



CCLHO Annual Conference
October 15, 2025

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CALIFORNIA PREVENTION LEADERSHIP TEAM UPDATE

- **Purpose:** Strengthen local health department capacity to lead upstream strategies that prevent disease.
- **Our 2024-25 Progress:** Supporting investments in upstream Community Health Improvement Plan priorities.
- **Looking ahead:** Investing in upstream nutrition and physical activity.

CALIFORNIA PREVENTION LEADERSHIP TEAM OVERVIEW

Who we are: Joint CCLHO and
CHEAC collaboration

- Senior leaders from 25+ LHDs
- Regional public health organizations
- CDPH leadership
- Community Public Health Partners

Quarterly meetings to elevate
best practices in diverse settings



CHEAC Co-Chair
Sara Bosse, MBA,
Public Health Director
Madera County

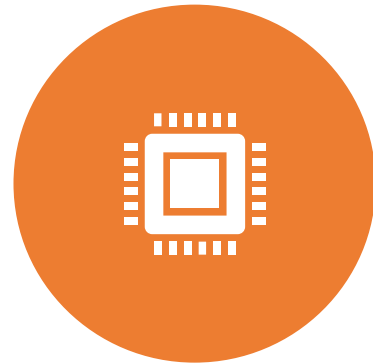


CCLHO Co-Chair
Edward Moreno, MD, MPH
Health Officer, Public Health Director
Monterey County

CALIFORNIA PREVENTION LEADERSHIP TEAM 2024-25 STRATEGIC DIRECTION

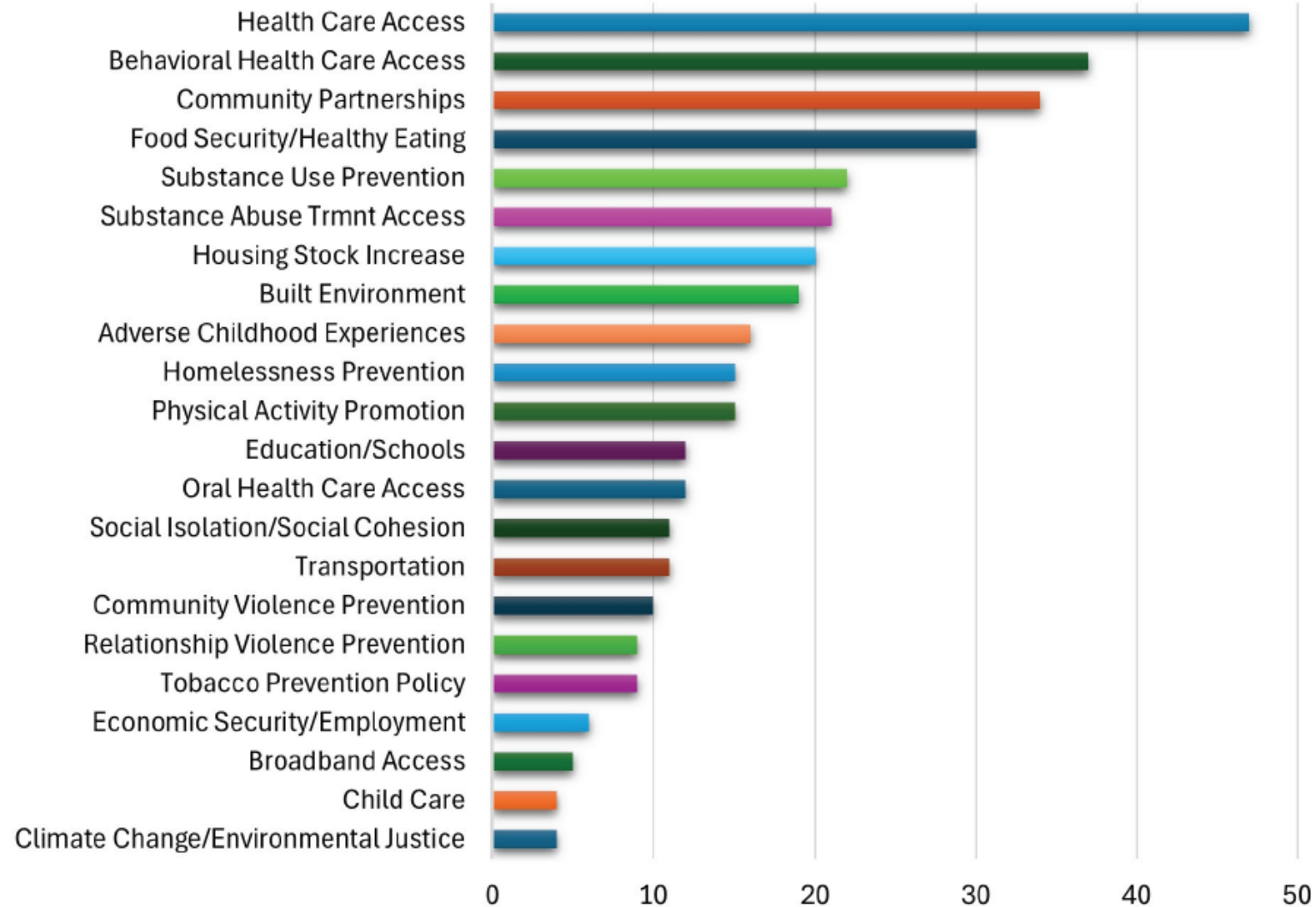
Support Local Health Jurisdiction and Managed Care Plan investments in upstream, primary prevention approaches highlighted in local Community Health Assessments and Community Health Improvement Plans.

