

# Premature Deaths from Heart Disease and Stroke in Los Angeles County:

A Cities and Communities Health Report  
January 2006



COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES  
**Public Health**

Office of Health Assessment & Epidemiology

# Message from the Health Officer

## ***The Case for Heart Disease and Stroke Prevention in Cities and Communities***

During the past century, public health actions have dramatically reduced deaths from infectious diseases in the United States. In 1900, 80% of all deaths were caused by infectious diseases. In contrast, only 20% were caused by infections in 2000. Much of this success was due to the efforts of cities and communities, including improvements in sewage and other solid waste disposal, water treatment, food safety, and housing as well as community education on hygiene. With the decline in infectious diseases, chronic diseases such as heart disease, stroke, cancer, and diabetes have now become the leading causes of death. In Los Angeles County, chronic diseases accounted for 80% of deaths and approximately \$48 billion in health care costs in 2002.

Approximately 40% of all deaths in the county are caused by heart disease and stroke, together referred to as cardiovascular disease. Given the recent epidemics of obesity and diabetes among both adults and children, cardiovascular disease will likely continue to be the leading cause of death and disability over the next generation unless aggressive action is taken. Communities and cities have an important role to play in prevention efforts, just as they did with infectious diseases a century ago.

Fortunately, early death and disability from cardiovascular disease is to a large degree preventable, not only through the adoption of more healthful behaviors by individuals and families and the delivery of high quality health care services, but also through the actions of cities and communities. For example, research studies have shown that walking for as little as 30 minutes a day can significantly reduce the risk of cardiovascular disease. City governments can promote walking and other forms of physical activity by designing walking-friendly commercial centers and neighborhoods, and developing jogging trails, bike paths, parks, and other recreational outlets. Communities can organize walking groups and partner with local law enforcement to increase neighborhood safety for walking and other outdoor activities.

In this report, we present the rates of premature death from cardiovascular disease in cities and large communities throughout the county. We also rank cities and communities based on these rates so you will know how your area compares with others in the county. The report also provides recommended actions that communities and cities can take to reduce the burden of cardiovascular disease in their populations, as well as actions individuals and families can take to reduce their risks.

We hope the information provided in this report will help local communities and cities mobilize efforts to improve the health of their residents. Many communities and cities are already taking action, and we hope this report will enhance and support such efforts. Improving health at the community level is by necessity a collaborative process, and we invite you to join us and others in a concerted effort to create healthy, livable cities and communities throughout Los Angeles County.

*Jonathan E. Fielding*, MD, MPH  
Director of Public Health and Health Officer

# The Study

In this study, "premature mortality" is defined as any death before the age of 75 years, a standard cut-off used in public health studies.<sup>1</sup> Therefore, if a person died at age 45 years, he or she is considered to have lost 30 years of life. A person who died at age 72 years is considered to have lost three years.



All deaths in the county during the period 2000-2002 in which heart disease or stroke was listed as the underlying cause of death were included in the analysis.<sup>2</sup> Premature mortality associated with cardiovascular disease was calculated by adding the total number of years of life lost before age 75 years for all deaths caused by heart disease or stroke.

The data were analyzed by city based on the person's residence at the time of death. City boundaries were defined using the 2000 U.S. Census. In areas of the county outside the boundaries of cities (i.e., unincorporated areas), U.S. Census Designated Place boundaries were used to define communities. Because of the large size of the City of Los Angeles, results were further broken down for LA City Council Districts. Results for cities and communities with fewer than 20 cardiovascular disease deaths during the three-year study period were not considered statistically reliable and therefore are not presented. The rate of premature death was calculated by dividing the total number of years of life lost in a given city/community by the size of its population. The rates were age-adjusted to account for differences in the age distribution of different populations.

Social and economic conditions in the community have been shown to be a very powerful influence on health. To examine the relationship between these conditions and premature death from cardiovascular disease in the county, we used a measure called the Economic Hardship Index.<sup>3</sup> The index is scored by combining six indicators:

- 1) crowded housing (percent occupied housing units with more than one person per room);
- 2) percent of households living below the federal poverty level;
- 3) percent of persons over the age of 16 years that are unemployed;
- 4) percent of persons over the age of 25 years without a high school education;
- 5) dependency (percent of the population under 18 or over 64 years of age);
- 6) median income per capita.

