



JACKSON  
COUNTY  
PUBLIC  
HEALTH

2024

# Missouri Legislative Priorities

COMMUNITY ENGAGEMENT & POLICY DIVISION

# Support Public Health Funding & Capacity

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## FULLY FUND DHSS BUDGET REQUEST, INCLUDING FUNDS FOR LPHAS

In 2021, 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, and only half the amount of the next highest state (Nevada, \$14 per person) (State Health Access Data Assistance Center, 2022).

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. 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).

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. The General Assembly should fully fund DHSS's budget request as Missouri public health agencies continue to combat COVID-19 and its enduring effects on our communities.

## PRESERVE EVIDENCE BASED VACCINE REQUIREMENTS FOR SCHOOL ADMISSION

The Advisory Committee on Immunization Practices (ACIP) recommends vaccine schedules for children, and currently recommends children be immunized against 16 different vaccine preventable diseases (VPD) by the age of six. All 50 states currently require specific vaccines before children can attend

school. Forty-four states allow religious exemptions, and 15 states also allow philosophical or conscientious exemptions (Skinner, 2017). Missouri currently allows religious exemptions but not personal belief or conscientious objections; however, legislation has consistently been introduced in recent years to expand allowable vaccine exemptions.

Over the past 20 years, rates of nonmedical exemptions have risen in the US (Phadke et al., 2016). The higher the rate of vaccine exemptions in a community, the more susceptible that community is to disease outbreaks. Measles, for example, is so contagious it requires a 95% vaccination rate to reach herd immunity. A review of measles outbreaks in the United States found that the majority of cases (56.8%) were individuals with no history of receiving a measles (MMR) vaccine (Phadke et al., 2016).

The COVID-19 pandemic exacerbated gaps in vaccination coverage. In the 2020-2021 school year, the nationwide vaccine rate for kindergarteners was 94% for MMR, DTaP, and varicella vaccines, falling just below the target of 95% coverage (Seither et al., 2022). Jackson County has seen a similar trend, with the average vaccination rate for kindergarteners falling from 91.75% in the 2020-2021 school year to only 86.9% in the 2021-2022 school year for MMR, DTaP, and varicella vaccines.

Vaccine requirements for school admission are an important safety net for children who cannot receive certain vaccines because of medical conditions or children who may have missed or fallen behind on their immunizations. Because they are required for admission, immunizations are offered even if the parent or guardian is unable to pay. School requirements increase the likelihood that all communities in Missouri will achieve vaccination rates that will keep them from becoming susceptible to outbreaks.

# Support Economic Stability for Missouri Families

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## REDUCE OR ELIMINATE FINANCIAL BURDEN FOR PERSONAL HYGIENE PRODUCTS (DIAPERS, PERIOD PRODUCTS, ETC.)

Diapers are an essential requirement for every infant, playing a crucial role in their health and well-being. Recent data shows that half of the families in the U.S. with infants struggle to afford diapers, with some reporting they even cut back on food purchases to purchase diapers. (Missouri Appleaseed, 2023; National Diaper Bank Network, 2023). In Missouri, infants living in low-income families have the greatest risk of suffering the effects of diaper need because their families can't afford diapers. Currently, there are no government initiatives aimed at providing families in need with diapers. Most childcare centers require parents to provide diapers for their child; however, 25 percent of US parents with diaper needs reported missing five days of work per year due to not having enough diapers to drop off children at childcare (National Diaper Bank Network, 2023). The Department of Revenue estimates that a Missouri family with an infant spends around \$1,000 a year on diapers. To assist low-income families, the state of Missouri can eliminate the state sales tax on diapers.

Similar to diapers, the sales tax on menstrual hygiene products such as tampons and other items used for menstruation have unfairly burdened many low-income women. In Missouri, an estimated that 1.5 million women between the ages of 13 and 51 rely on menstrual hygiene products (Missouri Department of Revenue, 2022). A recent survey sent to school nurses in Eastern Jackson County found 67% of respondents were aware of students that missed school or came to school late due to not having an adequate supply of menstrual hygiene products at home (Jackson County Public Health,

2021). Studies indicate that repealing sales taxes on menstrual hygiene products ensures that the benefit is fully passed on to consumers, with low-income individuals benefitting more significantly (Cotropia & Rozema, 2018). The Missouri Department of Revenue estimates an average woman spends a \$100 a year on menstrual hygiene products, contributing to a state tax collection of \$5.9 million yearly. Given that this tax represents only a fraction of the state's total sales tax revenue of \$539 million, eliminating the sales tax on menstrual hygiene products could significantly benefit women and girls across the state of Missouri without significantly impacting the state's tax revenue (Office of Administration for Missouri, 2023; Period Law, 2022).

The current tax structure on personal hygiene products is inherently regressive, disproportionately impacting low-income families. Regressive taxes, even though applied uniformly across all incomes, take a larger portion of earnings from low-income individuals compared to middle and high-income earners. The current tax rate of 4.225% on personal hygiene products contrasts starkly with lower rates applied to other necessities, such as groceries at 1.225% (Missouri Appleaseed, 2023). The Department of Revenue estimated that the state receives about \$35.7 million annually from the sales tax on menstrual hygiene products and diapers combined. Considering Missouri's total budget is \$47.5 billion, the state's General Fund is \$12.5 billion, and there is currently an \$8 billion surplus, Missouri can afford to eliminate the state sales tax on personal hygiene products to assist families who are cost burdened (Office of Administration for Missouri, 2023). Continuing to tax essential hygiene and health needs at a rate nearly four times higher than the rate of other essential needs continues a cycle of discriminatory taxation and burden on women and young families.

