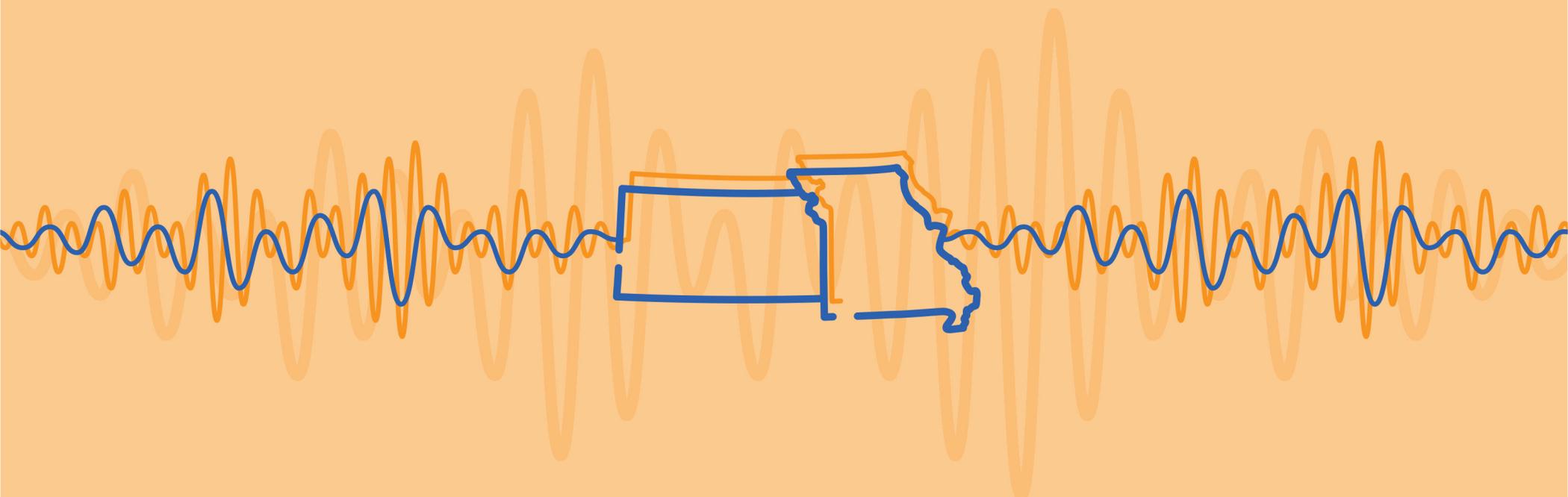


A VIEW OF

# CONSUMER HEALTH ACCESS IN KANSAS AND MISSOURI



*Results from the 2017 Kansas and Missouri  
Consumer Health Access Survey*

Prepared for:  
Health Care Foundation of Greater Kansas City  
Kansas Health Foundation  
Missouri Foundation for Health  
REACH Healthcare Foundation  
United Methodist Health Ministry Fund

Prepared by: RTI International  
June 2018

# Kansas and Missouri Consumer Health Access Survey

## Funders



*Missouri* Foundation  
for *Health*



**April 2018**

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## **Survey Background**

### **Purpose of the KMHS**

The Kansas and Missouri Consumer Health Access Survey (KMHS) was designed to provide a clearer picture of access to health care in Kansas and Missouri for stakeholders and policy makers. Survey content focuses on the health and unmet needs of adults, including health and dental insurance coverage, barriers to care, and unmet needs for chronic conditions, mental health care, specialists, and dental care.

### **Funding of the KMHS**

The KMHS was funded by five regional health foundations: Health Care Foundation of Greater Kansas City (HCF), Kansas Health Foundation, Missouri Foundation for Health, REACH Healthcare Foundation (REACH), and United Methodist Health Ministry Fund.

### **Survey Methods**

The KMHS was administered between September 2017 and January 2018 by RTI International. The sample was drawn from cell phone and landline households to represent the population of adults in Kansas and Missouri. Residents of Kansas or Missouri ages 19 and older were eligible to participate in the survey. In households with children, one child ages 0–18 was randomly selected for an abbreviated interview.

### **Sample Population**

Estimates are representative of the resident population of each state ages 19 and over, and children in these households. A total of 4,274 adults (3,149 ages 19–64) and 1,159 children completed interviews: 2,069 adults (1,527 ages 19–64) and 562 child residents in Kansas; and 2,209 adults (1,622 ages 19–64) and 597 children in Missouri. The KMHS Survey Methodology Report is available at <https://reachhealth.org/kmhs-finalreport/>.

## Key Results

### Medical Bill Problems

- 28 percent of adults ages 19–64 in Kansas and 34 percent in Missouri live in households reporting problems paying off medical bills in the past year, and represented 462,300 adults in Kansas and 1,154,900 in Missouri.
- Among children ages 0–18, 33 percent in Kansas and 38 percent in Missouri live in households with medical bill problems. This represents 236,100 children in Kansas and 531,000 in Missouri.

### Health Insurance Coverage

- Among adults ages 19–64, 20 percent were uninsured in both Kansas and Missouri at the time of interview. This percentage is comparable to estimates from 2018 national survey data for states that did not expand Medicaid.
- Among adults ages 19–64, Hispanic adults had significantly higher uninsured rates at 53 percent in Kansas and 50 percent in Missouri, compared to 14 percent of white non-Hispanic adults, in Kansas; and 17 percent of white non-Hispanic adults, in Missouri.
- Among uninsured adults ages 19–64 in both states, most are under age 45 and most are working, though over half reported a diagnosed chronic condition and 10 percent reported a disability preventing work.

### Chronic Conditions and Injury

- Over 60 percent of adults ages 19–64 reported a diagnosed chronic condition. Of those with chronic conditions, 19 percent in Kansas and 28 percent in Missouri did not get needed care for the condition in the last year.
- Just over 10 percent of adults ages 19–64 reported an injury that limits the amount of work they can do. Of those with such an injury, 21 percent in Kansas and 29 percent in Missouri did not get needed care for this injury due to cost or lack of coverage in the last year.
- Roughly 30 percent of adults ages 19–64 in both states reported a mental health diagnosis, substance abuse, or addiction. Of those with such a condition, 22 percent in Kansas and 35 percent in Missouri did not get needed mental health care or counseling due to cost or lack of coverage.

## Usual Places for Care

- Among adults ages 19–64, 70 percent in Kansas and 63 percent in Missouri reported having a place to go for medical care other than an emergency room or urgent care.
- Community health centers (CHCs) play a central role in improving access to care for low-income residents, especially the uninsured:
  - ◆ Among uninsured adults ages 19–64, 39 percent in Kansas and 32 percent in Missouri go to a CHC as their usual place for care.
  - ◆ Among adults ages 19–64 below 138 percent of poverty, 34 percent in Kansas and 23 percent in Missouri go to a CHC.
- Among Hispanic adults, 49 percent in Kansas and 39 percent in Missouri go to a CHC for care.

## Recent Use of Emergency Departments

- Nearly 80 percent of adults ages 19–64 with a recent visit to the ER in both states went to the ER because a provider or the respondent perceived their health problem as serious enough to need an ER.

## Unmet Need for Care

- Among adults ages 19–64, over one-third in both Kansas and Missouri lacked dental coverage. Roughly one in five did not get the dental care they needed. Barriers to dental care were frequently reported by residents in all regions of both states and among all racial and ethnic backgrounds.
- Roughly 15 percent of adults ages 19–64 said they needed 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; and
  - ◆ In Missouri, general medical care, care for chronic conditions, and medication.

## **Low-income Adults (Below 138 Percent of Poverty)**

- Among adults ages 19–64, roughly one in four in both states reported family income below 138 percent of poverty. Among these low-income residents:
  - ◆ 44 percent in Kansas and 33 percent in Missouri were uninsured.
  - ◆ 34 percent of residents in Kansas and 23 percent in Missouri with a usual place of care described a community health center as the place they usually go for medical care.
  - ◆ Roughly 20 percent reported a disability that prevents them from working.

## Section I | Survey Background

### Survey Background

#### Purpose of the KMHS

The Kansas and Missouri Consumer Health Access Survey (KMHS) was designed to provide a clearer picture of access to health care in Kansas and Missouri for stakeholders and policy makers. Survey content focuses on the health and unmet needs of adults, including health and dental insurance coverage, barriers to care, and unmet needs for chronic conditions, mental health care, specialists, and dental care.

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#### Survey Methods

The KMHS was administered between September 2017 and January 2018 by RTI International. Sample was drawn from cell phone and landline households to represent the population of adults in Kansas and Missouri. Residents of Kansas or Missouri ages 19 and older were eligible to participate in the survey. In households with children, one child ages 0–18 was randomly selected for an abbreviated interview. The overall response rate to the survey was 11.9 percent. The KMHS Survey Methodology Report is available at <https://reachhealth.org/kmhs-finalreport/>.

#### Sample Population

Estimates from this survey are representative of the resident population of each state ages 19 and over, and children in these households. This report focuses on adults ages 19 through 64. A total of 4,274 adults and 1,159 children were interviewed: 2,069 adults (1,527 ages 19–64) and 562 child residents in Kansas; and 2,209 adults (1,622 ages 19–64) and 597 children in Missouri.

### Comparison of Subgroups

This report is intended to provide each state and its stakeholders with estimates for its population and selected subgroups. No direct comparisons between Kansas and Missouri are presented in this report. The report focuses on disparities in access to care within each state based on family income, respondent's race and ethnicity, insurance coverage, and characteristics of the usual place of care. The KMHS survey questionnaire is available at <https://reachhealth.org/kmhs-finalreport/>.

Counties were classified by population density into urban, mid-size, and rural within each state:

- In Kansas, urban counties had more than 50,000 persons, mid-size between 20,000 and 50,000, and rural fewer than 20,000.
- In Missouri, urban counties had more than 100,000 persons, mid-size between 20,000 and 100,000, and rural fewer than 20,000

A six-county bi-state corresponding to the service area of two funders, referred to as the REACH/HCF service area includes: Allen, Johnson and Wyandotte Counties in Kansas; and Cass, Jackson and Lafayette Counties in Missouri.

Family income was calculated as total income reported for the 2016 tax year and converted to a percentage relative to the 2016 federal poverty guidelines using the number of family members in the household.<sup>1</sup> The federal poverty level for a family of four in 2016 was \$33,534. Respondents' self-identified ethnicity (Hispanic origin or not) and race (respondents could select more than one) were coded into four groups: white non-Hispanic, black non-Hispanic, Hispanic, and other non-Hispanic races and more than one race. Results for the last group are not presented due to small sample size. Sample sizes for black non-Hispanic (116 in Kansas and 217 in Missouri) and for Hispanic adults (201 in Kansas and 96 in Missouri) are low and statistical tests may not detect some differences important for stakeholders. Differences are reported where statistically significant.

Weighted proportions (percentages) and standard errors were calculated differences in population percentages were tested for statistical significance at the 95 percent level of confidence ( $p < .05$ ). All differences discussed in text were statistically significant at this level unless otherwise noted. Analysis was conducted in R-code.

### Medical Bill Problems

#### Percentage of the Population in Households with Medical Bill Problems

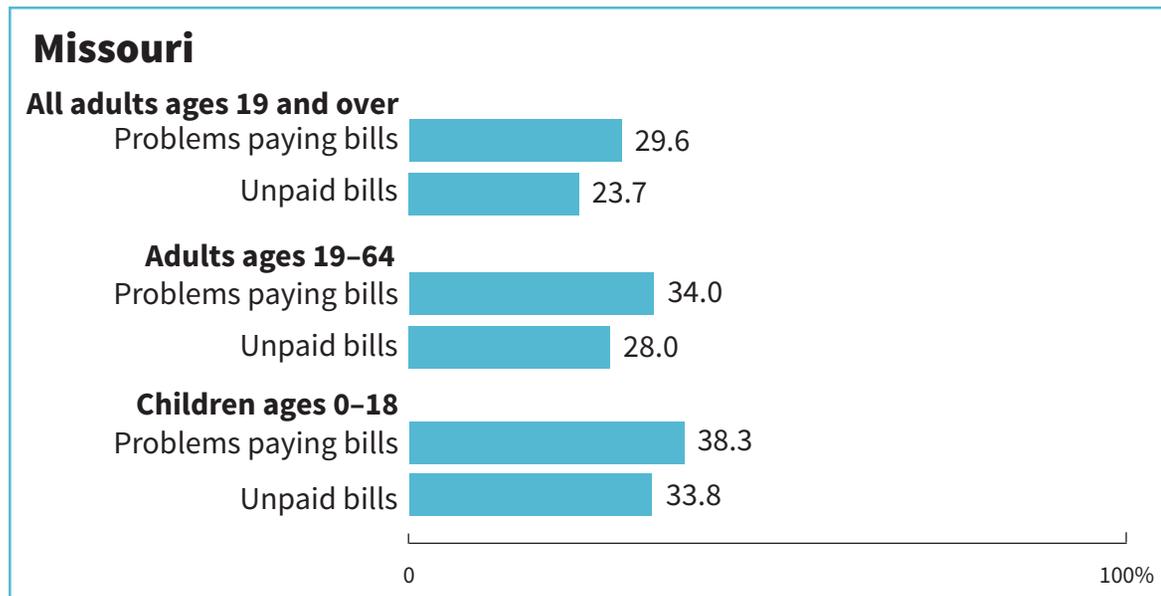
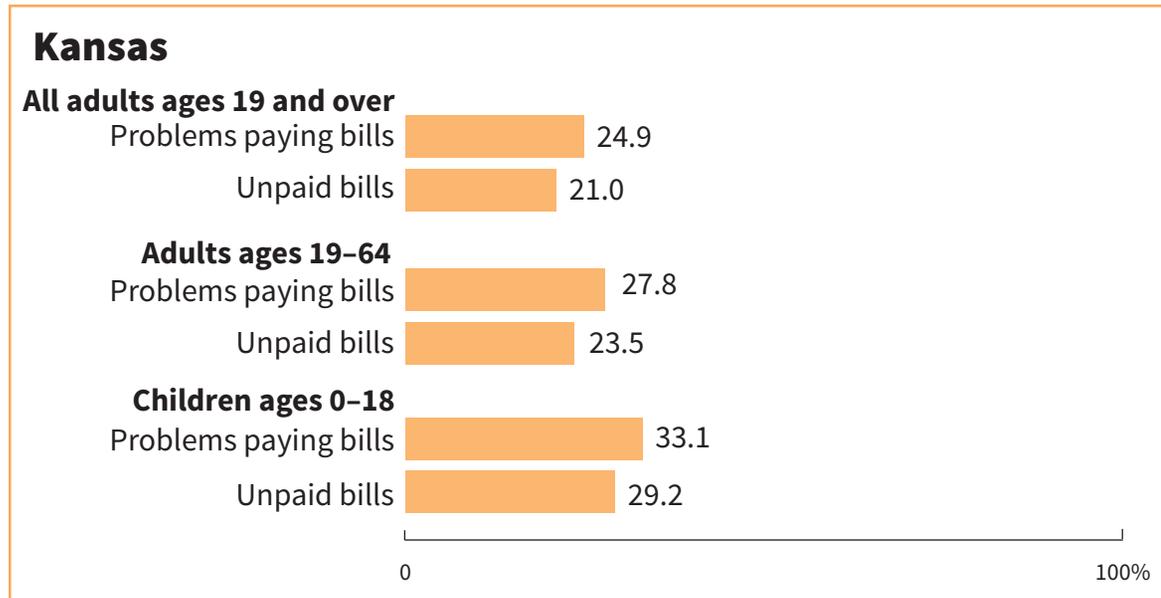
- Among adults ages 19–64, 28 percent in Kansas and 34 percent in Missouri reported live in households with problems paying off medical bills in the past year (Figure 1). This represents 462,300 adults in Kansas and 1,154,900 in Missouri.\*
- Among children ages 0–18, fully 33 percent in Kansas and 38 percent in Missouri live in households with medical bill problems. This represents 236,100 children in Kansas and 531,000 in Missouri.\*
- Nearly as many in Kansas and Missouri who reported problems paying off medical bills still had unpaid bills at the time of interview, meaning they were carrying medical debt—21 percent in Kansas and 24 percent in Missouri among adults 19 and over.
- A large majority of respondents with medical debt reported financial consequences from this debt in the past year: they borrowed money from family, took out a loan to pay off the medical debt, or received calls from a collection agency (data not shown).
- Adults ages 19–64 who were uninsured and who reported family income below 138 percent of poverty were more likely to report medical debt than insured or higher-income adults, but a significant minority with higher income and with insurance coverage also reported medical debt (Figures 2 and 3).

The prevalence of medical bill problems in Kansas and Missouri appears comparable or higher than national averages. According to the 2017 Kaiser Health Tracking Poll, 29 percent of Americans report problems paying medical bills.<sup>2</sup> According to the National Health Interview Survey, the percentage of adults ages 18-64 reporting problems paying off medical bills was 16 percent—and for children was 17 percent.<sup>3</sup>

Even people with health insurance coverage can face major financial challenges from unpaid medical bills. According to a 2017 Kaiser Tracking Poll, four in ten adults with health insurance say they have difficulty affording their deductible, and roughly a third say they have trouble affording their premiums and other cost sharing.

