2020 National Social Health Survey Final Report

January 2021

Snapshot of survey results: Social health among our members

Kaiser Permanente launched a national survey in January 2020 to help understand the social health of our members. Using results collected from a diverse and representative sample of members, we can inform KP's Social Health Practice by identifying groups who experience social risk factors and need assistance.

2 in 3 KP members have at least 1 social risk factor

1 in 5 KP members have 3 or more social risk factors

Members with any social risk were almost **7 times** more likely to report fair or poor mental/emotional health

The **top 3** most prevalent social risk factors are financial strain (44%), social isolation (35%), and food insecurity (31%)

32% of members would welcome assistance from KP with finances, food, housing, or transportation

Members desired assistance with **financial strain**, above other identified social risk factors

Compared to White members:

Hispanic members are more than **2 times** more likely to experience food insecurity

Black members are more than **2 times** more likely to experience housing instability

Black members are almost **2 times** more likely to welcome assistance with social risk factors

COVID-19 Impact on Social Health
Questions on COVID's impact were added in March and illuminate the pandemic's negative impacts on KP members' social health.

70% of members who had a negative emotional or mental health impact from COVID-19 also had a social risk impact from COVID-19

95% of members who said COVID-19 impacted their ability to pay rent or mortgage also experienced other social risks factors

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Why do a national social health survey?

KP is committed to total health for all members, which means **elevating social health** alongside physical and mental health.

- Understanding our members' social health, including their social risk and desire for assistance, is essential for KP's national social health practice team, who is tasked with **developing systems and interventions** for social risk screening and linking members to resources.

- This national survey was rigorously designed to **ensure representation across our diverse membership** in all 8 KP regional markets.

How we designed the survey to rigorously assess social health

43,936
members sampled

10,226
members responded

23%
response rate

Data collected January 2020 – Sept 2020

COVID questions added March 2020

Nationally representative

- Members from all 8 KP regional markets
- Equal sampling to provide a within-region view of results
- Stratified sampling to match regional age-sex distribution

Emphasis on potentially vulnerable members

- Included a higher proportion of members potentially vulnerable to social risk because this group would likely be harder to reach (due to housing and financial challenges, for example)

Accessible and flexible

- English and Spanish
- Online, paper, or phone
- Adapted sampling strategy over time to reduce variability in response rates across key sampling strata (e.g., age, sex)

Survey design, build, and execution: KP Washington Health Research Institute
See Appendix 3 for more information on survey methodology

The 5 social risk factors in the survey

Variables within each factor

Food insecurity: worried about food running out; food bought did not last and no money for more; hard to get healthy food

Financial strain: ability to pay for food, housing, medical care and heating; money leftover at the end of month (e.g., more than enough, some money left, not enough, etc.)

Housing instability: ability to pay mortgage/rent on time; number of places lived in past year; steady place to sleep or experience living in shelter; current living situation
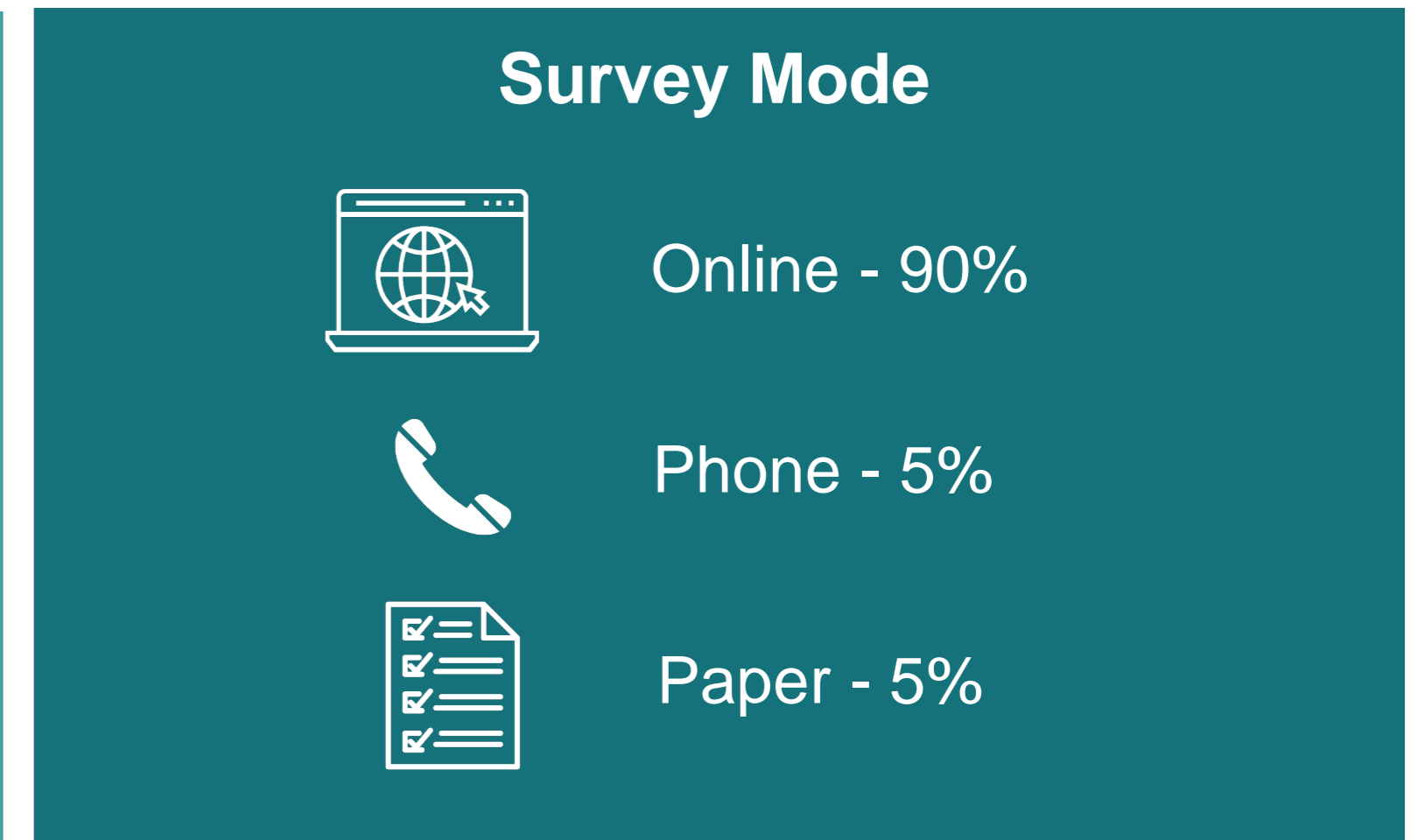
Social isolation: talk on telephone with family/friends; use social media with family/friends; see family/friends; attend church/religious services; attend club/organization meetings; get needed social and emotional support

Transportation: lack of transportation kept from medical appointments/getting medications; lack of transportation kept from meetings, work, getting things needed for daily living

Member Demographics

Demographic profile of members who responded

Age Group

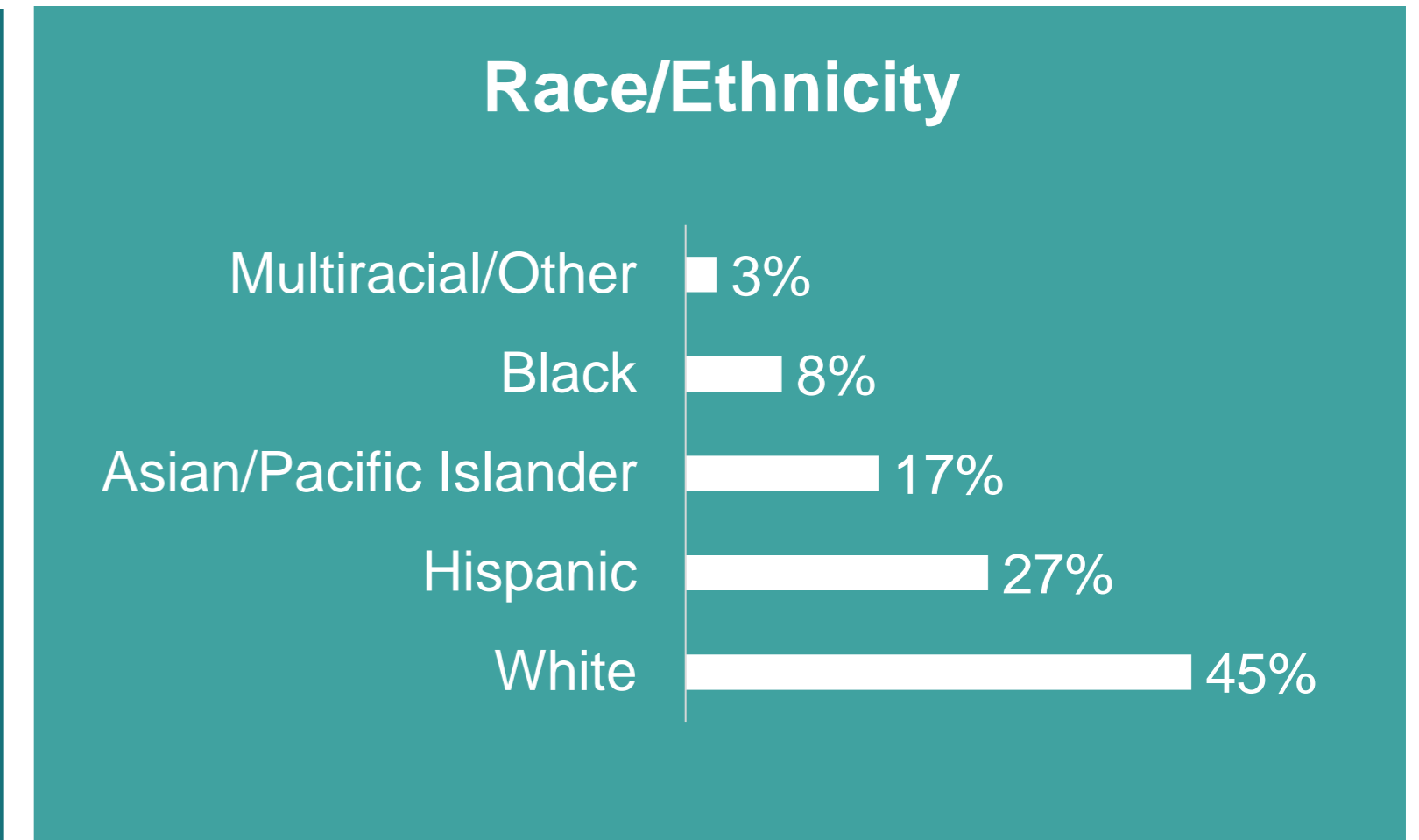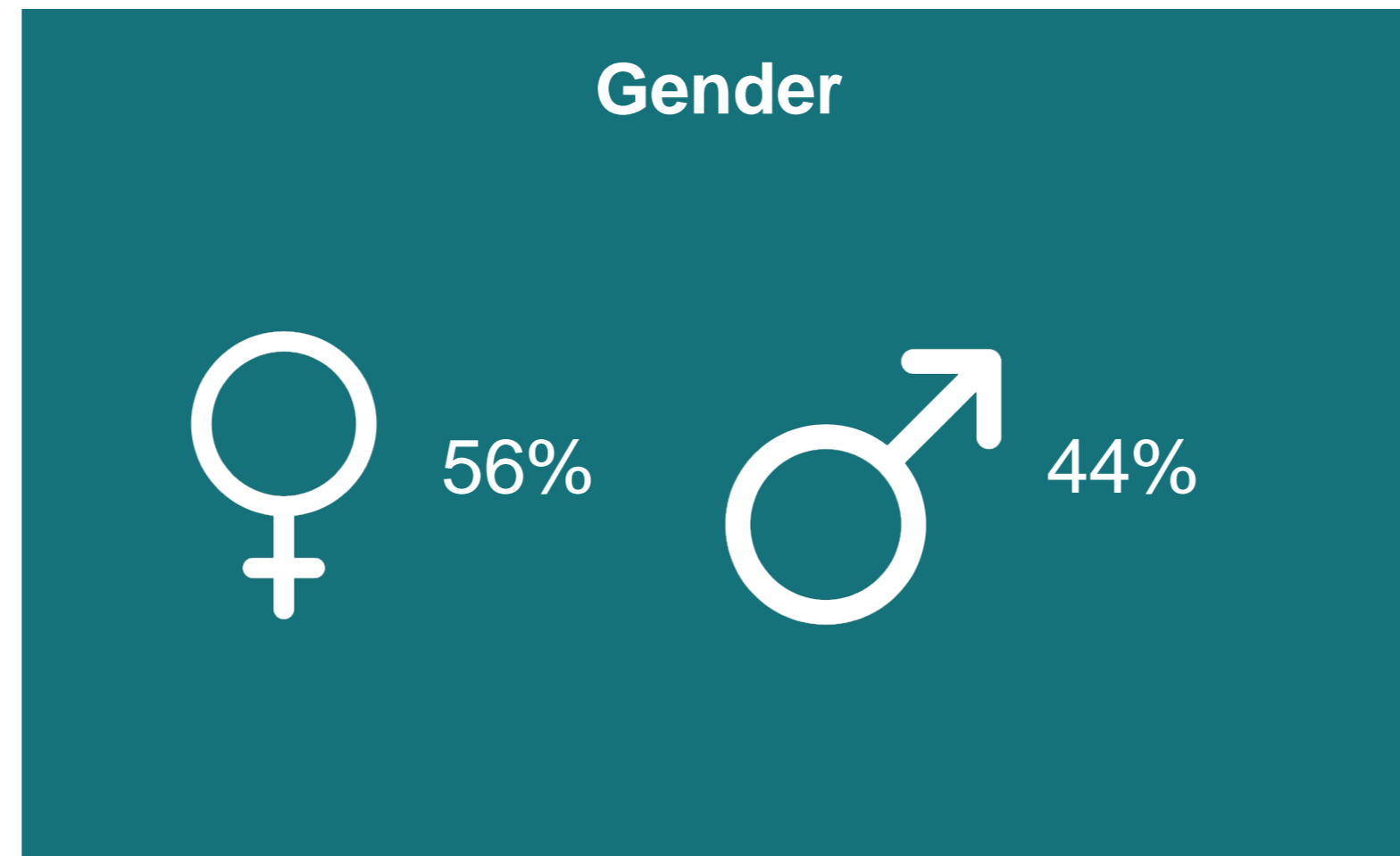|	
71+	12%
61-70	16%
51-60	18%
41-50	17%
31-40	17%
18-30	20%

Gender

♀ 56%   ♂ 44%

Race/Ethnicity

Multiracial/Other	3%
Black	8%
Asian/Pacific Islander	17%
Hispanic	27%
White	45%

KP Geographic Distribution

CO
GA
HI
MA
NC
NW
SC
WA

Education

More than 4-year college degree	21%
4-year college degree	25%
Some college/2-year degree	32%
High school degree/GED or less	22%

