

KANSAS

CHRONIC DISEASE RISK REDUCTION

Program Overview & Local Successes



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KDHE Secretary Susan Mosier, MD, MBA

Paula Clayton, MS, RD, LD
Director, Bureau of Health Promotion, KDHE

Jennifer Church, MS, RD, LD
Director of Community Health Promotion
Bureau of Health Promotion, KDHE

Report Preparation

Bureau of Health Promotion, KDHE

Laurie Harrison, MS
Communications Coordinator

Ericka Welsh, PhD
Senior Chronic Disease Epidemiologist

Contact Information

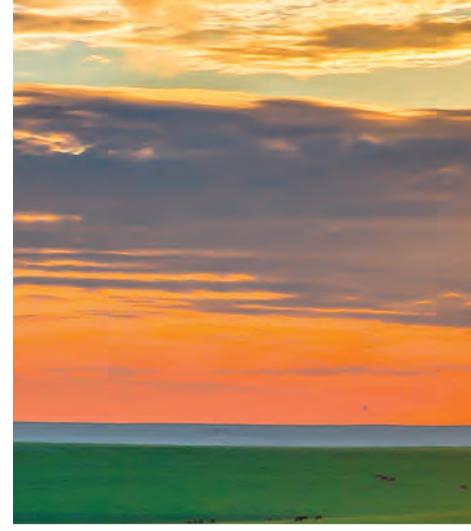
Community Health Promotion
Bureau of Health Promotion
Kansas Department of Health and Environment
1000 SW Jackson, STE 230
Topeka, KS 66612

Phone: 785-296-8127

Email: tupp@kdheks.gov

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Chronic Disease in Kansas

Chronic diseases, such as heart disease, stroke, cancer, diabetes and arthritis, are the leading causes of death and disability in Kansas. Chronic diseases are preventable because most of the illness, disability and premature death related to these diseases is contributed by the modifiable health risk behaviors of tobacco use, lack of physical activity and poor nutrition.

Seven out of 10 leading causes of death in Kansas are chronic diseases, which constitute about two-thirds (62%) of all deaths among Kansans.¹ During the last several years, about 50 percent of total deaths in Kansas have been due to the following four chronic diseases: cancer, coronary heart disease, stroke and diabetes.¹

Chronic Disease Risk Reduction Program

The Chronic Disease Risk Reduction Program (CDRR) is a grant program

coordinated by the Bureau of Health Promotion at the Kansas Department of Health and Environment. CDRR funds activities that target policy, systems and environmental changes that normalize active lifestyles, support healthy food systems and prevent and control tobacco use.

CDRR grantees receive training and technical assistance from community health promotion staff to identify local health needs, build effective coalitions and develop and implement evidence-based strategies to reduce the burden of chronic disease and promote healthy behaviors.

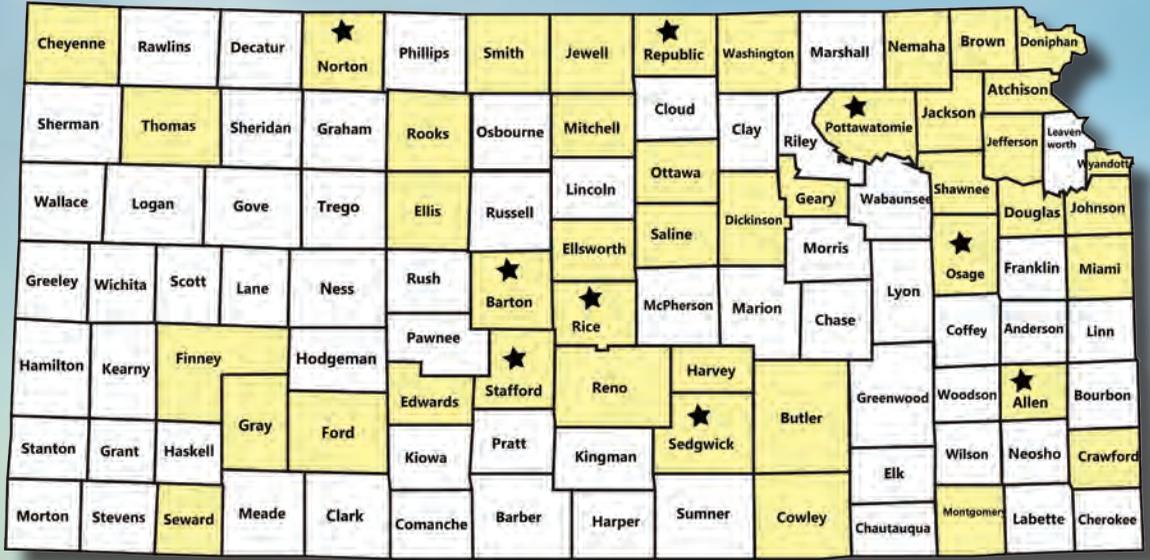
In state fiscal year 2014 (July 1, 2013-June 30, 2014) the CDRR grant program awarded 37 grants representing 45 of the 105 counties in Kansas (85% of the state population, 2012 U.S. Census). Since 2000, CDRR funding has contributed to significant reductions in youth and adult smoking, the