\* Population counts underestimate the number of adults experiencing medical bill problems, because all adults in these households would be impacted. The same applies to the child population.

**Figure 1.** Respondents Living in Households Reporting Problems Paying Off Medical Bills in Past Year and Unpaid Medical Bills at Time of Interview, By Age Group



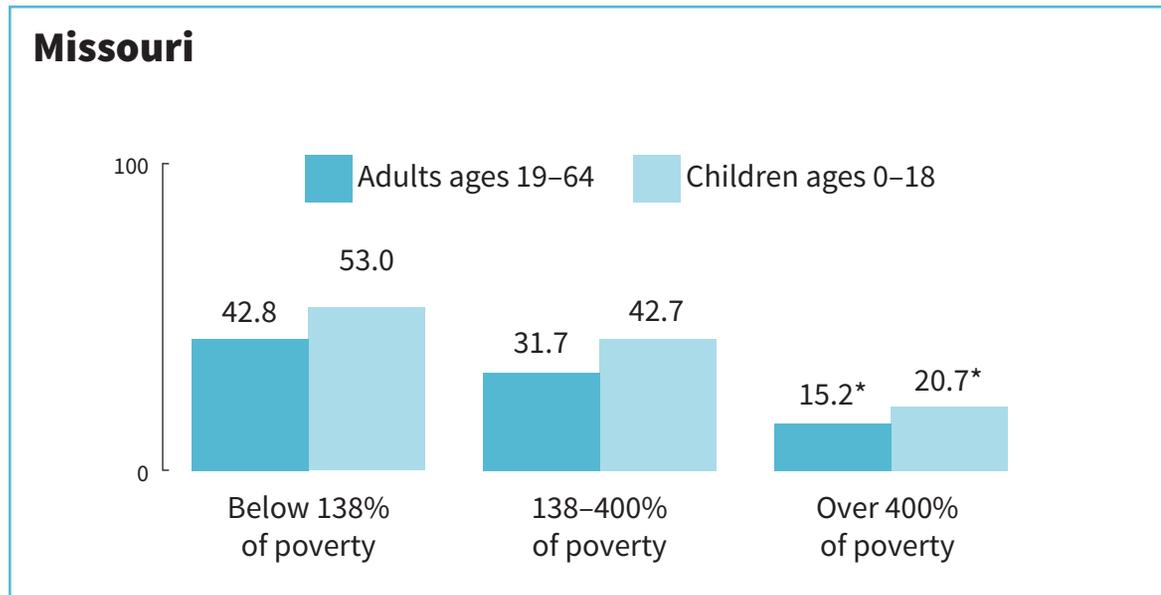
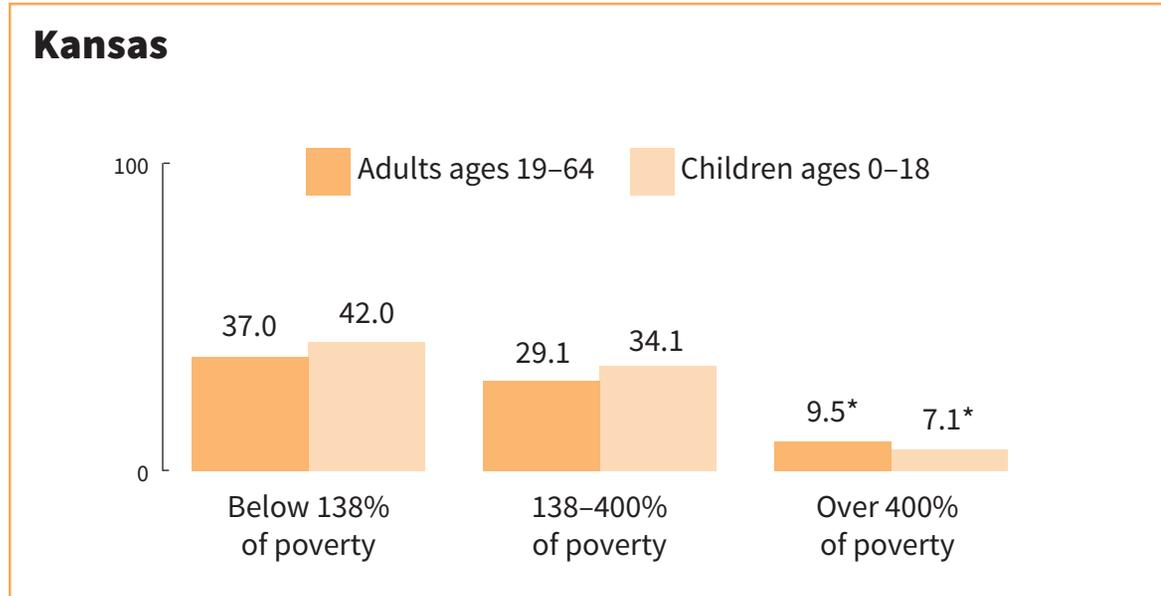
***In Kansas:***

- Among adults ages 19–64, 28 percent live in households reporting problems paying off medical bills in the past year and 24 percent live in households reporting unpaid medical bills (medical debt) at the time of interview.
- Among children ages 0–18, 33 percent live in households reporting problems paying off medical bills, and 29 percent live in households with medical debt.

***In Missouri:***

- Among adults ages 19–64, 34 percent live in households reporting problems paying off medical bills in the past year and 28 percent live in households with medical debt.
- Among children ages 0–18, 38 percent live in households reporting problems paying off medical bills and 34 percent live in households with medical debt

**Figure 2.** Respondents Living in Households Reporting Unpaid Medical Bills at Time of Interview, By Poverty Level and Age Group



**In Kansas:**

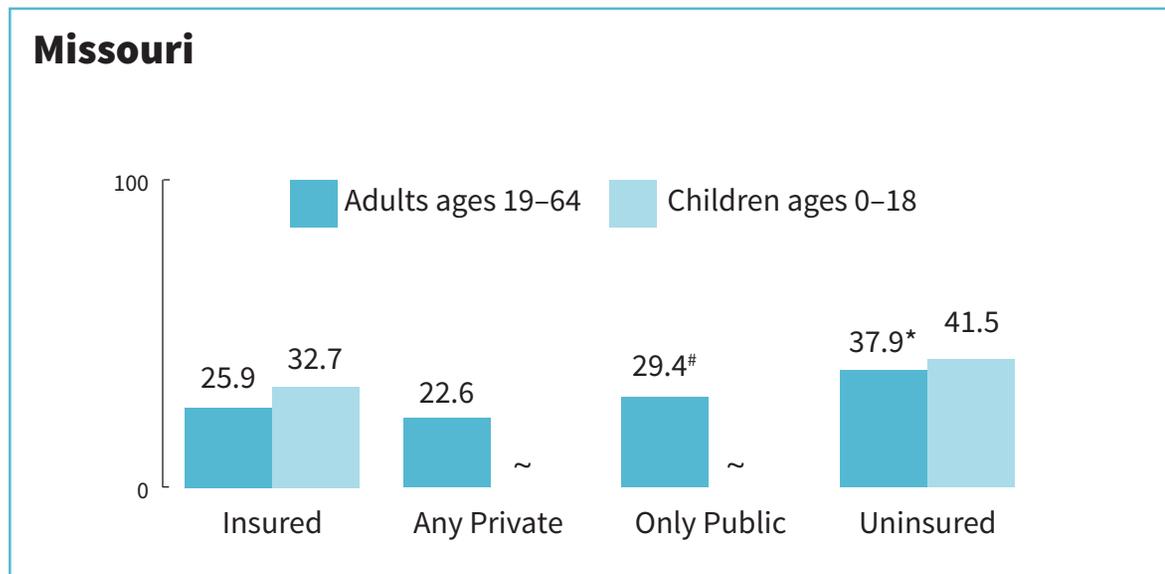
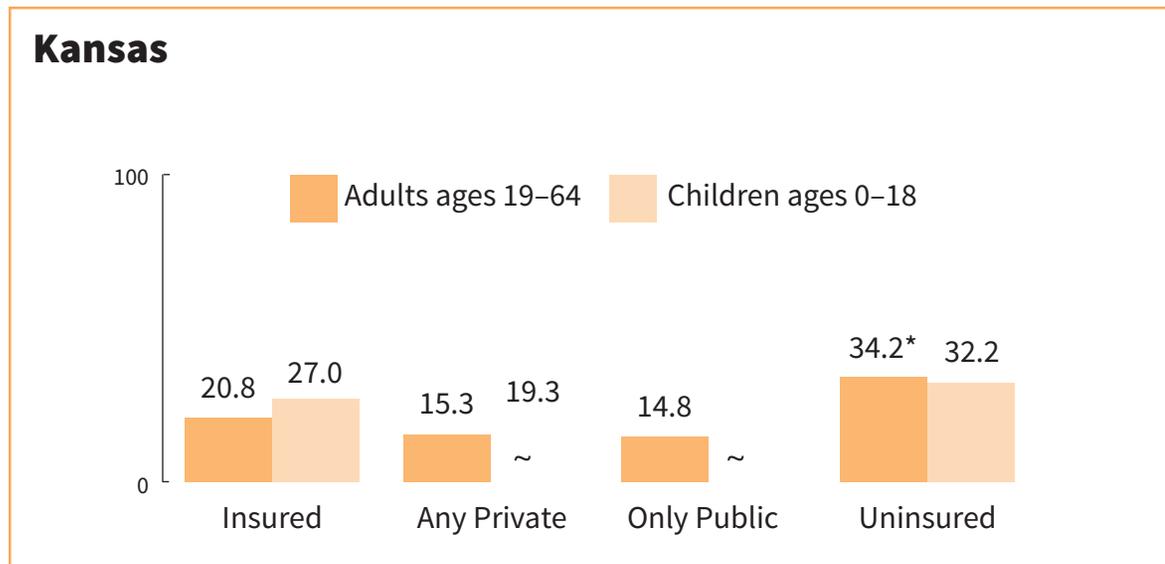
- Among respondents with income below 138 percent of poverty, 37 percent of adults ages 19-64 and 42 percent of children live in households with unpaid medical bills (medical debt), a significantly higher percentage than respondents over 400 percent of poverty.
- 29 percent of adults and 34 percent of children with income at 138-400 percent of poverty also reported medical debt.

**In Missouri:**

- Among respondents below 138 percent of poverty, 43 percent of adults ages 19-64 and 53 percent of children live in households with medical debt, a significantly higher percentage than respondents over 400 percent of poverty.
- 43 percent of children with income at 138-400 percent of poverty also reported medical debt.

\*Difference from the Below 138% of poverty is statistically significant at the  $p < .05$  level.  
 Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017- Jan. 2018, RTI International.

**Figure 3.** Respondents Living in Households Reporting Unpaid Medical Bills at Time of Interview, By Type of Coverage and Age Group



**Among adults ages 19–64:**

- 34 percent of the uninsured in Kansas and 38 percent in Missouri live in households with medical debt, a significantly higher percentage than insured residents with unpaid medical bills.
- 15 percent of the privately insured in both states live in households with medical debt. In Missouri, a significantly higher percentage of the publicly insured (42 percent) than privately insured (23 percent) live in households with medical debt.

**Among children ages 0–18:**

- The sample size for children by insurance type were too small to report.
- Having a spell without coverage can lead a family into medical debt. Roughly 12 percent of children in Kansas and 7 percent in Missouri had some time in the last year when they were without coverage. Among children who experienced a spell without coverage, 19 percent in Kansas and 26 percent in Missouri incurred major medical costs while uninsured (data not shown).

~ Value is not shown due to small sample size; # Difference from Any Private is statistically significant at the p<.05 level; \* Difference from Insured is statistically significant at the p<.05 level

Notes: Private insurance includes coverage through an employer, federal health exchange (healthcare.gov), or other private source. Public coverage for adults includes Medicaid, Medicare, military or veterans' insurance and for children includes Medicaid or CHIP.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

### Health Insurance Coverage

#### Percentage of Population Lacking Health Insurance

- In both Kansas and in Missouri, 20 percent of adults ages 19–64 lacked health insurance coverage at the time of interview, representing 350,000 adults in Kansas and 730,000 adults in Missouri.

This percentage is comparable to estimates for the same age group in February-March 2018 from the Commonwealth Fund Affordable Care Act Tracking Survey, the most recent data available.<sup>4</sup> The Commonwealth Fund survey reported the percentage of adults ages 19–64 uninsured in states that did not expand Medicaid was 21.9 percent and was 11.4 percent in states that did expand Medicaid. The survey also found an increase in the national percentage of uninsured adults since 2017 from 14.0 to 15.5 percent.

- Hispanic adults ages 19–64 in both states had significantly higher rates of uninsurance than white non-Hispanic adults ages 19–64.
  - ♦ In Kansas, 53 percent of Hispanic adults were uninsured, compared to 14 percent of white non-Hispanic adults.
  - ♦ In Missouri, 50 percent of Hispanic adults were uninsured, compared to 17 percent of white non-Hispanic adults.
- Adults ages 19–64 with income below 138 percent of poverty were uninsured at higher rates than adults ages 19–64 with income over 400 percent of poverty.
  - ♦ In Kansas, 44 percent were uninsured, compared to 5 percent of those with income over 400 percent of poverty.
  - ♦ In Missouri, 33 percent were uninsured, compared to 5 percent of those with income over 400 percent of poverty.
- Children ages 0–18 were uninsured at lower rates than adults at 6 percent in Kansas and 4 percent in Missouri.

**Table 1.** Residents Lacking Health Insurance Coverage, By Age Group

	Kansas	Missouri
<b>Adults ages 19 and older</b>	N=2,069	N=2,209
Percent uninsured	16.4 (13.9–19.3)	16.6 (13.9–19.7)
Population uninsured	359,100	780,800
<b>Adults ages 19–64</b>	N=1,520	N=1,620
Percent uninsured	20.0 (16.9–23.6)	19.6 (16.3–23.4)
Population uninsured	350,000	730,000
<b>Children ages 0–18</b>	N=546	N=584
Percent uninsured	6.2 (3.7–10.0)	4.4 (2.7–7.1)
Population uninsured	36,400	52,600

Note: Percentages are weighted to represent the state population and age group. We present confidence intervals to the right of the estimated percentages. A confidence interval is the range in which the true estimate for a population falls with 95 percent confidence. For example, for uninsured persons ages 19 and older, there is a 95% chance the true estimate falls within the range 13.9 to 19.3 percent).

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

***In Kansas:***

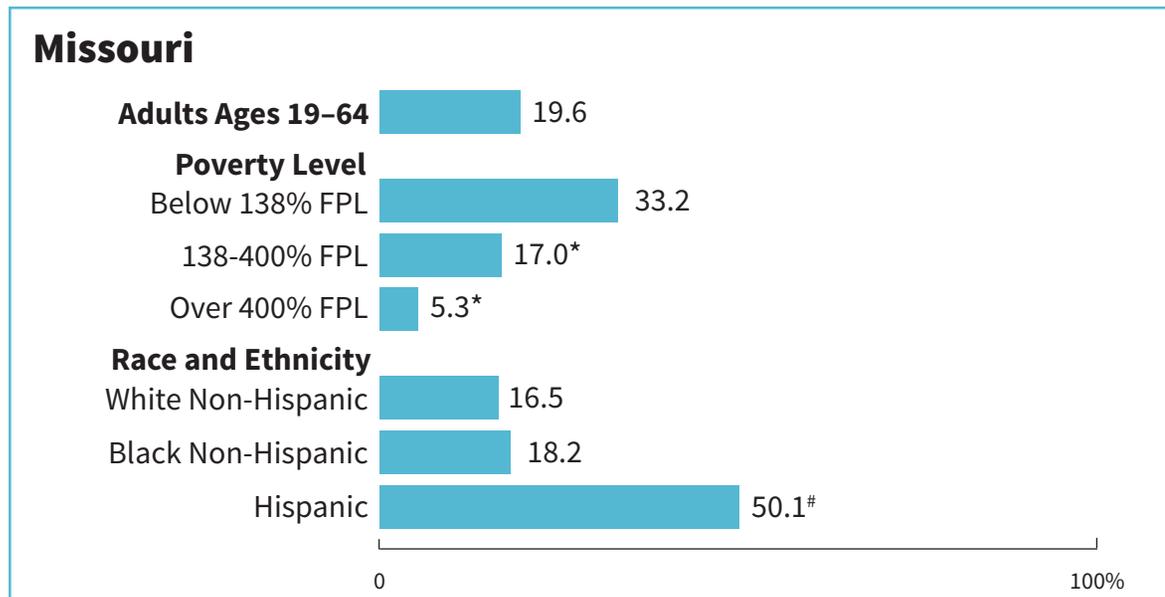
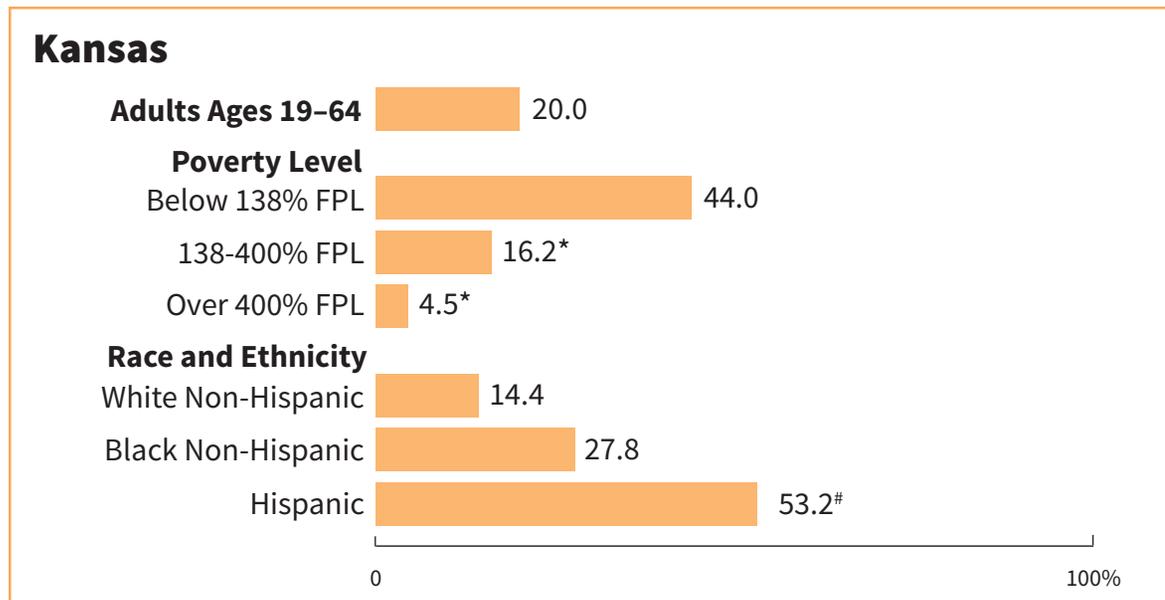
- 16.4 percent of adults ages 19 and older lacked health insurance coverage at the time of interview, representing 359,100 adults. Most residents over the age of 65 are covered by Medicare.
- 20.0 percent of adults ages 19–64 were uninsured, representing 350,000 adults.
- A significantly lower percentage of children than adults—6.2 percent—were uninsured, representing 36,400 children.