Survey Mode

Online - 90%

Phone - 5%

Paper - 5%
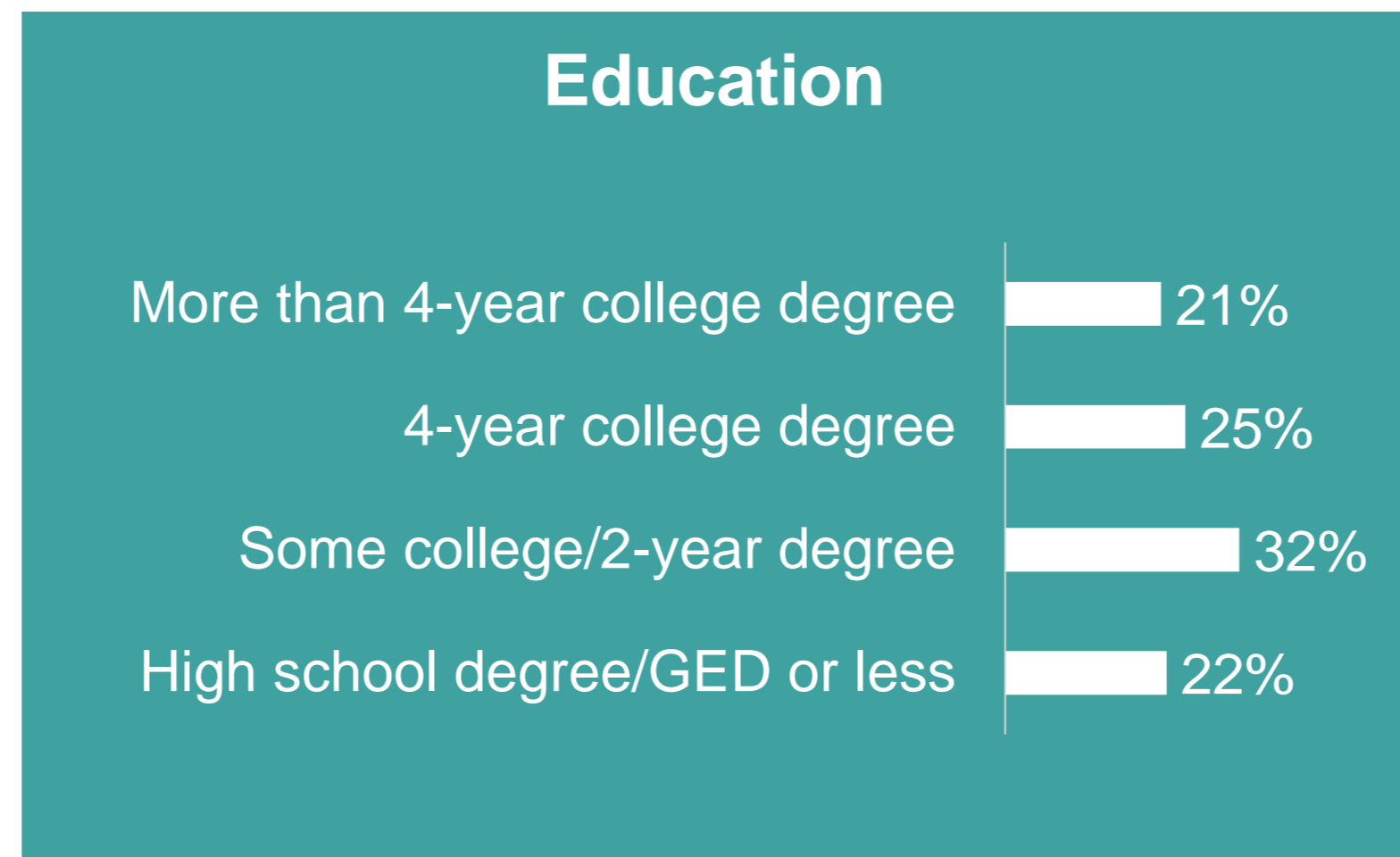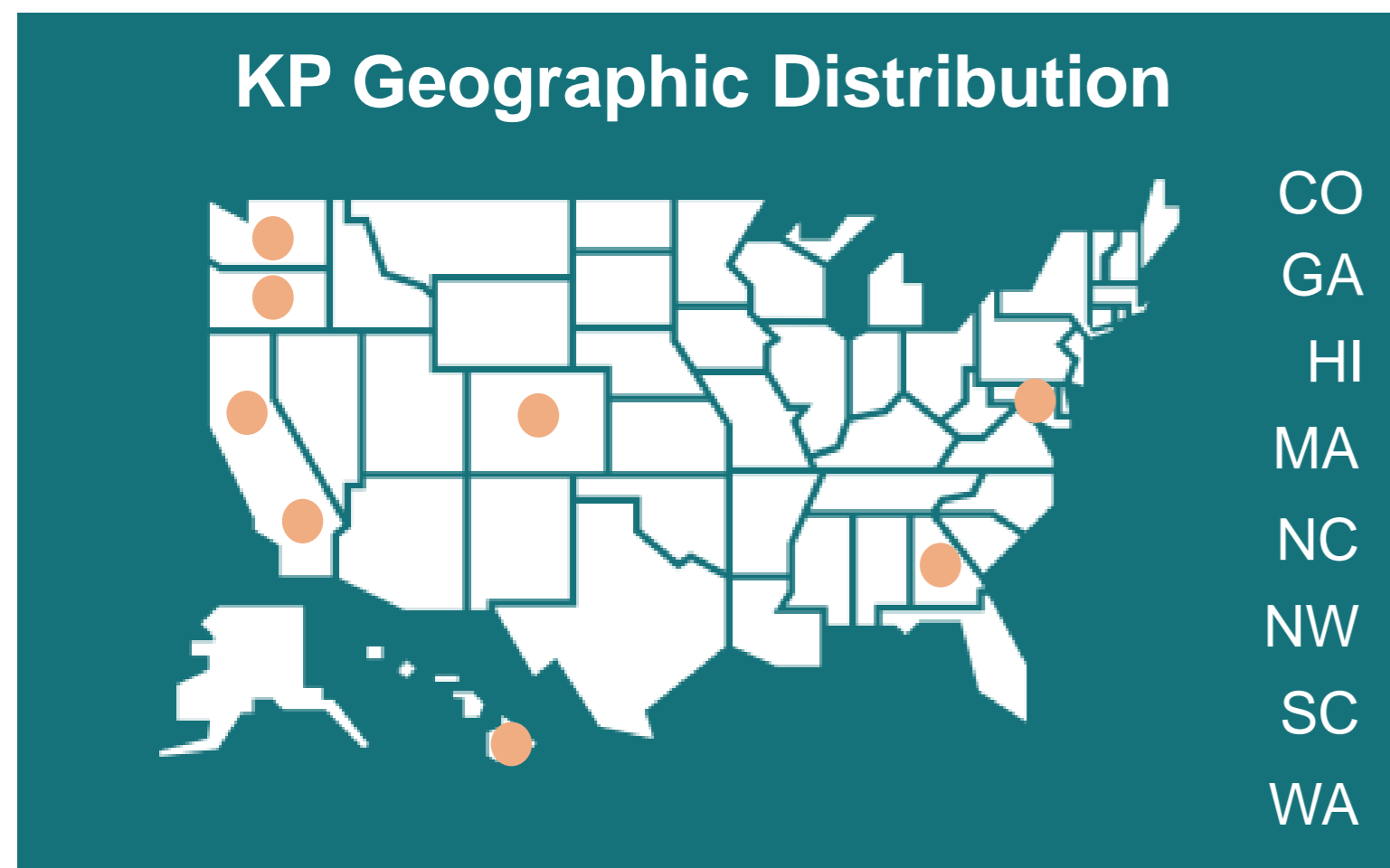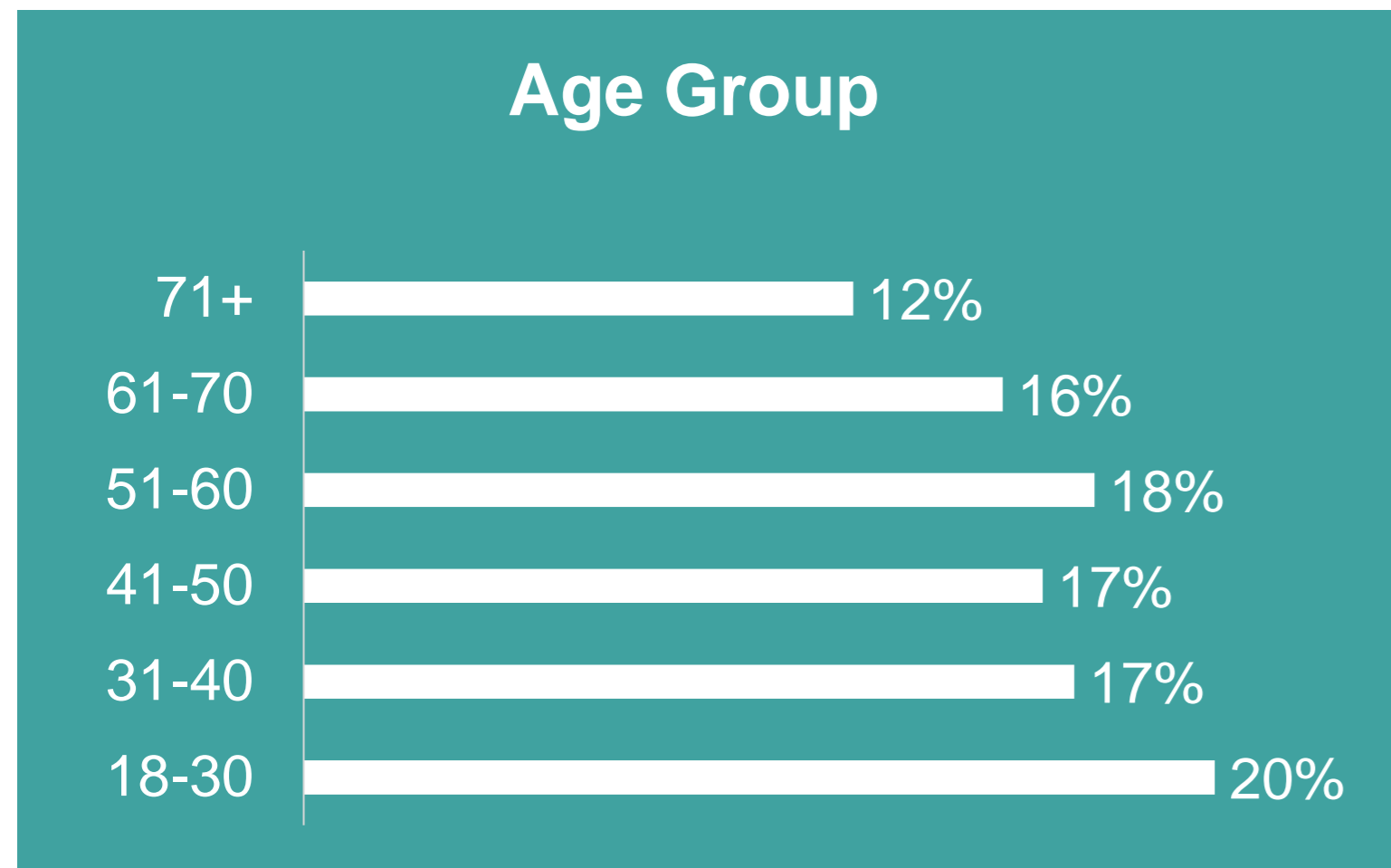
Sample Size: 10,226 (may vary due to missing values)

Demographic profile of members who responded (continued)

Top 5 Languages

Hello   English – 83%
Hola   Spanish – 5%
你好   Chinese – <1%
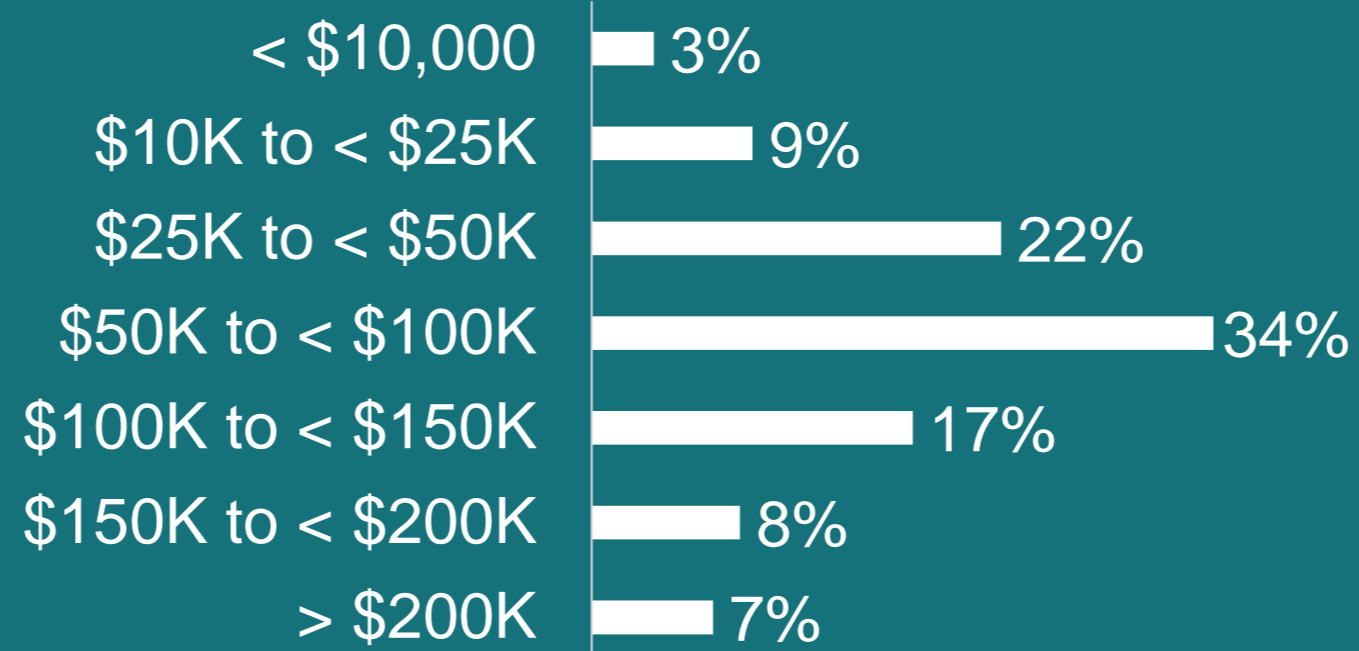Xin chào   Vietnamese – <1%
안녕하세요   Korean – <1%

Income

< $10,000	3%
$10K to < $25K	9%
$25K to < $50K	22%
$50K to < $100K	34%
$100K to < $150K	17%
$150K to < $200K	8%
> $200K	7%

Employment

Employed	66%
Student	3%
Unemployed/Caregiver	9%
Disability	3%
Retired	19%

Marital Status

Married	56%
Living with a partner	9%
Widowed	4%
Divorced	8%
Separated	2%
Never married	21%

Household Size

1	13%	4	17%
2	32%	5	10%
3	20%	6+	8%

KP Line of Business

Commercial	67%
Individual	8%
Medicare	19%
Medicaid	5%
Dual (Medicare/Medicaid)	1%
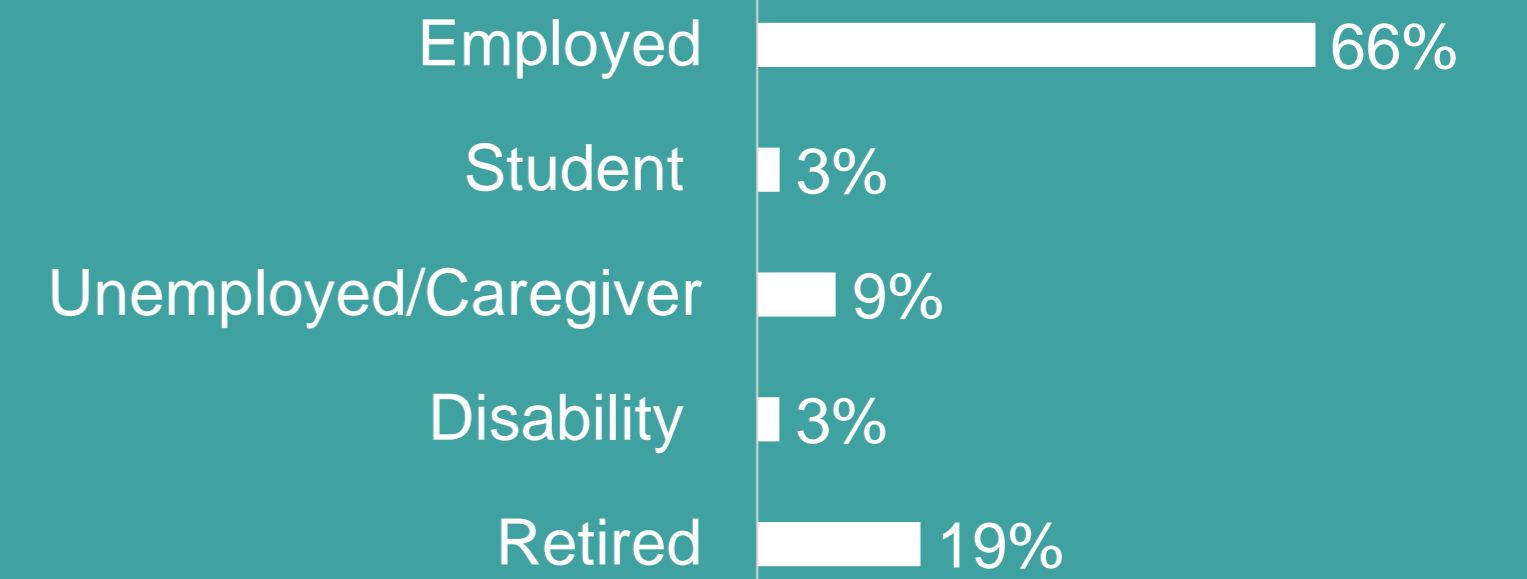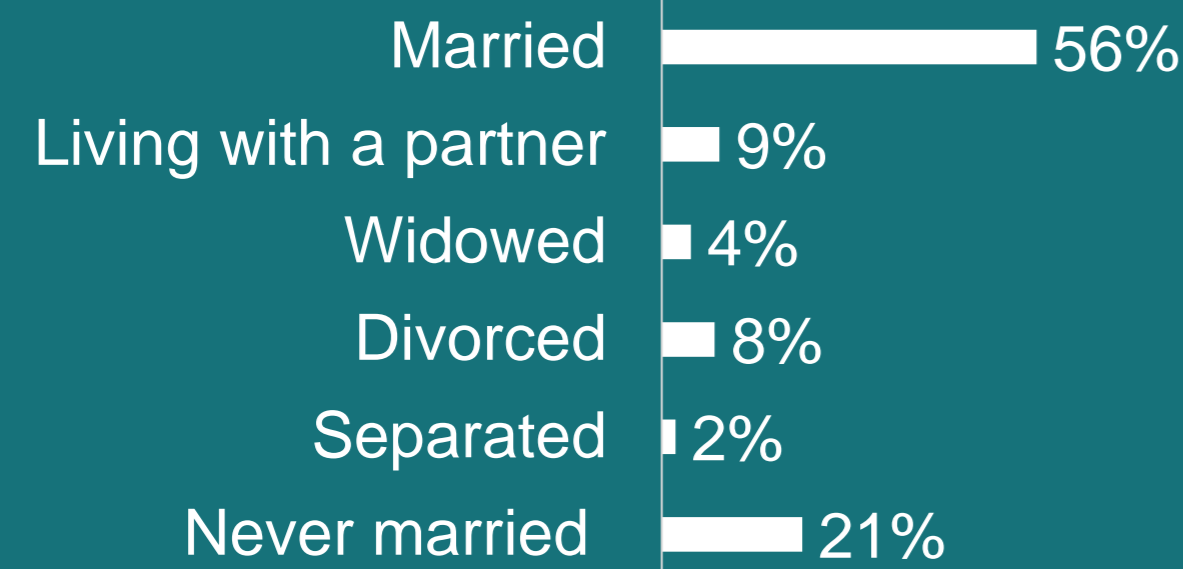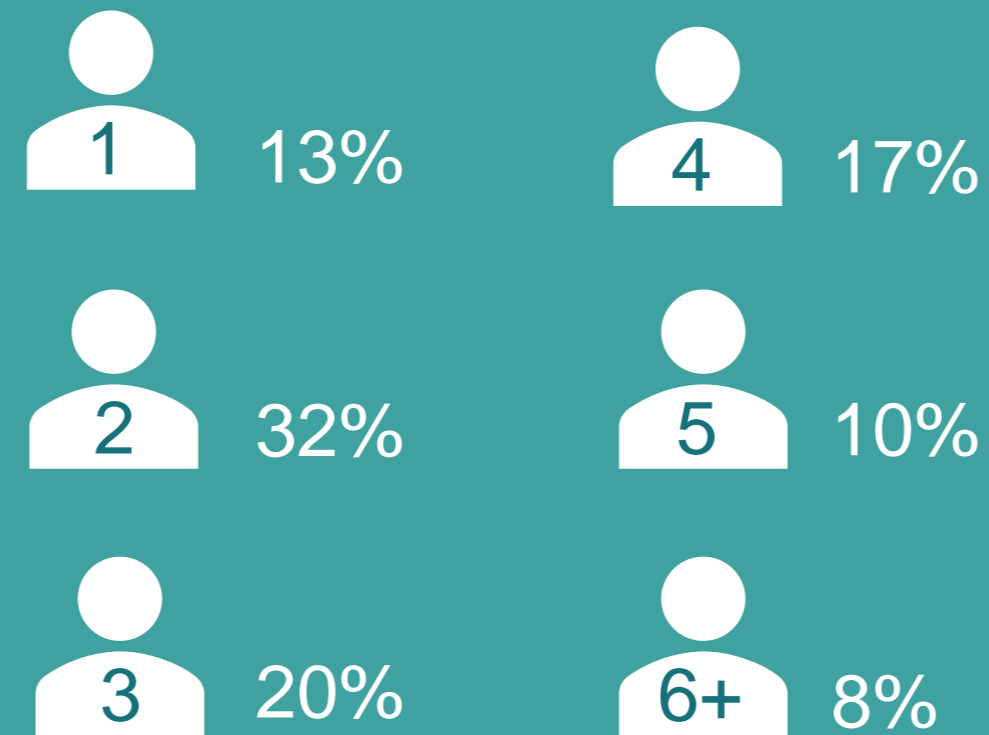
Sample Size: 10,226 (may vary due to missing values)
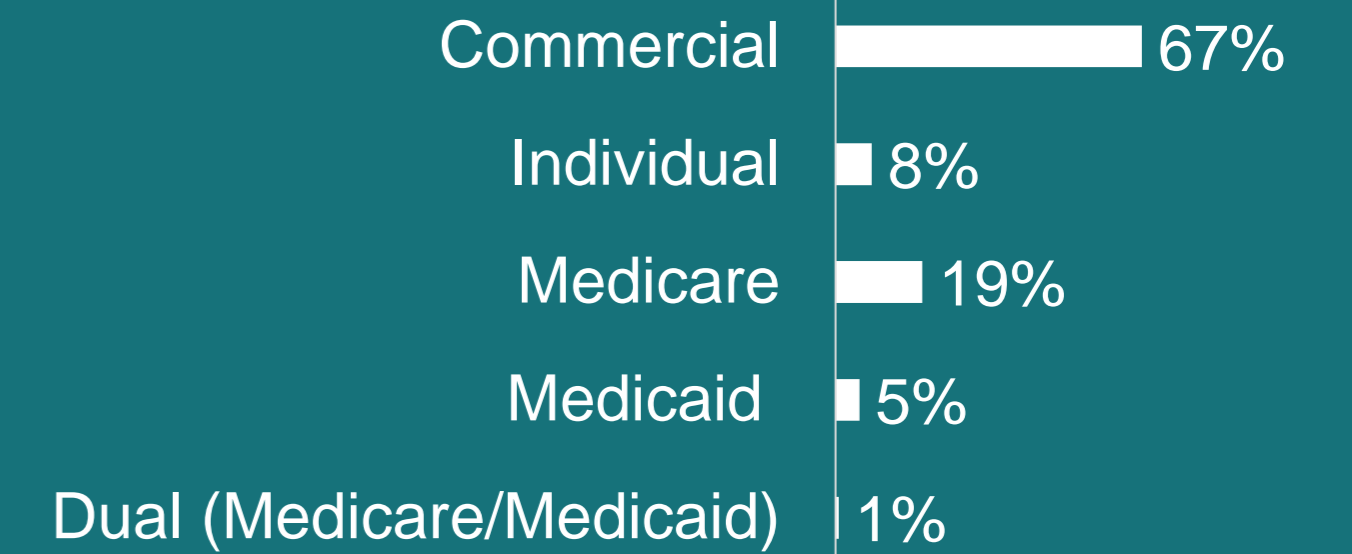
Summary of Social Risks and Needs

