

Kansas Action Plan for Chronic Disease Prevention & Management

2004



Introduction

Chronic diseases dominate the leading causes of death in Kansas and are responsible for more than 70% of health care expenditures in the state. Cardiovascular disease and cancer represent the number one and two leading causes of death of Kansans. As the state's economic situation has declined, the impact of the growing burden of chronic disease health care expenditures has been magnified. The rural nature of Kansas, with 31 of 105 counties designated as frontier counties (less than 6 people/square mile) adds to the unique challenges of heading off the imminent chronic disease epidemic.

In 2003, the National Governors Association (NGA) hosted the NGA Policy Academy on Chronic Disease Prevention and Management in Chicago, Illinois. The purpose of the academy was to provide Governor's health policy advisors, legislators, state health officials, and community-based representatives a forum in which they could work together to develop action plans for preventing and managing chronic diseases.

Roderick Bremby, Secretary of the Kansas Department of Health and Environment, assembled a 17-member team to travel to the academy for the purpose of developing a Kansas Chronic Disease Action Plan. The Kansas team was comprised of champions from across the state in key positions in the executive and legislative branches and long time community partners. Their work was enriched by input from a broader contingent of colleagues (Appendix 1) who met with the Team prior to the Academy and post-academy to assist in identifying priorities and crafting the final set of recommendations for the state Chronic Disease Action Plan. Among the additional participants were Representative Bob Bethell and Senator Jim Barnett, who had attended a recent chronic disease academy sponsored by the National Conference of State Legislatures (NCSL).

Kansas NGA Policy Academy Team

State Team Leader:

Roderick L. Bremby, Secretary, Kansas Department of Health and Environment

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Kim Kimminau, PhD, Vice-President for Research and Analysis, Kansas Health Institute

Legislative Members:

Senate Public Health and Welfare Committee:

Senator Christine Downey (R)

Senator David Haley (D), ranking minority member

House Health and Human Services Committee:

Representative Peggy Mast (R)

Representative Nancy Kirk (D), ranking minority member

Senate Ways and Means Committee:

Senator Stephen R. Morris (R), Chairperson

Senator Paul Feleciano, Jr. (D), ranking minority member

House Appropriations Committee:

Representative Melvin J. Neufeld (R), Chairperson

Background

The work of the Academy Team was informed by past planning processes aimed at putting health priorities into perspective. The most notable being the Healthy Kansans 2000 priorities released in 1996. This initiative was a highly participatory process, led by a 30-member, multi-agency Steering Committee and chaired by the President of the state's largest telephone company to review Kansas health statistics in relation to HP2000 objectives. The committee used findings from an opinion survey of Kansas adults, along with comparisons of Kansas data to national goals outlined in the HP2000 objectives for the nation. Seven health priorities for state action (Cardiovascular Disease, Cancer, Injury, Immunization, Maternal and Child Health, HIV/AIDS, and alcohol) were selected as leading priorities for Kansas action. This initiative was highly successful in reaching agreement on state priorities and the resulting document has been widely adopted.

The Healthy Kansans 2000 report served as a blueprint for coordinated, statewide investment aimed at having the greatest impact on preventing and controlling chronic conditions and their risk factors. That work led to expanded partnerships with representatives of public and private agencies and organizations with expertise in clinical care, communications, surveillance and epidemiology, community outreach and program development, health disparity, evaluation and fiscal accountability, as well as individuals and their families with chronic conditions. Proceedings from these planning processes provided the basis for the Kansas National Governors Association Academy Team to author this report.

Current Impact of Chronic Disease and Risk Factors in Kansas

Cardiovascular Disease (heart disease and stroke) remains the leading cause of death in Kansas, accounting for 35% of all deaths, in spite of declining rates of heart disease mortality. This represents more than the combined number of deaths from AIDS, injury, Alzheimer's disease and homicides. The health disparity between black and white Kansans appears to be growing, especially among younger ages. The age-adjusted rate of ischemic heart disease from 1999 to 2000 for black Kansans ages 65 to 74 years was the highest (172.1 per 100,000 population) followed by whites at 122.1. The rate among persons of other races was substantially lower at 37.4. Geographically, the highest rates are generally found in the eastern and portions of the central areas of the state. Almost half of the deaths from CVD could be avoided through changes in lifestyle and behavior, such as controlling high blood pressure and high blood cholesterol, smoking cessation, increasing physical activity and improving eating behaviors.

