



A View of Consumer Health Access in Kansas and Missouri

Results from the 2017 Kansas and Missouri
Consumer Health Access Survey (KMHS)

KMHS Funders

Health Care Foundation of Greater Kansas City

Kansas Health Foundation

Missouri Foundation for Health

REACH Healthcare Foundation

United Methodist Health Ministry Fund

Foundations' Objectives

- Develop detailed picture of access to health care and coverage across the two states
- Capture information directly from consumers' responses
- Leverage five foundations' collective resources to expand the survey to gather more information
- Gain understanding of potential opportunities for foundation support, engagement and public policy priorities.



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for global good



RTI International is an independent, nonprofit research institute dedicated to improving the human condition. We combine scientific rigor and technical expertise in social and laboratory sciences, engineering, and international development to deliver solutions to the critical needs of clients worldwide.

Survey Development

- RTI drew from existing surveys:
 - 2015 Ohio Medicaid Assessment Survey (OMAS)
 - 2016 Ohio Medicaid Group VIII Survey
 - National Health Interview Survey (NHIS)
 - Medical Expenditure Panel Survey (MEPS).
- Questionnaire relied heavily on validated survey questions.
- Questions were modified where necessary to address areas of interest.

Survey Development

- Target population is residents ages 19 and older living in the state for more than 1 month.
- In randomly selected households with children, one child was randomly selected for interview via adult proxy.
- Questions focus on health and unmet needs of adults ages 19–64 with an abbreviated survey for children.
- Survey pilot with a small sample in summer 2017 by RTI.

Sample Design

- Frame: Dual-frame random digit-dial (RDD) cell phone and landline (Kansas- or Missouri-assigned area code).
- Equal number of respondents in each state allocated proportionally by population density into rural, mid-size, and urban counties.
- Oversampled the service areas of REACH/Health Care Foundation of Greater Kansas City:
 - Allen, Johnson, and Wyandotte in Kansas
 - Cass, Jackson, and Lafayette in Missouri.

Survey Administration

- Cell phone respondents were offered an incentive if they completed the interview
 - Considered a best practice to offset costs of participation
 - Provided \$10 Visa gift card
 - Study protocols were reviewed and approved by Institutional Review Board.
- Survey administered from Sept. 2017 to Jan. 2018 by RTI International in Research Triangle Park, North Carolina.

Number of Completed Interviews

- 4,274 total completed interviews in Kansas and Missouri
 - 2,069 in Kansas
 - 2,205 in Missouri
- These totals include
 - 3,158 adults ages 19–64
 - 1,159 children ages 0–18
 - 154 respondents interviewed in Spanish

Sample Weighting to Reflect State Population

- Survey weighting adjusts for non-response, ineligibility.
- Post-stratification weights applied using the 2016 American Community Survey.
- Survey estimates represent non-institutionalized residents ages 19 and older in each state.
 - Child estimates represent the population ages 0–18.

How to Read the Figures in this Presentation

- The KMHS is not designed to directly compare Kansas and Missouri on access and coverage. No statistical tests of difference are shown in the figures between tests.
- All estimates in graphs represent a percentage of adults or children in the state or of a subgroup (e.g., adults with chronic conditions, uninsured, insured adults).
- All differences between subgroups (i.e., Hispanic vs. white non-Hispanic) that reach statistical significance at the 95% level of confidence ($p < .05$) are indicated with an asterisk (*) after the number. The reference group against which the subgroup was tested is listed in the table notes.


Results

Health Insurance Coverage

Question Wording: Currently Uninsured

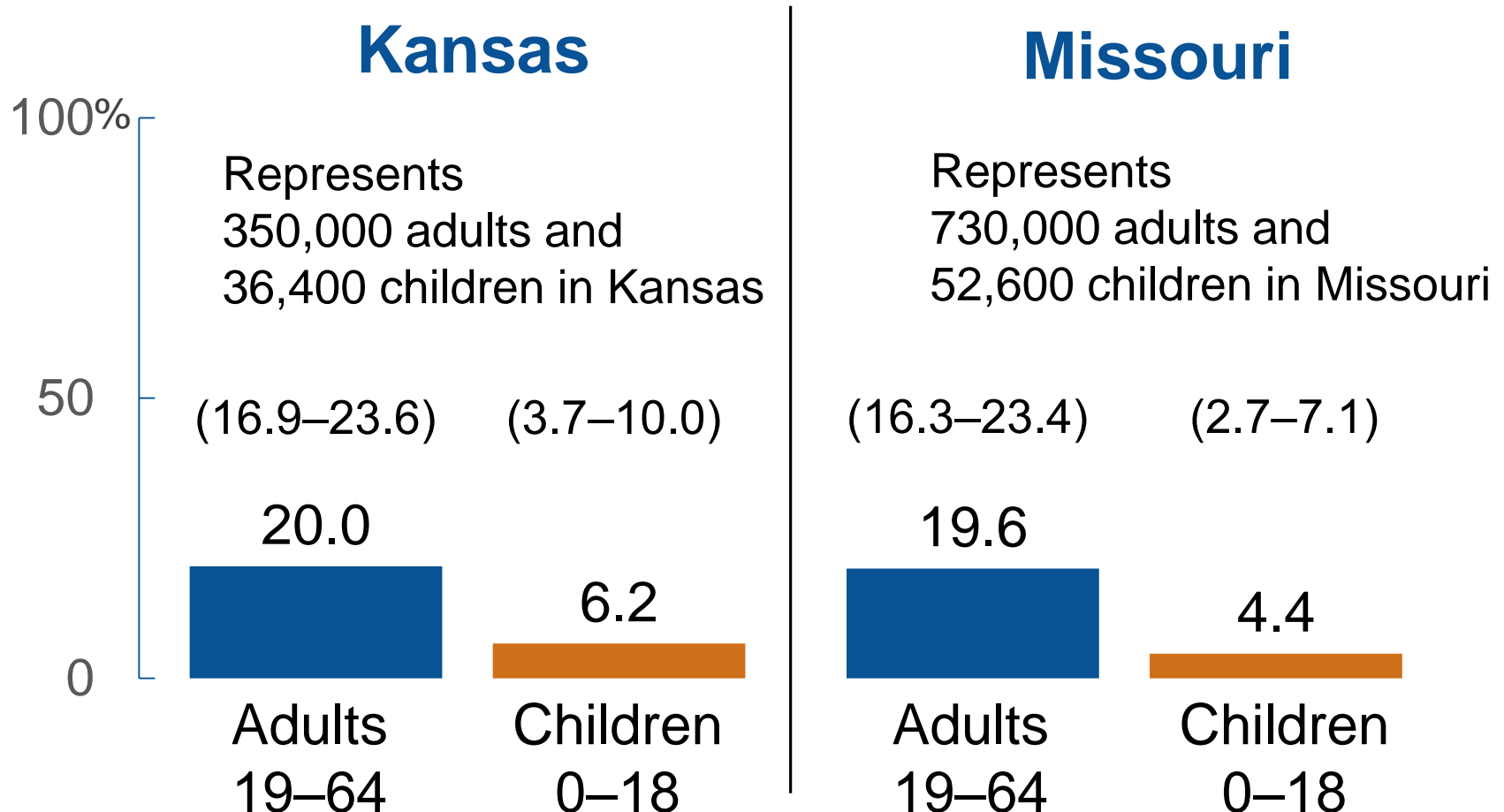
My next questions are about your current health insurance coverage, that is, the health coverage you had last week.

Are you covered by health insurance or some other type of health care plan? (No)



**KMHS measure of
currently uninsured
(point-in-time measure)**

Fig. 1. Currently Uninsured, by Age Group



Note: 95% confidence interval of the estimate is shown in parentheses above the percentage.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

“First Look at Health Insurance Coverage in 2018 Finds ACA Gains Beginning to Reverse”

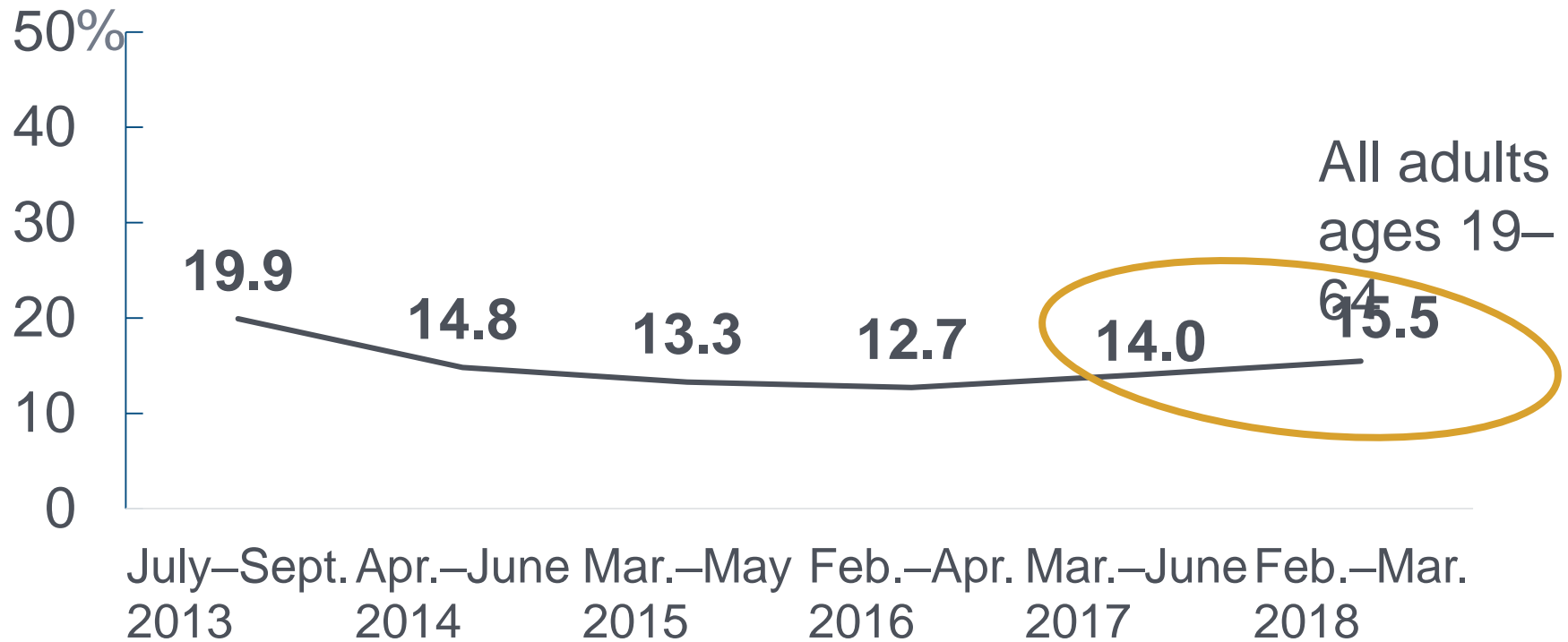
“The marked gains in health insurance coverage made since the passage of the Affordable Care Act (ACA) in 2010 are beginning to reverse, according to new findings from the latest Commonwealth Fund ACA Tracking Survey. The coverage declines are likely the result of two major factors: 1) lack of federal legislative actions to improve specific weaknesses in the ACA and 2) ... deep cuts in advertising and outreach during the marketplace open-enrollment periods, a shorter open enrollment period, and other actions that collectively may have left people with a general sense of confusion about the status of the law.”

Findings from the Commonwealth Fund Affordable Care Act Tracking Survey, February–March 2018.

Source: Commonwealth Fund. Commonwealth Fund Blog, May 1, 2018. Retrieved from <http://www.commonwealthfund.org/publications/blog/2018/apr/health-coverage-erosion>

The uninsured rate among working-age adults increased to 15.5 percent.

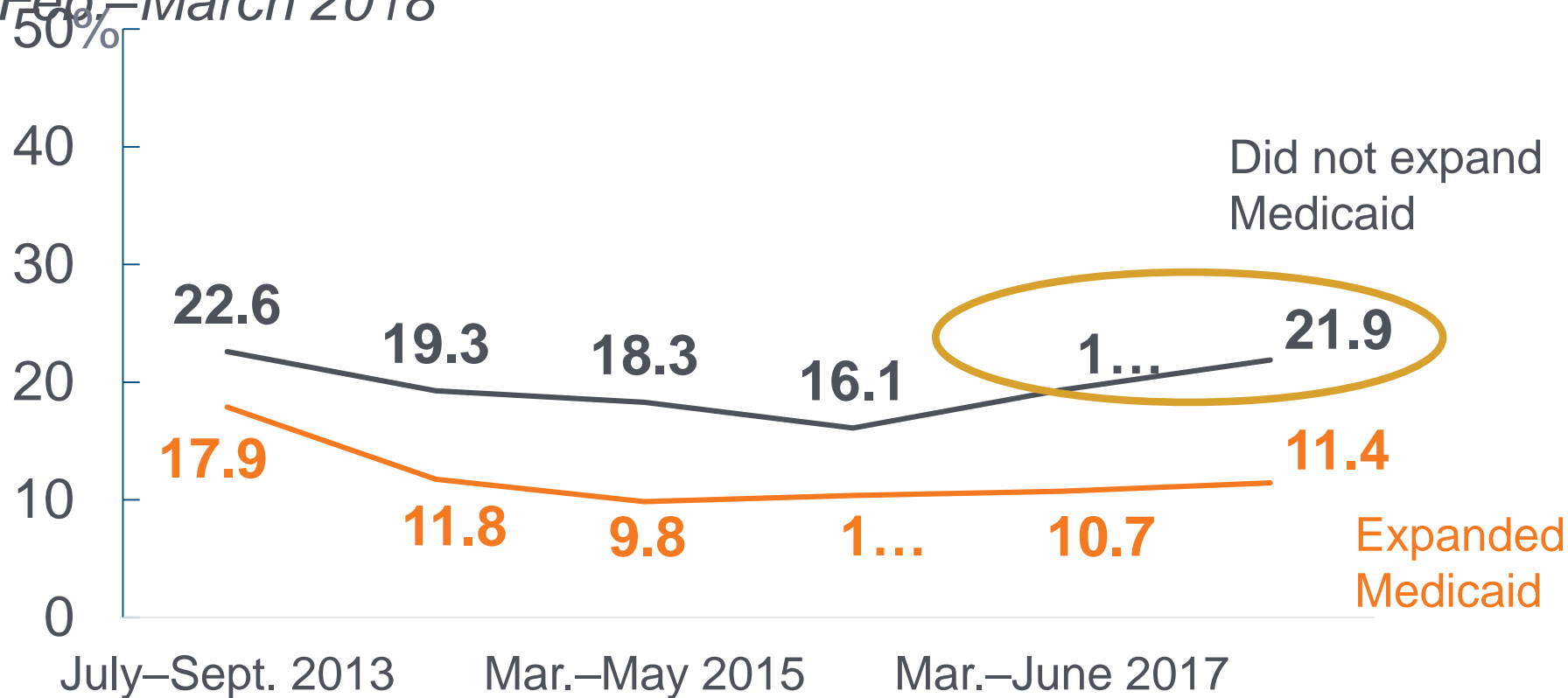
Percent of adults ages 19–64 who were uninsured; nationally representative sample, Feb.–March 2018



Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, Apr.–June 2014, Mar.–May 2015, Feb.–Apr. 2016, Mar.–June 2017, Feb.–Mar. 2018.

