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Walden University

College of Health Professions

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Kimbra D. Butler

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Review Committee
Dr. Loretta Shields, Committee Chairperson, Public Health Faculty
Dr. David Anderson, Committee Member, Public Health Faculty
Dr. Mountasser Kadrie, University Reviewer, Public Health Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Perceived Barriers to Health Care Access and Delivery Among Arkansas Medicaid Beneficiaries

by

Kimbra D. Butler

MPH, Walden University, 2012

BS, University of Central Arkansas 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

March 2022

Abstract

Arkansas has historically been one of the lowest ranking states in the United States in education, economy, opportunity, crime and corrections, and health care. Though more than 3 million Arkansans live in the state, nearly 1 million receive Medicaid-funded health insurance. This phenomenological study employed a constructivist paradigm and focused on the perceptions of underserved Arkansans regarding their health and their access to health care; additionally, within this study, the Health Belief Model shifted the study's focus to individuals' perspectives, perceptions, experiences, and opinions through interview responses. The research was intended to identify factors that may relate to the higher prevalence of disparities in Arkansas. Data was collected and analyzed using qualitative methods through interviews with 13 Arkansas Medicaid beneficiaries who fell within the criteria of (a) being age 25 years or older, (b) receiving Arkansas Medicaid benefits or legally representing someone receiving Arkansas Medicaid benefits, and (c) residing in the state of Arkansas. Giorgi's psychological phenomenological method and coding of thematic categories were used for data analysis. The findings indicated that Arkansas Medicaid beneficiaries face discrimination and prejudice through stigma, issues with transportation, proximity, accessibility of providers in areas, and stress. This study adds to the literature on the relationship between barriers and access to health care and delivery and how they impact the health of underserved individuals through access to quality care, diagnoses, treatment, and quality of life.

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Dedication

I dedicate this research to my babies, Noah, Lilly, Nathan, and Nicholas. You are my ONLY reason for EVERYTHING that I strive to do in life—Mom loves you all more than you will ever understand. Thank you, all, for being my motivation. Noah, thank you for helping care for your younger siblings while I studied – you are the BEST, and I appreciate you more than you may ever understand.

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I would like to thank the faculty at Walden University for affording me the opportunity to complete my post graduate studies. Despite the challenges, I appreciate the instruction through my coursework, residencies, and research process. Thank you to my Committee Member, Dr. David Anderson, and thank you to my Committee Chairperson, Dr. Loretta Cain-Shields—your kindness and positivity have encouraged me to complete the doctoral program and excel in many ways beyond the program. I will always be grateful for you, Dr. Cain-Shields.

Finally, I thank my parents, Harold and Debra Butler, for the love, support, and encouragement; I know this road has not been one that is considered easy, but you both have remained in my corner regardless of the circumstances—I love and I thank you.

Most importantly, thank you, God, for providing me with the knowledge, strength, and dedication in which I have prayed. You are able.

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Chapter 1: Introduction to the Study

Barriers to health care limit or prevent individuals from receiving adequate health care (American Student Dental Association, 2021). The most common barriers underserved populations face are financial hardship, geographic location, language, education, and cultural barriers, which can cause a threat to patients, particularly those who endure severe medial conditions (American Student Dental Association, 2021). Socioeconomic status is often the cause of social determinants in health care, with the environment, behaviors, and one's zip code serving as an indicator of health outcomes (Braveman & Gottlieb, 2014). Teutsch et al. (2016) explained that low-income populations in the United States have a disproportionate share of unhealthy determinants and poor health outcomes, increasing health disparities in poor areas.). A health disparity is a health difference that adversely affects disadvantaged populations, based on the higher incidence of disease and more significant burdens of disease, such as a reduced quality of life and poor functionality of daily duties (University of Arkansas for Medical Sciences, 2020). Although the lack of access to quality health care is one perceived barrier (Nagler et al., 2013), access to culturally relevant programs and other insecurities are other common barriers individuals in underserved populations face (Teutsch et al., 2016).

The Medicaid program is a program that aids millions of underserved, undereducated individuals who commonly face issues related to socioeconomic status with medically necessary services (Medicaid, 2021). As of September 2020, Arkansas had a total of 853,216 individuals enrolled in the Medicaid and Children's Health

Insurance Program (Medicaid, 2021). I aimed to identify the factors that were associated with knowledge about the Medicaid program, benefits, and perceived barriers among Arkansas Medicaid enrollees. This research provides an understanding of the barriers Arkansans face regarding Medicaid, addressing the issues related to morbidity and mortality statistics and the increasing number of families who do not receive quality primary care in the state. Lastly, I addressed the relationship between the health gaps, the lack of understanding, and the need for improved knowledge of adequate health care.

Background

There is a significant relationship between limited access to health care, poverty, and the prevalence of health disparities in underserved communities (Mantwill et al., 2015). As the nation's primary insurer for those who are impacted by social, economic, and environmental conditions, Medicaid plays a key in providing health care to the most vulnerable populations (Brooks & Whitener, 2018). Because of this, it is imperative for individuals covered by Medicaid to have fair access to health care and optimal delivery of the services provided.

The Arkansas Medicaid program is a program run by the Arkansas Department of Human Services. Arkansas Medicaid funds medical services, dental, vision, and other specialized programs for underserved families, using state and federal government funding. More than 3 million individuals have been reported as residing in Arkansas (America's Health Rankings, 2021). Of this population, 79% of Arkansans identified as White, nearly 16% of Arkansans identified as Black or African American, and approximately 8% of the population were classified as Hispanic or Latino (U.S. Census

Bureau, 2021). Though the median household income in 2019 was $47, 597, 16% of Arkansans were classified as living in poverty (U.S. Census Bureau, 2021). Arkansas is overall ranked 45th in the United States and 49th in health care (U.S. News and World Report, 2020).

Arkansas follows the patient-centered medical home model. A patient-centered medical home is a care delivery model where patient treatment is coordinated through the primary care physician (PCP) to ensure quality care in a way that the patient understands diagnoses, associated plans of treatment, and the status of their overall health (American College of Physicians, 2018). Patient-centered medical home is a program that puts patients at the forefront of their care, with the goal to build better relationships between them and their clinical care teams (National Committee for Quality Assurance, 2022). Patient-centered medical homes improve health quality, reduce costs, improve the patient experience, and improve overall satisfaction in patients and providers (National Committee for Quality Assurance, 2022).

Additionally, community health centers provide primary and preventive care with a focus to assist underserved families with limited or no access to care (Institute for Research on Poverty, 2015). According to the Institute for Research on Poverty (2015), in 2014, community health centers served 23 million patients, and 92% had incomes below 200% of poverty. There are more than 140 community health centers in Arkansas that focus on providing medical, dental, vision, mental health, and hearing services (Community Health Centers of Arkansas, 2021); some are housed in schools, as school-based clinics, with the majority located in urban and rural areas of the state.

Though there are some resources available, it is still the individual's responsibility to use the services provided. However, poor individuals are more than four times more likely to delay or waive needed medical care due to cost than those with middle or high incomes and more than nine times more likely than those who fall into the middle- and upper-class to sacrifice needed prescription drugs due to cost (Institute for Research on Poverty, 2015). Further, nearly 30% of respondents who fell below the poverty level did not get necessary dental care due to cost (Institute for Research on Poverty, 2015). The proximity of a health care facility to their neighborhoods and the limited supply of health care providers who practiced in low-income urban and rural communities served as a negative impact of the health in respondents, with no-show rates showing an increase as the access to local quality health care decreased (Institute for Research on Poverty, 2015).

This study was needed not only to define the relationship between health care and its delivery but also to consider the perceived barriers of Medicaid beneficiaries. The purpose of this study was to document, outline, and summarize the perceived barriers to health care access and delivery among Arkansas Medicaid beneficiaries. This study will provide insight into the perceptions of barriers the Medicaid population faces, as well as potential solutions to those barriers.

Problem Statement

Medicaid is a program that is beneficial in providing health care to a significant number of Americans (Medicaid, 2021). Over the years, the prevalence of Medicaid enrollees who have a limited understanding of their health care benefits and other qualifiable resources has increased, showing a rise in disparities in Arkansas. This study's

research problem focused on the perceived barriers Arkansas Medicaid beneficiaries face as well as the impact barriers have on health care access and delivery among Arkansas Medicaid beneficiaries.

Purpose of the Study

Social inequalities and unequal rights, such as not having the same accesses and opportunities as individuals of higher status, in addition to stigma are barriers to health care for underserved populations (Loignon et al., 2015). Underserved patients are also challenged with a lack of transportation and difficulty communicating about diagnoses and treatment. Further, the health care system has faced a lack of resources and a shortage of medical and health care staff (Loignon et al., 2015). Because of the known barriers, stigmas, and lack of resources in disadvantaged populations, the purpose of this qualitative study was to assess the perceived barriers to health care access and delivery among Arkansas Medicaid beneficiaries. Participants' perceptions provided insight into the barriers they face as well as how these barriers effect their access and delivery of care.

Research Questions

Research Question 1: What are the perceived socioeconomic barriers to health care access and delivery among Arkansas Medicaid beneficiaries?

Research Question 2: What are the perceived social barriers to health care access and delivery among Arkansas Medicaid beneficiaries?

Research Question 3: What are other perceived barriers to health care access and delivery among Arkansas Medicaid beneficiaries?

Some variables of this study included the self-reported level of education, the self-reported status of health, and the opinions of participants about the Medicaid program, their access to health care, and barriers.

Nature of the Study

Open-ended interview questions were developed to understand the relationship between adequate health care, knowledge, and the target population's perceptions. Data analysis of participants' responses followed the thematic analysis approach to assure structure in collecting information that was important for the results of the study. More specific factors and sources of data include:

1. Demographics of beneficiary research participants (the level of education, race, age, gender, and Medicaid aid category type)
2. Perceived barriers faced by the research participants who receive Medicaid benefits
3. Participants' perceptions about their access to health care and the delivery received

Definitions

The following terms and definitions are provided to help the reader understand the terms mentioned in the study.

Barrier: A limit that prevents individuals from receiving adequate health care (American Student Dental Association, 2021).

Medicaid: A program that aids millions of individuals who are underserved, undereducated, and commonly face issues related to socioeconomic status with medically necessary services (Medicaid, 2021).

Socioeconomic status: The cause of social determinants in health care, the environment, and behaviors with the zip code serving as an indicator of health outcomes (Braveman & Gottlieb, 2014).

Assumptions and Delimitations

One assumption in this study was that underserved populations are unhealthy because of the barriers faced, such as the lack of access to adequate health care. Another assumption was that data collected from participant interviews would reflect that the most underserved individuals on Medicaid are unhealthy. A third assumption was that participants would respond to questions honestly. A delimitation of this study was that the participants were limited to Medicaid recipients. As a result, the selected participants might not have been a complete representation of all Medicaid beneficiaries in Arkansas.

Limitations of the Study

One of the limitations to this study included the lack of prior studies on low-income Arkansans regarding their health care and barriers. Though there are studies that focus on Arkansas, I found no studies specific to barriers to health care access and delivery in underserved populations, and there is little research on the topic of the perceptions of Arkansans who face barrier-driven disparities. Another limitation was the limited access and recruitment of participants. Recruiting underserved participants was difficult, but recruitment was more difficult during the COVID-19 public health

emergency; the inability to recruit and interview face-to-face resulted in another limitation. Additionally, because this study was specific to health care benefits, participants expressed a fear of or losing their benefits as a form of retaliation from negative opinions as well as a fear of judgment of their honest responses, causing potential adverse effects on the accuracy of responses collected.

Significance

This research assisted with facilitating the understanding of participants' perceptions, suggested resolutions to identified barriers and behaviors, and identified the correlation of health-related barriers and their impact on access to health care and delivery in underserved populations in Arkansas. Additionally, the study developed knowledge of perceived barriers within the population to encourage resolutions that can improve access to health care and delivery, positively impacting a vulnerable population through social change.

Summary

This study directly addressed the issues based on the socioeconomic status of the target population and the increased prevalence of unnecessary emergency room visits, the decline in the utilization of PCPs, and morbidity and mortality rates in Arkansas. Though health care professionals have perceptions of why underserved and undereducated individuals are unhealthy, this study's primary focus was to gain an understanding directly from the Medicaid population by providing them the opportunity to offer insight on the status of their health in their own opinions. Collecting the research participants' opinions provided insight into their perceptions.

Chapter 2 includes a literature review that will introduce health disparities in underserved populations and their effects. Despite the many provisions such as the Healthy People 2020 objectives, the Affordable Care Act, and local public health interventions, the number of Medicaid enrollees who suffer from health disparities has increased significantly. Studies correlating barriers and access to health care and delivery are also reviewed to highlight gaps. Chapter 2 also includes a review of barriers in health care-related studies from both patient and provider perspectives on the knowledge and utilization of health care benefits.

Chapter 3 consists of a review of the research and research design that was chosen to conduct the study of the perceptions of Medicaid beneficiaries. The qualitative methodology will be discussed with the research questions, concluding with a discussion on how research data for this study will be organized, evaluated, and disseminated. Chapter 4 summarizes the research participants' responses and a review of the data collection process. Chapter 5 consists of a more detailed discussion to summarize the research findings, limitations, and recommendations for future research studies.