***In Missouri:***

- 16.6 percent of adults ages 19 and older were uninsured at the time of interview. This represents 780,800 uninsured adults.
- 19.6 percent of adults ages 19–64 were uninsured, representing 730,000 adults.
- A significantly lower percentage of children than adults—4.4 percent—were uninsured, representing 52,600 children.

The percentage of children uninsured in Kansas and Missouri is much lower than the percentage of adults due to relatively high thresholds of eligibility for CHIP, the Children’s Health Insurance Program. In Missouri, the CHIP upper income limit is 305% federal poverty level (FPL), and while in Kansas it is 241% FPL. In contrast, Medicaid eligibility income limits for adults are capped at 38% FPL in Kansas and 22% FPL in Missouri. Moreover, eligibility among non-disabled adults is limited to parents of dependent children.<sup>5</sup>

**Figure 4.** Residents Who Lacked Health Insurance Coverage, by Poverty Level and Race/Ethnicity, Adults Ages 19–64



**In Kansas:**

- Among adults ages 19–64, 53 percent of Hispanic residents were uninsured, compared to 14 percent of white non-Hispanic residents.
- Among adults ages 19–64 with income below 138 percent of poverty, 44 percent were uninsured, compared to 5 percent of residents with income over 400 percent of poverty.

**In Missouri:**

- Among adults ages 19–64, 50 percent of Hispanic residents were uninsured, compared to 17 percent of white non-Hispanic residents.
- Among adults ages 19–64 below 138 percent of poverty, 33 percent were uninsured, compared to 5 percent of residents over 400 percent of poverty.

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

# Difference from White Non-Hispanic is statistically significant at the p<.05 level.

Notes: FPL=Federal Poverty Level. The sample sizes for uninsured respondents are: Kansas 341, Missouri 323, and REACH/HCF Service Area (bi-state) 250.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

### Uninsured Respondents Who Tried to Purchase Health Insurance

Respondents who lacked health insurance were asked whether they had tried to purchase health insurance in the past 2 years, who helped them with their search, if they were able to buy a plan at that time, and why they did not buy a plan or were no longer covered by a plan (data not shown).

- Three-fourths of uninsured adults ages 19–64 in both states reported they had not tried to buy insurance in the past 2 years. Another 21 percent in Kansas and 19 percent in Missouri tried to buy a plan but cited cost or affordability as a barrier.
- 25 percent of the uninsured in Kansas and 24 percent in Missouri tried to purchase insurance in the last 2 years. Of those who looked for insurance:
  - ◆ 18 percent in both states turned to Healthcare.gov, the federal marketplace for non-group health insurance available to residents through the Affordable Care Act.
  - ◆ 36 percent in Kansas and 12 percent in Missouri received assistance from a health navigator or assistor.
  - ◆ About two-thirds did not receive assistance from anyone.
- Just 3 percent of the uninsured in Kansas and 6 percent in Missouri reported they were able to get health insurance when they tried, but then lost the coverage at some point.

### Characteristics of Uninsured Adults Ages 19–64

Table 2 shows some of the characteristics of uninsured adults ages 19–64:

- Most uninsured adults ages 19–64 (74 percent in both states) are under age 45.
- Roughly half of the uninsured in both states reported family income below 138 percent of poverty: 56 percent in Kansas and 50 percent in Missouri.
- More than two-thirds of the uninsured in both states had at least a high school degree and a substantial share had some college education: 37 percent in Kansas and 30 percent in Missouri.
- Most of the uninsured in both states described themselves as white non-Hispanic: 55 percent in Kansas and 71 percent in Missouri.
- Most of the uninsured in both states were employed: 61 percent in Kansas and 59 percent in Missouri.
- Although many uninsured adults are young, over half of uninsured adults ages 19–64 had a diagnosed chronic condition (data not shown):
  - ♦ In Kansas, 52 percent reported a chronic condition: 33 percent reported a mental health diagnosis or addiction, 15 percent reported hypertension, and 8 percent reported diabetes.
  - ♦ In Missouri, 55 percent reported a chronic condition: 30 percent reported a mental health diagnosis or addiction, 26 percent reported hypertension, and 10 percent reported diabetes.
- About 10 percent of the uninsured in both states reported a disability that prevented them from working at a job for the next 6 months.

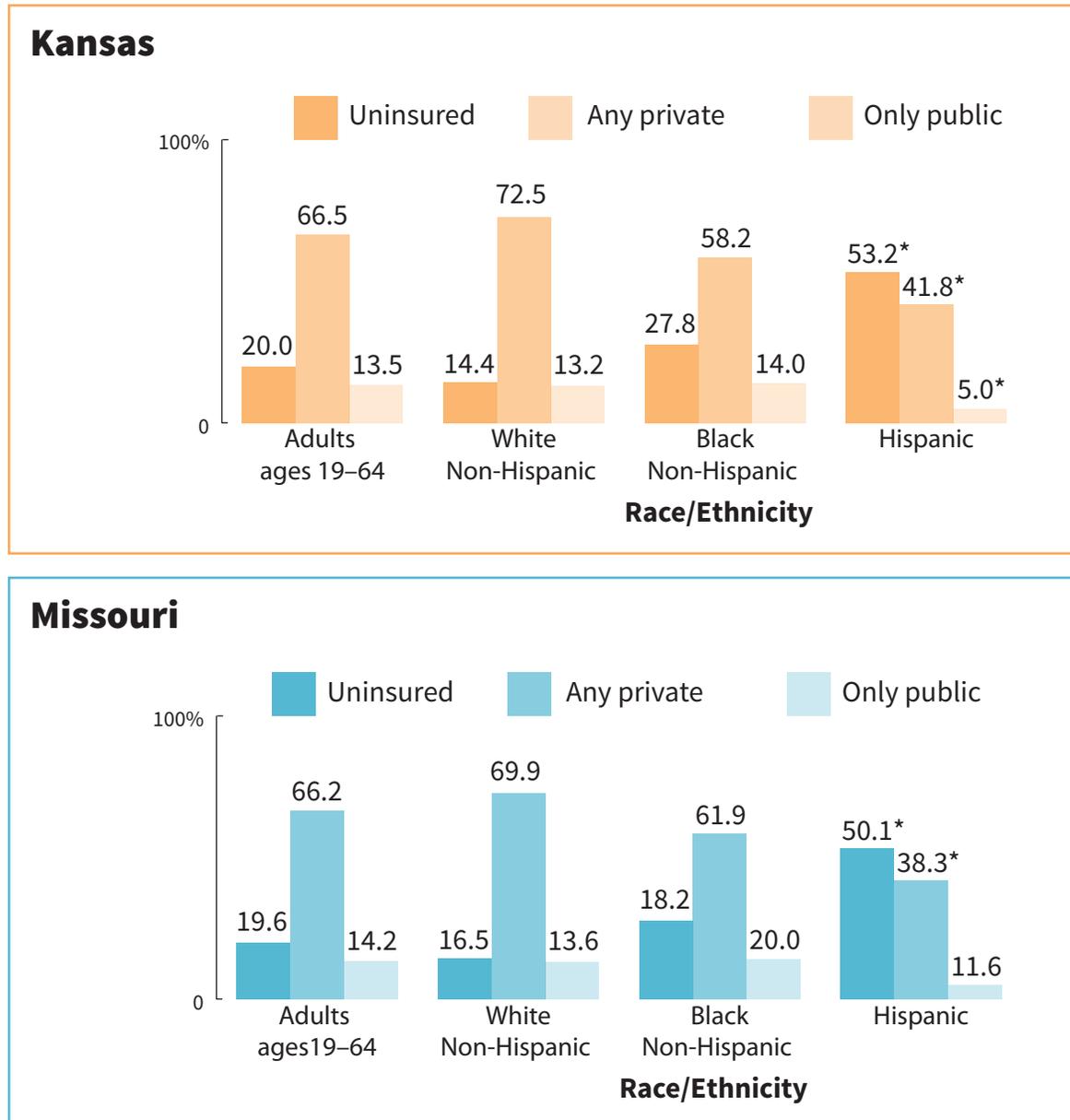
**Table 2.** Characteristics of the Uninsured, Adults Ages 19–64

Adults ages 19–64	Kansas (%)	Missouri (%)	REACH/HCF Service Area (bi-state) (%)
<b>Population Density of County</b>			
Urban	68.4	59.5	72.7
Midsized	19.2	31.1	23.9
Rural	12.4	9.4	3.4
<b>Age</b>			
19–44	74.2	73.9	77.2
45–64	25.8	26.1	22.8
<b>Poverty Level</b>			
Below 138% FPL	55.2	48.6	49.9
138%–400% FPL	36.0	40.3	40.8
Over 400% FPL	8.8	11.1	9.3
<b>Education Level</b>			
No high school (HS) degree	26.6	16.7	19.3
HS Degree or GED	36.4	53.8	48.9
Some college or degree	37.0	29.5	31.7
<b>Race/Ethnicity</b>			
Hispanic	29.7	12.7	19.8
White Non-Hispanic	54.7	70.9	62.8
Black Non-Hispanic	7.8	10.0	10.3
Other Non-Hispanic race, more than one race	7.8	6.4	7.1
<b>Employment</b>			
Employed	61.2	59.0	59.7
Not working	38.8	41.0	40.3
Not working, disability prevents work	10.4	11.8	10.8

Note: FPL=Federal Poverty Level.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

Figure 5. Source of Health Insurance Coverage, By Race/Ethnicity, Adults Ages 19–64



**Among adults ages 19–64:**

- Two-thirds were insured through a private source in both states, most through an employer. 55 percent in Kansas and 59 percent in Missouri were insured through an employer (data not shown).
- 6.5 percent in Kansas and 4.7 percent in Missouri identified their source of coverage as “healthcare.gov, the federal health insurance exchange,” or “a plan related to federal health care reform or ObamaCare.” Less than 5 percent of adults ages 19–64 in Kansas and in Missouri said they had private coverage through some other source, not through an employer, that was not just dental coverage. These individuals have retained individual policies not sold on the exchange (off-exchange policies).
- 14 percent in both states reported coverage only through a public source (Medicare, Medicaid, military or veteran’s insurance).
- Hispanic residents had significantly lower rates of private coverage than white non-Hispanic residents in both states. This is attributable to lower rates of coverage through employers. Only 36 percent and 35 percent of Hispanics in Kansas and Missouri had coverage through employers, respectively, compared to 60 percent and 62 percent of white non-Hispanic adults in Kansas and Missouri, respectively (data not shown).

Differences in the percentage of adults with private coverage were not statistically significant between white and black non-Hispanic adults in either state, possibly due to low sample size of blacks (n=116 in Kansas and n=217 in Missouri).

\*Difference from White Non-Hispanic is statistically significant at the p<.05 level.

Notes: Private insurance includes coverage through an employer, federal health exchange (healthcare.gov), or other private source. Public coverage includes Medicaid, Medicare, and military or veterans’ insurance.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

## Chronic Conditions and Injury

Respondents were asked if they had ever been told by a health care provider they had a chronic condition that was included on a provided condition list, or any other condition that was expected to last 6 or more months. Respondents who said “yes” were asked if they take prescribed medication for the condition, and if they did not get needed care or medication for the condition in the past year (up to four conditions).

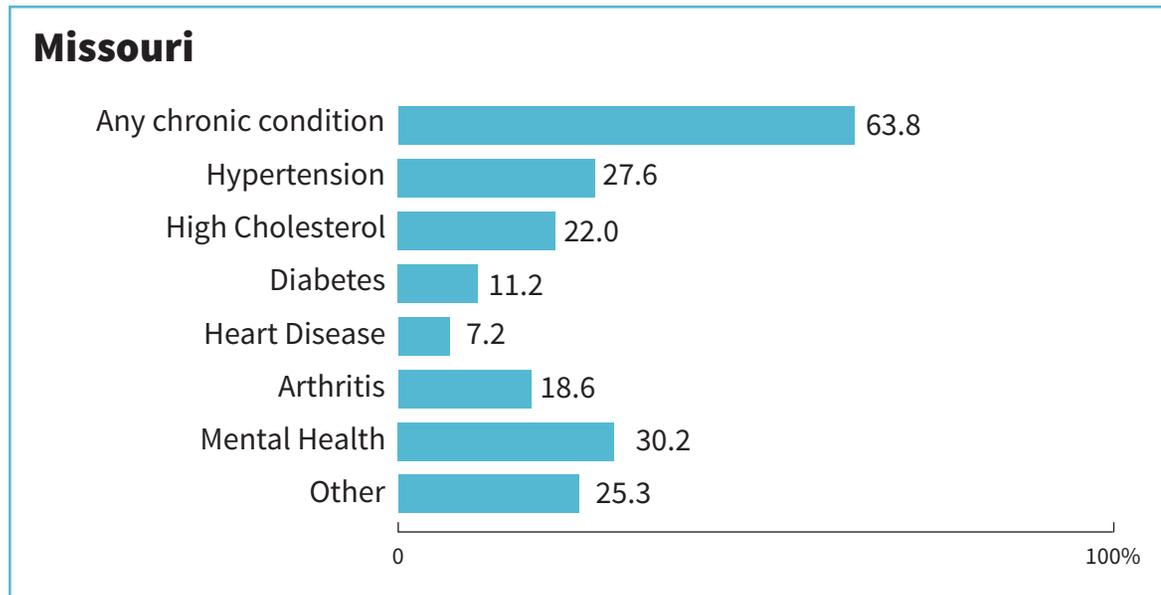
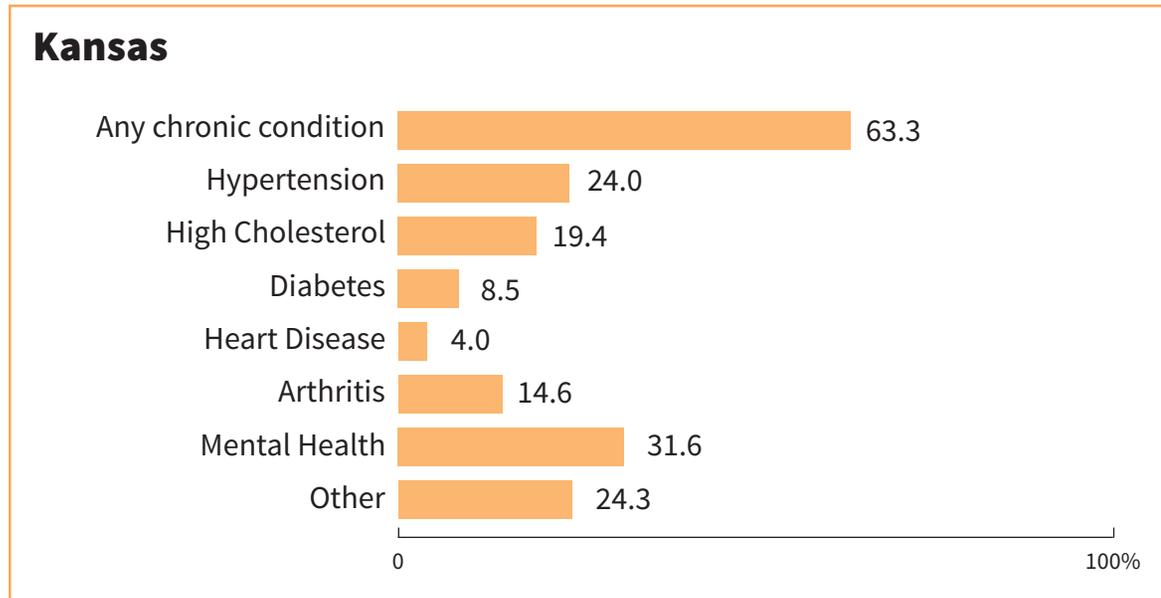
- Among adults ages 19–64, the two most frequently reported chronic diagnoses in both Kansas and Missouri were mental health diagnoses and hypertension (Figure 6). Roughly 30 percent in both states reported a mental health diagnosis or addiction; 24 percent in Kansas and 28 percent in Missouri reported hypertension.
- Among adults ages 19–64 with a diagnosed chronic condition, 11 percent in Kansas and 17 percent in Missouri did not get needed care for their condition in the last year (Figure 7).

