

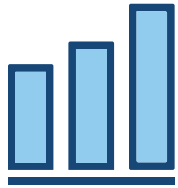
2022 Kaiser Permanente National Social Health Survey

Brief summary of combined quantitative and qualitative results | September 2023



Introduction to the work and our teams

Kaiser Permanente's 2022 National Social Health Survey is a follow up to our 2020 survey. We reached out to the more than 10,000 members who completed the 2020 survey — and then then did qualitative interviews with a small subset of members who completed both surveys. This report briefly summarizes the quantitative and qualitative results.



Quantitative team

- Meagan Brown, KP Washington
- Carolyn Bain, KP Washington
- Kara Haugen, KP Washington
- Cara Lewis, KP Washington
- Arvind Ramaprasan, KP Washington
- Rob Wellman, KP Washington
- KP Washington Health Research Institute Survey Research Program
- SONNET Coordinating Center



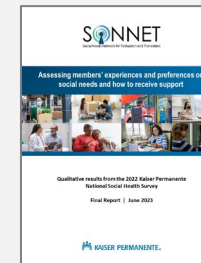
Qualitative team

- Clarissa Hsu, KP Washington
- David Mosen, KP Northwest
- Dea Papajorgji-Taylor, KP Northwest
- Arvind Ramaprasan, KP Washington

View complete quantitative and qualitative results in these other reports



[Final report on quantitative results](#)



[Final report on qualitative results](#)

Overview of survey approach

Jump to [domain definitions](#)

10,119 Surveys sent in **English and Spanish** to all living current and former KP members across the 8 regional markets — to complete **online, by phone, or on paper**

6,317 Surveys completed, **similar response rates across regions**

62% Overall response rate, **well-exceeding our target of 50%**



2022 results provide a post-COVID assessment among the **nationally representative group of members** who completed the 2020 survey.



2022 survey includes **new questions added in collaboration with KP national stakeholders**, including a new social need domain: digital equity.

2022 survey questions asked about 6 social need domains



Financial strain



Social connection



Food/nutrition insecurity



Housing instability



Transportation



Digital equity

Plus general questions about members' health and well-being

How we updated the 2022 survey and why those changes are important

Measures we added



Digital equity: New question on Internet access and how it's paid for



Social health screening preferences: New questions about how members want to be screened and by which care team member

Measures we updated



Financial strain: New validated questions from the Consumer Financial Protection Bureau Financial Well-Being Scale

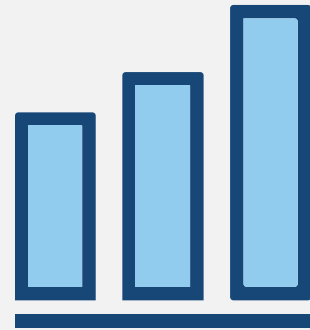


Social connection: New validated questions using the UCLA loneliness scale (called “social isolation” in the 2020 survey)



Food/nutrition insecurity: Additional question related to nutrition, e.g., access to fruits, vegetables, and whole grains

The different measures in 2022 versus 2020 **may limit direct comparisons** we can draw from longitudinal data.



Quantitative results

Snapshot of results from the 2022 National Social Health Survey

Most Kaiser Permanente members have social needs

68% More than 2 in 3 members have at least 1 social need.

Top 3 social needs in 2022:

58% Financial strain

27% Social connection

25% Food/nutrition insecurity

19% Nearly 1 in 5 members have 3 or more social needs.

61% About 6 in 10 members with at least 1 social need would like assistance from Kaiser Permanente. Among all members — including those without social needs, about half (49%) would welcome Kaiser Permanente's assistance.

Other important insights from survey results



Disparities exist across racial and ethnic groups – for example, Black, Hispanic, and multiracial members have a **higher prevalence of financial strain and food/nutrition insecurity** compared to other members.



Among members who earn less than \$50K a year, **89% have at least 1 social need** — versus 47% among those who earn \$100K or more.



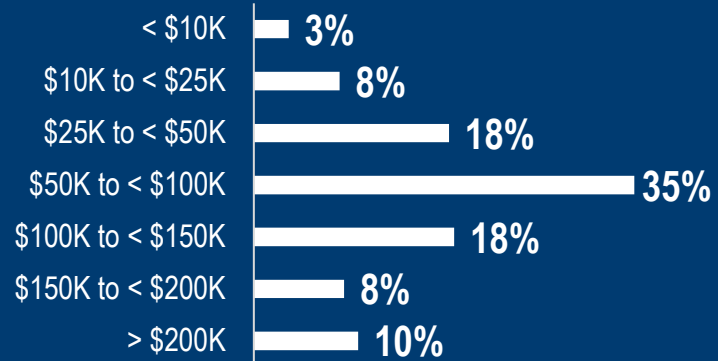
90% of members with Medicaid plans have at least 1 social need — compared to 65% for those with commercial, individual, or Medicare plans.



