

Working Together for a Healthy Kansas:

Kansas Action Plan for Heart Disease and Stroke Prevention, 2012-2017

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Working Together for a Healthy Kansas: Kansas Action Plan for Heart Disease and Stroke Prevention, 2012 - 2017 was created by the Heart and Stroke Alliance of Kansas. The Alliance has representation from health systems, professional societies and associations, community-based organizations, private industry, state agencies, academic institutions, health foundations, voluntary non-profit organizations and individuals living with cardiovascular disease.

Appreciation is extended to the numerous individuals and organizations who have worked tirelessly in developing strategies that will have an impact on heart disease and stroke in Kansas. If you or your organization would like to join efforts in implementing our state's plan, we invite you to participate.

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Foreword

To My Fellow Kansans,

Heart disease and stroke are the first and third leading causes of death for men and women in Kansas and nationwide. The impact of heart disease and stroke is felt in many different ways - health care costs associated with acute treatment, long-term illness, disabilities that affect the economic future of the state, and the financial and emotional impact on patients and their families.

Cardiovascular disease is a disease of the heart and blood vessels. By the time problems of the heart and blood vessels are detected, the condition is quite advanced having taken many years to develop, beginning as early as childhood. The good news is underlying causes, or risk factors, of cardiovascular disease can be modified with healthy eating, physical activity and avoidance of tobacco use.

In public health, we aim to ease the burden of cardiovascular disease by reducing the prevalence of risk factors in our communities. We strive to achieve coordinated efforts in addressing obesity, diabetes and tobacco use while at the same time working with communities to make it easier for Kansans to be more physically active and adopt healthier eating habits.

On behalf of the Kansas Department of Health and Environment, I applaud the efforts of the Heart and Stroke Alliance of Kansas for its development of the Working Together for a Healthy Kansas: Kansas Action Plan for Heart Disease and Stroke Prevention, 2012 - 2017. This plan was developed to serve as a plan for everyone in Kansas. To effectively implement the plan set forth in the following pages, it is imperative that individuals and organizations throughout Kansas work collaboratively to achieve our common goals. I take this opportunity to invite and encourage you to use this plan as a guide in taking action to reduce the effects of cardiovascular disease in your communities. With your help, we will reduce heart disease and stroke in Kansas.

Sincerely,

Robert Moser, MD
State Health Officer
Secretary, Kansas Department of Health and Environment

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Introduction & Background

This five-year plan provides a roadmap for reducing heart disease and stroke in Kansas. This plan was written collaboratively with partners representing health systems, professional societies and associations, community-based organizations, private industry, state agencies, academic institutions, health foundations, voluntary non-profit organizations and those living with cardiovascular disease. In preparing this plan, evidence-based initiatives and research from national resources such as Healthy People, the Institute of Medicine, the American Heart Association (AHA) as well as others were referenced.



Healthy People is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. Released by the United States Department of Health and Human Services each decade, Healthy People reflects the idea that setting objectives and providing evidence-based benchmarks to track and monitor progress can motivate and focus action.

Healthy People is used as a tool for strategic management by the federal government, states, communities, and many other public and private sector partners. Its comprehensive set of objectives and targets is used to measure progress for health issues in specific populations, and serves as (1) a foundation for prevention and wellness activities across various sectors and within the federal government, and (2) a model for measurement at the state and local levels.¹

The Kansas Action Plan for Heart Disease and Stroke Prevention, 2012 - 2017, references the national Healthy People 2020 goals and objectives. Healthy People 2020 will be used to assist in measuring our state's progress in reaching our goals and evaluating the performance of various programs and plans, along with measures from the Healthy Kansans 2020 objectives.

The Institute of Medicine (IOM) is a not-for-profit, non-governmental organization founded in 1970 to provide recommendations on issues relating to biomedical science, medicine and health. Because the IOM is a not a governmental agency, it is able to provide independent guidance and analysis and relies on work from volunteer scientists and other experts. The IOM provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy to policymakers, professionals, leaders in every sector of society and the public at large. The IOM provides guidance in many areas including mental health, child health, food and nutrition, aging, women's health, education, public policy, health care and quality, diseases, global health, workplace, military and veterans, health sciences, environment, treatment, public health and prevention, and minority health. While IOM guiding documents include a number of reports that are frequently cited as resources, those most frequently referenced in addressing heart disease and stroke in Kansas include reports on obesity, *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*,² and sodium, *Strategies to Reduce Sodium Intake in the United States*.³

The American Heart Association (AHA) is a non-profit organization dedicated to fighting cardiovascular disease through prevention and treatment. AHA is focusing more on improving cardiovascular health rather than just reducing the prevalence of the disease.⁴ This state plan supports the approach of focusing on preventing primary risk factors.

In addition to preventing primary risk factors, the state plan focuses on controlling and managing secondary risk factors and detection and treatment of heart disease and stroke. One area Kansas will be focusing on during the next five years is improving the awareness of early detection and prompt treatment of a heart attack or stroke and the importance of accessing rapid emergency care. To increase the public's awareness and improve emergency systems' delivery, Kansas will be referencing the AHA's four main recommendations in improving the survival rates for out-of-hospital cardiac arrest.⁴

The direction provided by these national resources and guidelines will support Kansas' efforts toward reducing cardiovascular disease.

What Can I Do?

Every Kansan can play a role in this state plan, whether they represent community, health care, schools, decision makers or worksites. Everyone is vital to the success of reducing heart disease and stroke and improving cardiovascular health in our state. Below are some suggestions for communities, health care, schools and worksites to be more involved in helping to fight heart disease and stroke in Kansas.



Communities can:

Implement environmental supports and initiatives that enhance physical activity, healthy nutrition and tobacco-free living. Examples include:

- Enhance access to parks, walking trails and bike paths.
- Implement public education initiatives to reduce sodium consumption.
- Promote evidence-based strategies to reduce exposure to secondhand smoke.
- Enhance partnerships to increase access to whole grains, fruits and vegetables through federally funded food and nutrition programs.
- Reduce food deserts by increasing geographical access to healthy foods.
- Implement pricing strategies to encourage healthy food choices.

Health Care can:

Support primary care providers in the detection and treatment of hypertension and hyperlipidemia. Examples include:

- Implement automated reminders from providers to patients.
- Create electronic patient management systems.
- Encourage insurance companies to reimburse programs that emphasize lifestyle changes.



Schools can:

Promote environmental and systems changes in schools that encourage physical activity, healthy eating and tobacco-free lifestyles. Examples include:

- Use locally grown produce.
- Partner with communities to establish joint-use agreements to promote community access to public school facilities and playgrounds outside of regular school hours.
- Support and implement strategies from the Kansas Tobacco Use and Cessation Strategic Plan.
- Implement the Kansas Fitness Information Tracking System (KFIT) to assess fitness of Kansas youth.
- Promote physical activity before, during and after school.
- Adopt a wellness policy that meets Kansas State Department of Education exemplary policy guidelines.





Worksites can:

Implement a comprehensive wellness program that encourages physical activity, healthy nutrition, tobacco-free living, and chronic disease detection and management. Examples include:

- Enhance access to healthy foods, provide opportunities for physical activity and eliminate exposure to secondhand smoke through worksite policies and environments.
- Implement a benefit design that encourages preventative exams, lifestyle counseling and medication adherence.



HSAK Leadership can:

Empower Kansans to advocate and facilitate systems and environmental changes. Examples include:

- Recruit and convene invested partners.
- Monitor progress of the state plan's implementation and impact on heart disease and stroke burden.
- Serve as a clearinghouse for information on best practices.
- Provide staff and workgroup support, technical assistance and resources for partners.

If you or your organization would like to join efforts in implementing our state plan, please contact the Kansas Department of Health and Environment, Heart Disease and Stroke Prevention Program at 785-291-3742, ksheartstroke@kdheks.gov or visit www.kschronicdisease.org.

Collaborations

Kansas Heart Disease and Stroke Prevention Program

The Kansas Heart Disease and Stroke Prevention Program (HDSPP) was established in July 2003 through a grant from the Centers for Disease Control and Prevention (CDC). One of the purposes of the program is to engage partner organizations in developing a state cardiovascular health plan and facilitate a response to the priority areas identified. Priorities include:

- Increase control of high blood pressure primarily in adults and older adults.
- Increase control of high blood cholesterol primarily in adults and older adults.
- Increase knowledge of signs and symptoms of heart attack and stroke and the importance of calling 9-1-1.
- Improve emergency response.
- Improve quality of heart disease and stroke care.
- Eliminate health disparities, such as race, ethnicity, gender, geography and socio-economic status.

Heart and Stroke Alliance of Kansas

The mission of the Heart and Stroke Alliance of Kansas (HSAK) is to empower Kansans to advocate for and facilitate systems and environmental changes, thus reducing the human and financial toll of heart disease and stroke through prevention, detection and treatment. The goal of HSAK is to reduce cardiovascular burden by implementing evidence-based interventions in health care, worksites, communities and schools.

The partnership was created in 2004 as the Kansas Cardiovascular Disease Advisory Council to assess the current status of the statewide health infrastructure in supporting heart disease and stroke prevention in Kansas, determine gaps and needs within the infrastructure, and develop a coordinated, collaborative and comprehensive statewide plan of action. In 2011, as the first state plan was being implemented, the Council reorganized and evolved as the Heart and Stroke Alliance of Kansas. Membership is open to organizations or individuals with an interest or expertise in heart disease and stroke prevention and control. For a list of HSAK member organizations, please refer to the Appendix.

Worksite Wellness

The Wichita Business Coalition on Health Care, in collaboration with KDHE and the University of Kansas School of Medicine-Wichita, secured private funding to train 30 community champions and a minimum of 210 employers during a three-year period to improve the health of their communities. Community Champions are trained on community health leadership principles and how to engage businesses in a discussion on worksite wellness. The Community Champion then convenes a group of at least seven employers representing different factions of their community at a local training. The HDSPP Worksite Assessment Tool is used by employers to guide evidence-based policy, systems and environmental changes to support employee health in their worksite. By the end of the local training, employer representatives have gained the knowledge to develop goals and plans for health and wellness in their worksites.

Statewide Coalition Collaborative

Based on a need for more streamlined work, the HSAK Executive Team began meeting with leaders from the Kansas Diabetes Action Council in 2011 to discuss potential ways to work in partnership. A collaboration plan was developed to merge the two disease-specific statewide coalitions into one group with a broader chronic disease focus. This cooperative effort led to the first joint statewide meeting between HSAK and KDAC. In July 2012 the collaboration plan was presented and accepted by the membership as a whole. Committees from both groups compared workplans to identify commonalities and began meeting jointly to address crosscutting issues.

The HSAK is composed of four workgroups:

(1) Clinical Interventions: This group focuses on identifying, prioritizing and implementing clinical interventions to assess, improve or maintain heart disease and stroke health.

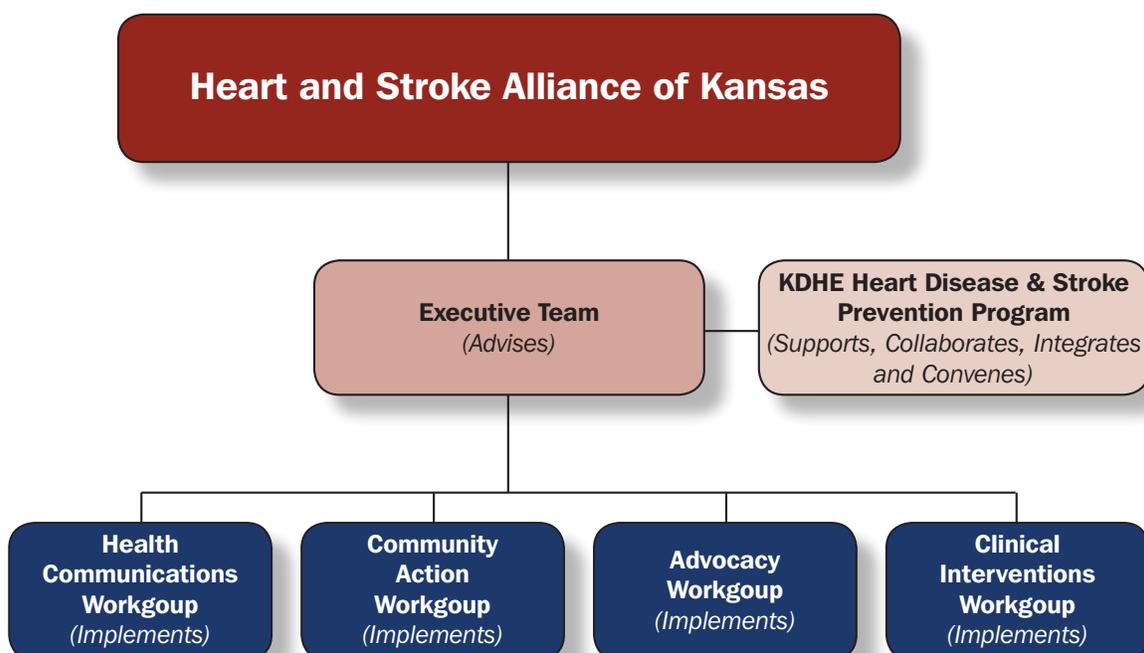
(2) Community Action: This group strives to support Kansas communities in being heart healthy through education, interventions and awareness.