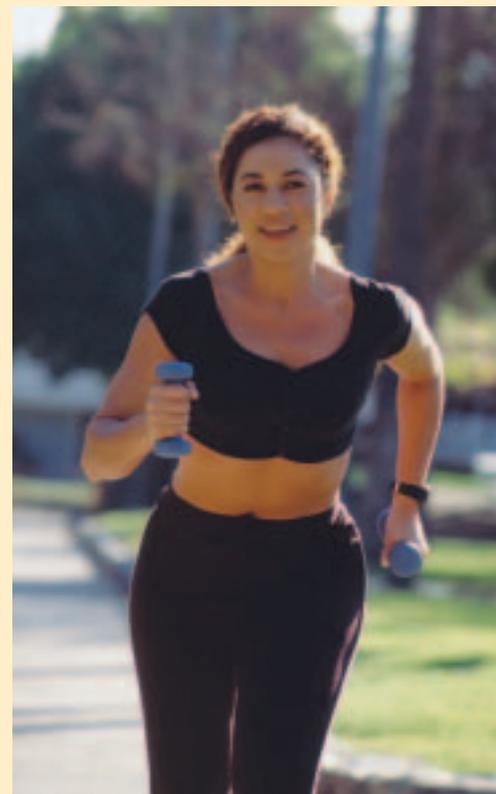
Data for these indicators were obtained from the 2000 U.S. Census. Scores on the index can range from 1 to 100, with a higher index number representing a greater level of economic hardship.

<sup>1</sup> The 75-year mark is consistent with the National Center for Health Statistics (NCHS) definition of years of potential life lost (YPLL).

Source: National Center for Health Statistics. Health, United States, 2004 with chartbook on trends in the health of Americans. Hyattsville, MD:2004. Available at: <http://www.cdc.gov/nchs/data/hus/04acc.pdf>

<sup>2</sup> Causes of death are classified using the International Classification of Diseases, 10th revision (ICD10). Heart disease includes ICD10 codes 100-109, 111, 113, and 120-151. Stroke includes ICD10 codes 160-169.

<sup>3</sup> Montiel LM, Nathan RP, Wright DJ. An update on urban hardship. Albany, NY: The Nelson A. Rockefeller Institute of Government, August 2004



# Findings

Table 1 shows the rates of premature mortality caused by heart disease and stroke for 133 cities and communities. Adjacent to the reported rate is the city's/community's ranking (a ranking of one being the best, or the lowest rate of premature mortality).<sup>4</sup> Rankings have been divided into four groups (quartiles) and colored by quartile, with the lightest shade assigned to the lowest, or best, quartile rankings. Significant variation is seen in the rates of premature mortality across the different cities and communities, from a low of 255 years of potential life lost (YPLLs) per 100,000 population in Westlake Village and 319 YPLLs per 100,000 in San Marino to a high of 5,482 YPLL's per 100,000 in the City of Industry and 4,480 YPLLs in West Compton. The highest rates are concentrated mostly in the south-central region of the county and in some cities and communities in the eastern and northern regions (Figure 1).

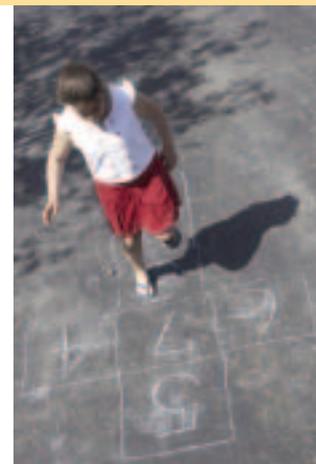


Table 1 also shows each city's/community's score and ranking on the Economic Hardship Index. A correlation between economic hardship and higher rates of premature death from heart disease and stroke is evident in the Table and in further analysis was found to be statistically significant.<sup>5</sup> The geographic distributions of premature mortality from heart disease and stroke and economic hardship are also similar, as shown in Figures 1 and 2.

<sup>4</sup> Note that rankings for smaller cities and communities should be interpreted with caution as they are more subject to variation from small changes in the number of cardiovascular disease deaths from year to year.

<sup>5</sup> Correlation coefficient = 0.53; p-value < 0.01.

