Chronic Disease Risk Reduction Grant Program

Overview and Welcome

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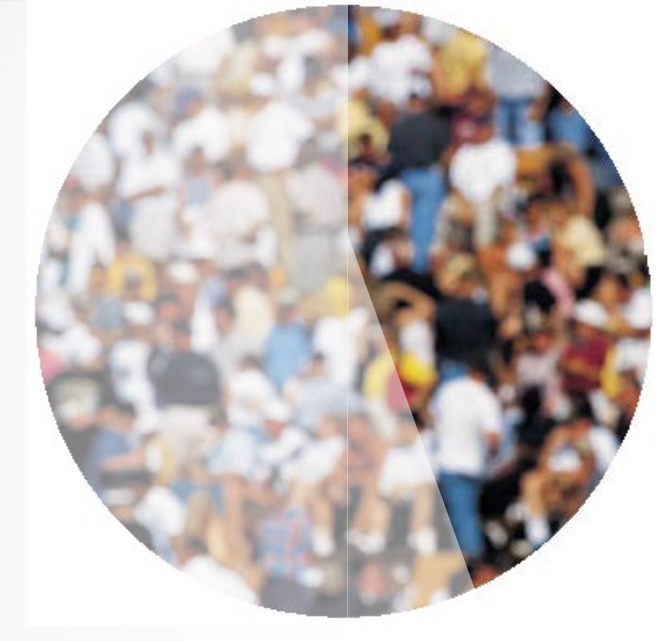
KANSAS Chronic Disease Risk Reduction

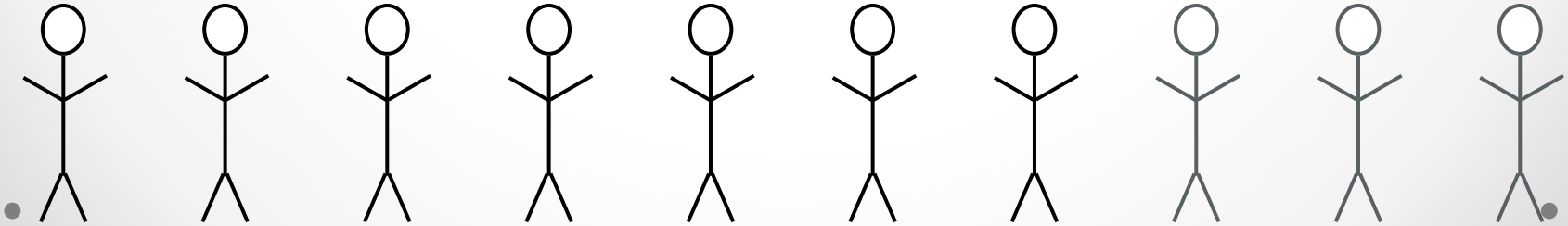
Kansas Department of Health and Environment

Chronic disease continues to be the #1 cause of death & disability in the U.S.



