

COMMUNITY STAKEHOLDER COMMUNICATIONS PLAN

Aliso Canyon Disaster Health Research Study

University of California, Los Angeles

Revised 2025

This page intentionally left blank

Table of Contents

1.0 Introduction and Background 1

2.0 Community Engagement Support and Advice Network (CESAN)..... 2

3.0 Community Outreach and Engagement Methods..... 6

4.0 Dissemination of Study Findings..... 10

5.0 Guiding Principles and Best Practices 10

6.0 Assessment of Outreach and Engagement Effectiveness..... 12

Appendix A: Stakeholder Assessment..... A-1

Appendix B: CESAN – Potential Organization Outreach List B-1

Appendix C: In-Person Meeting Venues..... C-1

Appendix D: 2025 CSCP Modifications D-1

1.0 Introduction and Background

This Community Stakeholder Communication Plan (CSCP or Plan) provides a comprehensive guide to community engagement efforts during implementation of the Aliso Canyon Disaster Health Research Study (Health Study). Its purposes are to:

1. Provide an operational community engagement workplan for the University of California, Los Angeles (UCLA) Team.
2. Inform the community about the Team's community engagement plans and provide an opportunity for early and ongoing guidance and direction from the community and the Scientific Oversight Committee (SOC).
3. Provide guidance for the UCLA Team for best practices to conduct community engagement activities and communications.
4. Compile and document community engagement approaches in a single document.

The Plan is designed to meet the following Health Study communication and engagement goals:

- Inform and educate the community about the Health Study.
- Regularly update the community on the Health Study's progress.
- Provide an opportunity for the community to voice questions and comments about the Health Study and offer feedback on certain Study methods.
- Conduct outreach to inform the community about opportunities to participate in the Health Study. Anticipated participation opportunities include but may not be limited to:
 - Surveys
 - Focus Groups
 - Clinical Exams/Biological Sampling
 - Home Air Monitoring
- Present Health Study findings to the community before said findings are distributed to the broader public.

The CSCP is a "living document." It will be reviewed annually and updated as necessary during the course of the Health Study to reflect feedback from the community and SOC, and to adaptively respond to changing conditions (if warranted). This version is the 2025 update . See Appendix D for a list of changes.

The CSCP is substantially informed by a Stakeholder Assessment conducted at the outset of the Health Study, included herein as **Appendix A** and described in the following section.

1.1. Stakeholder Assessment

In 2019, the County of Los Angeles Department of Public Health (DPH) formed the Aliso Canyon Disaster (Disaster) Health Research Study Community Advisory Group (CAG) to advise on community priorities related to research questions to be addressed by the Study; best practices for engaging with area communities and residents; and identifying opportunities and

actions for community recovery. The CAG concluded in December 2022 after DPH's award of a contract to UCLA to conduct the Health Study. The UCLA Team's Scope of Work (SOW) for the Health Study includes the formation of a new body, referred to as a Community Advisory Board (CAB) to optimize community communication. In conducting initial review of and learning more about background conditions related to community engagement, the UCLA Team determined that more in depth information and analysis about the former CAG was essential to develop a community engagement plan during implementation of the Health Study.

To this end, the California State University Sacramento (University), College of Continuing Education, Consensus and Collaboration Program (CCP), serving as a third-party neutral and stakeholder engagement consultant on the UCLA Team, conducted a Stakeholder Assessment (Assessment). During April through June of 2023, CCP staff interviewed nine former CAG members, comprising a representative cross section of the CAG, and prepared a report that summarizes interview findings and provides recommendations. The Assessment report (Appendix A) provides a detailed description of the Assessment process, findings, and recommendations. Key Assessment findings include the following conditions:

- Significant distrust of DPH and by extension, concerns about UCLA as the prime contractor.
- Dissatisfaction with how the public was treated and communicated with.
- Significant concerns about transparency, candor, information availability and opportunity for input (re: past and future engagement).
- Disconnect between stated needs of broad communication, and a desire by some CAG members to exert influence and conduct advocacy.

The Assessment recommends that the UCLA Team:

1. Employ direct community engagement methods to inform, educate, and update the community about the Health Study and provide an opportunity for the community to offer feedback, including concerns, and provide input on certain specific Health Study methods.
2. Apply guiding principles in all facets of community engagement (as listed in the Assessment and incorporated into Section 5.0 of this CSCP).
3. Convene a Community Engagement Support and Advice Network with the primary purpose to provide outreach, communications, and engagement support and advice.

The Assessment elaborates on each of these recommendations. This CSCP operationalizes and expands upon the Assessment recommendations.

2.0 Community Engagement Support and Advice Network (CESAN)

As described above, the Stakeholder Assessment recommends that the UCLA Team convene a Community Engagement Support and Advice Network, or CESAN, with the primary purpose to

provide outreach, communications, and engagement support and advice. The following sections set forth the CESAN's purpose in greater detail, along with its composition and operational specifications.

2.1 Purpose of the CESAN

The CESAN is envisioned to be an informal and voluntary group of community members that would optimize UCLA's outreach, communications, and engagement efforts by advising and assisting the UCLA Team on the following:

- Advise the UCLA Team on:
 - Outreach, communication, and engagement methods identified in this CSCP.
 - Community event advertisement methods.
 - Proposed community engagement event formats and logistics.
 - Community sensitivities and questions associated with participation in the Health Study.
- Assist the UCLA Team with:
 - Outreach to the community, including dissemination of event information, invitations to participate in the Health Study, and other communications.
 - For example, the CESAN may provide input on specific survey or focus group recruitment methods as needed.
 - Annual assessment of outreach and engagement effectiveness.

It is also important to note the limits of the CESAN's role. The CESAN is not intended to provide a forum for recommendations or advocacy about the Health Study scope, methods, etc. or other issues related to the Aliso Canyon natural gas facility. Community feedback will be obtained using the methods outlined in Section 3.0, below.

2.2 Composition and Development of the CESAN

UCLA will aim to recruit CESAN participants who can outreach to populations most vulnerable to health impacts associated with the Disaster, as well as to diverse populations within the community, including:

- Parents of children.
- Older adults.
- Pregnant and/or nursing persons.
- People with underlying chronic disease.
- People of disadvantaged socioeconomic status.
- Racial, ethnic, and linguistic minorities. In the region affected by the Disaster, these include:
 - Korean.
 - Armenian.
 - Hispanic.

CESAN participants will include community leaders and members who:

- Are trusted messengers with established networks.
- Can support outreach for the Health Study.
- Represent diverse community interests.

To develop the CESAN, the UCLA Team will take the following steps:

- Contact local organizations, describe the purpose of the CESAN, and inquire as to a potential representative who would be able to participate in the network. The following list identifies the types of organizations the UCLA Team will contact. **Appendix B** provides a detailed list of organization names in each of these categories.
 - Neighborhood Councils.
 - Homeowner associations.
 - Local schools – public and private.
 - Social, cultural, denominational, and/or spiritual groups.
 - Health service providers.
 - Community based organizations/local community activism groups.
 - Environmental organizations.
 - Members of the former CAG.
- Meet with each prospective participant to ensure a willingness and ability to support the CESAN's function and to discuss:
 - The purpose of the CESAN and its functional limits (as described above).
 - The anticipated time commitment.
 - CESAN meeting participation guidelines (see below for initial guidelines).
 - Necessary support, such as language interpretation, to ensure diverse representation.
 - Preferred CESAN meeting formats (on-line, in-person, or hybrid) and scheduling considerations (availability during the day or evenings, other regularly scheduled community meetings).
- Include prospective participants who meet the needs of the CESAN, are willing and able to support the CESAN's purpose, and agree to meeting participation guidelines.
- Review representation at the initial CESAN meeting and collectively determine if there are gaps and how they can be filled. Representation shall be reviewed annually, particularly if the number of participants decreases during the year.
- Assess potential conflicts of interest. A conflict of interest for purposes of the CESAN will include personal interests (such as financial interests, connections, or relationships) that would call into question a person's ability to serve on the CESAN in good faith. UCLA will request that CESAN participants disclose any interests, connections, or relationships that could be, or appear to be, a conflict of interest. UCLA will determine whether a conflict of interest would prevent a participant from contributing to the CESAN.
 - There may be instances where a CESAN participant has a personal interest that should be disclosed, but does not necessarily constitute a conflict of interest. UCLA will request that the connection is disclosed to other CESAN members;

CESAN members may weigh in on conflict of interest concerns; UCLA will decide what is in the best interest of the Study.

- Ensure that CESAN participants meet the CESAN's needs, support its purpose, and follow meeting guidelines. All participation is voluntary. The UCLA Team may dismiss a participant who does not meet the needs of the CESAN, does not follow the meeting guidelines, has a conflict of interest, or is otherwise counterproductive or disruptive to the CESAN's function.
- Add to and/or replace CESAN participants as necessary. If a participant leaves the CESAN (by choice or is dismissed), UCLA will work with the CESAN to evaluate the need to replace that member and methods for recruiting a new member.

In 2025, the UCLA Team implemented additional outreach measures to expand CESAN participation and spoke with UCLA students who expressed interest in volunteering for the study about participating on the CESAN. The Team also put out a call for interested community members in the October 2025 semi-annual community letter.

2.3 CESAN Meetings and Guidelines

The CESAN will be an informal, voluntary network of community members willing and able to support the outreach, communication, and engagement efforts for the Health Study. It will not replicate the former CAG. The UCLA Team will coordinate, plan, and facilitate CESAN meetings.