Chapter 2: Literature Review

To improve overall health, disparities, and health care barriers, it is important to understand perceptions on barriers and their effect on the access to health care and the delivery received from providers. The purpose of this qualitative study was to assess the perceived barriers to health care access and delivery among Arkansas Medicaid beneficiaries. Chapter 2 consists of a review of research conducted to understand the trend between perceived barriers to health care access and delivery among underserved populations.

Literature Search Strategy

This literature review consists of research published over the course of three decades, which provided a plethora of information about underserved populations, barriers in health care, access to health care, and delivery of care received. Many of the articles were located using online libraries from Walden University and were stored using Microsoft Excel. Searched databases included CINAHL, PsycINFO, PubMed, EBSCO, Pro-Quest Central, and Sage Publications. Keywords and phrases such as *Medicaid*, *recipient*, *Southern*, *states*, *underserved*, *education*, *health education*, *utilization*, *urban*, *rural*, *community*, and *communities* were searched both as individual terms and in combinations.

Conceptual Framework

This study employed a constructivist paradigm to investigate the perceptions of underserved Arkansans with regard to the status of their overall health and access to quality health care (see European Public Health, 2016). Additionally, a framework is a set

of concepts that provide the structure in research (Imenda, 2014). The health belief model (HBM) is the most used framework in health behavior research (Creswell, 2013). The HBM explains changes in health behaviors and why change is necessary for improved health. The primary concepts of the model are predictors of action, susceptibility, seriousness, benefits, and barriers to behavior, cues to action, and most recently, self-efficacy. The HBM encourages change and supports individuals to believe in the importance of change, so it was selected for this research to identify barriers to health care access and delivery among the Medicaid population in Arkansas, address why the target populations believe why they are unhealthy, and encourage change in behaviors for improving their overall health. Within this study, the HBM helped shift the focus to individuals' perspectives, perceptions, experiences, and opinions using interaction through interview responses.

Literature Review Related to Key Concepts

Barriers, Access to Quality Health Care, and the Prevalence of Disparities

Populations classified as low socioeconomic status face a high prevalence of health disparities, resulting in increased morbidity and mortality from various chronic health conditions (Nagler et al., 2013). These disparities have been attributed to several factors, including access to health care, utilization of health care and benefits, and the quality of health care provided to this population. Both affordability and limited availability have been identified as the most common barriers to care (Institute of Functional Medicine, 2020), and socioeconomically deprived neighborhoods have limited resources for prevention, treatment, and the managing of disease (Lòpez-De Fede

et al., 2016). Uninsured individuals are also more likely to have a higher prevalence of morbidity and mortality rates, and the uninsured are more concentrated in the Medicaid program (Mayo et al., 2016). Further, knowledge may be a barrier to accessing care, as a study on participants eligible for Medicaid in California, Colorado, Idaho, Massachusetts, Michigan, Missouri, Pennsylvania, South Carolina, Texas, West Virginia, and Washington, DC revealed that non-Hispanic, African American participants were more likely misinformed about their physical health problems and information about the Medicaid program compared to non-Hispanic, White participants (Stuber & Bradley, 2005). Additional factors that affect access to health care include insurance, having a PCP and a source of care, and race and ethnicity (Ogbuanu et al., 2012). In terms of quality of health care, factors that affect it include race and ethnicity, insurance, the parent's highest level of education, primary language, the region of residence, and information about the insured child, such as the child's health status and age (Ogbuanu et al., 2012).

According to the 2019 annual report from the United Health Foundation, Arkansas ranked number 49 in health disparities (America's Health Rankings, 2021). Challenges underserved Arkansans face include a high prevalence of obesity, an increasing percentage of children who live in poverty, and a high prevalence of physical distress (America's Health Rankings, 2020). Smoking, cardiovascular death, and infant mortality have also been reported as challenges in Arkansas (America's Health Rankings, 2020).

An established patient-provider relationship can be the solution to overcome these barriers faced in underserved populations. However, though having a PCP is highly encouraged for comprehensive, ongoing, and integrated care to reduce morbidity and mortality, there has been a decline in Medicaid provider participation (Gordon et al., 2018). In 2011, nearly one-third of physicians were unwilling to accept new Medicaid patients, declining Medicaid beneficiaries as patients from concerns regarding the care of high-risk patients for low reimbursement rates and delays in the payment of billing and claims (Gordon et al., 2018). Other concerns include the limited access to behavioral health services and the discontinuation of Medicaid services from lapses in coverage and inabilities.

Providers have also described challenges to meeting patient needs with specific concerns: transportation, safety in the home, drug use, nutrition, housing, and the lack of economic opportunity (Gordon et al., 2018). Access to transportation and the lack of having a PCP has been associated with diagnoses of late-stage disease among medically underserved women (Ramondetta et al., 2015). Transportation is a common barrier for underserved communities; it is a necessary step to ensure the ability to obtain well-coordinated health care and access to medical services (Nguyen, 2018). A lack of transportation affects the ability to visit the doctor or pharmacy. Approximately 3.6 million Americans missed or delayed essential medical appointments because of transportation barriers (Nguyen, 2018).

Additionally, physicians commented on difficulties their patients face, such as the inability to miss work and the lack of childcare (Gordon et al., 2018). Due to the failure

to schedule and keep appointments, providers referenced challenges with establishing and maintaining care plans, particularly with patients who face barriers in language and reading comprehension (Gordon et al., 2018). In conclusion, providers found that caring for Medicaid patients is an underinvestment that may distract them from providing quality care and coordination for Medicaid patients. An improvement in Medicaid policy may result in a solution to improve the delivery of care to Medicaid beneficiaries.

Summary and Conclusions

In summary, studies have shown the relationship between socioeconomic status and the health of individuals. Components that affect health include barriers such as education, lack of access to quality health care due to the shortage of providers in rural and underserved areas, the shortage in providers who accept Medicaid as insurance, and the number of resources in underserved areas to provide care to the vulnerable populations. However, there are limited studies that focus on the underserved patients receiving health benefits and health care and why they perceive or feel they are unhealthy as a result of their status. This study filled in this gap, extending knowledge about perceptions directly from low-income populations who reside and are receiving health care in one of the lowest ranking states in the United States. Chapter 3 will provide an overview of the methodology of the research study.

Chapter 3: Research Method

This study was conducted to identify the correlation between perceived barriers to health care access and delivery among Arkansas Medicaid beneficiaries. This study was based on the constructivist paradigm, using a phenomenological strategy to explain the perceptions of the relationship between socioeconomic barriers, health care access, and health care delivery. This chapter introduces the research methodology for this qualitative study. The discussion regarding the research design includes the methodology and an introduction to the sampling procedures.

Research Design and Rationale

This qualitative study identified the perceptions of underserved Arkansans on Medicaid to understand if they perceive they are unhealthy according to barriers related to their overall health. The goal was to identify the needs of underserved Arkansans for the implementation of programs to reduce known issues. Because this study focused on the study participants' perceptions and experiences, this study followed the phenomenological design (Gill, 2020). I measured participants' perceptions, and the responses to the semistructured questions were stored in Microsoft Excel to evaluate responses for themes.

Role of the Researcher

I have more than a decade of working with underserved populations; 8 years of experience have been related to working directly with the Medicaid population. Additionally, I have personally received health care benefits from the Arkansas Medicaid program. Because of my passion for this topic, I remained unbiased by controlling body

language that reflects agreement, disagreement, and input and between questions with the objective to remain neutral. My goal in this research was to document participants' responses and observe their behaviors. No research participant had a direct relationship with me before the interview process to reduce a conflict of interest; therefore, personal biases were managed.

Methodology

Participant Selection

Phenomenological studies involve homogeneous and purposive samples; participants are selected with the purpose of offering a meaningful perspective on the phenomenon of interest (Gill, 2020). Parameters for drawing participants for this study included limiting the analyses to respondents who are age 25 or older, actively receiving Medicaid benefits or the parent or guardian or power of attorney of a Medicaid beneficiary, and was a resident of Arkansas. Additionally, selecting a large sample resulted in an adverse effect of responses received, increasing possibilities of repetitive data. Because of the need for specific detail without the risk of redundancy, this phenomenological approach employed a small participant size of 10 participants statewide with respondents from various counties; results were measured by regions of the state.

Data Collection

After receiving approval from Walden University's Institutional Review Board (IRB), recruitment occurred using social media outlets with posts that promoted the study and incentives for participation. Individuals interested in participating in the study but

who did not meet the criteria were notified by email that they were not selected due to criteria requirements. Upon approval from the IRB, eligible participants who do not speak English as their first language received translation services as needed.

As mentioned, due to the COVID-19 public health emergency, data collection was handled virtually by using video conferencing platforms, such as Zoom, Skype, or Microsoft Teams for video communications, as audio-visual communications were offered as an alternative to communication in a more personable and intimate setting than a phone conversation or email correspondence. Different telecommunication platforms were made available to the participant to assure comfort and familiarity with the technological systems and ensure comfort during the interview. Interviews were scheduled individually, with different password-protected meeting links provided to each scheduled participant for privacy. The option for phone interviews were made available to participants who may not have the ability to participate in the interview using other technological platforms.

Instrumentation

The purpose of the Agency for Health Care Research and Quality's (Agency for Health Care Research and Quality, 2020) Consumer Assessments of Health Care Providers and Systems (CAHPS) program is to develop an understanding of patient experience with health care. I adopted the Agency's question sets by surveying participants based on their perceived key aspects of care as well as the patient experiences relating to satisfaction with their health care and health plan (Agency for Health Care Research and Quality, 2020). The participants were asked to respond based

on their perceptions related to receiving the necessary care, having adequate access to their medical providers, specialists, pharmacies, and how quickly they can receive care. Questions based on barriers and how they relate to access to health care delivery in their communities were also be presented to respondents.

Demographic information, including age, race, gender, and highest education level completed, was collected to provide descriptive statistics for the study. Overall health status, Medicaid coverage type, and if they are the Medicaid beneficiary or parent or guardian, or power of attorney of the Medicaid beneficiary was also collected. Completed consent forms for permission to use their information for research was collected to understand that participants' identities will be masked for protection.

Issues of Trustworthiness

Because the purpose of qualitative research is to understand the phenomena of participants, the participants are the only legitimate judges of the credibility of the study results (Trochim, 2020). One strategy I proposed was the utilization of the triangulation method. Trochim (2020) defined the triangulation method as the method used to increase the credibility and validity of research findings. Triangulation establishes credibility because it is the strategy that combines techniques or observers in a research study and is used to assist with exploring and explaining human behaviors (Trochim, 2020); this strategy offers a variety of datasets that can assist with explaining the results of a study (Trochim, 2020). Data triangulation, which includes time periods, space, and people, was the triangulation strategy used for this study. Member checks was also a strategy that was

followed for validity. Additionally, I provided participants with the option to share interview transcripts with them for verification that comments were recorded correctly.

Trochim (2020) defined transferability as the degree to which qualitative research results can be generalized, primarily the strategy that deals with the generalization of the study. I transferred the results of the study in the form of a summary. For accuracy, particularly as it relates to reporting study results, an audit trail is the strategy of dependability I will use, detailing data collection, data analysis, and data interpretation processes. According to Palaganas et al.(2017), reflexivity is a strategy of confirmability related to the analytic attention to the researcher's role in qualitative research. Reflexivity deals with the researcher's self-awareness during the research process, focusing on self-reflection and values (Palaganas et al., 2017). All in all, reflexivity is a technique that allows the researcher to reflect on the study's occurrences. I maintained a reflexive journal to reflect on the status and happenings over the course of this research.

Ethical Procedures

To assure quality and consistency, I personally conducted the interviews as the role of the responsible researcher. Consent was obtained from each study participant before the scheduling and confirmation of the interview, and each participant was provided with an introduction and an overview of the study with an outline of its purpose; the reassurance of privacy was for the purpose to encourage the participants to respond honestly without fear of stigma. To reduce distraction from taking notes during the interview, I used a recording function and transcribed the participant's responses after the interview; each participant consented to their interview being recorded. As a method to

deidentify participants, there was a refrain from asking identifying questions that include, but are not limited to, names, cities, and dates of birth.

In efforts to obtain permissions from Walden University's IRB, per direction from the IRB, I submitted all required documents with the IRB application, including IRB Form A, IRB Form C, a drafted consent form for study participants, drafted interview questions, a drafted social media post for recruitment, and the CITI certificate of completion. This study was approved by Walden University IRB; the approval number for this study is 09-03-21-0265935, and it expires on September 2, 2022. While Walden University's IRB understood that the goal of this study was to acquire data for research, my assurance to Walden University's IRB is that all data collected in this study was stored digitally on a locked computer and will be maintained securely in a locked cabinet as a protective mechanism against the possibility of a data breach. Additionally, collected data remained anonymous, and confidentiality will be maintained.

All participants were welcome to ask questions regarding the survey to eliminate potential misconceptions about participation; they were provided with my contact information to withdraw from the study should they feel it necessary. Although translation services were to be provided by request, translators were not needed during this study.