**Table 1: Premature Mortality from Heart Disease and Stroke, and Economic Hardship by City and Community, Los Angeles County**

City or Community	Heart Disease & Stroke (2000-2002)		Economic Hardship (2000)	
	Years of potential life lost per 100,000 population per year	Rank 1=lowest loss 133=highest loss	Index (1-100)	Rank 1=least burden 133=most burden
<b>Los Angeles County, Overall</b>	<b>1,183</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
◆ Agoura Hills	664	20	28.6	11
◆ Alhambra	736	22	50.9	67
Alondra Park	1,151	66	57.0	82
Altadena	1,241	84	41.0	41
◆ Arcadia	638	18	37.8	35
◆ Artesia	1,322	93	53.4	74
◆ Avalon	1,799	118	45.5	58
Avocado Heights	1,400	104	59.0	86
◆ Azusa	1,082	58	61.0	90
◆ Baldwin Park	1,278	88	71.3	108
◆ Bell	1,158	70	80.1	120
◆ Bellflower	1,764	115	56.0	81
◆ Bell Gardens	1,219	80	87.9	130
◆ Beverly Hills	406	7	31.3	20
◆ Burbank	894	41	41.5	47

■ = 1st quartile (rank 1-33)    
 ■ = 2nd quartile (rank 34-66)    
 ■ = 3rd quartile (rank 67-100)    
 ■ = 4th quartile (rank 101-133)

City or Community	Heart Disease & Stroke (2000-2002)		Economic Hardship (2000)	
	Years of potential life lost per 100,000 population per year	Rank 1=lowest loss 133=highest loss	Index (1-100)	Rank 1=least burden 133=most burden
◆ Calabasas	418	8	26.8	9
◆ Carson	1,475	108	52.0	69
◆ Cerritos	998	51	34.3	24
Charter Oak	1,307	90	40.8	40
Citrus	1,165	71	55.4	77
◆ Claremont	754	27	38.0	36
◆ Commerce	1,228	83	76.3	117
◆ Compton	2,620	129	79.6	119
◆ Covina	1,068	55	44.5	53
◆ Cudahy	1,143	65	84.9	128
◆ Culver City	963	47	37.1	33
Del Aire	1,452	107	42.1	48
◆ Diamond Bar	575	15	35.8	28
◆ Downey	1,133	63	51.4	68
◆ Duarte	1,324	94	48.0	65
East Compton	1,913	122	89.6	131
East La Mirada	748	25	41.2	45
East Los Angeles	1,311	91	81.6	122
East Pasadena	528	14	41.0	42
East San Gabriel	945	46	41.2	44
◆ El Monte	1,349	98	75.9	116
◆ El Segundo	869	36	29.3	15
Florence-Graham	1,767	116	94.6	133
◆ Gardena	1,424	106	52.5	71
◆ Glendale	889	40	49.5	66
◆ Glendora	1,307	89	37.5	34
Hacienda Heights	826	33	42.7	50
◆ Hawaiian Gardens	1,883	121	73.1	111
◆ Hawthorne	2,005	124	61.7	91
◆ Hermosa Beach	386	5	16.6	1
◆ Huntington Park	1,081	57	83.4	127
◆ Industry	5,482	133	70.1	106
◆ Inglewood	1,815	119	63.2	93
◆ La Canada Flintridge	372	4	30.9	19
La Crescenta-Montrose	714	21	34.8	26
◆ La Mirada	817	32	40.6	39
◆ La Puente	1,046	54	68.8	104
◆ La Verne	806	30	35.9	29
Ladera Heights	1,558	109	29.0	12
Lake Los Angeles	1,635	112	65.7	95
◆ Lakewood	1,421	105	41.1	43

