Delta Health System – CHNA Plan of Action Diabetes

Goal	Strategies	Action Steps	Expected Outcomes	Measurable Targets (3–5 Years)
Decrease incidence of Type 2 Diabetes	Expand education & awareness	- Provide culturally relevant nutrition education on reducing fats/sugars - Educate parents on limiting screen time and encouraging physical activity - Promote outdoor and family-based activities	- Increased knowledge of risk factors - Improved dietary habits - Reduced sedentary behavior	- Reach 75% of schools with diabetes prevention education by 2027 - Conduct 4 community workshops annually on nutrition and exercise
	Enhance access to screenings & early detection	- Expand community HgA1c screenings through clinics and health fairs - Promote regular vision screenings - Increase provider use of diabetes educators	- Early detection of diabetes and complications - Improved management of at-risk individuals	- Provide HgA1c screening to 1,000 residents annually - Increase diabetes educator referrals by 20% by 2027
	Strengthen community programs & support	- Establish diabetes support groups - Encourage gardening clubs and community gardening - Partner with United Way for prescription assistance programs	- Greater community engagement - Increased access to healthy foods - Reduced medication non-compliance	- Launch 2 new diabetes support groups by 2026 - Enroll 300 residents annually in prescription assistance
	Improve access to physical activity & safe environments	- Apply for grants (e.g., ORLP) to improve and expand parks - Hold annual community fitness events such as 5K run/walks	- Increased opportunities for safe physical activity - Improved perception of safety in the community - Reduced physical inactivity rates	- Increase access to parks/recreational spaces by 10% by 2028 - Host at least 2 community fitness events annually

		- Promote structured programs for youth/adults in recreation centers		
	Advance clinical care & treatment	- Encourage provider use of GLP-1 agonists for weight loss and diabetes management - Expand provider outreach and patient education - Utilize multimedia communication for diabetes awareness	- Improved clinical outcomes - Reduced diabetes-related complications - Increased treatment compliance	- Reduce renal failure rates among diabetics by 10% by 2028 - Reduce diabetes-related vision problems by 15% by 2028

Delta Health System – CHNA Plan of Action Obesity

Goal	Strategies	Action Steps	Expected Outcomes	Measurable Targets (3–5 Years)
Reduce adult and childhood obesity rates	Expand access to healthy food & physical activity	- Partner with schools, churches, and community centers to expand nutrition programs - Support community gardens and mobile/retail food distribution - Create safe walking/biking spaces and promote structured exercise programs	- Improved diet and activity levels - Greater food security - Reduced obesity prevalence	- Reduce adult obesity rate by 5% by 2028 - Increase % of residents meeting physical activity guidelines by 15% by 2027 - Expand healthy food access programs to 3 new sites by 2026
	Strengthen health education & awareness	- Develop culturally relevant obesity-prevention campaigns - Provide nutrition and exercise workshops - Implement school-based health education	- Increased health literacy - Greater community engagement - Improved prevention behaviors	- Reach 80% of schools with obesity prevention programming by 2027 - Conduct 2 community health workshops annually
	Integrate obesity prevention in clinical care	- Expand BMI screening and counseling in primary care - Provide referrals to dietitians, exercise programs, and behavioral health support	- Early identification of at-risk patients - Increased referrals to supportive services	- Screen 100% of clinic patients annually - Increase provider referrals to obesity prevention programs by 25% by 2027
	Policy & community support	- Advocate for zoning policies promoting healthy food outlets - Incentivize farmers' markets in key neighborhoods	- Healthier community environment - Increased access to healthy foods - Community-wide behavior change	- Implement 2 policy initiatives by 2026 - Establish 2 new farmers' market incentive programs by 2026

		- Launch public awareness campaigns on nutrition and activity		- Reach 75% of residents with public awareness campaigns by 2027
	Data collection & evaluation	- Conduct community surveys on attitudes, behaviors, and barriers - Partner with academic/public health organizations to evaluate programs	- Better understanding of community needs - Improved program effectiveness	- Complete baseline community survey by 2026 - Conduct annual evaluation reports for all interventions

Delta Health System – CHNA Plan of Action: Hypertension

Goal	Strategies	Action Steps	Expected Outcomes	Measurable Targets (3–5 Years)
Reduce high prevalence of hypertension in Greenville	Expand access to screening & treatment	- Partner with organizations to host mobile BP units - Increase free screenings at clinics, pharmacies, and community events - Provide drug discount cards & free medication consultations	- Increased early detection - Improved treatment adherence - Reduced hospitalizations	- Reduce hypertension prevalence by 20% by 2028 - Increase BP screenings by 30% in underserved wards within 12 months
	Strengthen community-based education & support	- Launch peer-led support groups in community centers & churches - Partner with organizations to create "Healthy Homes Challenge" for lifestyle changes	- Greater self-management - Reduced stigma - Improved community engagement	-Increase partnerships to create heart healthy programs
	Policy & environmental change	- Work with city planners to upgrade parks with senior-friendly exercise equipment - Advocate for healthy food incentives at local stores/farmers' markets	- Increased physical activity - Improved food access - Long-term community health improvements	- Partner with civic and city organizations to encourage park development

