



COST OF CARE LISTENING TOUR 2026

What You Told Us

A summary for Listening Tour participants

Thank You

This year, more than 50 of you sat down with Kansas Health Foundation staff, board members, and partners to talk about what the cost of care is doing to Kansans. You gave your time and your experience, and sometimes your own family's story. This is what we heard.

53

conversations across Kansas

About 48

organizations, from neighborhood groups to health systems

5

questions

What Keeps People from Care

You did not describe one price. You described a stack of costs, and most of you named several at once.

"People have insurance. The bigger problem is whether they can actually afford to use that insurance."

- **Having insurance does not mean you can afford care.** About seven in ten conversations described people who have coverage and still skip care because of deductibles and copays. Nearly as many described people with no coverage at all.
- **The bill is only one layer.** A ride, a day of lost wages, childcare, and sometimes a hotel room sit on top of it. More than half of you named transportation.
- **Not knowing the price keeps people away.** So does fear of the bill that follows.
- **Help exists and people do not know about it.** You described the mindset of "I am going to wait until I can afford it," and the pride that keeps some families from help they qualify for.
- **Cost is not the only barrier.** Leaders who work with Native, Latino, and Black communities described providers who do not understand their patients' culture or language, and patients who were not believed. Some families are staying away out of fear of immigration enforcement.

What Happens When Care Is Out of Reach

Nine in ten conversations described manageable conditions becoming serious ones. You described pills stretched to last twice as long, prescriptions shared between neighbors, emergency rooms used as the front door, and children learning that care is only for emergencies.

“Sometimes when you’re NOT sick is the most critical time to be getting care.”

The costs spread beyond the patient: medical debt, lost work, strain on rural hospitals, and the weight carried by the navigators and staff who hear these stories every day.

What You Would Change

We asked for one thing. Many of you said there is no one thing. One of you called for “a CHORUS of solutions.” Still, clear priorities came through.

- **Someone to walk with people.** Navigators, community health workers, and patient advocates were named more often than anything else, along with a way to pay for them that lasts.
- **Plain information about help that already exists,** delivered by people and places the community trusts.
- **Coverage that reaches more Kansans.** About a third of you named Medicaid expansion or coverage for everyone. Some of you added that coverage alone will not help people who cannot afford to use the plan they have.
- **Prevention first.** Screenings, primary care, and healthy living, because care delayed costs more.

What Is Already Working

Much of this work is already under way in your communities:

- Neighborhood-based nursing that cut emergency calls
- A food pantry that frees up money families can then put toward coverage
- Navigators who stay with a family long enough for a diagnosis to become manageable
- A hospital that lowered its own employees’ costs for care close to home
- Primary care for a flat monthly fee, so the price is known in advance
- Donated-care networks and community clinics that fill the gap, one patient at a time

What You Asked of the Kansas Health Foundation

- **Bring us together.** More than half of you asked KHF to convene people who do not usually sit at the same table, including insurers, employers, and lawmakers.
- **Put the people closest to the problem at the center.** People with lived experience, and the frontline staff who serve them. As one of you said of frontline workers: “And see them as experts. And be partners in building things together and not just telling them this is how it needs to be done.”

- **Use your voice.** Educate the public and policymakers, and make the case that paying for care now costs less than paying later.
- **Fund for the long term.** Flexible, multi-year support, and lasting payment for navigators and community health workers.
- **Be clear and be accessible.** One of you told us KHF's language can feel built for the educated, and its events are not always comfortable for everyone. You did not all agree on what KHF can do on policy, which tells us KHF needs to say so plainly.

Who Was Not in the Room

No one was interviewed specifically as a Kansan who has skipped care, though several of you shared your own experience. One insurer and no large employers took part. The full reports say so and recommend bringing those voices in.

What Happens Next

- Your conversations have been summarized in two reports to KHF. One shares what you said, question by question. The other compares it with the 54 strategies from the June Partner Summit.
- On KHF's working timeline, that list is narrowed in early 2027, refined at FuseKS in April 2027, and followed by the release of the Cost of Care Blueprint.

Thank you for your time and for what you shared.