◆ Indicates incorporated city

City or Community	Heart Disease & Stroke (2000-2002)			Economic Hardship (2000)		
	Years of potential life lost per 100,000 population per year	Rank 1=lowest loss 133=highest loss		Index (1-100)	Rank 1=least burden 133=most burden	
◆ Lancaster	1,628	111	■	53.7	75	■
◆ Lawndale	1,331	95	■	58.6	85	■
◆ Lennox	1,259	86	■	87.2	129	■
◆ Lomita	1,142	64	■	42.8	51	■
◆ Long Beach	1,603	110	■	57.6	83	■
◆ <b>L.A. City, All Districts†</b>	<b>1,227</b>			<b>58.9</b>		
◆ L.A. City, Council District 01	1,183	74	■	82.8	125	■
◆ L.A. City, Council District 02	1,158	69	■	47.4	63	■
◆ L.A. City, Council District 03	841	34	■	44.9	56	■
◆ L.A. City, Council District 04	916	44	■	44.7	55	■
◆ L.A. City, Council District 05	626	17	■	31.7	21	■
◆ L.A. City, Council District 06	1,122	61	■	68.2	102	■
◆ L.A. City, Council District 07	1,260	87	■	69.5	105	■
◆ L.A. City, Council District 08	2,270	126	■	73.3	112	■
◆ L.A. City, Council District 09	2,406	127	■	91.1	132	■
◆ L.A. City, Council District 10	1,753	114	■	66.2	99	■
◆ L.A. City, Council District 11	747	24	■	33.7	23	■
◆ L.A. City, Council District 12	911	43	■	41.2	46	■
◆ L.A. City, Council District 13	1,338	96	■	71.5	109	■
◆ L.A. City, Council District 14	1,172	73	■	68.3	103	■
◆ L.A. City, Council District 15	1,652	113	■	67.6	101	■
◆ Lynwood	1,945	123	■	82.4	124	■
◆ Malibu	655	19	■	22.3	5	■
◆ Manhattan Beach	503	12	■	21.4	4	■
◆ Marina del Rey	1,155	67	■	17.7	2	■
◆ Mayflower Village	747	23	■	39.9	38	■
◆ Maywood	1,170	72	■	83.3	126	■
◆ Monrovia	1,205	76	■	46.7	62	■
◆ Montebello	896	42	■	60.4	89	■
◆ Monterey Park	506	13	■	52.4	70	■
◆ North El Monte	806	31	■	38.1	37	■
◆ Norwalk	1,354	100	■	59.1	87	■
◆ Palmdale	1,321	92	■	55.8	79	■
◆ Palos Verdes Estates	345	3	■	23.6	6	■
◆ Paramount	1,868	120	■	74.0	113	■
◆ Pasadena	1,079	56	■	45.2	57	■
◆ Pico Rivera	1,084	59	■	59.9	88	■
◆ Pomona	1,362	101	■	67.4	100	■
◆ Quartz Hill	1,208	78	■	44.6	54	■
◆ Rancho Palos Verdes	444	9	■	29.2	14	■
◆ Redondo Beach	869	37	■	26.6	8	■

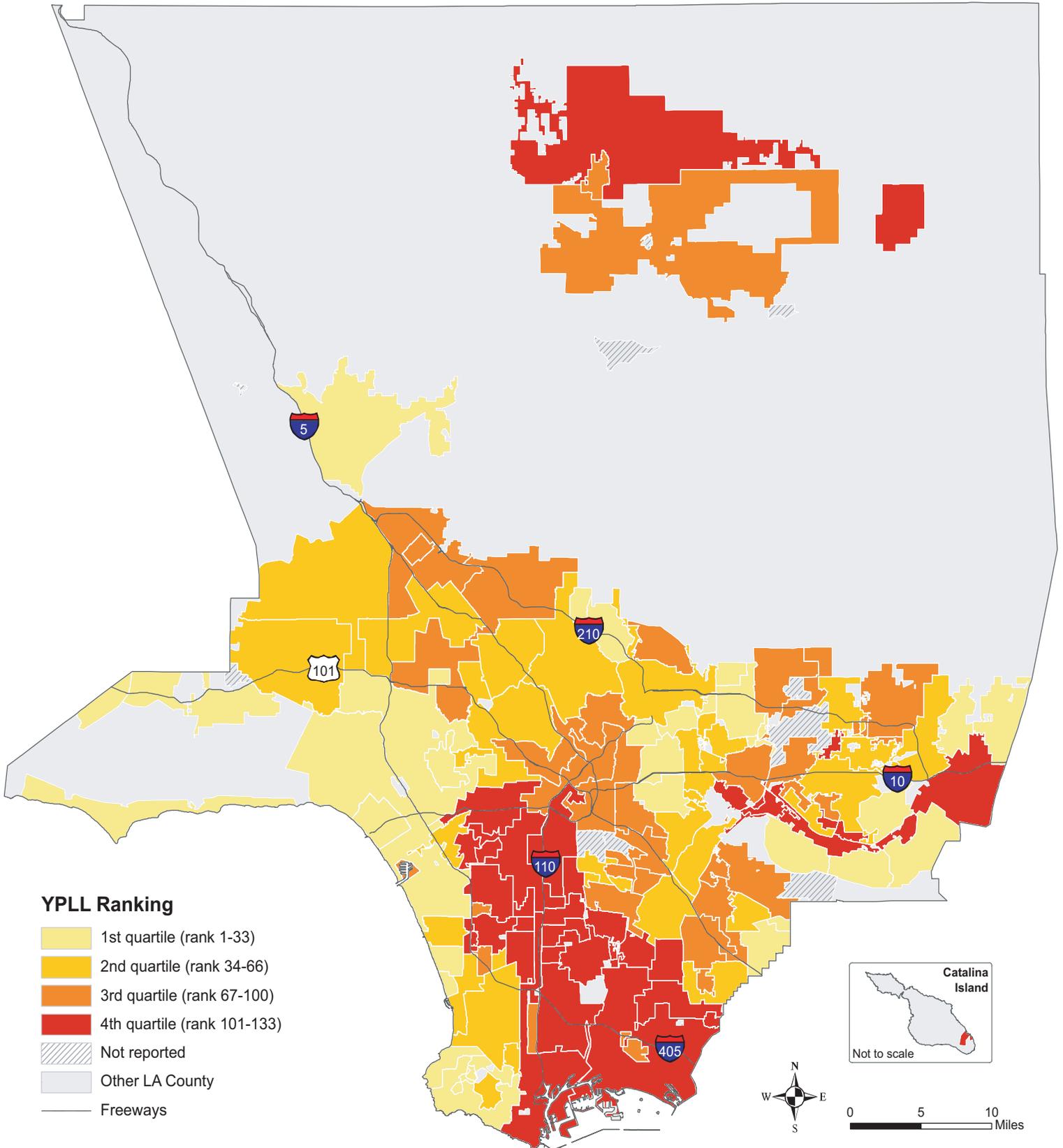
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† Rankings are provided for the 15 Los Angeles City Council Districts rather than for the city in its entirety

