

# DOH-Walton & Walton Community Health Improvement Partnership (WCHIP) Community Health Improvement Plan (CHIP) 2013 - 2015

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During calendar years 2012 and 2013, the Walton Community Health Improvement Partnership (WCHIP) continued development of a Community Health Improvement Plan which would lead to a healthier future for the people of Walton County. Nearly 40 community partners were engaged in the community-wide, strategic planning process and ongoing partnership meetings to identify and prioritize public health and medical issues in Walton County. After development of a vision statement for the partnership and data review and analysis in spring of 2012 and 2013, participants identified the most important issues facing the community and listed strategic opportunities to improve the health of our community. The WCHIP partnership listed these priorities for the 2013 – 2015 Community Health Improvement Plan:

1. Improve healthy behaviors
2. Increase use of screening services, preventive services and / or primary care services
3. Increase awareness of local resources

Bi-monthly WCHIP meetings are alternated between Freeport and DeFuniak Springs. Participant agencies and organizations are encouraged to show support for the Partnership and Improvement Plan by continued engagement and activity. There have been challenges in development of a truly community-driven initiative. DOH-Walton is the lead agency for the MAPP process and is working to assure that we are truly listening to the discussion of our community partners. The process is time-consuming and resource-consuming; but even basic issues have been clarified and the group has developed a shared understanding. Attendance fluctuates and is at times inconsistent. Our intent remains constant: to mobilize community partnerships to identify and solve health problems. Our vision is clear:

**“A Healthy Walton Begins Today! Join the Movement!”**

## **Walton Community Health Improvement Plan – (CHIP) 2013 - 2015**

1. [Improve Healthy Behaviors Action Plan ... page 2](#)
2. [Increase Use of Screening Services, preventive services and / or primary care services...page 6](#)
3. [Increase Awareness of Local Resources ... page 8](#)

# DOH-Walton & Walton Community Health Improvement Partnership (WCHIP) Community Health Improvement Plan (CHIP) 2013 - 2015

Strategic Priority - Select One: <b>1. Improve healthy behaviors. (Crystal, Ewa)</b> 2. Increase use of screening services, preventive services and / or primary care services. 3. Increase awareness of local resources.			
Goal(s): 1.0 Increase healthy behaviors among Walton county residents.			
Strategies: 1.1 Promote a physically active lifestyle among Walton County residents. 1.2 Promote consumption of healthy foods as an alternative to their less-than-healthy options.			
SMART OBJECTIVE 1.1.1 By June 30, 2015, reduce the percentage of Walton County adults who are sedentary by 10%. 1.1.2 By June 30, 2015, increase the number of Walton County adults who use parks, clubs, and other facilities to exercise by 5%. 1.2.1 By June 30, 2015, increase the number of Walton County adults who consume at least 5 servings of fruits and vegetables each day by 5%. 1.2.2 By June 30, 2015, increase the number of worksites that request that vending machines have healthy snacks available for purchase by employees by 20%.			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
1. Develop list of physical activities (indoor / outdoor). a. Gather information on current location of activities. b. Gather list of indoor activities available to the public. c. Create a database / central storage for information. d. Designate someone to keep info current.	Crystal	Data base to keep up with info • Contact Dede to get on County website • Work with Walton Outdoors to have info on their page.	08.2014 WCHIP Meeting
<i>Update:</i> 3.28.14 Amended: this task has been removed from the plan.			
2. Promote activity list in the community. a. Promote Walking History in Freeport, DeFuniak Springs, Lakewood, (we can also include area of Eden Gardens, Grayton and Topsail State Parks. d. Work with DEP and Walton Outdoors with Geo Caching *Update* • 2 <sup>nd</sup> Geocaching meeting 7/16/2014	Ewa & Judea	Money for PSA's, radio spots. Help from PIO's to get information out	08.2014 WCHIP Meeting

