




JACKSON
COUNTY
PUBLIC
HEALTH

2024 – 2026


Local Policy Agenda

COMMUNITY ENGAGEMENT & POLICY DIVISION



Jackson County Public Health acknowledges that policy work does not happen in a vacuum and requires a cross-sectional effort to bring about change.

The following policies are sample policies that would support the overarching goals of our 2024 – 2026 Community Health Improvement Plan. This agenda is not static, and will be reevaluated as needed to reflect the feedback of our stakeholders and community members.



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

Nationwide, state and local governments allocate less than 3% of their total expenditures to public health (Weber et al., 2020). In 2021, the state of Missouri allocated only \$7 per person for public health expenditures, which was lower than any other state in the nation. (State Health Access Data Assistance Center, 2020). Additionally, when comparing local revenue per capita, Jackson County Public Health, despite serving one of the largest jurisdictions, is the second-lowest funded health department in the state, with only \$10 per resident in 2020 (Center for Local Public Health Services, 2020).

This insufficient funding for public health has been a persistent trend. Since 2010, spending for local health departments has decreased by 18%. Nationwide, at least 38,000 state and local public health jobs have disappeared since the 2008 recession. Missouri saw an 8% decrease in its public health workforce per capita, from 2010 to 2019 (Weber et al., 2020). Historically, if funding increased during public health emergencies (such as Zika and H1N1) it was quickly reduced again once the threat has passed. As a result, 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 the pandemic. Many health departments across the state waited months for 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 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. A 2021 study from the de Beaumont Foundation found that state and local public health departments needed an 80% increase in their workforce to provide a minimum set of public health services. A separate report from the New York Times in 2021 found that, due to the lack of sustainable funding and loss of experienced workforce throughout the pandemic, the country's local public health infrastructure is even less prepared now for a public health emergency than it was at the beginning of 2020 (Baker & Ivory, 2020).

While federal pandemic relief funds have provided a safety net in the years since the COVID-19 pandemic, most local health departments will once again face a reduction in funding back to pre-pandemic levels once federal funds run out. This continuous cycle of cutting back public health funding once a threat has passed puts health departments in an impossible situation. Local health departments must be fully equipped to address both ongoing and future health emergencies. To leave them unequipped and unable to serve their community, would mean we have learned nothing in the wake of the COVID-19 pandemic. State and local officials must prioritize public health as an essential service and allocate the funding necessary to ensure it can perform its fundamental services.

Designating overdoses as a reportable condition in Jackson County

In Missouri, opioid overdoses have become an epidemic over the past decade. Opioid overdose is the number one cause of death in Missouri for adults aged 18-44 (Missouri Department of Health and Senior Services (MDHSS), 2022). Over 70 percent of drug overdoses in Missouri are linked to opioids (MDHSS, 2022). Between 2016 and 2020, 298 non-fatal overdoses occurred in Eastern Jackson County and many more likely overdosed but went unreported due to not getting medical attention. In recent years, opioid usage has significantly increased, and opioid deaths have nearly doubled in EJC (Missouri ESSENCE, 2023). Opioids can include heroin, fentanyl, Methadone, morphine, oxycodone and other prescription and non-prescription drugs (MDHSS, 2022). Opioid overdoses have become a major public health crisis, which impacts all genders, races, and ages in both rural and urban communities (MDHSS, 2022).

A nonfatal overdose is when an individual overdoses on opioids or other substances and survives. Nonfatal overdoses can contribute to poor health outcomes such as respiratory and neurological complications or psychological side effects. These poor long-term health outcomes can lead to a low quality of life and depressive symptoms (Zibbell et al., 2019). Someone who experiences a nonfatal overdose could be also experiencing substance abuse disorder or addiction, with one study finding approximately 64% of individuals who experience an overdose also meet DSM-V criteria for substance abuse disorder (Krawczyk et al., 2019). Currently in Jackson County, only nonfatal overdoses that receive medical care in an emergency room are reported, leading to possible underreporting. Blue Springs, Grain Valley, and Lee's Summit reported having the highest rate of non-fatal overdoses (Missouri ESSENCE, 2023).

Cities and counties in Missouri and across the nation are increasingly designating overdoses as reportable conditions within their jurisdiction. Similar to the prompt reporting of COVID-19, influenza, STIs, and other conditions to the local health authority, overdoses can become a reportable condition as well. Just as all other conditions are reported as de-identified data that cannot be traced back to an individual, overdoses would also be reported in this manner. The inclusion of overdoses in the list of reportable conditions allows public health experts to track and improve data quality, inform decision-making, and implement targeted interventions. For instance, in 2016, Clallam County in Washington State mandated the reporting of all fatal and nonfatal opioid overdoses, leading to an improved understanding of opioid overdoses in the community. This initiative also equipped the health department with harm reduction tools and case management services for individuals who experienced an overdose (Frank et al., 2018). St. Louis County and Kansas City, Missouri, have also designated overdoses as a reportable condition in recent years. As of 2023, twenty-one states have laws mandating reporting of overdoses as well (Network for Public Health Law, 2023). When all overdoses are reported in a timely manner, we are given a clearer picture of the problem in our community.