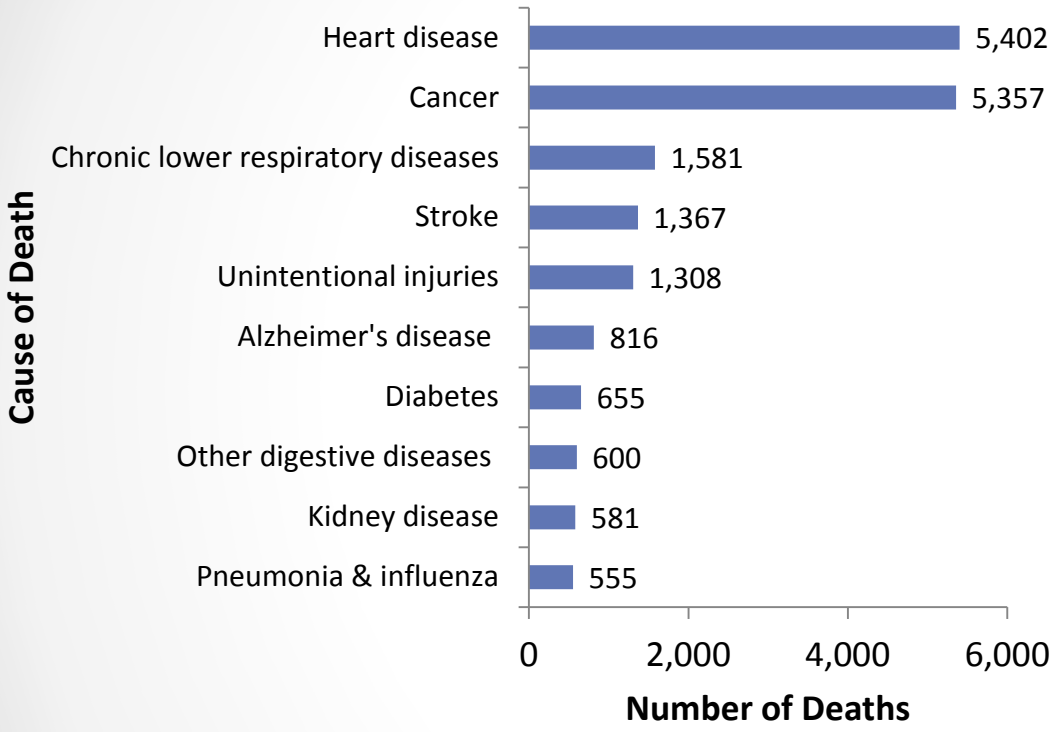
162 million Americans, representing over 45% of the total population, have at least one chronic disease

Chronic diseases kill more than 1.7 million Americans per year and are responsible for 7 of 10 deaths in the U.S.

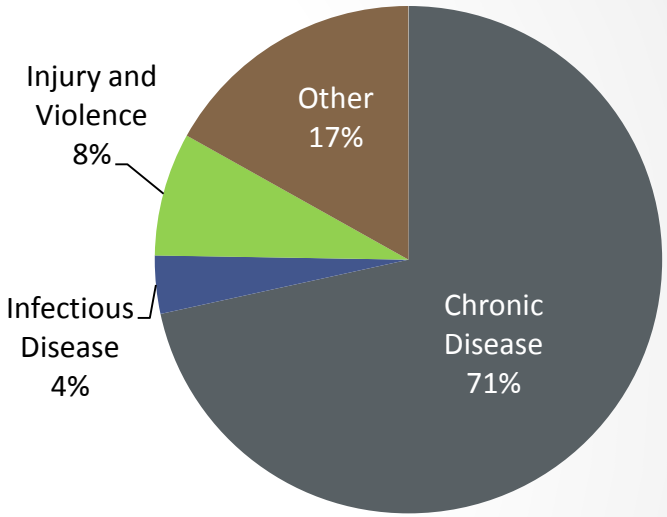


Mortality

Figure. Top 10 Leading Causes of Death, Kansas 2010



All Deaths by Cause, Kansas 2010



Source: 2010 Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, KDHE.

- **Chronic diseases comprise 8 out of 10 leading causes of death.**
- **Heart disease and cancer were the #1 and #2 leading causes of death, respectively, in Kansas in 2010.**
- **Among all deaths in Kansas, 7 out of 10 (71%) were from chronic diseases.**

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Costs Related to Chronic Disease

Of every dollar spent…

…75 cents is spent treating patients with chronic disease

"The United States cannot effectively address escalating health care costs without addressing the problem of chronic diseases."

-- Centers for Disease Control and Prevention

- Expenses for people with 1 chronic condition are twice as great as for those with no chronic condition, and spending for people with 5+ chronic conditions are 14 times higher.

