

FEBRUARY 2022

*DIVISION
OF HEALTH
PROMOTION*

**JACKSON
COUNTY**
HEALTH
DEPARTMENT



JACKSON COUNTY
HEALTH DEPARTMENT

2022 POLICY AGENDA





2022 POLICY PRIORITIES

1. 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

2. Increase affordable housing availability; increase support for low-income renters

- Increase affordable housing through inclusionary zoning laws and affordable housing trusts
- Expand services for those experiencing housing instability or homelessness
- Implement Healthy Rental Housing Programs
- Use LIHTC program to encourage affordable housing near green spaces, public transportation, healthy food, and other resources

ONGOING STRATEGIC PRIORITIES

3. Prevent substance use crises

- Preserve the ability of local governments to regulate tobacco and vaping products
- Remove fentanyl test strips from the definition of “drug paraphernalia” under Missouri law
- Legalize safe needle exchange programs

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

- Pass “Complete Streets” resolutions, which states municipalities’ intention to work towards complete streets policies
- Increase active transportation infrastructure to align with “Complete Streets” policies
- Create tax incentives for grocery stores, community gardens, urban farms, etc. to locate in food deserts
- Reduce burden for SNAP program recipients/increase accessibility of SNAP program

5. Increase access to maternal, prenatal, postpartum, and reproductive healthcare

- Expand postpartum care under Medicaid
- Ensure access to reproductive healthcare, including STD testing and treatment, birth control, etc.
- Reduce or eliminate financial burden for feminine hygiene products

POLICY PRIORITIES FOR 2022

The two objectives below are this year's policy priorities for the Jackson County Health Department and reflect an urgent need at the local, state, and federal levels. The COVID-19 pandemic has drastically shown how essential a robust public health workforce is to the health and safety of our community and how important housing is as a social determinant of health. The Jackson County Health Department would support policies advancing the following goals:

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

Increase affordable housing availability, and increase support for low-income renters

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

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

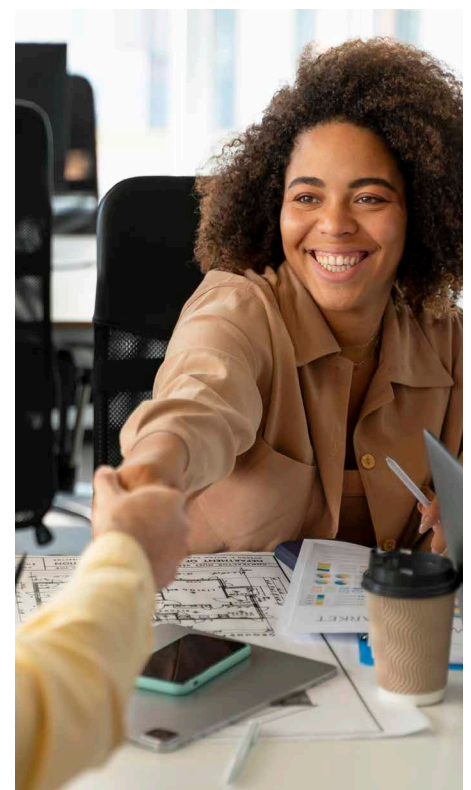
Nationwide, state and local governments spend less than 3% of their total expenditures on public health (Weber et al., 2020). In 2019, Missouri ranked 50th in the nation for state per capita public health funding. In 2020, the state of Missouri allocated only \$7 per person for public health expenditures, lower than any other state in the nation. (State Health Access Data Assistance Center, 2020).

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 its 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. This chronic underfunding of public health leads to preventable death and disease. In a national study, mortality rates fell between 1.1 and 6.9% for every 10% increase in public health spending.

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 capacity. The public health workforce has declined as underpaid, overworked employees leave for the private sector, retire, or see their positions cut. A recent study from the de Beaumont Foundation found that state and local public health departments need an 80% increase in their workforce to provide a minimum set of public health services (de Beaumont, 2021). In fact, only 28% of local health departments nationwide had an epidemiologist or statistician on staff before the COVID-19 pandemic (Weber et al., 2020).