We counted respondents with hypertension as not getting needed care if they were not taking medication, even if they did not report an unmet need. Hypertension is the most prevalent risk factor in the United States for cardiovascular disease (CVD), and one of the most modifiable risk factors for CVD.<sup>6</sup> People who have not visited a doctor recently may have hypertension and do not know it. In 2017, a change in guidelines expanded the diagnosis of hypertension to include people with lower diastolic and systolic blood pressure previously classified as pre-hypertensive.<sup>7</sup>

We asked respondents if they suffer from an injury or accident that “*prevents you from working at a job or working as many hours as you would like.*” Without timely treatment, injuries can limit physical function in ways that may not qualify the person for disability benefits yet can limit how much they can work at a job.

- Just over 10 percent of residents in both Kansas and in Missouri reported an injury that impacts work. Of those with an injury, roughly 30 percent said the injury or accident took place in the past year (data not shown).

**Figure 6.** Ever Told by a Health Care Provider They Had Chronic Condition, Adults Ages 19–64



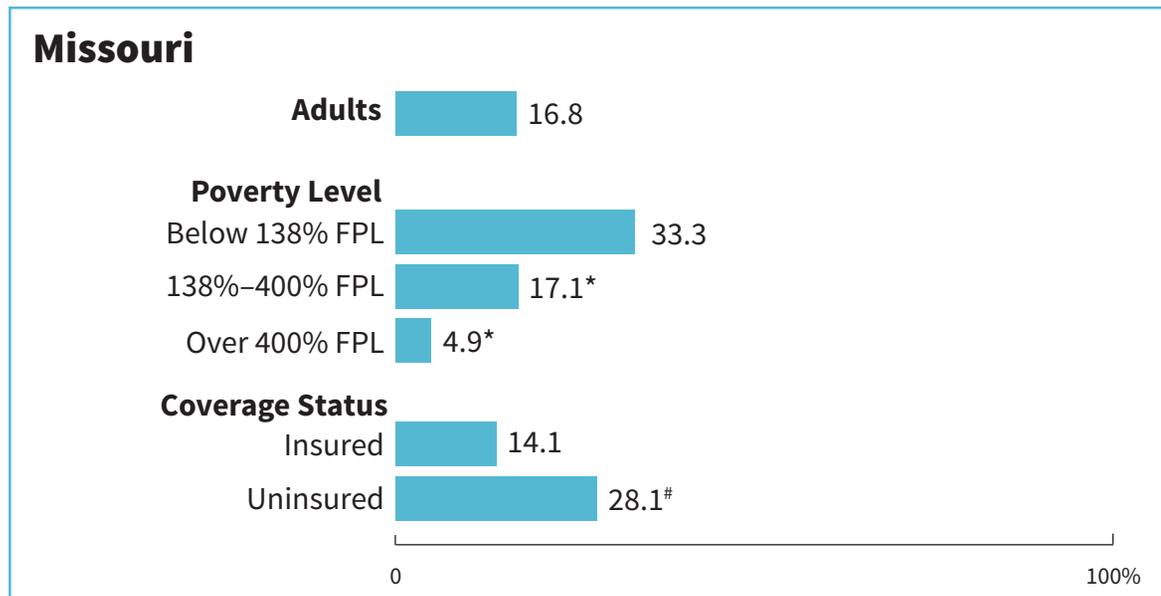
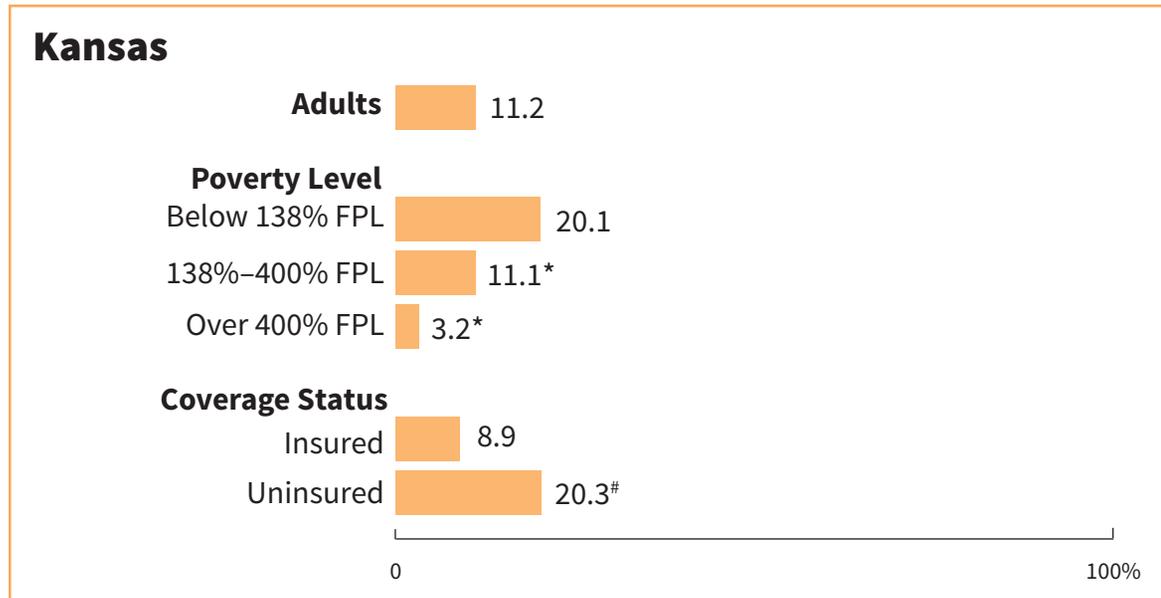
**Among adults ages 19–64:**

- Over 60 percent in both states reported at least one of six chronic conditions provided in a condition list, or another condition that was expected to last 6 or more months.
- In Kansas, 32 percent reported a mental health diagnosis or addiction, 24 percent reported hypertension, and 19 percent high cholesterol.
- In Missouri, 30 percent reported a mental health diagnosis or addiction, 28 percent reported hypertension, and 22 percent high cholesterol.
- In Kansas, significantly fewer Hispanic (38 percent) than white non-Hispanic (63 percent) residents reported a chronic condition.
- In Missouri, the percentage for Hispanic residents was also relatively low, but this difference was not statistically significant, possibly due to the low sample size for Hispanics (n=96).
- In Missouri, a significantly higher percentage of black non-Hispanic (41 percent) relative to white non-Hispanic (26 percent) residents reported hypertension.
- In Kansas, the percentage for black residents was also relatively high, but this difference was not statistically significant, possibly due to the low sample size for blacks (n=116).

Notes: Private insurance includes coverage through an employer, federal health exchange (healthcare.gov), or other private source. Public coverage includes Medicaid, Medicare, and military or veterans' insurance.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Figure 7.** Did Not Get Needed Care or Medication for a Diagnosed Chronic Condition in the Past Year, By Poverty Level and Coverage Status, Adults Ages 19–64



As a percentage of all adults ages 19–64, 11 percent in Kansas and 17 percent in Missouri did not get needed care or medication for a diagnosed chronic condition in the past year. Unmet need was higher among low-income and uninsured residents.

- Among adults ages 19–64 with income below 138 percent of poverty, 20 percent in Kansas and 33 percent in Missouri did not get needed care.
- Among uninsured adults ages 19–64, 20 percent in Kansas and 28 percent in Missouri did not get needed care.

As a percentage of adults ages 19–64 with a diagnosed chronic condition:

- 19 percent in Kansas and 28 percent in Missouri did not get needed care.
- Among adults with income below 138 percent of poverty with a chronic condition, 32 percent in Kansas and 52 percent in Missouri did not get needed care.
- Among the uninsured with a chronic condition, 41 percent in Kansas and 56 percent in Missouri did not get needed care.

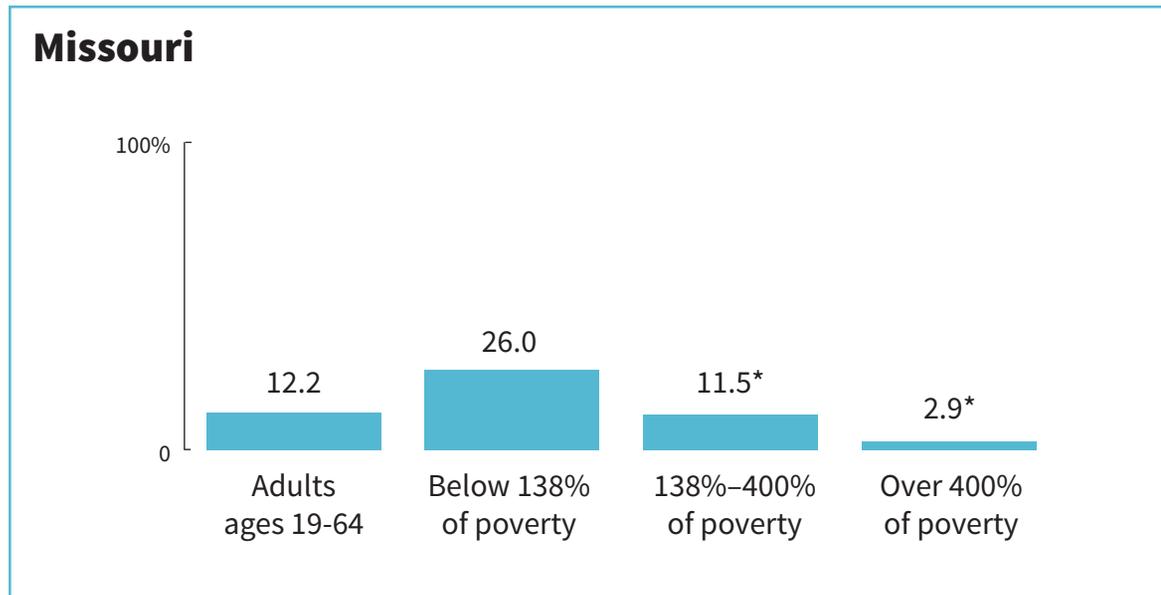
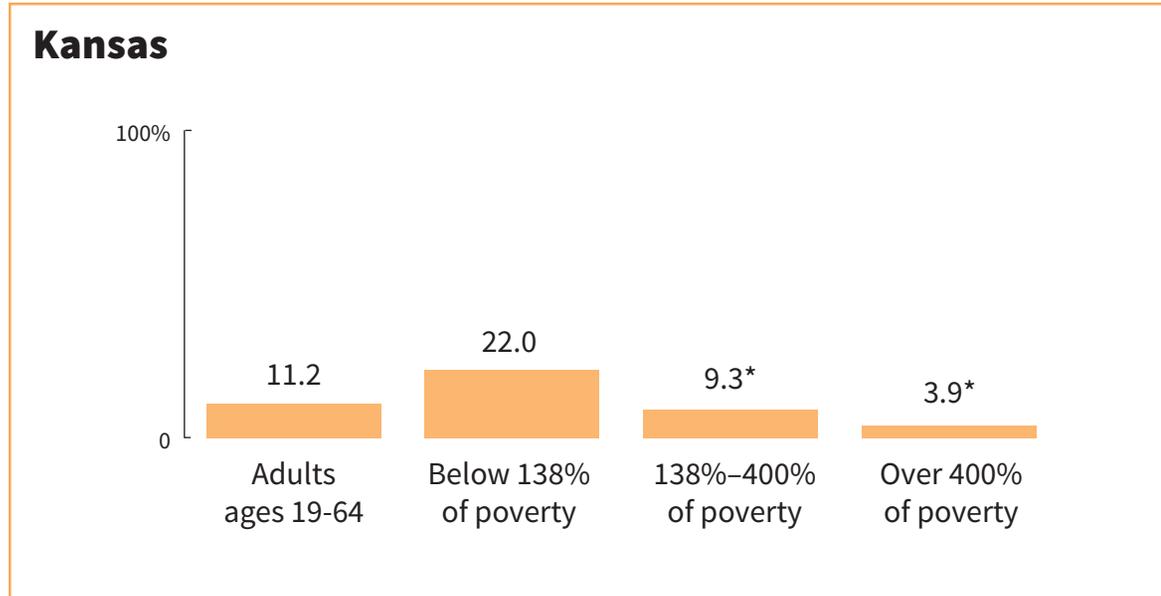
Note: FPL=federal poverty level.

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

# Difference from Insured is statistically significant at the p<.05 level.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Figure 8.** Reported Injury or Accident that Impacts Ability to Work, by Poverty Level, Adults Ages 19–64



***In Kansas:***

- 11 percent of adults ages 19–64 reported an injury that impacts their ability to work.
- Among adults ages 19–64 with income below 138 percent of poverty, 22 percent reported such an injury, compared to 4 percent with income over 400 percent of poverty.

***In Missouri:***

- 12 percent of adults ages 19–64 reported an injury that impacts their ability to work.
- Among adults ages 19–64 with income below 138 percent of poverty, 26 percent reported such an injury, compared to 3 percent with income over 400 percent of poverty.

Among adults ages 19–64 with an injury that impacts work, 21 percent in Kansas and 29 percent in Missouri said they did not get needed care for this injury due to cost or lack of coverage in the past year (data not shown).

\* Difference from Below 138% of Poverty is statistically significant at the p<.05 level.  
 Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

### Respondents with No Usual Place to Go for Care

Respondents were asked “do you have 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?” A comparable question was asked of the parent or guardian most knowledgeable about the health of the sampled child.

If the adult respondent answered “yes,” or “more than one place,” the respondent was asked if this place or one of these places was an emergency room or urgent care. If yes, the respondent was asked to clarify, “Other than an emergency room (ER) 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?” If the respondent said there was no other usual place (other than the ER or urgent care), the respondent was classified as having no usual place to go for medical care other than the ER or urgent care.

