

# **A Broad Look at Kansans' Recent Health Care Information Sources, Experiences, and Attitudes in Context of COVID-19: 2021 Survey Findings**



Conducted for

**Kansas Medical Society**

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**Mission:**  
**To Facilitate Effective Public Policy Decision-Making**

The staff of the Docking Institute of Public Affairs and its University Center for Survey Research are dedicated to serving the people of Kansas and surrounding states.

# **A Broad Look at Kansans' Recent Health Care Information Sources, Experiences, and Attitudes in Context of COVID-19: 2021 Survey Findings**

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## Executive Summary

The Kansas Medical Society commissioned Fort Hays State University's Docking Institute of Public Affairs to conduct a survey of adult Kansans broadly on the sources used for information about health, experiences with healthcare providers, and attitudes toward types of healthcare services and providers, all somewhat in the context of being almost two years into the COVID-19 pandemic. From a representative online panel survey of 607 adult Kansans conducted from November 2 – November 16, 2021, the Docking Institute finds:

### Trusted Sources of Information about Health and Protecting Health

- The majority of respondents (58%) indicate their most trusted source of information about health and how to protect it before the COVID-19 pandemic was their primary care physician or other personal physician.
- Regarding their second most trusted source of information about health and how to protect it before the pandemic, the single largest percentage (23%) of respondents identify nurse practitioners.
- Regarding their third most trusted source of information about health and how to protect it before the pandemic, 19% report friends and family, followed closely by local public health officials at about 16% and then by one's pharmacist at 14%.
- While physicians were the most trusted source among all age groups, trust of this source is lowest among those 18-34 years of age (47%) and trust of this source is higher with each sequentially older age category, with it being highest among those 65 and older (71%). In the 18 to 34 age group, friends or family, the U.S. federal government, and the WHO are other sources achieving low double-digit percentages.
- Two-thirds (65%) of respondents report that their most trusted source of information about health and how to protect it has not changed during the pandemic, while 35% report trusting certain sources more now than they did before the pandemic.
- Those in the 18 to 34 age group have the largest percentage (45%) indicating they trust certain sources more now, followed by the 35 to 49 age group at 39%. Slightly less than 25% of both the 50 to 64 and the 65 and older age groups report they trust certain sources more now.
- Metro county residents are slightly more likely (38%) to report trusting certain sources more now than pre-pandemic compared to nonmetro county residents at only 29%.
- Among the approximately one-third who trust certain sources about health information now than before the pandemic, the single largest percentage (27%) say they trust their physician more now, followed by 20% who indicate the WHO and 19% who indicate the U.S. federal government.

### Sources of Medical Care

- 67% of respondents indicate a physician is always used when they or a family member needs medical care, and another 23% indicate physicians are sometimes used. Only a combined 10% indicate that a physician is rarely (7%) or never (3%) used.

- As a distant second to physicians in terms of “always” using the source when medical care is needed, 22% indicate that a nurse practitioner is used, and another 57% indicate a nurse practitioner is sometimes used.
- 55% of those in the 18 to 34 age group report always relying on a physician and this percentage increases in order by each older age group category, at its highest level for the for the 65 and older group at 89%.
- About 47% of those in the 18 to 34 age group sometimes use a walk-in clinic and only 16% of this age group say the never do so. This is in contract to 31% of those in the 65 and older age group who sometimes use a walk-in clinic, while 25% of this age group say they never do so.
- The two younger age groups in the study tend to rely a bit more on use of an emergency room compared to the two oldest age groups, with 49% of the 18 to 34 age group and 44% of the 35 to 49 age group sometimes using the ER, compared to 35% of the 50 to 64 age group and 39% of the 65 and older age group.

#### Change in Access to Health Care

- About 43% indicate that COVID-19 has not affected their access to health care.
- About a third of the two youngest age groups, 18 to 34 and 35 to 49, indicate that their access has remained unaffected through the pandemic, while 48% of the 50 to 64 age group and 57% of the 65 and older age group say their access has remained unaffected.
- About 25% of respondents report that they found health care to be accessible but with more difficulty than normal.
- A slightly higher percentage of males (28%) than females (22%) report they could access health care services but it was more difficult.
- About 16% found health care to be more accessible, which is almost certainly related to increased use of telehealth (see below).
- About 22% ages 18 to 34 indicated it has been easier, and this declines by each age category, in order, to only 9% of those in the 65 and older age group.
- About 12% report that to reduce chance of exposure, they have not sought health care during the pandemic.
- Just under 10% of the respondents even indicate they have not sought care in order to reduce the burden on health care providers.

#### Telehealth Use and Attitudes

- A little under half (44%) of respondents have used telehealth services during the pandemic.
- Those ages 35 to 49 used telehealth at the highest rate (53%), with the both the 18 to 34 and the 50 to 64 age groups following at about 42%. Those ages 65 and older report the lowest rate (35%) of having used telehealth services during the pandemic.
- Of the 44% who have used telehealth services during the pandemic, 72% rate their experience as positive. About two-thirds of those rating it positive indicate they would welcome being able to use telehealth services even when otherwise able to visit their physician’s office in person (the respondent sharing this attitude are 48% of all respondents who used telehealth services during the pandemic). The other third selected *“Positive – but only because I could not visit my physician’s office in person.”* About 18% of all telehealth users are neutral on whether telehealth is better or not than in person visits. Only 10% of respondents rated their experience as negative.



- Of the 44% who have used telehealth services during the pandemic, about three-fourths indicate “yes” they are inclined to use telehealth services in the future, with 41% of these offering an unqualified “yes” response and the other 59% indicating they would use telehealth but would prefer in person visits. Almost 10% say they are inclined to use telehealth in the future but only if the technology is improved. Another 4% indicate “don’t know,” while only 12% offer an unqualified “no” inclination to use telehealth in the future.
- Those ages 35 to 49 and ages 50 to 64 are far more likely to offer an unqualified “yes,” at 38% and 42%, respectively. Those in the youngest age group of 18 to 34 have the highest percentage (18%) indicating their inclination to use telehealth in the future hinges on improvement of the technology used for the telehealth visit. And those in the 65 and older age group have the highest percentage (17%) indicating an unqualified “no” they are not inclined to use telehealth services in the future.

#### Attitude Toward Authorizing Mid-Level Providers to Practice Independently Absent an Emergency

- Attitude on the question, “Absent a public health emergency, such as another pandemic, should mid-level health care providers such as nurse practitioners be authorized to practice independently without oversight or supervision from physicians?” is divided. About 37% do not support it, 32% support it, and another 32% are unsure whether they support it.

#### Health Care Provider Preferences

- A majority (63%) of respondents indicate that it is “very important” to have physicians leading the health care team when it comes to diagnosing and treating a person or their family members. Another 31% feel it is “somewhat important.”
- The “very important” rating is highest for the 65 and older group at 87% and declines by age group in order down to 47% among those ages 18 to 24. In the 18 to 34 age group, the 47% rating it very important is slightly greater than the 44% of this age group rating it somewhat important.
- Almost 60% do not feel that non-physicians like nurse practitioners should be authorized to provide invasive procedures/treat complex health problems without oversight of physicians. Almost a quarter of respondents are unsure of what they prefer here, and 17% indicate that non-physicians like nurse practitioners should be able to provide such services without physician oversight.
- About 58% strongly prefer a physician and another 22% somewhat prefer a physician as the primary manager of their family’s health care.
- Strong preference for a physician is higher the older the age group at 77% in the 65 and older category and declines to a low of 43% (though, still a plurality) of the 18 to 34 age category.

#### Attitudes Regarding Marijuana Legalization

- 77% believe that Kansas lawmakers should allow marijuana to be prescribed to patients who have a qualifying diagnosis. Only 14% believe this should not be allowed in Kansas, and about 10% don’t know.

- 61% believe marijuana should be legally available to adults even without a prescription, and 29% believe it should not be available. With this item, too, about 10% responded with “don’t know.”
- Majorities of all age categories support legalizing unprescribed marijuana in Kansas, except for those in the 65 and older category. Support is highest with the youngest age category at 71% among those ages 18 to 34 and declines in order to 43% among those in the 65 and older age group.
- While majorities in both metro and nonmetro counties support legalizing unprescribed marijuana in Kansas, about 64% of those in metro counties are supportive compared to 53% in nonmetro counties.

## Methods

The Kansas Medical Society (KMS) commissioned Fort Hays State University's Docking Institute of Public Affairs (Institute) to conduct a survey of adult Kansans broadly on the sources used for information about health, experiences with healthcare providers, and attitudes toward types of healthcare services and providers, all somewhat in the context of being almost two years into the COVID-19 pandemic. The Institute collaborated with KMS to develop a survey questionnaire necessary to meet the information objectives. The final questionnaire is provided as Appendix 2. The Institute fielded the online questionnaire using Qualtrics Survey Platform, an industry-standard. Additionally, the Institute contracted with QualtricsXM to purchase access to online survey panels, maintained in combination with its partner vendors. QualtricsXM and its panel provider partners build and maintain panels on an ongoing basis that mirror the demographic characteristics of populations. Moreover, when conducting a statewide survey of Kansans the Institute has QualtricsXM pursue quotas by gender, age, and residing in metro versus nonmetro counties in order to further ensure a representative set of Kansas adults. QualtricsXM distributed the online questionnaire to a representative panel of Kansas residents from November 2 to November 16, 2021. A total of 607 completions were obtained after a minimum of 600 were targeted.

Appendix 1 provides comparisons of the adult Kansas population and the final panel respondents on gender, age categories, and metro county status. The final set of panel respondents is within 5% of the Kansas adult population on the distribution of gender and metro county residential status. Analyzing age by mostly 5-year bands of the panel compared to the Kansas adult population finds that generally those in the older age categories are under-represented in the panel, primarily those 85 and older. Thus, the Institute weighted cases to increase the statistical presence of those age categories somewhat underrepresented in the panel and to decrease the age categories somewhat overrepresented in the final panel. After examining response distributions on all topical survey questions, differences between weighted and non weighted distributions were negligible (all 3% and less). Thus, the analyses contained throughout this report are not weighted.

This report provides results for the entire set of respondents on all topical questions included in the study. It also provides results by gender, age, or residing in a metro versus nonmetro county when those demographic characteristics of respondents are associated with the topical questions. As a rule of thumb for these analyses, differences are considered substantive if the association achieves statistical significance at the 0.05 level, the pertinent coefficient of association has a magnitude of at least 0.05 and the percentage difference in a row of the crosstable is at least 5%. Note that in all crosstables percentages are within column.

## Trusted Sources of Information about Health and Protecting Health

Figure 1 graphs the first health related question put to respondents. When asked to choose from the list of sources shown in the figure, the majority of respondents (58%) indicate their most trusted source of information about health and how to protect it before the COVID-19 pandemic was their primary care physician or other personal physician. “U.S. federal government officials, such as the CDC” is the only other source reaching double digit percentages (11%) who indicate it was their most trusted source before the pandemic.