The UCLA Team will coordinate with CESAN participants via emails and meetings. Understanding and appreciating the voluntary commitment of time and efforts of CESAN participants, the UCLA Team will strive to use this time most efficiently. General updates and simple requests will be conducted via email.

Anticipated meeting frequency is approximately every 6 months. However, this may be adjusted as needed and meetings will only be held when substantive advice or assistance is needed. On occasion, the UCLA Team may call ad hoc meetings, meet with a subgroup of the CESAN, or have discussions with individual CESAN participants. The Team will aim to keep meetings to an hour and a half or less.

The UCLA Team will prepare and distribute an agenda prior to each meeting. Agenda items will focus on upcoming outreach, communication, and engagement activities. Time will be allotted for items or questions raised by CESAN participants, however the focus of the CESAN work will be on the aforementioned preparation to conduct effective outreach and engagement.

Meetings are envisioned as structured discussions following specific agenda topics, with the UCLA Team and community members working together as partners. The UCLA Team will summarize suggestions made by the CESAN participants, action items from each meeting, and the names and organizations of each attending CESAN member.

Meeting guidelines will be used to ensure that CESAN meetings are conducted in a professional, respectful, and efficient manner. These guidelines will be developed by the UCLA Team and reviewed at the outset of meetings. Participants will be asked to confirm that they will abide by them. Meeting guidelines will include, but not be limited to:

1. Treat all meeting participants with respect.
2. All ideas and points of view have value. Respectfully question or challenge ideas, not the person voicing the ideas.
3. Use common conversational courtesy. Do not interrupt others, use appropriate language.
4. Honor time.
5. Stay focused on the agenda and the purpose of the CESAN.
6. Do not use the meeting as a forum for personal or organizational objectives or advocacy that fall outside the purpose of the CESAN.
7. Those who do not adhere to these guidelines may be asked to leave a meeting.

3.0 Community Outreach and Engagement Methods

This section identifies methods that will be used to achieve the following engagement goals:

- Inform and educate the community about the Health Study.
- Regularly update the community on the Health Study's progress.
- Provide an opportunity for the community to offer feedback on certain specific Health Study methods and voice questions or comments about the Health Study.
- Inform and recruit for Health Study participation.

Presentation of Health Study findings to the community before findings are distributed to the broader public is addressed in the following section (4.0 Dissemination of Study Findings).

The UCLA Team will use a range of communication methods to conduct outreach, inform, and update the community about the Study. The primary methods of direct community engagement and interaction will be periodic community meetings and [UCLA's Health Study website](#).

3.1 Communication Media

The following table identifies various communication media that will be used to publicize information pertaining to the Study. UCLA will develop media materials. Under contract, we are required to share all public materials with DPH before public distribution. However, UCLA retains final editorial authority.

Table 1. Communication Media

Media Type	Study Updates	Community Events	Participation Recruitment (Air monitoring, focus groups)	Availability of Publications, Study Findings
Study website	News post/ website update	Event post	News post	News post
Study email list	Email	Email	Email	Email
Other email lists (e.g., Neighborhood Council)	Email	Email	Email	Email
Facebook (posts to community pages and targeted ads)	Posts + ads	Posts + ads	Posts + ads	Posts + ads
Nextdoor (posts to Study account)	Posts	Posts	Posts	Posts
Community message boards (list of physical and online locations to be developed by the CESAN)		Flyer posts	Flyer posts	
CESAN (Nextdoor posts, word of mouth, email lists, etc.) Content to be provided by the UCLA Team.	CESAN outreach methods	CESAN outreach methods	CESAN outreach methods	CESAN outreach methods
Newspapers (hyper-local)		Ads		Press release or research brief
Newspapers (regional, UCLA Newsroom)				Press release or research brief
Newspaper (state, national)				Press release or research brief

3.2 Community Meetings

The UCLA Team will hold periodic meetings to inform, update, and educate the community about the Health Study, and to provide an opportunity for community input, feedback, and questions. The design of each meeting will be tailored to the specific goals of each meeting.

General community meetings will be held annually. These meetings will address overall Study updates as well as timely topics such as upcoming recruitment efforts, community feedback on certain methodology approaches, and Study findings. Additional meetings that are more focused on specific aspects of the Study or tailored for specific interest groups will be held as warranted. A Study timeline is available on the Study website at

<https://alisostudy.ucla.edu/study-overview/>.

Planning and Notification Timeline

The following table provides a general, target timeline for key meeting planning and follow-up activities. All aspects of the timeline below are subject to revision based on various Health Study conditions.

Table 2. General Meeting Planning Timeline

Target Timeline	Task
6 - 8 weeks prior	<ul style="list-style-type: none">• Identify general agenda topics• Select dates(s)
5 weeks prior	<ul style="list-style-type: none">• Secure venue
3-4 weeks prior	<ul style="list-style-type: none">• Distribute meeting invitations/flyers, post on website and social media, advertise• Start developing meeting materials (presentations, hand-outs, evaluation form)
2-3 weeks prior	<ul style="list-style-type: none">• Review meeting logistics (Audio/Visual equipment, refreshments, signage)
1 week prior	<ul style="list-style-type: none">• Finalize meeting materials
	EVENT DATE
2 weeks after	<ul style="list-style-type: none">• Post meeting presentation slides and handouts on website• Post recording on YouTube and link to recording on the Study website
6 weeks after	<ul style="list-style-type: none">• Post meeting summary/FAQ/other follow-up if any

Format/Venues/Times

- Use hybrid in-person and on-line meeting formats to maximize broad and diverse attendance by the affected community.
- For in-person meetings, select venues based on proximity to and convenience for the community, as well as capacity, availability of audio/visual equipment, accessibility, and cost. **Appendix C** provides an initial list of potential venues for in-person community meetings. This list will be reviewed, modified, and/or expanded upon by the CESAN and during implementation of community meetings.
- For on-line meetings, use a format that provides ample capacity for the anticipated attendance, allows for attendee participation, and includes security features to minimize purposeful disruptions.
- Record on-line meetings for posting on the internet.
- Schedule meetings to accommodate community availability.

Presentations and Staffing

- Tailor presentations to the audience.
- Prepare presentation material at a general overview level using clear and comprehensible formatting and language. Prepare slides with more detailed or technical scientific information to be used as needed.

- Support meetings with appropriate staff and Health Study specialists.
- Key, optimally skilled members of the research team should attend meetings to give presentations and answer questions.

Questions and Follow-up

- Provide ample time for questions and answers during the meeting (see also follow-up below)
 - Implement a system to organize questions by topic and avoid redundancy.
 - Note follow-up methods for questions that cannot be answered during the meeting (either inclusion in the summary and/or FAQ or individual follow-up).
- Follow-up
 - Post meeting presentation on the Study website (<https://alisostudy.ucla.edu/>).
 - Post recording of on-line meeting on YouTube with a link on the Study website.
 - Prepare a high-level meeting summary that captures themes of questions and comments raised by meeting participants. Post the meeting summary on the Study website.
 - Post/update the FAQ (including questions that were and were not answered at the meeting).

3.3 Health Study Website

The Health Study website will be a primary outlet for direct information-sharing with the community. The website is located at <https://alisostudy.ucla.edu/>. It will be used to announce community events, pose questions for public response, and share news, events, and publications about the Study.

The website provides an overview of the Health Study, the Study team, and Study timelines and relevant news items.

The *Community Engagement* section includes postings about opportunities to participate in the Study and upcoming community meetings. Documentation of prior communities is also provided, including meeting recordings, presentations, and summaries.

The *Resources* section includes a Frequently Asked Questions (FAQ) list developed from questions raised at community meetings and input via the website. It will be updated as warranted. Study documents and publications will also be posted in this section.

The *Contact Us* page (<https://alisostudy.ucla.edu/contact/>) provides a portal to submit questions, comments, or concerns about the Study. UCLA staff will check the page on Mondays, Wednesdays and Fridays of each week. Because of the nature and specificity of the questions often received, UCLA will aim to respond within five business days but may need up to ten business days. This page also includes a sign-up to join the Study email list.

4.0 Dissemination of Study Findings

UCLA will share qualitative overview summaries of initial findings at community stakeholder meetings prior to submitting to peer-reviewed scientific journals, with the caveat that the results could change with further investigation and during the peer-review process. In some cases, preliminary results will be shared via email distribution of analysis summaries.

After Study findings have been peer-reviewed and accepted for publication in a scientific journal, UCLA will:

- Prepare a press release or research brief for distribution to media outlets and information networks;
- Post the article as “News” to the Study website;
- Share an announcement via the Study email list;
- Post to the Study’s Facebook page; and
- Add the topic to the agenda for presentation at the next community meeting.

5.0 Guiding Principles and Best Practices

The following guiding principles and best practices were developed in response to findings of the Stakeholder Assessment. They are intended to build trust by committing to practices that acknowledge the community’s prior experiences, beliefs, and emotions, and that set a new baseline for engagement expectations that are separate from prior actions and outcomes. These principles will be implemented by the UCLA Team consistently throughout all facets of community engagement.

- **Clarity on UCLA’s Scientific Independence and DPH’s Role**
 - Provide and abide by clear, binding statements of UCLA’s scientific and policy independence at the outset of and throughout community engagement efforts. UCLA will publicly disclose DPH’s contractual oversight and review functions and UCLA’s discretion with regard to DPH review comments and said oversight.
- **Clarity of Purpose, Scope, and Use of Community Feedback**
 - Set clear expectations as to how feedback from the community will be used and/or influence the Health Study, and the limitations of such influence as well.
- **Transparency**
 - Create an open and respectful space for dialogue; be transparent about expectations and constraints.
 - Ensure a full and honest accounting of all facts and information shared (with necessary caveats that protect individual confidentiality and how those protections will be balanced with the community’s desire to be informed).
 - Ensure that people either have direct access to the information they need, or that they know where to go and who to ask.