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Leading and Actual Causes of Death

Figure. Leading Causes of Death*, Kansas 2010

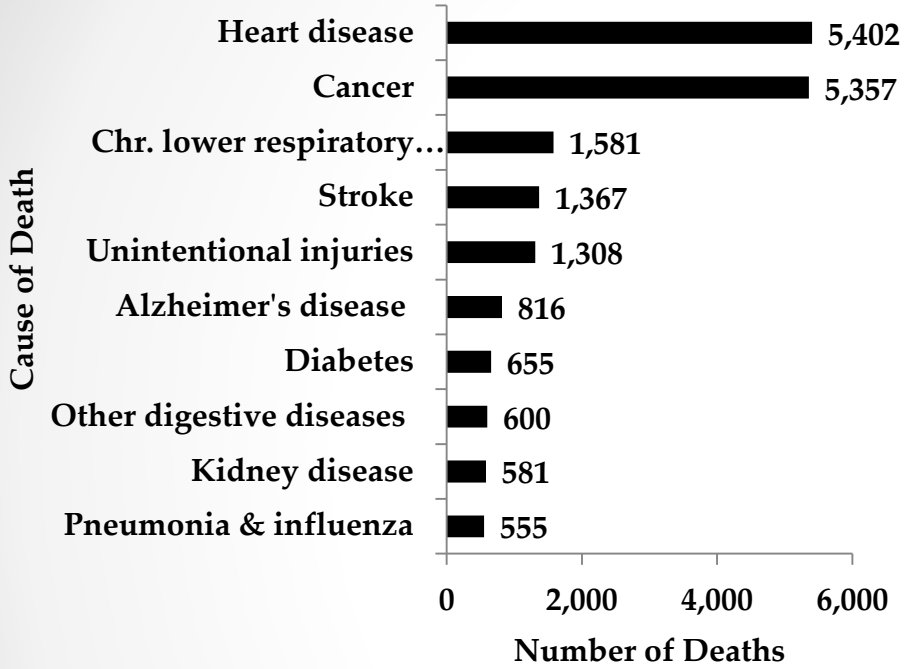
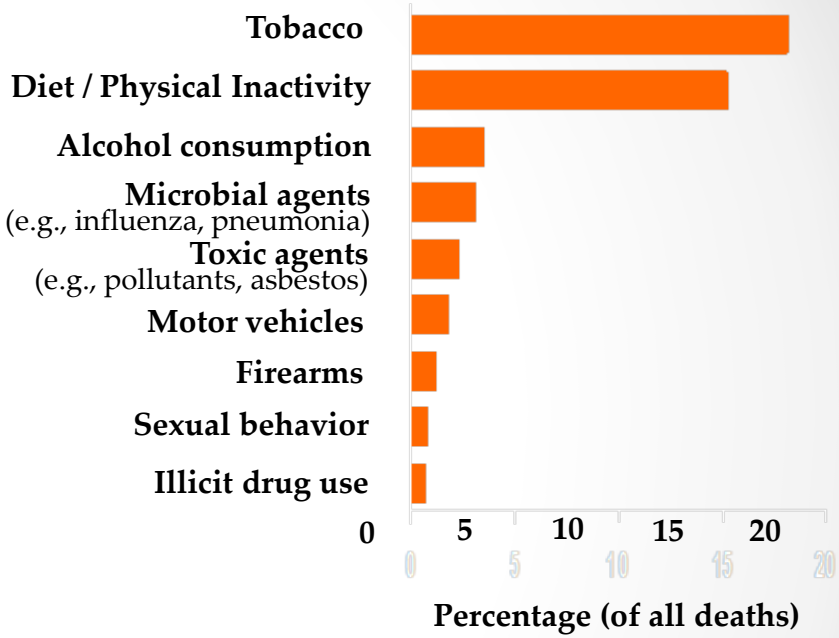


