



Health Forward
FOUNDATION

POLICY AGENDA

2018-2019



PURPOSE

Health Forward Foundation's policy agenda provides focus for Health Forward's staff and financial resources that are dedicated to advocacy each year. The policy agenda serves to target staff time and political capital. Beyond the use of our time, voice, and political capital, Health Forward will continue to offer funding support and technical assistance across a wide range of health issues through:

- Advocacy activities in recognition that policy impacts across safety net health care, mental health, and healthy communities.
- Training and technical assistance for nonprofit organizations who seek to build or enhance their skills to advocate on behalf of their organization and clients.

This policy agenda does not alter our grantmaking, but is intended to build upon those activities.

LESSONS LEARNED IN 2017

1. POLICY CHANGE IS INCREMENTAL

Although policy debates often pit two extremes against one another, most policy change is incremental and happens in the vast space between extremes. As an example, Missouri has debated Medicaid expansion for the previous six years, with some lawmakers firmly in support of expansion and other firmly opposed. This is an important debate, as Medicaid expansion would provide nearly 300,000 uninsured Missourians with access to public health insurance. Over the same six years, the state has made numerous important, but less publicized, policy changes to the state's Medicaid program. The state added an adult dental benefit, transitioned to statewide managed care, and began reimbursing for telemedicine services. These policy changes are incremental, but important. This policy agenda is crafted with an attentiveness to both large-scale policy wins and also incremental improvements to our health system.

2. NATIONAL POLICIES IMPACT THE STATE AND LOCAL LEVEL

Over the course of 2017, the U.S. Congress heavily debated repeal of the Affordable Care Act. Proposals included block granting the Medicaid program, ending the option for states to expand Medicaid, and eliminating the health insurance marketplace, among other ideas. This debate brought tremendous uncertainty around health coverage policy and prompted many states to hit the “pause” button on their own health policy progress. In the context of these debates, Health Forward Foundation engaged our Congressional representatives directly to ensure that they understood the local impact of the proposals under consideration. Although we are a regional foundation and unlikely to impact the trajectory of the national health policy conversation, we can and will ensure that the federal delegation representing our service area in Congress is educated about how federal policies are impacting our residents.

3. HEALTH FORWARD FOUNDATION IS ONLY EFFECTIVE WHEN WE WORK IN PARTNERSHIP

Although partnerships are important in all arenas of policy advocacy, they are particularly important to Health Forward because our unique service area makes it difficult for Health Forward to move state-level policy without statewide partners. In Kansas, Health Forward's service area includes three of 105 counties. In Missouri, just three of 114 counties. This reality is reflected in our agenda, where we have specifically noted agenda items that will require partner development as the first step toward policy change.

2018-2019 POLICY GOALS

For the first time since inception, Health Forward Foundation is proposing a two-year policy agenda, a recognition that policy change moves slowly and requires sustained commitment to achieve success. If there are dramatic changes over the coming two years that require adjustments to the policy agenda, staff will bring those before the Health Forward Board of Directors for their approval.

The policy agenda is tiered to indicate the extent to which Health Forward will dedicate staff time, operating resources, and political capital to any given policy item. This reflects the fact that we cannot and do not intend to be equally engaged in all items on our policy agenda. Some of these issues are already being lead by grantees, partner foundations, or other entities.

TIER 1

Tier 1 priorities are those that Health Forward plans to support intensively, oftentimes taking a leading role. Health Forward will offer significant resources, in terms of funding, staff time, and/or political capital in support of these key policy priorities.

- Maintain and advance access to health coverage, for low-income, vulnerable, and uninsured residents of Kansas and Missouri.
- Ensure adequate reimbursement for school-based health services.
- Encourage Cass and Lafayette counties to opt into the regional prescription drug monitoring program.

TIER 2

Tier 2 priorities warrant Health Forward involvement, but Health Forward will not be leading these efforts. Many of them are being championed by other partners and grantees. Any such issues that support Health Forward's mission would be competitive for training, technical assistance, and funding.

- Support funding of a state infrastructure that is adequate to administer, maintain, and analyze data from Medicaid programs.
- Explore policies that will enhance access to safe, affordable, and healthy housing.
- Work with partners to develop a coalition that can advocate for local public health funding.

>>> Continue reading the following policy statements for the rationale behind priorities.

