CLAY COUNTY
PUBLIC HEALTH CENTER

Community-Driven Health Policy Work

Lauren Crome, MHA
Health Policy Analyst

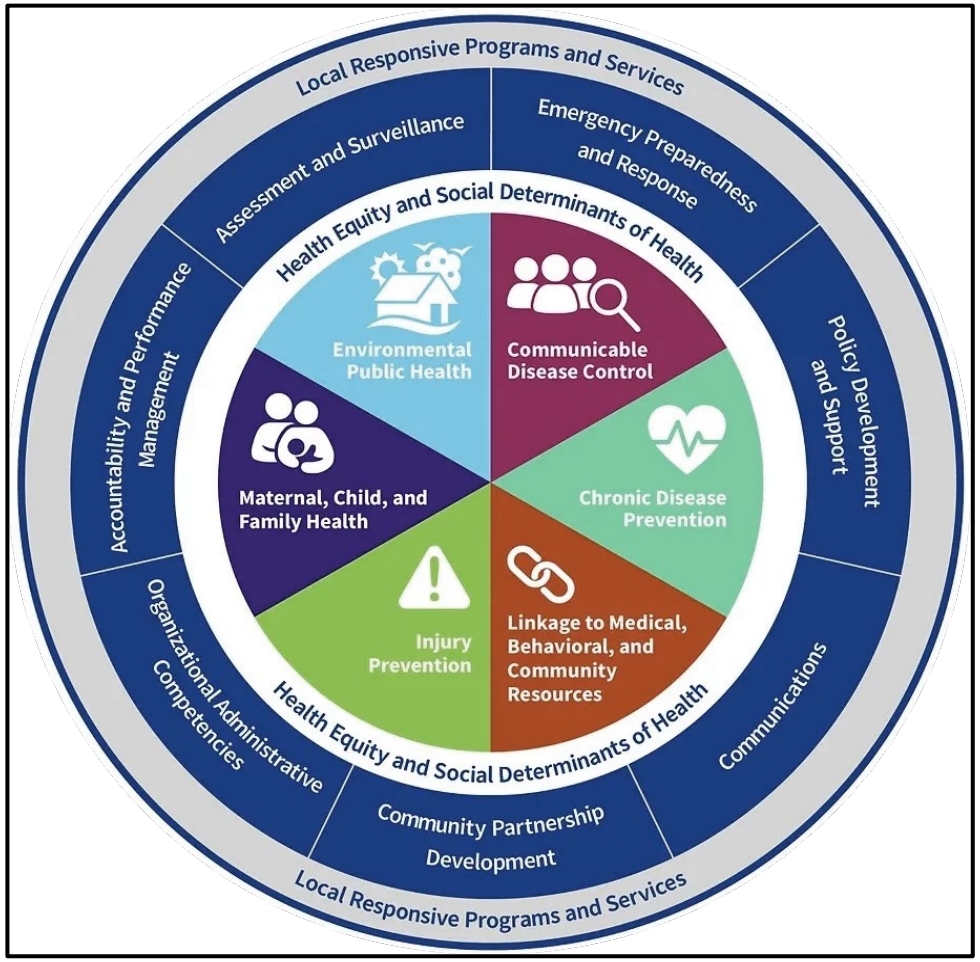
CLAY COUNTY PUBLIC HEALTH CENTER

Introduction

- Clay County Public Health Center (CCPHC) is a local public health agency located in Liberty, Missouri.
- We serve approximately 260,000 people in the Northland region of the Kansas City Metropolitan area.
- CCPHC is building our policy work to reflect the diverse needs of our community by taking a *Health in All Policies* approach

Why Policy

- Policy is a **Foundational Public Health Service**
- Policy institutionalizes outcomes
  - Can be a path to sustaining good health or making poor health the norm
- Opportunity for community collaboration



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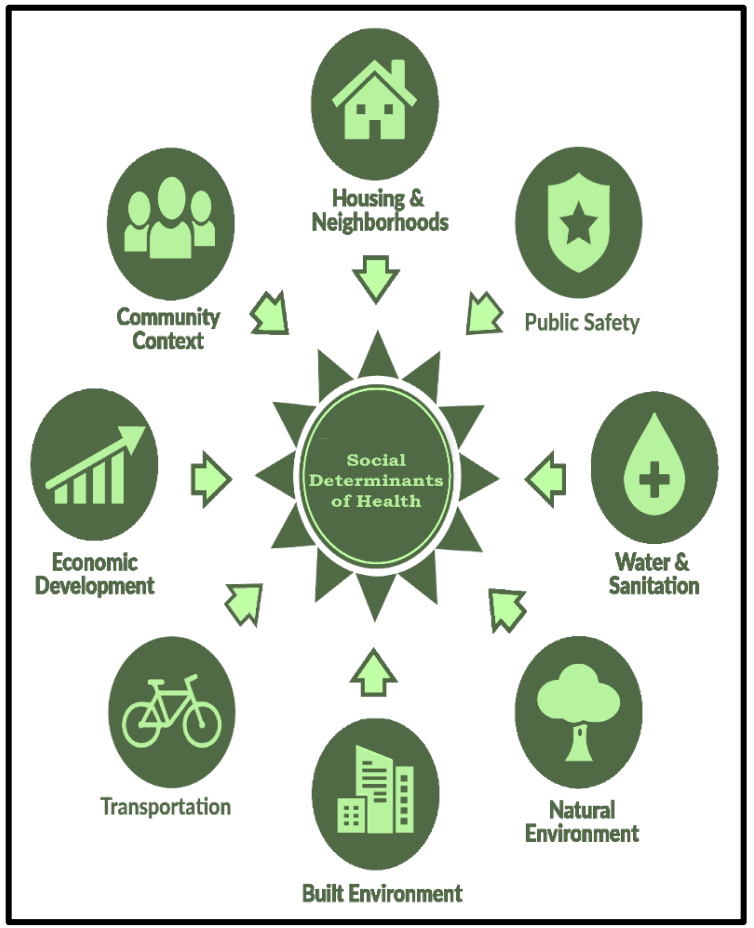
Health in All Policies

- Applying a health lens to policy decisions beyond direct public health and healthcare policies
  - Being part of community coalitions and decision-making teams
  - Creating decision support tools for leaders and community members
  - Educating the community about how policies can create healthier communities



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Community Engagement

Community engagement is an important form of public health advocacy

- **Makes public health a recognized and valuable resource to the community**
- **Builds trust**
- **Gives LHDs a deeper, more nuanced, understanding of community needs and dynamics**

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Where to Start…

Policy can feel overwhelming

- Without a targeted agenda, public health policy can be too broad to manage effectively
- “Policy” and “Advocacy” are loaded words that can feel uncomfortable

Thinking about what your existing community needs are can help

- CHA data
- CHIP goals
- What questions does your community have about existing policies and policy discussions? Where can LHDs clear up confusion?
- What health-related conversations are your legislators, county commissions, and city councils having?

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Tracking and Monitoring

- We decided to start our policy work by tracking and monitoring the policies that impact our health department and our community.
- For us, that means:
  - State & Federal
    - Executive Orders
    - Executive Rule Proposals
    - Legislation
    - Litigation
  - Local Ordinances and Project Proposals

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Tracking and Monitoring

We started by doing this manually using:

- **Government Sources**
  - Federal Register
  - Congress.gov
  - House.Mo.gov & Senate.Mo.gov
  - Municipal and County Clerk Websites
- **News Sources**
  - Health Specific News (KFF, NPR Health)
  - Local and State Papers (ex. KC Star, Missouri Independent, etc.)
  - National Papers (ex. Washington Post, Politico, etc.)
- **Other public health and partner organizations' trackers**
  - NACCHO, ASTHO, APHA updates
  - Network for Public Health Law
  - Empower Missouri
- **Word of Mouth** (for local level ordinances and projects)

We have since upgraded to using some helpful tools:

- **AI Scouts**
- **Bill Tracking Platforms**

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Community Policy Education

2025 was a complicated year for public health policy. To understand how we could best serve our community, we asked our Community Advisory Council and our community partners to share their questions and concerns about public health policies with us.