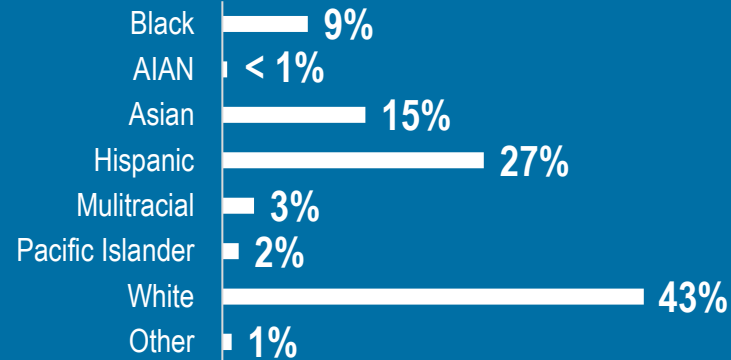
Members with any social need were **6x more likely** to report fair or poor mental/emotional health and **3x more likely** to report fair or poor physical health.

Brief demographic profile of members who responded

Annual income

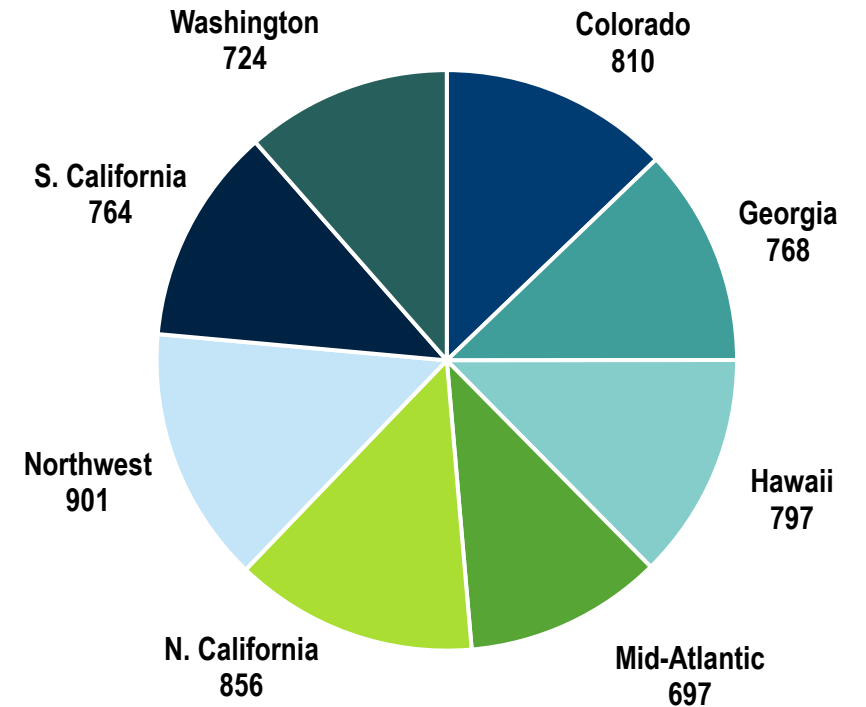


Race & ethnicity



AIAN = American Indian/Alaska Native

Responses by KP region (n) and mode (%)