In light of COVID-19 related health orders, many states including Missouri, have restricted public health powers. According to a report from the New York Times, since the start of the COVID-19 pandemic at least 32 states have enacted legislation restricting state or local authority over health and emergency decisions. In June 2021, Governor Parson signed into law a bill that limits public health orders to 30 calendar days and requires any extension of a health order past 30 days to

be voted on by the political subdivision's governing body. In November 2021, a circuit court judge ruled that health orders issued by local health departments violated the Missouri Constitution. It is currently not clear how many local health orders in Missouri this ruling will affect. Together these decisions at the state level have affected local health departments' ability to respond to communicable disease threats in a timely manner.



A recent survey from the New York Times found at least 500 top health officials have left their jobs since March 2020. Additionally, 130 local health departments reported that despite emergency public health funding, they had lost employees, rather than increased staffing (Baker & Ivory, 2021). Due to the combination of restricted public health powers, loss of experienced public health workers, lack of sustainable funding, and the large segments of the public who have turned against public health, the Times concluded in their report that

the country's local public health infrastructure is less prepared now for a public health emergency than it was at the beginning of 2020 (Baker & Ivory, 2021).

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, but also erode the public's trust both in public health and in science to the detriment of overall commu-

nity health. Local, state, and federal officials must prioritize public health as an essential service and allocate the funding necessary to ensure it can perform its fundamental services.

In 2020, Missouri allocated only \$7 per person for public health expenditures, lower than any other state in the nation.

POLICIES THE MISSOURI GENERAL ASSEMBLY SHOULD CONSIDER:

- Increase or maintain funding to both DHSS and local health department programs
- Allow local public health leaders and local officials to make the necessary and timely decisions based on evidence and science 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 workforce



2. INCREASE AFFORDABLE HOUSING AVAILABILITY; INCREASE SUPPORT FOR LOW-INCOME RENTERS

Housing and health are thought to be interconnected through four different pathways: 1) housing stability, or the residents' ability to willingly stay in their homes; 2) housing conditions or the physical characteristics of a home; 3) housing affordability, or the cost of housing, especially in relation to residents' take-home pay; and 4) neighborhood context, or the resources or environment surrounding the home (Swope & Hernandez, 2019; Taylor, 2018). Given these wide-ranging ways that housing can impact health, the availability of safe, affordable housing is a key social determinant of health.

Housing Stability

A lack of stable housing can stem from rising rent or mortgage payments, natural disaster, forced displacement, or eviction and foreclosure. The psychological toll of housing instability can lead to poor mental health outcomes including depression, anxiety, distress, increased alcohol use, and suicide. Children and adolescents are particularly vulnerable, with housing instability increasing the risk of teen pregnancy, early drug use, and depression in youth (Swope & Hernandez, 2019; Taylor, 2018).

The average rent for a one-bedroom apartment in Kansas City is \$1435. The 2021 Fair Market Rent, a metric set by the U.S. Department of Housing and Urban Development, for a one-bedroom in the Kansas City metro is \$857.

Housing Conditions

Substandard living conditions such as pests, lead exposures, poor ventilation, and exposure to extreme temperatures, have long been linked to poor health outcomes including asthma, allergic sensitization, high blood pressure, cardiovascular events, and neurological problems. Children are especially vulnerable to lead exposures, while the elderly are more vulnerable to temperature extremes. Poor living conditions have also been linked to poor mental health outcomes (Swope & Hernandez, 2019; Taylor, 2018).