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<ul style="list-style-type: none"> <li>• Need to develop education tools</li> <li>• Narrow down to parks in Walton County</li> <li>• Tie to physical activity</li> <li>• Earth Caching-partner with Brooke</li> <li>• Prescriptions used by clinic – add the geocaching information to back of them</li> </ul>			
<p><i>Update:</i> 3.28.14 Drafting a letter to community partners telling them where they can list their calendar events for free 3.28.14 Amended: there is no one activity list; workgroup 1 decided to develop a list of locations where community groups can list their calendar events for free</p>			
<p>3. Develop tool kit for worksites with vending machines to offer healthier snacks.</p> <ol style="list-style-type: none"> <li>a. Create training session about healthier choices.</li> <li>b. Develop handouts.</li> <li>c. Develop point of decision prompts so worksites can help to develop better habits.</li> <li>d. Contact local businesses, i.e., Chelco, WCSO, etc., to see if they want to participate.</li> </ol>	Ewa	<p>Paper for handouts / internet access Incentives for challenge Businesses interested in program</p>	01.2015 WCHIP Meeting
<p><i>Update:</i> 3.28.14 On Hold</p>			
<p>4. Pilot business tool kits.</p> <ol style="list-style-type: none"> <li>a. Have group do a survey.</li> <li>b. Give training.</li> <li>c. Start challenge.</li> <li>d. Survey at end of program</li> <li>e. Compare surveys.</li> </ol>	Ewa	Incentives for the groups to want to participate.	By 03.2015, have a group testing program
<p><i>Update:</i> 3.28.14 On Hold</p>			
<p>5. Work with Extension Office on Existing Programs</p> <ol style="list-style-type: none"> <li>a. News letter</li> <li>b. Freeze the Gain Challenge</li> <li>c. <del>Healthy Meals in a Snap</del></li> <li>d. Florida Seafood at Your Fingertips-Fall 2014</li> <li>e. Grilling Class-possibly in July 2014</li> </ol>	Ricki	Extension office to cover b/w printing and to cover costs. Need approximately \$450 to hold class. Nominal cost to participants	Ongoing – classes to be scheduled throughout the year.

Updated: 11.20.13; 3.17.14; 3.28.14; 4/24/14; 5/21/14; 6/16/14; 7/16/14

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<p>f. Fun with fruit – link with holiday crafts? Still a maybe later in the year</p> <p>g. Cooking Classes</p> <ul style="list-style-type: none"> <li>• summer salads 6/12/14 8 people attended</li> <li>• salsa 5/13/14 5-8 11 people attended</li> <li>• artisan bread 6/5/14 8 people attended</li> <li>• Fun with Figs, 8/12/14</li> </ul>			
<p><i>Update:</i> 3.28.14 Freeze the Gain Challenge-COMLETE; Dates added, above</p>			
<p>6. Work@Health Program</p> <p>a. worksite garden</p> <p>b. 5-2-1-0 Program – Emily Creasy working on posters</p> <p>c. Meditation room/garden</p> <p>d. Stair Challenge</p>	Crystal/Team		1.2015
<p><i>Update:</i> #6 Added 5.21.14</p>			
<p>7. Container Gardens</p> <p>a. Smoothies &amp; Container Gardens-South Walton Library, 6/17/14</p> <p>b. Grow It, Try It, Like It training Head Start – Ruth – ongoing (18<sup>th</sup> Street &amp; Chautauqua) Currently getting new seeds out to plant</p>	Ewa/Ruth/Ricki		Ongoing
<p>8. Quit Smoking Class</p> <ul style="list-style-type: none"> <li>• Just started new class on 7/15/2014 (12 people registered, 6 attending the first meeting)</li> <li>• Teaching healthy eating habits and physical activity during the meetings</li> </ul>			
<p><i>Update:</i> #7 Added 5.21.14</p>			

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#8 Added 7.16.2014

## Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

- Freeze the Gain completed with 119 participants
- 71 people attended the Fruits & Garden vegetable class
- People are attending the smoking classes

## Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

## DOH-Walton & Walton Community Health Improvement Partnership (WCHIP) Community Health Improvement Plan (CHIP) 2013 - 2015