ACCESS TO HEALTH COVERAGE

TIER 1 PRIORITY

Maintain and advance access to health coverage for vulnerable and uninsured residents of Kansas and Missouri.

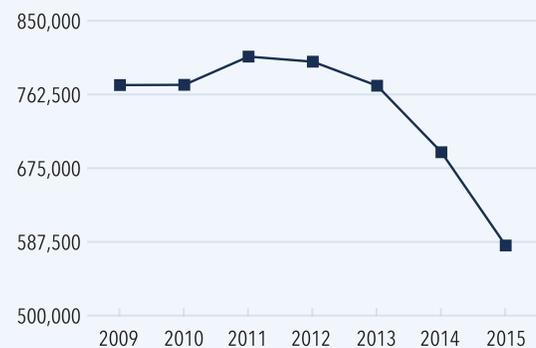
BACKGROUND

Since inception, Health Forward Foundation has recognized that uninsurance is a critical barrier to health for our residents most in need. The Affordable Care Act (ACA) introduced a dramatic overhaul of our nation's health care system. The ACA, while far from perfect, has resulted in substantial declines in the number of people in our community who are uninsured.

The ACA set out to decrease the uninsured rate by:

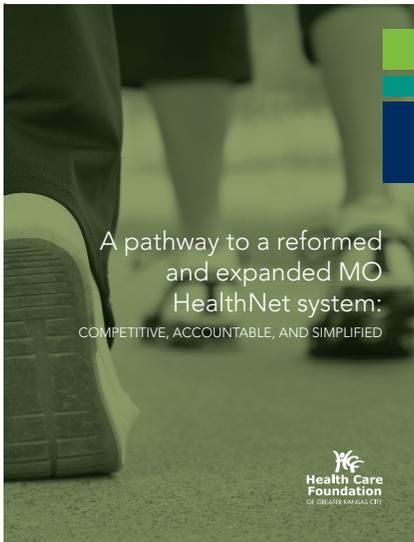
- Providing states with funding to increase their Medicaid eligibility levels and offer coverage to childless adults.
- Establishing health insurance marketplaces that would provide subsidies for people below 400 percent of the federal poverty level to purchase private health insurance.
- Allowing youth up to age 26 to stay on their parents' insurance coverage.
- Levying tax penalties for individuals who do not purchase insurance and for large employers that do not offer insurance to employees.
- Prohibiting insurance practices that deny coverage to those with pre-existing conditions. In addition, the ACA allows differential pricing for health insurance based only on age, tobacco use, family size, and geography.

MISSOURI'S UNINSURED OVER TIME



American Communities Survey, U.S. Census Bureau

In the years since the ACA's passage, Health Forward has taken a leadership role in encouraging both Kansas and Missouri to expand their Medicaid programs, which would bring approximately \$325 million into our service area each year in support of health access for our residents. The number of uninsured people in Kansas and Missouri has decreased by nearly 300,000 since the ACA passed in 2009. Had Missouri and Kansas expanded Medicaid, that number would total closer to 700,000.



Over the previous year, our federal leaders have had a vigorous debate about the future of the ACA, with both state and federal leaders contemplating a policy to block grant the Medicaid program. Against this backdrop, Health Forward appealed to our elected leaders to preserve what has worked about the ACA and improve upon what hasn't.

Our interest is not only in advancing coverage options for the low-income and uninsured, but also ensuring that care is high quality and responsive to consumer needs. This led to our recent research, *A Pathway to Reformed and Expanded MO HealthNet: Competitive, Accountable, and Simplified*.

Key findings of this research include:

- The relationship between the client and the provider should be the center of care delivery.
- Provider payments should be linked to delivering high-quality care.
- Consumers should have a choice of how to receive their care.
- Missouri's Medicaid program (sometimes called MO HealthNet) is overly complex with barriers to enrollment.
- Accountability should extend to all parties involved in Medicaid including consumers, providers, managed care companies, and the governmental agencies that oversee the program.

HEALTH FORWARD SUPPORT

Access to quality health care is integral to our ability to achieve our mission. Health Forward will:

- Encourage our federal Congressional delegation to work toward ACA reforms that preserve what works about the ACA and improve upon what hasn't.
- Defend against both state and federal changes to the Medicaid program that would reduce access for the vulnerable.
- Advocate for the expansion of Medicaid in both Kansas and Missouri.
- Encourage the states of Kansas and Missouri to pass policies that will enhance quality of care in the Medicaid program.
- Emphasize that comprehensive women's health services are a wise investment at both the state and federal level.