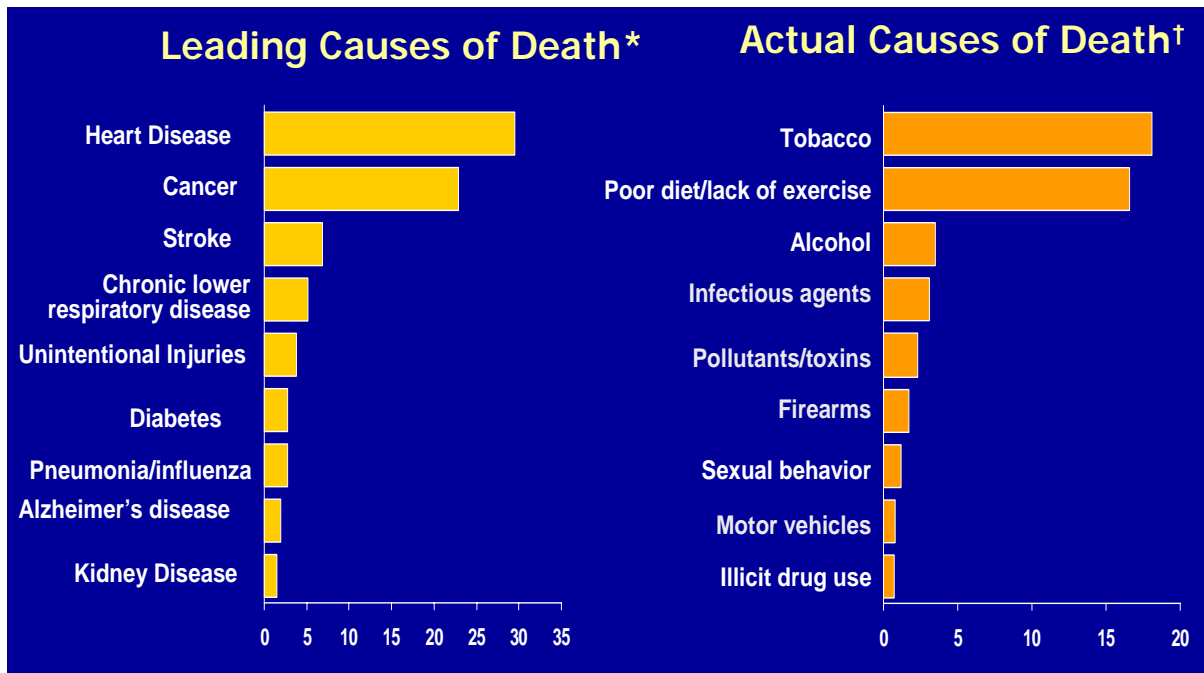
Cancer is the second leading cause of death in Kansas, accounting for 22% of deaths in 2000, despite the preventable and often treatable nature of many types of cancer. More than 12,000 cases were reported to the Kansas Cancer Registry in 2000. The health impact and financial burden of cancer in Kansas is substantial and prompted the Bureau of Health Promotion to facilitate a statewide

planning process which identified six priority cancers (female breast, prostate, lung and bronchus, colorectal, skin and cervical) as the priority cancers for which a state comprehensive cancer plan should be developed. These cancers account for over 63% of the cancer incidence and over 54% of cancer deaths each year. The good news is that scientific evidence indicates that appropriate prevention or early detection interventions can significantly reduce the impact of these and other cancers.

