



Health Forward
FOUNDATION

POLICY AGENDA

MISSOURI 2024 | 2025


HEALTH FORWARD FOUNDATION'S AGENDA FOR SYSTEMS LEVEL CHANGE

Since Health Forward was founded, policy and advocacy have been essential in advancing our mission. Health Forward recognizes policy and advocacy work as the necessary means to achieve health equity and secure a fair and just region for our communities of focus. We believe that inclusive, powerful, and healthy communities characterized by racial equity and economically just systems can be our shared reality when we work together to reshape policies and rebuild systems. Our advocacy work, paired with our leadership and resources, is designed to amplify the power that exists within our communities of focus. Within our communities of focus, we prioritize:

- People of color whose health outcomes are shaped by structural racism and other socioeconomic conditions
- People in rural areas where systemic barriers hinder optimal health

Health Forward's Purpose

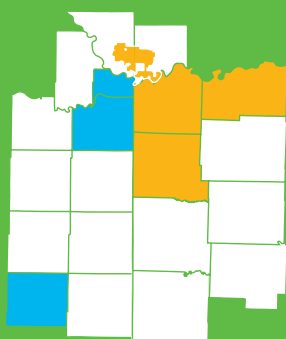
Every day we work to support and build inclusive, powerful, and healthy communities characterized by racial equity and economically just systems.



We believe all communities deserve a quality of life determined and driven by the people who live in them. Our advocacy work serves our collective interests by leading with **equal emphasis** on data and the stories of people who desire and deserve healthy long lives.

The policy and advocacy support we offer – either directly through our own advocacy or through funding to organizations and community-driven movements – has been fueled by and co-designed with the communities we serve.

HEALTH FORWARD SERVICE AREA



KANSAS

Allen County
Johnson County
Wyandotte County

MISSOURI

Cass County
Jackson County
Lafayette County
Kansas City, Missouri
(including portions of Clay and Platte counties)

We focus our efforts in urban, rural, and suburban communities within our bi-state service area of Kansas and Missouri. These communities encompass all of Kansas City and Cass, Jackson and Lafayette counties in Missouri and Allen, Johnson, and Wyandotte counties in Kansas. We also engage in statewide and select federal issues that significantly improve the health of our communities in our service area.

Since we began partnering with nonprofit organizations in 2005, we have awarded more than \$361 million to more than 590 organizations – all to improve

health care access, health outcomes, and quality of life for the communities we support. Our leadership, advocacy, and resources have been leveraged by stakeholders from grassroots organizations to grass-tops entities, including partnerships with governments, Chambers of Commerce, corporations, and our peer foundations to maximize impact.

SINCE 2005
\$361 million
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Scan to access legislative district infographics for use in your policy and advocacy work on both sides of the state line.

HERE ARE A FEW RECENT EXAMPLES OF OUR POLICY AND ADVOCACY WORK

- Securing and protecting Medicaid expansion in Missouri
- Ongoing advocacy work to expand Medicaid in Kansas
- Successfully campaigning for the “Right to Counsel” for legal services for people facing evictions in Kansas City, Missouri
- Successfully litigating Children’s Rights lawsuit in Kansas to support the mental health needs of children in foster care
- The establishment of an office of race equity in Kansas City, Missouri
- Supporting migrant farm workers in Lafayette County, Missouri
- Supporting advocacy toward the credentialing and reimbursement of services for community health workers in Missouri and Kansas
- Providing financial and technical assistance for community mobilizing and voter engagement efforts among grassroots nonprofits in both Kansas and Missouri.

Our policy and advocacy work addresses the political factors that influence health.

We aim to influence thoughtful and equitable policies and practices at all levels of government, and in all organizations and institutions in our service area. We are intentionally expanding our policy work beyond public policy to also impact health-related corporate and institutional policies and practices, like diversifying the workforce pipeline in the health sciences and paid time off for voting.



In the years ahead, Health Forward will work to influence policy and advance systems change that is in service to our purpose through direct policy and advocacy work and field support. We will:

1. Engage the people in our communities to ensure the will and voice of our communities of focus are centered in our work
2. Support organizations, coalitions, and institutions in collaborating on shared policy and civic engagement objectives
3. Invest in opportunities that increase participation in democracy, boost civic engagement, and help people stay informed on policy issues and advocacy strategies that affect health outcomes
4. Support educational efforts that equip nonprofit organizations and individuals with the knowledge, skills, rules, and strategies of effective advocacy
5. Educate community members, civic leaders, and government officials on key issues included in our policy agenda
6. Influence corporate and institutional policies and practices related to health
7. Track and provide legislative updates to our partners and the community
8. Conduct policy research and analysis to provide data and messaging around our policy priorities
9. Create awareness about our policy priorities through various communication channels, including advertising, published articles, opinion pieces, position papers, public statements, blog posts, and podcasts
10. Partner with elected and appointed officials in introducing public policy that aligns with our policy agenda
11. Lobby and provide testimony at legislative and administrative hearings
12. Build relationships with elected and appointed officials
13. Support litigation and friend of court briefs involving legal issues related to our policy agenda
14. Support issue campaigns that align with our policy interests and priorities

Health Forward orients our policy and advocacy work around our four purpose areas: People, Power, Place, and Platform.

