KANSAS PRIMARY CARE NEEDS ASSESSMENT

2021

Prepared for the State Office of Primary Care and Rural Health

AD ASTRA PER ASPERA
Kansas
Department of Health and Environment

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Executive Summary

The State Office of Primary Care and Rural Health (SOPC/RH) conducted a statewide needs assessment to refine its understanding of the primary care landscape for rural and underserved populations of Kansas. This report includes a discussion of the supply and distribution of the health professional workforce, critical indications of medical under-service, and barriers to care in the state of Kansas.

With assistance from the Wichita State University Community Engagement Institute (CEI), this collaborative project met requirements set forth by the Health Resources Services Administration Primary Care Office grant.

SOPC/RH and CEI staff utilized available databases, surveys, focus groups, and surveillance data to analyze:

- primary care, dental, and mental health provider shortages;
- lack of access to quality preventive and primary care services;
- key barriers to health care access; and
- telehealth, telemedicine, and telemonitoring.

Two surveys were developed – one for community members and one for healthcare providers/facilities – and then administered in the months of May and June 2021. Upon launching the survey, stakeholders and design team members were provided links to both the healthcare and community surveys, two email templates, a frequently asked questions document, and copies of two survey invitation letters that were sent from SOPC/RH.

Major takeaways from the primary and secondary data in this report include:

- **Specialty services are difficult to reach** in frontier and rural parts of the state
- **Distance to services is a barrier to accessing care** for frontier residents
- **Cost of health care is a deterring factor** for some community members attempting to access services, specifically deductibles and coverage of services

- **Telehealth could help increase access to services**; however, access to internet and internet capable devices can be a barrier
- **Clinic hours were identified as barriers** for residents regardless of the type of county they live in
- **More dental and mental health providers are needed** throughout Kansas
- **OB/GYN, Cardiology, and Family Practice** are among the most needed services for community members and healthcare providers
- There are **more non-physician providers** in Kansas, especially in frontier counties, and these providers could help increase access to services in these communities
- **Recruitment and retainment** of practitioners is an area that needs improvement
- **Targeted recruitment efforts are needed for surveys such as this to get a multitude of responses from diverse members of the community**

Major takeaways by county categorization and HPSA health categories (primary care, dental health, and mental health):

Primary Care

Frontier

- Higher percentage of low birth weights than other county categorizations and than Kansas' total percentage of low birth weights.
- Higher rate of primary care providers than other county categorizations.
- 73.4% (n=47) of frontier healthcare respondents indicated having primary care professionals available.
- Higher rate of non-physician primary care providers than other county categorizations.
- **Oncology** was the third most requested specialty/service by community and healthcare respondents from frontier counties.
- **Cardiology** was the most needed specialty/service identified by frontier healthcare respondents.

Rural

- **OB/GYN** was the most requested specialty/service by community respondents from rural counties.
- **Oncology** was the third most requested specialty/service by community respondents from rural counties.
- **Family Practice/Primary Care** was the most needed specialty/service identified by rural healthcare respondents.
- **General Surgery** was the second most needed specialty/service identified by rural healthcare respondents.
- **Internal Medicine** was tied for the third most needed specialty/service identified by rural healthcare respondents.
- **Cardiology** was tied for the third most needed specialty/service identified by rural healthcare respondents.
- 75.7% (n=28) of rural healthcare respondents indicated having primary care professionals available.

Densely-Settled Rural

- **Neurology** was the second most requested specialty/service by community and healthcare respondents from densely-settled rural counties.
- **Family Practice/Primary Care** was tied as the second most needed specialty/service identified by densely-settled rural healthcare respondents.
- **OB/GYN** was the most needed specialty/service identified by densely-settled rural healthcare respondents.
- 65.7% (n=23) of densely-settled rural healthcare respondents indicated having primary care professionals available.

Semi-Urban

- **Neurology** was the most requested specialty/service by community and healthcare respondents from semi-urban counties.
- **Cardiology** was tied as the second most requested specialty/service by community respondents from semi-urban counties.
- **Nephrology** was tied as the second most requested specialty/service by community respondents from semi-urban counties.
- **Podiatry** was tied as the second most requested specialty/service by community respondents from semi-urban counties.
- **OB/GYN** was tied as the second most needed specialty/service identified by semi-urban healthcare respondents.
- **Family Practice/Primary Care** was tied as the second most needed specialty/service identified by semi-urban healthcare respondents.
- 64.0% (n=16) of semi-urban healthcare respondents indicated having primary care professionals available.

Urban

- Second highest rate of primary care providers than other county categorizations.
- Second highest rate of non-physician primary care providers than other county categorizations.
- **Primary care** was tied for the third most requested specialty/service by community respondents from urban counties.
- **OB/GYN** was tied as the second most needed specialty/service identified by urban healthcare respondents.
- **Cardiology** was tied as the second most needed specialty/service identified by urban healthcare respondents.
- 50.0% (n=18) of urban healthcare respondents indicated having primary care professionals available.

Dental Health

Frontier

- Lower rate of dentists than other county categorizations.
- **Dentistry** was the most requested specialty/service by community respondents from frontier counties.
- **Dentistry** was the second most needed specialty/service identified by frontier healthcare respondents.
- 10.9% (n=7) of frontier healthcare respondents indicated having dental professionals available.

Rural

- **Orthodontics** was the second most requested specialty/service by community respondents from rural counties.
- 2.7% (n=1) of rural healthcare respondents indicated having dental professionals available.

Densely-Settled Rural

- Higher average HPSA score for dental health than primary care and mental health.
- 20.0% (n=7) of densely-settled rural healthcare respondents indicated having dental professionals available.

Semi-Urban

- Higher average HPSA score for dental health than primary care and mental health.
- Second highest rate of dentists compared to other county categorizations.
- 36.0% (n=9) of semi-urban healthcare respondents indicated having dental professionals available.

Urban

- Higher average HPSA score for dental health than primary care and mental health.
- Higher rate of dentists compared to other county categorizations.

- **Dentistry** was the most needed specialty/service identified by urban healthcare respondents.
- 47.2% (n=17) urban healthcare respondents indicated having dental professionals available.

Mental Health

Frontier

- Higher average HPSA score for mental health than primary care and dental health.
- Lower rate of mental health providers than other county categorizations.
- **Behavioral health** was the second most requested specialty/service by community respondents from frontier counties.
- 12.5% (n=8) frontier healthcare respondents indicated having mental health professionals available.

Rural

- Higher average HPSA score for mental health than primary care and dental health.
- 27.0% (n=10) rural healthcare respondents indicated having mental health professionals available.

Densely-Settled Rural

- **Substance misuse services** was the most requested specialty/service by community respondents from densely-settled rural counties.
- **Behavioral Health** was the third most requested specialty/service by community respondents from densely-settled rural counties.
- 37.1% (n=13) densely-settled rural healthcare respondents indicated having mental health professionals available.

Semi-Urban

- Second highest rate of mental health providers compared to other county categorizations.
- 48.0% (n=12) semi-urban healthcare respondents indicated having mental health professionals available.

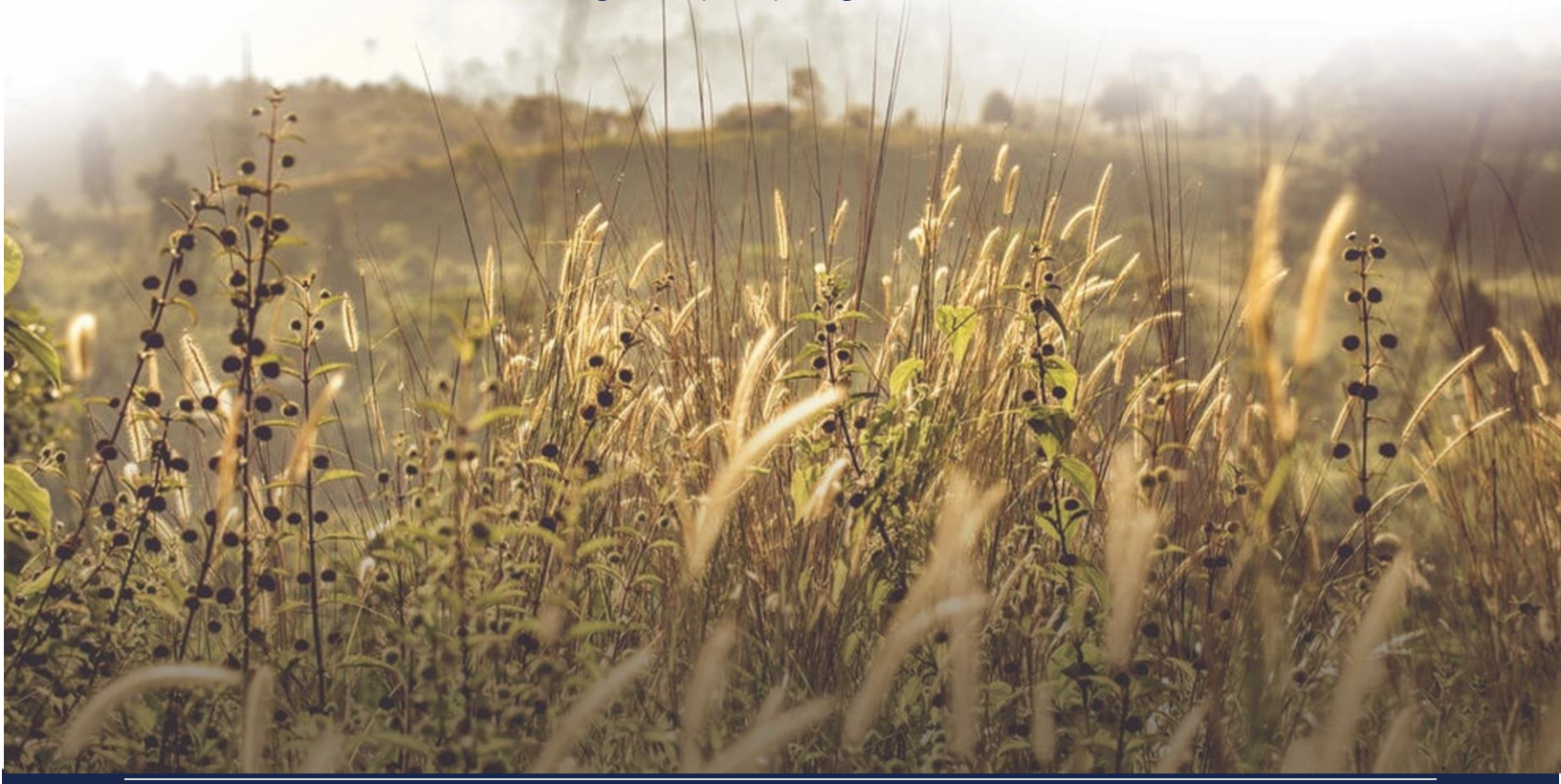
Urban

- Higher rate of mental health providers than other county categorizations.
- **Behavioral health** was the most requested specialty/service by community respondents from urban counties.
- **Rehabilitation** was the second most requested specialty/service by community respondents from urban counties.
- **Substance misuse services** was tied for the third most requested specialty/service by community respondents from urban counties.
- 41.7% (n=15) urban healthcare respondents indicated having mental health professionals available.

Next Steps

HPSA designations recognize geographical areas, populations, or facilities experiencing a shortage of primary, dental, or mental health care services. Once a designation is achieved, a numeric score is assigned to measure the degree of shortage. High shortage areas receive prioritized aid from the federal government through various programs and incentives, making the area more attractive to health care professionals. As these providers establish their practices within a HPSA, the shortage is alleviated, assistance is eventually withdrawn and health professionals frequently put down permanent roots within their service area to the mutual benefit of their careers, families, and the community.

The findings gathered from this assessment identify and prioritize areas and communities in Kansas with the greatest unmet health care needs, health disparities, and health workforce shortages. For the remainder of the Primary Care Office grant period, the SOPC/RH will focus its efforts and resources on addressing these barriers in the identified target areas. Together with stakeholders and design team members, the SOPC/RH will create Statewide Rational Service Area (SRSA) plans and methodology to determine Health Professional Shortage Area (HPSA) designations.



Acknowledgements

The development of this report would not have been possible without the help of KDHE SOPC/RH staff, WSU CEI staff, and design team representatives from the following organizations: Community Care Network of Kansas (CCNK), Kansas Hospital Education and Research Foundation (KHERF now known as Healthworks), Kansas University Medical Center Education Services Recruitment and Retention Center (RHES), KDHE Preparedness Program, KDHE Kansas Statewide Farmworker Health Program, Kansas Rural Health Association (KsRHA), Oral Health Kansas, and Office of Rural Prosperity (ORP).

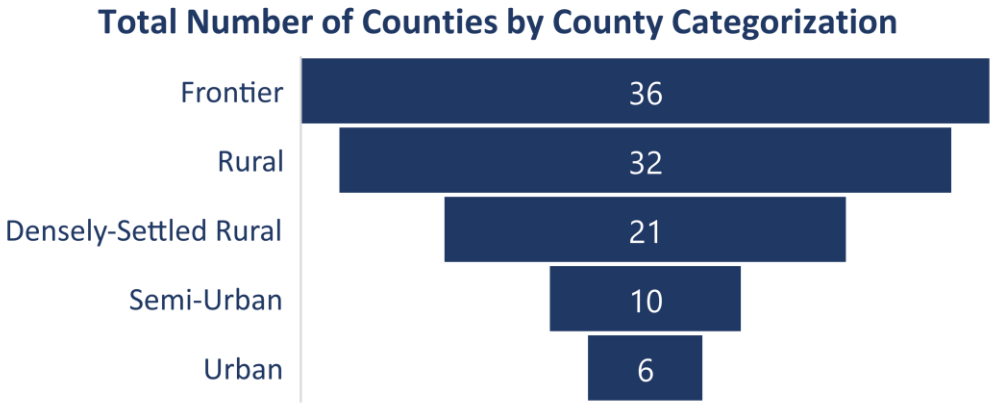
Design team members met and exceeded the following expectations:

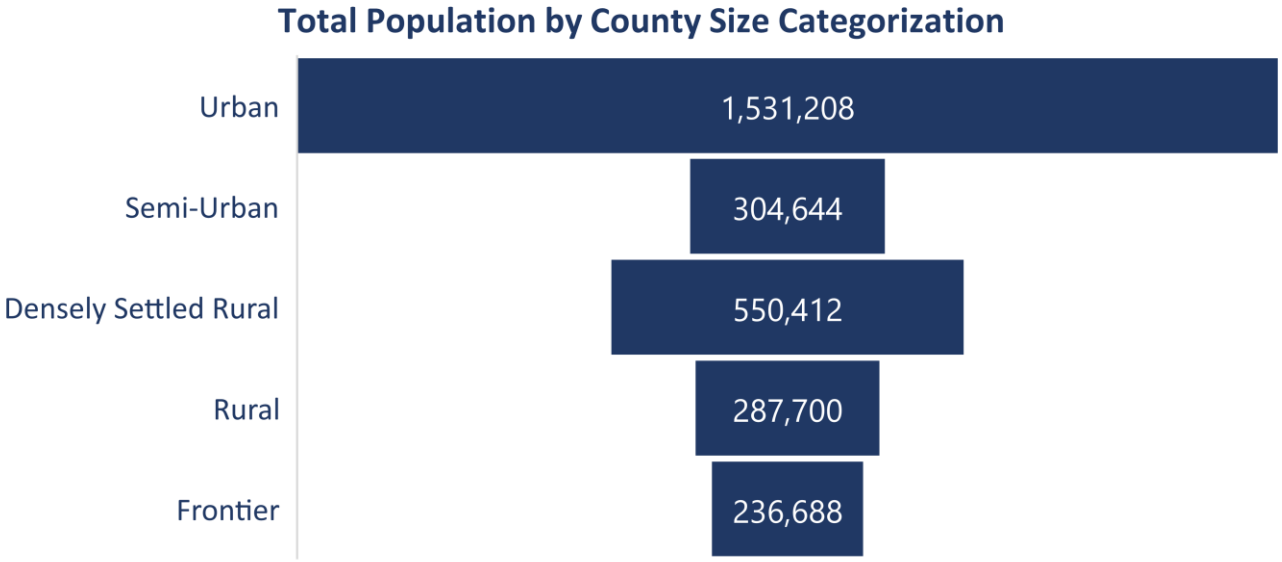
- Assisting in determining assessment questions and definitions;
- Attending bi-monthly meetings in addition to 'kick-off' and 'wrap-up' events;
- Promoting assessment participation to organizations and colleagues identified as potential partners;
- Participating in discussions regarding data findings and identification of possible solutions;
- Assisting in the selection of content to present in the final assessment report; and
- Commenting on how assessment results can affect and inform future Primary Care Office (PCO) rational service area plans.

Kansas Profile

Kansas Demographics

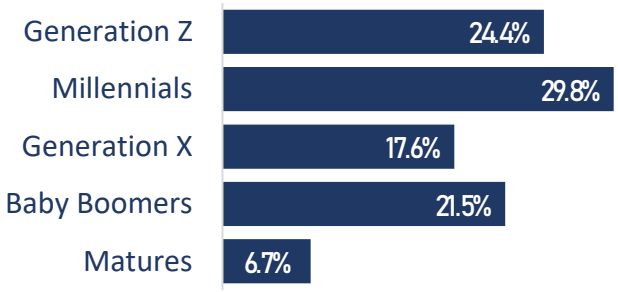
According to the 2019 Census, Kansas' total population is approximately 2,913,314 across 81,758 square miles. Kansas counties can be classified into five categories based on population density: Urban, Semi-Urban, Densely-Settled Rursl, Rural, and Frontier. Urban counties are the most densely populated areas, and Frontier counties are the least populated (see figure below). Approximately two-thirds of Kansas counties are Frontier or Rural (see figure below).





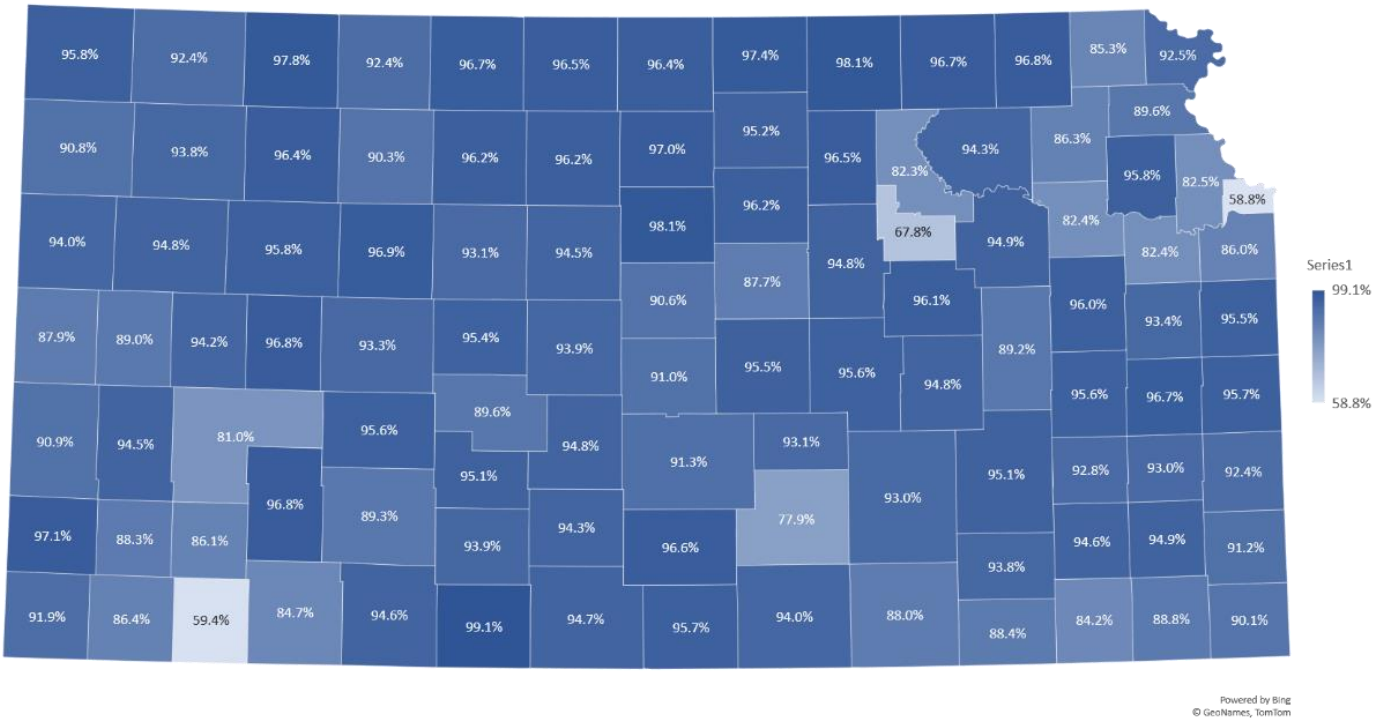
Kansas has a higher percentage of Millennials (29.8%) compared to other age generations.

Population by Generation, Statewide, 2015 - 2019

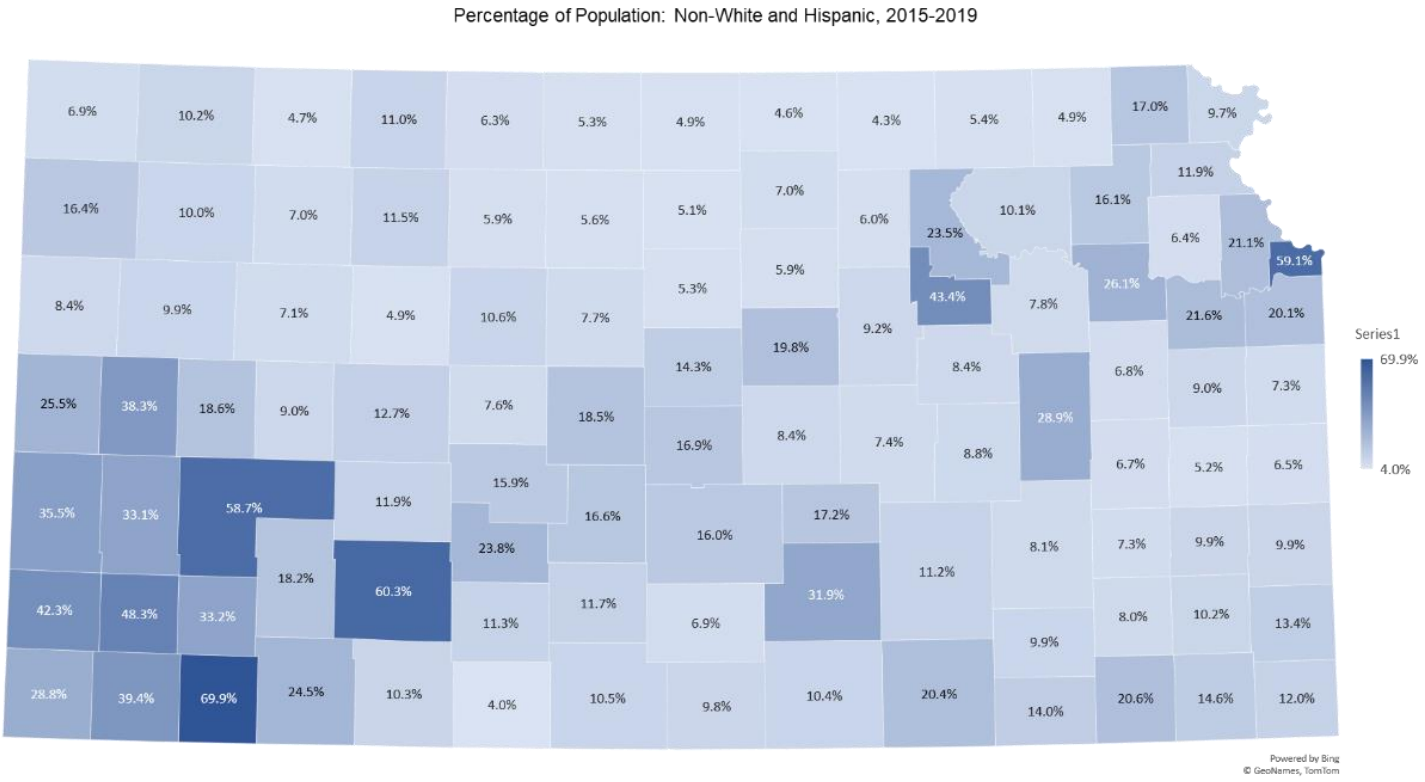


Kansas has a larger percentage of white, non-Hispanic residents (75.4%), compared to non-white and Hispanic populations. The second largest group is Hispanic residents, who make up approximately 12.2% of the population, followed by Black or African residents who make up approximately 6.1% of the population in Kansas (Census, 2019). The maps below identify race and ethnicity makeup by county.

Percentage of Population: White Alone, 2015-2019



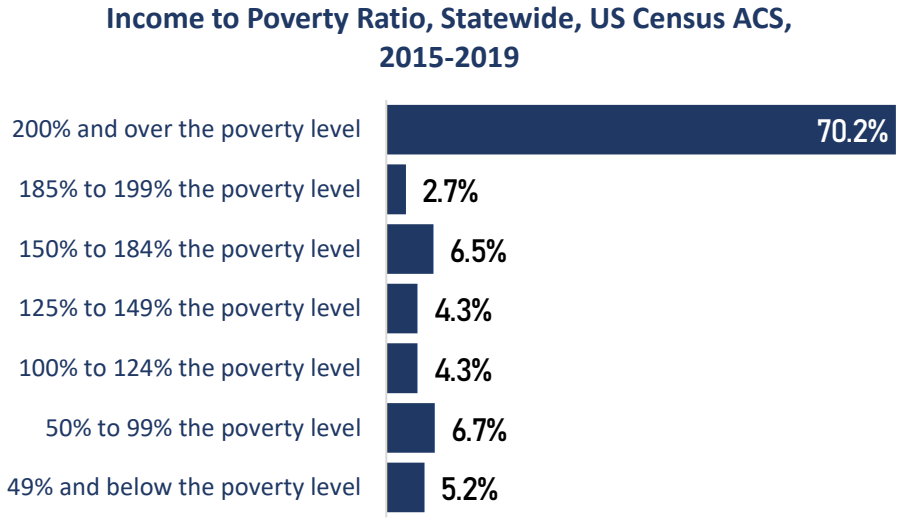
Four counties (Finney, Ford, Seward, and Wyandotte) have more than 50% of their population identifying as non-white and/or Hispanic.



Language differences can be a barrier to receiving adequate health care. This contributes to a reduction in satisfaction of both the patient and the medical provider (Shamsi et al., 2020), which can lead to miscommunication, a lack of understanding related to conditions and/or treatment, and potential adverse health outcomes. The primary language spoken in households across Kansas is English (82.4%), followed by Spanish (7.3%).

