

PROGRAM DESCRIPTION

Health and Senior Services							HB Section(s): <u>10.700 and 10.710</u>
Chronic Disease Control							
Program is found in the following core budget(s):							
	DCPH Program Operations	DCPH Programs and Contracts					TOTAL
GR	147,842	239,077					386,919
FEDERAL	605,904	4,005,873					4,611,777
OTHER	166,626	0					166,626
TOTAL	920,372	4,244,950					5,165,322

1a. What strategic priority does this program address?

Public Health System Building, Health Behavior, Social Determinants of Health, and Whole Person Health Access.

1b. What does this program do?

The Chronic Disease Control program coordinates initiatives to help Missourians prevent and control chronic diseases through managing blood pressure and cholesterol; promoting health screening and early detection of disease; increasing knowledge of signs and symptoms of heart disease and stroke; reducing health disparities; improving the quality of school health services; and providing quality chronic care management. Chronic disease program services include:

- Assessing the burden of cancer, heart disease, diabetes, asthma, arthritis, and other chronic diseases;
- Raising awareness of chronic disease through screening and early detection;
- Making referrals to care services for those diagnosed with chronic disease;
- Supporting evidence-based interventions, such as Community Health Workers, which provide for chronic disease self-management;
- Supporting quality improvement initiatives in the healthcare system which improve care services;
- Leveraging the reach of chronic disease programs through collaborations with stakeholders and partnerships; and
- Maintaining the Organ and Tissue Donor Registry to increase the number of people who receive life-saving transplants and education.

2a. Provide an activity measure(s) for the program.

	FY 2020	FY 2021	FY 2022	FY 2023 Proj.	FY 2024 Proj.	FY 2025 Proj.
Participants in one or more evidence-based arthritis/chronic disease courses	1,345	818	658	1,000	2,000	2,000
Patients at Federally Qualified Health Centers who participate in the Chronic Disease Collaborative	*	166,058	170,000	175,000	180,000	185,000
Donor Registry enrollees (all ages)	3,988,931	4,108,171	4,213,292	4,329,159	4,448,211	4,570,538

*New assessment used for measure in FY 2021.

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2a. Provide an activity measure(s) for the program (continued).

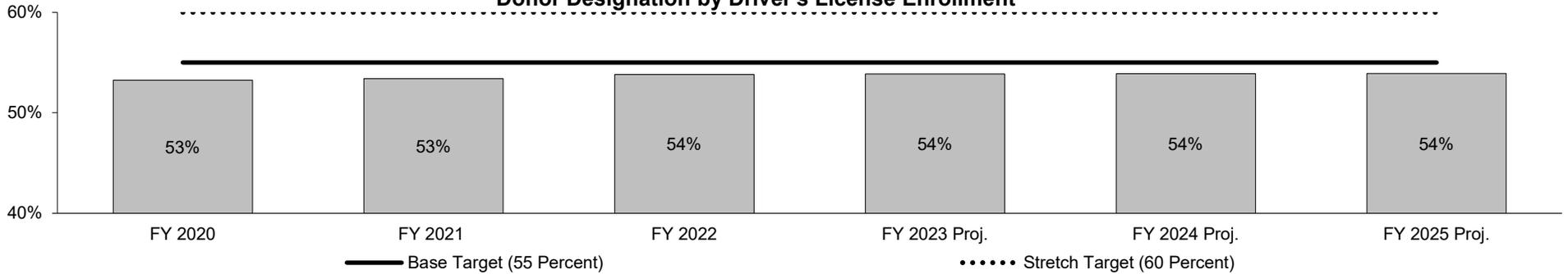
	CY 2020	CY 2021	CY 2022 Proj.	CY 2023 Proj.	CY 2024 Proj.	CY 2025 Proj.
Participants enrolled in National Diabetes Prevention Programs	13,184	15,000	18,000	20,000	22,000	25,000
Participants in ADA-recognized* or ADCES-accredited** Diabetes Self-Management Education and Support Services (DSMES)	17,393	32,500	33,500	34,000	35,000	35,000

*American Diabetes Association.

**Association of Diabetes Care and Education Specialists

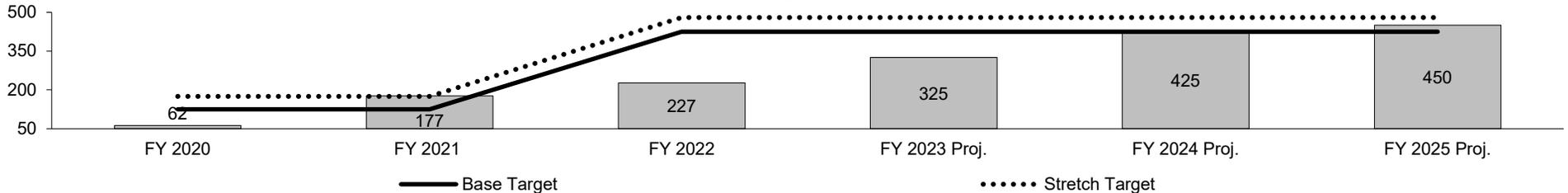
2b. Provide a measure(s) of the program's quality.