KEY TALKING POINT #1

The Affordable Care Act, while far from perfect, has resulted in substantial declines in the number of people in our community who are uninsured. The number of uninsured people in Kansas and Missouri has decreased by nearly 300,000 since the ACA passed in 2009. Health Forward appeals to our elected leaders to preserve what has worked about the ACA and improve upon what hasn't.

KEY TALKING POINT #2

If both Missouri and Kansas expand Medicaid, there will be 700,000 fewer people who are uninsured. This would bring approximately \$325 million into our six-county service area each year in support of health access for our residents.

KEY TALKING POINT #3

Health Forward has listened to Medicaid consumers, providers, insurers, and government agencies to develop a list of recommendations that will enhance the quality of care delivered through MO HealthNet.

RESOURCES

Infographic

[*The ACA Impact in Missouri*](#)

Infographic

[*Exploring Medicaid*](#)

[*Block Grant Financing*](#)

Report

[*Kansas Medicaid: Experiences of Adults with Serious Mental Illness*](#)

Report

[*A Pathway to a Reformed and Expanded MO HealthNet System: Competitive, Accountable and Simplified*](#)

Report

[*Missouri Medicaid Consumer Perspectives Study*](#)

POLICY STATEMENT

FUNDING MECHANISMS FOR SCHOOL-BASED HEALTH SERVICES

TIER 1 PRIORITY

Ensure adequate reimbursement for school-based health services.

BACKGROUND

Since Health Forward Foundation’s beginnings 13 years ago, we have granted nearly \$7 million for school-based health services, particularly mental health services. Children who are well are more likely to succeed in school and life. For children without convenient access to health services, particularly those in rural areas, school-based services offer access that wouldn’t otherwise be available. Schools draw together students, parents, and teachers, making them an ideal setting for health service provision. Health Forward’s school-based grantees have demonstrated incredible success in terms of health and education outcomes.

School health services play a critical role in ensuring that children and youth have access to high-quality, affordable health care. By providing medical, mental health, oral health, and youth development services on school campuses, school-based health centers (SBHCs), and other school health providers positively impact students’ health and learning. They address a wide variety of health needs, from asthma management to flu vaccination to mental health services. At the same time, SBHC staff and other school health personnel can act as key partners in efforts to address chronic absenteeism and promote a positive school climate.

Private philanthropy can’t sustain these services in perpetuity. If Health Forward’s funding were used to draw down the Federal Medical Assistance Percentage (FMAP), it would have leveraged nearly \$20 million for these services over the past 13 years. In many instances, Health Forward funding allows community-based mental health centers to provide therapy services to Medicaid beneficiaries. Grantees have reported that these services are not reimbursed since they are provided in the school setting.

Conditions for Medicaid reimbursement for school health services

Health Service	Student Eligibility	Who Bills	Requirements/ Limitations
Psychology/counseling Hearing aid/audiology Personal care Private duty nursing Occupational therapy Physical therapy Speech therapy	IEP	School district	Only services identified and up to amount and identified in IEP can be reimbursed by Medicaid.
Primary care Mental health Oral health	Non-IEP Medicaid students	Outside medical sponsor agency (FQHC, CMHC, hospital, etc.)	Must be Medicaid-eligible service and Medicaid-enrolled providers. Sponsoring entity cannot use school (03) as place of service code for services provided as the claim will be rejected. Sponsoring entities must use the place of service code of their type (i.e., FQHC, CMHC, etc.)

Over the previous year, Health Forward has partnered with the School-Based Health Alliance to identify the facilitators and barriers — both policy and practice — that affect the funding and long-term sustainability of school-based health services among its grantees. Over the course of this work, we have learned:

- **Schools may only be reimbursed for services provided to students with an IEP.** Missouri Medicaid policy restricts reimbursement for school-based services to students with an individualized education plan (IEP) as provided in the federal Individuals with Disability Act (IDEA). Reimbursement is prohibited for students who are enrolled in Medicaid but do not have an IEP.
- **Medicaid denies claims from schools for non-IEP students.** Entities such as community mental health centers or federally qualified health clinics can provide Medicaid services at school sites to non-IEP Medicaid students. They can bill Medicaid using the place of service code of their entity, however claims submitted with a school as the place of service will be denied by Missouri Medicaid. This makes it impossible to fully capture the extent of school-based services provided in the state and concerns some providers who feel that they are submitting inaccurate claims.
- **The use of IEPs is not being fully realized.** Many students have disabilities related to mental health or substance abuse diagnoses requiring extensive mental health or school nursing interventions. Yet, none of the schools reported that they included emotional or behavioral health issues in their IEPs.
- **Medicaid administrative claiming is underused.** Medicaid administrative activities, such as outreach, enrollment, and referral coordination, are reimbursed by federal payment at a rate of 50 percent for amounts expended. None of Health Forward's grantee partners reported drawing down these funds, although some have begun this process in the interim. Claiming administrative funds can be facilitated by private or public claiming services.
- **No state-level funding.** Unlike several of its neighbors, Missouri has no state-level funding available for school-based health services planning, start-up, and ongoing clinical operations.

Over the course of this research, we have learned that this issue is at the forefront for many communities and providers throughout the state of Missouri. There is a momentum to advance this issue and support from the relevant state departments, making this an opportune time for Health Forward's continued leadership.

HEALTH FORWARD SUPPORT

- **Advocating for changes to the state’s Medicaid plan** to leverage additional federal financing for school-based care, such as:
 - Amending the state’s Medicaid plan to allow reimbursement for all school-based services outside of an IEP, provided they are a Medicaid-eligible service, provider, and child.
 - Allowing community mental health centers, hospitals, federally qualified health centers, and other providers to use schools as a valid location code for Medicaid claims when they provide services on school property.
 - Providing state funding for school-based health clinic planning, start-up and ongoing clinical operations.
- **Facilitate training on school health financing policies and systems** so that all grantees are equipped to engage in effective coding, billing, and collections from third-parties such as Medicaid, CHIP, and commercial insurers.

As a next step to advance this work, we are exploring opportunities to collaborate with others throughout the state who are interested in supporting and scaling up school-based health services.

RESOURCES

Report

[Sustaining School-Based Health Services in Missouri](#)

Issue Brief

[Local Opportunities to Support School-Based Health Services: Every Student Succeeds Act \(ESSA\)](#)

Article

[School-Based Clinic in KCK Has Some Teeth](#)

Blog

[School District Integrates Mental Health Services Into School Day](#)

Video

[Grantee Spotlight: DeLaSalle Education Center](#)

KEY TALKING POINT #1

School-based health services offer an important strategy to increase access for young people in the Health Forward service area, ultimately improving both health and educational outcomes.

KEY TALKING POINT #2

Over the previous 13 years, Health Forward has provided \$7 million of grant funding for school-based health services, most often mental health services and often to students who were eligible for Medicaid.

KEY TALKING POINT #3

In Missouri, services that are reimbursable by Medicaid are denied payment when provided in a school setting. This is a problem that the state can and should remedy to make important services accessible to students.

REGIONAL PRESCRIPTION DRUG MONITORING PROGRAM

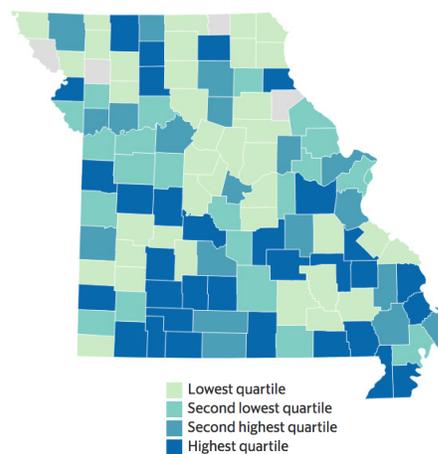
TIER 1 PRIORITY

Encourage Cass and Lafayette counties to opt into the regional prescription drug monitoring program.

BACKGROUND

Missouri has had the distinction of being the only state in the country without an active statewide prescription drug monitoring program (PDMP). An estimated 180,000 individuals in Missouri are addicted to prescription painkillers, and drug overdose deaths in the Kansas City area have quadrupled over the past decade. A PDMP monitors the prescribing and dispensing of controlled substances to assist in the identification and prevention of prescription drug misuse and abuse. A PDMP is not a silver bullet, but it is one additional tool that can be used to reduce addiction and improve patient care.