Frequency and number of social risk factors

Key findings

- **Almost 2 out of 3** members reported having at least 1 social risk factor, and **1 out of 3** expressed a desire for assistance

- **1 in 5** KP members have 3 or more social risk factors

- **Nearly half** of our members struggle financially

- **Nearly 1 in 6** of our members experience housing instability

Any social risk factor — 63% / 32%

Financial strain — 44% / 28%

Social isolation* — 35%

Food insecurity — 31% / 10%

Housing instability — 17% / 8%

Transportation — 6% / 4%

Legend:
- Social risk
- Desire for assistance

Pie chart:
- No social risk — 37%
- 1 social risk factor — 26%
- 2 social risk factors — 15%
- 3 social risk factors — 13%
- 4 social risk factors — 7%
- 5 social risk factors — 2%
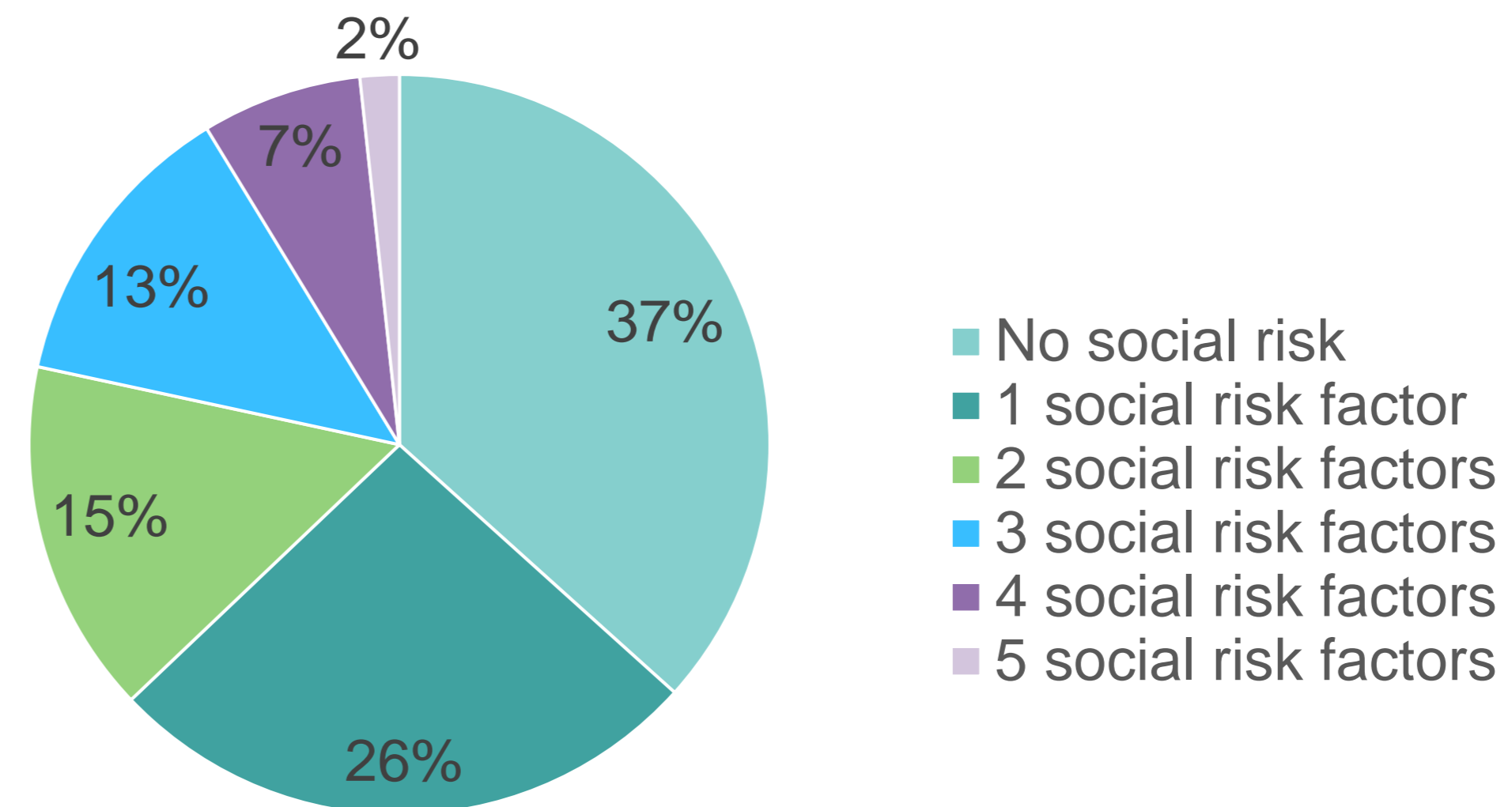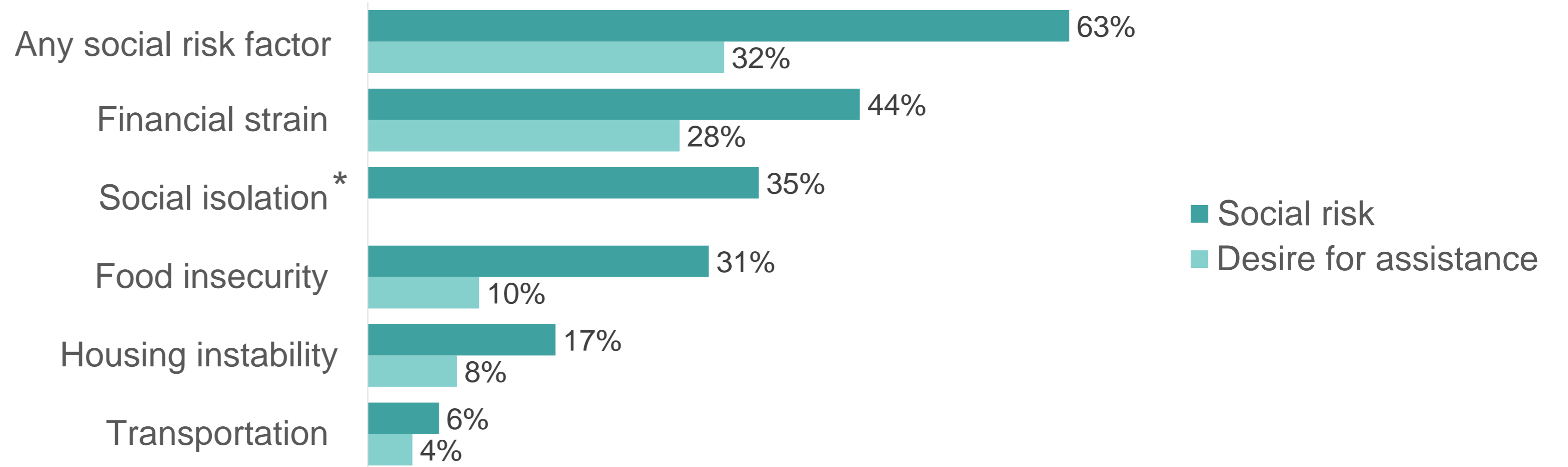
Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 1.6%

The survey did not include a question about desire for assistance regarding social isolation

Demographics of members with social risk

Key findings

- Members **under 30** have highest prevalence of social risk across all factors but social isolation

- Members **over 70** have the lowest prevalence of social risk, except for transportation

- Female and male members have similar risk. The biggest observed difference was in social isolation.

Social risk by age group

	18-30 (n = 1,881)	31-40 (n = 1,591)	41-50 (n = 1,553)	51-60 (n = 1,842)	61-70 (n = 1,923)	>70 (n = 1,436)
Financial strain	55%	48%	50%	42%	33%	31%
Social isolation	39%	36%	42%	36%	30%	24%
Food insecurity	42%	35%	36%	27%	20%	19%
Housing instability	24%	19%	21%	16%	10%	6%
Transportation	11%	6%	5%	4%	4%	8%
Any risk factor	73%	68%	70%	61%	52%	47%

Social risk by gender

	Female (n = 5,813)	Male (n = 4,413)
Financial strain	46%	42%
Social isolation	33%	38%
Food insecurity	31%	30%
Housing instability	17%	17%
Transportation	7%	5%
Any risk factor	63%	64%

Lowest prevalence ◻ Highest prevalence ◻

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 4.4% (age) & 2.5% (gender)

Demographics of those with social risk (continued)

Key findings

- Social risk, including social isolation, is inversely related to income

- There is a very clear link between lower educational attainment and higher prevalence of social risk

Social risk by income

	<$10K	$10K to <$25K	$25K to <$50K	$50K to <$100K	$100K to <$150K	$150K to <$200K	$200K or more
	(n = 304)	(n = 911)	(n = 2,275)	(n = 3,069)	(n = 1,299)	(n = 539)	(n = 402)
Financial strain	84%	75%	65%	44%	23%	17%	6%
Social isolation	54%	46%	42%	35%	28%	25%	23%
Food insecurity	68%	60%	49%	28%	12%	7%	6%
Housing instability	39%	35%	28%	14%	7%	5%	3%
Transportation	30%	14%	8%	5%	1%	1%	1%
Any risk factor	91%	88%	78%	65%	48%	41%	32%

Social risk by education

|	High school graduate/GED or less	Some college or 2-year degree	4-year college degree	More than 4-year degree
	(n = 2,363)	(n = 3,204)	(n = 2,332)	(n = 2,251)
Financial strain	62%	50%	37%	26%
Social isolation	44%	35%	33%	28%
Food insecurity	47%	35%	24%	15%
Housing instability	25%	19%	13%	11%
Transportation	10%	7%	4%	3%
Any risk factor	77%	68%	58%	48%

Lowest prevalence   Highest prevalence

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 9.3% (income) & 3.5% (education)

Self-reported health and mental/emotional health

Key findings

- **About 85%** of members say their physical health and mental/emotional health is good to excellent

- We see fairly similar response patterns for physical health and mental/emotional health

- Only **2-3%** of members say their physical or mental/emotional health is poor

- Members with social risk were **almost 7 times** more likely to report fair or poor mental/emotional health

■ Self-reported health   ■ Self-reported mental/emotional health

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 1.6%
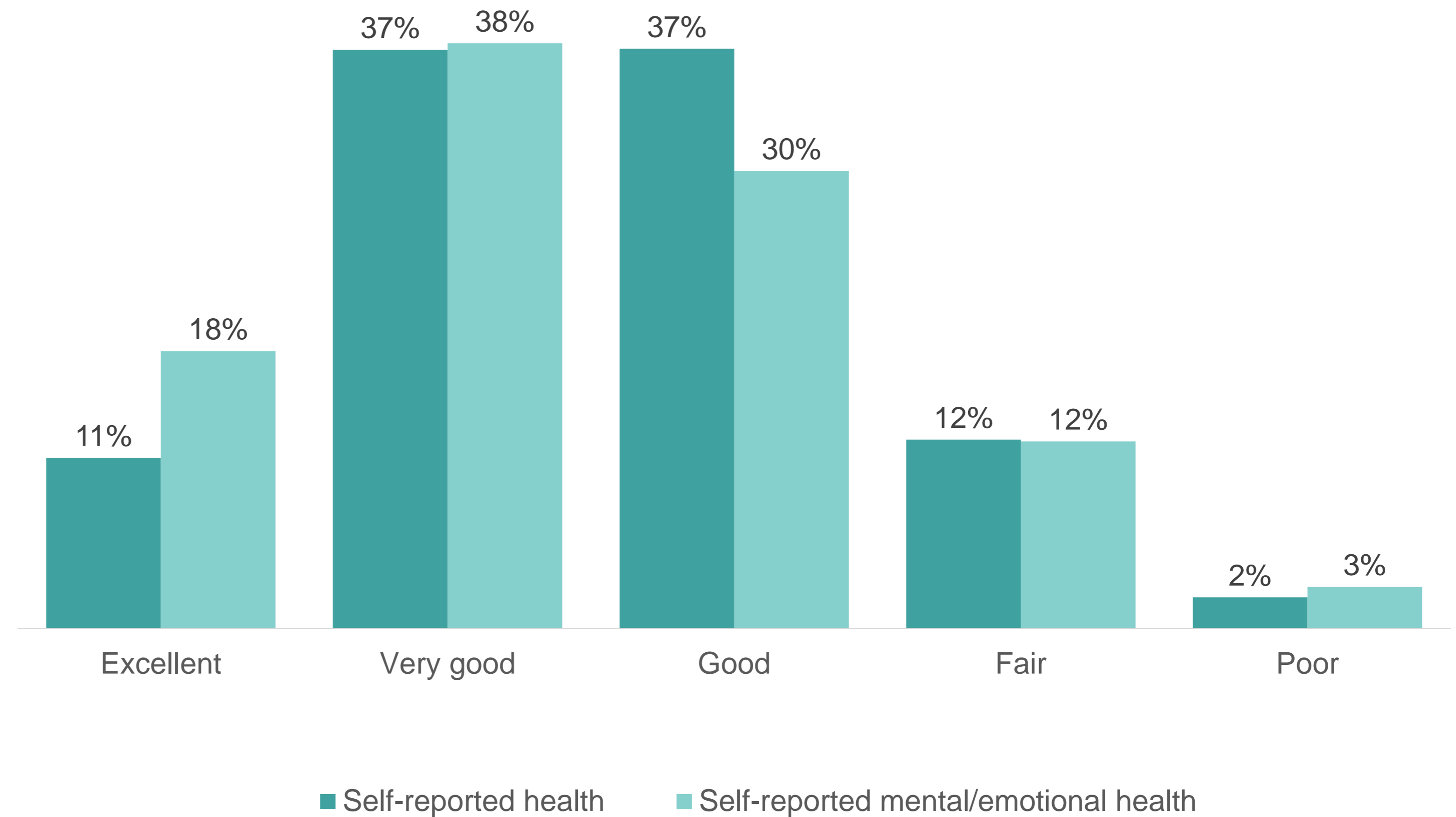
Results within the 5 social risk factors

- This section presents results specific to each social risk factor in the survey.

- Results presented earlier summarize findings among members who said they had **any level of social risk**, which is a very sensitive way of characterizing our members.

- To help target our interventions, this section provides a more specific, or **severe,** characterization of member risk in addition to the previously presented sensitive characterization.

Click on each social risk factor at right to jump straight to those results.
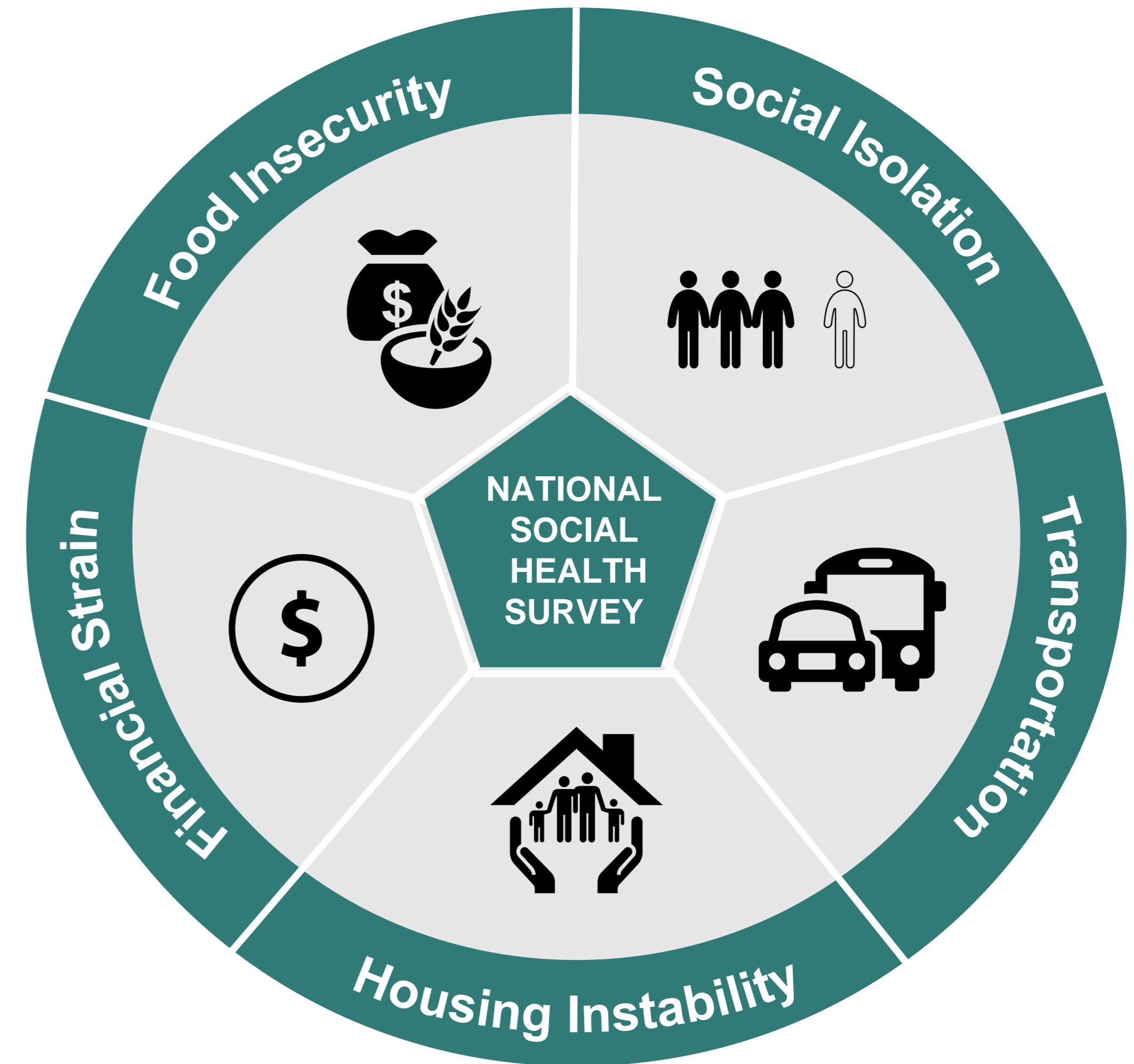
Financial strain

