

LDCPH Policy Agenda Recommendation

A long-term aspiration of LDCPH and our Academic Health Department partners relationship we are proposing a multi-year Agenda that is tied to driving health equity, health indicators, and the Community Health Plan. Adoption of a policy agenda supports a more proactive and prioritized communication stance on a wider range of issues that impact social determinants of health.

Policy Agenda Crosswalk to related health indicator and connection to the CHP:

Proposed Policy and Related Action	Related Health Indicator	Connected to the CHP (Yes, No, or Indirectly)
Affordable Transportation (e.g. Fare Free Public Transportation) <i>Be ready with HEIA Discern position of new Transportation Director</i>	Improve the Environmental Quality Index (Long-term)	Yes (Policy only)
Reduce sales tax on food <i>Be prepared to support state level policy adoption</i>	Reduce household food insecurity	Yes (Health Indicator only)
Quality pre-K (Universal Quality Pre-K) <i>Work with Anti- poverty planning CHP process and consider separate coalition.</i>	Improve the 4 th grade reading level Reduce the proportion of persons living in poverty (Long-term)*	Likely connected to anti-poverty segment
Living Wage <i>Focus point of intervention at the organization level Develop a registry</i>	Reduce the proportion of persons living in poverty	Likely connected to anti-poverty segment
Safe Routes To School (SRTS) <i>Point of intervention is ongoing effort with Schools/City/District</i>	Reduce the proportion of children and adolescents aged 2 to 19 who have obesity	Yes (Both policy and health indicator)

**Pre-school has been linked to increases in lifetime earning potential.*

AFFORDABLE TRANSPORTATION

Summary: In every effort to gather qualitative data regarding obstacles for our residents living in poverty dependent upon social services Transportation is identified. Usually this is tied to affordability and accessibility to social service supports transportation identified in our community. Local evidence regarding the impact on affordability and accessibility of transportation is not readily available aside from resident and Human Services organizations consistent qualitative impact statements.

The following policy options to advance within this issue area are worthy of consideration:

- Fare Free Public Transportation, or
- Fare based on Ability to Pay

Strategic considerations: What would be LDCPH's role in advancing this policy: We see this as a short term and a long-term potential partnering role: From a short term and possibly ready alignment with local commission priorities the City Commission has identified the possibility of Free Fares. Currently LDCPH attention has focused on other aspects of T2040; SRTS, and historically; pedestrian elements of the plan (trails and sidewalks). Local revenue is tied to the recently adopted tax from 2019 – 2029, which is generating 4.2 million dollars of revenue/yr. But the budget for transit alone is 8.25 million. For the LDCPH and a longer-term role to support analysis of shifting to a "mobility as a service" principle that moves from an orientation of bus management to destination service lens, the following could be considered.

- Organizations within the Human Services Coalition or the Coalition as a whole along with the municipal director for transportation services.
- Mayor Jennifer Ananda public comment regarding interest in fare review.
- Potential barriers are revenue implications regarding dependence on current fares; e.g. Of an annual budget of transit operations (8.25 million) only \$400,00 or just under 5% is collected in fares. While that is a small percentage is it one more almost half million dollar need in competition with public budget interests/demands.
- An ability to pay option that recognizes enrollment in other safety net programs (WIC, SNAP, KanCare, etc.) may be more palatable but the administrative logistics may not take out enough administrative logistics to reduce current administrative expenses. – would need to be explored.

Timeline: 2020 with immediate follow-up with city staff and inquiry to Transportation Commission upon Board of Health Adoption.

REDUCE SALES TAX ON FOOD

Summary: Data and other types of information suggest state and local sales tax on groceries impact health directly and indirectly. Given the current discussion at a state level the LDCPH recommends that a commitment to Provide education and encouragement in support of eliminating the state sales tax on groceries be considered.

Several factors influence the dietary behaviors of Douglas County residents, ranging from individual-level factors to policy-level policies. Increasingly, public health practitioners and advocates recognize the impact of the broader policy and built environments on health behaviors. For the issue of healthy eating, these factors may include access to healthy food and affordability of healthy foods. Cost of foods has been identified as a top driver of food choices (Glanz et al, 1998).

