




# **CALIFORNIA PREVENTION LEADERSHIP PROJECT**

## **Featured Best Practices 2024**

The California Prevention Leadership Project (CPLP) is a partnership of California's local health officers, public health directors, and senior public health leaders focused on strengthening the capacity of local health departments to use upstream prevention strategies to address the root causes of health inequities.



# **In 2024, CPLP featured the following best practices among California's local health departments.**

- 1. Advancing Upstream Prevention in Community Health Assessments (CHAs)**
- 2. Moving Upstream in Community Health Improvement Plans (CHIPs)**
- 3. Partnering with Managed Care Plans (MCPs) for Upstream Prevention**
- 4. Changing Local Health Department (LHD) Systems to Support Upstream Partnerships with Community-Based Organizations (CBOs)**
- 5. Promoting Policy, Systems, and Environmental (PSE) Changes in Cities**

Summary of California Prevention Leadership Project 2024 Best Practices prepared by Tracey Rattray, Prevention Policy Group. For more information, contact Project Director Lindsey McDermid: [lindsey@chronicdiseaseleadershipproject.com](mailto:lindsey@chronicdiseaseleadershipproject.com) or visit the website at <http://www.chronicdiseaseleadershipproject.com>.



# 1. Advancing Upstream Prevention in CHAs

**Issue:** Collecting data on the social determinants of health (SDOH) and engaging diverse community partners in the CHA process are essential to address local health inequities. The Public Health Accreditation Board (PHAB) and other CHA guidelines such as NACCHO's MAPP framework require these practices.

**Actions:** LHDs collaborated with community-based organizations (CBOs) to play lead roles in collecting and prioritizing primary data that reflects local SDOH through focus groups, surveys, and key informant interviews.

**Outcomes:** Community partners identified local SDOH that drive health inequities, such as economic stability, domestic violence, and neighborhood environment, to include in the CHA.

## **Lessons learned:**

- Partner with CBOs for data collection to ensure LHDs are hearing from historically marginalized groups.
- Engage community partners early, use qualitative data sources, and prioritize indicators of the SDOH that contribute to health inequities.
- Use qualitative data from focus groups to help create a comprehensive portrait of the community.
- Be explicit about prioritizing upstream interventions.

**See presentation here (slides 1-15):** [CHAs CPLP 2024](#)

***LHDs can use qualitative data from focus groups to create Equity Spotlights in the CHA.***

## 2. Moving Upstream in CHIPs

**Issue:** Upstream policy, systems, and environmental change strategies that address the SDOH are essential elements of a comprehensive approach to reduce health inequities. PHAB, MAPP and other CHIP guidelines require including upstream strategies in CHIPs.

**Actions:** LHDs engaged community through events where participants helped prioritize issues for the CHIP based on data collected in the CHA and assessed the impact and type of prevention strategies needed to address each issue. LHDs and CBOs used tools including asset inventories and fishbone diagrams to identify root causes of priority issues and develop upstream strategies to address them.

**Outcomes:** CHIPs were designed in partnership with community and emphasized upstream prevention and health equity.

**Lessons learned:** Use tools such as asset inventories and fishbone diagrams to generate upstream strategies. Establish clear criteria and inclusive decision-making processes.

**See presentation here (slides 16-31):** [CHIPs CPLP 2024](#)

***Asset inventories and fishbone diagrams can inform the development of upstream strategies to address health inequities.***

### 3. Partnering with Managed Care Plans (MCPs) for Upstream Prevention

**Issue:** In 2024, the Department of Health Care Services (DHCS) directed MCPs to collaborate with LHDs to prepare CHAs/CHIPs.

**Actions:** Some MCPs are already engaging in upstream prevention, including Kaiser's Health, Housing, and Justice Initiative. One LHD began working with MCPs in their county by choosing goals focused on relationship building rather than outcomes for the 2024 MCP-LHD Collaboration Worksheet required by DHCS. This included meetings where both parties discussed new joint CHA/CHIP requirements and made commitments to join a local coalition. Subsequent discussions identified how the MCPs would contribute resources to the process and measurable outcomes for MCP investments in CHIP priorities.