(3) Health Communications: This group focuses on collecting information from the HSAK workgroups and disseminating it through identified communication channels to inform Kansans of heart disease and stroke issues.

(4) Advocacy: This group provides education on the impact of legislation, regulation, insurance and health services on the state's burden of heart disease and stroke.

The Executive Team (comprised of workgroup chairs) acts on behalf of the HSAK to make operational decisions to guide the Alliance. The team advises the Heart Disease and Stroke Prevention Program (HDSPP) at the Kansas Department of Health and Environment (KDHE) on implementation of federal grant activities and how best to respond to Alliance priorities. KDHE staff assists all members of the Alliance in providing supportive materials, technical assistance and resources related to conferences, meetings, the HSAK website and public information.

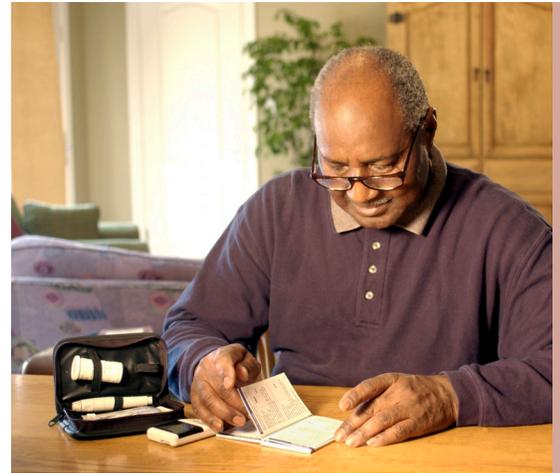
Additionally, HSAK works with KDHE to promote an integrated approach to chronic disease prevention, treatment and control. This integrated approach in the areas of cancer, arthritis, school health, diabetes, disability, tobacco control and injury is reflected in strategies for meeting state plan goals and objectives.



State Level Partners

KDHE Diabetes Prevention and Control Program

The Diabetes Prevention and Control Program (DPCP) was established in 1987 with funding from the CDC to improve the health of Kansans at risk for or with diabetes. In 1988, DPCP organized the Kansas Diabetes Action Council (KDAC) to provide statewide leadership to prevent and control diabetes and reduce its impact on the state. KDAC consists of more than 75 dedicated members representing organizations in government, non-profit organizations, health care systems, academia and others.



In 2004 the DPCP launched the Kansas Quality of Care (KQOC) Project. The initial focus of the KQOC Project was to improve the quality of care for patients with diabetes. In 2007 the DPCP partnered with HDSPP to expand the focus of the project to include care of patients with hypertension and hyperlipidemia. Currently, there are more than 12,000 patients whose care is being tracked in 33 health care organizations located in 60 clinic sites across the state. By reviewing data at the patient and clinic level, providers are able to make adjustments in their practice procedures to improve the quality of care, leading to better patient outcomes.

KQOC Project: Improving Clinical Preventive Services to Reduce High Blood Pressure

As part of the KQOC Project, 13 clinics throughout the state received guidelines and educational materials for patients on how to prevent and manage high blood pressure. The clinics also received assistance and training on how to improve the quality of the data they collect, use these data to identify barriers to care and gaps in services, link patients to community resources, and share success stories.

In 2009, 11 clinics submitted data for 2,303 patients with high blood pressure (1,449 without diabetes, 854 with diabetes). The percentage of patients without diabetes who had their blood pressure under control increased from 54.6 percent in 2007 to 63 percent in 2009. Increases also were reported in the percentage of clinics that were referring patients with high blood pressure to behavior-change and peer-support programs (from 69.2% to 75.0%) and that were distributing guidelines on physical activity and blood pressure control to patients (from 69.2% to 75.0%). In addition, the data showed that 98 percent of all project participants with high blood pressure had their blood pressure measured during at least one clinic visit in 2009, and 84 percent were taking medication to control this condition.

Doctors who participated in the KQOC Project reported that the project made them more aware of the importance of following treatment guidelines and developing policies to help patients better manage their blood pressure.⁵

Kansas Arthritis Program

The Kansas Arthritis Program is funded by the CDC to expand the access, availability and use of arthritis-appropriate evidence-based interventions. Interventions used to accomplish the goals include:

- Arthritis Foundation Exercise Program
- CDC Health Communications Campaigns “Physical Activity: The Arthritis Pain Reliever” and “Buenos Dias, Arthritis”
- Kansans Optimizing Health Program
- Tomando Control de su Salud (Spanish Chronic Disease Self-Management Program)
- Arthritis Foundation Walk with Ease

The Kansas Arthritis Program plans to accomplish the goal of increasing access to these interventions through implementing strategies that embed arthritis-appropriate evidence-based interventions into multi-site delivery systems, conducting surveillance and using data to inform decision making, and promoting health equity.

Kansas Indoor Clean Air Act

Effective July 2010, the Kansas Indoor Clean Air Act protects the public’s health by reducing exposure to secondhand smoke in public places and places of employment. Smoking is prohibited in most of the following indoor locations in Kansas:

- Places of employment
- Restaurants
- Bars
- Taxicabs and limousines
- Lobbies, hallways and other common areas in apartment buildings and other multiple-residential facilities
- Restrooms, lobbies and other common areas in hotels and motels
- Within 10 feet of any doorway, open window and air intake of establishments where smoking is prohibited

KDHE Tobacco Use Prevention Program

The KDHE Tobacco Use Prevention Program provides resources and technical assistance to community coalitions for development, enhancement and evaluation of state and local tobacco prevention initiatives. The program also facilitates and promotes the Kansas Tobacco Quitline, a web-based and telephone tobacco cessation counseling service. The Tobacco Use Prevention Program works closely with the Tobacco Free Kansas Coalition to implement strategies to reduce the economic and physical harm caused by tobacco use in the state of Kansas.

Tobacco Free Kansas Coalition

The Tobacco Free Kansas Coalition is a statewide alliance of health, medical, education, parent, youth, law enforcement, health coalitions and individuals that aims to significantly reduce tobacco use and addiction, especially among children and high-risk populations. The focus of the coalition is on both prevention and cessation programs and the evidence-based strategies that promote such programs.

Kansas Cancer Prevention and Control Program

The KDHE Cancer Prevention and Control Program seeks to reduce the morbidity and mortality from cancer through prevention of cancer when possible and routine screening when appropriate. Other areas of interest include access to quality diagnostic services and treatment including access to clinical trials, survivorship issues and if necessary, compassion and care at the end of life. The program provides breast and cervical cancer screening services to low-income women through service providers located across the state.

Kansas Cancer Partnership

The Kansas Cancer Partnership is a state coalition of diverse individuals from both private and public organizations who provide leadership in the implementation of comprehensive cancer prevention and control across Kansas. The primary goal of the partnership is to reduce the burden and suffering of cancer and to enhance the lives of all Kansas cancer survivors and their families. This approach encompasses the continuum of prevention, early detection, treatment, survivorship and quality of life. The Kansas Cancer Partnership works with KDHE in an integrated approach to chronic disease prevention and control (e.g., cancer, arthritis, school health, diabetes, disability, heart disease and stroke, tobacco control and injury). This integration leverages resources for promoting healthy behaviors among cancer survivors. State cancer plan strategies include employer trainings about survivorship in the workplace that apply to all chronic diseases. Other key prevention objectives in the state cancer plan include tobacco use and secondhand smoke exposure, physical activity, and fruit and vegetable consumption. These objectives also impact chronic diseases such as heart disease and stroke.



Plan Development

To develop this plan, HSAK members organized into workgroups to develop strategies and action steps regarding the prevention, detection and treatment of heart disease and stroke using Kansas data as the foundation. The strategies and action steps take place in target settings of community, health care, school, worksites and policy.

The HSAK Executive Team and KDHE recruited and convened partners representative of the various disparate populations across the state to ensure disparity issues are being addressed. Health disparity issues addressed in this plan include access to care, quality of care and cultural competency. Examples of interventions that target the disparate subpopulations identified in this plan include:

- Tomando Control de su Salud - a chronic disease self-management program developed specifically for Spanish-speaking individuals with chronic illness. As of July 2012, it is offered by 18 trained leaders across Kansas.

- Kansas Optimizing Health Program (KOHP) - a chronic disease self management program for anyone with a chronic condition, family members or caregivers. As of July 2012, KOHP is offered by 216 trained leaders in 61 Kansas counties.
- Walk with Ease - a self-directed, individual walking program, chosen specifically because of poor access to fitness facilities in rural areas. As of July 2012, nearly 1,000 people have participated across the state.
- The Kansas Quality of Care (KQOC) Project - collects patient and clinic level data on diabetes, hypertension and hyperlipidemia. One of the unique aspects of the KQOC Project is the diversity of participating health care organizations. Many of these organizations are safety net clinics or Federally Qualified Health Centers that primarily serve low-income families.

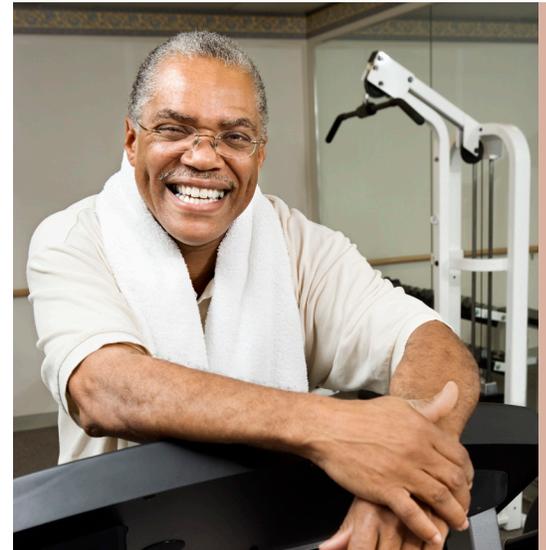
Each workgroup's complete workplan detailing objectives, strategies, action steps, data measurement and connected Healthy People 2020 objectives may be found in the Appendix. A condensed version that provides an overview of each workgroup's workplan may be found in the "Goals, Objectives and Strategies" section of this plan.

Burden of Coronary Heart Disease and Stroke in Kansas

Coronary heart disease (CHD) occurs when the arteries that supply blood to the heart, called coronary arteries, harden and narrow. This process is called atherosclerosis. It involves cholesterol and other fatty substances, cells, calcium and blood clotting factors building up and depositing on the inner lining of an artery. These plaques may also break off from the wall and enter the blood stream as a clot or thrombus. When a coronary artery becomes very narrow, or if a thrombus becomes lodged in a coronary artery, blood flow to the heart is reduced, leading to angina (chest pain). If blood flow to the heart muscle is completely blocked, this can also result in acute myocardial infarction (AMI) or heart attack. Nationwide, an estimated 16.3 million people have CHD.⁶ By 2015, it is estimated the direct cost (medical) of CHD will be \$46.8 billion while the indirect cost (loss of productivity) will be \$82.8 billion. This amounts to approximately \$129.6 billion in direct and indirect costs due to CHD.⁷

CHD and stroke are the two major components of cardiovascular disease, the leading cause of death and a major contributor to health care costs in Kansas. Although coronary heart disease and stroke mortality have declined in recent years, they continue to be leading causes of death and a significant burden on the health care system in Kansas. The prevalence of CHD and stroke risk factors such as high blood pressure, high blood cholesterol, diabetes and obesity are increasing in Kansas, underscoring the importance of prevention efforts to sustain the decline in CHD and stroke mortality. While the prevalence of smoking in Kansas has not been increasing, the prevalence of this CHD risk factor has not declined significantly in recent years.