Missouri Opioid Prescriptions by County



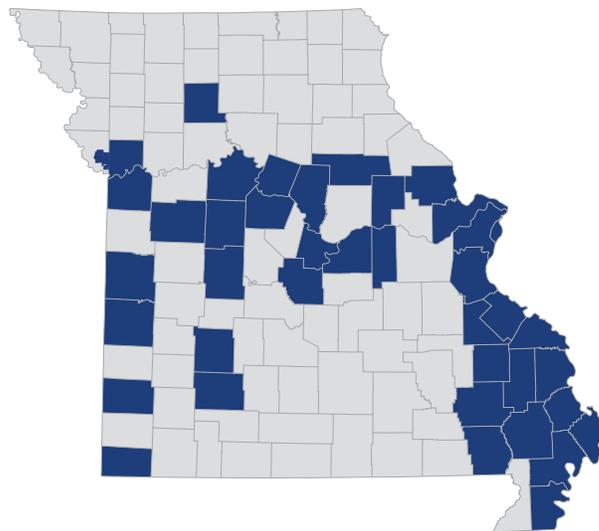
A PDMP can improve patient care and helps doctors prescribe prescription painkillers when they are truly needed. Without a PDMP, doctors who see a patient for the first time often do not know what medications an individual has been prescribed in the past. Unfortunately, this environment disproportionately affects the poor and individuals that seek treatment in emergency rooms or clinics where they are unable to develop a long-term relationship with their doctor. Research shows that in these cases, minority groups and the poor are less likely to get opioid medications, even when it is clinically indicated. A PDMP would allow these doctors to more confidently prescribe the best medication to a patient, without the fear of enabling an already present, yet concealed, addiction.

After six years of attempting to enact a PDMP at the state level, Missouri Governor Eric Greitens issued an executive order in July 2017 creating a statewide PDMP, however, physicians will not have access to the registry, limiting its effectiveness as a public health tool. This PDMP does not provide the functionality and reporting that public health experts and physicians have supported.

To provide physicians and public health professionals with additional clinical data for decision making, municipalities across Missouri have taken the lead in forming a regional PDMP. Lead by St. Louis County and quickly adopted by many KC-area municipalities, 33 cities and counties have enacted enabling legislation to establish a regional PDMP. Participation allows prescribers in these jurisdictions to access a secure database that will contain information about controlled substances (pain medication, stimulants, sedatives, etc.). The legislation also requires all dispensers (typically pharmacies) within the jurisdiction to report data to the PDMP. Within the Health Forward service area, Independence, Kansas City, and Jackson County have signed onto this regional PDMP approach.

Unfortunately, neither Cass nor Lafayette counties have enacted this legislation. With an active PDMP in most of the KC region, there is risk that addicts will migrate to providers in outlying communities, such as Harrisonville and Odessa, where physicians will not be able to access the PDMP. Indeed, recently released data shows that Cass County has the highest rate of per capita opioid prescriptions in the KC metro area.

PDMP Participation



Saint Louis County Department of Public Health

HEALTH FORWARD SUPPORT

In partnership with public health entities, medical providers, and nonprofit entities in Cass and Lafayette counties, we will advocate that the Cass and Lafayette county commissioners enact legislation to participate in the regional PDMP that is forming across the state of Missouri.

KEY TALKING POINT #1

Drug overdose deaths in the Kansas City area have quadrupled over the past decade. A prescription drug monitoring program is not a silver bullet, but it is one additional tool that can be used to reduce addiction and improve patient care.

KEY TALKING POINT #2

A July 2017 executive order created a statewide PDMP, however, physicians will not have access to the registry, limiting its effectiveness as a public health tool.

KEY TALKING POINT #3

In Missouri, 33 cities and counties have signed onto a regional PDMP approach. Cass and Lafayette counties should enact this legislation to help combat opioid drug abuse in our region.

RESOURCES

Blog

[Jackson County Enacts Local Prescription Drug Monitoring Program](#)

Blog

[A Regional Approach to Prescription Drug Abuse](#)

Website

[St. Louis County Prescription Drug Monitoring Program](#)

News Article

[These are the Most Opioid-Soaked Counties in Kansas and Missouri](#)

MEDICAID INFRASTRUCTURE

TIER 2 PRIORITY

Support funding of a state infrastructure that is adequate to administer, maintain, and analyze data from Medicaid programs.