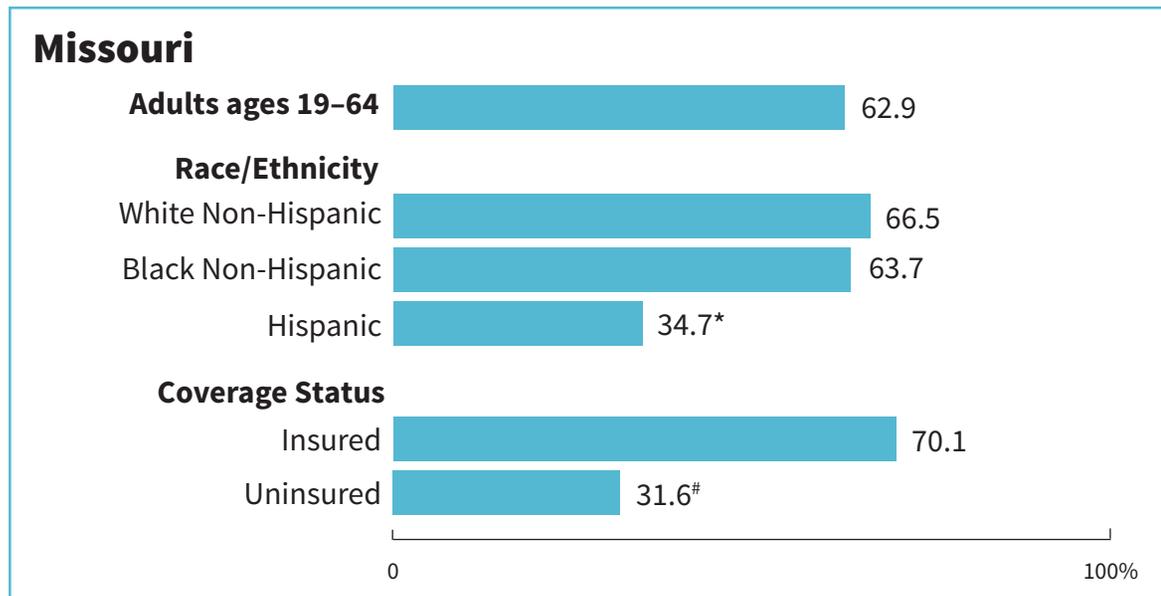
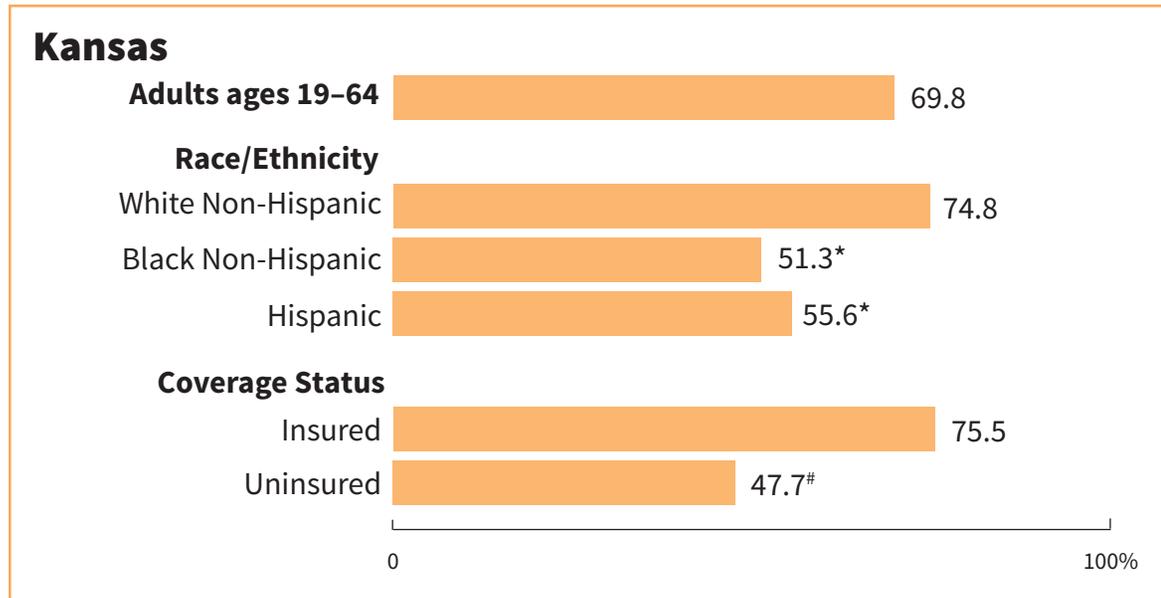
- Among adults ages 19–64, 70 percent in Kansas and 63 percent in Missouri had a usual place for care other than an ER or urgent care. For comparison, the national percentage is 84 percent (Figure 9).<sup>8</sup>

People with no usual place to go were asked if, during the past 12 months they had ever had trouble finding a provider or had been told by a doctor’s office or clinic that they would not accept her as a new patient. People with a usual place to go were also asked these two questions.

- Based on these two measures, more respondents with no usual place to go had trouble finding a provider (14 percent in Kansas and 17 percent in Missouri), than respondents who described a usual place to go (6 percent in Kansas and 9 percent in Missouri).

If the respondent said there was someplace else, the respondent was asked if this usual place was a “community health clinic offering free or reduced cost care, a doctor’s office or physician practice, hospital outpatient department, or someplace else?”

**Figure 9.** Has a Usual Place for Care Other Than the Emergency Room or Urgent Care, by Race/Ethnicity and Coverage Status, Adults Ages 19–64



**Among adults ages 19–64 in Kansas:**

- 70 percent reported having a usual place for care other than the emergency room or urgent care.
- 75 percent of white non-Hispanic adults had a usual place for care—a significantly higher percentage than black (51 percent) or Hispanic (56 percent) adults.
- 48 percent of the uninsured had a usual place for care, compared to 76 percent of the insured.

**Among adults ages 19–64 in Missouri:**

- 63 percent reported having a usual place for care.
- 67 percent of white non-Hispanic adults had a usual place—a significantly higher percentage than Hispanic adults (35 percent) yet comparable to black adults (64 percent).
- 32 percent of the uninsured had a usual place for care, compared to 70 percent of the insured.

\* Difference from white Non-Hispanic is statistically significant at p<.05 level.

# Difference from Insured is statistically significant at p<.05 level.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

### Reasons for Not Having a Usual Place for Care

Respondents with no usual place for medical care were asked about reasons for not having a usual place by reading a list of statements that reflect the most frequent reasons for not having a usual place of care and instructing the respondent to say “yes” or “no” to each statement. Respondents could say “yes” to more than one statement.

- 40 percent of adults ages 19–64 in Kansas and 34 percent in Missouri reported cost as a reason for not having a place to go for medical care (Table 3).
- Adults with income below 138 percent of poverty were more likely to have tried to find a place to go and to report difficulty getting to a usual place due to transportation, distance, or health problems.
- In addition, rural residents in both Kansas and Missouri were more likely than urban residents to say they had not tried to find a usual place to get care and were more likely to say they rarely or never get sick (data not shown).

**Table 3.** Reasons for Not Having a Usual Place for Care, by Poverty Level, Adults ages 19–64

<b>Adults ages 19–64</b>				
<b>Kansas</b>	<b>Adults ages 19–64</b>	<b>Poverty level</b>		
		<b>Below 138% FPL</b>	<b>138%–400% FPL</b>	<b>Over 400% FPL</b>
<b>Respondents with no usual place for care</b>	100.0%	100.0%	100.0%	100.0%
Reasons selected by the respondent				
Have not tried to find a doctor or clinic to go to	47.5	29.2	61.8*	60.5*
Rarely or never get sick	71.7	65.1	73.3	89.8*
Can't afford to pay to see the doctor	39.8	62.7	38.3	~
Transportation is too difficult	7.7	11.9	~	~
Doctor you want to see is too far away	6.7	9.4	~	~
Health problem makes it difficult to get to doctor	4.3	7.3	~	~
<b>Missouri</b>	<b>Adults ages 19–64</b>	<b>Poverty level</b>		
		<b>Below 138% FPL</b>	<b>138%–400% FPL</b>	<b>Over 400% FPL</b>
<b>Respondents with no usual place for care</b>	100.0%	100.0%	100.0%	100.0%
Reasons selected by the respondent				
Have not tried to find a doctor or clinic to go to	54.1	46.9	68.2*	53.4
Rarely or never get sick	76.5	70.8	80.2	87.1
Can't afford to pay to see the doctor	33.6	52.9	38.0	15.8*
Transportation is too difficult	9.5	14.3	~	~
Doctor you want to see is too far away	6.8	4.4	~	~
Health problem makes it difficult to get to doctor	5.8	7.9	~	~

~ For this subgroup, the sample size in this cell was too small to estimate reliably. Sample sizes for respondents with no usual place for care in Kansas are: Adults ages 19–64 422, <138% FPL 149, 138%–400% FPL 127, and Over 400% FPL 62. In Missouri they are: Adults 19–64 555, <138% FPL 163, 138–400% FPL 172, and Over 400% 108. Total sample available across income categories is smaller than the statewide sample due to missing responses to the income question.

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

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Table 4.** Type of Usual Place for Care, Adults Ages 19–64

Adults ages 19–64	Kansas	Missouri
<b>Adults with a usual place of care other than ER or urgent care</b>	100.0%	100.0%
Doctor's office or physician practice	81.0	82.2
Community health clinic offering free or reduced cost care	10.8	8.6
Hospital outpatient department (not ER)	2.7	4.0
Someplace else	5.5	5.2

Notes: ER is emergency room or emergency department.  
 Sample sizes for respondents ages 19–64 with a usual place of care are Kansas 1,137 and Missouri 1,115.  
 Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Type of Usual Place for Care**

For residents with a usual place for care:

- Among adults ages 19–64, over 80 percent in both states go to a doctor’s office or physician practices as their usual place for care, while roughly 10 percent go to a community health center (CHC).
- Among uninsured adults ages 19–64, 39 percent in Kansas and 32 percent in Missouri go to a CHC as their usual place for care. In contrast, only 6 percent of insured adults in both states go to a CHC (data not shown).
- Among adults ages 19–64 with income below 138 percent of poverty, 34 percent in Kansas and 23 percent in Missouri go to a CHC. In contrast, less than 5 percent of adults with income over 400 percent of poverty in both states (data not shown).
- Among Hispanic adults, 49 percent in Kansas and 39 percent in Missouri go to a CHC for care. In contrast, less than 10 percent of white or black non-Hispanic adults in both states go to a CHC for care (data not shown).

### Accessibility of Respondent's Usual Place for Care

Respondents who described having a usual place to go for care were asked about the travel time to the provider, accessibility on nights and weekends and after regular hours (for an urgent medical need), and accommodation for language barriers.

Of respondents with a usual place for care other than the ER or urgent care:

- Roughly 30 percent in both states said this place did not have night or weekend hours.
- Roughly 25 percent in both states said reaching a provider after regular hours was very or somewhat difficult, although more than one-quarter of residents had never tried.
- The vast majority of respondents can get to their provider in less than 30 minutes—82 percent in Kansas and 78 percent in Missouri.
- Approximately 12 percent of residents reported speaking a language at home other than English.\* Spanish was the most common language spoken. Of the other 25 or so languages reported, the most common were German, Chinese, and French. Among these respondents, 90 percent in Kansas and 92 percent in Missouri said someone at their usual place of care spoke their preferred language or that a translator is provided.

\* A total of 389 respondents reported speaking other languages at home other than English. Of these, 247 spoke Spanish and 154 respondents preferred to be interviewed in Spanish. Another 142 respondents speaking other languages could only be interviewed in English. Those unable to complete the survey in English would have greater need for translation services, so the survey results will underestimate the percentage of people facing language barriers with their usual provider.

### Accessibility of CHCs

Compared to other usual places for care—mainly physician practices—CHCs were just as likely or more likely to be described by respondents as accessible based on having night and weekend office hours, and on travel time to the provider. Respondents using CHCs after office hours in Kansas were somewhat more likely to report difficulty reaching a medical person for an urgent medical need.

#### *In Kansas:*

- 33 percent of respondents using CHCs and 30 percent using other places as their usual place of care reported their provider had office hours at night or on the weekends (Table 5).
- A higher percentage of respondents using CHCs reported that it was very or somewhat difficult to reach a provider after regular hours (46 percent) compared to respondents using other places (24 percent).
- A higher percentage of respondents using CHCs had tried to reach a provider after hours for an urgent medical problem. Only 14 percent had never tried, compared to 29 percent of respondents using other places.

#### *In Missouri:*

- A higher percentage of respondents using CHCs (60 percent) than using other places (26 percent) were more likely to report their provider had office hours at night or on weekends.
- A higher percentage of respondents using CHCs (44 percent) than using other places (33 percent) had never tried to contact a medical person after regular hours, but the difference was not statistically significant. About the same percentage reported difficulty reaching a medical person when doing so.

**Table 5.** Comparison of Reported Accessibility: Community Health Centers (CHCs) and Other Usual Places for Care, Adults Ages 19–64

Adults ages 19–64		
Kansas	Type of Usual Place of Care	
	Community Health Center	Other Usual Places
Adults ages 19–64 with a usual place of care	100.0%	100.0%
Usual place has office hours at night or on weekends	33.2	29.5
Contacting a medical person after regular hours for an urgent medical need is		
Very or somewhat difficult	46.4	24.3*
Never tried	13.7	29.2*
Missouri	Type of Usual Place of Care	
	Community Health Center	Other Usual Places
Adults ages 19–64 with a usual place of care	100.0%	100.0%
Usual place has office hours at night or on weekends	60.0	25.9*
Contacting a medical person after regular hours for an urgent medical need is		
Very or somewhat difficult	28.6	24.3
Never tried	43.9	33.2

Notes: Other Usual Places is primarily “doctor’s office or physician practice” with a few respondents reporting “hospital outpatient department” or “someplace else” (not an emergency room).  
 Sample sizes for types of usual place of care in Kansas are: Community Health Center 149 and Other Usual Places 988. In Missouri they are: Community Health Center 111 and Other Usual Places 1,004.  
 \* Difference from respondents with a community health center as a usual place is statistically significant at the p<.05 level.  
 Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

### Recent Use of Emergency Department

Respondents with an emergency room visit in the past 3 months were asked if various circumstances applied to their most recent visit. This series of responses helps identify factors influencing the decision to go to the ER rather than some other place. Users of the ER were first asked if the visit resulted in admission to the hospital, one indication that the ER visit was warranted. They were then asked to respond if any of the following applied to this visit (yes or no):

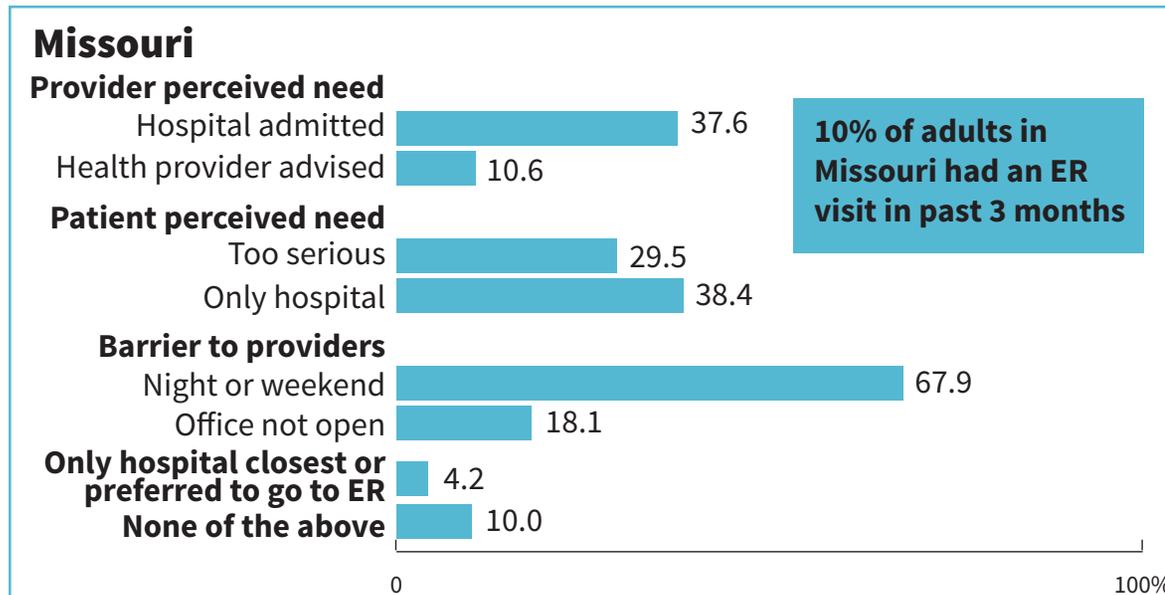
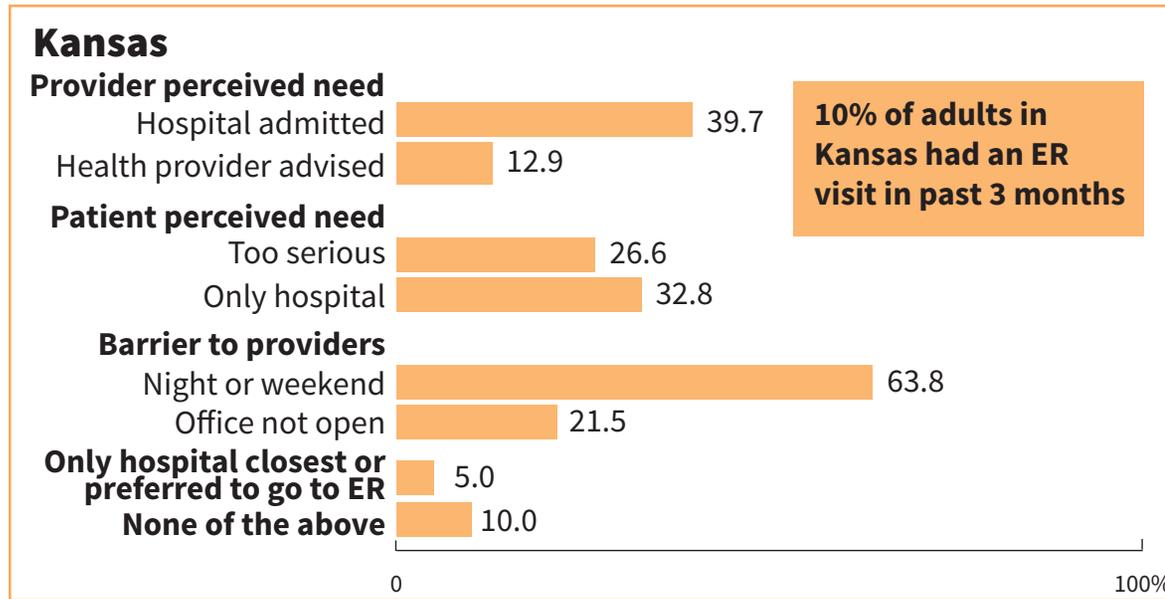
- “Doctor’s office or clinic was not open”
- “Your health provider advised you to go”
- “The problem was too serious for the doctor’s office or clinic”
- “Only a hospital could help you”
- “The emergency room is your closest provider”
- “You get most of your care at the emergency room”

#### Among adults ages 19–64:

- 10 percent in both states visited the ER in the past 3 months.
- In Missouri, the publicly insured reported an ER visit more often than those with private coverage.
- In Kansas, adults with no usual place of care reported an ER visit more often than those having a usual place of care (data not shown).