establishment of local clean air ordinances, which culminated in the statewide indoor clean air law in 2010, and use of the Kansas Tobacco Quitline.

The CDRR program falls under the Tobacco Use Prevention Program (TUPP), which incorporates into CDRR initiatives the Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs.

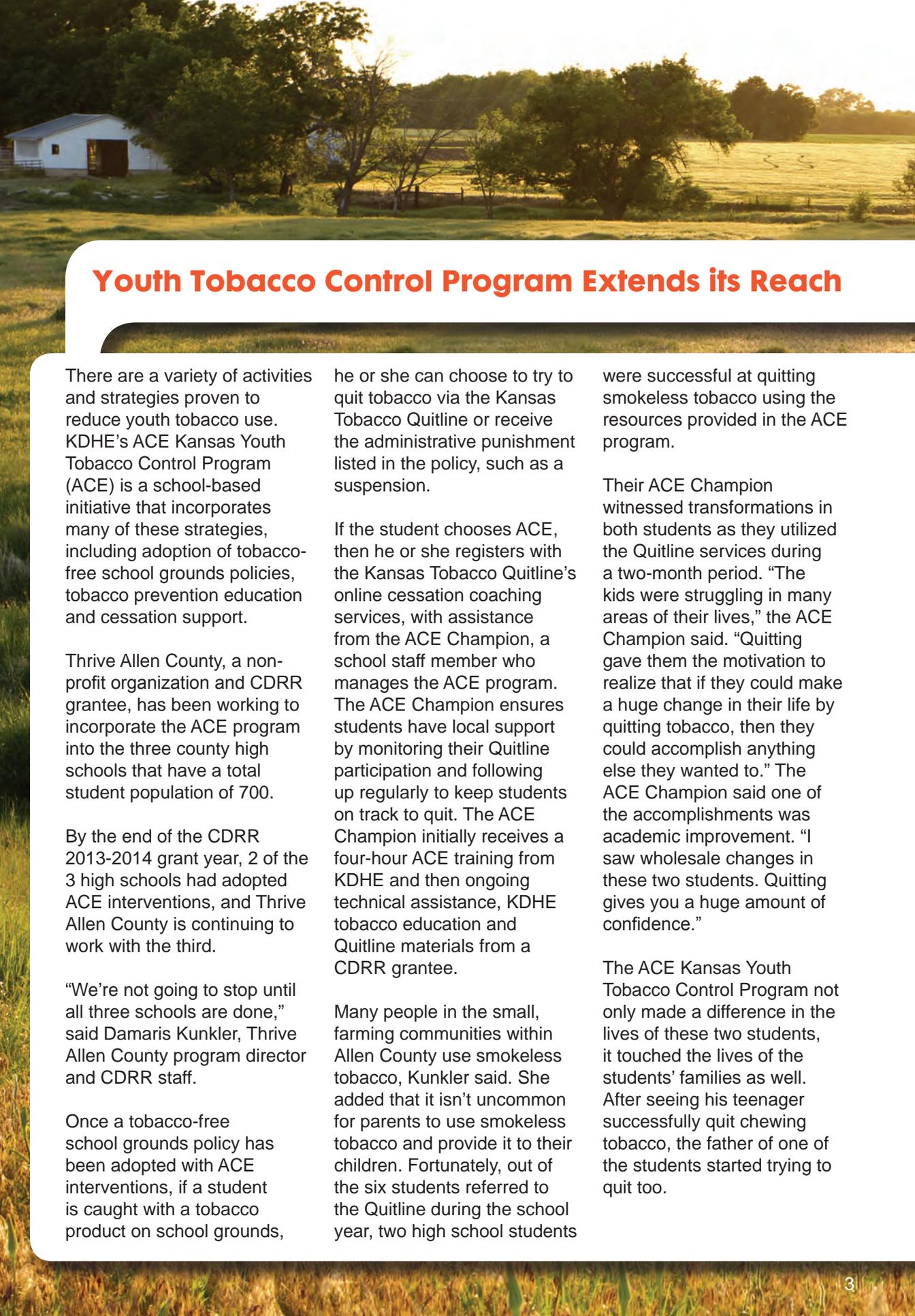
TUPP also manages the Kansas Tobacco Quitline, which provides free one-on-one coaching to Kansans who are ready to quit any form of tobacco. It is available 24 hours a day/7 days a week online and by phone. Trained Quit Coaches provide participants support to create an individual plan to quit tobacco and fight cravings. In 2013, more than 3,000 tobacco users registered for phone or web-based cessation services from the Quitline.

