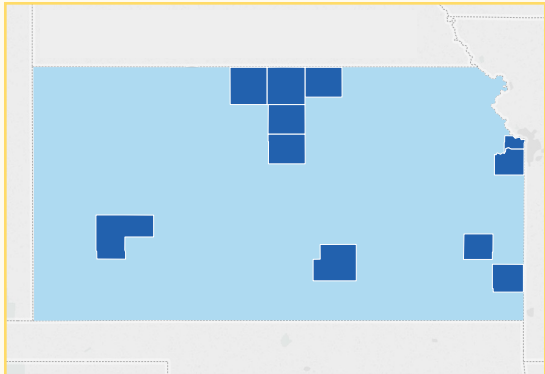


Kansas | PROGRAM PROFILE



The Kansas Department of Health and Environment is a state awardee of the State and Local Public Health Actions 1422 (SLPHA-1422) program, which aims to promote and reinforce healthful behaviors, best practices, and decrease health disparities to prevent and reduce chronic disease.



■ TARGETED COMMUNITY

AWARD
\$3,254,319

AMOUNT TO SUBAWARDEES
\$2,465,000

PERCENTAGE OF AWARD TO SUBAWARDEES
76%




SUBAWARDEES

- Central Plains Health Care Partnership
- Community Health Council of Wyandotte County
- Crawford County Health Department
- Finney County Community Health Coalition
- Johnson County Department of Health and Environment

- Mitchell County Regional Medical Foundation
- Thrive Allen County Coalition

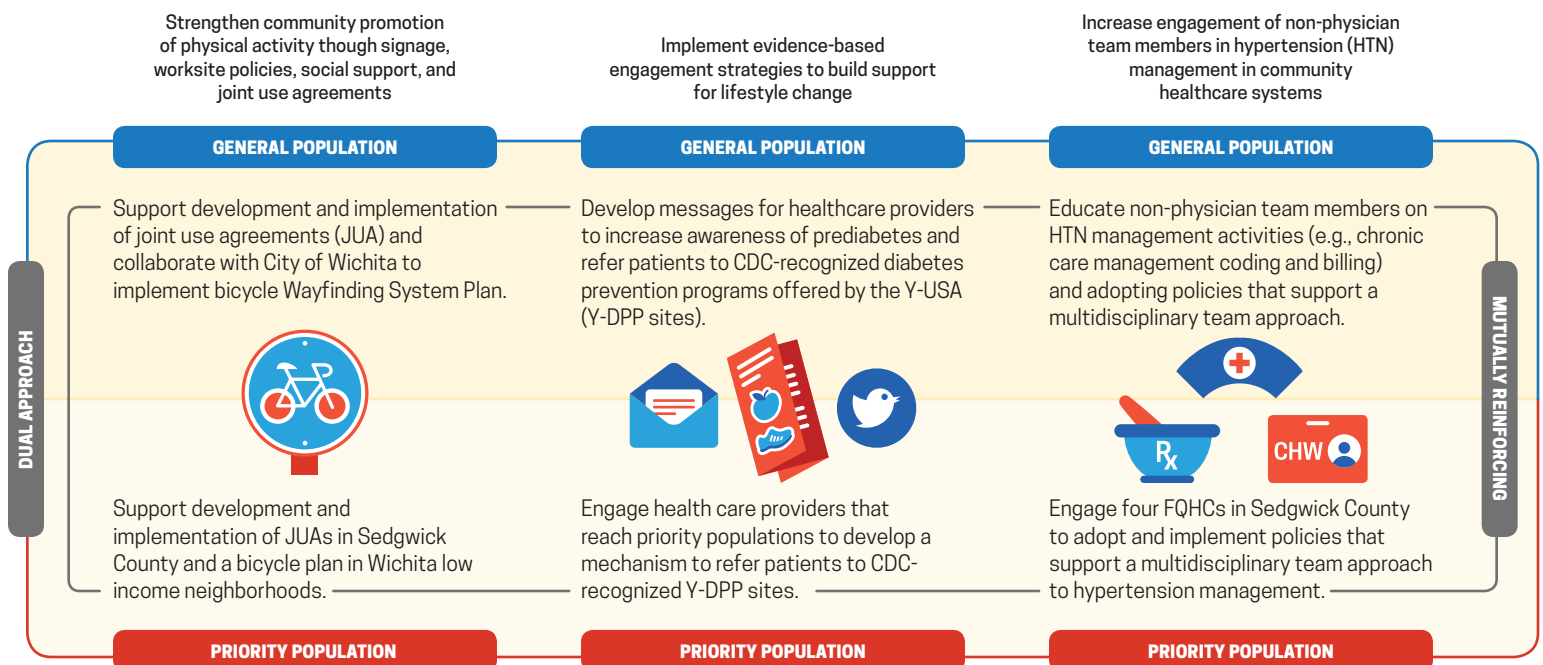
TYPES OF PARTNERS (NO.)