Table 1. Language Spoken by County Categorization						
	Kansas	Urban	Semi-Urban	Densely-Settled Rural	Rural	Frontier
English Only	88.1%	87.6%	96.8%	46.6%	89.5%	73.5%
Spanish	7.8%	8.6%	0.5%	4.4%	7.9%	4.1%
Asian-Pacific Islander	2.0%	1.2%	0.4%	2.2%	1.4%	21.5%
Other Indo-European	1.5%	1.8%	1.9%	46.6%	1.0%	0.8%
Other	0.6%	0.8%	0.5%	0.2%	0.3%	0.2%
US Census ACS 5-year, 2015-2019						

Individuals and families that are living in poverty may have more adverse health outcomes than others. They are at an increased risk for chronic disease, higher mortality rates, lower life expectancy, and other health concerns (Healthy People 2020). Nearly 30% of Kansas residents (29.7%) fall below the federal poverty level.

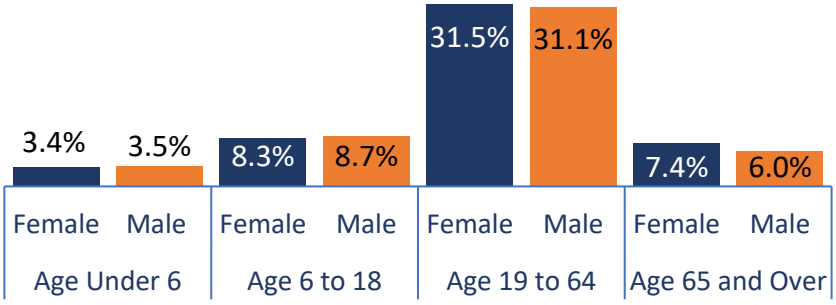


Secondary Data

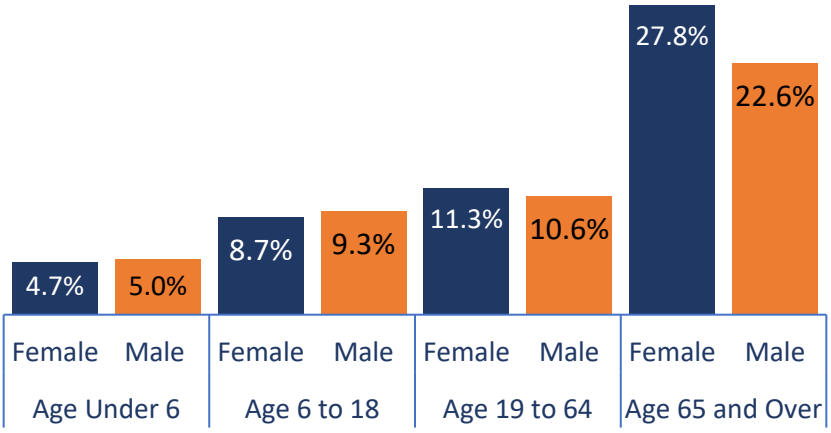
An analysis of the lack of access to preventive and primary care services

Rising health insurance costs make it difficult for some to be able to afford medical treatment or prescription medications. Those without health insurance are less likely to access routine, preventive primary services. Approximately 89.3% of Kansans are insured, and 8.6% of Kansas residents are uninsured. Of those that are insured, 82.2% are insured via private health insurance, and 31.9% are insured through public health insurance (US Census ACS 5-year, 2015-2019). The figures below display the breakdown of both private and public health insurance by Sex and Age. Each block is a different age group broken down by percent male and female that have either insurance type.

Private Insurance, by Age and Sex, Statewide,
US Census ACS, 2015-2019



Public Insurance, by Age and Sex, Statewide,
US Census ACS, 2015-2019



An analysis of the highest needs for health services based on various factors

Understanding mortality rates can help inform where efforts could be focused to improve the health of Kansans. Additionally, Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality (Kansas Health Matters, 2021). Measuring premature mortality, rather than overall mortality, focuses attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. Cancer is the second leading cause of death in Kansas and accounts for the most years of potential life lost.

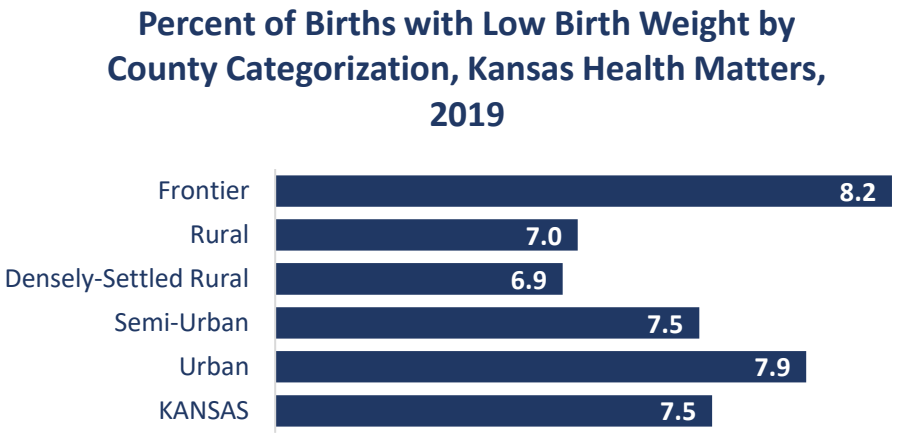
Table 2. Age-adjusted Mortality Rates for the State of Kansas

Indicator	***Rate per 100,00 population***	***Years of Potential Life Lost****
Alzheimer's Disease	22.9	11.2
Cancer	152.9	1,206.5
Cerebrovascular Disease	35.5	156.6
Chronic Lower Respiratory Disease	49.7	200.7
Diabetes	23.8	196.8
Drug Poisoning	12.4	
Heart Disease	158.7	847.5
Homicide	5.6	256.2
Infant Mortality*	5.9	N/A
Nephritis, Nephrotic Syndrome, Nephrosis	15.0	70.9
Suicide	18.7	663.7
Traffic Injury	14.1	492.2
Unintentional Injuries	47.2	1,094.1
Mortality Rate	**759.2**	

Source: Kansas Health Matters, 2019

*Infant Mortality Rate represents deaths/1,000 live births; **Years of potential life lost represents years per 100,000 population

Low birth weight is a major indicator for infant mortality (Institute of Medicine, 1985). Babies born with low birth weight are more likely to need specialized care (Kansas Health Matters, n.d.). Low birth weight is more common among non-Hispanic Black mothers throughout Kansas. Low birth weight is also more common in frontier counties, with frontier counties having a higher percentage of births with low birth weight when compared to the state (see figure below).

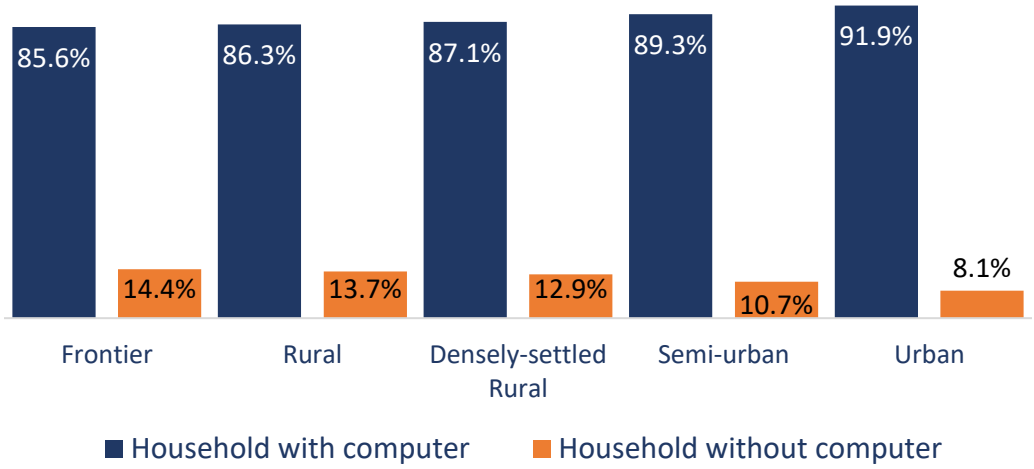


An analysis of key barriers to health care access based on experiences

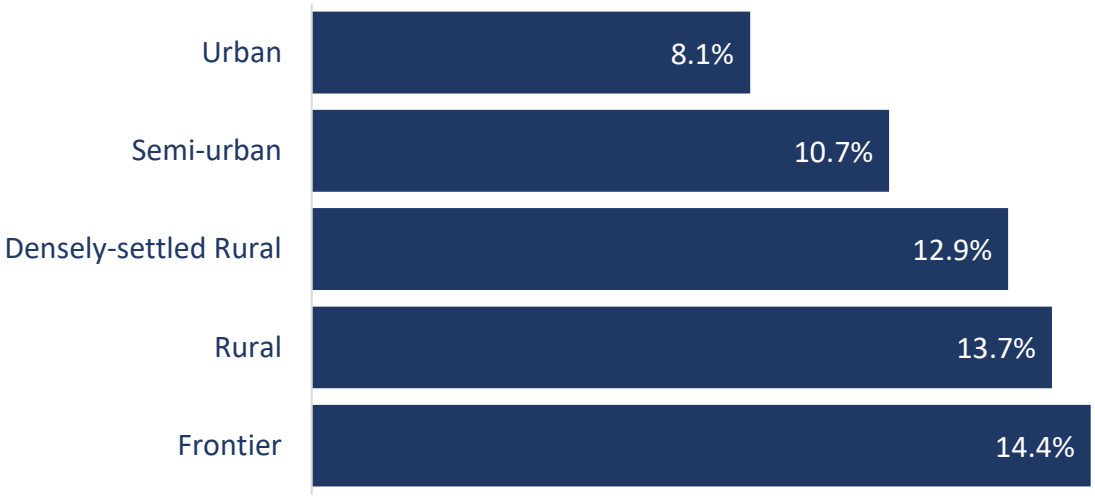
Telehealth

COVID-19 has a significant impact on the lives of Kansans in more ways than we could have imagined. Telehealth has become increasingly necessary with closures, mandates, and policies impacting access to in-person services like receiving health care. Telehealth is a more convenient way to provide quick access to services, and it increases access to some primary and preventive services for rural and senior patients. Indicators such as households with and without a computer, device type, internet access, etc., are shown below to understand readiness and access to telehealth.

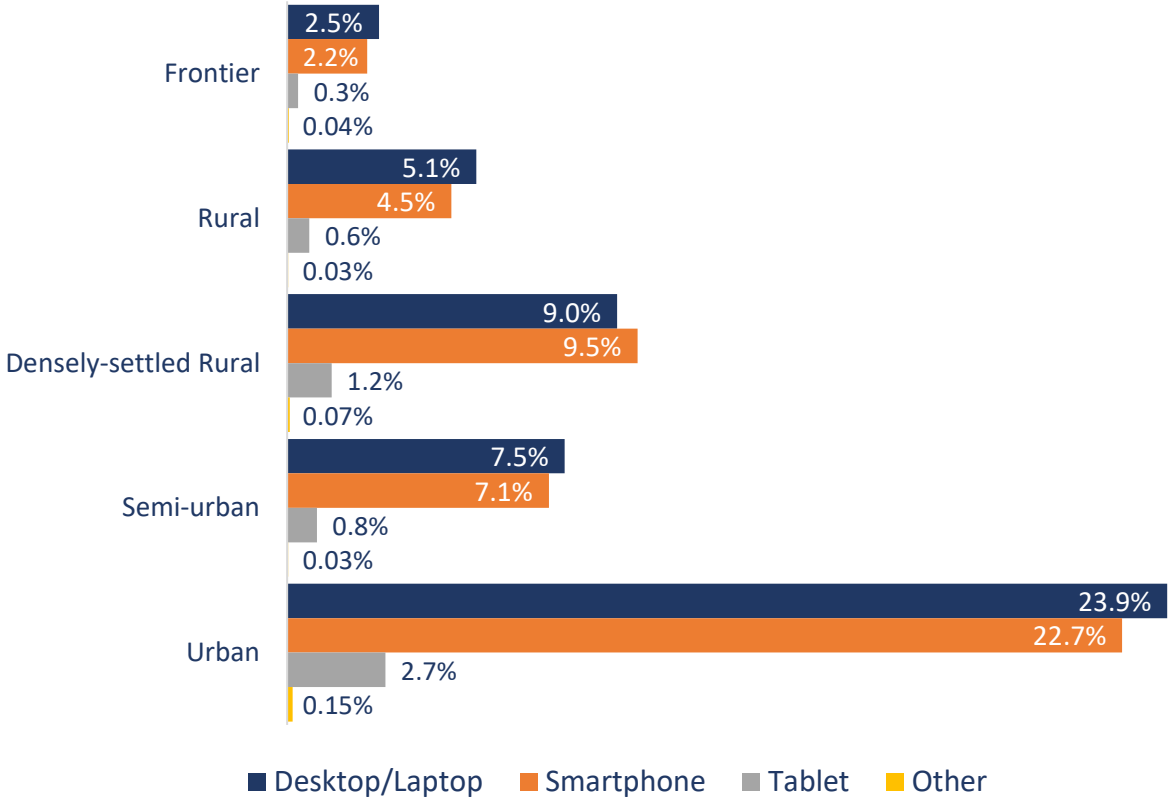
Households With and Without a Computer, by County Type, US Census ACS, 2015-2016



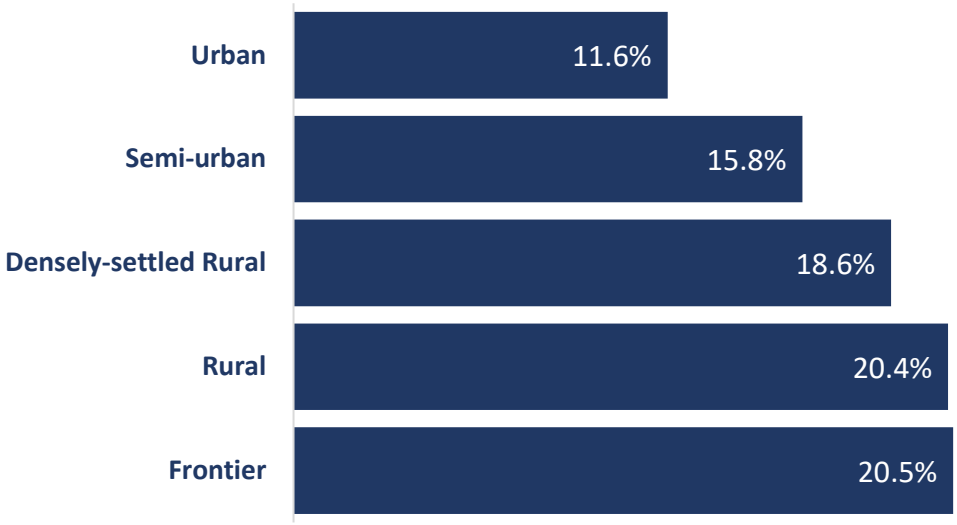
Households Without a Computer, by County Type, US Census ACS, 2015-2019



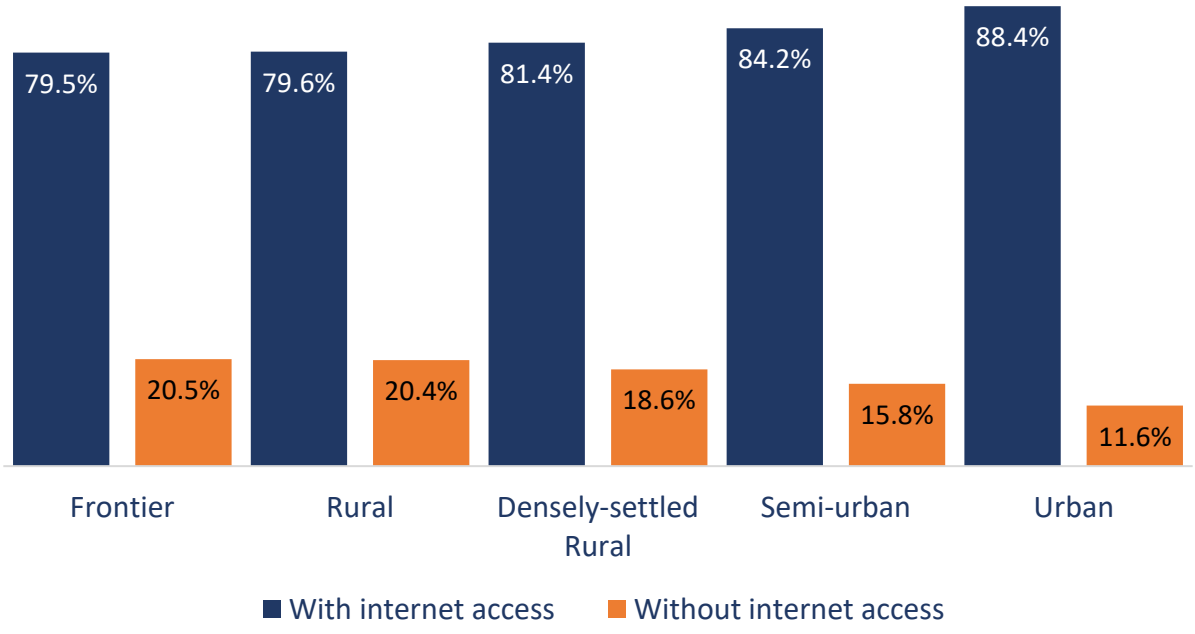
Single-device Households, by County Type and Device Type, US Census, 2015-2019



Households Without Internet Access, by County Type, US Census ACS, 2015-2019

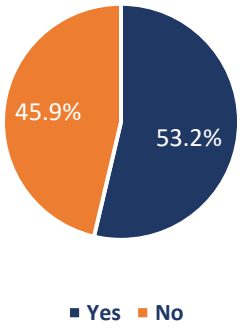


Households With and Without Internet Access, by County Type, US Census ACS, 2015-2019

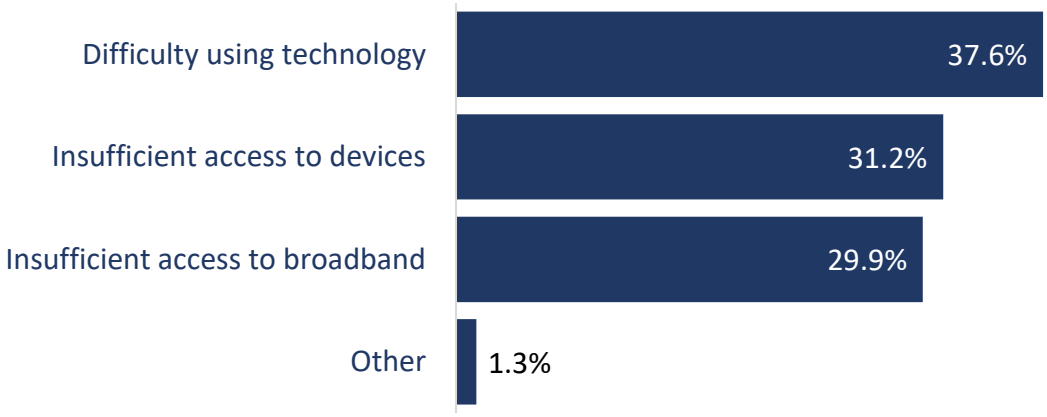


The United Methodist Health Ministry Fund (UMHMF) in collaboration with the University of Kansas Medical Center, conducted a survey that included information on telehealth services in Kansas in December 2020. They received 247 responses to an online survey, with representation from 62 of Kansas' 105 counties. The primary audience for this survey was outpatient and inpatient health/medical organizations.

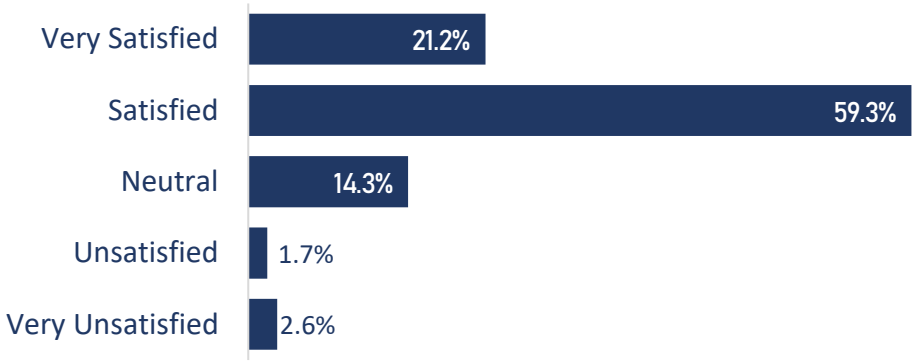
Do you think your patients have difficulty accessing telehealth?
Reported by UMHMF, 2020



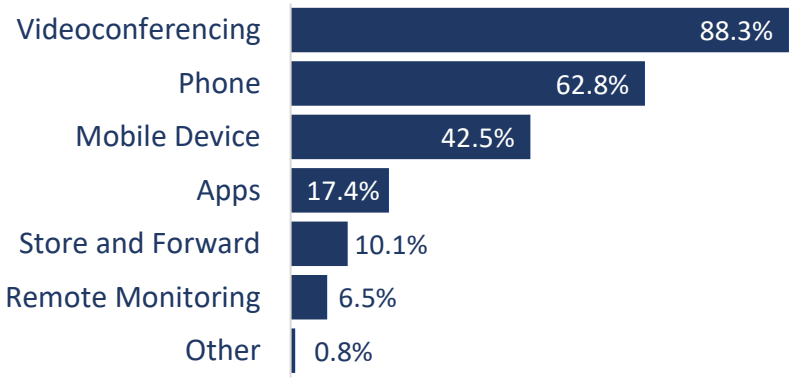
If you do think patients have difficulty accessing telehealth, why?
Reported by UMHMF, 2020



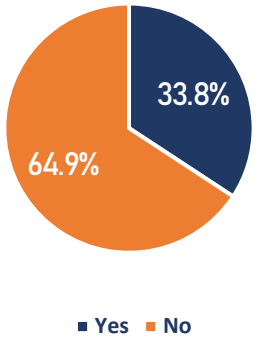
Healthcare providers perceived patient satisfaction with telehealth, Reported by UMHMF 2020



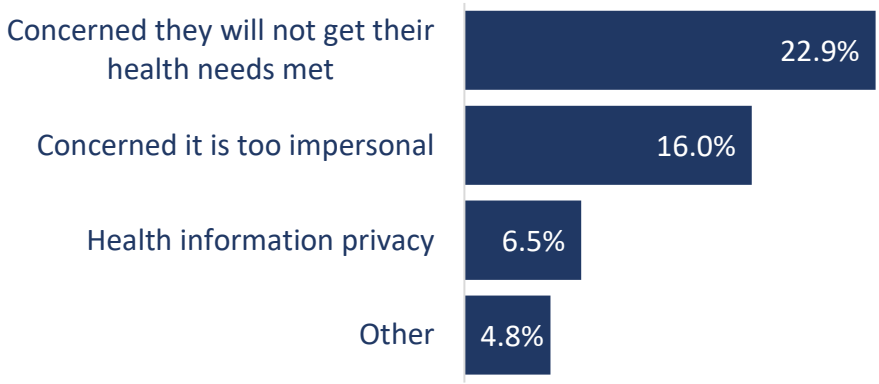
Telehealth delivery methods by modality Reported by UMHMF, 2020



Do you think your patients have concerns about using telehealth?
Reported by UMHMF, 2020



What concerns do you think they have?
Reported by UMHMF, 2020



What would need to change in order for your organization to do more telehealth?
Reported by UMHMF, 2020

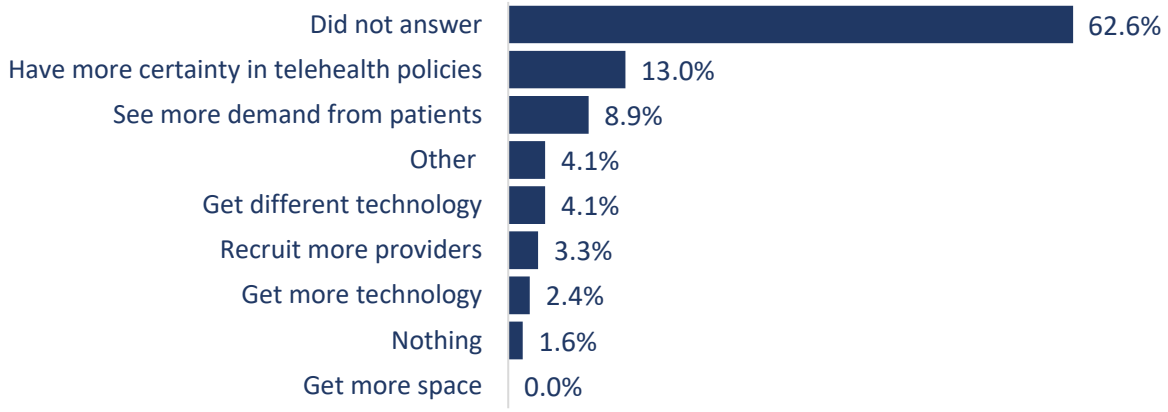


Table 3. Professionals most often providing telehealth services

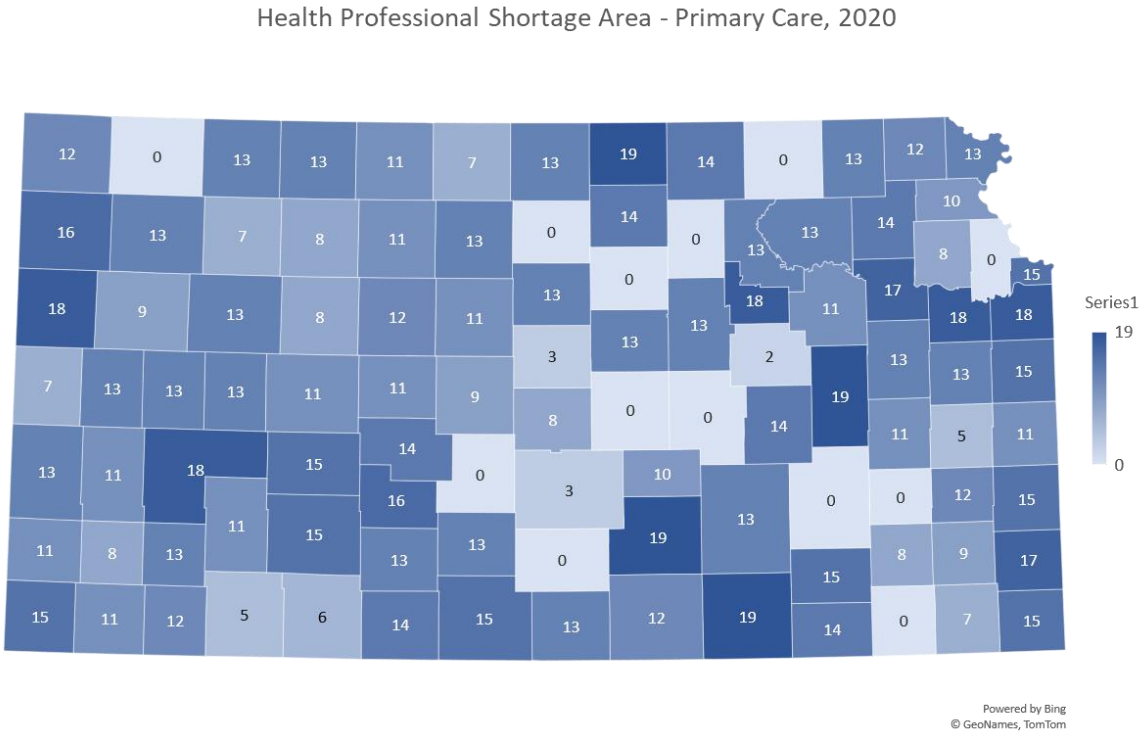
Professionals	Percent	Type of Physician	Percent
Physicians	66.7%	Primary Care	80.5%
NPs or PAs	18.2%	Other Medical Specialty	11.7%
Behavioral Health	13.0%	Surgical Specialty	2.0%
Other	1.7%	Psychiatry	5.2%
Did not answer	0.4%	Other	0.7%

UMHMF, 2020

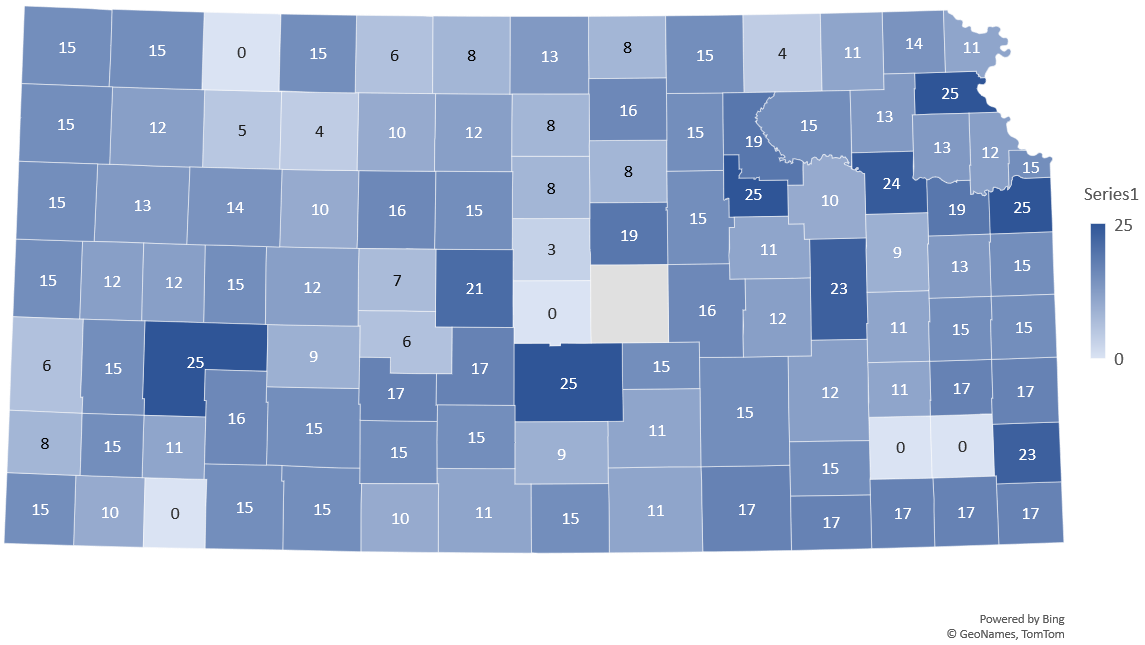
Review an analysis of primary care, dental and mental health provider shortages

Health professional shortage areas (HPSA) can be geographic areas, populations, or facilities that have a shortage of primary, dental, or mental healthcare providers. HPSA designations are determined by the number of health professionals relative to the population, with consideration of high need. Scores range from 1 to 25 for primary care and mental health and from 1 to 26 for dental health, with higher scores indicating greater priority areas (HRSA, 2020). "All Federally Qualified Health Centers and those Rural Health Clinics that provide access to care regardless of ability to pay receive automatic facility HPSA designation. These facilities may have a HPSA score of 0 (HPSA Glossary, n.d.)."