Figure. Actual Causes of Death†, Kansas, 2010

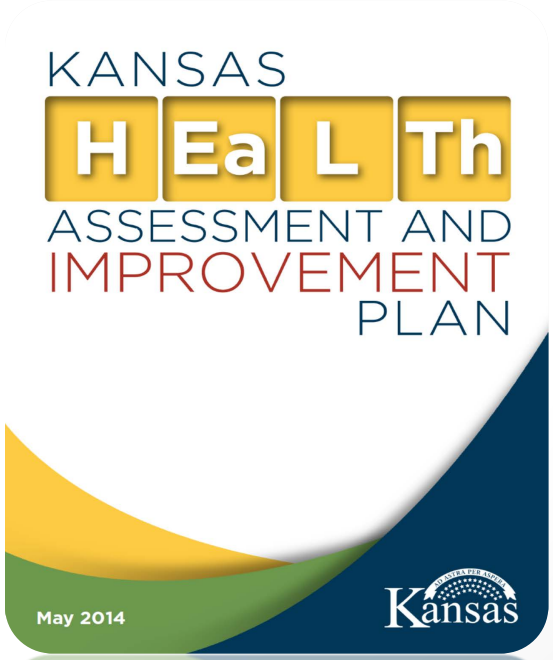


- The figure on actual causes of death in Kansas is based on work done by CDC with national data.**
- Similar to the U.S., a large proportion of deaths each year in Kansas results from modifiable lifestyle behaviors.
- Tobacco use and poor diet and physical inactivity contribute to the largest number of deaths in the U.S. and Kansas.

*Source: 2010 Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, KDHE.
†Source (national data): Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291 (10): 1238-1246. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Correction: Actual Causes of Death in the United States, 2000. JAMA. 2005;293 (3): 293.

Healthy Kansans 2020

Kansas Health Assessment & Improvement Plan



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HEALTHY KANSANS 2020 FRAMEWORK

Working together, working smarter to routinely connect state and local partners across disciplines and sectors to enhance implementation of innovative systems and strategies, and improve individual and community well-being in Kansas by 2020.

Cross-cutting Themes and Strategies

Healthy Living	Healthy Communities	Access to Services
Priority Strategies	**Priority Strategies**	**Priority Strategies**
HL-1 Promote physical activity and healthy eating **HL-2 Promote tobacco use prevention and control** HL-3 Equip and incentivize Kansans to participate in culturally competent health and wellness programs and access appropriate health care HL-4 Improve supports for the social and emotional development of children and families	**HC-1 Promote environments and community design that impact health and support healthy behavior** HC-3 Support policies that make the default choice the healthy choice	
Kansans equipped to take an active role in improving their health and supporting their families and friends in making healthy choices.	**Kansans working together to impact the natural as well as human-formed conditions that influence health and/or risk for injury.**	**Kansans ready access to information and health and social services to achieve the best health outcomes.**

Promote Healthy Eating and Physical Activity		
Goal	**Increase access to healthy foods**	
Objective	Increase local food sourcing	
Performance Indicators	By 2020, increase the number of farmers' markets per 100,000 state residents to 5. (Baseline: 3.4 in 2012; Source: USDA Farmers Market Directory)	
	By 2020, increase the number of state and local food policy councils to 40. (Baseline: 0 state, 1 local in 2011; Source: Johns Hopkins Bloomberg School of Public Health, Food Policy Network, Food Policy Council Directory)	
	By 2020, increase the percent of Kansas middle schools and high schools that have planted a school food or vegetable garden to 22%. (Baseline: 13% in 2012; Source: School Health Profiles, Principal Survey Q35 in 2012 and 2014)	
		Outputs
Activities	Establish new and expand existing farmers' markets	*Number of new farmers' markets established, number of farmers' markets that have expanded their operating hours and/or reach via satellite markets*
	Promote and support access to and use of Electronic Benefits Transfers (EBT) in farmers' markets	*Number of EBTs in use at farmers' markets, proportion of EBT users who shop at farmers' markets*
	Promote safe food handing practices (focus on fruits and vegetables) at farmers' markets	*Number of farmers' markets promoting safe food handling practices through signage and handouts*
	Establish and support state and local food policy councils	*Number of new state and local food policy councils established*
	Promote and support farm-to-school and farm-to-institution programs and policies	*Number of new farm-to-school and farm-to-institution programs and policies*
	Promote and support school and community garden initiatives	*Number of new school and community garden initiatives*
	Expand enrollment in the Senior Farmers' Market Nutrition Program	*Number of eligible individuals enrolled in food programs*

