



# POLICY AGENDA

KANSAS 2024 | 2025



## HEALTH FORWARD FOUNDATION'S AGENDA FOR SYSTEMS LEVEL CHANGE

Since Health Forward was founded, policy and advocacy have been essential in advancing our mission. Health Forward recognizes policy and advocacy work as the necessary means to achieve health equity and secure a fair and just region for our communities of focus. We believe that inclusive, powerful, and healthy communities characterized by racial equity and economically just systems can be our shared reality when we work together to reshape policies and rebuild systems. Our advocacy work, paired with our leadership and resources, is designed to amplify the power that exists within our communities of focus. Within our communities of focus, we prioritize:

- People of color whose health outcomes are shaped by structural racism and other socioeconomic conditions; and
- People in rural areas where systemic barriers hinder optimal health

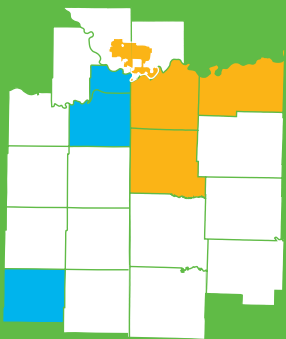
### **Health Forward's Purpose**

Every day we work to support and build inclusive, powerful, and healthy communities characterized by racial equity and economically just systems.

We believe all communities deserve a quality of life determined and driven by the people who live in them. Our advocacy work serves our collective interests by leading with **equal emphasis on data and the stories of people who desire and deserve healthy long lives.**

**The policy and advocacy support we offer – either directly through our own advocacy or through funding to organizations and community-driven movements – has been fueled by and co-designed with the communities we serve.**

## HEALTH FORWARD SERVICE AREA



### KANSAS

Allen County  
Johnson County  
Wyandotte County

### MISSOURI

Cass County  
Jackson County  
Lafayette County  
Kansas City, Missouri  
*(including portions of Clay and Platte counties)*

We focus our efforts in urban, rural, and suburban communities within our bi-state service area of Kansas and Missouri. These communities encompass Allen, Johnson, and Wyandotte counties in Kansas and all of Kansas City and Cass, Jackson, and Lafayette counties in Missouri. We also engage in statewide and select federal issues that significantly improve the health of our communities in our service area.

Since we began partnering with nonprofit organizations in 2005, we have awarded more than \$361 million to more than 590 organizations – all to improve health care access, health outcomes, and quality of life for the communities we support. Our leadership, advocacy, and resources have been leveraged by stakeholders from grassroots organizations to grass-tops entities, including partnerships with governments, Chambers of Commerce, corporations, and our peer foundations to maximize impact.

**SINCE 2005**  
**\$361** million awarded  
to over **590 organizations**



Scan to access legislative district infographics for use in your policy and advocacy work on both sides of the state line.

## HERE ARE A FEW RECENT EXAMPLES OF OUR POLICY AND ADVOCACY WORK

- Securing and protecting Medicaid expansion in Missouri
- Ongoing advocacy work to expand Medicaid in Kansas
- Successfully campaigning for the “Right to Counsel” for legal services for people facing evictions in Kansas City, Missouri
- Successfully litigating Children’s Rights lawsuit in Kansas to support the mental health needs of children in foster care
- The establishment of an office of race equity in Kansas City, Missouri
- Supporting migrant farm workers in Lafayette County, Missouri
- Supporting advocacy toward the credentialing and reimbursement of services for community health workers in Missouri and Kansas
- Providing financial and technical assistance for community mobilizing and voter engagement efforts among grassroots nonprofits in both Kansas and Missouri.

**Our policy and advocacy work addresses the political factors that influence health.**

We aim to influence thoughtful and equitable policies and practices at all levels of government, and in all organizations and institutions in our service area. We are intentionally expanding our policy work beyond public policy to also impact health-related corporate and institutional policies and practices, like diversifying the workforce pipeline in the health sciences and paid time off for voting.