In understanding that one of the primary goals of Walden University's IRB is to ensure the safety of research participants through honesty and integrity, I protected research participants by using the masking method and by assuring confidentiality through anonymity and deidentification of the sample participants and their responses

through data collection and measurement. The inclusion of an informed consent form assisted with informing the research participants that they had no obligation to take part in the study and that they had the option to withdraw at any time without penalty or retaliation. I incentivized participation in this study by providing a $20 Walmart gift card to each participant at each interview's conclusion; incentives were mailed to the participants via certified letter through the United States Postal Service or sent electronically via www.Walmart.com.

Summary

This chapter outlined research methods used to address research questions. An overview of the research design and rationale, my role as the researcher, methodology, issues of trustworthiness, and information about data collection, data analysis, and permissions from the University's IRB were also explicitly outlined. Participants contributed to this study by sharing their perceptions, and I will contribute to this study's reliability, credibility, honesty, and integrity. Chapter 4 will provide the research study results and will demonstrate that the methodology described in Chapter 3 is followed.

Chapter 4: Results

The purpose of this phenomenological study was to explore and assess the perceived barriers to health care access and delivery among Arkansas Medicaid beneficiaries. The questions in this study were categorized as perceived socioeconomic barriers to health care access and delivery, perceived social barriers to health care access and delivery, and other perceived barriers to health care access and delivery among Arkansas Medicaid beneficiaries. Some variables of this study included race, self-reported level of education, marital status, employment status, the self-reported status of health, and the geographic regions of the state in which they reside. Chapter 4 describes the study's setting, the demographics of the research participants, data collection and analysis, and evidence of trustworthiness. The chapter will conclude with a detailed explanation of the data through an overview of the study's results.

Setting

Participants for this study were recruited using a virtual flyer approved by Walden University's IRB. This flyer was posted on various social media platforms, such as LinkedIn, Instagram, and TikTok. Outreach using Facebook's platform was instrumental in recruitment through Facebook sponsored advertisements, Facebook Marketplace postings, direct outreach postings on my Facebook personal page, and the Arkansas Medicaid-focused Facebook groups. Participants were asked to provide consent for participation after reviewing the emailed IRB-approved consent form. Thirteen adult Arkansans participated via one-on-one, semistructured interviews conducted virtually by Zoom or phone.

Demographics

Thirteen Arkansas Medicaid beneficiaries or parents or guardians of Arkansas Medicaid beneficiaries participated in the study and served as a representative sample for Arkansas. The representative sample was limited to Arkansas Medicaid beneficiaries to share their personal experiences with the state's Medicaid program. Each research participant met the criteria of (a) being age 25 years or older; (b) currently receiving Arkansas Medicaid benefits or the parent, guardian, or power of attorney of someone who is currently receiving Arkansas Medicaid benefits; and (c) currently residing in the state of Arkansas at the time of the interview. Table 1 lists the participants' demographics.

Table 1

Participant Demographics

Pseudonym	Gender	Race	Ages of Beneficiaries	Employment Status	Level of Education	Region
F1	Female	African American	8, 16, 17	Employed & Self employed	Bachelor	Central
F2	Female	African American	1, 3, 10	Employed	Bachelor	Central & Southeast
F3	Female	African American	7, 10	Employed	High school	Central
F4	Female	African American	4, 14	Employed	Bachelor	Central & Southeast
F5	Female	African American	8, 13, 38	Employed	High school	Central
F6	Female	African American	5 months, 25	Employed	Some college, Bachelor	Southeast Arkansas
F7	Female	African American	4, 7, 10	Homemaker	Bachelor	Central Arkansas
F8	Female	African American	6, 36	Unemployed, looking for work	Bachelor	Central Arkansas
F9	Female	White	25	Retired	Master	Central Arkansas
F10	Female	African American	3, 6, 2 months, 25	Employed	Associates	Central Arkansas
F11	Female	African American	10, 12	Employed	Bachelor	Central Arkansas
M1	Male	African American	37	Unemployed, looking for work	High school	Southeast Arkansas
M2	Male	African American	38	Self employed	Master	Central Arkansas

Data Collection

Participant Recruitment

Participants for this study were recruited using the IRB-approved virtual flyer posted on multiple social media platforms. Purposeful criterion sampling was used to recruit specific participants for the study, which provided the opportunity to recruit participants who met a particular criterion who would possess relevant information to the study. A total of 13 participants were interviewed.

Before scheduling and conducting the interviews, each participant was asked to provide virtual consent after receiving and reviewing the consent form. Upon receiving consent from the participants, official invitations that included time and availability were provided to the participants to confirm the interview appointments. Before each interview, the additional details, including the purpose of the study, a brief introduction of what the interview would cover, and assurance of confidentiality was provided to all participants. Several individuals responded to the social media outreach posts but did not respond to the correspondences or provide consent to participate in the study; those who did not respond to the emailed consent form were not included.

Semistructured Interviews

The interview began with demographic questions that described each interview participant. Once the demographic portion was completed, semistructured interviews were conducted using a phenomenological design to explore the lived experiences of Arkansans who use Medicaid services. The interviews were recorded using a password-protected audio recording device. The audio recordings were electronically stored and are

protected by a strong password. The duration of the interviews ranged from 24 minutes to 1 hour and 45 minutes.

Each interview recording was transcribed with the assistance of transcription software; the transcription occurred using a personal, password-protected computer. Upon completing each transcript, the participants were asked to review their responses within 7 days from when the transcript was emailed for accuracy through the member-checking process. All data were securely stored in my locked home office, in which all electronic data were stored in a password-protected folder on a personal computer. Some notes to the participants' responses were handwritten; all handwritten data and notes were stored in a folder in a locked security box that is only accessible to me. The data collected for this study will be securely stored for 5 years and destroyed once the 5-year period has passed.

Data Analysis

Data for this study were collected through one-on-one interviews with the consenting research participants. Each interview was transcribed, and member checking was used to ensure that the information documented was accurate. Microsoft Excel was used to assist with the coding and theming of collected data. Data were organized into tables using Microsoft Excel, with each spreadsheet containing tabs that were labeled by barrier types (socioeconomic status, social barriers, and other barriers). Interview questions sorted the participant's responses. Demographics were also captured and reported under a tab within the same Microsoft Excel spreadsheet. This method of data organization provided the opportunity to analyze and synthesize data using direct quotes

from the participant conversations during the interview process and understanding the overall big picture of the study. This data set supplied an appropriate categorization of topics discussed in the study.

During the final analysis of the data collected during the interview process, the themes the participants emphasized emerged and were identified as subthemes from the earlier mentioned thematic barriers. The subthemes that were emerged from the analysis of the identified themes included:

a) Potential socioeconomic barriers

i. Effects of one's income

ii. Knowledge and awareness

iii. Employment status and impact

iv. Financial impact

b) Potential social barriers discrimination

i. Transportation

ii. Neighborhood

iii. Discrimination

iv. Stress

v. Access to resources and social support

c) Potential other barriers

i. Frequency of visits with Medicaid as insurance

ii. Treatment based on income type

ii. Availability of Medicaid providers in Arkansas

iii. Availability of technology and the quality of treatment received

iv. Patient and provider relationships

Evidence of Trustworthiness

Because this study focused on participants' perceptions in potential underserved situations, trustworthiness was imperative in this study, as it assisted with strengthening the study's validity including credibility, transferability, dependability, and confirmability (Gunawan, 2015). The triangulation method was used to increase the credibility and validity of research findings (Trochim, 2020). In addition to triangulation, member checking was also a strategy that was followed for validity. Interview transcripts were shared with the participants upon completion and prior to use for study to verify the accuracy of the responses; participants were asked to provide feedback and approval of the transcripts upon receipt. If a response was not received within 7 days from the date the transcripts were sent, it was assumed that the transcripts were approved for use in the study. In this research, triangulation, prolonged engagement, and member checking (Lemon & Hayes, 2020) were used to strengthen the understanding of this qualitative study's topic—perceptions of Arkansas Medicaid Beneficiaries.

Credibility

Credibility establishes confidence that participants' perceptions are true, credible, and believable (Forero et al., 2018). To establish the credibility of this study, member checking was used once the audio recordings of the interviews were transcribed and shared with each research participant. To ensure accuracy, each participant was asked to

review their detailed responses and provide approval of the transcript before use for data analysis for the study.

Transferability

Transferability is the degree to which qualitative research results can be generalized (Trochim, 2020). Transferability refers to the potential for extrapolation, relying on the reasoning that findings may be generalized or transferred to other settings or groups (Elo et al., 2014). Interviews were conducted with each participant to provide detailed responses based on their experiences as Arkansans who receive medical services through the state's Medicaid program; probing was also used during the interview process to obtain more specific details on the questions in which the participants may not have elaborated, ultimately assisting with establishing the transferability of the study.

Dependability

Dependability is the stability of data over time and under different conditions (Lemon & Hayes, 2020). Dependability ensures the findings of a qualitative inquiry are repeatable if the inquiry occurred within the same cohort of participants, coders, and context (Forero et al., 2018). In this study, dependability was established through audio recordings and transcripts; transcripts were reviewed and matched with the audio recordings by each research participant to assure accuracy. Additionally, the transcripts were sent to each research participant for confirmation.

Confirmability

Conformability refers to the objectivity that is the potential for congruence between two or more independent people about the data's accuracy, relevance, or

meaning (Elo et al., 2014); confirmability can also be defined as an extension of confidence that ensures that the study's results are confirmed or corroborated by other researchers (Forero et al., 2018). The audio recordings of the interviews helped establish the confirmability of the study. Additionally, reflexivity was used, allowing awareness of my personal and professional experiences and biases with the Arkansas Medicaid program.

Results

Using a phenomenological study aided in exploring the lived experiences of 13 Arkansans who are currently receiving Medicaid benefits. The participants represented both the Central Arkansas and Lower Delta regions of the state. Though the state's Central region consists of prominent neighborhoods, corporations, private schools, and universities, there are some low-income areas where residents face many barriers that result in negative impacts on communities. By opinion, the Lower Delta region is considered one of the poorest areas of the state; it is known for small towns, poverty, and limitations to access to adequate health care, health care providers, employment, and education opportunities. The guiding focus of this study was perceptions of underserved families in Arkansas relating to their health care and barriers. This study provides an understanding of participants' lived experiences to benefit those receiving care through the Arkansas Medicaid program.

Theme 1: Potential Socioeconomic Barriers

This theme also has four subthemes in which the participants provided their experiences (see Table 2): (a) effects of one's income, (b) knowledge and awareness of

health and health care, (c) employment status, and (d) co-payments, bills, anticipated bills and non-coverage of services and medication (see Table 2).

Table 2

Potential Socioeconomic Barriers

Subthemes	Participant Responses
Effects of income as it relates to the access to health care	"With them having Medicaid, they probably go more often. As when it was just myself and my daughter, she had to be on my health insurance, and that was very, very costly. Like I had to pay like $800 for an ambulance ride for her to go to the ER. And then, at that time, she had to get an EpiPen. And when I went to go fill the prescription, it was over a hundred dollars. I was like, 'Jesus.'"
	"now that I do have Medicaid, it's not as much of a barrier, but it still does play a part with copays and some testings and things not being covered."
	"grave effect on whether or not to actually go in and receive the advice and treatment from a physician versus trying everything you know at home."
	"having to potentially pay for that office visit copay."
	"when we were paying and having like insurance through my employer the co-pays, the added cost out of pocket...can be outrageous. So, I found myself trying to do home remedies or looking at home remedies before I said, 'okay, this is a doctor needed situation. Let's see if it still hurts tomorrow.'"
Effects of income as it relates to the delivery from health care professionals	"I think your income also affects how they treat you. And this is based on experience. I've had private insurance where I felt like I was taken care of in a fast manner. And I've also had Medicaid where it felt like it was, the process was slower than usual."
	"some hospitals feel like...they should only do the bare minimum or not go above and beyond."
	"we didn't have the amount of money for either me or my husband to have [private] insurance."
	"they didn't tell me about my ultrasounds - I didn't get enough ultrasounds to be able to check...to see if my baby was okay or anything. And I didn't get the amount of treatment that I needed."
	"and so, when it came down to me actually having my baby, because of the insufficient information I was having, I ended up losing my child."
Knowledge and awareness of health care and access to health care professionals	"I don't feel like all doctors have a prejudice, but I do believe that some of them do treat patients that have a lower income differently than they would with higher income. I feel like it's less of a care...not putting your best foot forward, but still doing your job."
	"I tend to stay...very knowledgeable. So that does play a role in it. If I already know what's going on and what I need to do, then I don't think I need to take them, then I won't. But if I'm unknowledgeable of what's going on, then I'm either calling their doctor or calling them after hours to get more information on what's the next step I need to do."
	"of course, it affects because...especially during these times...we have a lot of medical issues going on in society, very uncertain, it's hard to know what...is going to be a serious threat versus what is just a normal...so, yeah, it definitely affects how...I would take care of my children."
	"I think it does matter because I worked with Medicaid...so I know how many times my children can go to the doctor. I know, you know, that type of thing, as far as like sick visits and things like that, they only have a $10 copay. So...it doesn't affect me; actually, makes me more open to going to the doctor versus with my insurance, with specialists, and things like that. It costs a whole lot more versus Medicaid – emergency room visits was like $150 with my health insurance versus Medicaid is free."
	"kind of knowledgeable of it. The doctors that I see now are very helpful. They always do follow-ups, they do checkups, they, they make sure that I'm aware of what's going on with my health and my body, as well as well as my children. You know, they are always sending out, you know, reminders on whether it's time for...shots."
	"Yes. I mean, if you know your health and your body, then you'll be able to tell if something is off."
	"because I know that one of my children and asthma, she has real bad allergies. So, because we know the knowledge that goes along with it, and we know that the way that her body reacts to it, she goes more than maybe the typical child would go, just to make sure she's up to date with her EpiPens, Zyrtec, and everything asthma...inhalers."
	"Yes, I think my knowledge about our health status and what we have going on. I can say...if we do go into the doctor, 'okay, he usually is doing this, and now it's turning into this, or it may be even absence of things that they normally do.'"
	"So, my daughter's [a] heart patient and recently she's been stating that she's been having a lot of heart pains in the chest and so I'm more punitive...the slightest pain...[we are] scheduling with the cardiologist...so when it comes to our daughter, I the slightest thing we're calling an ER."
	"I have a couple mental issues, and I know that if I don't go to the doctor for myself, it will have an effect on my kids and my husband with the diagnosis...if I'm not on my medicine, it could affect my household."
	"I'm the in the know type of parent, so, if something's wrong, we are definitely going to go because I have to know how it started and now how to get rid of it."