77% online



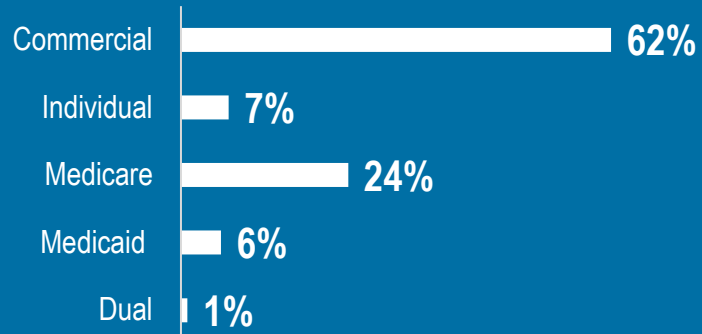
13% paper



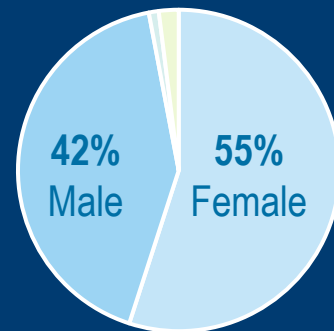
10% phone



Line of business



Gender



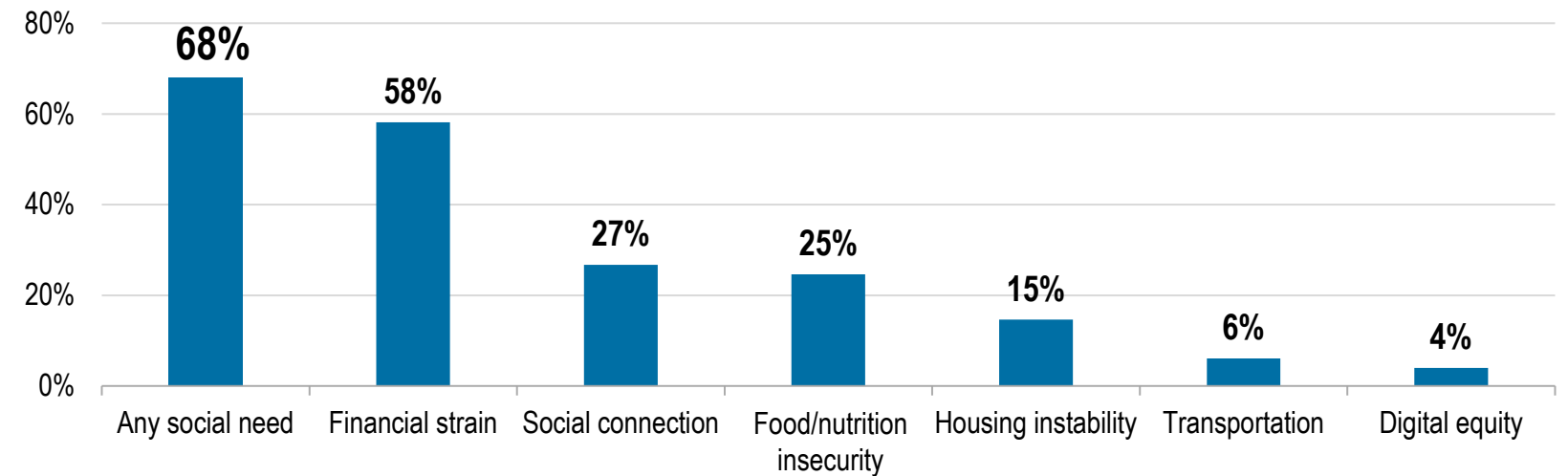
- **About 2%:** Unknown or did not answer
- **Less than 1%:** Transgender, two spirit, or a different term ("non-binary" was most common)

How many members have social needs and how many needs do they have?

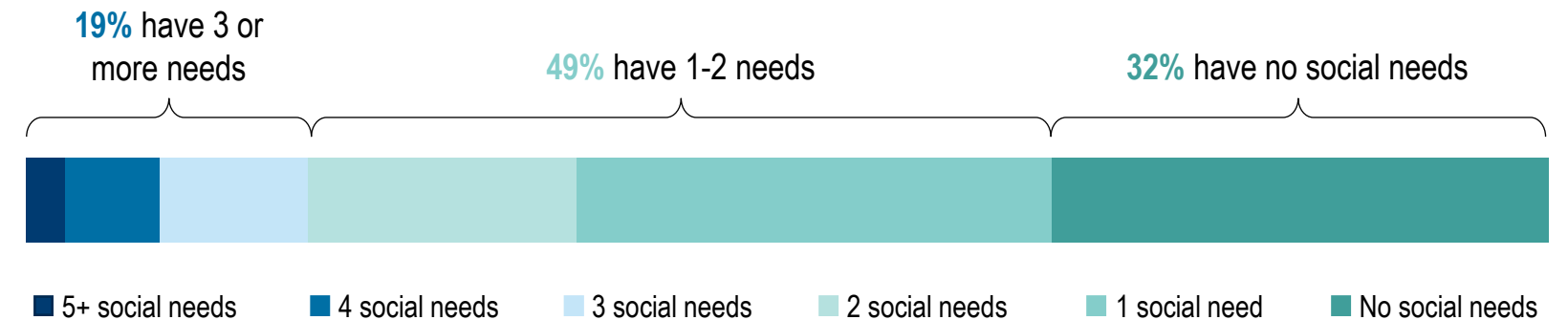
Key messages

- **Over two-thirds** (68%) of members who responded have at least 1 social need.
- **About 1 in 5** (19%) have 3 or more social needs.
- **Top 3 needs** are financial strain, social connection, and food/nutrition insecurity.
- Members with any social need are **3x more likely** to report fair or poor physical health and **6x more likely** to report fair or poor mental/emotional health.

