



COMMUNITY PREVENTION AND POPULATION HEALTH TASK FORCE COUNTY OF LOS ANGELES

COMMUNITY PREVENTION AND
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Jane Beesley, District Administrator
LA County Regional Park and Open Space District
c/o Department of Parks and Recreation
510 South Vermont Avenue, Room 230
Los Angeles, CA 90020

ADDRESSING LA COUNTY HEALTH INEQUITIES THROUGH MEASURE A GUIDELINES

Dear Ms. Beesley:

We write today in regards to the development of guidelines for allocating funds from the Safe, Clean Neighborhood Parks and Beaches Protection Measure of 2016 (Measure A). The LA County Community Prevention and Population Health Task Force recognizes Measure A as an historic opportunity to address significant inequities in health outcomes through attention to the distribution of park and recreation facilities throughout the County. Comprised of public health experts, healthcare providers, academics, and executives from local, state, and national organizations, the Community Prevention and Population Health Task Force (hereafter, “Task Force”) is an advisory body comprised of 25 community leaders. Members are appointed by the LA County Board of Supervisors and the Department of Public Health. Formed in 2015, the Task Force advises the Board on priority health and safety concerns and provides guidance on primary strategies for improving population health and promoting healthy, equitable communities.

As public health experts, we know that creating the conditions to ensure health starts long before any of us gets to the doctor’s office or a hospital. It starts, for the most part, in our neighborhoods and is based on the resources and opportunities that are available to people in their daily lives. Additionally, there is overwhelming research confirming the strong link between park access and health outcomes.¹ As such, the Task Force is highly invested in the implementation of Measure A, particularly as it relates to the allocation of funds to areas of the County marked by

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overlapping high park need and poor health outcomes. It is the view of this Task Force that improving the health of LA County residents requires the participation, commitment, and dedicated resources of all County Agencies, including the Regional Park and Open Space District (RPOSD). Given the voters' overwhelming mandate for quality of life on the November 2016 ballot and a specific call to address park need in the case of Measure A, RPOSD can play a pioneering role in narrowing the health equity gap in LA County.

Too many LA County residents do not have reasonable access to safe parks, trails, or open spaces in or near their neighborhoods. In fact, according to the 2016 Los Angeles Countywide Comprehensive Parks and Recreation Needs Assessment, nearly 5.3 million LA County residents live in a community deemed to be in 'Very High Need' or 'High Need' of new parks and park improvements. Of these 5.3 million people, nearly 82% are estimated to be people of color,² which correlates with the unconscionable 15-year life expectancy gap across the county communities, ranging from 75.8 years in Sun Village to 90.5 in Walnut Park.³ For comparison, this is the roughly the same life expectancy gap as between the United States and the Congo - and it is completely preventable.⁴

Simply put, those without adequate access to parks—communities of color and those living in the Very High Need and High Need Study Areas—are getting sicker and dying sooner than their higher income, white counterparts who have abundant parks and open space.⁵ Based on our review of the data and analysis of past and current park funding policies, we have reached a conclusion that the current system of park funding and processes for resource allocation need to profoundly change to close the gap in health outcomes and park inequities across neighborhoods, racial and ethnic groups, and income levels.

As highlighted in the Department of Public Health's May 2016 Parks and Public Health report, prioritizing resources for park expansion and improvement in communities with less park access (and in cities which have had less municipal park spending) is a critical strategy for the County to better ensure livability, sustainability and the conditions critical to health for all residents in the County.

In developing guidelines for Measure A fund allocation, we specifically encourage RPOSD to pursue the following:

1. In scoring criteria for all competitive grant applications, award points to applications that explicitly work to improve health outcomes for people who currently have poorer health status and address health inequities.
2. Set aside no less than 30% of all competitive grant funding for projects located in Very High and High Need Study Areas.
3. Encourage all agencies receiving Measure A non-competitive funding to develop spending plans that incorporate strategies to address park access gaps in communities suffering from poor health outcomes.
4. Develop a culturally-competent technical assistance program that supports and nurtures park project and systems-level capacity in the Very High and High Need Study Areas.

5. Create measurable and observable standards for participatory community engagement guidelines that ensure the planning and design of new parks and park improvements are driven by local residents and community groups and utilize evidence-based best practices in engagement.
6. Build knowledge and awareness of the entire Measure A Implementation Steering Committee regarding the health equity opportunity. Consider a training on the links between health equity and park equity by LA County Department of Public Health and partner organizations.
7. Maintain a steadfast commitment to the results and methodology of the LA Countywide Comprehensive Parks and Recreation Needs Assessment, honoring the voters' intent to prioritize resources in Very High and High Need Study Areas. Do not create a new methodology for the Park Needs Assessment that would impede RPOSD and the Department's ability to demonstrate positive improvements over the baseline as the grants are awarded.

