BLUE FOLDER ITEM

Blue folder items are additional back up material to administrative reports and/or public comments received after the printing and distribution of the agenda packet for receive and file.

CITY COUNCIL MEETING
OCTOBER 1, 2024

J.1 PUBLIC PARTICIPATION ON NON-AGENDA ITEMS

- **PUBLIC COMMUNICATIONS**

An Analysis of Health Levels in South Bay Cities

Data Source: Community Health Profiles Los Angeles County Department of Public Health (2023 dataset)
September 2024

Los Angeles County Department of Public Health (LACDPH) provided its **unbiased survey and enhanced metadata datasets of Community Health Profiles** for public review and analysis. The press release from LACDPH is provided for context. Because the survey was limited to cities of 20,000 population and above, Hermosa Beach from the Beach Cities Health District (BCHD) Beach Cities was not included in the data. Data was available for Manhattan Beach and Redondo Beach. Al the LACDPH City profiles can be accessed at: http://ph.lacounty.gov/community-health-profiles (provided in the LACDPH press release)

For Immediate Release:

April 24, 2024

Los Angeles County Department of Public Health Unveils Enhanced Community Health Profiles

The Los Angeles County Department of Public Health (Public Health) launched its latest *Community Health Profiles*. These profiles provide key data on over 100 indicators affecting health and wellbeing for 179 communities within Los Angeles County. The profiles emphasize the significant role local environments play in influencing health outcomes, with data intended to fuel improvements in community conditions and resident health.

The new *Community Health Profiles* are the most geographically expansive to date, covering the majority of Los Angeles County, including incorporated cities, unincorporated areas, Service Planning Areas, Supervisorial Districts, and Los Angeles City neighborhoods and Council Districts with populations over 20,000, based on 2022 population estimates.

The *Community Health Profiles* data are categorized into 11 thematic areas: Demographics, Social Determinants of Health, Physical Activity & Nutrition, Tobacco Use, Housing and Health, Community Safety, Environmental Justice, Perinatal and Infant Health, Behavioral Health, HIV and Other Sexually Transmitted Infections, and Healthcare Access. Indicators included in these thematic areas were drawn from a variety of data sources, ensuring broad coverage for all communities and geographic areas featured in the profiles. This data represents the most recent and relevant statistics available, offering a snapshot of the health and wellness for communities across the county.

As noted in the excerpt from the LACDPH press release above, there is a significant amount of data available for each City. In most cases, each measure has complete data for each City. In one case, Manhattan Beach had missing data for the measure of cigarette use. That was the only missing data in the above 20,000 population dataset that was used for this analysis.

Because **BCHD had executed a Gallup contract with Taxpayer Funding in excess of $400,000, this analysis follows the BCHD's Gallup report methods**. Gallup asserted that the **level of Obesity, Diabetes, and Smoking were the key health outcomes** for focus. Gallup does not provide any support for its choices, however as $400,000+ Taxpayer Paid vendor, we simply replicated Gallup's choice without passing judgement. LACDPH may or may not agree with the Gallup selection.

In Gallup's Taxpayer Funded analysis, Gallup valued the cost of a resident that is obese, with diabetes, or a smoker and created a fictional "savings" based on United States average rates. Since California health levels are much better than US average levels due to California spending on health and California health policies**, the fictional "savings" computed by Gallup can be used for ranking, but are themselves meaningless**.

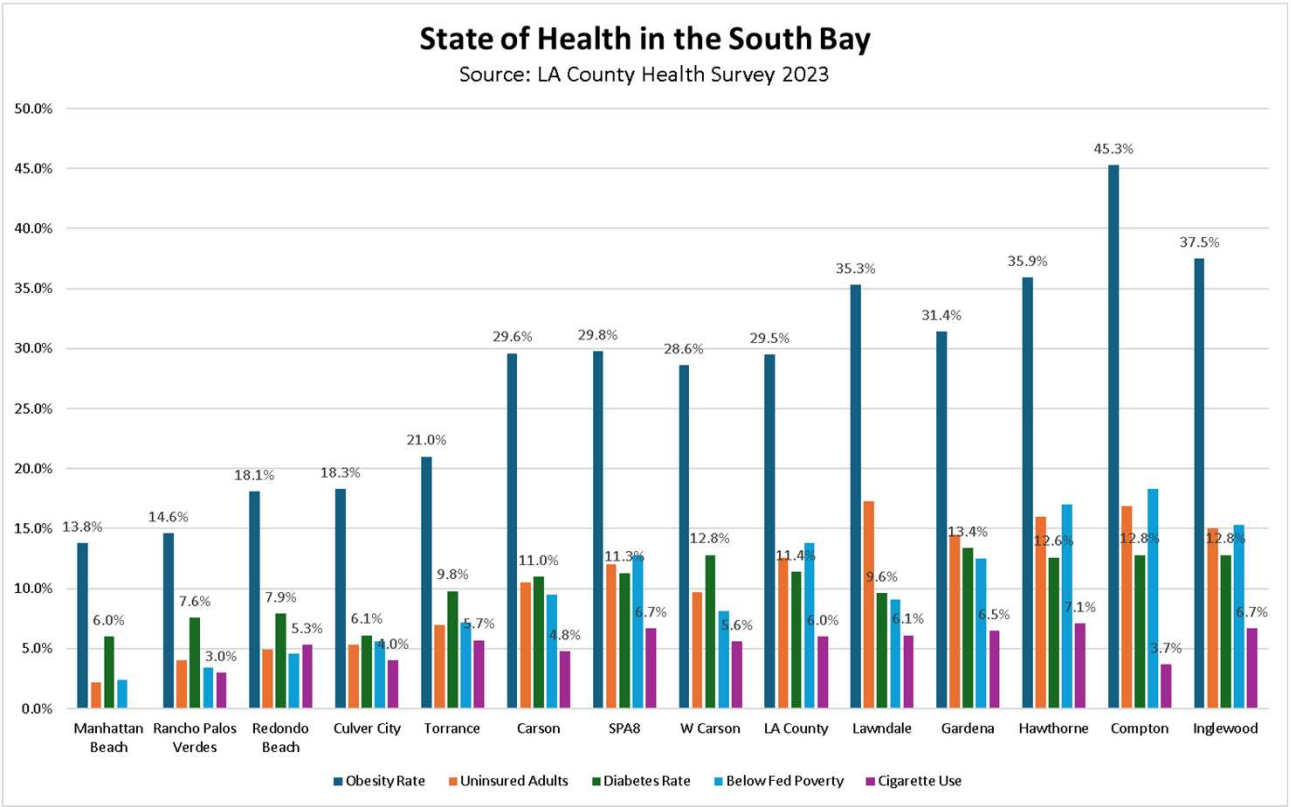
Further, Gallup refused to provide citations for its dollar values of “fictional” savings from differential health outcomes, so BCHD Taxpayers have no way to know if the values are fictional “savings” of what residents might have paid, or what insurance companies might have paid, or what State policy cost in taxes, or what overall City, State and Federal healthcare costs might have been. In short, the “savings” are largely undefined by Gallup.