Support Local Health Jurisdiction/Managed Care Plan investments in upstream, primary prevention approaches highlighted in local CHAs and CHIPs.

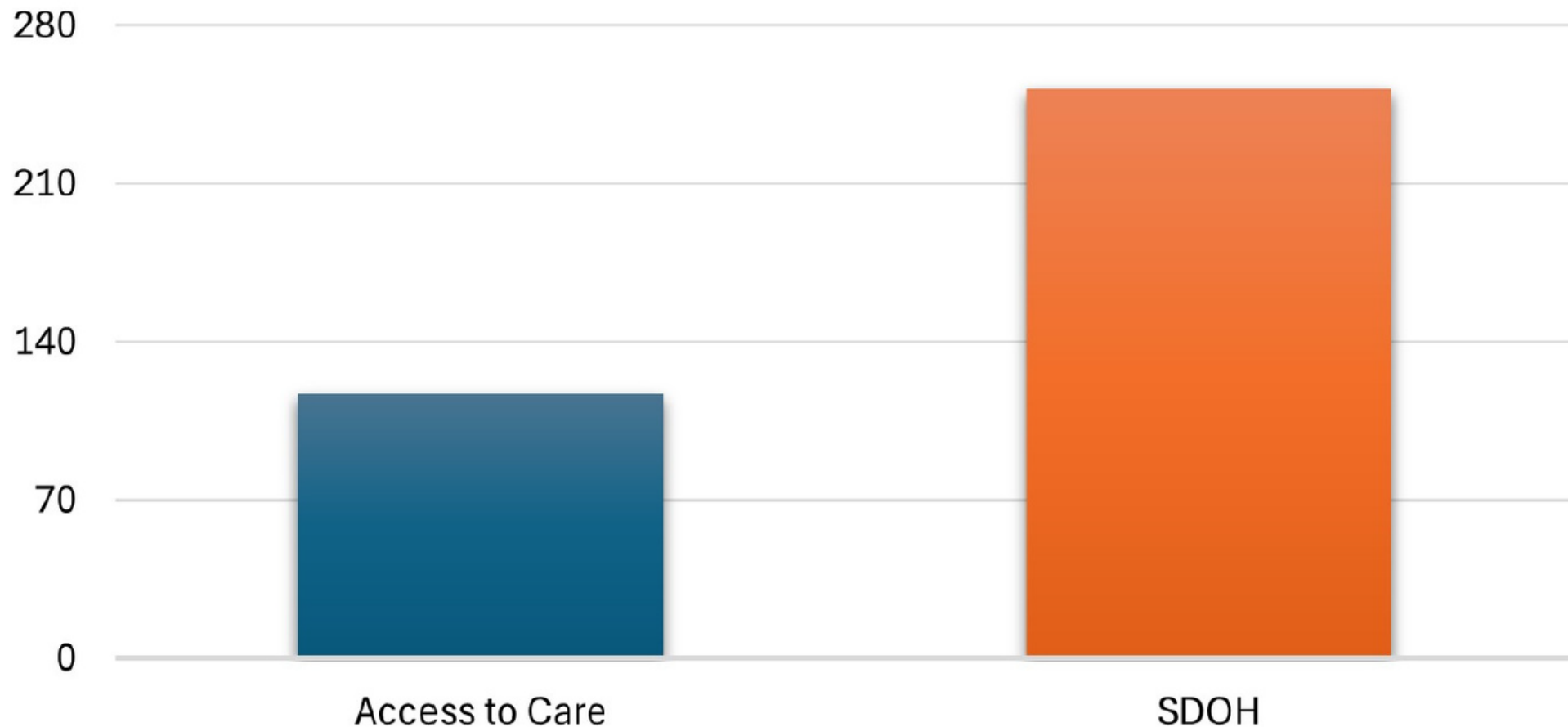


First: do Community Health Improvement Plans address upstream, primary prevention approaches (e.g., lack of access to healthy, affordable food, economic opportunity, etc.)?