All of us aspire to live in a place with bountiful opportunities to get outdoors, be physically active, enjoy green spaces and achieve optimal health over our lifetimes. However, those living in High and Very High Need Study Areas have not been able to match their aspirations with opportunity. Inequities in park access and disparate health outcomes exist within a larger context of environmental injustice and racism. In Los Angeles County, communities of color have not received the same level of investments and have for far too long been deemed low-value enough to deprive entire communities of resources. Further, policies, programs, and processes that determine the quality of life of communities along racial, ethnic, and income lines have been a primary driver of the gaps in park need and health outcomes we see today. As it stands today, a park system that fails communities of color, particularly those living in High Need and Very High Need Study Areas, fails everyone. RPOSD in its responsibility has the authority to set the direction of all other park investment going forward and is well positioned to reverse injustice and remedy past and current harm.

Our obligations to health and justice aside, the longer we wait to address the gap in park need, the more costly it becomes for LA County. According to analysis of health expenditure data from the Centers for Disease Control and Prevention, chronic disease is costing LA County nearly \$25.4 billion dollars every year.⁶ Significant costs to the LA County health system, including those arising from asthma, cancer, cardiovascular disease, diabetes, depression, and arthritis could be reduced with comparatively modest, sustained, targeted investment in High Need and Very High Need Study Areas where the incidence of these chronic diseases is most pronounced. This targeted investment could also significantly reduce costs incurred by County agencies charged with leading work in criminal justice, environmental sustainability, community economic development, social services, and property tax, not to mention an important support for addressing the homelessness crises on the frontlines.

Measure A is a once-in-a-generation opportunity to address significant population health challenges with an important needs-based funding strategy. While this work is not easy, the need for our best and responsive policy making is essential to the health and survival of millions of County residents. The Community Prevention and Population Health Task Force is prepared and equipped to support RPOSD in navigating the path ahead and assuming a national role in health

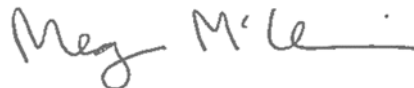
equity leadership. We strongly encourage RPOSD to assert that public health is a foundational principle of its work. Real, transformational change is possible, and our Task Force – and the constituents we represent – stand united in encouraging the County to pursue needs-based funding strategies for equitable Measure A implementation. We applaud RPOSD in all the steps it has taken thus far to administer parks and open space infrastructure dollars and we urge its bold leadership and collaborative partnership with the County Departments of Public Health and Parks and Recreation to accelerate the pace at which we narrow preventable gaps in health, associated with observable gaps in park quality and access.

Measure A presents a significant opportunity to learn from the past and invest in the people and places that have borne the brunt of injustices. In many parts of the County, children are forced to play in streets, alleys, and vacant lots—or not at all—because there is no safe park nearby. On behalf of the Community Prevention and Population Health Task Force, we stand ready to work with you so that Measure A is implemented in a way that sets LA County on the fastest, most strategic track toward a future when every child can play in a park regardless of their race, ethnicity, income, or neighborhood.

Respectfully submitted,



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c: Board of Supervisors
Executive Office, Board of Supervisors
Dr. Barbara Ferrer, Director, LA County Department of Public Health
John Wicker, Director, LA County Department of Parks and Recreation
Community Prevention and Population Health Task Force

¹ Mowen, A. Parks, Playgrounds and Active Living. A Research Synthesis. Princeton, NJ: Active Living Research, a National Program of the Robert Wood Johnson Foundation; February 2010. Available from: www.activelivingresearch.org.

² Data from 2010 Census and 2014 American Communities Survey.

³ Burd-Sharps, Lewis, et al. Highway to Health, Life Expectancy in LA County. 2017.

⁴ World Health Statistics 2016, World Health Organization.

⁵ Los Angeles County Department of Public Health. Parks and Public Health in Los Angeles County: A Cities and Communities Report. May 2016.

⁶ Brown, Paul M, et al. Cost of Chronic Disease in California: Estimates at the County Level. Journal of Public Health Management & Practices: January/February 2015 – Volume 21 – Issue 1.