BACKGROUND

State Medicaid agencies face a unique set of challenges, as they are tasked with operating a large and complex social service program, maintaining program integrity, and transforming the system toward higher quality care and lower cost. Operating the state's Medicaid program is complex, including:

- Oversight of contracts with managed care entities
- Coordination of benefits
- Processing encounter and claims data
- Enrolling providers
- Coordinating benefits
- Verifying eligibility and enrolling residents.

In Missouri and Kansas, 13 percent of residents count on the state Medicaid program as their source of health coverage. It is imperative that states offer consumers simple and quick enrollment, detailed explanations of eligibility requirements, and easy access to information about their applications and benefits.

Beyond these day-to-day operations, Medicaid agencies are at the forefront of efforts to:

- Transform the health system from volume to value
- Track, measure, and analyze health information to drive innovation and enhanced coordination
- Reform the delivery of behavioral health to better integrate with physical health services

At the same time, agencies face numerous challenges that impede their efforts, including insufficient budget, staffing, and low compensation for employees. Both Missouri and Kansas Medicaid agencies face sizable resource and staff shortages, with harmful implications for ongoing operations and reform. Staff recruitment and retention is most problematic around delivery system and payment reform. Individuals with the skill sets to drive innovation are highly sought after in the private sector, which offers higher compensation.

Health Forward Foundation encourages lawmakers to adequately fund and staff state Medicaid agencies to ensure that our states have the human capital, information technology, and budget needed to oversee day-to-day Medicaid operations and lead the program into the future. If we seek innovative outcomes from our state Medicaid agencies, we need to create the infrastructure to produce those outcomes.

HEALTH FORWARD SUPPORT

There is not a coordinated effort to advocate for funding state Medicaid operations and infrastructure. Health Forward's work around this topic will take time and the engagement of partners to evolve. Making progress toward growing the operational structure for state Medicaid programs will be difficult in this political environment. Even the task of growing awareness about this issue is progress.

KEY TALKING POINT #1

State Medicaid agencies are tasked with operating a large and complex social service program, while also transforming the system toward higher quality care and lower cost.

KEY TALKING POINT #2

Medicaid agencies face numerous challenges that impede their efforts, including insufficient budget, staffing, and low compensation for employees.

KEY TALKING POINT #3

If we seek innovative outcomes from our state Medicaid agencies, we need to create the infrastructure to produce those outcomes.

SAFE, AFFORDABLE, AND HEALTHY HOUSING

TIER 2 PRIORITY

Explore policies that will enhance access to safe, affordable, and healthy housing.

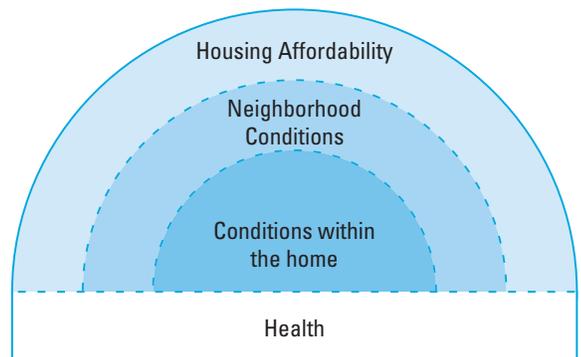
BACKGROUND

Where we live is at the core of our daily lives. Factors related to housing have the potential to help — or harm — our health in major ways. Housing is a social determinant of health and includes many facets: the physical conditions within homes, conditions in the neighborhoods surrounding homes, and housing affordability.

Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. In this area, common issues include lead poisoning, poor ventilation, mold, and other allergens.

The social, physical, and economic characteristics of neighborhoods have been increasingly shown to affect short- and long-term health quality and longevity. A neighborhood’s physical characteristics may promote health by providing safe places for children to play and for adults to exercise that are free from crime, violence, and pollution. Access to grocery stores selling fresh produce — as well as having fewer neighborhood liquor and convenience stores and fast food outlets — can make it easier for families to find and eat healthful foods. Not all neighborhoods enjoy these opportunities and resources, however, and access to neighborhoods with health-promoting conditions varies with household economic and social resources. Housing discrimination has limited the ability of many low-income and minority families to move to healthy neighborhoods. The concentration of substandard housing in less advantaged neighborhoods further compounds racial and ethnic as well as socioeconomic disparities in health.