Figure 10 shows the percentage of respondents agreeing with each statement. Since most respondents selected more than one, we assigned visits with multiple responses based on a hierarchy, assigning the visit into five main categories: provider-perceived need, patient-perceived need, barrier to other providers, preference or convenience, or none of these.

**Figure 10.** Characteristics of the Most Recent Visit to the Emergency Department (ER) in the Past 3 Months, ages Adults 19–64



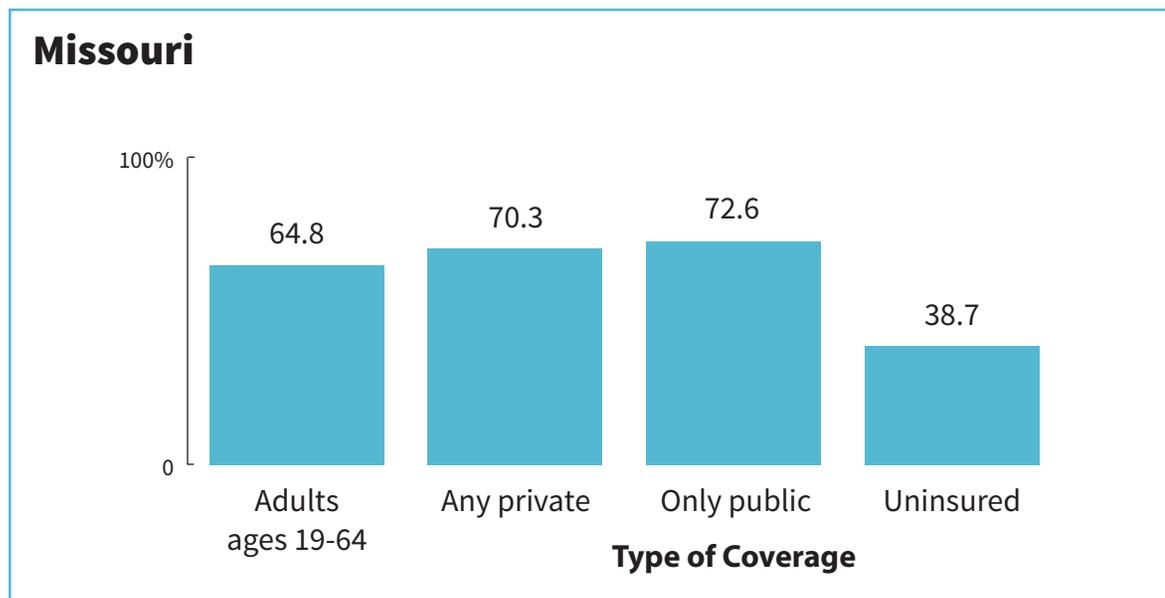
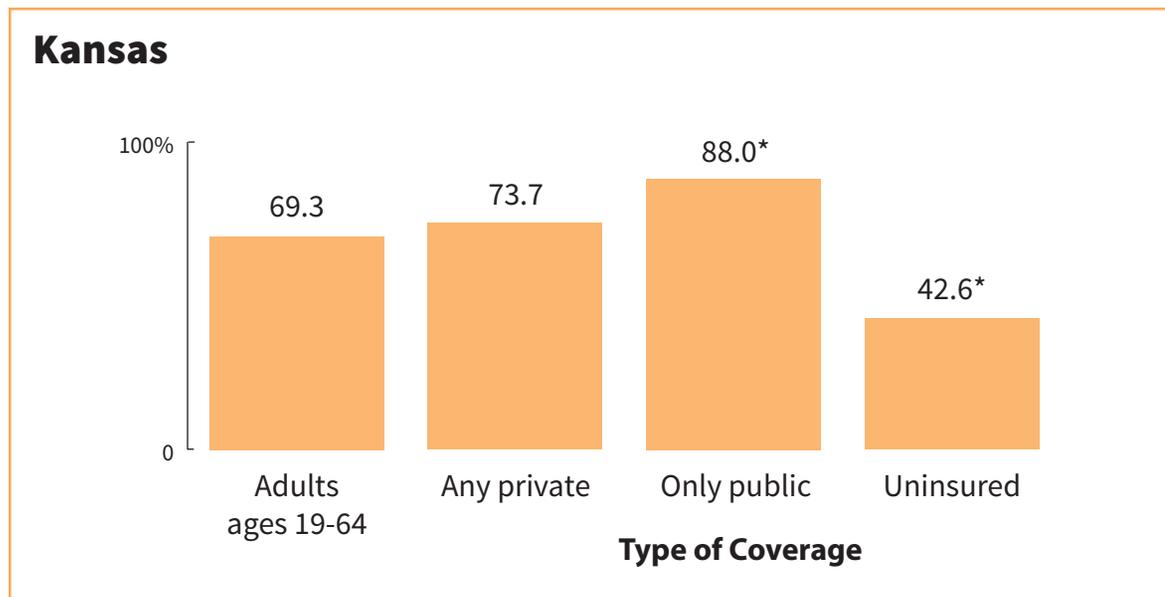
Among adults with a recent ER visit, nearly 80 percent in both Kansas and Missouri went to the ER because a provider or the respondent perceived their health problem as serious enough to need an ER.

- Roughly 50 percent of respondents were admitted to the hospital or advised by a health provider to go to the ER.
- Roughly two-thirds went to the ER at night or on the weekend and about 20 percent said the doctor’s office was closed. However, most of these also said their problem was too serious or were advised by a doctor to go to the ER (data not shown).
- Roughly one-third in both states reported the ER was the closest provider (data not shown). However, all but 5 percent described the problem as too serious for the doctor’s office or were admitted to the hospital.
- Considering all responses by an individual, approximately 15 percent gave no explanation other than preference or convenience for their visit.

Note: Sample sizes for respondents ages 19–64 with a recent visit to the ER are: Kansas 154 and Missouri 166.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Figure 11.** Saw a General Doctor in the Past Year, by Type of Coverage, Adults Ages 19–64



\*Difference from Any Private is statistically significant at the p<.05 level.

Note: Private insurance includes coverage through an employer, federal health exchange (healthcare.gov), or other private source. Public coverage includes Medicaid, Medicare, and military or veterans' insurance.\*

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

### Contact with Health Care Providers

Contact rates with a general doctor in Kansas and Missouri appear comparable to national rates. According to the National Health Interview Survey, 66 percent of adults ages 19–64 saw a general doctor in 2016. Among uninsured adults ages 19–64, this percentage was 37 percent.<sup>9</sup>

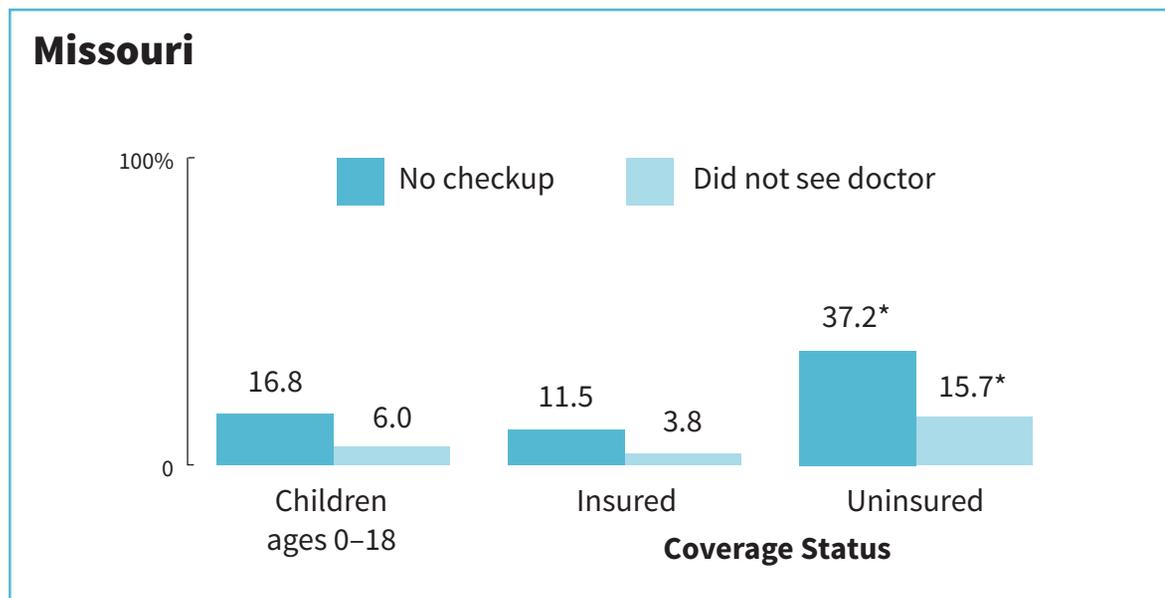
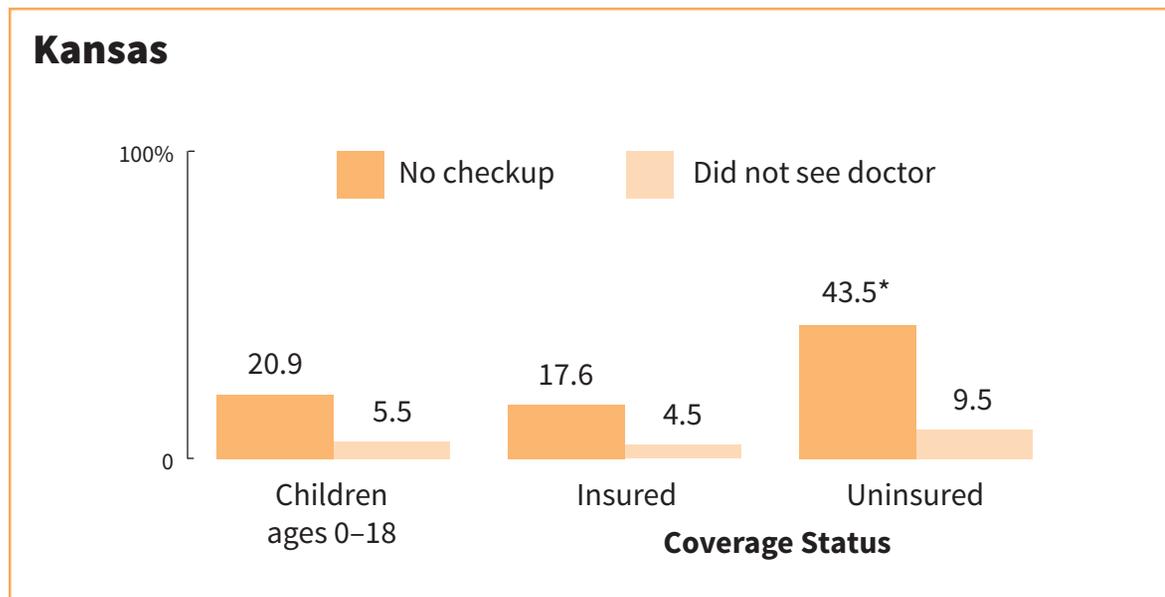
#### Among adults ages 19–64 in Kansas:

- Nearly 70 percent saw a general doctor who treats a variety of illness (a primary care doctor) in the past year.
- A higher percentage of publicly insured (88 percent) than privately insured (74 percent) residents saw a general doctor.
- Among uninsured adults ages 19–64, just 43 percent saw a general doctor in the past year (data not shown).
- Among adults with income below 138 percent of poverty, just over half saw a general doctor (data not shown).

#### Among adults ages 19–64 in Missouri:

- 65 percent saw a general doctor in the past year.
- About the same percentage (roughly 70 percent) of publicly insured respondents saw a general doctor as those who were privately insured.
- Among uninsured adults ages 19–64, just 39 percent saw a general doctor.
- Among adults with income below 138 percent of poverty, just over half saw a general doctor (data not shown).

**Figure 12.** Did Not Have a Checkup or Did Not See a Doctor in the Past Year, by Coverage Status, Children Ages 0–18



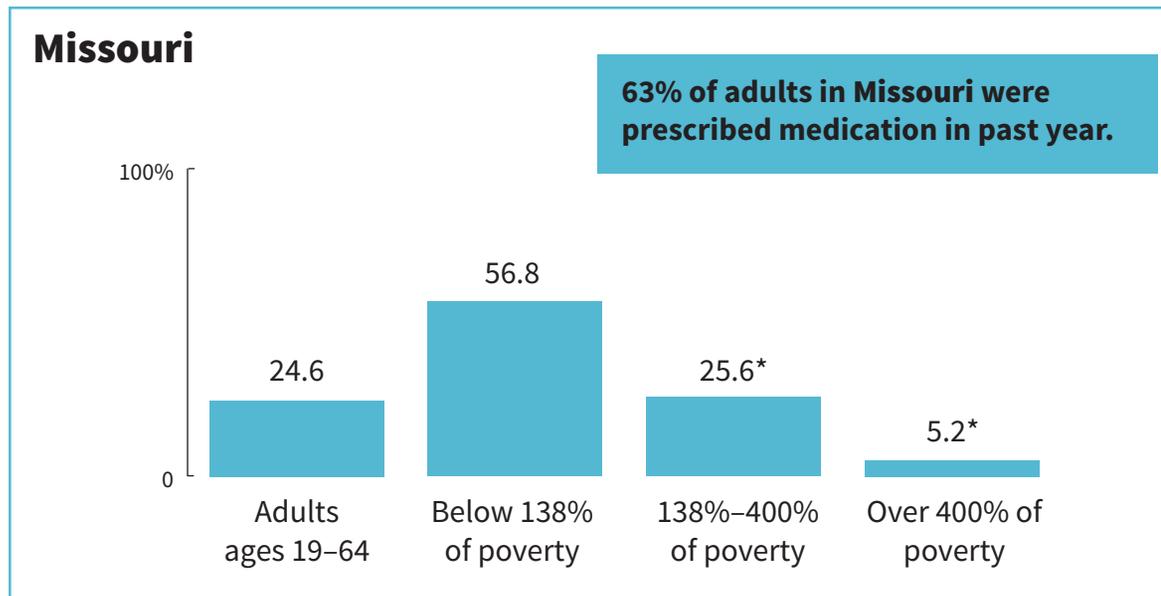
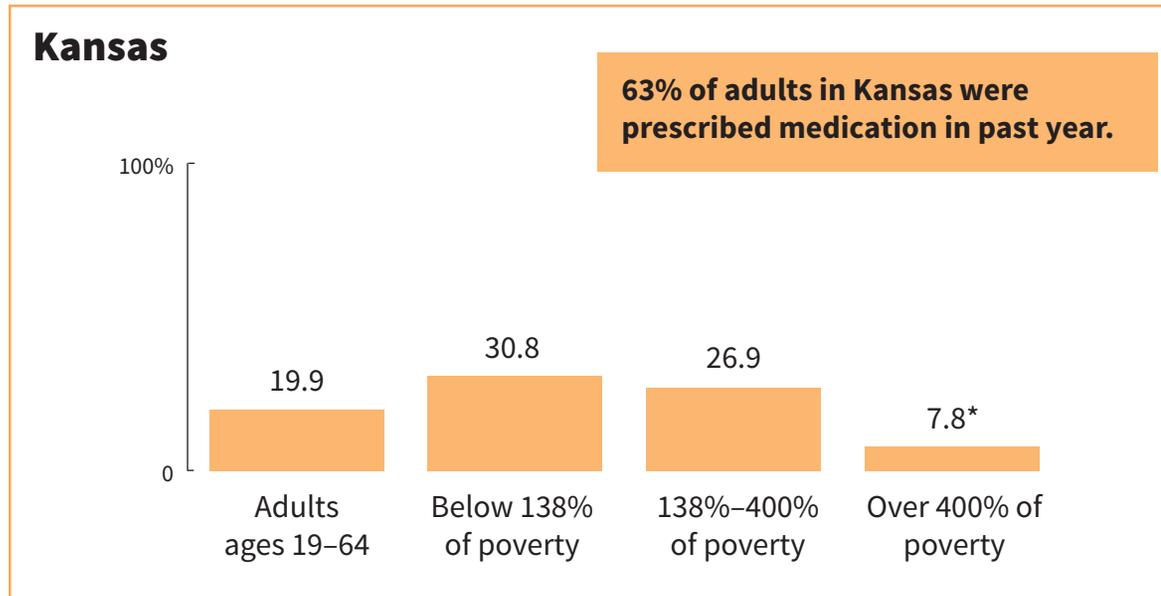
**Among children ages 0–18:**

- Almost all children saw a doctor in the past year, according to a parent or guardian. Only 6 percent did not see a doctor.
- Fewer children had been to a doctor for a “checkup” in the past year.
- Lack of insurance coverage is one barrier to comprehensive preventive care, but insured children also did not receive annual checkups.
- Among uninsured children, over 40 percent in Kansas and 38 percent in Missouri did not have a checkup.
- A substantial share of insured children also reported no checkup: 18 percent in Kansas and 12 percent in Missouri.

