



Health Forward
FOUNDATION

POLICY AGENDA

KANSAS 2021 | 2022



HEALTH FORWARD IN POLICY AND ADVOCACY

Since inception, policy and advocacy have been integral components of Health Forward Foundation's ethos. Our advocacy efforts complement our grantmaking, which together further our mission to promote quality health and eliminate barriers to health for resilient communities in our focus areas.

Health Forward prioritizes advocacy and policy making to leverage change at the intersection of systems, culture, and practice. Our policy advocacy, paired with our leadership and grantmaking, supports our funded and non-funded partners and increases the impact of their work.

We partner with rural and urban communities in the bi-state region of Kansas and Missouri that disproportionately face a lack of funding and numerous systemic barriers to quality health care access and positive health outcomes.

These areas – all of Kansas City, Cass, Jackson, and Lafayette counties in Missouri, and Allen, Johnson, and Wyandotte counties in Kansas – are creating effective solutions that could enable all of their residents to thrive and live full, healthy lives.

We have partnered with more than 500 organizations in Kansas and Missouri and invested more than \$300 million to reduce barriers and improve quality health care access, health outcomes, and overall quality of life.

We know that communities also need governmental policies that catalyze, sustain, and level the playing field for individual, family, and community access to power, money, and resources – the necessary elements for all people to have a fair and just opportunity for health. Our advocacy work aims to influence thoughtful and equitable government policies on the local, state, and federal levels.

HEALTH FORWARD'S ADVOCACY AND POLICY WORK TAKES SEVERAL FORMS:

1

EDUCATION

Educating the public and legislative and administrative officials

2

RESEARCH

Providing research and policy papers for government officials, partners, and stakeholder organizations

3

THOUGHT LEADERSHIP

Publishing opinion pieces, and providing testimony and comment on laws and regulations

4

DIALOGUE

Convening policy makers, partners, and impacted communities for discussions and learning opportunities around key policy issues

5

RESOURCES

Grantmaking and technical assistance for policy and civic engagement

6

COALITIONS

Building coalitions with like-minded organizations and institutions to collectively advance shared objectives

HEALTH FORWARD'S ADVOCACY AND POLICY WORK WILL CENTER ON THREE GOALS:

1

Equitable access to high-quality health care

2

Increase funding for, and improve administration of, public health infrastructure and resources

3

Address the social and political influencers of health that contribute to health injustices

Health Forward's advocacy and policy work will advance each of these goals through our continued support of, and collaboration with, our partners.

The first two goals — equitable access to high quality health care and public health infrastructure and resources — are those that Health Forward plans to support intensively, often taking a leadership role. Health Forward will offer significant resources, in terms of funding, staff time, and/or political capital in support of these two key policy goals.

While equally important, Health Forward may not always take a leadership role in the third policy area — the social and political influencers of health — as many of our partners are already driving change in this space. We intend to support and amplify the work of other leaders in this area and join them in their advocacy and policy efforts.

KANSAS POLICY GOALS

Health Forward's 2021/2022 policy agenda will focus on furthering our policy and advocacy goals through support of key policy priorities:

EQUITABLE ACCESS TO HIGH-QUALITY HEALTH CARE

Lower income Kansans are more likely to be uninsured: an estimated 22 percent of Kansans living below the poverty line are without insurance.

Equitable access to high-quality health care has been the mainstay of Health Forward's policy agenda. Improved access to quality health care helps people with lower incomes live healthier and more economically secure lives. It also reduces the spread of disease.

A look at life expectancy — the ultimate health outcome — shows how widely health can vary in Kansas, due in large part to lack of access to quality health care and other factors. Median life expectancy for the total population in Kansas is 78.5 years. Within the state, life expectancy varies by county from a low of 68.2 to a high of 82.8. Greater disparities are present within Kansas City itself, where looking at life expectancy by ZIP codes reveals variations as high as 12 years, with lower life expectancy in neighborhoods where poverty and racial diversity are higher.

According to a recent study, 20 percent of United States adults under age 65 are uninsured. Hispanic and Latinx adults in Kansas had significantly higher uninsured rates at 53 percent, compared to 14 percent of white non-Latinx adults. Most uninsured adults are employed.

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Shrinking health systems also contribute to limited access to care. Between January 2010 and August 2019, five rural hospitals in Kansas stopped providing inpatient care.

HEALTH FORWARD WILL LEAD WORK TO ADVANCE POLICIES THAT WILL:

- Advocate for the expansion of Medicaid in Kansas
- Support Medicaid transformation initiatives that facilitate increased health care access, improved quality, and smarter spending, and bear congruence with Medicaid expansion
- Catalyze social care integration into KanCare and Medicaid managed care organizations health care payment models
- Expand telehealth and telemedicine flexibility that increases access to quality care for residents in our focus areas, provides sustainable funding mechanisms for practitioners, and promotes a value-based health care system

More on health care access:

According to a consumer health access study led and funded by local health funders in 2018, approximately 15 percent of adults ages 19-64 said they needed care but could not get it due to cost or lack of coverage. In Kansas, the types of care most frequently described were dental care, general medical care, and surgery.