Donor Designation by Driver's License Enrollment



Missouri Driver's License/ID applicants who make a designation as an organ and tissue donor. Does not include Missouri residents in National Registry data as unable to reduplicate data.

Credentialed Community Health Workers

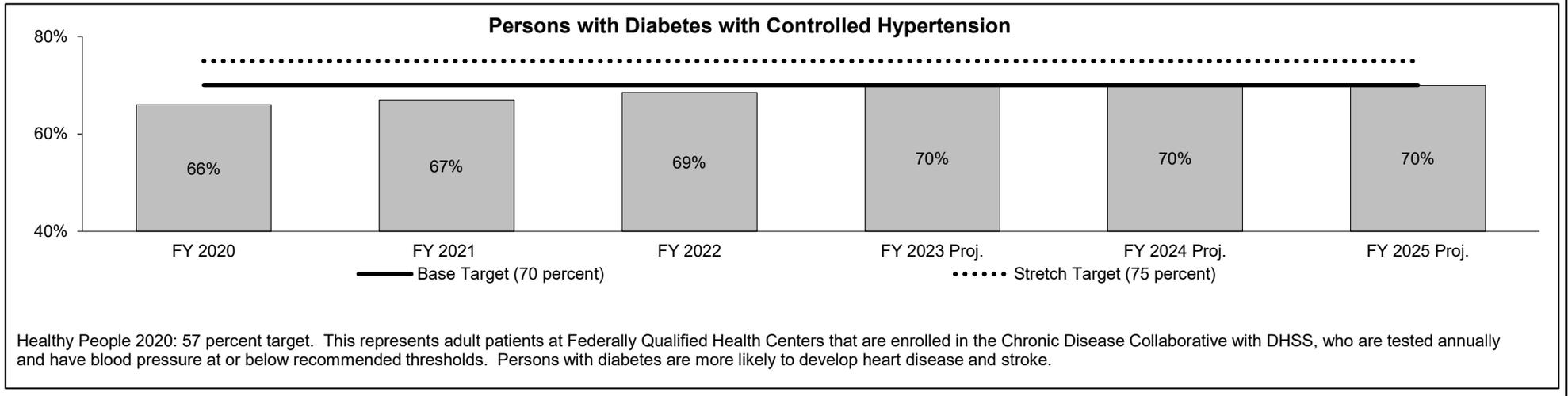
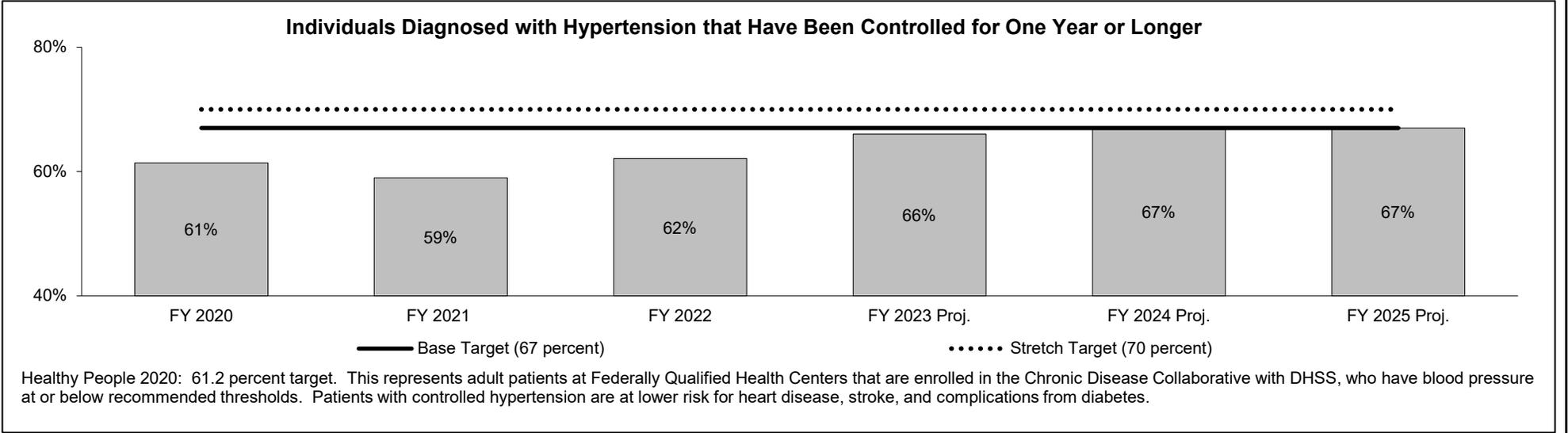


Credentialed ensures that Community Health Workers (CHW) have received intensive training in the core competencies required to be a CHW. Credentialed CHW's also have better reimbursement rates and a higher sustainability within the agency they serve. The program provides funding to community colleges around the state to offer credentialing training to CHW's. The program began credentialing December 2019.

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2c. Provide a measure(s) of the program's impact.