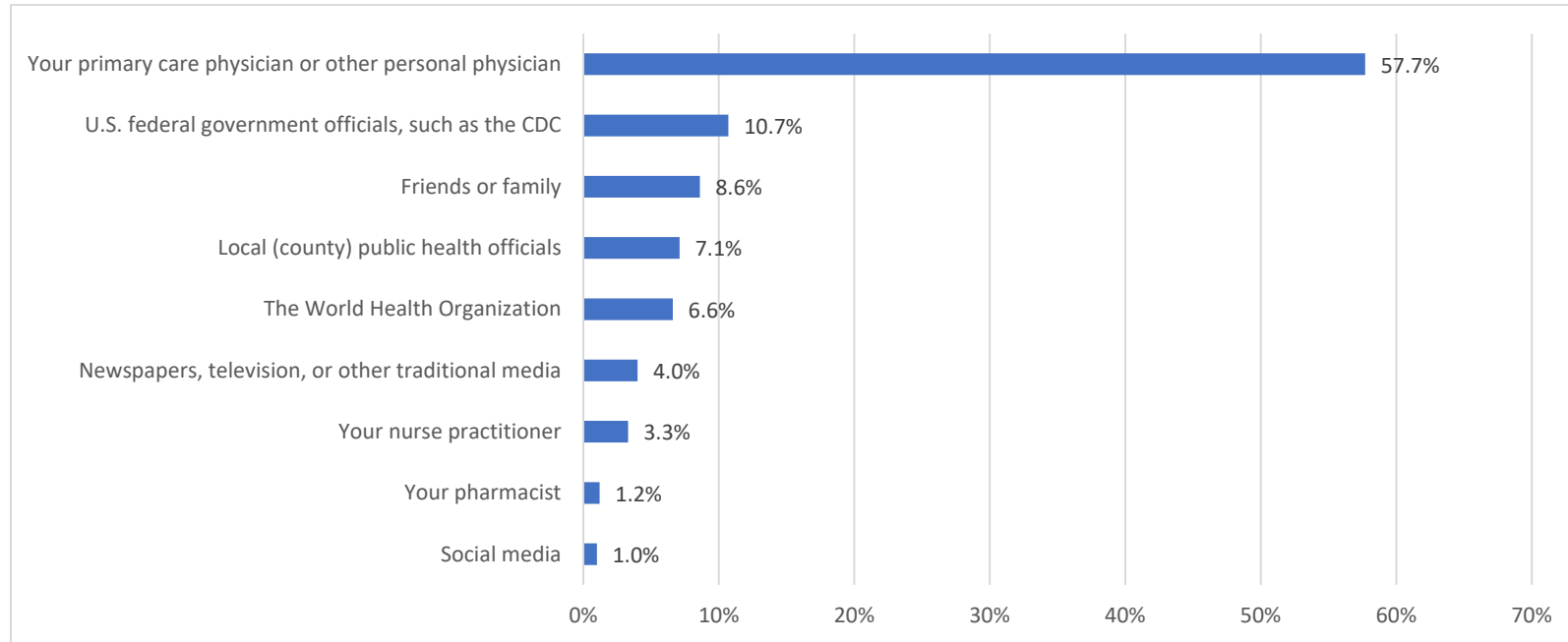


Figure 1. Most Trusted Health Information Source Before Pandemic

After reporting their most trusted source prior to the pandemic, respondents were asked to offer their second most trusted and their third most trusted sources. Figure 2 shows that the single largest percentage (23%) of respondents identify nurse practitioners to be their second most trusted source prior to the pandemic. Compared to response about the most trusted source shown above in Figure 1, trust is less concentrated in the leading source. Fifteen percent indicate their second most trusted source prior to the pandemic was local public health officials, and this is followed closely by friends or family at 14%.

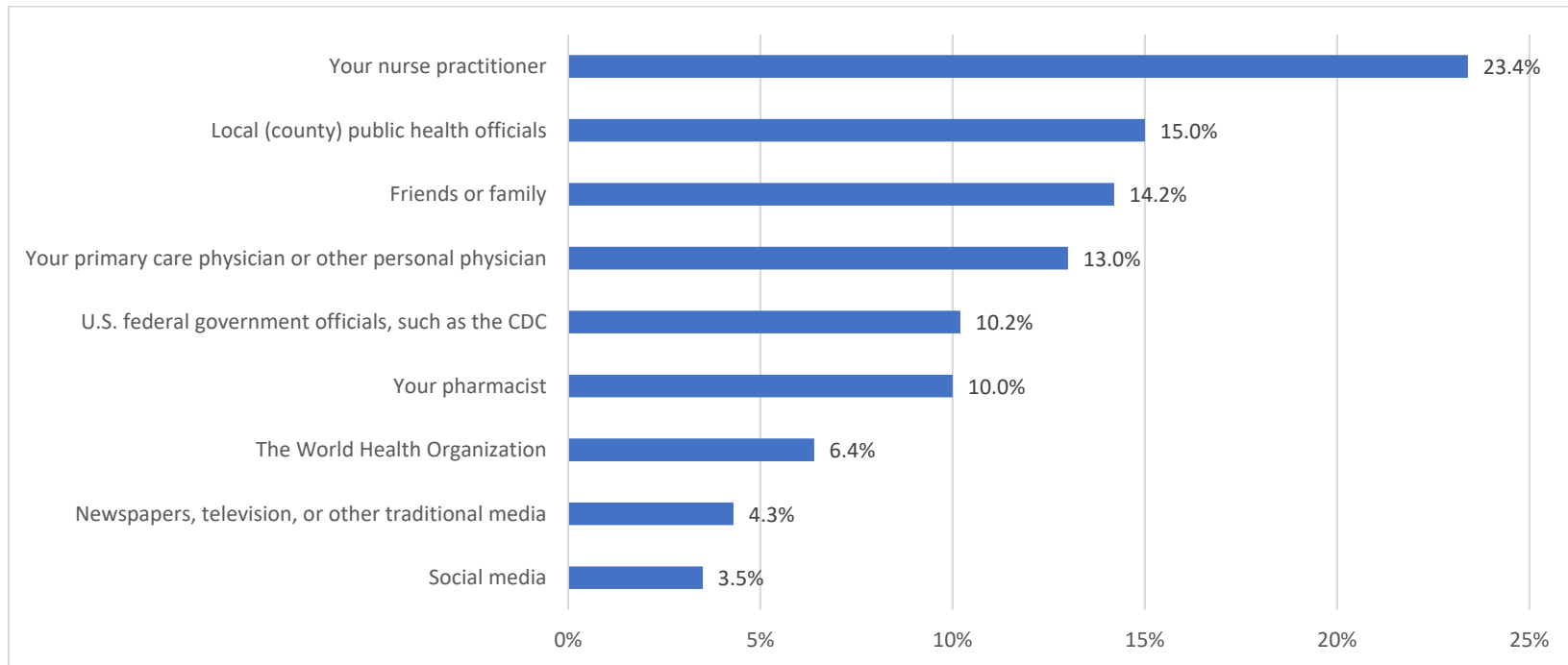


Figure 2. Second Most Trusted Health Information Source Before Pandemic

And turning to the third most trusted source, Figure 3 shows there to be much less concentration in trust compared to most trusted source (Figure 1) and somewhat less concentration than with the second most trusted source (Figure 2). Nineteen percent say their third most trusted source of information about health and protecting it prior to the pandemic was friends and family, followed fairly closely by local public health officials at about 16% and then by one's pharmacist at 14%.

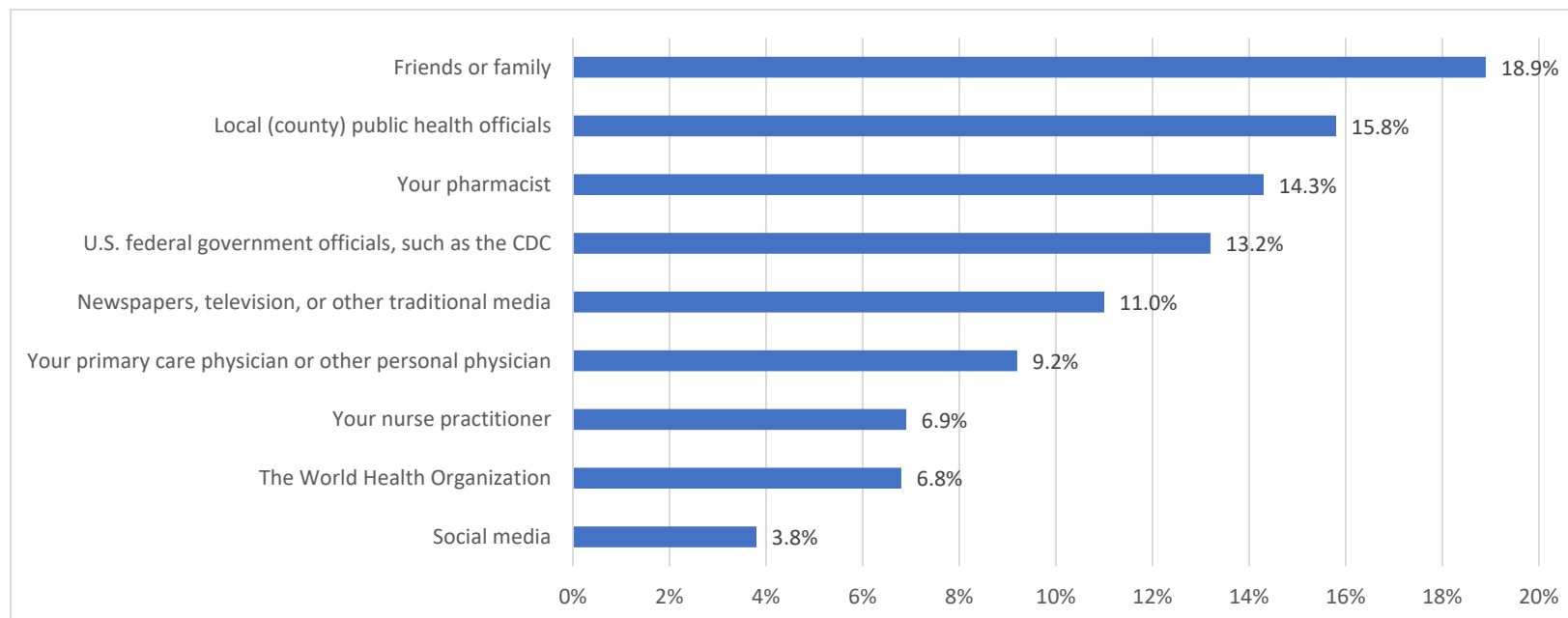


Figure 3. Third Most Trusted Health Information Source Before Pandemic

Additional analyses considered whether gender, age, or residing in a metro versus nonmetro county is associated with trusted sources of information about health and how to protect it prior to the pandemic. Cramer’s V coefficient was used to test for a statistically significant and substantive difference in trust by these respondent characteristics. As a rule of thumb for these analyses, differences are considered substantive if the association achieves statistical significance, the Cramer’s V association has a magnitude of at least 0.05, and the percentage difference in a row of the table is at least 5%. Where at least slight, substantive associations exist, crosstabular results tables are provided. Table 1 shows that while physicians were the most trusted source among all age groups, trust of this source is lowest among those 18-34 years of age (47%) and trust of this source is higher with each sequentially older age category, with it being highest among those 65 and older (71%). In the 18 to 34 age group, friends or family, the U.S. federal government, and the WHO are sources achieving low double-digit percentages (Cramer’s V=.20).

