



Health Forward
FOUNDATION

POLICY AGENDA

MISSOURI



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

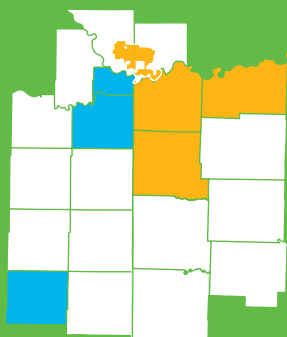
Every day we work to support and build inclusive, powerful, and healthy communities characterized by racial equity and economically just systems.



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.

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 on urban, rural, and suburban communities within our bi-state service area of Kansas and Missouri. These communities encompass all of 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.

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, 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, almost 330,000 Missourians are covered through the program that wouldn't have otherwise been eligible.¹ Missouri voters recognized the impact expansion has on improving public health and accessing the associated cost-benefits. 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

Expansion has already had positive impacts on the state. Visits to hospital emergency departments by people without health insurance has dropped 14 percent.⁵ Hospitals in rural areas are also seeing a reduction in uncompensated care, which helps keep them from closing their doors.⁶ Black, Latino, Indigenous, and other Missourians of color saw their uninsured rates drop between 2019 and 2022, before and after expansion went into effect.⁷

In Missouri in 2024, a working adult making less than \$20,030 qualifies for expanded Medicaid.⁸ Without expansion, these people would not have access to affordable health insurance. One long-range benefit of insurance coverage is to reduce health disparities, such as with life expectancy. Missouri has a significant difference in life expectancy depending upon your race; Black Missourians live nearly six years less than white Missourians.⁹ Disparities also exist

between urban and rural communities. Rural Missourians have a higher death rate from all causes than urban Missourians, such as diabetes and cancer.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 However, due to the unwinding of the COVID-19 related health emergency, enrollment in Medicaid overall is down about 230,000 people overall.¹²

Although public health resources increased during the pandemic, Missouri only spends \$7 per person on public health – which for 2023 ranks last of all the states in the US.¹³

Missourians' access to care is also hindered by a health care workforce shortage. Across Missouri, all health professions had a turnover rate of 22 percent and vacancy rates of nearly 14 percent.¹⁴ Additionally, this workforce shortage is impacting rural areas of the state significantly. The South Central region (including West Plains) has a turnover rate of 35 percent.¹⁵ Furthermore, access is getting more sparse for rural communities as Missouri has lost 10 rural hospitals since 2012 and one-third of the remaining rural hospitals are at risk of closing.¹⁶ 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.¹⁷

Community health workers, 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. A 2020 study found that 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.¹⁸

Having culturally care is especially important for maternal and infant mortality. Black mothers in Missouri have a pregnancy mortality rate two and a half times higher than white mothers.¹⁹ Black infant mortality rates in Missouri are 12 deaths per 1,000 live births, which is more than double the rate of white babies (5.4) and Latino babies (5.1).²⁰

Access to health care via digital means can be a significant factor in utilizing 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.²¹ Telehealth is especially important for rural communities to reduce or eliminate travel time for residents, increase the quality and accessibility of health services, and support rural hospitals.²²

Access to affordable, healthy food as both preventive and life sustaining health care is also challenging for many Missourians. At least one in six Missourians live in a food desert, with a disproportionate amount of those people being Black.²³ For these residents, farmers markets and convenience stores are the only accessible options. 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.²⁴ 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.²⁵ 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.²⁶

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.²⁷

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.²⁸



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 Missourians to engage in our political system 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.²⁹ In recent years, the Missouri General Assembly has enacted restrictive voting laws, including House Bill 1878 in 2022.³⁰

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.³¹

In recognition of this connection, the National Medical Association and the American Medical Association deem voting access and voting rights a social determinant of health.³²

Citizen initiative petitions are a key tool to help citizens directly impact policy when they feel their voices are not being heard. Missouri is one of 24 states that has a citizen-led initiative





petition process.³³ This is the path by which Missouri was able to pass Medicaid expansion in 2020. To date, Missouri and six other states have used the citizen initiative process to pass this and other important policies.³⁴ In 2024, the Missouri General Assembly introduced more than a dozen bills and resolutions to raise the bar for citizen-led initiatives to be included on the ballot for a citizen vote on attempts to limit access to this vehicle for citizen led policy change.³⁵

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 that of renters.³⁶ Rates of homeownership vary significantly along racial lines in Missouri. While approximately 72 percent of white people own their homes, that number decreases to about 38, 51, and 54 percent of Black, Latino/a/x, and Asian people, respectively.³⁷ 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 homeowners.³⁸

The median home cost in urban Jackson County is about \$270,000 and almost \$250,000 in rural Lafayette County.³⁹ Since 2000, home prices in Jackson County have increased by 135 percent and in Lafayette County they've gone up by almost 123 percent after adjusting for inflation.⁴⁰ For both counties, housing costs have outpaced growth in median household income which grew only by 48 percent in Jackson County and over 82 percent in Lafayette County.⁴¹

Many communities face a shortage of available affordable housing. Statewide, there is a shortage of over 120,000 affordable and

available rental homes for renters earning extremely low incomes.⁴² Kansas City itself is short 64,000 affordable units.⁴³ Twenty-five percent of renter households earn a household income of less than \$28,580 per year, nearly \$15,000 less than they would need to earn to afford a two-bedroom rental home at HUD's fair market rent.⁴⁴

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 Latino/a/x people and 38 percent for white people.⁴⁵ 70 percent of Missourians earning extremely low wages are severely cost burdened.⁴⁶ 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.⁴⁷



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 one-third of Missourians seeking work lack crucial digital skills.⁴⁸ Over 137,000, or 75.5 percent, of all job openings in Missouri require digital skills.⁴⁹ More than 1.26 million Missourians lack high-speed internet infrastructure, known as broadband, in their communities, with over 1 million residing in rural areas.⁵⁰ Over 93 percent of school districts in urban and suburban Missouri have high levels of connectivity, only 22 percent of districts in rural Missouri do.⁵¹

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 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 \$55.2 billion in economic activity and nearly 495,000 jobs to the state.⁵²

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

In recent years, bills have been introduced in Missouri to curtail DEI in higher education and other institutions. There is a real cost to this sort of legislation and in Kansas, that amounts to a loss of nearly \$2.6 billion in economic activity and 23,800 jobs through 2030.⁵³

Over 110 municipalities and 19 states have made declarations or resolutions identifying 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.⁵⁴



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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