



FACT SHEET

*"In Kansas City, on average, people of color have a life expectancy 11 years less than whites."
2000 Lewin Report and the Kansas City, Missouri Health Department's Minority Health Report*

The Kansas City Chronic Disease Coalition (KC-CDC) provides education, services, and activities to reduce the burden of diabetes and heart disease among those living in the urban core of Kansas City, Missouri and Kansas City, Kansas. Residents who can be reached by neighborhood associations and organizations, faith groups, cultural organizations and health care centers have been working with KC-CDC since 2001. Many of those living in the urban core suffer disproportionately from diabetes and heart disease.

Did you know?

- The Kansas City urban core includes 159,580 residents per the 2000 census. Twenty-four percent live below the Federal poverty line. The average African-American adult in the urban core has a high school education or less and health literacy for many is low. Household income ranges between \$15,000 and \$25,999.
- Heart disease is the first leading cause of death in Missouri. African-American residents have consistently higher heart disease rates than whites. There are significant measurable health disparities for African Americans and Hispanics/Latinos in rates of diabetes as well.
- Overweight and obesity are risk factors for diabetes. In 2005, over half of Missouri's adults were overweight or obese based on body mass index.
- According to the Behavioral Risk Factor Surveillance Survey, Missouri's prevalence of high blood cholesterol has climbed steadily since 1995, the sixth highest in the U.S. There is a pattern of increasing prevalence of high cholesterol with decreasing income and lower levels of education.

Issues Facing Our Community

- The high rates of preventable risk factors for heart disease and diabetes among urban core residents are not surprising. Those living in Kansas City's urban core are challenged by an environment that encourages unhealthy eating and discourages physical activity.
- Inadequate numbers of grocery stores in the urban core cause many people to purchase foods in drug or convenience stores.
- In 2005, 25.4% of Missouri's adults reported no leisure time physical activity. Absence of leisure time physical activity is particularly acute in the urban core.
- In a Kansas City Missouri Department of Health Survey, "The Community Speaks about Health-2004", the population of the urban core identified unsafe neighborhoods as a major reason for not exercising. Violent crime is rising, resulting in stress on the residents. Poorly maintained sidewalks, often strewn with broken glass, inhibit outdoor exercise. There are a substantial number of vacant lots and boarded-up houses.
- Social and community life for many residents focuses in gatherings where high fat/high starch or salty foods are traditionally served. Urban core restaurants generally do not promote healthy eating.
- In-door exercise classes, although available in community centers and YMCAs, are generally fee based and are unaffordable for many who already have to make difficult choices on how to spend limited resources.
- People often exhibit a fatalistic attitude about heart disease and diabetes saying, for example: "Well, you have to die from something." People seek care late because they deny their symptoms, have a lack of understanding of the consequences of not addressing an occurring health problem, experience money problems, are simply confused about where to go for primary health care, let alone specialized care, or distrust the health care system. Access to affordable transportation is also a problem for many. These factors inhibit many of the healthy behaviors that the KC-CDC wants to promote.

Project Activity

“KC-CDC has helped me to eat better and encouraged my neighbors to do the same. We sponsor community walks, encourage backyard gardening, and have healthy food events. It has also helped my neighborhood association to educate neighbors about many serious health issues.” - John Shields, Battleflood Heights

KC-CDC informs, educates, and empowers people to live healthier, more productive lives through the reduction of risk factors for heart disease and stroke and the management of those diseases where appropriate. It focuses on the health needs of African Americans and Hispanics/Latinos between 21 and 80 years of age. It mobilizes community partnerships through neighborhood, faith, and cultural groups to change programs, policies, and procedures to produce community change, using evidence-based activities.

KC-CDC has a bi-monthly newsletter which is distributed to over 500 individuals and groups. Regularly scheduled, well-publicized Coalition meetings are held every other month. Coalition members plan their meetings and agendas because they best know the needs of the community. There are regular telephone and e-mail communications with and between partners as well as one-on-one meetings.

Community involvement is the heart of this program. KC-CDC works to create environmental conditions that promote widespread behavioral changes (e.g. safer walking paths, food policy development). Coalition options included a variety of evidence/practice-based activities, such as nutrition and exercise Train-the-Trainer programs. Education on healthy eating and the need to get active and remain active is driving decisions in community groups. For example, partners are not sitting still, waiting for improvements in their neighborhood before starting exercise groups. With the help of KC-CDC staff, they are collaborating with community service providers to address ways to exercise safely. Thirty-three walking tours were established and distributed throughout the neighborhoods and the KC-CDC website. Exercise classes are held in hospitals, libraries, churches, and community centers in spaces provided at no cost. Additionally, since food is an important part of the social interaction in the urban core, nutrition classes provided healthy food choices for church gatherings, neighborhood clean-ups, and after-school snacks for children and grandchildren. Information about risk factors for diabetes, culturally tailored for an African-American or a Hispanic/Latino audience, is distributed across the community through the KC-CDC Healthy Habits program, educational resource packets, and presentations by voluntary agencies and area health professionals and others. Community members value these resources and come to the office for needed materials for group use.

As a result of these processes, over 550 community changes were implemented from 2002-2006. Sixty-nine community changes targeted physician care patterns. Forty-six percent of the community changes targeted African-American adults and 55% targeted nutrition and/or physical activity. Both fruit and vegetable intake as well as physical activity improved among African-American males and females.

In 2007, members completed an important survey showing the highest/lowest rankings of program activities and needs. An important KC-CDC strength identified was its strategy of engaging neighborhood and faith groups by making resources available to them. Another strength is the multi-sector approach that engages the community groups across the city. The Coalition also created opportunities for partners to have a significant impact around diabetes and heart disease risk factors. Finally, partners supported community conditions related to different risk factors, resulting in implementation of many ongoing programs, policies, and practices.

Partner strengths include the Coalition’s ability to reach underserved community members; a focus on health conditions most prevalent in the community; the ability to provide services and technical support; regular meetings; key supports such as physical activity and nutrition classes; and a well-organized and friendly staff. Partners cited the extensive resource room of brochures, books, and materials as well as individualized Took Kits of relevant educational samples as a plus. The most successful interventions over the past five years include promoting exercise/ walking to and from locations as a natural way of getting from place to place; offering community cooking classes with options for healthy lifestyles and recipe conversions; implementing an “I didn’t know that” campaign as a way to promote access to the range of services already offered at the clinics; promoting the “Ask Me about Healthy Habits” campaign; promoting nutrition classes; and working with local medical centers to reach area residents.

“We believe Kansas City is a better, healthier place because of KC-CDC and we look forward to continuing our efforts.” Maria Boudreaux, KC-CDC Steering Committee Member