

Los Angeles County

Community Prevention and Population Health Task Force: Mission, Responsibilities & Membership

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Introduction: Community Health Planning to Improve Population Health and Health Equity

The Los Angeles County Department of Public Health (DPH) coordinates a county-wide community health planning effort to improve the population health for all Los Angeles County community members. Every five years, in conjunction with multiple, diverse stakeholders, DPH develops a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). The CHA is a comprehensive report that describes the health status and health behaviors of people in Los Angeles County, as well as the neighborhood conditions (the social and physical environment) that contribute to health. The CHIP is a 5-year strategic plan for DPH and community stakeholders to collectively improve the health of all residents; its implementation involves partners from different sectors (e.g. health, education, housing, transportation, business) and diverse organizations (e.g. government agencies, community-based organizations, foundations).

Parts of our Los Angeles County community continue to experience significantly worse health than others. Narrowing health disparities, and achieving healthy communities with healthy people, requires solutions to create “positive” root causes of good health, including community safety, quality education, a self-sufficient income and safe, quality, affordable housing.

The Community Prevention and Population Health Task Force will play a key role in promoting healthy, equitable communities by making recommendations to the Board of Supervisors, the Health Agency, and the Department of Public Health for improving population health.

A. Mission of Community Prevention and Population Health Task Force (“Task Force”):

- To recommend to the Board of Supervisors, the Health Agency, and the Department of Public Health, public health priorities, initiatives and practices that will achieve health, equity, and community well-being.
- To provide leadership and strategic direction for community health planning in Los Angeles County which includes the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and other strategic efforts to promote strong population health.

B. Responsibilities of the Task Force

1. Provide big-picture oversight of health equity and population health efforts in Los Angeles County; identify new opportunities and make recommendations to advance community well-being.

2. Provide guidance on draft CHA and CHIP reports, draft CHIP implementation plans, including the prioritization of CHIP strategies.
3. Promote the alignment of the CHA/CHIP with IRS requirements for nonprofit hospitals, and Public Health Accreditation Board (PHAB) standards for health departments.
4. Help form strategic new partnerships to carry out the CHIP and create connections between the CHIP and other key plans and initiatives in Los Angeles County with similar goals, such as the Department of Mental Health's "Health Neighborhoods" initiative which aims to improve coordination of services for behavioral and personal health and address social determinants of health, such as poor housing and poverty.
5. Evaluate progress made implementing CHIP strategies and periodically review the CHIP to propose any needed changes.
6. Ensure the CHA/CHIP continues as a strong partnership with community stakeholders.

C. Responsibilities of the Task Force Members

Attendance at Meetings

1. Attend all meetings.
2. Meeting schedule is as follows:
 - a. At least every six months or quarterly if needed during development of the CHIP
 - b. Every six months during the CHIP's implementation
 - c. At least every six months or quarterly if needed while the CHA is being conducted
 - d. Special meetings may be called
3. Be available for periodic telephone or email consultation between meetings.
4. Each Task Force member is a voting member whose goal is to consistently attend Task Force meetings. If the Task Force member is unable to attend a meeting, the member can identify a designee to attend the meeting and vote on his/her behalf. In the event of a member's absence, the Task Force should be notified prior to the meeting.

Decision-making

5. Commit to a decision-making process that aims to make decisions by consensus of the members attending the meetings. If consensus is not reached, decisions will be made by majority vote.

CHIP Workgroups

6. Recruit key partners to CHIP Workgroups that implement improvement strategies.
7. Participate in a CHIP Workgroup to help implement a CHIP strategy(ies) in their area of expertise (Note: Task Force members are encouraged, but not required, to participate in a Workgroup).

D. Qualifications of Task Force Members include:

1. A commitment to public health, health equity, and creating the community conditions that foster good health
2. A minimum of 5 years working in the public health arena
3. Expertise in at least one of the CHIP goal/objective areas
4. A desire to address public health broadly, beyond the specific focus on one's organizational affiliation(s)
5. Strong partnership skills, including the ability to consider different perspectives

E. Size of Task Force and Member Terms

1. The Task Force will consist of a minimum of 18 and not more than 25 members.
2. Task Force members will serve 2-year terms with a maximum of three 2-year terms.
3. The membership should consist of diverse public health stakeholders who represent subject matter, gender, ethnic and geographic diversity.
4. Organizations are limited to one Task Force Member per agency. However, for large organizations with more than 500 employees, e.g. universities, health plans, etc., up to two individuals can serve on the Task Force simultaneously.

F. Selection of Task Force Members

1. The Task Force will be established through a nomination and selection process. Prospective members must complete nomination forms and submit them to the Department of Public Health (DPH).
2. DPH staff will review all applications to assess whether applicants meet the qualifications, have committed to all of the member responsibilities, and bring needed expertise and diversity, as stated on the Task Force Nomination Form and the Task Force "Mission, Responsibilities & Membership" document.
3. DPH will make recommendations to the Board of Supervisors for approval of the roster of Task Force Members.
4. Vacancies can be filled at any time during the year. Task Force members can begin their terms at any time during the year pending Board approval.

G. Co-Chairs of Task Force

1. The Task Force will be led by two Co-Chairs to be selected by vote of the entire Task Force membership. Task Force Co-Chairs will serve for 2-year terms with a maximum of three 2-year terms. Members can nominate themselves for these leadership roles or be nominated by another member of the Task Force. The remaining members of the Task Force are at-large members.
2. A co-chair can resign after submitting a written resignation to their co-chair and the Task Force members.

H. Resigning from the Task Force

1. A Task Force member can resign after submitting a written resignation to the Co-Chairs of the Task Force.

I. Staff Support for the Task Force

1. Staff from the Department of Public Health will provide needed support to the Task Force, including but not limited to assistance with planning meetings, taking notes at meeting, and contributing to draft CHA and CHIP documents.

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