CALIFORNIA PREVENTION LEADERSHIP PROJECT

CALIFORNIA PREVENTION LEADERSHIP PROJECT

2025 BEST PRACTICES

CALIFORNIA PREVENTION LEADERSHIP PROJECT

The California Prevention Leadership Project (CPLP) brings together public health leaders working to strengthen local health jurisdiction (LHJ) capacity to prevent disease earlier and address the underlying causes of health inequities. The Project seeks out best practices from LHJs around the state, including urban, rural and small jurisdictions representing the diversity of California. These practices are shared at quarterly Leadership Team meetings, which also include discussions and presentations from community and government partners and policy and prevention experts.

2025 STRATEGIC DIRECTION AND BEST PRACTICES

In 2025, CPLP meetings focused on supporting Local Health Jurisdiction (LHJ) and Medi-Cal Managed Care Plan (MCP) investments in upstream, primary prevention strategies identified in Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs). CPLP featured the following best practices.

ACKNOWLEDGMENTS

CPLP gratefully acknowledges the contributions of all participating members and presenters. Their commitment, collaboration, and innovation in upstream prevention made this work possible.

Special recognition is extended to:

- Local Health Officers, Public Health Directors, and senior public health leaders across California
- Community partners and coalitions who co-designed and implemented CHIPs
- External advisors, including the Berkeley Media Studies Group
- Co-Chairs Sara Bosse and Dr. Ed Moreno, and Staff members

CPLP also thanks all participants who shared data, stories, and lessons learned throughout 2025, helping to advance a statewide culture of prevention and equity.

California Prevention Leadership Project 2025 Best Practices prepared by Lindsey McDermid and Tracey Rattray. Graphic design by Kiara Gonzaez Garcia. For more information, contact lindsey@chronicdiseaseleadershipproject.com or visit the website at http://www.chronicdiseaseleadershipproject.com.

This document is being shared for input and may be revised as feedback is received and incorporated.

CONTENTS

Developing & Implementing CHAs & CHIPs with a Robust Upstream Focus

I. OVERVIEW

Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) are foundational tools for advancing upstream prevention. In 2025, the California Prevention Leadership Project conducted an analysis of California CHIPs to better understand how local health jurisdictions (LHJs) are prioritizing upstream strategies.

II. KEY FINDINGS: UPSTREAM PREVENTION IN CHIPS

- While access to health care, behavioral health care, and substance use treatment remain common strategies, **social determinants of health (SDOH)** strategies appear more than twice as often, reflecting a statewide shift toward upstream prevention.
- Most CHIPs include upstream priorities such as healthy food and physical activity access, affordable housing, and substance use prevention.
- Fostering community partnerships is a top priority and the third most prevalent CHIP strategy statewide.
- See the **2025 Analysis of Local Strategies to Improve Community Health** to learn more.

III. BEST PRACTICES FOR DEVELOPING & IMPLEMENTING UPSTREAM CHAS/CHIPS

- **Ask Upstream-Focused Questions:** Frame surveys around SDOH (e.g., "what makes it easier or harder to be healthy?") to surface upstream priorities (**SLO**).
- **Use and Share Disaggregated Data:** Fresno and **Riverside** mapped census-tract–level data related to food access, transportation, and care gaps. Sacramento used eviction dashboards and the Healthy Places Index to guide upstream investments and MCP collaboration.
- **Braid Programs and Funding:** Integrate upstream priorities into existing county initiatives and leverage braided funding to sustain strategies.
- **Apply Population Health Tools:** Use tools such as **Madera's asset inventory** to move beyond individual-level interventions toward policy, systems, and environmental (PSE) strategies.
- **Strengthen State-Local Alignment:** Ongoing California Department of Public Health (CDPH) and Department of Health Care Services (DHCS) collaboration supports LHJs as anchor entities for population health assessments, with a glide path toward aligned LHJ-MCP assessments by 2028–2029 through technical assistance, webinars, and convenings. **View the Office of Policy & Planning's CHA/CHIP presentation**.

See **CPLP's Featured Best Practices 2024** for more examples.

