the City of Long Beach regarding health access and equity. In addition to these sub-themes, participants also mentioned wanting to reduce the stigma related to accessing reduced-cost healthcare (e.g., *"Not having to wait in long embarrassing lines or long intervals for appointments"*).

Theme 4: Support Under-Resourced Communities

This theme focused on supporting women and girls from traditionally under-resourced communities, including those who are gender queer, language diverse, undocumented and/or a person of color. A total of 42 responses in the Topic Priority open-ended questions pertained to supporting under-resourced communities of women and girls, which represented 8.5% of responses. Multiple sub-themes emerged including; 1) gender equity, 2) language equity, 3) race-related concerns, 4) support for undocumented individuals, and 5) support for youth.

Gender equity was the most frequent topic within this theme with respondents requesting *"affirming spaces for reproductive and gender justice issues"* which included; 1) *"more jobs for the transgender community"*, 2) *"education for transgender people"*, 3) *"rights of LGBTQ+"*, and 4) *"decriminalization of sex work, which disproportionately impacts women, and trans women in particular."*

There were also many responses pertaining to support for youth living in Long Beach, particularly concerning their mental health and school resources. Participants stated, *"Mental health resources for teens [are] sorely lacking in Long Beach. The ones we have are overloaded and cannot accept new patients that desperately need the support"* and that the City of Long Beach should prioritize, *"early conversations in schools about body awareness, removing stigma from topics such as sexuality and birth control options."* Solutions to address other under-resourced communities include, *"require language access and hiring for immigrant & BIPOC women and trans folks"*, *"undocumented women's resources"*, and policies that address *"racial disparities in women's health"*.

Theme 5: Support and Develop Programming

This theme focused on further supporting existing programs and developing additional programs geared toward women and girls in Long Beach. A total of 37 responses in the Topic Priority open-ended questions pertained to programming for women and girls, which represented 7.5% of the responses. Participants vocalized wanting more opportunities to develop leadership skills and empower women and girls living in Long Beach. Suggested priorities ranged from "*intergenerational leadership and resource sharing of skills and mentoring*" to including more, "*female mentors for girls*" to offering more "*girl empowerment and leadership opportunities.*"

One participant said, "*I'm not sure what is already being researched, but women and girls need training in advocating for themselves which leads to empowerment. One hopes that a traditionally male-dominated society will change, but that can take a long time if women and girls are not empowered and enabled to make change happen.*"

Respondents also expressed a desire to know more about the programs currently being offered in Long Beach for women and girls, suggesting the City of Long Beach increase awareness of such programs. For example, one participant stated, "*There are lots of resources available for all sorts of assistance, I think they need to be better communicated and advertised to the community*" while others responded with "*How do we know what programs / if any already exist?*" and "*promote the programs that the multitude of non-profits in LB offer to girls in LB.*"

Theme 6: Educational Support

This theme focused on supporting educational pursuits for women and girls in Long Beach. A total of 52 responses in the Topic Priority open-ended questions pertained to educational support, representing 6% of responses. Multiple sub-themes emerged including: 1) mental health education (e.g., "*Better public education resources, more public-school classes like health education, we need to change the culture and lessen stereotypes associated with mental health needs*", 2) sex education (e.g., "*Comprehensive sex and health education...that includes mental health; consent, healthy relationships + boundaries; what happens during puberty...*"), 3) STEM (e.g., "*access to STEM classes from elementary school on*", 4) financial literacy (e.g., "*Education and how to pay for a college education. Education on finances*"), and 5) career education (e.g., "*Education and training for jobs outside of the food industry and cleaning*").

RECOMMENDATIONS FOR THE CREATION OF THE LONG BEACH COMMISSION ON WOMEN AND GIRLS

The LBCWG community survey sought to align the priorities of a new LBCWG with the needs and recommendations of the Long Beach community. Four recommendations related to women's and girls' economic equity, safety, health, and education have been developed considering quantitative and qualitative feedback from survey participants. The established recommendations were developed to guide the future LBCWG in its efforts to eliminate gender-based inequities in Long Beach through intentional advocacy, outreach, programming, and policy-based intervention.

Each recommendation is supported by proposed policy and programming that can drive the direction of the LBCWG in its efforts to address these recommendations. These recommendations and proposed solutions should also serve as an initial guide with the expectation that iterative community feedback, changing conditions among Long Beach women and girls, and ongoing research will continue to shape the direction of the LBCWG.

