



JACKSON
COUNTY
PUBLIC
HEALTH



Policy Priorities

COMMUNITY ENGAGEMENT & POLICY DIVISION

Support Public Health Capacity & Infrastructure

Nationwide, state and local governments allocate less than 3% of their total expenditures to public health (Weber et al., 2020). In 2023, 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, 2025). 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).

High-performing public health departments use data-driven, evidence-based practice to be good stewards of public money and address community priorities. Delivering services in their communities at this level requires a strong foundation of public health infrastructure. 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).

Beyond ongoing funding challenges, state and federal actions have affected local health departments' ability to fully leverage their expertise and protect the communities they serve. Following the COVID-19 pandemic, many states, including Missouri, enacted changes that limited certain local public health authorities, reducing flexibility in responding to

communicable disease threats. At the federal level, recent leadership transitions have coincided with inconsistent and unclear public health messaging from the Centers for Disease Control on issues such as vaccination, despite decades of established research and scientific consensus.

To ensure local health departments have the capacity and flexibility to effectively protect their communities, state and local officials must continue to recognize public health as an essential public service and commit to stable, long-term funding so communities remain safe, resilient, and healthy.

LOCAL

- 1. Ensure sustainable funding to maintain a strong, skilled, public health workforce, and modern systems capable of protecting communities from current and emerging health threats.*

STATE OF MISSOURI

- 1. Fully fund the Missouri Department of Health and Senior Services' (DHSS) budget request, including core aid to LPHAs, to ensure the state's public health system is equipped to meet current and emerging health needs.*
- 2. Preserve existing, science-based vaccination requirements for school entry to safeguard community health.*
- 3. Preserve the ability of local governments to implement and enforce public health policies, such as tobacco and alcohol regulations, housing codes, communicable disease controls, and other safety measures, based on community needs.*

Improve Overdose Reporting and Response

Opioid overdoses – both fatal and nonfatal – place a heavy burden on Missouri’s healthcare system and emergency services. Each emergency room visit for an overdose costs taxpayers an estimated \$3,000, and in 2023, Missouri’s hospitalizations due to opioid overdoses were twice the national rate (Halloran, 2025; Missouri Department of Health and Senior Services, 2024). When nonfatal opioid overdoses go unreported, the consequences are both immediate and long-term. Survivors of nonfatal overdoses remain at high risk for future, potentially fatal, incidents (Hood et al., 2023). Missed opportunities for intervention increase the likelihood of continued chaotic substance use and repeated overdoses, further straining emergency medical services (EMS), emergency departments, and behavioral health systems. From an economic perspective, unreported overdoses lead to underestimates in service demand, limiting effective budgeting and resource planning. This results in a reactive, rather than proactive, public health response, and ultimately increases costs due to emergency care, criminal justice involvement, and lost productivity.

While both fatal and nonfatal overdoses may be reported through hospital or emergency department International Classification of Disease (ICD) codes, and trickled down to state or local health officials eventually, the lag in reporting makes it hard for health departments and other harm reduction partners to deploy resources effectively. In Missouri, for example, there is currently an 18-month delay between the most recent overdose data and the present date. The current system also misses nonfatal overdoses that are treated outside of emergency departments or hospitals. As of 2023, 21 states require healthcare providers and other entities to report nonfatal overdoses to state health officials in a more

immediate process (The Network for Public Health Law, 2023).

In addition to more timely reporting requirements at the state level, improved local-level data sharing between hospitals, EMS agencies, medical examiners, harm reduction organizations, and health departments is critical for an effective response. Establishing clear data-sharing agreements and consistent reporting processes would help local partners integrate information on both fatal and nonfatal overdoses, reducing blind spots and allowing for a more accurate understanding of community needs. Access to timely, high-quality data enables local health departments and their partners to deploy targeted interventions, such as naloxone distribution, peer response teams, mobile outreach, and linkage to medication for opioid use disorder, when and where they are most needed. Ultimately, modernized and integrated data systems support a proactive, rather than reactive, public health approach to the opioid crisis.

LOCAL

- Establish processes for timely, comprehensive overdose data sharing to inform and enhance prevention efforts.*
- Support the creation of a multidisciplinary opioid fatality review board to identify system gaps and prevent future overdose deaths.*

STATE OF MISSOURI

- Join 21 other states in requiring suspected and confirmed opioid overdoses to be reported as a public health condition, enabling faster, data-driven response and prevention efforts.*

InCoLab Policy Priorities

Powered by Jackson County Public Health, InCoLab is a network of people working across systems to solve complex, community-identified health challenges and achieved shared goals. The network has identified the following priority areas: **Housing & Economic Stability, and Mental & Behavioral Health.**

INCOLAB POLICY PRIORITY I

Increase Access to Healthy and Affordable Housing

The Housing & Economic Stability Lab have identified policy levers to improve healthy and affordable housing outcomes in Eastern Jackson County. Housing is one of the most critical social determinants of health. Research identifies four primary pathways through which housing affects health: stability, quality and safety, affordability, and neighborhood (Braveman et al., 2011; Taylor, 2018). The Housing & Economic Stability Lab is primarily focused on the quality and safety, and affordability pathways.

Housing is a key factor for health and quality of life. Poor quality housing can contribute to a wide array of physical and mental health problems and is associated with overall lower psychological well-being (ChangeLab Solutions, 2022; Jones-Rounds et al., 2014). Housing issues such as water leaks, poor ventilation, dirty carpets and pest infestation can lead to an increase in mold, mites and other allergens associated with poor respiratory health outcomes (Braveman et al., 2011). Tenants, who are more likely than homeowners to live in older housing, face higher housing-related concerns, which can contribute to reduced life expectancy (Forrest & Patterson, 2022).

In addition, a significant number of residents – 42% of renters and 20% of homeowners – in Eastern Jackson County are cost-burdened, spending more than 30% of their household income on housing (Jackson County Public Health, 2023). This financial strain limits their ability to afford other essentials. Low-income, cost-burdened families are less likely to have a usual source of medical care and are more likely to postpone needed treatment. Cost-burdened renters are also more likely to have trouble affording food and other basic needs (Taylor, 2018).

Given these impacts, policies that would improve both the quality and affordability of housing options in Eastern Jackson County were identified as key strategies to advance InCoLab's goals.

LOCAL

- 1. Support policies that establish and strengthen rental inspection programs to ensure safe, healthy, and code-compliant housing.*
- 2. Support zoning reforms that expand housing options and promote affordability across income levels, ensuring more people have access to safe, stable homes.*

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