For its part, BCHD responded in California Public Records Act (CPRA) responses that it received no additional data, methodology or report from Gallup for our $400,000+ Taxpayer Payment. Therefore BCHD was without any ability to clarify the Gallup Taxpayer report. In prior CPRA responses, BCHD has generally asserted that computing the community value of health benefits from its Programs is beyond the District’s requirements, funding, and ability. As such, BCHD’s lack of technical expertise in the area was not helpful.

The full Gallup study/press release is at: https://news.gallup.com/poll/648008/good-health-saves-california-beach-cities-millions-yearly.aspx BCHD’s CPRA responses can be provided on request. BCHD’s $400,000+ purchase order contract with Gallup can be obtained from BCHD directly.

For each City, LA County as a whole, Service Planning Area 8 (broadly the “South Bay” and also the Service Area for BCHD’s allcove Beach Cities), the following data was extracted from the LACDPH dataset: City Name, HH Income, Federal Poverty Level Rate, Rate of Uninsured Adults, Obesity Share, Diabetes Share, and Smoker Share.

The chart below provides a summary of the data from the LACDPH 2023 survey for each available South Bay city (population above 20,000). The Cities were, LA County Averages, and SPA8 Averages were sorted by Household Income level. As you view the chart from Left-to-Right, the Household income if largest on the Left (Manhattan Beach) and smallest on the Right (Inglewood). The percentages that are printed represent the share of Obesity, Diabetes and Smokers for the City named. Additionally, the chart shows the level of Uninsured Adults and percent of residents below the Federal Poverty Level. All values are available in a Table as well.



City	Obesity Rate	Uninsured Adults	Diabetes Rate	Below Fed Poverty	Cigarette Use	HH Income
Manhattan Beach	13.8%	2.2%	6.0%	2.4%		$ 187,217
Rancho Palos Verdes	14.6%	4.0%	7.6%	3.4%	3.0%	$ 166,747
Redondo Beach	18.1%	4.9%	7.9%	4.6%	5.3%	$ 134,033
Culver City	18.3%	5.3%	6.1%	5.6%	4.0%	$ 114,429
Torrance	21.0%	7.0%	9.8%	7.2%	5.7%	$ 109,554
Carson	29.6%	10.5%	11.0%	9.5%	4.8%	$ 103,045
SPA8	29.8%	12.0%	11.3%	12.8%	6.7%	$ 94,702
W Carson	28.6%	9.7%	12.8%	8.1%	5.6%	$ 91,513
LA County	29.5%	12.6%	11.4%	13.8%	6.0%	$ 83,411
Lawndale	35.3%	17.3%	9.6%	9.1%	6.1%	$ 76,213
Gardena	31.4%	14.5%	13.4%	12.5%	6.5%	$ 75,443
Hawthorne	35.9%	16.0%	12.6%	17.0%	7.1%	$ 72,298
Compton	45.3%	16.9%	12.8%	18.3%	3.7%	$ 69,728
Inglewood	37.5%	15.0%	12.8%	15.3%	6.7%	$ 67,563
Overall Averages	27.8%	10.6%	10.4%	10.0%	5.5%	$ 103,278

Based on observations on the chart and the table, it's readily apparent that as Income Levels fall, the rates of Obesity, Diabetes and Smoking tend to rise. Further, as Income Levels fall, the rate of both Uninsured Adults and Residents below the Federal Poverty Level increases. These sorts of findings are reinforced by many studies, such as, **"Associations of family income and healthy lifestyle with all-cause mortality" (J Glob Health. 2023)** and **"Healthy Bodies and Thick Wallets: The Dual Relation Between Health and Economic Status" (J Econ Perspect. 1999)**. Those studies are two of literally thousands that have been conducted on the relationship between income/wealth and health/mortality/morbidity. It comes as no surprise, more income/wealth generally results in better health – other things equal.

The Cities were then ranked using Gallup's "fictional" savings methodology. Each City's Obesity, Diabetes, and Smoking rate was compared to the average rates of the entire South Bay as measured by LACDPH's Service Planning Area 8 (SPA8) averages.

Gallup's press release provides the following values ("fictional" savings) for lower rates of Obesity ($2,618 per person per year), Diabetes ($8,758 per person per year) and Smoking ($6,895 per person per year). As noted before, BCHD and Gallup refused to provide any detailed citations of where these values were extracted from, so they must be used without validation.

Instead of computing a nosebleed-level hundreds of millions of dollars in "fictional" savings, this report instead computes a savings per City resident using Gallup's uncited disease level valuations. This report only seeks to rank order the Cities in order to better understand the health levels and outcomes in the South Bay.

As noted, the Cities are compared against the South Bay SPA8 average, rather than national data that is wholly inapplicable to California, LA County, SPA8, and the individual Cities.

The table below provides the results of using Gallup's Taxpayer Funded study values to rank order the South Bay Cities and LA County by "fictional" savings against SPA8.

Findings:

Rank #1 – Manhattan Beach. It has the highest income and based on its disease rates as measured by the LACDPH survey, it also have the highest per person "fictional" savings as computed using Gallup's uncited benefit values.

SPA8 has Worse Health Outcomes than LA County Overall – While they are very similar, using Gallup's methodology, LA County health outcomes are valued slightly better than South Bay SPA8.

Redondo Beach's Health Level is Lower than its Income Predicts – Redondo Beach ranks #4, behind lower income Culver City. Redondo Beach has generally poorer health outcomes than expected resulting in a lower Gallup "fictional" savings.

Lawndale performs worse than LA County but slightly better than SPA8. Gardena, Hawthorne, and Inglewood all have health outcomes below the SPA8 average.