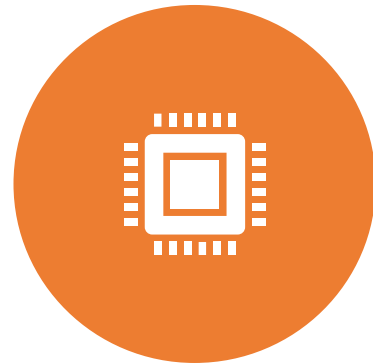
Leading Strategies in California CHIPs 2015-2029



Number of CHIP Strategies Focused on Access to Care vs Social Determinants of Health (SDOH)



Support Local Health Jurisdiction/Managed Care Plan investments in upstream, primary prevention approaches highlighted in local CHAs and CHIPs.



Second: How are LHJs/MCPs investing in the upstream, primary prevention approaches in CHIPs?

How are LHJs/MCPs investing in upstream, primary prevention approaches in CHIPs?

California Prevention Leadership Team Meeting Highlighted Examples 2024-2025



Structuring the workforce for upstream prevention

San Luis Obispo



Leveraging internal funding for upstream work

Monterey, Napa



Leveraging governmental structures to advance PSE change

Riverside



Securing external support for upstream prevention

Fresno, Inyo, Madera, Riverside, Sacramento, San Luis Obispo, Partnership Health Plan