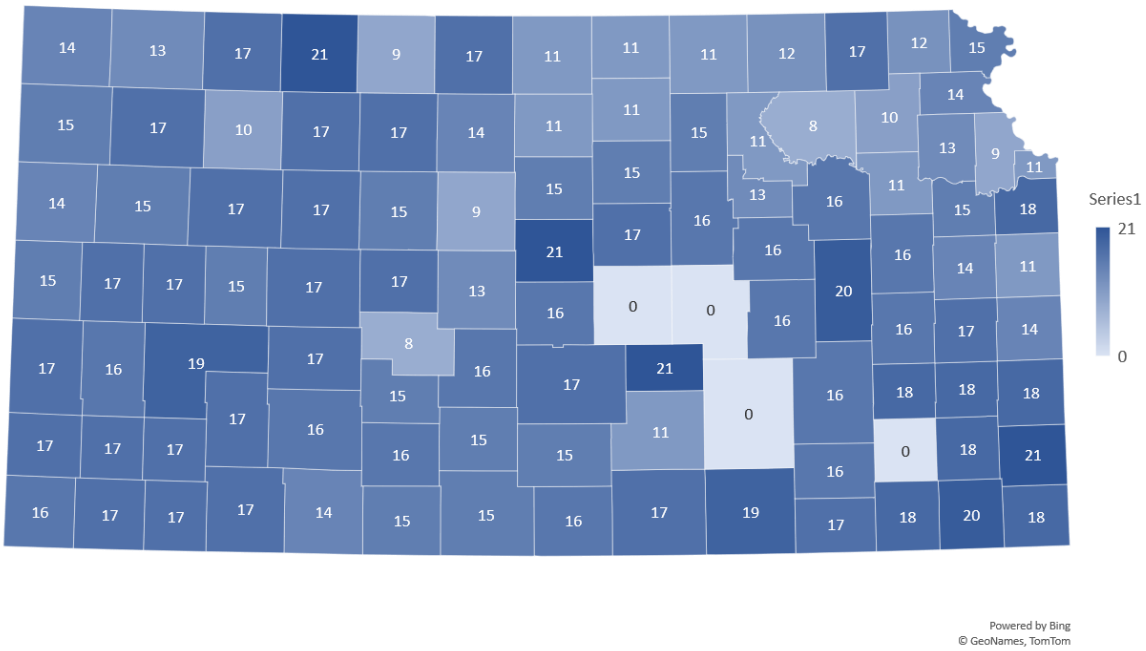
Table 4. Average HPSA Score by County Categorization			
	Primary Care	**Dental Health**	**Mental Health**
Frontier	11.6	11.9	15.7
Rural	12.0	13.4	15.0
Densely-Settled Rural	13.7	16.1	15.7
Semi-Urban	13.4	17.5	15.7
Urban	15.6	18.1	13.9
Source: HRSA			
Note: Average calculated for all locations with a current designation; calculation does not include those locations considered withdrawn.			



Health Professional Shortage Area - Dental Health, 2020

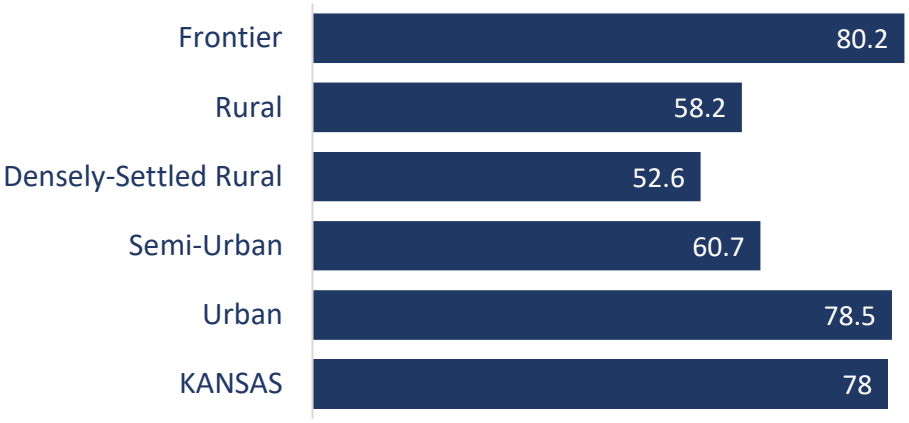


Health Professional Shortage Area - Mental Health, 2020



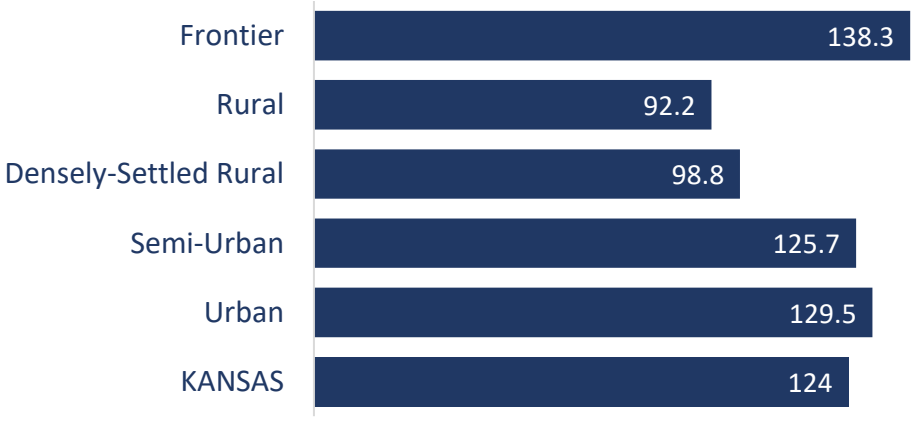
Access to primary care providers increases the likelihood that community members will have routine checkups and screenings (Kansas Health Matters, n.d.). Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.

Primary Care Provider Rate, per 100,000, by County Categorization, County Health Rankings, 2018



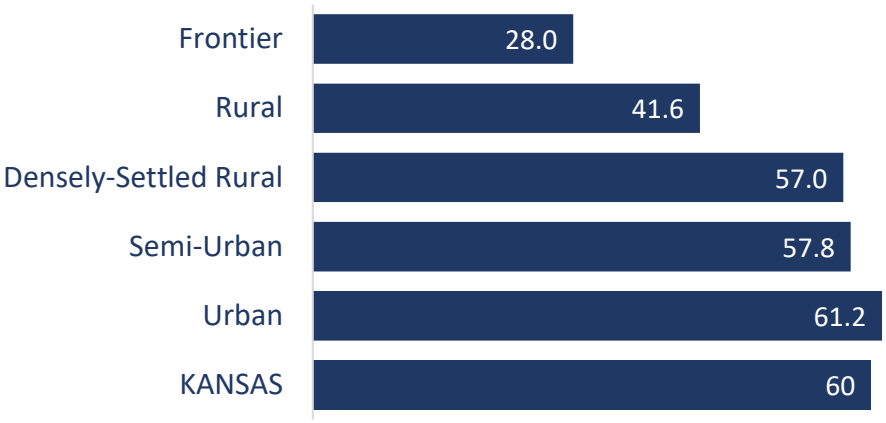
Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists.

Non-Physician Primary Care Provider Rate, per 100,000 by County Categorization, County Health Rankings, 2020

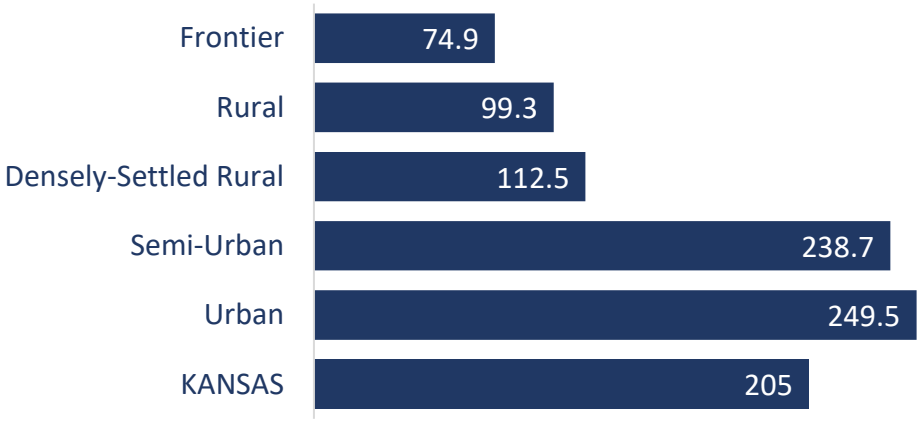


Urban counties have higher rates of dentists and mental health providers compared to other county categorizations while frontier counties have lower rates of dental and mental health providers.

Rate of Dentists per 100,000 population by County Categorization, County Health Rankings, 2019



Rate of Mental Health Providers per 100,000 population by County Categorization, County Health Rankings, 2019

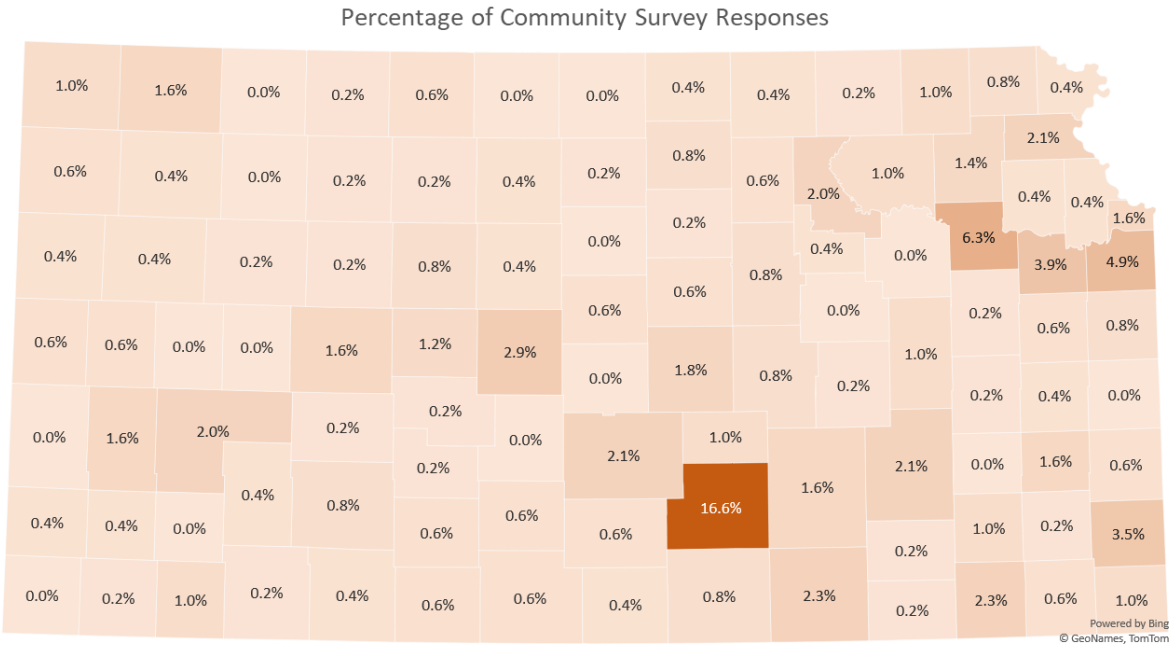


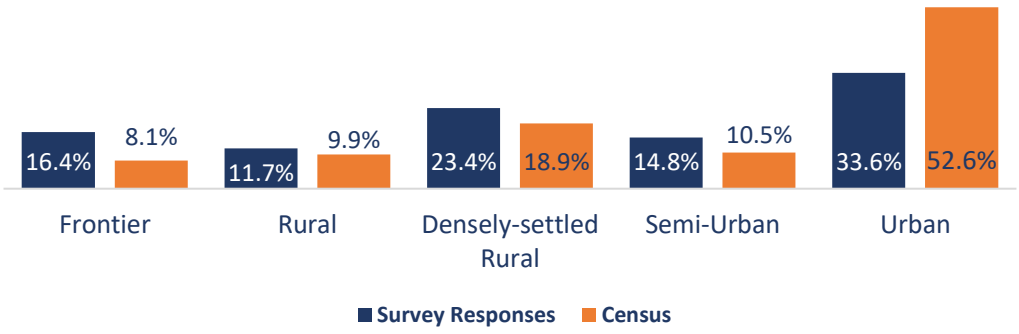
Survey Results

Community Survey

Demographics

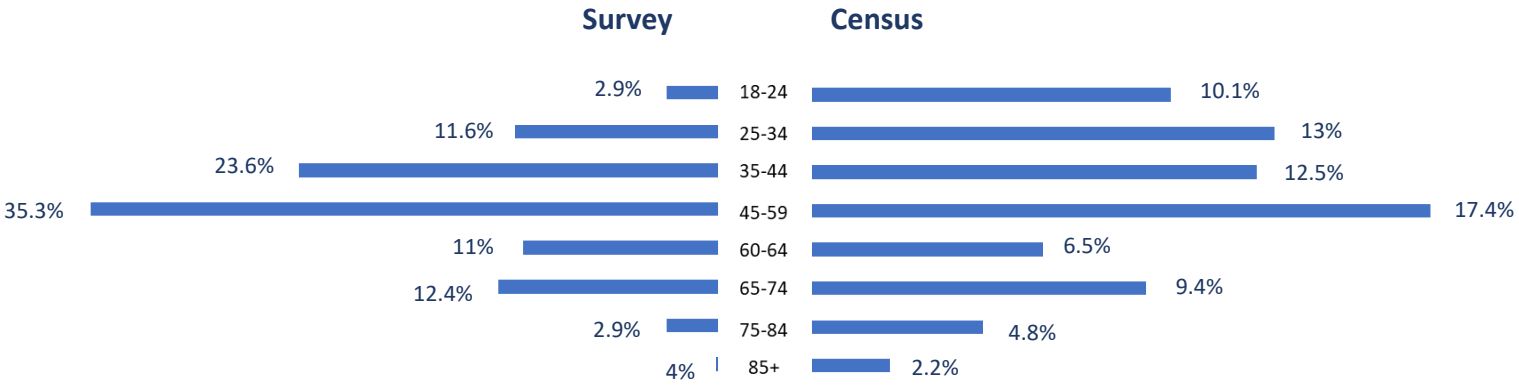
A total of 519 individuals responded to the community survey. The map below shows the distribution by county, and the figure below shows the percentage of respondents by county categorization. Most respondents were from urban counties, with Sedgwick County having the most participation (N=85).



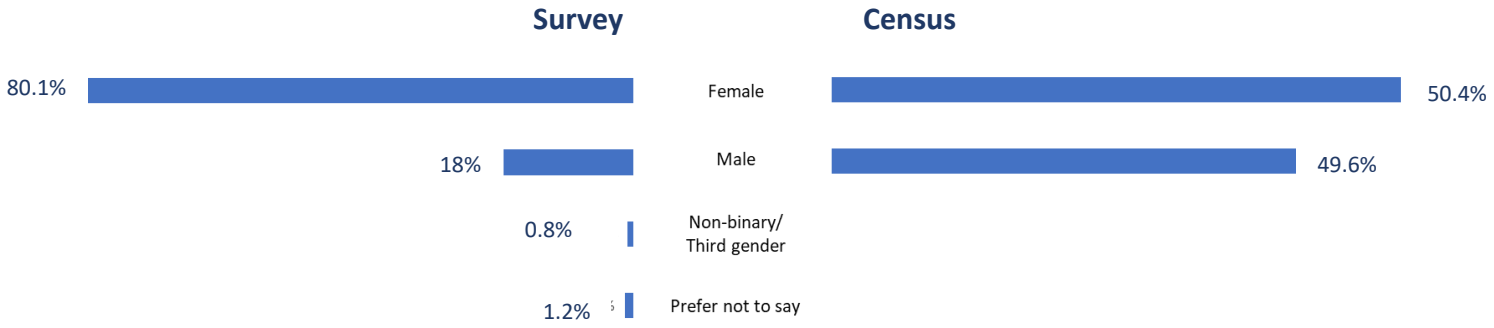


The following bar charts compare survey respondents' demographics to Census population estimates. Demographics include age (n=518), gender (n=518), educational attainment (n=517), income status (n=506), ethnicity (n=515), and race. All demographic Census data are from the US Census ACS, 5-year 2015-2019.

Age

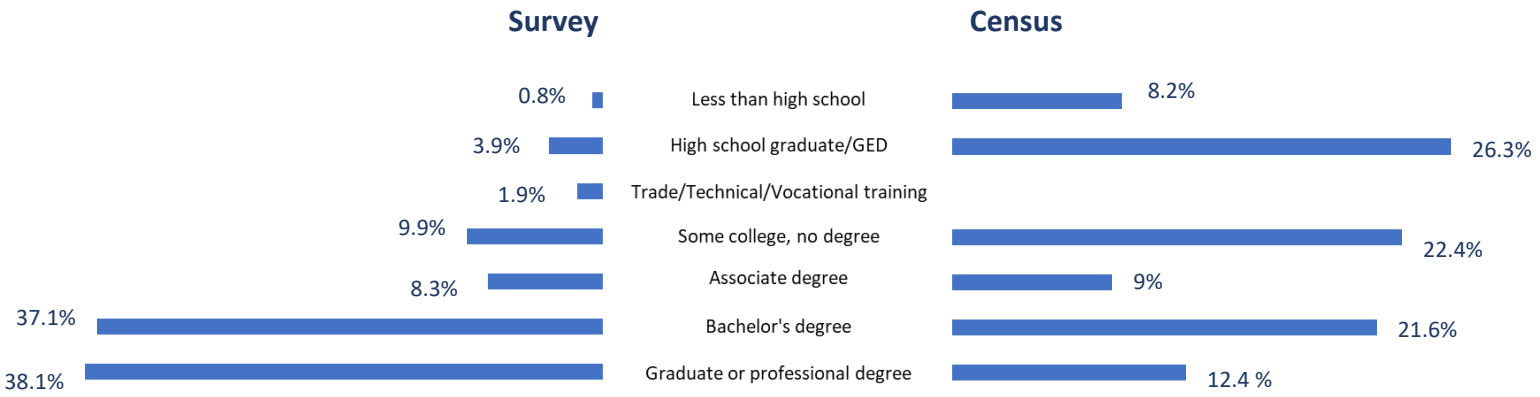


Gender



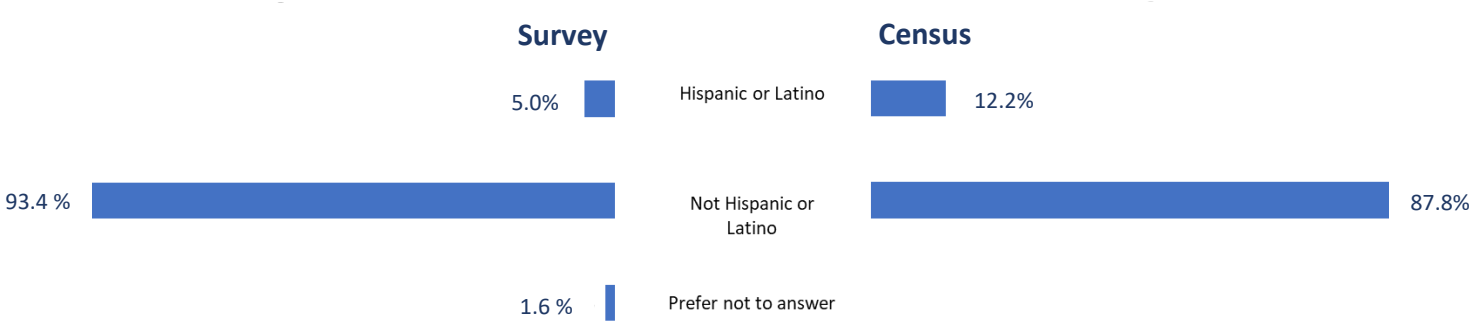
Educational Attainment

Note: There is no Trade/Technical/Vocational data available via the Census.



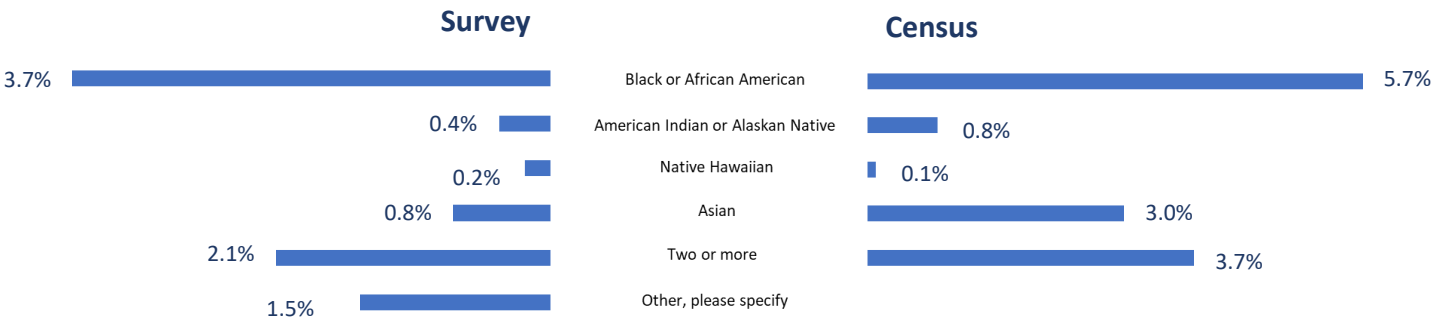
Income Status

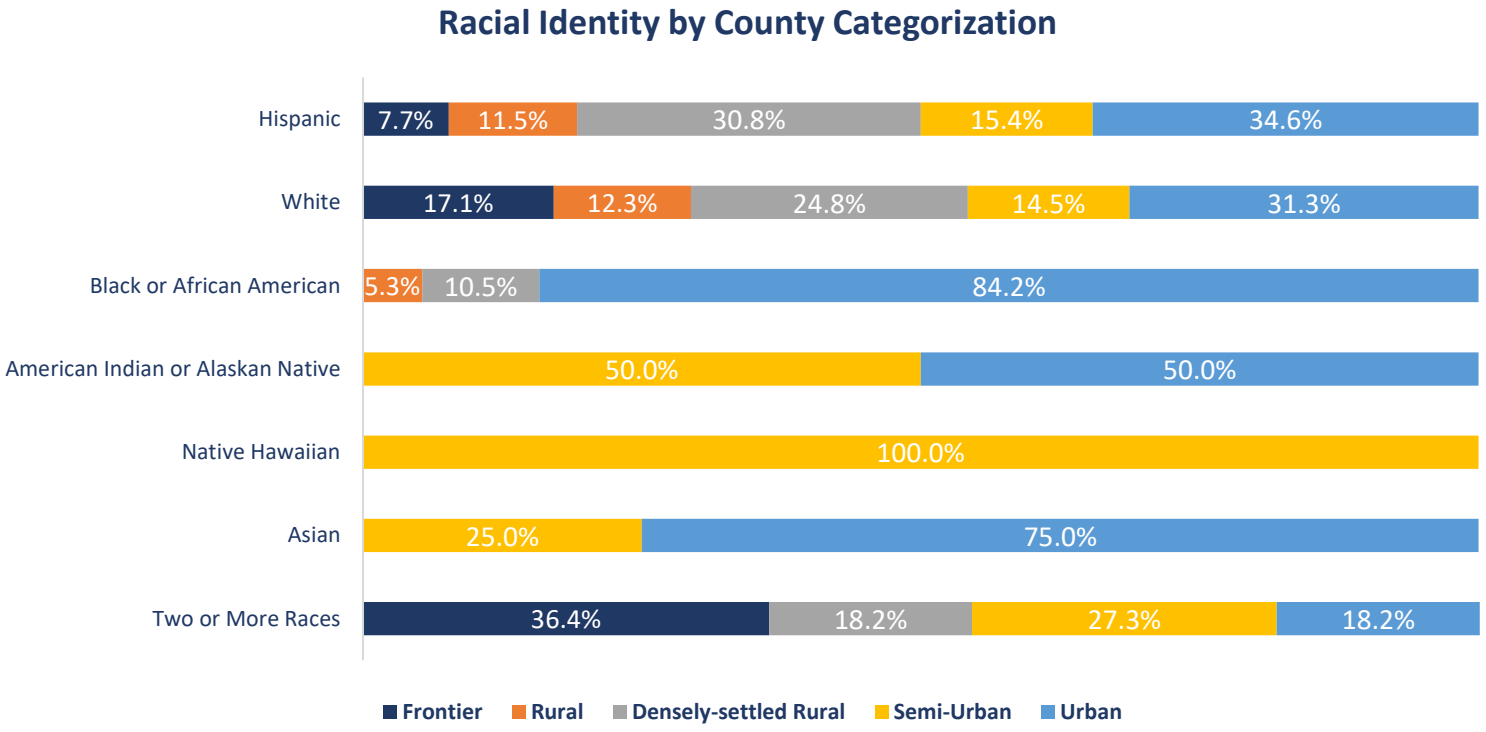
Ethnicity



Race

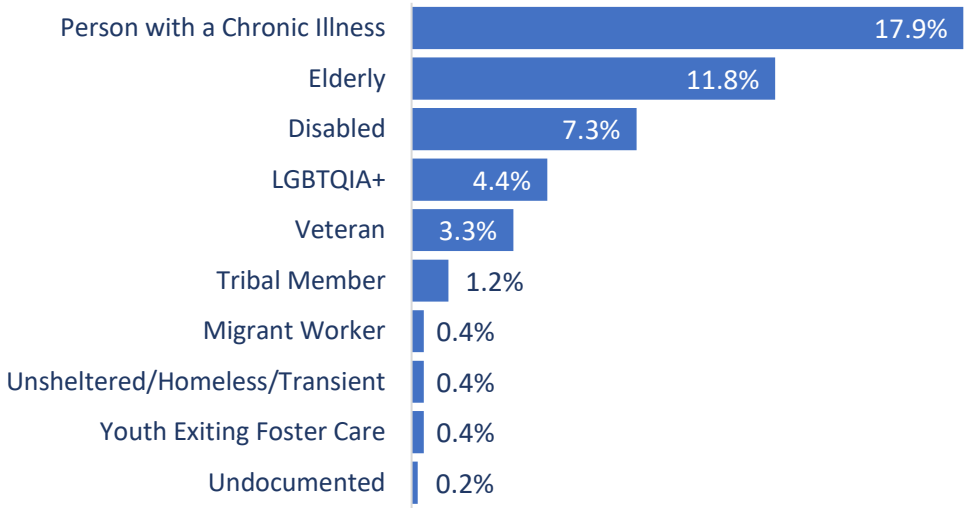
90.4% of survey participants identified as White/Caucasian. In the Census, White/Caucasian residents make up 83.6% of the Kansas population. The following graph displays the distribution of racial identity by county categorization. Note: There is no "Other" option on the census.