Strengthening Partnerships with MCPs & other Key Partners

I. OVERVIEW

DHCS guidance now requires MCP participation in LHJ CHA/CHIP cycles, inclusion of County Behavioral Health Departments, and MCP contributions of funding and/or in-kind staffing. MCPs are also required to invest a portion of profits in improving SDOH and reducing health disparities.

II. BEST PRACTICES FOR LHJ–MCP PARTNERSHIPS

Data Sharing

- Develop shared SMART goals aligned with MCP requirements (e.g., HEDIS). Fresno and Inyo partnered with MCPs using public health data to co-develop immunization goals, leading to MCP investments in CHIP implementation.
- Use census-tract and population-level data to drive MCP investment (Fresno, Inyo, Riverside).
- Incorporate Healthcare Effectiveness Data and Information Set (HEDIS) metrics and link program data (e.g., WIC) for targeted, upstream alignment.
- Santa Barbara demonstrated the value of real-time, geographically precise data for actionable decision-making.

Securing Funding

Negotiate MCP investments to match LHJ or community in-kind contributions.

- Riverside leveraged multiple sources, including from MCPs, toward a $40M Blue Zones initiative.
- Fresno quantified $11M in LHJ staff investments, resulting in MCP commitments of $7 per-member-per-month (PMPM) and $2 PMPM to support CHIP development, a Community Health Worker Network, and a Community Information Exchange focused on youth suicide prevention.
- SLO engaged MCPs early through CHIP steering committees, resulting in direct funding for CHIP implementation.
- Sacramento leveraged DHCS's collaboration worksheet to secure $800K in MCP funding.

Community Reinvestement Funds (CRF)

- Beginning in 2025, LHJs and Behavioral Health Departments must be included in MCP Community Reinvestment planning.
- DHCS Community Reinvestment Funds are directed toward upstream initiatives that improve health outcomes, equity, and well-being by investing in neighborhoods, the workforce, local communities, priority populations, and areas where MCPs underperform.
- Engage MCPs, CBOs, and community stakeholders early to align Community Reinvestment with CHA and CHIP priorities (Fresno, Riverside, Sacramento).

Lessons Learned

- Start small with shared goals and build momentum.
- Formal data-sharing agreements are not always necessary to begin collaboration.
- Learn and use shared language (e.g., HEDIS metrics and the 10 Essential Public Health Services).
- Prioritize consistent engagement beyond quarterly meetings to address staff turnover and complex partnerships.
- Publicly acknowledge MCP contributions.
- Plan proactively for Community Reinvestment to support CHIP implementation.

III. BEST PRACTICES FOR PARTNERING WITH INSTITUTIONS: LOCAL GOVERNMENT, HEALTH SYSTEMS, & EDUCATION

- **Policymakers:** Boards of Supervisors and city councils supported CHIP priorities through discretionary funding allocations, declarations of racism as a public health crisis, and adoption of CHIP goals (Napa, Sacramento).
- **County Departments:** LHJs leveraged categorical funds (e.g., Maternal Child Health, opioid settlement, tobacco settlement, behavioral health services, and American Rescue Plan Act) to implement CHIP strategies (Napa, Inyo).
- **Health Systems:** Napa partnered with hospitals to conduct CHAs using mixed quantitative and qualitative, bilingual, human-centered design approaches.
- **Schools and Universities:** Partnerships with schools and universities helped advanced Safe Routes to School, bike and pedestrian infrastructure, and nutrition and physical activity programs (Santa Clara, SLO).

Lessons Learned

- Elected officials can be powerful champions for upstream investments.
- Balancing community priorities with political timelines is challenging.
- Leveraging staff time and categorical funding across departments strengthens CHIP implementation.

Engaging Communities Meaningfully in CHIP Development & Implementation

I. OVERVIEW

Authentic community partnership is central to upstream prevention and equity. LHJs emphasized shifting from consultation to shared power, investing directly in CBO capacity, and using community-led and place-based approaches to ensure CHIPs reflect lived experience and address root causes of inequities.

Community engagement is a public health priority, reinforced by DHCS guidance encouraging MCPs and LHJs to incorporate diverse community perspectives in health planning. Relationships built during COVID-19 strengthened CBO engagement in CHA/CHIP development.

