



Los Angeles County
Community Prevention and Population Health Task Force
Self-Nomination Application

NOTE: This is NOT the application. This is a PREVIEW of the application questions.

Instructions

The Los Angeles County Department of Public Health is seeking members to serve on the Community Prevention and Population Health Task Force (“Task Force”) for a three-year term between June 1, 2025 and May 31, 2028.

The Task Force, established by the Los Angeles County Board of Supervisors (Board), is responsible for promoting health, equity, and community well-being in Los Angeles County by making recommendations to the Board and the Department of Public Health on population health priorities, initiatives and practices that will achieve health equity and healthy communities.

Please note: the Task Force values diversity in experience and as such, you are not required to hold a senior level position in an organization to serve on the Task Force. Employees of the County of Los Angeles are NOT eligible to serve on the Task Force.

For more information about the Task Force, including member roles, responsibilities, and the Task Force Charter, please visit the Task Force webpage at: www.TaskForce.ph.lacounty.gov.

The information provided on this application will be kept confidential and will only be shared with members of the Task Force nominating committee.

If you are able to commit to the mission and responsibilities of the Task Force and would like to be considered for selection to serve, please complete this self-nomination application and attach your resume.

Applications must be received by Friday, January 31, 2025

If you have any questions, please contact dphplanning@ph.lacounty.gov and allow up to 3 business days for a response.

1. Please include your contact information below:

First and Last Name: _____

Email Address: _____

Telephone Number: _____

2. Per the Task Force charter, members must **not** be employed by the County of Los Angeles. Are you an employee of the County of Los Angeles?

YES NO

3. Per the Task Force charter, members must reside **or** work in LA County. Do you **reside** or **work** in LA County?

YES NO

4. Which Supervisorial District do you **work** in? (To look up your district, visit:

<https://appcenter.gis.lacounty.gov/districtlocator/>)

- Supervisorial District 1 – SOLIS
- Supervisorial District 2 – MITCHELL
- Supervisorial District 3 – HORVATH
- Supervisorial District 4 – HAHN
- Supervisorial District 5 – BARGER

5. Which Supervisorial District do you **live** in? (To look up your district, visit:

<https://appcenter.gis.lacounty.gov/districtlocator/>)

- Supervisorial District 1 – SOLIS
- Supervisorial District 2 – MITCHELL
- Supervisorial District 3 – HORVATH
- Supervisorial District 4 – HAHN
- Supervisorial District 5 – BARGER

6. If you are selected to serve as a Task Force member, will you serve as a representative of an organization?

YES NO NOT SURE

7. If yes, what is the name of your organization? _____

8. If yes, what is your current job title? _____

9. If your organization provides services in specific cities, please list below: *Enter "ALL" if your organization services all of LA County.* _____

For questions in this section, please consider the following member qualifications per the Task Force Charter:

- a. Commitment to the Task Force’s mission to create the community conditions that foster good health;
- b. Deep knowledge and experience in their respective fields;
- c. Recognized experience in at least one key field that advances the work of public health;
- d. Desire to promote public health policies and systems change that impact areas outside of their specific organizational affiliation; and
- e. Strong partnership skills and qualities, including the ability to consider different perspectives and the ability to work collaboratively and cooperatively.

10. Why are you interested in being a member of the Community Prevention and Population Health Task Force? *(Limit to 1,750 characters, including spaces)*

11. Select your top three (3) areas of experience or expertise that advances population health and health equity. **Select up to three (3) areas.**

- Access to affordable, safe and quality housing
- Access to healthy food
- Access to medical, dental, and mental health care/services
- Access to safe places for physical activity
- Criminal justice reform
- Design of healthy communities (built environment, walkable/bikeable streets, green space/parks, public transportation, etc.)
- Education/Increase high school graduation rates
- Emergency preparedness
- Environmental justice (including exposure to toxic emissions, air pollution, and oil/gas development sites)
- Healthy aging
- Health/racial equity
- Homelessness
- Immunizations and infectious diseases
- Maternal, child, and adolescent health; reproductive health
- Substance abuse prevention and treatment
- Violence and injury prevention
- Other (please specify) _____

12. What professional experience and/or lived experience do you have that would support the Task Force’s mission? *(Limit to 1,750 characters, including spaces)*

13. Have you ever served on a County Commission, Task Force, and/or any Board?

- If yes, briefly describe the group and your involvement or contributions (e.g., served-prior terms, participated in ad hoc committees, etc.)
- If no, you may describe other contributions you have made that advance health, equity and community well-being in Los Angeles County.
(Limit to 1,750 characters, including spaces)

14. What partnership skills do you have that would contribute to the mission of the Task Force? Provide an example of how you have worked collaboratively with others, including those outside of your organization or field, to promote public health and systems change? *(Limit to 1,750 characters, including spaces)*

15. The Task Force values diversity in experience and representation of the communities across Los Angeles County. Is there anything you would like to add regarding your background, knowledge or experience that would support this value? *(Limit to 1,750 characters, including spaces)*

16. Do you have any additional information you would like for us to know? *(Limit to 1,750 characters, including spaces)*

17. Please provide the name, organization, contact information, and relationship (i.e., supervisor, peer, mentor, etc.) of three (3) professional references below.

The nominating committee may contact your references at their discretion during the application review process. Please do not submit letters of recommendation.

Reference (1) Name _____

Organization: _____

Phone Number: _____

Email Address: _____

Relationship: _____

Reference (2) Name _____

Organization: _____

Phone Number: _____

Email Address: _____

Relationship: _____

Reference (3) Name _____

Organization: _____

Phone Number: _____

Email Address: _____

Relationship: _____

18. Attach your resume in PDF format.

*Please label your resume file in the following manner "Last Name First Name_resume."
For example, "DoeJane_resume.pdf"*

No other submissions will be accepted (e.g., .doc, .jpg, etc.)

*Attach your resume in PDF format

No file chosen

The following questions are OPTIONAL and will help assess the diversity of the Task Force. Individual responses will be kept confidential and will not be used as selection criteria for members.

19. What is your age?

(optional)

- 18-29 years
- 30-39 years
- 40-49 years
- 50-64 years
- 65+ years
- Prefer not to state

20. How do you identify your race or ethnicity?

(optional – select all that apply)

- American Indian or Alaska Native
- Asian (please specify below)
- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- Black or African American
- Hispanic, Latino, or Spanish origin
- White (non-Hispanic/Latino)
- Prefer not to state

If your race or ethnicity is not listed above and/or you'd like to be more specific, please add below:

21. What is your current gender identity?

(optional)

- Male
 - Female
 - Transgender Male / Trans Man
 - Transgender Female / Trans Woman
 - Gender Non-Binary, Gender Non-Conforming
 - Prefer not to state
 - Another gender category or another identity:
-

22. What is your sexual orientation?

(optional)

- Straight or heterosexual
 - Gay or Lesbian
 - Bisexual
 - Not sure
 - Prefer not to state
 - Another sexual orientation category:
-

23. Do you consider yourself a person with a disability?

(optional)

- Yes
- No
- Prefer not to state

If you'd like to be more specific, please add below: _____

I acknowledge that my responses are accurate to the best of my ability, and if selected, I can commit to the roles and responsibilities outlined in the charter.

24. Sign/Enter your name acknowledging the statement above.

25. Today's date

Thank you for your interest in serving on the Community Prevention and Population Health Task Force. If you do not receive an email confirmation within 3 business days of submitting your application, please contact dphplanning@ph.lacounty.gov.