(table continues)

Subthemes	Participant Responses
Knowledge and awareness of health and health care and the delivery of health care received	“Oh, yes...if I know going into the doctor exactly what’s going on and how to explain it to them, and then they seem more attentive.”
	“I took one of my children to ER...by the second time I went back, I told him...I’ve looked into this - this what’s happening now...then they slowed down, and things went a whole different route than me taking her up in there not knowing how to communicate with them or let them know.”
	“I noticed that in topics that I’m completely ignorant, you know - doctors are often, or nurses try to throw stuff at me and...they’ll just tell me anything to try to just calm me down versus helping me understand exactly what’s going on. And if I do happen...to understand what they’re talking about, I will notice that sometimes the things that they tell me don’t add up to my truth and I have to ask them the questions...and so...that is definitely a situation in which it’s really hard to overcome because you just don’t know, who’s telling you the truth and who’s just trying to get...you out the door basically.”
	“a lot of doctors think you don’t know anything half the time. There have been points where I’ve taken my kids to the doctor when I have known what’s wrong with them, but they always had to give in to something else. When in the end, what I was saying was right the whole time. So, I do think the doctors have a ‘know it all mentality,’ which I understand, but I do think the knowledge does affect health.”
	“are we going to be treated the right way even though we are black, and this is a white doctor.”
	“Absolutely...I’ve noticed when you go to a doctor, and they will say the bare minimum until you start asking those questions; you asked a lot of questions and you say it intelligently, then they respond different. It’s like, ‘oh, this person has done their research.’”
	“Yes, because most doctors just feel like you don’t know what you’re talking about...like if you go in and telling them that you think X, Y, and Z is wrong, most of them aren’t really going to...take you seriously because most feel like you don’t know what you’re actually talking about. I have a doctor, and I tried to tell them what I thought, like the symptoms I was having and what I thought could be wrong. And they were more so convinced it was something else. So, they really weren’t listening.”
	“Sometimes it does. And normally, ever since I have become a parent, I just describe what’s going on and basically say, ‘Hey, this is what I’ve noticed, this is what we have going on.’ And I noticed the more that I’m talking. One of the main things I’m asked is, ‘Are you a nurse, or do you have a medical background because you’re able to explain this more thoroughly?’ So, it’s more so with them knowing that I do have that knowledge; I have noticed some of them take a little more time to kind of pace themselves to do that because they’re able to tell, just by the way, I described things that they need to make sure they go that extra step.”
	“The doctors we’ve seen, they don’t answer the questions for me...I feel like they come in and give me just a doctor’s quick look through me and give me a print off. I feel like the providers can go more in-depth. I feel like they tell you what they have to tell you in that five minutes, send the nurse in with a print off on what it is, and then you’re kind of like thrown in the wind to do research.”
	“Yes, I do because every time I go in, I ask very specific questions...nine times out of ten at most appointments, they’re very appreciative of patients like that because it kind of makes their job kind of easier.”
Employment impact and access to health care	“Oh yeah, that definitely affects because I have to try to get them in at a time when I’m not working...I do work evenings, and I’m off on Thursdays and Fridays, but I have three children, so I have to consider, ‘okay, who’s going to watch my other two? How am I going to get all of this lined out?’ It can be a frustrating situation when needing to get my kids to the doctor. And sometimes I feel guilty when I have to take all three of them in because I don’t have any other options.”
	“unnecessary exposure.”
	“I have a lot of meetings, a lot of important meetings, a lot of decisions being made, that’s costly to the state. So, I try to schedule my appointments around those, even my own personal appointments.”
	“I have had some jobs where it was completely flexible – I was able to take the time that I needed to treat my child, I could come back to the office and work. And then I have had a position to where it was extremely hard. If I did get off. I had this set amount of time, and you couldn’t go over it due to certain things that had to be done.”

(table continues)

Subthemes	Participant Responses
Employment impact and the delivery received from health care professionals.	"I was a veterinarian technician for many years, and when...the doctors would find out that I was a veterinary technician and that I knew medical jargon, and I understood the concept that they were trying to explain. They tightened up on me. It's like they kind of made sure that they were a lot more straightforward with me."
	"when I had my last child, my husband works at the hospital I had my child at, and I noticed in comparison to some of my friends...at the same hospital and had children, I was given a lot more attention as far as like me being open to breastfeeding. They were in there constantly, constantly, constantly, constantly. I felt like it was because of [my husband]. Because he actually works there. At that time, I was receiving Medicaid."
	"my previous job, the insurance that we received was, was very good insurance. And each time I will go to the doctor or that go to the dentist, they will always let me know, 'oh, you have very, very good insurance.' So, it's like I could tell that I would be treated a little bit different...if they see that your insurance covers so much if your job has very good status...you do get certain types of privileges, or they treat you a little bit different."
	"So, I work for Children's I had noticed when they ask [about my employment], and I say 'children's,' my children to do receive a different type of care, and [they're] like more kind of attentive."
	"she said, 'well, we don't have any rooms available,' and she apologized. But as she went on to ask me questions to make sure everything was up to date. I told her I work for Children's. She said, 'okay, give me one second.' She came back and said, 'I got a room for you in the back.' But I noticed there was another infant still in the waiting room. I think they do for who they are depending on the person. Yes, your job can affect the way some health care providers provide for you."
	"Even in the unit, I've seen if you're a worker, or...a child of a worker; you're going to get a little bit more attention from the doctors and the nurses than a patient [who is] just a regular patient."
	"in some cases, it does not matter. But then, in other cases, I think doctors have a whole different level of respect for teachers because we're in a classroom of sometimes 27 kids with viruses and everything, so you're more prone to catch something and take it home. I think they take it a little bit more seriously...because we are overly exposed to everything."
Co-payments, bills, anticipated bills and non-coverage of services and medication and access to care	"Definitely. I do have to be mindful if there's any copay or if there may be any medicine that I will need."
	"Recently, my son was prescribed a medication by his doctor that that Medicaid would cover, and they said they need a physician's approval...the pharmacy, I guess faxed to the doctor several requests to get it approved, I've called them...it hadn't been approved. We ended up eventually having to just buy that medication out of pocket. And that was a $50 medication, which was not in anybody's budget."
	"my dad ended up helping me out and going ahead and get it for us because it was just not in the budget, but he really needed it."
	"my son, he actually receives speech therapy three times a week. If he was on either of our insurances, there is no way we can afford that."
	"I probably would have picked up another job, or the dad would have, or honestly, if that wasn't an option, I would have tried to request that he received less services...maybe down to once a week or something versus three. Because I think with insurance it's like $65 per visit for a specialist...and then plus having to pay a hundred dollars per week for daycare that's a lot."
	"Yes...I do become fearful sometimes...with Medicaid...I do become fearful...because I might need to see a doctor...and won't have that option...because I have maxed out how many times, I have seen the doctor."
	"Yes, because I don't like to go see the doctor too often because I don't want to go and then end up with a high bill that I have to pay back or won't be able to pay back."
	"medical bills going on your credit, they mess up your credit."
	"Sometimes you just don't have the money to go see the doctor cause, you know, it was going to end up in a bill, so it deters you from going probably as often as you should, or in certain situations."
	"Yes, I actually recently went through this where my son was prescribed a medication...the doctor wrote the script for it. And when I get ready to pay it, I'm told, 'Oh, that particular medication is going to be $70.' And I'm thinking, how was it $70 with him having a primary and a secondary insurance? And they said, Well, this insurance does not cover it because it's available over the counter."
	"I've reached the cap for them paying for this, I've reached the cap for them to pay for that...my bills are already tight."
Co-payments, bills, anticipated bills and non-coverage of services and medication and the delivery received	"they will want you to pay...[the] balance before they see you at all."
	"Yes. I would agree...everybody wants to get paid for what they do. And sometimes, I feel like doctors are more reluctant to give full quality care to a patient if they feel like they aren't up to their standards. I would say, like, if they think you don't have any money, or they think you're not a...top patient...I just feel like they treat...different incomes differently...patients with a higher income...I would say are treated more respectable, more higher care, more consideration is taken for them."
	"Yes...not the doctor perse, but it was the dentist office, and they did say that I could not come back I think the...Medicaid had lapsed or something and it was in between one of those situations. So, because [Medicaid] hadn't paid this bill yet, they needed me to pay before she could be seen again."

Effects of Income as it Relates to the Access to Health Care

Four of the 13 participants responded that their income impacted their access to health care. Additionally, the respondents shared that they thought their income positively impacted their access to health care through qualifications and eligibility for Arkansas Medicaid benefits. For example, Participant F4 explained, through comparison, her experience with the expenses in paying for private insurance coverage, co-payments, and prescription costs, versus utilizing state-funded Medicaid benefits, where health care is more affordable. Participant F6 mentioned in her response concerns with copayments and tests; similarly, Participant F8 described her reluctance to visit her provider due to a fear of receiving a bill for uncovered services. Participant F10 informed during the conversation that she takes advantage of the opportunity, with her and her children visiting their health care professionals more as needed, yet more frequently because of the services covered by Medicaid. Nine of the participants responded that they do not feel their income impacts how often they visit a health care professional.

Effects of Income as it Relates to the Delivery of Health Care

When asked participants to explain had an impact on how their health care professionals attended to their needs, three of the participants responded that they felt their income had a negative effect on the treatment they received from their Medicaid health care providers. Participant M1 responded that he felt income does have an impact on the treatment received, further explaining through comparison his treatment received when on private insurance was more time-efficient and effective, versus treatment received when on Medicaid, being a much slower process. Participant F6 also responded

with comparison, feeling providers seem to treat patients who have a lower income differently than those who have private insurance. Participant F5 felt that she did not receive comprehensive treatment due to being on Medicaid, stating she felt her providers did not go above and beyond when providing her treatment. Further, she explained that she lost her baby due to insufficient information during her prenatal care. Ten of the participants responded that they do not feel their income impacts how their health care professional attends to their health care needs.

Knowledge and Awareness of Health Care and the Impact on Access to Health Care Professionals

A total of nine participants provided details of feeling that their knowledge about their health affects how often they see a health care professional; four participants responded that they thought their knowledge had no impact. Participants F1 and F2, F5, F6, F7, F8, and F11 all explained the importance and benefits of being knowledgeable as it related to the care received from their health care professionals. Participant F4 spoke from knowing the Medicaid program, further explaining her previous employment with the Arkansas Department of Human Services. Because she worked with the state Medicaid program, she understood coverage specifics, such as visit limits, copayments, coverage, and services which ultimately became a benefit for her as her children became Medicaid recipients. Participant F10 discussed personal experiences and the benefits of knowing her and her daughter’s health conditions. She mentioned that she’s more aware because of her knowledge, resulting in more frequent visits as needed.

Knowledge and Awareness of Health Care and the Delivery of Health Care

When asked to explain whether the participants think their knowledge about their health affects how health care professionals attend to their health care needs, eight of the participants responded that they felt that their understanding of their health impacts the treatment received from their Medicaid providers. Participant F1 explained that her health care professionals appear to be more attentive when she expresses more knowledge and awareness during her visits with her providers. In contrast, Participant F2 expressed her opinions of when providers think a patient is ignorant; they throw the information at the patient to get the patient out of the door basically and on to the next patient. Participant F3 responded with her thoughts about providers thinking their Medicaid patients didn't know anything, having the "know it all" mentality; she also questioned fair treatment because of race. Participant F4 shared that she receives the bare minimum of treatment until she asks probing questions. Additionally, the same participant mentioned speaking with intelligence results in different, more respectful responses from her providers. Participant F6 shared her perception of delivery, stating that she felt her providers don't take her seriously, as most doctors feel their patients lack general knowledge. Participant F8 responded that a clinician who possesses knowledge in medicine and medical terminology stated that because she provides thorough details, her providers provide the same thorough detail when explaining diagnosis and treatment. Participant F10 responded that her providers observe then provide a print-off, ultimately leaving her to read and research further. Participant F11 stated how she prepared her questions before her appointments, having felt that her providers appreciated the preparation.