The costs of food absorbed by residents of Douglas County and Kansas are different than other places in the United States, because Kansas is one of only 10 states in which groceries and food are taxable items according to state sales tax regulations. Because state sales tax applies to groceries, local sales tax policies are also applied to groceries purchased Douglas County. **The state sales tax rate is 6.5%, but the**

City or County Where Sales Were Delivered	Total Tax Rate
Baldwin City	9.000%
Douglas County	7.750%
Eudora	9.500%
Lawrence	9.300%
Lawrence 9th & New Hampshire TDD	10.300%
Lawrence Free State TDD	10.300%
Lawrence Oread TDD	10.300%
Lecompton	9.500%

additional local sales tax varies significantly across Douglas County. Table 1 displays the sales tax rate across Douglas County. These tax rates vary between 7.75% to 10.3%. The table includes rates for Lawrence’s three Transportation Development Districts (TDD), but it should be noted that only one full-service grocery store (Sprouts in the Lawrence Free State TDD) exists within the three TDDs.

Strategic Considerations: LDCPH is well-positioned to support the policy development options identified above, both directly and in support of local partners working to address this issue at a state level. The presence of access to healthy foods in the Community Health Plan suggests this topic is appropriate, and current partners such as LiveWell Douglas County, Just Food, and the Douglas County Food Policy Council may serve as partners and leaders in the effort.

LDCPH’s role in this may take many forms, but likely includes: conducting research and data collection regarding policy options and impact; educating and communicating with partners, stakeholders, and community members regarding opportunities; supporting partners and stakeholders in developing and distributing communication in support of policy options; and providing education to policymakers regarding policy options.

TimeLine: Determined by review of the Governor’s progress in the current session for local organization for education and support to continue in 2021.

QUALITY PRE-K

Summary: Evidence regarding the current landscape of pre-kindergarten and childcare is compelling because it is intended to have an impact on key social determinants of health, such as educational attainment and life-time earnings. The focus of policy would be to get at “quality” through affordability and availability. In the nearer-term, children benefit from preschool by having greater readiness for kindergarten and elementary school, particularly in the areas of ability to read, ability to work with numbers (e.g., numeracy), and social/ emotional development (Philips et al., 2017). Several studies suggest the long-term benefits for children and communities are higher percentages of students graduating from high school, lower rates of teen pregnancy, and higher income.

The following policy options to advance within this issue area are worthy of consideration:

- Establishing a funding source to publicly fund universal pre-kindergarten.
- Adopt a quality rating system, aligned with National Institute of Early Education Research’s 10 research-based quality standards benchmarks.
- Develop incentives to support childcare centers and preschools to achieve full implementation of quality standards.

Strategic Considerations: LDCPH’s strategic role in driving efforts to influence the availability, quality, and affordability of preschool and childcare would be a PH 3.0 movement from the current role in supporting state-level licensure activities. The LDCPH would support “advancing” these policies by providing data regarding the issue and potential solutions, communicating and educating policy makers, and supporting partners in developing policy solutions. A few key partnerships may aid in a successful effort. Staff of The Chamber – Lawrence, Kansas expressed some interest in addressing the issue of childcare. Their interest in assuring a productive workforce for current conditions and a future skilled workforce should make them a key stakeholder. In addition, Child Care Aware and the Success by Six Coalition would serve as important partners. If opposition is encountered, it is likely to come from factions who represent small government perspectives. Interestingly, Kansas City, Missouri’s recent efforts to advance universal preschool were thwarted, in part, by the public schools resistance to the proposed effort (which included a sales tax levy regarded as regressive), suggesting it is critical to engage Douglas County school districts early in the development of policy solutions.

Timeline: Anticipated that this would start soon by working with the organizations identified and who are participating within the CHP Poverty Issue Area workgroup interest. A specific policy direction could be identified by YE2020.