Strategic Priority - Select One:			
<ol style="list-style-type: none"> <li>1. Improve healthy behaviors.</li> <li style="background-color: #e0e0e0;"><b>2. Increase use of screening services, preventive services and / or primary care services. (Holly, Kay)</b></li> <li>3. Increase awareness of local resources.</li> </ol>			
Goal(s): 2.0 Reduce diabetes morbidity and mortality.			
Strategies: 2.1 Promote early detection and screening for diabetes. 2.2 Promote the use of evidence based clinical guidelines to manage diabetes. 2.3 Increase use of existing diabetes management education and resources.			
SMART OBJECTIVE: 2.1.1 By June 30, 2015, increase the percentage of adults in Walton County that have had a test for high blood sugar or diabetes within the past three years 15%. 2.1.2 By June 30, 2015, increase the percentage of persons whose diabetes has been diagnosed from 10.0% to 12%. (As measured by the percentage of adults in Walton County who have ever been told by a doctor they have diabetes. There are approximately 2,248 adults in Walton County living with undiagnosed diabetes. Prevalence will increase until these adults are identified). 2.2.1 By June 30, 2015, increase the percentage of Walton County adults with diabetes who had two A1C tests in the past year from 55.1% to 60%. 2.3.1 By June 30, 2015, increase the percentage of Walton County adults with diabetes who ever had diabetes self-management education from 46.1% to 50%.			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
1. Designate four major Walton County Health Fairs to attend and WCHIP attendees (Chautauqua Festival, Sacred Heart, COPE, Diabetes month).	WCHIP Committee, Laura	WCHIP member	12.2013 <i>Completed</i>
<i>Update:</i> Completed, need list of health fairs			
2. Prepare healthcare booklets and distribute to attendees at health fairs and to local healthcare providers.	Kathryn, Jill, WCHIP members	Funding for printing booklets, WCHIP members to attend health fairs and distribute booklets to providers	01.2014 <i>Completed</i>
<i>Update:</i> Completed			
3. Provide healthcare screenings at designated health fairs.	WCHIP members	WCHIP members to provide health screenings, funding for screening supplies.	12.2014 <i>Ongoing</i>
<i>Update:</i> Ongoing. Will not participate in a summer health fair, but will participate in the COPE Health Fair in the fall. Additionally, group will have screenings available in the hospitals			

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and WCHC in November. Will also provide PSA's to local media in November covering diabetes. September, Diabetes/Health screening is planned at the Cope Health Fair. November, Diabetes/Health screening is planned at the Senior Spirit meeting at Sacred Heart and the DOH-Walton Lobby. Also looking into holding a health screening at Wal-Mart in DeFuniak Springs. \*Need volunteers to man booths please\*

4. Partner with Community Resource Leaders established in group 3 to provide outreach in their respective communities.	WCHIP members		06.2015
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*Update:*  
#4 added 5/21/14

### Evidence of Success (How will you know that you are making progress? What are your benchmarks?)

#### Healthcare Screenings:

*01/25/14: Event coordinated through "The Chautauqua Assembly". The weather was dismal and cast a damper on attendance of the festival at large. Our event was scheduled to operate from 10 am until 2 pm. The event was cut short by an hour due to poor participation. There were 12 participants in three hours: of that number about 50% were not local residents. Due to the small number of participants it is difficult to say what was accomplished – there were no clients that had unexpectedly high or low results. There was opportunity for improvement on internal coordination going forward – would suggest that each event going forward have a captain that is responsible for entire event with capacity to delegate. Some early effort needs take place regarding supplies namely glucometers and strips. I would also suggest developing a check list with actual items to be brought or obtained that delegates who is doing what. Last note: We need to evaluate which events we participate in to assure that we are actually reaching the correct audience – namely local residents that are not aware of their diabetic status. PanCare donated use of glucometers and strips for this event. The Walton Career development center provided LPN students to assist with this event and Robert Lowery a RN to BSN intern coordinated the student LPNs and provided information to participants. Letters of thanks will be sent to both PanCare and the Career Development Center.*