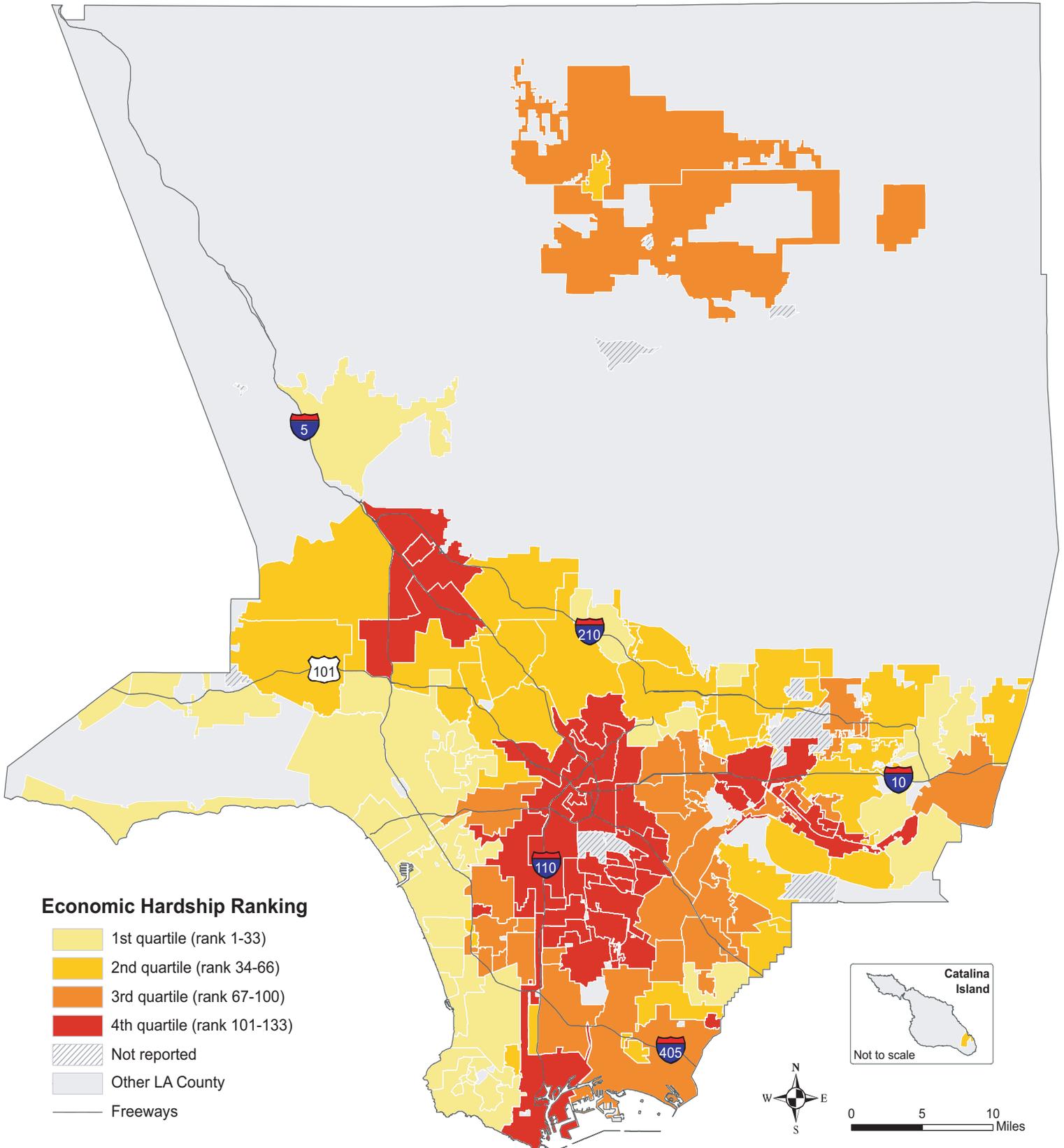
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	Years of potential life lost per 100,000 population per year	Rank 1=lowest loss 133=highest loss	Index (1-100)	Rank 1=least burden 133=most burden
◆ Rolling Hills	1,021	53	18.8	3
◆ Rolling Hills Estate	481	10	27.4	10
◆ Rosemead	845	35	66.1	97
Rowland Heights	764	28	43.8	52
◆ San Dimas	974	48	36.5	31
◆ San Fernando	1,207	77	70.6	107
◆ San Gabriel	994	50	52.9	73
◆ San Marino	319	2	29.6	16
◆ Santa Clarita	777	29	36.8	32
◆ Santa Fe Springs	1,155	68	55.7	78
◆ Santa Monica	749	26	32.7	22
◆ Sierra Madre	399	6	26.3	7
◆ Signal Hill	1,350	99	46.1	60
◆ South El Monte	1,396	103	75.7	115
◆ South Gate	1,195	75	75.1	114
◆ South Pasadena	502	11	30.9	18
South San Gabriel	943	45	54.8	76
South San Jose Hills	1,395	102	72.5	110
South Whittier	1,093	60	55.9	80
◆ Temple City	984	49	42.5	49
◆ Torrance	881	38	35.4	27
Valinda	1,223	81	63.6	94
View Park-Windsor Hills	2,131	125	36.2	30
Vincent	1,789	117	52.8	72
◆ Walnut	619	16	34.6	25
Walnut Park	1,133	62	77.0	118
West Athens	2,900	131	66.1	96
West Carson	1,346	97	46.0	59
West Compton	4,480	132	66.2	98
◆ West Covina	1,013	52	47.5	64
◆ West Hollywood	885	39	29.9	17
West Puente Valley	1,252	85	62.7	92
West Whittier-Los Nietos	1,225	82	57.8	84
◆ Westlake Village	255	1	29.1	13
Westmont	2,813	130	81.9	123
◆ Whittier	1,216	79	46.5	61
Willowbrook	2,518	128	81.2	121