Naloxone Leave Behind Programs

According to the Centers for Disease Control and Prevention (CDC), over 80,000 Americans died from an opioid overdose in 2021. In total opioid deaths make up to 75% of all overdoses (CDC, 2023). In 1971, the FDA approved naloxone as a reversal prescription for an opioid overdose. Since then, the medication has saved thousands of lives (McDonald et al., 2017). In March 2023, the FDA approved naloxone as a nonprescriptive nasal spray making naloxone ubiquitous and easier to access. A Naloxone Leave Behind (NLB) program allows EMS responders to leave a naloxone kit behind with an overdosed patient or their families after responding to the scene of an overdose. The naloxone kit often includes at least one intranasal naloxone dose, and could also include resources such as a pair of gloves, a CPR barrier shield, as well as an educational pamphlet, which demonstrates how to identify an overdose and instructions on administering naloxone. Additionally, the naloxone kit could include available treatment and recovery resources. Providing an individual who has experienced an overdose with naloxone is a primary prevention strategy to reduce future overdose deaths. Studies have shown that when an overdose patient has been given a naloxone kit after overdosing, it decreases morbidity and the chance of future overdoses (Scharf et al., 2020).

A NLB program can break down barriers to accessing naloxone that some people may face (Scharf et al., 2020). Providing naloxone to hospitals, ambulances, and law enforcement for a NLB program can deliver the lifesaving overdose antidote to those who may live in

a naloxone desert (Bennett & Elliott, 2021). Moreover, research demonstrates that bystanders and individuals who witness an overdose are capable of successfully administering naloxone (Clark et al., 2014; Doe-Simkins et al., 2014; Mueller et al., 2015). NLB programs can widen the scope of this lifesaving drug to reach those who are most likely to overdose on opioids by augmenting existing community-based naloxone training structures. NLB programs have been successful in educating and empowering non-medical bystanders to deliver lifesaving reversal doses of naloxone to individuals who have overdosed (Scharf et al., 2020).

Another benefit of the NLB programs is the potential to increase social support between the person who overdosed and their community. A study investigating the Maryland Leave Behind program found that when naloxone kits were provided to families, the overdose patient was more than five times more likely to connect with a health department or a peer recovery support specialist. When naloxone kits were given to patients specifically, they were almost four times more likely to reach out to a peer recovery support specialist. These statistics indicate that NLB programs are successful in helping individuals who overdosed receive help, compared to those who did not receive a naloxone kit at all. Finally, research indicates that the use of naloxone kits decreased overdose hospitalizations (Scharf et al., 2020). Decreasing hospitalizations is beneficial for lowering readmissions and the overall cost of healthcare.

Proactive Rental Inspections

Compared to homeowners, renters are more likely to experience unsafe or substandard living environments, leading to negative health outcomes. Rented homes tend to be older and are associated with lead exposure (Swope et al., 2019). Tenants are more likely to report living in spaces with inadequate plumbing, heating, wiring, and general upkeep (Alessandro & Appolloni, 2020). Substandard housing conditions such as water leaks, poor ventilation, dirty carpets, and pest infestation can lead to an increase in mold, mites, and other allergens; exposure can contribute to health issues such as allergies, asthma attacks, and respiratory irritation (Braveman et al., 2011; United States Environmental Protection Agency, 2022). Older adults in particular are more susceptible to injury and mortality due to substandard housing (ChangeLab Solutions, 2023). Furthermore, poor quality of housing is associated with overall lower psychological well-being in the general population (Jones-Rounds et al., 2014).

Proactive rental inspections (PRI) are one intervention that could help renters' living conditions. PRI programs ensure housing units are being frequently inspected and are safe and habitable for tenants. PRI programs are a preventative approach that can help address challenges related to substandard

housing quality, which in turn could prevent lead poisoning, asthma, or other respiratory conditions. Cities that implement PRI programs can promote and ensure affordable, safe, and adequate living conditions for tenants. Instead of waiting until housing units become uninhabitable and deteriorating to issue code violations, these programs help proactively preserve the city's existing housing units for the long term (ChangeLab Solutions, 2023).

In eastern Jackson County, Buckner, Grandview, Raytown, and Sugar Creek have already implemented Proactive Rental Inspection programs. All four EJC cities require inspections before rental units can receive a permit or certificate, and all require a routine inspection. Sugar Creek and Buckner require property owners to pay for a third-party inspection service, while Grandview and Raytown employ inspectors and require property owners to pay for each inspection. The two cities with the next highest number of rental units are Lee's Summit and Blue Springs. If these cities each adopted a PRI policy, there would be an estimated 25,900 rental units covered by a PRI program in EJC. In other words, 83% of all rental units in EJC would be covered by a PRI policy, protecting a significant portion of renters from inadequate housing conditions.

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