- **Responsiveness**
 - Define and uphold what is meant by “timely” responsiveness such that mutual expectations are clearly communicated and understood.
 - Provide accurate and timely reports of activities to stakeholders.
 - Support meetings with Team members that have the appropriate knowledge and information to answer questions. Ensure these representatives have the appropriate training and sensitivity of how best to work with a community that has been impacted, is fearful, and lacks trust in the institutions expected to serve them.
 - Respond to inquiries in a timely fashion and be proactive and transparent when response timelines cannot be fulfilled.

- **Accountability**
 - Follow through on commitments made and be proactively communicative and explanatory if commitments need to change.

- **Empathy**
 - Listen for, recognize, and seek to identify with the community’s feelings and needs. It is undeniable that the Disaster and conditions thereafter have been traumatic to the community. Sincere empathy is essential to build trust and understanding and is key to meaningful engagement.
 - Acknowledge the past and work together to improve future outcomes.
 - Recognize and anticipate that the community’s concerns related to their experiences may surface in meetings about the Health Study. These concerns may not be addressed in the Health Study or directly relate to the subject matter of a particular community meeting. For example, a key observation from speaking with former CAG members via the Assessment interview process is that the community was living in fear from the outfall of the Disaster and remains a community that senses itself at risk. People have a strong desire to fundamentally understand:
 - *How does this Disaster affect me, my loved ones, and my community?*
 - *What can we do about it?*
 - *How can we protect ourselves and if we can’t, what will be our recourse?*

It is not expected that answers to these questions will be readily available, simple, or easy to communicate. Some answers, though not all answers, will emerge over the course of the Health Study. The community may desire more answers/rationale from UCLA than UCLA will be able to provide. UCLA must be transparent about that, even if said responses are not what the community hopes to hear.

- **Respect**
 - Act with mutual respect in discussion and allow for equal voice of all parties.
 - Recognize that cultural and conversational norms for researchers are not the same as cultural and conversational norms for affected, diverse communities.

- **Inclusion and Demographic Diversity**
 - Strive to engage the entire demographic of the community.

- Inclusivity and diversity necessarily capture a complete range of values and perspectives.
- A network of diverse community members will be of particular importance to achieve this principle. Building relationships and partnering in engagement design with representatives from minoritized communities will be essential to broaden their involvement.
- Recognize that efforts to ensure inclusivity and diversity will likely not be equal in terms of time and resource investment. Marginalized communities may require a more extensive level of engagement resources than other communities that are more informed, connected and socioeconomically predisposed to and capable of, being informed and engaged. Provide language and translation support to ensure minoritized communities have access to information.

6.0 Assessment of Outreach and Engagement Effectiveness

An important goal of the Health Study is to maximize community awareness and understanding of the Study methods and results. In furtherance of this goal, the UCLA Team will collect data and seek community feedback to iteratively evaluate the effectiveness of outreach and engagement efforts throughout the course of the Study. This evaluation will inform potential refinements and modifications to outreach and engagement strategies and activities. It will include data collection following each community event, periodic polling as feasible, and an annual evaluation of outreach and engagement effectiveness trends. Key metrics to be assessed may include but may not be limited to the following community member perspectives: community event accessibility, effectiveness of community event design and delivery, levels of initial and subsequent understanding about the Study, satisfaction that questions have been sufficiently addressed, satisfaction that input has been considered (when feasible to do so), and similar.

6.1 Post Community Event Assessment

Post-event data collection will provide immediate feedback about which outreach methods are most effective, meeting format preferences, whether information is relayed to community members in a comprehensible manner, and if the meetings provide sufficient opportunity for community questions and feedback. Post-event evaluation activities will include:

- Conduct post-event polling/evaluation with willing participants.
 - At each meeting, the Team will explain its aim to continually evaluate and improve outreach and engagement effectiveness. A link to an on-line evaluation form for this purpose will be provided. At in-person meetings, hard copy evaluation forms will also be available. The UCLA Team will compile information provided on hard copy evaluations to produce a complete survey response database and effectiveness assessment outcomes.

- Collect and review unsolicited feedback offered via Study website emails and other media, and sources of community input.
- Debrief events with the CESAN to collect post-event reflections, observations, feedback, insights, and ideas.

When feasible and appropriate, adjustments to outreach and engagement efforts will be made between meetings as per the effectiveness input.

6.2 Annual Assessment

Cumulative data collected throughout the year will be assembled and reviewed to identify trends, qualitatively assess the effectiveness of modifications made during the year, and determine if further modifications or additional strategies are warranted.

Metrics to be reviewed on an annual basis may include but may not be limited to: attendance levels at community meetings; use of the Study website; email list enrollment changes; inquiries made via the website or via other methods; and CESAN participation.

To supplement this data, and potentially provide broader community input, if warranted, the Team may ask those who have signed up for the email list if they would be willing to participate in periodic polls. Polls will be designed and implemented to address targeted information needs that may arise. For example, if community meeting turnout is low, polling of those on the email list could be useful to ascertain if there are meeting design or accommodation issues that prevent people from participating (e.g., meeting times, locations, technology barriers, etc.).

Major changes or additions to outreach strategies, if any, will be memorialized as revisions to the CSCP.

Appendix A: Stakeholder Assessment

FINAL STAKEHOLDER ASSESSMENT

Aliso Canyon Disaster Health Research Study

**Formation and Work of the Prior
Community Advisory Group**

Prepared for:

University of California, Los Angeles

Prepared by:



**California State University Sacramento
College of Continuing Education
Consensus and Collaboration Program**

July 6, 2023

This page intentionally left blank

Table of Contents

Introduction 1

Assessment Process..... 2

Stakeholder Interviews: Findings 3

Conclusions and Recommendations144

 Attachment A.....21

 Attachment B.....22

Introduction

This document presents the findings, conclusions, and recommendations from a Stakeholder Assessment (Assessment) of the formation and work of the former Aliso Canyon Disaster (Disaster) Health Research Study (Health Study) Community Advisory Group (CAG) with regards to future community engagement during implementation of the Health Study.

As defined by the Los Angeles County (County) Department of Public Health (DPH), the purpose of the CAG was to provide “feedback to DPH on the Health Study development efforts”¹. The Assessment was conducted by the California State University Sacramento (University), College of Continuing Education, Consensus and Collaboration Program (CCP), serving as a third-party neutral and stakeholder engagement consultant to the Health Study as managed by the University of California, Los Angeles (UCLA). As noted above, the purpose of the Assessment was to provide a neutral analysis of the dynamics, functionality, and effectiveness of the former CAG process as a means to inform the design of a community engagement process during implementation of the Health Study.

Background

CCP was founded in 1992 and is a fee-for-service, not for profit unit of the University. CCP specializes in providing neutral, third-party services to diverse and oftentimes conflicted stakeholders on a wide range of policy topics. Most of CCP’s cases are multi-party, multi-interest collaborative efforts wherein diverse stakeholders and the organizations that convene them, work to achieve mutually supported outcomes through structured, interest-based methods. A common first step in such work is to conduct an assessment wherein staff from CCP meets with a representative (but not exhaustive) set of stakeholders with a relationship to the policy issue at hand. The purposes of an assessment are myriad and include the following:

- It provides an invaluable diagnostic tool describing/confirming what the key issues are for each stakeholder and giving that stakeholder a chance to express this in a confidential, neutral setting.
- It provides a powerful predictive tool describing whether a respective process/approach is feasible.
- Related to above, if a process is deemed feasible, assessment outcomes can directly inform a project workplan and/or associated process recommendations including cost ranges.
- It presents a “mirror” to a community about how they collectively view a key issue.
- If a stakeholder process is deemed feasible, the assessment informs data needs and thus provides project and cost efficiency by knowing early what these needs are.

¹ <http://publichealth.lacounty.gov/eh/healthresearch/community-input-involvement.htm>

Assessment Process

During April through June of 2023, Mr. David Ceppos (CCP Managing Senior Mediator and Principal Investigator [PI] for this Assessment), Meagan Wylie (CCP Lead Mediator/Facilitator), and Lisa Ballin (CCP Lead Mediator/Facilitator) conducted interviews with nine former members of the CAG. In identifying which former members to invite, CCP aimed to achieve a diversity of perspectives encompassing:

- Neighborhood Council representation.
- Community representation.
- Technical advisors.
- Those with varying experiences on the CAG.

Each potential interviewee was contacted by UCLA with an invitation to participate, followed by email communication from CCP describing the proposed process and how interview coordination would occur. Subsequent to that follow up, (in email and Adobe pdf format) CCP administrative staff reached out to all invitees to schedule time for the in-person or online discussion. In cases where invitees were not responsive, CCP contacted these parties at least two more times over an average period of 1.5 weeks to maximize their opportunity to respond. After such elapsed time, CCP closed its efforts to engage these invitees. CCP invited a total of 11 former CAG members to interview. Nine of those accepted the invitation to participate. See Attachment A for a list of the nine interview participants and the two invitees who did not participate. A recommendation from several interviewees was that CCP should also interview a well-known medical professional in the community that has been very actively involved supporting the community's interests immediately after the Disaster and thereafter. CCP contacted this individual and said person deferred to participate, stating concerns about DPH and UCLA interests and approach, and a lack of confidence that input would have any positive bearing on the Health Study and the related engagement process. In addition to the above focus on former CAG members, CCP also spoke with UCLA Team leadership to clarify their goals for community engagement and to frame the context in which they hope to have the Health Study informed by community input (addressed further in the **Conclusions and Recommendations** section).

