**Los Angeles County**
**Community Prevention and Population Health Task Force Charter:**
**Mission, Responsibilities & Membership**

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

On August 11, 2015, the Los Angeles County Board of Supervisors approved the development of a Health Agency, which would serve as an umbrella to integrate services across the Departments of Health Services, Public Health and Mental Health. As part of this Board motion, Supervisor Mark Ridley-Thomas made an amendment that created a Community Prevention and Population Health Task Force (Task Force) to report to the Board of Supervisors with priority recommendations to promote health, equity, and community well-being in Los Angeles County.

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 address the "positive" root causes of good health, including community safety, quality education, a self-sufficient income, and safe, quality, affordable housing. The Task Force's recommendations and other activities will play a key role in identifying actions, resources, policies, and programs that can promote healthy and equitable communities.

In addition, the Task Force will advise the Department of Public Health's ongoing County-wide community health planning efforts to improve the population health for all Los Angeles County community members, with a particular focus on guiding the development and implementation of the Community Health Assessment (CHA) and the Community Health Equity Improvement Plan (CHEIP). 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 CHEIP is a 5-year strategic plan for the Department of Public Health (DPH) and community stakeholders to collectively improve the health of all residents. Its implementation involves partners from different sectors, such as health, education, housing, transportation, and business, and diverse organizations, such as government agencies, community-based organizations, and foundations.

## A. Mission of the Community Prevention and Population Health Task Force:

- Report to the Board of Supervisors with priority recommendations to promote health, equity, and community well-being in Los Angeles County with a focus on population health improvement.
- Make recommendations to the Board of Supervisors, and DPH on public health priorities, initiatives and practices that will achieve health equity and healthy communities.
- Serve as the advisory body to the Center for Health Equity (CHE).
- Provide leadership and strategic direction for community health planning in Los Angeles County, which includes the Community Health Assessment (CHA), Community Health Equity Improvement Plan (CHEIP), and other strategic efforts to promote strong population health, health equity, and racial justice.

## B. Responsibilities of the Task Force

1. Provide big-picture oversight of health equity and population health efforts in Los Angeles County and identify new opportunities to advance community well-being, while bearing in mind the interconnection of many issues that influence health.

2. Develop a yearly work plan that may include but is not limited to: commentary for pending issues before the Board of Supervisors, and DPH through letters and other forums; partner with Board of Supervisors' offices to draft motions for consideration by the Board; hold briefings for the Board of Supervisors on public health priorities; and organize community meetings among key stakeholders to get input on critical issues.
3. Advise the Center for Health Equity (CHE) on health equity priorities and the Task Force's vision for the future direction of the CHE.
4. Prioritize CHEIP strategies, provide input into CHEIP implementation plans, evaluate progress made implementing the CHEIP, revise the CHEIP as needed, including the addition or deletion of strategies, and provide guidance on the development of new CHAs and CHEIPs.
5. Advise on strategic partnerships between the CHEIP and other key plans and initiatives in Los Angeles County with similar goals.
6. Ensure the process to develop and implement the CHA and CHEIP continues as a strong partnership with community stakeholders.
7. Abide by the Task Force's Principles of Equity.

## C. Responsibilities of the Task Force Members

*Attendance at meetings*

1. Attend all meetings in-person, including regularly scheduled quarterly meetings and "as-needed" special meetings.
2. Attend all meetings without substitution to provide continuity to the Task Force meetings, as each Task Force member is a voting member.
3. Be available for one-on-one periodic telephone or email consultation between meetings with Task Force staff.
4. Missing more than three quarterly meetings may result in a request to resign from the Task Force.

*Decision-making*

5. Commit to a decision-making process that aims to make decisions by consensus of the Task Force members who are in attendance at the meetings. If consensus is not reached, Task Force decisions will be made by majority vote. A quorum of Task Force members (a majority of the legislative body – half plus one) must be present at a meeting to make decisions.

*Recommendations to DPH for CHEIP multi-stakeholder workgroups*

6. The Task Force will recommend to DPH the formation of new CHEIP multi-stakeholder workgroups to address key public health priorities identified by Task Force members and by stakeholders participating in community health planning efforts (e.g., the Community Health Assessment and the Community Health Equity Improvement Plan).
7. Recommend to DPH key partners with issue expertise to participate in particular CHEIP multi-stakeholder workgroups. Task Force members are encouraged, but not required, to participate in a CHIP workgroup.

*Communication with communities*

8. Report back to the communities, organizations, alliances, or coalitions represented to ensure that constituencies stay informed of the Task Force's work and to allow members to stay informed about constituency public health priorities.

9. Task Force members are only authorized to officially represent the full Task Force, verbally or in writing, on Task Force approved priorities or topics, or as voted upon by the full Task Force. Task Force members can always identify themselves as Task Force members, even if they are unable to speak on behalf of the full Task Force. If the request or opportunity comes up between meetings and the full Task Force cannot vote to approve a request to speak, contact the Task Force co-chairs at least 48 hours in advance for guidance.