City	Obesity Rate	Uninsured Adults	Diabetes Rate	Below Fed Poverty	Cigarette Use	HH Income	Compared Obesity Rate	Compared Diabetes Rate	Compared Cigarette Use	Gallup Taxpayer Funded Study Method Computed "Fictional" Savings per Resident
Manhattan Beach	13.8%	2.2%	6.0%	2.4%	3.0%	$ 187,217	16.0%	5.3%	3.7%	$ 1,138
Rancho Palos Verdes	14.6%	4.0%	7.6%	3.4%	3.0%	$ 166,747	15.2%	3.7%	3.7%	$ 977
Culver City	18.3%	5.3%	6.1%	5.6%	4.0%	$ 114,429	11.5%	5.2%	2.7%	$ 943
Redondo Beach	18.1%	4.9%	7.9%	4.6%	5.3%	$ 134,033	11.7%	3.4%	1.4%	$ 701
Torrance	21.0%	7.0%	9.8%	7.2%	5.7%	$ 109,554	8.8%	1.5%	1.0%	$ 431
Carson	29.6%	10.5%	11.0%	9.5%	4.8%	$ 103,045	0.2%	0.3%	1.9%	$ 163
LA County	29.5%	12.6%	11.4%	13.8%	6.0%	$ 83,411	0.3%	-0.1%	0.7%	$ 47
Lawndale	35.3%	17.3%	9.6%	9.1%	6.1%	$ 76,213	-5.5%	1.7%	0.6%	$ 46
SPA8	29.8%	12.0%	11.3%	12.8%	6.7%	$ 94,702	0.0%	0.0%	0.0%	$ -
W Carson	28.6%	9.7%	12.8%	8.1%	5.6%	$ 91,513	1.2%	-1.5%	1.1%	$ (24)
Gardena	31.4%	14.5%	13.4%	12.5%	6.5%	$ 75,443	-1.6%	-2.1%	0.2%	$ (212)
Hawthorne	35.9%	16.0%	12.6%	17.0%	7.1%	$ 72,298	-6.1%	-1.3%	-0.4%	$ (301)
Compton	45.3%	16.9%	12.8%	18.3%	3.7%	$ 69,728	-15.5%	-1.5%	3.0%	$ (330)
Inglewood	37.5%	15.0%	12.8%	15.3%	6.7%	$ 67,563	-7.7%	-1.5%	0.0%	$ (333)
Overall Averages	27.8%	10.6%	10.4%	10.0%	5.5%	$ 103,278	2.0%	0.9%	1.4%	$ 232

No data was provided for Manhattan Beach smoker rates. Therefore the RPV rate was used as a proxy for Manahttan Beach's smoking rate also.

Overall, and with only limited exceptions, Health Outcomes mirror the relative affluence/income of the Cities.

Additional statistical analysis was conducted to determine quantitatively how predictive income is of health outcomes. The R-square value was computed for each health measure to determine what percentage of the change in values across cities could be explained ONLY USING DIFFERENCES IN INCOME LEVELS.

Obesity by Income	Uninsured Rate by Income	Diabetes Rate by Income	Poverty Rate by Income	Cigarette Use by Income	Gallup "Fictional" Savings by Income
79.3%	83.5%	69.4%	73.9%	53.7%	85.8%

Obesity: 79.3% of the differences in Obesity levels between Cities are explained by the differences in their Household Income.

Lack of Health Insurance: 83.5% of the differences in Health Insurance levels between Cities are explained by the differences in their Household Income.

Diabetes: 69.4% of the differences in Health Insurance levels between Cities are explained by the differences in their Household Income.

Poverty: 73.9% of the differences in Poverty levels between Cities are explained by the differences in their Household Income.

Cigarette Use: 53.7% of the differences in Cigarette Smoking levels between Cities are explained by the differences in their Household Income. This is the lowest correlation between income and a health outcome, likely because smoking is more of a choice than an outcome.

Gallup “Fictional” Savings: 85.8% of the differences in Gallup’s “Fictional” Health Outcome monetization Savings levels between Cities are explained by the differences in their Household Income. This is little surprise given how much of the health outcomes themselves are explained by changed in Household Income.

CONCLUSIONS

Based on LACDPH’s unbiased survey data, **income level is the single largest determinant of health outcomes**. From 70% to 80% of the Diabetes and Obesity levels, respectively, are explained by income levels alone. This leaves little room for any BCHD benefit to health outcomes in the high income Cities of the District.

South Bay (SPA8) health outcomes are slightly worse than LA County overall.

Redondo Beach health outcomes are worse than would be expected based on its relatively high income level, even with any benefit of BCHD programs and services, if any.

Cities near BCHD has no discernable pattern of BCHD benefit. Overall they perform consistent with their income levels.

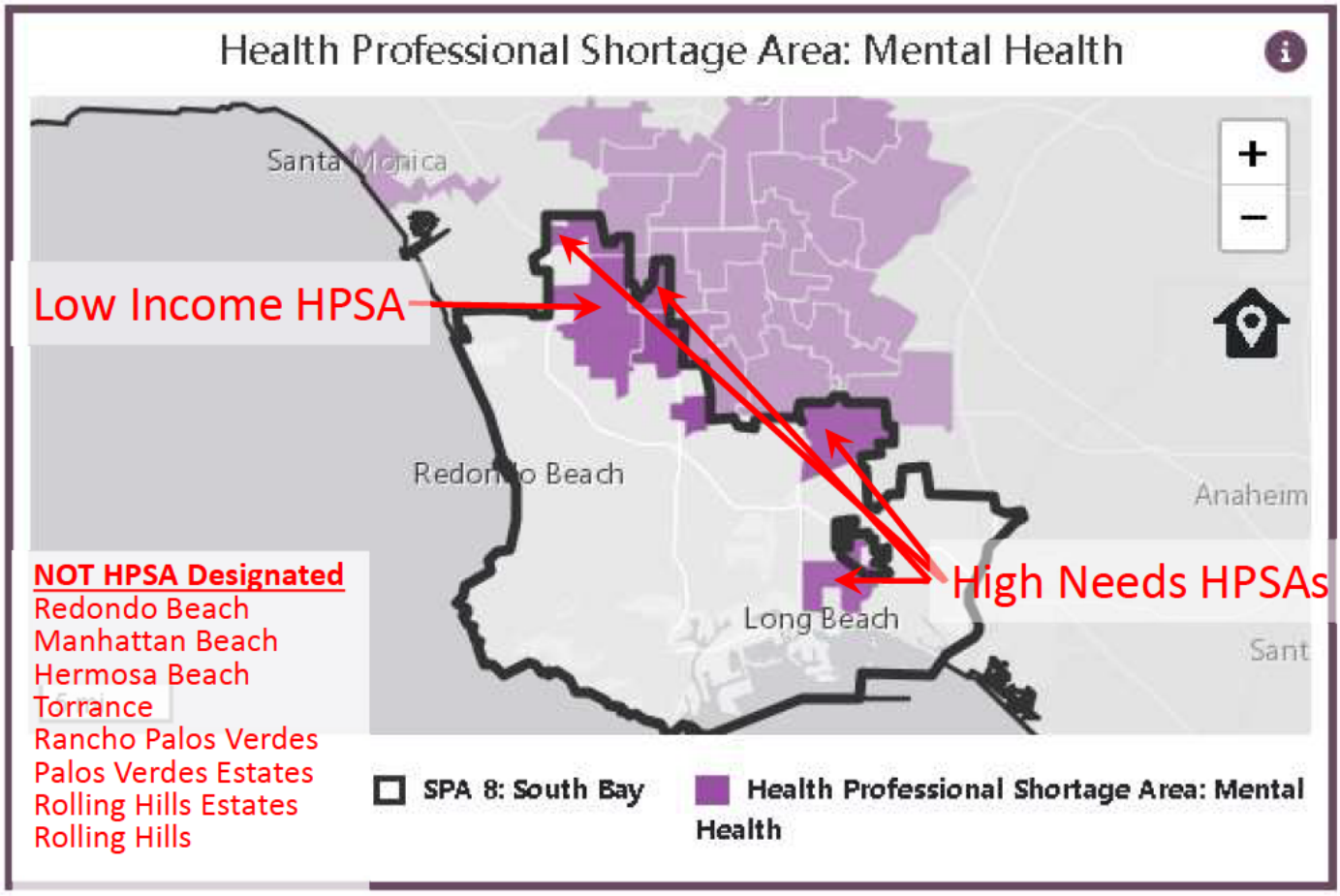
Not surprisingly, Manhattan Beach Health Outcomes, like RPV Heath Outcomes, are consistent with very high income levels.