Another LHD began working with local MCPs by integrating LHD and MCP reporting requirements with DHCS's Bold Goals. The resulting MOU formalized their collaborative relationship including data sharing and joint workplans to meet Bold Goals. This process led to the development of a joint Health Equity Agenda that included interventions for air quality, data disaggregation, and development of metrics centered on the social determinants of health.

**Outcomes:** Emerging and established relationships between LHDs and MCPs, data sharing agreements, joint projects focused on upstream prevention and health equity were established. One MCP reports thousands of evictions prevented and members accessing housing related legal services.

# 3. Partnering with Managed Care Plans (MCPs) for Upstream Prevention

## Lessons learned:

- Relationship building between MCPs and LHDs is fundamental and must precede collaborative planning.
- MOUs to formalize partnerships and data sharing are essential.
- Begin by developing workplans that help LHDs and MCPs meet their respective reporting requirements, and then establish novel approaches to working together to address the social determinants of health.
- Local health plans are often part of a bigger health system, and it can be difficult for them to get buy-in for local collaborative efforts from their health system.
- MCPs can provide valuable upstream interventions for their members, and most need expertise and technical assistance from LHDs and others to do upstream work.

## See presentations here:

- 1) [MCP/LHD CPLP 2024 Kaiser](#)
- 2) [MCP/LHD CPLP 2024 CalOptima](#)
- 3) [MCP/LHD CPLP 2024 SCPHD](#)
- 4) [MCP /LHD CPLP 2024 MPHD](#)

***Strategic MCP-LHD collaboration on CHAs and CHIPs can support future investments in improving the SDOH in communities.***

## 4. LHD Systems Change to Support Upstream Partnerships with CBOs

**Issue:** LHDs often face challenges in contracting with smaller CBOs.

**Actions:** LHDs improved procurement processes by:

- Providing early milestone-based reimbursement.
- Providing technical assistance to CBO partners before and during the contracting process.
- Engaging multiple county departments, including financial management and city/county attorney's office to work collaboratively to change contracting practices with small organizations who have historically been left out of local government grant opportunities.
- Establishing criteria to help make hard decisions.

**Outcomes:** LHDs reported strengthened CBO relationships and an increased number of proposals from CBOs who had never applied for funding. CBOs reported better accounting systems, improved program planning, enhanced evaluations, and new opportunities for partnerships.

**Lessons learned:** Collaboration across departments at LHDs and capacity-building for CBOs can be key to establishing new contracting processes for smaller CBOs.

**See presentations here:**

- 1) [Systems Change CPLP 2024 SFPHD](#)
- 2) [Systems Change CPLP 2024 LBPHD](#)

***Tailored technical assistance can lead to successful contracts with small CBOs.***

## 5. Promoting Policy, Systems, and Environmental (PSE) Changes in Cities

**Issue:** City leaders can be involved in implementing upstream prevention strategies but often do not have local data for planning or resources for implementation.

**Actions:** The LHD assessed the priorities of city staff and local elected officials and developed a Healthy Cities Policy Dashboard with data and best practices in upstream prevention including:

- Tobacco retailer licensing.
- Support for active transportation programs.
- Support for city employee wellness programs.
- Forestry plan updates.
- Climate action planning.

The LHD provided technical assistance and funding for cities to adopt policies in these areas and publicly recognized their achievements.

**Outcomes:** Increased adoption of city policies related to active transportation, tobacco control, and climate action.

**Lessons learned:** Dashboards can illuminate policy issues from an array of data. Technical assistance and funding are critical for local policy adoption and implementation. Public recognitions, awards, and incentives for cities help drive policy change.

**See presentation here:** [PSE Cities CPLP 2024](#)

*A policy dashboard of upstream prevention strategies can be a useful tool to advance PSE change in local governments.*