- Health system/healthcare provider (102)
- Nonprofit organization (12)
- Private business (9)
- Coalition/collaborative (8)
- University/academic institution (7)
- Other local government entity (5)
- Community-based organization (2)
- Faith-based institution (1)
- Other (0)

TARGETED COMMUNITY*	PRIORITY POPULATION**	SELECTION CRITERIA
Allen, Crawford, Finney, Jewell, Johnson, Lincoln, Mitchell, Republic, Sedgwick, Smith, and Wyandotte counties 	Low socioeconomic status, Medicaid, Hispanic, and rural African American populations 	<ul style="list-style-type: none"> ▪ Community capacity/ infrastructure ▪ Disease burden ▪ Prior experience with priority population ▪ Sociodemographics 

FOCUS ON HEALTH FOR ALL: DUAL APPROACH AND MUTUALLY REINFORCING STRATEGIES

The SLPHA-1422 program aims to reduce health disparities by supporting states, large cities, and local communities working together to implement the Dual Approach using a set of comprehensive environmental, health system, and community-clinical linkage strategies. These strategies aim to reach both the general population at the state or large-city level and priority populations across the state or large city, and within targeted communities. The implementation of each approach supports the other in a mutually reinforcing way that strengthens their combined impact. The graphic below depicts examples of the Dual Approach and mutually reinforcing strategies with three strategies selected by the awardee.



SUCCESS STORIES

According to the 2015 Kansas Behavioral Risk Factor Surveillance System, 31.6% of Kansans aged 18 years and older were diagnosed with high blood pressure. In many counties across Kansas, almost two-thirds of adults were overweight or obese. Several organizations around the state have implemented programs to address these growing problems.

In Wyandotte County, the Community Health Council partnered with the Kansas Pharmacy Association and two local grocery stores to increase hypertension self-management with the **Pharmers to Market pilot program**. The program moves pharmacists from behind the pharmacy counter to the grocery store produce section. From there, they promote fresh produce as a method for self-management of high blood pressure, communicate the safe and effective use of medications and importance of checking blood pressure regularly, and endorse lifestyle



5 grocery stores have hosted **Pharmers to Market** program events.

498 people had their blood pressure checked at the **Pharmers to Market** events.

60 wayfinding signs are scheduled for installation throughout Sedgwick County.

change and healthy cooking classes offered at the stores. The first four Pharmers to Market events drew approximately 200 attendees; 170 people had their blood pressure checked and 81 people discussed blood pressure medications with a pharmacist. This program, now in its second year, has also been implemented in neighboring Johnson County.

The Sedgwick County, the City of Wichita and Health ICT partnered to address obesity by developing a **wayfinding plan** to connect pedestrians and cyclists to healthy food options and Federally Qualified Health Centers (FQHC). The plan includes a site assessment and highlights best practices; design options; and recommendations on sign type, design, and prioritization. The plan passed on September 13, 2016. As a result bus route maps include healthy food retailers and FQHCs and approximately 60 wayfinding signs are scheduled for installation.

SUBAWARDEE PERFORMANCE MEASURE HIGHLIGHTS

The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion funds the SLPHA 1422 program. The following are subawardee performance measure results by division.



DIVISION OF NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

5 key community locations are implementing nutrition and beverage standards.

21 retail and community venues are increasing availability, affordability, placement and/or promotion of healthy foods.

26 community venues are promoting physical activity through signage, joint use agreements, and/or worksite policies.

523,900 adults have access to community venues promoting physical activity.



DIVISION FOR HEART DISEASE AND STROKE PREVENTION

98.5% of patients are participating in healthcare systems with electronic health records appropriate for treating patients with high blood pressure.

7.1% of patients are participating in healthcare systems with policies or systems to encourage a multidisciplinary team approach to blood pressure control.

8 healthcare systems are engaging community health workers to link patients to community resources that promote self-management of high blood pressure.

1 healthcare systems is implementing a community referral system to evidence-based lifestyle change programs for people with hypertension.



DIVISION OF DIABETES TRANSLATION

4,432,876 adults have been reached through evidence-based engagement strategies.

311 adults at high risk for type 2 diabetes enrolled in CDC-recognized diabetes prevention programs.

32,386 patients are within healthcare systems with policies or systems to facilitate identification of people with prediabetes.

15 healthcare systems engaged with CHWs to link patients to community resources that promote the prevention of type 2 diabetes.

For more information, please email 1422evaluation@cdc.gov.

* Targeted community, for the purpose of this funding opportunity announcement (FOA), is defined as a county, metropolitan statistical area, or a group of contiguous counties. These communities must have significant disease burden and sufficient combined populations to allow the strategies supported by this FOA to reach significant numbers of people.

** Priority populations are high-risk, high-burden populations with prediabetes or uncontrolled high blood pressure that experience racial/ethnic or socioeconomic health disparities, including inadequate access to care, poor quality of care, or low income.

LAST UPDATED 01/31/2018