They wanted to know about current changes to:

- Medicare
- Medicaid
- SNAP
- ACA Marketplace Insurance
- Vaccines

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Community Policy Education

SNAP Benefits Update:

Changes to the Supplemental Nutrition Assistance Program

Guide to Federal Changes for SNAP Users in Clay County, Missouri

What's Happening

- Congress passed a new law called the One Big Beautiful Bill Act (OBBA). This law makes changes to SNAP (also known as food stamps).
- Some changes start now. Others begin October 1, 2025, and a few more will be phased in slowly over several years.
- States have some freedom to decide how to run their SNAP program. There is still a lot we do not know about how these changes will affect each individual state.

Work Rules Are Changing

- If you are an able bodied adult without kids (called ABAWDs), you may need to work more hours to get SNAP.
- Some people who used to be excused may no longer be.
- *This rule started right away.*
- Contact Missouri Department of Social Services (DSS) as soon as possible if you are unsure how this will impact you.

SNAP Ed Classes Will End

- SNAP-Ed teaches cooking, healthy eating, and budgeting.
- Federal funding stops October 1, 2025.
- Classes will close after that.
- Reach out to your local public library to ask about other resources on cooking, healthy eating, and budgeting.

Benefit Amounts May Change

- Each year, SNAP uses something called the Thrifty Food Plan to set benefit amounts.
- The rules for how it's updated will change on October 1, 2025.
- Your benefit could go up or down depending on the new plan.

Less Federal Money for States

- Starting in 2027, Missouri will get less money from the federal government to run SNAP.
- This may make it take longer to process cases.
- More state rules may also start in 2028.

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SNAP Benefits Update:

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Guide to Federal Changes for SNAP Users in Clay County, Missouri

When the Changes Happen

- **New work rules:** Now
- **SNAP-Ed funding stops:** Oct 1, 2025
- **Thrifty Food Plan changes:** Oct 1, 2025
- **Less federal funding to states :** 2027
- **New state rules may start:** 2028

What You Should Do

- **Keep Reporting Changes:** Always tell DSS if you move, start a job, or have changes in your home.
- **Ask About Work Rules:** Call DSS if you're unsure if you need to work to get SNAP.
- **If You Lose Benefits:** You can appeal the decision. Ask DSS or Legal Aid for help.
- **Find Extra Food Help:** Food pantries and local groups can help if benefits go down.

Application and Benefits Help - Clay County DSS

- **Clay County DSS – Family Support Division**
  - 7000 Liberty Drive, Liberty, MO 64068 | (816) 408-5800 | my.dss.mo.gov
- **Other numbers:**
  - SNAP Interview Line: 1-855-823-4908
  - Missouri DSS Helpline: 1-855-373-4636

Visit Our Mobile Food Pantry

- Clay County Public Health Center hosts a drive through food pantry on the **1st Wednesday of every month at 3pm.**
  - This event takes place at our offices: **800 Haines Drive, Liberty MO**
  - First-come-first-served and is open until food runs out
- For questions about the Mobile Food Pantry email community@clayhealth.com

Other Helpful Resources

- **Harvesters (full list of mobile food pantries):** www.harvesters.org/drive-thru-food-pickup-calendars
- **United Way 211 (local resources, including assistance with food, bills, and household items):** Dial 211 on your phone | search.unitedwaygkc.org/
- **Legal Aid of Western MO (for application/benefit appeals):** 816-474-6750 | lawmo.org

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Community Policy Education

ACA MARKETPLACE: KEY CHANGES FOR HEALTHCARE PROVIDERS

Reconciliation Bill Changes - Provider Summary

Published September 2025

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Key Changes

- **Subsidy Reductions (Jan 1, 2026)**
  - Enhanced Marketplace subsidies expire unless Congress acts.
  - Expect more patients reporting premium affordability concerns and possible coverage lapses.
- **Eligibility Tightening (2026–2027)**
  - Lawfully present immigrants in certain categories will lose access to Marketplace subsidies starting with 2026–2027 tax years.
  - Special Enrollment Periods (SEPs): Patients using SEPs not tied to a qualifying life event may be ineligible for subsidies.
  - Full repayment of excess premium tax credits begins with 2026 taxes — increased financial burden may deter Marketplace participation.
- **Verification & Auto-Renewal Changes (2026)**
  - Automatic Marketplace re-enrollment with subsidies will end beginning with the 2026 enrollment period.
  - Patients must verify income, immigration status, and eligibility to maintain premium assistance.

Impacts on Patients and Providers

- **Coverage Stability**
  - Patients at 200–400% FPL are most vulnerable to losing subsidies.
  - Safety-net providers may see higher uncompensated care and demand for charity care beginning in 2026.
- **Administrative Burden**
  - Expect increased patient confusion about eligibility and tax reconciliation.
  - Front-line staff may need updated training on assisting patients with Marketplace plan renewals and verifications.
- **Immigrant Populations**
  - Certain lawfully present immigrant groups will lose premium subsidies in 2026–2027.
  - Providers serving immigrant communities should *proactively* connect patients with navigators and legal resources.

Resources for Healthcare Providers

- **Cover Missouri Navigator Network:** covermissouri.org
- **Healthcare.gov Provider Portal:** healthcare.gov
- **Missouri Hospital Association (MHA):** web.mhanet.com
- **ASTHO & APHA Policy Briefs:** Updated ACA rule summaries and provider impact reports.

What Providers Can Do

- **Educate patients**
  - Train staff on explaining subsidy changes and SEP rules.
- **Leverage navigators**
  - Partner with Cover Missouri, Federally Qualified Health Centers (FQHCs), and local legal aid for complex cases.
- **Monitor payer mix**
  - Prepare for a potential increase uninsured and underinsured populations.
- **Review charity care policies**
  - Ensure financial assistance programs are accessible and communicated effectively.
- **Track rural funding**
  - Assess eligibility for Rural Health Transformation Fund grants.

IMPACT OF FEDERAL MEDICAID CHANGES ON MISSOURI

August 2025 Policy Brief – Clay County Focused

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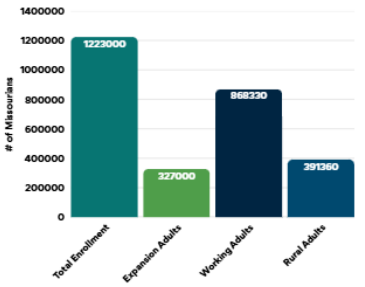
KEY CHANGES

This brief highlights the following key changes to Medicaid in the 2025 Reconciliation Bill:

- Work Requirements
- Rural Health Transformation Program Funding
- Provider Tax Caps
- Certain Federal Medical Assistance Percentage (FMAP) Changes

CURRENT MO MEDICAID COVERAGE

- **1,223,000** Missourians are enrolled in Medicaid (MO HealthNet). **71%** of adult enrollees work; **32%** live in rural areas.
- **327,000** Missourians are in the Medicaid expansion group (the population targeted by new work/activity rules).



