

FLORENDA

DEPARTMENT OF HEALTH



in Okaloosa County

Community Health Improvement Plan
2013-2015



OKALOOSA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN



2013-2015

Okaloosa County Community Health Improvement Plan

The Mobilizing for a Healthier Okaloosa initiative undertook an assessment process from August 2011 – December 2012 with our community partners to identify strategic health priorities, establish goals and objectives and develop action plans leading to the 2013-2015 Community Health Improvement Plan. As part of the Mobilizing for Action through Planning and Partnership (MAPP) process, the Okaloosa County Community Health Improvement Plan(CHIP) serves to guide Okaloosa County health care partners as we work together to address local health priorities.

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Acknowledgements

This report is a direct result of the many individuals, organizations and agencies engaged in improving the health and quality of life in Okaloosa County.

**Funded in part by a grant from the Florida Department of Health
for Local Community Health Improvement Planning**

Disclaimer

While statistics and data for the indicators were, to the best of the author’s knowledge, current as the Okaloosa County Community Health Improvement Plan 2012 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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LETTER TO THE COMMUNITY

Public health is about many things – health behaviors, primary and preventive care, access to services, deaths and births, populations at particular risk, life expectancy reports of health and environmental health. Public health is what we, as a community, do to ensure that conditions exist that promote health. It is not only about the absence of illness, but about the presence of conditions that promote physical, mental, and emotional well-being for everyone in the community to the greatest extent possible within available resources.

Community health needs assessment has a central part to play by enabling community partners and policy-makers to identify the most pressing health care needs in our community, to ensure that health care resources are used to maximize health improvement and to encourage dialogue about actions that can be taken to improve our community's health.

THE OBJECTIVES OF THE OKALOOSA COUNTY MOBILIZING FOR A HEALTHIER OKALOOSA INITIATIVE ARE TO

- *Assess the health status of the community*
- *Conduct community surveys.*
- *Seek input from community partners and the public.*
- *Prioritize the communities' health needs.*
- *Develop and implement a comprehensive plan to address health priorities.*
- *Mobilize the community to improve the health of the community.*
- *Assist individuals in making healthy lifestyle choices through information, education, and linkages to services.*
- *Evaluate process outcomes, modifying the plan as needed.*

Communities must collectively take action to ensure that citizens remain healthy. One organization or entity alone cannot do this task. A community relies on the health and vitality of its members to thrive. Creating and maintaining a healthy community requires a vast amount of effort, time and dedication by community leaders, organizations and concerned citizens. It is the mission of the Mobilizing for a Healthier Okaloosa initiative to conduct periodic comprehensive evaluations of the health of the citizens of Okaloosa County so that strategies may be developed to address issues and improve community health.

The Okaloosa County Community Health Needs Assessment (2011) and Community Health Improvement Plan (2013-2015) are the result of a systematic process in which data were collected regarding the community health issues that are of most concern to Okaloosa County residents.

The plan serves as an important reference for developing strategies to mobilize the community and to address critical health issues. The Mobilizing for a Healthier Okaloosa initiative will use this plan to achieve the desired outcome – a healthier Okaloosa County.

This plan informs the community about the health status of county residents and serves to guide the Mobilizing for a Healthier Okaloosa community health partnership, in program development, health interventions, and community improvement over the next three to five years. We invite you to review this report. We encourage individuals and community groups to work with the Mobilizing for a

Healthier Okaloosa initiative on these important health initiatives. Contact us to see how you can become involved so our community can reach the goals contained in this report.

The Mobilizing for a Healthier Okaloosa initiative

Okaloosa County Community Health Improvement Plan

EXECUTIVE SUMMARY

Building a healthier Okaloosa County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Okaloosa County residents. The Mobilizing for a Healthier Okaloosa initiative is composed of representatives from diverse sectors of the community including education, government, health care, business, not-for-profit agencies, and citizens. This group is responsible for developing a Community Health Improvement Plan (CHIP) that guides the community in addressing health and well-being in our communities.

The *Public Health Accreditation Board (PHAB)* defines a Community Health Improvement Plan as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments and other government, education, or human service agencies, to coordinate efforts and target resources that promote health.

A CHIP serves to address issues, roles, and common goals and objectives throughout the community. The plan can be used to guide actions and monitor and measure progress toward achievement of goals and objectives. The plan, along with a community health needs assessment, can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and to attract other resources that help improve the overall quality of life in the community.

Key Issues and Recommendations

Based on multiple surveys and assessments, the Mobilizing for a Healthier Okaloosa initiative identified two key issues - *Access to Health Care* and *Healthy Lifestyles* -as the most important to address at this time.

The group then developed recommendations and action steps. The Mobilizing for a Healthier Okaloosa initiative recommends that the Community Health Action Plan be used by existing community groups and health care partners to maximize community resources and meet the following mutually agreed upon goals.

Health Issue: Access to Health Care

Goal 1: Increase Access to Healthcare in Okaloosa County for underserved populations.

Objective 1.1: Create a system to improve coordination of health-related services in Okaloosa County by January 2015.

Strategy 1.1.1: Implement a 2-1-1 system in Okaloosa County.

Objective 1.2: Increase the number of primary-care providers in Okaloosa County by January 2015.

Strategy 1.2.1: Define clear baseline numbers and staffing patterns (physician to mid-level ratio).

Strategy 1.2.2: Identify the reasons MD/DO and mid-level providers stay, leave or come to Okaloosa County.

Strategy 1.2.3: Establish a viable relationship with the local FQHC.

