



**COUNTY OF LOS ANGELES
COMMUNITY PREVENTION AND
POPULATION HEALTH TASK FORCE**

**COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH**
313 N. Figueroa St., Suite 708
Los Angeles, CA 90012
(213) 250-8673
www.ThinkHealthLA.org

TASK FORCE CO-CHAIRS

Manal J. Aboelata, MPH

Megan McClaire, MSPH

December 26, 2017

TO: Each Supervisor

FROM: Manal J. Aboelata, Co-Chair
Megan McClaire, Co-Chair

**SUBJECT: COMMUNITY PREVENTION AND POPULATION HEALTH TASK
FORCE - PROGRESS REPORT 2016-2017 CALENDAR YEAR**

This is to provide the progress made by the Community Prevention and Population Health Task Force per the Los Angeles County Commission Manual.

Part I. Cover Sheet

The Commission Liaison for the Community Prevention and Population Health Task Force is Gayle Haberman, Director of the Department of Public Health (DPH) Office of Planning.

The Task Force's physical address is 313 North Figueroa Street, Room 708, Los Angeles, CA 90012. The phone number is (213) 240-8252 and fax number is (213) 481-2739.

Task Force's website: thinkhealthla.org.

Task Force members:

Sonya Young Aadam, California Black Women's Health Project
Manal Aboelata, Prevention Institute (**Task Force Co-Chair**)
Mayra Alvarez, The Children's Partnership
Tamika Butler, Los Angeles Neighborhood Land Trust
Melinda Cordero-Bárzaga, Visión y Compromiso
Michael Cousineau, University of Southern California Keck School of Medicine
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Luis Pardo, Worksite Wellness LA
Maryjane Puffer, The Los Angeles Trust for Children's Health
Margaret Smith, Policy Council, Los Angeles County Office of Women's Health
Rosa Soto, LAC+USC Medical Center Foundation – The Wellness Center
Benjamin Torres, Community Development Technologies Center

Part II. Community Prevention and Population Health Task Force Mission

- Report to the Board with priority recommendations to promote health, equity, and community well-being in LAC with a focus on population health improvement.
- Make recommendations to the Board, the Health Agency, and DPH on public health priorities, initiatives and practices that will achieve health equity and healthy communities.
- Provide leadership and strategic direction for community health planning in LAC, which includes the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and other strategic efforts to promote strong population health.

Part III. Historical Background

The Community Prevention and Population Health Task Force (TF) was established by the Los Angeles County (LAC) Board of Supervisors on August 11, 2015 in the motion that approved the establishment of a Health Agency. The TF is responsible for reporting to the Board with priority recommendations for health, equity and community well-being.

The TF membership represents a unique, cutting edge “table” where a strong set of local leaders come together, think, strategize, take collective action, and inform DPH, the Health Agency, the Board and other key stakeholders of health equity priorities for LA County. (See full list of current TF members in Part I. Cover Sheet.)

The Task Force is the only advisory body in the County with a sole focus on primary prevention and population health. The TF represents an innovative model for harnessing the County’s subject matter expertise on community-based prevention and healthy equity—two essential elements of a high-functioning health system.

This first cohort of the Community Prevention and Population Health Task Force has served a foundational role for defining how the TF will work to provide maximum benefit to the health and well-being of residents in LAC. The TF can serve as a major asset to decision-makers and leaders seeking to improve health and quality of life for all LAC residents.

After the process for nominating members was developed, approved and implemented, the TF began meeting in May 2016. Two co-chairs were elected by the Task Force to lead meetings and guide the Task Force’s efforts. The TF meets quarterly.

Part IV. Summary of Progress (May 2016-December 2017)

This brief report provides an overview of Task Force activities from May 25, 2016 to December 31, 2017. Further details can be provided upon request. Since its first meeting in May 2016, the TF has engaged in the following activities:

Serves an Advisory Role to the Department of Public Health

Advises DPH on Community Health Improvement Plan

- Provided input to LAC DPH staff on which strategies to elevate in the Community Health Improvement Plan (CHIP) as priority issues.
- Prioritized the protection of public health near oil drilling sites as a key CHIP strategy for DPH and community partners to address.

Provides Input and Support to the Center for Health Equity

- Serves in an advisory capacity to the newly formed Center for Health Equity, an integration effort of the Health Agency, staffed by the DPH.
- Co-sponsors Health Equity Center Launch events throughout the county.
- Will provide input on priority issues of the Center for Health Equity on an ongoing basis.

Offers subject-matter expertise, as needed, on issues critical to the DPH

- Provided opening remarks at a community forum addressing the impact of urban oil drilling on community health and health equity.
- Met with both the Interim and newly appointed Director of Public Health to better understand priorities for the Department and key opportunities within the Health Agency; engaged in dialogue with leadership.