Employment and Access to Health Care. When asked to explain whether one's job affects how often a person may see a health care professional, three of the study's participants responded that their jobs affect how often they see their health care professionals. Of the thirteen participants, two participants were unemployed and looking for work at the time of their interview; one participant was a homemaker, one participant was retired, one participant was classified as self-employed, one participant was both employed and self-employed, and the remaining participants [seven] responded that they were employed.

Participant F2 described her work schedule and the difficulty in coordinating her work schedule when scheduling appointments for her children. She also mentioned the limit in childcare for her well children when taking a sick child to the doctor and her concerns with unnecessary exposure when taking all of her children to the clinics. Participant F4, who works full time, also responded concerning her work schedule, expressing her difficulty scheduling and making medical appointments. Participant F8 explained the differences in her jobs where some of her employers were flexible, and others were not as flexible, ultimately impacting how often she and her child visited their health care professionals.

Employment and the Delivery of Health Care. When asked to explain whether the participants think their job affects how health care professionals attend to their health care needs, five of the thirteen participants responded yes, they experienced an impact on the treatment received. Participant F2 explained her clinical background, further explaining that providers would respond to her inquiries with more detail once they

realized her ability to understand medical terminology. Participant F4 responded by using a comparison of her treatment versus the treatment of others, explaining the treatment she received in the hospital in which her husband worked to the treatment others received in the same hospital; Participant F10 also described her personal experience as an employee of the state's Children's Hospital, explaining in detail her experience with being provided a bed in a patient-filled hospital, seemingly because of her employment status within the organization. Additionally, she further described the excellent treatment from staff once her child was admitted and placed in a unit for treatment. Participant F5 also responded with a comparison; her perception was based on her experience with her private insurance benefits versus her experience with receiving benefits from Arkansas Medicaid; the office staff would comment on how good her benefits were, and she felt that she was treated fairly and without limits. Participant F11 responded that doctors have a different level of respect for teachers because of the work done and their exposure to the various transmissions of illnesses.

Co-payments, Bills, Anticipated Bills, Non-Coverage of Services and Medication, and Access to Care. When asked to explain whether the participants think their bills affect how often they visit their health care professionals, six of the thirteen participants responded that they feel that their bills affect how often they see a health care professional. Participants F2, F6, and F7 responded similarly, stating their experiences and concerns with being presented with unexpected medical bills while receiving Medicaid benefits. Participant F6 further explained her concerns with medical bills and their potential impact on credit and other financial impacts, explaining finance and bills

as her reason for not visiting the doctor. Participant F4 responded that because her children are on Medicaid, they see health care professionals more frequently because of the awareness of covered services, and Participant F5 regarding Medicaid visit and services limits.

Co-payments, Bills, Anticipated Bills, Non-Coverage of Services and Medication, and the Delivery Received. When asked to explain whether the participants think their bills affect how health care professionals attend to their needs, three participants responded that they felt bills impacted their needs. Participants F5 and F6 provided implications about the provider's financial priorities, implying that if the patient does not appear to have affordability, providers are less likely to treat their Medicaid and underserved patients with limits. Participant F7 responded regarding delivery received by her dentist; because Medicaid had not yet paid a bill for treatment her child previously received, her child was unable to be seen until Medicaid covered the expense or until she paid the balance in full.

Theme 2: Potential Social Barriers

The "Potential Social Barriers" theme focused on the participants' reactions and responses about their perceptions of social barriers they may or may not face. The participants provided detailed insight about (a) transportation, (b) neighborhood, (c) discrimination, (d) stress, and access to resources and social support, which are classified as the subthemes (see Table 3).

Table 3

Potential Social Barriers

Subthemes	Participant Responses
Transportation and access and delivery to care	"Yes...before I started back driving...if I didn't have a ride...then we always had to reschedule. So yeah, I think that transportation has a lot to do with it too."
	"Personally, transportation for me wouldn't be an issue because I have it, although there was an incident where I...had to go see a physician. It was 2 hours away, and I had to cancel appointments because I did not have a ride because I'm the one that usually does the driving. So, transportation will affect, but it hasn't affected me other than that situation."
	"Transportation is not a barrier. I have a vehicle now before I had a vehicle. It was a barrier because driving to the appointments having someone drop you off and pick you up. It's just an inconvenience."
Neighborhood proximity, type, demographics, and access to health care	"Well, right now, it's completely affecting it because, in my neighborhood, I can't find any doctors who will accept Medicaid patients. Yeah. Greatly at this point."
	"Yes, the distance that does plays a part, even if I had to drive from work to the doctor's office, or me to leave my house to go to the doctor's office that does play a big part in getting to the doctor, especially on time."
	"Yes. Like my primary care doctor is in a reasonable distance, so I don't have an issue driving down to him, going to my checkup...my specialist is located in Little Rock. I'm not really a fan of driving to Little Rock, so sometimes I just reschedule appointments, cancel them if I don't feel like it's a necessary appointment to make that drive."
	"when I was originally sent there, I was told that it was the closest [specialist] we didn't have one in Pine Bluff."
Neighborhood proximity, type, demographics, and delivery of care	"newly implanted in Central Arkansas."
	"with very close-knit, small-townish and so, it was not unlikely for you to know the people that were treating you...so...it was in a way it was easier because I felt like, 'okay, they see me as more than just a patient they're...they're a lot more friendly...they don't blow you off as often...the new pediatrician that I got, for the most part, was very open...he was very willing to sit and explain to me what I needed to understand until I understood it."
	"I would get a new doctor every time, but depending on the doctor, they will be...like 'who does she think she is asking me questions?' And I...would have had to be sort of more of firm with them to get them to understand that I do expect answers to the questions that I'm asking, and I don't expect to just be blown off. So, I guess that's the difference between being in the neighborhood that I was in."
	"my neighborhood...it's such a small knit community that everyone knows everybody from the doctors to the school teachers. So, if you need to seek care, it's like they take care of you more on a personal level than anywhere else, unless we have...outside physicians that are traveling or training here."
	"Absolutely. It's definitely benefit...if...I had me a little emergency in some cases like...even though she's off...she's still...a doctor."
Discrimination and access to quality care	"I can't one hundred percent prove anything...but I'm beginning to feel like, especially [in Central Arkansas] that there is some sort of discrimination...it just seems like there's just, there's too many situations where people are willing to say, 'okay, well, you we don't have a room for a Medicaid patient.' And I'm like, hold up. If you're getting paid for the services, why would you differentiate the Medicaid? So, my name is very ambiguous. You can't tell really what race I am. And so sometimes I will try to use my professional wording and, and try to see if that would make a difference through how I speak to people...and honestly, I really think that in most cases it's simply the Medicaid stigma...I even had one doctor tell me, I was trying to get them to see a dentist, and the dental provider told me that while they accept Delta dental...they don't accept the ARKids version. And I'm like, how on earth is it different, so different that you can accept one, but not the other? I don't understand that concept. But it seems a little biased to me is the best way that I can put it."
	"Discrimination across the board...it was a time where I didn't know if my insurance was still good or whether or not I had insurance, and I was treated a certain way prior to me finding out that my insurance was still good."
	"Once they found out I had insurance, they were more willing to help me with the process with me being admitted [and] with me getting checked out to the point of me having to find medical equipment that I was gonna need for home; prior to me having the insurance, it was pretty much, 'hey, you figured out.' The doctors and the nurses, they kind of passed me off to billing...it was definitely a difference."
	"Yes, I can, I can see, in all aspects, there are some doctors who don't like seeing just certain patients [based on] their insurance. And my youngest son, might need braces. And so, I was talking to the dentist about...him getting braces and everything. And the first thing he said, 'well, since you're on Medicaid, you might not have enough funds, or my insurance might not pay for his braces. Now I'm well aware...Medicaid only provides so much on stuff, like the orthodontist work and stuff like that, I get it. But you know, you pull in my insurance in it, you know, that made me feel some type of way."

(table continues)

Subthemes	Participant Responses
Discrimination and access to quality care	"even when I was pregnant with my child...I felt like they would stereotype...race wasn't so bad, because, you know, it was the African American clinic...but I just I feel like they do stereotype you based on your age and gender, even your insurance."
	"On the health care providers...I do feel like I experienced a little discrimination. I just, I was recently pregnant. And when I was pregnant, seeing my OB-GYN from, from the experience that I was being told by another person that I know that was going at the same time, who was of a different race care that they weren't bad. And the care that I was experiencing so far is saying like the actual doctor and speaking with them and having checkups and stuff like that; it's like it was different. As far as paying for things, I feel it was different, but insurance also could have played a part in that, but I like the care we got cared for, but I don't think it was on the same level as other patients."
	"I kind of felt like she discriminated against me a little bit. I'm not sure if it was based on my age, so she thought I was kind of young, and I should just listen to her. And when I didn't, it made her mad. So, because of that situation, I did have to wait an additional two or three weeks to get in with another doctor that I knew will listen to me."
Discrimination and health care delivery	"Definitely...I can definitely tell that there is a difference in, and there is a discrimination. I may not be able to exactly put my finger on what that discrimination may be, whether it may be due to race or whether it may be due to status of insurance or both, but I do know...that there is a definite discrimination. And then I also realize that there are microaggressions...situations where you look back, you're like, 'hold up, that was off – that was not right.' You know, even though in the moment you kind of brushed it off, but the more you think about it, the more you realize that you weren't okay with the way that you were treated."
	"It can."
	"Oh, yeah, with the same situation. Because I wouldn't allow her to do something I knew was not needed. She didn't even bother to even take care of my child."
Effects of stress and access to care	"Gosh, that definitely affects it, because...the effort that it takes in order to go from needing to see a doctor, to finding a doctor...and actually getting the kids to that doctor, it's a lot of effort involved, a lot of planning, a lot of dealing with different people trying to get this that and the third. And that is definitely a factor as to how often we will see a medical professional."
	"compounded issues."
	"more than one child at one time."
	"It can, especially when you are dealing with something, and you don't know what it is. I've put off doctor's appointments because I just wasn't feeling it, so it can."
	"Yes, I do. I know they can get overwhelmed, especially during a pandemic. A lot of sick kids...especially during flu season...I try not to schedule appointments during flu season."
	"So, it's like, they're trying to get you in and out quicker...and you can tell when they're like really short with you, and they'll try to like complete your sentence. Kind of trying to guess what the issue is that you coming in for."
	"Okay. Now stress in my case - it's why I go see the health care professional."
	"As far as scheduling appointments, it is stressful, and making it to appointments is stressful because sometimes the doctors don't answer."
	"then most health care providers, offices are most working hours, so stressful have to take off work. And if you don't take off the full day, [you have to] make it back in a timeframe that is a reasonable timeframe...[also] not knowing...what insurance is going to cover, what you have to pay, that will be a factor. Those are mostly the things that are stressful for me."
	"having to be tested and put her through it, it is a lot to...have to watch your child have an allergic reaction, and there's nothing you can do about it. And she just has to be uncomfortable. So, I will admit, we do put off [appointments]...longer than we should."
	"Yes, because unfortunately, once again – you don't ever get to walk straight into the doctor to be seen and straight out. And so, whatever is going on – it could really make or break your day."
	"Only stress I have felt lately is because of the Covid-19 pandemic. And the rules are just so crazy...we use UAMS and UAMS rules are, [if] you have any symptoms of COVID, you cannot be seen in the clinic, you can only do a phone thing or a zoom kind of thing. And when your child is not verbal, those kinds of appointments don't help. I need someone to actually look at him, look at his throat, look at his nose. And when you can't get in to see a medical professional, that's stressful."
	"I am like, I'm like a hypochondriac. I have had my kids get tested back-to-back in the same day before...because the stress turns into anxiety, and anxiety makes panic. Yeah, absolutely stress."