Health Issue: Healthy Lifestyles

Goal 2: To promote the quality of life of at-risk youth and adults through physical activity and improved nutrition.

Objective 2.1: By September 30, 2013 promote awareness of physical activity resources in Okaloosa County.

Strategy 2.1.1: Create an electronic database to identify all physical activity opportunities and resources in the community.

Strategy 2.1.2: Market the electronic physical activity database using multiple outlets.

Objective 2.2: By January 2015, reduce childhood obesity in Okaloosa County students in elementary school grades 1-6 by 2%.

Strategy 2.2.1: Increase awareness of community resources related to nutrition and physical activity.

Goal 3: Decrease the number of Okaloosa County residents that use or initiate the use of tobacco products.

Objective 3.1: By June 30, 2015, decrease the use of tobacco products among Okaloosa County youth ages 11-17 by 2%.

Strategy 3.1.1: Advocate for youth tobacco prevention programs in Okaloosa County middle and high schools.

Strategy 3.1.2: Implement policy change to the Okaloosa County School District's Tobacco Discipline Policy to incorporate evidence based tobacco cessation alternative to suspension program.

Objective 3.2: By June 30, 2015, increase the number of "quit attempts" by Okaloosa County residents by 5%.

Strategy 3.2.1: Identify current tobacco cessation programs that are offered in Okaloosa County and increase awareness of these programs in at-risk communities.

INTRODUCTION

Governments across the United States and in Florida are faced with rising demands for health care, limited resources and increasing inequalities in health. Community health needs assessment has a central part to play. Needs assessment enables practitioners, managers and policy-makers to identify those in greatest need and to ensure that health care resources are used to maximize health improvement. Successful health programs require an active partnership between all community agencies.

It is essential that communities maximize their resources and work together in a collaborative process to identify and prioritize health issues and plan how to best use resources to ameliorate conditions that have a negative impact on the health of the community. Community health needs assessment allows us, as a community, to celebrate the many positive conditions and trends that lead to good health for our entire population and to build on these successes.

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities and the community health improvement process. The resulting Community Health Improvement Plan is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for communities to use to develop policies and define actions to target efforts that promote health. The CHIP defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.



In August 2011, The Florida Department of Health in Okaloosa, initiated a community-wide strategic planning process with the goal to improve community health and maximize the use of community health resources. The model chosen for this process was the *Mobilizing for Action through Planning and Partnerships* (MAPP) model. MAPP was developed by the *National Association of County and City Health Officials* (NACCHO), in collaboration with the *Centers for Disease Control and Prevention* (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community. The resulting community health improvement plan is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.

METHODOLOGY

The MAPP model provided a strategic approach to community health improvement planning. This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strengths and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment:
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

Community input was sought in late 2011 and into 2012. Various methods were used to collect community input. The first MAPP assessment to be completed was the Local Public Health System Assessment.

The Florida Department of Health in Okaloosa convened a group of interested community partners to complete the assessment of the Local Public Health System on August 25, 2011. Seventy-six community partners joined sixteen county health department staff to assess the local public health system. Partners represented a variety of governmental and non-governmental, for profit and not for profit organizations.

The National Public Health Performance Standards Program (NPHPSP) is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments are used to guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. The NPHPSP assessment was used to answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurred in answering these questions helped the community identify strengths and weaknesses and determine opportunities for improvement. Through these assessments, we were able to consider the activities of all public health system partners, thus assessing the activities of all public, private and voluntary entities that contribute to public health within the community. These three assessment instruments were completed in late 2011:

- The Local Public Health System Performance Assessment Instrument
- The prioritization of each model standard
- An assessment of the Florida Department of Health in Okaloosa's contribution to achieving the model standard

The second MAPP assessment to be completed was the Community Health Status Assessment. The Florida Department of Health in Okaloosa assessed local, state and national data to answer the questions, "How healthy are our residents?", and "What does the health status of our community look like?" The assessment identifies both positive and negative health trends affecting our community. The assessment was completed in late 2011.

The Florida Department of Health in Okaloosa commissioned the Haas Center to complete the Community Strengths and Themes assessment. This assessment answers the questions, 1) what is important to our community and 2) what are important issues that must be addressed to improve the health and quality of life in our community. Data were collected through surveys and focus groups over two project phases. During Phase One, surveys concerning mental and physical health (e.g., health care issues, health problems) and the living environment in Okaloosa County (e.g., community safety, cleanliness of surroundings) were administered to a random sample of the Okaloosa County population.

The health survey consisted of a random sample of 418 Okaloosa County residents who were polled on a series of themes via telephone. The survey consisted of a series of socioeconomic and demographic questions as well a battery of questions related to perceptions of an overall sense of community. As with any survey; the validity of the responses is directly related to the degree to which the sample itself is reflective of the attitudes and opinions of the population (or populations) under study.

The demographics of survey respondents closely mirrored general population demographics of Okaloosa County. This indicated that survey responses were likely in line with responses that would be gathered if the entire population was surveyed. The assessment was completed in over the fall/winter of 2011.

During Phase Two, five focus groups were held in four cities within Okaloosa County (Fort Walton Beach, Niceville/ Valparaiso, Crestview, and Destin). The survey responses identified community attitudes and perceptions of quality of life and health in the area.

The final MAPP assessment was completed following the Community Strengths and Themes assessment. This assessment was designed to answer the questions “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences.

Key community partners in Okaloosa County were asked to brainstorm “Forces of Change” occurring or which might occur in our community that affect the health of our community, our local quality of life, or that could impact our local public health system. Participants then identified specific opportunities and/or threats generated by these forces. These data were gathered using focus groups that were a subset of the community partners completing the Community Strengths and Themes assessment along with additional key community stakeholders representing geographic, political, and special interest focus areas.