◆ Indicates incorporated city

**Figure I. Years of potential life lost (YPLL) due to heart disease and stroke in cities and communities, Los Angeles County, 2000-2002.**



**Figure 2. Economic hardship in cities and communities, Los Angeles County, 2000.**



\*Based on the Economic Hardship Index (see The Study section on page 3 for a description of this index).



## Discussion

The findings in this report indicate tremendous variation in the rates of premature mortality due to heart disease and stroke across cities and communities in Los Angeles County. A multitude of interrelated factors are likely responsible for this variation, including community-level differences in the prevalence of risk behaviors such as smoking and physical inactivity, differences in the availability and quality of health care services, socioeconomic disparities, and differences in the physical and social environments in which people live and work.

Cities and communities have a vital role to play in addressing these factors. For example, cities can promote increased physical activity through the decisions they make around parks and recreation, land use, street and neighborhood design, zoning, transportation, and law enforcement (i.e.

making the community safer for walking and other outdoor activities). They can promote more healthful diets by creating business incentives for restaurants, markets, and other retail food establishments that offer affordable fresh produce and other healthy food choices. They can reduce tobacco use and exposure to second-hand smoke by establishing policies that limit smoking in public settings and enforcing laws that prohibit sale of tobacco products to youth. Likewise, communities have tremendous potential to promote healthful behaviors through both formal and informal social networks, faith institutions, and community organizations.

The strong association between economic hardship and premature mortality from cardiovascular disease in this study is consistent with many other studies that have found a strong connection between socioeconomic disadvantage and ill health. This link has been found to persist even after accounting for differences in lifestyle factors and access to health care. Recent studies suggest that chronic stress associated with living in impoverished circumstances may play an important role in disease development. For example, chronic stress may lead to increased blood pressure which over a number of years may lead to increased risk of heart disease and stroke. Regardless of the underlying mechanism, the association between economic hardship and premature mortality highlights the important, and often unrecognized, connections between the education and business sectors and health. For example, investments in education, job training, and economic development may be important and underutilized long-term strategies for improving future health in economically disadvantaged communities and cities.