PROJECTED IMPACT ON CLAY COUNTY

Cuts in funding, along with changes to enrollment and eligibility requirements for the Medicaid expansion group (adults ages 18-64 with incomes at 138% of poverty level) are expected to result in enrollment losses ranging from 130,000-170,000 people in Missouri. **This will impact enrollment for 7,800-10,200 people in Clay County.**

While Clay County is part of the Kansas City metro, it borders rural counties (e.g., Ray, Clinton). Rural facilities rely on reimbursement from Medicaid to cover the cost of care for low-income community members. **If rural facilities cut services or close due to lack of Medicaid reimbursement, Clay County emergency departments and clinics can expect spillover demand. This means longer wait times for all, regardless of insurance status. Behavioral health and labor & delivery services are expected to be impacted the most.**

WORK REQUIREMENTS: COST VS BENEFIT

- Medicaid eligibility for adults under the ACA expansion will require meeting work or activity thresholds starting in 2027.
- Most Medicaid adults under age 65 are already working (64%) or exempt due to caregiving, illness, or schooling.
- A recent KFF analysis shows that among Medicaid adults who met an 80-hour/month threshold in June, only 44% maintained that for six straight months—meaning volatile work patterns (eg. seasonal labor, contract employees, gig workers) could trigger eligibility loss even for those generally employed.
- Women could be especially impacted—while most are working or exempt, they are more likely than men to cite caregiving as a reason for not working, and these exemptions may require documentation, increasing red tape.
- The Congressional Budget Office estimated that Medicaid work requirements *would not increase employment*, but would substantially decrease insurance coverage.
- According to KFF data, public support for these requirements generally collapses when people understand that *"most people on Medicaid already work"* and that administrative burdens may cause coverage loss.
- Medicaid work requirements often generate additional administrative costs for the state, and increase financial burdens on healthcare providers.

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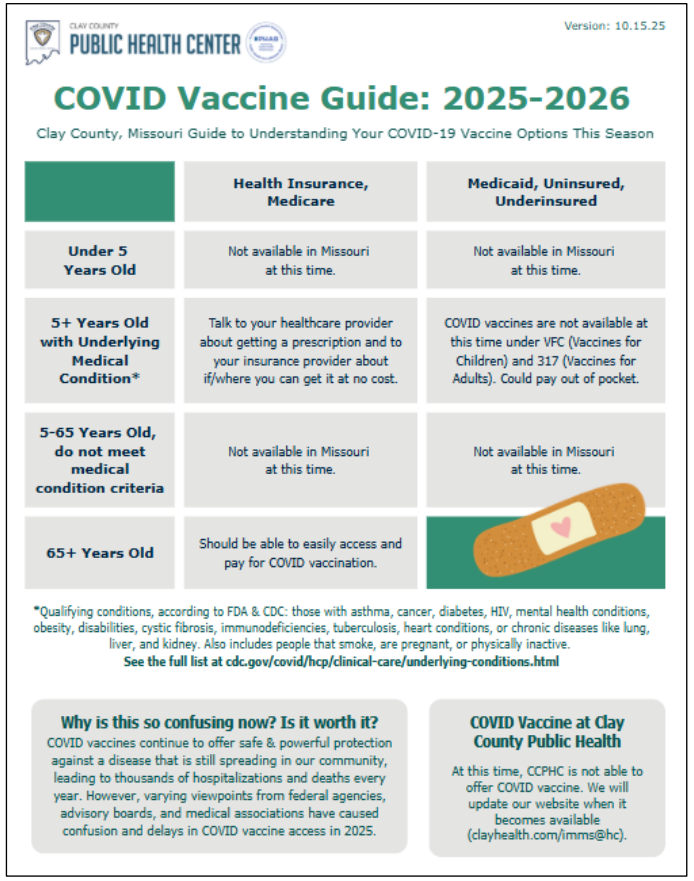
Community Policy Education



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Version: 10.15.25

COVID Vaccine Guide: 2025-2026

Clay County, Missouri Guide to Understanding Your COVID-19 Vaccine Options This Season

	Health Insurance, Medicare	Medicaid, Uninsured, Underinsured
Under 5 Years Old	Not available in Missouri at this time.	Not available in Missouri at this time.
5+ Years Old with Underlying Medical Condition*	Talk to your healthcare provider about getting a prescription and to your insurance provider about if/where you can get it at no cost.	COVID vaccines are not available at this time under VFC (Vaccines for Children) and 317 (Vaccines for Adults). Could pay out of pocket.
5-65 Years Old, do not meet medical condition criteria	Not available in Missouri at this time.	Not available in Missouri at this time.
65+ Years Old	Should be able to easily access and pay for COVID vaccination.	

*Qualifying conditions, according to FDA & CDC: those with asthma, cancer, diabetes, HIV, mental health conditions, obesity, disabilities, cystic fibrosis, immunodeficiencies, tuberculosis, heart conditions, or chronic diseases like lung, liver, and kidney. Also includes people that smoke, are pregnant, or physically inactive.
See the full list at cdc.gov/covid/hcp/clinical-care/underlying-conditions.html

Why is this so confusing now? Is it worth it?

COVID vaccines continue to offer safe & powerful protection against a disease that is still spreading in our community, leading to thousands of hospitalizations and deaths every year. However, varying viewpoints from federal agencies, advisory boards, and medical associations have caused confusion and delays in COVID vaccine access in 2025.

COVID Vaccine at Clay County Public Health

At this time, CCPHC is not able to offer COVID vaccine. We will update our website when it becomes available (clayhealth.com/imms@hc).

Can I Get a COVID Vaccine?

Information about COVID-19 vaccination can be confusing right now. Here are the most current answers to your FAQs.

Updated October 31, 2025
This document is specific to how federal changes impact Missouri and will be updated weekly as new information becomes available.

What if I Don't Have Health Insurance?

- The shot is covered under the Vaccines for Children (VFC) and Vaccines for Adults (VFA) program.
- **CCPHC has a limited number of doses for the VFC and VFA program and can start scheduling appointments for November 5, 2025 and beyond.**
- **These will be first-come-first-served, so call us at 816-595-4200 to ensure they're still in stock.**
- VFC/VFA clients ages 6 months - 64 years will be asked to self-attest to an underlying condition (see QR code below) and undergo a shared clinical decision making process.

How Do I Know if I Have An Underlying Condition?

- The list of underlying conditions that increase COVID risk is very broad.
- Many people may not realize that they fall into a health category that puts them at higher risk of serious illness, hospitalization, or even death from COVID-19.
- **For the full list of conditions that make COVID-19 high-risk, scan the QR code below.**

cdc.gov/covid/hcp/clinical-care/underlying-conditions.html

Who Can Get a COVID Shot?

- Right now the FDA recommends that COVID-19 vaccinations are given to:
  - People ages 65+
  - People ages 5+ with an underlying health condition
- ACIP is recommending the vaccines for people aged 6 months and older, with guidance from your healthcare professional.
- Most major medical organizations are still recommending the vaccine for most people over 6 months old. Vaccinations for healthy people lower their own risk of severe illness and help prevent spread to high risk groups.
- **Call your primary care provider for more information.**

What if I Have More Questions?

- For questions about whether the COVID-19 vaccine is the best choice for you, we recommend speaking with your primary care provider.
- Your insurance company is the best resource about what vaccines are covered and what vaccine providers are in your insurance network.
- Check back frequently for COVID-19 vaccine updates via our Facebook or checking clayhealth.com/imms@hc.

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Updated 10/31/2025

Vaccine?

on can be confusing
nswers to your FAQs.

s impact Missouri and will
available.

Where can I get a COVID vaccine?

- **COVID-19 vaccines are available at most retail pharmacies (i.e. CVS, Walgreens, Hy-Vee).**
- **CCPHC will offer COVID vaccines starting Nov. 5, 2025, by appointment only. Call 816-595-4355 to schedule.**
- **Eligibility at CCPHC: Anyone 65+ years old can get a COVID vaccine. For anyone age 6 months to 64 years old, they (or their guardian) will be asked to self-attest to an underlying condition (see QR code on next page) and chat with a CCPHC RN about pros and cons (shared clinical decision making).**

Do I need a prescription?

- **No.** Now that the ACIP guidelines have been signed by the Secretary of Health and Human Services, most providers that previously required a prescription are no longer requiring one.
- **Call your vaccine provider ahead of time if you have questions.**

have made things even more confusing for healthcare providers and the public.

Will my insurance cover the COVID-19 vaccine?