Interviews were conducted via the Zoom online meeting platform or in-person. Questions posed in each interview were from a standardized document (Attachment B). At the beginning of each interview, the CCP interviewer explained the purpose of the Assessment. They described that each interview was confidential and that notes from each interview are proprietary to CCP. They explained that the outcome of the process would be a publicly available Assessment Report that would present the "findings" (e.g., aggregated data from the interviews), and "conclusions and recommendations" (e.g., CCP's summary assessment and proposal for next steps [if warranted]). They further explained that the Assessment Report would not include attribution of comments to any individual and that all information would be aggregated to identify themes and trends among the interview participants.

Stakeholder Interviews: Findings

As noted above, CCP used a standard set of questions for each interview participant. The questions were prepared by the CCP PI with subsequent discussion between the CCP PI and UCLA Health Study leadership. CCP retained all editorial authority of what standardized questions to pose during each interview as well as all content in this report.

Findings below are presented as summaries of feedback from interview participants, including some verbatim excerpted quotes (presented with “*quotation signs and italicized text*”). Given the different perspectives expressed about the former CAG, readers will undoubtedly read comments in the *Findings* sections that they agree or disagree with. In that regard, it is exceptionally important for readers to recognize that information in the **Findings** sections does not represent CCP’s opinions. The subsequent **Conclusions and Recommendations** section is where CCP applies its best professional judgement to assess the question of “what’s going on here?”. That section is therefore, the location in this report where CCP does present professional opinions.

Related to the above, common themes and differences among interview participants are reported in summary form. Participants did not necessarily respond to each question and in many cases, interviewees spoke to a question before it was asked. As such, the CCP interviewers took written notes and categorized said input under the various questions after the interview was completed. In this context, the findings are not quantified statistically. Rather, responses are aggregated by question and emphasis is given to topics reflecting common interests and perspectives of the interviewees or conversely, a lack of common perspectives. Therefore, the following summary describes participant perspectives in qualitative terms (e.g., “most of participants said “X”, or “a few participants believe “Y”, etc.). Lastly, for reader clarity, the term “community” in this report refers to the broad range of people who lived or worked in the vicinity of the Aliso Canyon natural gas facility during and after the Disaster.

Using the list of questions presented in Attachment B, the following presents the questions asked in the interviews and findings for each question.

Question 1

Representatives from neighborhood council-based organizations were selected to serve on the prior CAG from Porter Ranch, Granada North, Granada South, Chatsworth, Northridge East, and Northridge West. Do you feel that was an effective level of representation and an effective number of neighborhood representatives?

All interviewees who responded to this question expressed support for initiating previous CAG formation with selection of neighborhood council representatives. A few elaborated, noting that in addition to providing geographical coverage, the neighborhood council representatives on the former CAG lived through the “*blowout*” (their word for the Disaster), were knowledgeable of and cared about the aftermath, and were involved in their respective community. A few parties suggested however, that primary criteria for participation in a possible future community group should be knowledge of what happened during the Disaster and passionate concern about its impacts; current neighborhood council members may not meet these criteria.

Although interviewees supported former CAG formation beginning with neighborhood council representatives, a majority conveyed concerns about the appropriateness of how at-large members were ultimately selected. Interviewees stated their universal understanding that the neighborhood council representatives were to have selected at-large members. DPH ultimately selected these members, with some input from neighborhood council representatives. The neighborhood council representatives deeply distrusted DPH as a result of conditions experienced by said persons during and after the Disaster (see Question 2, below). As such, they did not trust DPH’s selection of at-large members, and in some cases did not trust the members selected. Some stated that DPH identified and selected people to fill representative “*buckets*” without considering their knowledge of the Disaster and its impact. Several interviewees directly noted the absence of Korean, Armenian, and Hispanic representatives on the CAG.

One interviewee believed the CAG membership did not reflect the range of community perspectives about the Disaster, stating that a subset of members conducted themselves as highly vocal activists rather than community representatives.

Question 2

In review of CAG history, it seems that there may have been significant attrition in the group. Do you feel there was significant attrition and if so, what, if any perspectives do you have about the cause of that attrition?

All interviewees acknowledged a loss of members over the CAG’s time span. Most assessed this as significant attrition and described a few members dropping off at the outset, followed by gradual attrition later on. However, participants expressed varying perspectives on whether this attrition was beneficial or detrimental. The following summarizes interviewees’ descriptions of initial and subsequent attrition, the causes thereof, and perspectives about this attrition’s resulting impacts on the CAG.

Soon after the CAG was formed, a few of its initial 19 members left the group. A majority of participants stated that a few members either did not come to any meetings or came to one or two meetings at the beginning of the process; one member did not understand the CAG’s function and did not have the necessary English language skills to effectively engage

(interpretation was not provided); and members who dropped off initially “*did not realize what they signed up for.*” Some attributed this early attrition to DPH’s member selection process that aimed to fill representational goals but did not necessary identify appropriate people for the role. A few parties expressed disappointment and frustration in not being able to sufficiently review potential candidates selected by DPH and stated that most of those who left the CAG were the at-large members selected by DPH.

Interviewees attributed subsequent attrition to personal reasons in the lives of respective members that left the CAG, as well as difficult conditions and dynamics within the CAG. Personal reasons expressed by most parties included:

- The required time commitment and conflicts with personal and professional needs.
- COVID stresses and associated personal, and related challenges with online meetings.
- Personal health issues.
- Duration of the process.

Distrust

Participants described a number of challenges faced by the CAG. Central among these for most parties was an intense level of distrust of DPH. They believed that DPH, along with other governmental agencies, did not protect the community from harm due to the Disaster. Many of these feelings stemmed from actions (and inactions) that followed the Disaster and continued throughout the CAG process. These were seen as not only minimizing aid to the community, but also harming them. Commonly repeated examples, as cited by interviewees, were:

- A directive from DPH to local physicians to not correlate patient symptoms with the Disaster.
- Messages from DPH to the community that their symptoms were reactions to the odorant and that said reactions were not serious.
- Not telling people to evacuate.
- Refusal to provide a list of chemicals found in the gas.

Other specific examples of actions contributing to distrust cited by individual participants were:

- DPH seeking to obtain air samples from SoCal gas.
- DPH repeated responding to requests for an action plan for when this happens again with “*We’ll look into it*” (seen as not taking the circumstances of the Disaster seriously).
- DPH representatives “*hiding behind bureaucracy*” and legal representation, and silencing people who might have wanted to say something contrary to DPH’s messaging.

Most participants felt that DPH and other government agencies did not listen to the CAG. Some thought this was intentional and that DPH’s priority was to protect the utilities and/or the City of Los Angeles, the County, and State of California (State) from liability. Most experienced a lack of transparency from DPH and a disappointment that, in their view, DPH did not take any

responsibility for community perceptions about initial missteps or sufficiently take on their role to protect the community by mitigating and preventing further harm.

Frustration with the Process and Lack of Progress

Frustration was a second major challenge and cause of attrition expressed by interviewees. Most cited that the process was too slow to accomplish anything significant. Additionally, they did not believe there was accountability for what was or was not accomplished. As mentioned above, they felt DPH did not listen to the CAG and sensed a lack of transparency. They were not able to get many of their questions answered. One participant stated, *“The issues CAG wanted most addressed were not satisfactorily addressed. That’s why I think most people left.”*

One countervailing viewpoint to the above was that, although the CAG was concerned about how long things were taking, the CAG slowed things down by asking DPH to conduct tasks that were not within its scope.

A few participants expressed dissatisfaction with how DPH managed and ran the CAG. One described it as unprofessional, noting that there was no budget accounting and minutes were not taken until late in the process and without involvement of any CAG members. Agenda planning meetings were held in a *“top down”* manner; agendas were not developed collaboratively. One participant felt the CAG members were treated as subservient, noting they didn’t feel they had the right to request and receive information, and when they did ask, it was almost impossible to get an answer. Another perceived that when a contentious topic came up, DPH seemed to be *“scripted”* in their response and in a way that did not allow discussion of said topic. Furthermore, one party experienced the way the CAG was treated and spoken to at times as disrespectful, citing an example of being told *“you don’t know what you’re talking about.”* A few noted the benefits of a facilitator to help manage dominating voices, keep the group discussion on point, and run online meetings. However, a couple of participants viewed some of the facilitation exercises as *“games”* or not a good use of their time. One participant noted that having a facilitator as an intermediary between the CAG and DPH contributed to frustration and lack of trust.

Lack of Clarity or Agreement about the CAG’s Purpose

The lack of clarity or agreement about the CAG’s purpose created conflict within the CAG and between some of the CAG members and DPH. A few interviewees noted that they held a different belief than DPH as to the CAG’s role. DPH wanted the CAG to pass information to and from the community. These members wanted to also act as an advisory body to DPH with a voting system and some authority. They saw this difference as a huge split that was a constant source of tension.

A couple of participants noted that not all CAG members felt this way; some did not want to take part in the group’s advocacy, and this contributed to the loss of those members from the CAG. Most interviewees noted that the CAG met on its own (without DPH) in order to prepare for CAG meetings with DPH and to plan advocacy efforts. One interviewee expressed that it was a mistake for the CAG to meet on its own and without a facilitator. This caused the group to get off

point, go on many tangents, and take on an activist role that was not appropriate and contributed to attrition.

