



### Health Care Provider Asthma Survey

Dear Provider,

Kern Family Health Care (KFHC) is inviting contracted providers to participate in an asthma needs survey. The purpose of this survey is to identify the asthma management needs of KFHC health care providers, barriers to controlling asthma among KFHC members, and resources that would help members improve asthma management outcomes.

Both administrative and health care professional staff at provider sites will be encouraged to participate in the survey. Survey responses will be accepted through July 31, 2022.

Below are the options for providing a survey response:

1. Complete the online survey questionnaire by visiting: <https://forms.gle/4K1yHV4ivBFCcYzj6>
2. You can email the completed survey to [carlos.bello@khs-net.com](mailto:carlos.bello@khs-net.com)
3. You can fax the completed survey to (661) 664-5443
4. KFHC will call provider offices to try to collect responses. If you would like to schedule a time for KFHC to call you or if you have questions about the survey, you can contact the survey coordinator by email at [carlos.bello@khs-net.com](mailto:carlos.bello@khs-net.com) or phone at (661) 664-5079. You can also reach out to your Provider Relations (PR) Representative at 1-800-391-2000.

KFHC offers asthma classes, individual counseling, home visiting services, and online resources. KFHC is excited to partner with Central California Asthma Collaborative through the new CalAIM initiative to offer asthma remediation services to members with high-risk or uncontrolled asthma. The California Asthma Remediation and Education Services (CARES) Program is an in-home, preventive care program aimed to improve asthma management and reduce asthma emergencies. If you are interested in learning more, go to [kernfamilyhealthcare.com](http://kernfamilyhealthcare.com), [ccaccares.org](http://ccaccares.org), or contact your PR representative.

Sincerely,

Isabel Silva, MPH, CHES  
Director Health Education, Cultural, and Linguistic Services  
Kern Health Systems



### Kern Family Health Care (KFHC) Health Care Provider Asthma Survey

KFHC is inviting health care providers in its network to participate in an asthma survey. The purpose of this survey is to identify the asthma education needs of KFHC health care providers, barriers to controlling asthma among KFHC members, and resources that would help members improve asthma management outcomes.

KFHC health care providers and their administrative staff can share their feedback by completing this questionnaire. It can be filled out by any health care provider or staff member at your health center who is familiar with the asthma or health education services offered to your patients.

1. Your first and last name

\_\_\_\_\_

2. Your health center name

\_\_\_\_\_

3. Your job title, profession, or role. Check all options that apply.

- |                                                                 |                                                                 |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Health educator                        | <input type="checkbox"/> Physician assistant                    |
| <input type="checkbox"/> Nutritionist                           | <input type="checkbox"/> Registered nurse or nurse practitioner |
| <input type="checkbox"/> Office manager or administrative staff | <input type="checkbox"/> Other (specify): _____                 |
| <input type="checkbox"/> Physician or medical doctor            |                                                                 |

4. What type of health care provider are you? If you are not a health care provider, what type of health care providers work at your health center? Check all options that apply.

- Primary care provider (such as a doctor/physician, physician assistant, or nurse practitioner)
- Specialist
- Other (specify): \_\_\_\_\_

5. What asthma education services are offered by your health center? Check all options that apply

- |                                                                       |                                                                 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Asthma home visiting or remediation services | <input type="checkbox"/> Smart inhalers to track medication use |
| <input type="checkbox"/> Individual in-person counseling              | <input type="checkbox"/> Text message service or program        |
| <input type="checkbox"/> Individual phone only counseling             | <input type="checkbox"/> Virtual or remote classes              |
| <input type="checkbox"/> Individual video call counseling             | <input type="checkbox"/> Not sure or don't know                 |
| <input type="checkbox"/> In-person classes                            | <input type="checkbox"/> Other (specify): _____                 |
| <input type="checkbox"/> Online self-directed classes                 |                                                                 |

6. What are barriers or challenges to offering asthma education services to your patients for you or your health center? Check all options that apply.

- Difficult to hire qualified staff
- Lack of staff asthma education training
- Lack of funding or reimbursement for asthma education
- Not sure or don't know
- Other (specify): \_\_\_\_\_

7. What makes it challenging for you or your health center to help your patients manage their asthma or keep it under control? Check all options that apply.

- Authorization of asthma medication, DME, or other treatment options
- Bad air quality
- Difficult to hire qualified staff
- Extreme weather or climate change
- Lack of funding or reimbursement for asthma education
- Lack of asthma training among staff
- Smoking or secondhand smoke
- Substandard housing conditions
- Other (specify): \_\_\_\_\_

8. Are you aware that KFHC offers asthma education services to KFHC members? Check only one option.

- Yes
- No
- Not sure or don't know

9. Does your office or health center ever send asthma education/management referrals to KFHC? Check only one option.

- Yes
- No
- Not sure or don't know

10. If your health center doesn't send asthma education referrals to KFHC, is there a reason for that? Check all options that apply.

- Didn't know KFHC offered asthma education services
- Don't know how to send asthma education referrals to KFHC
- No need to send referrals since we offer asthma education to our patients
- N/A (we send asthma education referrals to KFHC)
- Not sure or don't know
- Other (specify): \_\_\_\_\_

11. How can KFHC help you or your health center improve asthma management among KFHC members? Check all options that apply.

- |                                                                                                   |                                                                                                      |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Help providers identify members with high-risk or uncontrolled asthma    | <input type="checkbox"/> Offer reimbursement for asthma education                                    |
| <input type="checkbox"/> Help members access home remediation services to address asthma triggers | <input type="checkbox"/> Offer technology resources, such as smart inhalers, apps, or online courses |
| <input type="checkbox"/> Help members access legal aid for substandard housing conditions         | <input type="checkbox"/> Share information about asthma programs and resources                       |
| <input type="checkbox"/> Help members find affordable housing                                     | <input type="checkbox"/> Streamline authorization of asthma medication, DME, and treatment options   |
| <input type="checkbox"/> Help providers develop asthma management programs                        | <input type="checkbox"/> Streamline asthma education referrals                                       |
| <input type="checkbox"/> Organize asthma trainings                                                | <input type="checkbox"/> Not sure or don't know                                                      |
|                                                                                                   | <input type="checkbox"/> Other (specify): _____                                                      |

12. If you have any additional comments, you can include them, below. If you have any questions and would like KFHC to contact you, you can include them with your contact information.

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**Please return completed survey via fax to 661-664-5443 or via email [carlos.bello@khs-net.com](mailto:carlos.bello@khs-net.com)**