## D. Structure of Task Force

*Co-Chairs*

1. The Task Force will be led by two Co-Chairs to be selected by vote of at least a quorum of the entire Task Force membership. The Co-Chairs' term will be limited to one 2-year term. A Co-Chair's term may be less than 2 years if the Co-Chair's Task Force membership term ends prior to the end of the Co-Chair's term and the Co- chair is not re-appointed to the Task Force. Members can nominate themselves for these leadership roles or be nominated by another member of the Task Force.
2. Co-Chairs should have skills to: develop agendas that move the Task Force forward on its priority areas; facilitate meetings effectively, allowing for the full participation of members; and maintain an atmosphere of collaboration and cooperation among Task Force members.
3. A Co-Chair may resign after submitting a written resignation to their Co-chair and the Task Force members.
4. If a Co-Chair resigns or their Task Force membership term expires without their re-appointment, the Task Force shall nominate and vote on a successor Co-Chair at a regularly scheduled meeting of a quorum of its members.

## 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. Each term consists of three years. A Task Force member may serve a maximum of three full terms on the Task Force.
3. Task Force membership will consist of public health stakeholders who represent diversity, including but not limited to subject matter, gender, race/ethnic, and geographic diversity. To ensure geographic diversity, each of the five Supervisors shall appoint three Task Force members to represent his/her district. At least one active Task Force seat must be filled by a member who represents or serves the First Peoples of Los Angeles County (which includes the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples) as a major part of their work.
4. A term begins on June 1st and ends on May 31st three years later.

## F. Qualifications of Task Force Members

1. Members are appointed for their deep knowledge and experience in their respective fields and their commitment to the Task Force's mission to create the community conditions that foster good health.
2. Members should have recognized experience in at least one of the key fields that advances the work of public health.
3. Members are expected to have strong partnership skills, including the ability to consider different

perspectives, a desire to promote public health policies and systems change that impact areas outside the specific focus of their organizational affiliation(s), and the ability to work collaboratively and cooperatively.

4. Members must either reside or work in Los Angeles County.
5. Members must not be employees of the County of Los Angeles.

**G. Selection of Task Force Members**

1. The members of the Task Force will be appointed through two processes:
    a) Appointments by each Supervisor and
    b) A self-nomination application process.
2. Each Supervisor may appoint up to three Task Force members who meet the general membership qualifications listed above for a total of up to 15 appointments by the Board of Supervisors. Members appointed by the Board of Supervisors serve at the Supervisor's discretion and should request a continuance for each term they wish to serve.
3. In addition, community stakeholders can nominate themselves to serve on the Task Force. Up to ten (10) Task Force members may be selected from the self-nomination application process. Prospective members must complete the nomination application forms and submit them to DPH (see #5 below). These persons may or may not be official representatives of their employing organizations.
4. To encourage a variety of experiences and opinions on the Task Force, effort will be made to avoid appointing more than one member from the same organization.
    a) It is allowable, under certain circumstances, for up to three persons to be employed by the same organization to serve on the Task Force at the same time.
5. In order to select up to ten individuals from the self-nomination application process, DPH staff will set up a Nominating Committee comprised of internal (DPH) and external (non-County) representatives who will review all nomination application forms, which shall include the applicant's resume and professional references to assess whether the applicant meets the general membership qualifications, has committed to the responsibilities of Task Force membership, and will bring the needed expertise, experience, and diversity, as stated on the Task Force nomination form and in the Task Force Charter.
6. Task Force members are eligible to serve up to three (3) terms. Each term consists of a period of 3 years.
7. Task Force members must re-apply for each term they wish to serve.
8. Vacancies can be filled at any time during the year. Board appointed Task Force members can begin their terms at any time during the year pending Board approval. Self-nominated Task Force members can begin their terms at any time during the year pending DPH approval.
9. If a new Task Force member fills a vacant seat with half or more of the term remaining, then it is considered a zero term, and a member is still eligible to serve an additional three, full terms.

**H. Resignation of Task Force Members**

1. A Task Force member may resign after submitting a written resignation to the Co-Chairs of the Task Force as well as notification to their respective Health Deputy, if appointed by the Board.
2. Barring extenuating circumstances such as a protracted illness or family emergency that is communicated to the co-chairs and to DPH staff, missing more than three quarterly meetings will prompt reporting to the Board of Supervisors via Commission Services and requests for the member to meet with Task Force co-chairs and DPH staff to discuss the member's commitment

and potential resignation.

## I. Staff Support for the Task Force

1. Staff from DPH will provide leadership and support to the Task Force with a particular focus on organizational planning and coordination, technical assistance, document development (e.g., drafts of Task Force recommendations, CHEIPs, etc.), relationship-building with key partners, and administrative support for the Task Force (e.g., scheduling meetings, note-taking).
2. Staff will collaborate closely with the Task Force Co-Chairs to manage the overall work of the Task Force, plan meetings, and make strategic agendas.

## J. Amendments to the Task Force Charter

1. Proposed changes to the Task Force Charter may be added to a Task Force meeting agenda for discussion and approval by the Task Force. Any changes to the Task Force Charter may only be made by the vote of a supermajority or 60% of a quorum of the Task Force membership at a regularly scheduled Task Force Meeting.