\*Difference from Insured is statistically significant at the p<.05 level.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Figure 13.** Skipped Doses, Took Less, or Delayed Filling Prescriptions to Save Money in the Past Year, Adults Ages 19–64 With Prescribed Medication



\*Percentage is statistically different from Below 138% of poverty at p<.05 level of significance.  
Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

#### Unmet Need for Medication

##### Among adults ages 19–64:

- In both states, 63 percent were prescribed medication by a doctor in the past year.

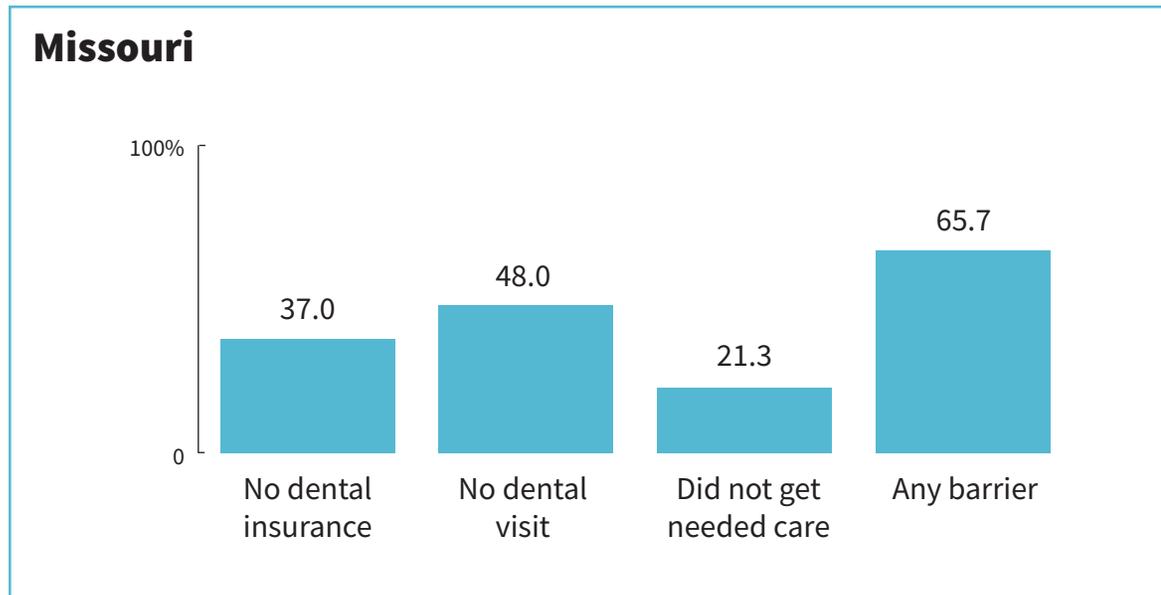
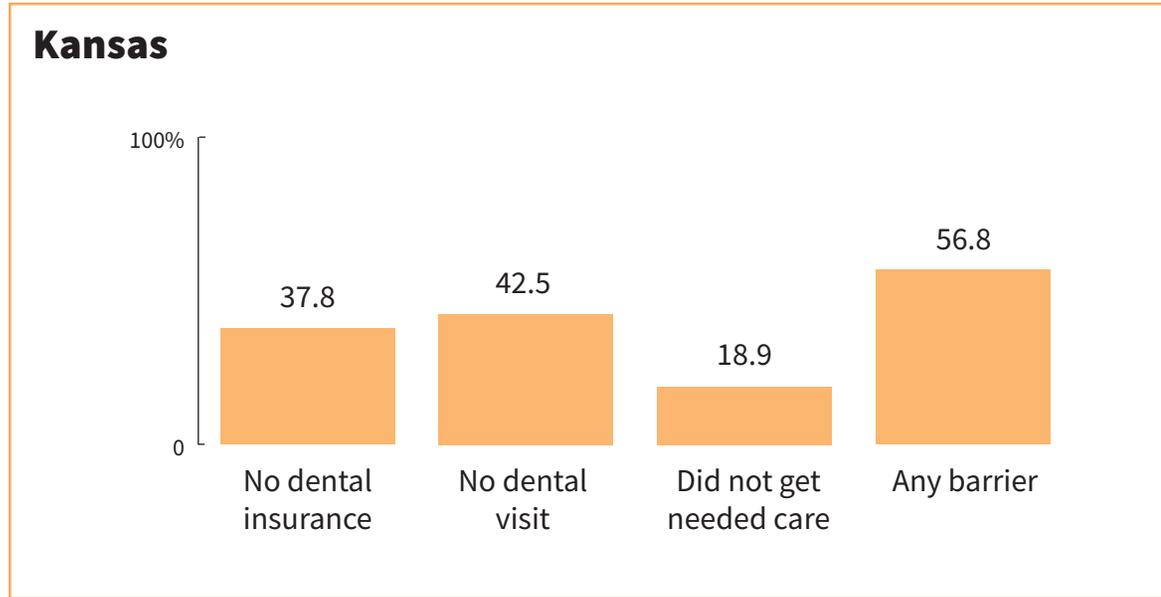
##### In Kansas:

- 20 percent of adults who were prescribed medication in the past year reported they skipped medication doses, took less than prescribed, or delayed filling prescriptions to save money.
- Among adults with income below 138 percent of poverty with prescribed medication, 31 percent skipped doses or made other changes to save money, compared to 8 percent of adults with income over 400 percent of poverty.

##### In Missouri:

- 25 percent of adults prescribed medication in the past year reported they skipped medication doses, took less than prescribed, or delayed filling prescriptions to save money.
- Among adults below 138 percent of poverty with prescribed medication, 57 percent made changes to their prescription regimen to save money, compared to 5 percent of adults with income over 400 percent of poverty.

**Figure 14.** Lack of Dental Insurance and Other Barriers to Dental Care in Past Year, Adults Ages 19–64



**Unmet Need for Dental Care**

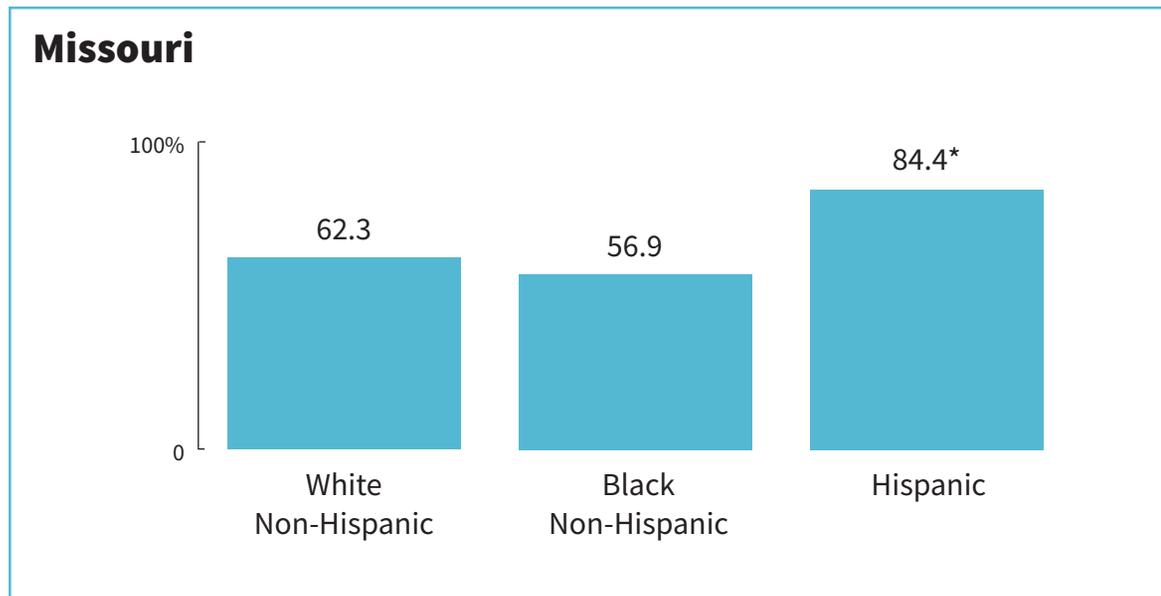
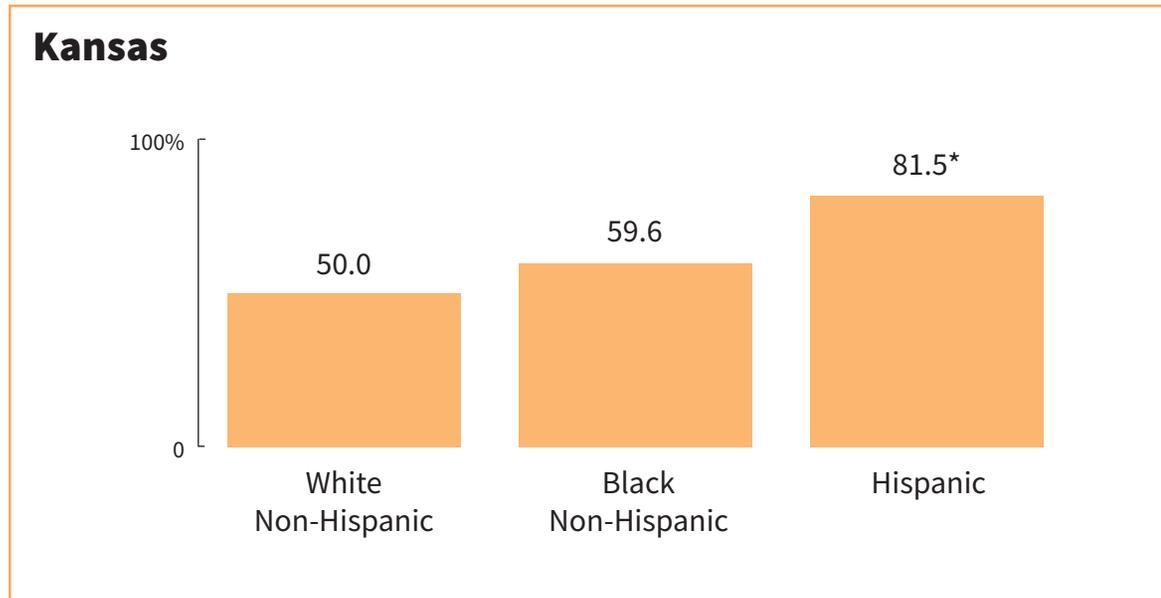
Barriers to dental care—lack of dental insurance, no visit to the dentist, or unmet need—were frequently reported by residents in Kansas and Missouri.

Among adults ages 19–64, 57 percent in Kansas and 66 percent in Missouri reported one of three barriers to dental care.

- Over 35 percent lacked dental insurance in both states.
- Over 40 percent in Kansas and 48 percent in Missouri did not have a dental visit in the past year.
- Roughly 20 percent in both states did not get the dental care they needed in the past year.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Figure 15.** Any Barrier to Dental Care in the Past Year, by Race/Ethnicity, Adults Ages 19–64



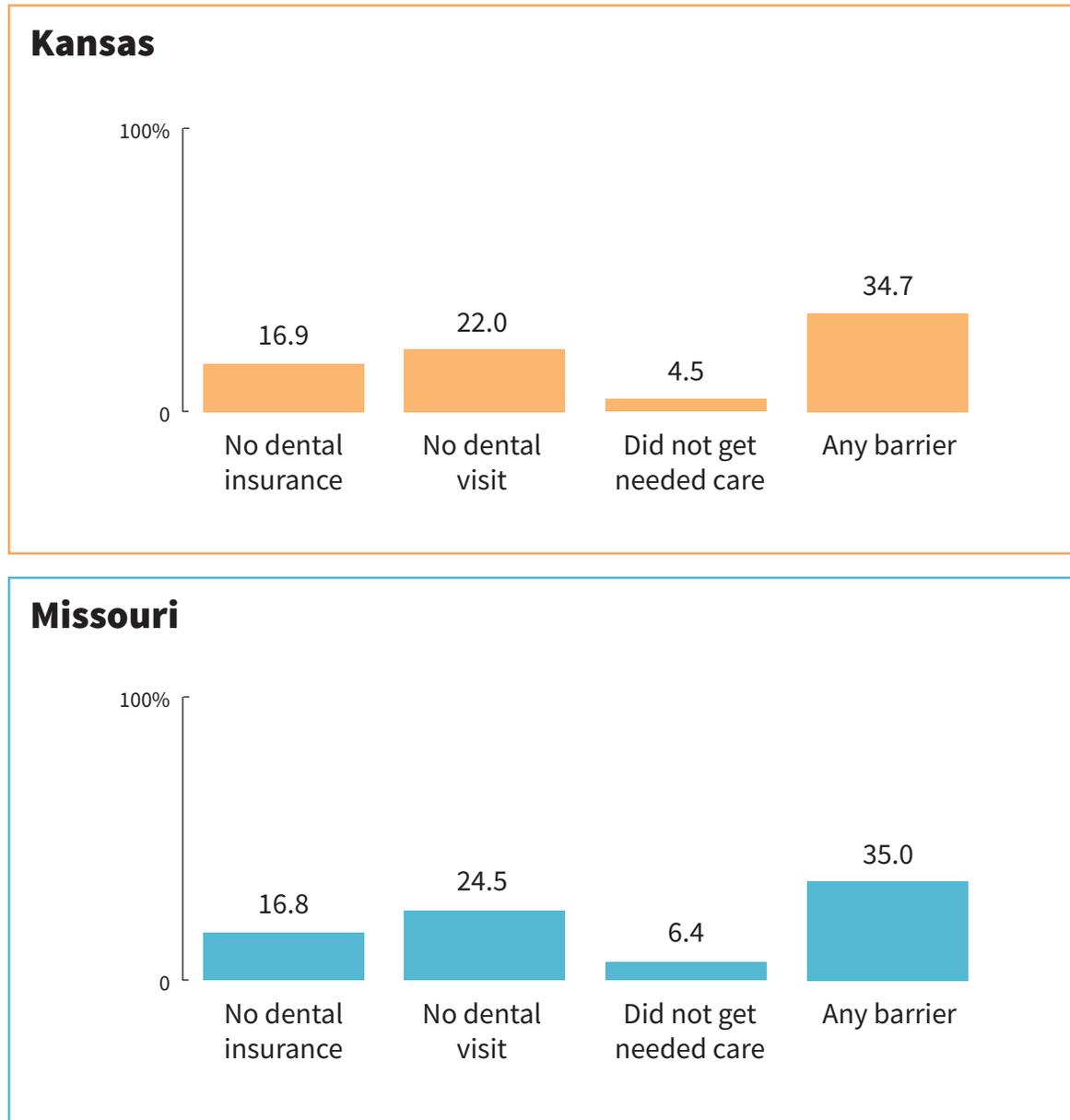
Barriers to dental care were frequently reported by residents in all regions of Kansas and Missouri and all racial and ethnic backgrounds.

**Among adults ages 19–64:**

- Over half of white and black non-Hispanic adults reported at least one barrier to dental care.
- Among Hispanic adults ages 19–64, more than 80 percent in both states lacked dental insurance, did not see a dental professional, or did not get needed dental care in the last year.
- Although over half of residents in all regions of Kansas and Missouri reported barriers to dental care, the percentage was highest in rural counties in both Kansas and Missouri—roughly 80 percent (data not shown).

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Figure 16.** Lack of Dental Insurance and Other Barriers to Dental Care in Past Year, Children Ages 2-18



**Unmet Need for Dental Care: Children**

Access to dental care for children in Kansas and Missouri is better than access for adults. Still, roughly one-third of children had at least one of three barriers to dental care.

- 17 percent of children in both states lack dental coverage.
- 22 percent of children in Kansas and 25 percent in Missouri did not have a dental visit in the last year.
- Very few children were reported by their parent or guardian to have unmet needs for dental care in the past year: 4.5 percent in Kansas and 6.4 percent in Missouri.

Unmet need for dental care among children in Kansas and Missouri appears nearly comparable or slightly worse than the national average. The national percentage of children with no dental visit within 1 year was 16.4 percent in 2016, and of children with unmet need due to cost was 3.9 percent (ages 2-17).<sup>10</sup> A national benchmark for dental insurance rates is not available.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Table 6.** Unmet Need for Mental Health Care, by Coverage Status, Adults Ages 19–64 with Mental Health Diagnosis or Addiction

Adults ages 19–64			
	Kansas	Coverage Status	
		Insured	Uninsured
Has a mental health diagnosis or addiction	31.6%	31.2%	33.1%
Adults with mental health diagnosis or addiction	100.0%	100.0%	100.0%
Takes medication	48.9	55.0	26.9*
Saw a mental health professional	36.3	35.9	37.2
Did not get needed care	21.9	14.3	50.8*
Missouri			
	Missouri	Coverage Status	
		Insured	Uninsured
Has a mental health diagnosis or addiction	30.2%	30.3%	29.7%
Adults with mental health diagnosis or addiction	100.0%	100.0%	100.0%
Takes medication	50.9	55.0	31.8
Saw a mental health professional	34.4	36.1	26.4
Did not get needed care	34.5	30.9	51.2

Notes: Sample sizes for respondents ages 19–64 with a mental health diagnosis or addiction for Kansas are: Kansas 458, Insured 341, and Uninsured 117. For Missouri sample sizes are: Missouri 494, Insured 389, and Uninsured 105.