Table 1. Most Trusted Health Information Source Before the Pandemic by Age Category

**Crosstab**

		AgeCat				Total	
		18 to 34	35 to 49	50 to 64	65 and older		
Q11 Most Trusted Health Information Source Before the Pandemic	The World Health Organization	Count	23	8	4	4	39
		% within AgeCat	11.5%	4.5%	3.3%	4.0%	6.5%
	U.S. federal government officials, such as the CDC	Count	23	18	18	4	63
		% within AgeCat	11.5%	10.2%	15.0%	4.0%	10.6%
	Local (county) public health officials	Count	15	16	4	7	42
		% within AgeCat	7.5%	9.1%	3.3%	6.9%	7.0%
	Your primary care physician or other personal physician	Count	94	102	78	72	346
		% within AgeCat	47.0%	58.0%	65.0%	71.3%	58.0%
	Your nurse practitioner	Count	3	12	3	1	19
		% within AgeCat	1.5%	6.8%	2.5%	1.0%	3.2%
	Your pharmacist	Count	4	3	0	0	7
		% within AgeCat	2.0%	1.7%	0.0%	0.0%	1.2%
	Friends or family	Count	27	15	3	6	51
		% within AgeCat	13.5%	8.5%	2.5%	5.9%	8.5%
	Social media	Count	4	1	1	0	6
		% within AgeCat	2.0%	0.6%	0.8%	0.0%	1.0%
	Newspapers, television, or other traditional media	Count	7	1	9	7	24
		% within AgeCat	3.5%	0.6%	7.5%	6.9%	4.0%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 2 shows that pluralities of all age groups mention nurse practitioners as their second most trusted information source before the pandemic. A higher percentage (31%) of those 65 and older mention nurse practitioners when compared to the younger three age groups (ranging from 21% to 23%), and those ages 18 to 34 mention friends or family as their second most trusted source prior to the pandemic at noticeably higher rate (20%) than the older three age groups (ranging from 10% to 13%) (Cramer’s V=.16).

Table 2. Second Most Trusted Health Information Source Before Pandemic by Age Category

		Crosstab					Total
		AgeCat					
			18 to 34	35 to 49	50 to 64	65 and older	
Q12 Second Most Trusted Health Information Source Before the Pandemic	The World Health Organization	Count	20	9	8	1	38
		% within AgeCat	10.0%	5.1%	6.7%	1.0%	6.4%
	U.S. federal government officials, such as the CDC	Count	24	17	11	9	61
		% within AgeCat	12.0%	9.7%	9.2%	8.9%	10.2%
	Local (county) public health officials	Count	20	35	19	17	91
		% within AgeCat	10.0%	19.9%	15.8%	16.8%	15.2%
	Your primary care physician or other personal physician	Count	21	30	16	11	78
		% within AgeCat	10.5%	17.0%	13.3%	10.9%	13.1%
	Your nurse practitioner	Count	46	36	27	31	140
		% within AgeCat	23.0%	20.5%	22.5%	30.7%	23.5%
	Your pharmacist	Count	12	21	14	13	60
		% within AgeCat	6.0%	11.9%	11.7%	12.9%	10.1%
	Friends or family	Count	40	17	15	11	83
		% within AgeCat	20.0%	9.7%	12.5%	10.9%	13.9%
	Social media	Count	11	4	2	4	21
		% within AgeCat	5.5%	2.3%	1.7%	4.0%	3.5%
	Newspapers, television, or other traditional media	Count	6	7	8	4	25
		% within AgeCat	3.0%	4.0%	6.7%	4.0%	4.2%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	



After reporting their most trusted, second most trusted, and third most trusted pre-pandemic sources of information, respondents were asked, “Has the rapidly changing circumstances during the COVID-19 pandemic affected your trusted sources of information about your health and how to protect it?” Figure 4 shows two-thirds reporting that they continue to trust the same sources as before the pandemic, and the other third indicating they trust certain sources more than before the pandemic.

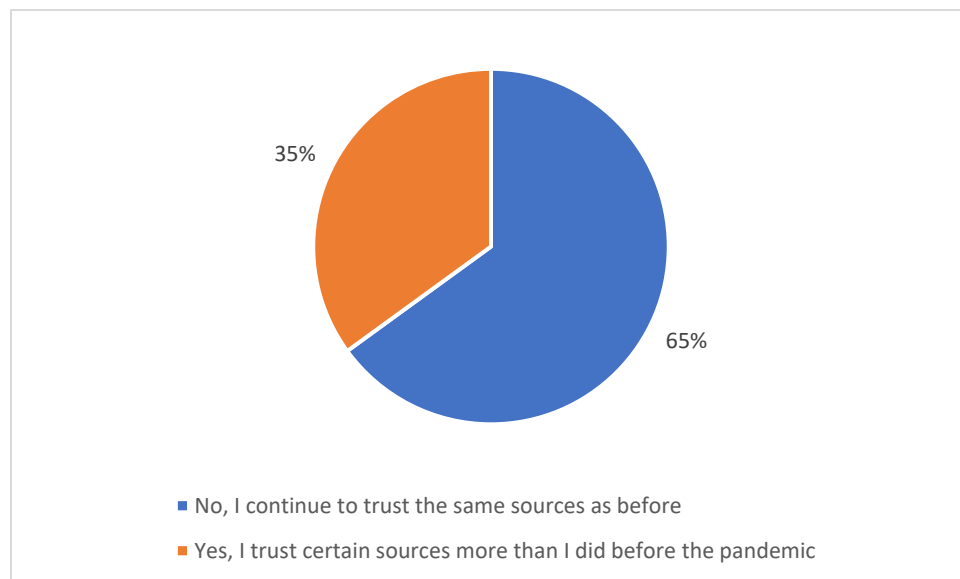


Figure 4. Pandemic Effect on Trust in Health Information Sources

The pandemic’s effect on trust in health information sources did not differ by gender, but notably higher percentages of younger age adults report they trust certain sources more now than before the pandemic compared to older adults, as shown in Table 3. Those in the 18 to 34 age group have the largest percentage (45%) indicating they trust certain sources more now, followed by the 35 to 49 age group at 39%. Slightly less than 25% of both the 50 to 64 and the 65 and older age groups report they trust certain sources more now (Cramer’s  $V=.20$ ).

Table 4 shows there that metro county residents are slightly more likely (38%) to report trusting certain sources more now than pre-pandemic compared to nonmetro county residents at only 29% (Cramer’s  $V=.086$ ).

Table 3. Pandemic Effect on Trust in Health Information Sources by Age Categories

**Q14 Pandemic Effect on Trust in Health Information Sources \* AgeCat Crosstabulation**

			AgeCat				Total
			18 to 34	35 to 49	50 to 64	65 and older	
Q14 Pandemic Effect on Trust in Health Information Sources	No, I continue to trust the same sources as before	Count	110	107	92	77	386
		% within AgeCat	55.0%	60.8%	76.7%	76.2%	64.7%
	Yes, I trust certain sources more than I did before the pandemic	Count	90	69	28	24	211
		% within AgeCat	45.0%	39.2%	23.3%	23.8%	35.3%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 4. Pandemic Effect on Trust in Health Information Sources by Metro County Status

**Q14 Pandemic Effect on Trust in Health Information Sources \* MetroStatus Crosstabulation**

			MetroStatus		Total
			Metro Counties	Non Metro Counties	
Q14 Pandemic Effect on Trust in Health Information Sources	No, I continue to trust the same sources as before	Count	263	125	388
		% within MetroStatus	62.0%	71.0%	64.7%
	Yes, I trust certain sources more than I did before the pandemic	Count	161	51	212
		% within MetroStatus	38.0%	29.0%	35.3%
Total	Count	424	176	600	
	% within MetroStatus	100.0%	100.0%	100.0%	

The 35% of all respondents who indicate they trust certain sources of health information more now than before the pandemic were asked this follow up question, “If you trust certain sources more now than before the pandemic, what do you now consider the most trusted source for information about your health and how to protect it?” Figure 5 shows that the single largest percentage (27%) say they trust their physician more now, followed by 20% who indicate the WHO and 19% who indicate the U.S. federal government.

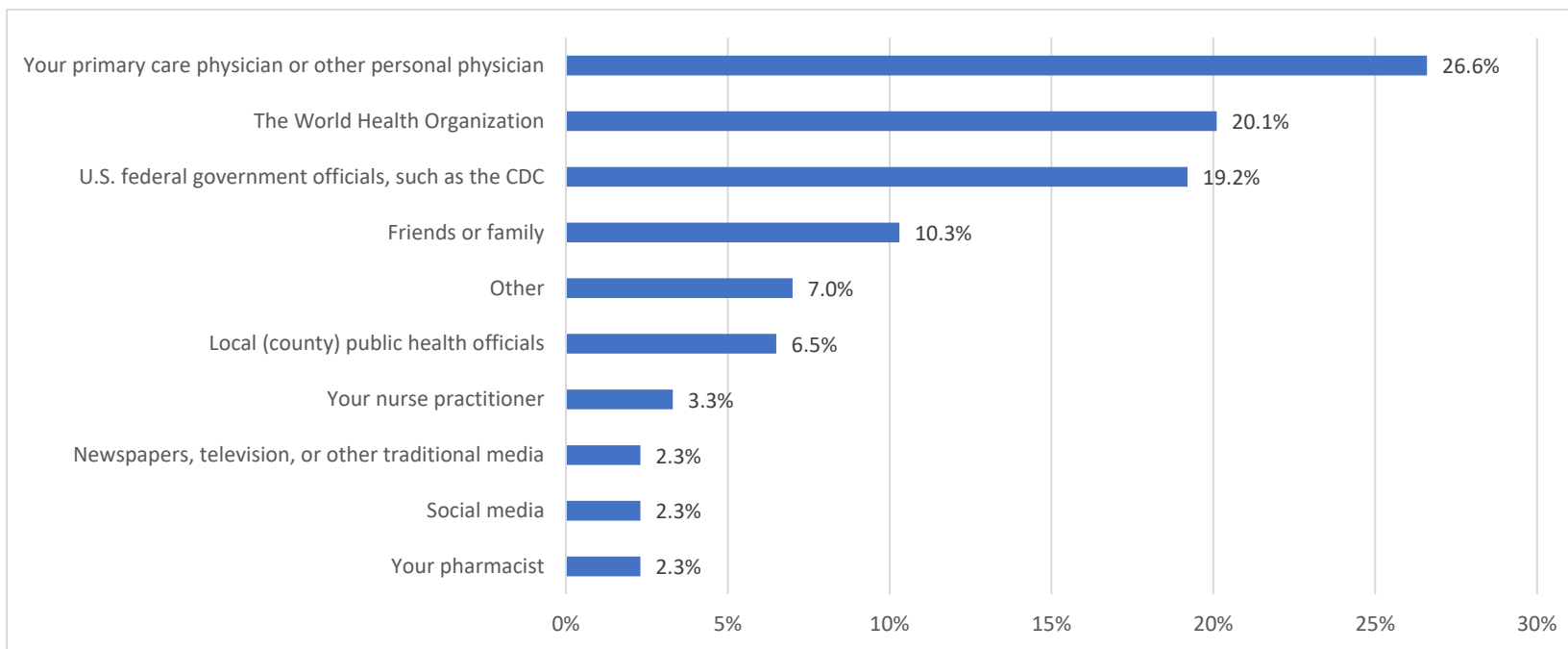


Figure 5. Current Most Trusted Health Information Source Among the One-Third Who Indicate Trusting Certain Sources More Now Than Pre-Pandemic

## Sources of Medical Care

Respondents were next asked about their and their family’s frequency in using certain sources of care when medical care is needed. Eight possible sources were offered, and respondents were asked, “If you or a family member needs medical care, including diagnosis and treatment, who do you tend to rely upon?” Two-thirds of respondents indicate a physician is always used when they or a family member needs medical care, and another 23% indicate physicians are sometimes used. Further, only a combined 10% indicate that a physician is rarely (7%) or never (3%) used. As a distant second to physicians in terms of “always” using the source when medical care is needed, 22% indicate that a nurse practitioner is used, and another 57% indicate a nurse practitioner is sometimes used. Homeopathy is the least relied upon source of the eight possible sources.