Our direct engagement in advocacy recognizes that power is, and continues to be, situated within institutions and organizations like ours. Our continued work to share our power with the communities we believe in and support is an acknowledgment that all power ultimately belongs to the people.

Health Forward supports and advances policies that secure a fair and just future where:

1.

People can easily access safe, quality, and affordable whole-person care

Equitable access to safe, quality, culturally competent and affordable whole-person care is critical to the economic security of Missourians and the state economy. Since expanding Medicaid in 2020, over 260,000 Missourians now are covered through the program.¹ Missouri voters recognized the impact expansion has on improving public health and accessing the associated cost-benefits. Missouri now joins the ranks of states that have benefited from expansion. Increased access to better quality health care and health coverage has been proven to decrease medical debt, increase credit scores, and decrease eviction rates.² Additionally, expansion states have saved money. Early expansion states have saved more than four percent on the program.³ For example, Michigan has saved approximately a billion and Arkansas has saved more than \$400 million in the first few years of implementation.⁴

What our communities told us to prioritize

“[Viewing] Community Health Workers as health investment and bridges to services.”

Expansion also makes for a strong case related to economic activity. Initial analysis indicates that, in the first five years of implementation (2022-2026), expansion will increase economic activity by over \$2.5 billion a year and create an average of over 16,000 jobs a year over that same period.⁵ Additionally, expanding Medicaid helps reduce racially based disparities in health access. Missourians of color who stand to benefit from expansion are disproportionately uninsured relative to white Missourians.⁶ The same goes for rural Missourians. Even though less than a quarter of Missourians live in rural areas, nearly one-third of people who will be covered are rural residents.⁷

In Missouri, a working adult making less than \$18,075 qualifies for expanded Medicaid.⁸ Without expansion, these

people who are paid low wages would not have access to affordable health insurance. One long-range benefit of insurance coverage is to reduce health disparities, such as life expectancy. Missouri has a significant difference in life expectancy depending upon your race; Black Missourians live about five-and-a-half years less than white Missourians.⁹ Rural Missourians also have a life expectancy of over one year less than urban Kansans.¹⁰ Medicaid is an important way to ensure people have access to health care. For example, during the COVID-19 public health emergency, Missouri Medicaid participation (not counting additional enrollees from expansion) increased by over 17% percent given greater flexibility in allowing people to remain enrolled without annual renewal.¹¹ Many of these families face losing coverage once the public health emergency ends and mandatory renewal returns.

Although public health resources increased during the pandemic, Missouri only spends \$7 per person on public health – which for 2021 ranks last of all the states in the U.S.¹²

Missourians' access to care is also hindered by a severe workforce shortage. Across Missouri, all health professions had a turnover rate of nearly 25% and vacancy rates of 17%.¹³ Additionally, this workforce shortage is impacting rural areas of the state significantly. The South Central region (including West Plains) has a vacancy rate of nearly 19% and turnover rate of almost 41% for registered nurses.¹⁴ Furthermore, access is getting more sparse for rural communities as Missouri has lost 10 rural hospitals in less than a decade and 34 rural hospitals are at risk of closing.¹⁵ Recruiting and retaining rural doctors in specialty care



is also a challenge as they are more likely to move to non-rural areas as their careers advance.¹⁶

Community health workers play a key role in improving health outcomes and reducing health care costs. They provide culturally competent care, care coordination, social support, and advocacy for our rural and urban residents who are paid low wages and face other barriers to accessing non-emergency care. A 2020 study found each dollar Pennsylvania invested in its community health worker program would have a \$2.47 return on investment to an average Medicaid payer within the fiscal year.¹⁷

Having culturally competent care is especially important for maternal and infant mortality. Black mothers in Missouri had a mortality rate more than three times that of white mothers. This disparity holds up for pregnancy-associated, but not related, deaths as well.¹⁸ Black infant mortality rates in Missouri are 10.6 deaths per 1,000 live births, which is about double the rate of white babies (5.5) and Latino babies (5.0).¹⁹ Additionally, Black mothers in Missouri with an associate's degree or higher have roughly equivalent infant mortality rates to white mothers with a high school diploma or less (7.0 compared to 7.74). These unacceptable data highlight misinformation, notions, and narratives which espouse that low income and other socioeconomic factors are the reason Black mothers are dying at significantly higher rates than white mothers in their perinatal period. Conversely, these data and similar national data highlights racism, not race, as a key influencer of health for Black mothers.