Despite the fact that more than 60 percent of uninsured Kansas adults reported a diagnosed chronic condition, 19 percent did not get needed care for the condition.

Roughly 30 percent of adults ages 19–64 reported a mental health diagnosis, substance use, or addiction, but 22 percent of those individuals did not get needed mental health care or counseling due to cost or lack of coverage.

Many of those who got care were left with medical debt. Twenty-eight percent – 462,300 Kansas adults – live in households reporting problems paying off medical bills during the study period.

More than 236,000 children are affected too. Thirty-three percent of Kansas children ages 0–18 live in households with medical bill problems.

INCREASE FUNDING FOR, AND IMPROVE ADMINISTRATION OF, PUBLIC HEALTH INFRASTRUCTURE AND RESOURCES

Kansas ranks
48th in state
public health
spending at
\$13 per capita.

Disinvestment in public health infrastructure has been a national and state trend since the Great Recession. Local public health departments support key public health activities, including monitoring disease outbreaks, coordinating resources with health care partners, and sharing credible information with the public regarding public health. Across the United States, local public health departments are working with a decreased workforce and decreased funding to address increasingly complex public health challenges. The coronavirus pandemic has exacerbated the need for increased public health funding as we respond to the ongoing challenges related to COVID-19, including ongoing testing, contact tracing, equitable vaccine dissemination, and deployment and administration of resources.

Kansas ranks 48th out of 50 states and the District of Columbia in public health spending at \$13 per capita. State public health funding in the Kansas state budget has remained level since 1995, while the cost for providing services has increased. The public health system consists of the Kansas Department of Health and Environment and 100 local health departments.

Additionally, people of color and individuals facing challenging social conditions (socioeconomic status, geographic location) are disproportionately impacted by COVID-19 mortality due to historical and current socioeconomic barriers to health and well-being. In Kansas, by the end of 2020, COVID-19 death rates were 28 per 100,000 among whites, 34 per 100,000 among Hispanic and Latinx people and 47 per 100,000 among Blacks. Many COVID-19 death records lack data on race (7.6 percent unknown) and ethnicity (11.4 percent unknown), obscuring the disparate impact of the virus.

HEALTH FORWARD WILL LEAD WORK TO ADVANCE POLICIES THAT WILL:

- Ensure right-sized national, state, and local public health investments that support core infrastructure and services, address prevention, strengthen the public health workforce, provide treatment, and address the social influencers of health
- Ensure equitable administration and dissemination of public health resources, relief, information, interventions, vaccinations, and treatment to mitigate health injustices by race and ethnicity, socioeconomic status, geographic location, age, and diverse-ability
- Track and report public health data and outcomes disaggregated by race, ethnicity, and ZIP code consistently across jurisdictions, and target programs and resources in areas with the most need

ADDRESS THE SOCIAL AND POLITICAL INFLUENCERS OF HEALTH THAT CONTRIBUTE TO HEALTH INJUSTICES

The injustice in health outcomes for the residents within our service area are directly related to the environment within which they live. Health outcomes are driven, in part, by governmental policies, and the laws and initiatives designed to implement the intent of policy makers.

The data suggests rural communities and communities of color have poorer health outcomes due to barriers to quality education, transportation, housing, and economic opportunities. Current research indicates that up to 40 percent of health outcomes can be attributed to factors such as income, education, employment, and other socioeconomic conditions. And in Kansas, while the total poverty rate is 11.5 percent, the same figure is 8.9 percent for whites but 20.8 percent for Black and Latinx people.

These same barriers stand in the way of residents with low incomes and in rural communities fully participating in the economy and maximizing our collective economic potential. Policies aimed at addressing the social and political influencers of health positively impact economic activity and health outcomes.

Health Forward understands the power of words and narrative. Accordingly, we use “health injustice” in place of “health disparity” as we believe injustice is more descriptive of the impact to human life and longevity. This holds us, our partners, and policy makers accountable for advancing policies that give all a fair and just opportunity for health and well-being.

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HEALTH FORWARD WILL LEAD WORK TO ADVANCE POLICIES THAT WILL:

- Advance race and health equity in policy
- Increase broadband access and utilization in rural and urban communities that do not reliably have it
- Increase economic, educational, and asset-building opportunities for communities living in under-resourced conditions
- Improve health by investing in safe and thriving communities, including the increased availability of affordable and quality housing, transportation, and economic opportunity for all communities

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