Elevated Opportunities to Improve Health Equity and Reduce Health Inequities in LA County

Protection of public health near oil drilling

- Responded to issues raised by Stand Together Against Neighborhood Drilling Los Angeles (STAND LA), a credible coalition of community and faith-based leaders, regarding the Archdiocese of Los Angeles' lease of land to an oil drilling company located in a dense neighborhood, where residents have experienced health symptoms for years (nausea, headaches, nose bleeds, etc.); and;
- Articulated concerns about health risks and health systems associated with proximity between resident and urban oil drilling in a letter, asking the Archdiocese to reconsider its lease. (See Attachment I)

Maximizing Health Equity Impact of Voter-Approved Resources for Parks and Open Space

- Prepared a letter outlining the links between health outcomes and access to/availability of high quality parks and open spaces and providing recommendations to the Regional Parks and Open Space District to encourage implementation guidelines that maximize the potential health equity benefits associated with Measure A implementation. (See Attachment II)

Addressing the Role of Racial Equity in Achieving Health Equity, Countywide

- The TF and its DPH staff support dedicated time and energy to defining the essential role that proactively and explicitly addressing racial equity has in efforts to achieve health equity. With the understanding that all forms of justice and equity intersect, the TF has advanced its own collective understanding of the

importance of uplifting racial inequities, as well as promising and proven strategies for achieving equitable health outcomes, by using an explicit analysis of race.

Built Knowledge, Skills and Capacity of the Task Force and its Members

Received training by the Government Alliance for Racial Equity (GARE) to build collective knowledge and shared vocabulary around the issue of racial equity and its connection to public health.

- The TF has worked to operationalize health equity through a focus on racial inequities and its strategic and relevant intersections with other forms of inequity (gender gaps, income inequality, etc.).

Formed and been actively participating in three short-term Ad Hoc Sub-Committees:

- a. Principles of Equity Sub-Committee: TF members are developing Principles of Equity to guide the development of policies and practices that best advance health equity in the County.
- b. Affordable Housing Sub-Committee: TF members are currently developing a proposal for how the TF can promote key policies to increase access to quality affordable housing in LAC.
- c. Community Health Assessment (CHA) and CHIP Sub-Committee: Task Force members: 1) provided DPH with recommendations for revising the CHIP, a 5-year strategic plan for DPH and partners to improve public health; 2) what data DPH should include in its next Community Health Assessment report.

Developed a process for voting for co-chairs and successfully used that process twice. This is a process that can be used in future years.

Elevated the Task Force to Public Health Stakeholder Groups

- Presented to attendees of the 2016 conference of the Southern California Public Health Association.
- Discussed the TF and its priorities with the Los Angeles County Health Agency Integration Advisory Board.
- Highlighted the TF to health funders.
- Provided public comment to the Public Health Commission.
- Communicated with residents and members of the public about the TF.
- Promoted the TF to community-based stakeholder groups.

Served as a Hub for members of the public and subject matter experts to raise items of interest to the Task Force

- Received an update and provided input to organizational leaders, including a representative of the County's Chief Executive Office on the recently passed Countywide Homelessness Prevention Measure (Measure H).
- Discussed strategic implications of the potential repeal and replace of the Patient Protection and Affordable Care Act.

- Discussed Health Indicators for Women in LAC and members regularly elevate health equity issues pertaining to women, including highlighting specific opportunities to improve outcomes for women of color.

Serves the Board of Supervisors

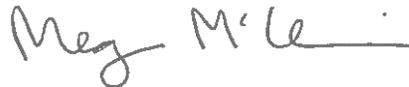
- Met with Board Members or Health Deputies.
- The Task Force is currently developing a strategy to support and ensure the operations and reporting to the Board is consistent and streamlined.
- Provides testimony in support of strategies, policies and approaches that advance health equity and community-based prevention in LAC, as appropriate.

The Community Prevention and Population Health Task Force would like to express its appreciation to the Board of Supervisors. The urgency to improve health outcomes, eliminate health inequities, create improvements in our health care system, reduce health care and related costs --among other reasons, make it imperative that LAC harnesses its subject matter experts, dedicated advocates, public health, health care, academic and community-based leaders toward a shared vision of a healthy and equitable LAC. We stand ready to work alongside the DPH, the Health Agency and the Board to advance population health, community-based prevention and health equity. We believe that this TF can continue to be a vital resource to the Board and all residents of LAC.

Sincerely,



Manal J. Aboelata, MPH
Co-Chair



Megan McClaire, MSPH
Co-Chair

Attachments

- c: County Counsel
Executive Officer, Board of Supervisors
Board Deputies
Dr. Barbara Ferrer, Director, LA County Department of Public Health
Community Prevention and Population Health Task Force



COMMUNITY PREVENTION AND POPULATION HEALTH TASK FORCE COUNTY OF LOS ANGELES

ATTACHMENT I

**COMMUNITY PREVENTION AND
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Megan McClaire, MSPH

September 25, 2017

The Most Reverend José H. Gómez
Office of the Archbishop of Los Angeles
3424 Wilshire Boulevard, 5th Floor
Los Angeles, California 90010-2241

"... we have to realize that a true ecological approach *always* becomes a social approach; it must integrate questions of justice in debates on the environment, so as to hear *both the cry of the earth and the cry of the poor.*"