The Florida Department of Health in Okaloosa convened a meeting of community partners on March 15, 2012 to share the results of all of the assessments and reports. The large work group then convened into smaller break-out sessions. Using information from the four MAPP assessments and the County Health Rankings, each work group developed a list of critical health issues and/or needs that currently impact health in Okaloosa County. During these smaller work group sessions, participants prioritized issues using a multi-voting technique. The groups then reconvened to review the issues identified and to advocate for their priority topics. A multi-voting technique was used to identify areas the community felt were most critical to address. Three issues emerged; Healthy Lifestyles, with three specific issues of nutrition, physical activity and tobacco use; Access to Health Care; and Water Quality, specifically beach water quality and subsurface water quality and septic tanks. (Please see Appendix A for a list of issues and themes identified by participants).

Following this meeting two workgroups were formed, one to address Healthy Lifestyles and one to address Access to Health Care. The third issue area was put on hold after discussion with County leadership. The task for the workgroups was to develop goals, objectives, work plans and action plans to include in the Community Health Improvement Plan. Multiple work group sessions were held at the Florida Department of Health in Okaloosa and North West Florida State College in Ft. Walton Beach, Florida.

In order to continually provide partners and stakeholders with the most up to date and relevant data that can be used to inform the CHIP process the Florida Department of Health in Okaloosa began the Community Health Assessment and Group Evaluation (CHANGE) Tool process in July 2012. The CHANGE Tool was used to gain a picture of the policy, systems, and environmental change strategies currently in place throughout the community, and assist with prioritizing community needs and allocating available resources. (Please see Appendix B for a list of resources and assets that were used during the formulation of the CHIP Action Plans.)

With the publication of the Community Health Improvement Plan 2013-2015, workgroups will continue to meet during the implementation phase of the action plans. Periodic evaluation and reports will be published to provide the community with updates on progress toward achieving the goals.

Alignment

The findings from the four MAPP assessments that make up the Community Health Assessment lead to the identification of two key issues that form the goals of the Okaloosa County Community Health Improvement Plan (CHIP). These key issues are Access to Care and Healthy Lifestyles. By increasing Access to Care and promoting Healthy Lifestyles, we hope to improve the overall health outcomes relating to chronic disease in Okaloosa County.

The goals and objectives of the Okaloosa County Community Health Improvement Plan have been aligned with measures from the Florida State Health Improvement Plan (SHIP) 2012-2015, Healthy People 2020, and the National Prevention Strategy: Strategic Directions. Below is an overview of how Okaloosa County Health Improvement priorities align with state and national health improvement priorities.

Okaloosa County CHIP	Florida State Health Improvement Plan (SHIP)	Healthy People 2020	National Prevention Strategy: Strategic Directions
<p>Priority Area: Access to Care</p> <p>Goal 1: Increase Access to Healthcare in Okaloosa County for underserved populations.</p>	<p>Goal AC2: Improve access to primary care services for Floridians.</p>	<p><i>Access to Health Services</i></p> <p>AHS-3: Increase the proportion of persons with a usual primary care provider.</p> <p>AHS-4: Increase the number of practicing primary care providers.</p>	<p><i>Elimination of Health Disparities</i></p> <p>Recommendation: Reduce disparities in access to quality health care.</p> <p>Recommendation: Standardize and collect data to better identify and address disparities.</p> <p><i>Clinical and Community Preventative Services</i></p> <p>Recommendation: Support implementation of community-based preventive services and enhance linkages with clinical care.</p> <p>Recommendation: Enhance coordination and integration of clinical, behavioral, and</p>

Okaloosa County CHIP	Florida State Health Improvement Plan (SHIP)	Healthy People 2020	National Prevention Strategy: Strategic Directions
<p>Priority Area: Healthy Lifestyles</p> <p>Goal 1: To promote the quality of life of at-risk youth and adults through physical activity and improved nutrition.</p> <p>Goal 2: Decrease the number of Okaloosa County residents that use or initiate the use of tobacco products.</p>	<p>Goal CD1: Increase the percentage of adults and children who are at a healthy weight.</p> <p>Goal CD2: Increase access to resources that promote healthy behaviors.</p> <p>Goal CD4: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure.</p>	<p><i>Physical Activity</i></p> <p>PA-1: Reduce the proportion of adults who engage in no leisure-time activity.</p> <p>PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity</p> <p>PA-3 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity</p> <p><i>Nutrition and Weight Status</i></p> <p>NWS-10 Reduce the proportion of children and adolescents who are considered obese</p> <p><i>Tobacco Use</i></p> <p>TU-1 Reduce tobacco use by adults</p> <p>TU-2 Reduce tobacco use by adolescents</p>	<p>complementary health strategies.</p> <p><i>Empowered People</i></p> <p>Recommendation: Provide people with tools and information to make healthy choices.</p>

Okaloosa County CHIP	Florida State Health Improvement Plan (SHIP)	Healthy People 2020	National Prevention Strategy: Strategic Directions
		<p>TU-3 Reduce the initiation of tobacco use among children, adolescents, and young adults</p> <p>TU-4 Increase smoking cessation attempts by adult smokers</p> <p>TU-5 Increase recent smoking cessation success by adult smokers</p>	

Health Issue: Access to Health Care

Goal 1: Increase Access to Healthcare in Okaloosa County for underserved populations.

Objective 1.1: Create a system to improve coordination of health-related services in Okaloosa County by January 2015.