# Recommendations for Cities and Communities

**Add or enhance General Plan and Zoning Policies to promote healthy lifestyles, as outlined below.**

## **Promote active living.**

- Increase access to walking, hiking, and bike paths; provide safe street crossings; use bulb-outs, advanced stop bars, pedestrian refuge islands.
- Ensure sidewalk and bike lane continuity and connectivity.
- Enhance aesthetics of the streetscape.
- Introduce or enhance traffic calming; use roundabouts, narrow streets.
- Require and encourage the placement of residential, commercial, and school properties within walking distance of each other in order to promote “destination walking.”
- Introduce or enhance attractive, affordable, high-density housing, while preserving green spaces.
- Require and encourage mixed land use.
- Require and encourage the development of joint/shared-use agreements among schools, parks, libraries, health care clinics and community-based organizations to increase opportunities for physical activity and healthy eating.
- Encourage local employers to offer employee incentives to use public transportation to commute to work.
- Promote physical activity within the work place by encouraging “active” work breaks and using point-of-decision prompts to encourage stair use.



## **Promote healthy eating.**

- Require and encourage available and affordable fruits, vegetables, and other healthy foods in the development of retail businesses such as grocery stores, farmers' markets, restaurants, and entertainment venues.
- Require and encourage marketing of healthy food and beverage options at government facilities in vending machines, cafeterias, and snack stores, particularly in government facilities and public events.

## **Engage in smoking prevention and cessation efforts.**

- Enforce existing smoking bans and restrictions on access to tobacco by minors.
- Establish tobacco retail licensing, and use the fees to support enforcement of laws prohibiting tobacco sales to youth.
- Take steps to reduce exposure to environmental tobacco smoke in public places and outdoor areas.
- Conduct media campaigns to raise awareness of the harms of tobacco use and to promote available smoking cessation resources.
- Make smoking cessation resources available at worksites.

## **Promote regular medical care.**

- Provide information about and assistance with enrolling in state and federal health insurance programs at local community events.
- Encourage local employers to offer employees and their dependents health insurance.

# Recommendations for Individuals and Families

## **Lead an active lifestyle**

- Get your body moving everyday for at least 30-60 minutes; walk, swim, bike, dance, jump, and more.
- Incorporate physical activity into your daily routine.
- Limit TV, computer, and video games to less than 1 hour a day, and don't put a TV in your child's bedroom.
- Be a role model; participate in physical activities with your kids whenever you can.



## **Eat nutritious foods**

- Start every day with a healthy breakfast and eat meals with your kids.
- Eat 2 cups (4 servings) of fruits and 2 & 1/2 cups (5 servings) of vegetables everyday and choose orange and dark green leafy vegetables and legumes two to three times a week.
- When you're thirsty, drink water.
- Read food labels and avoid those with high fat or sugar content.
- Learn the size of a recommended portion so you don't overeat; talk to your family about eating recommended portions.
- If you drink milk, make it low-fat or non-fat.
- Plan and pack healthy snacks everyday.
- Breastfeed your baby.

## **Stop Smoking**

- Get free help in quitting from the California Smokers' Helpline at 1-800-NO-BUTTS.
- Seek counseling services and medications from your doctor or health plan to help you stop smoking.
- Provide a smoke-free environment for your children and pets.

## **Get regular medical care**

- See your doctor at least once a year; get checked for high blood pressure, diabetes, and cholesterol, and follow any prescribed treatment.
- Ask about and know your health status: body mass index (BMI), cholesterol levels (LDL and HDL), and blood sugar.

# Related Internet Resources:

**Los Angeles County Department of Health Services - Public Health, <http://lapublichealth.org>**

***Service Planning Areas, <http://lapublichealth.org/spalindex.htm>***

- Los Angeles County is divided into eight "Service Planning Areas" (SPA's) for health care planning purposes. Each SPA has an Area Health Office that is responsible for planning public health and clinical services according to the health needs of local communities.

***Office of Maternal, Child, and Adolescent Health, <http://lapublichealth.org/mchlindex.htm>***

- Responsible for planning, implementing, and evaluating services that address the needs of pregnant and parenting women, children, adolescents, and their families.

***Tobacco Control and Prevention Program, <http://lapublichealth.org/toblindex.htm>***

- Works closely with community-based organizations and coalitions, health advocates, and other health providers to provide tobacco prevention, education, policy, cessation, and media services throughout the county.

***Physical Activity Program, <http://lapublichealth.org/physact/index.htm>***

- Promotes physical activity through policy and programs, research, and community education in order to reduce the burden of chronic disease.

***Nutrition Program, <http://lapublichealth.org/nut/>***

- Advances nutrition of the public through assessment, policy and program development, and assurance of nutrition services.