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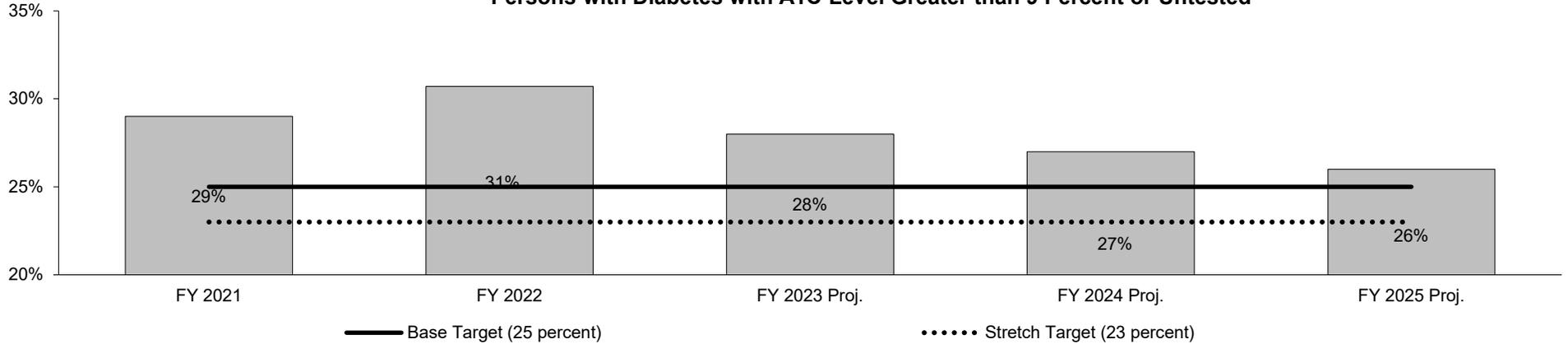
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2d. Provide a measure(s) of the program's efficiency.

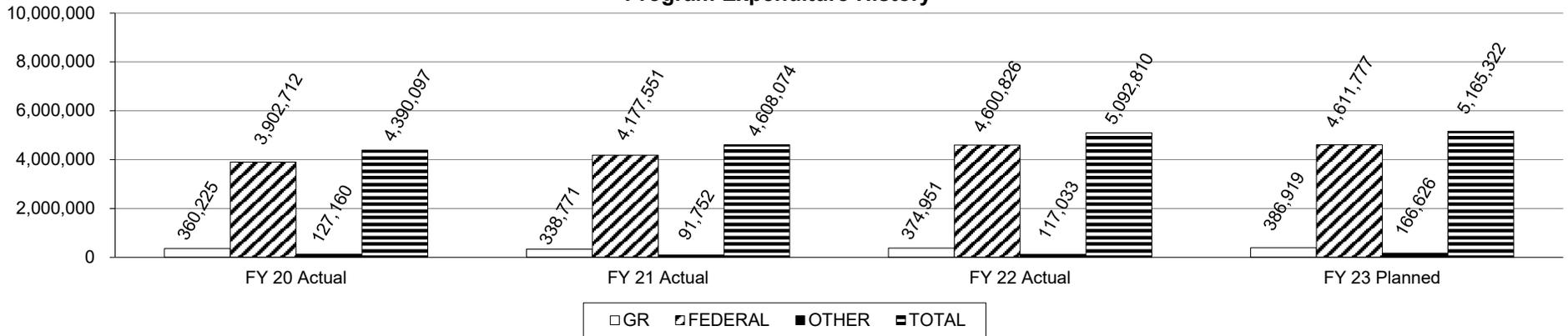
Persons with Diabetes with A1C Level Greater than 9 Percent or Untested



This represents adult patients with diabetes at Federally Qualified Health Centers which are participating in the Chronic Disease Collaborative with DHSS whose A1C levels are tested routinely. A1C measures blood sugar levels to diagnose prediabetes and diabetes. Higher A1C levels are linked to diabetes complications.

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)

Program Expenditure History



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4. What are the sources of the "Other " funds?

Health Initiative (0275), Department of Health and Senior Services - Donated (0658), and Organ Donor Program (0824).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Arthritis and Osteoporosis: Sections 192.700-725, RSMo, Section 301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241 (a) and 247b(k) (2), as amended]; Asthma: Section 317 (k)(2) and 3171 of the Public Health Service Act, [42 U.S.C. Sections 247b and 247b-10], as amended; Organ and Tissue Donation: Chapter 58 and 194, RSMo, Sections 9.157, 143.1016, 170.311, 191.677.1, 301.020.8, 301.3125, 302.171, 302.181, and 431.069, RSMo, National Organ Transplant Act PL 98-507, Organ Donation and Recovery Improvement Act PL 108-216, Charlie W. Norwood Living Organ Donation Act PL 110-144, The Hope Act PL 113-51; Heart Disease, Stroke and Diabetes: Section 317(k)(2) of the Public Health Service Act (PHS Act), 42 U.S.C. 247b (k)(2); Section 301(a) of the PHS Act, 42 U.S.C. 241(a); Cancer: Sections 192.050, 192.650-657, 208.151, and Chapter 376, RSMo, Public Health Service Act Sections 307 and 317 (k)(1) [42 USC 2421 and 247 b(k)(1)], Cancer Registries Amendment Act, PL 102-515).

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.