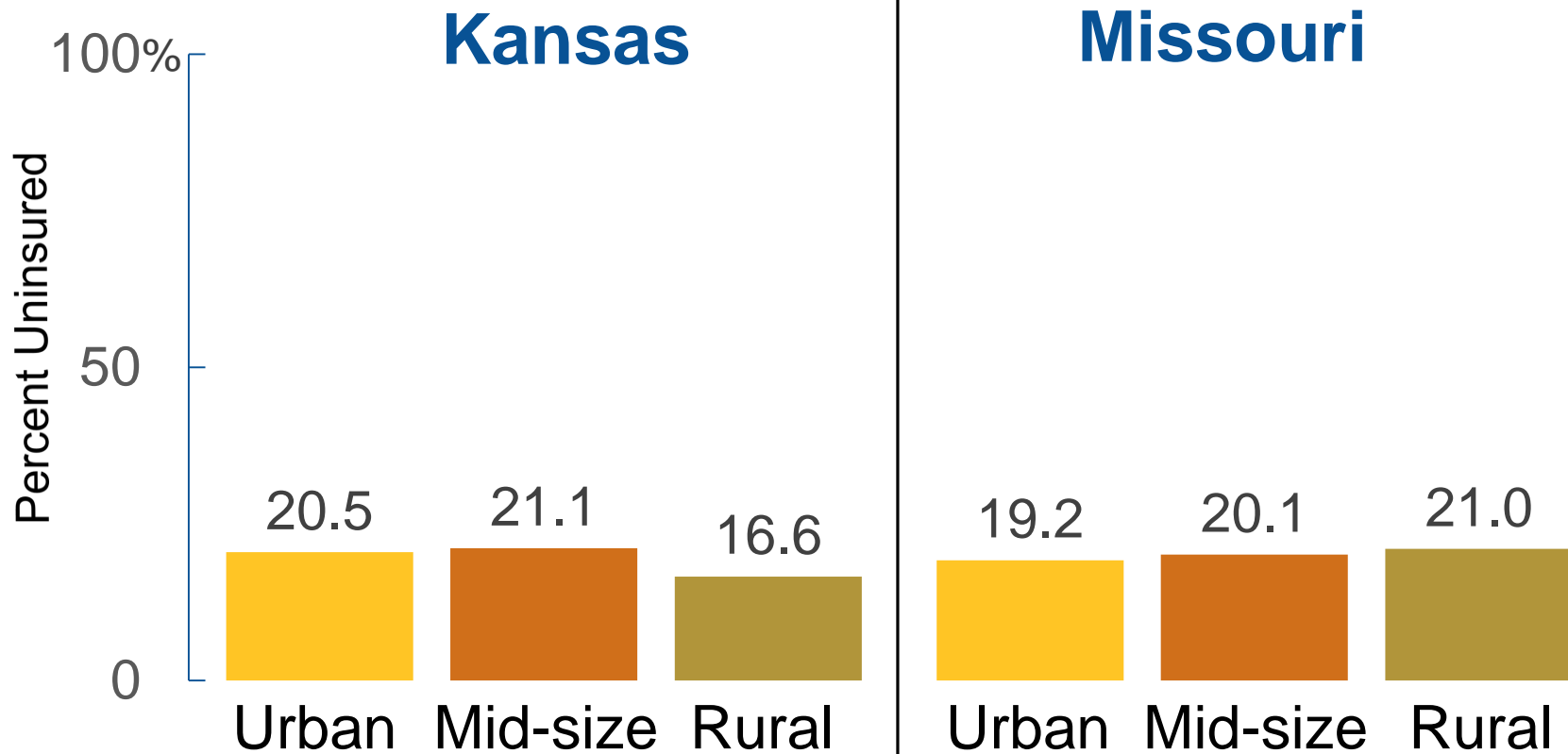
The uninsured rate among adults in states that did not expand Medicaid rose to 21.9 percent.

Percent of adults ages 19–64 who were uninsured; nationally representative sample, Feb.–March 2018



Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, Apr.–June 2014, Mar.–May 2015, Feb.–Apr. 2016, Mar.–June 2017, Feb.–Mar. 2018.

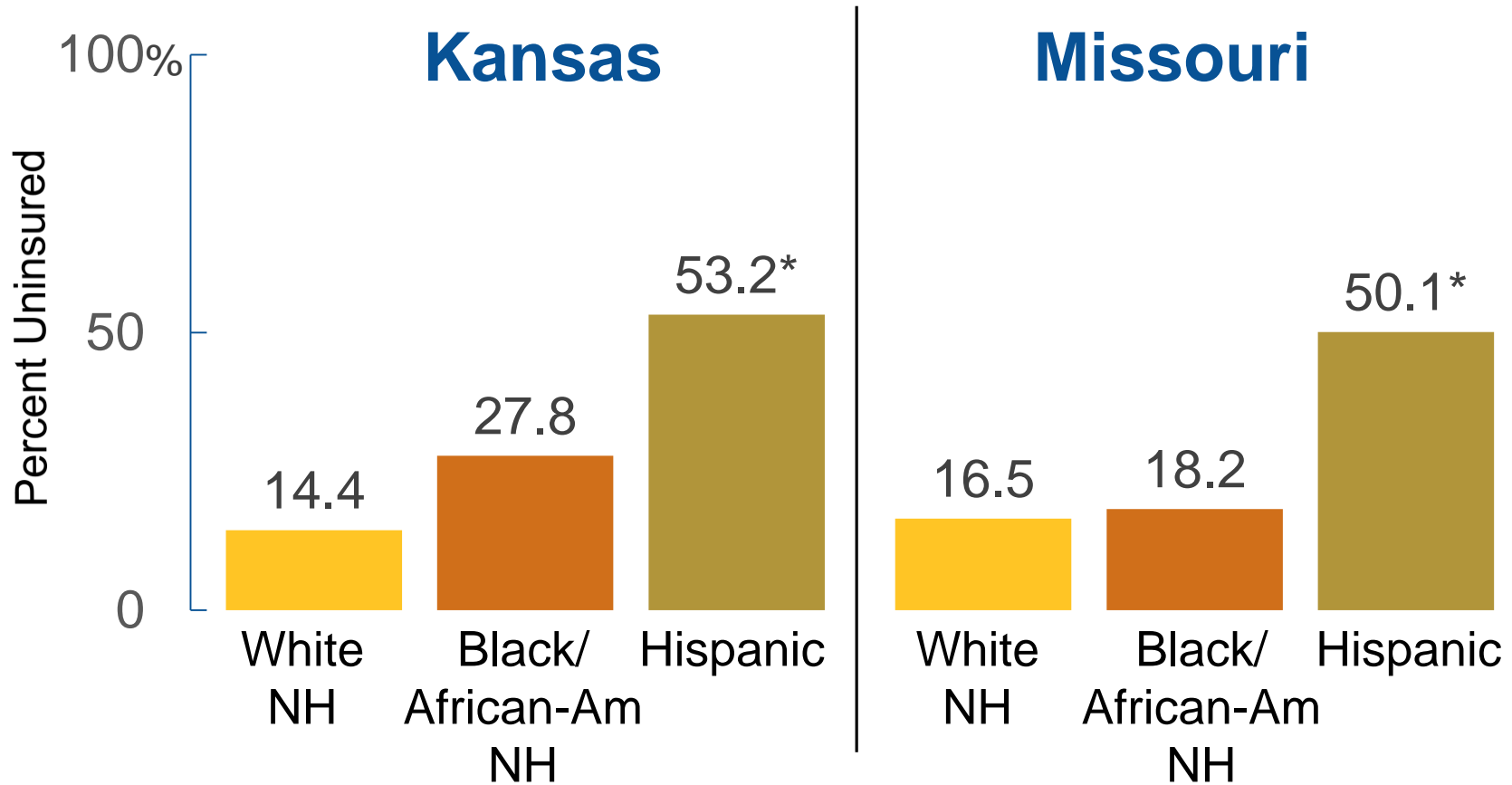
Fig. 2. Currently Uninsured, Adults Ages 19–64 by County Population Density



Note: Differences between county types within a state are not statistically significant at $p < .05$ level.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 3. Currently Uninsured, Adults Ages 19–64 by Race/Ethnicity



* Significantly different from White Non-Hispanic at $p < .05$ level.
Notes: NH=Non-Hispanic; African-Am=African-American.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Tried to Purchase Insurance in Past 2 Years, Uninsured Adults Ages 19–64

Among the uninsured:

- One-fourth tried to purchase insurance directly in the last 2 years (25 percent in Kansas and 24 percent in Missouri).

Of those who tried:

- About two-thirds did not receive assistance from anyone.
- 36 percent in Kansas and 12 percent in Missouri received assistance from a health navigator or assistor.

Altogether, just 3 percent of the uninsured in Kansas and 6 percent in Missouri reported they were able to get health insurance when they tried, yet all lost the coverage at some point.

Medical Bill Problems, Medical Debt, and Financial Consequences from Debt

Question Wording: Medical Bill Problems and Medical Debt

During the past 12 months, were there times when you or your family had problems paying or were unable to pay medical bills for yourself or anyone else in your family? This includes unpaid hospital bills, doctor bills, or bills for other medical care.

Are you still paying off this medical debt?

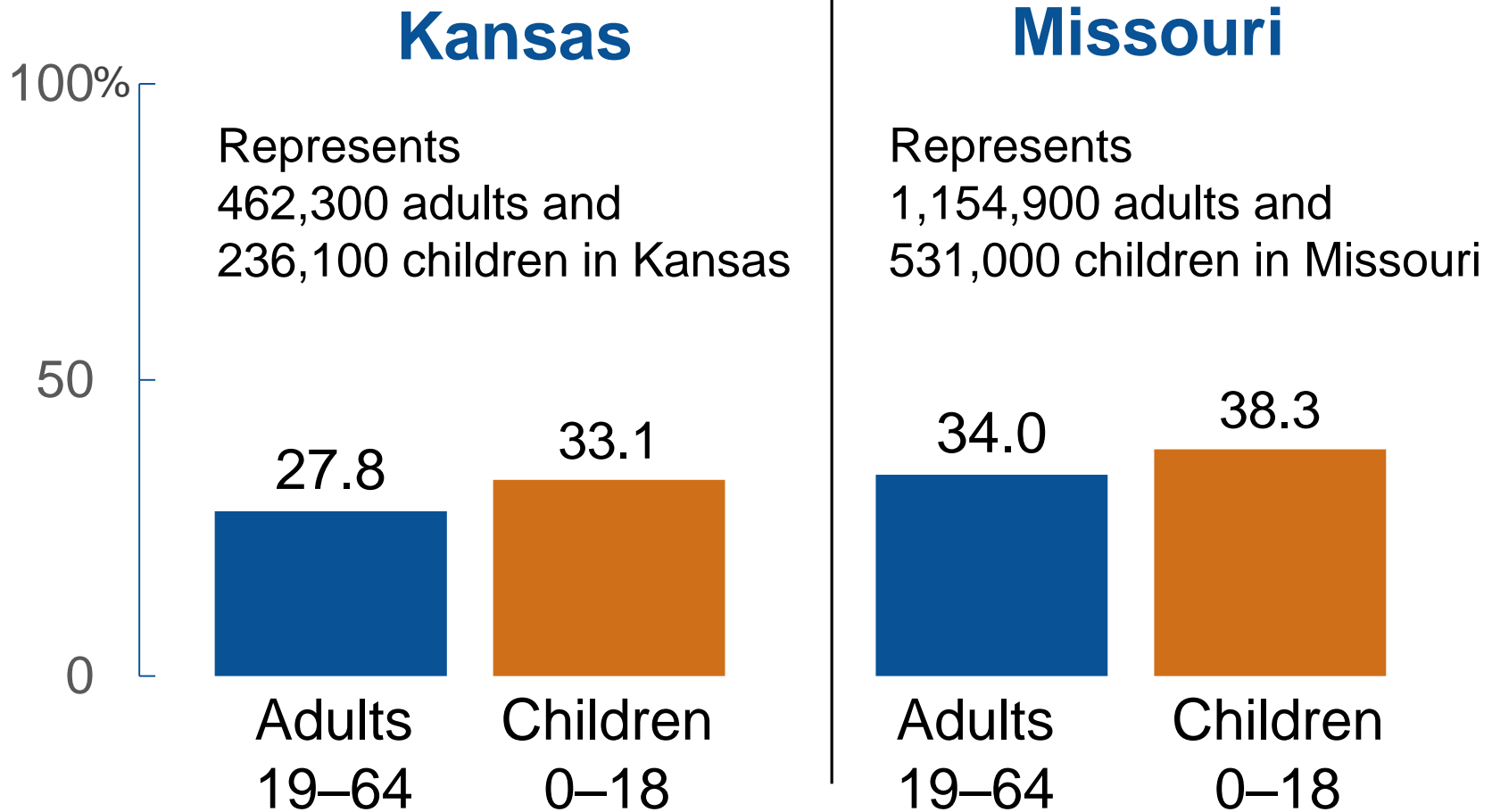
KMHS
measure of
medical debt

In the past 12 months, did you ever do any of the following or have any of the following happen as a result of the unpaid bills...