Diabetes prevalence rates and death rates have been increasing steadily in Kansas over the last decade, positioning it as the 6th leading cause of death in 2001. Much of the rise is likely due to an increasingly older, more sedentary and progressively overweight population. As of 2001, an estimated 115,427 adults had been diagnosed with diabetes in Kansas. It is estimated that an additional 1,244,635 persons in Kansas were at increased risk for undiagnosed diabetes because of the risk factors of age, overweight and sedentary lifestyle. The cost of diabetes is staggering; the direct cost (medical care) and indirect cost (lost productivity and premature mortality) of diabetes in Kansas totaled about \$1.3 billion in 2001. Better nutrition, physical activity, control of blood glucose levels and access to services can delay the progression of diabetes. In fact, recent findings show that modest, consistent physical activity and a healthy diet can cut a person's risk for developing type 2 diabetes by nearly 60%.

Related risk factors

Several risk factors (smoking, sedentary lifestyle and being overweight/obese) are known to contribute significantly to the burden of the leading chronic disease in Kansas and are being increasingly recognized as the “real” causes of death.



*National Center for Health Statistics Mortality Report, Hyattsville, MD; US Department of Health and Human Services, 2002
 † Adapted from McGinnis Foege, updated by Mokdad et. al.

Tobacco use alone is responsible for approximately 3,800 deaths each year in Kansas and remains the number one preventable cause of death in Kansas. Tobacco use among adults in Kansas has remained consistent at 22% and youth rates of smoking are alarming, with over 35% of high school seniors having reported smoking cigarettes in 2000. Youth as young as middle school, report prevalence rates of 8%. The direct medical expenditures attributable to smoking related disease in Kansas, in 2002, are estimated to be \$724 million.

Rates of Overweight and Obesity. Rates of obesity have remained consistently high in Kansas compared to the rest of the US. 2001 data indicate that more than 1 in 5 Kansas adults are now obese, representing a 70% increase since 1992. Almost three in five are overweight. Although the prevalence of overweight and obesity is high across all population subgroups in Kansas, the burden disproportionately affects persons of racial and ethnic minority groups as well as the economically disadvantaged. While an estimated 57 percent of non-Hispanic white adults are overweight, an estimated 65% of both non-Hispanic African Americans and Hispanics are overweight. Although increased consumption of fruits and vegetables is an effective weight management technique, fewer than one in four adults in Kansas attain the goal of eating fruits and vegetables at least five times per day.

Physical inactivity data from the Kansas BRFSS indicate that more than one-fourth of Kansas adults engage in no leisure-time physical activity of any kind. Less than ½ of adults in Kansas obtain the recommended level of physical activity (30 minutes of moderate activity at least five days per week).

Preparation for the Academy

Prior to attending the NGA Policy Academy, the Kansas team met with other interested stakeholders to craft a vision and mission statement to guide the planning process.

Vision

All Kansans live in communities that foster a culture of healthy living and wellness.

Mission

To engage all stakeholders in developing a comprehensive, community-based approach with a focus on effective prevention strategies, adequate access, & case management that improves quality of life, reduces disability and premature death for all Kansans. It will be sensitive to diversity of population and affordable and accessible to all Kansans.

During the NGA Academy the 17 member Kansas team met with national leaders and consultants to examine potential for changing the course of chronic disease in Kansas. They identified an exhaustive list of potential strategies to impact three selected goals:

Goal One:

Create policy, system and environmental change targeting the three primary chronic diseases (diabetes, cardiovascular disease, & cancer) in Kansas by promoting physical activity, healthy eating & tobacco free living

Goal Two:

Improve practices designed to engage children & adults in healthy living & chronic disease self-management efforts

Goal Three:

Develop & implement common evidence-based wellness & disease management guidelines, standardized approaches to performance measures, & coordinated approaches to implement among health care providers

Following the Academy, the 17 member Kansas team reconvened with Kansas stakeholders to prioritize the list of potential strategies. The strategies targeted for immediate action are included in the 2004 Kansas Action Plan for Chronic Disease Prevention and Management. The full plan is presented in the next section of this report.