### Evaluation Process (How will you determine that the goal has been reached? What are your measures?)

## DOH-Walton & Walton Community Health Improvement Partnership (WCHIP) Community Health Improvement Plan (CHIP) 2013 - 2015

Strategic Priority - Select One:			
<ol style="list-style-type: none"> <li>1. Improve healthy behaviors.</li> <li>2. Increase use of screening services, preventive services and / or primary care services.</li> <li>3. <b>Increase awareness of local resources. (Bryan, Judea, Debora, Shayne, Ryan)</b></li> </ol>			
Goal(s): 3.0 Provide people with tools and information to make healthy lifestyle choices.			
Strategies: 3.1 Empower individuals and their families to develop and participate in health promotion programs through neighborhood associations, community coalitions, community groups, and faith-based groups. 3.2 Identify and help connect people to key resources for health care, education, and safe physical activity opportunities.			
SMART OBJECTIVE 3.1.1 By June 30, 2015, participation in health promotion programs through neighborhood associations, community coalitions, community groups, and faith-based groups will increase by 10%. 3.2.1 By June 30, 2015, awareness and use of key resources for health care, education, and safe physical activity opportunities will increase by 10%.			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i> <a href="http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/">http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/</a>	Timeline <i>By when? Month/day/yr</i>
1. Identify steps to measure success.	Goal 3 committee, WCHIP Steering Committee	Community Health Improvement Guide	12.18.13
<i>Update:</i> Completed			
2. Highlight communities that have been successful in promoting resources and evaluate their process.	"	List of other CHIP communities – Resources: <a href="http://www.fayrm.org">www.fayrm.org</a> and Gigi (Shayne's contact)	12.18.13
<i>Update:</i> Completed			
3. Develop protocol and description for the lead resource point person in each community.	"	Group discussion, Community Health Improvement Guide, Resource to Research: Community Outreach Information Network (COIN)	12.18.13
<i>Update:</i>			

## DOH-Walton & Walton Community Health Improvement Partnership (WCHIP) Community Health Improvement Plan (CHIP) 2013 - 2015

<i>Completed</i>			
4. Identify Walton County's individual communities to be able to distribute resource information.	"	County Precinct Map	11.20.13 Freeport 01.15.14 DFS
<i>Update: Completed</i>			
5. Assess and gather geographic locations and culture norms for each identified community.	"	Identified community list, focus group results on priorities and survey at same time. <i>This will be accomplished through the Focus Groups in the communities or by interviews completed by members of the Goal 3 committee with community resource leaders.</i>	05.21.14
<i>Update: Complete</i>			
6. Survey identified communities to pinpoint at least two lead point people or organizations in each community that can distribute resource information.	WCHIP Steering Committee	Community Health Improvement Guide, focus group facilitator training for WCHIP members, survey. May use media to advertise for "Community Resource Leader". <i>This activity is going to be achieved by holding a focus group in each of the targeted communities.</i>	05.21.14
<i>Update: June 5-6, 2014, held Community Empowerment Symposium and Focus Group Training in DeFuniak Springs. Twenty-eight (28) partners attended the 1 ½ day workshop. Evaluations were very positive. Carrie Foxhall, will contact churches seeking CRL, Shayne, Debora, Bryan will help.</i>			
7. Build a resource list of key point people in each identified community to distribute community resource information.	WCHIP Steering, Community Lead Point Person	Survey results, community resource list may include Commissioner, Polling places volunteers, churches, CERT, Fire Departments, etc. Memorandum of Understanding – WCHIP / Lead Resources  Not Started	06.30.14
<i>Update:</i>			
8. Create a database of communities, lead point people in that community, contact information, and the protocol / guidelines for each person to be able to distribute resources.	WCHIP Steering, Community Lead Point Person	Community accessible database  Not Started	08.31.15 and ongoing

Updated: 11.20.13; 3.17.14; 3.28.14; 4/24/14; 5/21/14; 6/16/14; 7/16/14

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*Update:  
Working on Inclusion criteria: Bryan, Tina, Judea, Latilda, Debora*