- a. Borrow money from friends or relatives?*
- b. Taken a loan of any kind?*
- c. Had a creditor call or come to see you to demand payment?*

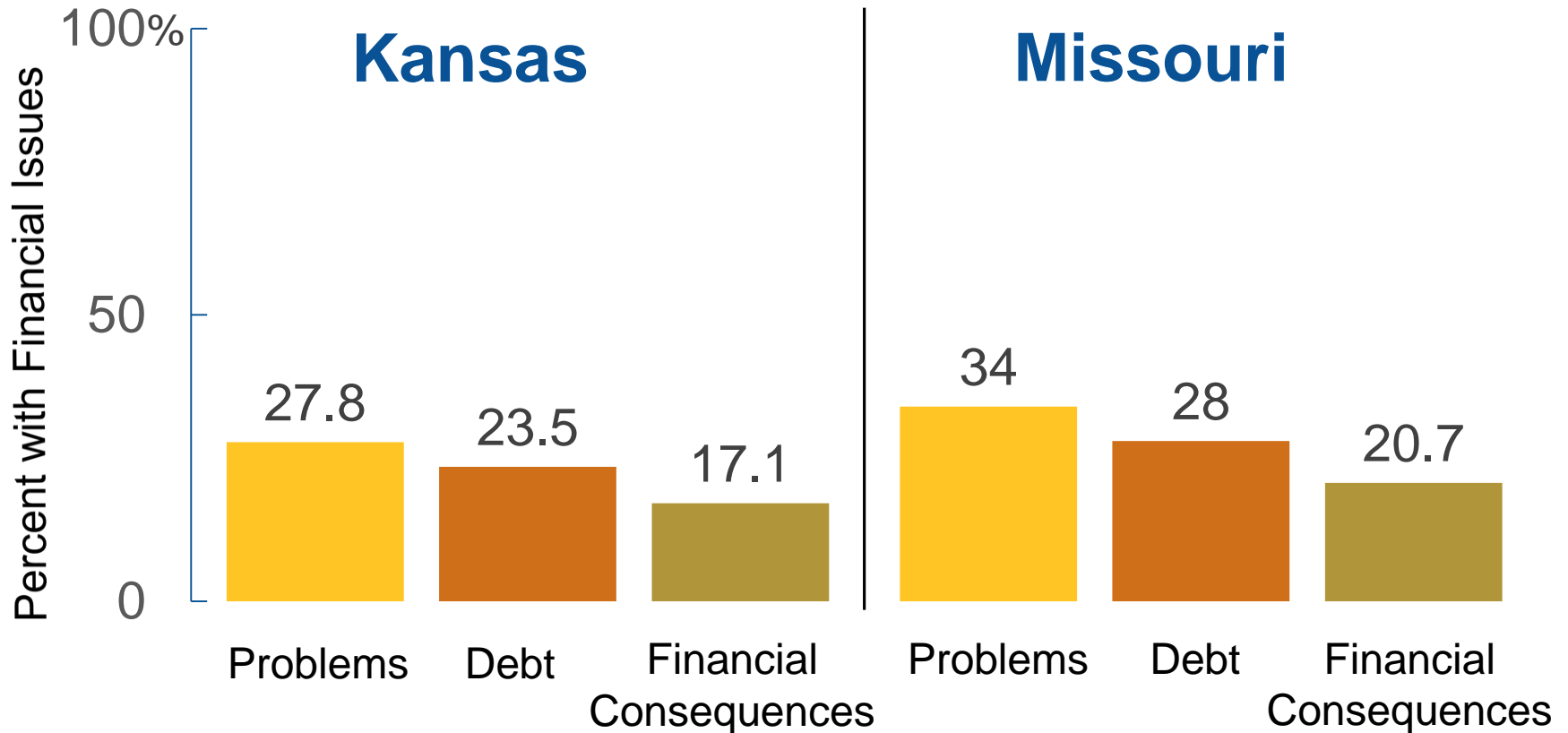
KMHS
measure of
financial
consequences
from medical
debt

Fig. 4. Problems Paying Off Medical Bills in the Household in the Past Year, by Age Group



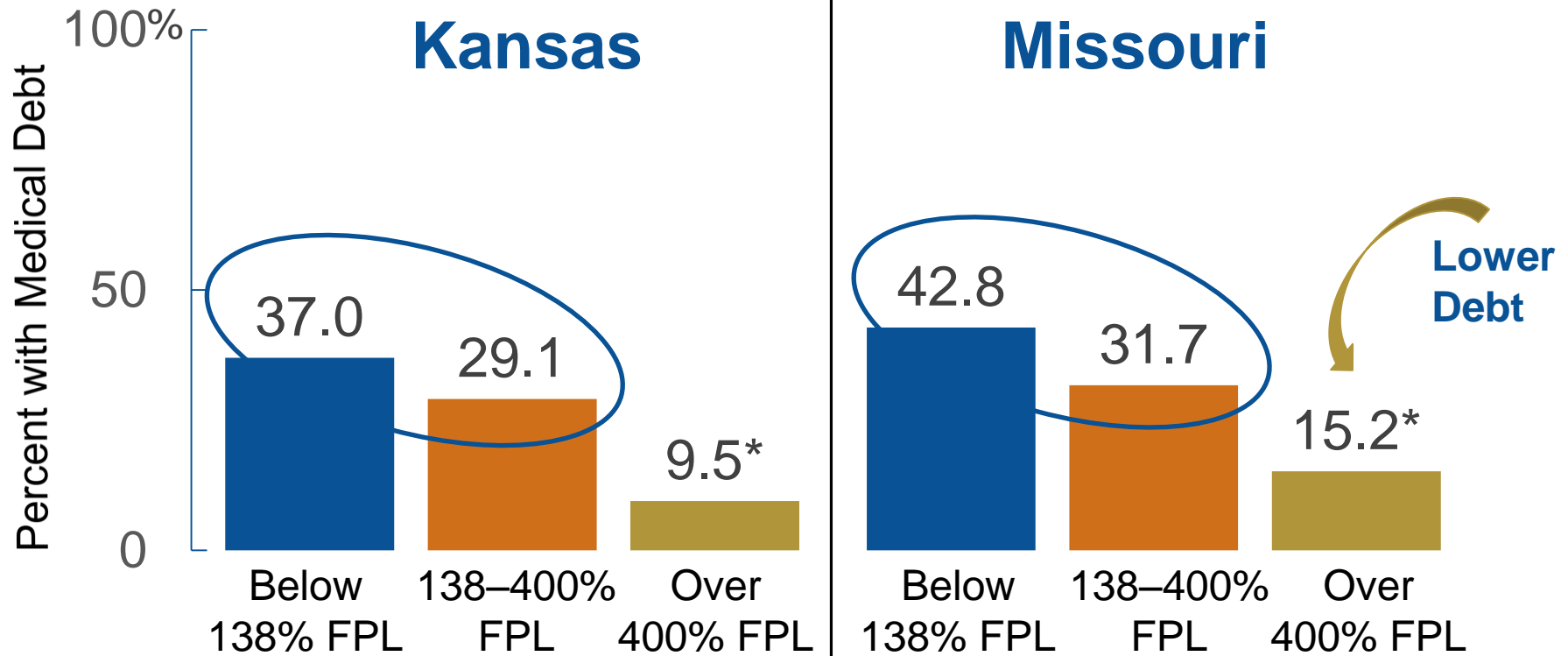
Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 5. Medical Bill Problems, Medical Debt, and Financial Consequence in Household in Past Year, by Age Group



Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 6. Medical Debt in Household, Adults Ages 19–64 by Federal Poverty Level



* Difference from Below 138% FPL is statistically significant at $p < .05$ level in this figure.

Note: FPL=Federal Poverty Level based on the 2016 tax year.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Diagnosed Chronic Conditions and Unmet Need

Question Wording: Diagnosed Chronic Conditions

Has a doctor or other health care provider ever told you that you had . . .

Hypertension or high blood pressure?

High cholesterol or high blood cholesterol?

Diabetes?

Heart disease, artery disease, or angina?

A heart attack or myocardial infarction?

Congestive heart failure?

Arthritis or rheumatism?

KMHS
measure of
mental health
diagnoses




Depression, anxiety, other behavioral or emotional health condition, substance abuse or addiction?

Some other chronic condition that has lasted or is expected to last 6 or more months?

Question Wording: Unmet Need for Chronic Conditions

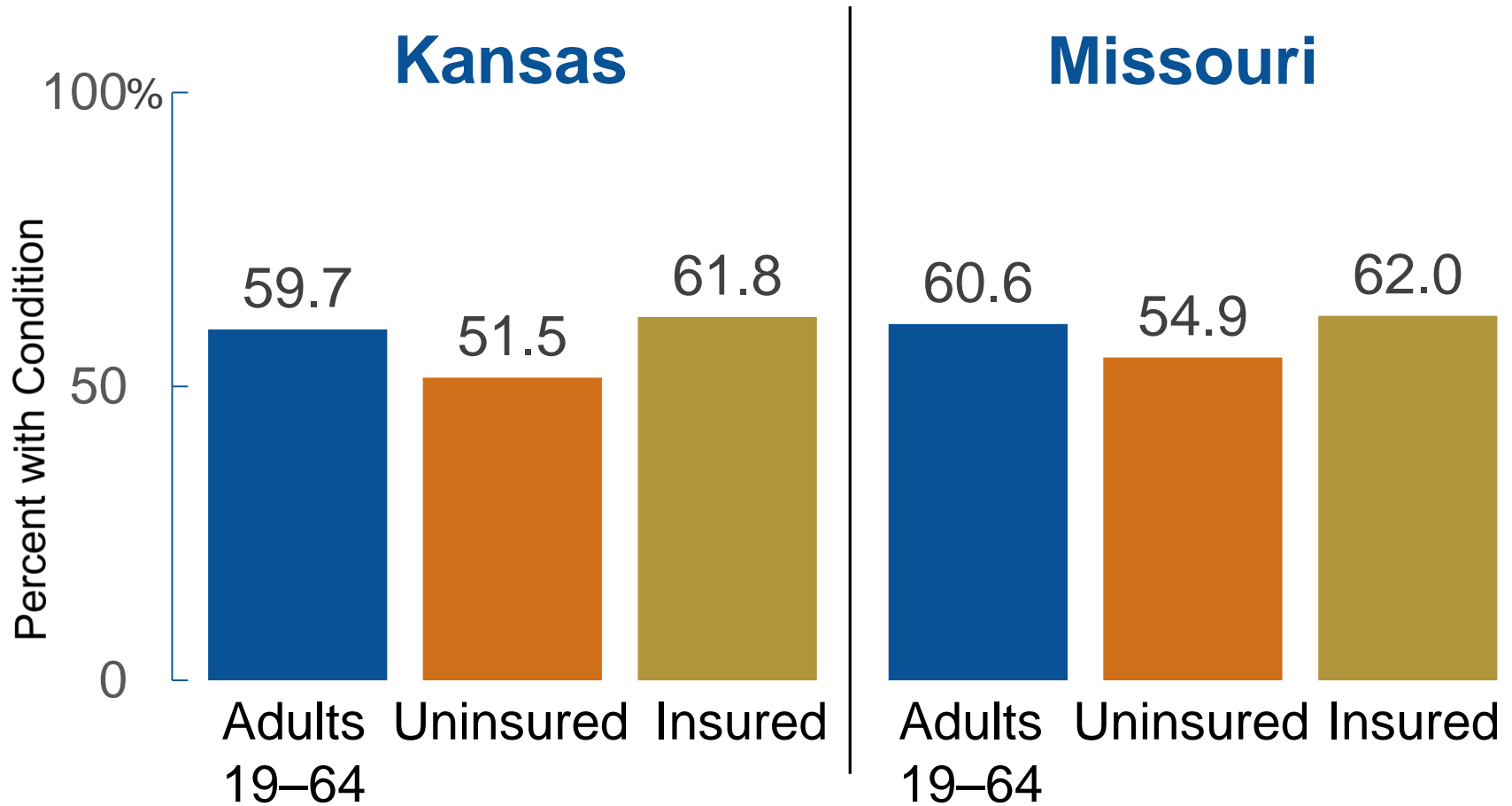
Do you now take any medicine prescribed by a doctor for your [condition name]?

During the past 12 months, was there any time you needed medical care, including prescription medicine, for your [condition name] but didn't get it because of the cost?



**KMHS measure of
unmet need
for chronic
conditions**

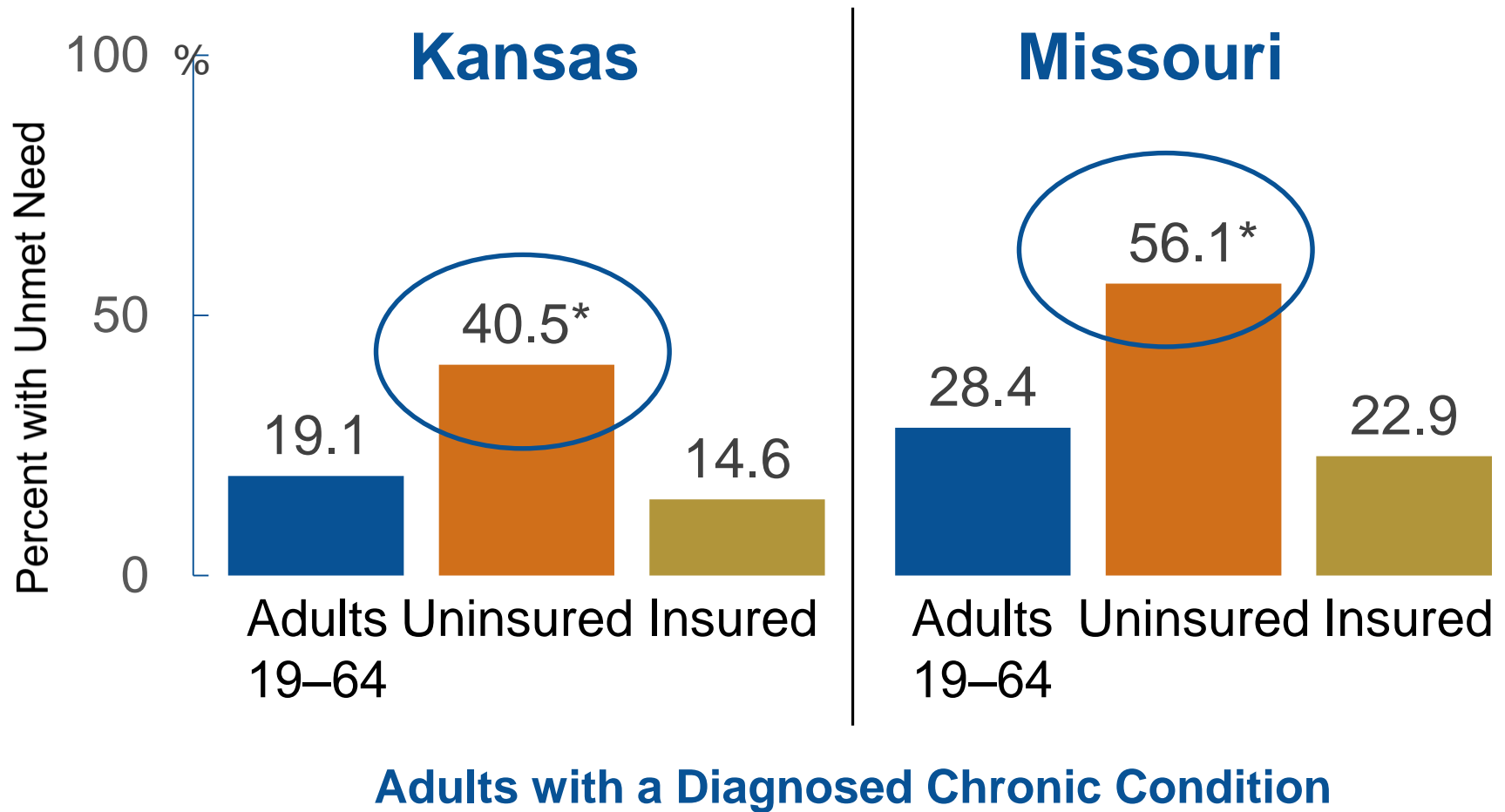
Fig. 7. Diagnosed Chronic Conditions, by Insurance Status



Note: Differences between the Insured and Uninsured within the state are not statistically significant at $p < .05$ level.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