- **Yes.** America's Health Insurance Plans (AHIP) is the professional organization representing health insurance companies. They have made an official public statement that their member organizations will cover COVID-19 vaccines. This includes Medicare & Medicaid (MOHealthNet) plans.
- This is because the vaccine is still considered a safe and effective way to prevent severe illness and reduce the spread of COVID-19 in the community.
- **Call your insurance provider to get the most personalized information about your coverage.**

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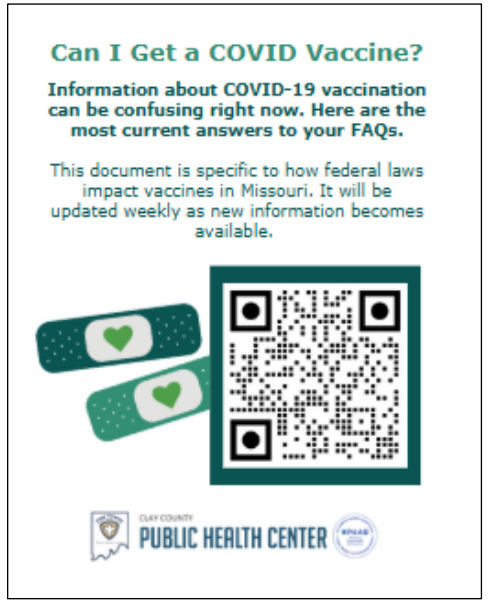
Updated 10/31/2025



Can I Get a COVID Vaccine?

Information about COVID-19 vaccination can be confusing right now. Here are the most current answers to your FAQs.

This document is specific to how federal laws impact vaccines in Missouri. It will be updated weekly as new information becomes available.

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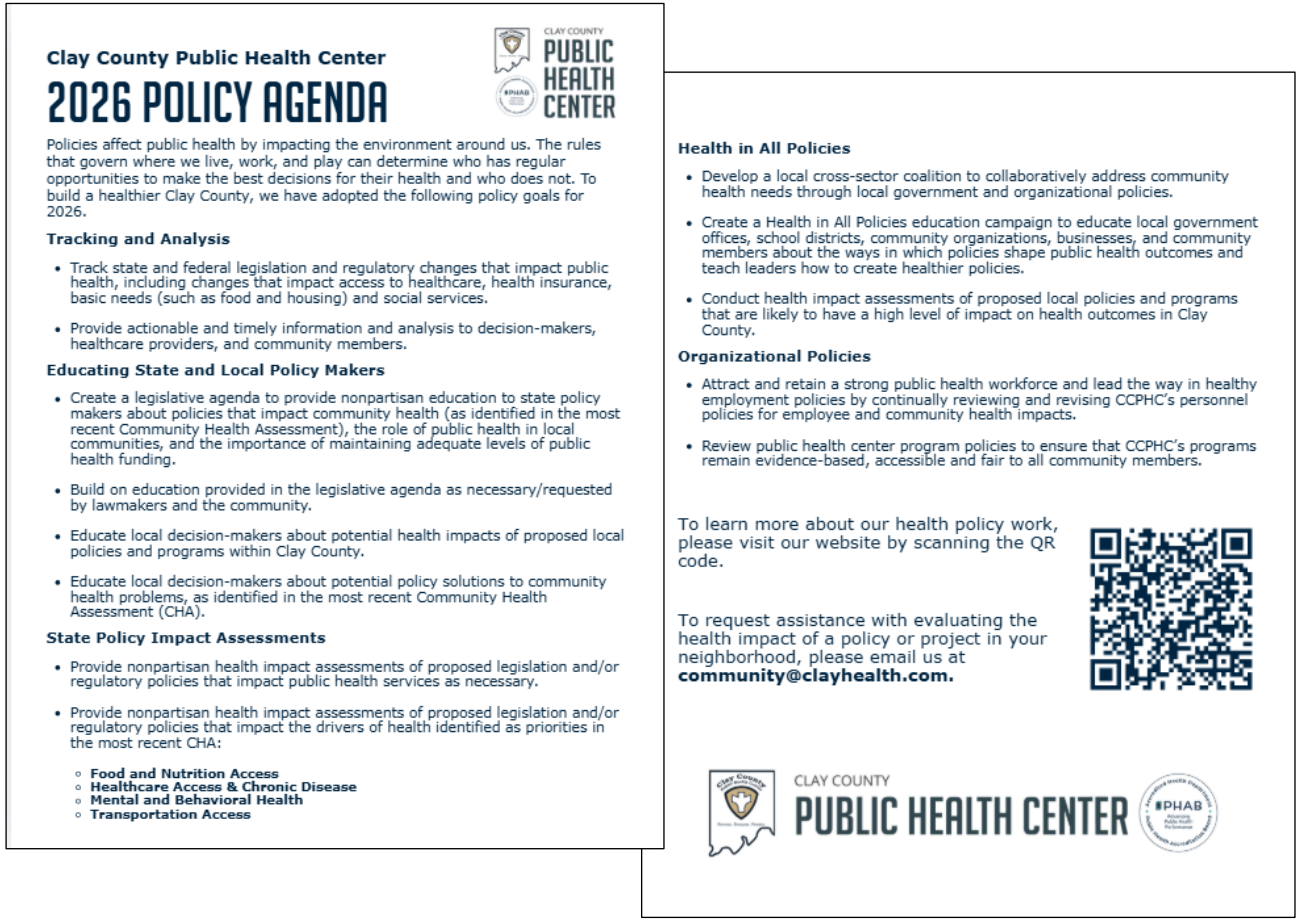
Building Structure

The ideal place to start (but, not where we started)

- Logic Model
- Policy Agenda
- Work Plan
- SOPs



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2026 POLICY AGENDA

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Policies affect public health by impacting the environment around us. The rules that govern where we live, work, and play can determine who has regular opportunities to make the best decisions for their health and who does not. To build a healthier Clay County, we have adopted the following policy goals for 2026.

Tracking and Analysis

- Track state and federal legislation and regulatory changes that impact public health, including changes that impact access to healthcare, health insurance, basic needs (such as food and housing) and social services.
- Provide actionable and timely information and analysis to decision-makers, healthcare providers, and community members.

Educating State and Local Policy Makers

- Create a legislative agenda to provide nonpartisan education to state policy makers about policies that impact community health (as identified in the most recent Community Health Assessment), the role of public health in local communities, and the importance of maintaining adequate levels of public health funding.
- Build on education provided in the legislative agenda as necessary/requested by lawmakers and the community.
- Educate local decision-makers about potential health impacts of proposed local policies and programs within Clay County.
- Educate local decision-makers about potential policy solutions to community health problems, as identified in the most recent Community Health Assessment (CHA).

State Policy Impact Assessments

- Provide nonpartisan health impact assessments of proposed legislation and/or regulatory policies that impact public health services as necessary.
- Provide nonpartisan health impact assessments of proposed legislation and/or regulatory policies that impact the drivers of health identified as priorities in the most recent CHA:
  - **Food and Nutrition Access**
  - **Healthcare Access & Chronic Disease**
  - **Mental and Behavioral Health**
  - **Transportation Access**

Health in All Policies

- Develop a local cross-sector coalition to collaboratively address community health needs through local government and organizational policies.
- Create a Health in All Policies education campaign to educate local government offices, school districts, community organizations, businesses, and community members about the ways in which policies shape public health outcomes and teach leaders how to create healthier policies.
- Conduct health impact assessments of proposed local policies and programs that are likely to have a high level of impact on health outcomes in Clay County.

Organizational Policies

- Attract and retain a strong public health workforce and lead the way in healthy employment policies by continually reviewing and revising CCPHC's personnel policies for employee and community health impacts.
- Review public health center program policies to ensure that CCPHC's programs remain evidence-based, accessible and fair to all community members.

To learn more about our health policy work, please visit our website by scanning the QR code.