Housing Affordability

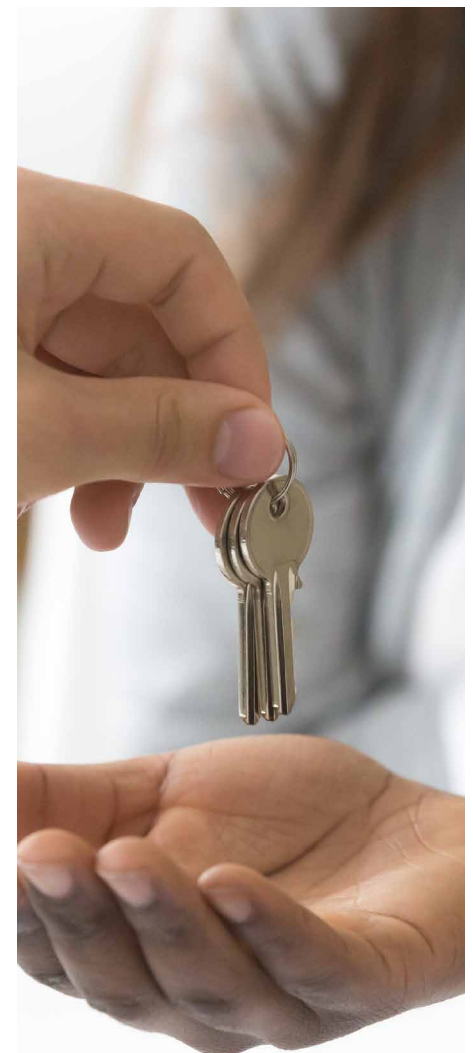
Housing in the US is more unaffordable than ever. Median rent increased 72% between 1960 and 2017, while median home prices rose 121% in the same period. Median household income has only increased by 29% (Tekin, 2021). The number of renters who are considered "cost-burdened" during this period doubled. "Cost-burdened" is defined as spending more than 30% of a household's income on rent or housing. Families who have difficulty meeting their monthly rent or mortgage payments are more likely to postpone needed healthcare treatment and have difficulty purchasing enough food and filling needed prescriptions (Swope & Hernandez, 2019; Taylor, 2018).

Neighborhood Context

Neighborhood risk exposures include the prevalence of crime and violence, environmental hazards such as air pollution, as well as a lack of resources such as grocery stores with nutritious foods. Public transportation access, walkable streets, green spaces and parks all contribute to the health of a

neighborhood. Residents in low-poverty neighborhoods often experience better long-term health outcomes including reduced risk of obesity and diabetes (Swope & Hernandez, 2019; Taylor, 2018).

In the past year, the Kansas City metro has seen a 33% increase in rent for one-bedroom apartments. This was the highest increase in rent out of the 100 largest cities in the US. The average rent for a one-bedroom apartment in Kansas City is \$1435 (Cronkleton, 2021). The 2021 Fair Market Rent, a metric set by the U.S. Department of Housing and Urban Development, for a one-bedroom in the Kansas City metro is \$857.



This trend is not just seen in Kansas City proper, the trend continues and even gets worse in zip codes to the east of KC and into the suburbs (Kaufmann, 2021). Drastic rent increases tend to hurt low-income residents the most. In EJC zip-codes, rent went up 49% over the last year. In zip codes where poverty rates are over 10.2% (the average across EJC), rent went up 56.8% in the same period (Mina, 2021).

While much of the affordability issue has been exacerbated by the COVID-19 pandemic and related economic fallouts, housing costs have been increasing at a rate that outpaces income for

decades. In 2019, 41% of renters in the Kansas City metro, including the outlying suburbs on both sides of the state line, were cost-burdened, with the median renter income at \$42,000/year and the median monthly cost of rent and utilities at \$988 (Joint Center for Housing Studies of Harvard University, 2021). One of the main drivers is a shortage of housing in general, and especially a shortage of affordable housing. Without a change in housing access, more and more residents are going to find themselves priced out of quality housing, forced to move, face housing instability, or even homelessness in the near future. Without

prioritizing affordable housing for everyone, this problem will continue to worsen.