Contentious Group Dynamics

The above conditions led to meetings between the CAG and DPH described by some as combative, angry, and/or dysfunctional. Some parties attributed the contentious tone of CAG meetings not to DPH, but to some CAG members' antagonistic approach, dominating voices, and desire to take on an activist role.

A few interviewees cited internal group dynamics as additional stressors on the group and a contributing factor to the CAG's attrition. They noted some very strong personalities who dominated the conversation and made it difficult for others to express different or dissenting viewpoints. A couple of participants described the tone as somewhat misogynistic. A few parties cited tensions within the group and the antagonistic tone as contributing to attrition of independent thinkers, scientifically oriented members, and those who wanted to take a diplomatic approach.

Impacts of Attrition

Interviewees expressed various perspectives about the impact of the group's attrition (from 19 to about 10-12 members). A few participants spoke positively about the ultimate group membership. They described it as "*pared down to the appropriate membership,*" "*those who knew what was going on - the best most, effective members,*" and "*whittled down to the neighborhood council group and hard-core community activists who know what is going on and are part of a broader movement.*" In contrast, a few others regretted the loss of those who were felt to have brought independent thinking and scientific knowledge to the group.

Question 3

Is there anything you would have done differently to minimize the conditions you've described?

Although this question was intended to focus on what could have been done differently, most interviewees framed their response in terms of recommendations for a future advisory group, should one be formed. The following interviewee suggestions are framed accordingly below.

Formation

- Create transparency about how members are chosen.
- Trust and allow neighborhood councils to select CAG members.
- Select members that have a strong understanding of what happened, are engaged in and passionate about the issues, and are trusted by the community.
- Consider community nomination. To get true coverage, utilize media, local clergy groups, school boards, and similar to disseminate information.

- Assure that those who are selected to serve have better communication and onboarding to understand their commitment (e.g., frequency of meetings and time commitment) prior to joining the group.

Understanding of Group's Purpose and Role

- Make sure the group understands its role as related to the Health Study.
- Resolve differences about desired role of the group at the outset of the process.

Member Requirements

- Formalize member requirements, such as attendance at a certain number of meetings to remain on the group.

Meeting Structure, Process, and Facilitation

- Improve agenda setting process (more collaboration on agenda development by members and group leader).
- Institute structure/approach to address strong personalities who may dominate conversations. Facilitator can be helpful for assuring all voices are heard, people speak in-turn, and keep the meeting moving and on-point.
 - Avoid process-laden facilitation techniques (“*games*”) such as post-it boards and similar.
- Run meetings in a professional way. Provide timely meeting summaries, list tasks, and track results.
- Find a better way to provide a technical foundation, convey scientific information within the group, clear up misunderstandings, and battle misinformation.
- Allow the CAG and Scientific Oversight Committee (SOC) to communicate.

Question 4

If you were to form the CAG over again, whether in a format similar to how it was previously formed, or some different approach, would you change any of the representative composition? If so, why? If not, why not?

Interviewees suggested the following to improve the representative composition of a potential future community engagement process:

- Extend the geographical areas represented. The Disaster affected a larger area than the North Valley.
- Include parents of young/school aged children.
- Add a public schools' representative.
- Obtain a representative for the Korean community by approaching church leaders.
- Add representatives for the Armenian and Hispanic communities.
- Seek retirees to represent the elderly population.

- Maintain a scientific member to support the group. A hematological oncologist is needed.
- Add members from communities that have not been as outspoken about the Disaster.
- Consider including environmental consultants who live in the area.
- Include people with a range of expertise and backgrounds, and diversity of opinions and attitudes towards the Health Study and the regulators.

Question 5

What suggestions do you have about how the UCLA Team can best present highly technical information being addressed in the Health Study?

Most interviewees conveyed that the community has the capacity to understand the necessary information. One noted that DPH made the mistake of minimizing the community's ability to understand what happened.

A few participants highlighted the need to provide adequate time for questions and answers (noting the lack of adequate time for this during prior CAG meetings and community meetings).

Other suggestions included:

- Take the time to convert highly technical scientific information into layperson's terms/language that people will understand. Select a presenter that is skilled in this regard.
- Use a website to provide information.
 - Avoid using the DPH website.
 - Post information in a timely manner.
 - Provide a repository of information so that people do not have to search on their own.
 - Include more detailed and/or technical information under subtabs on the website.
- Avoid excessive time going over background information during public meetings. Refer to the website. This leaves more time for questions and answers about the current topic.
- Provide basic education about exposure science.

Question 6

Beyond the CAG member attrition, did the CAG fulfill its intended purpose and provide value add to the overall process? If so, how and why? If not, why not?

As described above under Question 2, the CAG's purpose was not uniformly understood or supported by all CAG members. Most felt the CAG's purpose was, at a minimum, to outreach and convey information to the community and express the community's interests and priorities to DPH. Some also perceived the purpose as advocating for the community to achieve desired

results, described below. Interviewees described the extent to which they fulfilled these purposes, achieved their desired outcomes, and provided general value to the process.

Community Outreach, Education, and Liaison

A few participants felt the CAG fulfilled its purposes to communicate with the public, provide information, and represent the truth. A few others identified deficiencies in outreach and education conducted by the CAG, as well as by neighborhood councils and DPH. One party cited the need for better dissemination of information by neighborhood council representatives and messaging from the CAG. They asserted that some neighborhood council representatives did not understand the facts and were pushing personal agendas. One party stated that some information from DPH was not passed along to the community because the CAG did not trust it. A few noted that DPH periodically spoke directly to neighborhood councils without informing the CAG.

Another noted deficiency pertained to effectiveness of the outreach methods used. Neighborhood council meetings were not well attended. Although emails were used, it was believed that people did not read them. However, an early street fair did yield public input, and at least one Town Hall meeting held pre-COVID was well attended.

In terms of the CAG's general role as a liaison with the broader community, one party conveyed that some people in the community perceived CAG members as "*part of the bad guys*," and conjectured that the cause may have been the community members' anger with DPH and association of CAG with DPH. One party believed that many times, the CAG got the community into an uproar or frightened them.

One participant noted that some neighborhood councils were better than others at conducting outreach. They also characterized DPH's outreach as poor in terms of not publicizing town halls using outlets and methods recommended by the CAG.

Conveying the Community's Interests and Priorities to DPH

Most interviewees believed the CAG had fulfilled its purpose to share the public's views and concerns with DPH, in particular conveying the desire for a patient-centered study.

Achieving the Community's Requests

The following three items were cited by a few of the interviewees as primary goals:

- *A patient-centered study*. The inclusion of a requirement for a patient-centered approach in the Health Study's Request for Proposals (RFP) was a key compelling community request. Participants described the desire for a study that includes clinical evaluations of people in the community to identify what people were exposed to and what that exposure was in relationship to distance from the Disaster site. They wanted a study that will help the community, including in the future, in terms of knowing how to assess and address potential future health issues. They specifically did not want a generalized environmental health risk assessment based on modeling. A few interviewees believe

their primary request was not adequately reflected in the RFP or included in the proposed Scope of Work (SOW) for the current Health Study.

- Influence on the formation of and communication with the SOC. A few interviewees felt they had a beneficial influence on the SOC membership. They were able to achieve their goal of having a majority of independent researchers on the SOC, including two physicians trusted by the community. However, the CAG did not attain its aim of being able to communicate with the SOC, or at least receive briefings on SOC meetings.
- Obtaining a list of chemical components. This was a request made throughout the term of the CAG, but was not achieved.

One participant identified collaboration and partnership with DPH as an additional key request and felt this was not accomplished.

Overall Effort and Value Added

Most of the interviewees were proud of the effort they put in and the work they did for the community. Some noted value add in terms of working with DPH leadership and being “*in the thick of it.*” They also were able to affect some action by DPH, for example having the soil tested after a fire had burned through the gas facility.

One party expressed uncertainty as to the value added by the group, noting that bias in the CAG was very destructive to the overall process and many members did not act in good faith.

Question 7

Do you have any other input for the UCLA Team to help improve the community engagement process?

Establishing Trust

Prevalent themes in participants’ response to this question centered around establishing and maintaining the community’s trust of the UCLA Team. Most participants identified UCLA’s independence from DPH, in conducting the Health Study and reporting its results, as a key determinant of the community’s trust. Mixed perspectives were offered on current trust levels of the UCLA Team. Some already perceive an inappropriate connection between UCLA with DPH, and therefore are starting with questioning the trust of the UCLA Team. They asserted that it will be the “*elephant in the room*” and the UCLA Team must acknowledge and address it at the outset. Others view UCLA as a reputable independent research organization and a neutral third party. They noted the need for the UCLA Team to remain neutral and independent of DPH in conducting and reporting results.

Honesty, transparency, and follow through were also commonly cited as necessary to establish trust with a particular focus on a desire for straight forward communication. Example statements included: “*If you have dirty laundry, fess up to it and deal with it.*” “*Be open and honest about the*

seriousness of the information provided.” “Explain in a detailed way, why a patient-centered long-term study is not possible.”