## PROVIDE A CHILDCARE TAX CREDITS FOR BUSINESSES, PROVIDERS, AND FAMILIES

In Missouri, nearly half of all children aged five and under find themselves in a childcare desert, according to a 2023 investigation (Bates & Bergin, 2023). A childcare desert refers to an area where the demand for childcare exceeds availability, and is defined as a jurisdiction where there are more than three children ages five and under for every licensed childcare slot, or there are no licensed slots at all.

According to Census data compiled by Jackson County Public Health, half of eastern Jackson County's population lives in a childcare desert (U.S. Census Bureau, 2022). The city with the highest ratio of children ages five and under to childcare slots was Grandview with a ratio of nine children to available slots. Additionally, Lone Jack, Sibley, Sugar Creek, and Lake Lotawana were identified as cities with no licensed slots at all.

CITY	CHILDCARE DESERT SCORE	LICENSED CHILDCARE DESERT?
Blue Springs	3.22	Yes
Buckner	6.15	Yes
Grain Valley	1.88	No
Grandview	9.45	Yes
Greenwood	3.11	Yes
Lake Lotawana	No Facilities	Yes
Lake Tapawingo	No Facilities	No
Lee's Summit	2.32	No
Levasy	No Facilities	No
Lone Jack	No Facilities	Yes
Oak Grove	2.32	No
Raytown	4.52	Yes
Sibley	No Facilities	Yes
Sugar Creek	No Facilities	Yes
Unity Village	No Facilities	No

The scarcity of available childcare slots isn't the only obstacle; the financial burden on families can be equally daunting. Childcare costs, particularly for infant care, often rival monthly mortgage or rent payments, significantly impacting a family's take-home income. For childcare to be considered affordable, it should constitute no more than 7% of a household's income. In Missouri, two-parent households are spending an average of 11% of their income on childcare, while single-parent households bear an even heavier burden, spending an average of 36% (Childcare Aware of America, 2021).

The repercussions of these childcare access and affordability challenges are far-reaching, extending to the workforce. A 2021 report from the Missouri Chamber revealed that 61% of surveyed parents reported missing work due to childcare issues. Furthermore, 28% of respondents noted that someone in their household had either left a job or opted not to take one due to childcare-related challenges (U.S. Chamber of Commerce Foundation).

At the same time, childcare workers in Missouri are paid a mean hourly wage of \$13.50, which falls below the amount they might make at many entry-level jobs (Bureau of Labor Statistics, 2023). This low wage contributes to the persistent struggle of childcare providers to attract and retain qualified staff; however, a wage increase poses a dilemma, as it could translate to additional financial burdens for parents already allocating a substantial portion of their income to childcare. Addressing this complex issue requires a commitment to public investment in childcare infrastructure. By doing so, Missouri can help families secure access to high-quality childcare for their children, empowering parents to confidently participate in the workforce knowing that their child's health and well-being is a priority.

◀ **Table 1.** The Childcare Desert Score shows the number of children ages 5 and under per licensed childcare slot. While parents may seek childcare outside of the city they reside in, if neighboring cities are also deserts there may still be issues with availability. Lake Tapawingo, Levasy, and Unity Village are not considered Childcare Deserts because their population of children ages five and under is less than 50.

**Source:** Missouri Department of Health and Senior Services compiles a list of licensed childcare providers and their total capacity. U.S. Census Bureau estimates for total population under five were compiled for each city.

# Prevent Negative Health Outcomes Associated with Substance Use

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## LEGALIZE SYRINGE SERVICE PROGRAMS

Syringe service programs (SSPs) are prevention programs that can provide access to and disposal of sterile syringes and injection equipment, as well as testing and linkage to infectious disease care and substance use treatment. Research conducted over the last 30 years by the National Institutes on Drug Abuse, the CDC, and others have shown that these programs are safe, effective, and cost-saving ways of preventing HIV transmission and other blood-borne diseases including hepatitis B and HCV (CDC, 2019).

In states like Missouri, where these programs are illegal, people who use injection drugs (PWID) are more likely to obtain syringes from unsafe sources and engage in risky injecting behaviors like reusing

or sharing needles. One study found that PWID who lived in a state where SSPs are illegal were 3 times more likely to test seropositive for HIV than those who lived in a state where SSPs were legal (Neaigus et al., 2008). In Jackson County, there were 20.1 HIV diagnoses per 100,000 people in 2021, and increase from 2019 and 2020. This rate was higher than both the state of Missouri (10.6) and the United States overall (12.7) (CDC NCHSTP, 2023).

In addition to reducing the risk of transmission of blood-borne diseases, many SSPs offer a crucial intervention point for access to other services, such as naloxone distribution, HIV and HCV testing, and referrals for substance use treatment and other healthcare (CDC, 2019).

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