-Pope Francis, Encyclical on the Environment
June 18, 2015

Dear Archbishop Gómez:

As the LA County Community Prevention and Population Health Task Force, we are writing to ask that you exercise every measure within your power at the helm of the Archdiocese, and as the property owner of herein referred to as 'the site', **to protect the health of the people in the nearby University Park community in South Los Angeles by immediately terminating the lease with the operator of the site; and, in the future refuse to lease to industrial and environmental polluters that pose similar risks to the health of nearby residents.**

We respectfully appeal to your leadership and goodwill because we are deeply concerned about the significant health problems that people living near the site are facing. As you are well aware, the University Park neighborhood surrounding the site is densely populated, and young children, adults and seniors suffer chronically from nose bleeds, asthma and other respiratory problems, itchy and irritated eyes and throats as well as headaches during operation of extraction and related activities. The health data--and lived experiences of local residents--strongly suggest that the chemicals used in the process of extracting oil and gas, as well as those used in the maintenance and routine cleaning of wells and other equipment convey serious health and safety risks. Although chronic upper respiratory and other severe health impacts persist since the cessation of operations in November of 2013, research shows improvement of acute health symptoms when there are no such industrial activities at the site.

The LA County Community Prevention and Population Health Task Force is an external advisory board comprised of 25 public health leaders appointed by the LA County Board of Supervisors. Formed in 2015, the

Community Prevention and Population Health Task Force Members:

Sonya Young Aadam · Manal Aboelata · Mayra Alvarez · Tamika Butler · Melinda Cordero-Bárcaga
Michael Cousineau · Veronica Flores · Michelle Fluke · Cathy Friedman · Mark Glassock
Nancy Halpern Ibrahim · Mary Lee · Virginia Lee · Joan Ling · Jim Mangia
Megan McClaire · Denise Miller · Lauren Nakano · Elisa Nicholas
Ashlee Oh · Luis Pardo · Maryjane Puffer · Margaret Smith
Rosa Soto · Benjamin Torres

Task Force advises the Board on priority health and safety concerns and provides guidance on primary strategies for improving the health of the population of LA County. As such, we are concerned about both the acute and enduring risks to people's health, safety, well-being and quality of life. It has come to our urgent attention that the oil extraction and related practices proposed to resume at the site represent a significant and *preventable* health risk to some of our most vulnerable populations: low income Latino families, pregnant mothers and people of reproductive age, youth and teens, seniors, people with disabilities and students whose respiratory and reproductive systems need protection from unnecessarily toxic exposures. For this, we are hopeful that we can look to you to intervene in a manner aligning with your values and beliefs to prevent the extraction, operation, maintenance and storage activities that threaten to afflict nearby residents and students.

We are aware that the Archdiocese does many things to uplift the community and to serve faithfully in its best interests. A clear and swift termination of this lease is especially needed because the area around University Park is densely populated with hundreds of families and individuals utilizing day care facilities, schools, and senior and affordable housing, all of whom would be at risk if operations were to resume at the site.

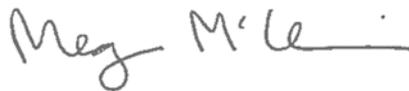
We realize that what we are requesting of you represents a significant stance in affirmation of the health of the people and the environment. As a Countywide group representing the health and safety interests of the residents of LA County, we stand ready to provide you with any clarifying information and support that you may request, and we are also prepared to elevate the actions that we hope you will take to assure the health and well-being of current and future residents of University Park. We are committed to ensuring that no LA County resident, regardless of zip code, race, or income is disproportionately impacted by oil and gas extraction. The termination of the lease would signify a powerful and enduring action that would reverberate for generations to come. We are enthusiastic about the bold leadership you are poised to take on this matter.

We look forward to your response.

Sincerely,



Manal J. Aboelata, MPH
Co-Chair



Megan McClaire, MSPH
Co-Chair

cc: His Holiness, Pope Francis, Apostolic Palace, 00120, Vatican City

Archdiocese of Los Angeles:

Most Reverend Alexander Salazar, Executive Director, Office of Life, Justice and Peace

Michael Davitt, Director of Real Estate

Andrew Rivas, Director of Governmental and Community Relations

Dr. Barbara Ferrer, Director; LA County Department of Public Health

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COMMUNITY PREVENTION AND POPULATION HEALTH TASK FORCE COUNTY OF LOS ANGELES

ATTACHMENT II

COMMUNITY PREVENTION AND
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TASK FORCE CO-CHAIRS

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November 14, 2017

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

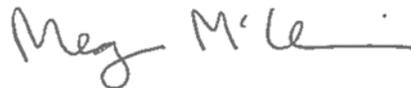
equity leadership. We strongly encourage RPOSD to assert that public health is a foundational principle of its work. Real, transformational change is possible, and our Task Force – and the constituents we represent – stand united in encouraging the County to pursue needs-based funding strategies for 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,



Manal J. Aboelata, MPH
Co-Chair



Megan McClaire, MSPH
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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.