



Health Forward  
FOUNDATION

# POLICY AGENDA

## KANSAS



## 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 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; and
- People in rural areas where systemic barriers hinder optimal health.

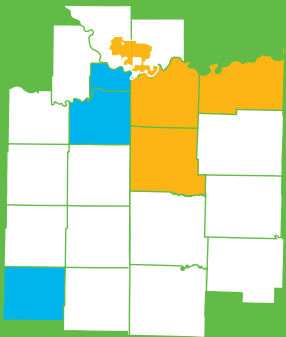
### **Health Forward's Purpose**

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

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## 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 on urban, rural, and suburban communities within our bi-state service area of Kansas and Missouri. These communities encompass the Kansas City metropolitan area, including both Kansas City, Kansas and Kansas City, Missouri, as well as Allen, Johnson, and Wyandotte counties in Kansas and Cass, Jackson, and Lafayette counties in Missouri. We also engage in local advocacy within our service area, as well as statewide and select federal issues that significantly improve the health of our communities.

Since we began partnering with nonprofit organizations in 2005, we have awarded more than \$400 million to more than 650 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 grassroots entities, including partnerships with governments, chambers of commerce, corporations, and our peer foundations to maximize impact.

**SINCE 2005**  
**\$400** million awarded  
to over **650** organizations



Scan to access legislative district infographics for use in your policy and advocacy work on both sides of the state line.

## EXAMPLES OF OUR WORK INCLUDE

- Securing Medicaid expansion in Missouri through a successful ballot initiative and protecting Medicaid expansion from legal, legislative, and administrative challenges
- Advocating to expand Medicaid in Kansas
- Advocating for the protection and continued coverage of Medicaid enrollees during the public health emergency unwinding with administrative agencies and providing complementary funding to community organizations in Kansas and Missouri to educate and enroll eligible people
- Funding the successful “Right to Counsel” campaign for legal representation for people facing evictions in Kansas City, Missouri
- Funding other successful ballot initiatives in Missouri including minimum wage, paid sick leave, and abortion access
- Commissioning studies on the economic impact of DEI and immigration in Kansas and Missouri
- Advocating against legislation that seeks to ban trainings on and resources for diversity, equity, and inclusion in both Kansas and Missouri
- Funding the establishment of an office of race equity in Kansas City, Missouri
- Supporting migrant farm workers quality of life in Lafayette County, Missouri
- Successfully advocating for the credentialing and reimbursement of community health workers in Kansas and Missouri
- Providing funding for voter registration and get out the vote activity and learning and networking opportunities civic engagement and advocacy organizations 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 impact health-related corporate and institutional policies and practices, like diversifying the workforce pipeline in the health sciences.

In the years ahead, Health Forward will work to influence policy and advance systems-level change that is in service to our purpose of working to support and build inclusive, powerful, and healthy communities characterized by racial equity and economically just systems 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 for 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 purpose statement and our four purpose areas: People, Power, Place, and Platform while remaining adaptive and responsive to the emerging needs of our communities.**

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, equity-centered, and affordable whole-person care

Equitable access to safe, quality, culturally responsive, and affordable whole-person care is critical to the economic security of Kansans and the state economy. Securing KanCare expansion is a critical component to improving public health and accessing the associated beneficial outcomes.<sup>1</sup> States that have expanded Affordable Care Act coverage have benefited in a variety of ways. Increased access to better quality health care and health coverage has been proven to decrease medical debt, increase credit scores, and decrease eviction rates.<sup>2</sup> Additionally, expansion states have saved money. Early expansion states have saved more than four percent on the program.<sup>3</sup> For example, Michigan has saved approximately one billion and Arkansas has saved more than \$400 million in the first few years of implementation.<sup>4</sup>

Research indicates that if Kansas expanded KanCare, the state would receive an estimated \$12.7 billion increase in health care investments between 2026 and 2034.<sup>5</sup> Over 150,000 Kansans would gain health insurance,<sup>6</sup> over one-third of whom are people of color. Additionally, many prospective beneficiaries live in rural areas, where thousands of rural white Kansans would also gain coverage.<sup>7</sup>

In Kansas, a family of three with a household income of around \$9,800 in 2024 makes too much money to qualify for KanCare coverage, leaving many hardworking Kansans without an affordable option for health insurance.<sup>8</sup> Lack of insurance coverage contributes to a difference in life expectancy of over nine years between white Kansans and Native Americans, who experience the lowest life expectancy from birth in Kansas.<sup>9</sup> Rural Kansans also have a life expectancy of about one year less than urban Kansans.<sup>10</sup> During the COVID-19 public health emergency, KanCare participation increased by approximately 20 percent given greater flexibility in allowing people to remain enrolled without annual renewal.

