



Health Forward
FOUNDATION

POLICY AGENDA

MISSOURI 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 and leadership, which all further our mission to achieve health equity and secure a fair and just region.

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 Missouri and Kansas 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 Missouri and Kansas and invested more than \$340 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 to achieve an equitable future that will serve us all. 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 and joining 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

MISSOURI 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

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 who are paid a low wage 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 Missouri, due in large part to lack of access to quality health care and other factors. Life expectancy for the total population in Missouri is 77.4 years. Among white Missourians that figure is 77.9, and among Black Missourians it is 73.8. There are similar disparities in Jackson County and Kansas City, Missouri. Greater disparities are present within Kansas City itself, where looking at life expectancy by ZIP codes reveals variations as high as 15.5 years, with lower life expectancy in neighborhoods where poverty and racial diversity are higher.

According to a recent study, 20 percent of adults in the United States under age 65 are uninsured. Latino/a/x adults in Missouri had significantly higher uninsured rates at 50 percent, compared to 17 percent of white, non-Latino/a/x adults. Most of these uninsured adults are employed.

Missourians who are paid lower wages are more likely to lack health insurance: an estimated 31 percent of Missourians living below the poverty line are without insurance.

Shrinking health systems also contribute to limited access to care. According to the Missouri Hospital Association, 14 hospitals in Missouri closed between 2014 and 2019: nine rural hospitals and eight acute care facilities.

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HEALTH FORWARD WILL WORK TO ADVANCE POLICIES THAT WILL:

- Advocate for the efficient and effective implementation of Medicaid expansion pursuant to the will of Missouri voters
- Support Medicaid transformation initiatives that facilitate increased health care access, improved quality, and smarter spending, and bear congruence with Medicaid expansion provisions
- Catalyze, evaluate, and sustain social care integration into MOHealthNet 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 Missouri the types of care most frequently described were general medical care, care for chronic conditions, and medication.

Despite the fact that more than 60 percent of Missouri adults without health insurance reported a diagnosed chronic condition, 28 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 35 percent of those people did not get needed mental health care or counseling due to cost or lack of coverage.

Many of those who received care were left with medical debt. Thirty-four percent – 1,154,900 Missouri adults – live in households reporting problems paying off medical bills during the study period.

More than half a million children are affected too. Thirty-eight percent of Missouri children ages 0–18 live in households with medical bill problems.

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

Missouri ranks last in state public health spending at \$7 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.

Missouri ranks last out of 50 states and the District of Columbia in state public health spending at \$7 per capita. General revenue funding for local public health has declined 63 percent from around \$9 million in 2009 to its current level of \$3.3 million. This funding is spread across 115 local public health agencies in Missouri, which hinders comprehensive prevention initiatives, effective management of public health crises, innovation, or robust data collection and analysis.

Additionally, people of color and people facing challenging social conditions (socioeconomic status, geographic location) are disproportionately impacted by COVID-19 mortality due to historical and current structural barriers to health and well-being. In Missouri, by the end of 2020, 17.4 percent of COVID-19 deaths occurred among African Americans, who make up 11.8 percent of Missouri's population, and 2.57 percent of deaths occurred among Latino/a/x people, who make up 4.4 percent of Missouri's population. Many COVID-19 death records lack data on race (27 percent unknown) and ethnicity (34 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 experienced by people within our service area is directly related to their living environment. Health outcomes are, in part, driven by governmental policies, and the laws and initiatives designed to implement the intent of policymakers.

The data suggests rural communities and communities of color have poorer health outcomes due to a variety of barriers. Current health research indicates that up to 40 percent of health outcomes can be attributed to factors such as income, education, employment and other socioeconomic conditions. In 2017, Missouri's Black households earned 62 cents per dollar compared to white households. Twenty-six percent of Black Missourians lived in poverty in 2018, which is more than twice the rate for white Missourians (11 percent).

These same barriers prevent people who are paid low wages and rural communities from fully participating in the economy. They are holding us back from 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
- Help historically excluded communities build assets and improve economic and educational outcomes
- 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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