More detailed information and further analysis may be found in the *Burden of Coronary Heart Disease and Stroke in Kansas*, July 2010.⁸



Burden Highlights

The percentage of adults who correctly recognize all signs and symptoms of heart attack (12%) and stroke (22.8%) and the appropriate response to call 911 was low.⁸

The prevalence of high blood cholesterol, diabetes, disability, arthritis, overweight and obesity, and insufficient physical activity were higher among persons with high blood pressure as compared to persons without high blood pressure.⁸

The percentage of adults 18 years and older diagnosed with high blood cholesterol among those tested increased by 32 percent between 2001 (29.2%) and 2009 (38.6%).⁸

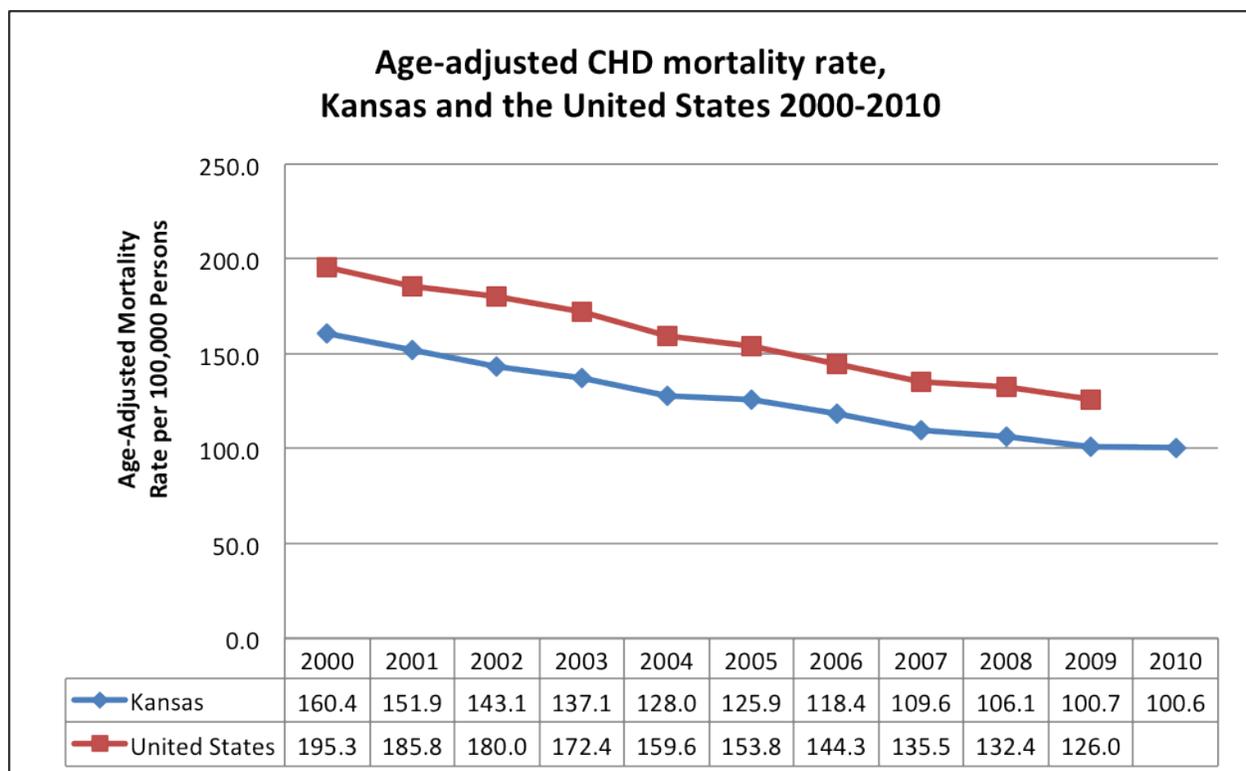
The prevalence of diabetes was particularly high among Kansas adults 18 years and older with high blood cholesterol (16.4%), high blood pressure (19.2%) and stroke (27.5%).⁸

During the period from 2001-2009, the prevalence of obesity increased 33 percent, from 21.6 percent in 2001 to 28.8 percent in 2009.⁸

Coronary Heart Disease Mortality

The prevalence of coronary heart disease and stroke risk factors, such as high blood pressure, high blood cholesterol among those tested for blood cholesterol, obesity and diabetes are increasing in Kansas. This increase underscores the importance of prevention efforts in Kansas to sustain the decline in CHD and stroke mortality. Programs to improve cardiovascular health in Kansas are important steps necessary to achieve the goal of improved cardiovascular health for Kansans.⁹ These programs include health education campaigns, worksite wellness programs, efforts to improve quality of care for persons with diabetes, high blood pressure or high blood cholesterol, community efforts to strengthen emergency care systems, and efforts to increase access to community and social supports to help individuals with cardiovascular disease manage their condition.

Figure 1: CHD Mortality Rate

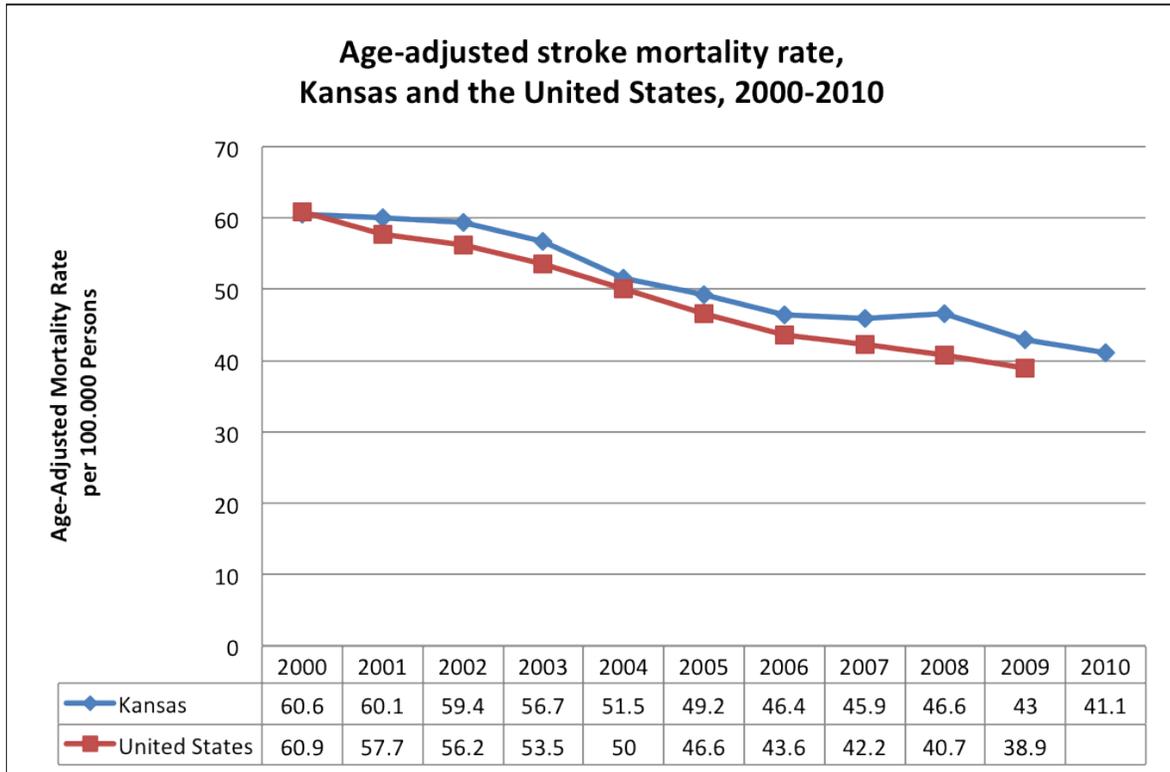


Source: 2000-2010 Kansas Vital Statistics, Center for Health and Environmental Statistics, KDHE. United States Compressed Mortality Data, CDC Wonder, Centers for Disease Control and Prevention. <http://wonder.cdc.gov/>. Rates were age-adjusted to the U.S. 2000 standard population using the direct method. Note that age-adjusted rates may have changed slightly from previous publications. These rates use the most recently available mortality data. See Burden of Coronary Heart Disease and Stroke in Kansas, July 2010 Technical Appendix for details on how rates were calculated. CHD was defined as ICD-10 codes I11, I20-I25.

Stroke Mortality

Consistent with trends in cardiovascular disease, stroke mortality rates have decreased through the period from 2000-2010 (Figure 2). The trend in stroke mortality for Kansas is parallel to that in the United States.

Figure 2: Stroke Mortality Rate

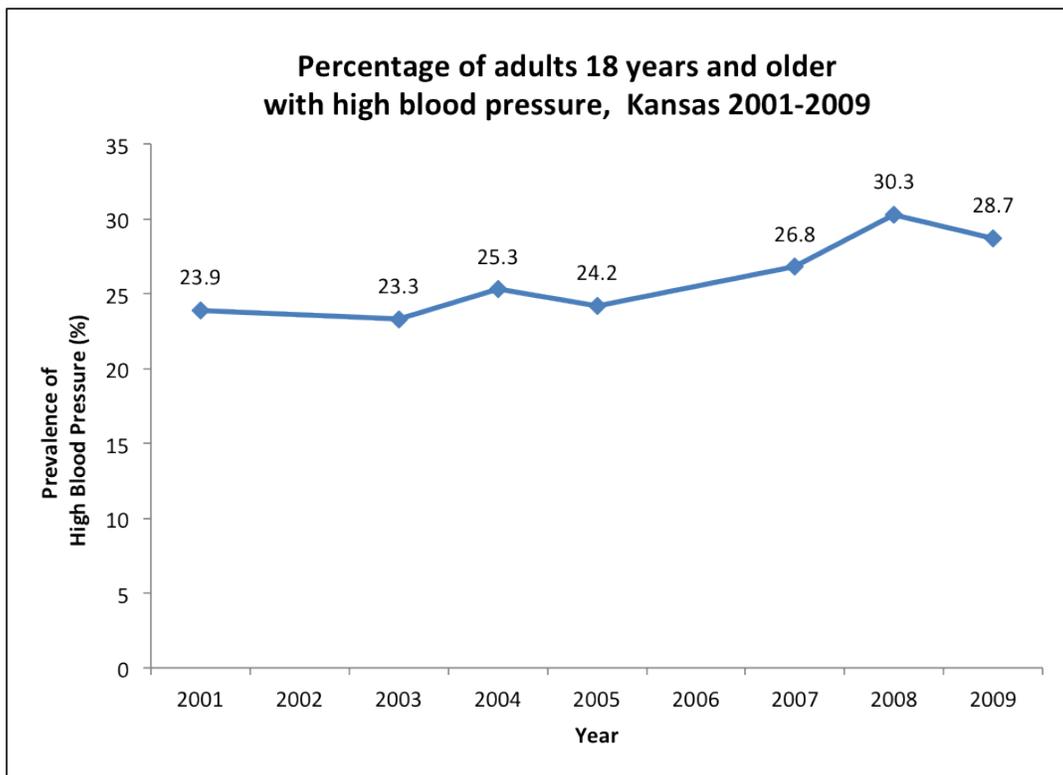


Source: 2000-2010 Kansas Vital Statistics, Center for Health and Environmental Statistics, KDHE. United States Compressed Mortality Data, CDC Wonder, Centers for Disease Control and Prevention. <http://wonder.cdc.gov/>. Rates were age-adjusted to the U.S. 2000 standard population using the direct method. Note that age-adjusted rates may have changed slightly from previous publications. These rates use the most recently available mortality data. See Burden of Coronary Heart Disease and Stroke in Kansas, July 2010 Technical Appendix for details on how rates were calculated. Stroke was defined as ICD-10 codes I60-I69.