Prevalence of social needs









Number of social needs



Additional results on the link between social needs and self-reported health

For members with a need, how likely are they to report fair or poor physical or mental/emotional health compared to someone without that need?

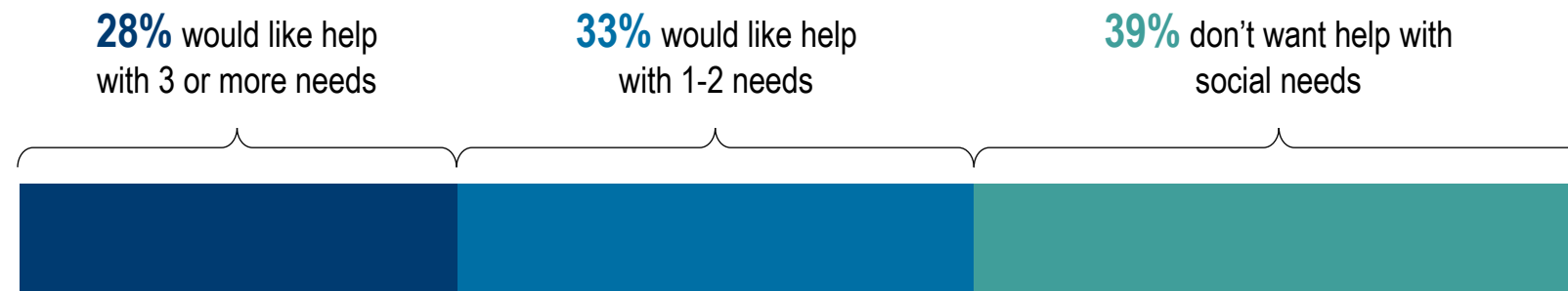
	Social need	Fair or poor physical health	Fair or poor mental/emotional health
	Financial strain	2x more likely	3x more likely
	Social connection	3x more likely	6x more likely
	Food/nutrition insecurity	3x more likely	3x more likely
	Housing instability	2x more likely	3x more likely
	Transportation	3x more likely	3x more likely
	Any social need	3x more likely	6x more likely

Desire for assistance from Kaiser Permanente

Key messages

- Among members with social needs, **61%** would like help from Kaiser Permanente with at least 1 need — and **28%** would like help with 3 or more needs.
- **About half** (49%) of all members who responded would be interested in assistance from Kaiser Permanente.
- Most members who would like assistance are interested in **written information** on the types of help available in their community.

Number of social needs for which members would like assistance (among those with at least 1 need)



Among those members, what kinds of assistance are they most interested in?

Written information on the types of help available in your community	48%
A number you can call that can give you information on public benefits or other help available in your community	18%
Someone that can help you enroll and complete paperwork for public benefits or other help available in your community	18%
Someone that can help you use technology to connect to assistance	5%
Something else	11%

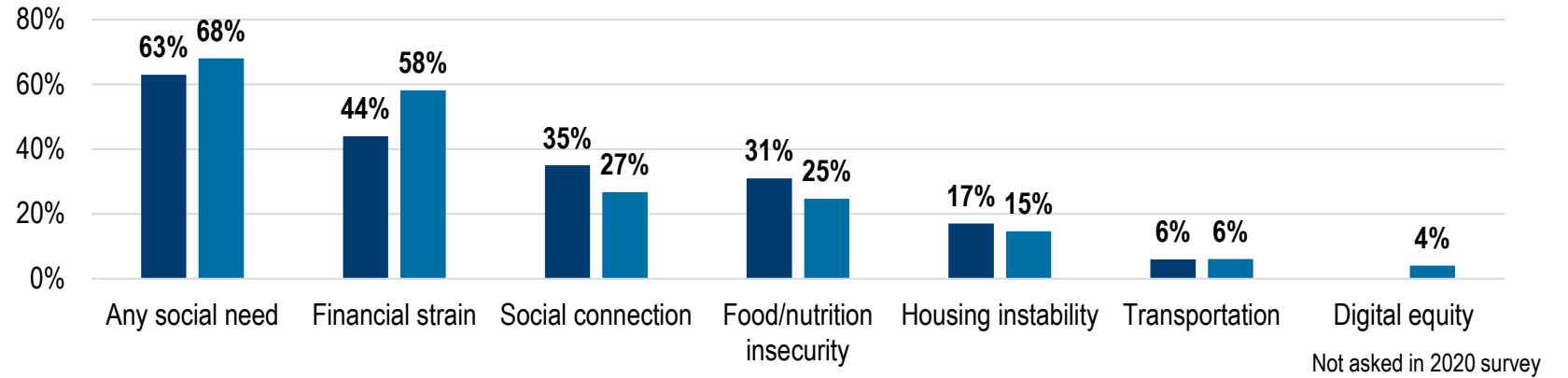
Results from 2020 and 2022: Summary of social needs*

* Changes made to the financial strain, food/nutrition insecurity, and social connection measures may account for some of the differences in results between 2020 and 2022.