Participants highlighted conditions the Health Study Team should be aware of (the following are individual participant recommendations):

- The community has been harmed; their fear is founded. Acknowledge peoples’ trauma.
- Many people are still very concerned.
- There is still so much anger, bitterness, and resentment about the way the community was treated.
- Some in the community are concerned that the Health Study results will be influenced by DPH and “*white-washed*,” hiding cancer risks or deaths from the community. This stems from their experience with governmental agencies following the Disaster, as well as the result of a prior wind study conducted by UCLA in conjunction with DPH. The community felt the report was delayed and had been “doctored” by DPH.
- One participant felt there will be challenges in engaging the community, citing the following:
 - Burn-out over the eight years since the Disaster occurred. Some people have other worries and want to put the Disaster behind them.
 - A lack of awareness about potential harms from the Disaster because most people were told not to be concerned.
- The community does not trust much of the existing data that comes from various sources, such as the well operators.
- Community members are very worried about property values. They want the facility closed and are hoping the Health Study expedites that and proves the facility is unsafe.

Interviewees also offered specific suggestions for outreach and engagement (the following are generally individual participant recommendations).

Outreach Suggestions:

- Use neighborhood councils and their email listserves to announce meetings. When sending reports to neighborhood councils, post them on each respective council website and email their constituents.
- Conduct outreach beyond the neighborhood councils to places where people live their everyday life, such as churches and schools.
- Conduct outreach to California State University, Northridge.
- Post information on a UCLA website, not the DPH website. This will increase trust of the information.
- Make use of all available media, including the Los Angeles Times, Daily News, San Fernando Sun, and local TV stations.
- One party suggested using Nextdoor and perhaps Facebook to conduct outreach. Another questioned if the use of social media was worthwhile.
- Reach out via the Aliso Canyon Moms Facebook page and Food and Water Watch website.

- Post signs to advertise town halls (in addition to emails and newsletters). Perhaps place tent cards in doctors' offices to notify people who are concerned about their health.
- Place signage in grocery store windows.
- Develop a new network within the community to communicate and educate. Identify other community leaders or engaged residents with a range of attitudes and experiences.
- Engage the community directly.
- One participant suggested that more people will attend meetings if notices include information about increased risks found by the Health Study; people will not come if the seriousness is not conveyed. A countervailing opinion was offered by another participant who cautioned against using frightening language.

Meeting Suggestions:

- Remember that many people affected by the gas leak are immunocompromised and will not meet in a group setting. A lot of people are injured and are very conservative about public outings.
- Conduct outdoor town halls.
- Conduct hybrid (in-person and on-line) meetings.
- Conduct an initial, large in-person meeting. People were upset that meetings were online during pandemic. During question sessions, people felt they were cut off.
- Invite experts with varying views to support meeting discussions.
- Provide ample time to work with the community and have patience.
- Show progress reports and status updates.
- Monitor questions closely during online meetings so they can be answered.
- Provide follow up on all questions posed during meetings since it is likely that there will not be sufficient time to answer everything in the moment.
- Allow questions to be submitted prior to meetings.
- Let people know their questions will be answered.

Suggestions for a future community body, referred to as a Community Advisory Board (CAB) in the UCLA proposal:

- One participant expressed that a CAB would be useful for getting information into the community. Another questioned the utility of a CAB when there are easier, more direct ways of reaching people.
- The CAB should have an advisory role. Ensure the facilitator understands this.
- Allow the CAB to meet with Principal Investigators and provide the CAB a seat at the table with Health Study decision-makers.

Conclusions and Recommendations

This Assessment was conducted to provide a neutral analysis of the dynamics, functionality, and effectiveness of the former CAG process as a means to inform the design of community engagement during implementation of the Health Study.

The conclusions and recommendations presented herein are based on the findings described above combined with CCP's understanding of the purpose and need for community engagement during implementation of the Health Study (as defined by the UCLA Team).

Through discussions between CCP and UCLA Team leadership, it is clear that the major Health Study questions and research methods have been determined and are set forth in the Health Study's SOW². The UCLA Team feels that the SOW reflects community input during development of the RFP (upon which the SOW is based).

It is likely that these assertions by UCLA will be acceptable to some and not to others in the community. The findings above illustrate this diversity of perspectives. UCLA researchers state that they are interested to hear further community thoughts, concerns, and perspectives as the Health Study is implemented. In addition, the UCLA Team believes there are specific elements of the approach that will benefit from community review and that can be enhanced with such community input. Further, the UCLA Team is eager to get information and potentially direct support from community members to ensure that outreach to impacted people is maximized consistently for the duration of the Health Study. UCLA researchers state that they will sincerely consider community feedback as they finalize methods and conduct the Health Study. However, UCLA also asserts that it must and will maintain full authority on the scientific methods used in the Health Study to ensure the study is conducted in a scientifically appropriate, independent manner³.

As described to CCP by UCLA Team leadership, their hope is that community engagement during implementation of the Health Study will:

- Inform and educate the community about the Health Study.
- Regularly update the community on the Health Study's progress.
- Provide an opportunity for the community to offer feedback on certain specific Health Study methods and voice comments or concerns about the Health Study.
- Conduct outreach to inform the community about opportunities to participate in the Health Study. Anticipated participation opportunities include but may not be limited to:
 - Surveys
 - Focus groups
 - Large and small community meetings
 - Biological sampling

² <https://alisostudy.ucla.edu/study-overview/>

³ <https://apo.ucla.edu/policies-forms/academic-freedom>

- Home air monitoring
- Present Health Study findings to the community before said findings are distributed to the broader public.

In the context of the above diverse needs expressed by community and Health Study representatives, CCP offers the following recommendations.

RECOMMENDATION 1: The UCLA Team should employ direct community engagement methods to inform, educate, and update the community about the Health Study and provide an opportunity for the community to offer feedback on certain specific Health Study methods.

The Health Study SOW calls for the formation of a CAB to ensure the concerns and opinions of the community are broadly solicited and carefully addressed. CCP is concerned that in the context of the stated goals and engagement outcomes by UCLA and stated interests and past history of the community, a formally selected and seated, member-based group of stakeholders will act more as an intermediary to direct input, rather than as conduit for said input. Therefore, we recommend the use of *direct* community engagement methods, rather than a CAB, to ensure robust engagement regarding the concerns and opinions of the community.

Given the technical and sensitive nature of the Health Study, it is critical that UCLA directly communicates information about the Health Study with interested members of the community and that in advance of that, UCLA foster the relationships necessary to incentivize the involvement of said people. There is a core of people that have been actively involved in and continually track information about the Disaster as a means to protect their interests, help inform the community as best they can, and keep responsible parties accountable for what happened and should be reconciled in the future. There is likely a much larger range of people in the geographic area of the Disaster that are necessarily occupied with other aspects of daily life and as such, have not or cannot dedicate the time to be actively engaged. UCLA has an obligation to expand engagement methods to this broader range of people, foster their interest and means to be involved, and to then act on that and be informed from that broader community. As stated above, to achieve the needs of the impacted community and the goals of the Health Study Team, creating a formal, intermediary advisory body does not fulfill these interests. UCLA should avoid the potential for misunderstandings that could arise if Health Study information were to be disseminated by a smaller group of community representatives. The recommended direct method solicits and allows for broad participation by all community members, provides the opportunity to address community questions and concerns as they arise in response to presentation of Health Study information, and provides more direct education and information to interested and impacted people in the community and on the UCLA Team.

CCP recommends employing a variety of methods to robustly engage a broad cross-section of the community, including, but not limited to:

- Town Hall meetings
- Community workshops

- Information dissemination via website, email listserves, social media, and similar digital channels

Consistent with the above, CCP recommends that UCLA select, prepare, and dedicate the time of key, optimally skilled members of the research Team to be actively involved in and committed to attendance at the diverse range of community events listed above. The Disaster has created a broad community of impacted people that have sought answers and validation for what they experienced. UCLA research staff must be sensitive to that and to interact with impacted people with respect, empathy, and validation. Reflecting this, the Community Stakeholder Communications Plan (CSCP) described in the UCLA SOW should provide details on the format of the meetings (in-person, online, etc.), optimal methods for stakeholder interactions and other considerations to maximize the reach, attendance, productivity and positive effectiveness of meetings and all other aspects of community engagement.

RECOMMENDATION 2: The UCLA Team should apply guiding principles in all facets of community engagement.

As described in the Findings section above, the community's lack of trust in DPH and other agencies permeated and frustrated the community's experiences in immediate and longer-term responses to the Disaster, and subsequent efforts to develop the Health Study. Establishing the community's trust in UCLA will be an essential preliminary step to productive engagement. The following list of guiding principles are informed by prior dynamics that contributed to distrust. UCLA's aim should be to build trust by committing to practices that acknowledge the community's prior experiences, beliefs, and emotions, and that set a new baseline for engagement expectations that are separate from prior actions and outcomes. These principles should be implemented consistently throughout all facets of community engagement. In this context, UCLA should take the following steps.

- **Clarity on UCLA's Scientific Independence and DPH's Role**
 - Provide a clear, binding statement of their scientific and policy independence at the outset of community engagement efforts. They should publicly describe DPH's contractual oversight and review functions and UCLA's discretion with regard to DPH review comments and said oversight.
 - This clear distinction must be addressed head-on at the outset so that concerns about DPH's influence of the Health Study do not interfere with the community's receptivity or confidence in the information about the Health Study presented by UCLA, nor the community's willingness to participate in the Health Study (as described in Recommendations 1 and 3).
- **Clarity of Purpose, Scope, and Use of Community Feedback**
 - Set clear expectations as to how feedback from the community will be used or influence the Health Study and the limitations of such influence as well. UCLA will engage the community for various purposes as described above. These

range from providing information, to receiving feedback on specific study methods, to hearing and addressing general concerns, and lastly, engaging a representative cross section of community members in specific Health Study research. The community may come to meetings with the expectation or desire to influence the Health Study. At times they can and at times they can't. Such is the nature of an independent research effort. The breadth and limits of that influence must be clearly established.