II. BEST PRACTICES/LESSONS LEARNED

- **Direct investments in CBOs** build capacity and sustainability (Napa: $10M contracts; Sacramento: $1.3M subcontracts; Shasta: coalition-of-coalitions model).
- **Community Co-Design:** Co-create priorities with residents and partners to ensure relevance and sustainability. Napa, San Luis Obispo (SLO), and Shasta used surveys, human-centered design, and co-leadership models supported by inclusive coalitions and steering committees.
- Serve as a **backbone organization to support community-led coalitions** using a human-centered design approach to understand the needs of the community from the community's perspective, address root causes, incorporate county systems, and use continuous testing and refinement of goals. (Napa)
- Use **place-based strategies** informed by the Healthy Places Index. (Sacramento)
- **Move at the speed of trust:** In Sacramento a coalition of community members, CBOs, public sector employees, and industry stakeholders partnered to guide and implement the CHIP. The foundational principles of this coalition included: "Nothing about us without us" and "Community-Led, County-supported", which reflected the community-owned process developing the CHIP. Their "mile deep, inch wide" approach involved using the Healthy Places Index to identify a small geographic area with deep inequities as a focus for the CHIP. Moving at the speed of trust required time, commitment, consistency and transparency.
- **Acknowledge contributions:** Honor community input by sharing resident quotes and feedback publicly (SLO).

Lessons Learned

- Large counties may need to coordinate multiple coalitions.
- Some priorities fall outside the scope of LHJs, requiring strong partnerships.
- Invite MCPs to community partner meetings.
- Seek the support of existing local coalitions.

Securing Funding for Upstream Priorities

I. OVERVIEW

With growing emphasis on upstream prevention and increasing volatility in federal and state funding, LHJs are strategically braiding diverse funding sources to sustain CHIP priorities. In 2025, LHJs shared approaches for leveraging MCP investments, state and local categorical funds, and other revenue to maintain momentum despite funding cuts.

Example Funding Sources Used by LHJs to Implement Upstream CHIP Strategies

- Managed Care Plan (MCP) Funding, including per-member-per-month (PMPM) investments and CHIP implementation support
- Planning for MCP Community Reinvestment Funds
- Future of Public Health (FoPH) Funding
- California Strengthening Public Health Initiative (CASPHI)
- Maternal, Child, and Adolescent Health (MCAH / MCH)
- Mental/Behavioral Health Services Act (BHSA / MHSA)
- Opioid Settlement Funds
- Tobacco Master Settlement Agreement (MSA) Funds
- Substance Use Block Grants
- Health Realignment Funds
- American Rescue Plan Act (ARPA)
- Child Abuse Prevention, Intervention, and Treatment (CAP-IT)
- Climate and built environment grants
- Local discretionary, realignment, and general funds
- Local policy-generated revenues (e.g., sugar-sweetened beverage taxes)

II. BEST PRACTICES TO SECURE FUNDING FOR UPSTREAM PRIORITIES

- Embed upstream priorities across multiple funding streams to reduce reliance on any single source.
- Clearly define scopes of work for MCP, grant, and categorical funding to support policy, systems, and environmental (PSE) strategies.
- Leverage MCP and health system investments to advance upstream prevention tied to CHA/CHIP priorities.
- Share local impact stories to demonstrate return on investment and justify sustained funding.

Adapting to Funding Shifts: Advancing Nutrition & Physical Activity Without SNAP-Ed

I. OVERVIEW

- Federal funding for the Supplemental Nutrition Assistance Program–Education (SNAP-Ed) was eliminated in 2025, creating a significant gap in long-standing, evidence-based nutrition and physical activity (NPA) prevention infrastructure across California. This loss disproportionately impacts communities of low income and some communities of color, where poor nutrition, food insecurity, and limited opportunities for physical activity remain major drivers of preventable chronic disease and premature mortality.
- Despite the loss of SNAP-Ed, LHJs emphasized that **the need for upstream nutrition and physical activity strategies has not diminished**. Rather, the current funding environment requires LHJs to adapt by embedding NPA strategies into broader policy, systems, and environmental (PSE) efforts, aligning nutrition and physical activity with cross-sector priorities such as climate resilience, behavioral health, transportation, education, and health care transformation.
- CPLP's final 2025 meeting highlighted how LHJs are sustaining upstream NPA strategies through PSE approaches.