Strategy 1.1.1: *Implement a 2-1-1 system in Okaloosa County.*

Objective 1.2: Increase the number of primary-care providers in Okaloosa County by January 2015.

Strategy 1.2.1: *Define clear baseline numbers and staffing patterns (physician to mid-level ratio).*

Strategy 1.2.2: *Identify the reasons MD/DO and mid-level providers stay, leave or come to Okaloosa County.*

Strategy 1.2.3: *Establish a viable relationship with the local FQHC.*

Goal 1: Increase Access to Healthcare in Okaloosa County for underserved populations.
Objective 1.1: Create a system to improve coordination of health-related services in Okaloosa County by January 2015.
Strategy 1.1.1: Implement a 2-1-1 system in Okaloosa County.

KEY ACTIVITIES	LEAD ROLE & COMMUNITY RESOURCES	TARGET DATE FOR COMPLETION	EVALUATION MEASURE
Collaborate with NWFL 211 to gain information on the feasibility of this service	Access to Care Committee; FDOH-OC-Carrie Ziegler, Elaine Bieber	April 1, 2013	Information gathered; disseminated to the committee
Define funding needs and potential resources, including in-kind services, to implement and sustain 2-1-1 system	Access to Care Committee	July 1, 2013	List of needed funding, potential sources and resource availability
Identify barriers to implementation of 2-1-1 system	Access to Care Committee	October 1, 2013	List of barriers developed
Develop a marketing plan to obtain support from potential funders and other resource providers, including in-kind services	Sub-committee of the Access to Care Committee; Interns/college students	April 1, 2014	List of marketing activities developed and plan created
Secure initial & ongoing funding and resource commitments for the 2-1-1 system initiation and sustainability	Access to Care Committee	September 1, 2014	Funding secured and received
Develop plan to market the 2-1-1 system and market this plan to the public as the system goes live	Sub-committee of the Access to Care Committee; Partners (NWFL 211); Interns/college students	November 1, 2014	Marketing plan created and strategies enacted
Activate the 2-1-1 system	Access to Care Committee; Partners (NWFL 211)	January 1, 2015	System "live"
Create and implement a plan to evaluate the system for effectiveness, reach, cost-benefit ratio, etc.	Access to Care Committee; interns/college students	July 1, 2015	Evaluation tool created & statistics gathered

Goal 1: Increase Access to Healthcare in Okaloosa County for underserved populations.
Objective 1.2: Increase the number of primary-care providers in Okaloosa County by January 2015.
Strategy 1.2.1: Define clear baseline numbers and staffing patterns (physician to mid-level ratio).

KEY ACTIVITIES	LEAD ROLE & COMMUNITY RESOURCES	TARGET DATE FOR COMPLETION	EVALUATION MEASURE
Research and collect available data through CHARTS and CHIP to determine baseline numbers	Cassie Garber, FDOH-OC	November 15, 2012	Data collected
Determine availability of, and obtain document, regarding the MQA Survey	Dr. Morell, FDOH-OC	November 15, 2012	MQA Survey information obtained if available
Recruit interns and college students to perform research to obtain baseline numbers and staffing patterns	Katie Cholcher, FDOH-OC	March 2013	Interns/college students recruited; baseline numbers and staffing patterns obtained
Compare collected data to state and national data	Intern/college students with direction of committee member(s) of the Access to Care group	June 2013	Data analysis completed
Define MUA formula	Katie Cholcher, FDOH-OC	January 2013	MUA defined
Separate military physicians from baseline numbers and collect available data	Intern/college students with direction of committee member(s) of the Access to Care group	June 2013	Separate list of military physicians produced; data collected
Calculate number of volunteer physicians in Okaloosa County	Jerry Moellenkamp	January 2013	Number of volunteer physicians calculated

Goal 1: Increase Access to Healthcare in Okaloosa County for underserved populations
Objective 1.2: Increase the number of primary-care providers in Okaloosa County by January 2015
Strategy 1.2.2: Identify the reasons MD/DO and mid-level providers stay, leave or come to Okaloosa County

KEY ACTIVITIES	LEAD ROLE & COMMUNITY RESOURCES	TARGET DATE FOR COMPLETION	EVALUATION MEASURE
Create a research tool to survey medical residents (i.e. Survey Monkey)	Dr. Morell and Katie Cholcher, FDOH-OC	May 2013	Research tool created
Survey Sacred Heart Residents on what they are looking for when deciding on where to practice	Intern/college students with direction of committee member(s) of the CHIP Coordinator; working with Ashlee Edelen of AHEC	May 2013	Surveys completed; data collected and analyzed
Survey the military physicians on what they are looking for when deciding on where to practice	Elaine Bieber, FDOH-OC	May 2013	Surveys completed; data collected and analyzed
Send group email to current physicians to determine their criteria for staying or leaving an area in which to practice medicine	Dr. Chapman, FDOH-OC	May 2013	Email distributed; data collected
Analyze the results of the surveys on Sacred Heart Residents, military physicians, and group email from Dr. Chapman	Access to Care Workgroup; Katie Cholcher, FDOH-OC	July 2013	Data analysis completed
Develop strategies based on survey results	Access to Care Workgroup and the Katie Cholcher, FDOH-OC	September 2013	Incentives determined and list of strategies completed

Goal 1: Increase Access to Healthcare in Okaloosa County for underserved populations.
Objective 1.2: Increase the number of primary-care providers in Okaloosa County by January 2015.
Strategy 1.2.3: Establish a viable relationship with the local FQHC.

