

FEBRUARY 2021

*DIVISION
OF HEALTH
PROMOTION*

**JACKSON
COUNTY**
HEALTH
DEPARTMENT



JACKSON COUNTY
HEALTH DEPARTMENT

2021 POLICY AGENDA





2021 POLICY PRIORITIES

1. Support social safety net programs through federal, state, and local funding

- The next federal COVID relief package must include aid for state and local governments
- Increase or maintain state funds for UI, Medicaid, TANF, and other safety net programs
- Increase or maintain city budget funds to housing, food insecurity, education, and other essential programs

2. Preserve and support an experienced, well-funded public health workforce

- Increase or maintain funding for local public health departments
- Maintain adequate, long-term funding so public health departments can attract and retain an experienced and fully-staffed workforce
- Allow local public health leaders to make the necessary and timely decisions to protect the health of their communities
- Support public health, science, and evidence-based decision making

ONGOING STRATEGIC PRIORITIES

3. Prevent mental health and substance use crises, and treat mental illness and substance use

- Implement a statewide Prescription Drug Monitoring Program
- Increase mental health insurance coverage
- Prevent usage of tobacco and/or vaping products, especially among youth

4. Increase access to affordable healthy foods, and increase opportunities for physical activity

- Pass “Complete Street” resolutions, which states municipalities’ intention to work towards complete street policies
- Encourage the advertising, marketing, and sale of healthy food options, especially near schools
- Create tax incentives for grocery stores, community gardens, urban farms, etc. to locate in food deserts

5. Improve access to primary and specialty healthcare, including oral and behavioral healthcare

- Ensure Medicaid Expansion is fully funded and implemented by July 1, 2021
- Prohibit work requirements or other unnecessary or burdensome requirements for Medicaid recipients
- Ensure convenient enrollment in MO Health Net, ACA Marketplace, and CHIP insurance plans, and ensure continuous enrollment

POLICY PRIORITIES FOR 2021

The two objectives below are the most immediate priorities for Jackson County Health Department, and reflect an urgent need at the local, state, and federal level. The COVID-19 pandemic has drastically shown how essential both a functioning social safety net, and a robust public health workforce are to the health and safety of our community. Jackson County Health Department would support policies advancing the following goals:

Support social safety net programs through federal, state, and local funding

Preserve and support an experienced, well-funded public health workforce

Included below are data supporting the reasoning behind these priorities, as well as policies advancing each priority. This list is not meant to be exhaustive, but simply examples of policies that should be considered at each level of government.

1. SUPPORT SOCIAL SAFETY NET PROGRAMS THROUGH FEDERAL, STATE, AND LOCAL FUNDING

During an economic recession, state and local governments see a decrease in overall revenue as income tax and sales tax revenue decreases. It is estimated Missouri will face a \$418.8 million decrease in annual revenue for the 2021-2022 fiscal year (State of Missouri Consensus Revenue Estimate, 2020). Concurrently, there is an increased demand for safety net programs, e.g., SNAP benefits and unemployment insurance, which states are obligated to provide. Additionally, state and local governments cannot borrow money to cover the decreases in tax revenue. However, the most recent federal relief package failed to provide further aid to state and local government. It will be vital that the

next relief package include this much needed aid, or additional job cuts are likely, exacerbating the challenges faced by both the state and its people.

Although state and local governments will be forced to make difficult decisions in order to balance even tighter budgets, it's important to note most safety net programs make up a very small share in state spending. In 2009, during the last economic recession, the amount states spent on public assistance (TANF, SSI, emergency assistance) made up just 1.9%, on average, of state general fund spending. When including all safety net programs, including Medicaid and CHIP, the proportion of state spending increased to about 18% on average (Skinner, 2012). While making up a relatively small amount of the budget, safety net programs are incredibly effective. Estimates found the safety net programs funded through the last economic recession were able to cut the poverty rate to half of what it would have been without them (Greenstein, 2015).