Chronic Disease Risk Reduction Grantees SFY 2014



★ CDRR Communities featured in this publication

1. Annual Summary of Vital Statistics, 2013. Topeka, KS: KDHE, Bureau of Epidemiology and Public Health Informatics; 2012. Available at: http://www.kdheks.gov/hci/as/2013/AS_2013.pdf.



Youth Tobacco Control Program Extends its Reach

There are a variety of activities and strategies proven to reduce youth tobacco use. KDHE's ACE Kansas Youth Tobacco Control Program (ACE) is a school-based initiative that incorporates many of these strategies, including adoption of tobacco-free school grounds policies, tobacco prevention education and cessation support.

Thrive Allen County, a non-profit organization and CDRR grantee, has been working to incorporate the ACE program into the three county high schools that have a total student population of 700.

By the end of the CDRR 2013-2014 grant year, 2 of the 3 high schools had adopted ACE interventions, and Thrive Allen County is continuing to work with the third.

"We're not going to stop until all three schools are done," said Damaris Kunkler, Thrive Allen County program director and CDRR staff.

Once a tobacco-free school grounds policy has been adopted with ACE interventions, if a student is caught with a tobacco product on school grounds,

he or she can choose to try to quit tobacco via the Kansas Tobacco Quitline or receive the administrative punishment listed in the policy, such as a suspension.

If the student chooses ACE, then he or she registers with the Kansas Tobacco Quitline's online cessation coaching services, with assistance from the ACE Champion, a school staff member who manages the ACE program. The ACE Champion ensures students have local support by monitoring their Quitline participation and following up regularly to keep students on track to quit. The ACE Champion initially receives a four-hour ACE training from KDHE and then ongoing technical assistance, KDHE tobacco education and Quitline materials from a CDRR grantee.

Many people in the small, farming communities within Allen County use smokeless tobacco, Kunkler said. She added that it isn't uncommon for parents to use smokeless tobacco and provide it to their children. Fortunately, out of the six students referred to the Quitline during the school year, two high school students

were successful at quitting smokeless tobacco using the resources provided in the ACE program.

Their ACE Champion witnessed transformations in both students as they utilized the Quitline services during a two-month period. "The kids were struggling in many areas of their lives," the ACE Champion said. "Quitting gave them the motivation to realize that if they could make a huge change in their life by quitting tobacco, then they could accomplish anything else they wanted to." The ACE Champion said one of the accomplishments was academic improvement. "I saw wholesale changes in these two students. Quitting gives you a huge amount of confidence."

The ACE Kansas Youth Tobacco Control Program not only made a difference in the lives of these two students, it touched the lives of the students' families as well. After seeing his teenager successfully quit chewing tobacco, the father of one of the students started trying to quit too.