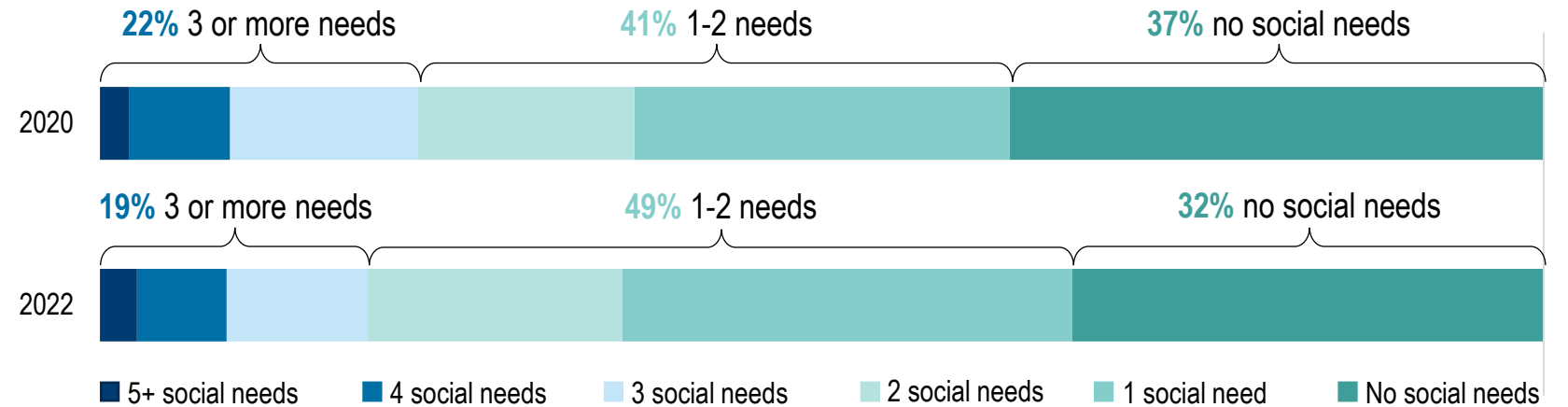
Key messages

- Prevalence of any social need was **slightly higher** in 2022.
- Even though our measures of financial strain changed from 2020 to 2022, we still see a **genuine increase** in a specific measure that stayed the same — having little to no money left at the end of the month (7% increase).

Prevalence of social needs



Number of social needs



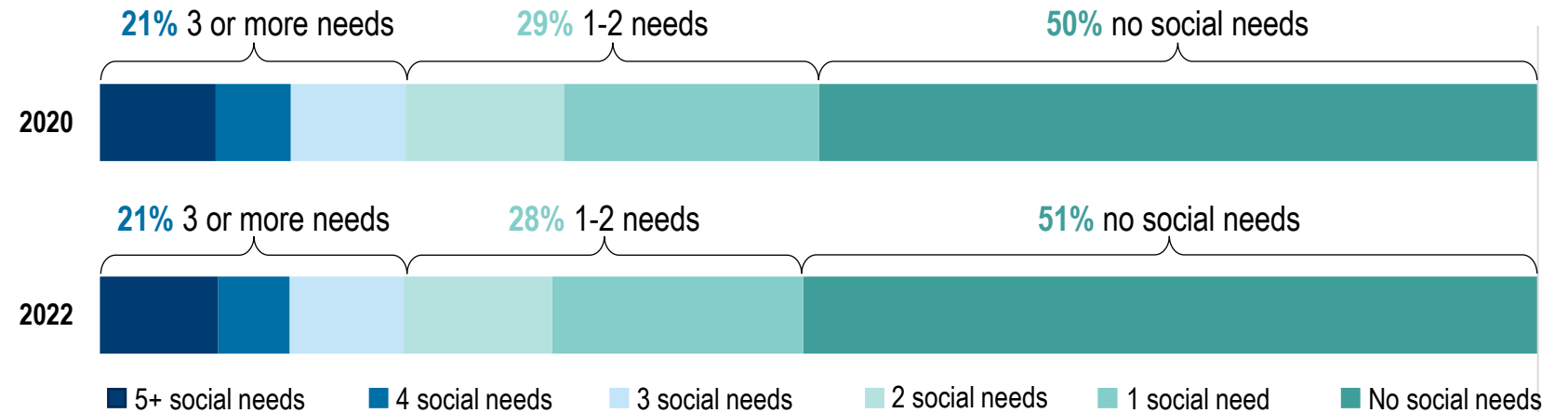
Margins of error: 2020 ($\leq 1.6\%$), 2022 ($\leq 2.1\%$)
 Sample sizes: 2020 (10,226), 2022 (6,317)