(table continues)

Subthemes	Participant Responses
Effects stress has on the delivery of quality health care	"Oh yeah. I mean, they, too, are under a lot of pressure...some doctors who are under a lot of stress, and they can take their frustrations out on the patients."
	"I was at the dentist, and the lady did not handle her stress...she called me after the fact and apologized."
	"she just ignored my child. She would hear my calling her...my child would be like 'dentist, I'm hurting,' And she would be like, 'oh, I'm not the dentist.' She would just ignore her like, 'I do this all the time. I'm not really worried about it.' Well, you should be worried about it. And when she called later, she said, '...well I was just having a bad day, with Covid-19 going on and all the stress around me.' She just needed to vent a little bit, I guess."
	"Yes, but the stress comes with the territory, but they seem to be handling the stress well. I am starting to see more student doctors – as long as the doctor is in the building, the student doctors do most of the work."
	"One night, we went to the doctor, 32 nurses walked out of the ER. Quit."
	"You're telling me that the wait time could be 13 hours. So now you had the decision to I want to take my baby to another hospital...because the nurses are the provider's backbone...so, I feel like they can be under a lot of stress."
Impact of social support and other resources as it relates to access and delivery of quality care	"Greatly. There have been situations where I felt like one of my children needed some specialized or different types of care that just wasn't available. And even though even knowing that it's out there, but not knowing how to get it get access to it was not something that has been easy to navigate for me."
	"cause there's been times situations where I needed some help and didn't know that it was even available to them and then when I do see that it's available trying to get access to that care, adequate care that I comfortable with."
	"Yes. For my personal appointments, having someone, having somewhere to be able to drop my daughter also, I can go to my appointments, makes me actually go to them because if I don't have anyone to watch her look after her, while I'm at the doctor, then I'm just not going to go because taking her to the doctor is stressful in itself...trying to be in my appointment, answer questions, make sure she's not fussy and have everything she needs it's just easier to not have to take her. If I do have to take her. I usually just reschedule."
	"Yes...I have nurses and doctors in my family, friends, you know? And so, when I get with them and talk about certain situations and they tell me a...'hey, make sure you talk to your health care professional about this or ask them this question,' and that helps a whole lot...when you go in there, already knowing what you need to talk about and the questions to ask, it changes the whole atmosphere to me with the health care professional."

Note. UAMS = University of Arkansas for Medical Sciences

Transportation as a Barrier and its Relationship with Access and Delivery to Care

The participants were asked to explain whether they think transportation affects how often they see a health care professional. None of the participants responded that transportation was an issue; however, three participants explained how transportation was once an issue before obtaining adequate means of transportation. Each participant described their need to cancel and reschedule their appointments due to the barrier. When the participants were asked to explain whether they think transportation affects the delivery of care, none of the participants felt their transportation affects how health care professionals provide treatment.

Neighborhood Proximity, Type, Demographics, and Access to Health Care

When asked to explain whether the participants think one's neighborhood affects how often a person visits their health care professional, three participants responded that their neighborhood had an impact. Participant F2 explained that she felt her neighborhood was in proximity to her children's health care professionals did have a PCP, as she could not locate and, as required by my Arkansas Medicaid, be assigned to a PCP in her area. Because she cannot locate a provider in Central Arkansas who accepts new patients, she still travels to and utilizes her children's assigned PCP in Southeast Arkansas. Participant F5 explained in detail the impact her neighborhood, related to time and vicinity, has on the frequency of doctor visits. Participant F6 responded concerning miles traveled between cities. Ten participants did not report that their neighborhood proximity, type, and demographics impacted how often they visited their health care professionals.

Neighborhood Proximity, Type, Demographics, and Delivery of Health Care

When asked to explain whether the research participants think their neighborhood affects how health care professionals attend to their health care needs, three participants responded that their neighborhood impacts the delivery received. Participant F2 reported being newly implanted in Central Arkansas but described her experience with health care in Southeast Arkansas as very close-knit, where relationships were developed and diagnoses and treatments were explained in detail. Participant M1, also representing the Southeastern portion of the state, described his neighborhood as being a small-knit community where the community likely knows, personally, the person who provides the care. Participant M2 informed in his response that his PCP lives in his neighborhood and how he felt it convenient.

Discrimination and Access to Quality Care

Question five under this subset of themes asked that the participants explain whether they think discrimination affects how often they see a health care professional. Five participants responded that discrimination affects how often they see a health care professional. Participant F2 explained her feelings of a type of discrimination, particularly as it relates to Medicaid providers informing that their caseloads are full, resulting in them not accepting Medicaid patients at the time; she also mentioned her thoughts of discrimination when a dental provider states that they accept Delta Dental of Arkansas [private] insurance, but not the Medicaid Managed Care form of Delta Dental, the insurance in which her children utilize.

Participant M1 provided great detail in his response, explaining his thoughts on the discrimination he endured when the status of his insurance coverage was unknown. The Participant continued to explain that once the office knew that his insurance was, in fact active, he found that they were more willing to assist him with his health care needs.

Participant F5 also explained her personal experiences with her perceptions of discrimination, explaining in detail the various aspects of discrimination she had endured when on the Arkansas Medicaid program. Participant F6 also responded that she felt discrimination while receiving prenatal care during her recent pregnancy; she further explained knowing the positive experience of a person of a different race, compared to her personal experience from the same provider – it was different. Participant F7 explained in conversation how she felt age discrimination as she struggled to explain her child's needs to a provider. Eight of the participants stated that they did not feel discrimination affects how often they visit their health care professionals.

Discrimination and Health Care Delivery

When asked to explain whether the participants think discrimination affects the treatment they receive from their health care professionals, four participants responded to experiencing discrimination. Participant F2 described experiencing discrimination during the delivery of health care. Not understanding if this discrimination is because of race or insurance type, she experienced discrimination and microaggressions when communicating with her providers. Participant F5 revisited her experiences with the dentist; there was discussion about orthodontic care for her son; the dentist commented on the lack of Medicaid coverage for the necessary orthodontic services. The Participant

expressed that while his comments might have been factual, she did not appreciate the nature of the Medicaid-related comments. Additionally, the same participant reiterated how she was treated by the African American-run clinic, possibly because of her insurance. Participant F3 responded to the possibility of discrimination. Participant F6 reiterated her feelings of feeling cared for, but did not think it was the care equivalent to others; Participant F7 reiterated having felt discrimination against her age.

Effects of Stress and Access to Care. When asked to explain whether the research participants think stress affects how often they see a health care professional, nine responded affirmatively. Participant F2 responded that it affects how often her children visit their health care professionals because of the effort it takes to see a doctor, find a doctor, and get her children to that doctor. Additionally, she mentioned waiting for her children to have compounded issues before scheduling their appointments so that she can take more than one child at one time because of the difficulty and stress it causes. Again, Participant F3, in a more straightforward fashion, stated that it can, especially when dealing with an illness without knowing the diagnosis and needing treatment.

Further, the same participant expressed having put off doctor's appointments because of stress and not wanting to deal with the reality of her issues. Participant F4 also responded with regards to stress within the health care providers, especially during the pandemic; she also discussed the level of care resulting from stress, explaining the rush in care and consideration during the stressful and overwhelming times. Participant M2 explained how his response to stress is by visiting the doctor. Participant F6 explained her stress related to appointment scheduling because of the lack of response from the

doctor's offices. She also stated how stressful scheduling appointments and needing to take leave from work to be seen. Participant F7's response was related to the treatment her child receives and how her child's reaction to the treatment brings about stress. Participant F8 responded regarding stress associated with the amount of time it takes to be seen in the doctor's offices. Participant F9 mentioned how the only stress I have felt lately is because of the Coronavirus pandemic and the rules that the clinics establish in response to Coronavirus. Participant F10 vividly described her stress by relating it to her level of anxiety and eventual panic.

Effects Stress has on the Delivery of Quality Care. When asked to explain whether they think stress affects how health care professionals attend to their health care needs, three of the thirteen participants responded yes. Participant F5 responded understanding that the health care professionals are under tremendous pressure and seemingly take those frustrations out on their patients. Participant F7 described her negative experience at the dentist, where the dental staff person later called and apologized. Participant F10 responded that she observed stress one night in a hospital emergency room where more than thirty nurses walked out.

Impact of Social Support and Other Resources as it Relates to Access and Delivery of Quality Care

When asked to explain whether they think their access to resources and social support affects how often they see a health care professional, two of the 13 participants responded yes to the impact. Participant F2 emphatically replied that social support and other resources significantly impact their access to health care. There have been

situations where she felt like one of her children needed some specialized care that was unavailable or inaccessible. Participant F6 explained the impact, as for her appointments, a resource that assists with child care, helps her make her appointments; when she does not have someone to keep her daughter, she delays her medical appointments for another time.

The final question under the social barriers section asked the participants to explain whether they think their access to resources and social support affects how often health care professionals attend to their needs; two participants responded yes, and eleven responded no impact. Participant F1 stated having the social resources and support to guide her into appropriate conversation with her providers, resulting in their appropriate delivery. Despite previous issues with Medicaid providers, Participant F5 stated that she receives adequate support and resources from her providers which has helped with trust and relationship development and improvement in her family's status of health.

Theme 3: Potential Other Barriers

The "Potential Other Barriers" theme focused on the participants' reactions about their perceptions of social barriers they may or may not face. Each participant was asked to provide insight. The social barriers question topics included: (a) type of insurance they utilize for services received, (b) the number of health care professionals in various areas, (c) availability of technology such as phones and computers, and (d) patient and provider relationships which are classified as the subthemes (see Table 4).

Table 4

Potential Other Barriers

Subthemes	Participant Responses
Relationship between the type of insurance and access for services	"Yes. That does affect I've ran into some issues where like, even with physicals, you only get one a year, which I understand physicals for school, it lasts a year. But if within halfway through this child needs another physical, you can't get it. So now you have to go and find someone who does it, which you have to pay for. So, I think that does have a barrier when it comes to them seeing the health care professionals."
	"Well, like I said before, find a physician that will accept the insurance. That's our major hurdle...number one hurdle...that has me...dumbfounded. I just never thought that in an area this large, that it would be difficult for me to find a physician for my kids, but it's happening."
	"The type I have now, I think I really do think that I'm more prone to going to the doctor now...Medicaid as opposed to private insurance."
	"Yes. When I didn't have insurance, I like never went and not for a checkup. Not for anything. I didn't go to the emergency room cause I didn't want to have that bill attached to my name. Once I did get insurance, I did find myself going more to my primary care doctor, having my regular check-ups - having my visits. And just if I thought something was wrong...I was okay with actually going to the doctor, knowing that I had insurance when, before, if I didn't have insurance, I never went for a small thing, a big thing. I just wouldn't have went. But with insurance, it's a comfort knowing that I'm able to go if I feel necessary to go."
	"It just depends," further discussing her experiences with the Medicaid referral process, "there are situations where I need to take them in to get a well checkup. Well, Medicaid will only pay for like once a year, I believe, so they would either have to go off of an old one, or I would have to pay to get them in to get another [referral] just for my child's allergies."
Relationship between the type of insurance and the delivery for services	"Yeah...I mean, it's yeah; I think that there is definitely a discrimination. I can't put my finger on it...it's the feelings."
	"I would say no, but that's with the health side, now with the dental side. That's a different story."
	"now my daughter, she's having some issues with her teeth or whatever, and she has a lot of spacing...she has an open bite of basically she can't close her mouth fully...we have to get approval for Medicaid to pay for it, that denied. And they assured me like, oh, she's, oh yeah, she's a great candidate and blah, blah, blah. So now this lady calls me really rude. Well, Medicaid is not going to pay for it. So, these are your options."
	"now. I'm like, 'we can't appeal it because I really feel like she needs them, and they should pay for it?' 'you can appeal it, but they're just going to deny it again.' She was actually right. They get denied again, but she was really, really rude...now we have a payment plan, so basically, I'm getting her braces on layaway. So that knowledge is definitely [was beneficial]."
	"Really, me not knowing the billing situation of a physician. I really wouldn't know...I would think that if they're getting paid regardless, they would try to treat you the same...I think physicians really put private insurers ahead of Medicaid patients...when I had private insurance, it was one in that sense where I show my private insurance card, and they told me, 'you can fill these forms out later,' opposed to...when I had to have Medicaid, it was, 'hey, fill out these forms now – we don't care how you feel at the moment, but you got to go through the process.' I feel like having private insurance. I didn't have to go through the process where at least at that moment, I think they were more eager to treat me because they knew for a fact that I had private insurance."
Relationship between the number of health care professionals and the access and delivery of care	"I would think so. In that sense, I know they only have a certain number of slots of Medicaid patients...yeah."
	"when I say I just need a well checkup...it'll probably be three or four weeks out. If I try to schedule a sick [visit], 'we don't have anything available today and come Wednesday.' Like, my child is sick now he'll probably better by that time."
	"Well, like I said, having to book an appointment, if you know that you can't see a doctor for 2 or 3 days on a booked appointment when you feel like you need to seek treatment now, but not necessarily have the means to just go to the emergency room based on insurance is kind of rough...certain physicians only see people on certain days...sometimes have to seek treatment elsewhere. I don't necessarily have an issue with I haven't had an issue here saying a physician in a timely matter, but there was the picking of the primary care physician I might not have wanted to have...my options were very, very limited...we have to close eyes and just pick one."
	"Uh, well, in my area, there's not enough, um, because I kinda live like in the rural area, so I would have to go in town to go see a doctor."
	"it depends on the time of day I go; I have to schedule my times, depending on if I'm at home, I have to schedule the times if it's going to be the mornings or afternoons or evenings because of traffic now, even if I'm going from work, I have to schedule around lunchtime, you know? So, it just depends on, I guess, the timing and what are you doing in that moment."