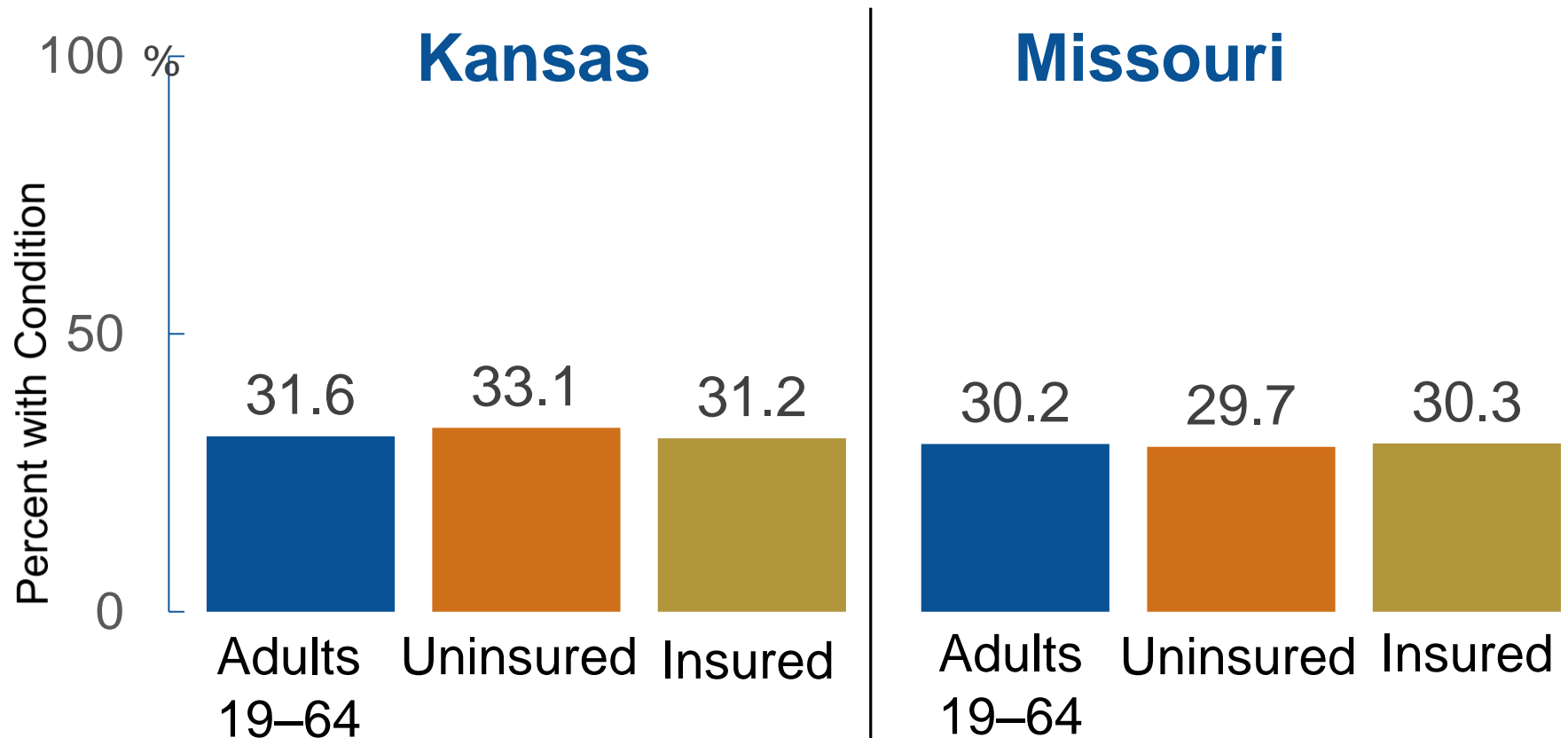
Fig. 8. Diagnosed Chronic Condition: Reported Unmet Need in Past Year, by Insurance Status



* Significantly different from Insured at p<.05 level.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 9. Reported Mental Health Diagnosis or Addiction,[†] by Insurance Status

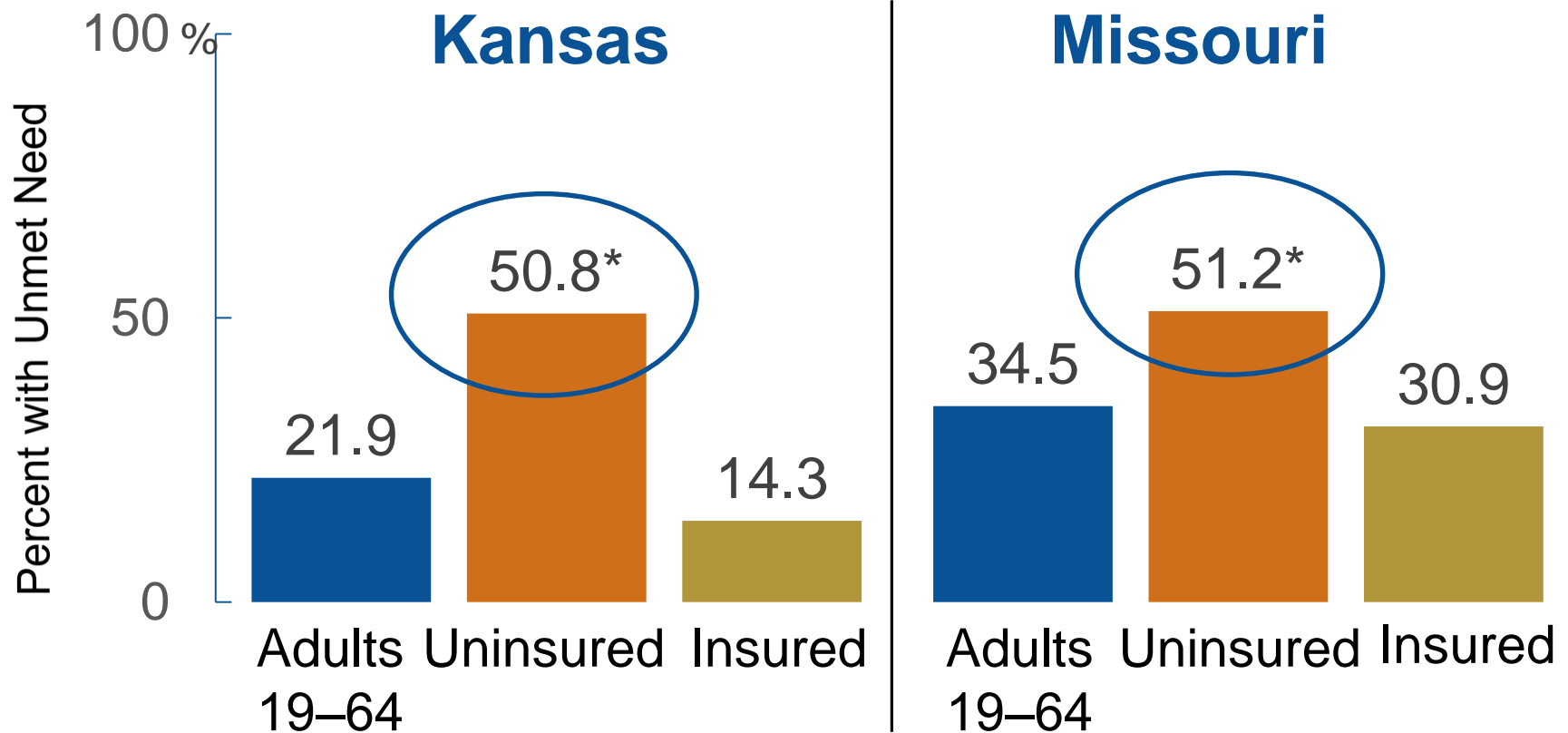


[†] Based on the question: “Has a doctor or other health care provider ever told you that you had depression, anxiety, other behavioral or emotional health condition, substance abuse or addiction?”

Note: Differences between Uninsured and Insured were not statistically significant at $p < .05$ level.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 10. Mental Health Diagnosis or Addiction: Reported Unmet Need in Past Year, by Insurance Status



Adults with a Mental Health Diagnosis or Addiction

* Significantly different from Insured at $p < .05$ level.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Injuries Impacting Ability to Work

Question Wording: Injury Impacting Work

Do you suffer from any kind of injury or accident that now prevents you from working at a job or working as many hours as you would like?

**KMHS measure of
injury impacting
work**



In the past 12 months, was there any time you needed treatment or health services for your injury or accident but didn't get it because of the cost?

**KMHS measure of
unmet need for injury
impacting work**


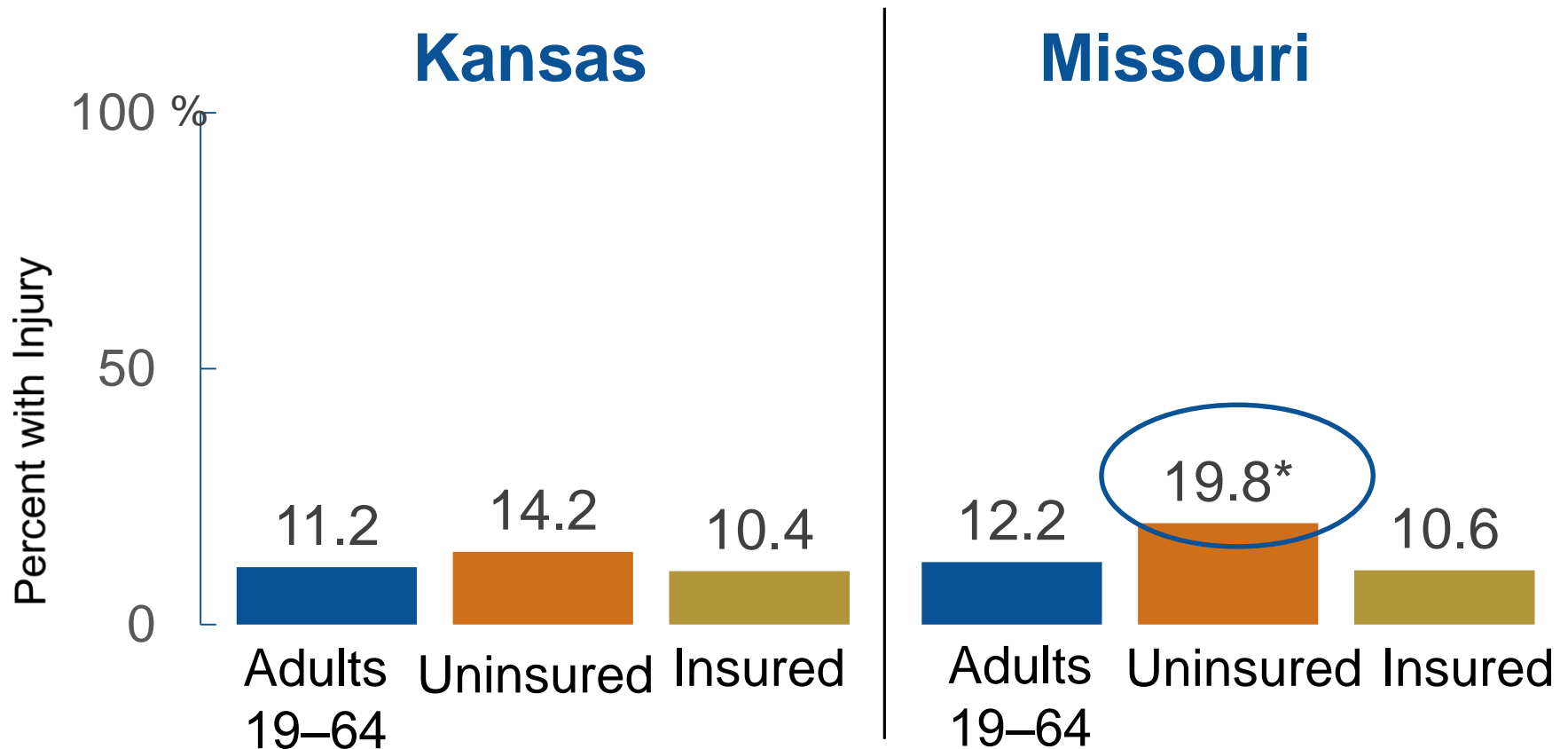


Fig. 11. Reported Injury Impacting Work,[†] by Insurance Status

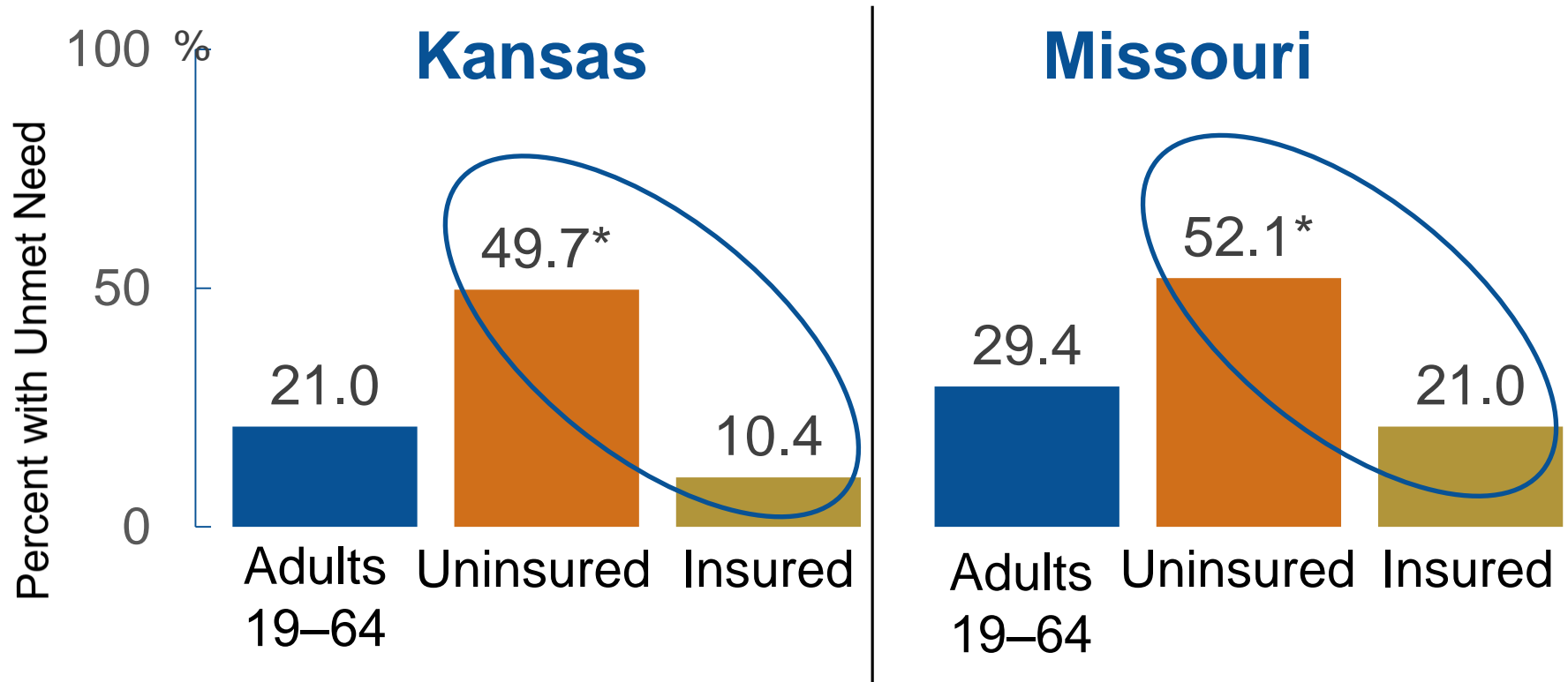


[†] Based on the question: “Do you suffer from any kind of injury or accident that now prevents you from working at a job or working as many hours as you would like?”