KEY ACTIVITIES	LEAD ROLE & COMMUNITY RESOURCES	TARGET DATE FOR COMPLETION	EVALUATION MEASURE
Invite local FQHC to the CHIP Access to Care Workgroup meeting in November 2012	Michele Raney, FDOH-OC (Teresa Foster from Crestview FQHC); Dr. Morell, FDOH-OC (Dr. Carter from Crestview FQHC)	November 15, 2012	Invite extended
Participate in the BP call regarding FQHC's	Dr. Chapman and Carrie Ziegler, FDOH-OC	November 2012	Call participation complete
Invite Escambia County FQHC to the CHIP Access to Care Workgroup meeting in November 2012	Carol Anderson, AHEC	October 2012	Invite extended
Invite Walton County FQHC to the CHIP Access to Care Workgroup meeting in November 2012	Penny Eubanks, AHEC	October 2012	Invite extended
Meet with local FQHC to create a collaborative, cost-saving relationship	Access to Care Workgroup members and CHIP Coordinator	January 2013	Meeting held
Share information from the 5-county LPHI meeting held on December 19, 2012	Tiffany Netters and Carolyn Ziegler	March 2013	Information shared with group

Health Issue: Healthy Lifestyles

Goal 2: To promote the quality of life of at-risk youth and adults through physical activity and improved nutrition.

Objective 2.1: By September 30, 2013 promote awareness of physical activity resources in Okaloosa County.

Strategy 2.1.1: *Create an electronic database to identify all physical activity opportunities and resources in the community.*

Strategy 2.1.2: *Market the electronic physical activity database using multiple outlets.*

Objective 2.2: By January 2015, reduce childhood obesity in Okaloosa County students in elementary school grades 1-6 by 2%.

Strategy 2.2.1: *Increase awareness of community resources related to nutrition and physical activity.*

Goal 3: Decrease the number of Okaloosa County residents that use or initiate the use of tobacco products.

Objective 3.1: By June 30, 2015, decrease the use of tobacco products among Okaloosa County youth ages 11-17 by 2%

Strategy 3.1.1: *Advocate for youth tobacco prevention programs in Okaloosa County middle schools.*

Strategy 3.1.2: *Implement policy change to the Okaloosa County School District's Tobacco Discipline Policy to incorporate an evidence based tobacco cessation alternative to suspension program.*

Objective 3.2: By June 30, 2015, increase the number of "quit attempts" by Okaloosa County residents by 5%.

Strategy 3.2.1: *Identify current tobacco cessation programs that are offered in Okaloosa County and increase awareness of these programs in at-risk communities.*

Goal 2: To promote the quality of life of at-risk youth and adults through physical activity and improved nutrition.

Objective 2.1: By September 30, 2013, promote awareness of physical activity resources in Okaloosa County.

Strategy 2.1.1: Create an electronic database to identify public and non-profit physical activity opportunities and resources in the community.

KEY ACTIVITIES	LEAD ROLE & COMMUNITY RESOURCES	TARGET DATE FOR COMPLETION	EVALUATION MEASURE
Identify database elements to include in the spreadsheet (i.e., fees, hours, services, etc.).	NAPA Committee	February 1, 2013	List of elements for the database
Develop a searchable spreadsheet to catalogue elements identified.	Brian Shonk Community Health Planner, FDOH-OC	May 8, 2013	Spreadsheet completed
Research all public and non-profit physical activity facilities/parks available in Okaloosa County, collect elements and populate database.	Sub-committees, based on geographical location, of individual members of the NAPA committee	May 29, 2013	List of community facilities/parks and elements; database complete

Goal 2: To promote the quality of life of at-risk youth and adults through physical activity and improved nutrition.

Objective 2.1: By September 30, 2013, promote awareness of physical activity resources in Okaloosa County.

Strategy 2.1.2: Market the electronic physical activity database using multiple outlets.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Evaluation Measure
Develop list of free social media outlets	PIO, FDOH-OC	May 29, 2013	List created
Define the “home” of the database and what linked sites to include.	Katie Cholcher	June 2013 Meeting	Links identified and “home” defined
Contact NWFCS (Pam Walters) to discuss potential for partnering with them to have students develop the marketing plan	Katie Cholcher	May 29, 2013	NWFSC Marketing Program contacted
Develop a marketing plan.	NAPA Committee interns/college students	TBD	List of marketing activities developed and plan created
Activate the database.	NAPA Committee	TBD	Database “live”
Implement the marketing plan.	NAPA Committee interns/college students	TBD	Marketing strategies enacted
Create and implement a plan/tool to evaluate the database for reach, etc.	NAPA Committee interns/college students	TBD	Evaluation tool created & statistics gathered

Goal 2: To promote the quality of life of at-risk youth and adults through physical activity and improved nutrition.

Objective 2.2: By January 2015, reduce childhood obesity in Okaloosa County students in elementary school grades 1st through 6th by 2%.

Strategy 2.2.1: Increase awareness of community resources related to nutrition and physical activity.

KEY ACTIVITIES	LEAD ROLE & COMMUNITY RESOURCES	TARGET DATE FOR COMPLETION	EVALUATION MEASURE
Identify all Okaloosa County public and private schools, childcare centers, faith based organizations, Boys & Girls Club, charter schools and YMCA	NAPA Group	September 2013	Complete list of centers/programs/schools identified
Market physical activity database to Okaloosa County public and private schools, childcare centers, faith based organizations, Boys & Girls Club, charter schools, YMCA	Okaloosa County School District FDOH-OC	TBD	Marketing strategies implemented
Identify all after school, and wrap-around programs in Okaloosa County	NAPA Group	September 2013	Complete list of after school and wrap-around programs identified
Identify evidence-based best practices for after-school & other wrap-around services	FDOH-OC UF Extension /Okaloosa	March 20, 2014	List of best practices complete
Research & market parent education resources.	Okaloosa County School District Websites Interns/college students	April 17, 2014	Research activities completed & marketing activities enacted

Goal 3: Decrease the number of Okaloosa County residents that use or initiate the use of tobacco products.