Align Current Efforts with HK2020

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Promote Healthy Environments and Community Design to Support Healthy Behaviors		
Goal	**Promote community design to support healthy behaviors**	
Objective	Increase the number of communities that adopt healthy community design principles	
Performance Indicator	By 2020, increase the percentage of the population covered by a Complete Streets policy or resolution to 53%. (Baseline: 33% (957,417); Source: Complete Streets)	
		Outputs
Activities	Implement Complete Streets	*Number of community or state Complete Streets policies or resolutions*
	Increase the number of trails and connectivity	*Miles of trails; proportion of trails connected to community resources*
	Educate local boards of health and planning commissions on the evidence-base and opportunities to impact health (e.g. health impact assessments)	*Number of educational reports created, number of decision makers to whom educational reports are disseminated*
	Track development, adoption and implementation of healthy community design policies	*Number of surveillance systems tracking development, adoption and implementation of healthy community design policies*

Align Current Efforts with HK2020

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Promote Prevention and Control of Tobacco Use		
Goal	**Implement a comprehensive state tobacco control program with extensive evidence-based programming at the local and regional levels**	
Objective	Prevent initiation of tobacco use among young people	
Performance Indicators	By 2020, increase the percentage of schools that prohibit all tobacco use at all times in all locations to 75%. (Baseline: 48%; Source: 2012 SHP)	
	By 2020, decrease the percentage of high school students that smoked a whole cigarette for the first time before age 13 to 7%. (Baseline: 9.7%; Source: 2011 YRBS)	
	By 2020, decrease the percentage of high school students that have ever tried smoking a cigarette, even one or two puffs to 20%. (Baseline: 41.3%; Source: 2011 YRBS)	
		Outputs
Activities	Develop and implement a large scale, counter marketing communication campaign to promote tobacco use prevention and control	*Communication campaign materials developed, number of media impressions*
	Implement comprehensive tobacco-free grounds policies in Kansas schools, colleges and universities	*Number of new tobacco-free grounds policies implemented in Kansas schools, colleges and universities*
Objective	Protect Kansans from exposure to secondhand smoke	
Performance Indicators	By 2020, maintain the proportion of population covered by laws that protect Kansans from secondhand smoke in public places. (Baseline: 100%; Source: 2010 KICAA)	
	By 2020, increase the number of CDRR grantees pursuing expanded smoke-free housing in their jurisdiction to 5. (Baseline: 1; Source: 2011 CDRR Grant Reporting)	
		Outputs
Activities	Advocate for smoke-free workplaces, smoke-free housing, smoke-free parks and tobacco-free sale zones	*Number of new smoke-free workplaces, smoke-free housing, smoke-free parks and tobacco-free sale zones in Kansas*

Align Current Efforts with HK2020

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CDRR Funding

Time Period	Program Name	Focus	KDHE Base Funding Source
1980's	**LIVELY**	**Disease management**	**$150,800- block grant**
1991	**CVH**	PANT	$150,800- block grant
1992	**CDRR**	PANT	$150,800- block grant + Kansas LEAN
1994	**CDRR**	**PANT**	$150,800- block grant + Kansas LEAN (schools) **+ CDC TUPP Funds**
2000-2002	**CDRR**	**PANT**	$150,800- block grant + CDC TUPP Funds **+ CIF**
2014-2016	**CDRR**	**PANT-CDSME**	$300,000↑ block grant + CDC TUPP funds ($150,000)+ CIF ($946,671) **+ 1305 funds ($110,000) = $1,506,000**

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Align Funding Opportunities with Healthy Kansans 2020 Plan Priorities

Increase Access to Healthy Foods	Increase Opportunities for Physical Activity	Promote Community Design to Support Healthy Behaviors
• Douglas • Franklin • Pottawatomie • Rawlins • Seward • Thomas • Lyon	• Douglas • Rawlins • Thomas • Lyon	• Franklin • Harvey