\*Difference from Insured is statistically significant at the p<.05 level.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Unmet Need for Mental Health Care**

Roughly one-third of adults ages 19–64 in Kansas and Missouri have been told by a doctor or other health professional they have “depression, anxiety, behavioral or emotional health condition, or substance abuse or addiction.”

- In Kansas, 22 percent with a mental health diagnosis or addiction in Kansas said they did not get needed mental health care, medication, or mental health counseling in the past year. In Missouri, 35 percent did not get needed care.
- Among the uninsured, 51 percent with such a condition in both states reported not getting needed mental health care, medication, or counseling.
- The most common reasons for not getting needed mental health care were insurance would not pay or the respondent was uninsured, provider would not take insurance, provider was not available (40 and 22 percent respectively), or the respondent did not know where to get care (data not shown).
- Contact with a mental health professional in the past year was comparable for the insured and uninsured groups. About one-third of both groups with a mental health diagnosis or addiction saw a mental health professional in the past year.

**Table 7.** Use of Specialists and Unmet Need for Specialty Care, Adults ages 19–64

Adults ages 19–64	Kansas	Missouri
Saw a specialist in the past year	33.6%	38.5%
Did not get needed specialty care in past year	5.2%	7.5%

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Unmet Need for Specialty Care**

***In Kansas:***

- One-third of adults ages 19–64 saw a specialist at least once in the past year.
- 5 percent of adults ages 19–64 reported not getting needed care from a specialist in the past year.

***In Missouri:***

- Almost 40 percent of adults ages 19–64 saw a specialist in the past year.
- 8 percent of adults ages 19–64 reported not getting needed care from a specialist.

### Types of Specialty Care Needed

Respondents who reported not getting needed specialty care were asked to describe the kind of specialist or care from a specialist they needed. Sample sizes for needed specialty areas were small, so the relative percentages are not reported. However, given the limited data on access barriers for specific specialties, following are the eight specialty areas most frequently reported.

In Kansas:

- Orthopedic
- Neurology
- Psychiatry
- Gastroenterology
- Endocrinology
- Ophthalmology
- Cardiology
- Dermatology

In Missouri:

- Orthopedic
- Neurology
- Cardiology
- Dermatology
- Psychiatry
- Gastroenterology
- Endocrinology
- Ophthalmology

### Respondents Who Could Not Get Needed Care at the Time of Interview

Among adults ages 19–64, 14 percent in Kansas and 16 percent in Missouri responded “yes” when asked:

*“Is there health care you need right now that you are not getting because you have no health insurance or because insurance will not pay for it?”*

The top eight categories of care described\*:

In Kansas:

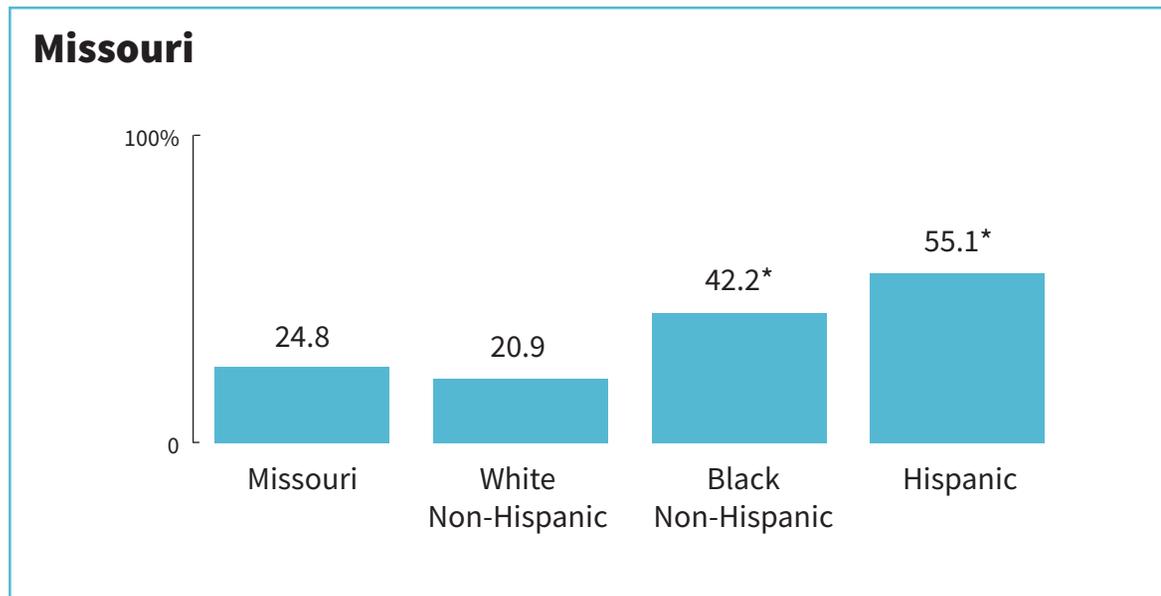
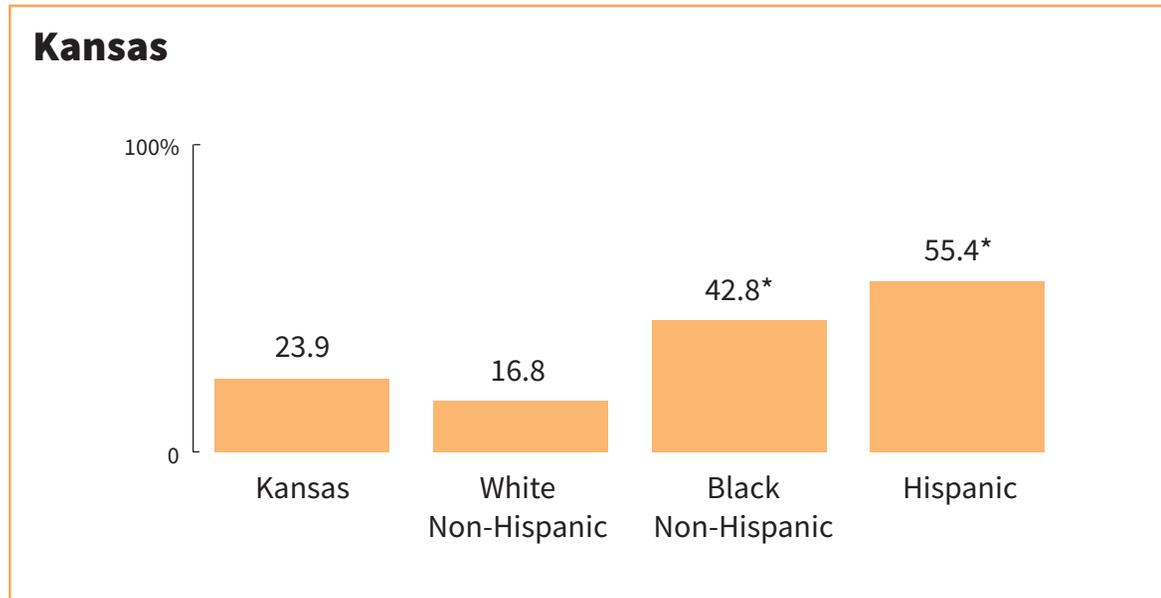
- Dental (25%)
- General medical (18%)
- Surgery (17%)
- Prescription medication (14%)
- Treatment for back, neck, knee, hip, other joints (13%)
- Routine/preventive care (12%)
- Vision care (11%)
- Care for chronic conditions (10%)

In Missouri:

- General medical (22%)
- Care for chronic conditions (20%)
- Prescription medicines (19%)
- Dental (12%)
- Routine/preventive care (12%)
- Treatment for back, neck, knee, hip, other joints (11%)
- Surgery (10%)
- Vision care (4%)

\* Individuals with a health need right now were asked to describe in their own words what kind of health care they need right now. Verbatim responses were classified into one or more categories of service or care. Sample sizes for individual categories were small, so the relative difference between types of care was not tested.

**Figure 17.** Percentage of Respondents Reporting Family Income is Below 138 Percent of Poverty, by Race/Ethnicity, Adults Ages 19–64



\* Difference from White Non-Hispanic is statistically significant at the p<.05 level.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

**Low-income Adults**

This section provides an overview of selected characteristics of low-income adults. Adults were defined as low-income if they reported family income in the last calendar year lower than 138 percent of the federal poverty guidelines.

- Among adults ages 19–64, roughly 25 percent in both states reported having family income below 138 percent of poverty.

**In Kansas:**

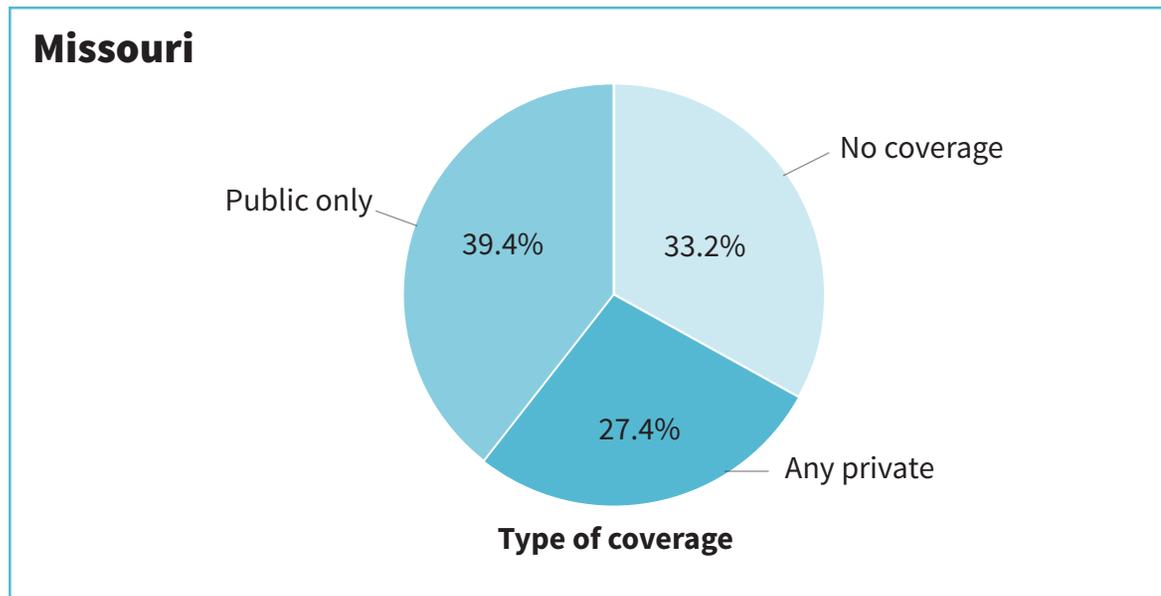
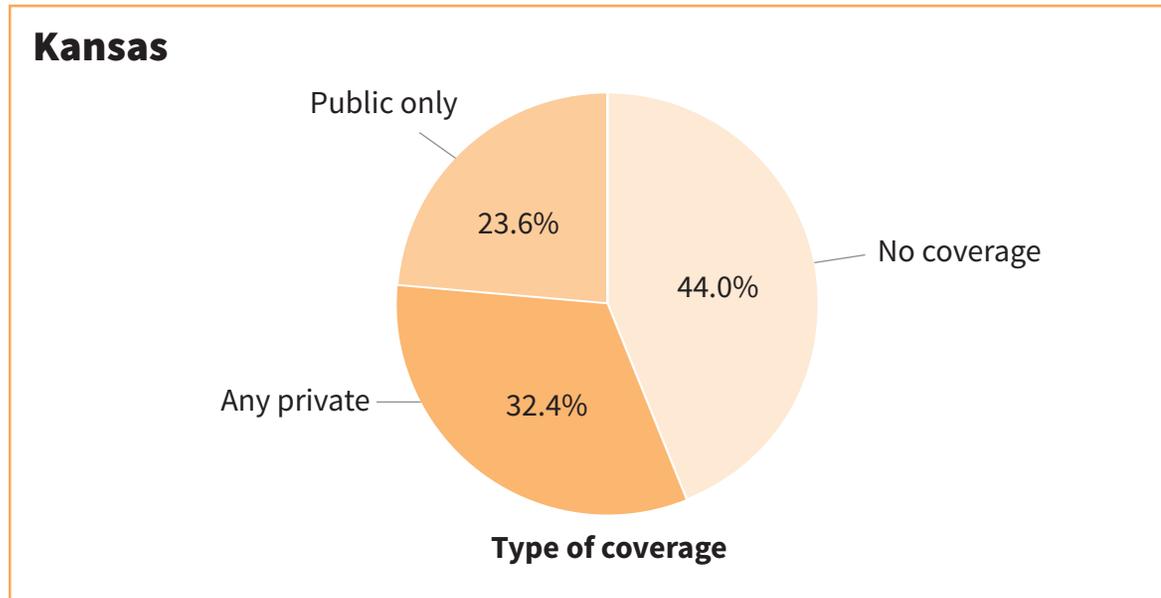
- 17 percent of white non-Hispanic, 43 percent of black non-Hispanic, and 55 percent of Hispanic residents reported family income below 138 percent of poverty.

**In Missouri:**

- 21 percent of white non-Hispanic, 42 percent of black non-Hispanic, and 55 percent of Hispanic residents reported family income below 138 percent of poverty.

This calculation is based on tax year 2016 and uses the number of family members in the household supported by that income to convert income to a percentage of the poverty level. For a family of four, the 138 percent of poverty threshold was \$33,534.

**Figure 18.** Source of Health Insurance Coverage, Adults Ages 19–64 With Income Below 138 Percent of Poverty



**Among adults ages 19–64 below 138 percent of poverty:**

- 44 percent in Kansas and 33 percent in Missouri lack health insurance coverage. These uninsured residents or respondents would benefit from expanded Medicaid eligibility through greater access to providers and services and lower out-of-pocket costs.
- 24 percent in Kansas and 39 percent in Missouri are covered by a public source of coverage: Medicaid, Medicare, and military and veterans’ insurance.
- 32 percent in Kansas and 27 percent in Missouri were covered through a private source, primarily an employer. Some of these families could drop this policy and enroll in Medicaid as a less expensive option. Because the privately insured often face out-of-pocket costs from deductibles and coinsurance, switching to Medicaid could reduce out-of-pocket costs among low-income families.
- Coverage from employers among low-income adults is relatively low: 29 percent in Kansas and 23 percent in Missouri. In contrast, among those with income over 400 percent of poverty, 80 percent in Kansas and 87 percent in Missouri were covered through an employer (data not shown).

Notes: Private insurance includes coverage through an employer, federal health exchange (healthcare.gov), or other private source. Public coverage includes Medicaid, Medicare, and military or veterans’ insurance.  
 Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017 – Jan. 2018, RTI International.

**Table 8.** Employment and Ability to Work, Adults Ages 19–64 With Income Below 138 Percent of Poverty

Adults ages 19–64	Kansas	Missouri
Adults ages 19–64 with income below 138 Percent of Poverty	100%	100%
<b>Employment</b>		
Employed full-time	30.4	29.2
Employed part-time (all)	30.6	21.4
Part-time, wants more hours	20.1	13.4
<b>Not working</b>	39.1	49.4
Looking for work	9.7	7.8
Disability prevents work	19.5	20.4
<b>Injury impacts ability to work</b>		
Injury impacts ability to work	22.0	26.0

Notes: "Injury impacts ability to work" is measured as the percentage of respondents answering "yes" to 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?"

"Disability prevents work" is measured as the percentage of respondents answering "yes" to the question "Do you have a disability that prevents you from accepting any kind of job during the next six months?" Only respondents not working at the time of interview were asked this question.

Source: Kansas and Missouri Consumer Health Access Survey, Sept. 2017– Jan. 2018, RTI International.

Table 8 describes the employment and ability to work among residents ages 19–64 with income below 138 percent of poverty.

***In Kansas:***

- 61 percent were working (30 percent full-time and 31 percent part-time).
- 30 percent were underemployed—they work part-time but want to work more hours or are unemployed and looking for work.
- 20 percent reported not working and a disability that prevents them from working for the next 6 months
- 22 percent reported an injury or accident prevents working at a job or limits the hours they can work.

***In Missouri:***

- 50 percent were working (29 percent full-time and 21 percent part-time) and 21 percent were underemployed.
- 20 percent reported not working and a disability that prevents work, and 26 percent reported an injury or accident prevents working at a job or limits the hours they can work.

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