Objective 3.1: By June 30, 2015, increase the number of “Never” smokers among Okaloosa County youth ages 11-17 by 2%.

Strategy 3.1.1: Advocate for youth tobacco prevention programs in Okaloosa County middle and high schools.

KEY ACTIVITIES	LEAD ROLE & COMMUNITY RESOURCES	TARGET DATE FOR COMPLETION	EVALUATION MEASURE
Research/inventory existing tobacco prevention programs and/or resources.	AHEC	December 1, 2012	List of existing tobacco prevention programs & resources created
Obtain a list of all middle schools in the county and contact information for Principals (private, public, parochial)	Shaun May and Jim Gwyn	December 1, 2012	Completed list
Gain support from school administration to support tobacco education programs at their middle school.	Gary Venuti, Andy Johnson, Carissa Hickok, Katie Cholcher	June 2013	Support obtained
Implement and log Tobacco Education activities in middle schools.	Tobacco Workgroup	January 2014	Log created and tobacco education activities enacted

Goal 3: Decrease the number of Okaloosa County residents that use or initiate the use of tobacco products.

Objective 3.1: By June 30, 2015, increase the number of “Never” smokers among Okaloosa County youth ages 11-17 by 2%.

Strategy 3.1.2: Implement policy change to the Okaloosa County School District’s Tobacco Discipline Policy to incorporate an evidence based tobacco cessation alternative to suspension program.

KEY ACTIVITIES	LEAD ROLE & COMMUNITY RESOURCES	TARGET DATE FOR COMPLETION	EVALUATION MEASURE
Identify the appropriate POC within the Okaloosa County School to advocate to for the policy change	Carissa Hickok and Sara Harrison	December 31, 2012	Contact information received (Andy Johnson)
Meet with POC to discuss potential policy change	Sara Harrison and Shaun May	January 2013	Meeting held
Follow up with POC to facilitate pilot program in at least 1 middle school	Sara Harrison and Shaun May	Conduct follow up every month from April to August	Email communications with POC (Andy Johnson)

Goal 3: Decrease the number of Okaloosa County residents that use or initiate the use of tobacco products.
Objective 3.2: By June 30, 2015, increase the number of “quit attempts” by Okaloosa County residents by 5%.
Strategy 3.2.1: Identify current tobacco cessation programs that are offered in Okaloosa County and increase awareness of these programs in at-risk communities.

KEY ACTIVITIES	LEAD ROLE & COMMUNITY RESOURCES	TARGET DATE FOR COMPLETION	EVALUATION MEASURE
Research cessation programs offered in Okaloosa County.	AHEC	December 1, 2012	List of cessation programs available in the county
Create a spreadsheet or document of available programs.	AHEC and Jim Gwyn	December 1, 2012	Spreadsheet or document is complete
Educate healthcare providers on available cessation services in Okaloosa County.	AHEC, Healthy Start Coalition	June 30, 2015	Report of cessation education services provided
Provide a list of health fairs attended in Okaloosa County to educate community on available cessation programs.	AHEC, Healthy Start Coalition, Okaloosa County Tobacco Free Partnership, Jim Gwyn	June 30, 2015	List of health fairs attended
Provide a list of worksites educated on available cessation programs.	AHEC, Okaloosa County Tobacco Free Partnership	June 30, 2015	List of worksites educated

Community Health Improvement Plan: *Evaluation*

It is essential to the community health improvement process that relevant new data is reviewed, analyzed, and integrated on an ongoing basis. This new data may identify emerging trends, add depth of understanding to previous data collected, or bring to light new health priorities in our community. In addition, periodic updates of available community assets and resources will enhance the CHIP evaluation and update process. The Florida Department of Health in Okaloosa Community Health Improvement staff works with community health partners to implement and evaluate each action plan activity and to determine if goals are achieved. They identify the impact of achieving the goals and objectives. These activities will provide a continually current assessment of our community's health, and ensure our health improvement activities maximize available resources.

CHIP Evaluation and Update Action Plan: 2013-15

Activity	Periodicity	Outcome	Cascade Outcome
Review of new community health data by CHIP partners	At least annually, by Dec 31 each year	Document produced describing updates to the 2013-15 CHA analysis.	Incorporation of new data into CHIP action plan for the following year.
Review of community assets and resources by CHIP partners	At least annually, by Jan 31 each year	CHA addendum includes updated community assets and resources listing	Incorporation of new assets and resources listing into CHIP action plan for the following year.
Evaluation of current year CHIP Action plans by CHIP partners	Annually, by Jan 31 each year	Annual evaluation of current CHIP action plans based on evaluation measures identified for each key activity.	Results incorporated into the updated CHIP action plans for the following year.
Updated CHIP action plans created by CHIP partners	Annually, by February 28 each year	Incorporation of relevant new data, updated assets and resource listing, and action plan evaluation results into updated CHIP action plans.	Distribution of updated CHA data and CHIP action plans to community partners.