High Blood Pressure

In 2009 about 600,000 Kansas adults 18 years and older (28.7%; 95% confidence interval: 27.9% to 29.5%) reported they have been diagnosed with high blood pressure, similar to the median national prevalence (28.6%) for 2009. During the period from 2001 to 2009, the prevalence of high blood pressure increased from 23.9 percent (95% confidence interval: 22.5% to 25.3%) in 2001 to 28.7 percent (27.9% to 29.5%) in 2009, a 20 percent increase (Figure 3). During the same period, the median national prevalence increased by 12 percent, from 25.6 percent in 2001 to 28.6 percent in 2009.⁹

Figure 3: High Blood Pressure

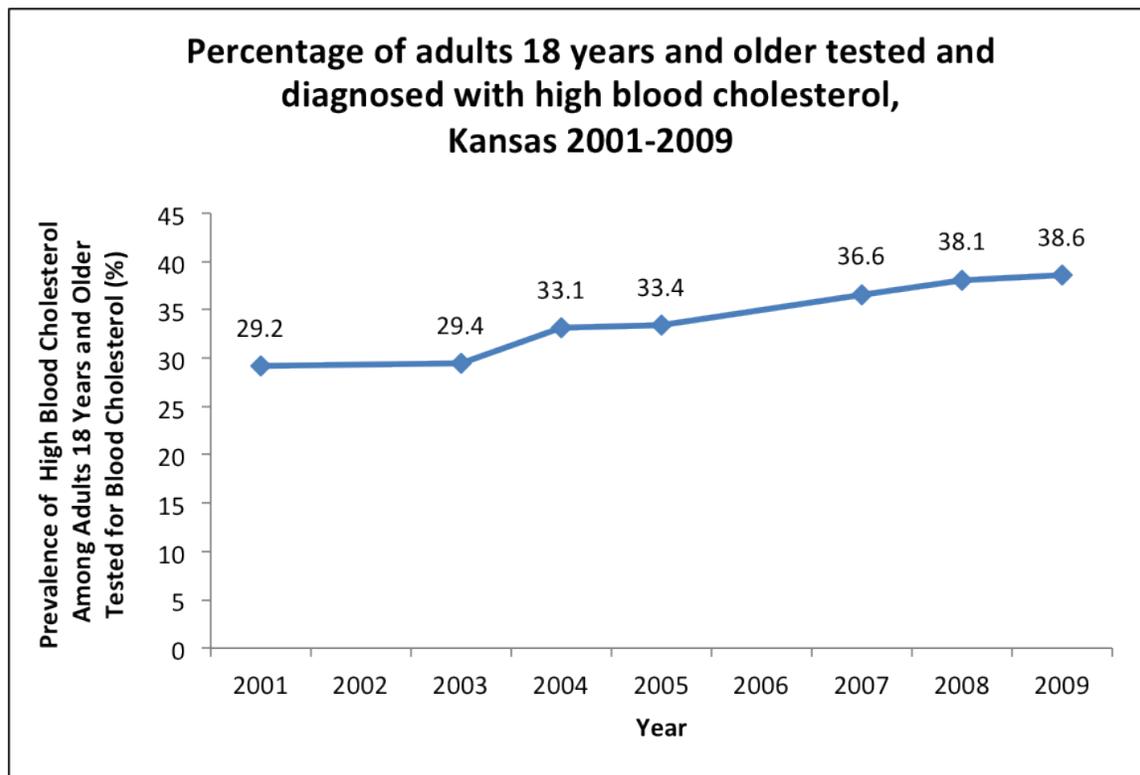


Source: 2001-2009 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment. Questions regarding high blood pressure were asked on one branch of the BRFSS survey to approximately half of all respondents with high blood pressure for 2004 and 2008. Questions related to high blood pressure were not included in the survey for 2002 and 2006.

High Cholesterol

In Kansas, about one-third of adults 18 years and older who were tested for cholesterol had high blood cholesterol. During the period from 2001-2009, the prevalence of high blood cholesterol among those who were tested for blood cholesterol increased from 29.2 percent (95% confidence interval: 27.6% to 30.9%) in 2001 to 38.6 percent (95% confidence interval: 37.6% to 39.5% in 2009, a 32 percent increase (Figure 4). It is important to note that about 21.5 percent of the adult population report never having been tested for cholesterol.⁸ During the same period, the median national prevalence increased by 23 percent from 30.3 percent in 2001 to 37.4 percent in 2009.⁹

Figure 4: High Cholesterol



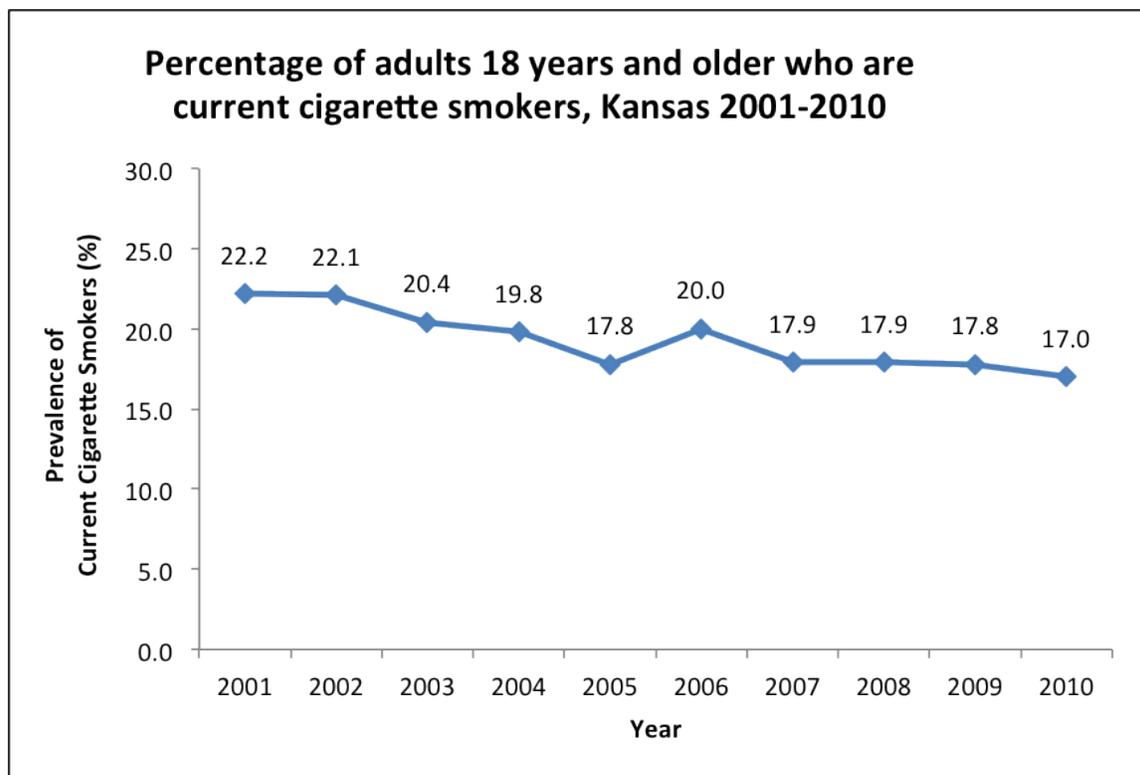
Source: 2001-2009 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment. Survey respondents who reported never having had a cholesterol test were excluded. Questions regarding high blood cholesterol were asked on one branch of the BRFSS survey to approximately half of all respondents for 2004 and 2008. Questions related to high blood cholesterol were not included in the survey for 2002 and 2006.

Tobacco

Smoking is the leading cause of preventable death in the United States, accounting for 1 in 5 deaths during 2002-2004.¹⁰ The risk of developing CHD and stroke is 2 to 4 times higher for smokers as compared to non-smokers.¹¹ An estimated 45 million (19.3%) U.S. adults 18 years and older are current cigarette smokers.¹² Cigarette smoking also poses a risk to non-smokers because it is an important causal factor for CHD.^{13,14}

In 2010, 17.0 percent of adult Kansans 18 years and older were current cigarette smokers. During the period from 2001 to 2010, the percentage of Kansas adults 18 years and older who smoke cigarettes decreased significantly from 22.2 percent (95% confidence interval: 20.9% to 23.5%) in 2001 to 17.0 percent (95% confidence interval: 15.8% to 18.2%) in 2010 (Figure 5).

Figure 5: Current Smokers



Source: 2001-2010 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment.

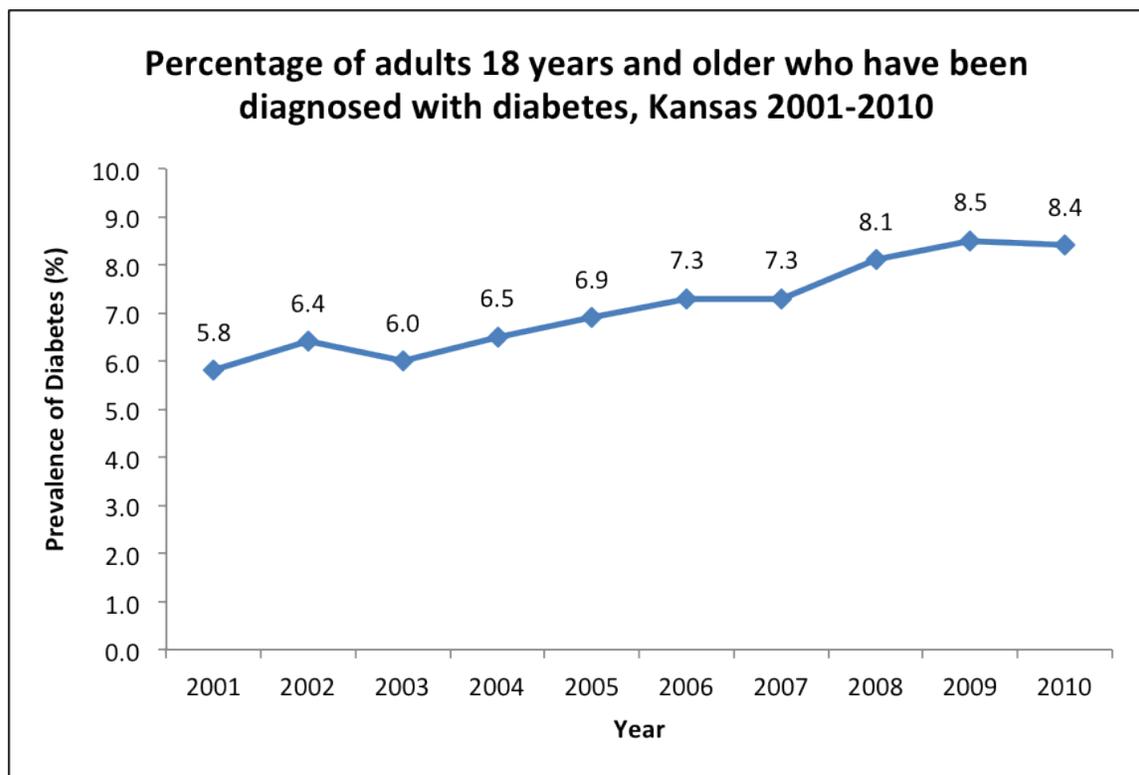
Diabetes

Cardiovascular disease mortality rates are 2 to 4 times higher for adults with diabetes than for adults without diabetes. Stroke risk is also 2 to 4 times higher among adults with diabetes.¹⁵ Total direct and indirect costs from diabetes were estimated at \$174 billion in 2007.^{15,16}

In 2010, 8.4 percent of adult Kansans 18 years and older were diagnosed with diabetes. During the period from 2001 to 2010, the percentage of Kansans 18 years and older with diabetes increased in Kansas from 5.8 percent (95% confidence interval: 5.1% to 6.5%) in 2001 to 8.4 percent (95% confidence interval: 7.8% to 9.1%) in 2010, a 45 percent increase (Figure 6). The increasing trend in diabetes prevalence may signal a pending increase in cardiovascular disease burden.