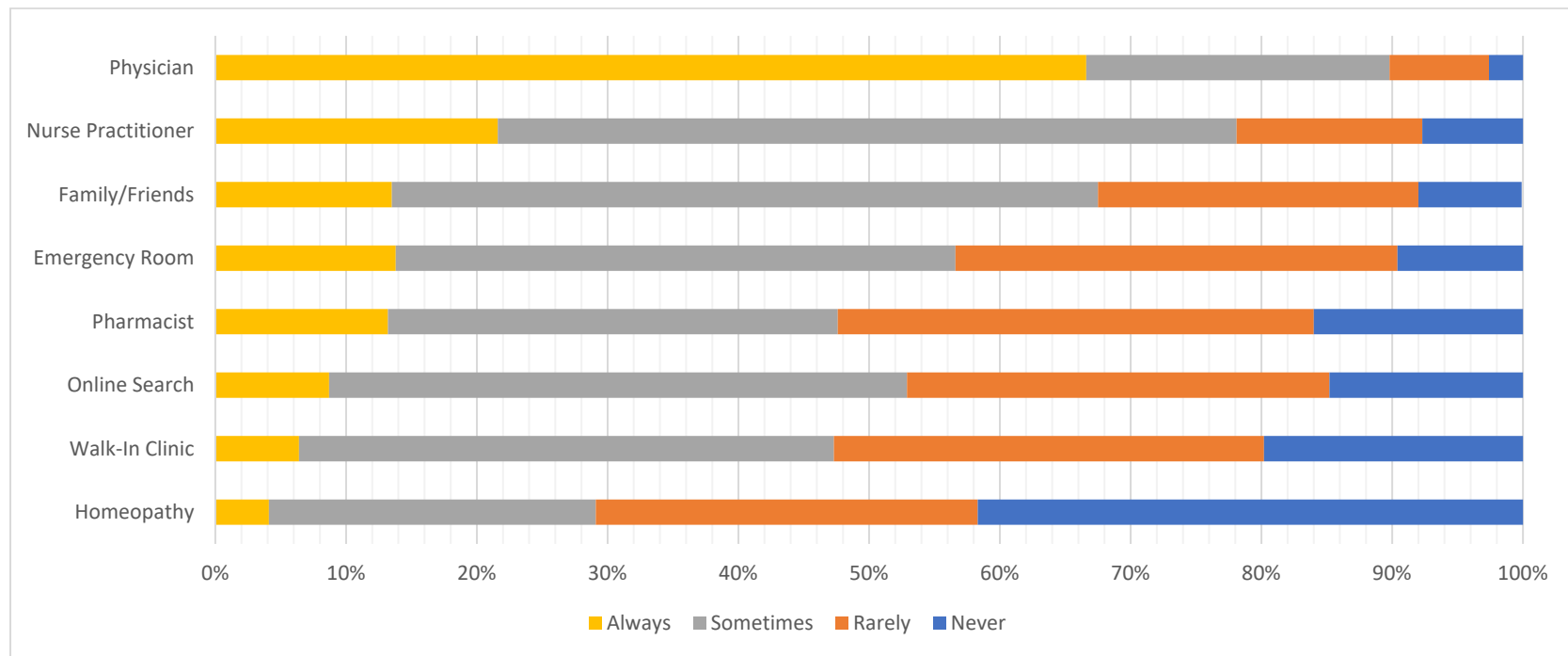


Figure 6. Frequency in Relying on Certain Sources of Medical Care

Additional analyses considered whether gender, age, or residing in a metro versus nonmetro county is associated with trusted sources of information about health and how to protect it prior to the pandemic. As a rule of thumb for these analyses, differences are considered substantive if the association achieves statistical significance at the 0.05 level, the Gamma association has a magnitude of at least 0.05, and the

percentage difference in a row of the table is at least 5%. Where at least slight, substantive associations exist, crosstabular results tables are provided.

Table 5 shows that 55% of those in the 18 to 34 age group report always relying on a physician and this percentage increases in order by each older age group category, at its highest level for the for the 65 and older group at 89% (Gamma=.35).

Table 5. Frequency of Relying on Physician for Medical Care by Age Category

**Q16\_1 Relies on Physician for Medical Care \* AgeCat Crosstabulation**

			AgeCat				
			18 to 34	35 to 49	50 to 64	65 and older	Total
Q16_1 Relies on Physician for Medical Care	Never	Count	6	6	3	0	15
		% within AgeCat	3.0%	3.4%	2.5%	0.0%	2.5%
	Rarely	Count	25	13	7	1	46
		% within AgeCat	12.5%	7.4%	5.8%	1.0%	7.7%
	Sometimes	Count	59	43	26	10	138
		% within AgeCat	29.5%	24.4%	21.7%	9.9%	23.1%
	Always	Count	110	114	84	90	398
		% within AgeCat	55.0%	64.8%	70.0%	89.1%	66.7%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 6 shows that use of a walk-in clinic is higher the younger the age group (Gamma= -.10). About 47% of those in the 18 to 34 age group sometimes use a walk-in clinic and only 16% of this age group say the never do so. This is in contract to 31% of those in the 65 and older age group who sometimes use a walk-in clinic, while 25% of this age group say they never do so.

Table 6. Frequency of Relying on a Walk-In Clinic for Medical Care by Age Category

**Q16\_4 Relies on Walk-in Clinic for Medical Care \* AgeCat Crosstabulation**

		AgeCat					
		18 to 34	35 to 49	50 to 64	65 and older	Total	
Q16_4 Relies on Walk-in Clinic for Medical Care	Never	Count	31	31	30	25	117
		% within AgeCat	15.5%	17.6%	25.0%	24.8%	19.6%
	Rarely	Count	56	65	36	40	197
		% within AgeCat	28.0%	36.9%	30.0%	39.6%	33.0%
	Sometimes	Count	94	72	48	31	245
		% within AgeCat	47.0%	40.9%	40.0%	30.7%	41.0%
	Always	Count	19	8	6	5	38
		% within AgeCat	9.5%	4.5%	5.0%	5.0%	6.4%
	Total	Count	200	176	120	101	597
		% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%

Table 7 shows that the two younger age groups tend to rely a bit more on use of an emergency room compared to the two oldest age groups, with 49% of the 18 to 34 age group and 44% of the 35 to 49 age group sometimes using the ER, compared to 35% of the 50 to 64 age group and 39% of the 65 and older age group (Gamma= -.09).

Table 7. Frequency of Relying on an Emergency Room for Medical Care by Age Category

**Q16\_5 Relies on Emergency Room for Medical Care \* AgeCat Crosstabulation**

			AgeCat				
			18 to 34	35 to 49	50 to 64	65 and older	Total
Q16_5 Relies on Emergency Room for Medical Care	Never	Count	19	12	17	9	57
		% within AgeCat	9.5%	6.8%	14.2%	8.9%	9.5%
	Rarely	Count	52	69	46	35	202
		% within AgeCat	26.0%	39.2%	38.3%	34.7%	33.8%
	Sometimes	Count	98	77	42	39	256
		% within AgeCat	49.0%	43.8%	35.0%	38.6%	42.9%
	Always	Count	31	18	15	18	82
		% within AgeCat	15.5%	10.2%	12.5%	17.8%	13.7%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 8 shows that the oldest age group tends to rely far less on using homeopathy compared to the other age groups, with 60% of the 65 and older age group never using homeopathy, compared to about a third of the other three age groups indicating they never use homeopathy (Gamma= -.19).

Table 8. Frequency of Relying on Homeopathy for Medical Care by Age Category

**Q16\_6 Relies on Homeopathic Sources for Medical Care \* AgeCat Crosstabulation**

		AgeCat					
		18 to 34	35 to 49	50 to 64	65 and older	Total	
Q16_6 Relies on Homeopathic Sources for Medical Care	Never	Count	74	67	47	61	249
		% within AgeCat	37.0%	38.1%	39.2%	60.4%	41.7%
	Rarely	Count	55	53	40	27	175
		% within AgeCat	27.5%	30.1%	33.3%	26.7%	29.3%
	Sometimes	Count	62	46	28	13	149
		% within AgeCat	31.0%	26.1%	23.3%	12.9%	25.0%
Always	Count	9	10	5	0	24	
	% within AgeCat	4.5%	5.7%	4.2%	0.0%	4.0%	
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	



## Change in Access to Health Care

COVID-19 may have posed several issues in seeking and accessing health care. The survey asked respondents, “During the COVID-19 pandemic, how has your access to health care been affected?”, and respondents were to select any of eight possible dispositions on seeking/accessing services that may have applied to them. About 43% indicate that COVID-19 has not affected their access to health care. Importantly, this answer disposition was placed as the final item in the “select all that apply” list (see Appendix 2), maximizing the potential for respondents to give consideration to every other disposition in the list before indicating that their access to health care has not been affected. One-fourth of respondents report that they found health care to be accessible but with more difficulty than normal. About 16% actually found health care to be more accessible, and the next section of this report on use of telehealth during this time may have bearing on this sentiment. About 12% report that to reduce chance of exposure, they have not sought health care during the pandemic. With now 20 months or so of media coverage about the extra burden on health care providers during the pandemic, many Americans and Kansans are concerned about this, and just under 10% of the respondents even indicate they have not sought care in order to reduce the burden on health care providers.

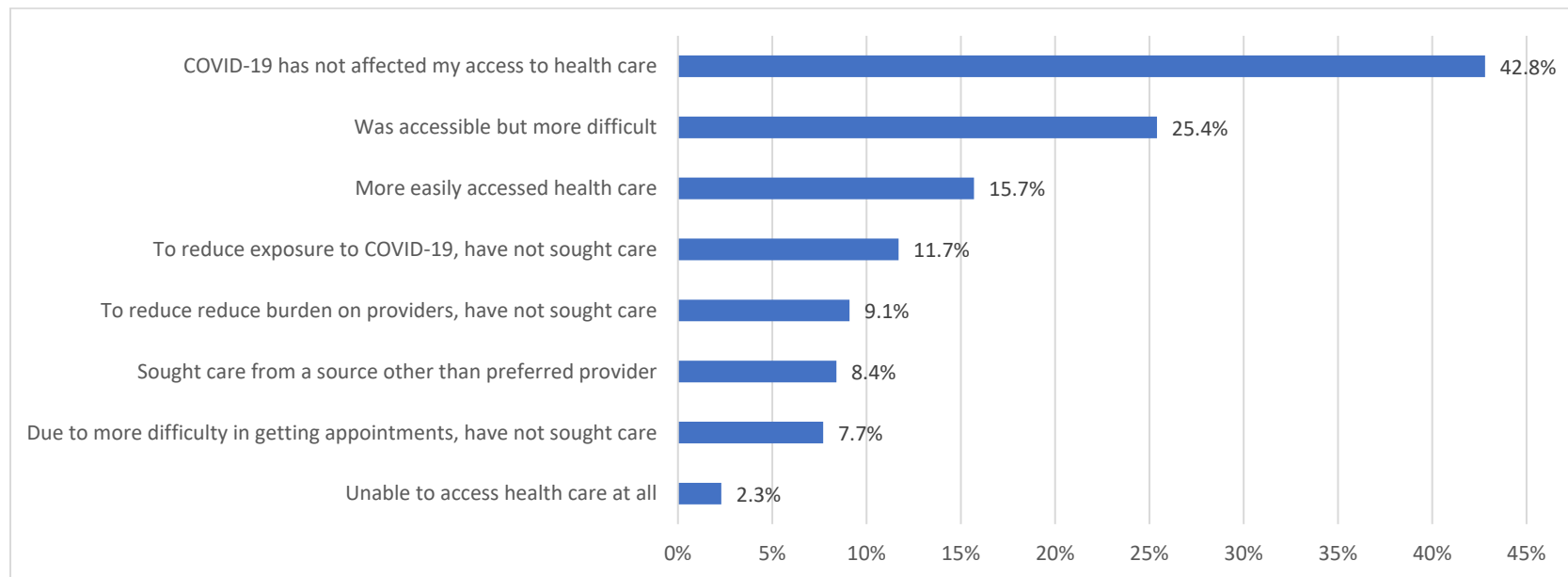


Figure 7. Ways COVID-19 Affected Seeking/Accessing Health Care (select all that apply; thus, response does not total to 100%)

Table 9 shows that only about a third of the two youngest age groups, 18 to 34 and 35 to 49, indicate that their access has remained unaffected through the pandemic, while 48% of the 50 to 64 age group and 57% of the 65 and older age group say their access has remained unaffected (Cramer’s V= .16).