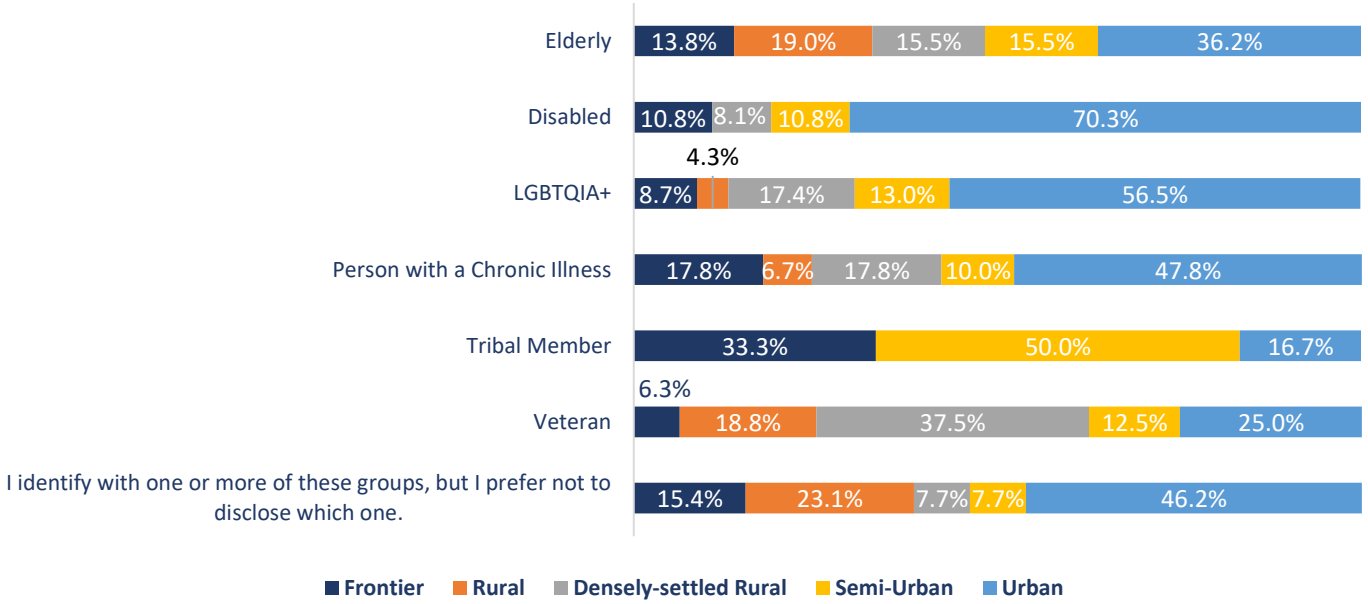


17.9% of survey respondents identified as being a person with a chronic illness, 11.8% as elderly, and 7.3% as disabled.

Community Members Self-Identifying with One or More of the Following Vulnerable Populations

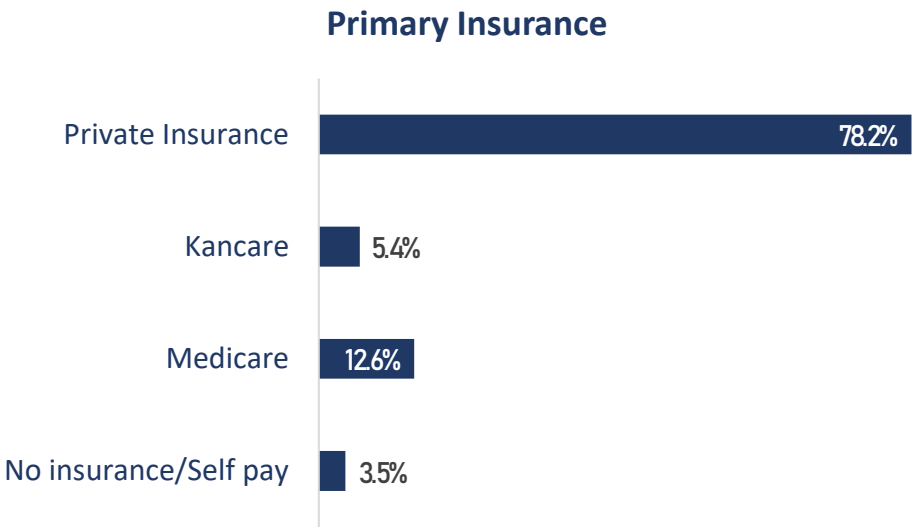


Community Members Identifying with One or More of the Following Vulnerable Populations

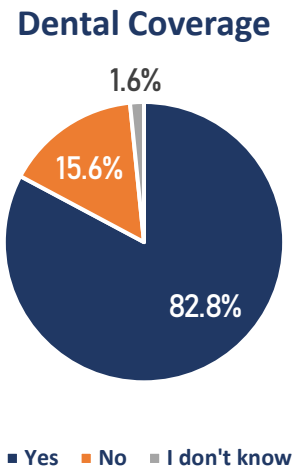


Most respondents had private insurance coverage (78.2%) and dental coverage (82.8%). However, 98.6% of our respondents did not have insurance that covered mental health services.

Primary Insurance Status



Dental Coverage



Mental Health Coverage

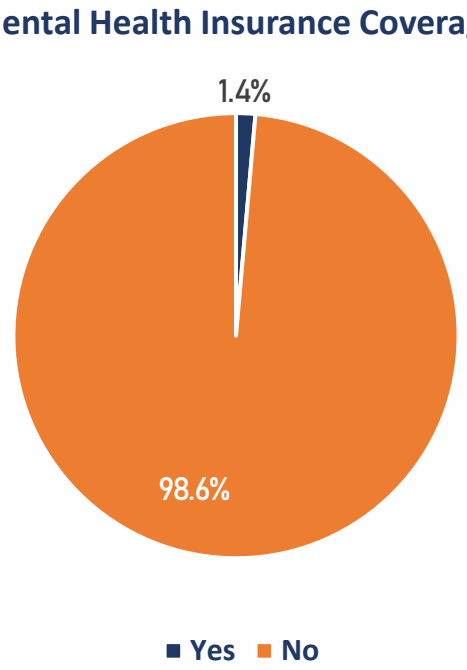
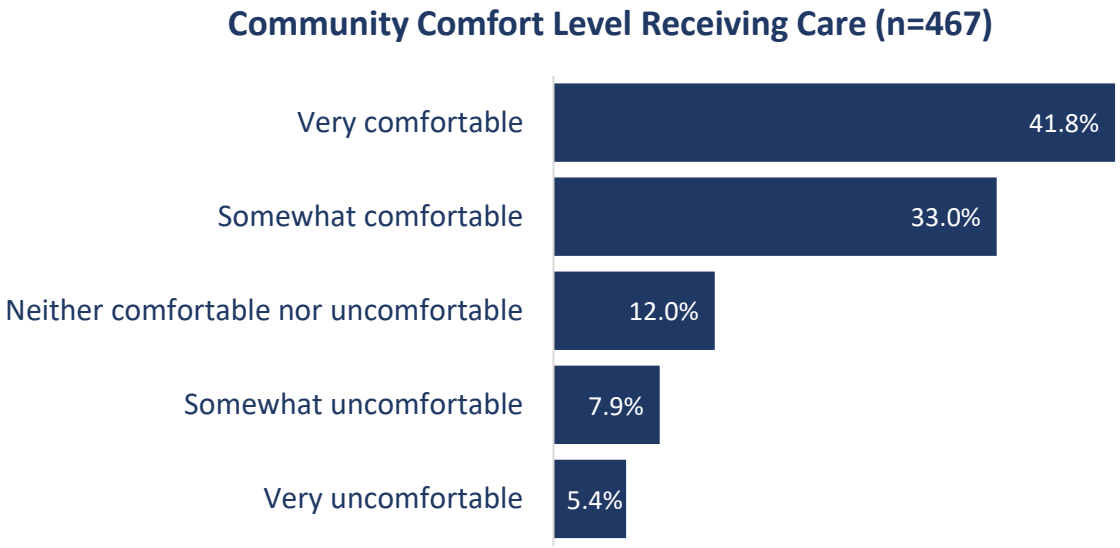


Table 5. Insurance Status by County Categorization						
	Frontier	**Rural**	**Densely-Settled Rural**	**Semi-Urban**	**Urban**	**Total**
Private Insurance	17.4%	10.9%	25.9%	14.2%	31.6%	**402**
Kancare (Medicaid, Sunflower, Aetna, United HealthCare)	11.1%	3.7%	14.8%	7.4%	63.0%	**27**
Medicare	14.3%	15.9%	14.3%	20.6%	34.9%	**63**
No Insurance/Self Pay	11.1%	22.2%	16.7%	22.2%	27.8%	**18**
Dental Coverage	16.9%	10.9%	22.8%	15.1%	34.2%	**403**
Mental Health Coverage	16.5%	8.6%	22.7%	15.3%	36.9%	**339**

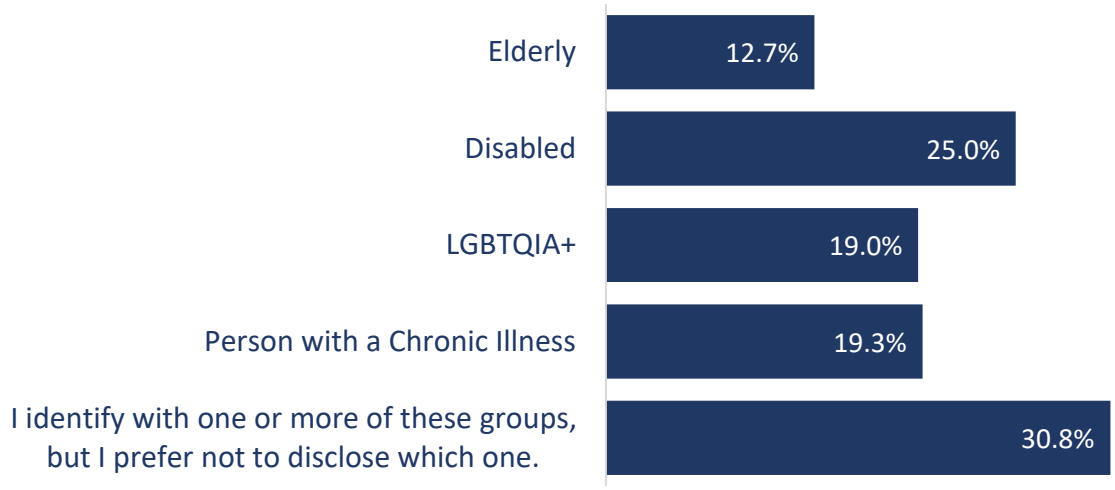
An analysis of the lack of access to preventive and primary care services

Respondents were asked how comfortable they were receiving care in their respective communities, and respondents most commonly indicated they were very comfortable or somewhat comfortable receiving care.



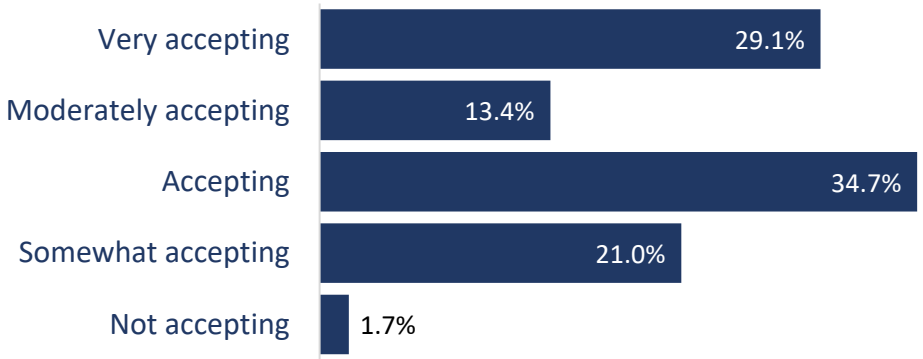
Of those that indicated that they felt uncomfortable (n=62)—the "somewhat uncomfortable" and "very uncomfortable" scale options were combined—receiving care, most were a part of a vulnerable population and chose not to disclose which one (30.8%), followed by those that self-identified as disabled (25.0%). Not all who expressed being uncomfortable were a part of a vulnerable population.

Percentage of Those From Each Group That Expressed Feeling Uncomfortable Receiving Care at Their Local Health Clinic



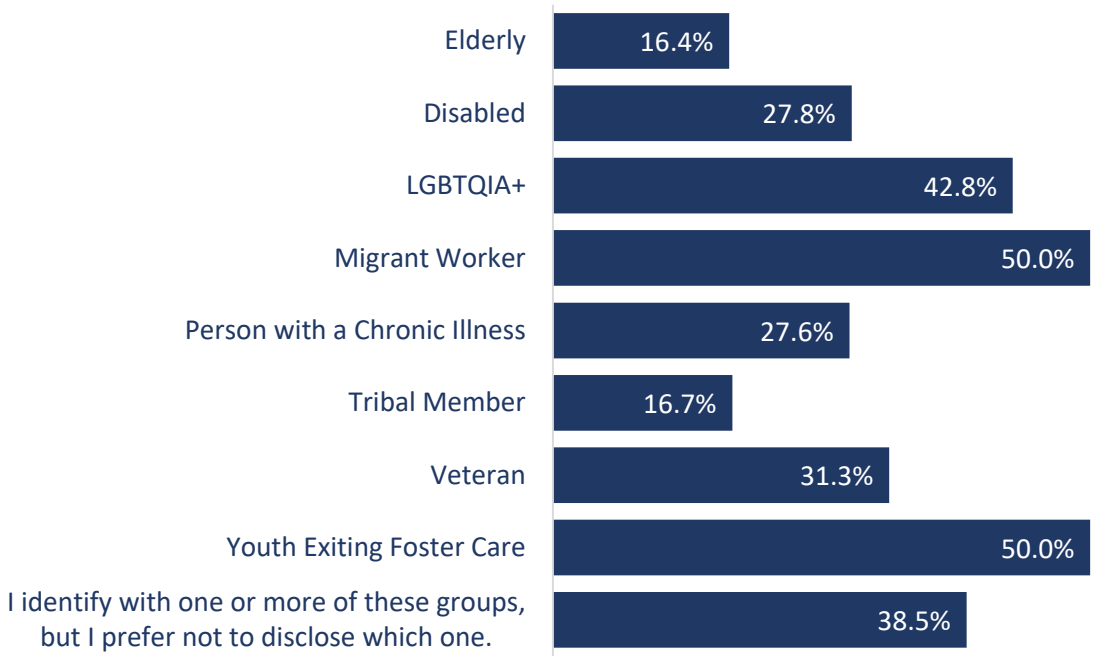
22.7% of survey respondents indicated that they felt their healthcare providers were not generally accepting of those from different backgrounds.

Community Perceptions of Healthcare Providers Acceptance of Differing Cultural Backgrounds (n=461)



42.8% of those identifying as LGBTQIA+ answered that their providers were not accepting of others from different cultural backgrounds (the "somewhat accepting" and "not accepting" scale options were combined). Migrant workers and youth exiting foster care services had two respondents each, so 50% should not be generalized, because of the small group size.

Percentage of Those From Each Group That Expressed That Their Health Care Providers Are Not That Accepting of Others From Different Cultural Backgrounds



An analysis of the highest needs for health services based on various factors

Across all survey respondents, the top three specialties community members would like to see include behavioral health, neurology, and OB/GYN. Dentistry was indicated as the most needed specialty in frontier counties, OB/GYN for rural counties, neurology in densely-settled rural and semi-urban counties, and behavioral health in urban counties.

Table 6. Specialties Not Available That Community Members Would Like to See	
	%
Behavioral Health	13.9%
Neurology	10.6%
OB/GYN	9.8%
Substance Misuse Services	9.6%
Dentistry	9.4%
Cardiology	8.5%
Oncology	8.1%
Podiatry	6.7%
General Pediatrics	6.2%
Nephrology	5.8%
Oral Surgery	5.8%
General Surgery	5.6%
Orthodontics	5.2%
Primary Care	5.0%
Rehabilitation	3.9%
Hematology	3.1%
End of Life Care/Hospice/Palliative Care	2.7%
Other, please specify	16.0%
Data Note: Respondents self-reported availability of services in their community. Check provider records to confirm availability of services (or lack thereof).	

Other specialties are identified in the table below. Responses with only one respondent include: Functional Medicine, Gastroenterologist, Geriatrics, High Risk Pregnancy OBGYN, Holistic Medicine, LVAD, Pain Specialist, Palliative Care, Pediatric Dentistry, Plastic Surgery, Urgent Care, and Women's Health. Additionally, one respondent mentioned that there are no specialties available within 10 miles of their community.

Table 7. Other Specialties Not Available that Community Members Would Like to See (n=81)	
	%
Ashtma/Allergy	4.9%
Dermatology	7.4%
Ear Nose Throat	2.5%
Endocrinologist	7.4%
Expanded Oncology Treatment	2.5%
Greater Variety of Mental Health Services	7.4%
Optometry	2.5%
Orthopedics	2.5%
Pulmonology	3.7%
Rheumatology	7.4%
All available or relatively close	6.2%
N/A or none	19.8%
Don't Know	3.7%
Note: Some respondents gave more than one response **Data Note: Respondents self-reported availability of services in their community. Check provider records to confirm availability of services (or lack thereof).**	

In the following table, red numbers indicate the top three specialties identified in each county categorization.

Table 8. Specialties not Available by County Categorization					
	Frontier	**Rural**	**Densely-settled Rural**	**Semi-Urban**	**Urban**
Behavioral Health	28.6%	10.0%	15.0%	6.6%	11.0%
Cardiology	16.7%	10.0%	10.8%	11.8%	0.6%
Dentistry	32.1%	5.0%	8.3%	3.9%	3.5%
End of Life Care/Hospice/Palliative Care	3.6%	3.3%	4.2%	1.3%	1.7%
General Pediatrics	9.5%	11.7%	10.0%	1.3%	2.3%
General Surgery	15.5%	8.3%	5.8%	1.3%	1.7%
Hematology	1.2%	5.0%	4.2%	3.9%	1.7%
Nephrology	6.0%	11.7%	5.0%	11.8%	1.7%
Neurology	8.3%	11.7%	18.3%	14.5%	2.9%
OB/GYN	13.1%	25.0%	14.2%	1.3%	4.1%
Oncology	20.2%	13.3%	5.8%	3.9%	3.5%
Oral Surgery	3.6%	6.7%	9.2%	10.5%	1.7%
Orthodontics	6.0%	16.7%	5.8%	1.3%	2.3%
Podiatry	8.3%	6.7%	5.0%	11.8%	4.1%
Primary Care	7.1%	5.0%	4.2%	3.9%	4.7%
Rehabilitation	3.6%	1.7%	3.3%	1.3%	6.4%
Substance Misuse Services	8.3%	10.0%	19.2%	7.9%	4.7%
Total in each group	**84**	**60**	**120**	**76**	**172**
Data Note: Respondents self-reported availability of services in their community. Check provider records to confirm availability of services (or lack thereof).					

An analysis of key barriers to health care access based on experiences

Community respondents were asked to select their top three financial and non-financial barriers to receiving care. Having high deductibles was the greatest financial concern among respondents. Difficulty getting to an appointment was the greatest non-financial concern. Lack of providers in the area was a concern mentioned as both a financial barrier and a non-financial barrier.

When looking at responses by county categorization there is consistency in top responses for financial barriers. Each county categorization group had more responses for the following three items: "I have high insurance deductibles," "Some of the services that I need are not covered by my insurance provider," and "Some providers do not accept my form of insurance." When looking at non-financial barriers "My work schedule is not conducive to the hours that the clinic operates," was in the top three for all county categorizations. Specialty availability was a top concern for Frontier, Rural, and Densely-Settled Rural counties. Limited appointment availability was a top concern for Semi-Urban and Urban counties. Difficulty getting an appointment was a concern for all county categorizations but Frontier counties. Lastly, only Frontier counties mentioned having to travel too far as a non-financial barrier to care.

Table 9. Financial Barriers – Community Respondents	
Barriers	**Percent Respondents**
I have high insurance deductibles	37.0%
Some of the services that I need are not covered by my insurance provider	29.9%
Some providers do not accept my form of insurance	17.0%
Sliding scale payment options are not available	5.4%
Unable to find childcare	2.7%
I do not have health insurance	2.5%
Others, please specify	17.9%

Table 10. Other Financial Barriers – Community Respondents (n=89)	
Barriers	**Percent Respondents**
No barriers	55.1%
Overall cost, high co-pays, premiums, deductibles, and/or out of network costs	28.1%
Lack of providers	7.9%
Fear of denied claims	2.2%
Time off work	2.2%
Prescription drug costs	2.2%

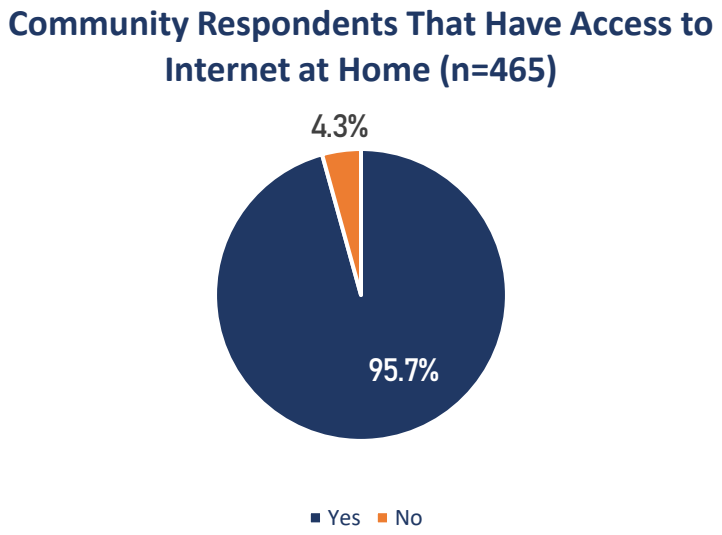
Table 11. Financial Barriers by County Categorization – Community Respondents						
Barriers	**Frontier**	**Rural**	**Densely-Settled Rural**	**Semi-Urban**	**Urban**	**Total**
I have high insurance deductibles	29.8%	43.3%	32.5%	43.4%	39.5%	**191**
Some of the services that I need are not covered by my insurance provider	27.4%	23.3%	28.3%	22.4%	37.2%	**152**
Some providers do not accept my form of insurance	17.9%	15.0%	15.0%	14.5%	19.8%	**87**
Sliding scale payment options are not available	2.4%	1.7%	6.7%	7.9%	5.8%	**27**
Unable to find childcare	2.4%	3.3%	4.2%	1.3%	2.3%	**14**
I do not have health insurance	2.4%	1.7%	2.5%	2.6%	2.9%	**13**
Total in each group	**84**	**60**	**120**	**76**	**172**	
Note: Percentages are reflecive of the percent of respondents from a given county categorization; not the percentage based on the total number of respondents for each prompt.						