Equipping community partners for upstream prevention

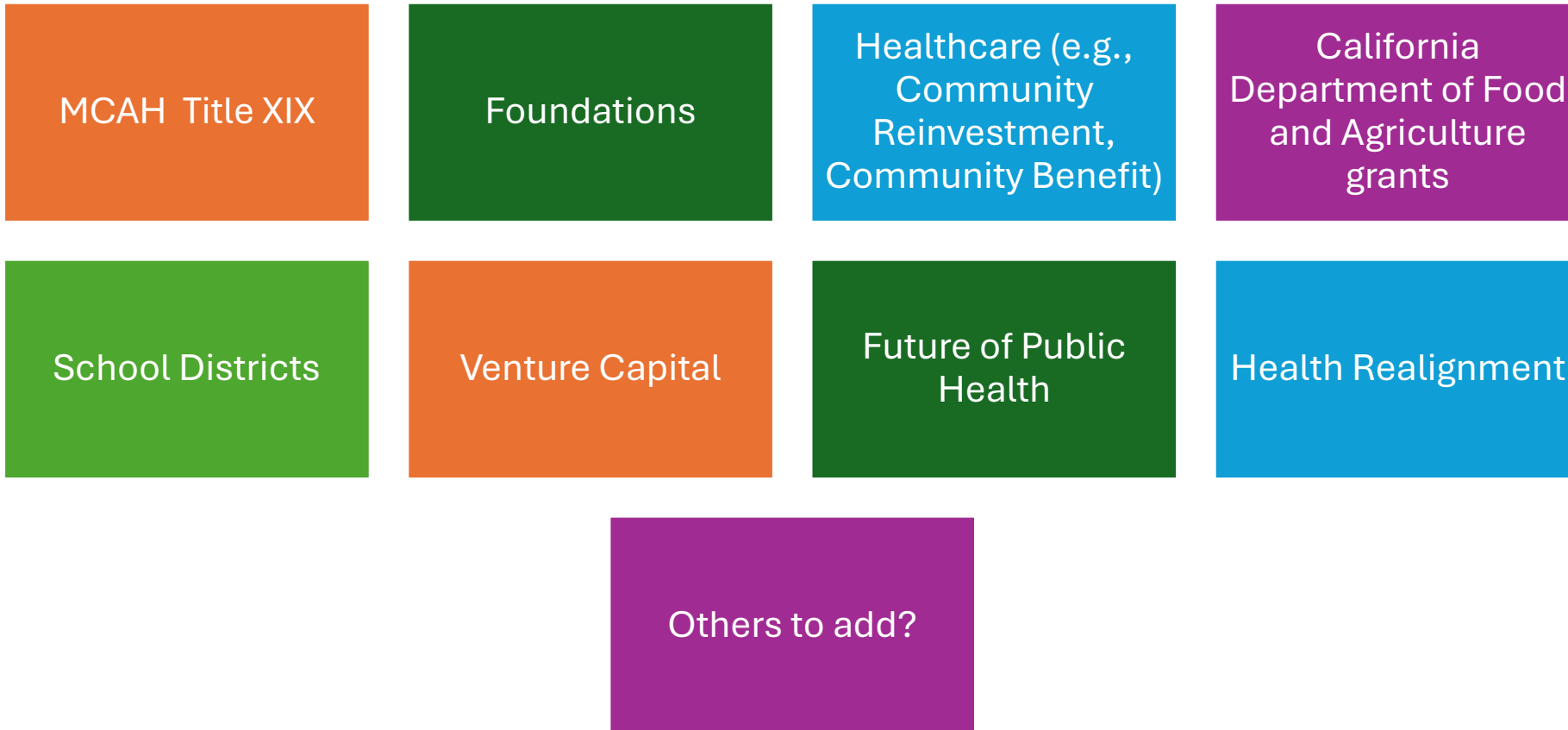
Long Beach, San Francisco

BUILDING A BIGGER TABLE: Strengthening Local Health Department Leadership in Upstream Nutrition



Advancing Upstream Nutrition and Physical Activity in LHJs

Leadership Team survey: Example Funding Mechanisms for LHJs sustaining Nutrition & Physical Activity efforts



Advancing Upstream Nutrition and Physical Activity in LHJs: Tools

What key actions would move the needle for upstream nutrition and physical activity?

Berkeley Media Studies Group – Accelerating Policy on Nutrition

Size Upstream

To the degree possible/appropriate, incorporate and prioritize interventions as upstream as possible. Upstream interventions prioritize 1) primary prevention, then 2) secondary interventions (early diagnosis and treatment), and finally 3) tertiary interventions (reduce the impacts of disease after diagnosis). Upstream interventions are principally at the organizational, community, and public policy level as opposed to the individual and interpersonal levels. See the Social Ecological Model.

	Individual	Interpersonal	Organizational	Community	Public Policy
Primary					Upstream
Secondary					
Tertiary	Downstream				

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Program Innovation & Planning Tool

Madera Asset Inventory, Program Innovation and Planning Tool

Health Equity Investment Framework Application Tool

Equity Investment Framework Application Tool (October 2022)

CONDITION OF INTEREST

CONTRIBUTING FACTORS

What are the contributing factors to the disproportionate impact of the condition?

DATA

What data do you have to identify those most impacted and how would you center their voices to help prioritize strategies? Consider what gaps exist and how you might gather more data.

IMPACTS OF THE CONDITION

What does this condition cause? What are the outcomes as a result of this condition?

Long Beach Health Equity Investment Framework

California Prevention Leadership Team Resources

- **California Community Health Improvement Plans: An Analysis of Local Strategies to Improve Community Health**
- **Featured Best Practices 2024**
- **Coming soon: Featured Best Practices 2025**

chronicdiseaseleadershipproject.com

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**

CALIFORNIA COMMUNITY HEALTH IMPROVEMENT PLANS: AN ANALYSIS OF LOCAL STRATEGIES TO IMPROVE COMMUNITY HEALTH

INTRODUCTION

Community Health Improvement Plans (CHIPs), which are called strategic plans in some county and city local health jurisdictions (LHJs), include strategies that address health issues at the local level, usually over a span of three to five years. CHIPs are informed by community health assessments (CHAs) that identify local health needs and issues.

In 2024, California's Department of Health Care Services (DHCS) and Department of Public Health (CDPH) directed Medi-Cal managed care plans (MCPs) to collaborate with LHJs in preparing CHAs and CHIPs in the county/counties where the MCP operates. MCPs and LHJs will align their timelines to a unified three-year cycle and complete joint CHIPs by June 2029. We were interested in learning about the content of current and past CHIPs to help inform these new collaborative efforts.