Key findings

- **Nearly half** of members experience some type of financial strain

- Approximately **1 in 6** experience severe financial strain

- **More than 1 in 4** requested assistance with their finances (e.g., paying utilities, support with debt, loan or credit card repayment, etc.)
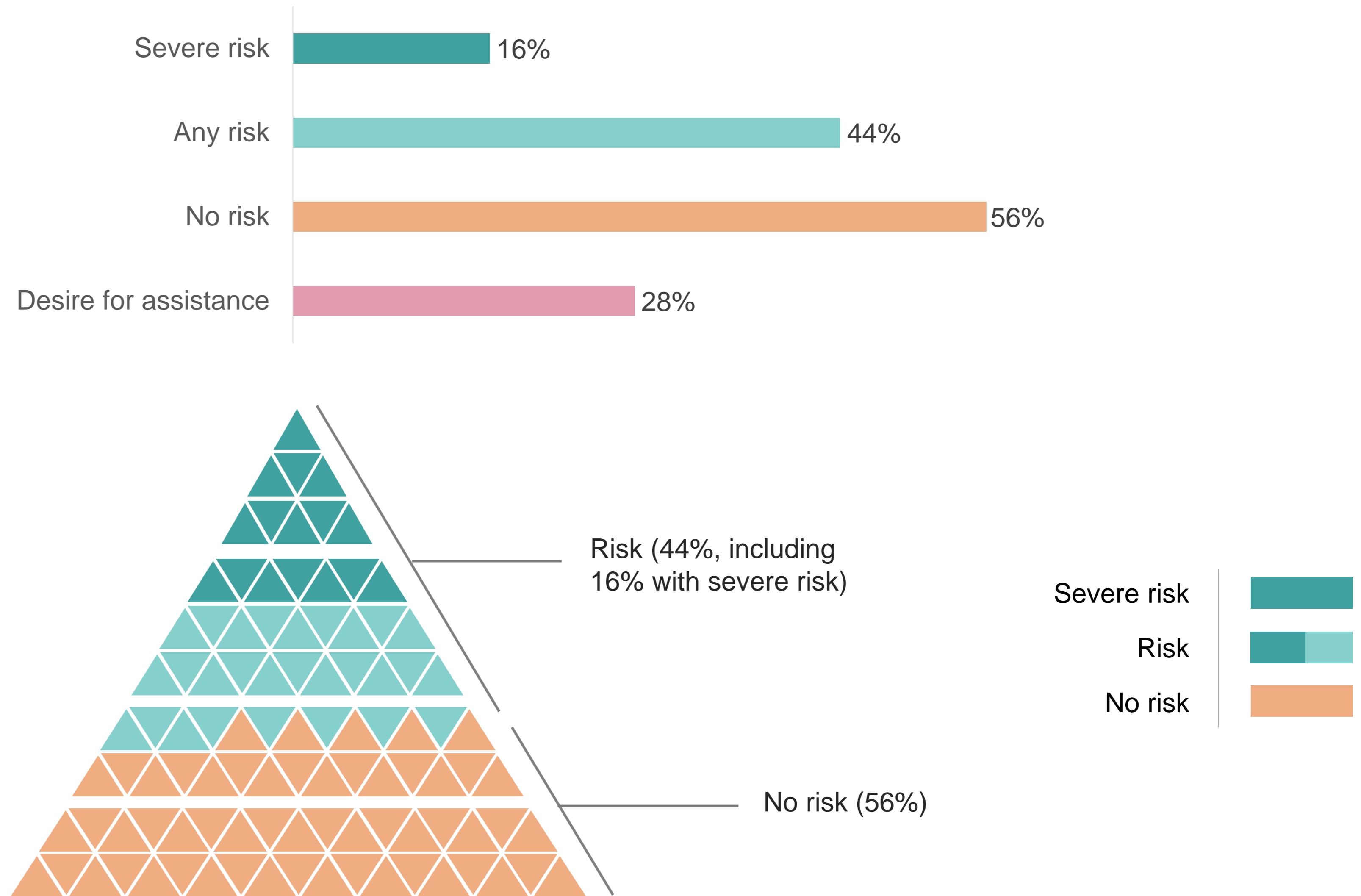
Severe risk 16%
Any risk 44%
No risk 56%
Desire for assistance 28%

Risk (44%, including 16% with severe risk)

No risk (56%)

Severe risk
Risk
No risk

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 1.6%

Financial strain by self-reported health and mental/emotional health

Key findings

- Members with financial strain are **more than 2 times as likely** to report fair or poor physical or mental health

- Members experiencing severe financial strain are **3 times as likely** to report fair or poor mental health

Financial strain by self-reported physical health
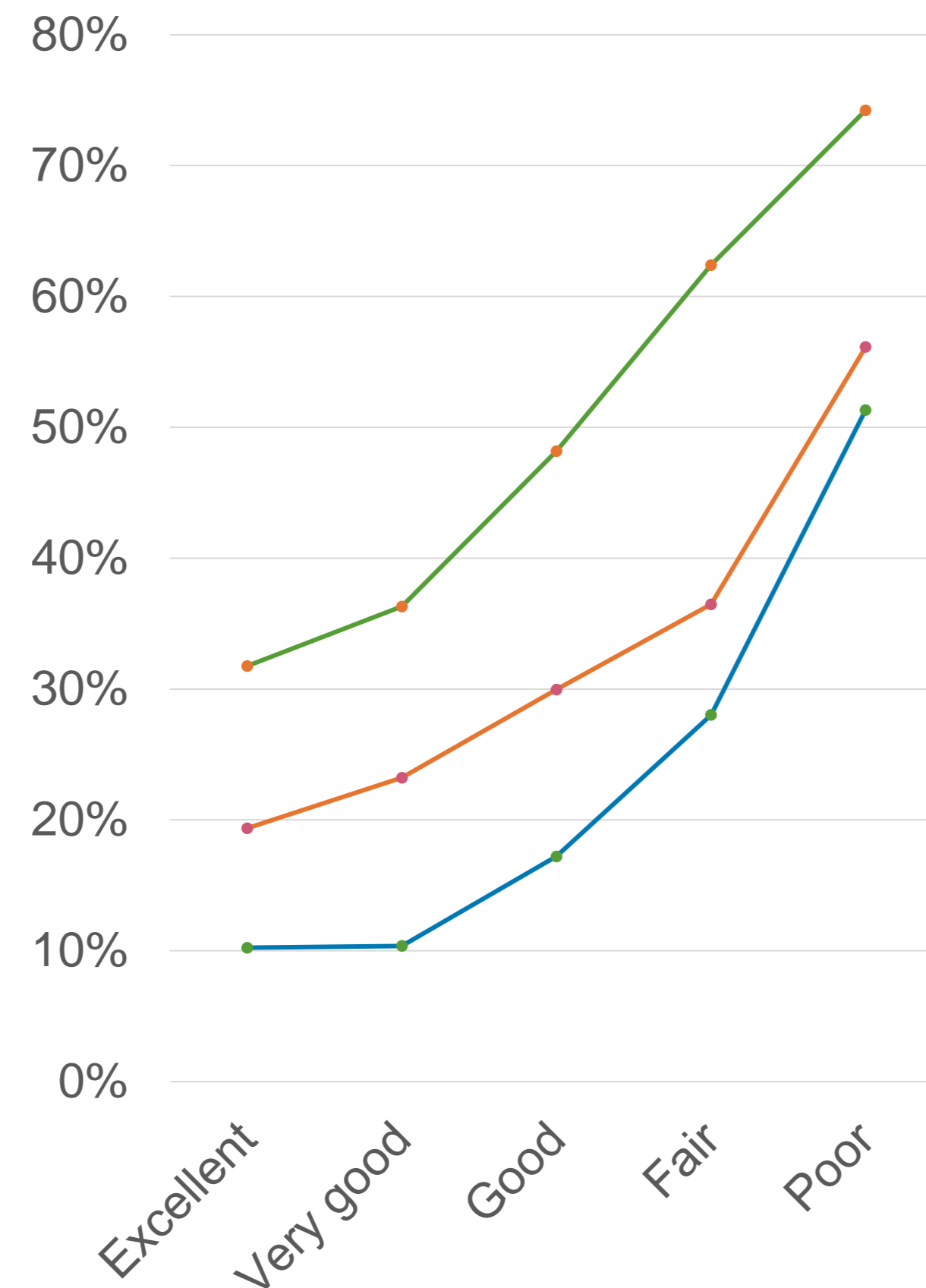
Financial strain by self-reported mental/emotional health

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 10.8%

Food insecurity

Key findings

- **Nearly 3 in 10** members experience some type of food insecurity

- About **1 in 14** members experience severe food insecurity

- **1 in 10** requested assistance with food insecurity
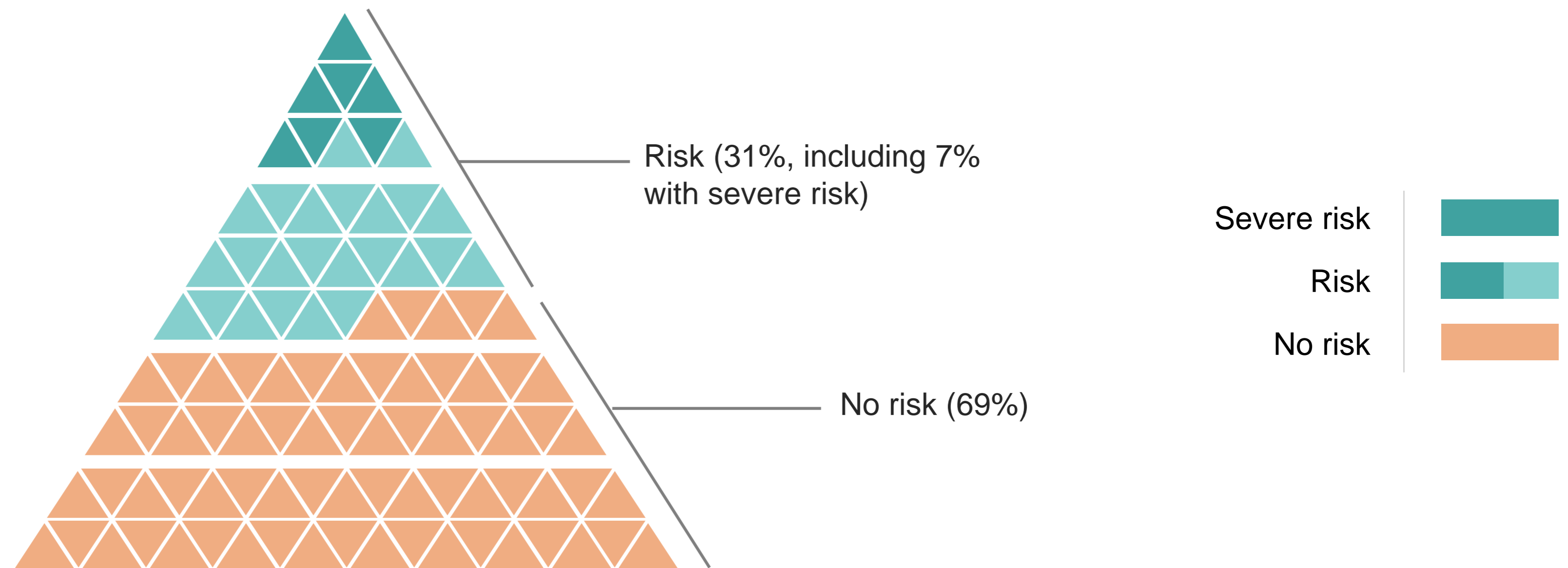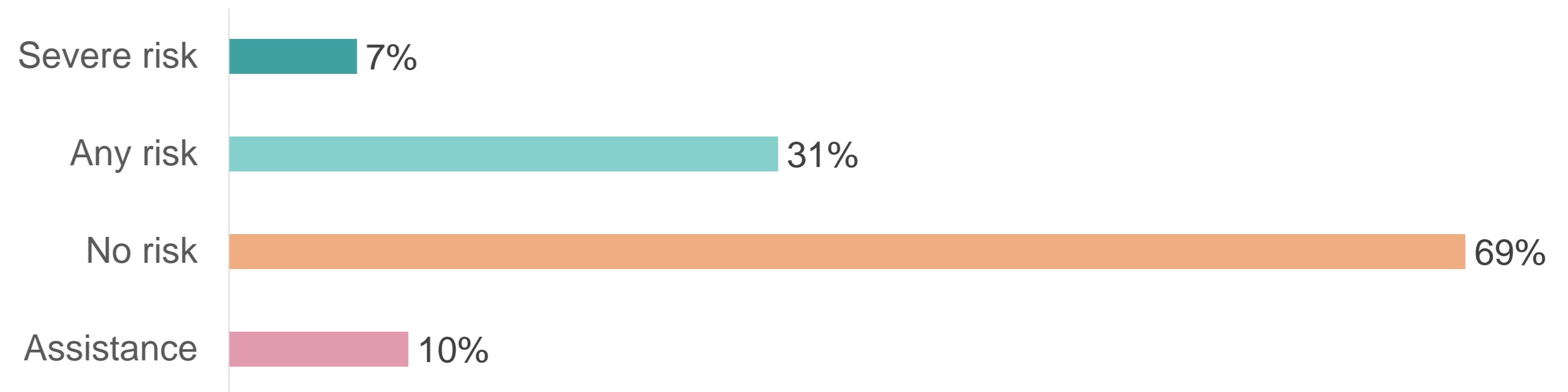
Severe risk — 7%

Any risk — 31%

No risk — 69%

Assistance — 10%

Risk (31%, including 7% with severe risk)

No risk (69%)

Severe risk

Risk

No risk

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 1.5%

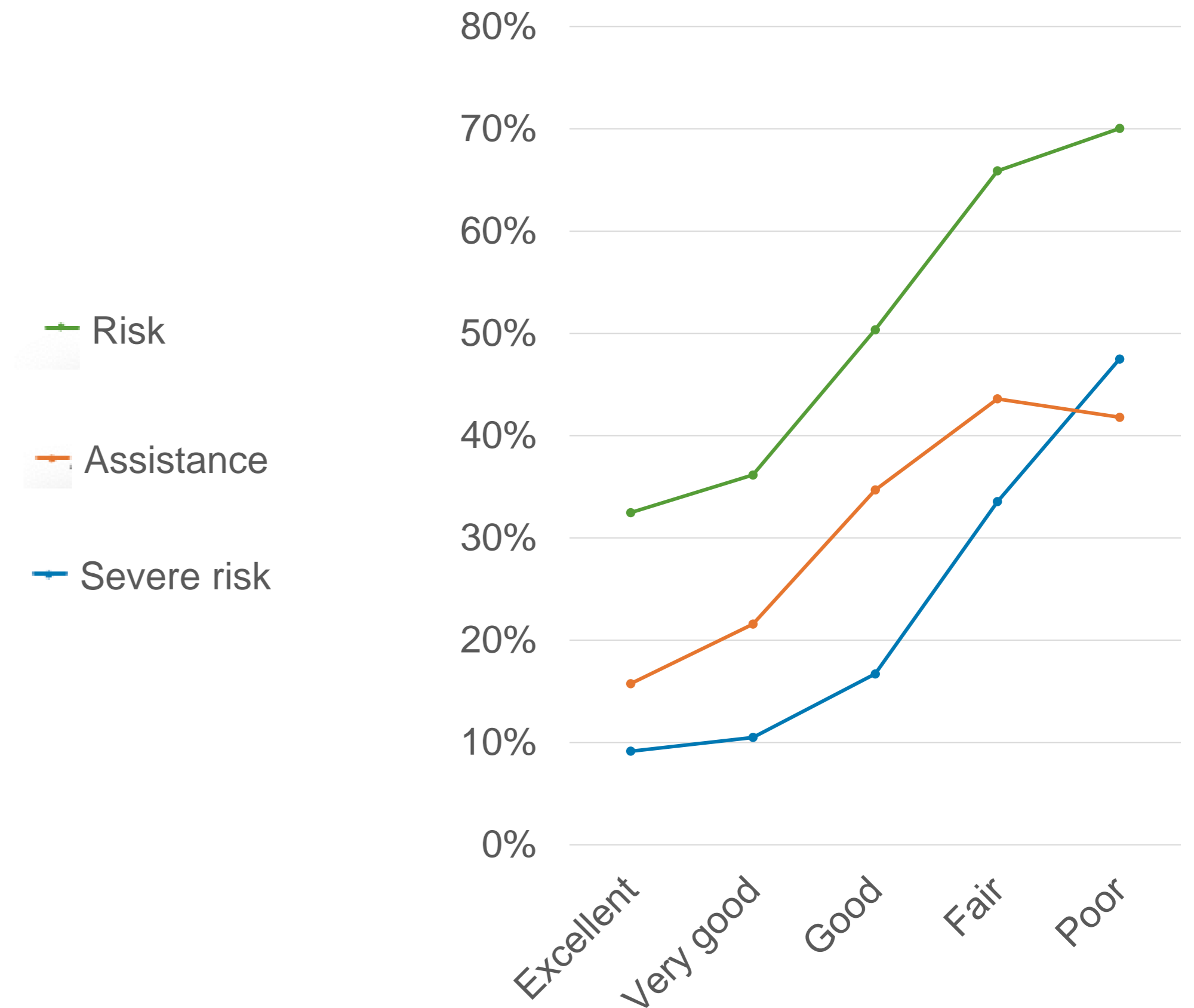# Food insecurity by self-reported health and mental/emotional Health

Key findings

- Members with severe food insecurity are **3 times as likely** to report fair or poor physical or mental health

- Members with any food insecurity are **2.5 times as likely** to report fair or poor physical or mental health

- **Almost 20%** of members with excellent physical health still reported some degree of food insecurity