Health Professional Shortage Areas: Mental Health

Data Source: Community Health Profiles Los Angeles County Department of Public Health (2023 dataset)
September 2024

Los Angeles County Department of Public Health (LACDPH) provided its Service Planning Area 8 data in a consolidated format for review. Of primary concern are the areas that have been declared Health Professional Shortage Areas (HPSAs) – specifically for Mental Health services. All purple colored areas in the map are HPSAs. Further indicated are those HPSAs that were further declared as **High Needs and/or Low Income areas of focus**.

SPA8 is important because it is the South Bay's planning area and because it is the area that Beach Cities Health District (BCHD) represented as the Service Area for allcove Beach Cities services in order to gain funding for the building and program. **BCHD accepted a 30-year obligation to provide allcove Beach Cities building operation and services to SPA8**. To date, we have evidence from BCHD that 74% of services are provided to the non-MHSA areas of the BCHD District plus Torrance residents. **Scant enrollees in allcove Beach Cities come from the most needed MHSAs.**



BCHD's application for funding included a specific callout of the geographically and racially diverse areas of SPA8. To date, BCHD promotes that 74% of the program services areas without any MHSA designation, and with well above average household incomes and health insurance levels for residents. **(See BCHD/MHSOAC funding agreement 7469-CA BHCIP-B4_209_Allcove-01 for full details of the $6.3M building grant for allcove Beach Cities for the area of SPA8)**

AREA SERVED AND SERVICES THAT WILL BE RECEIVED

-Priority populations to be served are youth between the ages of 12-25 from Service-Planning Area 8, including 16 cities and communities of the city of Los Angeles. This population will receive mental and physical health resources, education and employment counseling, peer and family support, and substance use prevention programs. Service-Planning Area 8, in the 16 cities and communities of the City of Los Angeles, includes more than 1,000,000 people. Allcove Beach Cities will be able to provide services to those 12-25 years old, including 49% Latino population, followed by 26% white, 15% Asian, 8% African American and 2% other.

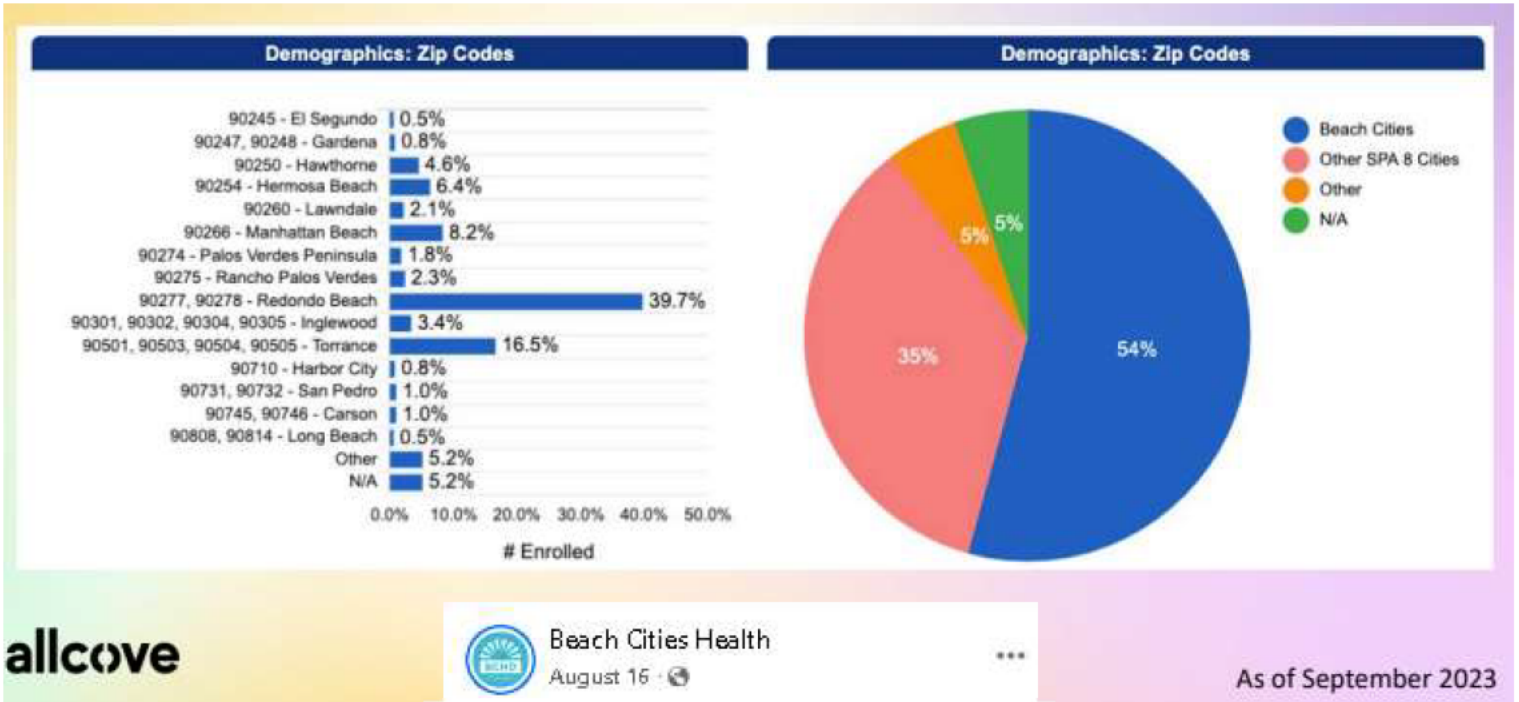
30 YEAR RESTRICTED AND OBLIGATED USE

reference as Attachment H. The Declaration of Restrictions shall by its terms restrict the development, use, and occupancy of the Project for the term of thirty (30) years, from either the date of the issuance of a Certificate of Occupancy, or the recordation of a Notice of Completion, in the official records of the county in which the Project is located. In addition to any

BHCIP, DHCS awards competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets to build new capacity or expand existing capacity for facilities that will operate for a minimum of thirty (30) years to provide short-term crisis stabilization, acute

ALLCOVE ENROLLES

BCHD provided this breakdown of allcove enrollees. Subsequently, BCHD indicates the level of service to District cities plus Torrance has risen to 73% of the program.