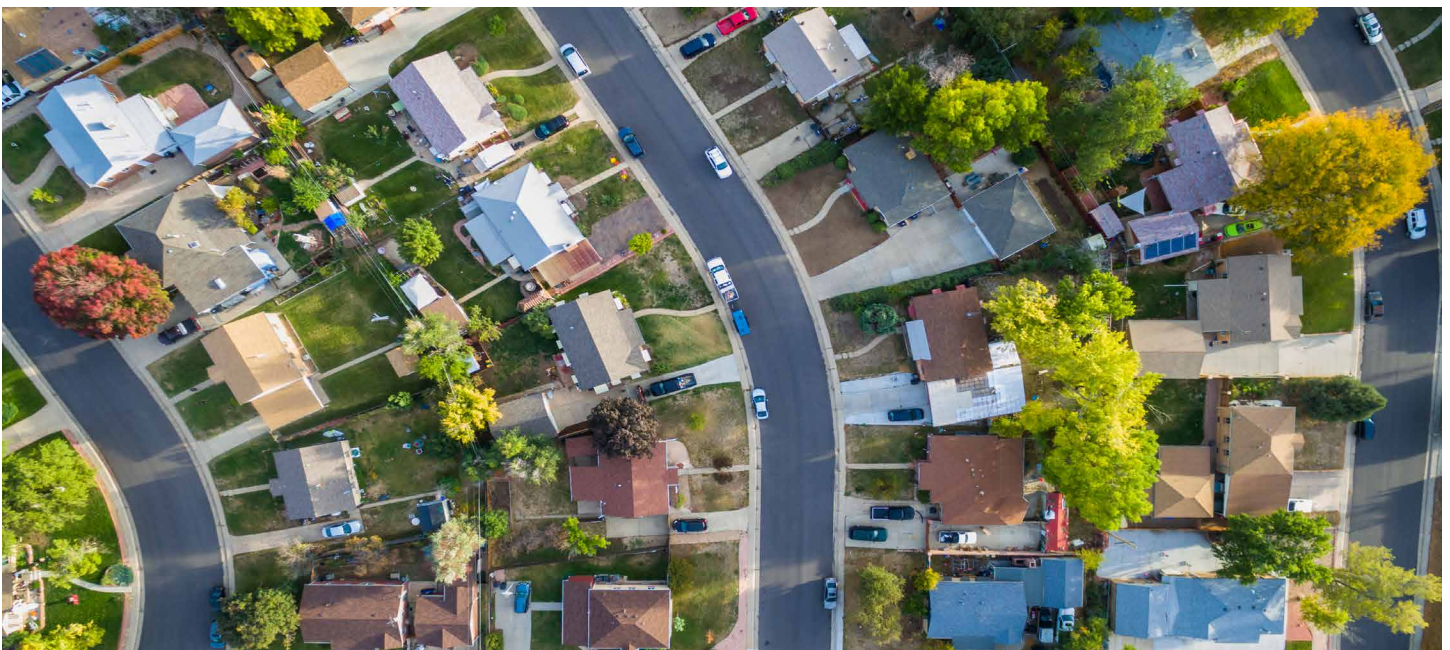
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POLICIES THE MISSOURI GENERAL ASSEMBLY SHOULD CONSIDER: :

- Use the LIHTC program to encourage affordable housing near green spaces, public transportation, healthy food, and other resources
- Increase funding to the LITHC program and the Missouri Housing Trust Fund

POLICIES FOR LOCAL AND REGIONAL LEADERS TO CONSIDER:

- Increase affordable housing through inclusionary zoning laws and affordable housing trusts
- Expand services for those experiencing housing instability or homelessness
- Implement Healthy Rental Housing Programs



ONGOING STRATEGIC PRIORITIES

The following strategic priorities were identified during our 2017 Community Health Assessment, and continue to be priorities of the Jackson County Health Department:

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 is a list of policies that would work to increase our communities' likelihood of meeting these overall 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.