In the years ahead, Health Forward will work to influence policy and advance systems change that is in service to our purpose through direct policy and advocacy work and field support. We will:

1. Engage the people in our communities to ensure the will and voice of our communities of focus are centered in our work
2. Support organizations, coalitions, and institutions in collaborating on shared policy and civic engagement objectives
3. Invest in opportunities that increase participation in democracy, boost civic engagement, and help people stay informed on policy issues and advocacy strategies that affect health outcomes
4. Support educational efforts that equip nonprofit organizations and individuals with the knowledge, skills, rules, and strategies of effective advocacy
5. Educate community members, civic leaders, and government officials on key issues included in our policy agenda
6. Influence corporate and institutional policies and practices related to health
7. Track and provide legislative updates to our partners and the community
8. Conduct policy research and analysis to provide data and messaging around our policy priorities
9. Create awareness about our policy priorities through various communication channels, including advertising, published articles, opinion pieces, position papers, public statements, blog posts, and podcasts
10. Partner with elected and appointed officials in introducing public policy that aligns with our policy agenda
11. Lobby and provide testimony at legislative and administrative hearings
12. Build relationships with elected and appointed officials
13. Support litigation and friend of court briefs involving legal issues related to our policy agenda
14. Support issue campaigns that align with our policy interests and priorities

**Health Forward orients our policy and advocacy work around our four purpose areas: People, Power, Place, and Platform.**

Our direct engagement in advocacy recognizes that power is, and continues to be, situated within institutions and organizations like ours. Our continued work to share our power with the communities we believe in and support is an acknowledgment that all power ultimately belongs to the people.

Health Forward supports and advances policies that secure a fair and just future where:

1.

## People can easily access safe, quality, and affordable whole-person care

Equitable access to safe, quality, culturally responsive and affordable whole-person care is critical to the economic security of Kansans and the state economy. Securing KanCare expansion is a critical component to improving public health and accessing the associated cost-benefits. States that have expanded Affordable Care Act coverage have benefited in a variety of ways. Increased access to better quality health care and health coverage has been proven to decrease medical debt, increase credit scores, and decrease eviction rates.<sup>1</sup> Additionally, expansion states have saved

### What our communities told us to prioritize

“[Viewing] Community Health Workers as health investment and bridges to services.”

money. Early expansion states have saved more than four percent on the program.<sup>2</sup> For example, Michigan has saved approximately one billion and Arkansas has saved more than \$400 million in the first few years of implementation.<sup>3</sup>

Research indicates that if Kansas expanded KanCare, the state economy would experience an estimated \$17 billion increase in economic activity.<sup>4</sup> Around 150,000 Kansans would gain health insurance,<sup>5</sup> over one-third of whom are people of color. Additionally, many prospective beneficiaries live in rural areas, where thousands of rural white Kansans would also gain coverage.<sup>6</sup>

In Kansas, a family of three with a household income around \$8,250 makes too much money to qualify for KanCare coverage, leaving many hardworking Kansans without an affordable option for health insurance.<sup>7</sup> Lack of insurance coverage contributes to a difference in life expectancy of over nine years between white Kansans and Native Americans, who experience the lowest life expectancy from

birth in Kansas.<sup>8</sup> Rural Kansans also have a life expectancy about one year less than urban Kansans.<sup>9</sup> During the COVID-19 public health emergency, KanCare participation increased by approximately 20 percent given greater flexibility in allowing people to remain enrolled without annual renewal. Many of these families face losing coverage once the federal public health emergency declaration ends and mandatory redeterminations for eligibility resumes.

**Although public health resources increased during the pandemic, Kansas still only spends \$15 per person on public health – which is below a state high of \$19 per person in 2008 and well below the average of about \$40 per person in neighboring states.<sup>10</sup>**

Kansans’ access to care is also hindered by a severe workforce shortage. For example, over 20 percent of nursing positions are vacant and there is a shortage of health care workers across the board.<sup>11</sup> In our service area, Wyandotte County and rural areas like Allen County also suffer from health care workforce shortages.<sup>12</sup> Rural parts of Kansas need an additional 83 primary care physicians each year to fill the void in health care worker shortages.<sup>13</sup> Recruiting and retaining rural doctors in specialty care is also a challenge as they are more likely to move to non-rural areas as their careers advance.<sup>14</sup> Kansas has lost four hospitals in the past several years and 34 rural hospitals are at risk of closing.<sup>15</sup>