9. Present collected information to the WCHIP partners and provide collected information to the 211 program.	Goal 3 committee, WCHIP Steering, Community Lead Point Person	Presentation materials, survey summary, 211  Not Started	Ongoing throughout process
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*Update: Tina Odom is working on.*

### Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*

*Consider PIO training with Community Resource Leader (local resource point person)*

1. List of identified steps to measure success.	COMPLETE We are using the MAPP to measure our success in building awareness.
2. List of identified processes for promoting resources in highlighted communities.	Started
3. Protocol and description for the lead resource point person in each community.	COMPLETE
4. List of Walton County's individual communities.	COMPLETE
5. List of norms for each targeted community.	Started
6. Survey results and list of at least two lead point people or organizations for each targeted community. <i>What are your expectations for agencies, what community values, meeting areas, how you want to be communicated with, key people in your community.</i>	Not started
7. Resource list of key point people in each identified community to distribute. <i>Excel spreadsheet with locations, persons and begin to build assets. Point groups with leads, i.e. Chelco, WCSO, WCSO, etc.</i>	Started
8. Database of communities, lead point people in that community, contact information, and the protocol / guidelines used to distribute resources for other groups needing to build resource awareness.	Started
9. Presentation to WCHIP and information for the 211 program.	Not started

### Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*

Updated: 11.20.13; 3.17.14; 3.28.14; 4/24/14; 5/21/14; 6/16/14; 7/16/14

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*Process measures listed above.*

*Impact measures to be developed.*

*Progress of Community Resources Leaders in place throughout county.*

# DOH-Walton & Walton Community Health Improvement Partnership (WCHIP) Community Health Improvement Plan (CHIP) 2013 - 2015

## DOH-Walton CHIP Alignment with National and State Goals

Walton CHIP	Florida State Health Improvement Plan (FSHIP)	Healthy People 2020	National Prevention Strategy: Priorities
<p><u>Strategic Priority:</u> Improve healthy behaviors</p> <p><u>Goal 1:</u> Increase healthy behaviors among Walton County residents</p> <p><u>Objective 1.1.1:</u> <i>Reduce the percentage of Walton County adults who are sedentary by 10% by June 30, 2015.</i></p>	<p>CR 2.2 Increase access to and participation in physical activity for all members of a community.</p>	<p>D-16 Increase prevention behaviors in persons at high risk for diabetes with prediabetes</p> <p>D-16.1 Increase the proportion of persons at high risk for diabetes with prediabetes reported increasing their levels of physical activity.</p> <p>PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity.</p> <p>ECBP-10.9 Increase the number of community-based organizations (including local health departments, Tribal health services, non-governmental organizations, and State agencies) providing population-based primary prevention services physical activity.</p>	<p>AL-3 Facilitate access to safe, accessible, and affordable places for physical activity.</p>
<p><u>Strategic Priority:</u> Improve healthy behaviors</p> <p><u>Goal 1:</u> Increase healthy behaviors among Walton County residents</p> <p><u>Objective 1.1.2:</u> <i>Increase the number of Walton County adults who use parks, clubs, and other facilities to exercise by 5% by June 30, 2015.</i></p>		<p>ECBP-10.9 Increase the number of community-based organizations (including local health departments, Tribal health services, non-governmental organizations, and State agencies) providing population-based primary prevention services physical activity.</p>	<p>AL-1 Encourage community design and development that supports physical activity.</p> <p>AL-3 Facilitate access to safe, accessible, and affordable places for physical activity.</p> <p>EP-1 Provide people with tools and information to make healthy choices.</p> <p>EP-2 Promote positive social interactions and support healthy decision making.</p> <p>EP-3 Engage and empower people and communities to plan and implement prevention policies and programs.</p>
<p><u>Strategic Priority:</u> Improve healthy behaviors</p> <p><u>Goal 1:</u> Increase healthy behaviors among Walton County residents</p> <p><u>Objective 1.2.1:</u> <i>Increase the number of Walton County adults who consume at least 5 servings of fruits and vegetables each day by 5% by June 30, 2015.</i></p>	<p>CD 1.3 Increase the availability of healthful food.</p>	<p>ECBP-10.8 Increase the number of community-based organizations (including local health departments, Tribal health services, non-governmental organizations, and State agencies) providing population-based primary prevention services nutrition.</p>	<p>HE-1 Increase access to healthy and affordable foods in communities.</p> <p>HE-4 Help people recognize and make healthy food and beverage choices.</p> <p>EP-1 Provide people with tools and information to make healthy choices.</p> <p>EP-2 Promote positive social interactions and support healthy decision making.</p> <p>EP-3 Engage and empower people and communities to plan and implement prevention policies and programs.</p>