* Significantly different from Insured at $p < .05$ level.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 12. Injury Impacting Work:[†] Reported Unmet Need, by Insurance Status



Adults with Injury Impacting Work

[†] Based on the question: “Do you suffer from any kind of injury or accident that now prevents you from working at a job or working as many hours as you would like?”

* Significantly different from Insured at p<.05 level.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Usual Places for Care Other Than the Emergency Room or Urgent Care

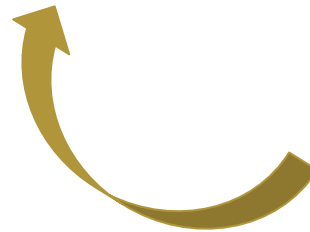
Question Wording: Usual Place for Care Other Than Emergency Room or Urgent Care

Is there a particular doctor's office, clinic, health center, or other place that you usually go to when you are sick or need advice about your health?

Is this place an emergency room or urgent care?

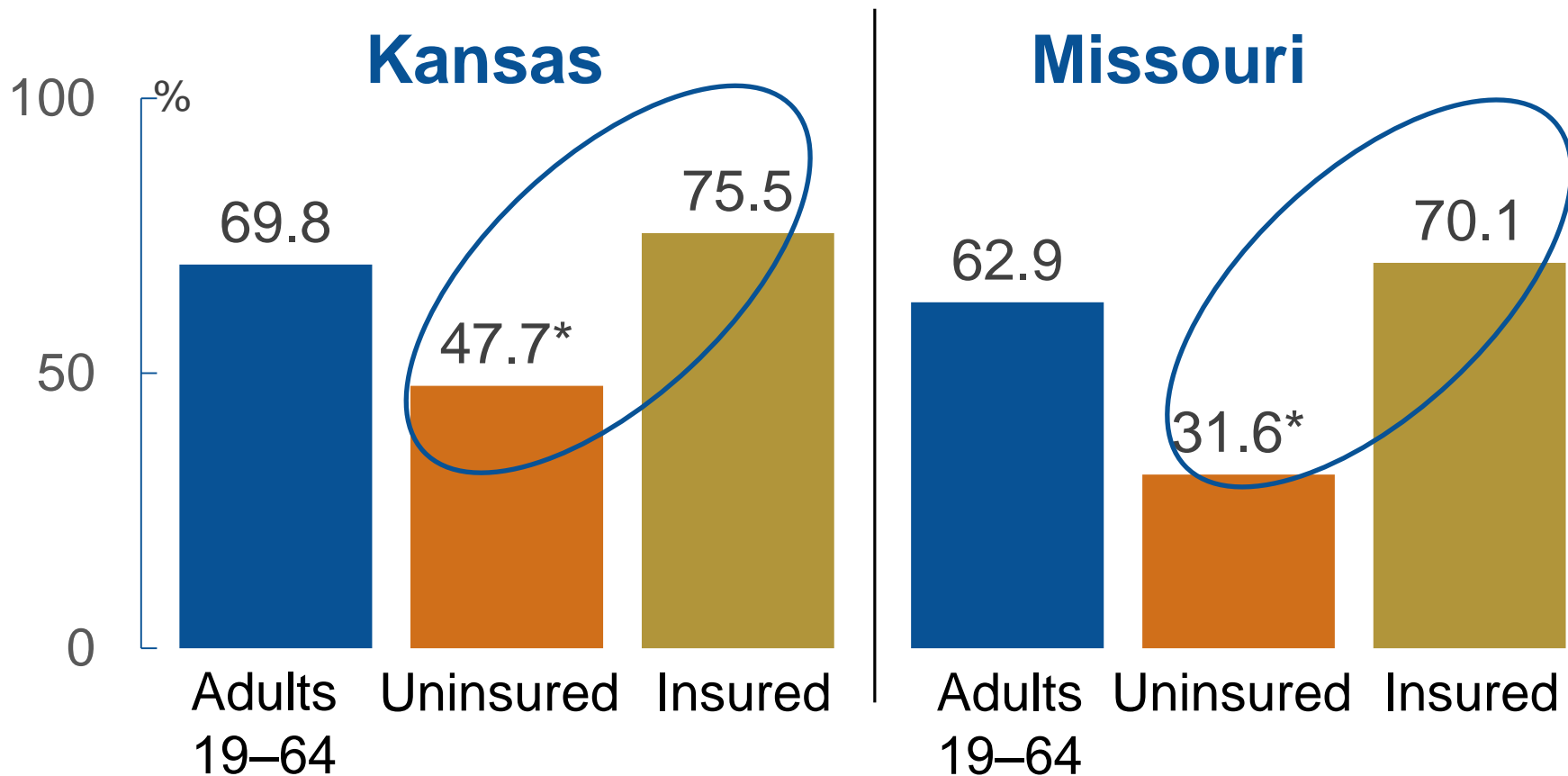
Other than an emergency room or urgent care, is there any other place you have gone in the past 12 months to see a doctor or talk to someone when you are sick or need advice about your health?

Tell me about this place...



**KMHS measure of
having a usual place
for care other than an
ER or urgent care**

Fig. 13. Has a Usual Place for Care Other Than ER or Urgent Care, by Insurance Status

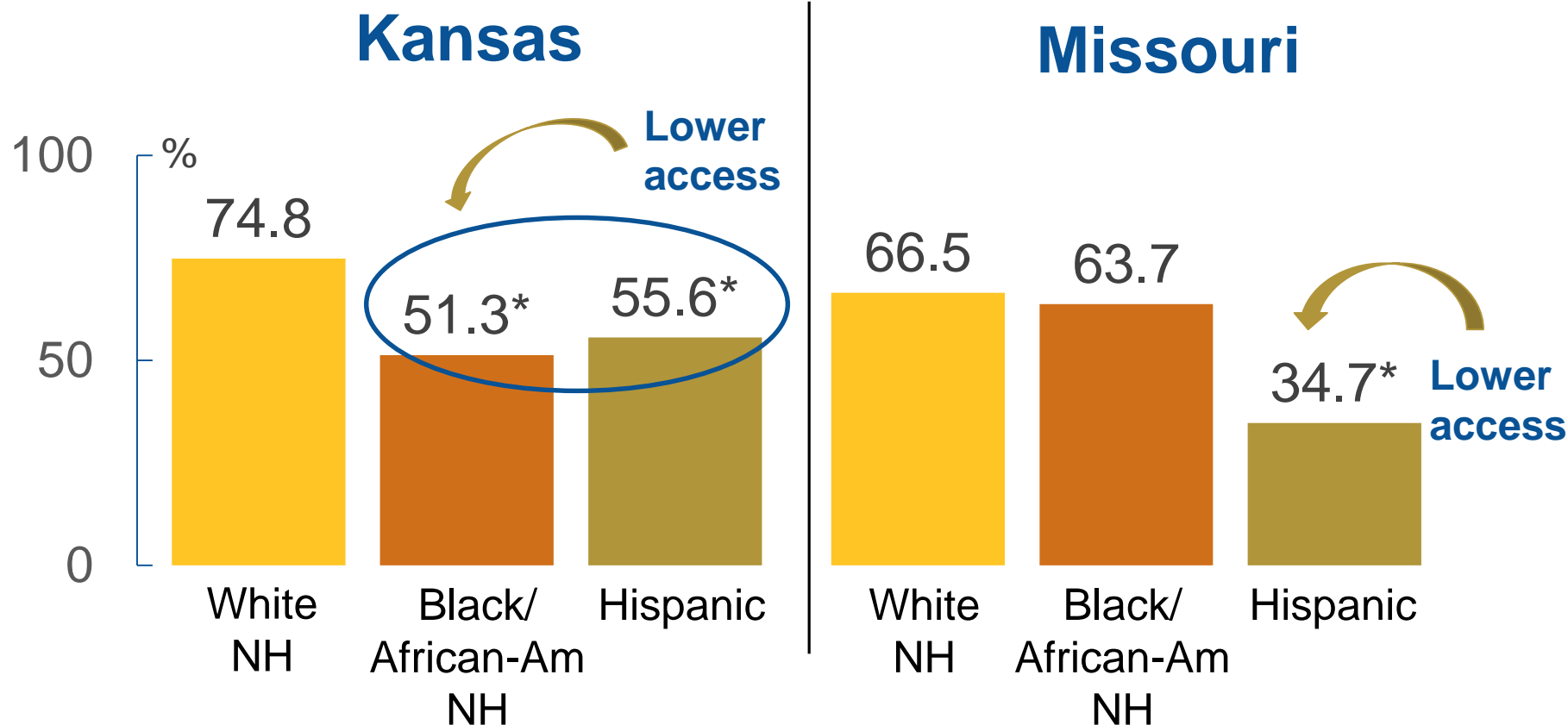


* Significantly different from Insured at $p < .05$ level.

Note: ER=emergency room or department.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 14. Has a Usual Place for Care Other Than ER or Urgent Care, Adults Ages 19–64 by Race/Ethnicity



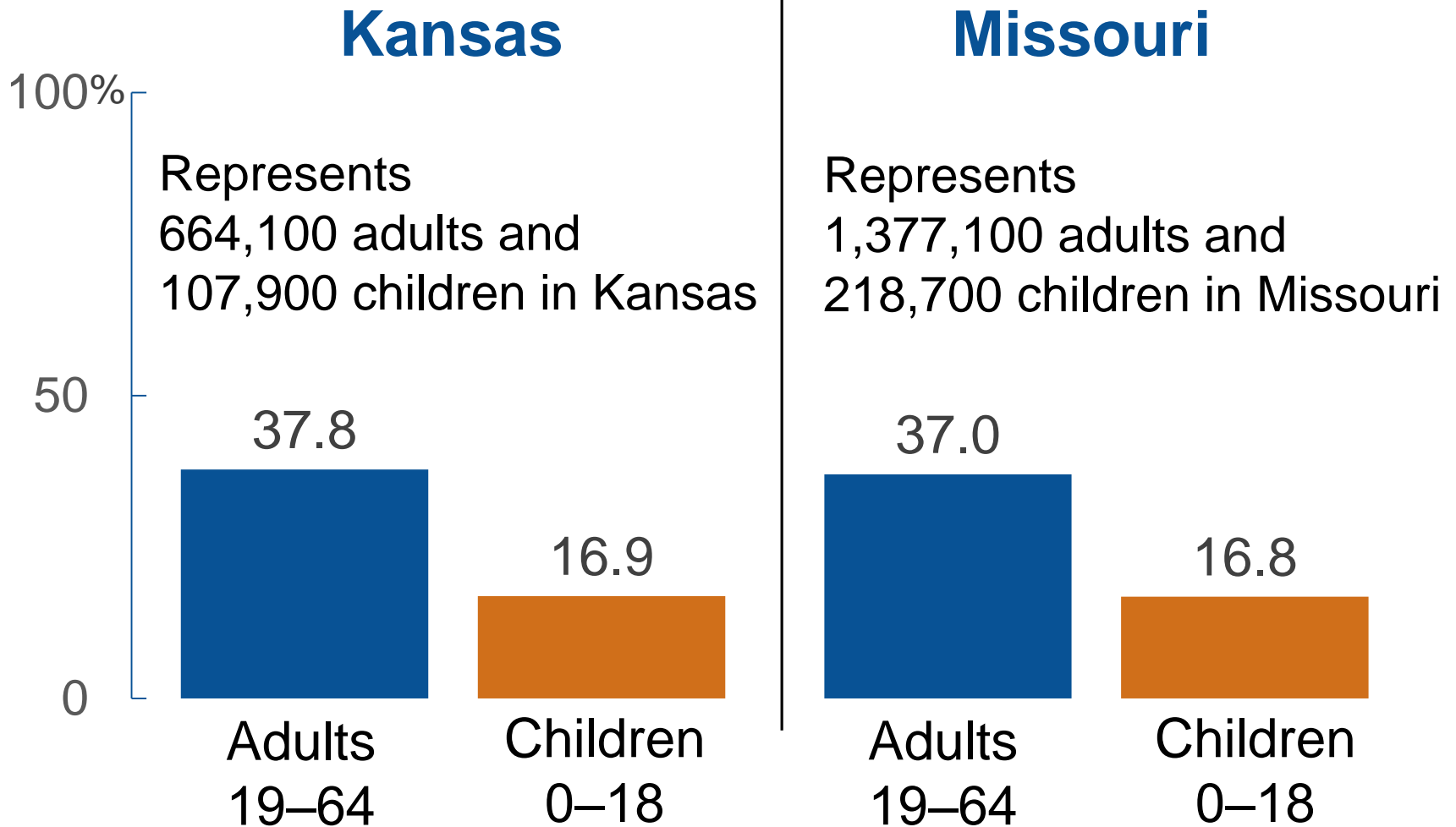
* Significantly different from White Non-Hispanic (NH) at $p < .05$ level.