Food insecurity by self-reported physical health
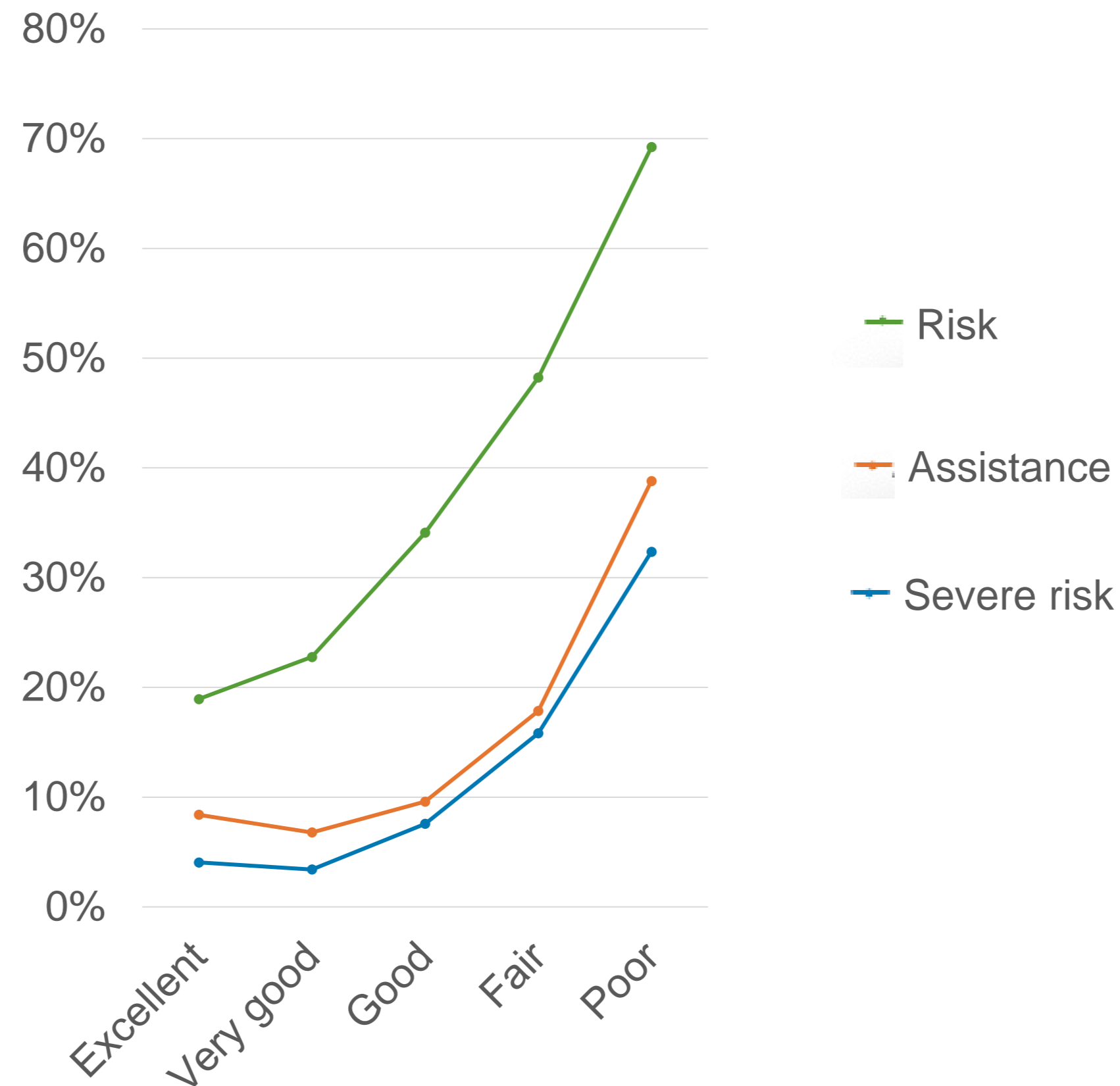
- Risk
- Assistance
- Severe risk

Food insecurity by self-reported mental/emotional health
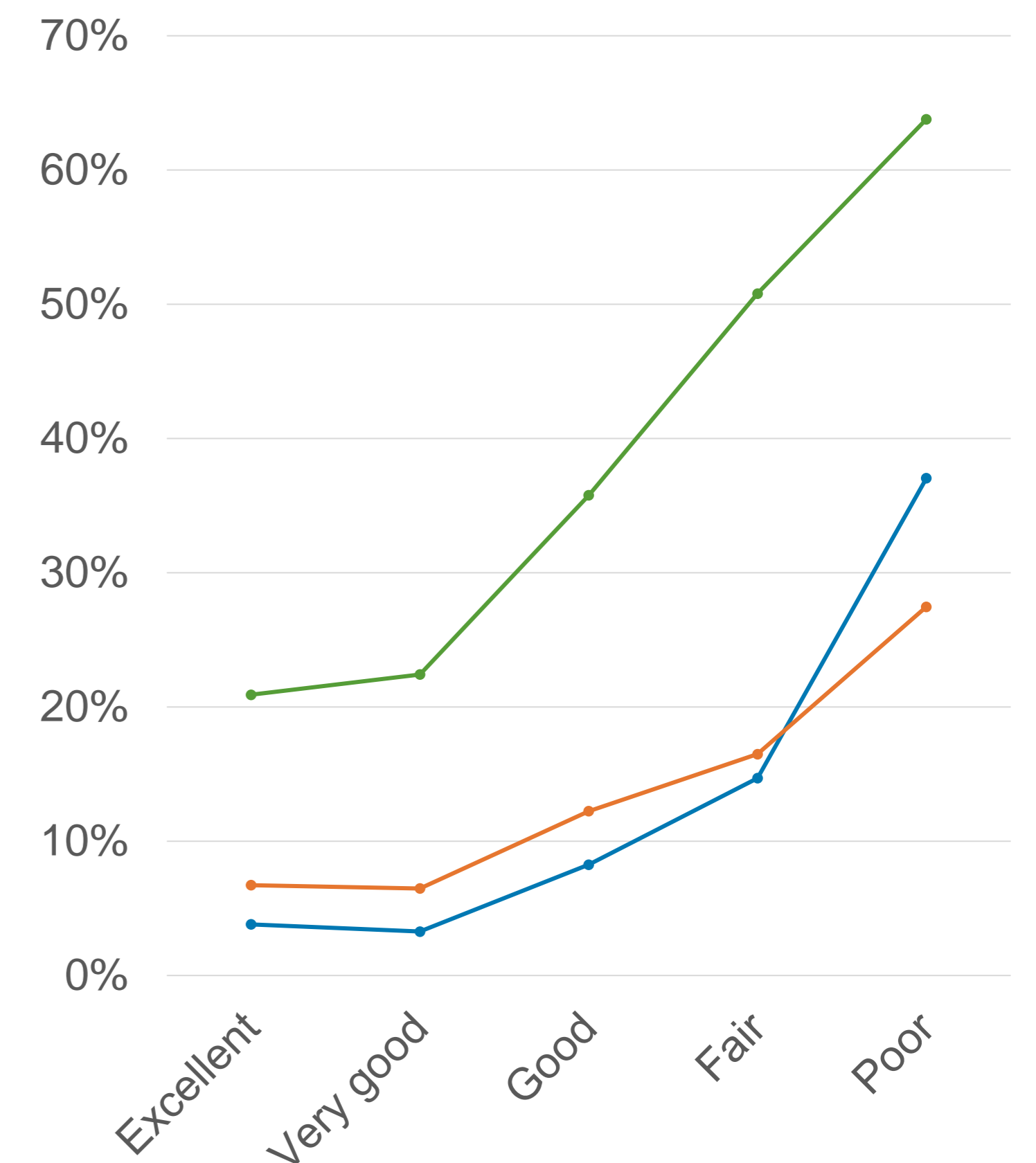
Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 11.0%

19

Social isolation

Key findings

- More than **1 in 3** members say they experience some type of social isolation

- More than **1 in 10** members experience severe social isolation

- **NOTE:** The survey did not include a question about desire for assistance with social isolation
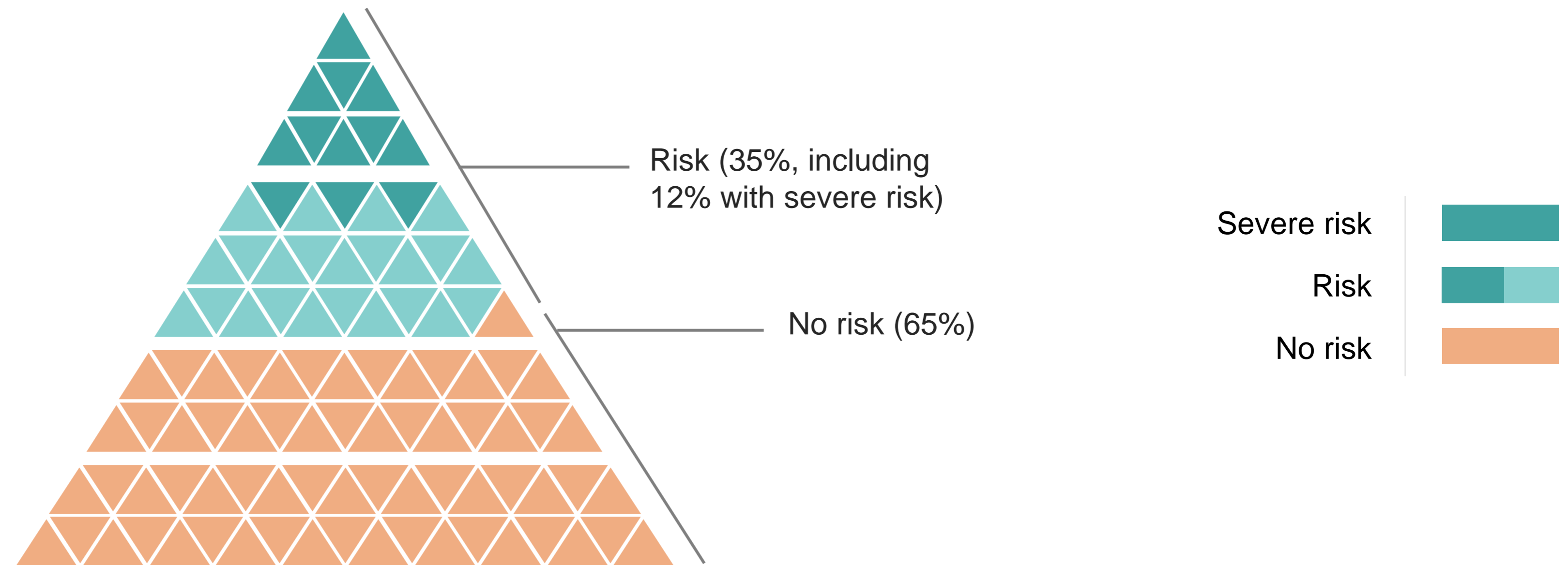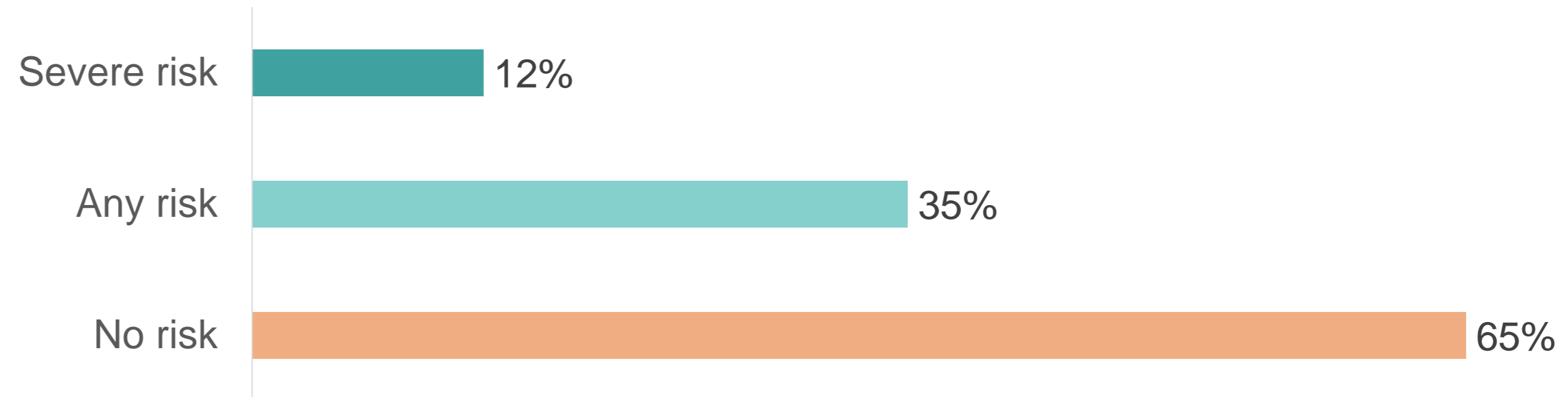
Severe risk — 12%

Any risk — 35%

No risk — 65%

Risk (35%, including 12% with severe risk)

No risk (65%)

Severe risk

Risk

No risk

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 1.6%

Social Isolation by self-reported health and mental/emotional health

Key findings

- Members experiencing social isolation are **almost 6 times as likely** to report fair or poor mental health

- Members experiencing social isolation are **2.5 times as likely** to report fair or poor physical health

- Social isolation, financial strain, and food insecurity are the most prevalent social risk factors for members with poor physical and mental health

Social isolation by self-reported physical health

Risk
Severe risk

Social isolation by self-reported mental/emotional health
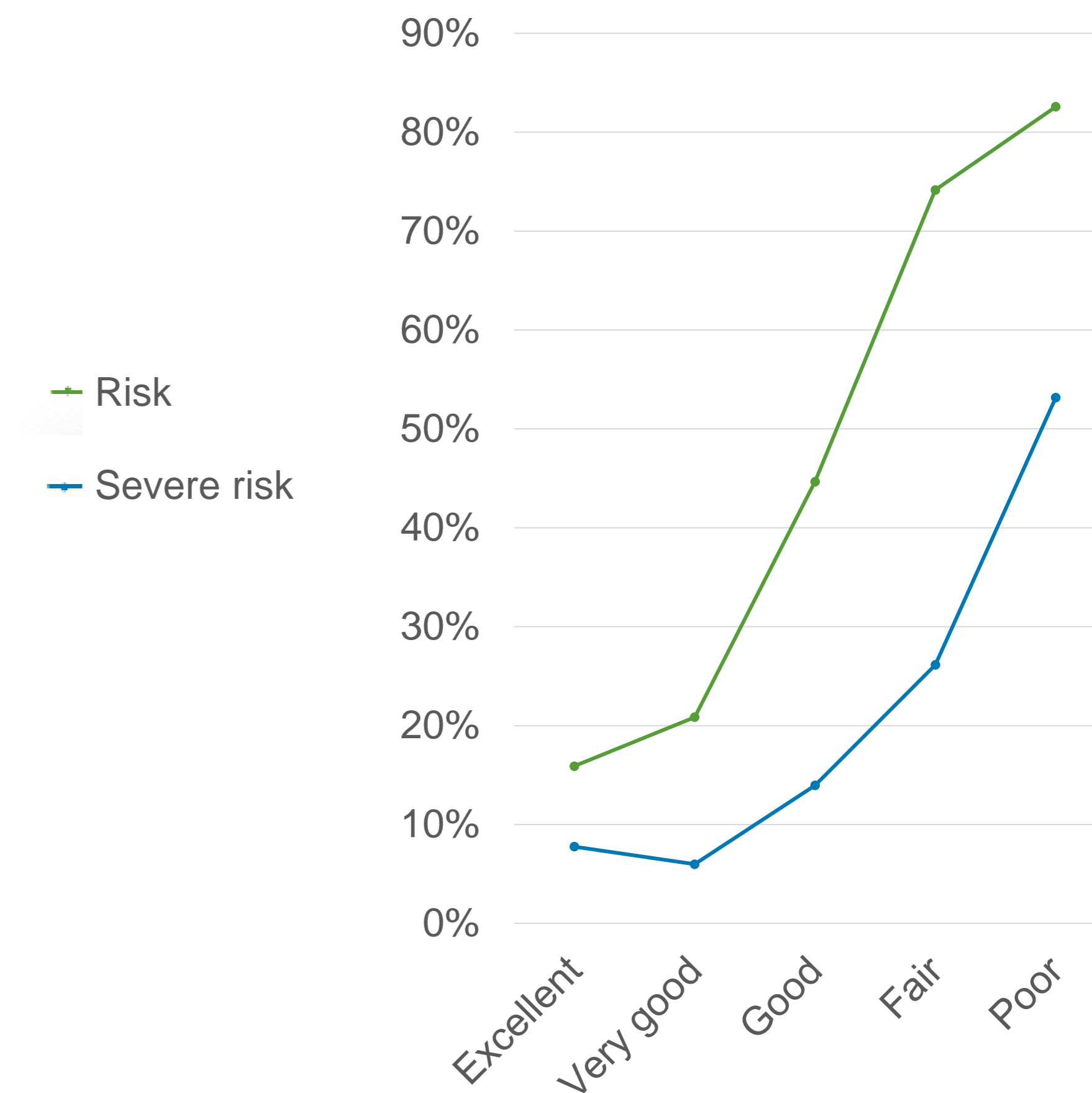
Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 10.9%

Housing instability

Key findings

- **Nearly 1 in 6** members experience some type of housing instability

- About **1 in 40** members experience severe housing instability

- **1 in 12** requested assistance with housing
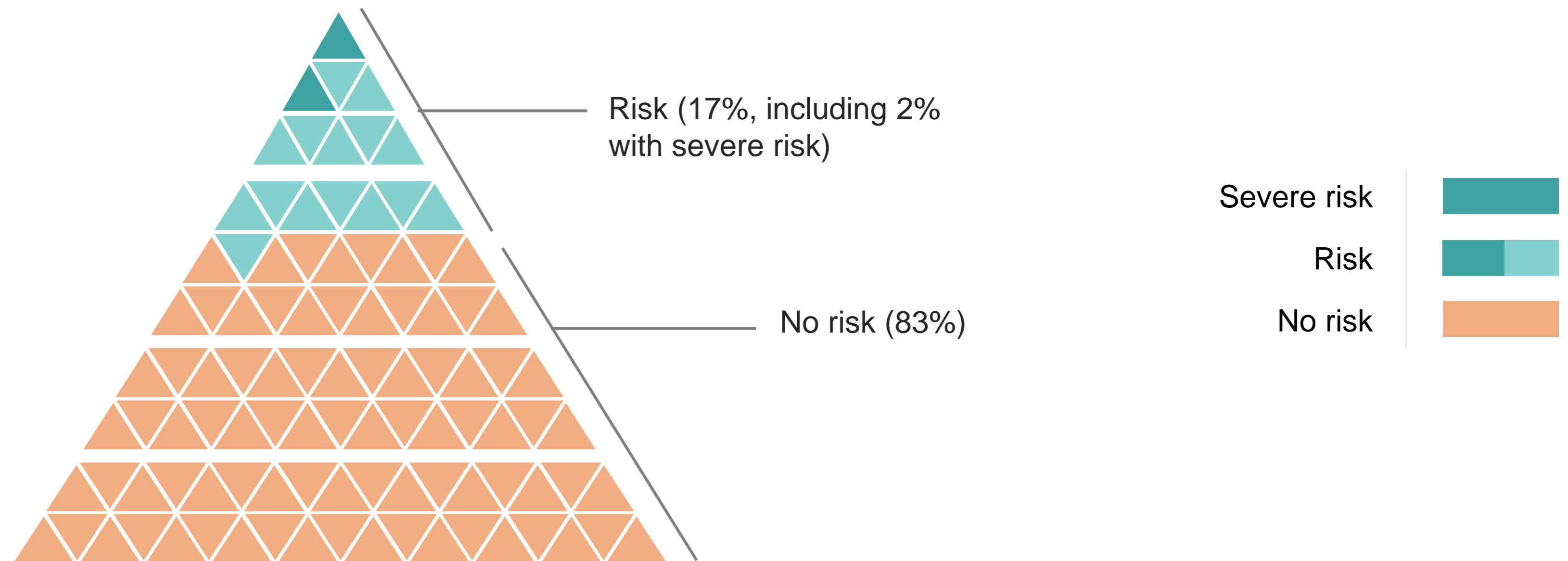
Severe risk 2%
Any risk 17%
No risk 83%
Assistance 8%