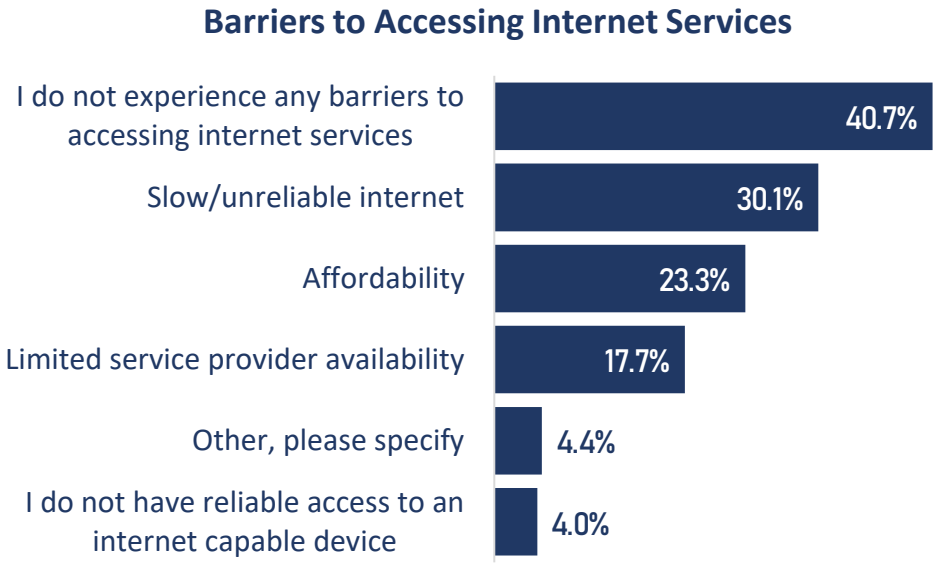
Table 12. Non-Financial Barriers – Community Respondents	
Barriers	**Percent Respondents**
It is difficult to get an appointment	24.5%
My work schedule is not conducive to the hours that the clinic operates	22.9%
Appointment availability is limited	20.8%
The specialty I need is not available in my county	17.7%
I have to travel too far to receive care	11.0%
Provider not accepting new patients	8.5%
Healthcare services in my community do not match my cultural beliefs or values	3.7%
Service providers do not look like me	2.3%
I do not have adequate transportation	1.3%
Interpretation services are limited at clinics in my area	1.0%
Physical barriers preventing access	0.8%
Other, please specify	13.3%

Table 13. Other Non-Financial Barriers – Community Respondents (n=66)	
Barriers	**Percent Respondents**
No barriers	56.1%
Lack of providers	16.7%
Stigma/Lack of competency in areas	6.1%
Having to go to multiple doctors	1.5%
Uncomfortable around providers	4.5%
COVID-19	3.0%

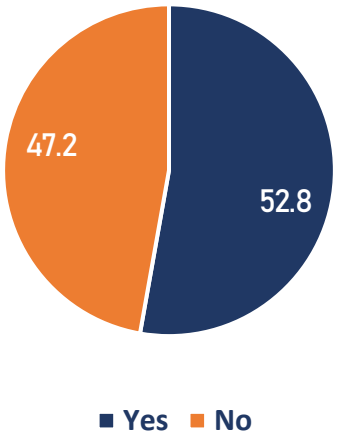
Table 14. Non-Financial Barriers by County Categorization – Community Respondents						
Barriers	**Frontier**	**Rural**	**Densely-Settled Rural**	**Semi-Urban**	**Urban**	**Total**
It is difficult to get an appointment	15.5%	18.3%	22.5%	26.3%	32.0%	**126**
My work schedule is not conducive to the hours that the clinic operates	22.6%	16.7%	22.5%	19.7%	27.3%	**118**
Appointment availability is limited	14.3%	13.3%	19.2%	19.7%	27.3%	**105**
The specialty I need is not available in my county	38.1%	21.7%	22.5%	18.4%	3.5%	**92**
I have to travel too far to receive care	26.2%	13.3%	11.7%	14.5%	1.2%	**57**
Provider not accepting new patients	7.1%	1.7%	8.3%	7.9%	11.6%	**43**
Healthcare services in my community do not match my cultural beliefs or values	2.4%	8.3%	3.3%	1.3%	4.1%	**19**
Service providers do not look like me	0.0%	0.0%	1.7%	1.3%	4.7%	**11**
I do not have adequate transportation	0.0%	1.7%	0.8%	1.3%	2.3%	**7**
Interpretation services are limited at clinics in my area	0.0%	0.0%	0.8%	2.6%	1.2%	**5**
Physical barriers preventing access	0.0%	0.0%	0.0%	1.3%	1.7%	**4**
Total in each group	**84**	**60**	**120**	**76**	**172**	
Note: Percentages are reflecive of the percent of respondents from a given county categorization; not the percentage based on the total number of respondents for each prompt.						

Telehealth

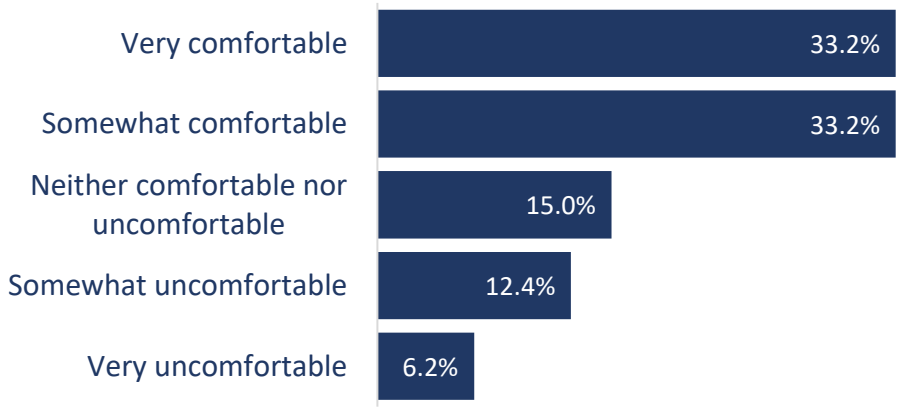

Community Respondents That Have Access to Internet at Home (n=465)
4.3%
95.7%
Yes
No


Barriers to Accessing Internet Services
I do not experience any barriers to accessing internet services
40.7%
Slow/unreliable internet
30.1%
Affordability
23.3%
Limited service provider availability
17.7%
Other, please specify
4.4%
I do not have reliable access to an internet capable device
4.0%

Percentage of Community Respondents that Have Received Care Using Telehealth Services (n=466)



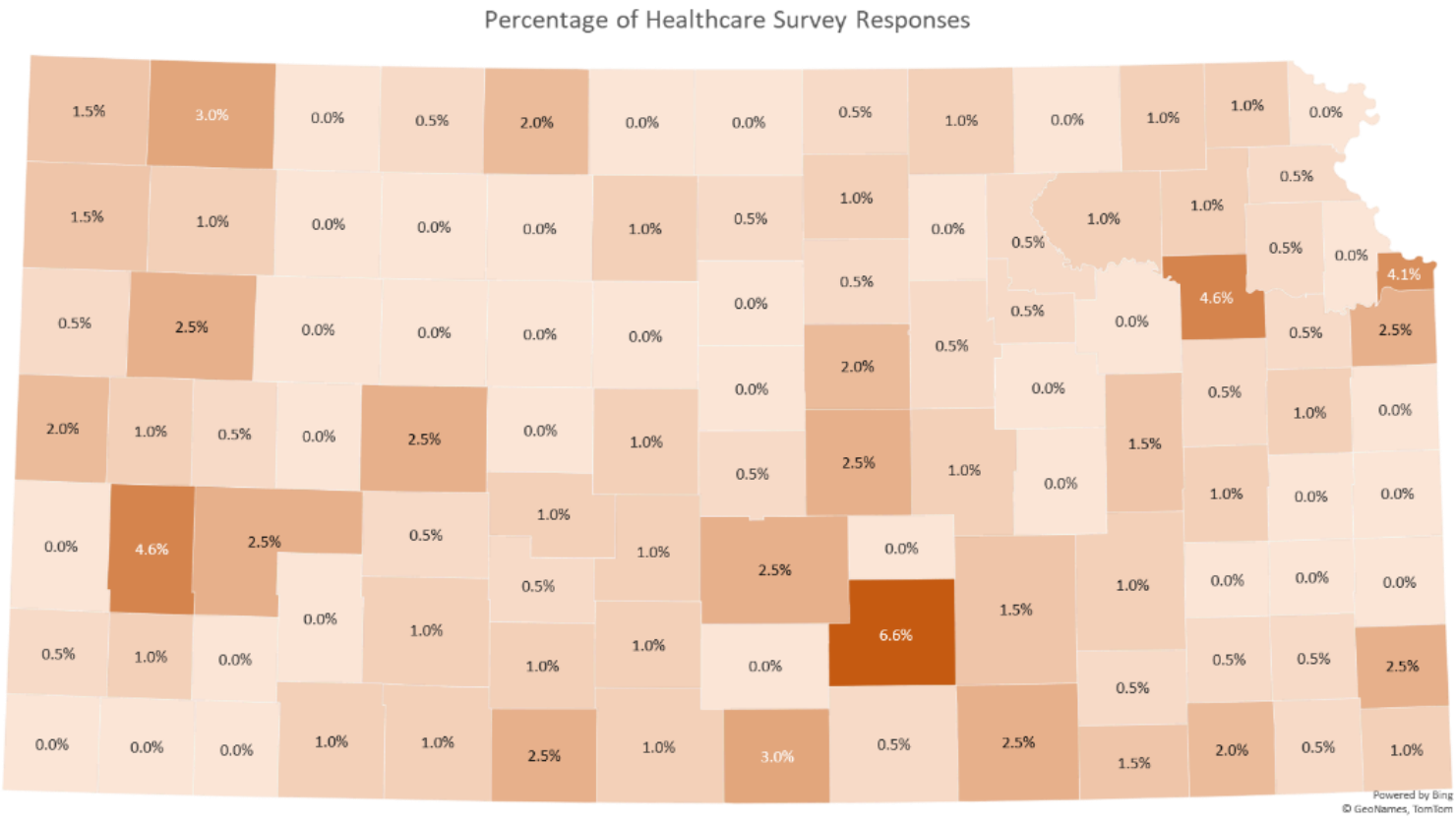
Community Comfortability Receiving Care Via Telehealth (n=467)



Healthcare Survey

Demographics

There were 197 respondents to the healthcare survey. One third of responses were from frontier counties (32.5%), and Sedgwick County had more participation than any other county (6.6%). More respondents worked at Critical Access Hospitals (35.5%) or Rural Health Clinics (34.5%) than other healthcare infrastructures (see Type of Healthcare Safety Net Infrastructure chart below).



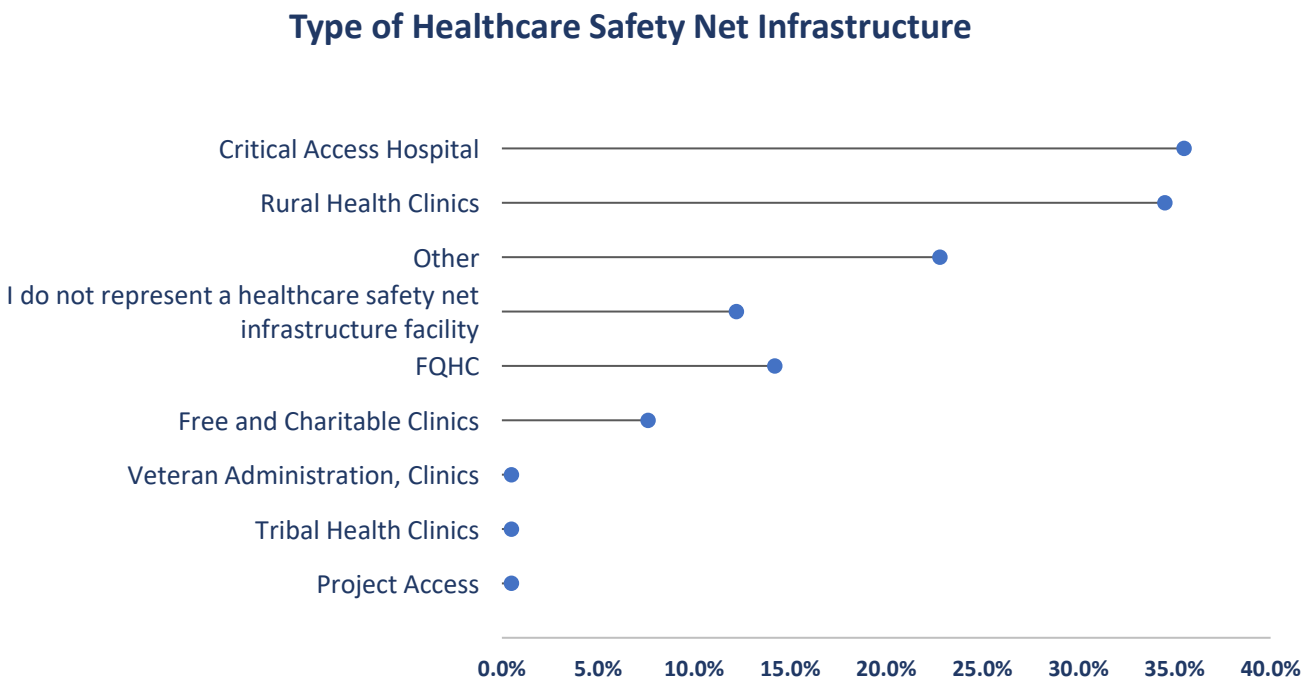


Table 15. Other Health Infrastructures	
Assisted Living	1.5%
CMHC/Mental Health	2.5%
Local Health Departments	8.6%
Dental Clinic	2.0%
Long-Term Care	2.5%
EMS	1.0%

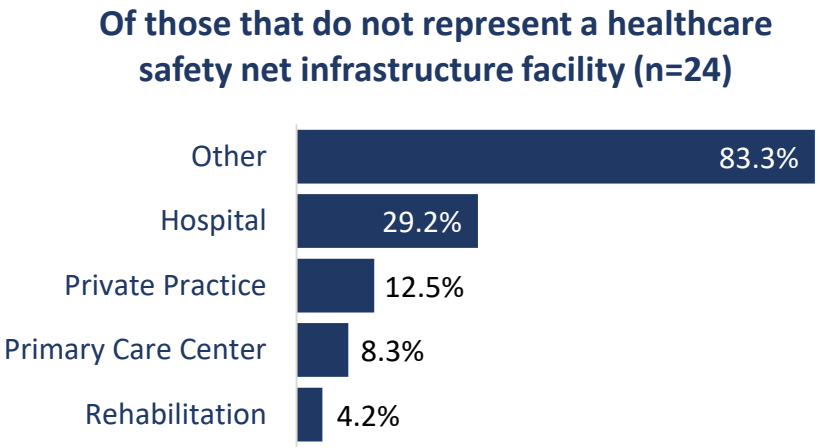
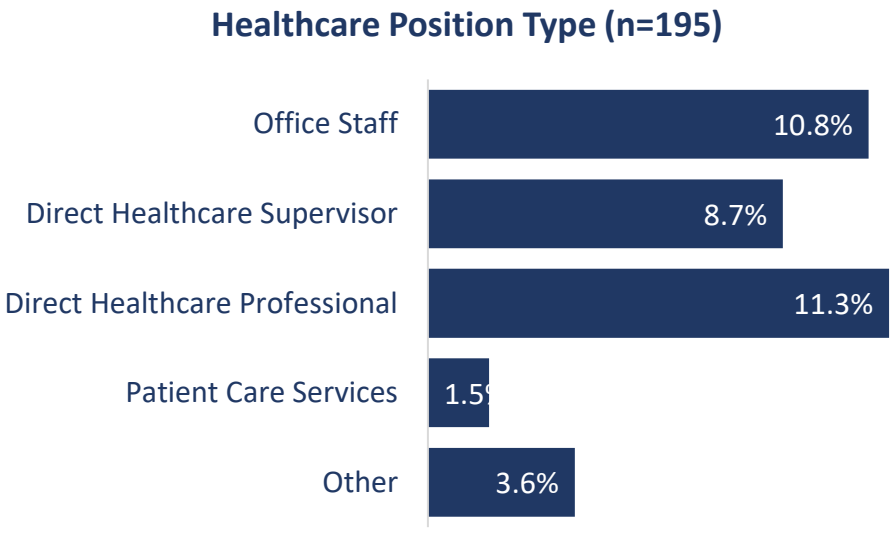
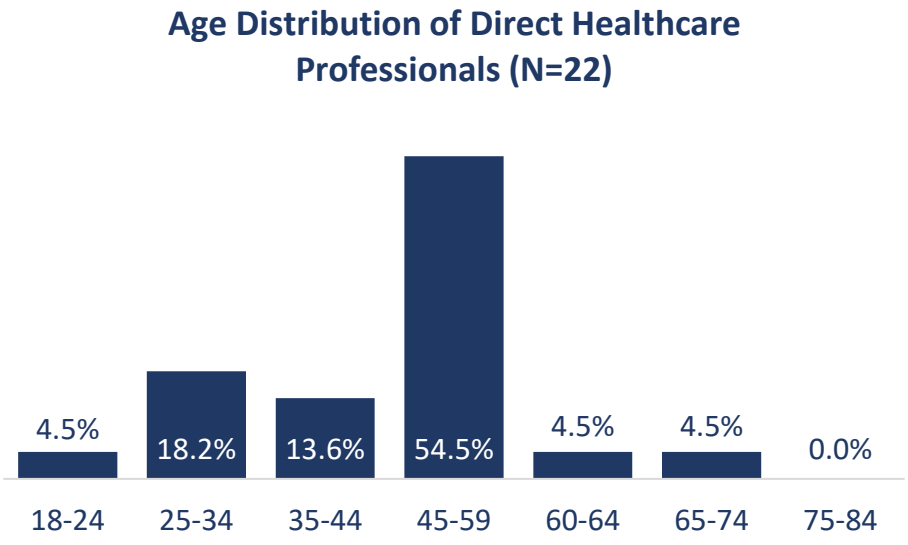


Table 16. "Other" healthcare entities represented (n=15)	
	Percent Respondents
ASC	6.7%
Assisted Living	6.7%
Dental Office	6.7%
Emergency Preparedness	6.7%
HCBS	6.7%
Homecare	6.7%
Hospice and Home Health	6.7%
Local Health Department	26.7%
Senior Care	6.7%
Senior Living Community	6.7%
Skilled Nursing Facility	6.7%
State Public Health Agency	6.7%

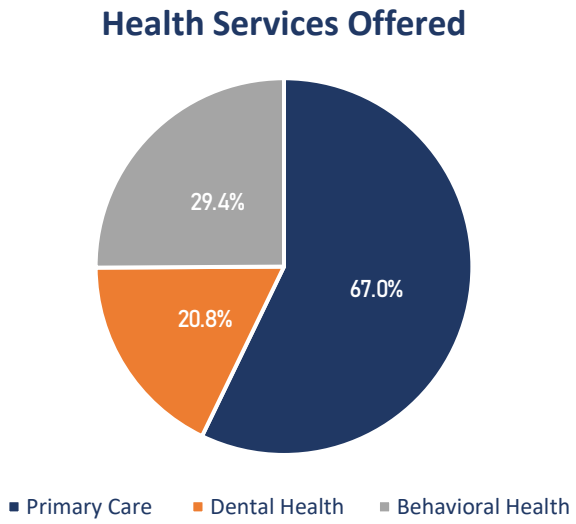
Open-ended responses to healthcare position type were coded into four separate categories: Office Staff, Direct Healthcare Supervisors, Direct Healthcare Professionals, and Patient Care Service Providers. Office Staff generally included administrative staff, billing or finance, and office personnel. Direct Healthcare Supervisors included positions such as Nursing Directors or Medical Services Directors, while Direct Healthcare Professionals were those that directly provide medical services such as doctors and nurses. Patient Care Services included patient access representatives and community health workers. Of those who were Direct Healthcare Professionals, more than half were between the ages of 45-59. Most of the direct healthcare professionals were White/Caucasian (95.5%) and 4.5% were Hispanic.



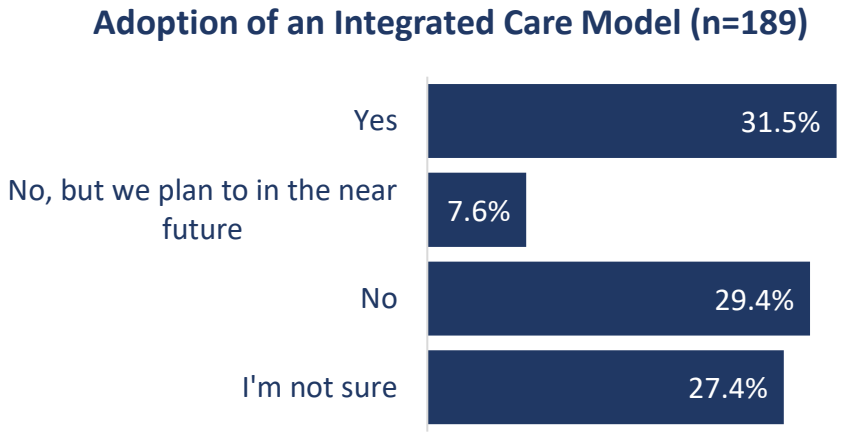


An analysis of the lack of access to preventive and primary care services

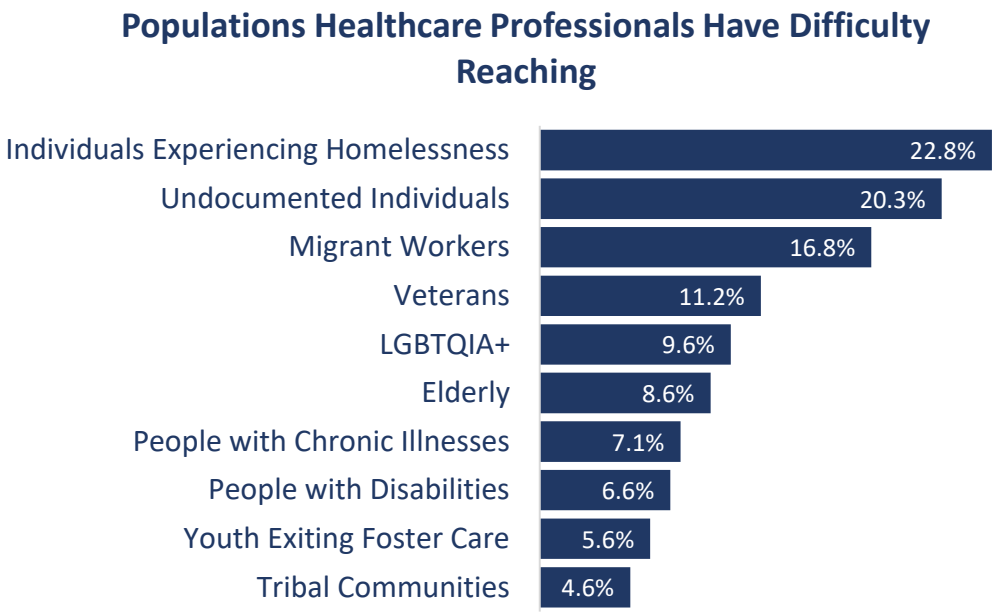
The Health Resources and Services Administration (HRSA) provides healthcare professional shortage area (HPSA) scores based on three areas of care provided: primary, dental, and behavioral. Respondents were primarily from the Primary Care area (67.0%).



Most respondents had not or were not sure of whether their facility adopted an integrated care model (56.8%); however, 31.5% said "yes" they had adopted an integrated care model. Integrated care models are important because they can address gaps in care and poor care coordination. They also help to provide holistic care to patients.

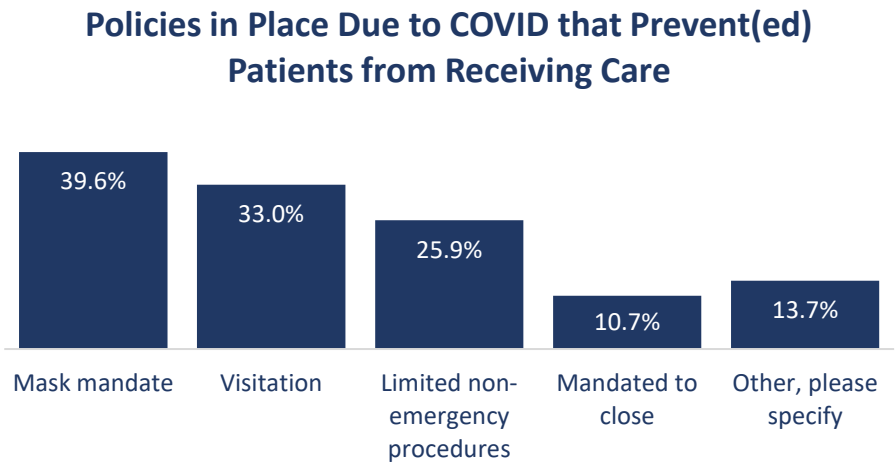


Healthcare professionals were asked what populations they have difficulty reaching. Individuals experiencing homelessness and undocumented individuals were the most difficult to reach.

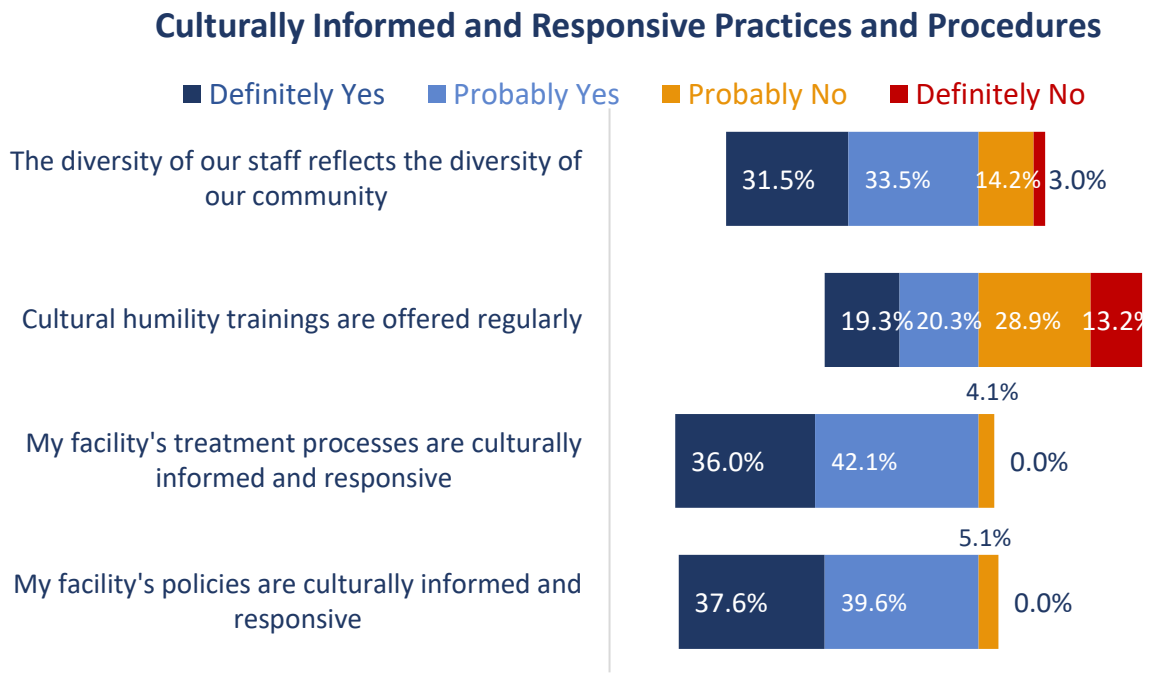


Over half of the healthcare respondents mentioned that the reason some specialties are not available is because it is difficult to recruit/retain workforce (51.8%), followed by not having enough funding to provide specialty services.