LIVING WAGE

Summary: LDCPH started this policy movement when the Board of Health adopted our own Living Wage increase after completion of an Health Equity Impact Assessment (HEIA). This recommendation moves from inside to outside. Many municipalities have passed increases in minimum wage laws over the past several years. Results are suggestive of positive impacts for low-wage workers and minimal impacts to businesses. Specifically, implementation of livable wages may:

- Reduce poverty
- Increase housing stability
- Reduce food insecurity
- Reduce income inequality between whites and people of color
- Improve quality of life and mental health
- Reduce 'churn' among low-wage workers

Living Wage Laws in other Municipalities:

The following are considerations for the components of Living Wage (often called Minimum Wage) laws based on trends in other municipalities:

- Phase-in: Most other minimum wage laws take time to phase in the new wage. Most often, the phase in takes between 3 and 5 years.
- Wage: Most minimum wage laws passed in the last few years aim to phase in to a \$15.00/hour minimum wage.
- Business size: Some of the laws phase in the new wage at different rates or allow for a different end wage based on the size of the business. There are commonly 2, 3 or even 4 'size bands' with differing requirements.
- Indexing: Some of the laws index the wage to inflation or growth in median area wages after the achievement of the end wage in order to avoid having to revisit the correct level for the minimum wage again in a few years.
- Youth and training: Some laws allow for a lower wage to be paid to youth under 18 or to employees during a probationary training period.
- Tips: Laws differ on whether they count tips as part of wages or not. This has a significant impact on the restaurant industry but can be difficult to implement if tips are counted.
- Evaluation: The Minneapolis staff provided a report to policymakers recommending an increase in the minimum wage. Along with that report, they also recommended an annual evaluation of the results for workers, businesses, and implementation as well as an assessment of unintended consequences of the policy so that they could appropriately respond and adjust if needed.¹
- A registry to share information from local businesses and municipalities.
- Incentive based policy vs. passing a law that requires a wage floor tied to business requirement.

Strategic Considerations: LDCPH role would be proposed as champion, leader and research support, the later has already been a one-year role behind the Poverty Issue Area of the CHP. The Chamber is seen as a critical partner to work with the business community to determine tolerance, sensitivity and ultimately feasibility. The city of Lawrence has made a modest increase to a “wage floor” requirement for incentives consideration, so steps have a history of incremental movement that is much less than the LDCPH change (\$13.10 – \$13.25). Research has already been initiated to identify the positive and negative effects, which on a whole community basis demonstrate the complexity of this issue and the work commitment to be in this space for the LDCHD.

Timeline: Determine a work schedule upon completion of the Poverty Issue Area strategic plan of the CHP and endorsement by the Steering Committee, which is likely to be August of 2020.

SAFE ROUTES TO SCHOOL (SRTS)

Summary: Evidence supporting the benefits of comprehensive Safe Routes to School (SRTS) planning and implementation is plentiful.

- SRTS initiatives improve safety and levels of physical activity for students.
- SRTS initiatives can also reduce rates of chronic disease, reduce air pollution, and
- SRTS is listed as one of CDC’s recommended “HI-5” initiatives (non-clinical, community-wide interventions) that have evidence reporting positive impacts, cost effectiveness, and results within five years.

Lawrence-Douglas County Public Health (LDCPH) recommends:

- The City of (Lawrence, Eudora, Baldwin City) should continue to work together with the Metropolitan Planning Organization (MPO), LDCPH, and local school districts to prioritize and implement built environment improvements, and to coordinate activities to educate students and encourage them to walk or bike to school.

Strategic Considerations: LDCPH works from a clear position of leadership in this domain and will continue to provide data support, evaluation, and resource generation. This is resourced by the Community Health Planner with some intern support. Key partnerships will continue with the SRTS workgroups, school districts/city/law enforcement. Robust bike and ped plans published by the MPO, alignment with these plans. Interest in Eudora and Baldwin City to make communities more walkable/bikeable. Alternative priorities can compete at the institutional level. Concerns about safety among parents are the primary barrier.

Timeline: This is ongoing.