	Enhance stakeholder engagement	- Host annual Community Health Summit - Form Community Hypertension Task Force with quarterly meetings - Train 20 Community Health Ambassadors	- Stronger cross-sector collaboration - Improved outreach - Sustainable local leadership	- Convene quarterly task force meetings starting 2025 - Train 10 ambassadors by end of Year 1
	Nutrition education & food access	- Partner with Extension Service & local chefs for cooking demos - Promote affordable heart-healthy meals using local ingredients	- Improved nutrition knowledge - Healthier eating habits - Increased local resource use	-Collaborate with civic groups to host a heart healthy seminar/demonstration annually beginning in 2026

Delta Health System – CHNA Plan of Action: Cholesterol

Goal	Strategies	Action Steps	Expected Outcomes	Measurable Targets (3–5 Years)
Reduce high cholesterol and related cardiovascular disease risks	Expand screening & treatment access	- Increase cholesterol screenings in clinics and community events - Integrate lipid testing with diabetes and hypertension care - Provide affordable or free medication support programs	- Earlier detection - Improved treatment adherence - Reduced CVD risks	- Increase cholesterol screening rates by 20% by 2027 - Reduce % of adults with untreated high cholesterol by 10% by 2028
	Strengthen community awareness & education	- Launch culturally relevant awareness campaigns about cholesterol risks - Promote heart-healthy cooking classes and exercise programs - Partner with schools, worksites, and churches for outreach	- Improved knowledge of prevention - Greater lifestyle changes - Increased community participation	- Provide cholesterol education Delta residents - Conduct heart-health workshops
	Integrate care coordination	- Develop referral pathways linking patients with nutritionists, primary care, and pharmacies - Incorporate telehealth for follow-ups	- Better care management - Reduced barriers to adherence - Increased treatment success	- Increase medication adherence rates by 15% by 2028

Delta Health System – CHNA Plan of Action: Pregnancy Planning

Goal	Strategies	Action Steps	Expected Outcomes	Measurable Targets (3–5 Years)
Reduce unintended pregnancies and improve preconception care	Expand access to pregnancy planning services	- Offer mobile clinics and pop-up events for contraception counseling, pregnancy tests, preconception check-ups - Provide telehealth consultations and pharmacy-based counseling	- Increased use of family planning services - Reduced barriers to care - Improved early engagement in preconception care	- Work to reduce unintended pregnancies by 25% within 2 years - Increase service utilization by 15% by 2026
	Strengthen education & awareness	- Conduct community workshops, social media campaigns, and forums - Distribute multilingual resource guides and directories - Implement age-appropriate school and community education	- Improved knowledge of healthy preconception behaviors - Greater community engagement - Increased awareness of local resources	- Reach 3,000 residents annually with educational campaigns - Distribute 1,000 resource guides per year - Work with the Family Medicine Residents to deliver school-based reproductive health education in 80% of schools by 2027
	Enhance stakeholder engagement	- Partner with OB/GYNs, primary care providers, nurse practitioners, midwives - Collaborate with public health departments,	- Stronger coordination of services - Improved program alignment - Expanded community trust	- Establish quarterly stakeholder meetings starting 2025 - Form Pregnancy Planning Task Force by end of Year 1

		nonprofits, faith leaders, and local policy makers		
	Address access barriers & equity	- Identify transportation, cost, and cultural/language barriers - Provide financial assistance programs and culturally competent care - Partner with insurance and Medicaid representatives	- Improved equitable access - Reduced missed appointments - Greater patient satisfaction	- Reduce access barriers for 500 women annually
	Promote healthy preconception behaviors	- Conduct workshops on nutrition, lifestyle, and pregnancy planning - Leverage trusted community spaces such as churches and schools - Use digital tools for information and referrals	- Healthier pregnancies - Increased knowledge of preconception care - Improved maternal and infant outcomes	- Conduct workshops as needed beginning in 2026 - Reach 1,000 women annually via digital resources

Delta Health System – CHNA Plan of Action: Sexually Transmitted Infections (STIs),

Goal	Strategies	Action Steps	Expected Outcomes	Measurable Targets (3–5 Years)
Reduce disproportionately high rates of STIs	Expand access to screening & treatment	- Launch mobile testing units - Integrate STI care with reproductive and chronic disease services	- Earlier detection & treatment - Increased access in underserved areas - Reduced new infection rates	- Increase STI screenings by 10% by 2027 - Reduce chlamydia incidence by 5% by 2028 - Reduce gonorrhea incidence by 5% by 2028
	Strengthen education & outreach	- Implement evidence-based, culturally relevant sexual health education - Partner with schools, faith-based, and community groups - Target high-risk groups with risk-reduction education	- Improved prevention knowledge - Reduced stigma - Greater youth and community engagement	- Provide education to 90% of county schools by 2027 - Reach youth annually with sexual health programs - Increase community STI prevention awareness by 20% (survey-based) by 2028
	Address social determinants	- Provide wraparound care coordination - Train providers in culturally competent care	- Improved holistic care - Reduced barriers to treatment - Better health equity	- Refer 100% of diagnosed patients to follow-up services - Train 50% of providers in culturally competent sexual health care by 2027
	Enhance surveillance & monitoring	- Use CDC/MSDH data tools - Publish annual STI trend reports	- Data-driven decision-making - Transparent reporting	- Release annual STI community data report starting 2026

		- Adapt interventions based on data	- Timely identification of emerging risks	- Use surveillance data to adjust programs yearly
	Strengthen partnerships	- Collaborate with MSDH, and local schools - Engage community leaders in outreach - Expand telehealth STI counseling	- Increased trust - Stronger integration - Expanded reach of care	- Establish new formal partnerships by 2026