Risk (17%, including 2% with severe risk)

No risk (83%)

Severe risk
Risk
No risk

Sample Size: 10,226 (may vary due to missing values)
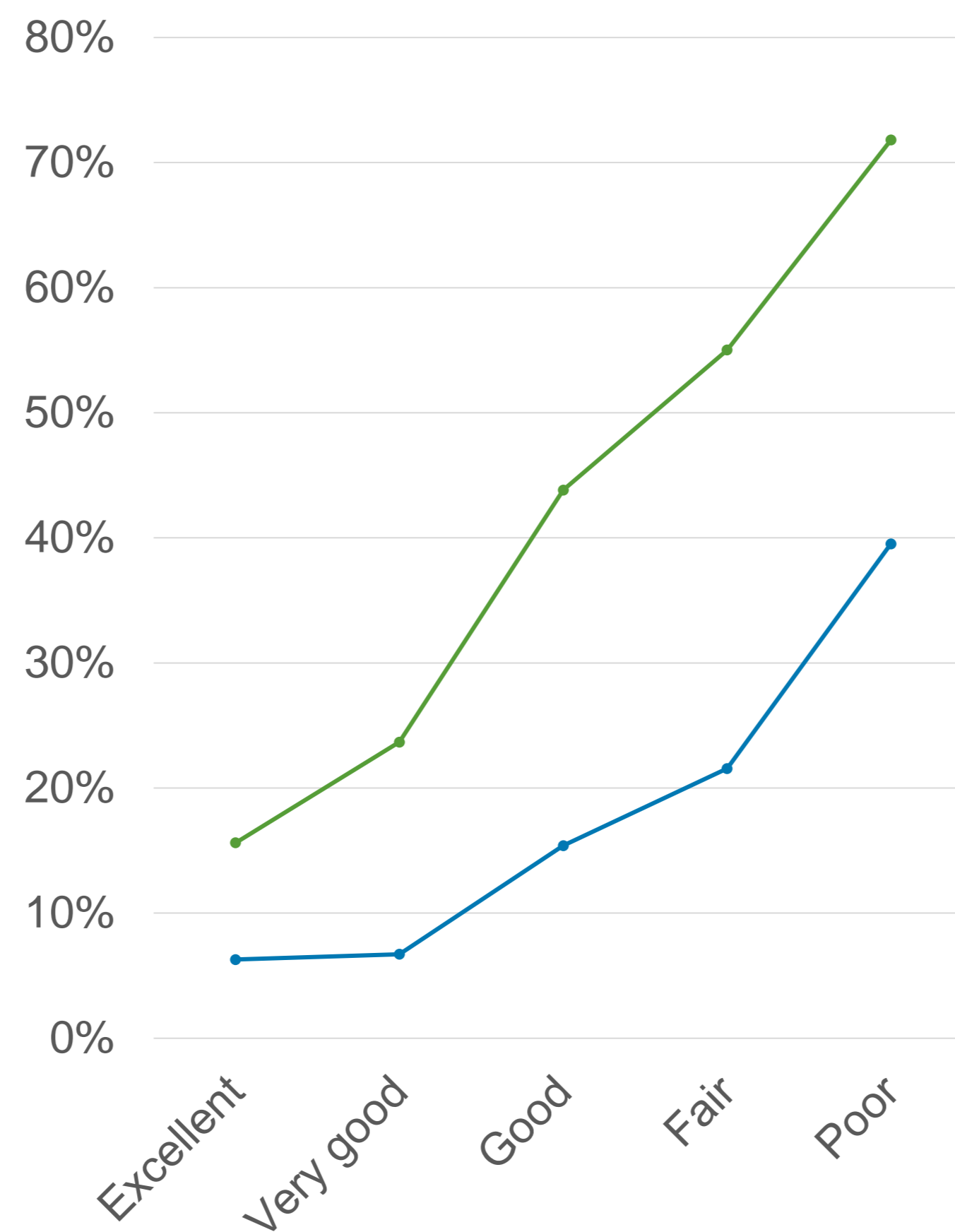Margin of error ≤ 1.2%

Housing instability by self-reported health and mental/emotional health

Key findings

- Members experiencing housing instability are **almost 2 times as likely** to report fair or poor physical health

- Members experiencing housing instability are **more than 2 times as likely** to report fair or poor mental health

Housing instability by self-reported physical health
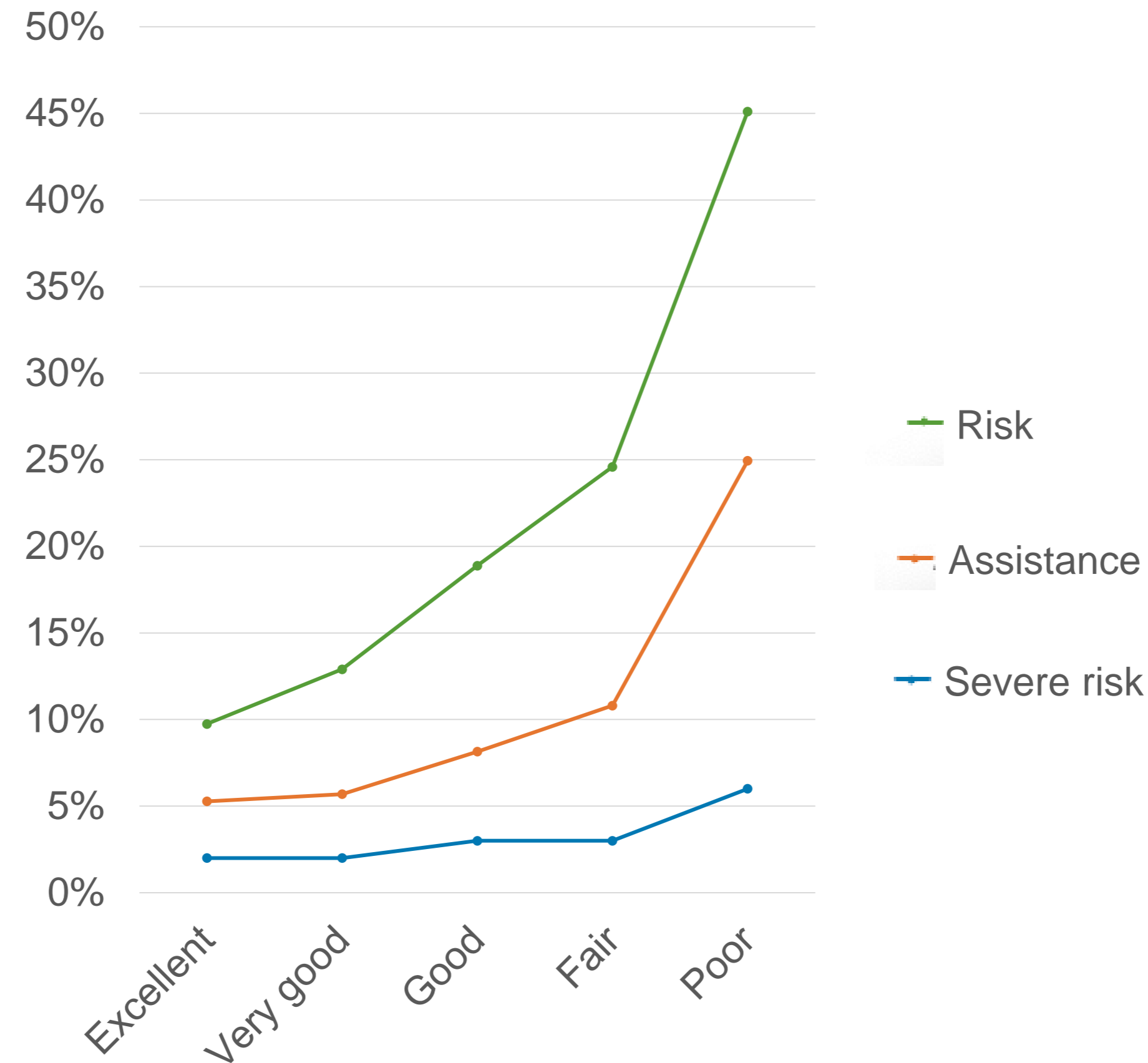
Housing instability by self-reported mental/emotional health
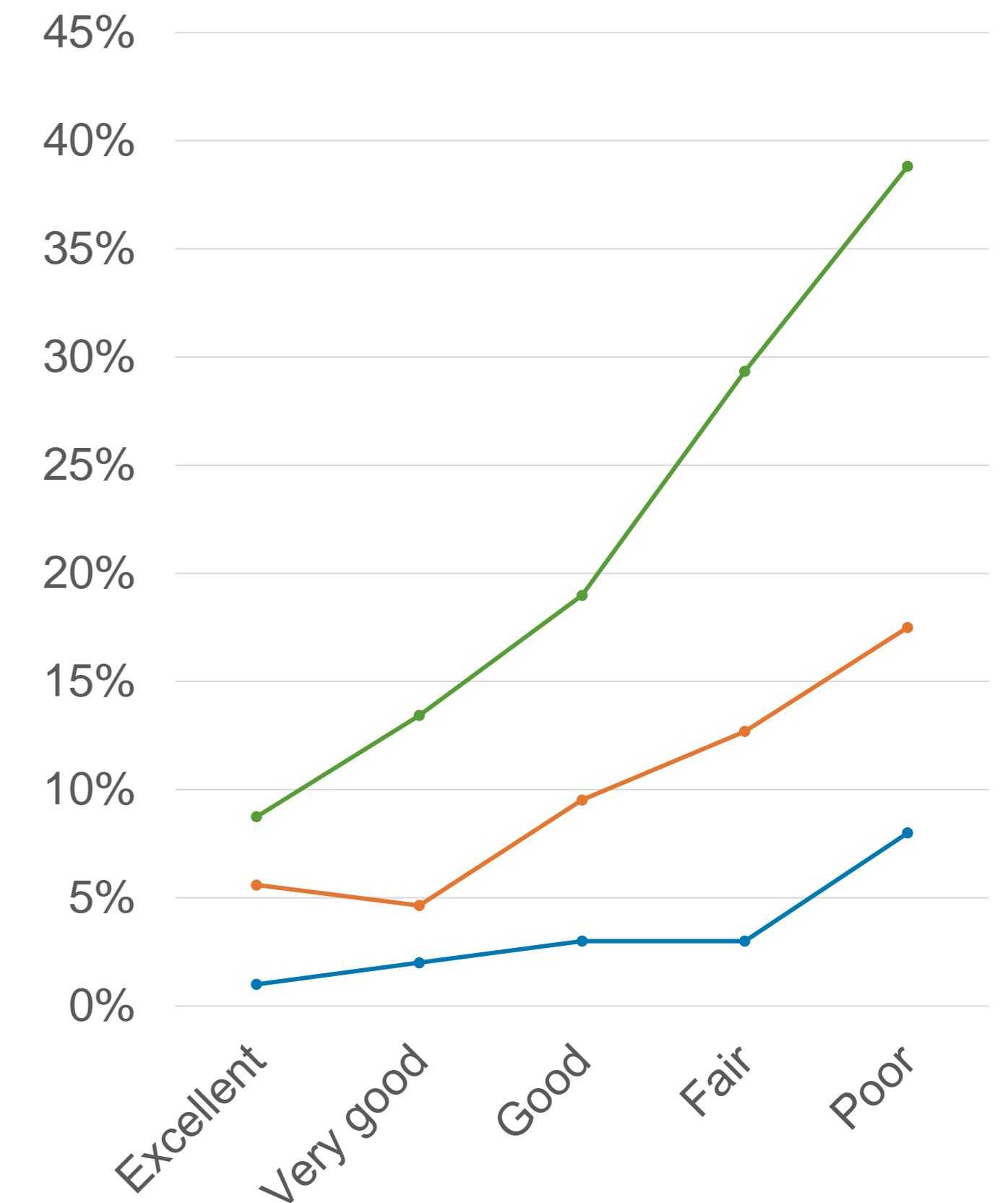
Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 11.2%

Transportation

Key findings

- Approximately **1 in 17** members experience some type of transportation challenges

- About **1 in 33** members experience severe transportation challenges

- Approximately **4%** requested assistance with transportation
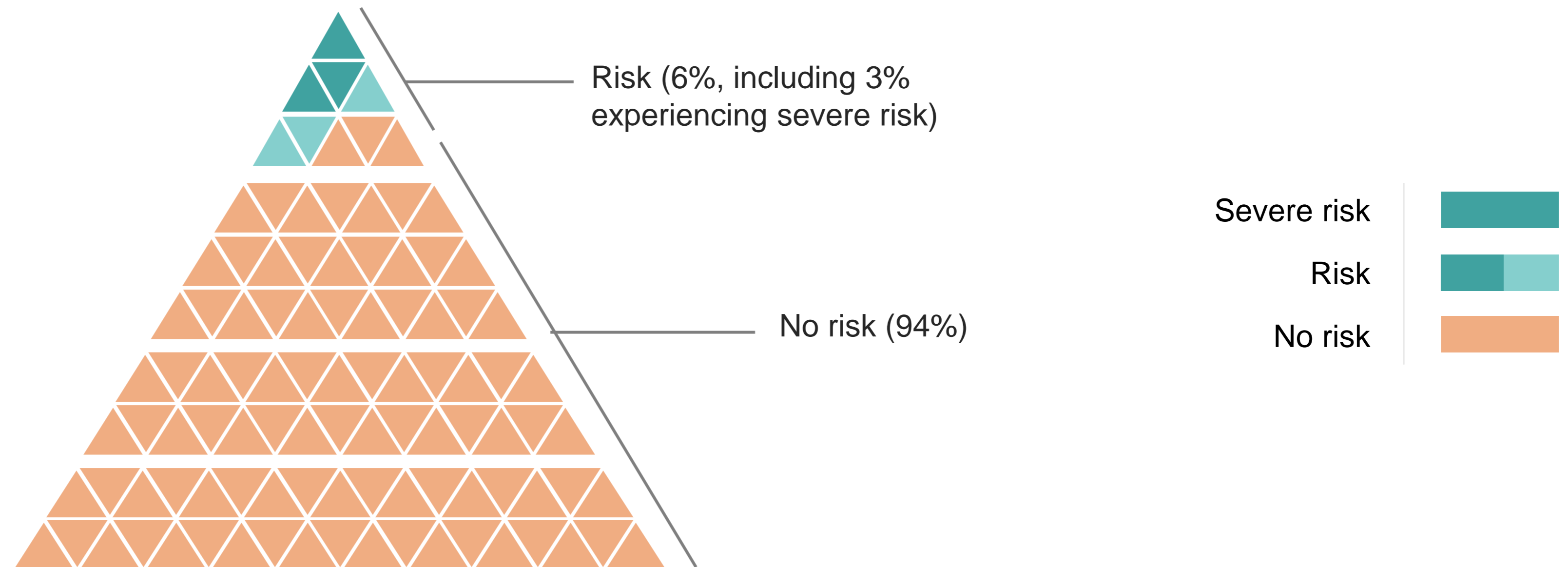
Severe risk — 3%

Any risk — 6%

No risk — 94%

Assistance — 4%

Risk (6%, including 3% experiencing severe risk)

No risk (94%)

Severe risk

Risk

No risk

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 0.8%

Transportation by self-reported health and mental/emotional health

Key findings

- Members with transportation issues are **almost 3 times as likely** to report fair or poor physical health

- Members with **severe** transportation issues are **more than 7 times as likely** to report poor mental health

Transportation by self-reported physical health
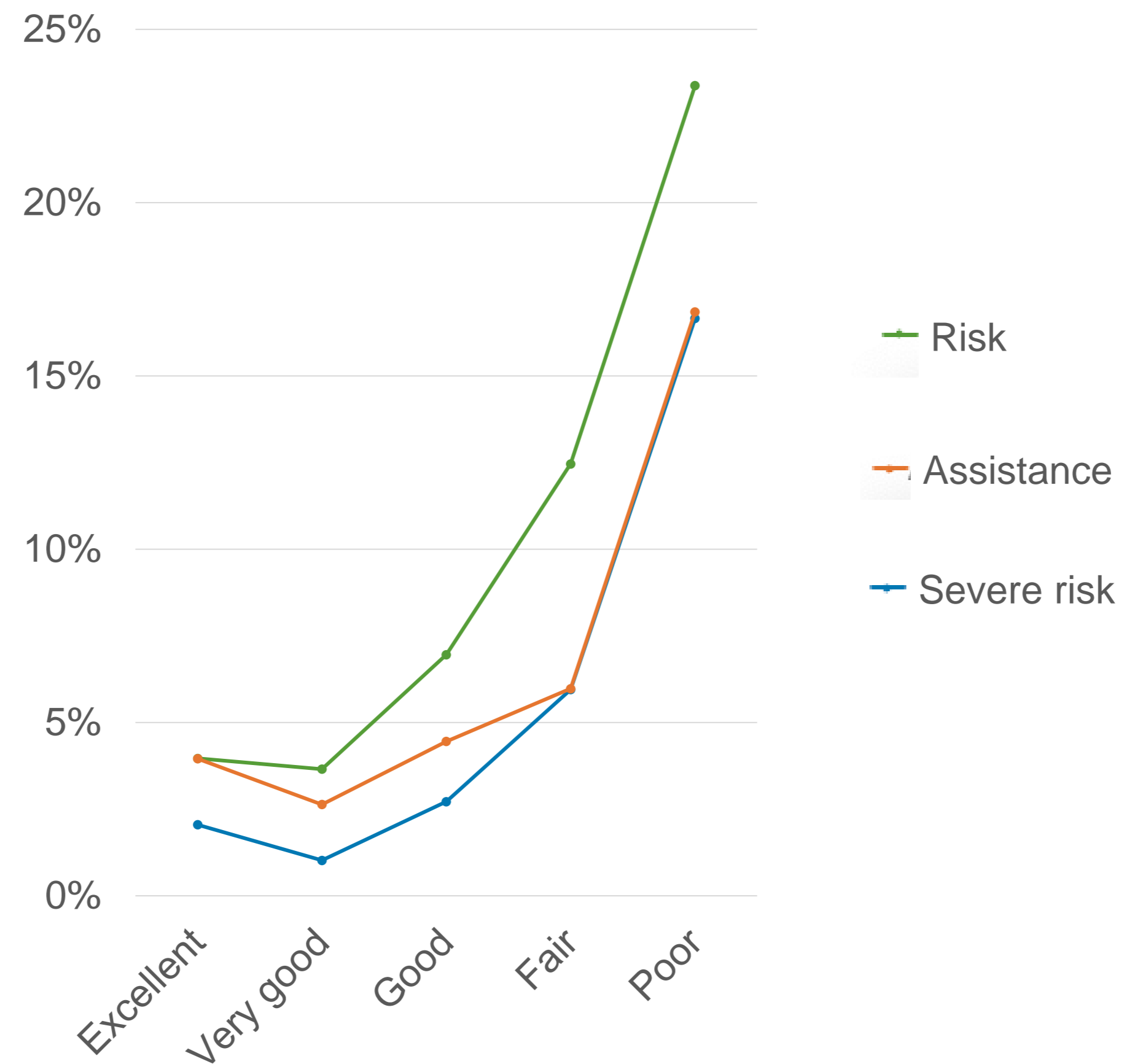
Transportation by self-reported mental/emotional health