- **Transparency**
 - Create an open and respectful space for dialogue; be transparent about expectations and constraints.
 - Ensure a full and honest accounting of all facts and information shared (with necessary caveats that protect individual confidentiality and how those protections will be balanced with the community's desire to be informed).
 - Ensure that people either have direct access to the information they need, or that they know where to go and who to ask.
- **Responsiveness**
 - Define and uphold what is meant by "timely" responsiveness such that mutual expectations are clearly communicated and understood.
 - Provide accurate and timely reports of activities to stakeholders.
 - Have the right people in the room with the appropriate knowledge and information to answer questions. Ensure these representatives have the appropriate training and sensitivity of how best to work with a community that has been impacted, is fearful, and lacks trust in the institutions expected to serve them.
 - Respond to inquiries in a timely fashion and be proactive and transparent when response timelines cannot be fulfilled.
- **Accountability**
 - Follow through on commitments made and be proactively communicative and explanatory if commitments need to change.
- **Empathy**
 - Listen for, recognize, and seek to identify with the community's feelings and needs. It is undeniable that the Disaster and conditions thereafter have been traumatic to the community. Sincere empathy is essential to build trust and understanding and is key to meaningful engagement.
 - Acknowledge the past and work together to improve future outcomes.
 - Recognize and anticipate that the community's concerns related to their experiences may surface in meetings about the Health Study. These concerns may not be addressed in the Health Study or directly relate to the subject matter of a particular community meeting. For example, a key observation from speaking with former CAG members via the Assessment interview process is that the community was living in fear from the outfall of the Disaster and remains a community that senses itself at risk. People have a strong desire to fundamentally understand:

- *How does this Disaster affect me, my loved ones, and my community?*
- *What can we do about it?*
- *How can we protect ourselves and if we can't, what will be our recourse?*

It is not expected that answers to these questions will be readily available, simple, or easy to communicate. Some answers, though not all answers, will emerge over the course of the Health Study. The community may desire more answers/rationale from UCLA than UCLA will be able to provide. UCLA must be transparent about that, even if said responses are not what the community hopes to hear.

- **Respect**
 - Act with mutual respect in discussion and allow for equal voice of all parties.
 - Recognize that cultural and conversational norms for researchers are not the same as cultural and conversational norms for different communities.
- **Inclusion and Demographic Diversity**
 - Strive to engage the entire demographic of the community
 - Inclusivity and diversity necessarily capture a complete range of values and perspectives.
 - As described in Recommendation 3 below, a network of diverse community members will be of particular importance to achieve this principle. Building relationships and partnering in engagement design with representatives from minoritized communities will be essential to broaden their involvement.
 - Recognize that efforts to ensure inclusivity and diversity will likely not be equitable in terms of time and resource investment. Marginalized communities will likely require a more extensive level of engagement resources than other communities that are more informed, connected and socioeconomically predisposed to and capable of, being informed and engaged. Equitable investments in engagement will likely not result in equitable outcomes. To believe so will be a setup for failure.
 - Provide language and translation support to ensure minoritized communities have access to information.

RECOMMENDATION 3: The UCLA Team should convene a Community Engagement Support and Advice Network with the primary purpose of outreach and engagement support.

In the context of Recommendations 1 and 2, CCP recommends that UCLA convene an informal range of community members with the primary purpose of outreach, communications, and engagement support. The Community Engagement Support and Advice Network (CESAN) is a suggested title for this group, as it indicates the primary functions of the group are to optimize engagement efforts, to function as a networking node to reach out to the diverse community, to provide the community with diverse opportunities to provide input to UCLA and to reflect the

informal nature of this work (as opposed to the convening of a formal, seated, membership-based stakeholder body).

Convening the CESAN will facilitate beneficial working relationships between UCLA staff and community members who can assist with conducting outreach to the community for events and participation in the Health Study. As described above, the Health Study includes opportunities for community participation, such as completing surveys, serving as focus group members, providing blood samples, and hosting a home air monitor. Establishing interest in such participation will require trust of UCLA and of the messenger(s) who bring such requests to the community.

The CESAN should include trusted messengers – community and neighborhood leaders who are perceived as credible - who can help share information about the Health Study, and support outreach and recruitment for community participation in the Health Study.

The CESAN can also assist the process to ensure that UCLA staff are aware of community sensitivities and questions associated with participation. The CESAN can further support UCLA to conduct an annual assessment of outreach and engagement effectiveness and to prepare/ test adjustments to said strategies.

In the context of information in the Findings Section of this report, it is clear and understandable that there is significant dissatisfaction with how the CAG and associated community engagement was conducted in the past. It is similarly clear that while several years have passed, there is no less passion and need for information by people in the community as there was at and after the Disaster. Related to that then is an underlying desire by some former CAG members to have a formal community-based group where they can advocate for their interests and advance such items. The CESAN is intended to fulfill that desire to a degree. The recommended purpose of the CESAN is stated above and it includes providing an opportunity (along with efforts in Recommendation 1) to give the community a voice. The CESAN is not intended to replicate the CAG as a membership-based body, particularly as it was interpreted and used by some community members that sought to act as representative advocates. CCP is compelled to note that there may be community members that will seek to divert the CESAN from the proposed recommendations. While the CESAN should be constructed to allow these impacted parties a transparent and equitable venue to provide input and support outreach, it is not intended to serve as an advocacy body. Organizational systems will need to be put in place so that the purpose of the CESAN does not get supplanted. In short, the CESAN and the UCLA Team are expected to work as partners, not adversaries.

UCLA should recruit CESAN participants who can outreach to populations most vulnerable to health impacts associated with the Disaster as well as to diverse populations within the community, including:

- Children (and parents of children).
- Older adults.
- Pregnant and/or nursing persons.

- People with underlying chronic disease.
- People of disadvantaged socioeconomic status.
- Racial, ethnic, and linguistic minorities. In the region affected by the Disaster, these include:
 - Korean.
 - Armenian.
 - Hispanic.

Organizations that serve as sources for CESAN participants include:

- Neighborhood Councils.
- Homeowner Associations.
- Local Schools – public and private.
- Social, cultural, denominational, and/or spiritual groups (churches and synagogues).
- Health service providers.
- Community based organizations.
- Environmental organizations.
- Local community activism groups.

Attachment A

**Aliso Canyon Disaster Health Research Study
Community Engagement Core
Formation and Work of the Prior Community Advisory Group Assessment
Assessment Participants and Invitees**

Participants		
Lori	Aivazian	At-large member
Brian	Allen	Neighborhood Council representative
Mary	Blair	At-large member
Craig	Galanti	Neighborhood Council representative
Patricia	Glueck	At-large member
Bruce	Hector	At-large member
Andrew	Krowne	Neighborhood Council representative
Katherine	McNamara	At-large member
Melissa	Messer	At-large member
Invitees who did not participate		
Mike	Benedetto	Neighborhood Council representative
Mike	Kaiser	At-large member
Dr. Jeffery	Nordella	Local Medical Professional / Former SOC Member

Attachment B

Aliso Canyon Disaster Health Research Study UCLA Community Engagement Core Formation and Work of the Prior Community Advisory Group Assessment Assessment Questions

1. Representatives from neighborhood council-based organizations were selected to serve on the prior CAG from Porter Ranch, Granada North, Granada South, Chatsworth, Northridge East, and Northridge West. Do you feel that was an effective level of representation and an effective number of neighborhood representatives?
2. In review of CAG history, it seems that there may have been significant attrition in the group. Do you feel there was significant attrition and if so, what, if any perspectives do you have about the cause of that attrition?
3. Is there anything you would have done differently to minimize the conditions you've described?
4. If you were to form the CAG over again, whether in a format similar to how it was previously formed, or some different approach, would you change any of the representative composition? If so, why? If not, why not?
5. What suggestions do you have about how the UCLA Team can best present highly technical information being addressed in the Health Study?
6. Beyond the CAG member attrition, did the CAG fulfill its intended purpose and provide value add to the overall process? If so, how and why? If not, why not?
7. Do you have any other input for the UCLA Team to help improve the community engagement process?

