



Kansas Arthritis Program

Overview on Kansas Chronic Disease Self-Management Program, Walk With Ease, EnhanceFitness

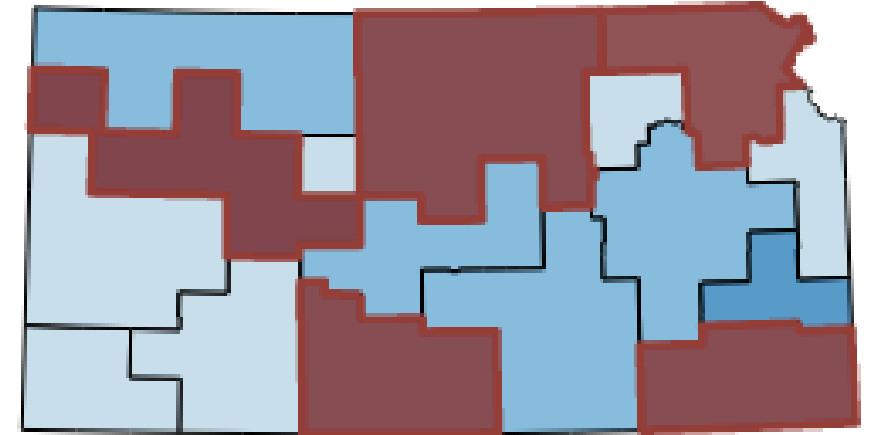
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Kansas Arthritis Program (KAP)

- A public/private partnership designed to increase capacity and to build, support and enhance state arthritis programs
- Seeks to expand the access and use of arthritis-appropriate evidence-based interventions

Impact of Arthritis

- Approximately 1 in 4 adults in Kansas have diagnosed arthritis¹.
- Almost half of these have arthritis-attributable activity limitation¹.
- However, fewer than 1 and 8 Kansas adults with arthritis have ever taken a class to learn about managing arthritis symptoms¹.
- Compared to state data, 5 Kansas regions have a significantly higher percentage of diagnosed arthritis².



Regions: West Central Public Health Initiative-Rush County, North Central Kansas Public Health Initiative, Northeast Corner Regionalization Initiative, South Central Coalition, and the Lower 8 of Southeast Kansas.

¹2017 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.

²Kansas Behavioral Risk Factor Surveillance System - Local Data, 2011-2015. Kansas Department of Health and Environment, Bureau of Health Promotion website. 2015. Available at <http://www.kdheks.gov/BRFSS2015/index.html>. Accessed February 6, 2018.

KAP Major Accomplishments for 1210

1. Partnering with Kansas Foundation for Medical Center (KFMC).
2. Creation of selfmanageks.org website for CDSMP workshop finder and leader resources.
3. Leveraged funds with 1305 grant.
4. Collaborating with Community Health Promotion Section at KDHE to include CDSMP in the Chronic Disease Risk Reduction grants that are awarded to local health departments and community health organizations.

KAP Lessons Learned

1. Articulating the value of AAEBIs to health care providers.
2. Assisting clinic staff with implementation of permanent referral systems.
3. Getting provider interest in a community that has ongoing AAEBIs before the delivery system gets frustrated with a lack of program participation and stops offering the program.
4. Systems level change takes more resources and time than other activities. It can be a challenge to get commitment from partners to work on such processes.

KAP Goals for 1803

1. Increase capacity for AAEBI delivery.
2. Health care provider awareness and education.
3. Collaboration with providers to create sustainable, bi-directional referral system.
4. Promotion of increased physical activity through statewide walking initiatives and program.

Questions? Contact Me.



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