Community health workers play a key role in providing culturally affirming care, care coordination, social support and advocacy for our rural and urban residents who earn low wages and face other barriers to accessing non-emergency care, resulting

in cost savings and improved health outcomes. A 2020 study found each dollar Pennsylvania invested in its community health worker program would have a \$2.47 return on investment to an average Medicaid payer within the fiscal year.<sup>16</sup>

Lack of insurance coverage and hospital closures also contribute to rising maternal mortality rates. Kansas women living in ZIP codes where most people are paid low wages are more likely to experience severe maternal

morbidity.<sup>17</sup> In Kansas, Black women have a 53.6 percent greater risk of severe maternal morbidity than white female Kansans — a significantly higher rate than any other race

or ethnicity.<sup>18</sup> Black infant mortality rates are almost 17 deaths per 1,000 live births, which is over three times the rate of white babies (4.9) and 2.5 times Latino babies (7.0). Additionally, Black mothers with an associate's degree or higher have roughly equivalent infant mortality rates to white mothers with a high school diploma or less (7.0 compared to 7.74).<sup>19</sup> These unacceptable data highlight misinformation, notions, and narratives which espouse that low income and other socioeconomic factors are the reason black mothers are dying at significantly higher rates than white mothers in their perinatal period. Conversely, these data and similar national data highlights racism, not race, as a key influencer of health for black mothers.

Access to health care via digital means can be a significant factor in using preventive and other health care. States that expanded their telehealth coverage during the pandemic saw a 20.5 percent increase in telehealth service delivery from March 2020 to February 2021. Telehealth is now used at levels 38 times higher than pre-pandemic levels.<sup>20</sup> Studies support that the provision of real-time video

home health care and the virtual delivery of education to patients with chronic diseases is less costly and equally effective as in-person delivery.

Access to affordable, healthy whole food as both preventive and life sustaining health care is also challenging for many Kansans. Nearly 500,000 Kansans live in areas designated as food deserts. That's an increase of close to 8,000 people from 2015.<sup>21</sup> For these residents, farmers markets and convenience stores are the only accessible options. Access to healthy food options directly impacts people's health and improves health outcomes related to obesity, heart disease, Type-2 diabetes, and others.<sup>22</sup> Several states are reimbursing food as medicine in their Medicaid programs. For example, North Carolina offers reimbursement to their managed care contractors for healthy foods and medically-tailored meals.<sup>23</sup> Medically-tailored meal programs have been associated with improvement in a variety of health services and patient health outcomes, such as fewer inpatient admissions and reduced health care costs as well as reduced food insecurity and stable or reduced body mass index.<sup>24</sup>

## What our communities told us to prioritize

"A lot of folks don't advocate for more mental health for families since there isn't a great deal of BIPOC therapists and it will take a while to build the workforce."

## For these reasons, Health Forward will work to influence policies and governmental investments that ensure:

- Health care is affordable, accessible, and high-quality – ensuring, there is no quality without equity, and no equity without quality
- Healthy, whole foods are affordable, accessible, and reimbursable by payers for their medicinal qualities
- Health care, in all its forms, is provided by a culturally responsive, diverse, and anti-racist health care workforce
- Community health worker services are reimbursable by payers and regarded as health care
- Telehealth services achieve parity in care and coverage and are continuously reimbursable for health care providers

Health Forward supports and advances policies that secure a fair and just future where:

2.

## Participation in our democracy and policy making process improves health outcomes

In our society, freedom means self-determination. And in a representative democracy, self-determination means economic opportunity and fair and just representation in our elected bodies.

The first opportunity for many Kansans to engage in our democracy is in exercising their right to vote. As of May 2022, six states passed restrictive voting legislation.<sup>25</sup> The Kansas legislature considered a number of such bills, ranging from purging voter rolls to limiting the number of ballot drop boxes.

Studies suggest that voting can impact a range of factors that impact health, from access to health insurance to reduced risk of chronic illnesses like cancer.<sup>26</sup>

**In 2022, the National Medical Association and the American Medical Association have accordingly deemed voting access and voting rights a social determinant of health.<sup>27</sup>**





Health Forward Foundation has understood and prioritized this connection since 2019 with the launch of policy and civic engagement funding and community investments.

National health crises, like the COVID-19 pandemic, require quick and reasonable action from public health experts. Local jurisdictions must be trusted, nimble, and responsive to residents' needs and maintain reasonable ability to make local policy and decisions.