To request assistance with evaluating the health impact of a policy or project in your neighborhood, please email us at **community@clayhealth.com.**

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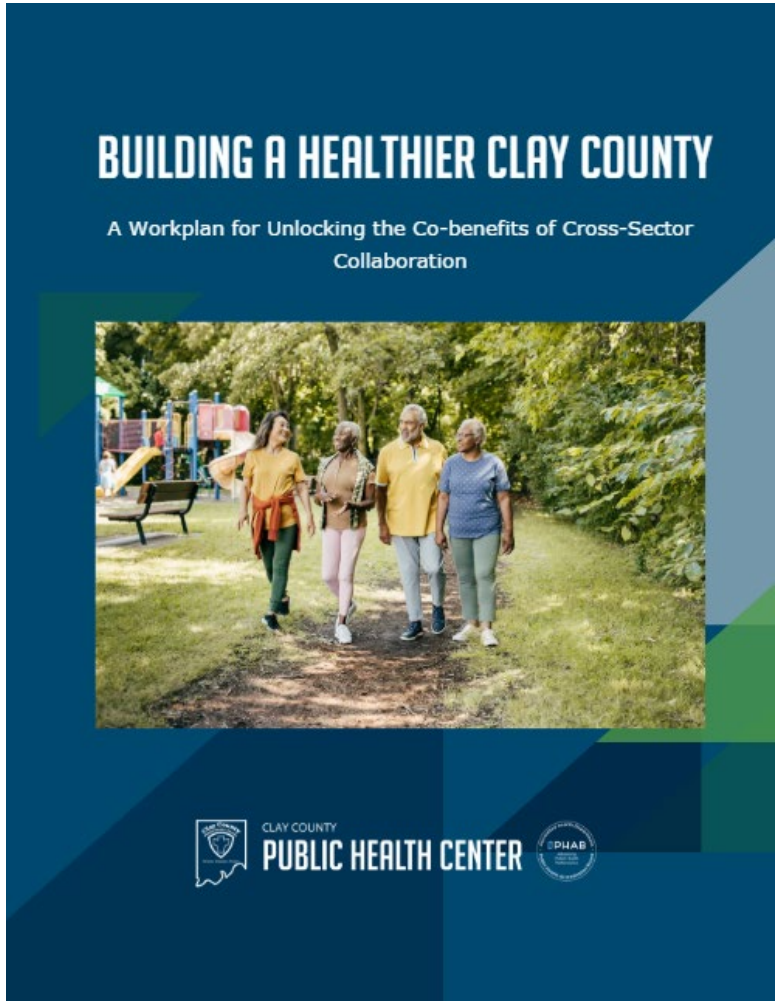
HiAP Workplan

- Educate the community about HiAP
- Create a county wide steering committee
- Conduct Health Impact Assessments (HIAs) using Kansas Health Institute's Hi-C Checklist
- Help the community embed HiAP principles into both government policy AND organizational processes



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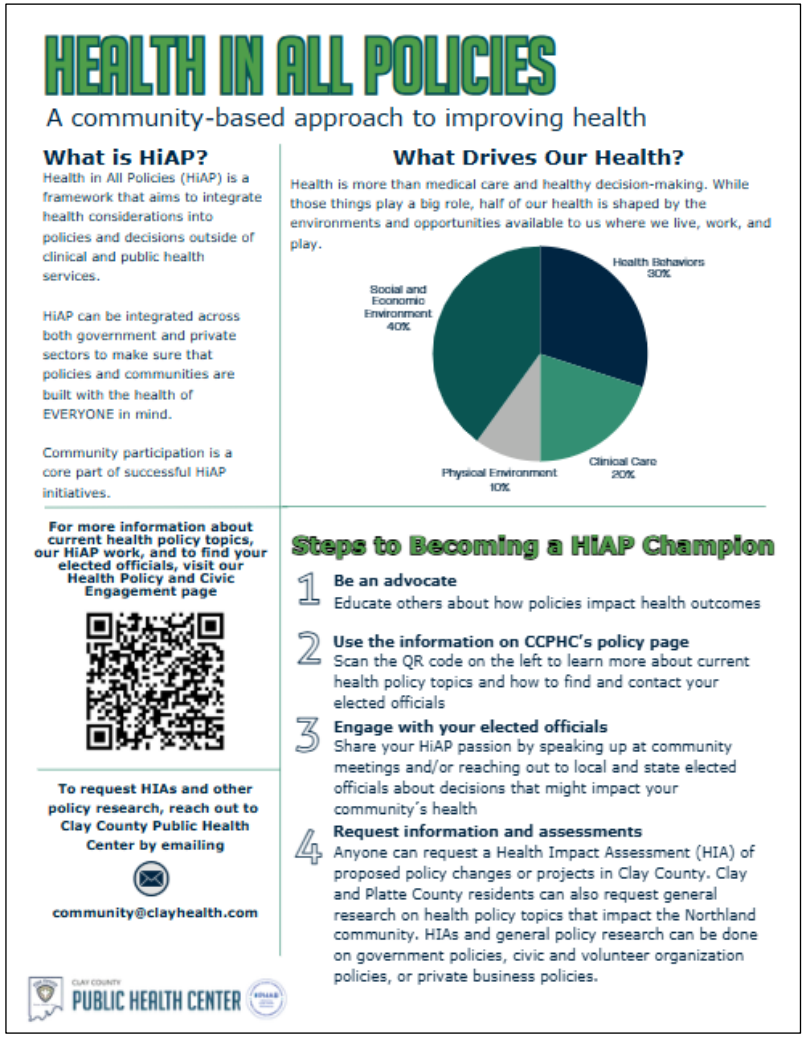
HiAP Workplan

- We wanted to build HiAP work from the ground up, not the top down.
- Input and buy-in from everyday community members was crucial.
- When we educated the community about HiAP, we gave them a physical list of takeaways and action items to make it feel real.
  - This included how to contact their elected officials
  - How to request HIAs themselves
  - How to find information about important policy topics



HEALTH IN ALL POLICIES

A community-based approach to improving health

What is HiAP?

Health in All Policies (HiAP) is a framework that aims to integrate health considerations into policies and decisions outside of clinical and public health services.

HiAP can be integrated across both government and private sectors to make sure that policies and communities are built with the health of EVERYONE in mind.

Community participation is a core part of successful HiAP initiatives.

What Drives Our Health?

Health is more than medical care and healthy decision-making. While those things play a big role, half of our health is shaped by the environments and opportunities available to us where we live, work, and play.

For more information about current health policy topics, our HiAP work, and to find your elected officials, visit our Health Policy and Civic Engagement page

To request HIAs and other policy research, reach out to Clay County Public Health Center by emailing

community@clayhealth.com

Steps to Becoming a HiAP Champion

1. **Be an advocate**
   Educate others about how policies impact health outcomes
2. **Use the information on CCPHC's policy page**
   Scan the QR code on the left to learn more about current health policy topics and how to find and contact your elected officials
3. **Engage with your elected officials**
   Share your HiAP passion by speaking up at community meetings and/or reaching out to local and state elected officials about decisions that might impact your community's health
4. **Request information and assessments**
   Anyone can request a Health Impact Assessment (HIA) of proposed policy changes or projects in Clay County. Clay and Platte County residents can also request general research on health policy topics that impact the Northland community. HIAs and general policy research can be done on government policies, civic and volunteer organization policies, or private business policies.