Providing Quitline Education at Local Food Banks

Similar to national trends, Kansas has population subgroups that are disproportionately affected by tobacco use. For example, Kansas adults with an annual household income less than \$25,000 smoke cigarettes at nearly three times the rate of adults with an annual household income of \$50,000 or more.²

Identifying, educating and engaging members of affected population subgroups in reducing tobacco use is a CDC best practice.³ In the fall of 2012 the CDRR program in Barton, Rice and Stafford counties began engaging staff at food banks to implement a system of tobacco use assessment and Quitline education and referral for food bank clients who used tobacco.

"I think it's important that every Kansan know that

this free help is available to them," said Janel Rose, health educator at Barton County Health Department and CDRR program staff. "To me it's extremely important that we give equal treatment and equal opportunity to every resident of our state and our local counties."

Upon meeting with food bank staff, Rose discovered an overwhelming willingness to implement changes. "I think this was a resource that the food banks could see was vital for the people they were serving," Rose said. "One food bank board of directors voted yes and changes were made at the food bank that very day."

Systems changes included revising intake procedures, placing Quitline referral cards and brochures in waiting rooms, displaying Quitline posters and attaching Quitline

stickers onto commonly distributed food items like pasta, peanut butter, and macaroni and cheese.

Food bank clients now get asked if they or anyone in their household uses tobacco. When clients say yes, staff members refer them to the Quitline, recommend they consider quitting and describe Quitline's cessation services. Making these changes has been relatively easy for food banks to do, Rose said, because of the free Quitline materials and the minimal time it takes to screen for tobacco use during intake. "It really only took just a few moments for food bank staff to ask clients about tobacco use during intake and then to recommend that they consider quitting and to say here is a free resource."

During the 2012-2013 CDRR grant year, Rose succeeded

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**- Janel Rose,
CDRR Grantee**

in getting 5 of the 7 food banks in the three counties to implement Quitline promotion and systems change. During the two-month period after implementation, 180 families were provided Quitline materials at one of the food banks alone. The number of people registering for the Quitline in Barton, Rice and Stafford counties increased from nine in the three months before the project began to 16 during the three months after the project started--a 77 percent increase. Overall, the number of Quitline registrants increased 92 percent between January – June 2012 and January – June 2013.

Rose has continued to regularly visit the food banks to replenish Quitline supplies. Food bank staff reported that a number of clients heard

about the Quitline for the first time at the food bank.

"Some clients were extremely grateful and thanked the food bank workers for their help in

getting Quitline information and knowing where to turn," Rose said. "If we don't know where to turn for help, it's pretty hard to make a change."



Food bank volunteers placing Quitline stickers onto food items.
Photo courtesy of Janel Rose.

2. 2012-2013 Kansas Adult Tobacco Survey. Kansas Department of Health and Environment, Bureau of Health Promotion.
3. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs-2014. Available at: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm.



Passing a Comprehensive County Tobacco-Free Policy

Research shows that smoke-free policies are associated with a decrease in secondhand smoke exposure, reduced tobacco use among young people and adults, and fewer negative health effects.⁴ During the 2013-2014 CDRR grant year, the Norton County Commission passed an even more robust policy – a comprehensive tobacco-free work site policy – made possible by educational efforts of the Norton County Health Department, a CDRR grantee.

Before the county policy was passed, a total of 3 of 12 county offices had tobacco-free work site policies. With the new policy, effective July 1, 2015, all county offices will be tobacco-free. Specifically, the use or excessive odor resulting from the use of

tobacco products (cigarettes, cigars, pipes, vaping devices and smokeless tobacco) is prohibited in all Norton County buildings and on all properties leased or owned by the county.

In January 2014 the Norton County Health Department (NCHD) coordinated a WorkWell Kansas work site wellness training for county commissioners and local business leaders. This training brought to the forefront the benefits of work site wellness in the areas of tobacco, physical activity, healthful foods, stress management and chronic disease.

“The training planted the seed,” said Gina Frack, health department administrator and CDRR program staff.

“It was the education that the commissioners gained from the training that they learned of the importance of a tobacco-free policy, that good health is good business and where they decided they wanted to serve as a leader for the county in this area.”

County commissioners chose to tackle tobacco in the workplace first, so Frack provided commissioners with evidence-based resources and sample policies.