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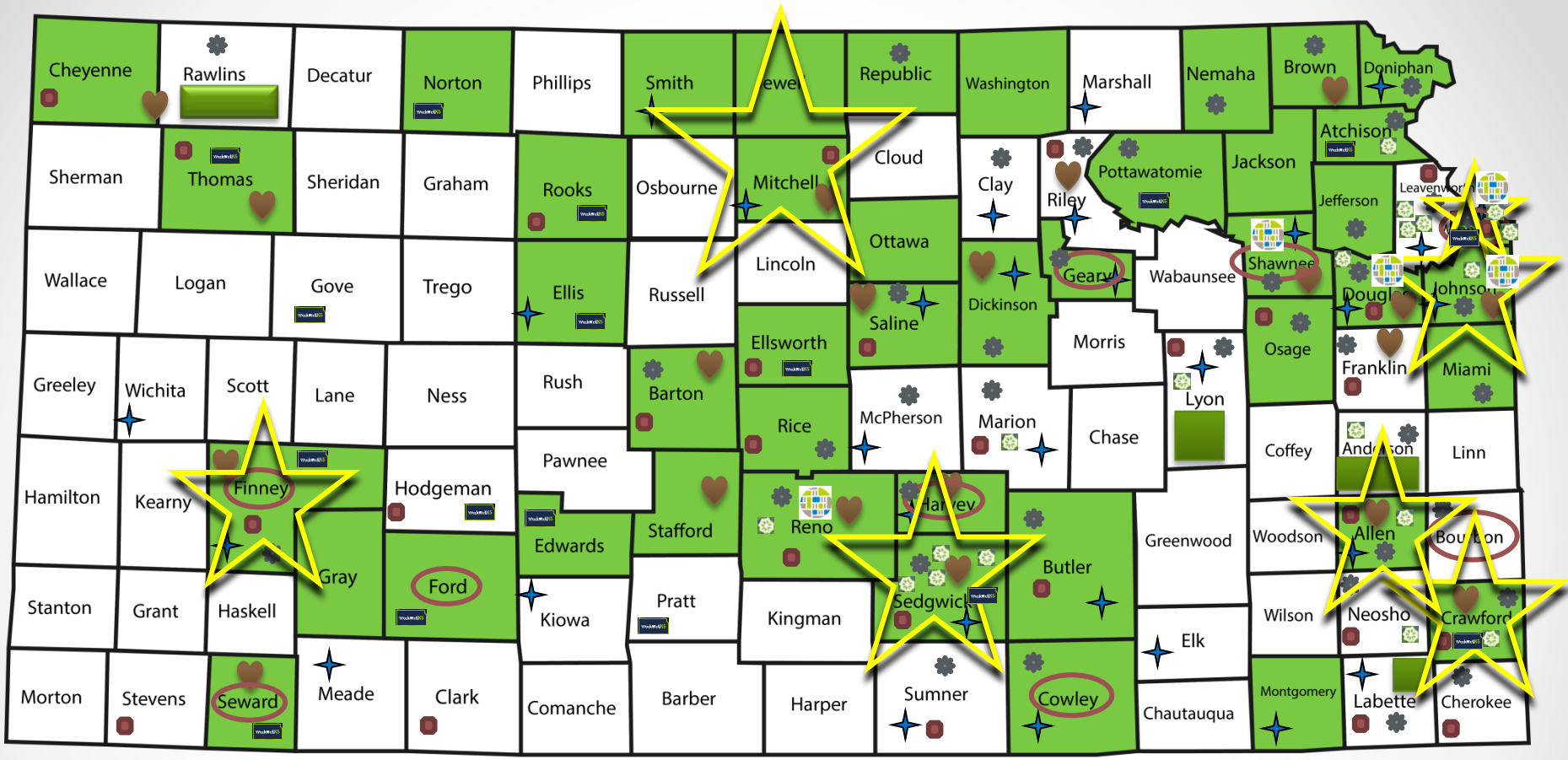

1422 Target Communities

SafeKids Coalitions

WorkWell KS Years 3 and 4

Complete Streets Policies or Resolutions

Chronic Disease Risk Reduction Grantee

Healthy Kansas School Grantee

KHF Healthy Communities Initiative Grantee

SNAP Eligible Farmers' Markets

KSFMNP

Safe Routes to School 2011, 2012, 2013

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