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HiAP Workplan

- Initial conversations with community leaders were not successful
  - Misunderstandings about the role of HiAP and HIAs led to resistance
  - HIAs are a decision-making tool, not a manadate
- Presenting HiAP to larger groups planted the seed without pressure
- Incorporating case study activities created understanding of value
- Being **flexible** with meeting real policy needs ensured that HiAP was practical

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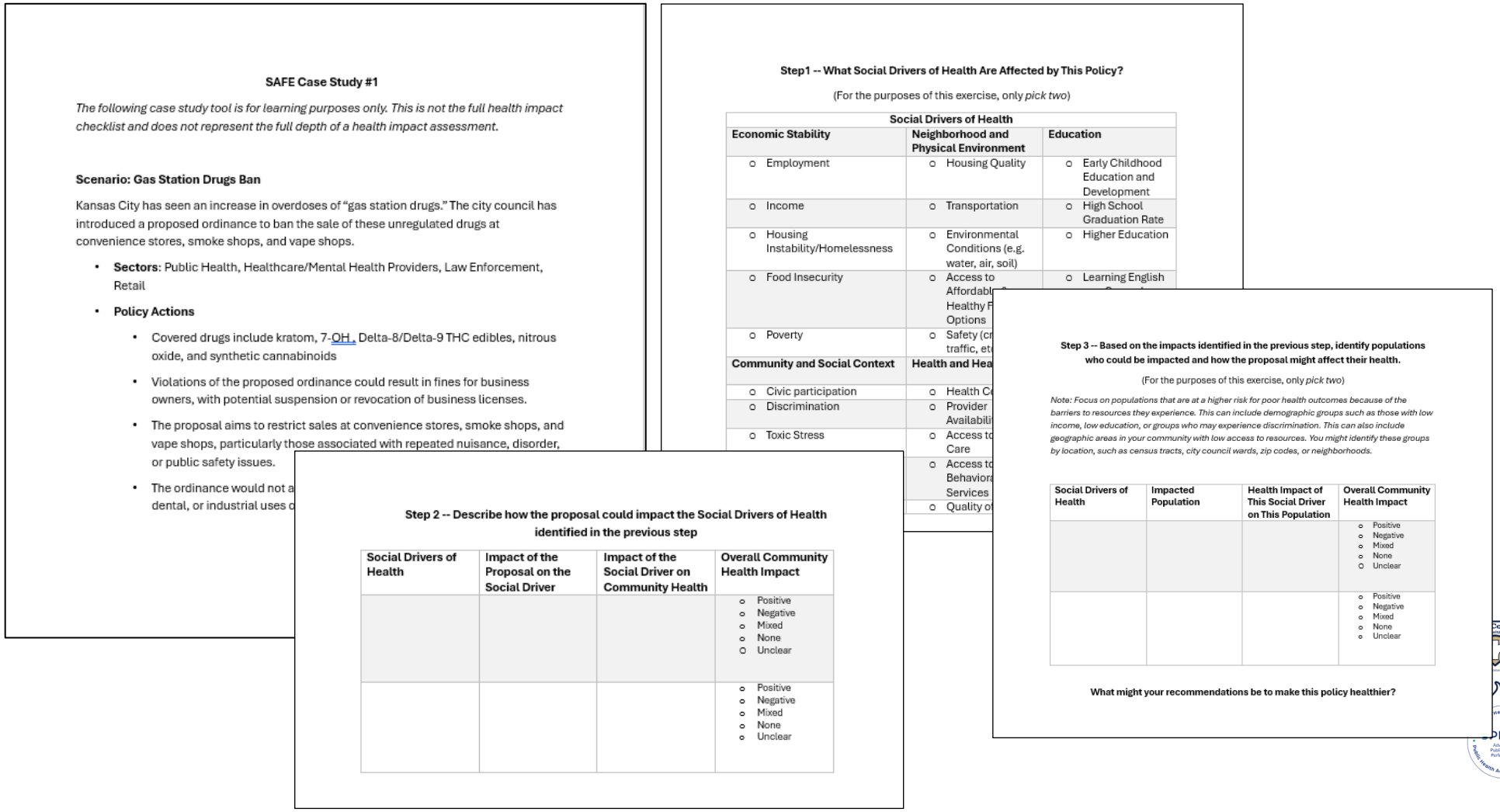
HiAP Workplan



SAFE Case Study #1

The following case study tool is for learning purposes only. This is not the full health impact checklist and does not represent the full depth of a health impact assessment.

Scenario: Gas Station Drugs Ban

Kansas City has seen an increase in overdoses of "gas station drugs." The city council has introduced a proposed ordinance to ban the sale of these unregulated drugs at convenience stores, smoke shops, and vape shops.

- **Sectors**: Public Health, Healthcare/Mental Health Providers, Law Enforcement, Retail
- **Policy Actions**
  - Covered drugs include kratom, 7-OH, Delta-8/Delta-9 THC edibles, nitrous oxide, and synthetic cannabinoids
  - Violations of the proposed ordinance could result in fines for business owners, with potential suspension or revocation of business licenses.
  - The proposal aims to restrict sales at convenience stores, smoke shops, and vape shops, particularly those associated with repeated nuisance, disorder, or public safety issues.
  - The ordinance would not a
    dental, or industrial uses c

Step1 -- What Social Drivers of Health Are Affected by This Policy?

(For the purposes of this exercise, only *pick two*)

Social Drivers of Health		
Economic Stability	**Neighborhood and Physical Environment**	**Education**
○ Employment	○ Housing Quality	○ Early Childhood Education and Development
○ Income	○ Transportation	○ High School Graduation Rate
○ Housing Instability/Homelessness	○ Environmental Conditions (e.g. water, air, soil)	○ Higher Education
○ Food Insecurity	○ Access to Affordabl Healthy F Options	○ Learning English
○ Poverty	○ Safety (cr traffic, et	
Community and Social Context	**Health and Hea**	
○ Civic participation	○ Health C	
○ Discrimination	○ Provider Availabili	
○ Toxic Stress	○ Access to Care	
	○ Access to Behavior Services	
	○ Quality of	

Step 2 -- Describe how the proposal could impact the Social Drivers of Health identified in the previous step

Social Drivers of Health	Impact of the Proposal on the Social Driver	Impact of the Social Driver on Community Health	Overall Community Health Impact
			○ Positive ○ Negative ○ Mixed ○ None ○ Unclear
			○ Positive ○ Negative ○ Mixed ○ None ○ Unclear

Step 3 -- Based on the impacts identified in the previous step, identify populations who could be impacted and how the proposal might affect their health.

(For the purposes of this exercise, only *pick two*)

Note: Focus on populations that are at a higher risk for poor health outcomes because of the barriers to resources they experience. This can include demographic groups such as those with low income, low education, or groups who may experience discrimination. This can also include geographic areas in your community with low access to resources. You might identify these groups by location, such as census tracts, city council wards, zip codes, or neighborhoods.

Social Drivers of Health	Impacted Population	Health Impact of This Social Driver on This Population	Overall Community Health Impact
			○ Positive ○ Negative ○ Mixed ○ None ○ Unclear
			○ Positive ○ Negative ○ Mixed ○ None ○ Unclear

What might your recommendations be to make this policy healthier?

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HiAP Workplan

- Shortly after incorporating the case studies, interest increased dramatically
- We were asked to help one local organization combine core principles of the HIA checklist into their existing equity checklist
- We were approached to do our first HIA almost immediately
- This was out of the order of events we had envisioned, but we wanted to meet the need.

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Health Impact Assessment

- Things that went well
  - Buy-in from all stakeholders
  - The HIA checklist gave the process a focused, impartial approach
  - In the end, all parties were happy with the work and the policy outcomes reflected many of the HIA recommendations
- Challenges
  - Finding research from multiple sectors can create unique challenges around paywalls and budgets
  - Topics with interest from multiple sectors, who have conflicting goals (in this case cannabis) can be difficult to address from all research angles
  - Expectations were not set clearly for the stakeholder review phase of the report. This created unnecessary conflict
  - We were unable to truly follow the results of the report, and the community declined to continue the HIA through the evaluation phase
- Lessons Learned
  - Interns with institutional access to journal hubs was a big help
  - We have since started using an AI literature review tool that can answer questions by pulling data from thousands of sources
  - The process would have been less stressful with better protocols built around intake, expectation setting, research methodology, timelines, and internal budgeting expectations.

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Health Impact Assessment

- We used the lessons learned in our first health impact assessment to work with Kansas Health Institute to create a process map and work protocol
- Once those were complete, they were used to create SOPs and job aids
- This project sparked interest from other decision-makers about utilizing CCPHC as a resource.

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WHAT IS A HEALTH IMPACT ASSESSMENT (HIA)?