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Walton CHIP	Florida State Health Improvement Plan (FSHIP)	Healthy People 2020	National Prevention Strategy: Priorities
<p><u>Strategic Priority:</u> Improve healthy behaviors</p> <p><u>Goal 1:</u> Increase healthy behaviors among Walton County residents</p> <p><u>Objective 1.2.2:</u> <i>Increase the number of worksites that request that vending machines have healthy snacks available for purchase by employees by 20% by June 30, 2015.</i></p>	<p>CD 1.3 Increase the availability of healthful food.</p>	<p>ECBP-10.8 Increase the number of community-based organizations (including local health departments, Tribal health services, non-governmental organizations, and State agencies) providing population-based primary prevention services nutrition.</p> <p>NWS-14 Increase the contribution of fruits to the diets of the population aged 2 years and older.</p> <p>NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.</p>	<p>HE-2 Implement organizational and programmatic nutrition standards and policies.</p> <p>EP-1 Provide people with tools and information to make healthy choices.</p>
<p><u>Strategic Priority:</u> Increase use of screening services, preventive services and / or primary care services</p> <p><u>Goal 2:</u> Reduce diabetes morbidity and mortality</p> <p><u>Objective 2.1.1:</u> <i>Increase the percentage of adults in Walton County that have had a test for high blood sugar or diabetes within the past three years by 15% by June 30, 2015.</i></p>	<p>CD 3.2 Promote early detection and screening for chronic diseases such as asthma, cancer, heart disease, and <b>diabetes</b>.</p> <p>3.2.5 Increase the percentage of adults in Florida that have had a test for high blood sugar or diabetes within the past 3 years, by Dec. 30, 2015.</p>	<p>ECBP-10.8 Increase the number of community-based organizations (including local health departments, Tribal health services, non-governmental organizations, and State agencies) providing population-based primary prevention services nutrition.</p>	<p>CCPS-4 Support implementation of community-based preventive services and enhance linkages with clinical care.</p> <p>CCPS-5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.</p> <p>EP-1 Provide people with tools and information to make healthy choices.</p>
<p><u>Strategic Priority:</u> Increase use of screening services, preventive services and / or primary care services</p> <p><u>Goal 2:</u> Reduce diabetes morbidity and mortality</p> <p><u>Objective 2.1.2:</u> <i>Increase the percentage of persons whose diabetes has been diagnosed from 10.0% to 12.0% by June 30, 2015. (There are approximately 2,248 adults in Walton County living with undiagnosed diabetes. Prevalence will increase until these adults are</i></p>	<p>CD 3.2 Promote early detection and screening for chronic diseases such as asthma, cancer, heart disease, and <b>diabetes</b>.</p> <p>3.2.6 Increase the percentage of persons whose diabetes has been diagnosed from 10.4% to 12%, by Dec. 30, 2015 (As measured by the percentage of adults in Florida who have ever been told by a doctor they have diabetes. There are approximately 767,666 adults in Florida living with undiagnosed diabetes. Prevalence will increase</p>		<p>CCPS-5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.</p> <p>CCPS-6 Enhance coordination and integration of clinical, behavioral, and complementary health strategies.</p> <p>EP-1 Provide people with tools and information to make healthy choices.</p>