Table 9. Access to Health Care as Remained Unaffected During COVID-19 by Age Category

**Q17\_8Recode Pandemic-related Change in Care - Unaffected \* AgeCat Crosstabulation**

			AgeCat				
			18 to 34	35 to 49	50 to 64	65 and older	Total
Q17_8Recode Pandemic-related Change in Care - Unaffected	Yes	Count	74	66	58	58	256
		% within AgeCat	37.0%	37.5%	48.3%	57.4%	42.9%
	No	Count	126	110	62	43	341
		% within AgeCat	63.0%	62.5%	51.7%	42.6%	57.1%
Total		Count	200	176	120	101	597
		% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%

Table 10 shows that a slightly higher percentage of males (28%) than females (22%) report they could access health care services but it was more difficult (Cramer’s V=.12).

Table 10. Health Care Still Accessible but More Difficult During COVID-19 by Gender

**Q17\_2Recode Pandemic-related Change in Care - Accessible, but More Difficult \* Q6 Gender Crosstabulation**

			Q6 Gender			
			Male	Female	Gender- fluid/transgen- der	Total
Q17_2Recode Pandemic-related Change in Care - Accessible, but More Difficult	Yes	Count	86	66	2	154
		% within Q6 Gender	28.4%	21.9%	100.0%	25.4%
	No	Count	217	236	0	453
		% within Q6 Gender	71.6%	78.1%	0.0%	74.6%
Total		Count	303	302	2	607
		% within Q6 Gender	100.0%	100.0%	100.0%	100.0%

Table 11 shows that those 18 to 34 are more likely to report experiencing easier access to health care during the pandemic. About 22% ages 18 to 34 indicated it has been easier, and this declines by each age category, in order, to only 9% of those in the 65 and older age group (Cramer’s V=.13).

Table 11. Health Care Has Been Easier to Access During COVID-19 by Age Category

**Q17\_1Recode Pandemic-related Change in Care - Easier Access \* AgeCat Crosstabulation**

			AgeCat				
			18 to 34	35 to 49	50 to 64	65 and older	Total
Q17_1Recode Pandemic-related Change in Care - Easier Access	Yes	Count	43	25	16	9	93
		% within AgeCat	21.5%	14.2%	13.3%	8.9%	15.6%
	No	Count	157	151	104	92	504
		% within AgeCat	78.5%	85.8%	86.7%	91.1%	84.4%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	

## Telehealth Use and Attitudes

All respondents were asked, “During the COVID-19 pandemic, more Kansans accessed telehealth services delivered by phone call or by video conference (such as Zoom). Did you utilize telehealth services during the pandemic emergency?” A little less than half (44%) have used telehealth services during the pandemic, as shown in Figure 8.

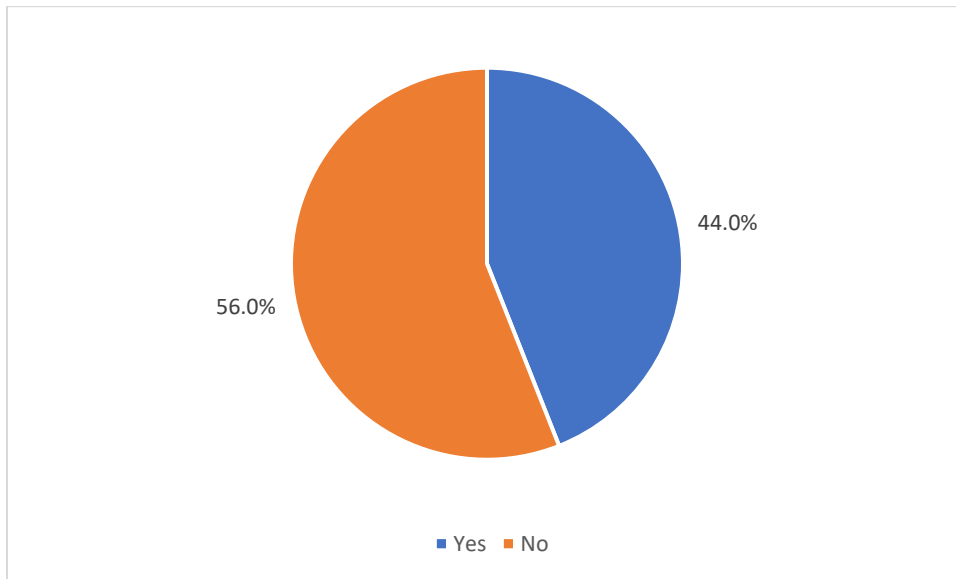


Figure 8. Used Telehealth Services During COVID-19 Pandemic

Table 12 shows notable differences in use of telehealth services during the pandemic by age group (Cramer’s V=.13). Those ages 35 to 49 used telehealth at the highest rate (53%), with the both the 18 to 34 and the 50 to 64 age groups following at about 42%. Those ages 65 and older report the lowest rate (35%) of having used telehealth services during the pandemic.

Table 12. Used Telehealth Services During the COVID-19 Pandemic by Age Category

**Q18 Utilized Telehealth Services During Pandemic \* AgeCat Crosstabulation**

		AgeCat					
			18 to 34	35 to 49	50 to 64	65 and older	Total
Q18 Utilized Telehealth Services During Pandemic	Yes	Count	85	94	50	35	264
		% within AgeCat	42.5%	53.4%	41.7%	34.7%	44.2%
	No	Count	115	82	70	66	333
		% within AgeCat	57.5%	46.6%	58.3%	65.3%	55.8%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	

The 44% of all respondents who indicate they used telehealth services during the pandemic were asked this follow up question, “You indicated using telehealth services during the pandemic emergency. How would you rate your experience with telehealth services?” A solid majority of those using telehealth services during the pandemic rate their experience as positive (72%) as shown in Figure 9. Note that two conditional positive response options were offered to respondents. About two-thirds of those rating it positive indicate they would welcome being able to use telehealth services even when otherwise able to visit their physician’s office in person (the respondent sharing this attitude are 48% of all respondents who used telehealth services during the pandemic). The other third selected “Positive – but only because I could not visit my physician’s office in person.” Thus, for these respondents (24% of all telehealth users during the pandemic) their positive experience with telehealth services during the pandemic does not translate into a desire for ongoing telehealth services. About 18% of all telehealth users are neutral on whether telehealth is better or not than in person visits. Only 10% of respondents rated their experience as negative.

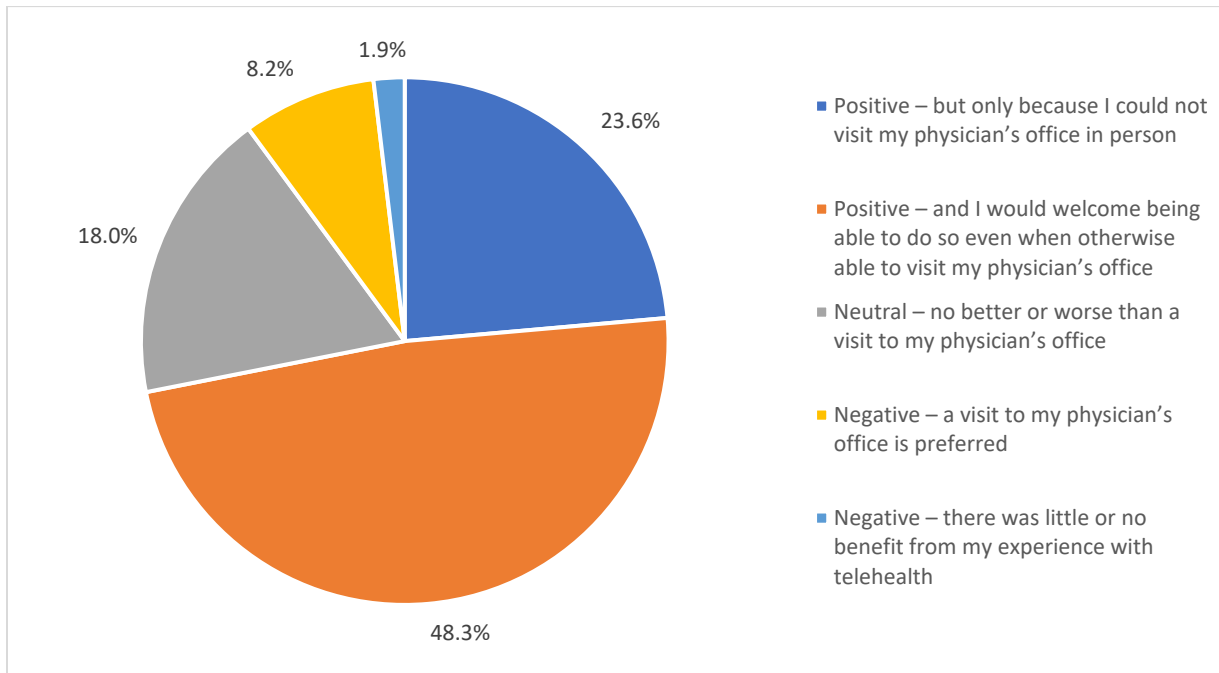


Figure 9. Rating Telehealth Experience (among the 44% overall who used telehealth during pandemic)

A second follow up item more explicitly about anticipated future use was asked of the 44% who indicated using telehealth services. It too was designed to measure conditional disposition and the question read, “*You indicated using telehealth services during the pandemic emergency. Are you inclined to access health care through telehealth technologies in the future?*” Figure 10 shows response to this question, and note that two conditional “yes” response options were offered to respondents. About three-fourths indicate “yes” they are inclined to use telehealth services in the future, with 41% of these offering an unqualified “yes” response and the other 59% indicating they would use telehealth but would prefer in person visits. Of all those who used telehealth during the pandemic, almost 10% say they are inclined to use telehealth in the future but only if the technology is improved. Another 4% indicate “don’t know,” while only 12% offer an unqualified “no” inclination to use telehealth in the future.