Results from 2020 and 2022: Desire for assistance

Key messages

- The percentage of members interested in receiving assistance from Kaiser Permanente for social needs was **similar from 2020 to 2022**.

Number of social needs for which members would like assistance (among all members who responded)



Among members with at least 1 social need, how many would like assistance from Kaiser Permanente?

2020: **63%**

2022: **61%**



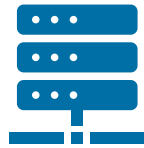
Qualitative results

Qualitative methods



Interview Guide

Developed semi-structured guide for a 30-minute phone interview with input from relevant KP subject matter experts.



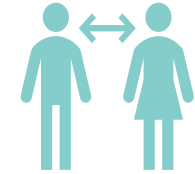
Sample Pool

Created datasets Sept. 2022 – Jan. 2023 representative of members across KP regions, insurance type, and race/ethnicity.
(n = 1,562 members)



Recruitment

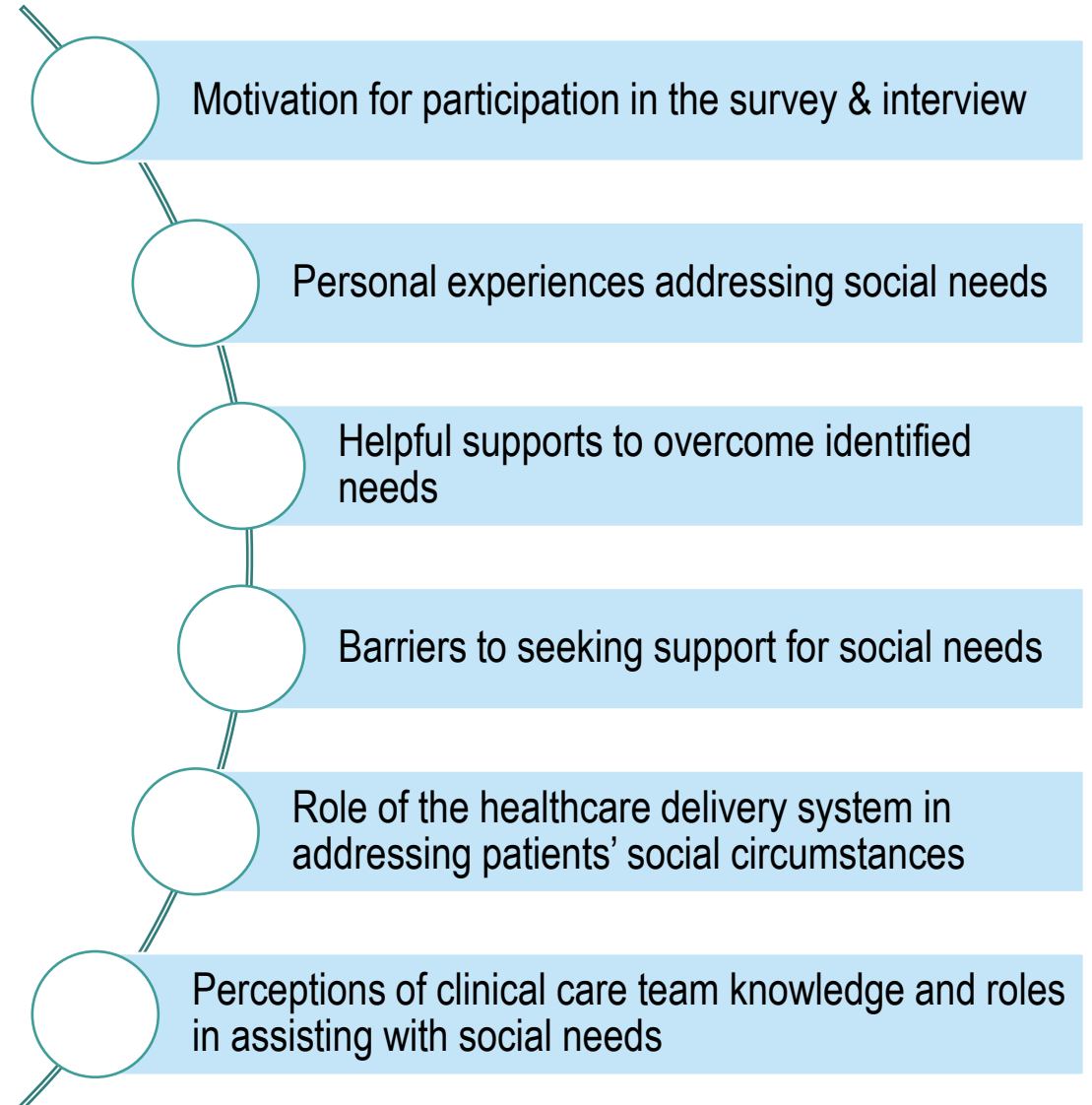
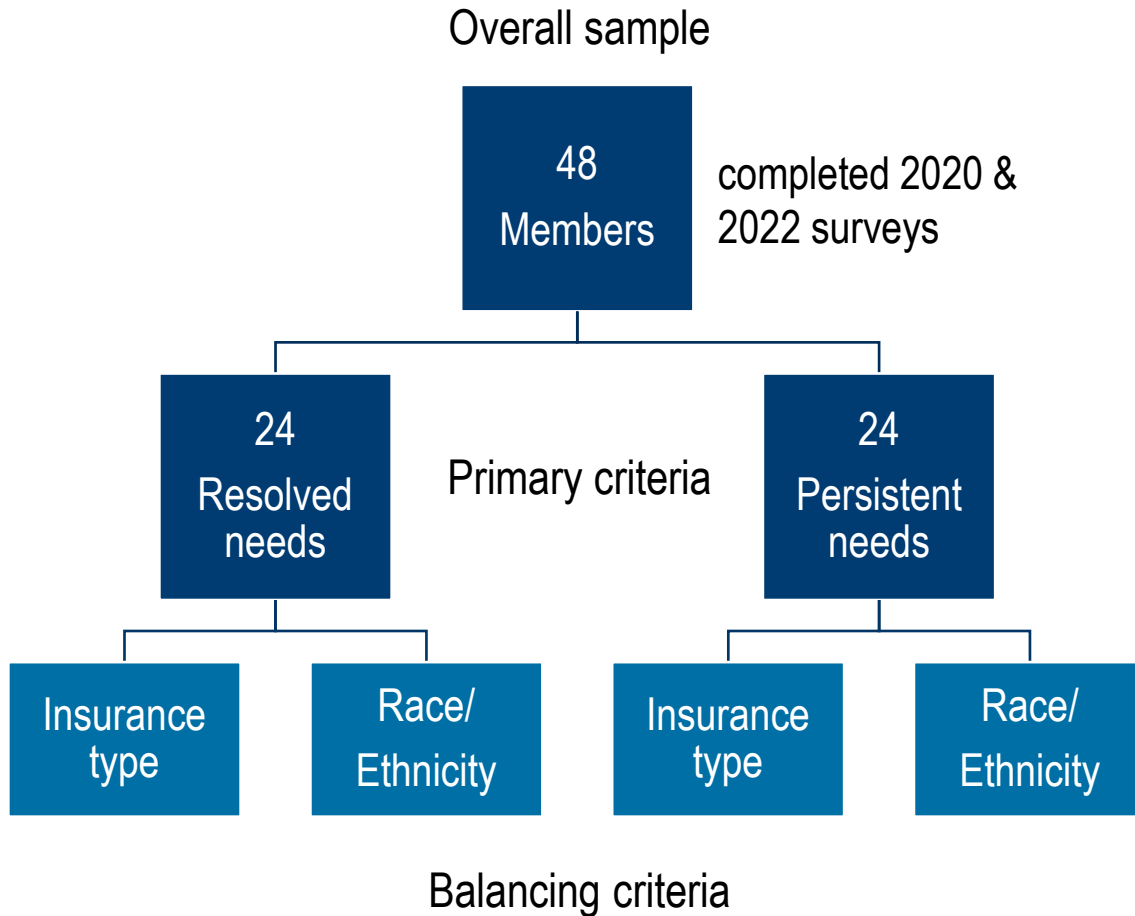
To explore variation among members with resolved vs. ongoing needs, we purposefully aimed for a balanced distribution of participants.