For these reasons, Health Forward will work to influence policies that ensure:

- All citizens can vote and participate in the democratic process without barriers
- All citizens are fairly represented in and by our elected bodies
- Local jurisdictions have reasonable authority to promote and protect public health



Health Forward supports and advances policies that secure a fair and just future where:

3.

## Our communities are healthy places where people fully participate in the digital economy and build wealth through safe, quality, and affordable housing and homeownership

Homeownership remains a primary opportunity for most Americans to generate wealth. People who own their home had a median net worth of \$255,000 — 40 times that of the \$6,300 median net wealth of renters.<sup>28</sup> Rates of homeownership — which play a significant role in building wealth — vary along racial lines. While approximately 72 percent of white people own their homes, that number decreases to about 42 and 48 percent of Black and Latino people, respectively.<sup>29</sup> What's more, for people of color who do own their homes, it represents a larger share of their total wealth than for white homeowners.<sup>30</sup>

The median home cost in suburban Johnson County is about \$400,000 and \$109,000 in rural Allen County.<sup>31</sup> Since 2000, home prices in Johnson County have doubled and in Allen County they've gone up by almost 60 percent after adjusting for inflation.<sup>32</sup> For both counties,

housing costs have outpaced growth in median household income which grew only by 37 percent in Johnson County and about 50 percent in Allen County.<sup>33</sup>

### What our communities told us to prioritize

“Connecting puzzle pieces and leaning into ‘and’ instead of ‘or’, [such as] housing funding models and education and wrap around supports and maintenance/repairs, etc.”

Many communities face a shortage of available affordable housing. Statewide, there is a shortage of almost 51,000 affordable and available rental homes for renters earning extremely low incomes.<sup>34</sup> Twenty-three percent of renter households earn a household income of less than \$26,200 per year, nearly \$10,000 less than they would need to earn to afford a two-bedroom rental home at HUD's fair market rent.<sup>35</sup>

Many renters in Kansas are burdened by the cost of their housing, spending more than 30 percent of their household income on their living arrangements.

**Nearly 55 percent of Black renters in Kansas are cost burdened, compared to 42 percent of Latinos and 40 percent for white people.<sup>36</sup>**

68 percent of Kansans earning extremely low wages are severely cost burdened.<sup>37</sup>

The ability to afford a safe and quality home frees up household income for other needs, including health care access. People living without quality, affordable housing tend to have worse outcomes in chronic disease and mental health.<sup>38</sup>

What our communities  
told us to prioritize

“People are losing their homes for less than \$3,000 or \$5,000 in back taxes...These are largely aging adults who have invested in their community for decades.”

Our modern economy is largely digital. Job opportunities, learning at all levels, precision agriculture, access to and the provision of telehealth, social interactions, small and large business operations, news consumption, and participation in public hearings and community conversations increasingly occur online. Yet over one-third of Kansans seeking work lack crucial digital skills.<sup>39</sup> About 68,000, or 76 percent, of all job openings in Kansas require digital skills.<sup>40</sup> At least one million Kansans lack broadband infrastructure in their communities, mostly concentrated in rural areas.<sup>41</sup> While almost 86 percent of school districts in urban and suburban Kansas have high levels of connectivity, just below 40 percent of districts in rural Kansas do.<sup>42</sup>

For these reasons, Health Forward will work to influence policies that ensure:

- Safe housing and homeownership are available, affordable, and attainable
- Housing policies reduce racial home ownership gaps, create mixed income neighborhoods, and protect against displacement
- The digital economy, and the tools and training required to use it, is available, affordable, and accessible



Health Forward supports and advances policies that secure a fair and just future where:

4.

# Community health is influenced by systems, policies, and stories that promote racial equity and economic inclusion

Kansas is made up of many diverse communities that all have unique strengths. The primary strength in any community is its people. And people of color and people living in rural areas have many similarities that are often overlooked.