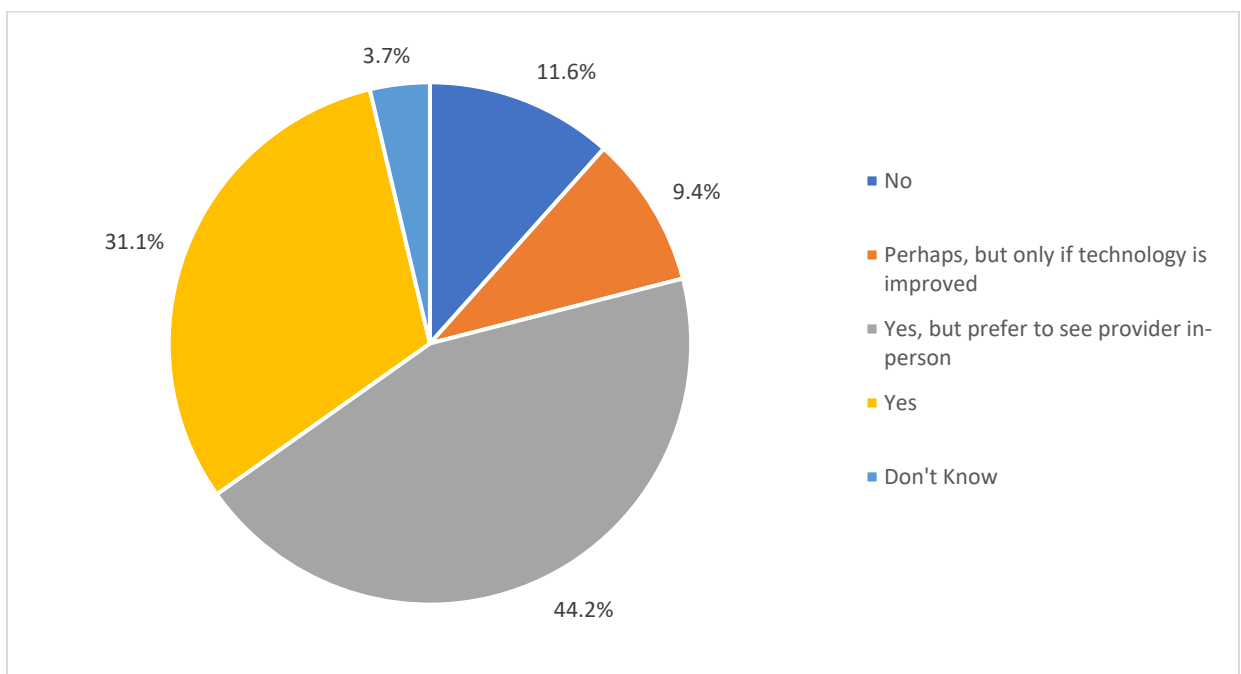


Figure 10. Inclination to Use Telehealth Services in the Future (among the 44% overall who used telehealth during pandemic)

Table 13 shows that respondents in the 35 to 49 and the 50 to 64 age groups are far more likely to offer an unqualified “yes” they are inclined to use telehealth services in the future. Those in the youngest age group of 18 to 34 have the highest percentage (18%) indicating their inclination to use telehealth in the future hinges on improvement of the technology used for the telehealth visit. And those in the 65 and older age group have the highest percentage (17%) indicating an unqualified “no” they are not inclined to use telehealth services in the future (Cramer’s V=.20).

Table 13. Inclination to Use Telehealth Services in the Future (among the 44% overall who used telehealth during pandemic) by Age Category

**Q20 Telehealth Services use During Pandemic - Likelihood of Future Telehealth Use \* AgeCat Crosstabulation**

			AgeCat				Total
			18 to 34	35 to 49	50 to 64	65 and older	
Q20 Telehealth Services use During Pandemic - Likelihood of Future Telehealth Use	No	Count	10	11	4	6	31
		% within AgeCat	11.8%	11.7%	8.0%	17.1%	11.7%
	Perhaps, but only if technology is improved	Count	15	8	2	0	25
		% within AgeCat	17.6%	8.5%	4.0%	0.0%	9.5%
	Yes, but prefer to see provider in-person	Count	37	37	19	24	117
		% within AgeCat	43.5%	39.4%	38.0%	68.6%	44.3%
	Yes	Count	19	36	21	5	81
		% within AgeCat	22.4%	38.3%	42.0%	14.3%	30.7%
	Don't Know	Count	4	2	4	0	10
		% within AgeCat	4.7%	2.1%	8.0%	0.0%	3.8%
Total	Count	85	94	50	35	264	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	



## Attitude Toward Authorizing Mid-Level Providers to Practice Independently Absent an Emergency

Respondents were asked an attitudinal question in relation to the emergency provision during the COVID-19 pandemic allowing some medical services normally requiring oversight/supervision by a physician to be performed autonomously by mid-level providers. In order to measure attitude, it was important to make respondents aware of the emergency provisions. This paragraph was provided:

*During the pandemic emergency, some states (including Kansas) temporarily waived requirements regarding the training and education level of health care personnel. For example, nurse practitioners and other mid-level health care providers were temporarily authorized to provide some medical care services without physician oversight that would normally require a physician order or supervision, including prescribing certain drugs, ordering tests, and performing invasive procedures.*

Respondents were then asked, “Absent a public health emergency, such as another pandemic, should mid-level health care providers such as nurse practitioners be authorized to practice independently without oversight or supervision from physicians?” Attitudes are divided on this question, as Figure 11 shows, with about 37% not supporting it, 32% supporting it, and another 32% are unsure whether they support it.

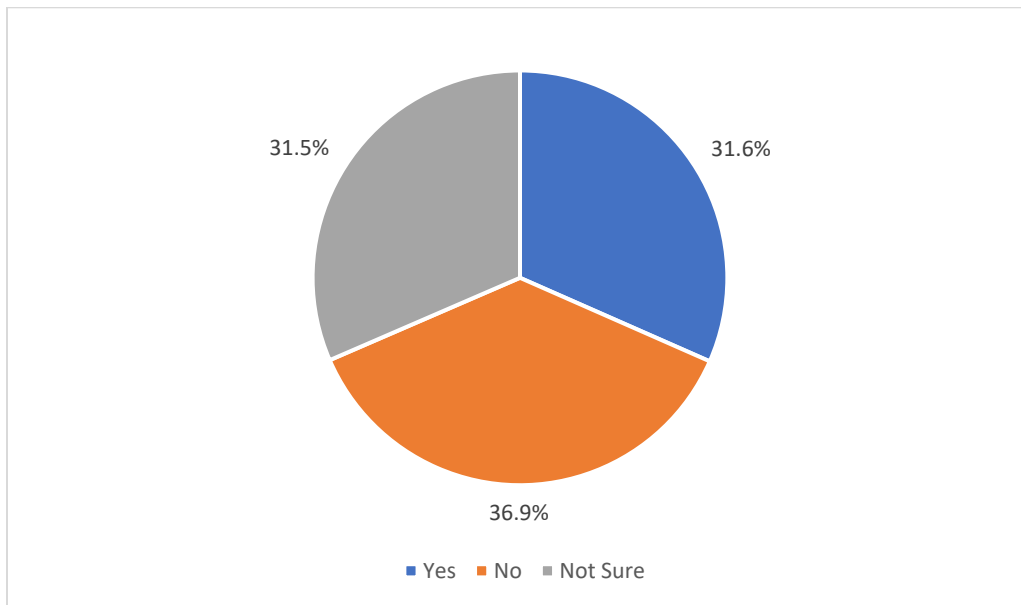


Figure 11. Attitude Toward Authorizing Mid-Level Providers to Practice Independently -- As Allowed During Pandemic Emergency

## Health Care Provider Preferences

Respondents were asked a series of questions about the type of health care provider they prefer. A question asked, “How important is it to have physicians leading the health care team when it comes to diagnosing and treating you and your family?” Figure 12 shows that a majority (63%) of respondents indicate that it is very important to have physicians leading the health care team. Another 31% feel it is “somewhat important.”

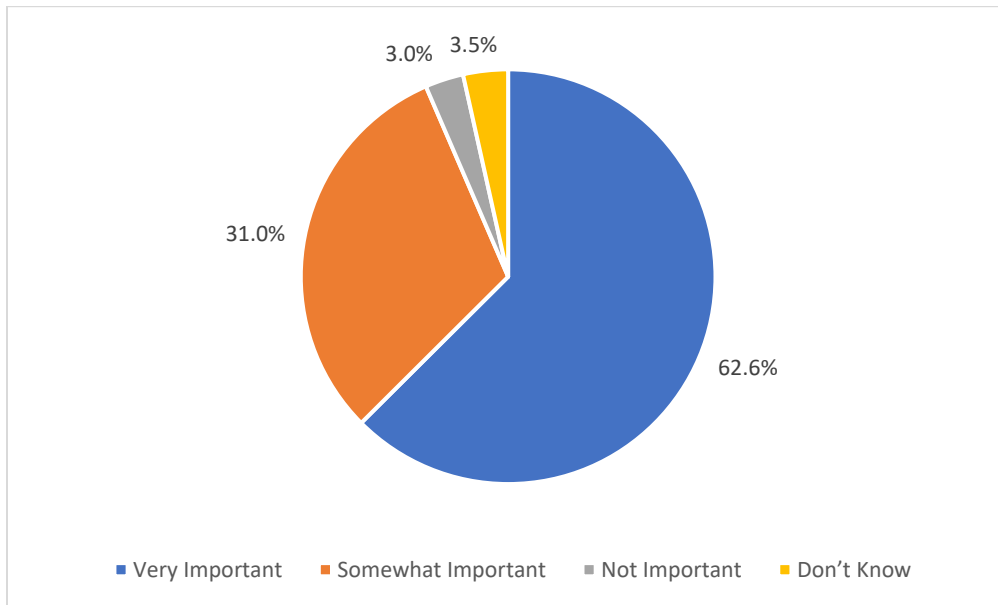


Figure 12. Importance of Physicians Leading Health Care Team

As Table 14 shows, that solid majorities of all age groups consider a physician leading the health care team to be at least somewhat important. It also shows that there are substantial differences in relative importance rating by age group (Gamma= -.42). The “very important” rating is highest for the 65 and older group at 87% and declines by age group in order. In the 18 to 34 age group, the percentages rating it as very important (47%) is only slightly greater than the percentage of this group rating it somewhat important (44%).

Table 14. Importance of Physician Leading Health Care Team by Age Category

**Q22 Attitude - Importance of Physicians as Care Team Leads \* AgeCat Crosstabulation**

		AgeCat				Total	
		18 to 34	35 to 49	50 to 64	65 and older		
Q22 Attitude - Importance of Physicians as Care Team Leads	Very Important	Count	93	112	83	88	376
		% within AgeCat	46.5%	63.6%	69.2%	87.1%	63.0%
	Somewhat Important	Count	88	52	30	13	183
		% within AgeCat	44.0%	29.5%	25.0%	12.9%	30.7%
	Not Important	Count	8	6	3	0	17
		% within AgeCat	4.0%	3.4%	2.5%	0.0%	2.8%
	Don't Know	Count	11	6	4	0	21
		% within AgeCat	5.5%	3.4%	3.3%	0.0%	3.5%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	

The next question in the survey asked, “Should non-physicians such as nurse practitioners be authorized to perform invasive medical procedures or treat complex health care problems without physician oversight and direction?” Almost 60% do not feel that non-physicians like nurse practitioners should be authorized to provide invasive procedures/treat complex health problems without oversight of physicians. Almost a quarter of respondents are unsure of what they prefer here, and 17% indicate that non-physicians like nurse practitioners should be able to provide such services without physician oversight.