An HIA is a structured, evidence-based process used to identify how a proposed project, policy, plan, or development may affect the health and well-being of community members. Using the Health Impact Checklist (HI-C), stakeholders can systematically consider potential effects on areas such as **housing, transportation, safety, economic opportunity, access to services, environmental quality, and overall quality of life**. The goal is to provide useful information for decision-makers before major decisions are finalized.

WHY CAN AN HIA BE BENEFICIAL TO THE COMMUNITY?

- Assists decision-makers in identifying the benefits and unintended consequences of a proposal
- Encourages community and stakeholder input
- Supports more informed and transparent decision-making
- Can help projects better align with community priorities and needs
- May identify opportunities to improve health, safety, community resilience, economic vitality, and quality of life
- Provides a practical set of considerations and recommendations that can strengthen planning efforts
- Considers community health while balancing economic realities

WHAT STAKEHOLDERS SHOULD KNOW

The Process is Free
There is no cost to participate in the HIA process using the Hi-C checklist. Stakeholders help determine what questions are most important to examine.

Stakeholders Choose the Scope
The assessment can be broad or narrowly focused, depending on the project and community interests. Participants can help guide which potential health impacts should be evaluated. The process is designed to be flexible and collaborative.

Research and Recommendations—Not a Mandate
An HIA does not create regulations and does not require a project to be approved, denied, or changed. The final product is a research-based assessment with recommendations for consideration. Decision-makers may weigh the recommendations alongside financial, legal, operational, and other community considerations.

A Positive Step for Community Planning
Choosing to conduct an HIA demonstrates a commitment to thoughtful, community-centered decision-making. It provides valuable information (even when not every recommendation is fully feasible) and helps communities document that health considerations were proactively explored during planning.

BOTTOM LINE

A Health Impact Assessment from Clay County Public Health Center is a free, collaborative, research-based tool that helps communities understand potential health effects of proposed decisions. It offers recommendations and insights—not mandates—and is intended to support informed, transparent, and constructive planning for the benefit of the community.

NEXT STEPS

To see an example HIA, review the Hi-C checklist, request more information about conducting an HIA, or learn more about our health policy work, visit our website at **clayhealth.com/policy** or scan the QR code.

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Legislative Briefs

- We used existing relationships and leveraged MOCPHE Capitol Day conversations to get a sense of what state legislators need.
- Instead of asking them outright to advocate for what we think is important, we asked what THEY think is important and offered ourselves as a resource.
  - The secondary goal here is to ensure that legislators understand the importance of public health agencies
- We had two requests for legislative briefs.
- The challenge was ensuring that all briefs are informational and do not come across as partisan, or as a request to file or vote for any specific piece of legislation.

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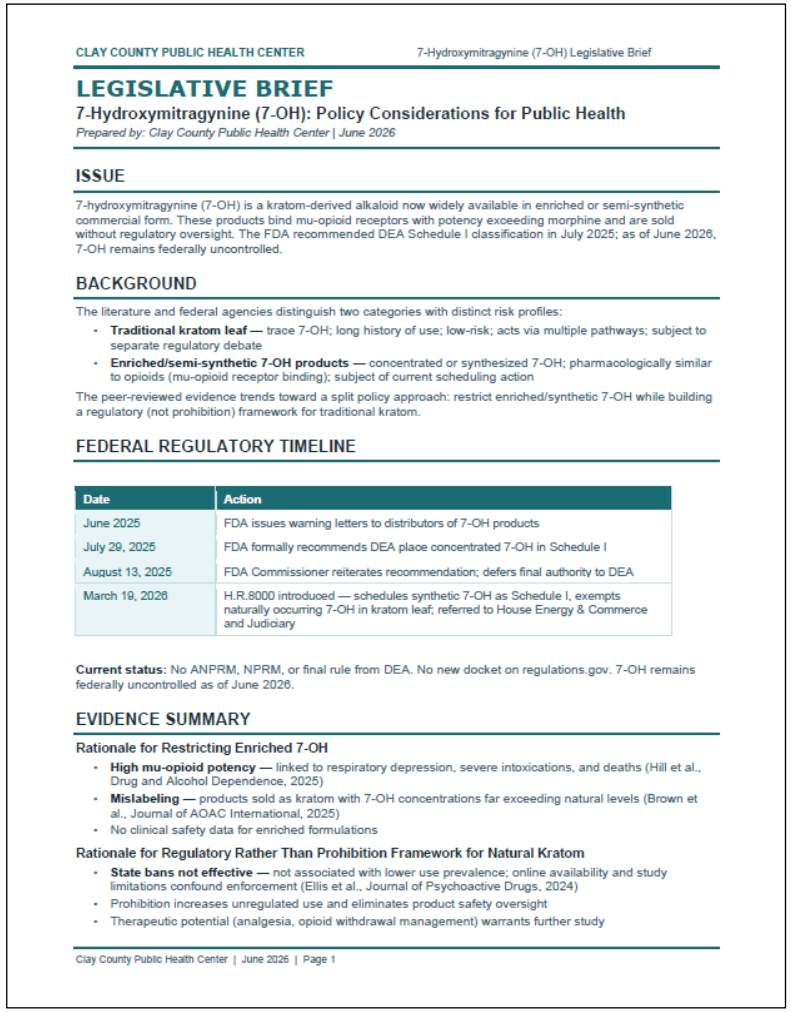
Legislative Briefs

To stay ensure the briefs are useful:

- We keep the briefs broad
- We included current policy context
- Rationale for multiple points of view are included when evidence is mixed



CLAY COUNTY PUBLIC HEALTH CENTER 7-Hydroxymitragynine (7-OH) Legislative Brief

LEGISLATIVE BRIEF

7-Hydroxymitragynine (7-OH): Policy Considerations for Public Health

Prepared by: Clay County Public Health Center | June 2026

ISSUE

7-hydroxymitragynine (7-OH) is a kratom-derived alkaloid now widely available in enriched or semi-synthetic commercial form. These products bind mu-opioid receptors with potency exceeding morphine and are sold without regulatory oversight. The FDA recommended DEA Schedule I classification in July 2025; as of June 2026, 7-OH remains federally uncontrolled.

BACKGROUND

The literature and federal agencies distinguish two categories with distinct risk profiles:

- **Traditional kratom leaf —** trace 7-OH; long history of use; low-risk; acts via multiple pathways; subject to separate regulatory debate
- **Enriched/semi-synthetic 7-OH products —** concentrated or synthesized 7-OH; pharmacologically similar to opioids (mu-opioid receptor binding); subject of current scheduling action

The peer-reviewed evidence trends toward a split policy approach: restrict enriched/synthetic 7-OH while building a regulatory (not prohibition) framework for traditional kratom.

FEDERAL REGULATORY TIMELINE

Date	Action
June 2025	FDA issues warning letters to distributors of 7-OH products
July 29, 2025	FDA formally recommends DEA place concentrated 7-OH in Schedule I
August 13, 2025	FDA Commissioner reiterates recommendation; defers final authority to DEA
March 19, 2026	H.R.8000 introduced — schedules synthetic 7-OH as Schedule I, exempts naturally occurring 7-OH in kratom leaf; referred to House Energy & Commerce and Judiciary

Current status: No ANPRM, NPRM, or final rule from DEA. No new docket on regulations.gov. 7-OH remains federally uncontrolled as of June 2026.