Access to health care via digital means can be a significant factor in using preventive and other health care. States that expanded their telehealth coverage during the pandemic saw a 20.5 percent increase in telehealth service delivery from March 2020 to February 2021. Telehealth is now used at levels 38 times

higher than pre-pandemic levels.²⁰ Studies support that the provision of real-time video home health care and the virtual delivery of education to patients with chronic diseases is less costly and equally effective as in-person delivery.²¹

Access to affordable, healthy food as both preventive and life sustaining health care is also challenging for many Missourians. Well over 1 million Missourians live in areas designated as food deserts and that number increased by over 47,000 people from 2010 and 2015.²² For these residents, farmers markets and convenience stores are the only accessible options. Access to healthy food options directly impacts people's health and improves health outcomes related to obesity, heart disease, Type-2 diabetes, and others.²³ Several states are reimbursing food as medicine in their Medicaid programs. For example, North Carolina offers reimbursement to their managed care contractors for healthy foods and medically-tailored meals.²⁴ Medically-tailored meal programs have been associated with improvement in a variety of health services and patient health outcomes, such as fewer inpatient admissions and reduced health care costs as well as reduced food insecurity and stable or reduced body mass index.²⁵

What our communities told us to prioritize

"A lot of folks don't advocate for more mental health for families since there isn't a great deal of BIPOC therapists and it will take a while to build the workforce."

For these reasons, Health Forward will work to influence policies and governmental investments that ensure:

- Health care is affordable, accessible, and high-quality – ensuring, there is no quality without equity, and no equity without quality
- Healthy, whole foods are affordable, accessible, and reimbursable by payers for their medicinal qualities
- Health care, in all its forms, is provided by a culturally responsive, diverse, and anti-racist health care workforce
- Community health worker services are reimbursable by payers and regarded as health care
- Telehealth services are continuously reimbursable for health care providers

Health Forward supports and advances policies that secure a fair and just future where:

2.

Participation in our democracy and policy making process improves health outcomes

In our society, freedom means self-determination. And in a representative democracy, self-determination means economic opportunity and fair and just representation in our elected bodies.

The first opportunity for many Missourians to engage in our political system is in exercising their right to vote. As of May 2022, six states passed restrictive voting legislation.²⁶ The Missouri legislature considered a number of such bills, and passed HB 1878, which took effect in August, and adds a photo ID requirement and phases out electronic voting over the next year.²⁷ Studies suggest that voting can impact a range of factors that impact

health, from access to health insurance to reduced risk of chronic illnesses like cancer.²⁸

The National Medical Association and the American Medical Association have accordingly deemed voting access and voting rights a social determinant of health.²⁹

Health Forward Foundation has understood and prioritized this connection since 2019 with the launch of policy and civic engagement funding and community investments.





Citizen initiative petitions are a key tool to help citizens directly impact policy. Missouri is one of 24 states that has a citizen-led initiative petition process.³⁰ In 2022, the legislature considered many bills that would have made it more difficult to get citizen-led petitions on the ballot and adopted through heightened signature gathering requirements and supermajority voting thresholds.

National health crises, like the COVID-19 pandemic, require quick and reasonable action from public health experts. Local jurisdictions must be trusted, nimble, and responsive to residents' needs and maintain reasonable ability to make local policy and decisions.

For these reasons, Health Forward will work to influence policies that ensure:

- All citizens can vote and participate in the democratic process without barriers
- All citizens are fairly represented in and by our elected bodies
- Local jurisdictions have reasonable authority to promote and protect public health



Health Forward supports and advances policies that secure a fair and just future where:

3.

Our communities are healthy places where people fully participate in the digital economy and build wealth through safe, quality, and affordable housing and homeownership

Homeownership remains a primary opportunity for most Americans to generate wealth. People who own their home had a median net worth of \$255,000 — 40 times that of the \$6,300 median net wealth of renters.³³ Rates of homeownership — which play a significant role in building wealth — vary along racial lines. While approximately 72 percent of white people own their homes, that number decreases to about 42 and 48 percent of Black and Latino people, respectively.³⁴ What's more, for people of color who do own their homes, it represents a larger share of their total wealth than for white homeowners.³⁵

What our communities told us to prioritize

"Connecting puzzle pieces and leaning into 'and' instead of 'or', [such as] housing funding models and education and wrap around supports and maintenance/repairs, etc."