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<i>identified.)</i>	until these adults are identified.)		
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Walton CHIP	Florida State Health Improvement Plan (FSHIP)	Healthy People 2020	National Prevention Strategy: Priorities
<p><u>Strategic Priority:</u> Increase use of screening services, preventive services and / or primary care services</p> <p><u>Goal 2:</u> Reduce diabetes morbidity and mortality</p> <p><u>Objective 2.2.1:</u> <i>Increase the percentage of Walton County adults with diabetes who had two A1C tests in the past year from 55.1% to 60% by June 30, 2015.</i></p>	<p>CD 3.3 Promote the use of evidence-based clinical guidelines to manage chronic diseases.</p> <p>3.3.4 Increase the percentage of Florida adults with diabetes who had two A1C tests in the past year from 75.6% to 80%, by Dec. 30, 2015.</p>	<p>D-15 Increase the proportion of persons with diabetes whose condition has been diagnosed.</p>	<p>CCPS-4 Support implementation of community-based preventive services and enhance linkages with clinical care.</p> <p>CCPS-5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.</p>
<p><u>Strategic Priority:</u> Increase use of screening services, preventive services and / or primary care services</p> <p><u>Goal 2:</u> Reduce diabetes morbidity and mortality</p> <p><u>Objective 2.2.2:</u> <i>Increase the percentage of Walton County adults with diabetes who ever had diabetes self-management education from 46.1% to 50% by June 30, 2015.</i></p>	<p>CD 3.1 Promote chronic disease self-management education</p> <p>3.1.1 Increase the percentage of adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 55.1% to 59%.</p>	<p>D-11 Increase the proportion of adults with diabetes who have a glycosylated hemoglobin (HbA1C) measurement at least twice a year.</p>	<p>CCPS-4 Support implementation of community-based preventive services and enhance linkages with clinical care.</p> <p>CCPS-5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.</p> <p>EHD-1 Ensure a strategic focus on communities at greatest risk.</p>
<p><u>Strategic Priority:</u> Increase awareness of local resources</p> <p><u>Goal:</u> Provide people with tools and information to make healthy lifestyle choices.</p> <p><u>Objective 3.1.1:</u> <i>Participation in health promotion programs through neighborhood associations, community coalitions, community groups, and faith-based groups will increase by 10% by June 30, 2015.</i></p>		<p>HC/HIT-13.1 Increase social marketing in health promotion and disease prevention.</p> <p>ECBP-10.7 Increase the number of community-based organizations (including local health departments, Tribal health services, non-governmental organizations, and State agencies) providing population-based primary prevention services chronic disease programs.</p>	<p>CCPS-4 Support implementation of community-based preventive services and enhance linkages with clinical care.</p> <p>EHD-1 Ensure a strategic focus on communities at greatest risk.</p> <p>EP-1 Provide people with tools and information to make healthy choices.</p> <p>EP-2 Promote positive social interactions and support healthy decision making.</p> <p>EP-3 Engage and empower people and communities to plan and implement prevention policies and programs.</p>

## DOH-Walton & Walton Community Health Improvement Partnership (WCHIP) Community Health Improvement Plan (CHIP) 2013 - 2015

Walton CHIP	Florida State Health Improvement Plan (FSHIP)	Healthy People 2020	National Prevention Strategy: Priorities
<p><u>Strategic Priority:</u> Increase awareness of local resources</p> <p><u>Goal:</u> Provide people with tools and information to make healthy lifestyle choices.</p> <p><u>Objective 3.2.1:</u> <i>Awareness and use of key resources for health care, education, and safe physical activity opportunities will increase by 10% by June 30, 2015.</i></p>		<p>PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity.</p> <p>AHS-7 Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.</p>	<p>EP-1 Provide people with tools and information to make healthy choices.</p> <p>EP-2 Promote positive social interactions and support healthy decision making.</p> <p>EP-3 Engage and empower people and communities to plan and implement prevention policies and programs.</p> <p>AL-5 Assess physical activity levels and provide education, counseling, and referrals.</p> <p>CCPS-4 Support implementation of community-based preventive services and enhance linkages with clinical care.</p> <p>EHD-1 Ensure a strategic focus on communities at greatest risk.</p>