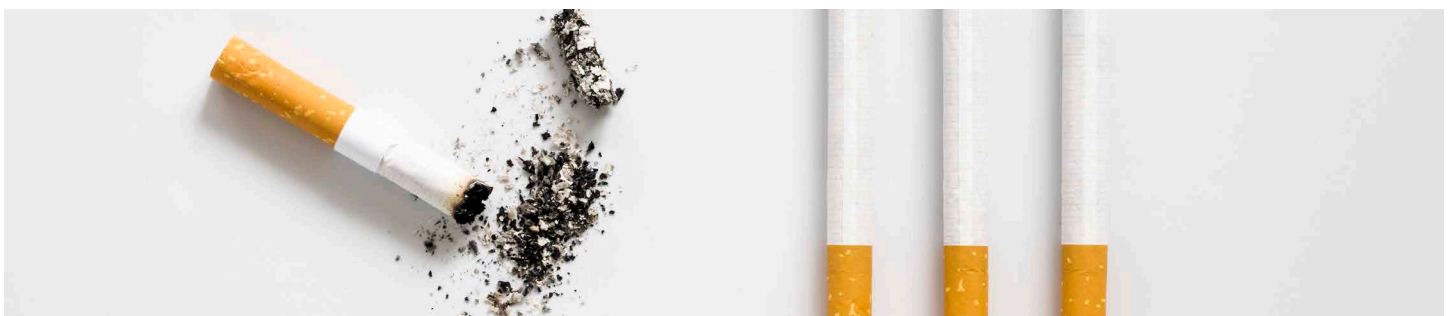
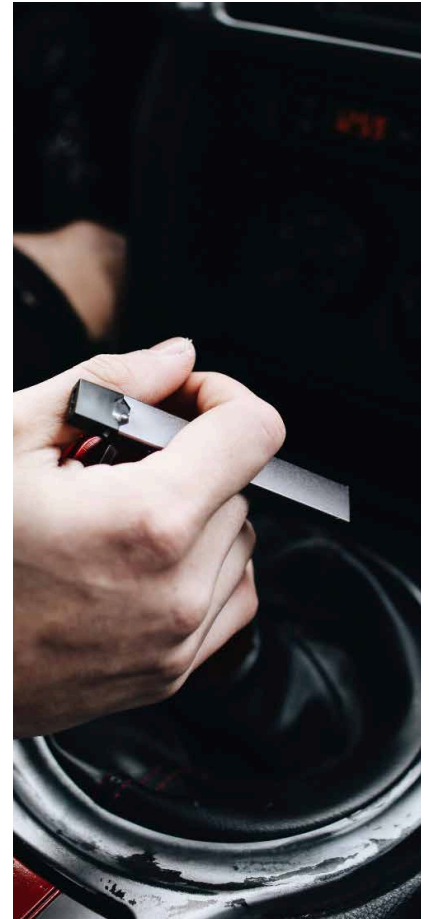
3. Prevent substance use crises

POLICIES THE MISSOURI GENERAL ASSEMBLY SHOULD CONSIDER:

- Preserve the ability of local governments to regulate tobacco and vaping products
- Declassify fentanyl strips as drug paraphernalia
- Legalize safe needle exchange programs

TOBACCO & VAPING POLICIES 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 the 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 GENERAL ASSEMBLY TO CONSIDER:

- Create tax incentives for grocery stores, community gardens, urban farms, etc. to locate in food deserts
- Reduce burden for SNAP program recipients/increase accessibility of SNAP program

POLICIES FOR LOCAL AND REGIONAL LEADERS TO CONSIDER:

- Pass “Complete Streets” resolutions, which states municipalities’ intention to work towards complete streets policies
- Increase active transportation infrastructure to align with “Complete Streets” policies

5. Increase access to maternal, prenatal, postpartum, and reproductive healthcare

POLICIES FOR THE MISSOURI GENERAL ASSEMBLY TO CONSIDER:

- Expand postpartum care under Medicaid
- Ensure access to reproductive healthcare including STD testing and treatment, birth control, etc.
- Reduce or eliminate financial burden for feminine hygiene products

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