The prevalence of diabetes was particularly high among Kansans 18 years and older with high blood cholesterol (16.4%; 95% confidence interval: 15.5% to 17.4%; 2009 Kansas BRFSS), high blood pressure (19.2%; 95% confidence interval: 18.2% to 20.2%; 2009 Kansas BRFSS) or a past stroke (27.5%; 95% confidence interval: 23.6% to 31.4%; 2009 Kansas BRFSS).⁸

Figure 6: Diabetes



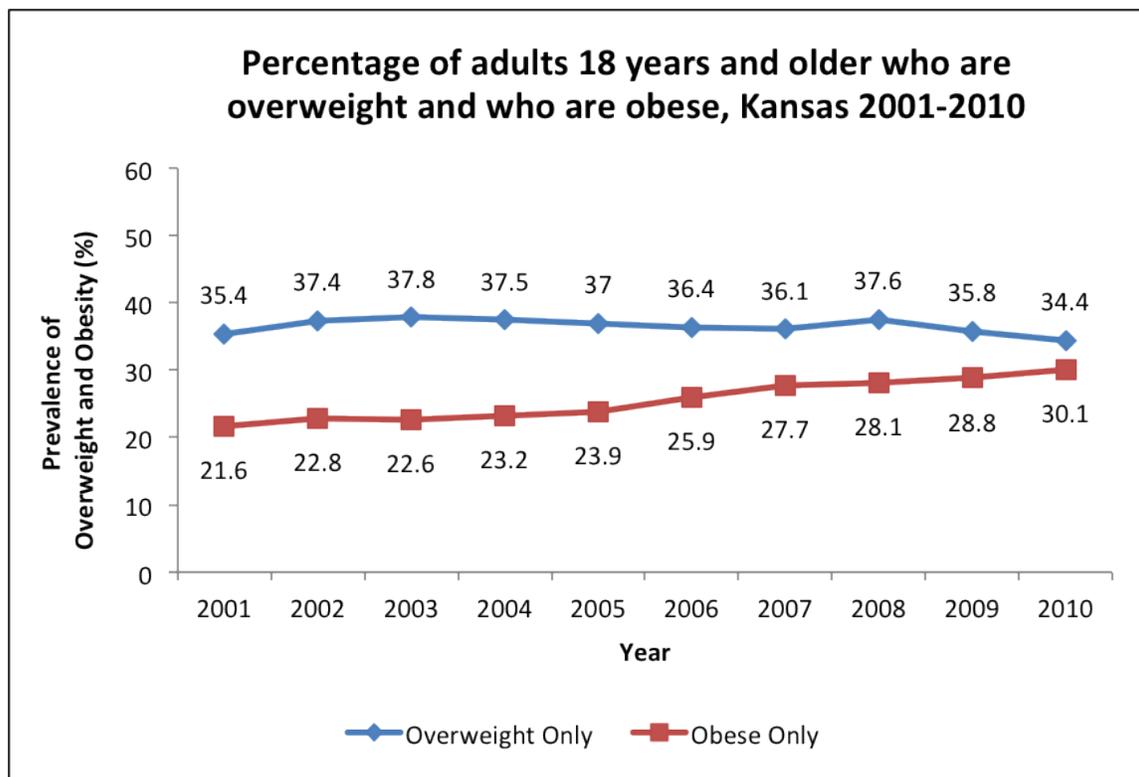
Source: 2001-2010 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment.

Overweight and Obesity

Overweight (defined as a body mass index between 25 and 29 kg/m²) or obesity (defined as a body mass index of 30 kg/m² or higher) increases risk for CHD and stroke as well as a number of other chronic health conditions. For individuals who are overweight or obese, weight loss is an effective way to reduce cardiovascular disease risk or manage cardiovascular disease.

In 2010, about two-thirds of Kansans 18 years and older were either overweight or obese. About 30.1 percent of adults were obese. During the period from 2001 to 2010, the prevalence of obesity among Kansans 18 years and older increased from 21.6 percent (95% confidence interval: 20.2% to 23.0%) in 2001 to 30.1 percent (95% confidence interval: 28.8% to 31.5%) in 2010, a 39 percent increase (Figure 7). During the same period, the percentage of Kansans 18 years and older who were overweight was relatively stable.^{8,9}

Figure 7: Overweight and Obese



Source: 2001-2010 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment. Overweight is defined as Body Mass Index 25 to 29 kg/m². Obese is defined as Body Mass Index 30 kg/m² or higher.

Goals, Objectives and Strategies

Prevention saves lives. A person's risk of developing heart disease or stroke is substantially reduced when one leads a healthy lifestyle. This includes not using tobacco, being physically active, maintaining a healthy weight and making healthy food choices. Preventing and controlling high blood pressure and high cholesterol also play a significant role in cardiovascular health. Over four years, reducing average systolic blood pressure by 12-13 points can result in reducing heart disease risk by 21 percent, stroke risk by 37 percent, and risk of total cardiovascular death by 25 percent.¹⁷

Strategies and systems that prevent, control and treat chronic disease are crucial to improving the public's health and saving lives. Ensuring that all Americans have access to early, affordable and appropriate treatment is also essential to reducing disability and costs.¹⁷

The long-term goals and objectives for Kansas were developed based on Healthy People 2020 national objectives, Kansas Behavioral Risk Factor Surveillance System (BRFSS) data and Kansas Youth Risk Behavior Survey (YRBS) data. This plan will allow Kansas to measure its progress on a state and local level, and compare it against national progress.



Kansas Long-Term Goals and Objectives

Goal 1: Improve cardiovascular health by reducing mortality and morbidity due to coronary heart disease and stroke among Kansans.

Goal 2: Reduce/eliminate cardiovascular health disparities related to coronary heart disease and stroke among population subgroups in Kansas.

	Objectives	KS Baseline Data	KS 5-Year Target	Data Source	HP 2020 Related Objective
Prevention and control of primary risk factors for coronary heart disease and stroke among the general population and subgroups with cardiovascular health disparities.					
Active Lifestyle	Reduce the proportion of adults age 18 years and older who engage in no physical activity or exercise other than their regular job.	26.8%	24.0%	2011 KS BRFSS	PA-1
	Decrease the proportion of adults age 18 years and older who do not engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.	53.2%	51.0%	2011 KS BRFSS	PA-2.1
	Increase the percentage of high school students in Kansas who are physically active for a total of at least 60 minutes per day.	30.2%	33.5%	2011 KS YRBS	PA-3
Healthy Eating	Increase the proportion of adults age 18 years and older who consume fruits and vegetables at least five times per day.	13.7%	16.0%	2011 KS BRFSS	NWS-14 NWS-15
	Increase the percentage of high school students in Kansas who eat fruits and vegetables five or more times per day.	17.0%	20.0%	2011 KS YRBS	NWS-14 NWS-15

Kansas Long-Term Goals and Objectives, Cont.

	Objectives	KS Baseline Data	KS 5-Year Target	Data Source	HP 2020 Related Objective
Healthy Eating (Cont.)	Increase the proportion of adults age 18 years and older who are watching or reducing their salt intake.	TBD	TBD	2012 KS BRFSS	NWS-19 HDS 9.3
	Reduce the proportion of adults age 18 years and older consuming sugar-sweetened beverages.	TBD	TBD	TBD	
	Decrease the percentage of high school students in Kansas who drink a can, bottle, or glass of soda or pop one or more times per day.	23.1%	20.0%	2011 KS YRBS	
Weight Management	Reduce the proportion of adults age 18 years and older who are obese.	29.6%	28.0%	2011 KS BRFSS	NWS-9
	Decrease the percentage of high school students in Kansas who are obese.	10.2%	9.2%	2011 KS BRFSS	NWS-10
Tobacco-Free	Decrease the percentage of high school students in Kansas who ever tried cigarette smoking, even one or two puffs.	41.3%	39.0%	2011 KS BRFSS	TU-3 TU-5
	Reduce the proportion of adults age 18 years and older who currently smoke cigarettes.	22.0%	20.0%	2011 KS BRFSS	
	Reduce the proportion of males age 18 years and older who currently use chewing tobacco, snuff or snus.	10.1%	9.0%	2011 KS BRFSS	

Kansas Long-Term Goals and Objectives, Cont.

	Objectives	KS Baseline Data	KS 5-Year Target	Data Source	HP 2020 Related Objective
Control and management of secondary risk factors of coronary heart disease and stroke among the general population and subgroups with cardiovascular health disparities.					
High Blood Pressure	Reduce the proportion of adults age 18 years and older diagnosed with high blood pressure.	30.8%	28.0%	2011 KS BRFSS	HDS-5
High Cholesterol	Reduce the proportion of adults age 18 years and older tested and diagnosed with high blood cholesterol.	38.4%	35.0%	2011 KS BRFSS	HDS-7
Diabetes	Reduce the proportion of adults age 18 years and older diagnosed with diabetes.	9.5%	8.5%	2011 KS BRFSS	
Early detection and prompt treatment of coronary heart disease and stroke among the general population and subgroups with cardiovascular health disparities.					
Public Awareness, Health Education, Signs and Symptoms	Increase the proportion of adults age 18 years and older that correctly identified all heart attack warning signs and symptoms and identified 911 as the first response to someone having a heart attack or stroke.	12.3%	14.0%	2011 KS BRFSS	HDS-16.1
	Increase the proportion of adults age 18 years and older that correctly identified all stroke warning signs and symptoms and identified 911 as the first response to someone having a heart attack or stroke.	21.7%	23.0%	2011 KS BRFSS	HDS-17.1
Advanced Care	Increase opportunities for professional education on appropriate guidelines for heart disease, stroke and diabetes.	TBD	TBD		HDS-19 HDS-21

Intermediate and Short-term Strategies for Kansas

To meet long-term goals, strategies have been identified in the following workgroup areas:

1. Clinical Interventions
2. Community Action
3. Health Communications
4. Advocacy

Workgroups were convened to address their respective strategies. These workgroup strategies are considered intermediate or short-term. Progress on these could be seen within two to five years and are an indication of progress toward the ultimate long-term goal. These strategies focus on improving the infrastructure and identifying best practice models that support cardiovascular health in our communities.

Clinical Interventions

Research indicates once someone survives a heart attack or stroke, his/her risk of a recurring event or disease increases. Medications and lifestyle changes are proven to reduce the risk of a second event. While medications and lifestyle changes are well documented and outlined in evidence based guidelines, to be effective they must be consistently applied and a systematic approach taken among the health care team.



Influence providers who have the opportunity to support integrated care, detection and treatment of chronic disease strategies for all Kansans.

Strategy #1: By 2012, identify and assess 10 partner organizations in the care continuum to support primary care providers in the detection and treatment of high blood pressure and high cholesterol.

Strategy #2: By 2013, develop a model describing a systematic approach for partner organizations to support primary care providers in the detection and treatment of high blood pressure and high cholesterol.

Strategy #3: By 2014, use the model to implement and monitor identified best practices, treatment and consensus guidelines in at least five partner organizations.

Strategy #4: By 2016, use data to document the effectiveness of the model.

Strategy #5: By 2017, implement the model statewide to impact environment and systems change.

Community Action

While it is up to the individual to make healthy lifestyle choices, barriers in the environment can make adopting healthy behaviors challenging. When a community's environment and policies are supportive of healthy behaviors, the overall health of a community can be improved. For example, schools that have sidewalks around them provide greater accessibility for children to walk to school. This built environment provides greater opportunities for physical activity. An investment of \$10 per person per year in proven community-based prevention programs could save the nation more than \$16 billion annually within five years.¹⁸



HeartSafe Kansas Communities

“The HeartSafe Kansas Communities project was the tool our community needed to get organized and motivated to make our various programs and resources a unified movement! The application packet helped us form a coalition of community members who were working on different components of the project. By pooling our resources and prioritizing our movements, we were able to achieve a level of awareness and training none of our groups could have achieved on their own. We increased the number of CPR instructors and expanded the scope of citizens trained in CPR to include all school and hospital employees, all high school sophomores and seniors, the ambulance and fire departments, the senior center and several other private businesses. We also increased the number of AEDs available for community use to eight, and widely disseminated HeartSafe educational information to the public. The process was relatively easy and very rewarding! Our community coalition is looking forward to increasing our efforts in the second year of our initiative.”

Christina Baber
Greeley County HeartSafe Community
Champion

Increase implementation of evidence-based strategies and community-based initiatives that promote healthy behaviors and systems change through community action for the prevention and management of heart disease, stroke and associated co-morbidities.