II. BEST PRACTICES FOR ADAPTING TO FUNDING SHIFTS FOR NUTRITION & PHYSICAL ACTIVITY

- **Health in All Policies:** Embed nutrition and physical activity into the built environment, Safe Routes to School, climate, and transportation initiatives.
- **Policy Solutions:** Institutionalize change through policy, such as Contra Costa's youth-led healthy checkout ordinance.
- **Systems & Workforce:** Use train-the-trainer models (Santa Clara's Smarter Lunchrooms, CATCH, Good Food Purchasing) to ensure sustainability beyond grants.
- **Health Care Partnerships:** Align with Food as Medicine and physical activity prescription models through partnerships with Federally Qualified Health Centers (FQHCs) and health systems.
- **Equity & Community Leadership:** Center youth and community-led advocacy to maintain equity-focused upstream prevention (Contra Costa).

See CPLP Nutrition and Physical Activity presentations.

Investing in the Workforce to Implement Upstream Strategies

I. OVERVIEW

Building internal capacity is critical for LHJs to successfully implement CHIP priorities and advance upstream prevention. Many LHJs face a mismatch between available funding, workforce structures - often siloed within categorical programs - and the comprehensive skills needed to address population-level health challenges. Strengthening workforce capacity ensures that LHJs can operationalize upstream strategies effectively, align with partners, and sustain prevention initiatives over time.

Strengthening a prevention-focused workforce includes designing scopes of work that are population-focused, actionable, and flexible, enabling LHJs to respond to community needs, funding shifts, and evolving policy landscapes. Scopes of work should prioritize root causes through equity-focused policy, systems, and environmental approaches, and include measurable outcomes.

II. BEST PRACTICES

- **Dedicated Teams and Embedded Roles:** Implement CHIP priorities through specialized teams and embedded staff roles focused on upstream strategies (e.g., SLO Healthy Neighborhoods, Mental Health/Substance Use integration).
- **Program Planning Tools and Training:** Use frameworks such as Madera's program planning tool to train staff on upstream approaches and integrate policy, systems, and environmental (PSE) strategies.
- **Integrated Models:** Leverage models like *Live Well San Diego* (used by Humboldt) to promote coordinated, upstream approaches across programs.
- **Institutionalize Upstream Prevention:** Embed upstream priorities into job descriptions, performance evaluations, and program responsibilities to ensure sustainability and accountability.
- **Collaborative Scopes of Work:** Co-create scopes of work and reporting templates with MCPs to align expectations, define measurable outcomes, and operationalize CHIP priorities (SLO).
- **Flexibility and Adaptation:** Continuously refine scopes of work to reflect community input, funding changes, and policy shifts.
- **Examples of Implementation:**
  - Sacramento operationalized priorities using eviction dashboards, food systems mapping, and mini-grants.
  - SLO worked with MCP CenCal to fill a 7% Future of Public Health funding gap, receiving $150K. The scope of work was the CHIP, co-created with the MCP, with progress reported through a six-month custom template.
- **Training Investments:** Provide ongoing professional development in policy development, community engagement, cross-sector coordination, and data-driven decision-making.

Using Data to Illuminate Root Causes & Measure Upstream Progress

I. OVERVIEW

Traditional performance measures such as HEDIS are important but function primarily as lagging indicators, reflecting outcomes after health conditions have already developed. Advancing upstream prevention requires timely, actionable, and population-level data that can identify root causes, guide policy and systems change, and support real-time decision-making across sectors.

