

State Burden

NPAO:

- In 2007, 62% of adults in Washington were overweight or obese based on self-reported height and weight.
- 74% of adults in Washington consumed fewer than 5 fruits and vegetables per day.
- 46% of adults in Washington were not engaged in sufficient moderate or vigorous physical activity.

Excerpt from CDPHP State Profiles at www.cdc.gov

Diabetes:

- 1,554 adults in Washington died from diabetes mellitus in 2005.
- In 2007, 7% of adults in Washington reported being diagnosed with non-pregnancy related diabetes.

Excerpt from CDPHP State Profiles at www.cdc.gov

Heart Disease:

- Heart disease accounted for 24% of deaths in Washington in 2005, while stroke caused 6% of deaths.
- In 2007, 25% of adults in Washington reported having high blood pressure (hypertension) and 37% of those screened reported having high blood cholesterol, which puts them at greater risk for developing heart disease and stroke.

Excerpt from CDPHP State Profiles at www.cdc.gov

Poverty:

% of people living below the poverty level (2007-2011) = 12.5(*US Dept of Commerce, US Census Bureau*)

Funding

FFY 2012 funding level:

FY12 Estimated total: \$3,262,910

FY 2014 funding level

SPHA Basic Award: \$ 529,500

Enhanced Award Requested: \$3,000,000

SPHA Enhanced Award: \$1,399,091

Staffing Impact:

Total FTEs lost 8

Program Impact:

- Negative - Will significantly reduce or stop scope of activities related to improving health and preventing and controlling chronic disease. The scope of these activities includes leadership, policy and guidelines development, surveillance, epidemiological and behavioral research, intervention development, technical assistance to local partners and communities, training and education, communication, and partnership development
- Negative - Will significantly reduce scope of work with partners to help people prevent diabetes through policy, environmental, and system changes in communities
- Negative - Will significantly reduce scope of state capacity for planning, implementing, tracking, and sustaining population-based interventions that address heart disease, stroke, and related risk factors (e.g., high blood

pressure, high blood cholesterol, tobacco use, physical inactivity, and poor nutrition). This includes population-based strategies that focus on an identified population rather than individual behavior change. Strategies include policy, environmental, and systems changes to support cardiovascular health and education to increase awareness of the need for such changes; conduct surveillance of heart disease and stroke and related risk factors and assess policy and environmental support for heart disease and stroke prevention within states; identify promising strategies for promoting heart-healthy interventions in states; and, promote cardiovascular health in a variety of settings (health care, work site, and community settings) through education and policy and environmental changes

- Negative - Surveillance and Evaluation staffing capacity negatively impacted potentially creating more work for fewer staff