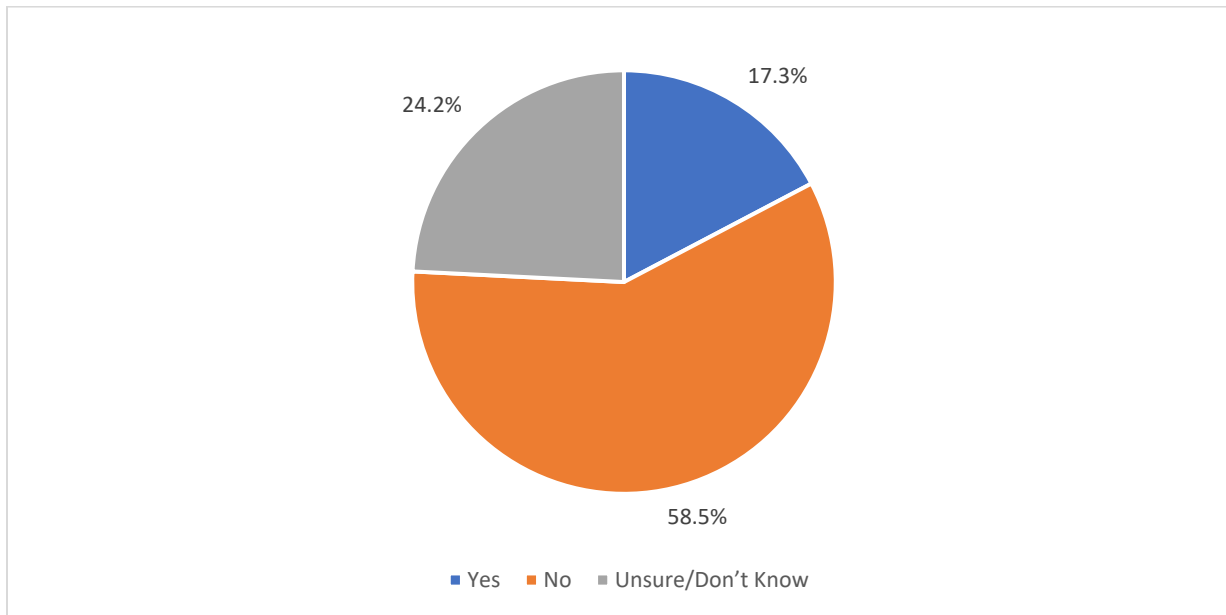


Figure 13. Should Non-Physicians Like Nurse Practitioners be Authorized to Provide Invasive Procedures/Treat Complex Medical Conditions Without Physician Oversight

Results of the question, “Who do you want to have primary responsibility for the management of your family’s health care?” are shown in Figure 14. About 58% strongly prefer a physician and another 22% somewhat prefer a physician as the primary manager of their family’s health care.

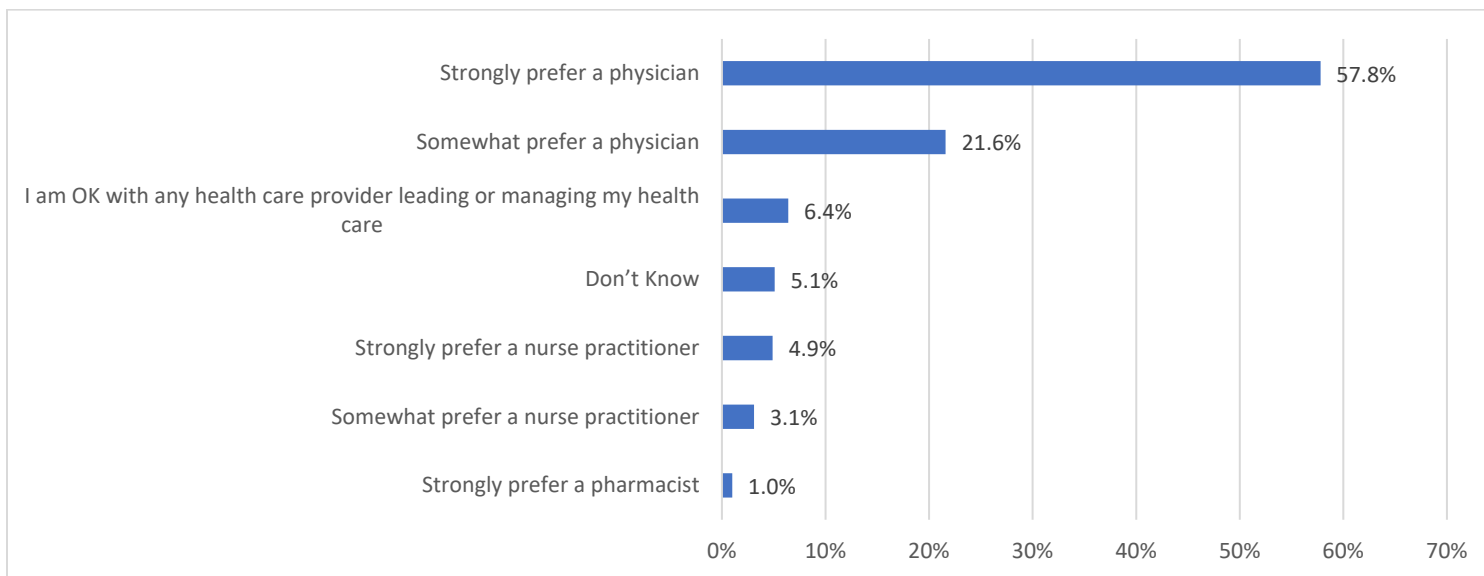


Figure 14. Preference for Type of Provider as the Primary Manager of Family’s Health Care

There are age differences in preference for the type of provider as the primary manager of the family’s health care (Cramer’s V=.18). Table 15 shows that strong preference for a physician is higher the older the age group at 77% in the 65 and older category and declining to a low of 43% (though, still a plurality) of the 18 to 34 age category.

Table 15. Preference for Type of Provider as the Primary Manager of Family’s Health Care by Age Category

**Q24 Attitude - Family Health Care Management Preference \* AgeCat Crosstabulation**

			AgeCat				
			18 to 34	35 to 49	50 to 64	65 and older	Total
Q24 Attitude - Family Health Care Management Preference	Strongly prefer a physician	Count	85	103	82	78	348
		% within AgeCat	42.5%	58.5%	68.3%	77.2%	58.3%
	Somewhat prefer a physician	Count	54	38	18	17	127
		% within AgeCat	27.0%	21.6%	15.0%	16.8%	21.3%
	Strongly prefer a nurse practitioner	Count	11	9	6	3	29
		% within AgeCat	5.5%	5.1%	5.0%	3.0%	4.9%
	Somewhat prefer a nurse practitioner	Count	10	6	3	0	19
		% within AgeCat	5.0%	3.4%	2.5%	0.0%	3.2%
	Strongly prefer a pharmacist	Count	6	0	0	0	6
		% within AgeCat	3.0%	0.0%	0.0%	0.0%	1.0%
	I am OK with any health care provider leading or managing my health care	Count	19	10	6	3	38
		% within AgeCat	9.5%	5.7%	5.0%	3.0%	6.4%
	I don't know	Count	15	10	5	0	30
		% within AgeCat	7.5%	5.7%	4.2%	0.0%	5.0%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	

## Attitudes Regarding Marijuana Legalization

The final two questions on the survey pertain to marijuana legalization. Respondents were first asked, “A number of states have authorized the prescribing of marijuana for medical purposes, such as pain relief. Should Kansas lawmakers authorize prescribing marijuana to patients who have a qualifying diagnosis?” Figure 15 shows that slightly over three quarters believe that Kansas lawmakers should allow marijuana to be prescribed to patients who have a qualifying diagnosis. Only 14% believe this should not be allowed in Kansas. About 10% don’t know.

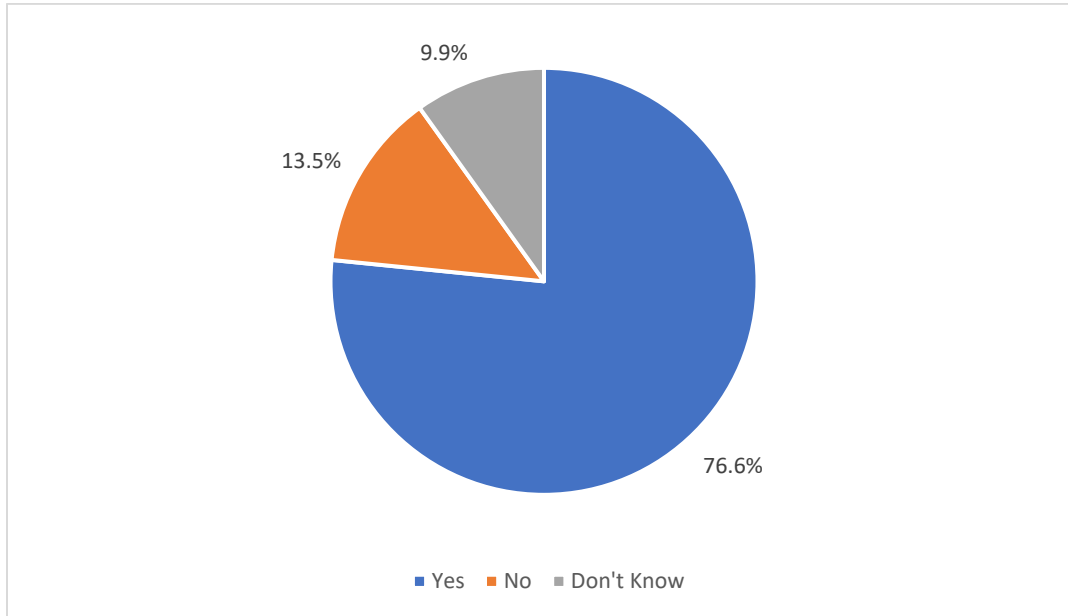


Figure 15. Favor Legalizing Marijuana to be Prescribed in Kansas for a Qualifying Diagnosis

The next item asked, “Do you think marijuana should be legally available to adults, even without a prescription?” Figure 16 shows that 61% believe marijuana should be legally available to adults even without a prescription, and 29% believe it should not be available. With this item, too, about 10% responded with “don’t know.”

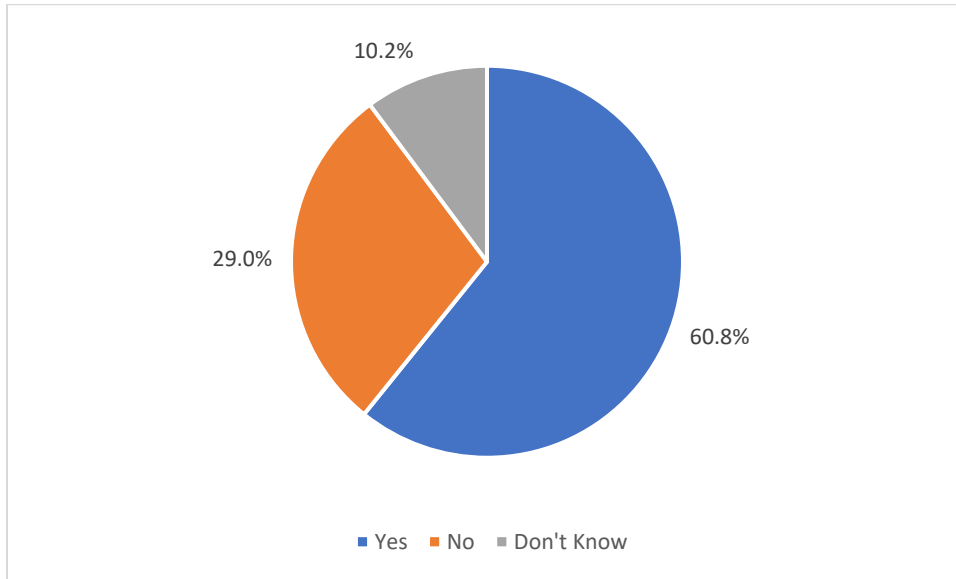


Figure 16. Favor Legalizing Marijuana in Kansas Even Without a Prescription



Table 16 shows there are differences by age category on this question (Cramer’s V=.17). Majorities of all age categories support legalizing unprescribed marijuana in Kansas, except for those in the 65 and older category. Support is highest with the youngest age category at 71% among those ages 18 to 34 and declines in order to 43% among those in the 65 and older age group.