It would be irresponsible to cut funding to these programs when so many Americans are struggling during the present economic downturn. Additionally, cutting programs that give families

spending money – money put back in to the local economy – further slows economic recovery by reducing consumer spending and economic activity. It is also important to note that low-income communities and communities of color have been hit hardest by the COVID-19 pandemic and the economic fallout. While the average unemployment rate across the US jumped to approximately 14% this year, it hit 16% among Black Americans, and 18% among Hispanic Americans (Nawaz, 2020). Consequently, without these much needed programs, the racial income gap and racial health inequities will widen further.

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POLICIES THE FEDERAL GOVERNMENT SHOULD CONSIDER:

- Provide direct aid to state and local governments
- Establish automatic stabilizers for emergency unemployment compensation, Temporary Assistance for Needy Families, direct aid to states, and other economic relief at the federal level

POLICIES THE MISSOURI LEGISLATURE SHOULD CONSIDER:

- Avoid cuts to Temporary Assistance for Needy Families (TANF) cash benefit amount and reducing lifetime limits
- Avoid cuts to the Unemployment Insurance (UI) benefit amount, and increase the period to 26 weeks- the standard across the country
- Avoid new caps on Medicaid enrollment, cuts on provider reimbursement, and new restrictions on services covered
- Avoid cuts to EITC Programs, Childcare Subsidies, and Early Childhood Programs funding; avoid cuts to K-12 education

POLICIES FOR LOCAL AND REGIONAL LEADERS TO CONSIDER:

- Increase funding to safety net services where possible
- Extend eviction moratoriums through at least June 2021
- Extend utility shut off moratoriums through at least June 2021



2. PRESERVE AND SUPPORT AN EXPERIENCED, WELL-FUNDED PUBLIC HEALTH WORKFORCE

Nationwide, state and local governments spend less than 3% of their total expenditures on public health (Weber et al., 2020). In 2019, Missouri ranked 50th in the nation for state per capita public health funding. The state of Missouri allocated only \$7 per person for public health expenditures, lower than any other state in the nation. (State Health Access Data Assistance Center, 2020). Additionally, when comparing revenue per capita, Jackson County Health Department, despite serving one of the largest jurisdictions, is the lowest funded health departments in the state, with only \$5.97 per resident in 2018.

The lack of public health funding has been an ongoing trend. Since 2010, spending for state public health departments has dropped by 16% per capita, and spending for local health departments has fallen by 18%. At least 38,000 state and local public health jobs have disappeared nationwide since the 2008 recession. Missouri saw an 8% decrease in their public health workforce per capita, from 2010 to 2019 (Weber et al., 2020). In the past, if funding increases during public health emergencies (such as Zika and H1N1) it is quickly reduced again once the threat has passed. It is no surprise, then, that most state and local health departments were largely unprepared to handle the COVID-19 pandemic.

Health departments across the country, including Jackson County, completely ceased most services and programs in order to meet the crisis. Vaccines, chronic disease prevention, STD prevention and testing – all services vital to protect the health of each community – fell to the wayside as local health departments desperately ramped up their capacity to handle

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this pandemic. Many health departments across the state waited months for the much needed CARES Act funding, as it slowly moved its way first through the state of Missouri, then to counties, and finally, months later, to their health departments.

Even without a public health emergency, insufficient and unstable funding makes it challenging for state and local public health departments to attract, retain, and train employees to build on their own capacity. The public health workforce has declined as underpaid, overworked employees leave for the private sector, retire, or see their positions cut. Only 28% of local health departments nationwide had an epidemiologist or statistician on staff prior to the COVID-19 pandemic (Weber et al., 2020).

On top of the depletion in funding, state and nationwide leaders have thwarted local health department's expertise and ability to protect the people they serve. As the federal government fumbled its response to the pandemic, responsibility has largely fallen to the states. In turn, the state government of Missouri has largely left the response up to local government and health departments.

At the same time, politicians at the state and federal level have turned scientifically-based mask wearing and social distancing into a political fight, leading to backlash when local leaders attempt to take the necessary steps to slow the spread of a deadly virus. Facing unprecedented hostility and threats of violence, many local public health workers are burnt out. At least 181 state and local health directors in 38 states have resigned, retired, or been fired since April 1, 2020, the largest exodus of public health leaders in American history. Countless other public health workers are leaving the field as well (Barry-Jester et al., 2020).