However, since the ending of the public health emergency, over 114,000 Kansans have lost coverage through KanCare, and without expanded Medicaid, have few – if any – options to access health insurance coverage.<sup>11</sup>

Although public health resources increased during the pandemic, Kansas only spends \$32 per person on public health. While this is the highest level ever, it is still ranked 34 overall and below the average of \$48 per person in neighboring states.<sup>12</sup>

Kansans' access to care is also hindered by a health care workforce shortage. As of 2023, there are over 2,300 vacant nursing positions in hospitals across the state, which is felt most acutely in rural areas.<sup>13</sup> In our service area, Wyandotte and rural areas like Allen County also suffer from health care workforce shortages.<sup>14</sup> 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.<sup>15</sup> Kansas has lost eight rural hospitals since 2015 and nearly a third of rural hospitals are at immediate risk of closing.<sup>16</sup>

Community health workers (CHWs), community paramedics, and douglas play a key role in providing culturally relevant care, care coordination, social support and advocacy for our rural and urban residents who earn low wages and face other barriers to accessing non-emergency care, resulting in cost savings and improved health outcomes. In 2023, Kansas was approved to have CHWs be reimbursed through Medicaid and rates were subsequently increased in 2024.<sup>17, 18</sup> 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.<sup>19</sup>

Lack of insurance coverage and hospital closures also contribute to rising maternal mortality rates. Kansas women living in ZIP codes where most people are paid low wages are more likely to experience severe maternal morbidity.<sup>20</sup> In Kansas, Black women have a 83.5 percent greater risk of severe maternal morbidity than white female Kansans — a significantly higher rate than any other race or ethnicity.<sup>21</sup> Black infant mortality rates are almost 13.6 deaths per 1,000 live births, which is three times the rate of white babies (4.5) and more than 2 times Latino/a/x babies (5.2).<sup>22</sup> Additionally, Black mothers with an associate's degree or more have higher infant mortality rates than white mothers with a high school diploma or less (6.6 compared to 5.6).<sup>23</sup> These unacceptable data highlight misinformation, notions, and narratives that 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 highlight 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. 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.<sup>24</sup> Telehealth is especially important for rural community to reduce or eliminate travel time for residents, increase the quality and accessibility of health services, and supporting rural hospitals.<sup>25</sup>

Access to affordable, healthy whole food as both preventive and life sustaining health care is also challenging for many Kansans. At least 1 in 6 Kansans live in areas designated as food deserts.<sup>26</sup> For these residents, farmers' convenience stores are the only accessible option. Lack of access to healthy food options directly impacts people's health and improves health outcomes related to obesity, heart disease, Type-2 diabetes, and others.<sup>27</sup> Twenty states are reimbursing food as medicine

in their Medicaid programs, including medically-tailored meals, reimbursement to their managed care contractors for healthy foods, and produce prescription programs.<sup>28</sup>

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.<sup>29</sup>

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.<sup>30</sup>

Health injustice is difficult to identify and strategically address without disaggregated data. By disaggregating data, we can make more informed decisions, optimize resource allocation and be more efficient resource use, and improve health access and outcomes.<sup>31</sup>



**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, community paramedic, and doula services are reimbursable by payers and regarded as health care
- Telehealth services achieve parity in care and coverage and are continuously reimbursable for health care providers
- Disaggregated public health data centers racial and ethnic identities and lead to more equitable resource allocation and the eradication of health injustices

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 legislative bodies.

The first opportunity for many Kansans to engage in our democracy is in exercising their right to vote. Since the *Shelby v. Holder* ruling by the Supreme Court in 2013, 31 states have passed 103 voting restriction bills.<sup>32</sup> The Kansas legislature considered at least seven bills in 2024, mainly focused on advance mail-in ballots and ballot drop boxes.

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.<sup>33</sup>

In recognition of this connection, the National Medical Association and the American Medical Association have deem voting access and voting rights a social determinant of health.<sup>34</sup>

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.