Strategy #1: By 2016, identify the foundational elements for exemplary strategies and initiatives in community-based settings that support physical activity, healthy nutrition (including sodium reduction) and tobacco-free living for the prevention and management of heart disease, stroke and associated co-morbidities.

Strategy #2: By 2013, develop a model describing a systematic approach for partner organizations to support primary care providers in the detection and treatment of high blood pressure and high cholesterol.

Strategy #3: By 2016, designate 25 HeartSafe Kansas Communities to improve community access to emergency, medical and preventive services.

Health Communications

Communication is a necessary element in all health improvement efforts. Disparities in access to health information, services, and technology can result in preventive services being used less, decreased knowledge of chronic disease management, higher rates of hospitalization, and poorer reported health status.¹⁹



Support a cohesive approach for communicating chronic disease prevention, detection and treatment strategies across Kansas.

Strategy #1: By 2013, a minimum of three new members with expertise in communications will be recruited to strengthen the communications knowledge within the workgroup.

Strategy #2: By 2014, develop and pilot a provider education program in Shawnee County on sodium reduction to reduce high blood pressure.

Strategy #3: By 2016, a logistical plan for dissemination of information will be implemented.

Working Together for a Healthy Kansas: Updated Good Samaritan Law

To provide greater protections for lay persons rendering aid using life-saving techniques, the American Heart Association sought to update the existing Kansas Good Samaritan law. The new law states that anyone rendering emergency care or assistance at the scene of an emergency or accident shall not be held liable for any civil damages unless they act in a negligent manner. The aid must be provided without compensation and can be provided to minors without first obtaining consent. The bill was signed into law in 2012.

Advocacy

For a fully integrated approach to heart disease and stroke prevention, change must occur on an individual, organizational and societal level. It is necessary to develop and implement policies that support changes in systems, environments and organizations. Recommendations for policy change include both public policies, such as legislation and regulations, and private organizational policies, such as policies for community organizations, schools, workplaces and health care. Enacting policies that support heart health and reduce stroke risk will create an environment that sustains healthy individual lifestyle changes. Policy changes within organizations can have a more direct impact on individuals while providing leadership and social support for a healthy lifestyle change.

Build capacity to implement environmental and systems change.

Strategy #1: By 2016, develop and implement an action plan to increase decision maker awareness and support of evidence-based initiatives that decrease chronic disease.

Advocate for organizational policies to support improved nutrition and increased physical activity across the lifespan.

Strategy #1: By 2013, establish a list of exemplary guidelines for nutrition and physical activity to be implemented in Kansas.

Strategy #2: By 2013, disseminate objectives and supporting materials to coalition partners and state and local decision makers.

Strategy #3: By 2014, partner with the Kansas State Department of Education and the Healthy Kansas Schools Program to support four school districts in the adoption of exemplary level for all categories in the 2005 Kansas School Wellness Policy Model Guidelines and two school districts each following year.

Support reduction of tobacco use and secondhand smoke exposure.

Strategy #1: By 2014, implement at least two strategies in the Kansas Tobacco Use Prevention and Cessation Strategic Plan 2011 - 2015.

Evaluation

KDHE will coordinate the evaluation efforts and track successes, challenges and lessons learned as partners work to implement interventions. While the long-term goals will most likely take five or more years to see significant improvement, the strategies developed for each of the workgroups will result in short-term and intermediate outcomes within two to five years. These short-term outcomes focus on improving the infrastructure and identifying best practices that support cardiovascular health in our communities.



Both quantitative and qualitative evaluation methods will be used. Quantitative data from BRFSS and the Youth Risk Behavior Survey (YRBS) will be used to measure progress on long-term goals and objectives. Health related data on the county, state and national level will be compared using data from BRFSS. BRFSS data will also allow Kansas to identify trends according to race, gender, income, age and education.

Another quantitative method to measure progress will be through the use of vital statistics. All vital events in Kansas are reported to KDHE's Office of Vital Statistics. Certificates of death are completed and registered through physicians, hospital personnel, funeral directors, attorneys and local courts. Underlying cause of death is defined as the disease or injury that initiated the chain of events leading directly to death. Because vital events are reportable by law, the quality of mortality data is high. Additional quantitative methods that may be used in evaluation include:

- Adult Tobacco Survey (ATS) - a state-administered, random-digit-dialed telephone survey of the non-institutionalized U.S. population aged 18 years of older. ATS collects data on tobacco use, smoking cessation, secondhand smoke exposure, risk perception, social influences, health influences and tobacco-related policy issues. ATS was developed primarily for evaluation of state tobacco control programs rather than for surveillance and offers states a great deal of flexibility in terms of when and how often the surveys can be conducted.
- Kansas Youth Tobacco Survey (YTS) - contains in-depth information on the use of tobacco products, knowledge/beliefs of the impact of tobacco use, attitudes on tobacco, and exposure to secondhand smoke among Kansas youth. It is a statewide survey conducted every two years by KDHE among students in grades 6-8 (middle school) and 9-12 (high school).
- Kansas Youth Risk Behavior Survey (YRBS) - a bi-annual survey of health behaviors of Kansas high school students. Six categories of health behaviors are assessed: dietary, physical activity, tobacco use, alcohol or other drug use, sexual behaviors that contribute to sexually transmitted diseases and unintended pregnancy, and unintentional injuries and violence.

Qualitative methods will be used to help describe and understand how best practice programs are developed and implemented. Qualitative methods will primarily be used to evaluate the goals and strategies identified for each of the workgroups. These methods might include interviews with program developers and community stakeholders to identify barriers, resources and lessons learned.

Using a variety of complementary evaluation approaches allows for the dissemination of anecdotal information in conjunction with statistical data. By continuously evaluating progress, KDHE will be able to provide more accurate and timely information to community stakeholders. This in turn will allow partners to more effectively adopt best practices.

Evaluation of Kansas State Plan, 2012-2017

Long-term Goals

- **Basis:** Healthy People 2020, BRFSS, YRBS, ATS, YTS, Vital Statistics
- **Evaluation:** Quantitative methods
- **Outcomes:** Long-term (more than five years)

Workgroup Strategies

- **Basis:** Logic models
- **Evaluation:** Primarily qualitative methods, some quantitative methods
- **Outcomes:** Short-term and intermediate (two to five years)

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Heart and Stroke Alliance of Kansas Work Plans

HSAK Clinical Interventions Work Plan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
Objective 1: Influence providers who have the opportunity to support integrated care, detection and treatment of chronic disease strategies for all Kansans.			
Strategy #1: By August 2012, identify and assess 10 partner organizations in the care continuum to support primary care providers in the detection and treatment of high blood pressure and high cholesterol.			
1. Identify 10 partner organizations and their role in the continuum drawn from rural and urban areas (e.g.-safety net, primary care, community service providers, dental, CIL, mental health, developmental disability, etc.)	10 partner organizations identified	Health Care Decision Makers	AH-3, 5, 6, 7 D-1, 5, 6, 7, 15 ECBP-10 HDS-1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 20
2. Conduct survey to identify current efforts in these 10 partner organizations	Survey results		
3. Identify gaps in detection, treatment and self-management opportunities in the identified partner organizations	Gap analysis report		
Strategy #2: By July 2013, develop a model describing a systematic approach for partner organizations to support primary care providers in the detection and treatment of high blood pressure and high cholesterol.			
1. Use the results from the survey conducted in Strategy #1 to identify best practices, treatment, and consensus guidelines	Identification of best practices, treatment and consensus guidelines	Health Care	AH-3, 5, 6, 7 D-1, 5, 6, 7, 15 ECBP-10 HDS-1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 20
2. Conduct a literature search to identify additional best practices, treatment and consensus guidelines	Results from the literature search compiled and reviewed		
3. The Workgroup will design a model based on the results of the literature search and the survey	Model developed		
Strategy #3: By 2014, use the model to implement and monitor identified best practices, treatment and consensus guidelines in at least five partner organizations.			
1. Coordinate with the Health Communications and Community Action Workgroups to create a training and implementation plan for the model	Model Implementation Plan developed	Health Care	AH-3, 5, 6, 7 D-1, 5, 6, 7, 15 ECBP-10 HDS-1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 20
2. Determine which of the 10 partner organizations will pilot the model	List of pilot sites compiled		
3. Provide training, implement the model and determine measures for the model	Training provided and model implemented (Model indicators TBD)		
4. Provide technical assistance on use of the model	TA provided		

Heart and Stroke Alliance of Kansas Work Plans

HSAK Clinical Interventions Work Plan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
4. Provide technical assistance on use of the model	TA provided		
Strategy #4: By 2016, use data to document the effectiveness of the model.			
1. Identify available data sources associated with the detection and treatment of chronic diseases and their modifiable risk factors prior to implementing the model (baseline)	Available data sources identified	Health Care	HC/HIT-9, 10 PHI-13, 14, 15
2. Determine data collection protocol	Data collection protocol designed and implemented		
3. Gather data at identified intervals (approximately every six months)	Data gathered at identified intervals		
4. Analyze the data to determine strengths and weaknesses of the model and technical assistance needs	Detailed Data Analysis and Evaluation Report completed		
5. Provide technical assistance to partners implementing the model	TA provided		
6. Report the challenges and successes to key stakeholders for further implementation or adaptation of the model	Report on challenges and successes communicated		
Strategy #5: By 2017, implement the model statewide to impact environment and systems change.			
1. Maintain and update the model as needed	TBD	Health Care	AHS-3,n6, 7 HC/HIT-9, 13 PHI-15
2. After testing the model, coordinate with the Advocacy Workgroup to determine opportunities for statewide adoption	Opportunities for statewide adoption determined (detailed measures TBD)	Decision Makers	
3. Coordinate with the Health Communications Workgroup to determine education and support opportunities	Opportunities for education and support determined (detailed measures TBD)		
4. Provide technical assistance to professional organizations for statewide implementation	TA provided		

Heart and Stroke Alliance of Kansas Work Plans

HSAK Community Action Workplan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
Objective 1: Increase implementation of policies and community-based initiatives that promote healthy behaviors and systems change through community action for the prevention and management of heart disease, stroke and associated co-morbidities.			
Strategy 1: By 2016, identify the foundational elements for exemplary strategies and initiatives in community-based settings that support physical activity, healthy nutrition (including sodium reduction) and tobacco-free living for the prevention and management of heart disease, stroke and associated co-morbidities.			
1. Review the policy database created by the Advocacy Workgroup	Database reviewed	Community	D-16 EBCP-2, 7, 8, 9, 10 HDS-1, 9, 10, 13, 14, 22, 23 NWS-2, 3, 4, 5, 6, 7, 19 PA-1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 15 TU-1, 2, 3, 9, 10, 11, 12, 13, 15, 16, 19
2. Compile and narrow list of exemplary guidelines and initiatives and sort by organization to focus efforts in locally based settings	List compiled and sorted	Health care Worksites	
3. Identify communities ready for change and work towards implementation of exemplary guidelines and initiatives	Three communities identified as ready (not implementing policies) in three of the six trauma regions per year	School	
4. Identify key stakeholders or community champions to implement guidelines and initiatives that fit the setting or situation identified by the community	At least one champion per community		
5. Identify technology/tracking systems designed to collect data for tracking, monitoring and/or promoting physical activity, healthy nutrition and tobacco-free living	At least one technology/tracking system per community		

Heart and Stroke Alliance of Kansas Work Plans

HSAK Community Action Workplan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
Strategy 2: By 2016, support implementation of community-based strategies and initiatives that support physical activity, healthy nutrition (including sodium reduction), and tobacco-free living for the prevention and management of heart disease, stroke and associated co-morbidities in 25 additional settings.			
1. Assist community members on how to use the technology/tracking systems to track progress	Number of communities assisted	Community	D-16 EBCP-2, 7, 8, 9, 10 HDS-1, 9, 10, 13, 14, 22, 23 NWS-2, 3, 4, 5, 6, 7, 19 PA-1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 15 TU-1, 2, 3, 9, 10, 11, 12, 13, 15, 16, 19
2. Collect success stories, lessons learned and outcomes for each setting	Success stories, lessons learned and outcomes collected	Health care	
3. Identify communication channels specific to each community	Channels identified	Worksites	
4. Garner grassroots support of these policies and initiatives through various communication channels	Number of support articles and statements	School	
5. Support communities by providing technical assistance related to guidelines and initiatives implementation	Amount of technical assistance provided		
6. Annually evaluate the implementation process	Process evaluated by appropriate method		
7. Determine annually the number of guidelines and initiatives implemented toward the 2016 goal	Number of guidelines implemented annually		
8. Collaborate with the Health Communications Workgroup to develop and implement a social media/marketing campaign	Campaign developed and implemented		