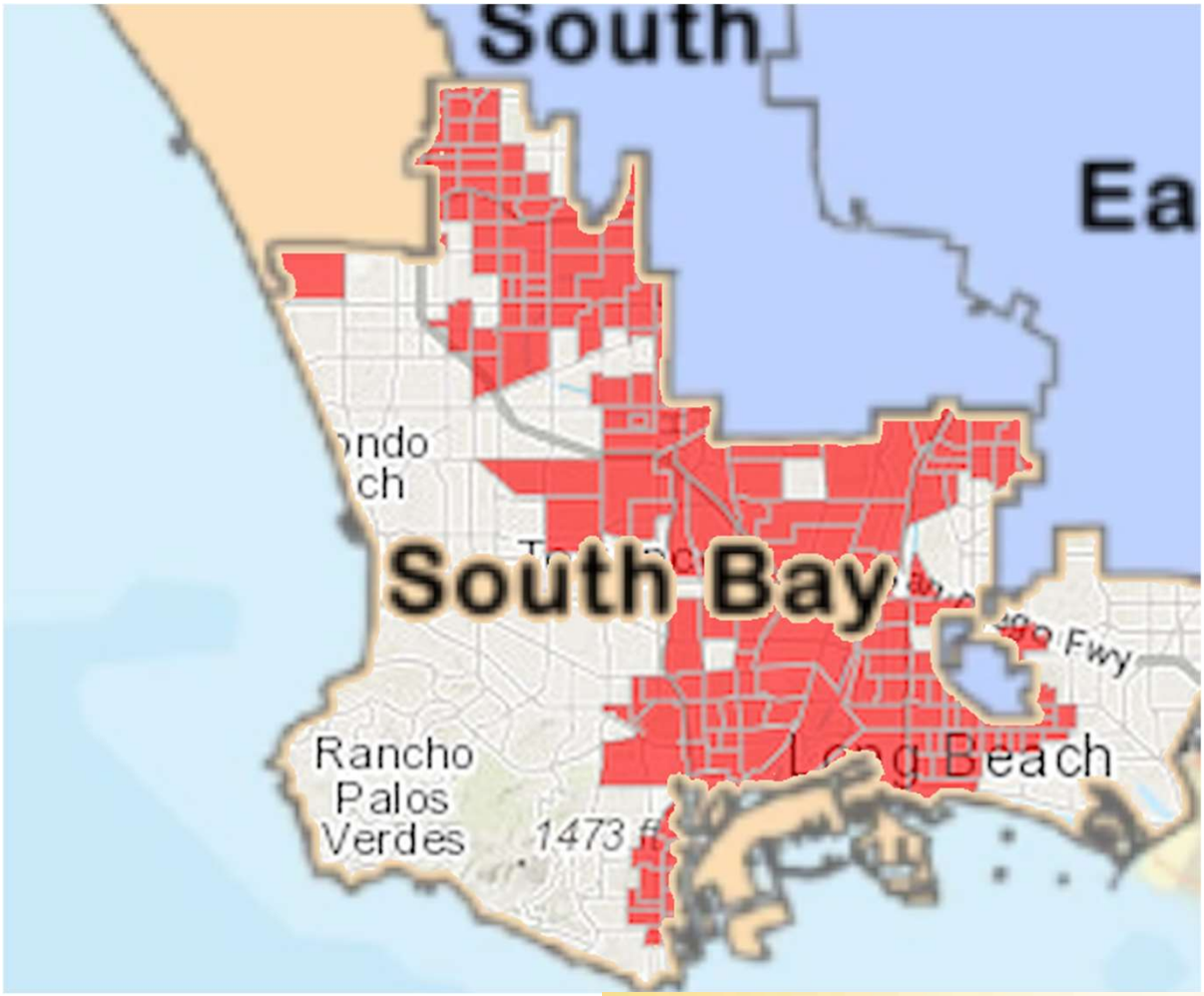
Beach Cities Health
August 16 ·

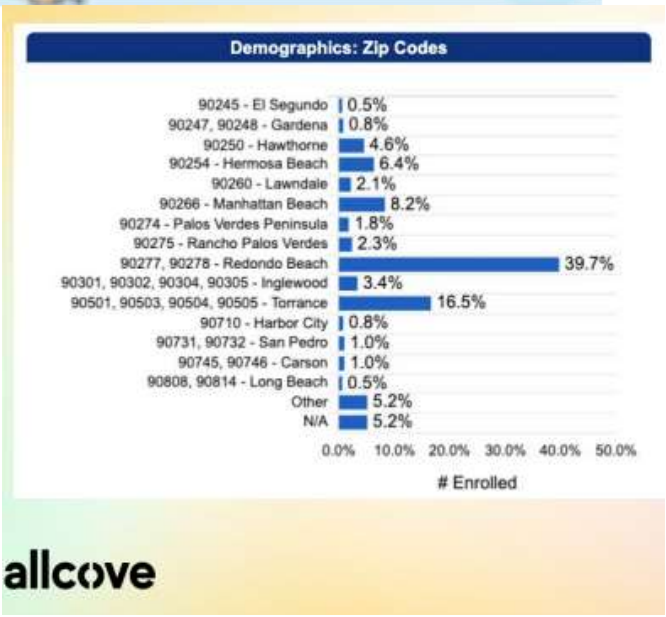
More than 900 young people have enrolled in a service stream at allcove Beach Cities, with 73% coming from the Beach Cities and Torrance. Of

SB535 Disadvantaged Communities in SPA8

Data Source: CalEPA ArcGIS for SB 535 Disadvantaged Communities using CalEnviroScreen 3.0 results (June 2018 Update

CalEnviroScreen results clearly show that within SPA8, the Disadvantaged communities lie to the North and East of the coastal area. A supermajority of BCHD's allcove Beach Cities services are being provided to non-SB535 Disadvantaged Communities (shown in **red**).