II. BEST PRACTICES

- **Integrate Multiple Data Sources:** Combine community-level, census-tract, clinical, and cross-sector datasets to inform needs assessments and upstream policy decisions.
- **Balance Leading and Lagging Indicators:** Use HEDIS alongside leading indicators that capture changes in conditions, access, and environments (Santa Barbara).
- **Prioritize Actionable Data:** Focus on data that can directly inform decisions, investments, and course corrections rather than producing static reports.
- **Place-Based Analytics:**
  - Riverside developed population-based registries to target interventions and define clear denominators and numerators for measuring population impact.
  - Fresno mapped transportation and food access gaps to inform city planning and policy decisions.
  - Sacramento used the Healthy Places Index and eviction dashboards to guide upstream housing and food system investments.
- **Cross-Sector Data Integration:** Santa Barbara's social care hub model links clinical and social data to support a more holistic approach to population health.
- **Shared Measurement:** Regularly share actionable data with MCPs, health systems, CBOs, and community partners to align strategies and investments.
- **Casemaking and Return on Investment (ROI):** Connect data to program and policy outcomes to demonstrate ROI and strengthen funding negotiations.
- **Participatory Data Tools:** Use surveys, the Mobilizing for Action through Planning and Partnerships (MAPP) process, the Seven Vital Conditions framework, and other community-informed methods to ensure data reflects lived experience and community priorities.

Effective Communication for Upstream Prevention

I. OVERVIEW

Effectively communicating the value of upstream prevention is essential for sustaining political will, funding, and partnerships. In 2025, CPLP highlighted strategies to frame prevention in ways that resonate with diverse audiences, connect to shared values, and make the benefits of upstream action visible.

II. BEST PRACTICES

- **Use Plain Language:** Communicate in clear, accessible terms (e.g., "disease and death" instead of "morbidity and mortality") to ensure messages resonate beyond public health audiences.
- **Lead With Shared Values:** Ground messages in dignity and fairness - core values that connect upstream prevention to messaging that communities care about.
- **Frame Solutions Clearly:** Use a **Problem → Solution → Why It Matters** structure to show how upstream strategies address root causes and improve daily life.
- **Tell Stories, Not Just Statistics:** Pair data with stories that illustrate public health values and real-world impact. Audiences are more persuaded by narratives that show how policies and programs affect families, workers, and communities.
- **Lift Up LHJ Stories:** Share local success stories across the state to reinforce public understanding, normalize upstream approaches, and build momentum for policy and systems change.
- **Highlight Ripple Effects Across SDOH:** Emphasize how upstream investments benefit entire communities, not just direct participants. Example: SNAP benefits support children's health and school readiness while also strengthening local economies and employment - benefits that are often invisible without intentional storytelling.
- **There are no "Magic Words":** Tailor messages to the audience, messenger, and context. Effective communication varies for MCPs, policymakers, and residents.
- **Break the Spiral of Silence:** Proactively communicate successes, progress, and unmet needs rather than waiting for crises or opposition to define the narrative.
- **Use Metaphors to Simplify Complexity:** Analogies such as "public health as a fire department" help explain prevention in intuitive, relatable ways.
- **Ground Messages in Local Evidence:** Use CHA and CHIP data, alongside community stories, to demonstrate relevance, credibility, and impact.
- **Audit for Jargon and Inclusion:** Regularly review materials to remove technical language and test inclusive framing (e.g., "opportunity" or "conditions for health").
- **Build Staff Capacity:** Practice storytelling, role-playing, and message testing so staff can confidently communicate upstream work in diverse settings.
- **Link Communication to Measurement:** Connect narratives to measurable indicators and outcomes to strengthen accountability, funding justification, and policy support.

Access communication resources for upstream prevention.

CLOSING

2025 SUMMARY

In 2025, the California Prevention Leadership Project elevated best practices from LHJs navigating new opportunities and challenges in developing and implementing upstream priorities in CHIPs. Workforce investments, data-driven decision-making, effective communication, and stronger partnerships with MCPs, policymakers, county departments, and CBOs emerged as central strategies. As funding landscapes continue to shift, these lessons position LHJs to sustain and expand upstream, equity-centered approaches statewide.

LOOKING AHEAD TO 2026

Building on the successes of 2025 invovles strengthening partnerships with MCPs, behavioral health, CBOs, schools, and health systems while sustaining community engagement. Real-time, actionable data will guide decisions, track progress, and highlight the value of upstream work. As funding streams evolve, creativity and strategic alignment of resources will be essential, along with clear communication of the ripple effects of prevention efforts to policymakers, funders, and the public. Staying adaptive, reflective, and community-centered allows continuous learning and expansion of the reach and effectiveness of prevention strategies.

CALIFORNIA
PREVENTION
LEADERSHIP
PROJECT