Legend: Risk, Assistance, Severe risk
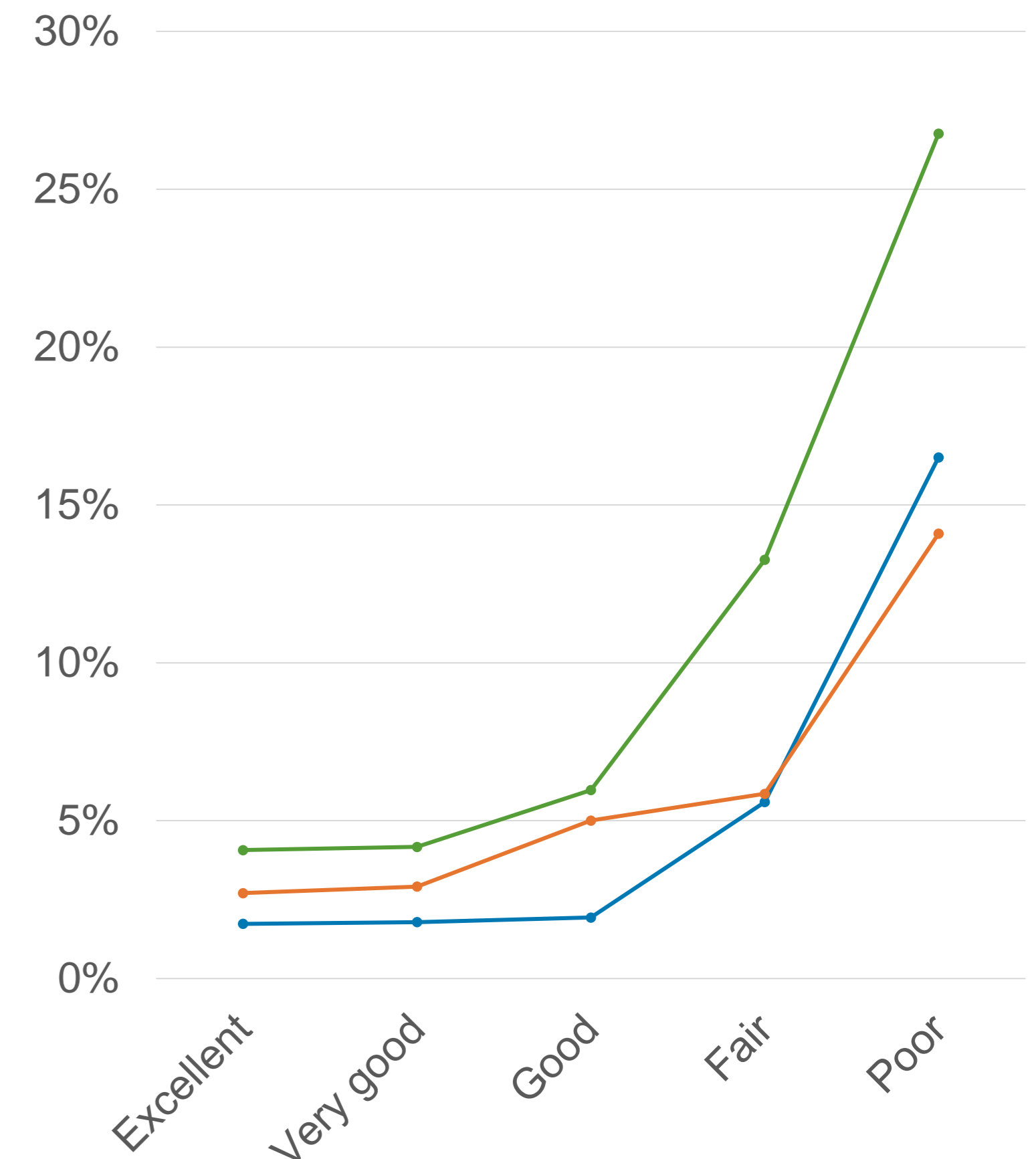
Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 9.9%

Health
Disparities

What we learned about health disparities

- Because we designed a nationally representative survey, we can be confident in the accuracy of results related to health disparities.

- Not surprisingly, our results showed significant disparities related to health status and social needs across races/ethnicities—and especially among Black, Hispanic, and multi-racial members.

- Across each of the 5 domains studied, White members were the least likely to experience social risk or to want assistance with those needs.

Health disparities by any social risk and severe social risk

Key findings

White members are the least likely to report social risk

Compared to White members:

- Black members are **2 times more likely** to experience housing instability and **4 times more likely** to experience severe food insecurity

- Hispanic members are almost **3 times more likely** to experience severe social isolation

Social risk by race/ethnicity

	White (n = 5,211)	Black (n = 1,366)	Asian/Pacific Is. (n = 1,511)	Multiracial/ Other (n = 412)	Hispanic (n = 1,704)
Financial strain	34%	55%	43%	54%	57%
Social isolation	28%	38%	41%	39%	42%
Food insecurity	20%	42%	30%	42%	44%
Housing instability	11%	27%	17%	25%	22%
Transportation	3%	11%	9%	17%	8%
Any risk factor	52%	72%	69%	77%	74%

Severe social risk by race/ethnicity

	White (n = 5,211)	Black (n = 1,366)	Asian/Pacific Is. (n = 1,511)	Multiracial/ Other (n = 412)	Hispanic (n = 1,704)
Financial strain	11%	25%	15%	23%	21%
Social isolation	7%	16%	16%	13%	18%
Food insecurity	4%	15%	5%	13%	11%
Housing instability	2%	4%	3%	2%	3%
Transportation	1%	5%	3%	6%	4%
Any risk factor	18%	38%	32%	34%	38%

Lowest prevalence   Highest prevalence

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 8.9%

Desire for assistance by race/ethnicity

Key findings

White members are the least likely to request assistance with social risk factors

Compared to White members:

- Black and Hispanic members are **3 times more likely** to want assistance with food

- Black members are almost **4 times more likely** to want assistance with housing

Desire for assistance by race/ethnicity

	White (n = 5,211)	Black (n = 1,366)	Asian/Pacific Is. (n = 1,511)	Multiracial/ Other (n = 412)	Hispanic (n = 1,704)
Financial assistance	19%	43%	28%	43%	35%
Social isolation assistance	N/A	N/A	N/A	N/A	N/A
Food assistance	5%	16%	10%	15%	16%
Housing assistance	4%	15%	8%	9%	11%
Transportation assistance	2%	8%	6%	9%	4%
Any assistance	22%	51%	34%	45%	41%

Lowest prevalence   Highest prevalence

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 9.0%

Self-reported health and mental/emotional health by race/ethnicity

Key findings

Compared to White members:

- Hispanic members are **almost 2 times** as likely to say their physical health is poor or fair

- Multiracial* members are **almost 2 times** as likely to say their mental/emotional health is poor

Category includes "other"

Self-reported physical health by race/ethnicity

Excellent ■ Very good ■ Good ■ Fair ■ Poor

Self-reported mental/emotional health by race/ethnicity

Excellent ■ Very good ■ Good ■ Fair ■ Poor

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 9.2%
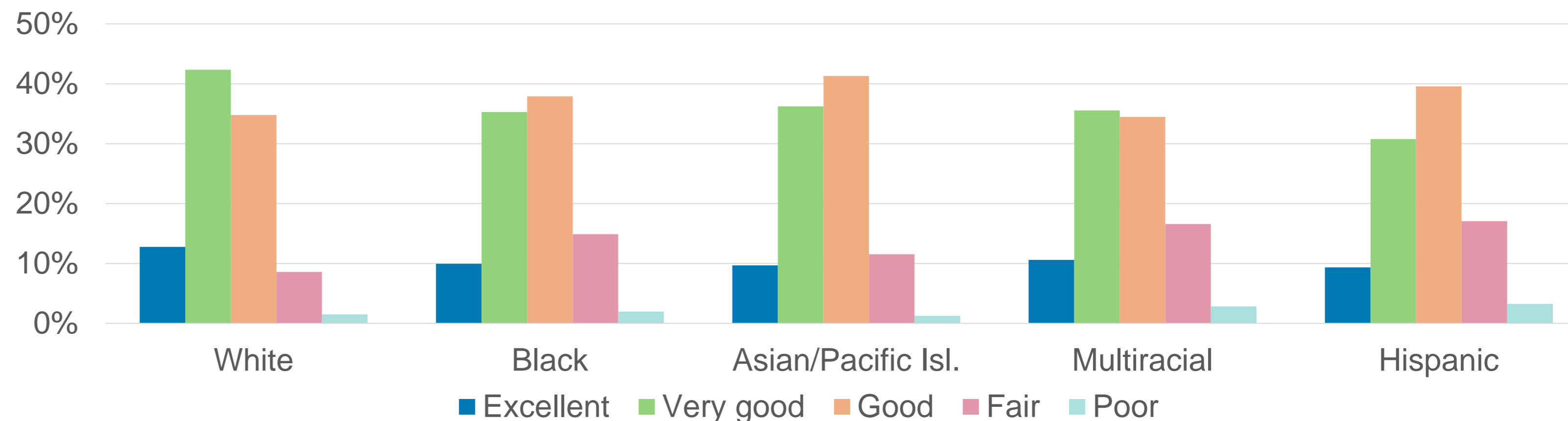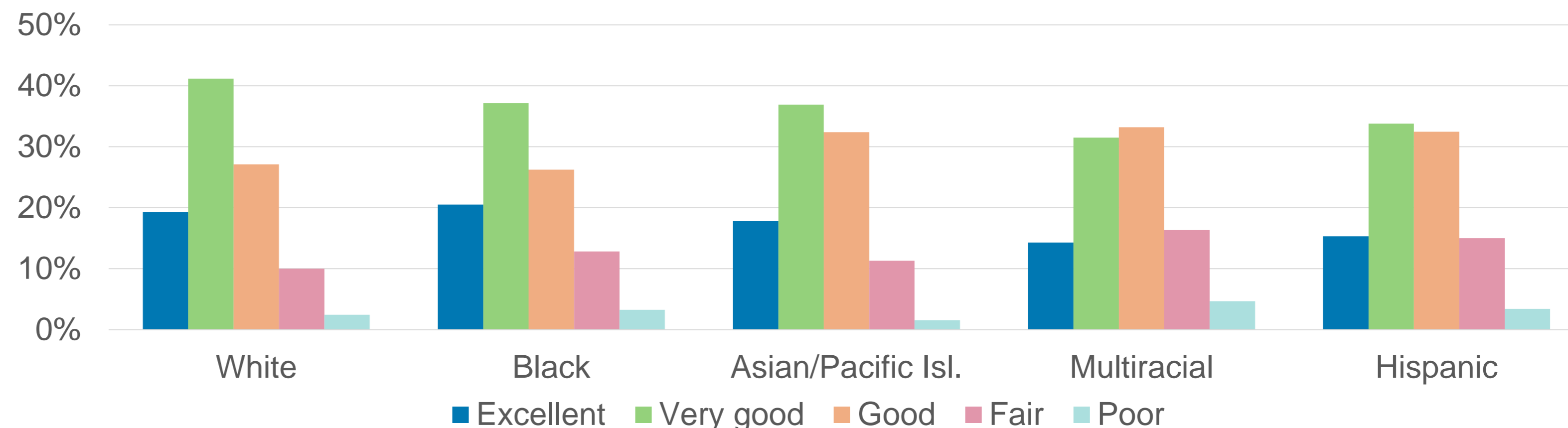
Regional Perspectives

Social risk and severe social risk by KP region

Key findings

- Members in **Colorado** have fewer social risk factors and less severe social risk than members in other regions

- Members in **Mid-Atlantic** have the highest rates of social isolation and transportation issues

- Members in **Georgia** residents have the highest rates of financial strain and housing instability

Social risk by region

	CO (n = 1,305)	GA (n = 1,310)	HI (n = 1,244)	MA (n = 1,201)	NC (n = 1,361)	NW (n = 1,372)	SC (n = 1,282)	WA (n = 1,151)
Financial strain	38%	54%	50%	48%	43%	37%	46%	39%
Social isolation	31%	36%	37%	39%	35%	36%	36%	31%
Food insecurity	22%	39%	40%	36%	28%	25%	34%	26%
Housing instability	11%	26%	21%	23%	15%	15%	19%	14%
Transportation	4%	9%	7%	10%	6%	5%	6%	4%
Any risk factor	56%	69%	70%	67%	63%	60%	65%	57%

Severe social risk by region

	CO (n = 1,305)	GA (n = 1,310)	HI (n = 1,244)	MA (n = 1,201)	NC (n = 1,361)	NW (n = 1,372)	SC (n = 1,282)	WA (n = 1,151)
Financial strain	12%	23%	17%	24%	15%	13%	17%	13%
Social isolation	10%	13%	13%	15%	12%	12%	13%	9%
Food insecurity	4%	12%	11%	9%	5%	7%	8%	9%
Housing instability	1%	5%	5%	5%	2%	3%	2%	2%
Transportation	2%	5%	3%	7%	2%	2%	3%	1%
Any risk factor	21%	33%	32%	37%	26%	25%	30%	23%

Lowest prevalence　　Highest prevalence

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 5.6%

Desire for assistance by region

Key findings

- Members in **Colorado are least likely** to want assistance with social risk factors

- Members in **Georgia are most likely** to want assistance with all social risk factors, except for transportation

Desire for assistance by region

	CO (n = 1,305)	GA (n = 1,310)	HI (n = 1,244)	MA (n = 1,201)	NC (n = 1,361)	NW (n = 1,372)	SC (n = 1,282)	WA (n = 1,151)
Financial assistance	21%	42%	32%	29%	25%	23%	30%	26%
Social isolation assistance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Food assistance	6%	20%	13%	10%	10%	8%	12%	4%
Housing assistance	3%	10%	9%	9%	8%	5%	8%	4%
Transportation assistance	3%	5%	5%	7%	4%	4%	4%	4%
Any assistance	24%	50%	37%	34%	30%	26%	35%	29%

■ Lowest prevalence   ■ Highest prevalence

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 5.6%

Self-reported health by region

Key findings

- Members in **Southern California were almost 2 times as likely** to report fair or poor physical health than residents of **Colorado**

- Members in **Georgia were almost 2 times as likely** to report excellent mental/ emotional health than members in the **Northwest region**

Self-reported physical health by region

■ Excellent ■ Very good ■ Good ■ Fair ■ Poor

Self-reported mental/emotional health by region

■ Excellent ■ Very good ■ Good ■ Fair ■ Poor

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 4.8%
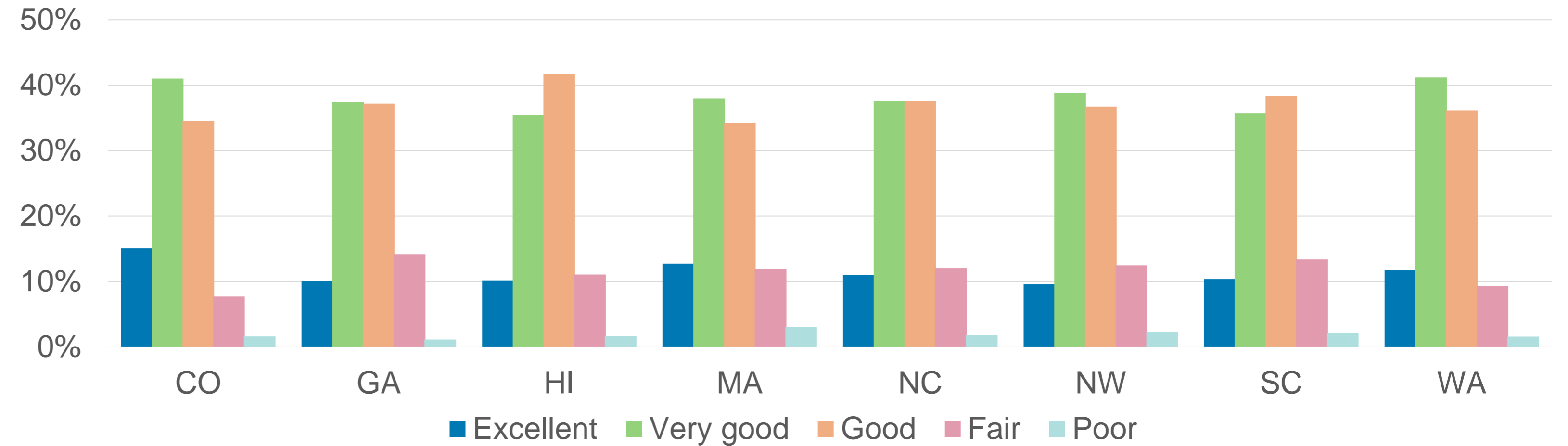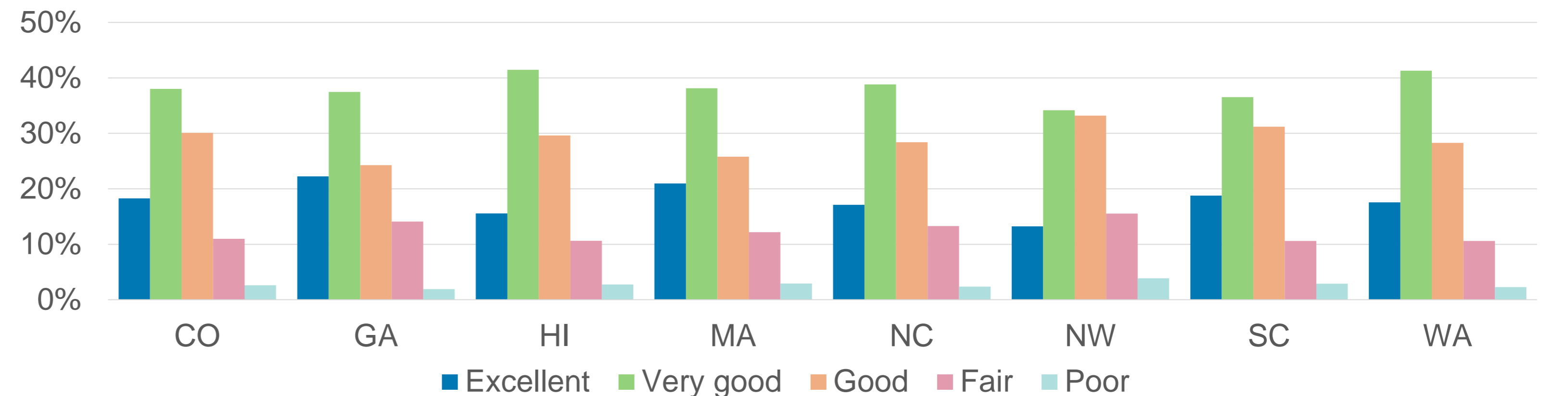
Line of Business Perspectives

Social risk and severe social risk by line of business

Key findings

- Compared to members with commercial KP insurance, members with Medicaid are about **2 times as likely** to experience financial strain, food insecurity, housing instability, and transportation issues

Note: Members with dual eligibility (Medicare/ Medicaid) represent 0.7% of members who responded, limiting our ability to draw conclusions about this population