Some states have taken this a step even further, by attempting to weaken local public health powers at a time when communities need it most. According to the Associated Press, 24 state legislatures, including Missouri, have already crafted legislation to weaken public health powers, which will only continue to hamper communities' response to future health emergencies (Barry-Jester et al., 2020).



Public health powers have existed for decades, and are an effective way of stopping foodborne and infectious diseases. Efforts to reverse these powers not only hamper local health officials from protecting their communities, they continue to belittle local leaders, and erode the public's trust both in public health and in science to the detriment of overall community health.

These efforts to lessen the role public health entities play in society will have lasting consequences far beyond the COVID-19 pandemic. As local public health departments try to ramp up their vital services again post-pandemic – along with rolling out the

largest vaccination campaign in recent history – they will still be in desperate need of adequate funding and an experienced work force. Additionally, health departments provide these services for no cost to the patient, making them essential for uninsured and low-income communities. To leave them unequipped and unable to serve their community, would mean we have learned nothing in the past year. Local, state, and federal officials must set a precedent by showing faith in their local public health leaders – both verbally and monetarily – and allow them to protect and serve the communities as they know best, by following science and evidence-based practices.

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POLICIES THE FEDERAL GOVERNMENT SHOULD CONSIDER:

- Increase the amount of funding allocated to local public health programs

POLICIES THE MISSOURI LEGISLATURE SHOULD CONSIDER:

- Increase or maintain funding to both DHSS and local health department programs
- Allow local public health leaders and local officials – the experts on public health and on their own communities – to make the necessary and timely decisions to protect the health of their community

POLICIES FOR LOCAL AND REGIONAL LEADERS TO CONSIDER:

- Support increases or reallocation of local expenditures towards public health
- Maintain an experienced and knowledgeable public health work force
- Vocally support rather than disparage public health evidence and science



ONGOING STRATEGIC PRIORITIES

The following strategic priorities were identified during our 2017 Community Health Assessment, and continue to be the priorities of our ongoing (2019-2021) Community Health Improvement Plan. Jackson County Health Department will continue to support policies that advance these goals:

Prevent mental health and substance use crises, and treat mental illness and substance use

Increase access to affordable healthy foods, and increase opportunities for physical activity

Improve access to primary and specialty healthcare, including oral and behavioral healthcare

Below are a list of policies that would work to increase our communities' likelihood of meeting these goals. This list is not an exhaustive one; simply examples of policies that could be implemented at the local, regional, or state level to support the health of our constituents.

3. Prevent mental health and substance use crises, and treat mental illness and substance use

POLICIES THE MISSOURI LEGISLATURE SHOULD CONSIDER:

- Implement a statewide Prescription Drug Monitoring Program
- Increase mental health insurance coverage

TOBACCO & VAPING ORDINANCES FOR LOCAL AND REGIONAL LEADERS TO CONSIDER:

- Pass or update Clean Indoor Air laws to include vaping products, remove exemptions for bars
- Update tobacco sales ordinances to match the new federal law prohibiting sale of tobacco to persons under 21 and include mechanisms for enforcement
- Prohibit the sale of any flavored tobacco or vaping product, including menthol
- Require tobacco retailers to apply for and obtain a Tobacco Retail License



4. Increase access to affordable healthy foods, and increase opportunities for physical activity

POLICIES FOR THE MISSOURI LEGISLATURE TO CONSIDER:

- Create tax incentives for grocery stores, community gardens, urban farms, etc. to locate in food deserts



POLICIES FOR LOCAL AND REGIONAL LEADERS TO CONSIDER:

- Pass Complete Street resolution, which states a municipality's intention to work towards complete street policies; especially encouraged in areas with systemic disenfranchisement
- Encourage the advertising, marketing, and sale of healthy food options, especially near schools

5. Improve access to primary and specialty healthcare, including oral and behavioral healthcare

POLICIES FOR THE MISSOURI LEGISLATURE TO CONSIDER:

- Ensure Medicaid Expansion is fully funded and implemented by July 1, 2021
- Prohibit work requirements or other unnecessary or burdensome requirements for Medicaid recipients
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