Appendix B: CESAN – Potential Organization Outreach List

Organization Type	Organization/Area
Neighborhood Councils	Canoga Park
	Chatsworth
	Granada Hills North
	Granada Hills South
	Mission Hills
	North Hills East
	North Hills West
	Northridge East
	Northridge South
	Northridge West
	Porter Ranch
	West Hills
	Winnetka, Northridge
	Homeowner Associations
Chatsworth II Homeowners Inc	
Devonshire & Haskell Homeowners Association	
Lassen Village Homeowners Association	
Promenade at Porter Ranch Community Association	
Rockpointe Homeowners' Association	
Toluca Hills Homeowners Association	
Village Northridge Homeowners Association	
Schools	Alfred Bernhard Nobel Charter Middle School
	Beckford Avenue Elementary School
	Castlebay Lane Charter School
	Chatsworth Charter High School
	Chaminade College Preparatory
	Cleveland High School
	Dearborn Elementary Charter Academy
	Germain Academy for Academic Achievement
	Granada Hills Charter High School
	Granada Hills Preparatory School
	Heritage Christian School
	Jane Addams High School
	Lorne Street Elementary School
	Los Angeles Unified School District, Northwest Division

	Mayall Academy of Arts and Technology Magnet
	Napa Street Elementary School
	Oliver Wendell Holmes International Middle School
	Porter Ranch Community School
	Robert Frost Middle School
	Sierra Canyon School
	St. Nicholas School
	Superior Street Elementary School
	Tulsa Street Elementary School
Social, cultural, denominational, and/or spiritual groups	Berean Baptist Church
	Chabad at Porter Ranch
	Chabad of Chatsworth
	Chabad of Northridge
	Chatsworth Foursquare Church
	Chatsworth Lake Community Church
	Church Everyday
	Congregational Church of Northridge-UCC
	First Presbyterian Church of Granada Hills
	Golden Altar Baptist Church
	Granada Hills Baptist Church
	Granada Hills Community Church
	Hillcrest Christian Church
	Iglesia Bautista Fe y Esperanza
	Knollwood United Methodist Church
	Korean Church of North LA
	Lassen St. Church of Christ
	Life in Christ Church
	Living Faith Christian Church
	Living Praise Christian Center- Administrative Off
	Mandarin Baptist Church of the San Fernando Valley
	Mission Hills Seventh-day Adventist Church
	New Life Church of the Nazarene
	Northridge Assembly of God Church
	Northridge United Methodist Church
	Our Savior's First Lutheran Church and Preschool
	Peace Evangelical Community Church
	Saint Peter Armenian Apostolic Church
	Shepherd Church
	St. Andrew & St Charles Episcopal Church
	St. Euphrasia Parish Hall

	St. John Baptist De La Salle Church
	St. Stephen Presbyterian Church
	Temple Ahavat Shalom
	Temple Ramat Zion
	The Church at Rocky Peak
	The First Baptist Church of Granada Hills
	The Orthodox Catholic Church
	The Valley Church
	Valley Hindu Temple
	Valley Korean Bible Church
	Valley Korean United Methodist Church
	Valley Life Baptist Church
	Valley United Korean Seventh-day Adventist Church
	Van Nuys Spanish Seventh-day Adventist Church
	Won Buddhism Valley Temple
	Young Israel of Northridge
Health service providers	AFC Urgent Care – Granada Hills
	All-Inclusive Community Health Center
	Cross Medical Center
	CSUN Klotz Student Health Center
	Dignity Health – Northridge Hospital Medical Center
	Erica Pineda – Community Health Center
	Laurel Medical Center
	Northridge Medical Center
	Olive View – UCLA Medical Center
	Pacoima Public Health Center – DPH LA County
	Providence Holy Cross
	San Fernando Health Center – DHS LA County
	Sepulveda VA Medical Center
	Shoham Medical Group
	Sylmar Medical Center
	Valley Community Healthcare
	Valley Urgent Care
Community based organizations/ Local community activism groups	Aliso Moms Alliance
	Boys & Girls Club of the West Valley
	Chatsworth Business Improvement District
	Chatsworth Community Coordinating Council
	Community Engagement, CSUN
	Granada Hills Improvement Association
	Granada Hills Woman's Club

	Kiwanis Club of Chatsworth
	Rotary Club of Granada Hills
	San Fernando Valley Chinese Cultural Association
	San Fernando Valley Neighborhood Coalition
	Save Porter Ranch
	Valley Green
	Valley Interfaith Council
	YMCA of Metropolitan Los Angeles
Environmental Organizations	Food & Water Watch
	San Fernando Valley Audubon Society
	Sierra Club, San Fernando Valley Chapter
Public Libraries	Canoga Park Branch Library - LA Public Library
	Chatsworth Branch - LA Public Library
	Granada Hills Branch Library - LA Public Library
	Mid-Valley Regional Library - LA Public Library
	Northridge Branch Library - LA Public Library
	Platt Branch Library - LA Public Library
	Porter Ranch Branch - LA Public Library
Members of the Former CAG	Andrew Krowne
	Anthony Ortiz-Luis
	Brian Allen
	Bruce Hector
	Chad Cheung
	Craig Forry
	Craig Galanti
	Don Dwiggin
	Donna Patterson
	Hannah Cho
	Jeff Hammond
	Katherine McNamara
	Kevin Bryan
	Kyungza Namkoong
	Lori Aivazian
	Mark Morris
	Mary Blair
	Melissa Messer
	Mihran Kalaydjian
	Mike Benedetto
Mike Kaiser	
Patricia Glueck	

Appendix C: In-Person Meeting Venues

Venue	Address	Capacity	AV (mics, projector, screen)	Wifi	Parking	ADA	Cost	Notes, Layout
California State University Northridge (CSUN)								
CSUN – East Conference Center Flintridge Room	18111 Nordhoff St., Northridge, CA 91330	84	No mics Allowed	Yes	Fee: approx. \$ 8	Yes	\$220.50 - half day	Rows of chairs – can be moved but at max capacity
CSUN – East Conference Center Lake View Terrace Room	18111 Nordhoff St., Northridge, CA 91330	130	Yes	Yes	Fee: approx. \$ 8	Yes	\$535.50 - half day + extra hours charge	
CSUN – East Conference Center Thousand Oaks Room	18111 Nordhoff St., Northridge, CA 91330	96	No mics allowed	Yes	Fee: approx. \$ 8	Yes		Theater set up
CSUN - Orchard Conference Center , Rooms A, B, C	18111 Nordhoff St, Northridge, CA 91330 On the corner of Lindley Ave. and Mike Curb Walk. The main entrance is on Lindley Ave.	A- 280 B- 184 C- 80	Yes – additional cost	Yes	Fee: approx. \$ 8	TBD	\$1,000 for Rooms A,B,C plus additional for AV	Can support multiple layouts, and accommodate additional rooms B, C for breakouts
Los Angeles Pierce College https://www.lapc.edu/campus-life/rentals/events-information								
Pierce College 600 Room (also called Faculty and Staff Building) (Classrooms of varying size are also available)	6201 Winnetka Ave. Woodland Hills, CA 91371	100	Projector (requires HMDI plug), screen, 1 mic, can request an additional portable speaker and mic.	Yes	Free, adjacent to building, Lot 7, off Victory and Mason	Yes	Non-profit: \$150/hour, For evening meeting custodial crew, total \$650-1000	Flexible set up
Churches/Religious Organizations								
Shepherd Church https://www.the-shepherd.org/	19700 Rinaldi St, Northridge, CA 91326							

Venue	Address	Capacity	AV (mics, projector, screen)	Wifi	Parking	ADA	Cost	Notes, Layout
Freedom Church	9200 Owensmouth Ave Chatsworth CA 91311							
St. Euphrasia Parish Hall	11766 Shoshone Ave., Granada Hills							
Public Libraries https://www.lapl.org/branch-map?branchid=67 Facility Rental Requirements: https://www.lapl.org/facility-rentals								
Porter Ranch Branch Library	11371 Tampa Ave, Porter Ranch, CA 91326	62	Yes	Yes	Free, 18 spots and street parking	Yes	\$250.00 for 4 hours	Tables and chairs available
Granada Hills Branch Library	10640 Petit Ave, Granada Hills, CA 91344	50			Free			
Chatsworth Branch Library	21052 Devonshire St, Chatsworth, CA 91311	70			Free			
Northridge Branch Library	9051 Darby Ave, Northridge, CA 91325	62			Free			
Mid-Valley Regional Library	16244 Nordhoff St, North Hills, CA 91343	100			Free			
Canoga Park Branch Library	20939 Sherman Way, Canoga Park, CA 91303	77			Free			
Platt Branch Library	23600 Victory Blvd, Woodland Hills, CA 91367	80			Free			
Local Schools/Other Facilities								
The Vineyards Community Room	20065 W. Rinaldi St Porter Ranch, CA 91326	100 for presentation style	Yes		Free	Yes		

Venue	Address	Capacity	AV (mics, projector, screen)	Wifi	Parking	ADA	Cost	Notes, Layout
Porter Ranch Community School – Multipurpose Room	12450 Mason Avenue Porter Ranch, CA 91326		No	Yes		Yes		
Castle Bay Charter Elementary School	19010 Castlebay Lane, Porter Ranch, CA 91326							
Granada Hills Charter High School	10535 Zelzah Ave, Granada Hills, CA 91344							
Northridge Recreation Center Gymnasium	18300 Lemarsh St., Northridge, CA 91325							Not currently available for public meetings
Zev Yaroslavsky Family Support Center	7555 Van Nuys Blvd, Van Nuys, CA 91405							
Hotels								
DoubleTree Hotel	9777 Topanga Canyon Blvd, Chatsworth, CA 91311	100	Yes	Yes	Free			
Hilton Woodland Hills	6360 Canoga Ave, Woodland Hills, CA 91367	375	Yes	Yes	Fee			

Appendix D: 2025 CSCP Modifications

Overall, the approaches and strategies identified in the CSCP have been functioning as intended and accomplishing the goal of increasing community awareness and understanding of the study. Minor modifications have been made as follows:

- Section 2.2 Composition and Development of the CESAN. Additional outreach methods were noted.
- Section 2.3 CESAN Meetings and Guidelines. Discussions with individual CESAN participants was added to the list of possible meeting formats.
- Section 3.1 Communication Media. On Table 1 (see page 7), research briefs were added as potential newspaper publications (in addition to press releases).

You may view the previous version of the CSCP (2024) at:

<https://alisostudy.ucla.edu/wp-content/uploads/2025/05/Aliso-Canyon-CSCP-2024-Revised.pdf>

You may view the previous version of the CSCP (2023) at:

<https://alisostudy.ucla.edu/wp-content/uploads/2024/01/Aliso-Canyon-CSCP-Dec-14-2023.pdf>