To keep the momentum going, NCHD pursued its own comprehensive tobacco-free work site policy, which the County Commissioners approved.

This sparked conversation on the potential of applying the



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policy to all county properties. “Once the policy was approved and in the county commission minutes, a couple county department heads asked commissioners ‘why did you pass that for the health department and didn’t do it for everybody?’” Frack said.

Frack circulated the health department’s policy to all county departments to review and in June organized a meeting of all department directors and commissioners to discuss a potential county-wide policy.

The meeting turned out to be pivotal, Frack said.

“There are a lot of things I don’t think the commissioners knew about tobacco use because we had never gotten together and talked about it before,” Frack said. “Someone said how horrible it is as a trash issue. One director talked about damage to vehicles by people smoking in the vehicles, and how the county was getting hurt on trade-ins, whether that be road and bridge equipment or the patrol cars.”

After much discussion, a week later the commissioners unanimously approved a comprehensive tobacco-free work site policy that applies to the county’s 175 employees.

“The work that we had done creating our policy at the health department was the exact same framework we then used for the draft policy for the whole county,” Frack said. “So that was time well spent because it was a really nice crossover to the county-level policy, plus the commissioners were familiar with that document.”

The policy was amended after the end of the CDRR grant year to include the use of e-cigarettes. The health department continues to provide technical assistance to other employers who want to pursue work site wellness.

4. Community Preventive Services Task Force. The Community Guide to Community Preventive Services 2012. Available at: <http://www.thecommunityguide.org/tobacco/smokefreepolicies.html>.



Successfully Adapting Tobacco Cessation Training for Medical Providers

The health care system provides many chances for motivating and helping smokers to quit. Health systems change involves institutionalizing cessation interventions and integrating these interventions into routine clinical care.⁵ Institutionalizing cessation interventions increases the likelihood that health care providers will consistently screen patients for tobacco use and intervene with patients who use tobacco.⁵

The Sedgwick County CDRR program has been providing training on how to institutionalize cessation interventions within health care systems for seven years with limited success.

“Off and on throughout the

years we would have success with getting into the medical practices to provide training, but it was always hit or miss and we would train two or three, maybe four medical practices a year, if we were lucky,” said Kim Neufeld, health educator with the Sedgwick County Health Department and CDRR program staff.

Neufeld then brought together members of the local Maternal Smoking Task Force, health care providers and clinical office staff to discuss ways to increase the reach and effectiveness of the training. She said their input was crucial in making the training more applicable to providers’ routine clinical care. Neufeld used this input successfully to provide more trainings to

medical practices than ever before.

“I think the training now speaks to health care providers more. It’s their language and I think that’s what’s helped us be so successful,” Neufeld said. The training now includes office visit simulations, opportunities to practice motivational interviewing, and information on medical billing processes and coding for reimbursements.

During the 2013-2014 CDRR grant year, Neufeld and task force members provided the training to 165 health care providers at 19 different practices in the county, a substantial increase from two to four practices in previous years. Additionally, there



was a 38 percent increase from the previous year in the number of people in the county registering for Quitline services who heard about the Quitline from a health care provider.

Training content also includes office strategies to incorporate cessation interventions into routine clinical care, facilitated by the assignment of multiple members of the health care team (physicians, nurses, office staff, etc.) to take part in the tobacco cessation intervention. Neufeld said the goal is to integrate tobacco education and intervention into the entire patient experience from having Quitline posters

and Quitline brochures in the waiting and exam rooms, to having nurses, physician assistants and physicians

screen patients for tobacco use and then intervene, and if patients are willing, make the referral to the Quitline.

"I think the training now speaks to health care providers more."

**- Kim Neufeld,
CDRR Grantee**

5. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs-2014. Available at: http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm.



County Map Provides a Tool for Exploration

A 2012 community health assessment identified lack of physical activity as a critical health need in Osage County. In 2013, 87.8 percent of adults in Osage County did not participate in enough aerobic and muscle strengthening exercises to meet physical activity guidelines.⁶

The community's action plan to address the health need includes raising awareness of the county's 15 trails, with a long-term goal of increasing the number of miles of trail and building awareness of the importance of regular physical activity.