METHODS

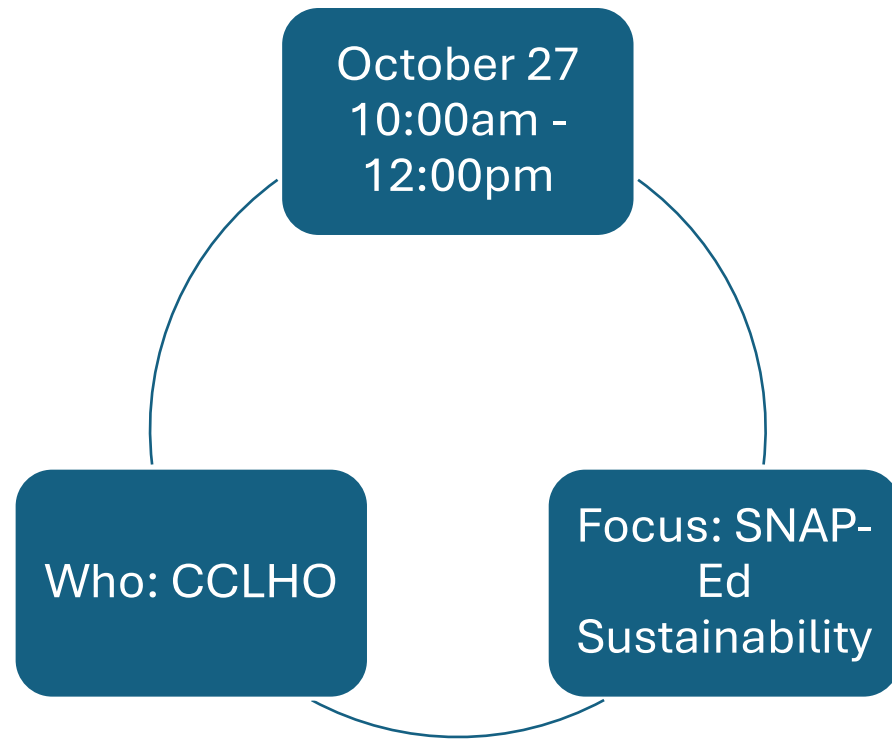
Our goal was to identify what strategies were prioritized to address local health issues in CHIPs across California. We searched for the most recent CHIPs available online and through inquiries at LHJ offices. As of April 1, 2025, we were able to locate CHIPs for 52 out of 61 LHJs, which represented health jurisdictions in 50 counties and two cities. The earliest start date for the CHIPs was 2015 and the latest end date was 2029. After initial review, we developed a coding system and corresponding definitions for the most prominent strategies found in the CHIPs, and on second review classified all these strategies. [See the list of strategies and definitions.](#)



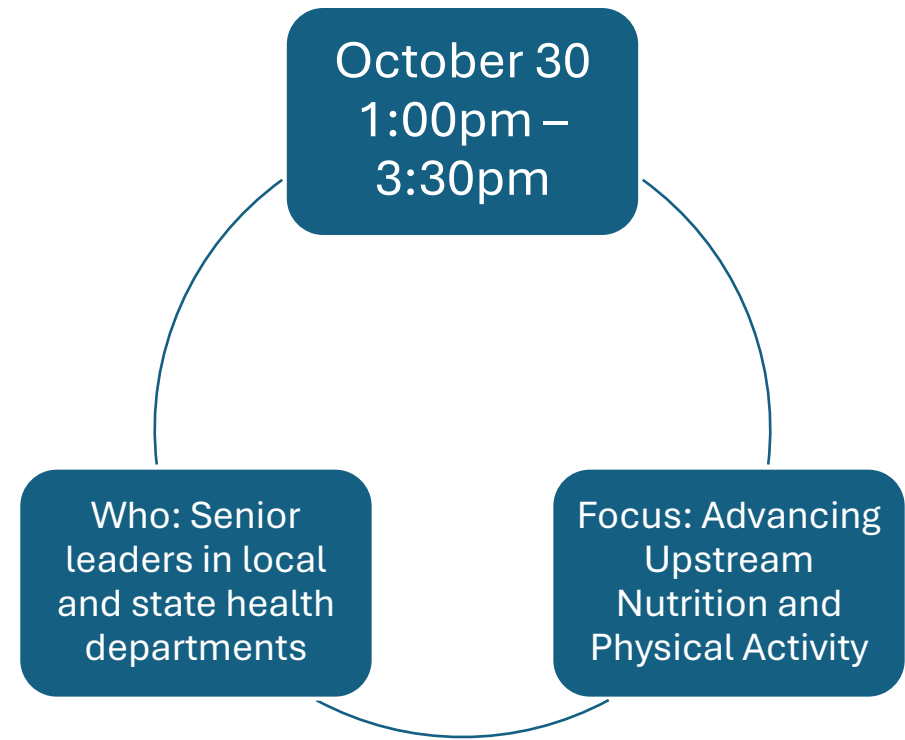
May 2025

Moving Forward

Coordination with CCLHO's Chronic Disease & Injury Prevention Committee



Quarterly California Prevention Leadership Team meeting



Thank you!



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Resources from today: <https://tinyurl.com/3yuuespj>