(table continues)

Subthemes	Participant Responses
Relationship between the number of health care professionals and the access and delivery of care	"Yes, Pine Bluff has quite a few doctors, but the doctors that they have, some of them don't have the best of norms, and that makes it harder to go to a doctor because you don't want to go to somebody who doesn't have good responses from people who've actually been to them. But then if that's the case, then you have to go find a doctor outside of your network, and your region and area requires traveling a lot to find a good doctor sometimes."
	"Yes, it does. And when you can't see the doctor within a certain amount of time...it could get worse, and you wouldn't sometimes to go to like a children's hospital where they may deem it's not an emergency."
	"Yes, I recently learned that...for some bariatric reasons."
	"I think so because, again, telemedicine is not something that everybody knows about...they don't know that it's an option."
Availability of technology and health care	"Yes...electronics, you get online and Google some of these things that the kids go through...Web Doctor MD, or something like that. And you try to do some things that they suggest that they give you on there. So, you're like, 'okay, well I don't need to go to the doctor right now.'"
	"Well, now due to [COVID-19], they started with the phone visits to where you can actually do video chat with your doctor, your primary care physician. And I think that helped out a lot for people that are kind of apprehensive about going into the actual building, knowing that [COVID-19] is out...it is great to know that that technology exists."
	"I feel like it, it helps me out a lot, especially if I don't want to call to schedule an appointment, I can just go to the website and just schedule an appointment."
	"even with telemedicine...I don't have to come in to clinic if I don't have to...that's something new that we're doing now...it has its pros and cons."
	"I think that's very, very good. They have very, very good follow of technology. Cause again, I mean, that's, that's where a lot was going these days. Like they either call you on phone or, or you online or email...you got those other options...it's a wonderful option."
	"Yes, because when [COVID-19] hit, my personal doctor, he decided to do tele visits, so it allowed me to still be able to see him without actually having to step foot in the doctor's office, without that, I probably just would not have went."
	"Yes. I google everything."
Relationship, the availability of technology and delivery of health care	"Yes, I think so. I know the times I've been on Google, Dr. Google.Com. I told my doctor, and I said, 'well, online, it's like this.' And they'll have to sort of like walk me through, step in and be like, 'no, that's not right,' and do it like this.' I think that they're more attentive. If you tell them you found some stuff online."
	"I don't think it affects negatively. I think if anything, it would affect positively because I am being one to not understand a term...google it."
	"They ask if you if you have access to MyChart...I don't think it makes them treat them any differently. They probably hesitate on what they might put in their notes. They're probably more careful because I do have access to it. I have seen where it's like less written lately versus 10 years ago...they don't elaborate."
	"they want you to have...MyChart...they are actually like, 'Oh, I can't give you this information, but if you log in to my chart, you can get it.'"
	"MyChart is the most convenient way for [providers] to communicate with all of their patients, just in one sitting; they read, respond, and have the ability to sit down behind their computer and allow some time out of their day to really understand and respond in detail versus trying to speed in and out of the office visit and go to the next person."
Patient and provider relationships and access to health care	"Yes. Because if I had a health care professional who couldn't, who didn't relate to me, I wouldn't go back. I wouldn't even take the time and would figure out something else. So yeah, I think that has an effect."
	"when you have the health care professional, that is more in tune with you and who you are, where you come from and your background, they're more willing to be helpful in most cases."
	"my new doctor, I'm actually going when I'm supposed to go to the doctor. My boys' doctor doesn't necessarily relate to them, but I still think he's really good with kids."
	"[my children's] PCP is actually black too, so she's more understanding of concerns...he can see any PCP there."
	"oh, he'll catch up soon."
	"you know, your son, you know, your child, you know, if there are any changes or if they're not, so I'll sign this referral for you"
	"I do think that that has, that plays a factor in how a health care provider treats you being more relatable to the situation...me personally, based on my health care physician, my key primary care physician, I think it is more relatable as far as...being the same age. So, I think, I think by me having a younger primary care physician, I think it's one of those things where it's always 'hey man, we aren't getting no younger. We need to take care of ourselves'"

(table continues)

Subthemes	Participant Responses
Patient and provider relationships and access to health care	"so, it's like my primary care physician has always acknowledged the fact that he wants our age group to continue to...live longer...I guess that's where the passion comes from for a primary care physician, more relatable, because we're the same age and we go, we have, we have the same knicks and bruises."
	"it's been a good impact...the doctors that I see, they're very relatable."
	"it has an impact. I just go when I need to go, but the fact I had that relationship with the doctor makes wanna go more."
	"Yes. I mean, personally, I like doctors who are relatable, who I feel comfortable with, who I probably have something in common."
	"Yes, because you feel more cared about. You feel that they actually want to make a difference; you are seen as a person and not a number."
	"if I don't feel like I'm being heard, or if a professional is not doing a good job at taking care of [my son], I would likely find someone else."
Patient and provider relationships and the delivery of health care	"Yes, that plays a role on it too, because if they can't relate to you and you can't relate to each other, it's that barrier of communication is right there...they're not going to know how to communicate it over to you, and then you're not really listening to them because you're like, okay, we aren't relating. So, to me, that will mess it all up."
	"and I believe absolutely 125% that it affects."
	"Yeah. Again...it starts to become on a more personal basis...you're more prone to go see somebody that understands exactly what you're saying and not just on a physician's level."
	"Like I said, being in the same age group as I am, they are more understanding, and they probably went through the same things that I've gone through...they're [human], so they're going to go through the same things...we don't see it because we see them as the doctor."
	"Yes. I mean, if they can't relate to me...I don't feel like they would give the best care."
	"I just feel like anytime relationship is there, you have a better chance of getting excellent service."
	"It matters because if they know you, they may would be more likely to you more time and attention."
	"The last doctor we saw – he has a child with special needs, and so I felt like he could really relate more to us than a medical professional with a typical child. That one medical professional who has a child similar to mine would give me more confidence the advice or medical treatments than a professional who doesn't understand. You can go to school all of your life, but there's nothing like actually experiencing something every single day of your life."
	"it's good, relationships matter to me."

Relationship Between the Type of Insurance and Access for Services

When asked to explain whether the participants think the type of insurance utilized for services, in this case – Medicaid, affects how often they see a health care professional, seven participants responded that they felt an impact. Participant F1's response was related to the limitations of Medicaid, further relating to appointment and appointment types. At the same time, Participant F2 responded about the hurdle of locating a PCP in the area who will accept her children as patients. Participants F4, M1, F6, and F10 responded by reiterating that their frequency of medical visits increased due to their level of comfort in knowing that the Arkansas Medicaid program covered their services. Their health care professionals more frequently due to the coverage and affordability of services provided and covered by Arkansas Medicaid. Participant F7's response was related to Medicaid's referral process.

Relationship Between the Type of Insurance and Services Delivered

As it relates to delivery, the next question was for the participant to explain whether they think the type of insurance they have (Medicaid) affects how health care professionals attend to their health care needs. Participant F2 responded with her thoughts about the discrimination based on the type of insurance utilized. Participant F4 responded with a level of discrimination from the dental aspect. Participant M1 expressed his thoughts on providers, stating that he thinks physicians prioritize private insurers ahead of Medicaid patients.

Relationship Between the Number of Health Care Professionals and the Access to Health Care and the Delivery of Care Received

When asked to explain whether they think the number of health care professionals in their areas affects how often they visit their health care professionals, seven participants responded that they did notice an impact on the number of health professionals related to the frequency of their medical visits. Participant F4 responded to the effect the number of providers has as it relates to the limit in the number of Medicaid patients her provider takes; she also mentioned the impact the number of providers in her area has as it relates to the scheduling of appointments, expressing how it takes weeks for her children to be seen for a sick and well visits. Participant M1 also responded by making mention of the struggle to set appointments with the purpose of being seen timely. Participant F5 described how she feels there are not enough providers in her rural area. Despite the limited number of providers in her area, she travels to the nearest health care professional being approximately 25 minutes with no impact on the frequency of office visits.

Participant F6 shared that while there is an adequate number of providers in her area, she explained how their reputations are not up to standards, resulting in the need to travel for adequate health care. The remaining participants responded affirmatively with the discussion regarding emergency room visits when they are unable to be seen timely and the utilization of telemedicine. When asked to explain whether they think the number of health care professionals in their areas affects how they attend to their health care needs, none of the thirteen participants responded to the effect.

Availability of Technology and its Relationship with Health Care Received

Participants were asked to explain whether they think their availability of technology such as phones and computers affects how often they see a health care professional; six of the thirteen participants responded to the effect. Participant F1's response was relative to utilizing technology to determine the need to see a doctor by researching symptoms and treatments. Participant F5 responded positively, expressing the benefits of utilizing technology in health care by scheduling appointments. Additionally, the participant expressed the conveniences of using the telemedicine option when she needs to communicate with her providers. Participants M1 and F6 also responded concerning telemedicine and its conveniences. Participant M2 responded to the question feeling that technology in medicine is a wonderful option, and Participant F10 simply responded that she uses technology to improve her overall knowledge.

Relationship the Availability of Technology has on the Delivery of Health Care

When asked to explain whether the participants think their availability of technology such as phones and computers affect how health care professionals treat or attend to your health care needs, five participants responded affirmatively to the impact; three of the five participants responded to access to technology being positive, as they can conveniently utilize technology for information and awareness, and two of the participants expressed concerns and a lack of interest in using the technology.

Patient and Provider Relationships and Access to Health Care

Participants were asked to explain whether they think your health care professional can relate to them affects how often they see a health care professional, nine

participants responded affirmatively. Participants F1 and F2 acknowledged the importance of having a positive relationship with their providers. At the same time, Participants F3 and F4 both agreed, including that their providers are African American providers who, they felt, offered a better focus toward the care provided to them and their children. Participant M1 responded that he feels having a relationship plays a factor in how his health care provider treats him, as they are the same age, understanding the same age-related stages in life. The remaining participants generally spoke on their perceptions related to the importance of having a positive relationship, with one of the participants sharing that she feels as if she's more than just a number when her providers see her.

Patient and Provider Relationships and the Delivery of Health Care

When asked to explain whether the participants think their health care professional being able to relate to you affects how health care professionals attend to their health care needs, nine participants responded that relationships do impact the delivery of the care received. Participants all nine responded to the role relationships have on health care, expressing the importance of relatability and cultural and generational competency.

Summary

This study was conducted to explore the lived experiences of underserved Arkansans who receive Arkansas Medicaid benefits, their perceptions of potential barriers they face, and their impact on the health care services received through Arkansas Medicaid. The majority of the participants in this study revealed experiencing or observing some prejudice and discrimination as Arkansas Medicaid beneficiaries, which,

in turn, creates some form of frustration for most participants; in turn, despite the frustrations, most participants responded that they still utilize the Medicaid-covered services, making more frequent visits while receiving Medicaid benefits. Additionally, it was determined in this study the importance of patient and provider relationships. Chapter 4 provided a detailed report of the results of this study, which included an overview of the study's main themes and subthemes obtained from the data analysis process. Chapter 5 will consist of an overview of the study, as well as the interpretation of the research findings; additionally, Chapter 5 will include a discussion of the limitations of the study, recommendations for future research, implications for social changes, and lastly, my conclusions from the results of the study.

Chapter 5: Discussion, Recommendations, and Conclusion

In this phenomenological study, I explored Arkansas Medicaid beneficiaries and their perceptions of potential barriers when it comes to their health care access and delivery as Medicaid patients. The participants' in-depth descriptions outlined barriers faced mainly related to insurance type. Some participants reported their prejudice in the care, attention, and treatment received because they were recipients of Arkansas Medicaid. Other participants related the discrimination to the amount of care received via reluctance in providing services. They risk not being reimbursable and general Medicaid monthly and annual limits beneficiaries face when receiving health care benefits through the state's Medicaid program. Though some participants felt that their income played a role in their health care access and delivery received, most participants reported that their knowledge and awareness of their health care access and delivery played a role in the care received. Financial impact, such as copayments, owed bills, anticipated bills, and non-coverage of services and prescribed medications was also discussed in detail. The following sections of this chapter describe the interpretation of the findings, limitations of the study, recommendations for future research, implications for social change, and the study's conclusion.

Interpretation of Findings

Many underprivileged Americans face barriers that have a negative impact on the status of and availability of necessities in life. The literature reviewed in this study described barriers faced by underserved and undereducated populations, their access to quality health, and the prevalence of disparities among underserved Americans within the

health care system. Though the literature review focused on individuals throughout the United States, this research focused on underserved Arkansans and the barriers they may face.

Prejudice and Discrimination

Patients with different public insurance coverage options experience a higher burden of discrimination, with adults with Medicaid perceiving more discrimination due to race or skin color than those with employer-sponsored coverage (Alcalá et al., 2020). Further, research shows that the same category of adults perceives discrimination due to dissatisfaction with the health care system, insurance status or type, and communication barriers that are associated with increased delays in getting needed medical care (Alcalá et al., 2020). Discriminatory experiences can negatively impact the health care experience, promoting poor health by dissuading individuals from visiting their providers (Alcalá et al., 2020).