There has been a flurry of activity building and enhancing trails in the county in recent years, including building a trail around the city lake in Overbrook, building a new trail in Lyndon, establishing an intricate set of nature trails in Melvern and work on the

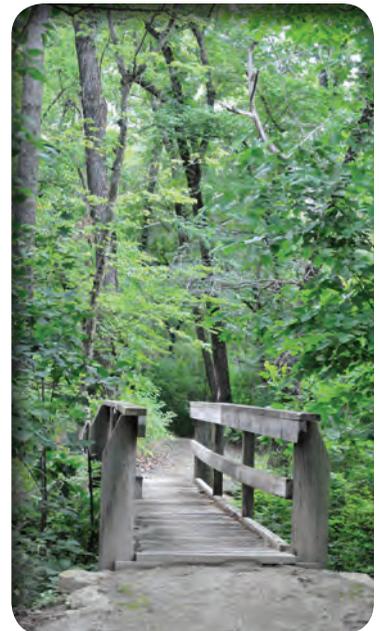
Flint Hills Nature Trail, which passes through the county.

During the 2013-2014 CDRR grant year, after extensive research and much legwork, CDRR grantee Osage County Tobacco Task Force, led by its coordinator, Peggy Clark, created a map and website that included information about all trails in the county, a resource that didn't exist. "It seemed like it was a good time to work on trail activity since there is already a push that way in the county," Clark said.

Osage County is lucky to have two federal reservoirs and two state parks, all containing trails. The trails are varied and include trails along rivers and lakes, through rolling hills, woodlands and wetlands, and on native tallgrass prairie. Besides hiking, biking and walking trails, there are also several horse trails, a railroad

park trail, a trail for motorized scooters and another with a section set aside for archery. Several trails have scenic overlooks and wildlife viewing.

Clark said often people enjoying the county's reservoirs and parks are





from out of town like Kansas City and Topeka. “I think sometimes we forget what we have right here,” Clark said.

She visited every community to identify existing trails, collected the handful of individual maps that already existed, and walked through and mapped out the other trails using Global Positioning Systems (GPS) mobile applications on her cell phone.

Clark then worked with a graphic designer to create a map with trail locations and a website (www.trailsosage.com) with more detailed information about each trail. As a photographer by trade, Clark also took the photos of the trail for the website. With CDRR funding, 1,000 maps were printed and Clark distributed most of them by the end of

the CDRR grant year. Clark continues to keep track of trail developments in the county

and plans to update the map and website as changes occur.



Trail photos courtesy of Peggy Clark.

6. 2013 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion. Available at: <http://www.kdheks.gov/brfss/index.html>.



Grassroots Community Garden Flourishes, Provides Free Fresh Produce

The Wamego Community Garden, conveniently located within walking distance of the Wamego hospital, senior center and elementary school, began in 2008 and continues to be a successful collaborative community project in Pottawatomie County. Multiple organizations, community members and businesses have donated equipment, time and labor to build, grow and maintain the garden for six years.

The Pottawatomie County Health Department, a CDRR grantee, started providing

funding and technical assistance to the project during the garden's second year, and continued to do so throughout the 2013-2014 CDRR grant year.

"The community wanted to work together," said Karen Matson, health department wellness coordinator and CDRR program staff. "To see how much has been accomplished in only six years is amazing just with community donations, CDRR funding and support, and a few fundraisers. To be able to see what all has been accomplished basically through what I would call grassroots involvement and collaboration is just amazing."

Community members can volunteer to help plant, harvest and maintain the garden in exchange for free fresh produce. The number of families participating has increased from the initial five to more than 60 in 2014. Due to increased demand, the garden doubled in square footage in 2010 and expanded

again in 2014. During the 2014 growing season, more than 9,000 pounds of produce were harvested utilizing more than 300 volunteer hours. The number of organizations involved has increased from four to eight as of 2014.

Any excess produce not harvested each week is shared with the local food pantry, senior center, WIC clinic, residents of a low-income apartment complex and a local food program that provides a free lunch to anyone two days a week in the summer.

The garden is run by a committee of representatives from local organizations and residents, including Matson. A committee member coordinates the volunteer schedule to ensure timely planting, harvesting and maintenance. A local church donated the land. The city donates the water for the garden and gasoline for the tiller. Local businesses have donated time and equipment to help with moving dirt,



Garden photos courtesy of Karen Matson.