Housing affordability shapes home and neighborhood conditions and affects the overall ability of families to make healthy choices. The shortage of affordable housing limits families’ and individuals’ choices about where they live, often relegating lower-income families to substandard housing in unsafe, overcrowded neighborhoods with higher rates of poverty and fewer resources for health promotion (e.g., parks, bike paths, recreation centers, and activities). The financial burden of unaffordable housing can prevent families from meeting other basic needs including nutrition and health care, and is particularly significant for low-income families.



HEALTH FORWARD SUPPORT

Although housing has been an area of investment for our grantmaking in previous years, it represents an area of exploration for our policy efforts. We focus on understanding housing as a health issue and familiarizing ourselves with the organizations and policies in this space.

KEY TALKING POINT #1

Factors related to housing have the potential to help — or harm — our health in major ways.

KEY TALKING POINT #2

When we think about housing, we must think not only about the conditions inside the home, but also in neighborhoods. The concentration of substandard housing in less advantaged neighborhoods further compounds racial, ethnic, and socioeconomic disparities in health.

KEY TALKING POINT #3

The financial burden of unaffordable housing can prevent families from meeting other basic needs including nutrition and health care, and is particularly significant for low-income families.

LOCAL PUBLIC HEALTH FUNDING

TIER 2 PRIORITY

Work with partners to develop a coalition that can advocate for local public health funding.

BACKGROUND

According to the *2016 Investing in America's Health Report* published by Trust for America's Health, Missouri ranks 50th out of 51 states in public health spending at \$5.90 per capita. Kansas fares only slightly better, ranking at 47th with \$12.40 per capita. The Aid to Local Public Health appropriation is the budget line that appropriates general revenue funds to the Missouri Department of Health and Senior Services that they in turn appropriate to local public health agencies. That funding has declined 66 percent from around \$9.6 million in FY 2002 to its current level of \$3.2 million. To make matters worse, this funding is spread across 115 local public health agencies (LPHAs) in Missouri, which leaves little room for innovative approaches or robust data collection and analysis.

Few LPHAs in Missouri devote the necessary time for planning and most LPHAs in Missouri do not have the capacity to properly perform all the foundational public health services. Similarly, a large portion of LPHAs in Missouri have not achieved accreditation either nationally (Public Health Accreditation Board – PHAB) or statewide (Missouri Institute for Community Health).

High levels of spending on public health programs empower states to work proactively to implement preventive and educational programs aimed at improving health. The high rate of preventable diseases is one of the biggest drivers of health care costs in the country. And, public health funding is not sufficient for local health agencies to deliver the necessary prevention programming.

The nation's public health system has been chronically underfunded for decades — leaving our community unnecessarily vulnerable to preventable health problems, ranging from major disease outbreaks and bioterrorism threats to diabetes and prescription painkiller misuse.

HEALTH FORWARD SUPPORT

This item has been on Health Forward Foundation's policy agenda in previous years and made little progress. This year, we are focusing on developing a strong coalition of local public health agencies in Missouri that can advocate for their own resources, infrastructure, and leadership. The existing system is fragmented across 115 local public health administrations. Missouri's public health system lacks a systematic, coordinated approach to the structure, scope, and funding of health departments. Cuts in local, state, and federal funding over the past several years threaten the protective programs and measures that public health agencies are obligated to provide. Health Forward is partnering with the Missouri Foundation for Health and the Missouri Public Health Alliance in the collaborative project Missouri Public Health Transformation. The goal of the project is to positively impact the health of our population by moving to a new, sustainable, culturally relevant and responsive public health system that can meet the challenges of our diverse communities.

Transforming the public health system in Missouri will allow local public health agencies in our service area to receive additional funding, create specialized centers of excellence, and share resources more effectively. The result will be a high-functioning system that provides much-needed core services, with the flexibility to address new and emerging public health threats. This change will also have a positive effect on the ability of local public health agencies and their partners to advocate for increased local public health funding.

KEY TALKING POINT #1

Underfunding local public health agencies leaves our community unnecessarily vulnerable to preventable health problems, ranging from major disease outbreaks and bioterrorism threats to diabetes and prescription painkiller misuse.

KEY TALKING POINT #2

Missouri ranks 50th out of 51 states in public health spending at \$5.90 per capita. Kansas fares only slightly better, ranking at 47th with \$12.40 per capita.

KEY TALKING POINT #3

Health Forward and partners are undertaking a bold project to transform Missouri's public health system, which will have a positive effect on the ability of local public health agencies and partners to advocate for increased local public health funding.



healthforward.org