EVIDENCE SUMMARY

Rationale for Restricting Enriched 7-OH

- **High mu-opioid potency —** linked to respiratory depression, severe intoxications, and deaths (Hill et al., Drug and Alcohol Dependence, 2025)
- **Mislabeling —** products sold as kratom with 7-OH concentrations far exceeding natural levels (Brown et al., Journal of AOAC International, 2025)
- No clinical safety data for enriched formulations

Rationale for Regulatory Rather Than Prohibition Framework for Natural Kratom

- **State bans not effective —** not associated with lower use prevalence; online availability and study limitations confound enforcement (Ellis et al., Journal of Psychoactive Drugs, 2024)
- Prohibition increases unregulated use and eliminates product safety oversight
- Therapeutic potential (analgesia, opioid withdrawal management) warrants further study

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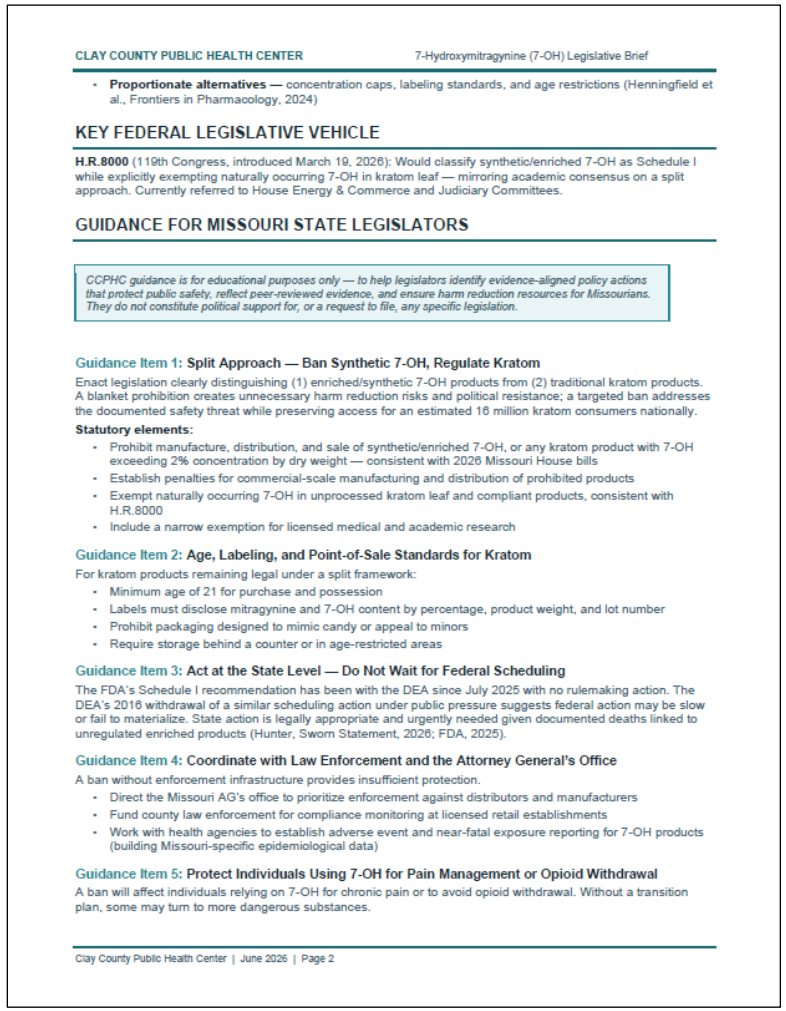
Legislative Briefs

To stay non-partisan and informational:

- We add a disclaimer (green box)
- We do not make "recommendations." We use the term "guidance item" or "guidance category."
- All guidance ties back to peer-reviewed evidence and government documents
- After our first two briefs, we reviewed the process and created an SOP
  - This included formatting, language, methodology, and transparent communication of findings



CLAY COUNTY PUBLIC HEALTH CENTER 7-Hydroxymitragynine (7-OH) Legislative Brief

- **Proportionate alternatives** — concentration caps, labeling standards, and age restrictions (Henningfield et al., Frontiers in Pharmacology, 2024)

KEY FEDERAL LEGISLATIVE VEHICLE

H.R.8000 (119th Congress, introduced March 19, 2026): Would classify synthetic/enriched 7-OH as Schedule I while explicitly exempting naturally occurring 7-OH in kratom leaf — mirroring academic consensus on a split approach. Currently referred to House Energy & Commerce and Judiciary Committees.

GUIDANCE FOR MISSOURI STATE LEGISLATORS

CCPHC guidance is for educational purposes only — to help legislators identify evidence-aligned policy actions that protect public safety, reflect peer-reviewed evidence, and ensure harm reduction resources for Missourians. They do not constitute political support for, or a request to file, any specific legislation.

Guidance Item 1: **Split Approach — Ban Synthetic 7-OH, Regulate Kratom**

Enact legislation clearly distinguishing (1) enriched/synthetic 7-OH products from (2) traditional kratom products. A blanket prohibition creates unnecessary harm reduction risks and political resistance; a targeted ban addresses the documented safety threat while preserving access for an estimated 16 million kratom consumers nationally.

Statutory elements:

- Prohibit manufacture, distribution, and sale of synthetic/enriched 7-OH, or any kratom product with 7-OH exceeding 2% concentration by dry weight — consistent with 2026 Missouri House bills
- Establish penalties for commercial-scale manufacturing and distribution of prohibited products
- Exempt naturally occurring 7-OH in unprocessed kratom leaf and compliant products, consistent with H.R.8000
- Include a narrow exemption for licensed medical and academic research

Guidance Item 2: **Age, Labeling, and Point-of-Sale Standards for Kratom**

For kratom products remaining legal under a split framework:

- Minimum age of 21 for purchase and possession
- Labels must disclose mitragynine and 7-OH content by percentage, product weight, and lot number
- Prohibit packaging designed to mimic candy or appeal to minors
- Require storage behind a counter or in age-restricted areas

Guidance Item 3: **Act at the State Level — Do Not Wait for Federal Scheduling**

The FDA's Schedule I recommendation has been with the DEA since July 2025 with no rulemaking action. The DEA's 2016 withdrawal of a similar scheduling action under public pressure suggests federal action may be slow or fail to materialize. State action is legally appropriate and urgently needed given documented deaths linked to unregulated enriched products (Hunter, Sworn Statement, 2026; FDA, 2025).

Guidance Item 4: **Coordinate with Law Enforcement and the Attorney General's Office**

A ban without enforcement infrastructure provides insufficient protection.

- Direct the Missouri AG's office to prioritize enforcement against distributors and manufacturers
- Fund county law enforcement for compliance monitoring at licensed retail establishments
- Work with health agencies to establish adverse event and near-fatal exposure reporting for 7-OH products (building Missouri-specific epidemiological data)

Guidance Item 5: **Protect Individuals Using 7-OH for Pain Management or Opioid Withdrawal**

A ban will affect individuals relying on 7-OH for chronic pain or to avoid opioid withdrawal. Without a transition plan, some may turn to more dangerous substances.

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Accomplishments

Over the past two years we have:

- Established strong internal protocols for tracking and monitoring policies that impact public health
- Created a trusted avenue for educating community members and partners about the public health policies that impact them
- Built a reputation with our community's decision-makers as a resource.
  - This includes creating requested legislative briefs for leaders
  - Conversations about new HIA opportunities
  - Embedding HiAP principles into processes for community organizations
  - Being invited to conversations and committees about master planning, ordinance language, and other long-term community policy work
- Taken on leadership roles in communities of practice for LHDs doing policy work
  - This solid network has helped us build our processes and guided our strategies

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Lessons Learned

- Prioritizing community needs is key
  - We have an opportunity to meet a unique and challenging moment in public health.
- Build structure first, when possible
  - Time and stress could have been saved if we had built more structure first.
  - That structure can (and should) be flexible enough to absorb changes.
    - Every project is a learning experience, and that knowledge should be tracked and added to processes so it does not get lost.
    - Policy needs can change quickly. The ability to pivot keeps things moving and builds on existing momentum.
- Narrow your scope and work proactively when you can
  - After paying attention to trends for the last two years, I plan on narrowing the agenda of what we track.
  - Broad legislative agendas result in more bills and ordinances than one person can effectively track AND educate about.
  - For the 2027 session, we will closely track the things we know are coming, preemptively create briefs on those topics, and keep a looser eye on the rest
- Ask for help
  - Reach out to peers who are already doing this work. There is no reason to reinvent the wheel

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Questions

Lauren Crome, MHA
Health Policy Analyst
lcrome@clayhealth.com

Clayhealth.com/policy