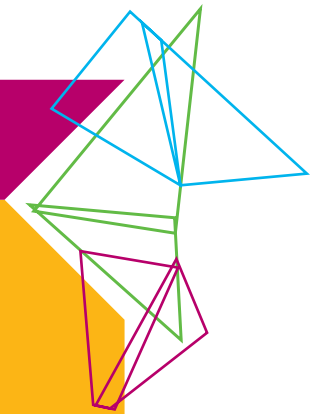






For these reasons, Health Forward will work to influence policies that ensure:

- All citizens can vote or 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 health and 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 40 times higher than that of renters.<sup>35</sup> Rates of homeownership vary significantly along racial lines in Kansas. About 70 percent of white people own their homes, but that number decreases to 35, 44, and 53 percent of Black, Native American, and Latino/a/x people, respectively.<sup>36</sup> What's more, for Latino/a/x and Black homeowners, the gains in wealth are not as large over time as they are for white and Asian homeowners.<sup>37</sup>

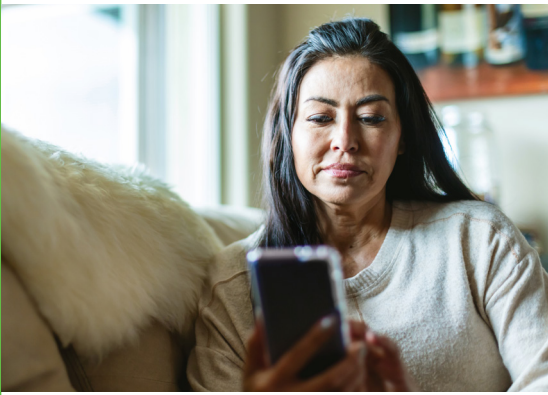
The median home price in suburban Johnson County is \$575,000 and \$142,500 in rural Allen County.<sup>38</sup> Since 2000, home prices in Johnson County have increased almost 140 percent and in Allen County, they've gone up by 74 percent after adjusting for inflation.<sup>39</sup> For both counties, housing costs have outpaced growth in median household income during the same period which grew only by 47.5 percent in Johnson County and about 57 percent in Allen County.<sup>40</sup>

Many communities face a shortage of available affordable housing. Statewide, there is a shortage of over 52,300 affordable and available rental homes for renters earning

extremely low incomes.<sup>41</sup> Kansas City itself is short 64,000 affordable units.<sup>42</sup> Twenty-three percent of renter households earn a household income of less than \$28,250 per year, more than \$14,000 less than they would need to earn to afford a two-bedroom rental home at HUD's fair market rent.<sup>43</sup>

Many renters in Kansas are burdened by the cost of their housing, spending more than 30 percent of their household income on their living arrangements. Nearly 55 percent of Black renters in Kansas are cost burdened, compared to about 42 percent of Latino/a/x people and 40 percent for white people.<sup>44</sup> 73 percent of Kansans earning extremely low wages are severely cost burdened.<sup>45</sup> 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.<sup>46</sup>



Our modern economy is largely digital. Job opportunities, learning at all levels, precision agriculture, access to and the provision of telehealth<sup>47</sup>, social interactions, small and large business operations, news consumption, and participation in public hearings and community conversations increasingly occur online. Yet one-third of Kansans seeking work lack crucial digital skills.<sup>48</sup> About 68,000, or 76 percent, of all job openings in Kansas require digital skills.<sup>49</sup> At least one million Kansans lack broadband infrastructure in their communities, mostly concentrated in rural areas.<sup>50</sup> While almost 86 percent of school districts in urban and suburban Kansas have high levels of connectivity, just below 40 percent of districts in rural Kansas do.<sup>51</sup>

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, are 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

Kansas is made up of many diverse communities that all have unique strengths. The primary strength of any community is its people. And people of color and people living in rural areas have many similarities that are often overlooked our immigrant neighbors contribute \$46.4 billion in economic activity and nearly 420,000 jobs to the state.<sup>52</sup>

### *Anti-diversity, equity, and inclusion (DEI) legislation –*

In recent years, bills have been introduced in Kansas to curtail DEI in higher education and other institutions. There is a real cost to this sort of legislation. In Kansas, it amounts to a loss of nearly \$900 million in economic activity and 8,500 jobs through 2030.<sup>53</sup>

Over 110 municipalities and 19 states have made declarations or resolutions identifying racism as a public health crisis to focus policymaking and resources toward solutions that reduce health injustice caused by systemic racism at all levels of society.<sup>54</sup>



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

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