Survey data was collected in May and June 2021, when things were starting to open back up and previous COVID-19 restrictions were being lifted in some establishments. This may have influenced the responses that were received; these responses may have been different had they been asked at the height of COVID-19. Almost 40% of respondents indicated that mask mandates may have impacted patients receiving care.

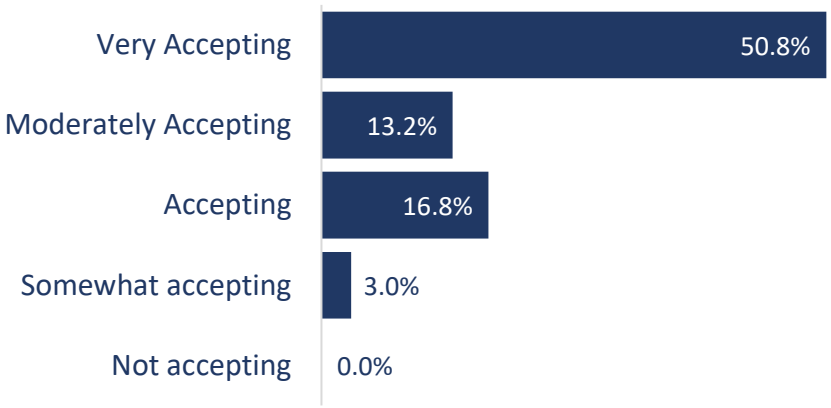


Having adequate culturally informed and responsive practices and procedures can impact patients' comfort level and potentially increase the likelihood that patients will seek care. Cultural and linguistic differences can also influence a patients perception of their health symptoms and conditions, their expectations of care, treatment preferences, and who participates in their healthcare decision making (Tulane University, 2021). 42.1% of respondents indicated that cultural humility trainings were not regularly offered. Cultural competence and humility training for healthcare professionals can improve their knowledge, understanding, and skills as it relates to treating diverse patients. All responses had 162 total answers, except for "cultural humility trainings are offered regularly," which had a response of 161.



Healthcare respondents rated how accepting they think their providers are of those from differing backgrounds, and over half (50.8%) of respondents said they thought their healthcare providers were very accepting.

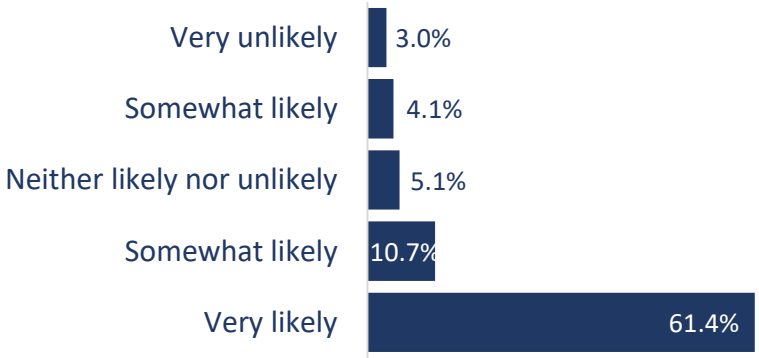
How Accepting Healthcare Respondents Think Their Providers Are (n=165)



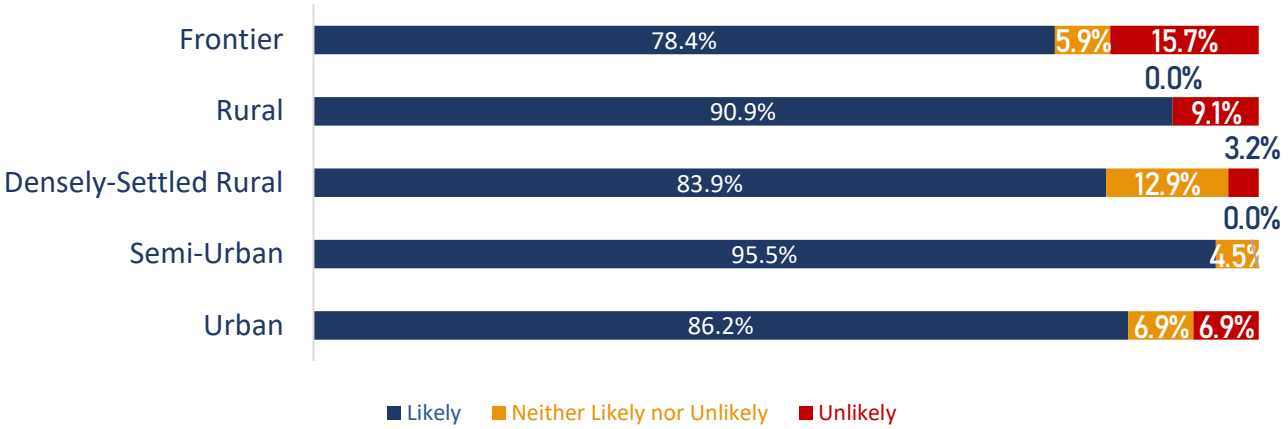
An analysis of the highest needs for health services based on various factors

When asked how likely healthcare professionals are to stay in the community they work in, most respondents answered, “very likely” (61.4%). When looking at responses by county categorization, a higher frequency of respondents from frontier counties said that health providers were unlikely to stay in the community (15.7%).

How Likely Healthcare Professionals Are To Stay In The Community They Work (n=166)



How likely providers are to stay in the community by county categorization



The most needed specialty indicated by healthcare respondents was cardiology specialists (21.3%), followed by primary care physicians (18.3%). Other healthcare specialties (n=26) mentioned included: behavioral health (n=5), orthopedics (n=3), and dermatology (n=3). Other responses with two or fewer respondents include: pediatric inpatient psychiatric facility, ear nose and throat, allergy and asthma, substance use disorder treatment, detox services, vascular surgery, pulmonology, gastroenterology, dialysis, pain management, and primary and specialty care for un/under-insured.

Table 17. Most Needed Specialties – Healthcare Responses	
	Percent Respondents
Cardiology	21.3%
Dentistry	16.2%
General Surgery	16.2%
Family Practice/Primary Care	18.3%
Hematology	1.5%
Internal Medicine	7.6%
Nephrology	9.6%
Neurology	13.2%
Obstetrics & Gynecology	17.8%
Oncology	11.7%
Ophthalmology	4.6%
Pediatrics	9.6%
Podiatry	7.1%
Rehabilitation Therapy	7.6%
None of these specialties are offered	3.0%
Other, please specify	14.7%

Table 18. Most Needed Specialties, Other, please specify – Healthcare Responses (n=26)	
	Percent Respondents
Behavioral Health	26.9%
Pulmonology	15.4%
Substance Misuse Services	11.5%
Dermatology	11.5%
Orthopedics	11.5%
Rheumatology	7.7%
Endocrinology	7.7%
Gastrointerology	7.7%
Infection Prevention	3.8%
Vascular Surgery	3.8%
Dialysis	3.8%
Pain Management	3.8%
Primary care for un- and underinsured, homeless, in poverty	3.8%
Specialty care for un- and underinsured	3.8%
Low-cost Obstetrics	3.8%
Ear, Nose, Thoat	3.8%

In the following table, red numbers indicate the top three specialties identified in each county categorization.

Table 19. Most Needed Specialties by County Categorization – Healthcare Responses						
	Frontier	**Rural**	**Densely-Settled Rural**	**Semi-Urban**	**Urban**	**Total**
Cardiology	29.7%	21.6%	17.1%	16.0%	13.9%	**42**
Dentistry	18.8%	5.4%	17.1%	16.0%	22.2%	**32**
General Surgery	15.6%	24.3%	17.1%	12.0%	11.1%	**32**
Family Practice/Primary Care	12.5%	29.7%	22.9%	20.0%	11.1%	**36**
Hematology	1.6%	0.0%	2.9%	4.0%	0	**3**
Internal Medicine	3.1%	21.6%	0.0%	8.0%	8.3%	**15**
Nephrology	9.4%	13.5%	5.7%	16.0%	5.6%	**19**
Neurology	7.8%	13.5%	22.9%	28.0%	2.8%	**26**
Obstetrics & Gynecology	15.6%	16.2%	25.7%	20.0%	13.9%	**35**
Oncology	17.2%	16.2%	8.6%	4.0%	5.6%	**23**
Ophthalmology	6.3%	0.0%	5.7%	8.0%	2.8%	**9**
Pediatrics	7.8%	16.2%	14.3%	0.0%	8.3%	**19**
Podiatry	9.4%	8.1%	0.0%	12.0%	5.6%	**14**
Rehabilitation Therapy	4.7%	10.8%	5.7%	12.0%	8.3%	**15**
None of these specialties are offered	6.3%	0.0%	2.9%	4.0%	0.0%	**6**
Total in each group	**64**	**37**	**35**	**25**	**36**	
Note: Percentages are reflective of the percent of respondents from a given county categorization; not the percentage based on the total number of respondents for each prompt.						

An analysis of key barriers to health care access based on experiences

Not having some specialties available (46.2%) was indicated most often by healthcare respondents as being the biggest barrier to accessing care for their patient, followed by transportation (29.4%). Other barriers that came up were related to workforce challenges and costs.

Table 20. Barriers to Accessing Care – Healthcare Respondents	
Barriers	**Percent Respondents**
Some specialties are not available in our facility	46.2%
Transportation to our location	29.4%
Interpretation Services are not always available	15.7%
The number of physicians available to take appointments	15.2%
Hours of Operation	13.2%
Some patients have insurance that we do not accept	12.2%
It is difficult to get an appointment (e.g., length of time from scheduling to actual appointment date)	9.6%
Sliding scale payment options are not available	1.5%
Other, please specify	9.1%

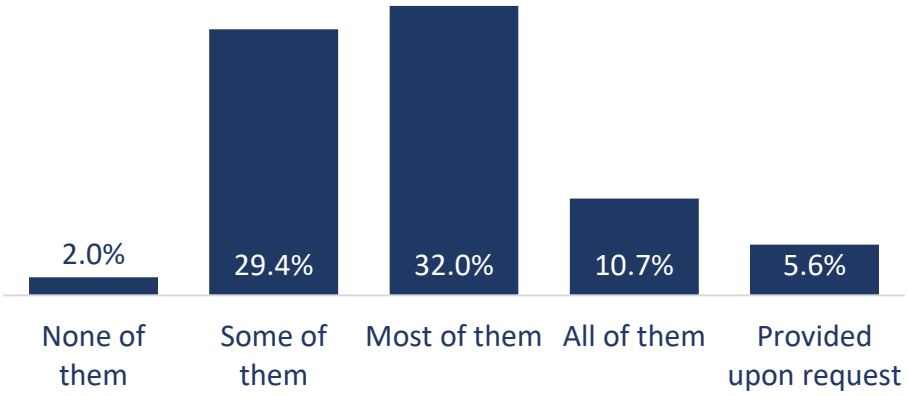
Table 21. Other Barriers to Accessing Care – Healthcare Respondents (n=13)	
Barriers	**Percent Respondents**
Workforce challenges (lack of other providers, no doctor on staff, etc.)	23.1%
Cost	23.1%
Distance/transportation	15.4%
Lack of funding	7.7%
Lack of broadband coverage	7.7%
Patients not showing up for scheduled appointments and losing that time for other patients	7.7%
Some clients are not within the county we serve	7.7%
Difficulty in scheduling with preferred provider, others available sooner	7.7%
Rural attitude about preventative care	7.7%
No money from Medicaid for the waiting list	7.7%
Telehealth, particularly for mental health, was facilitated via waivers during COVID, however, has since contracted	7.7%
Lack of insurance	7.7%
Knowledge deficits	7.7%
Other unknown reasons	7.7%

Spanish was the language most commonly spoken within healthcare facilities (76.6%), which is consistent with Census data. Other languages mentioned (n=21) include American Sign Language (n=4), Burmese (n=3), Filipino (n=3), and Somali (n=3). Other languages with two or fewer responses included: Low German, Guatemalan, Polish, Chuukese, Samoan, Nepali, and Marshall Islands.

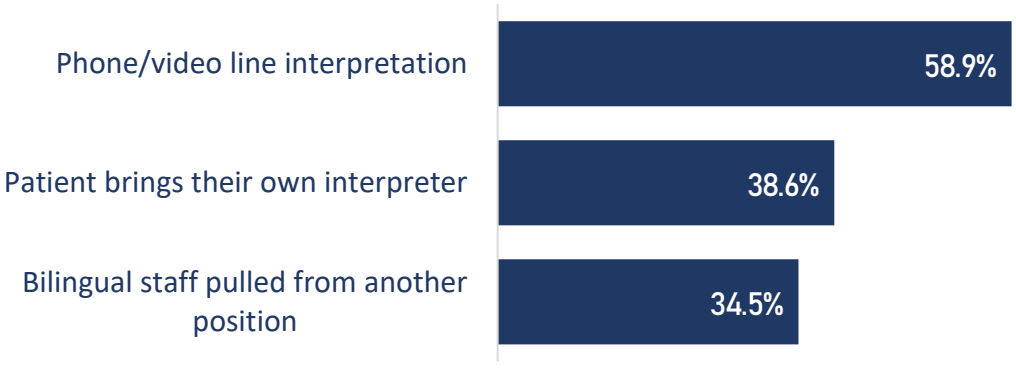
Table 22. Top languages other than English that are used/spoken most often within healthcare facilities.	
	Percent Respondents
Spanish	76.6%
Vietnamese	10.2%
German	9.6%
Arabic	5.1%
Korean	3.0%
Swahili	3.0%
Chinese	1.5%
French	1.5%
Russian	1.0%
Hindi	0.5%
Tagalog	0.5%
Laotian	0.5%
Other, please specify	12.2%

Given that language is a persistent barrier mentioned related to accessing care, healthcare respondents were asked about the amount of material provided to patients in other languages. Most respondents answered, “most of them” (32.0%) or “some of them” (29.4%). When asked about the top methods used to meet the interpretation/translation needs of patients with language barriers, over half (58.9%) of respondents indicated using phone/video line interpretation services.

Amount of Patient Resources Provided in More Than One Language (N=157)

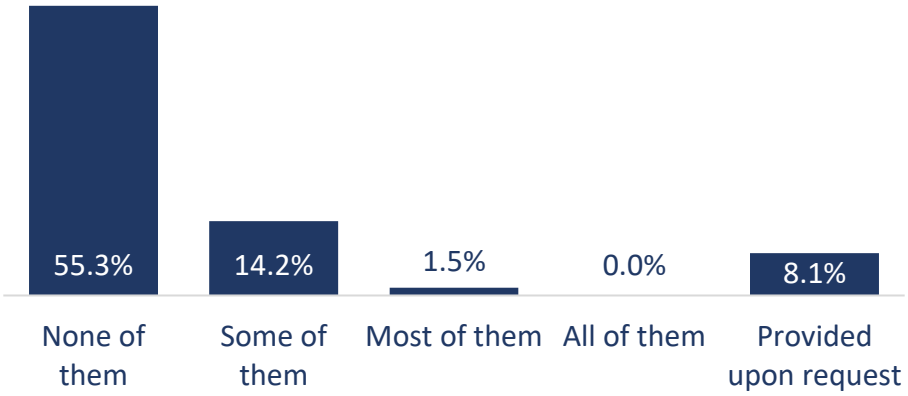


Top Three Methods of Meeting Patient Needs For Interpretation/Translation



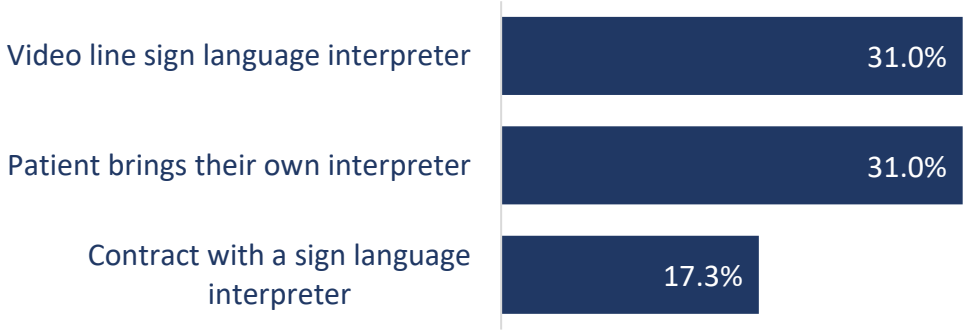
Respondents were also asked about materials being provided in braille, and over half (55.3%) indicated that none of their materials were provided in braille. “Barriers related to written communication are ultimately associated with lower quality of care and poor health outcomes (CMS Office of Minority Health, n.d).” Accessibility for patients who are visual-impaired is important for health equity and promoting inclusion. Providing documents in an accessible format can empower patients in their healthcare experiences and decision making.

Amount of patient resources provided in braille (N=156)



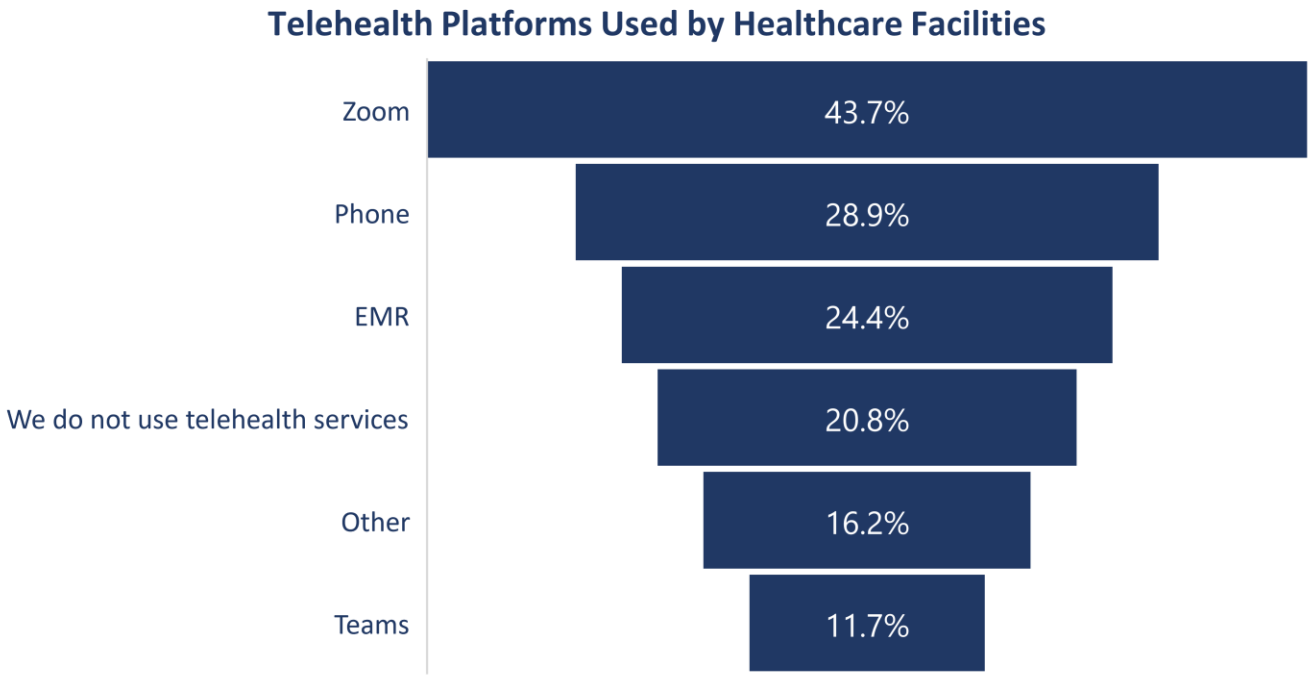
Video line sign language interpreters or personal interpreters were among the top methods used to meet the needs of deaf, hard of hearing, or nonverbal patients.

Top three methods of meeting interpretation/translation needs for those who are deaf, hard of hearing, or nonverbal



Telehealth

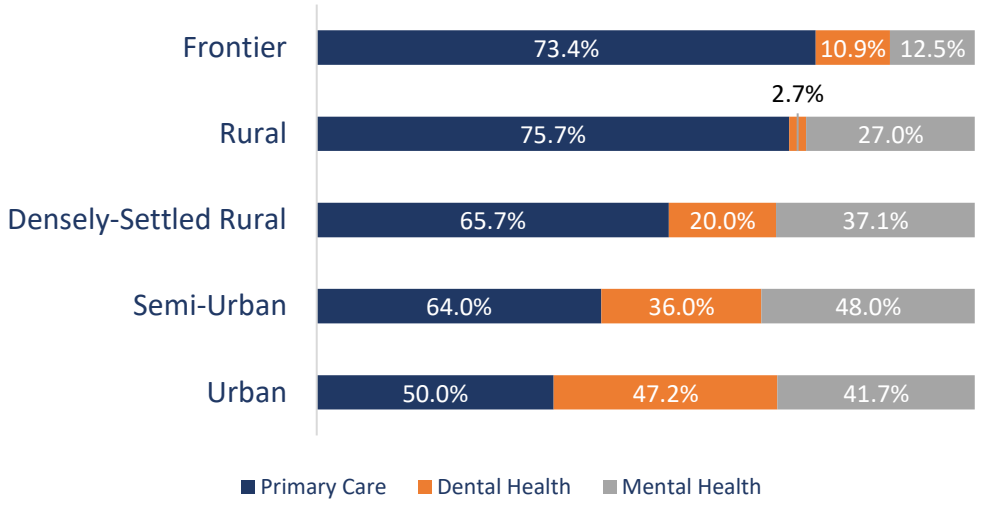
Most of the telehealth services provided by participating healthcare respondents were provided using Zoom (43.7%) or Phone (28.9%). About a quarter of respondents (24.4%) mentioned using EMR platforms (n=29). EMR platforms identified include: EClinical Works (58.9%, n=17), Cerner (27.6%, n=8), Athena Health (24.1%, n=7), Azalea Health (13.8%, n=4), and EPIC (6.9%, n=2). Aprima, Doxy.me, Intergy by Greenway, Meditech, and Suncoast all had 1 response each or 0.5% of responses. The platforms mentioned most often included FreeState, Doxy, Google Meet, and Facetime, all receiving 10.3% of responses. Other responses included: Updox, Star Leaf, and V See. Additional Telehealth data is included in the next section of this report.

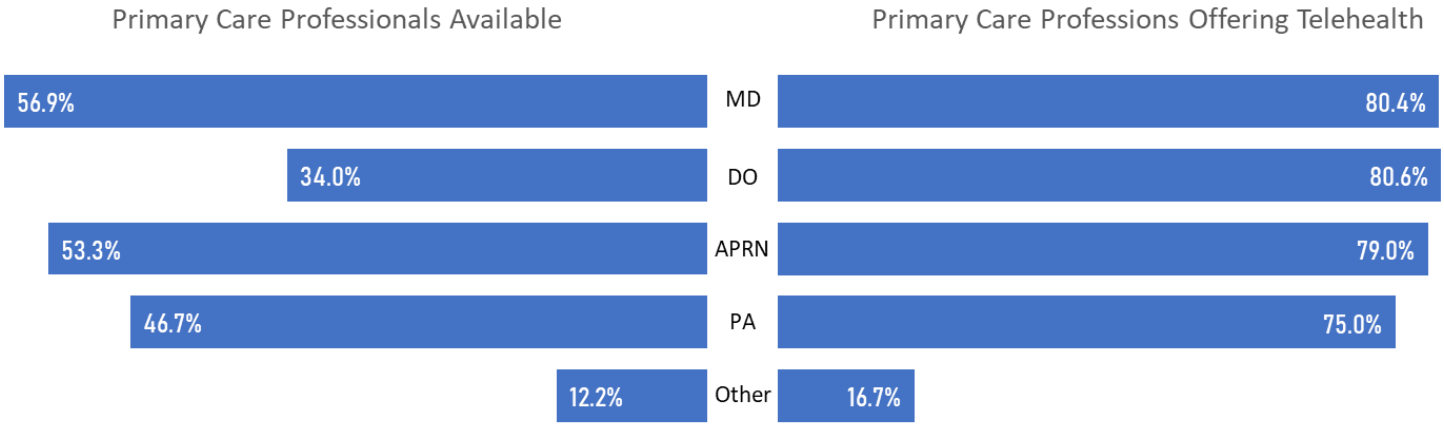


Review an analysis of primary care, dental and mental health provider shortages

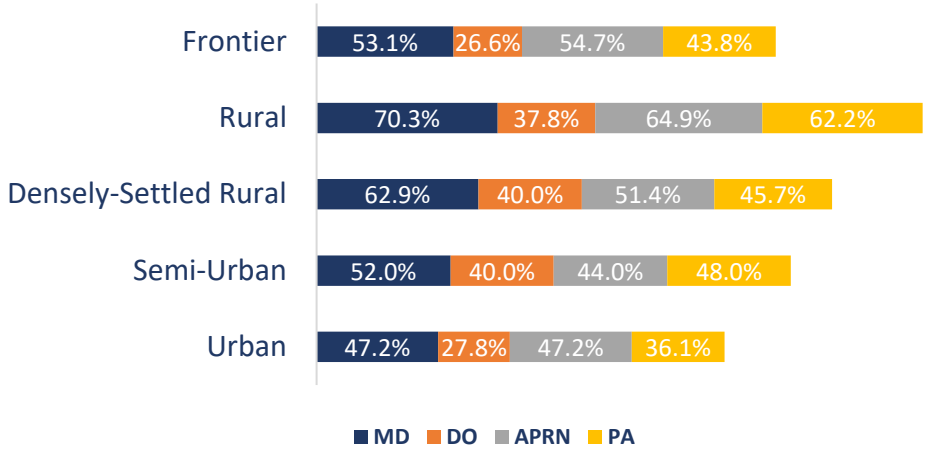
The charts below identify the percentage of respondents who indicated their facility employs a given profession within each type of care (primary, dental, and behavioral) and whether those professions offer telehealth. Primary care professionals are available more often than dental and behavioral health professionals. Dental health professionals do not provide telehealth services as often as primary and behavioral health professionals.