When asked about discrimination and prejudices, five out of the 13 participants responded that they felt discrimination in different scenarios. In response to the question regarding discrimination and access to quality care, Participant F2 responded, “I can’t one hundred percent prove anything...but I’m beginning to feel like, especially [in Central Arkansas], there is some sort of discrimination.” Stigma associated with poverty can affect health care delivery (Allen et al., 2014). Participant F2 stated, “and honestly, I think that in most cases it’s simply the Medicaid stigma.” When asked about discrimination in the delivery received from her providers, she responded, “I can

definitely tell that there is a difference in, and there is a discrimination," also making a mention of microaggressions from Medicaid providers.

Participant M1 felt that there is "discrimination across the board," explaining the different treatment received when the doctor's office staff did not know the status of his insurance:

> it was a time where I didn't know if my insurance was still good or whether or not I had insurance, and I was treated a certain way prior to me finding out that my insurance was still good. Once they found out I had insurance, they were more willing to help me with the process with me being admitted [into the hospital].

Participant F3 responded, "it can." In contrast, Participant F5 responded, "yes, I can, I can see, in all aspects, there are some doctors who don't like seeing just certain patients [based on] their insurance." Participant F6 also responded stating, "I do feel like I experienced a little discrimination," further sharing,

> I don't feel like all doctors have a prejudice, but I do believe that some of them do treat patients that have a lower income differently than they would with higher income...I feel like it's less of a care...not putting your best foot forward, but still doing your job.

Aside from race and ethnicity, there is also evidence that discrimination in health care may occur because of other factors such as age (Alcalá et al., 2020). Participant F7 shared,

> I kind of felt like she discriminated against me a little bit. I'm not sure if it was based on my age, so she thought I was kind of young, and I should just listen to her. And when I didn't, it made her mad.

Discrimination by insurance type was also discussed, with Participant F10 sharing as a health care worker, "I see it all the time. Because I'm coming in the inside looking out – doctors want to know, 'well, what kind of insurance do they have? Well, call to make sure they are covered before we do this."

Stress Impact in Underserved Communities

According to Taber et al. (2015), people often avoid seeking medical care even when they suspect it may be necessary. The same researchers defined avoidance of medical care as keeping away from something that may cause mental or physical distress, resulting in barriers or factors that limit access to or ease of obtaining quality health care (Taber et al., 2015). When the participants were asked to describe their perceptions on the impact of stress, Participant M1 shared,

> I think anyone's stress would affect how they treat a person...I don't think is ever a good thing for anybody to try to deal with something, especially as I'm dealing with someone else's health, then their stress; so, I think it does affect the way they would treat someone because they are, they're overwhelmed with something else in front of them prior to treating you.

In a study, nearly one-third of respondents in a recent national United States survey reported avoiding the doctor (Taber et al., 2015). Although Participant M1 did not

respond affirmatively to the question regarding stress and how often he visits his health care professionals, he did provide his insight on how stress may impact others:

> Stress definitely has its effects on willingness to see a health care professional based on feelings, feeling some type of way, and not knowing what you're feeling...I can see people not wanting to go see a health care physician thinking that it's something wrong. And so that is definitely a stressful situation.

He further explained, "my father, uncle never wanted to go to the doctor in fear that there was something wrong. So not, not knowing for some people is better than knowing."

Transportation as a Barrier

Nguyen (2018) described transportation as a common barrier for underserved communities; Syed et al. (2013) describes transportation as the most often cited barrier to health care access, with studies having found transportation barriers to have an impact on health care access in as little as three percent or as much as 67 percent of the research's population sample (Syed et al., 2013). While most of the participants did not report issues with transportation, the topic of transportation as a barrier was discussed in detail during the interview process. Participant F4 provided her knowledge as an Arkansan who grew up in Southeast Arkansas:

> in Chicot County...the availability is not there for a lot of things. They have to go to Pine Bluff, or even they can go to a border - right on the border of Mississippi and Louisiana...but by the same token, you gotta have transportation, you gotta have gas. So, there was a lot of hesitancy there on doing things like that or

> following up on different things...and they don't or advertise Medicaid, transportation and things like that.

She further explained,

> I think they have to have a certain number of patients going to certain places, for instance, the VA hospital - they may have transportation, someone coming from Eudora, Lake village and all those other places are in Chicot county load them up, take them off to the VA, same time. So, you may have someone whose appointment is at nine o'clock in the morning. Another person's appointment may not be till two, so you're all day. And no one wants to do that.

Syed et al. (2013) explained in their research how transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use, resulting in poorer management of chronic illness and thus poorer health outcomes; according to Nguyen (2018), approximately 3.6 million Americans missed or delayed essential medical appointments because of transportation barriers; this is shown to be factual as Participant M1 explained that while he has transportation, it can be a barrier whenever he is ill and cannot drive himself to be seen by a doctor. Although reporting having a means of transportation, this Participant explained being the primary driver in the family and had an incident where he had to see a physician: "it was 2 hours away, and I had to cancel appointments because I did not have a ride because I'm the one that usually does the driving."

When asked if he felt transportation had an impact on the treatment health care professionals provide, he responded,

> I don't, I don't think it will affect the way a provider will treat you based on having it or not having it, but I have seen instances where a physician has said, 'I have to go ahead and get these patients out of here because they are riding the SEAT (Southeast Arkansas Transportation) van.

Participant F11 reported being a teacher in Central Arkansas. She briefly discussed a situation about a student who became ill at school; "she can't go to the doctor - there's no car [in the home]." When further explaining transportation as a barrier within her school, "we also have kids who catch the city bus to school."

Patient and Provider Relationships

The Institute of Functional Medicine (2020) reported a 2014 research study that was based on in-depth interviews that focused on investigating what "access" means to some low-income families – a continuous relationship with a health care provider was noted as a means to overcoming these barriers faced by underserved populations. Participant M1 stated,

> I do think it that plays a factor in how a health care provider treats you being more relatable to the situation...I think that the heart plays a role in that. I don't think people, physicians are just numb and stuff like that.

Chipidza et al. (2015) explained that the doctor-patient relationship involves vulnerability and trust and is one of the most moving and meaningful experiences shared by a human being. Participant F4 discussed relationships and how they can impact both positively and negatively. Although she reported having no issues with her children's health care provider, as she listens to her concerns and acts accordingly, the Participant also spoke

about her mother, aged 70 at the time of the interview, who would not visit her doctor often with the explanation:

> well, I'm not going to go, cause all they going to tell me is do this and do that. And I can do that myself. I don't have to pay them X amount of money to tell me what I need to do when they can, and I can do that anyway.

Participant F4 expressed that her mother's feelings resulted from not having a firmly established relationship with her providers.

Patient satisfaction can be defined as the degree to which the individual regards the health care service or product or how the provider delivers it as valuable, effective, or beneficial (Chipidza et al., 2015). As a result, the researchers outlined four elements of patient and provider relationships regarding patient satisfaction: Trust, Knowledge, Regard, and Loyalty. When asked to express her thoughts about the patient and provider relationships, regard – the physician's friendliness, warmth, emotional support, and caring have been associated with patient satisfaction (Chipidza et al., 2015) and loyalty – the feelings patients have where they are more satisfied when doctors offer support (Chipidza et al., 2015), Participant F9 who has a child with special needs, shared in her experience:

> The last doctor we saw – he has a child with special needs, and so I felt like he could really relate more to us than a medical professional with a typical child. That one medical professional who has a child similar to mine would give me more confidence in the advice or medical treatments than a professional who doesn't understand.

Additionally, she concluded, “You can go to school all of your life, but there’s nothing like actually experiencing something every single day of your life.”

Theoretical Framework Applied

As earlier mentioned, qualitative research is considered the most compatible with a constructivist research paradigm (see European Public Health, 2016). Constructivism deals with understanding a topic, as that understanding assists the researcher with interpreting subject perceptions. This study employed a constructivist paradigm to investigate and understand the perceptions of underserved Arkansans regarding the status of their overall health and access to quality health care, creating the knowledge through interaction between myself and the participants. When asked to describe their lived experiences related to income, knowledge and awareness, employment impact, financial impact, and other social barriers, such as transportation, neighborhood, discrimination, and stress, the participants provided honest opinions about their perceptions through their lived experiences.

Limitations of the Study

The primary limitation of this study was related to and impacted the recruitment of participants, with participants having expressed their reluctance due to the fear of retaliation and losing their Medicaid coverage if they were to participate and provide honest and detailed responses about their lived experiences as Arkansans who receive Medicaid services. One Participant, in particular, stated before consenting to the study, “I’ll participate, but I don’t want no funny business with my benefits if I participate.” Stigma and the fear of being judged, particularly as it relates to the majority of the White

respondents who ultimately opted not to participate in the study, limiting the diversity of the study's results by race and geographical location. Other limitations of this research study include the age of the participants, which excluded the lived experiences of individuals under the age of 25. Because the study focused on beneficiaries currently enrolled with Medicaid, it limited those who previously received Medicaid benefits but could've contributed to the study through their previously lived experiences.

Additionally, because the majority of the study's participants represented the Central and Southeastern regions of the state, another limitation was the lack of representation for the Southwestern, Northwestern, and Northeastern regions of the state of Arkansas. Because of the differences in SES levels of those who reside in the respective regions, the possibility of different perceptions regarding access to care, barriers, and other events that were not addressed or captured in this study exists. For example, the Northwestern region has the reputation of its population having predominantly higher incomes due to major corporations in the area (Walmart Inc., Tyson Foods, Inc., and J.B. Hunt Transport Services); the largest university in the state, the University of Arkansas, is also located in the Northwestern portion of the state, resulting in potential funding opportunities in the area. In addition, there are many tourist attractions and museums in the Northwestern area of the state, assuming a different demographic of the Medicaid population considered. The Northeastern and Southwestern regions of the state may have a higher prevalence of poverty than the Northwestern region of the state; however, the likelihood of their perceptions might have also differed from the perceptions within the captured regions.

Lastly, the lived experiences described in this study are limited to those who live in the state of Arkansas, with the focus on underserved populations who received state Medicaid benefits. Because of this direct focus, this research and its results limit the ability to generalize other underserved Americans who live in other states.

Recommendations

Recommendations about further research consist of expanding recruitment efforts of lived experiences of underserved Arkansans; it is also recommended to expand on focusing on those experiences of underserved Americans throughout the United States and to further research beyond the age limit of 25 years or older. Another recommendation for further research involves the allowance of Arkansans who previously received Medicaid benefits. Those participants would respond to the questions comparatively and share their experiences of previously receiving Medicaid benefits versus their current private insurance situation.

Implications

The information obtained from this research study can provide insight into the development and implementation of social strategies necessary to improve interactions, access, treatment, communication, and relationships among underserved communities of different backgrounds. As a result, the promotion of positive social change will strengthen social cohesion and improve access and delivery to underserved populations in Arkansas.

Conclusion

Understanding the perceptions of Arkansas Medicaid beneficiaries and the access and delivery of the care received can help strengthen and improve the Medicaid program, not only in Arkansas but in the United States. According to Dr. Pamela Riley, the largest payer, Medicaid has a lot of leverage with supported research to find ways in which Medicaid can promote better value as health care purchasers (The Commonwealth Fund, 2018). Additionally, several strategies exist for state policymakers seeking to address issues, including provider recruitment and retention to address the shortage or inadequate distribution of the health care workforce that creates some barriers to accessing timely and appropriate care (National Conference of State Legislatures, 2017). With this in mind, both the Arkansas Medicaid program and the health system should work collaboratively to address the various health problems that often go undetected, are delayed in treatment, and untreated among vulnerable and underserved populations. According to the perceptions expressed in this research, the participants shared having faced discrimination and prejudice through stigma, issues with transportation, proximity, accessibility of providers in areas, and stress.

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Appendix: Interview Protocol

<u>Interview Questions</u>

Potential Socioeconomic Barriers

Access Question
Explain whether you think your income affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think your income affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Access Question
Explain whether you think your knowledge about your health affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think your knowledge about your health affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Access Question
Explain whether you think your job affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think your job affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Access Question
Explain whether you think your bills affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think your bills affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Potential Social Barriers

Access Question
Explain whether you think transportation affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think transportation affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

- If the participant does not have transportation, ask:
    - Describe whether you are able to walk to see your health care provider.

Access Question
Explain whether you think your neighborhood affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think your neighborhood affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Access Question
Explain whether you think discrimination affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think discrimination affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Access Question
Explain whether you think stress affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think stress affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Access Question
Explain whether you think your access to resources and social support (family, babysitter, programs and/or groups that provide assistance) affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think your resources and social support (family, babysitter, programs and/or groups that provide assistance) affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Other Barriers

Access Question
Explain whether you think the type of insurance you have (Medicaid) affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think the type of insurance you have (Medicaid) affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Access Question
Explain whether you think the number of health care professionals in your area affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think the number of health care professionals in your area affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Access Question
Explain whether you think your availability of technology such as phones and computers affect how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think your availability of technology such as phones and computers affect how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.

Access Question
Explain whether you think your health care professional being able to relate to you affects how often you see a health care professional (physician, dentist, nurse, social worker, etc.).

Delivery Question
Explain whether you think your health care professional being able to relate to you affects how health care professionals (physician, dentist, nurse, social worker etc.) attend to your health care needs.