RECOMMENDATION 1: EMPLOY MULTI-LEVEL STRATEGIES THAT FACILITATE INDIVIDUAL, COMMUNITY, AND STRUCTURAL CHANGES THAT PROMOTE ECONOMIC EQUITY FOR WOMEN AND GIRLS IN LONG BEACH

Policy Solutions

- Support equal pay for women and girls while requiring wage data from public and private companies to address wage inequities.

- Pursue funding to support women's transition to higher-skilled employment opportunities through training programs, workforce development, and employment certifications.

- Pursue funding for childcare fee subsidization and/or free childcare for low-income women and girls, particularly for the care of children under the age of 2.

- Pursue funding for salary support for women and girls on employment leave for childbirth and/or caregiving.

- Incentivize the expansion of childcare facilities and childcare providers to increase the number of available and affordable quality childcare facilities in Long Beach.

- Evaluate housing guidelines that prohibit women from accessing affordable housing in Long Beach.

- Explore a Women's Resource Center to provide education, career growth, and digital/internet access to women and girls living in Long Beach, particularly those who are from an under-resourced community including Black, Latinx, Asian, Indigenous and other persons of color, undocumented women, and girls, and those from the LGBTQIA+ community.

Programmatic Solutions

- Support the creation and advancement of career development support programs, incorporating language equity, to further develop women and girls' job skills (e.g., salary negotiations, resume development, and strategies to address gender discrimination in the workplace).

- Develop workplace education and training programs that empower women and girls in the workplace by raising awareness of workplace discrimination policies and procedures and workers' protections when filing health, safety, or equal pay act complaints.

RECOMMENDATION 2: DEVELOP COMPREHENSIVE GENDER-RESPONSIVE POLICIES AND PRACTICES THAT PROMOTE THE SAFETY OF WOMEN AND GIRLS IN BOTH PUBLIC AND PRIVATE SPACES IN LONG BEACH.

Policy Solutions

- Develop and uphold standardized policy guidelines for coordinated support from point-of-care professionals (e.g., first responders, healthcare practitioners, social workers, mental health providers) for women and girls living in Long Beach who are exposed to violence.

- Pursue funding to create a city-wide gender-inclusive sexual assault hotline and response team, incorporating language equity.

- Pursue funding for financial support for women and girls living in Long Beach to transition and recover from experiences of violence.

- Support grant opportunities for community organizations dedicated to building stronger neighborhoods and confronting violence against women and girls living in Long Beach.

- Assess the built environment in Long Beach and develop a plan to ensure equitable safety resources (e.g., high-intensity lighting, uncracked sidewalks) across Long Beach communities.

- Develop an outreach action plan (e.g., website, social media posts, etc.), incorporating language access, where women and girls can receive education, resources, and advocacy support to address violence against women and girls living in Long Beach.

Programmatic Solutions

- Pursue funding for low-cost and/or free self-defense classes for women and girls.

- Pursue funding for education programs that raise awareness of the signs of abuse, safety considerations, and resources for women and girls experiencing domestic or sexual abuse.

- Pursue funding for education programs and incentives for female first responders to be trained on gender-inclusive best practices for responding to violence against women and girls.

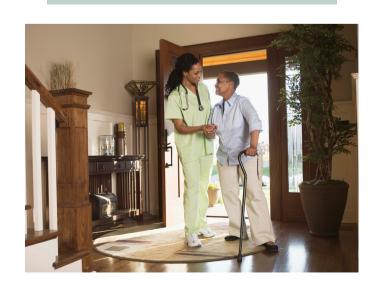- Pursue funding for programs to support free legal support for women and girls experiencing violence.

RECOMMENDATION 3: PROMOTE EQUITABLE ACCESS TO INCLUSIVE HEALTHCARE SERVICES, HEALTH EDUCATION, AND SUPPORT TO IMPROVE THE QUALITY OF LIFE FOR WOMEN AND GIRLS IN LONG BEACH.

Policy Solutions

- Develop an ordinance requiring sensitivity training and inclusive practices supporting equity in gender, race, weight, sexual orientation, and disability status among healthcare organizations and facilities.

- Evaluate the accessibility of Long Beach physical spaces, programs, and resources to develop a plan to promote equitable opportunities for enhanced quality of life among Long Beach women and girls regardless of disability status.