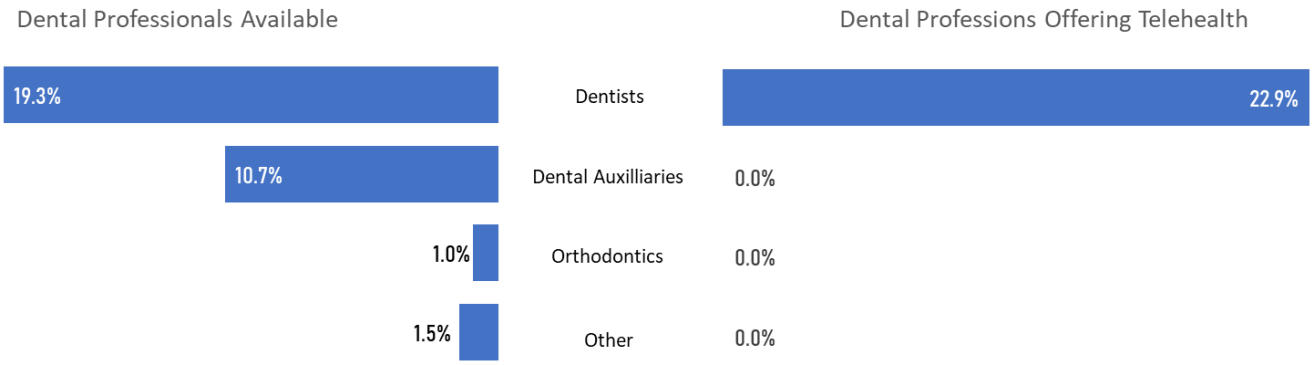
Care Available by County Categorization



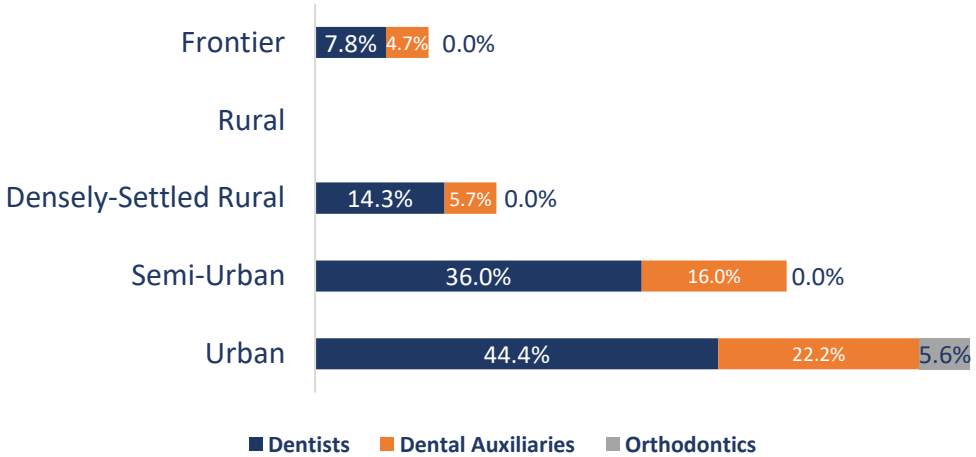


Primary Care Professionals Available by County Categorization





Dental Professionals Available by County Categorization



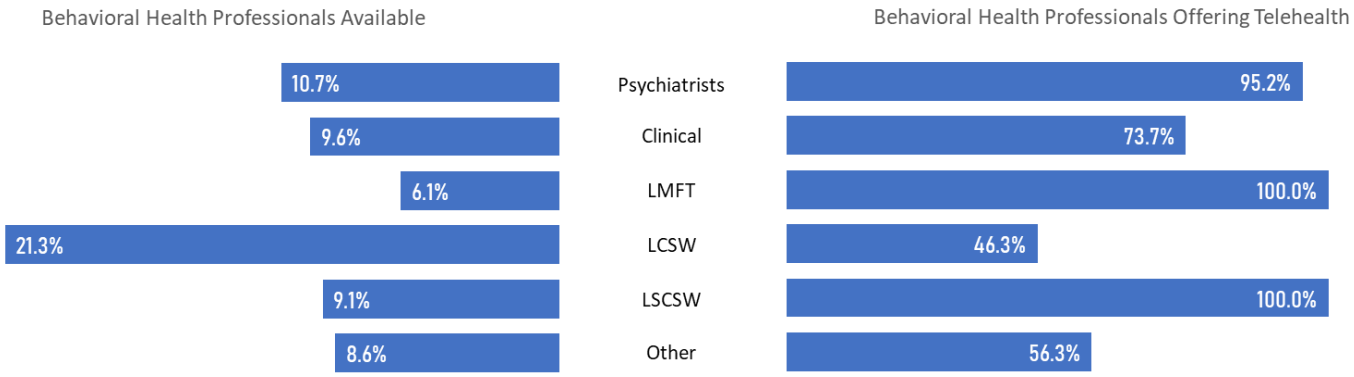
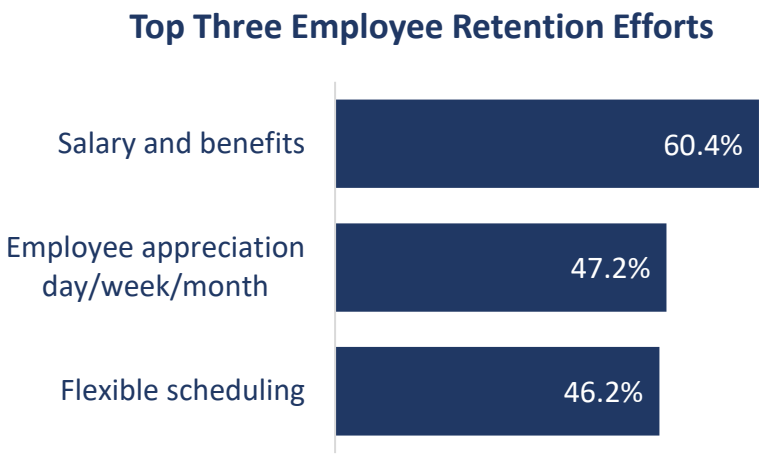


Table 23. Mental Health Professionals by County Categorization						
	Frontier	**Rural**	**Densely-Settled Rural**	**Semi-Urban**	**Urban**	**Total**
Psychiatrist	3.1%	4.8%	20.0%	28.0%	11.1%	21
Clinical Psychologists	0.0%	8.1%	0.0%	36.0%	19.4%	19
LMFT	0.0%	0.0%	5.7%	36.0%	2.8%	12
LCSW	6.3%	18.9%	31.4%	36.0%	27.8%	41

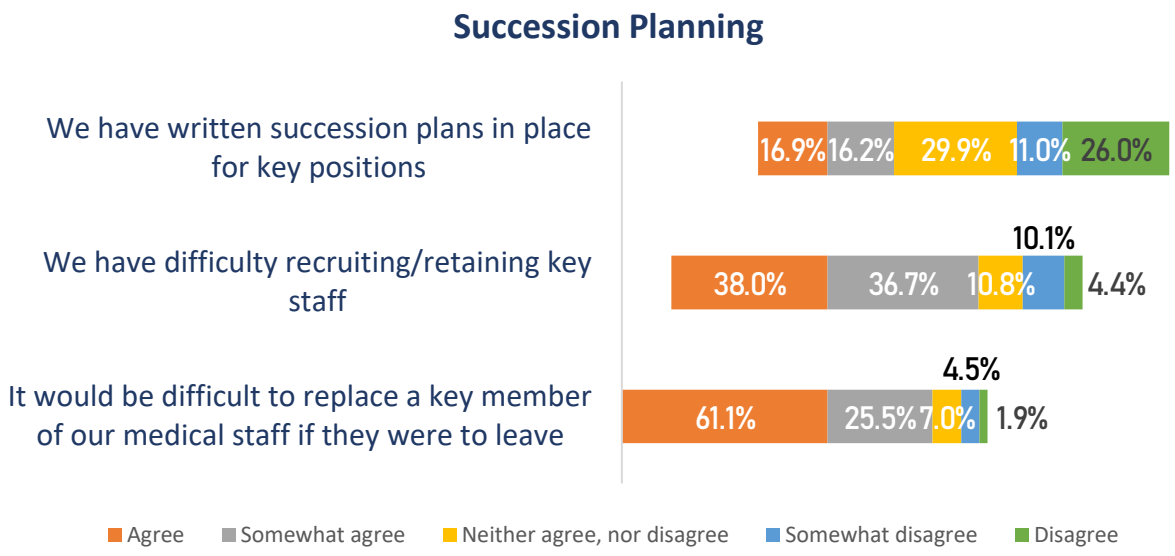
Family practice and general surgery are additional specialties provided most often; however, family practice and internal medicine were the top two additional specialties providing telehealth services.

Table 24. Additional Specialties Offered and Providing Telehealth Services		
	Additional Specialties Offered	**Percentage Providing Telehealth Services**
Family Practice	55.8%	78.2%
General Surgery	33.5%	18.2%
Rehabilitation Therapy	33.0%	18.5%
Obstetrics/Gynecology	32.5%	28.1%
Cardiology	32.0%	23.8%
Pediatrics	25.9%	60.8%
Internal Medicine	16.2%	71.9%
Podiatry	16.2%	6.3%
Ophthalmology	10.2%	15.0%
Oncology	9.6%	36.8%
Substance Use Disorder	9.6%	57.9%
Nephrology	9.1%	38.9%
Medically Assisted Treatment	8.1%	50.0%
Neurology	6.6%	46.2%
Hematology	6.1%	33.3%
Oral Surgery	4.1%	12.5%
Sedation Dentistry	3.6%	14.3%
None	21.3%	0.0%
Other	18.8%	27.0%

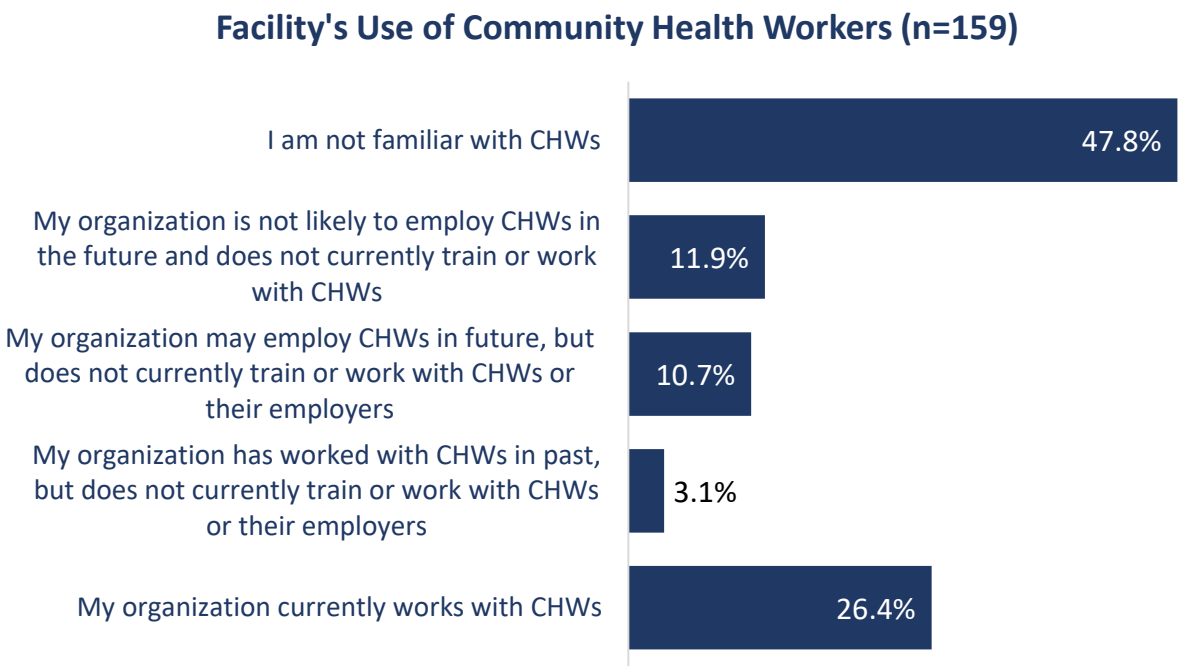
Lack of physicians was a concern that came up as a barrier to accessing care within both the community and healthcare survey. The recruitment and retention of the health professional workforce is important to the health of Kansas communities. Succession planning and management programs are a "deliberate and systematic effort by an organization to ensure leadership continuity in key positions, retain and develop intellectual and knowledge capital for the future, and encourage individual advancement (Wiesman & Baker, 2013)." Healthcare survey respondents were asked about their employee retention efforts, and among the top three mentioned were salary and benefits, employee appreciation, and flexible scheduling.



Respondents were also asked about succession planning for key staff members in health facilities. More than a third of respondents indicated that they did not have a plan in place for key positions, with 37% of respondents answering somewhat disagree or disagree. Most respondents agreed that they have difficulty recruiting or retaining key staff, with approximately three-fourths of respondents answering that they agree or somewhat agree. Lastly, a majority of respondents (86.6%) agreed (answering agree or somewhat agree) that it would be difficult to replace a key member if they were to leave. More recruitment and retainment efforts may be beneficial for Kansas communities, as well as identifying succession plans that have been successful for healthcare organizations and distributing that knowledge across healthcare organizations in Kansas.

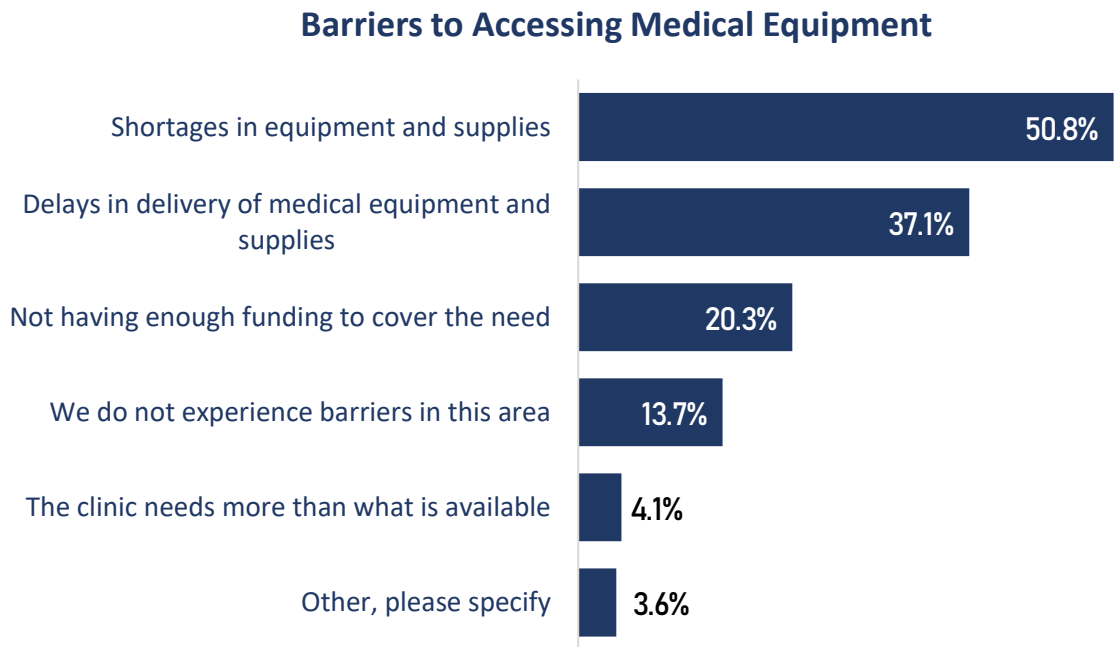


Community health workers (CHWs) help improve access to health care services and screenings and help to bridge the gap between community members and the health and social service system (National Heart, Lung, and Blood Institute [NHLBI], n.d.). CHWs can help provide a better understanding between community members and their health providers, reduced need for emergency or specialty services, and can improve adherence to health recommendations as well (NHLBI, n.d.). Healthcare respondents were asked about their familiarity with CHWs. About half of respondents (47.8%) indicated that they were not familiar with CHWs while 26.4% of respondents reported their organization currently works with CHWs.

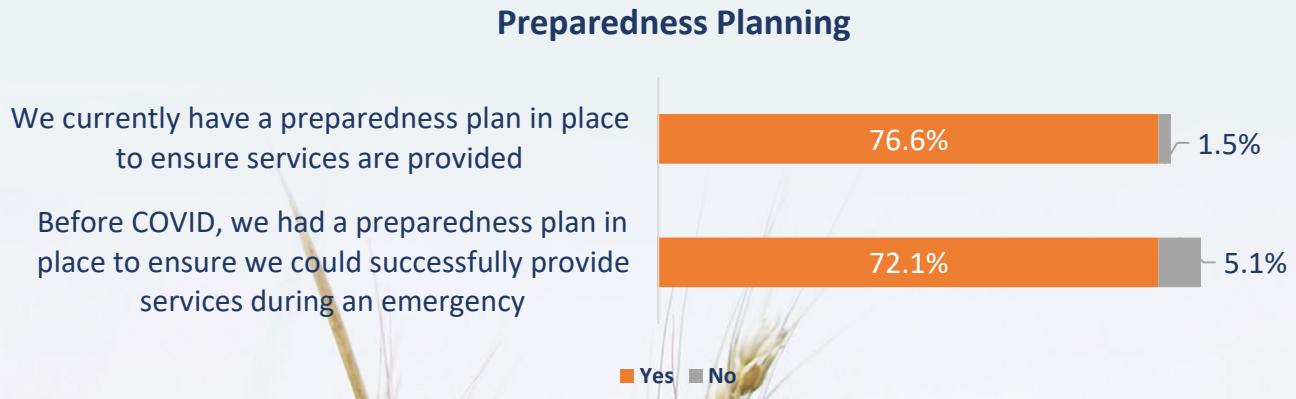


Given the shortage in certain health-related supplies over the course of the past year, healthcare respondents were asked about their access to sufficient medical equipment and supplies prior to COVID-19 and at the time they took the survey. Most respondents indicated having access to sufficient medical supplies at least some of the time if not more. Barriers most often mentioned related to accessing medical equipment included shortages (50.8%) or delays in delivery (37.1%).

Table 25. Access to Medical Supplies			
Prior to COVID		**Currently**	
N=159		**N=158**	
Yes, we always had sufficient medical equipment or supplies	47.2%	Yes, we always have sufficient medical equipment or supplies	34.2%
Yes, most of the time, we had sufficient medical equipment or supplies	39.6%	Yes, most of the time, we have sufficient medical equipment or supplies	58.9%
Some of the time, we had sufficient medical equipment or supplies	10.7%	Some of the time, we have sufficient medical equipment or supplies	7.0%
No, most of the time, we did not have sufficient medical equipment or supplies	1.9%	No, most of the time, we do not have sufficient medical equipment or supplies	0.0%
No, we never had sufficient medical equipment or supplies	0.6%	No, we never have sufficient medical equipment or supplies	0.0%



Additionally, respondents were asked about preparedness planning. Most indicated having a preparedness plan in place prior to COVID-19 (72.1%), and a slightly higher percentage reported currently having a plan in place (76.6%).



Focus Group Results

Focus groups were another key component of the Primary Care Needs Assessment (PCNA) process. At the end of the survey, participants were given the opportunity to indicate their interest in participating in a focus group. A total of 81 survey participants indicated they were interested/willing to participate in a focus group. Emails were sent to all of these individuals, and focus groups were scheduled at various times (mornings, afternoons, and evenings) to accommodate the schedules of as many people as possible. Of the 81 who indicated they were interested, a total of 20 signed up to attend a focus group. Ultimately, 6 focus groups were held with a total of 11 participants. Four of the participants were from urban areas, and seven were from rural areas. While the focus group participation was lower than expected, some common themes emerged across the six focus groups.

Access to Care

Those in urban areas typically reported having access to multiple healthcare services – hospitals, emergency departments, urgent care facilities, primary care practices, Federally Qualified Health Centers (FQHCs), safety net clinics, health departments, pharmacies, and/or options for specialty care. Those in rural areas mentioned having access to a rural health clinic, a critical access hospital (CAH), or a health department. Some rural areas have experienced hospital closures. One participant talked about how difficult the hospital closure has been on the community and the added stress it has put on local emergency medical services (EMS).

Those in rural areas are more likely to leave the county – and sometimes even the state – to access care, often traveling 30 minutes or more each way for needed services. In rural areas, the providers are often people who grew up in the community and/or have family in the community. Rural participants also mentioned that some providers who work in the community do not actually live in the community, and that creates a different dynamic between patient and provider.

Barriers to Care

Insurance Status

Insurance status was mentioned as a barrier in every focus group. Those with insurance may not understand their deductibles/copays or be able to afford to pay their portion of the expenses related to services and/or medications. Those without insurance have to figure out where they can go for services. Those with Medicaid/Medicare also have to figure out where they can go for services. Some providers limit the number of Medicaid/Medicare patients they take, which can impact wait times to access services. One participant expressed the concern that providers may feel less inclined to spend additional

time on patients with Medicaid/Medicare because reimbursement rates are lower for those patients. In multiple focus groups, participants spoke in favor of Medicaid expansion.

In all cases (with insurance or without), the cost for care was listed as a barrier. One participant noted that the places that offer sliding scale options for payment also tend to have limited services. Not being able to pay for and/or access services can result in individuals delaying care – sometimes delaying care until the situation becomes an emergency.

Transportation

Transportation is a barrier for those in urban and in rural areas. In urban areas, it can be difficult to access public transit. Hours of availability and proximity of public transportation stops to service locations can be challenging. In rural areas, the distance to needed services can be an issue. In both cases – using public transit and/or having to travel a longer distance to access services – transportation increases the overall amount of time required to receive services. Taking time off work to access services can already be difficult for some individuals; having to take even more time off due to transportation can be a barrier.

Behavioral Health

Multiple focus group participants talked about the importance of having a robust behavioral health system. Some said behavioral health services were lacking in their community, particularly services for youth. Others who have the services available in their community indicated that those services often have long wait times to access. They also mentioned the stigma that can be associated with accessing those types of services, especially in rural areas where everyone knows everyone. In these cases, integrated services would be helpful. FQHCs were mentioned as an example of this.

The Kansas State Loan Repayment Program (SLRP)

While most participants did not know the specific name of this program, they were aware of the program's existence and its intent. The Kansas State Loan Repayment Program provides student loan repayment options to health care professionals in exchange for a commitment to serving in a federally designated Health Professional Shortage Area (HPSA) for a specific amount of time. This program was mentioned in nearly every focus group and was described as being both a positive and a negative – a positive in that it brings medical providers to rural communities who might not otherwise come to those communities, but a negative in that those providers do not necessarily stay long-term; they stay until their student loans are paid off and then move to more urban areas.

Cultural Barriers

In both urban and rural areas, there are groups of people who experience cultural barriers in their care. Participants mentioned the importance of being able to access care where a patient can speak to someone in their own language, have someone who is sensitive to cultural differences, and/or have someone who is sensitive to gender and gender preferences. Participants also mentioned that undocumented individuals may delay accessing care due to fear of deportation and not having appropriate identification.

Social Determinants of Health

Particularly during the COVID-19 pandemic, participants mentioned that some families were focused on getting basic needs met, like food and housing; health care was not a priority for them. Families that are living in poverty and/or struggling with issues like food, housing, and transportation will likely also struggle with accessing needed healthcare services. Understanding the impact social determinants of health have on people's ability to access the care they need and on how they interact with the healthcare system will be important during and after the pandemic.

Information and Education

When asked what is needed to help address barriers and improve access to care, participant responses focused on information and education. People need to know what services are available, where to access those services (including specific professions/specialties), and how to secure transportation if needed. Some people may need assistance applying for benefits such as Medicaid/Medicare. People may need help understanding and accessing their benefits (through Medicaid/Medicare, private insurance, etc.) and learning how to communicate with providers effectively.

In addition to information on available services, participants also mentioned the importance of educating people on chronic diseases (e.g., diabetes) and focusing on preventative care and overall wellness.

SUMMARY

While participation was lower than originally hoped, findings from the focus groups provided valuable information and were consistent with information found through other components of the Primary Care Needs Assessment (PCNA) process. These findings included:

- Urban areas tend to have more healthcare service options than rural areas.
- Additional behavioral health services are needed in many parts of the state.
- Transportation is a barrier in both urban and rural areas.
- Insurance status and costs associated with care can prevent people from seeking the healthcare services they need.
- The Kansas State Loan Repayment Program (SLRP) may succeed in getting providers to rural areas, but it may not succeed in keeping them there.
- There are populations in the state that experience cultural barriers when accessing care.
- Paying attention to the impact of social determinants of health is becoming increasingly important.
- More information and education may help individuals better access services.

These findings combined with those in other sections of this PCNA report can help the State Office of Primary Care and Rural Health (SOPC/RH) improve its understanding of the primary care landscape for rural and underserved populations in Kansas, including access to care, barriers to care, and possible ways to improve care throughout the state.

APPENDIX

Surveys

KDHE PCNA - Community Survey

The Kansas Department of Health and Environment (KDHE) Community Health Access and KDHE Preparedness sections, in partnership with the Wichita State University Community Engagement Institute (CEI), is conducting a statewide needs assessment to refine it's understanding of the primary care landscape for rural and underserved populations of Kansas.

Your participation in this survey is completely voluntary. There are no foreseeable risks associated with this project. It is very important for us to get your feedback.

If you have any questions, please contact *Dr. Paigton Mayes, Paigton.Mayes@wichita.edu*. For questions about the rights of research participants, you may contact the Office of Research at Wichita State University, 1845 Fairmount Street, Wichita, KS 67260-0007, and telephone (316) 978-3285. You can also contact *Caroline Wroczynski*, Primary Care and Rural Health Coordinator, at *KDHE.PrimaryCare@ks.gov, and telephone 785-296-1200*.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance awards totaling $534,797.00 with 63% funded by HRSA/HHS and $690,000 and 0% funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.**This publication was supported by the Grant or Cooperative Agreement Number, U3REP190553-01, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services You are under no obligation to participate in this study.**

By selecting "I agree" below, you are indicating that: • You have read (or someone has read to you) the information provided above, •You are aware that this is a research study. • You have voluntarily decided to participate. • You have read the above and agree to participate in the survey (and focus group, if you wish to). • You are age 18 or over.

- ○ I agree (1)
- ○ I do not agree (2)

Please identify whether you are taking the survey for yourself or on behalf of someone else.

- ○ I am taking the survey for myself. (1)
- ○ I am taking the survey as a caregiver for a dependent adult. (2)
- ○ I am taking the survey as a proxy. (CHW, Home Health Provider, etc.) (3)
- ○ Other, please briefly specify (4) _____

1 What is your age?

- ○ 18-24 (1)
- ○ 25-34 (2)
- ○ 35-44 (3)
- ○ 45-59 (4)
- ○ 60-64 (5)
- ○ 65-74 (6)
- ○ 75-84 (7)
- ○ 85+ (8)

2 What is your gender?

- ○ Male (1)
- ○ Female (2)
- ○ Non-binary / third gender (3)
- ○ Prefer not to say (4)

3 What is your county of residence?

▼ Allen (1) ... Wyandotte (105)

4 What is the highest level of education you have completed?

- ○ Less than high school degree (1)
- ○ High school graduate/GED (2)
- ○ Trade/Technical/Vocational training (3)
- ○ Some college, No degree (4)
- ○ Associate degree (5)
- ○ Bachelor's degree (6)
- ○ Masters degree (7)
- ○ Doctorate/Professional degree (8)

5 What is your annual income?

- ○ Less than $10,000 (1)
- ○ $10,000 - $14,999 (2)
- ○ $15,000 - $24,999 (3)
- ○ $25,000 - $34,999 (4)
- ○ $35,000 - $49,999 (5)
- ○ $50,000 - $74,999 (6)
- ○ $75,000 - $99,999 (7)
- ○ $100,000 or more (8)

6 What is your marital status?

- ○ Single/Never Married (1)
- ○ Married (2)
- ○ Domestic Partnership/Civil Union (3)
- ○ Not Married but Living Together (4)
- ○ Divorced (5)
- ○ Widowed (6)
- ○ Separated (7)
- ○ Prefer not answer (8)

7 Are you Hispanic or Latino?

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to answer (3)

8 What race do you identify as? Please select all that apply.

- ☐ White/Caucasian (1)
- ☐ Black or African American (2)
- ☐ American Indian or Alaskan Native (3)
- ☐ Native Hawaiian (4)

- [ ] Asian (5)
- [ ] Other, please specify (6) _____
- [ ] Two or more (7)

9 Which of the following languages do you speak? Select all that apply.

- [ ] Arabic (1)
- [ ] Chinese (2)
- [ ] English (3)
- [ ] French (4)
- [ ] German (5)
- [ ] Hindi (6)
- [ ] Korean (7)
- [ ] Laotian (8)
- [ ] Russian (9)
- [ ] Spanish (10)
- [ ] Swahili (11)
- [ ] Tagalog (12)
- [ ] Vietnamese (13)

☐ Other, please specify (14) _____

10 Do you identify with one or more of the following populations? Please select all that apply.

☐ Elderly (1)

☐ Disabled (2)

☐ LGBTQIA+ (3)

☐ Migrant Worker (4)

☐ Person with a Chronic Illness (5)

☐ Tribal Member (6)

☐ Undocumented (7)

☐ Unsheltered/Homeless/Transient (8)

☐ Veteran (9)

☐ Youth Exiting Foster Care (10)

☐ I identify with one or more of these groups, but I prefer not to disclose which one. (11)

☐ I do not identify with one or more of these populations. (12)

☐ Other, please specify (13) _____

11 Which type of insurance do you primarily use?

- ○ Private Insurance (for example, Blue Cross Blue Shield) (1)
- ○ Kancare (Medicaid, Sunflower, Aetna, United HealthCare) (2)
- ○ Medicare (3)
- ○ No Insurance/Self Pay (4)

11a Do you have insurance that covers dental services?