Table 16. Favor Legalizing Marijuana in Kansas Even Without a Prescription by Age Category

**Q27 Attitudes on Legal, Unprescribed Marijuana for Adults \* AgeCat Crosstabulation**

			AgeCat				
			18 to 34	35 to 49	50 to 64	65 and older	Total
Q27 Attitudes on Legal, Unprescribed Marijuana for Adults	Yes	Count	141	104	74	43	362
		% within AgeCat	70.5%	59.1%	61.7%	42.6%	60.6%
	No	Count	41	52	30	51	174
		% within AgeCat	20.5%	29.5%	25.0%	50.5%	29.1%
	Don't Know	Count	18	20	16	7	61
		% within AgeCat	9.0%	11.4%	13.3%	6.9%	10.2%
Total	Count	200	176	120	101	597	
	% within AgeCat	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 17 shows there is somewhat of a difference among those residing in a metro and nonmetro counties (Cramer’s V=.11). While majorities in both metro and nonmetro counties support legalizing unprescribed marijuana in Kansas, about 64% of those in metro counties are supportive compared to 53% in nonmetro counties.

Table 17. Favor Legalizing Marijuana in Kansas Even Without a Prescription by Metro County Status

**Q27 Attitudes on Legal, Unprescribed Marijuana for Adults \* MetroStatus Crosstabulation**

			MetroStatus		
			Metro Counties	Non Metro Counties	Total
Q27 Attitudes on Legal, Unprescribed Marijuana for Adults	Yes	Count	271	94	365
		% within MetroStatus	63.9%	53.4%	60.8%
	No	Count	111	64	175
		% within MetroStatus	26.2%	36.4%	29.2%
	Don't Know	Count	42	18	60
		% within MetroStatus	9.9%	10.2%	10.0%
Total	Count	424	176	600	
	% within MetroStatus	100.0%	100.0%	100.0%	

## Appendix 1: Demographics of Survey Respondents

		Survey Panel	Kansas Population*
<b>Gender</b>	Females	49.8%	50.7%
	Males	49.9%	49.3%
	Gender fluid/transgender	0.03%	
<b>Metro Status</b>			
NOTE: All 10 individual counties listed are considered metropolitan for this study, with each having populations greater than 50,000 and each having at least one city with a population greater than 40,000. All other Kansas counties are treated as nonmetro; all have total county populations less than 40,000.	Johnson County	21.2%	20.8%
	Sedgwick County	20.2%	17.8%
	Shawnee County	6.6%	6.1%
	Wyandotte County	6.3%	5.8%
	Douglas County	4.3%	4.0%
	Leavenworth County	2.3%	2.8%
	Riley County	1.9%	2.5%
	Butler County	2.7%	2.3%
	Reno County	2.0%	2.1%
	Saline County	3.3%	1.9%
	Non-Metro Counties Combined	29.3%	34.0%
<b>Age Categories</b>			
	18 to 34 years of age	33.5%	30.3%
	35 to 49 years of age	29.5%	23.7%
	50 to 64 years of age	20.1%	24.4%
	65 years of age and older	17.0%	21.6%
<b>Working Status</b>			
	Working full-time	45.5%	
	Working part-time	12.9%	
	A non-working student	2.5%	
	A homemaker	8.7%	
	Retired	17.1%	
	Disabled	7.1%	
	Unemployed or laid off	6.3%	

<b>Years Lived in Kansas</b>	Mean	31.3 years	
	Median	30.0 years	
	Mode	30.0 years	
	Std. Deviation	19.6 years	
	Minimum	1 year	
	Maximum	90 year	

\* 2020 Census counts are used for county populations; 2019 American Communities Survey estimates from the Census Bureau are used for age and gender percentages of the statewide population.

# Kansas Medical Society-Care Access Survey for LAUNCH

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Start of Block: Block 1

Q1 Welcome,

Health care systems in Kansas have worked to address new challenges in high quality care and access during the last two years. This survey is sponsored by the Kansas Medical Society and aims to gather insights from Kansans regarding their experience with and access to medical care. Your responses will help inform lawmakers, health care providers, and others to ensure health care in Kansas is the safest and most effective possible. By participating in this survey you will give voice to thousands of Kansans similar to you. Participation is voluntary, and you are assured complete confidentiality.

The Kansas Medical Society has contracted with the Docking Institute of Public Affairs to conduct this survey. Should you have concerns with the survey, please contact Dr. Brett Zollinger via his email address: [bazollinger@fhsu.edu](mailto:bazollinger@fhsu.edu)

Please click on the Next button below to begin the survey.

Q2 Do you currently reside in the State of Kansas?

Yes (1)

No (2)

*Skip To: End of Block If Do you currently reside in the State of Kansas? = No*

**End of Block: Block 1**

---

**Start of Block: Block 3**

Q3 Are you at least 18 years of age or older?

Yes (1)

No (2)

*Skip To: End of Block If Are you at least 18 years of age or older? = No*

**End of Block: Block 3**

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**Start of Block: Block 4**

Q4 What year were you born?

\_\_\_\_\_

*Skip To: End of Block If Condition: What year were you born? Is Greater Than or Equal to 2004. Skip To: End of Block.*

End of Block: Block 4

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Start of Block: Default Question Block

Q5 How many years have you lived in Kansas?

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Q6 What is your gender?

- Male (1)
- Female (2)
- Gender-fluid/transgender (3)

Q7 In which Kansas county do you primarily reside?

▼ Allen (1) ... Wyandotte (105)

Q8 What is your current employment status? Are you:

- Working Full-Time (1)
- Working Part-Time (2)
- A Non-Working Student (3)
- A Homemaker (4)
- Retired (5)
- Disabled (6)
- Unemployed or Laid Off (7)

*Display This Question:*

*If What is your current employment status? Are you: = Working Full-Time*

*Or What is your current employment status? Are you: = Working Part-Time*

Q9 What is your primary occupation?

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Q10 Please think back to before the COVID-19 pandemic. Of the sources below, what were your top three most trusted sources of information about your health and how to protect it?

- The World Health Organization
- U.S. federal government officials, such as the CDC
- Local (county) public health officials
- Your primary care physician or other personal physician
- Your nurse practitioner
- Your pharmacist
- Friends or family
- Social media
- Newspapers, television, or other traditional media

Q11 Before the pandemic, my most trusted source about my health and how to protect it was: [SELECT FROM DROP-DOWN MENU]

▼ The World Health Organization (1) ... Newspapers, television, or other traditional media (9)

Q12 My second most trusted source was: [SELECT FROM DROP-DOWN MENU]

▼ The World Health Organization (1) ... Newspapers, television, or other traditional media (9)

Q13 My third most trusted source was: [SELECT FROM DROP-DOWN MENU]

▼ The World Health Organization (1) ... Newspapers, television, or other traditional media (9)

Q14 Has the rapidly changing circumstances during the COVID-19 pandemic affected your trusted sources for information about your health and how to protect it?

- No, I continue to trust the same sources as before (1)
- Yes, I trust certain sources more than I did before the pandemic (2)

*Display This Question:*

*If Has the rapidly changing circumstances during the COVID-19 pandemic affected your trusted sources... = Yes, I trust certain sources more than I did before the pandemic*

Q15 If you trust certain sources more now than before the pandemic, what do you now consider the most trusted source for information about your health and how to protect it? [select your single most trusted source]

- The World Health Organization (1)
- U.S. federal government officials, such as the CDC (2)
- Local (county) public health officials (3)
- Your primary care physician or other personal physician (4)
- Your nurse practitioner (5)
- Your pharmacist (6)
- Friends or family (7)
- Social media (8)
- Newspapers, television, or other traditional media (9)
- Other [Type your source in the text box] (10) \_\_\_\_\_

Q16 If you or a family member needs medical care, including diagnosis and treatment, who do you tend to rely upon?

	Never (1)	Rarely (2)	Sometimes (3)	Always (4)
a) Your primary care physician or other personal physician (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Your nurse practitioner (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Your pharmacist (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Walk-in clinic (CVS Minute Clinic, Walgreens, or other urgent care facility) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Emergency room (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Homeopathic sources or others who recommend only naturally occurring remedies (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Online search for information (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Friends or family members I trust (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 During the COVID-19 pandemic, how has your access to health care been affected? [select any that apply]

- I was more easily able to access health care (1)
- I was less able to access health care, but still able to do so (2)
- I sought health care from a source other than my preferred health care provider (3)
- To reduce the chance of COVID-19 exposure, I have not sought health care during the pandemic (4)
- Because appointments with a health care provider may be more difficult to get, I have not sought health care during the pandemic (5)
- To reduce burden on health care providers, I have not sought health care during the pandemic (6)
- I was unable to access health care at all (7)
- My access was not affected (8)

Q18 During the COVID-19 pandemic, more Kansans accessed telehealth services delivered by phone call or by video conference (such as Zoom). Did you utilize telehealth services during the pandemic emergency?

- Yes (1)
- No (2)

*Skip To: Q21 If During the COVID-19 pandemic, more Kansans accessed telehealth services delivered by phone call o... = No*

Q19 You indicated using telehealth services during the pandemic emergency. How would you rate your experience with telehealth services?

- Positive – but only because I could not visit my physician’s office in person (1)
- Positive – and I would welcome being able to do so even when otherwise able to visit my physician’s office (2)
- Neutral – no better or worse than a visit to my physician’s office (3)
- Negative – a visit to my physician’s office is preferred (4)
- Negative – there was little or no benefit from my experience with telehealth (5)

Q20 You indicated using telehealth services during the pandemic emergency. Are you inclined to access health care through telehealth technologies in the future?

- No (1)
- Perhaps, but only if technology is improved (2)
- Yes, but prefer to see provider in-person (3)
- Yes (4)
- Don't Know (5)

Q21 During the pandemic emergency, some states (including Kansas) temporarily waived requirements regarding the training and education level of health care personnel. For example, nurse practitioners and other mid-level health care providers were temporarily authorized to provide some medical care services without physician oversight that would normally require a physician order or supervision, including prescribing certain drugs, ordering tests, and performing invasive procedures.

Absent a public health emergency, such as another pandemic, should mid-level health care providers such as nurse practitioners be authorized to practice independently without oversight or supervision from physicians?

- Yes (1)
- No (2)
- Not Sure (3)

Q22 How important is it to have physicians leading the health care team when it comes to diagnosing and treating you and your family?

- Very Important (1)
- Somewhat Important (2)
- Not Important (3)
- Don't Know (4)

Q23 Should non-physicians such as nurse practitioners be authorized to perform invasive medical procedures or treat complex health care problems without physician oversight and direction?

- Yes (1)
- No (2)
- Unsure/Don't Know (3)

Q24 Who do you want to have primary responsibility for the management of your family's health care? [select one]

- Strongly prefer a physician (1)
- Somewhat prefer a physician (2)
- Strongly prefer a nurse practitioner (3)
- Somewhat prefer a nurse practitioner (4)
- Strongly prefer a pharmacist (5)
- Somewhat prefer a pharmacist (6)
- I am OK with any health care provider leading or managing my health care (7)
- I don't know (8)



Q26 A number of states have authorized the prescribing of marijuana for medical purposes, such as pain relief. Should Kansas lawmakers authorize prescribing marijuana to patients who have a qualifying diagnosis?

- Yes (1)
- No (2)
- Don't Know (3)

Q27 Do you think marijuana should be legally available to adults, even without a prescription?

- Yes (1)
- No (2)
- Don't Know (3)