Notes: ER=Emergency room or department; NH=Non-Hispanic.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

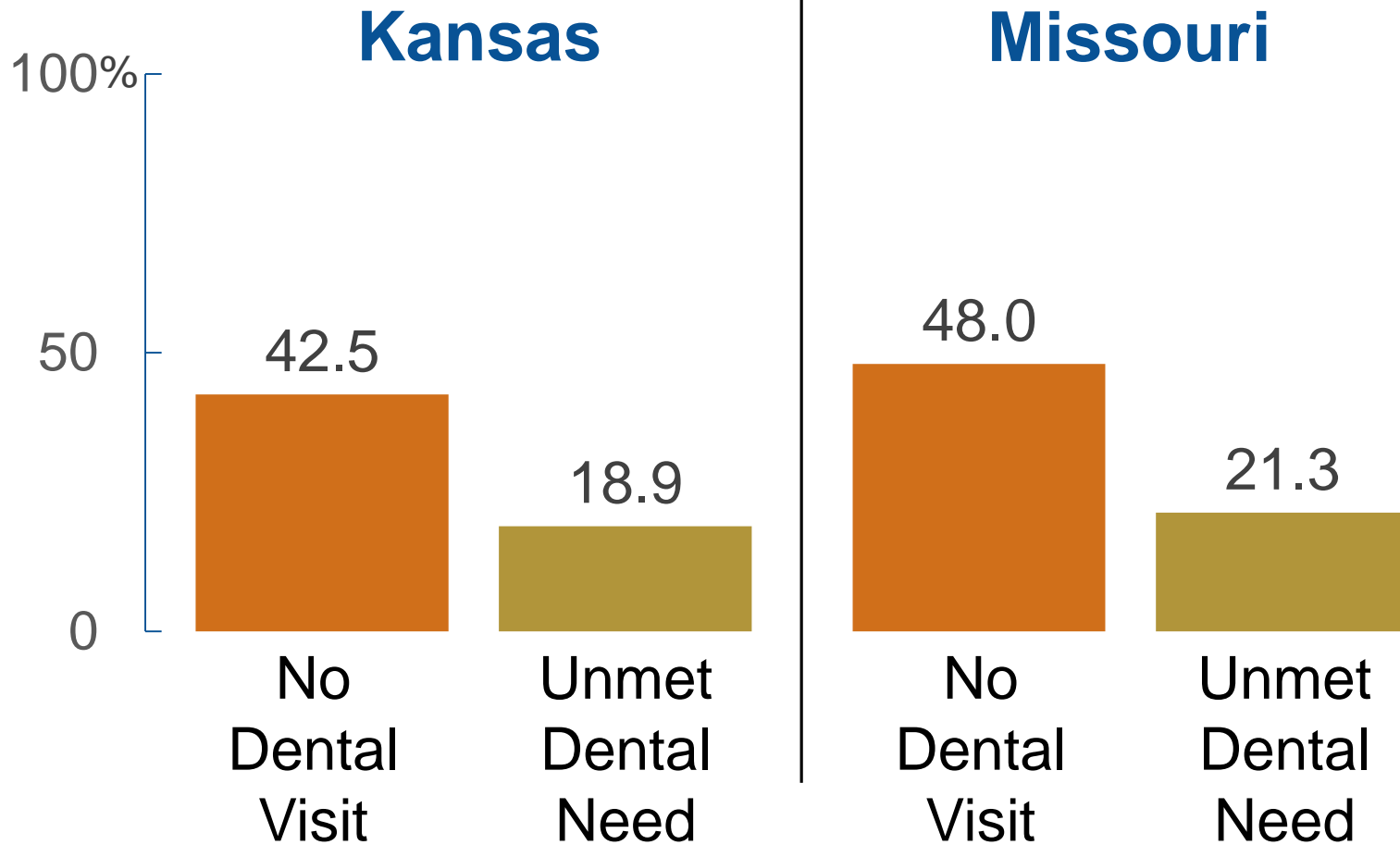
Access to Dental Care

Fig. 15. Currently Has No Dental Coverage, by Age Group



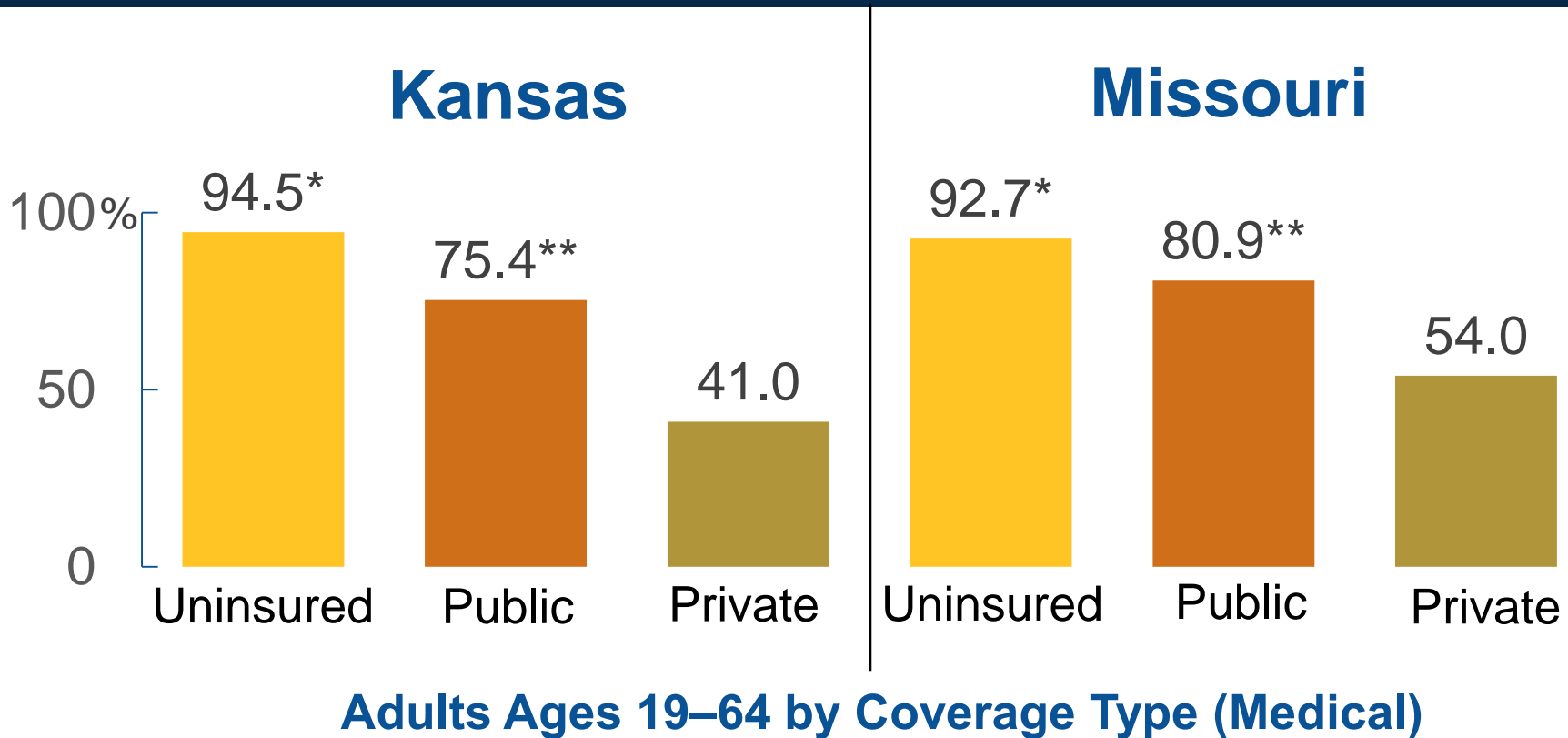
Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 16. Reported Unmet Dental Need or No Dental Visit in Past Year, Adults Ages 19–64



Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 17. Any Dental Access Barrier† in the Past Year, by Coverage Type (Medical)



† Any dental access barrier=no dental insurance, no dental visit in past year, or unmet dental need in past year.

* Difference from Insured (with medical coverage) is statistically significant at p<.05 level. Insured not shown.

** Difference from Private (medical coverage) is statistically significant at p<.05 level.

Notes: Public coverage includes Medicaid, Medicare, military and veteran’s insurance. Adults also covered by a private source were classified as having private coverage. Private insurance is insurance through an employer, healthcare.gov, or other plan purchased directly.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Adults Potentially Eligible for Medicaid through State Expansion:

Adults Ages 19–64 with Family Income Below 138% of the Federal Poverty Level

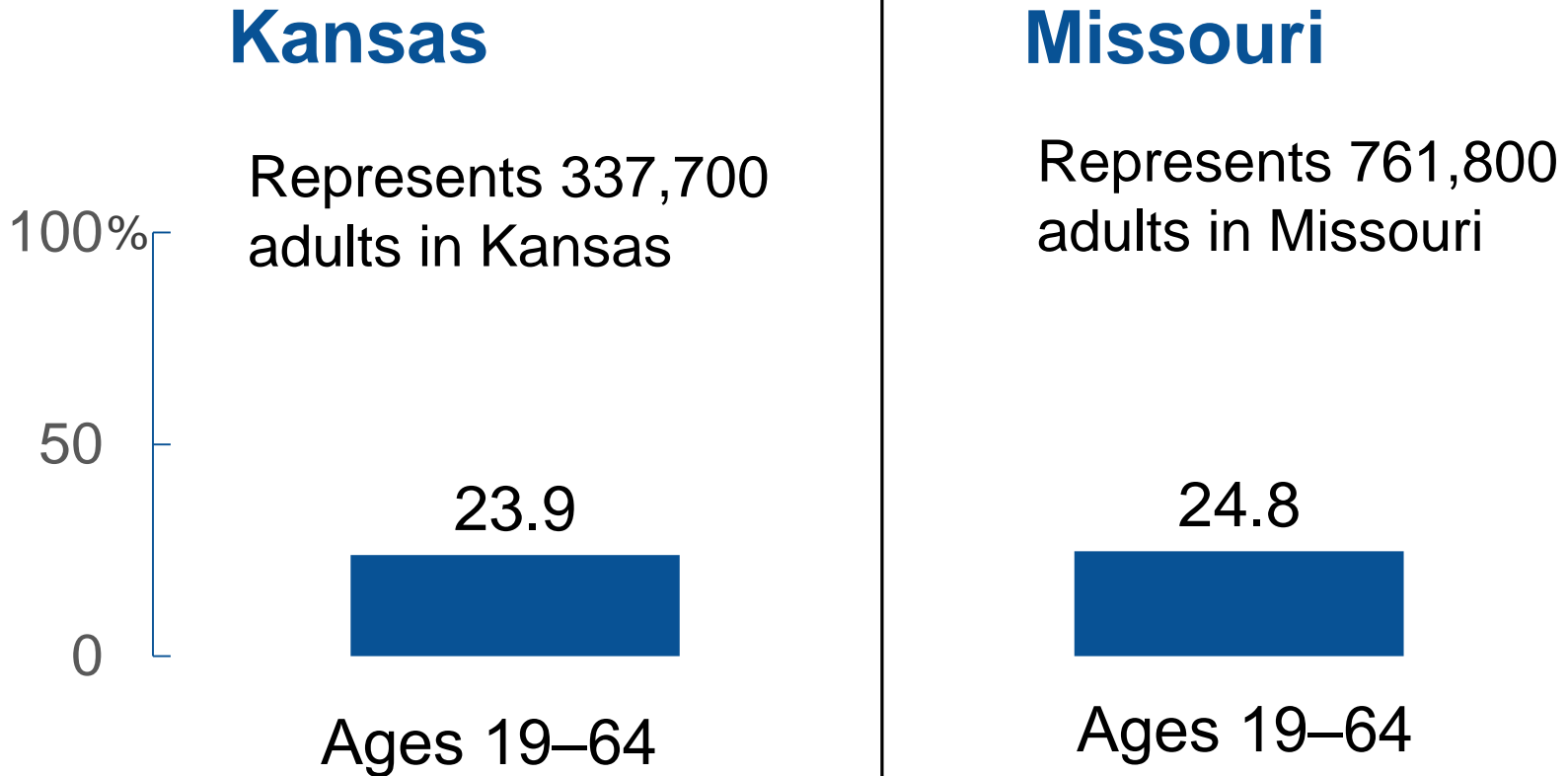
Adult respondents were defined as potentially eligible for Medicaid through optional state expansion if the respondent's family income was below 138 percent of the Federal Poverty Level (FPL) in 2016.*

In 2016, 138% of the FPL was \$33,534 for a family of four.

Source: <https://aspe.hhs.gov/computations-2016-poverty-guidelines>.

* Some potentially eligible are already enrolled in Medicaid through traditional eligibility rules.

Fig. 18. Adults Potentially Eligible for Medicaid[†]



[†] Adults ages 19–64 with family income below 138% of FPL would be eligible for Medicaid under a state expansion. In 2016, the 138% federal poverty threshold income was \$33,534 for a family of four. Some are already enrolled through traditional eligibility rules.

Source: <https://aspe.hhs.gov/computations-2016-poverty-guidelines>.

Note: Federal Poverty Level based on the 2016 tax year.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Adults Potentially Eligible for Medicaid:[†] Employment and Disability

Kansas

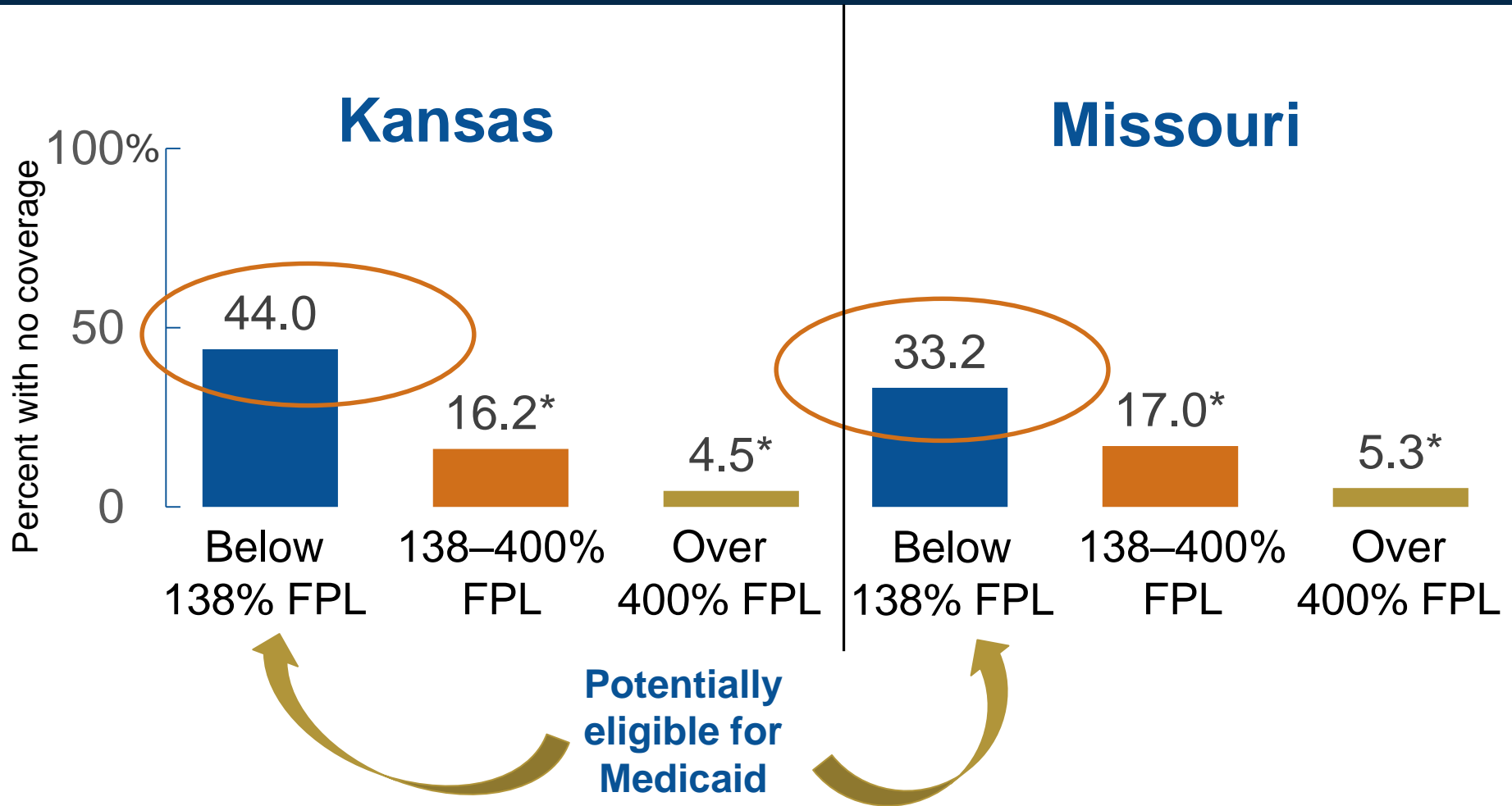
- 61.0% were employed.
- 9.7% were looking for work.
- 19.5% had a disability.

Missouri

- 50.6% were employed.
- 7.8% were looking for work.
- 29.0% had a disability.