Heart and Stroke Alliance of Kansas Work Plans

HSAK Community Action Workplan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
Strategy 3: By 2016, designate 25 HeartSafe Kansas Communities to improve community access to emergency, medical and preventive services.			
1. Advertise the program across the state	Advertised 10 times	Health care	AHS-1, 2, 3, 4, 5, 6, 7, 8, 9 HDS-1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 24 NWS-3, 5, 6, 7, 14, 19 PA-1, 2, 3, 4, 5, 6, 7, 10, 11, 12, 15 TU-1, 2, 3, 9, 10, 11, 12, 13, 15, 16, 19
2. Recruit Workgroup members to represent each community that applies for HeartSafe	At least one workgroup member recruited per community	Community	
3. Pursue funding for the HeartSafe Program	Number of funding requests/ grant applications completed and amount of funds received	Schools	
4. Formalize the designation process	Process formalized	Worksites	
5. Develop a sustainability plan for the designation	Plan developed	Decision Makers	
6. Create subcommittee to review and score applications	Subcommittee created and applications scored		

Heart and Stroke Alliance of Kansas Work Plans

HSAK Health Communications Workplan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
Objective 1: Support a cohesive approach for communicating chronic disease prevention, detection, and treatment strategies across Kansas.			
Strategy 1: By 2013, a minimum of three new members with expertise in communications will be recruited to strengthen the communications knowledge within the workgroup.			
1. Conduct a SWOT Analysis of Health Communications Workgroup	Strengths, Weaknesses, Opportunities and Threats identified	Health care	
2. Identify needed skill sets based on the results of the SWOT Analysis	Description of skills desired in new members		
3. Identify potential candidates	Candidates identified		
4. Develop roles and responsibilities for the purpose of recruiting identified experts, separate from the general HSAK roles and responsibilities	Job description		
5. Recruit/engage new members	Added three new members		
Strategy 2: By 2014, develop and pilot a provider education program in Shawnee County on sodium reduction to reduce high blood pressure.			
1. Partner with Heartland Healthy Neighborhoods (HHN) and a MPH graduate student	Regular meetings held with HHN & MPH	Community	HC/HIT-4, 13 PHI-2, 15
2. Convene a meeting with key stakeholders to identify messaging and tools specific to physicians in Shawnee County for a CME program	Tools and messaging is identified	Health care	
3. Develop a dissemination plan for a CME program	Dissemination Plan		
4. Implement the dissemination plan	Date CME program provided & number of participants		
5. Recruit another MPH student to conduct follow up survey with physicians to see if practices had changed from initial survey results	MPH student identified		
6. Conduct follow up survey with physicians to see if practices had changed from initial survey results	Survey results		
7. Refine messaging and tools to adapt for physician CME program statewide	CME program refined		
8. Statewide dissemination beyond physician offices in Shawnee County	CME distributed statewide		

Heart and Stroke Alliance of Kansas Work Plans

HSAK Health Communications Workplan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
Strategy 3: By 2016, a logistical plan for dissemination of information will be implemented.			
1. Identify the communication needs of all HSAK Workgroups	Needs identified using a spreadsheet	Health care	
2. Identify common mechanisms of dissemination with other chronic disease coalitions	Common communication mechanism identified		
3. Develop a subcommittee with representatives from other chronic disease coalitions	Subcommittee created		
4. Develop a template for workgroups to outline messaging requests	Templates created		
5. Identify and evaluate functions of common messaging tools for the targeted audiences	Tools categorized by target audience		
6. Identify training and educational opportunities relating to communication methods for members of the HSAK Workgroups	Trainings are identified and information disseminated		
7. Coordinate messaging with the Million Hearts Campaign	Logistical plan developed		

Heart and Stroke Alliance of Kansas Work Plans

HSAK Advocacy Workplan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
Objective 1: Build capacity to implement environmental and systems change.			
Strategy 1: By December 2016, develop and implement an action plan to increase decision maker awareness and support of evidence-based initiatives that decrease chronic disease.			
1. Recruit and actively engage new advocates and partner organizations	10 new involved advocates/ organizations	Community	EMC-4
2. Identify decision makers as champions	At least 1 House and 1 Senate member willing to support initiatives		
3. Identify geographically diverse local decision makers as champions	At least 5 champions identified		
4. Develop an action plan to educate decision makers	TBD - completion of plan milestones		
5. Implement the action plan	Added 3 new members		
6. Apply lessons learned to strengthen the action plan	Lessons learned applied		
Objective 2: Advocate for organizational policies to support improved nutrition and increased physical activity across the lifespan.			
Strategy 1: By December 2013, establish a list of exemplary guidelines for nutrition and physical activity to be implemented in Kansas.			
1. Work with universities/law schools to develop systematic reviews that identify exemplary policies nationwide including Kansas	School identified and agreement in place	School	AH-6 EMC-4 NWS-3, 6 PA-4,6, 9, 10, 15
2. Recruit interns/practicum students	Interns/students participating		
3. Conduct a policy scan at the state and national level	Policy scan completed		
4. Obtain input from Legislative Research on their data needs	Legislative research comments documented		
5. Create a database of policies	Database created		
6. Identify strengths and weaknesses in existing nutrition and physical activity policies contained in the database	Strengths and weaknesses identified		
7. Obtain input from legislative champions on policy goals	Comments documented		
8. Prioritize policy objectives	Objectives prioritizede		

Heart and Stroke Alliance of Kansas Work Plans

HSAK Advocacy Workplan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
Strategy 2: By November 2013, disseminate objectives and supporting materials to coalition partners and state and local decision makers.			
1. Identify and evaluate barriers to policy adoption	Barriers identified and reviewed	Community	AH-6 EMC-4 NWS-3, 6 PA-4, 5, 6, 7, 9, 10, 15
2. Draft support materials	Support materials drafted	Decision Makers	
3. Consult with Legislative Research staff and champions on draft materials	Comments documented		
4. Finalize supporting materials (factsheets, brochures, etc.)	Materials finalized	School	
5. Provide advocates and partner organizations guideline proposals	Guideline proposals provided		
6. Coordinate media advocacy	Media advocacy plan created		
Strategy 3: By December 2014, partner with the Kansas State Department of Education and the Healthy Kansas Schools Program to support four school districts in the adoption of exemplary level for all categories in the 2005 Kansas School Wellness Policy Model Guidelines and 2 school districts each following year.			
1. Provide HSAK an overview of the <i>Kansas School Wellness Policy Model Guidelines</i>	Overview presented at HSAK spring meeting or list serve	School Decision Makers	AH-6 EMC-4 NWS-2, 3 PA-4, 5, 6, 7, 9, 10, 15
2. Identify members of HSAK to collaborate with KSDE and Healthy Kansas Schools	HSAK members identified		
3. Recruit a member from the Wellness Policy Revision Committee to serve as a representative on this Workgroup	Member recruited		
4. Determine the best strategies for moving schools to exemplary level	Strategies documented		
5. Determine funding sources and obtain funding to support school implementation & recognition	Funding secured		
6. Participating members report progress to HSAK	Communicated report to HSAK		
7. Use the Wellness Policy Builder to evaluate change in the levels of school policy adoption	Change from baseline documented		

Heart and Stroke Alliance of Kansas Work Plans

HSAK Advocacy Workplan			
ACTION STEPS	MEASUREMENT	SETTING	HEALTHY PEOPLE 2020
Objective 3: Support reduction of tobacco use and secondhand smoke exposure.			
Strategy 1: By December 2014, implement at least two strategies in the Kansas Tobacco Use Prevention and Cessation Strategic Plan 2011-2015.			
1. Provide HSAK an overview of the <i>Kansas Tobacco Use Prevention and Cessation Strategic Plan 2011-2015</i>	Overview presented at HSAK spring 2012 meeting agenda/minutes	Community Health Care	*These may change
2. Identify members of HSAK to collaborate with TFKC	At least two HSAK members participating in TFKC meetings	Decision Maker	Depending on strategies selected TU-1, 2, 3, 4, 5, 6, 7, 11, 12, 13, 14, 15, 16, 17, 19
3. Recruit members from TFKC to serve as representatives on this Workgroup	At least two TFKC members participating in workgroup	School	
4. Select and implement strategies from the <i>Kansas Tobacco Use Prevention and Cessation Strategic Plan 2011-2015</i>	Number of strategies selected, implemented and evaluated	Worksite	
5. Participating members report TFKC progress to HSAK	Document progress in an evaluation report to HSAK		

Kansas Heart Disease and Stroke Initiatives



ABCS

The ABCS is an initiative from CDC to reduce heart disease and stroke. The ABCS recommendations concentrate on improving aspirin therapy, preventing and controlling high blood pressure and high cholesterol, reducing sodium intake and preventing and reducing smoking.

A — Appropriate Aspirin Therapy

B — Blood Pressure Control

C — Cholesterol Management

S — Smoking Cessation

Healthy Kansas Worksite Initiative

The Kansas Worksite Wellness Program partnered with University of Kansas School of Medicine-Wichita on the “The Healthy Kansas Worksite Initiative” to develop and promote a worksite

wellness assessment tool to improve overall health and wellness of Kansas employees. In addition to the assessment, employers who complete the survey are provided results that include evidence-based recommendations. For more information please visit wichita.kumc.edu/kansas-worksite-wellness.html.

HeartSafe Kansas Communities

The HeartSafe Kansas Communities project is an initiative developed by the Heart and Stroke Alliance of Kansas (HSAK). The goal of the project is to decrease the number of Kansans who die from cardiac arrest by strengthening the four links in the Chain of Survival, which have been shown to increase survival rates for cardiac arrest victims.

The four links of the chain of survival are as follows:

1. Early access to emergency care
2. Early Cardiopulmonary Resuscitation (CPR)
3. Early defibrillation
4. Early advanced care

Kansas communities achieve the HeartSafe Kansas Community designation by developing and implementing a community action plan that includes: providing education to community members on the signs and symptoms of heart attack and the importance of calling 911, providing CPR with Automated External Defibrillator (AED) training, ensuring AEDs are placed in strategic public locations, and developing a sustainability/redesignation plan for the community. Any town, city or county located within Kansas can implement the program.

Kansans Optimizing Health Program (KOHP)

The Kansans Optimizing Health Program (KOHP) is known nationally as the Chronic Disease Self-Management Program developed at Stanford University. KOHP is an evidence-based, highly interactive program where people with various chronic conditions come together to learn and practice new skills during a six-week period to manage their chronic condition. The participants meet once a week for two and a half hours to discuss and problem solve a variety of topics relevant to coping with chronic conditions. Participant benefits include fewer emergency room visits and improved health status, health behavior and self-efficacy. The topics discussed include but are not limited to:

- **Learning how to safely become more physically active**
- **Learning how to make healthy food choices**
- **Learning how to communicate with family, friends and the health care team**
- **Learning how to become an active member of the health care team**
- **Learning how to deal with difficult emotions, frustration and anger**
- **Learning how to set and achieve weekly action plans**

The discussion is facilitated by two trained leaders who guide the participants through four to six topics each week. Participants are encouraged to share their successes in dealing with a variety of topics so participants can learn from each other and build their confidence in dealing with their chronic condition. Participants do not learn the medical aspect of a disease but rather how to manage the emotional, physical and social challenges of having a chronic condition. Family members, friends or caregivers of participants are encouraged to attend the workshop to increase their understanding of the challenges associated with living with a chronic condition on a daily basis. For more information on KOHP, visit www.kdheks.gov/arthritis/kohp.htm.

Kansas Quality of Care Project

The Kansas Quality of Care Project was launched in 2004 by KDHE's Diabetes Prevention and Control Program to improve the quality of care for patients with diabetes. In 2007, the KDHE Heart Disease and Stroke Prevention Program joined the project, adding hypertension and hyperlipidemia components to the quality indicators to measured.