Health injustice is rooted in racism and economic exclusion. Research indicates that while 20 percent of our health outcomes are attributed to our access to quality clinical care, 80 percent of our health outcomes are related to social, economic, and behavioral factors such as our access to education, employment, good wages, family and social support, and the safety of our communities.<sup>43</sup>

Health injustice is difficult to identify and strategically address without disaggregated data. When data is disaggregated, it allows better decisions to be made about resource allocation, more efficient resource use, and better health access and outcomes.<sup>44</sup>

**Over 50 municipalities and three states have declared racism a public health crisis to focus policymaking and resources toward solutions that reduce health injustice caused by systemic racism at all levels of society.<sup>45</sup>**

**What our communities told us to prioritize**

“Pick a policy issue and you’ll find black and brown families disproportionately burdened. We know that when we fix policies for BIPOC, everyone benefits.”

“Data can support the actions of local community advocates and policy makers. The greater ability we have to break it up to smaller units [by disaggregating] will increase use.”

**For these reasons, Health Forward will work to influence policies that ensure:**

- Race, because of racism, no longer influences health outcomes
- Racial equity is pursued in all policies
- Disaggregated public health data centers racial and ethnic identities and leads to more equitable resource allocation and the eradication of health injustices



## Sources

- <sup>1</sup>“The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion.” Center on Budget and Policy Priorities. October 21, 2020. Found at: <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid-expansion#4>
- <sup>2</sup>“The Impact of Medicaid Expansion on States’ Budgets.” Bryce Ward, The Commonwealth Fund. May 5, 2020. Found at: <https://www.commonwealthfund.org/publications/issue-briefs/2020/may/impact-medicaid-expansion-states-budgets>
- <sup>3</sup>“The Impact of Medicaid Expansion on States’ Budgets.” Bryce Ward, The Commonwealth Fund.
- <sup>4</sup>“Briefing Book on KanCare Expansion: 2022.” Alliance for a Healthy Kansas. Found at: <https://expandkancare.com/wp-content/uploads/2022/01/FINALonline-2022-BriefingBook.pdf>
- <sup>5</sup>“Briefing Book on KanCare Expansion: 2022.” Alliance for a Healthy Kansas.
- <sup>6</sup>“Who Could Medicaid Reach with Expansion in Kansas?” Kaiser Family Foundation, Medicaid Expansion Fact Sheets. February 10, 2021. Found at: <https://files.kff.org/attachment/fact-sheet-medicaid-expansion-KS#:~:text=If%20Kansas%20were%20to%20expand,historically%20excluded%20from%20Medicaid%20eligibility>
- <sup>7</sup>“Briefing Book on KanCare Expansion: 2022.” Alliance for a Healthy Kansas.
- <sup>8</sup>Analysis of 2019 life expectancy data available at the Institute for Health Metrics and Evaluation at the University of Washington School of Medicine. Accessed Oct. 4, 2022. Found at: <https://www.healthdata.org/>
- <sup>9</sup>2019 life expectancy data available at the Institute for Health Metrics and Evaluation at the University of Washington School of Medicine.