[†] Adults ages 19–64 with family income below 138% of Federal Poverty Level based on the 2016 tax year. Notes: Part-time respondents usually worked less than 35 hours per week at all jobs combined. Underemployed were working part-time and wanted to work a full-time week of 35 hours or more per week, or were unemployed and currently looking for work. Disability was based on the question: “Do you have a disability that prevents you from accepting any kind of work during the next 6 months?” Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 19. Currently Uninsured, Adults Ages 19–64 by Federal Poverty Level

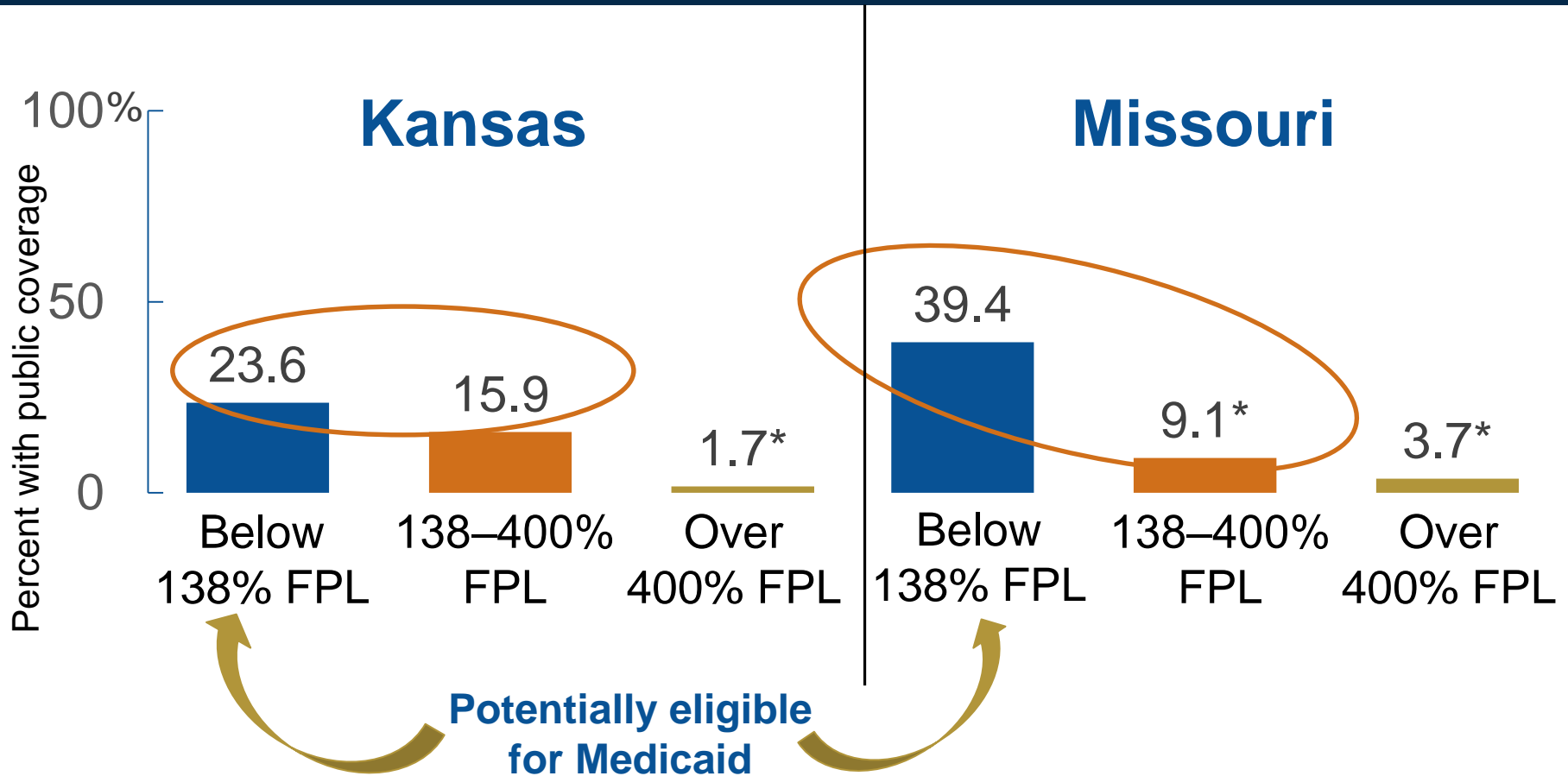


* Difference from Below 138% FPL is statistically significant at $p < .05$ level.

Notes: FPL=Federal Poverty Level based on the 2016 tax year.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 20. Currently Has Public Coverage, Adults Ages 19–64 by Federal Poverty Level

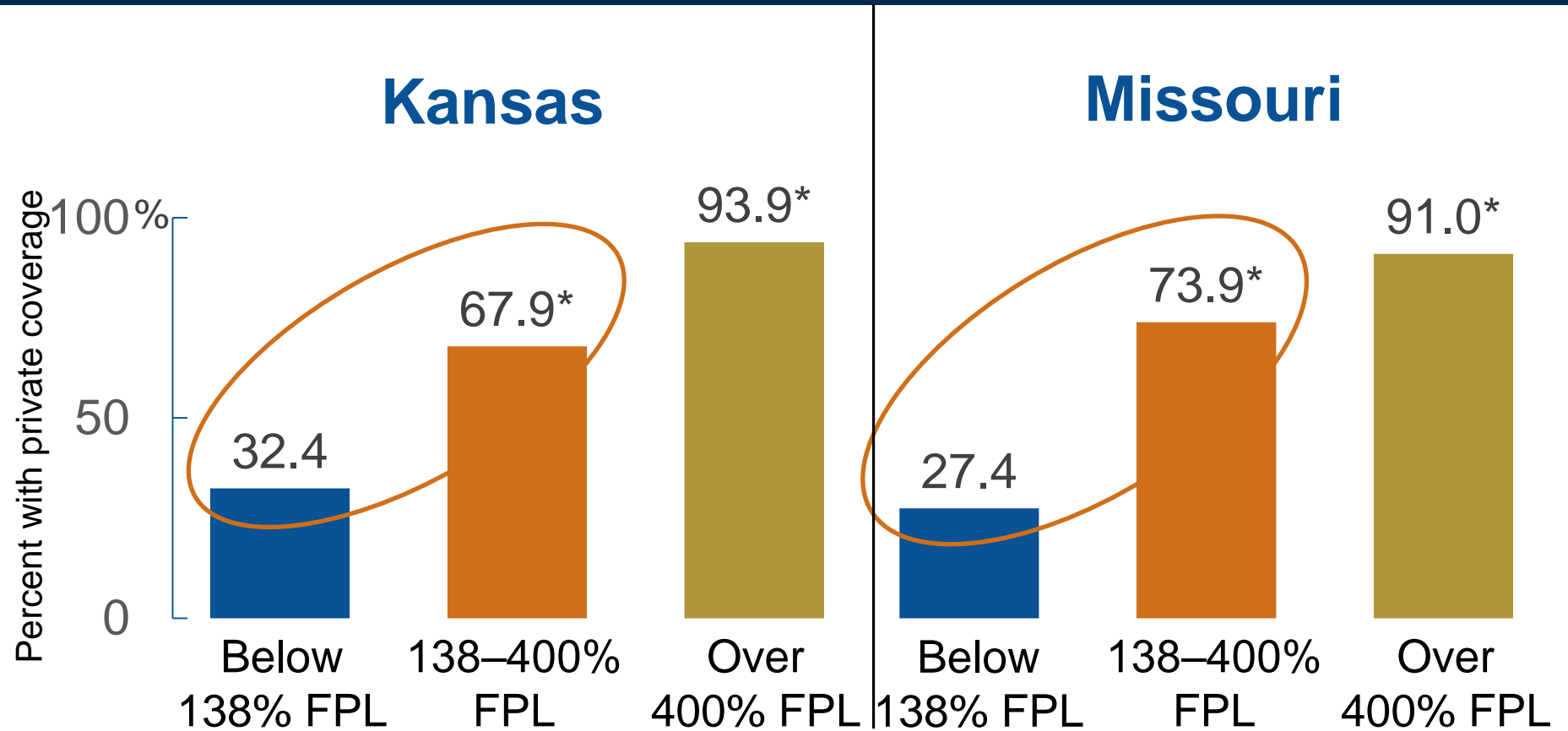


* Difference from Below 138% FPL is statistically significant at $p < .05$ level.

Notes: FPL=Federal Poverty Level based on the 2016 tax year. Public coverage includes Medicaid, Medicare, military and veteran’s insurance. Adults also covered by a private source were classified as having private coverage.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 21. Currently Has Private Coverage, Adults Ages 19–64 by Federal Poverty Level

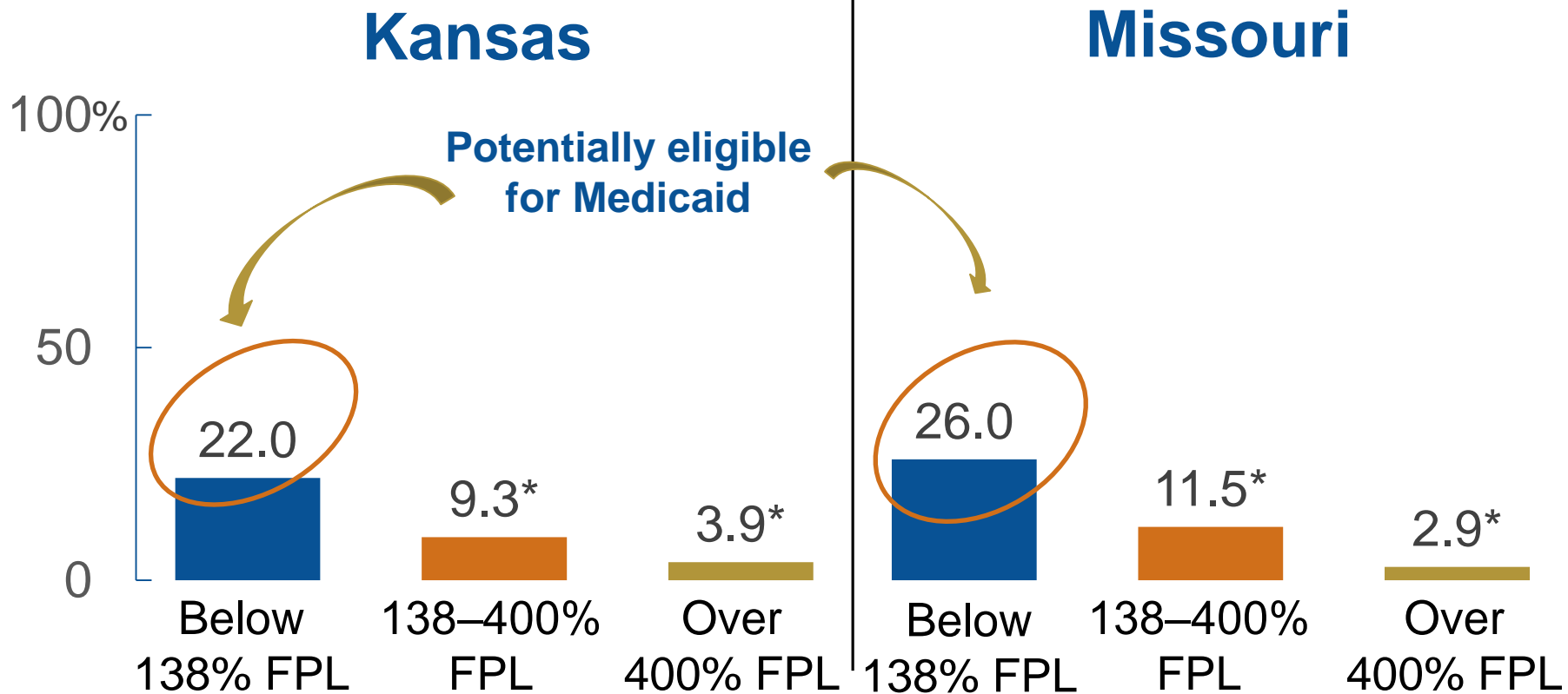


* Difference from below 138% FPL is statistically significant at $p < .05$ level.

Notes: FPL=Federal Poverty Level based on the 2016 tax year; private insurance is insurance through an employer, healthcare.gov, or other plan purchased directly.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 22. Reported an Injury Impacting Work, Adults Ages 19–64 by Federal Poverty Level

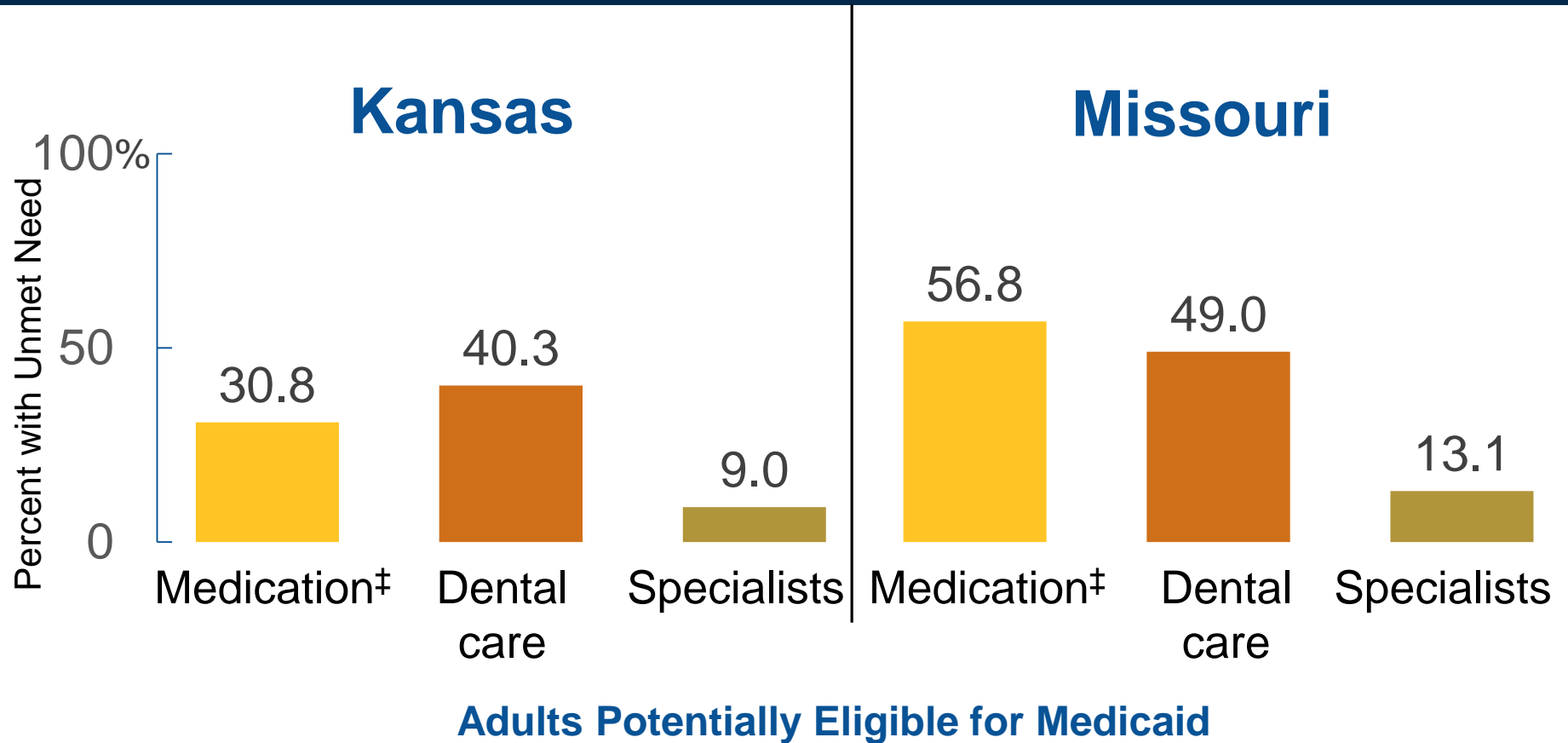


* Difference from below 138% FPL is statistically significant at $p < .05$ level.