- ○ Yes (please specify) (1) _____
- ○ No (2)
- ○ I do not know (3)

11b Does your primary insurance cover mental health services?

- ○ Yes (1)
- ○ No (2)
- ○ I do not know (3)

11c Do you use another insurance to cover mental health services? If yes, what insurance do you use?

- ○ Yes (1) _____
- ○ No (2)

12 What are the top financial barriers that make it difficult for you to access healthcare? Please select up to three.

- ☐ I do not have health insurance. (1)
- ☐ I have high insurance deductibles. (2)
- ☐ Sliding scale payment options are not available. (3)
- ☐ Some of the services that I need are not covered by my insurance provider. (4)
- ☐ Some providers do not accept my form of insurance. (5)
- ☐ Unable to find childcare. (6)
- ☐ Other, please specify (7) _____

13 What are the top non-financial barriers that make it difficult for you to access healthcare? Please select up to three.

- ☐ Appointment availability is limited. (1)
- ☐ Healthcare services in my community do not match my cultural beliefs or values. (2)
- ☐ I do not have adequate transportation. (3)
- ☐ I have to travel too far to receive care. (4)
- ☐ Interpretation services are limited at clinics in my area. (5)
- ☐ It is difficult to get an appointment. (e.g., length of time from scheduling to actual appointment date) (6)
- ☐ My work schedule is not conducive to the hours that the clinic operates. (7)
- ☐ Physical barriers preventing access (door width, difficulty navigating with wheelchair, walker, or other equipment, medical equipment/machine too small, etc.) (8)
- ☐ Provider not accepting new patients. (9)
- ☐ Service providers do not look like me. (10)
- ☐ The specialty I need is not available in my county. (11)
- ☐ Other, please specify (12) _____

14 Please choose up to three specialties, that are not currently available, that you would like to see within 10 miles of your community.

- [ ] Behavioral Health (1)
- [ ] Cardiology (Heart Specialist) (2)
- [ ] Dentistry (3)
- [ ] End of Life Care/Hospice/Palliative Care (4)
- [ ] General Pediatrics (5)
- [ ] General Surgery (6)
- [ ] Hematology (Blood Disorder Specialist) (7)
- [ ] Nephrology (Kidney Specialist) (8)
- [ ] Neurology (Brain, Spinal Cord, Nerve Specialist) (9)
- [ ] Obstetrics/Gynecology (10)
- [ ] Oncology (Cancer Specialist) (11)
- [ ] Oral Surgery (12)
- [ ] Orthodontics (13)
- [ ] Podiatry (Foot and Ankle Care) (14)
- [ ] Primary Care (15)
- [ ] Rehabilitation (16)

☐ Substance Misuse Services (17)

☐ Other, please specify (18) _____

15 How comfortable are you receiving care at your local health clinics?

○ Very comfortable (1)

○ Somewhat comfortable (2)

○ Neither comfortable nor uncomfortable (3)

○ Somewhat uncomfortable (4)

○ Very uncomfortable (5)

16 How accepting do you think your health care providers are of those from other cultural backgrounds?

○ Not accepting (1)

○ Somewhat accepting (2)

○ Accepting (3)

○ Moderately accepting (4)

○ Very accepting (5)

17 Which of the following tobacco products do you use?

- ☐ Smoked Tobacco Products (cigarettes, cigars, hookah, bidis, kreteks, etc...) (1)
- ☐ Smokeless Tobacco Products (electronic cigarettes, vapes, etc...) (2)
- ☐ Chewing Tobacco Products (snuff, dip, etc...) (3)
- ☐ I do not use tobacco products (4)

17a Are you interested in being able to access evidence-based tobacco dependence treatment in your community?

- ○ Yes (1)
- ○ Maybe (2)
- ○ No (3)

18 Have you ever received care using telehealth services (via phone call, video chat, patient portal)?

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

19 How comfortable would you be, receiving care via telehealth?

- ○ Very comfortable (1)
- ○ Somewhat comfortable (2)
- ○ Neither comfortable nor uncomfortable (3)
- ○ Somewhat uncomfortable (4)
- ○ Very uncomfortable (5)

20 Do you have internet access at home (internet service provider, or a mobile phone with internet capabilities)?

- ○ Yes (1)
- ○ No (2)

21 What barriers related to accessing internet services, do you experience? Select up to three.

- ☐ Affordability (1)
- ☐ Slow/unreliable internet (2)
- ☐ Limited service provider availability (3)
- ☐ I do not have reliable access to an internet capable device. (4)
- ☐ I do not experience any barriers to accessing internet services. (5)
- ☐ Other, please specify (6) _____

22 Please provide any final thoughts or comments in the text box below.

23 Would you be interested in participating in a focus group related to this project? If yes, please provide your email address in the text box.

- ○ Yes (1) _____
- ○ No (2)

KDHE PCNA - Healthcare Survey

The Kansas Department of Health and Environment (KDHE) Community Health Access and KDHE Preparedness sections, in partnership with the Wichita State University Community Engagement Institute (CEI), is conducting a statewide needs assessment to refine it's understanding of the primary care landscape for rural and underserved populations of Kansas.

Throughout this survey, there are questions specific to you and questions about your facility. When answering questions related to your facility, if you work at more than one facility or your clinic has multiple locations, please refer to the facility that you work at most of the time.

Your participation in this survey is completely voluntary. There are no foreseeable risks associated with this project. It is very important for us to get your feedback.

If you have any questions, please contact ***Dr. Paigton Mayes, Paigton.Mayes@wichita.edu***. For questions about the rights of research participants, you may contact the Office of Research at Wichita State University, 1845 Fairmount Street, Wichita, KS 67260-0007, and telephone (316) 978-3285. You can also contact ***Caroline Wroczynski***, Primary Care and Rural Health Coordinator, at ***KDHE.PrimaryCare@ks.gov,*** *and telephone 785-296-1200*.

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- ○ I agree (4)
- ○ I do not agree (5)

1 Name of Facility

_____

2 Address of Facility

_____

3 What county is your facility located in?

▼ Allen (1) ... Wyandotte (105)

4 Approximately how many individuals does your facility employ?

- ○ 1 to 4 (1)
- ○ 5 to 9 (2)
- ○ 10 to 19 (3)
- ○ 20 to 49 (4)
- ○ 50 to 99 (5)
- ○ 100 or more (6)

5 Position Title

6 What is your age?

- ○ 18-24 (1)
- ○ 25-34 (2)
- ○ 35-44 (3)
- ○ 45-59 (4)
- ○ 60-64 (5)
- ○ 65-74 (6)
- ○ 75-84 (7)
- ○ 85+ (8)
- ○ Prefer not to answer (9)

7 What race do you identify as? Please select all that apply.

- ☐ White/Caucasian (1)
- ☐ Black or African American (2)
- ☐ American Indian or Alaskan Native (3)
- ☐ Native Hawaiian (4)
- ☐ Asian (5)
- ☐ Other, please specify (6) _____
- ☐ Prefer not to answer (7)

8 Are you Hispanic or Latino?

- ○ Yes (1)
- ○ No (2)
- ○ Prefer not to answer (3)

9 Do you speak more than one language?

- ○ Yes (1)
- ○ No (2)

9a Which of the following languages do you speak?

- ☐ Arabic (1)
- ☐ Chinese (2)
- ☐ English (3)
- ☐ French (4)
- ☐ German (5)
- ☐ Hindi (6)
- ☐ Korean (7)
- ☐ Laotian (8)
- ☐ Russian (9)
- ☐ Spanish (10)

- [ ] Swahili (11)
- [ ] Tagalog (12)
- [ ] Vietnamese (13)
- [ ] Other, please specify (14) _____

10 What type of healthcare safety net infrastructure facility do you represent? Please select all that apply.

- [ ] Critical Access Hospitals (1)
- [ ] Federally Qualified Community Health Centers (2)
- [ ] Free and Charitable Clinics (3)
- [ ] Project Access (4)
- [ ] Rural Health Clinics (5)
- [ ] Tribal Health Clinics (6)
- [ ] Veterans Administration Clinics (7)
- [ ] I do not represent a healthcare safety net infrastructure facility (8)
- [ ] Other, please specify (9) _____

10a If you do not represent a healthcare safety net infrastructure facility, what type of facility do you represent? Please select all that apply.

- ☐ Hospital (1)
- ☐ Primary Care Center (2)
- ☐ Private Practice (3)
- ☐ Rehabilitation (4)
- ☐ Other, please specify (5) _____

11 Which of the following health services are offered at your facility? Please select all that apply.

- ☐ Primary Care (1)
- ☐ Dental Health (2)
- ☐ Behavioral Health (3)
- ☐ My facility does not include any of these professions. (4)

11a You indicated that you represent the primary care field. Which of the following professions are at your facility?

- ☐ MD (1)
- ☐ DO (2)
- ☐ APRN (3)
- ☐ PA (4)
- ☐ Other, please specify (5) _____

11aa Of the professions mentioned, which provide telehealth services? If none, leave blank.

- ☐ MD (1)
- ☐ DO (2)
- ☐ APRN (3)
- ☐ PA (4)
- ☐ Other, please specify (5) _____

11b You indicated that you represent the dental health field. Which of the following professions are at your facility?

- ☐ Dentists (1)
- ☐ Dental Auxiliaries (2)
- ☐ Orthodontics (3)
- ☐ Other, please specify (4) _____

11ba Of the professions mentioned, which provide telehealth services? If none, leave blank.

- ☐ Dentists (1)
- ☐ Dental Auxiliaries (2)
- ☐ Orthodontics (3)
- ☐ Other, please specify (4) _____

11c You indicated that you represent the behavioral health field. Which of the following professions are at your facility?

- ☐ Psychiatrists (1)
- ☐ Clinical Psychologists (2)
- ☐ Licensed Marriage and Family Therapists (LMFT) (3)
- ☐ Licensed Clinical Social Worker (4)
- ☐ Licensed Specialist Clinical Social Worker (5)
- ☐ Other, please specify (6) _____

11ca Of the professions mentioned, which provide telehealth services? If none, leave blank.

- ☐ Psychiatrists (1)
- ☐ Clinical Psychologists (2)
- ☐ Licensed Marriage and Family Therapists (LMFT) (3)
- ☐ Licensed Clinical Social Worker (4)

- [ ] Licensed Specialist Clinical Social Worker (5)
- [ ] Other, please specify (6) _____

12 What additional specialties are provided at your facility? Please select all that apply.

- [ ] Cardiology (1)
- [ ] General Surgery (2)
- [ ] Family Practice (3)
- [ ] Hematology (4)
- [ ] Internal Medicine (5)
- [ ] Medically Assisted Treatment (6)
- [ ] Nephrology (7)
- [ ] Neurology (8)
- [ ] Obstetrics & Gynecology (9)
- [ ] Oncology (10)
- [ ] Ophthalmology (11)
- [ ] Oral Surgery (12)
- [ ] Pediatrics (13)
- [ ] Podiatry (14)

- [ ] Rehabilitation Therapy (15)
- [ ] Sedation Dentistry (16)
- [ ] Substance Use Disorder (SUD) (17)
- [ ] None of these specialties are offered (18)
- [ ] Other, please specify (19) _____

13 Of the specialties offered, which provide options for telehealth services?

- [ ] Cardiology (1)
- [ ] General Surgery (2)
- [ ] Family Practice (3)
- [ ] Hematology (4)
- [ ] Internal Medicine (5)
- [ ] Medically Assisted Treatment (6)
- [ ] Nephrology (7)
- [ ] Neurology (8)
- [ ] Obstetrics & Gynecology (9)
- [ ] Oncology (10)
- [ ] Ophthalmology (11)

- [ ] Oral Surgery (12)
- [ ] Pediatrics (13)
- [ ] Podiatry (14)
- [ ] Rehabilitation Therapy (15)
- [ ] Sedation Dentistry (16)
- [ ] Substance Use Disorder (SUD) (17)
- [ ] None of these specialties are offered (18)
- [ ] Other, please specify (19) _____

14 What telehealth platform(s) do you use? Please select all that apply.

- ☐ Zoom (1)
- ☐ Teams (2)
- ☐ Phone (3)
- ☐ EMR, please specify (4) _____
- ☐ We do not use telehealth services (5)
- ☐ Other, please specify (6) _____

15 Has your practice adopted an integrative model of care? (This model integrates clinical perspectives and fields in bringing care to patients that is individualized and holistic).

- ○ Yes (1)
- ○ No, but we plan to in the near future (2)
- ○ No (3)
- ○ I'm not sure (4)

16 What forms of insurance do you accept? Please select all that apply.

- ☐ Medicare (1)
- ☐ Medicaid (2)
- ☐ Private Insurance (3)
- ☐ Self-Pay (4)

☐ Other, please specify (5) _____

17 What barriers make it difficult for patients to access your facility? Select up to three barriers.

☐ Hours of operation (1)

☐ Interpretation services are not always available. (2)

☐ It is difficult to get an appointment (e.g., length of time from scheduling to actual appointment date). (3)

☐ Sliding scale payment options are not available. (4)

☐ Some patients have insurance that we do not accept. (5)

☐ Some specialties are not available in our facility. (6)

☐ The number of physicians available to take appointments. (7)

☐ Transportation to our location. (8)

☐ Other, please specify (9) _____

18 What populations are harder for your facility to serve? Please select all that apply.

☐ Elderly (1)

☐ Individuals Experiencing Homelessness (2)

☐ LGBTQIA+ (3)

☐ Migrant Workers (4)

- [ ] People with chronic illnesses (5)
- [ ] People with disabilities (6)
- [ ] Tribal Communities (7)
- [ ] Undocumented Individuals (8)
- [ ] Veterans (9)
- [ ] Youth Exiting Foster Care (10)
- [ ] Other, please specify (11) _____

19 Which of the following specialties are <u>most</u> needed in your community? Please choose up to three specialties.

- [ ] Cardiology (1)
- [ ] Dentistry (2)
- [ ] General Surgery (3)
- [ ] Family Practice (4)
- [ ] Hematology (5)
- [ ] Internal Medicine (6)
- [ ] Nephrology (7)
- [ ] Neurology (8)

- [ ] Obstetrics & Gynecology (9)
- [ ] Oncology (10)
- [ ] Ophthalmology (11)
- [ ] Pediatrics (12)
- [ ] Podiatry (13)
- [ ] Rehabilitation Therapy (14)
- [ ] None of these specialties are offered (15)
- [ ] Other, please specify (16) _____

20 Why are some specialties not available in your community? Please select all that apply.

- [ ] Enough specialists in surrounding cities/counties already (1)
- [ ] Specific equipment and supplies not available (2)
- [ ] Not enough funding to provide specialty services (3)
- [ ] Difficult to recruit/retain workforce (4)
- [ ] Not enough need for certain specialties. (5)
- [ ] Other, please specify (6) _____

21 What policies are/were in place--due to COVID-19 or other factors--that limit your facility's patients from receiving care? Please select all that apply.

- [ ] Limited Non-Emergency Procedures (1)

- [ ] Mask Mandate (2)
- [ ] Mandated to Close (3)
- [ ] Visitation (4)
- [ ] Other, please specify (5) _____

22 Please answer the following questions related to how culturally informed or responsive your facility's treatment process is.

	Definitely Yes (1)	Probably Yes (2)	Probably No (3)	Definitely No (4)
My facility's policies are culturally informed and responsive (1)	○	○	○	○
My facility's treatment processes are culturally informed and responsive (2)	○	○	○	○
Cultural humility trainings are offered regularly (3)	○	○	○	○
The diversity of our staff reflects the diversity of our community (4)	○	○	○	○

23 How accepting do you think your health care providers are of those from other cultural backgrounds?

- ○ Not accepting (1)
- ○ Somewhat accepting (2)
- ○ Accepting (3)
- ○ Moderately accepting (4)
- ○ Very accepting (5)

24 How likely are you to stay in the community that you work, long-term (at least five more years)?

- ○ Very likely (1)
- ○ Somewhat likely (2)
- ○ Neither likely nor unlikely (3)
- ○ Somewhat unlikely (4)
- ○ Very unlikely (5)

25 What are the top three languages used/spoken most often in your facility? Select up to three.

- ☐ Arabic (1)
- ☐ Chinese (2)
- ☐ French (3)
- ☐ German (4)

- [ ] Hindi (5)
- [ ] Tagalog (6)
- [ ] Korean (7)
- [ ] Laotian (8)
- [ ] Russian (9)
- [ ] Spanish (10)
- [ ] Swahili (11)
- [ ] Vietnamese (12)
- [ ] Other, please specify (13) _____

26 Approximately what percentage of your total clients/patients speak a primary language other than English?

0 10 20 30 40 50 60 70 80 90 100

Please answer the following question by dragging the slider to the appropriate percentage level. ()	

27 How many of your patient resources are provided in more than one language?

- ○ None of them (1)
- ○ Some of them (2)
- ○ Most of them (3)
- ○ All of them (4)
- ○ Provided upon request (5)

28 How many of your patient resources are provided in braille?

- ○ None of them (1)
- ○ Some of them (2)
- ○ Most of them (3)
- ○ All of them (4)
- ○ Provided upon request (5)

29 How does your health facility meet patient/client needs for interpretation/translation? Please select all that apply.

- ☐ We have interpreters on staff (1)
- ☐ Bilingual staff pulled from another position (2)
- ☐ Contract with an interpreter (3)
- ☐ Phone/video line interpretation (4)
- ☐ Patient brings their own interpreter (5)

- [ ] Program provides interpretation (such as Kansas Statewide Farmworker Health Program) (6)
- [ ] Non-bilingual staff use dictionaries and hand signals (7)
- [ ] We have no need for interpretation/translation (8)
- [ ] We have no options available (9)

30 How does your health facility meet interpretation/translation needs for patients who are deaf, hard of hearing, or nonverbal? Select all that apply.

- [ ] We have sign language interpreters on staff (1)
- [ ] Staff pulled from another position (2)
- [ ] Contract with a sign language interpreter (3)
- [ ] Video line sign language interpreter (4)
- [ ] Patient brings their own interpreter (5)
- [ ] We use another method to meet interpretation/translation needs, please describe the method (8) _____
- [ ] We have no need for sign language interpretation/translation (6)
- [ ] We have no options available (7)

31 Please answer the following questions related to preparedness planning.

	Yes (1)	No (2)	I don't know (3)
Before COVID, we had a preparedness plan in place to ensure we could successfully provide services during an emergency (1)	○	○	○
We currently have a preparedness plan in place to ensure services are provided. (2)	○	○	○

32 How effective is your facility in helping tobacco users quit using tobacco products?

- ○ Extremely effective (1)
- ○ Very effective (2)
- ○ Moderately effective (3)
- ○ Slightly effective (4)
- ○ Not effective at all (5)
- ○ We currently have no methods in place for tobacco cessation (6)

33 Are staff in your facility interested in evidence-based tobacco cessation training?

- ○ Yes (1)
- ○ Maybe (2)
- ○ No (3)

34 Which of the following employee retention efforts do you use? Select all that apply.

- ☐ Targeted employee engagement (1)
- ☐ Salary and benefits (2)
- ☐ Mentorship programs (3)
- ☐ Promotion opportunities (4)
- ☐ Team building (5)
- ☐ Employee appreciation day/week/month (6)
- ☐ Food and beverages (7)
- ☐ Bonus pay (8)
- ☐ Bonus vacation hours (9)
- ☐ Flexible scheduling (10)
- ☐ Other, please specify (11) _____

35 Please select the statement that best describes your facility's use of community health workers (CHWs).

- ○ My organization currently works with CHWs. (1)
- ○ My organization has worked with CHWs in past, but does not currently train or work with CHWs or their employers (2)
- ○ My organization may employ CHWs in future, but does not currently train or work with CHWs or their employers (3)
- ○ My organization is not likely to employ CHWs in the future and does not currently train or

work with CHWs. (4)

○ I am not familiar with CHWs. (5)

36 Did you have sufficient medical equipment or supplies prior to COVID-19?

○ Yes, we always had sufficient medical equipment or supplies (1)

○ Yes, most of the time we had sufficient medical equipment or supplies (2)

○ Some of the time we had sufficient medical equipment or supplies (3)

○ No, most of the time we did not have sufficient medical equipment or supplies (4)

○ No, we never had sufficient medical equipment or supplies (5)

37 Currently, do you have sufficient medical equipment or supplies?

○ Yes, we always have sufficient medical equipment or supplies (1)

○ Yes, most of the time we have sufficient medical equipment or supplies (2)

○ Some of the time we have sufficient medical equipment or supplies (3)

○ No, most of the time we do not have sufficient medical equipment or supplies (4)

○ No, we never have sufficient medical equipment or supplies (5)

38 What barriers make it difficult to attain medical equipment and supplies? Please select all that apply.

☐ Delays in delivery of medical equipment and supplies (1)

☐ Not having enough funding to cover the need (2)

☐ Shortages in equipment and supplies (3)

☐ The clinic needs more than what is available (4)

☐ We do not experience barriers in this area (5)

☐ Other, please specify (6) _____

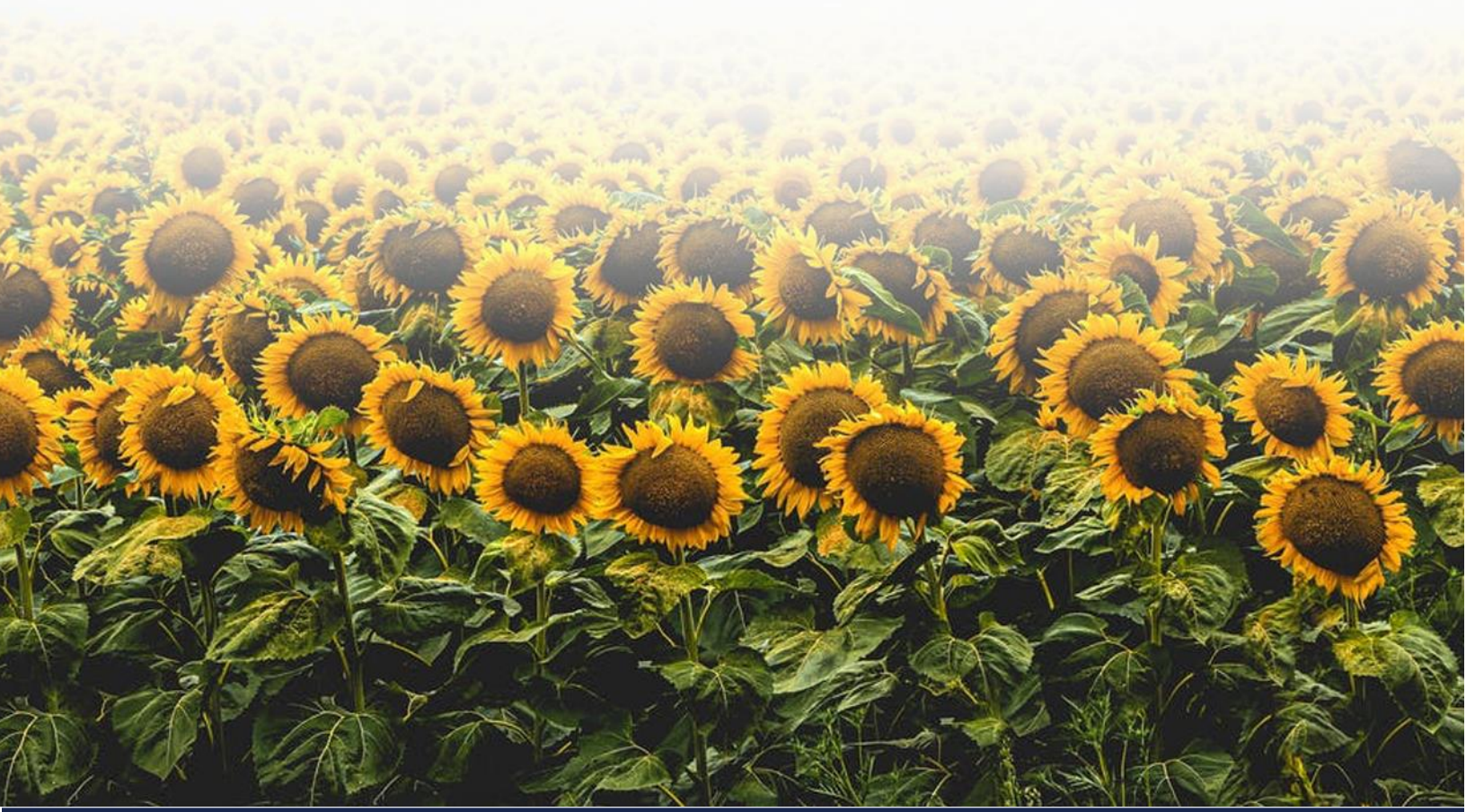
39 Please indicate your level of agreement or disagreement with the following statements:

	Agree (1)	Somewhat agree (2)	Neither agree, nor disagree (3)	Somewhat disagree (4)	Disagree (5)
It would be difficult to replace a key member of our medical staff, if they were to leave. (1)	○	○	○	○	○
We have difficulty recruiting/retaining key staff (2)	○	○	○	○	○
We have written succession plans in place for key positions. (3)	○	○	○	○	○

40 Please provide any final thoughts or comments in the text box below.

Focus Group Questions

- Is your community considered frontier, rural, or urban?
- Where do people seek care in your community? What does care look like in your community?
    - What's missing?
- When you think about access to care in your community, what concerns you the most?
- What do you think prevents providers from coming and/or staying in your community?
- What do you perceive to be barriers to accessing primary care in your community?
    - What barriers do people from specific populations face?
        - LGBTQ, BIPOC, Migrant, etc.
- What recommendations do you have for improving access to care?



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