**“Living on a limited income, I welcome the benefit of receiving fresh vegetables for my help with planting, weeding and watering the garden”
- Garden Volunteer**

making and spreading mulch, tilling ground, moving rocks, planting fruit trees and other labor-intensive tasks. A local greenhouse donated plants. Various people donated labor, tools, cattle panels, straw and money.

CDRR funding has been used to purchase smaller items such as hoses, sprinklers, seeds, hoes and fertilizer. Bigger items and equipment such as the tiller, planters, irrigation system, scale and fruit trees have been donated or purchased with additional grants.

“In the early years, especially, the CDRR support we provided really helped to keep the garden going,” Matson said. She provided information on how to plant, what to plant, how to mulch and recipes using the fruits and veggies from the garden. In later years, as the community’s capacity to maintain the garden grew, Matson provided less garden education and more information on sustainability and identifying

other funding sources beyond CDRR to continue the garden.

Additionally, in 2014 Matson provided resources, information and technical support to a local church pastor who expressed interest in forming another community garden in Wamego. Two churches succeeded in starting the North Wamego Community Garden that spring.

In a 2012 survey participating families described how the garden affected their lives:

“Living on a limited income, I welcome the benefit of receiving fresh vegetables for my help with planting, weeding and watering the garden. Helping with the garden is a double health benefit: receiving and eating healthy foods and being more physically active.”

“I had never tasted zucchini before, but because of getting some from the community garden, I have another vegetable that I like.”

“The garden is an opportunity to participate in an activity as a family where everyone has a job they can do. It is a wonderful chance for our children to see how their food actually grows and my son will eat vegetables he picked from the garden even though he wouldn’t eat them from the grocery store.”





Community Health Assessment Leads to Change

As a CDRR grantee, the Republic County Health Department was tasked with completing a community health needs assessment called the CHANGE Tool. The CHANGE Tool was designed by the Centers for Disease Control and Prevention to assist communities in identifying their strengths and needs and then creating an action plan to implement evidence-based health interventions to address them.

Using resources and funding from CDRR, the health department began in 2011 a three-year process of assessing, planning and implementing strategies in Republic County with

widespread success. The success couldn't have happened without extensive community involvement.

"We had a broad representation of people from the community helping do the assessments across the county, including people from the government, schools, the hospital, work sites, church communities and the media," said Sister Mary Savoie, CDRR coordinator.

Savoie recruited more than 40 people to help complete 48 community assessments. People were divided into teams of six to eight by sector: health care, school, community

organizations, workplaces, and the community at large (government), and each team had a leader to keep progress on track.

Teams learned how to complete the assessments with Savoie's assistance, and each team ultimately selected the sites in the county they wanted to assess. "Each sector was working and planning so we had a lot of things going on at one time," said Savoie, who organized ongoing team and coalition meetings to make sure the process kept moving forward. Once the analysis of the data was complete, teams then pursued planning and implementing health



interventions per community sector.

For example, the school team worked with the two county school boards to successfully expand their indoor tobacco policies to comprehensive tobacco-free school grounds policies. With assistance from the work site team, one of the largest businesses in the county established a work site wellness program and committee.

The assessment identified a critical need for safe walking and biking areas. The community-at-large team eventually re-organized as a master planning team that designed an evidence-based

action plan for sidewalk improvement and walking/biking trail creation. The master planning team secured additional funding to hire a consultant to create a comprehensive plan, which has become the roadmap for future phases of development of walking/biking trails in the county.

During the 2013-2014 CDRR grant year, Savoie was successful at getting the senior living center and independent living apartments in Belleville to designate existing walkways around their facilities as trails, totaling between 3 and 4 miles. Savoie secured additional funding to install benches and

got the high school arts class to design maps, posters and brochures.

Additionally, before the end of the grant year, knowing that the CDRR project was coming to end, the health department and hospital organized a county-wide health promotion task force to continue the work and 22 community members have already joined. "I think this showed that the awareness had really been raised and people were really committed to continue what had been started," Savoie said, noting that the group meets about every three months.