2004 Kansas Action Plan for Chronic Disease Prevention and Management

Goal One:

Create policy, system and environmental change targeting the three primary chronic diseases (diabetes, cardiovascular disease, & cancer) in Kansas by promoting physical activity, healthy eating & tobacco free living

Goal One Objectives:

- Promote achievement of healthy weight among children & adults
- Identify and eliminate weight-related disparities in specific population groups
- Promote physical activity
- Identify and eliminate physical activity-related disparities in specific population groups
- Promote healthy nutritional habits
- Provision of nutrition and weight management counseling
- Eliminate exposure and weight management counseling
- Eliminate exposure to environmental tobacco smoke
- Identify and eliminate tobacco-related disparities in specific population groups
- Prevent initiation and promote quitting among young people and adults

Goal One Action Steps:

Implement comprehensive Tobacco Use Prevention Program (TUPP) (using CDC best practices for tobacco use prevention model).

Use CDC School Health Index to identify opportunities for provision of knowledge, skills & policies to influence students to live healthy, physically active & tobacco-free lives & promote healthy eating habits

Require physical education in the context of coordinated school health that meets defined standards in all Kansas schools

Responsible Parties

State Health Agency
Local Community
Entities

State Health Agency
State Education Agency

State Health Agency
State Education Agency

Goal One Action Steps:

Responsible Parties

Policy & system development by school administrators for adoption of smoke-free & tobacco-free environments in schools, including all school facilities, property, vehicles & school events

State Health Agency
State Education Agency

Policy & system development by the administrations of Worksites, & public places to prohibit smoking

Community Entities

Policy & system development regarding provision of safe public places for engaging in physical activities in the communities

Community Entities

Policy Development for expanding existing physical activity And nutrition programs (i.e., bike paths, walking programs, etc.)

State Health Agency

**Goal Two:
Improve practices designed to engage children & adults in healthy living & chronic disease self-management efforts**

Goal Two Objectives:

- Develop age and culturally appropriate and linguistically competent community health promotion programs for various sub-groups of the population
- Develop effective and accessible health information system
- Increase public awareness regarding availability of preventive health promotion programs and services in the community
- Improve accessibility to health promotion programs
- Promote self-management behaviors with respect to physical activity, diet and tobacco use control in the population
- Promote self-management behaviors with respect to three chronic diseases (diabetes, cardiovascular disease and cancer) among the population

Goal Two Action Steps:

Responsible Parties

Work with the Department of Administration to target state employees as a pilot population, considering 20% of the state’s population is covered by publicly funded health insurance either as state employee or Medicaid participant

State Health Agency

Collaboration with state & local education departments & school administrations for incorporation of health lifestyle literacy curriculum, comprehensive in nature, addressing school lunch & incorporating physical activity throughout the day

State Health Agency
State Education Agency

Recruitment of Park & Recreation Departments, Churches & other public institutions to create Opportunities to increase physical activity & other Wellness activities

Community Entities

Collaborative efforts between health departments, community organizations, & workplaces to promote self-management of risk behaviors & chronic diseases among employees (effective dissemination of information & increased access to services for promoting self-management behaviors)

State Health Agency
Community Entities

Goal Two Action Steps:

Collaborations with health care systems & providers to provide services to those individuals who are involved in self-management behaviors & establish policies for required reporting: what physicians are required to report; what health plans are required to report to employers

Policy Development for expanding existing physical activity and nutrition programs (i.e., bike paths, walking programs, etc.)

Responsible Parties

Health Care Providers/
System

State Health Agency

Goal Three: Develop & implement common evidence-based wellness & disease management guidelines, standardized approaches to performance measures, & coordinated approaches to implement among health care providers

Goal Three Objectives:

- Promote implementation of common evidenced-based wellness and disease management guidelines by health providers
- Promote development of an appropriate reimbursement mechanism by Medicaid and third party reimbursement system for implementation of preventive strategies
- Promote provisions of quality care by the health care providers for management and prevention of complications of three chronic diseases

Goal Three Action Steps:

Responsible Parties

Convene academic & provider communities and state health department to develop a process to translate, share & communicate evidenced-based disease prevention & management practices to health care providers

State Health Agency

Bring together all three providers of public health Insurance (State of Kansas, Medicaid, Blue Cross/ Blue Shield) to use their leverage to encourage/ Include preventive health care practices & to monitor The system

State Health Agency

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