The median home cost in urban Jackson County is about \$240,000 and almost \$220,000 in rural Lafayette County.³⁶ Since 2000, home prices in Jackson County have increased by 85 percent and in Lafayette County have gone up by almost 75 percent after adjusting for inflation.³⁷

For both counties, housing costs have outpaced growth in median household income which grew only by 41 percent in Jackson County and over 60 percent in Lafayette County.³⁸

Many communities face a shortage of available affordable housing. Statewide, there is a shortage of almost 120,000 affordable and available rental homes for renters earning extremely low incomes.³⁹ Twenty-six percent of renter households earn a household income of less than \$26,200 per year, nearly \$10,000 less than they would need to earn to afford a two-bedroom rental home at HUD's fair market rent.⁴⁰

Many renters in Missouri are burdened by the cost of their housing, spending more than 30 percent of their household income on their living arrangements. Over 53 percent of Black renters in Missouri are cost burdened, compared to 40 percent of Latinos and 38 percent for white people.⁴¹ 68 percent of Missourians earning extremely low wages are severely cost burdened.⁴²

The ability to afford a safe and quality home frees up household income for other needs, including health care access.

People living without quality, affordable housing tend to have worse outcomes in chronic disease and mental health.⁴³

What our communities told us to prioritize

“People are losing their homes for less than \$3,000 or \$5,000 in back taxes...These are largely aging adults who have invested in their community for decades.”

Our modern economy is largely digital. Job opportunities, learning at all levels, precision agriculture, access to and the provision of telehealth, social interactions, small and large business operations, news consumption, and participation in public hearings and community conversations increasingly occur online. Yet nearly one-third of Missourians seeking work lack crucial digital skills.⁴⁴ Over 137,000, or 75.5 percent, of all job openings in Missouri require digital skills.⁴⁵ More than 1.26 million Missourians lack broadband infrastructure in their communities, mostly concentrated in rural areas.⁴⁶ Over 93% of school districts in urban and suburban Missouri have high levels of connectivity, while only 22 percent of districts in rural Missouri do.⁴⁷

For these reasons, Health Forward will work to influence policies that ensure:

- Safe housing and homeownership are available, affordable, and attainable
- Housing policies reduce racial home ownership gaps, create mixed income neighborhoods, and protect against displacement
- The digital economy, and the tools and training required to use it, is available, affordable, and accessible



Health Forward supports and advances policies that secure a fair and just future where:

4.

Community health is influenced by systems, policies, and stories that promote racial equity and economic inclusion

Missouri is made up of many diverse communities that all have unique strengths. The primary strength in any community is its people. And people of color and people living in rural areas have many similarities that are often overlooked.

Health injustice is rooted in racism and economic exclusion. Research indicates that while 20 percent of our health outcomes are attributed to our access to quality clinical care, 80 percent of our health outcomes are related to social, economic, and behavioral factors such as our access to education, employment, good wages, family and social support, and the safety of our communities.⁴⁸

What our communities told us to prioritize

“Pick a policy issue and you’ll find black and brown families disproportionately burdened. We know that when we fix policies for BIPOC, everyone benefits.”

“Data can support the actions of local community advocates and policy makers. The greater ability we have to break it up to smaller units [by disaggregating] will increase use.”

Health injustice is difficult to identify and strategically address without disaggregated data. When data is disaggregated, it allows better decisions to be made about resource allocation, more efficient resource use, and better health access and outcomes.⁴⁹

Over 50 municipalities and three states have declared racism a public health crisis to focus policymaking and resources toward solutions that reduce health injustice caused by systemic racism at all levels of society.⁵⁰

For these reasons, Health Forward will work to influence policies that ensure:

- Race, because of racism, no longer influences health outcomes
- Racial equity is pursued in all policies
- Disaggregated public health data centers racial and ethnic identities and leads to more equitable resource allocation and the eradication of health injustices

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A special thank you and acknowledgement

to these organizations for informing our policy agenda through one-on-one
conversations and our community sensemaking sessions.

Benilde Hall

Cass Community Health Foundation

CommCare

Community Capital Fund

Community Health Council
of Wyandotte County

Community LINC

Della Lamb

Developing Potential

El Centro

Footprints

Groundwork NRG

Harris Park

Harversters

HCC Network

HCC of Lafayette County

Hope House

Jackson County CASA

Jobs with Justice

Kansas Action for Children

Kansas City Medical Society

Kansas City Public Library

Kids Win Missouri

Legal Aid of Western MO

LISC

Madam President Camp

Missouri Voter Protection Coalition

Missouri Workers Center

MO Coalition for Oral Health

MORE2

Neighborhood Legal Support

Nourish KC

Oral Health Kansas

REACH Foundation

Reconciliation Services

reStart, Inc.

Rose Brooks

Rosedale Development Association

SchoolSmartKC

Start at Zero

The Children's Place

Thrive Allen County

United Community Services
of Johnson County

Urban League of Greater KC

Veronica's Voice



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