Note: FPL=Federal Poverty Level based on the 2016 tax year.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 23. Unmet Need in Past Year Due to Cost or Coverage, Adults Potentially Eligible for Medicaid†

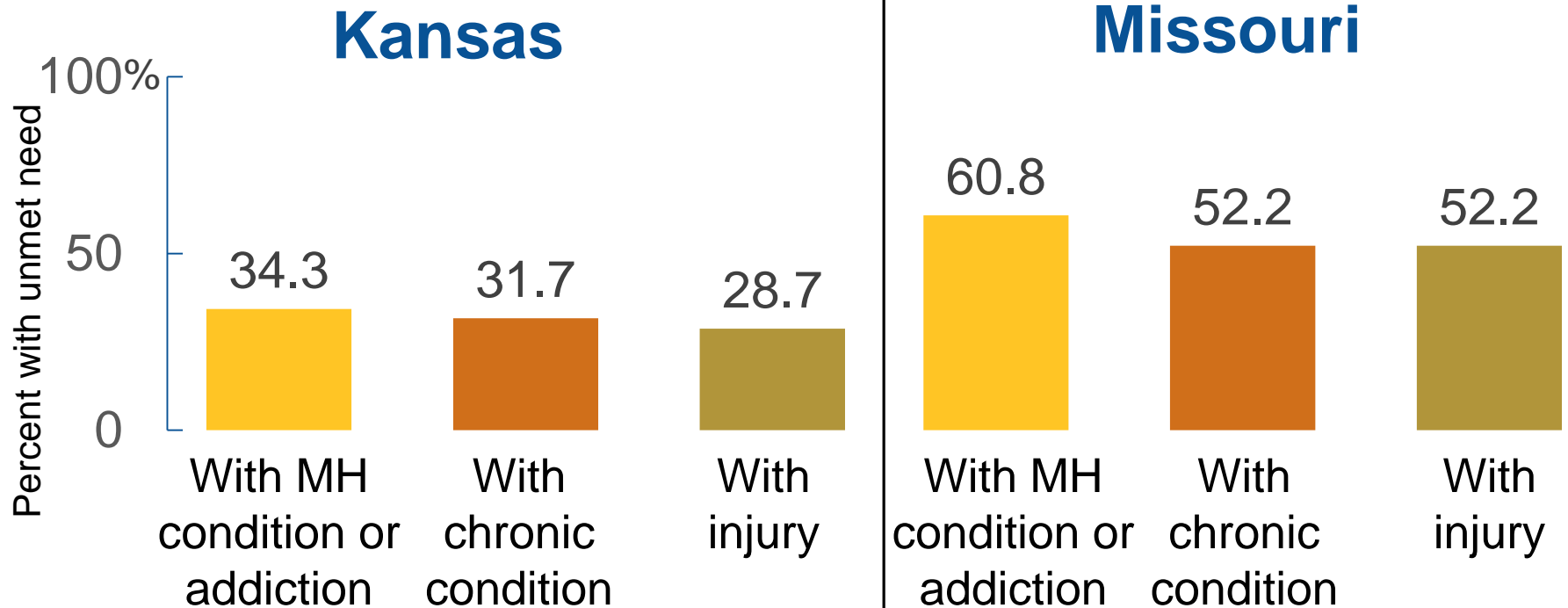


† Adults ages 19–64 with family income below 138% Federal Poverty Level based on the 2016 tax year.

‡ Unmet need for medication is shown as the percentage of respondents with prescribed medication. Unmet need for medication was defined as skipped doses, took less, or delayed filling to save money.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 24. Unmet Need in Past Year for a Condition or Injury, Adults Potentially Eligible for Medicaid†



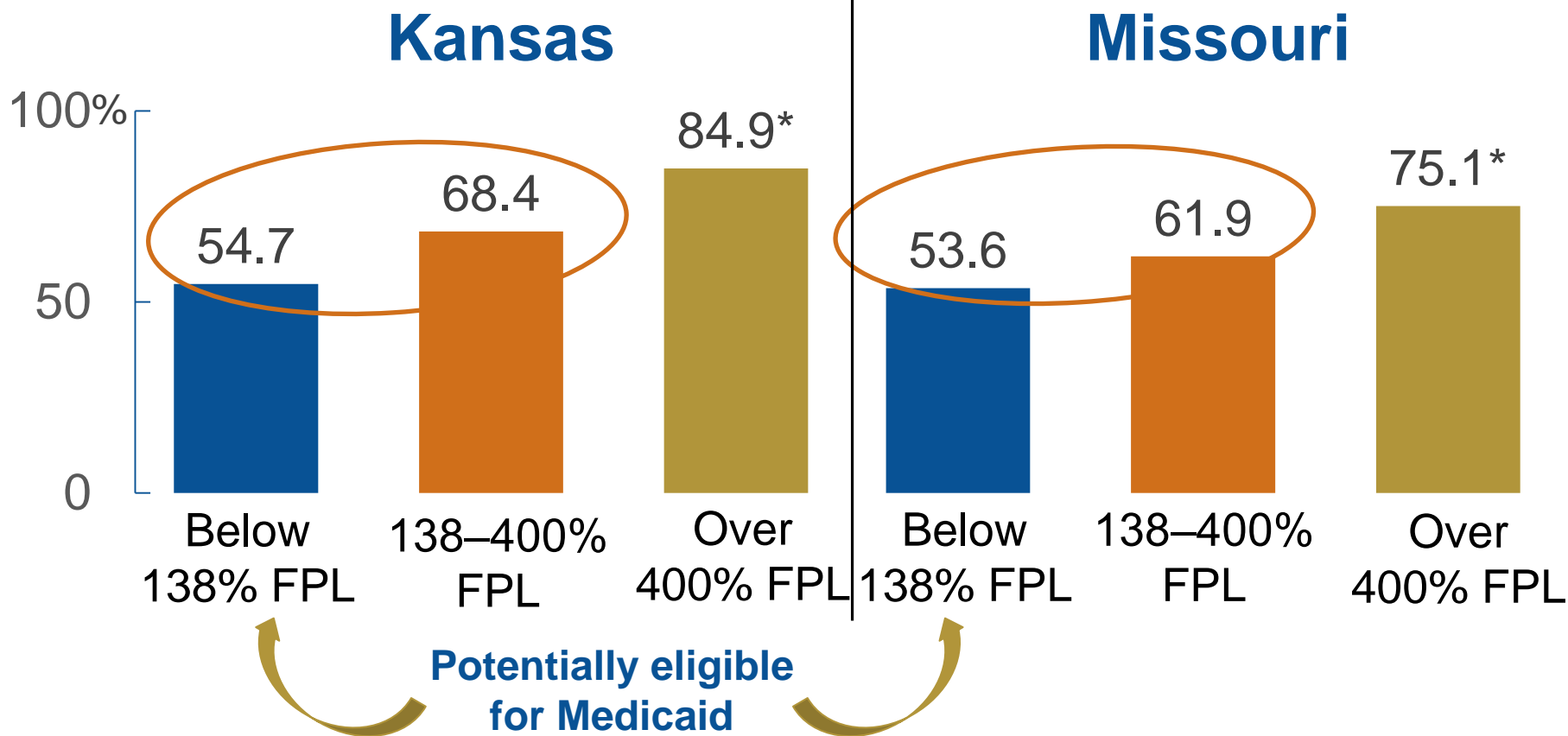
Adults Potentially Eligible for Medicaid

† Adults ages 19–64 with family income below 138% Federal Poverty Level based on the 2016 tax year.

Notes: MH=mental health condition or addiction. Unmet need for each condition is shown as the percentage of respondents reporting the condition (sample size shown in parentheses).

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 25. Has a Usual Place for Care Other Than ER or Urgent Care, Adults Ages 19–64 by Federal Poverty Level

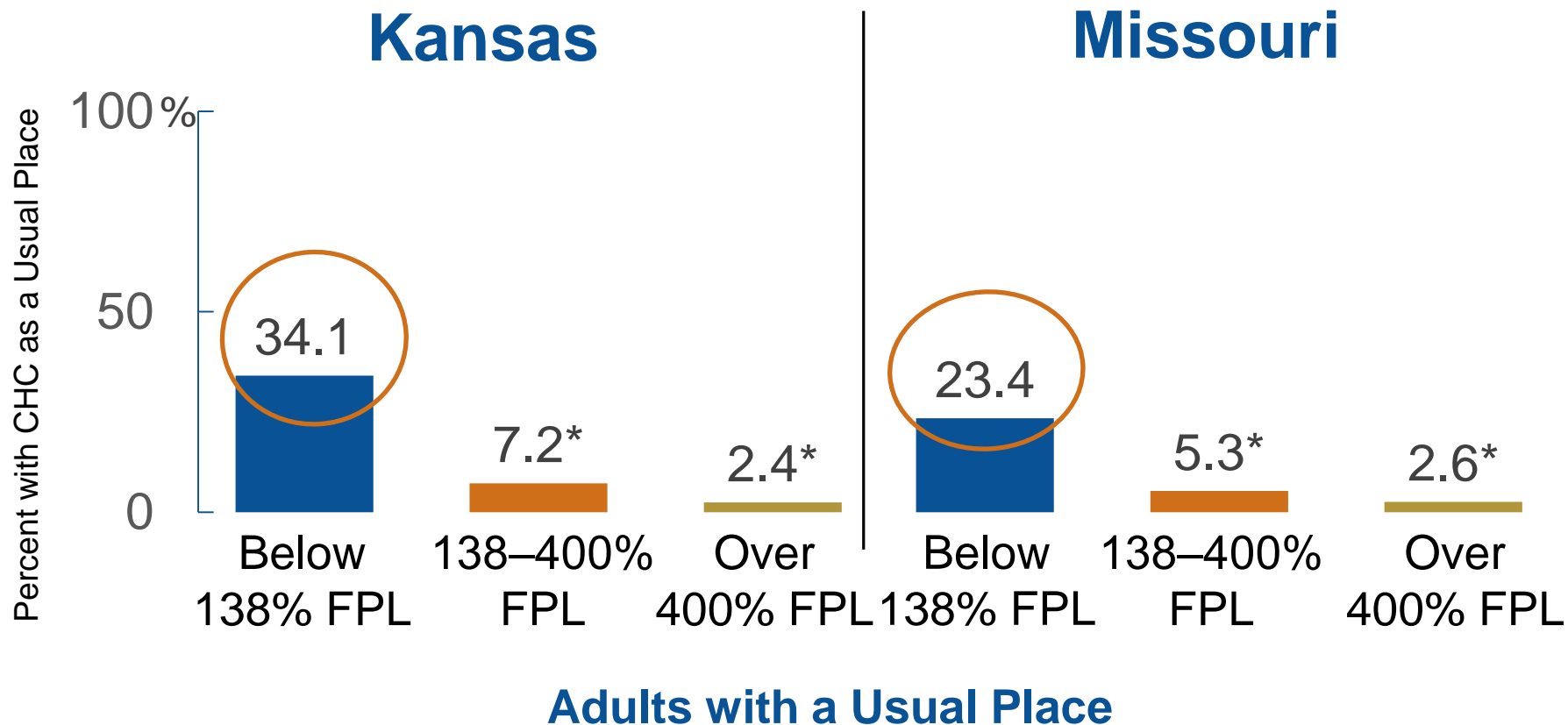


* Difference from Below 138% FPL is statistically significant at $p < .05$ level.

Notes: ER=Emergency room or department; FPL= Federal Poverty Level based on 2016 tax year.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Fig. 26. Usual Place is a Community Health Center, Adults Ages 19–64 by Federal Poverty Level



*Difference from Below 138% of FPL is statistically significant at $p < .05$ level.

Note: FPL=Federal Poverty Level based on 2016 tax year.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Other Findings in Brief

Adults Ages 19–64

Any Care Needs Not Met Due to Cost or Lack of Coverage at the Time of Interview, Adults Ages 19–64

Roughly 15 percent of adults reported a need for care at the time of interview, but could not get it due to cost or lack of coverage.

The top three types of care most frequently described were

- In Kansas, dental care, general medical care, and surgery
- In Missouri, general medical care, care for chronic conditions, and medication.

Recent Use of the Emergency Department (ER), Adults Ages 19–64

- Ten percent of adults reported a visit to the emergency department in the past 3 months (both states).
- Of those with a recent visit to the ER, nearly 80 percent went to the ER because a health care provider or the respondent perceived their health problem as serious enough to need an ER.
- Roughly two-thirds went at night or on the weekend.
- Approximately 15 percent (of the 10 percent who went to the ER) gave no explanation for their visit other than preference for or convenience of the ER as a place to go.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Reasons for Not Getting Needed Mental Health Care, Adults Ages 19–64

The most common reasons for not getting needed mental health care were:

- Insurance would not pay or the respondent was uninsured,
- A provider would not take the insurance,
- A provider was not available, or
- The respondent did not know where to get care.

Study Highlights: Adults Ages 19–64

Twenty percent in both states lacked health insurance coverage.

Roughly one-quarter live in households carrying medical debt.

Lack of dental coverage is a significant barrier in all regions and among all racial and ethnic backgrounds.

The uninsured were more likely to report unmet needs for chronic conditions and mental health care, but some of the insured also faced barriers to care due to cost.

Lack of coverage and unmet need disproportionately impact residents below 138 percent of the Federal Poverty Level.

Source: 2017 Kansas and Missouri Consumer Health Access Survey, RTI International.

Survey Limitations

- The bi-state survey design did not oversample subpopulations of potential interest (e.g., racial/ethnic minorities, rural areas, or non-native English speakers).
- Lack of statistical power for some comparisons may prevent true differences from reaching statistical significance.
- Questions customized for this survey do not allow comparison to national or state survey data.

For More Information About the KMHS

Please visit the KMHS website!

KMHS Final Report

KMHS Methodology Report

KMHS Questionnaire

KMHS Infographics

<https://reachhealth.org/kmhs-finalreport/>



delivering **the promise of science**
for global good



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delivering **the promise of science**
for global good



RTI International is an independent, nonprofit research institute dedicated to improving the human condition. We combine scientific rigor and technical expertise in social and laboratory sciences, engineering, and international development to deliver solutions to the critical needs of clients worldwide.