- <sup>10</sup>SHADAC analysis of public health expenditures of the Kansas budget, State Health Compare, SHADAC, University of Minnesota, [statehealthcompare.shadac.org](http://statehealthcompare.shadac.org), Accessed Oct. 5, 2022.
- <sup>11</sup>Workforce Data, Kansas Hospital Association. Accessed on Oct. 5, 2022. Found at: <https://www.kha-net.org/CriticalIssues/HealthCareWorkforce/WorkforceData/>
- <sup>12</sup>“Health Professional Shortage Areas.” Kansas Hospital Association. Accessed: October 12, 2022. Found at: <https://www.kha-net.org/DataProductsandServices/STAT/Workforce/HealthProfessionalShortageAreas/>
- <sup>13</sup>“Health Professional Shortage Areas.” Kansas Hospital Association.
- <sup>14</sup>“Factors and Outcomes in Primary Care Physician Retention in Rural Areas.” 2010. M. Glasser, et al, *South African Family Practice* 52(4). Found at: <https://www.tandfonline.com/doi/df/10.1080/20786204.2010.10874002?needAccess=true&cookieSet=1>
- <sup>15</sup>“Briefing Book on KanCare Expansion: 2022.” Alliance for a Healthy Kansas.
- <sup>16</sup>“Penn’s Community Health Worker Program Yields \$2.47 for Every \$1 Invested Annually by Medicaid.” *Penn Medicine News*. February 7, 2020. Found at: <https://www.pennmedicine.org/news/news-releases/2020/february/penns-community-health-worker-program-yields-247-forevery-1-invested-annually-by-medicaid>
- <sup>17</sup>“Kansas Maternal Mortality Report, 2016-2018.” Kansas Maternal Mortality Review Committee. December 2020. Found at: [https://kmmrc.org/wp-content/uploads/2022/07/KS-Maternal-Morbidity-Mortality-Report\\_Dec-2020\\_FINAL.pdf](https://kmmrc.org/wp-content/uploads/2022/07/KS-Maternal-Morbidity-Mortality-Report_Dec-2020_FINAL.pdf)
- <sup>18</sup>“Infant Mortality Report: 2020.” Kansas Department of Health and the Environment: Division of Public Health. Accessed: October 7, 2022. Found at: <https://www.kdhe.ks.gov/DocumentCenter/View/24431/Infant-Mortality-Report-2020-PDF>
- <sup>19</sup>“Infant Mortality Report: 2020.” Kansas Department of Health and the Environment: Division of Public Health.
- <sup>20</sup>“Telehealth: A quarter-trillion-dollar post-COVID-19 reality?” Oleg Bestsenny, Greg Gilbert, Alex Harris, and Jennifer Rost – McKinsey and Company. Published July 9, 2021. Found at: <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>
- <sup>21</sup>“State-level Estimates of Low Income and Low Access Populations.” USDA Economic Research Service. Last updated September 2019. Found at: <https://www.ers.usda.gov/data-products/food-access-research-atlas/state-level-estimates-of-low-income-and-low-access-populations/>
- <sup>22</sup>“Chronic Disease Fact Sheets: Poor Nutrition.” National Center for Chronic Disease Prevention and Health Promotion. Accessed Oct. 5, 2022. Found at: <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm#:~:text=Adults%20who%20eat%20a%20healthy,these%20conditions%20and%20avoid%20complications.>
- <sup>23</sup>“States are Advancing Healthy Food Policies in 2020.” Amy Clary, National Academy for State Health Policy. February 18, 2020. Found at: <https://www.nashp.org/states-are-advancing-healthy-food-policies-in-2020/>