APPENDIX A: PRIORITY ISSUES

Brainstorming Topics	
Dolphin	
Tobacco use	Accident prevention
Obesity/lack of physical activity	Chronic obstructive pulmonary disease
Heart disease	Opiate use by teens/young adults
Lack of access to care (preventive and primary)	Poverty
Lack of family structure	Lack of health insurance (falling through the cracks)
Lack of funding for healthcare programs	Sexually Transmitted Diseases
Heat stress	Domestic violence
Child abuse	Healthcare acquired infections/prevention
Health and insurance issues	Stress
Access to mental health help/lack of resources	Confusing system/healthcare advocacy
Water quality	
Island	
Nutrition choices start at home	Access to health insurance for “gap kids” need to increase
Backpack program, increase food for kids in need	Child nutrition problems for vulnerable low income children
Parents not able to access care for themselves can not model behaviors for kids	Smoking cessation and nutrition messages to parents not being received when communicated
Personal relationship and continuity of provider increases communication success to patients	Access to high quality care
Employment	Transportation problems (poor road infrastructure)
Environment (poor beach water quality issues; protection of water sources needed)	Vulnerability of natural resources due to infrastructure-less sewer in N end; water supply tenuous (private systems); increase septic for every new construction
Planning issue for new communities needs to include healthy infrastructure (bike paths, water, sewer)	Group support for parents needing help not available
Tobacco seen as health issue instead of substance abuse	Risky behaviors lead to health risk (ETOH)
Involve front-line in solution instead of top down	Nutrition solutions seen as taking longer fast food
Disparities affect underserved disproportionately – How to get through to specific populations in need	Need more doctors to take Medicaid
Collaborative entity – Multiagency representation provides information and linkages	Youth decreased physical activity opportunities; Increased obesity; lack of funding in schools for PE; Competing time demands for academics
Military support physical activity; How can youth be more physically active	Mental health impacts of less physical activity
Youth dietary habits – poor; poor access to nutritionist; poor choice of foods	Decrease access to community providers; increase ED usage; Increase volunteer providers; Transportation causes problems getting to care; FQHC has capacity but not known
Dental not funded at FQHC	Homeless – how do they access services
Smoking cessation info given to persons and employees but no F/U	Pregnant moms smoking
Parents who are stressed may not prepare healthy food	Poor quality food may be or are perceived as cheaper option

Poor nutrition in families	Teenage moms have increase premature births and infant mortality and increased smoking rates; ? poor nutrition
Primary care residents training in rural areas exposes them to issues – How to recruit appropriate candidates (STRIDE) \$ for communities	Residents may be available to provide primary care to increase access; need \$ from communities for residents
Sunset 1	
Unintentional deaths	Motor vehicle accidents
Homeless (50% are children)	Mental health resources
Water quality/storm water	Healthy behavior education
Healthy eating	Sexual health behavior
Obesity	Physical activity
Tobacco	Suicide (military, mental health resources)
Sexual health	Lack of medical/dental providers
Easier access to medications	Drinking
Infant deaths	Obesity/co-morbidity
Healthier lifestyles	Healthy restaurants
Physical environment (air/water quality, built environment)	
Sunset 2	
Smoking/tobacco	Accidental drowning in public pools/spas
Septic tank rules and regulations	HIV/AIDS (costs for prisoners into community)
Lack of Physical Education in schools	Quality of food in school lunches
Lack of physical activity (youth)	Rabies prevention (vaccination)
Synthetic drugs /spice, bath salts	Increase in Sexually Transmitted Diseases
Lack of healthy recreation options after school (youth)	Care for elderly after falls
Healthcare infections	Infrastructure to support healthy living/bikes, walking/parks take you somewhere you want to go

Common Themes (Descending order)	Times mentioned
Diet, Nutrition, Physical Activity:	18
Co-morbidities (low birth weight, heart disease, cancer)	4
Obesity	4
Infrastructure, built environment, healthy lifestyles	5
Quality of food choices (school lunch, restaurants)	3
Lack of physical activity (PE classes and leisure)	2
Access to Care:	10
Lack of access to preventive/primary/specialty/dental/mental health/medication resources	6
Problems with health care system/insurance/funding	4
Social Issues:	8
Lack of family structure/domestic violence/child abuse/poverty	4
Poverty/homelessness	2
Suicide	1
Stress	1
Unintended Injury/Injury Prevention:	6
Falls/elderly	1
Suicide	1
Drowning	1
Unintended deaths/Motor vehicle crashes	2
Accident prevention	1

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Tobacco:	5
Use/smoking	2
Comorbidities (heart disease, COPD)	3
Sexual Health/Sexual Behavior:	4
Sexually transmitted diseases/HIV	3
Healthy sexual behavior	2
Water Quality/Environment:	3
Water quality/storm water	2
Septic systems/regulations	1
Drug/Alcohol use	3
Drinking/	1
Synthetic drugs/opioid use	2
Other:	5
Healthcare acquired infections/prevention	2
Healthy behavior/health education	1
Heat stress	1
Rabies/prevention	1
Infant deaths	1