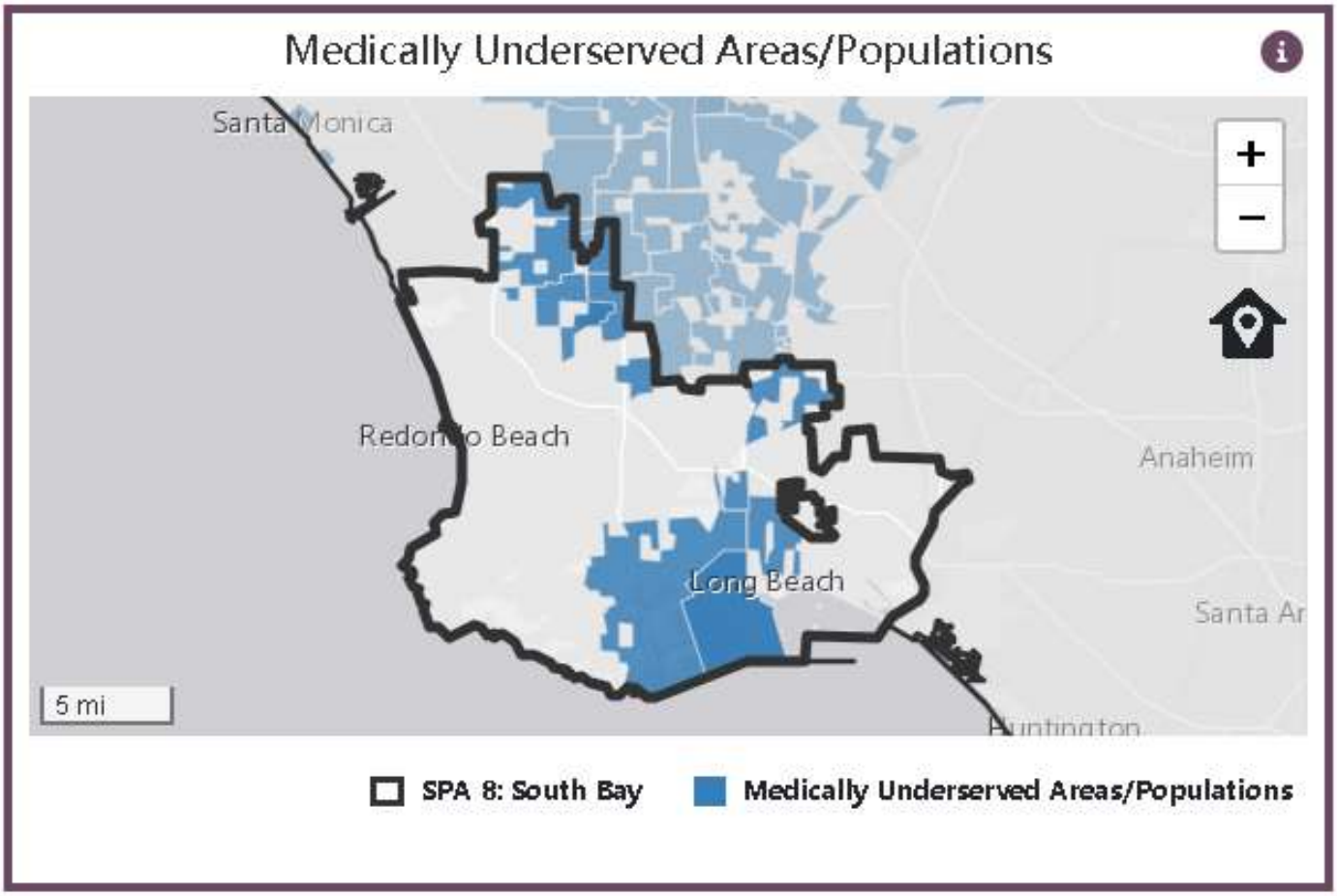


Medically Underserved Area/Populations

Data Source: Community Health Profiles Los Angeles County Department of Public Health (2023 dataset)
September 2024

Los Angeles County Department of Public Health (LACDPH) provided its Service Planning Area 8 data in a consolidated format for review. As clearly visible in the blue shaded areas, the medically underserved areas of SPA8 do not occur in the western coastal cities that make up the supermajority of BCHD allcove Beach Cities enrollees.

SPA8 is important because it is the South Bay's planning area and because it is the area that Beach Cities Health District (BCHD) represented as the Service Area for allcove Beach Cities services in order to gain funding for the building and program. **BCHD accepted a 30-year obligation to provide allcove Beach Cities building operation and services to SPA8**. To date, we have evidence from BCHD that 74% of services are provided to the non-Medically Underserved areas of the BCHD District plus Torrance residents. **Scant enrollees in allcove Beach Cities come from the most needed Underserved areas.**



From:	Mark Nelson (Home Gmail)
To:	Communications; info; executiveoffice@bos.lacounty.gov; CityClerk; cityclerk@manhattanbeach.gov; cityclerk@hermosabeach.gov; Holly J. Mitchell; MHSOAC; BoardClerk@metro.net
Subject:	Fwd: Did BCHD misstate the facts in a PRR response? Appears so from its rhetoric.
Date:	Tuesday, September 17, 2024 10:15:32 PM

*CAUTION: Email is from an external source; **Stop, Look, and Think** before opening attachments or links.*

Public Comment - BCHD has previously misstated that its 80% to 95% non-resident HLC will be a public benefit. Since this is Redondo Beach land use, it is far MORE CLEAR that BCHD's HLC will have damages that exceed benefits in Redondo Beach.

---------- Forwarded message ---------
From: **Mark Nelson (Home Gmail)** [redacted]
Date: Fri, Dec 9, 2022 at 12:36 PM
Subject: Did BCHD misstate the facts in a PRR response? Appears so from its rhetoric.
To: Communications <communications@bchd.org>

BCHD states that it does not have the ABILITY to compute a community benefit for programs.

On Thu, Apr 7, 2022 at 5:15 PM PRR <PRR@bchd.org> wrote:
Please see below for the District's response **(in red)** to your public records request received 1/27/22 that reads:

Q -For each KPI presented in the Board study session Jan 26, 2022, provide Forecasted Benefit-to-Cost ratios to justify continued program operation.
A - Please note that the District has previously explained that calculating a dollar community benefit for each program is beyond the scope of the District's mission, financial resources and abilities.

Thus - any assertion by BCHD that its programs have net positive value beyond their costs cannot be validated due to BCHD's self proclaimed lack of evaluation requirements for its programs. Unlike BCHD assertions in February 2019 to the Redondo Beach City Attorney, there is no "clear" "significant" value of the HLC to Redondo Beach residents, because BCHD asserts it has no obligation to determine if program values exceed the cost of the programs.

California Special Districts Association

CSDA

GUIDELINES FOR SPECIAL DISTRICTS REGARDING BALLOT MEASURES

I. General Rule-Information, Not Advocacy; Explanation Not Promotion

- Special districts may not spend money to support or oppose ballot measures placed before the electorate. It is permissible, however, for special districts to expend public funds for informational purposes to provide the public with a "fair presentation" of the facts relating to a ballot measure which directly concerns the special district. It is also permissible for special districts to formally adopt a position on a ballot measure and educate the public on the measure, its impacts on the district, and the basis for the district's position.