Map Supports Community Momentum, Leads to More Opportunities

Less than 1 in 5 (17.9%) Kansas adults 18 years old and older meet physical activity guidelines.⁷ Certain characteristics of the built environment have been demonstrated to support physical activity. Kim Neufeld, Sedgwick County Health Department health educator and CDRR program staff, discovered this one day when she began riding a bicycle in 2012.

“Initially this project started because I didn’t know where to ride in Wichita,” Neufeld said. She soon discovered from city and county administrators that there were no maps of the county’s bike paths.

The map was a project the Wichita Area Metropolitan Planning Organization was planning on tackling in the future, but could not presently given competing projects and no funding to print it. Simultaneously, Neufeld learned of a local survey that found while Wichita residents ranked bicycling for pleasure as the 6th most popular recreation activity out of 50, many weren’t aware of the

locations of bicycling paths.

Compelled by personal interest and applying her knowledge and experience of coalition building gained during her six years as a CDRR grantee, Neufeld brought together multiple stakeholders in the county to create, distribute and promote a map of the bicycle paths in the county during the CDRR 2012-2013 grant year.

There is strong evidence demonstrating the effectiveness of coalitions and community partnerships.^{8,9} In particular, partnerships between local health practitioners and community members have been shown to play a significant role in improving community health through changes to the built environment (e.g., the physical structures and infrastructure of communities).^{8,9}

First, Neufeld organized a series of meetings, bringing together representatives from city, county and state agencies to brainstorm map details. “The good thing was they all realized right away that it was a need and a great

opportunity,” Neufeld said, adding that took time and effort to decide on all of the details.

Once the details were agreed upon, the Wichita Area Metropolitan Planning Organization donated staff time to create the map, which includes maps of bicycle paths in Wichita and in neighboring towns of Derby, Haysville, Maize and Mulvane, plus tips on bicycle safety and maintenance and rules of the road.

Neufeld then worked to organize community members to support and promote the map during the next 10 months. “I went to every group and population I could think of in the community to try to figure out how we could promote it within their group,” Neufeld said. Those community groups included grassroots bicycle groups like Bike Walk Wichita, bike shops, other local businesses, faith communities, schools, bicyclists and residents.

Neufeld also used May’s Annual Bike Month to promote the map at events such as



SHIFT to Bikes worksite challenge, National Bike Challenge, Bike to School Day and Bike to Work Week. Also, each of the owners of the 600 bikes parked at the Bike Valet Parking during the annual Wichita RiverFest received a bike map. The Mayor's Youth Council students helped staff Bike Month events and even made their own youth-oriented bicycle promotional materials.

With CDRR funding, 15,000 maps were printed and Neufeld and community members distributed all of them within eight months. The map is also available to download off the city's website. An additional 7,000 maps were printed in late 2014.

Use of the Arkansas River Path has nearly doubled from previous years, increasing from 2,554 utilizations in June 2010 to 5,062 utilizations in June 2013. Overall, bicycle and pedestrian usage increased 19 percent from

2012 to 2013. The project played a big part in the groundswell of community support for bicycling in Wichita in recent years. The project's success served as a catalyst to help put the newly adopted Wichita Master Bicycle Plan into action. The number of bicycling organizations jumped from two to nine since 2012. The City of Wichita decided to pursue a "bicycle friendly community" status from the League of American Bicyclists, something only three Kansas cities have and one that is difficult to obtain, Neufeld said. "Wichita is planning to apply in

2015 and they have said that all of the work done on this project will definitely help them in their application."

Through this initiative and with technical assistance from Neufeld, Bike Walk Wichita decided to solidify its organizational structure by developing a board, completing a strategic plan, revising their mission and applying for non-for-profit status. Bike Walk Wichita is now assisting other bicycle organizations on similar matters.



7. 2013 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion. Available at: <http://www.kdheks.gov/brfss/index.html>.
8. Roussos ST and Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. *Annual Review of Public Health*. 2000; 21:369-402.
9. Aboelata MJ. The built environment and health: 11 profiles of neighborhood transformation. Prevention Institute website. 2004. Available at: <http://www.preventioninstitute.org/component/jlibrary/article/id-114/288.html>.

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Department of Health
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Health Promotion



May 2015