Final (Large Group) Strategic Issue Priorities:			
Healthcare (15 votes)			
Strategic Issue:	Vision:	Supporting facts:	Consequences if we don't address the issue:
How can access to + funding for healthcare be improved? (Dolphin)	To improve/increase the number of people who have access to care.	CHS:3% reduction in healthcare coverage for Okaloosa. 20% of Okaloosans have no private provider CT&S: Access to quality healthcare was rated #1 in having a health community FOC: Lack of affordable transportation limits healthcare access	Increased disease, morbidity and mortality due to lack of care.
How do we increase access to primary care medical homes and specialty care for low income populations? (Island)	Healthier citizens at lower expense	Decreasing # of primary care providers Increased infant mortality, increased teen pregnancies. Increased avoidable hospitalizations.	Increased ER usage Higher cost of care Poor health outcomes
How do we increase and retain licensed medical professionals? (Sunset 1)	No HPSA/MUA designations in Okaloosa County.	HSR: pg 20-21 shows lack of providers, continued loss of providers (especially primary care/pediatrics), low ratio of hospital beds for population.	Continued high morbidity & mortality Continue to loose access to primary and pediatric providers.
Healthy Behaviors (14 votes)			
Strategic Issue:	Vision:	Supporting facts:	Consequences if we don't address the issue:
Can we influence choices of children &	Healthier kids and adults, and less	High rates of obesity and diabetes	Everything listed will continue and may get worse

their caregivers to improve nutrition and physical activity choices? (Island)	obesity	High rates of risky behaviors in young population. High rates of chronic disease related to poor nutrition and low physical activity.	
How can we as a community, implement strategies to promote increased physical activity and better nutrition among our youth? (Sunset 2)	Healthy, Active youth	CTS: Need for infrastructure to support health activities. CHS: Sedentary youth, increases in overweight youth	Early onset diabetes, hypertension, and heart disease. Decline in the health/productivity of the workforce.
How can the community promote healthy lifestyles related to diet and exercise? (Dolphin)	Decreased obesity, increased physical activity and improved nutrition in our community	CHS: Okaloosa is higher than state in cancer, diabetes, and heart disease. Obesity is increasing in all ages/sexes CT&S: obesity impacts job diversification and the economy FofC: Lack of funding for preventive healthcare	Increased morbidity, mortality, and healthcare costs.
How do we reduce deaths and injuries from motor vehicle accidents? (Sunset 1) MVA (5 votes)	Safer Multi-modal community	HSR: pg 3 – high unintentional deaths, particularly MVA. Unintentional = preventable	People die, people become disabled High healthcare costs/usage Backed up traffic

Tobacco (13 votes)

Strategic Issue:	Vision:	Supporting facts:	Consequences if we don't address the issue:
How can we as a community incentivize reduction of tobacco use for all age groups? (Sunset 2)	Tobacco free living	CTS: survey shows tobacco is an issue CHS: High lung cancer, high smoking rate for all ages, pregnant women, middle school.	Increase in chronic diseases Increased costs for healthcare and decreased productivity of people
How can the community reduce tobacco usage? (Dolphin)	Reduce the health impacts related to tobacco use.	CHS: 1 in 5 adults smoke Rates doubled for those w/ low income FYTS: 28% Okaloosa high school students report using tobacco in the past 30 Days FOC: Impact on chronic disease rates of cost of healthcare	Increased mortality, morbidity, & healthcare costs.

Water (6 votes)

Strategic Issue:	Vision:	Supporting facts:	Consequences if we don't address the issue:
Can we encourage infrastructure planning to deliver	Access to clean, safe water and clean environment	High # beach advisories Lack of public utilities High # of septic tanks	Contamination of ground water Increased cost of future

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water and sewer most effectively to new communities? (including stormwater issues) (Island)			cleanup and water purification Increased disease from contaminated water.
How do we improve and maintain (recreational) water quality? (Sunset 1)	Clean Water (no poop!)	Healthy beach reports - # of days posted HSR – pg 5 & 81: #8 of 34 coastal county ranking, Garnier’s among the worst.	Decreased tourism/revenue Increase healthcare spending
Overarching: Policy Change (4 votes)			
Strategic Issue:	Vision:	Supporting facts:	Consequences if we don’t address the issue:
How can we as a community protect health and safety through local policy actions? (Sunset 2)	A safe and healthy living	CHS: Septic tank issues CTS & CHS: Drug abuse, synthetic drugs/sales CHS: Excessive animal bites & unvaccinated animals in Okaloosa Cnty	Future degraded water quality Increased drug use/addiction

APPENDIX B: ASSETS AND RESOURCES

CHIP Action Plan	Resource/Asset source document from CHA	Linkage strategy
NAPA 2.1.1 Create electronic database to id all physical activity resources in the community	CHANGE Asset listing – physical activity	Incorporate asset listing into database
Tobacco 3.2.1 Identify current tobacco cessation programs that are offered in OC ...	CHANGE Asset listing – Tobacco	Incorporate asset listing into tobacco cessation program resource list
Access to Care 1.1.1 Implement 211 system to improve coordination of health-related services	CHANGE Asset listing – Chronic Disease Management	Incorporate asset listing into 211 database
Access to Care 1.1.1 Implement 211 system to improve coordination of health-related services	CHA – Healthcare Resources Section	Include identified healthcare resources into 211 database
Access to Care 1.1.1 Implement 211 system to improve coordination of health-related services	Multiple local “resource listings” identified by community partners during CHA discussions: i.e.: United Way First Call for Help, Okaloosa Walton Homeless Continuum of Care website (OWhomeless.org) , Ministerial Association listing, etc.	E-mail community partners (all CHIP/CHA participants) and request a link or document of their current resource directory – provide to 211 for inclusion in database
Access to Care 1.2.1 Define clear baseline numbers and staffing patterns	CHA – Healthcare Resources Section	Use provider statistics for identifying baseline ratios
All identified priority areas	The County Health Rankings 2011-2012	The County Health Rankings were used to show CHIP Team members county level health data and trends. This data also showed how Okaloosa County compares to other counties in Florida.
All identified priority areas	Data contained in the four MAPP assessments that combine to make up the Community Health Assessment (CHA)	The CHA, and all data and sources referenced therein, provide background and baseline data for the formulation of the CHIP goals and subsequent action plans.