- If public funds or special district equipment or facilities are used to provide information regarding a ballot measure, that information provided by the special district must be accurate and balanced and represent supporting as well as opposing views.

- However, if a special district has formally adopted a position on a ballot measure, and is **responding to a request** from the public, the media, or some other source to explain the district's position, then the district may merely state and explain the district's position without being obligated to present all possible views on the issue.

- Special district employees and directors retain their free speech guarantees to express their personal viewpoints on any ballot measure. The right of free speech is not forfeited because of any association with a special district. Therefore, special district employees and Board members may express their personal opinion on ballot measures and urge the support or opposition to a ballot measure in a public forum **so long as no public funds are expended**, including district reimbursement of a district employee or Board member's expenses incurred making such a presentation. If a district's funds or facilities are involved in any way in the activity of an employee or director with respect to a ballot measure, that individual will be deemed to be acting as a representative of the district and will be required to limit his or her comments to a balanced, factual presentation containing supporting as well as opposing views.

II. Permissible Activities

The law allows special districts to expend public funds to take the following actions regarding a ballot measure:

- Expend public funds for the purpose of formulating and drafting a proposed initiative and securing appropriate initiative sponsors.

- Adopt a formal position in support of or in opposition to a ballot measure at an open meeting of the special district. Representatives may also respond to requests for explanation of the district's position by merely stating and explaining the district's position without being obligated to explain all sides of the issue.

- If a district is initiating a presentation or information piece regarding a ballot measure, a special district may notify the public, media and others of the district's position through news releases, bulletins or other vehicles at public expense that are informational and balanced but do not advocate a yes or no vote, or contain language which indicates that the district is "taking sides" with respect to the ballot measure.

- In addition to informing the public of the district's position with respect to a ballot measure, the district may expend public funds, without taking a formal position on the ballot measure, to initiate, prepare and distribute factual, balanced information on a ballot measure to the public and other organizations, which material should represent both pro and con viewpoints in a fair manner.

- Special district representatives may respond to inquires from the media, the public, or other organizations about the impact of a measure on the district as long as such response is factual and does not advocate a position.

- Special district representatives may participate in forums or debates on a ballot measure at public expense if all views are represented.

- Special districts may sponsor forums or debates on a ballot measure at public expense if all views are represented. If only one side is able to attend, districts should be prepared to document the fact that opponents were actually invited.

- District staff and elected officials may meet with newspaper editors and other groups to objectively explain a ballot measure's impact on the district, as long as such explanations do not advocate a position on the ballot measure.

- Special district Board members and employees may participate in forums or debates and advocate a position if it is expressly stated that they are speaking in their personal capacity, and that no public agency funds, expense reimbursements or

facilities are being utilized for such advocacy.

- Upon request, special district Board members and employees are free to explain their personal views of a ballot measure.

III. Prohibited Activities

Pursuant to state law special districts may not engage in the following activities:

- Use public funds to purchase such items as bumper stickers, posters, advertising, or television or radio "spots" as well as the dissemination at public expense of campaign literature prepared by private proponents or opponents of a measure, or otherwise spend public money to clearly advocate a yes or no vote on a ballot measure.

- Use public funds to contribute to a campaign supporting or opposing a ballot measure.

- Expend public funds or utilize public facilities such as photocopy machines, facsimile machines, computer e-mail, etc., or office supplies or staff time in connection with any activity designed to support or oppose a ballot measure; expend public funds to attempt to influence voters to qualify a ballot measure, including utilizing public funds to gather signatures for the ballot measure. Utilizing public funds to secure signatures to qualify the ballot measure has been held to constitute "improper advocacy".

IV. Additional Guidelines to Avoid Advocacy

- Timing, Style and Tenor of the Publication

  To avoid the appearance of advocacy, special districts need to analyze the timing, style and tenor of their publications with respect to ballot measures. Several court decisions and attorney general opinions have found publicly financed brochures or newspaper advertisements that contain only relevant factual information and which refrain from asking voters to vote in a particular way to constitute improper expenditure of public funds for ballot measure advocacy because the publication is sent within two weeks prior to the date of election. Any items mailed in the last two weeks before an election may be found to constitute improper expenditures because they appear to be primarily designed to influence voters, and not to convey information.

  Regarding the style of the publication, if the explanation of impacts of a ballot measure on a district contains only the significant adverse impacts and fails to disclose other less serious impacts, it may be found that the purpose of the publication was to influence voters rather than to inform voters.

Hiring a public relations firm to promote a measure and prepare publications for the district may be considered evidence of an attempt to influence voters, rather than inform them.

A call for action urging the public simply to vote, without urging a particular vote, may, under certain circumstances, be found to be improper advocacy.

A high volume of mailed brochures may be found to go beyond responding to requests for information from the public and be considered an attempt to influence voters.

In order to avoid the impression that materials are being sent to influence the public, publications should contain information on opposing viewpoints.

- Full Disclosure

  Special districts need to insure that any materials they produce provide a factual and complete presentation of the ballot measure and its positive as well as negative impacts on the district, as well as a full explanation of the pros and cons if the publication is initiated by the district, rather than formulated in response to a request for information.

- Choosing the Appropriate Vehicle for Publication

  Special districts may produce special publications or materials regarding ballot measures, but the use of existing newsletters or other forms of communication to educate the public about a ballot measure is considered by the FPPC to be more indicative of an informational piece, as opposed to a promotional piece.

- Use of Disclaimers

  Special districts may wish to include a disclaimer on any printed materials that states the materials being provided are for informational purposes only and are not meant to advocate a yes or no vote on the ballot measure.

- Consult Legal Counsel

  Because the legal principles in this area of law change frequently, special districts should consult their legal counsel for guidance with respect to any activities relating to ballot measures, particularly printed materials distributed to the public, and the use of public funds to finance speakers with respect to the ballot measure. This fact sheet is meant only to be general guidance and is not legal advice.

From:	Mark Nelson (Home Gmail)
To:	Kevin Cody; Garth Meyer; lisa.jacobs@scng.com; Tyler Evains
Cc:	CityClerk; cityclerk@hermosabeach.gov; cityclerk@manhattanbeach.gov; info; executiveoffice@bos.lacounty.gov
Subject:	Information regarding advocacy and prohibited activities at a public forum on Bond Measures
Date:	Monday, September 23, 2024 7:47:54 PM
Attachments:	HIGHLIGHTED - CSDA White Paper-Ballot Measure Guidelines.pdf

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Public Comment All Agencies

The attached white paper from the Special Districts Assoc. provides circumstances that courts have used to view communications as ADVOCACY on bond measures.