***Office of Women's Health, <http://ladhs.org/lowh/index.htm>***

- Promotes comprehensive and effective approaches to improving women's health.

***Epidemiology Unit, <http://lapublichealth.org/epil>***

- Standardizes and makes available data on demographics, childhood overweight, hospital discharge diagnoses, health-related quality of life, and other indicators of community health.

***Health Assessment Unit, <http://lapublichealth.org/hal>***

- Develops and makes available data on health of county residents, namely, the Los Angeles County Health Survey: a population-based telephone survey of health behavior, health care access and utilization of services, and other indicators of health and well-being among Los Angeles County adults and children.

***Data Collection and Analysis Unit, <http://lapublichealth.org/dcal>***

- Responsible for the collection, processing, and analysis of state mandated data, including births and deaths.

## City Health Departments

***City of Long Beach Department of Health and Human Services, <http://www.longbeach.gov/health/default.asp>***

***Pasadena Public Health Department, <http://www.ci.pasadena.ca.us/publichealth/>***

***City of Vernon Health and Environmental Control, <http://www.cityofvernon.org/departments/health/services.htm>***

## California Department of Health Services

***California Center for Physical Activity, <http://www.caphysicalactivity.org/>***

- Creates opportunities for everyday activity by connecting partners to active living resources and helping develop more walkable and bikeable communities.

***California Nutrition Network Map Viewer, <http://www.cnnngis.org/>***

- Allows users to view and query maps of nutrition data such as nutrition and school health programs, grocery stores, parks, demographics, and political districts.

***California Project LEAN, [http://www.californiaprojectlean.org/views/Learn\\_About\\_California\\_Project\\_LEAN.asp](http://www.californiaprojectlean.org/views/Learn_About_California_Project_LEAN.asp)***

- Learn about resources from California Project LEAN (Leaders Encouraging Activity and Nutrition) focusing on youth empowerment, policy and environmental change strategies, and community-based solutions.

## US Department of Health and Human Services

### **US Task Force on Community Preventive Services, <http://thecommunityguide.org>**

- Provides leadership in the evaluation of community, population, and healthcare system strategies to address a variety of public health topics.

### **US Centers for Disease Control and Prevention Planned Approach to Community Health (PATCH),**

#### **<http://www.cdc.gov/nccdphp/patch/index.htm>**

- An effective model for planning, conducting, and evaluating community health promotion and disease prevention programs.

### **National Center for Chronic Disease Prevention and Health Promotion, <http://www.cdc.gov/nccdphp/>**

- Conducts studies to better understand the causes of chronic diseases, supports programs to promote healthy behaviors, and monitors the health of the nation through surveys.

## Other links

### **The California Endowment, <http://www.calendow.org/>**

- A statewide health foundation which seeks to expand health care access for underserved individuals and communities and improve health status for all Californians through grant making and policy and advocacy.

### **Prevention Institute, <http://www.preventioninstitute.org/builtenv.html#pdfs>**

- Provides 11 profiles that highlight neighborhood-level changes to the built environment that can have a positive influence on the health of community residents.

### **Technical Assistance Legal Center, <http://talc.phi.org/>**

- Provides communities with model city ordinances and other technical assistance on tobacco control policy issues.

### **Healthy City Asset Mapping Project, <http://www.healthycity.org/>**

- A tool which provides information on resources and assets in neighborhoods and communities of Los Angeles County.

### **Local Government Commission, <http://www.lgc.org/>**

- Provides inspiration, technical assistance, and networking to local elected officials and other dedicated community leaders who are working to create healthy, walkable, and resource-efficient communities.

### **National Association of County and City Health Officials,**

#### **[http://naccho.org/topics/HPDP/land\\_use\\_planning/LUP\\_Toolbox.cfm](http://naccho.org/topics/HPDP/land_use_planning/LUP_Toolbox.cfm)**

- Provides information and resources connecting land use planning and public health.

### **Public Health Institute, <http://www.phi.org/index.html>**

- Promotes health, well-being and quality of life for all people through research and evaluation, training and technical assistance, and by building community partnerships.

### **Robert Wood Johnson Foundation Active Living Leadership Website,**

#### **<http://www.activelivingleadership.org/index.htm>**

- Supports government leaders as they create and promote policies, programs and places that enable active living to improve the health, well-being and vitality of communities.

### **The Trust for Public Land, [www.tpl.org](http://www.tpl.org)**

- An organization which uses conservation financing, research, and education to conserve land for people to enjoy as parks, community gardens, and other natural places.



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Recommendations for action.