Currently, there are 33 health care organizations located in 60 physical clinic sites across the state participating in the project. The variety of participating health care organizations increases the capacity to collect data across a broader demographic segment of the Kansas population. Participating organizations include:

- Safety Net Clinics
- Local Health Departments
- Hospital Affiliated Practices
- Private Practices
- Rural Health Clinics
- Farmworker Program
- Critical Access Hospital Clinics

Each site uses a database, the Chronic Disease Electronic Management System (CDEMS), to collect patient and clinic level data on diabetes, hypertension and hyperlipidemia indicators. The data is used to guide decisions for making improvements on the quality of care provided to patients. As of August 2012, the CDEMS registry contained data on almost 12,000 patients. De-identified aggregate data is transferred bi-monthly from each project clinic to a central repository, providing the capability to query aggregated data from an individual clinic, group of clinics, clinics by county and all clinics statewide. Queries can also be run for selected indicators, such as HbA1c levels, lipid levels, blood pressure, etc. A similar process is being developed for clinics using electronic health records. By reviewing data at the patient and clinic level, providers are able to make adjustments in their practice procedures to improve the quality of care, leading to better patient outcomes.

Kansas Quitline



The Kansas Tobacco Quitline www.KSquit.org or 1-800-QUIT-NOW (784-8669) provides information and free one-on-one coaching to help tobacco users quit. The Quitline is available 24 hours a day/7 days a week online or by phone. Telephone counseling is available in English, Spanish and other languages. Trained Quit Coaches provide participants support to create an individual plan for quitting tobacco and fighting cravings. This free service is available to Kansans who are ready to quit any form of tobacco. The Quitline is provided through a partnership between the KDHE and Alere Wellbeing.

Million Hearts Initiative™

Million Hearts is a national initiative to focus, coordinate and enhance cardiovascular disease prevention activities across the public and private sectors in an effort to prevent one million heart attacks and strokes during five years. Million Hearts aims to prevent heart disease and stroke by:

- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.

- Improving access to effective care
- Improving the quality of care for the ABCS:
 - A — Appropriate Aspirin Therapy
 - B — Blood Pressure Control
 - C — Cholesterol Management
 - S — Smoking Cessation

Million Hearts brings together existing efforts and new programs to improve health across communities and help Americans live longer, healthier, more productive lives. The Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services are the co-leaders of Million Hearts within the U.S. Department of Health and Human Services, working alongside other federal agencies. Key private-sector partners include the American Heart Association and YMCA, among many others. More information on Million Hearts may be found by visiting http://millionhearts.hhs.gov/about_mh.html.

Sodium Reduction in Communities Grant

KDHE in partnership with the Shawnee County Health Agency and Heartland Healthy Neighborhoods are working on a grant project to plan, coordinate and implement intervention strategies aimed at reducing sodium intake, decreasing blood pressure and improving blood pressure control among Shawnee County residents. The three-year project is funded by a grant from the CDC National Center for Chronic Disease Prevention and Health Promotion.

Strategies

1. Promote adoption of procurement strategies and practices within government agencies to enhance nutrition, including reducing dietary sodium.
2. Promote venue-based guidelines that support healthy nutrition and sodium reduction efforts.
3. Promote environmental supports of healthy, lower sodium food items in convenience stores.
4. Implement a comprehensive media campaign to promote heart healthy, lower sodium foods and educate Shawnee county adults about the health impact of excess sodium in the diet and how to reduce their consumption of sodium.

Tomando Control de su Salud

Tomando Control de su Salud is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. Spanish-speaking people with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic disease themselves. All workshops are given in Spanish without translators. Participant benefits include fewer emergency room visits and improved health status, health behavior and self-efficacy.

Walk with Ease

Walk with Ease is a collaboration between KDHE and the Arthritis Foundation. This is a walking program to encourage people with and without arthritis to get started walking and stay motivated to keep active anytime of the year. During the six-week program, participants meet three times a week in groups of up to 15.



They begin each class with a health education session on an arthritis- or exercise-related topic, followed by stretching activities and a 10 - 35 minute walk. Participants receive educational materials and tools to supplement the group classes. The class is structured so that the leader can format the class to meet the needs and abilities of the participants.

A self-directed version of the program is also available, using the workbook, materials from the group classes and online support. Online support includes video instruction, a message board and an automated e-mail service alerting participants when milestones are reached. Components of Walk with Ease include:

- **Managing arthritis pain and stiffness**
- **Stretching and strengthening activities to support the walking program**
- **Self-monitoring for physical problems while walking**
- **Anticipating and overcoming barriers to being physically active**
- **Getting and staying motivated to exercise**
- **Developing a walking plan that will meet participants' needs**
- **Learning how to exercise safely**

For more information on Walk with Ease, visit www.kdheks.gov/arthritis/wwe-overview.htm.

WorkWell KS

WorkWell KS, funded by the Kansas Health Foundation and coordinated by the Wichita Business Coalition on Health Care, is a statewide initiative that provides leadership and resources for businesses and organizations to support worksite health. This initiative is an opportunity to engage and connect businesses, leaders and organizations throughout Kansas around evidence-informed worksite wellness. For more information on WorkWell KS, visit www.workwellks.com/site/.

Heart and Stroke Alliance of Kansas Partners

American Academy of Family Physicians
American Heart Association
American Stroke Association
American Stroke Foundation
Area Health Education Centers
Black Nurses Association
Blue Cross and Blue Shield of Kansas
Bureau of Community Health Systems (KDHE)
Center for Health and Wellness
Central Kansas Foundation Prevention Services
Cloud County Health Department
Coalition for Independence
Community Health Ministry
Community Resources Council
Cotton O'Neil Heart Center
Emergency Medical Services for Children (KDHE)
Fort Hays State University
Galichia Heart Hospital
Greeley County Ambulance
Harvey County Wellness Coalition
Hays Medical Center
Healthy Kansas Schools (KDHE)
Heart and Stroke Alliance of Kansas
Independence, Inc.
Johnson County Health Department
Kansas Academy of Family Physicians
Kansas African American Affairs Commission
Kansas African American and Latino Coalition
Kansas Arthritis Program (KDHE)
Kansas Association of Local Health Departments
Kansas Association of the Medically Underserved
Kansas Department of Health and Environment
(KDHE)
Kansas Department for Aging and Disability
Services
Kansas Diabetes Prevention and Control Program
(KDHE)
Kansas Disability Program (KDHE)
Kansas Foundation for Medical Care
Kansas Health Foundation
Kansas Healthcare Collaborative
Kansas Hispanic and Latino American Affairs
Commission
Kansas Hospital Association
Kansas Leadership Center
Kansas Medical Society
Kansas Pharmacists Association
Kansas Physical Activity and Nutrition Program
(KDHE)
Kansas Recreation and Parks Association
Kansas Rehabilitation Hospital
Kansas State Department of Education
Kansas State Emergency Medical Services
Kansas State Nurses Association
Kansas State University
Kansas State University Research and Extension
Large Businesses of Mid-America Coalition
Mid-America Cardiology
Mid-America Coalition on HealthCare
Ottawa County Health Department
Reno County Health Department
Response Systems, Inc.
Salina Regional Health Center
Salina-Saline County Health Department
Sedgwick County Health Department
St. Luke Hospital
Stormont-Vail HealthCare
The University of Kansas Hospital
Tobacco Free Kansas Coalition
Tobacco Use Prevention Program (KDHE)
University of Kansas Medical Research Institute
University of Kansas School of Medicine
Via Christi Regional Medical Center
Wesley Medical Center
Western Plains Medical Complex
Wichita Business Coalition on Health Care
WorkWell Kansas

State Plan Glossary

Adult Tobacco Survey (ATS)

ATS is a state-administered, random-digit-dialed telephone survey of the non-institutionalized U.S. population aged ≥ 18 years. ATS collects data on tobacco use, smoking cessation, secondhand smoke exposure, risk perception and social influences, health influences, and tobacco-related policy issues in the United States. ATS was developed primarily for evaluation of state tobacco control programs rather than for surveillance and offers states a great deal of flexibility in terms of when and how often the surveys can be conducted.

Best Practices

A process or technique whose employment results in improved health outcomes.

Behavioral Risk Factor Surveillance System (BRFSS)

A standardized, random telephone health survey conducted by each of the 50 states, Washington D.C. and three U.S. territories under the guidance of the Centers for Disease Control and Prevention. Data collected includes information on health risk behaviors, preventive health practices, and health care access related primarily to chronic disease and injury. BRFSS information may be obtained by visiting www.cdc.gov/brfss/.

Chronic Disease

Chronic diseases, such as heart disease and stroke, have a gradual onset and an indefinite duration. They can be impacted by lifestyle choices and behaviors.

Care Continuum

A method of care involving an integrated system of partners that guide and track individuals through a comprehensive array of health services spanning necessary/multiple levels of care.

Community Service Provider

Organizations and individuals within a community assisting people to lead self-directed productive lives. These include any organization in a community that provides support through advocacy, skills training and/or transportation to keep people well and engaged in their community.

Consensus Guidelines

A collection of expert opinions regarding innovative care options for the prevention, diagnosis and treatment of chronic diseases.

Evidence-Based Practices

A practice that is guided by a thoughtful integration of the best available scientific knowledge with health expertise.

Gap Analysis

A technique for determining the steps to be taken in moving from a current state to a desired future-state.

Integrated Care

An approach characterized by collaboration and communication among partners within the community, not limited to those providing health care, allowing for identification of key lifestyle choices and behaviors discovered in non-traditional access points.

Modifiable Risk Factors

Lifestyle choices and behaviors that can be impacted by the individual. Modifiable risk factors include tobacco use, overweight and obesity, physical inactivity and unhealthy dietary habits.

Policy

A law, regulation, procedure, administrative action, incentive or voluntary practice of governments, businesses organizations or institutions.

Primary Care

Provides a broad spectrum of coordinated care over the lifespan. Primary health care includes medical, dental, mental health and other services. Primary care should provide an individual with a broad spectrum of care, both preventive and curative, during a period of time and coordinate all of the health care an individual receives.

Safety Net Clinic

A primary care clinic that provides services regardless of ability to pay, including a discounted fee schedule (sliding scale) with reasonable charges for uninsured individuals below 200 percent of the federal poverty level. The discounted fee schedule must be in writing, and information must be publicly posted to ensure that patients are aware of its availability. Patients below 100 percent of the federal poverty level should be charged only a nominal fee, if at all. Patients above 200 percent of the federal poverty level may be charged the full fee for services.

Self-management Program

Skills learned in a facilitated program designed to help people gain self-confidence in their ability to control their symptoms and how their health problems affect their lives. It teaches the skills needed in the day-to-day management of treatment and to maintain and/or increase life's activities. This means that an individual takes responsibility for doing what it takes to manage their illness effectively. In self-management, patient and health care provider are partners in care. (American Academy of Family Practice)

Stakeholders/Partner Organizations

Associates who are invested in the outcome of a project.

Vital Statistics

The KDHE Office of Vital Statistics receives and preserves vital records for events (births, deaths, marriages and divorces) that occur in Kansas. Data from the records have important public health and social research significance. The data, considered the "gold standard" of public health data, can help determine which diseases and illnesses are problems in Kansas communities.

Certificates of death are completed and registered through the efforts of physicians, hospital personnel, funeral directors, attorneys and local courts. Underlying cause of death is defined as the disease or injury that initiated the chain of events leading directly to death. It is established by a physician and classified according to the International Classification of Diseases, 10th Revision (ICD-10).

Youth Risk Behavior Survey (YRBS)

The Kansas YRBS is a bi-annual survey of health behaviors of Kansas high school students. The following six categories of health behaviors are assessed: dietary, physical activity, tobacco use, alcohol or other drug use, sexual behaviors that contribute to sexually transmitted diseases and unintended pregnancy, and unintentional injuries and violence.

Youth Tobacco Survey (YTS)

The Kansas YTS contains in-depth information on the use of tobacco products, knowledge/beliefs of the impact of tobacco use, attitudes on tobacco, and exposure to secondhand smoke among Kansas youth. It is a statewide survey conducted every two years by KDHE among students in grades 6-8 (middle school) and 9-12 (high school).

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