In the case of the September 23, 2024 bond measure forum, it was initiated by the bond measure sponsors, and therefore, it cannot: 1) provide information with balanced opposing views, 2) spend any district funding, 3) advocate for any position, 4) even advise residents to vote at all - even without a recommendation, 5) provide personal opinions because in this case, the three agencies staffs are presenting in official capacities, including Board members.

It will be interesting to see which, if any, violated the law.

From:	Stop BCHD
To:	CityClerk; nwesley@rbusd.org; communications@bchd.org
Subject:	Invalidity of BCHD September 23rd Bond Measure meeting declaration
Date:	Friday, September 20, 2024 2:53:26 PM

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Public Comment and Notice: All electeds and their legal counsels

BCHD's definition of the September 23 Bond measure event is flawed. BCHD declares a Brown Act exemption in https://granicus_production_attachments.s3.amazonaws.com/bchd/140bbcaeaa257bfc23830f2fe90493fa0.pdf for "Please note that the Community Forum is an educational gathering within the meaning of California Government Code Section 54952.2(c)(2)." A plain English reading of the Code shows that there is no such thing as an "education gathering" in that CGC section. BCHD invented it out of whole cloth.

Further, none of the staff, board, electeds, council, etc. will be allowed to give any opinion on any facet of the bonds. Only the reading of specific, Board or Council approved statements can be available for the public to avoid RBUSD, CofRB or BCHD from advocating for their respective measure using paid staff and RBUSD paid facilities..

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StopBCHD.com (StopBCHD@gmail.com) is a Neighborhood Quality-of-Life Community concerned about the quality-of-life, health, and economic damages that BCHDs 110-foot above the street, 800,000 sqft commercial development will inflict for the next 50-100 years. Our neighborhoods have been burdened since 1960 by the failed South Bay Hospital project and have not received the benefit of the voter-approved acute care public hospital since 1984.Yet we still suffer 100% of the damages and we will suffer 100% of the damages of BCHDs proposal.

From:	Stop BCHD
To:	Communications; cityclerk@hermosabeach.gov; cityclerk@manhattanbeach.gov; CityClerk
Subject:	Press Release: BCHD"s 100% Private Assisted Living Costs Escalate to $183K to $243K pre-tax Annual Income
Date:	Monday, September 30, 2024 4:38:53 PM

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MDS (a BCHD paid consultant) has not updated its assisted living rent and income requirements since 2019. We have updated them using BLS LA-Long Beach inflation from 2021 (the year of MDS's rent projections) to current.

In short, the escalation of the MDS pre-tax income requirement to be a tenant is now $183,000 to $243,000 per year.
See full details of the analysis at:

https://www.stopbchd.com/post/rent-cost-of-bchd-s-100-private-assisted-living-facility-rises-to-183k-to-243k-annually

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From:	Stop BCHD
To:	Communications; cityclerk@hermosabeach.gov; cityclerk@manhattanbeach.gov; CityClerk; cityclerk@torranceca.gov; citycouncil@hermosabeach.gov
Subject:	Press Release: Statistical Models Show Property Values within 1/2-mile of BCHD MUCH LOWER than Expected
Date:	Monday, September 30, 2024 4:53:27 PM

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Based on statistical models, the property values within one-half mile of the BCHD campus are significantly lower than would otherwise be expected for similar property. Journal articles and economic theory suggest that the negative impacts to property values are caused by close proximity to large facilities.

See full info at:

Redondo Beach Value Decline $105M
https://www.stopbchd.com/post/redondo-beach-property-value-impacts-within-1-2-mile-of-bchd-104-7m-loss

Torrance Value Decline $74M
https://www.stopbchd.com/post/torrance-property-value-impacts-within-1-2-mile-of-bchd-73-8m-loss

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From:	Stop BCHD
To:	Mark.Ghaly@chhs.ca.gov; info; info@allcove.org; media@ph.lacounty.gov; jared.goldman@chhs.ca.gov; MHSOAC; Cc: Kevin Cody; lisa.jacobs@scng.com; Garth Meyer; tevains@scng.com; CityClerk; cityclerk@hermosabeach.gov; cityclerk@manhattanbeach.gov; msemenza@cityofgardena.org; marsha@cocosouthla.org; kbradshaw@carsonca.gov; CityClerk@lacity.org; cityclerk@lawndalecity.org; athompson@cityofinglewood.org; contactcityclerk@comptoncity.org; cityclerk@longbeach.gov; executiveoffice@bos.lacounty.gov; info@redondochamber.org; info@achd.org; mayor@lacity.gov
Subject:	Public Comment All Agencies: LA County SPA8 Health Outcomes
Date:	Monday, September 23, 2024 8:09:04 AM
Attachments:	4-Medically Underserved Areas in SPA8.pdf 3-SB535 Disadvantaged Communities in SPA8.pdf 1-Analysis of South Bay SPA8 Health Outcomes.pdf 2-Mental Health MHSAs in SPA8.pdf

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Public Comment

On August 15, 2024, Gallup issued a press release that was an analysis of health outcomes based on a $400,000 contract with Beach Cities Health District (BCHD). The Gallup press release did not provide enough of a fact base to validate its results and despite signficant taxpayer funding to Gallup by BCHD, no further data or workpapers were available.

As a result, our volunteers undertook a study of South Bay, SPA8 health outcomes and needs. Our primary data sources are all documented within the attachments.

Summary Results
Differences in health outcomes were found to be largely explained by differences in income levels amongst the SPA8 cities that LA County Department of Public Health (LACDPH) provided data for. Explanatory power varied, but in general 70% to 80% of health outcome differences could be statistically explained using household income levels (using the taxpayer funded Gallup definitions of important health outcomes including Obesity, Diabetes and Smoking). That suggests to us that for health equity, more direct health services need to be injected into the lower income Cities. Attachment #1 goes into more detail.

Mental Healthcare Professional Shortage Areas (M-HPSAs) tend to be in the northeast and southeast sections of SPA8. BCHD was funded to deliver allcove youth services to all of SPA8, but with a specific emphasis on diverse areas. **We did not find evidence of any signficant effort by BCHD to deliver allcove to the youth of SPA8 M-HPSAs.** Attachment #2 goes into more detail.

Disadvantaged Communities in SPA8 are more widespread than M-HSPAs and also represent an income correlation. **Disadvantaged Communites also do not appear to be a service delivery priority for BCHD with its allcove funding**. See Attachment #3 for more detail.

Medically Underserved Areas/Populations provide a powerful snapshot of the state of healthcare in SPA8. They are relatively widespread and could serve as a focus target for Federal, State, County and BCHD allcove funding and services. See them in Attachment #4 for more detail.

All measures suggest that the western coastal areas of SPA8 and the Palos Verdes Peninsula are well served compared to the rest of SPA8.

We hope that this documented, detailed work is able to provide local governments with support for increased resources and also highlights the disparate need situation for services and support inside SPA8.

The Neighborhood Team

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