- <sup>24</sup>“Food is Medicine Research Action Plan.” S. Downer et al., Food & Society: Aspen Institute. January 27, 2022. Found at: [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf)
- <sup>25</sup>“Voting Laws Roundup: May 2022.” Brennan Center for Justice. May 26, 2022. Found at: <https://www.brennancenter.org/our-work/research-reports/voting-laws-roundup-may-2022>
- <sup>26</sup>“Voting is significant determinant of health, US medical association declares.” The Guardian, July 14th, 2022. Found at: <https://www.theguardian.com/us-news/2022/jul/14/voting-health-us-medical-association>
- <sup>27</sup>“Voting is significant determinant of health, US medical association declares.” The Guardian.
- <sup>28</sup>“Homeownership Remains Primary Driver of Household Wealth.” Fan-Yu Kuo, National Association of Home Builders. February 16, 2021. Found at: <https://eyeonhousing.org/2021/02/homeownership-remains-primary-driver-of-household-wealth/>
- <sup>29</sup>“Racial Homeownership Rates Vary across the Most Commonly Cited Datasets. When and Why Should You Use Different Ones?” Choi, Jung Hyun and Hyojung Lee. Urban Institute. December 8, 2021. Found at: <https://www.urban.org/urban-wire/racial-homeownership-rates-vary-across-most-commonly-cited-datasets-when-and-why-should-you-use-different-ones>
- <sup>30</sup>“Homeownership Remains Primary Driver of Household Wealth.” Fan-Yu Kuo, National Association of Home Builders.
- <sup>31</sup>Data derived by google searching ‘Housing Prices in \_\_\_\_ county’ and looking at median home price listing in the dashboards for the respective webpages at [www.realtor.com](http://www.realtor.com). Accessed October 7, 2022.
- <sup>32</sup>“All-Transactions House Price Index for Johnson and Allen Counties, Kansas.” St. Louis Fed (FRED Economic Data). Accessed October 7, 2022. Found at: [www.fred.stlouisfed.org](http://www.fred.stlouisfed.org).
- <sup>33</sup>“Estimate of Median Household Income for Johnson and Allen Counties, Kansas.” St. Louis Fed (FRED Economic Data). Accessed October 18, 2022. Found at: [www.fred.stlouisfed.org](http://www.fred.stlouisfed.org).
- <sup>34</sup>“Housing Needs by State: Kansas.” National Low Income Housing Coalition (NLIHC). Accessed: October 24th, 2022. Found at: <https://nlihc.org/housing-needs-by-state/kansas>
- <sup>35</sup>NLIHC, “Housing Needs by State: Kansas.”
- <sup>36</sup>“Renter Cost Burdens by Race and Ethnicity, Kansas” Joint Center for Housing Studies of Harvard University. Accessed: October 7, 2022. Found at: [https://www.jchs.harvard.edu/ARH\\_2017\\_cost\\_burdens\\_by\\_race](https://www.jchs.harvard.edu/ARH_2017_cost_burdens_by_race)
- <sup>37</sup>NLIHC, “Housing Needs by State: Kansas.”
- <sup>38</sup>“How can housing influence health?” by Louise Morales-Brown. Medical News Today. May 13, 2021. Found at: <https://www.medicalnewstoday.com/articles/housing-and-health>
- <sup>39</sup>“State Digital Equity Scorecard: Kansas.” National Digital Inclusion Alliance. Accessed: October 18, 2022. Found at: [https://state-scorecard.digitalinclusion.org/scorecard/by\\_state/KS](https://state-scorecard.digitalinclusion.org/scorecard/by_state/KS).
- <sup>40</sup>“State Digital Equity Scorecard: Kansas.” National Digital Inclusion Alliance.
- <sup>41</sup>“Speed Test Surveys Show 1 Million Kansans May Have Inadequate Internet.” University of Kansas, Institute for Policy and Social Research. March 23, 2022. Found at: <https://news.ku.edu/2022/03/23/speed-test-surveys-show-1-million-kansans-may-have-inadequate-internet>
- <sup>42</sup>“Internet Connectivity Across Kansas.” Institute of Education Sciences. September 3, 2020. Found at: <https://ies.ed.gov/ncee/edlabs/projects/covid-19/documents/pdf/KS-internet-connectivity-508.pdf>
- <sup>43</sup>“Social Determinants of Health: The Unaddressed Variable Accounting for 80% of Health Outcomes.” Ivy Xiwen Deny and Polly Shih. September 18, 2020. CareJourney. Found at: <https://carejourney.com/social-determinants-of-health/>
- <sup>44</sup>“Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health.” Victor Rubin, et al., PolicyLink. August 2018. Found at: [https://www.policylink.org/sites/default/files/Counting\\_a\\_Diverse\\_Nation\\_08\\_15\\_18.pdf](https://www.policylink.org/sites/default/files/Counting_a_Diverse_Nation_08_15_18.pdf)
- <sup>45</sup>“Why Declaring Racism a Public Health Crisis Matters.” Harvard University T.H. Chan School of Public Health, 2020. Found at: <https://www.hsph.harvard.edu/news/hsph-in-the-news/racism-public-health-crisis-bassett/>

# A special thank you and acknowledgement

to these organizations for informing our policy agenda through one-on-one  
conversations and our community sensemaking sessions.

Benilde Hall

Cass Community Health Foundation

CommCare

Community Capital Fund

Community Health Council  
of Wyandotte County

Community LINC

Della Lamb

Developing Potential

El Centro

Footprints

Groundwork NRG

Harris Park

Harvesters

HCC Network

HCC of Lafayette County

Hope House

Jackson County CASA

Jobs with Justice

Kansas Action for Children

Kansas City Medical Society

Kansas City Public Library

Kids Win Missouri

Legal Aid of Western MO

LISC

Madam President Camp

Missouri Voter Protection Coalition

Missouri Workers Center

MO Coalition for Oral Health

MORE2

Neighborhood Legal Support

Nourish KC

Oral Health Kansas

REACH Foundation

Reconciliation Services

reStart, Inc.

Rose Brooks

Rosedale Development Association

SchoolSmartKC

Start at Zero

The Children's Place

Thrive Allen County

United Community Services  
of Johnson County

Urban League of Greater KC

Veronica's Voice



[healthforward.org](http://healthforward.org)