- Improve access to affordable physical and mental healthcare for women and girls via support for telehealth and patient support services.

- Implement a policy to support the accessibility, procurement, and awareness of services regarding contraception, pregnancy care, and perinatal care, including abortion services.

- Require free menstrual care products in male, female, and gender-neutral school and public restrooms in Long Beach

- Develop an outreach action plan (e.g., flyers, ads, pamphlets), incorporating language access, to inform Long Beach women and girls about where they can receive quality and affordable mental and physical healthcare.

Programmatic Solutions

- Develop specialized clinics that focus on women's and girls' health including safe, affirming care for transwomen.

- Develop a training program for K-12 educators in mental health first aid and trauma-informed recovery with a focus on women and girls.

- Develop an incentive program for Long Beach women and girls from an under-resourced community (e.g., BIPOC, undocumented, transgender, and persons with disabilities) to pursue education in mental health and/or healthcare with a commitment to provide services to Long Beach women and girls.

- Expand programs to provide low-cost and/or free mental health services to Long Beach women and girls.

- Expand programs that provide sex education to women and girls living in Long Beach.

RECOMMENDATION 4: EXPAND AND CREATE OPPORTUNITIES TO PROMOTE GENDER EQUITY IN EDUCATION FOR WOMEN AND GIRLS IN LONG BEACH.

Policy Solutions

- Allocate funding for scholarships specific to women and girls, particularly those who identify as persons from under-resourced communities (e.g., BIPOC, undocumented, transgender, and persons with disabilities).

- Develop a policy to ensure accessible education for women and girls living in Long Beach.

- Provide funding for free digital hot spots for women and girls living in Long Beach.

- Develop an outreach action plan to provide materials, incorporating language access, to inform women and girls living in Long Beach about inclusive and accessible educational support (e.g., books, speakers, tutoring, programming).

- Provide basic needs to support women and girls facing housing insecurities who are pursuing their education.

Programmatic Solutions

- Develop programs that provide educational opportunities that promote female mentorship for women and girls living in Long Beach.

- Develop programs that provide educational opportunities for women and girls living in Long Beach to pursue Science, Technology, Engineering, Arts, and Mathematics (STEAM).

- Develop programs that support equitable education for women and girls living with disabilities in Long Beach.

CONCLUSION

This report serves as a guiding tool for a newly established Long Beach Commission for Women and Girls (LBCWG) that will ensure that its foundation is built upon the voices of the Long Beach community. These findings indicate that on each quality of life indicator, women and girls need support, resources, advocacy, and vital political action. It is clear that COVID-19 has exacerbated inequities for women and girls further necessitating a Commission focusing on the unique needs of women and girls.

The recommendations provided in this report provide high-level suggestions that are complex but feasible provided community engagement, advocacy, and legislative progress. Moreover, a LBCWG must align its efforts with that of the California Commission on the Status of Women and Girls (CCSWG) which has been engaged in reducing gender inequities among California's women and girls for the past 50 years. Locally, the LBCWG should build partnerships with direct service providers and nonprofit organizations that will strengthen efforts to improve the quality of life among women and girls in Long Beach.

Of note, approximately 94% of survey participants completed the survey online. Online survey methods tend to favor those individuals without disabilities, who have the time, education, and digital privilege to complete online surveys. Though this survey methodology allowed many surveys to be completed in a short time, the findings may not be representative of those who may be in the most need of support. An LBCWG should prioritize engagement and assessment among the most under-resourced women and girls to ensure their voices are equitably represented in future action plans.

REFERENCES

1. POLICY LINK (2019). AN EQUITABLE GROWTH PROFILE OF LONG BEACH: SUMMARY EP_SUMMARY-LONG_BEACH_WEB_02.07.19B (1).PDF. RETRIEVED FROM NATIONALEQUITYATLAS.ORG.
2. WYER, M., IEDEMA, R., HOR, S. Y., JORM, C., HOOKER, C., & GILBERT, G. L. (2017). PATIENT INVOLVEMENT CAN AFFECT CLINICIANS' PERSPECTIVES AND PRACTICES OF INFECTION PREVENTION AND CONTROL: A "POST-QUALITATIVE" STUDY USING VIDEO-REFLEXIVE ETHNOGRAPHY. INTERNATIONAL JOURNAL OF QUALITATIVE METHODS, 16(1), 1609406917690171.