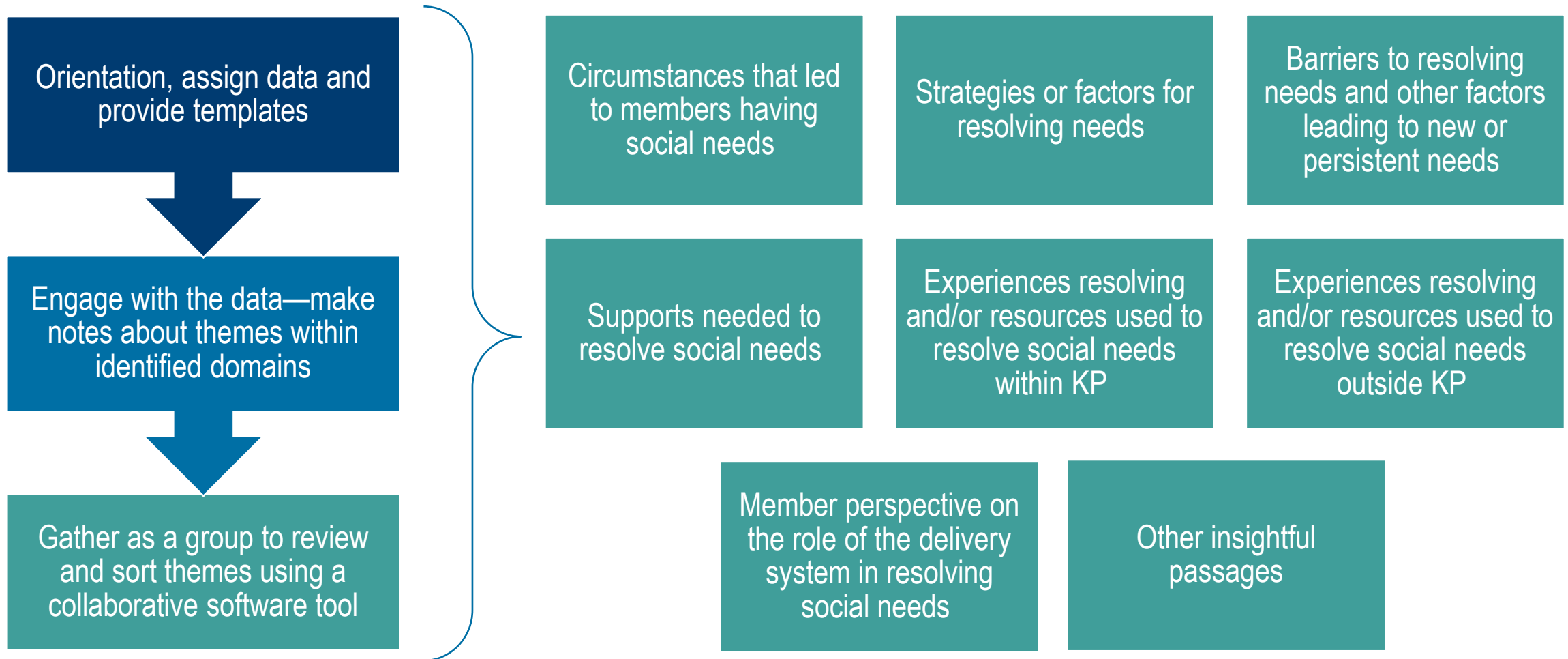
Engagement

Two staff members responded to email responses and conducted phone calls for additional outreach, scheduling, and conduct of interviews. Members were offered a \$40 gift card.

Study sample and interview topics



Rapid Group Analysis Process (Rap-GAP) to surface key domains



Snapshot of qualitative results



Little distinction in responses between those with resolved vs. persistent needs.



Little distinction in responses between Medicaid and Medicare beneficiaries vs. commercial insurance.



Not a clear understanding of health system screening for social needs.



Variability in members' acceptability of health system role for social support.



Trusting relationships within the health care system and providers were critical to members' willingness to address social needs.

"I feel as though a lot of people are not aware of the programs that Kaiser has and if they continue to publicize it and make people more aware, that would help a lot. Having availability and giving people the knowledge of who can give them the information that they need, like pointing them in the right direction to know who to talk to."

"I feel like the resources are usually targeted at people that are way less better... They're not targeted at me. They're like, you can get assistance if you are terminally freaking homeless or whatever. If you're high-functioning they can't really help you. **I don't fit into getting assistance**, I don't think."

Recommendations

Pay attention

when individuals are experiencing major life transitions

Advocate

for higher wages and employee rights that protect job security

Support

seniors, especially those with lower incomes

Recognize

that people come to KP primarily for medical care but appreciate the value of addressing social needs

Be aware

of the stigma associated with having social needs and asking for help — and find ways to address it

Integrate

social needs screening, resource referral, and follow up as a full package of services



Questions?

Contact us at sonnet@kp.org.