Social risk by line of business

	Commercial (n = 6,196)	Individual (n = 854)	Medicare (n = 2,186)	Medicaid (n = 692)
Financial strain	44%	49%	32%	79%
Social isolation	36%	40%	26%	51%
Food insecurity	32%	29%	19%	59%
Housing instability	17%	20%	8%	36%
Transportation	6%	7%	6%	14%
Any risk factor	64%	67%	49%	89%

Severe social risk by line of business

	Commercial (n = 6,196)	Individual (n = 854)	Medicare (n = 2,186)	Medicaid (n = 692)
Financial strain	15%	19%	12%	37%
Social isolation	12%	16%	8%	20%
Food insecurity	7%	7%	3%	16%
Housing instability	2%	3%	2%	5%
Transportation	3%	2%	2%	8%
Any risk factor	27%	31%	21%	52%

Lowest prevalence   Highest prevalence

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 6.0%

Desire for assistance by line of business

Key findings

- Compared to members with Medicare, members with Medicaid are **4 times as likely** to want financial assistance and more than **3 times as likely** to want any assistance

- Compared to members with commercial coverage, members with Medicaid are almost **2 times as likely** to want any type of assistance

- Commercial and Individual members have similar desire for assistance

Desire for assistance by line of business

	Commercial (n = 6,196)	Individual (n = 854)	Medicare (n = 2,186)	Medicaid (n = 692)
Financial assistance	29%	28%	13%	52%
Social isolation assistance	N/A	N/A	N/A	N/A
Food assistance	10%	8%	6%	23%
Housing assistance	8%	8%	3%	22%
Transportation assistance	3%	6%	5%	11%
Any assistance	34%	32%	18%	59%

Lowest prevalence   Highest prevalence

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 6.0%

Self-reported health by line of business

Key Findings

- Overall, members with an **individual plan are most likely** to say their physical health is excellent or very good

- Members **with Medicaid are most likely** to say their physical and mental health is fair or poor

Note: Members with dual eligibility (Medicare/ Medicaid) represent 0.7% of members who responded, limiting our ability to draw conclusions about this population

Self-reported physical health by line of business

Self-reported mental/emotional health by line of business

Legend: Commercial, Individual, Medicare, Medicaid, Dual, Unknown

Sample Size: 10,226 (may vary due to missing values)
Margin of error ≤ 6.0%
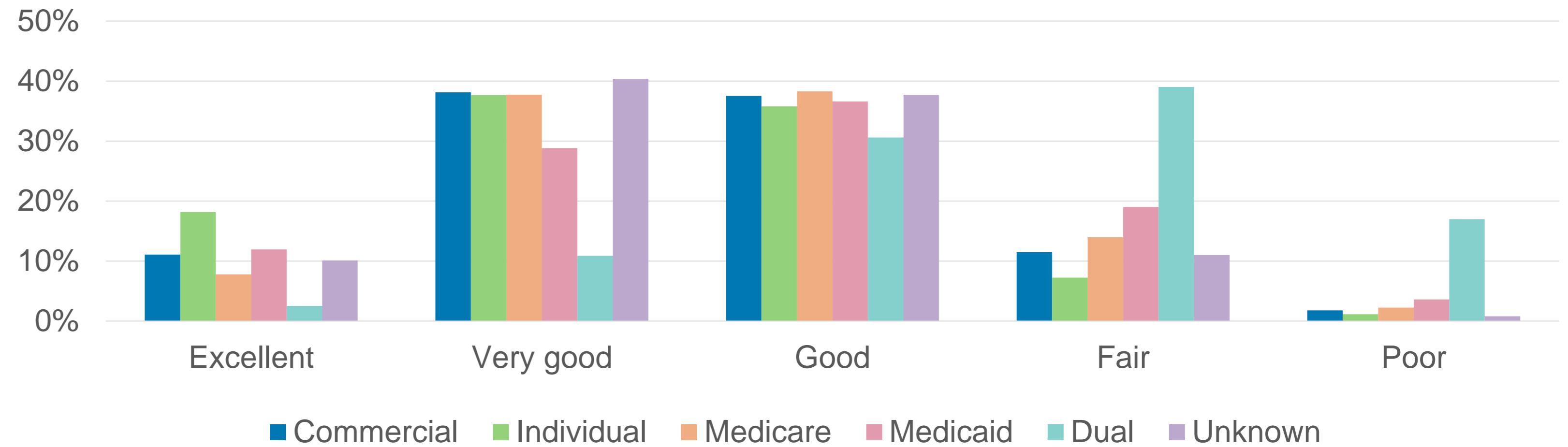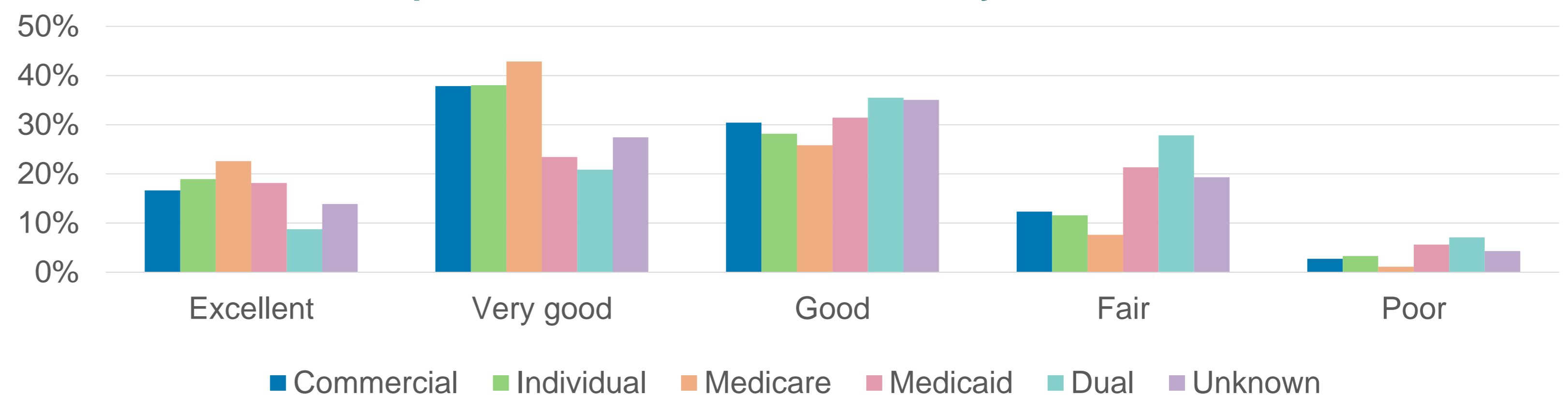
COVID-19
Impact

Exploring the impact of COVID-19 on social health

- This section presents results related to the COVID-19 questions we added to the survey on March 18, 2020—which roughly coincides with the first Stay-at-Home orders in the United States.

- These new questions explore the impact of COVID-19 and efforts to manage it (e.g., social distancing) on members' social, mental, and physical health.

- Roughly 60% of respondents completed the survey before the pandemic hit, and 40% completed it after.

- The results show the impact of COVID-19 by race/ethnicity and by region. As with other results, we see racial/ethnic disparities in COVID-19's impact on members' social health.

- We did a quick comparison of social risk before and after the onset of COVID-19 and saw no significant differences in the results. But taking a more nuanced look at the data in the future will shed more light on this important question.

COVID-19's impact on mental/emotional health and social risk by race/ethnicity

Key findings

- Hispanic members are **2 times** as likely as White members to have trouble accessing healthy food due to COVID

- Hispanic members are **2 times as likely** as White members to have trouble paying bills due to COVID

Risk-specific impact by race/ethnicity

	White	Black	Asian	Multiracial/ Other	Hispanic
Your emotional and mental health	53%	44%	39%	59%	50%
Your ability to pay rent/ mortgage	9%	12%	15%	13%	15%
Your ability to maintain your job	19%	19%	20%	16%	21%
Your ability to access healthy food	9%	18%	10%	17%	20%
Your ability to pay for medical care	5%	7%	6%	5%	6%
Your transportation needs	3%	4%	3%	8%	4%
Your child or elder care coverage	7%	5%	8%	4%	4%
Your ability to pay bills	10%	20%	18%	13%	22%
Your ability to exercise	2%	1%	2%	1%	1%
Your ability to be social/travel	7%	5%	3%	2%	2%
Your ability to meet education needs	2%	0%	0%	2%	0%
Something else	2%	0%	2%	0%	1%
Not negatively impacted by COVID	24%	29%	32%	22%	27%

Lowest prevalence   Highest prevalence

COVID-19's impact on mental/emotional health and social risk by region

Key findings

- Members in Georgia are **3 times as likely** than members in Northern and Southern California, Colorado, or Washington to have trouble paying for medical care due to COVID

- Members in Hawaii are **2 times as likely** as members in the Northwest to have trouble paying their rent/mortgage due to COVID

Risk-specific impact by region

	CO	GA	HI	MA	NC	NW	SC	WA
Your emotional and mental health	55%	44%	46%	49%	51%	53%	46%	58%
Your ability to pay rent/mortgage	9%	17%	19%	13%	12%	8%	12%	12%
Your ability to maintain your job	16%	19%	27%	21%	18%	23%	19%	26%
Your ability to access healthy food	11%	16%	16%	15%	13%	9%	14%	11%
Your ability to pay for medical care	5%	15%	12%	7%	5%	7%	5%	5%
Your transportation needs	4%	5%	5%	4%	4%	4%	3%	3%
Your child or elder care coverage	5%	4%	8%	5%	7%	6%	6%	3%
Your ability to pay bills	12%	22%	21%	16%	15%	12%	16%	17%
Your ability to exercise	1%	1%	1%	1%	2%	2%	2%	2%
Your ability to be social/travel	7%	5%	4%	3%	4%	7%	4%	7%
Your ability to meet education needs	1%	2%	1%	0%	1%	2%	1%	0%
Something else	2%	1%	0%	0%	2%	1%	0%	1%
Not negatively impacted by COVID	27%	30%	26%	28%	23%	27%	29%	23%

Lowest prevalence   Highest prevalence

Sample Size: 4,243 (may vary due to missing values)
Margin of error ≤ 8.2%

Taking Action

Using survey results to prioritize, develop, and test social health interventions

How KP can use these results?

To provide a **clear picture** of our members' social health and their desire for assistance	The majority of our members experience social risk, and not surprisingly, disparities in risk exist across racial and ethnic groups.
To **inform and target** interventions within and across regions	When members' social risks are severe, they tend to want assistance with them. Resource-intensive interventions may be best targeted toward members with severe needs.
To serve as a historical comparison group for **testing interventions**	Several social health interventions were still ramping up across KP during survey data collection, meaning we can use these results as "baseline" data to test interventions

- In addition, **EHR data** can be used to identify subpopulations at highest risk of poor social health so we can target interventions based on age, race and ethnicity, and line of business.

# Using findings to inform interventions: Members want our help with social health

Key findings

- **Half** of members would like help with social risk factors

- Members were most interested in having help with debt, loan, credit card repayment, medical care, and dental/vision services

- **1 in 5** members are interested in written information about community resources

- **1 in 12** members would like someone to talk to help them find community resources

Number of risk factors members would like assistance with

Legend:
- 0
- 1
- 2
- 3
- 4
- 5+

Pie chart values: 50%, 17%, 11%, 8%, 8%, 5%
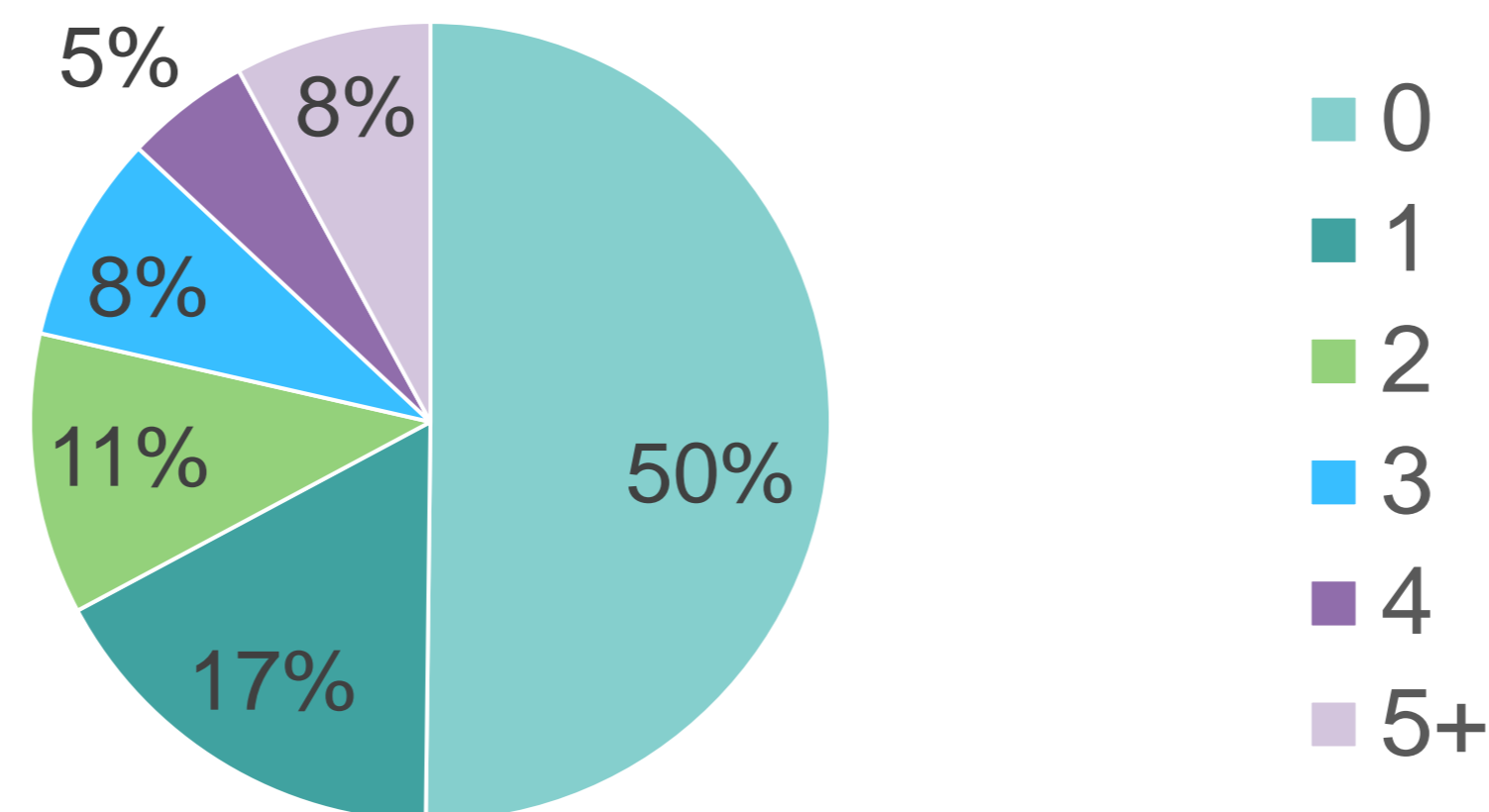
What kind of assistance are you most interested in?	N	%
Written information on the types of help available in your community	2,269	22%
Someone to talk to about types of help available in your community	833	8%
Someone that can help you enroll and complete paperwork	472	5%
Someone that can help you advocate for what you feel you need	649	5%
N/A	4,975	50%

Sample Size: 10,226
Margin of error ≤ 1.6%

Using findings to inform interventions: Members want our help with social health (cont.)

Key Findings

Of members who desire medical assistance:

- Nearly **1 in 3** want help understanding their options for medications
- Nearly **1 in 2** want help understanding their health plan
- Nearly **1 in 4** want help getting an appointment with a provider
- **1 in 5** want help coordinating their care across providers

Which of the following would you want help with related to medical care, medicine or medical supplies?	N	%
Paying the monthly cost of health insurance	806	47%
Paying for medical care	775	44%
Paying for medical supplies	516	27%
Paying for medications	788	43%
Understanding your options for medications	494	27%
Understanding what is covered by your health plan	767	46%
Getting an appointment with a doctor or other health care provider	438	24%
Coordinating care across multiple doctors or health care providers	424	22%
Unknown	6	0%

Sample Size: 1,787 (may vary due to missing values)
Margin of error ≤ 4.1%

How to access data from the KP National Social Health Survey

- The survey data is available as an asset to KP researchers, evaluators, and operational leaders from KP Insight

- To request access to survey data, please apply in writing according to our data governance policy. Requests can be sent to SONNET@KP.ORG

- KP researchers interested in accessing the data will need to submit a proposal to their local Institutional Review Board 9IRB)

- We are currently exploring the link between social risk and cost and utilization among KP members across all regional markets

- SONNET—the KP Social Needs Network for Evaluation and Translation—is supporting a new team of researchers and evaluators to explore the link between social risk and clinical outcomes, such as chronic disease indicators

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For questions about using data from the survey, contact SONNET@KP.ORG

Acknowledgements

Thank you to the **thousands of Kaiser Permanente members** who took the time during a challenging year to share with us. We now have a much better understanding of how we can assist to improve social health.

The KP National Social Health Survey and associated analyses were conducted by a large, multidisciplinary team including:

- **Kaiser Permanente Washington Health Research Institute (KPWHRI):** Cara Lewis (project lead), Julia Anderson, Brian Austin, Bianca DiJulio, Caitlin Dorsey, Kathleen Gormley, Kara Haugen, Matt Nguyen, Consuelo Norris, Arvind Ramaprasan, Robert Wellman, and the KPWHRI Survey Research Program

- **KP National Team:** Joleena Marshall, Maya Nadison, Garett Ng, Anand Shah, and Matt Swope

- **Advisors and Collaborators:** John Adams, Nancy Gordon, Michael Johnson, Andrea Paolino, Luther Scott, John Steiner, and Matt Stiefel

This survey was commissioned by Anand Shah, KP's VP for Social Health and funded by the National Shared Agenda Strategic Initiative Fund.

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For questions about survey design or analyses, contact SONNET@KP.ORG

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Appendices

Questions asked on the KP National Social Health Survey

OVERALL WELLBEING

1. On which step of the ladder would you say you personally feel you stand at this time.
2. On which step do you think you will stand about five years from now.

SOCIAL CONNECTION*

3. In a typical week, how many times do you talk on the telephone or video chat like Facetime with family, friends, or neighbors?
4. How often do you text, email, or send messages using social media like Facebook with family, friends, or neighbors?
5. How often do you get together with friends or relatives?
6. How often do you attend church or religious services?
7. How often do you attend meetings for the clubs or organizations you belong to?
8. How often do you get the social and emotional support you need?

SELF REPORTED HEALTH/MENTAL HEALTH STATUS

9. Would you say that, in general, your health is…
10. In general, how would you rate your overall mental or emotional health?

STRESS

11. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

MENTAL HEALTH

12. During the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?
13. During the past 4 weeks, have you not done work or other activities as carefully as usual as a result of any emotional problems (such as feeling depressed or anxious)?
14. How much of the time during the past 4 weeks have you felt calm and peaceful?
15. How much of the time during the past 4 weeks did you have a lot of energy?
16. How much of the time during the past 4 weeks have you felt downhearted and blue?

FINANCIAL RESOURCE STRAIN*

17. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?
18. Thinking about the past 12 months, would you say that at the end of each month you generally ended up with…

*Items included in the new EPIC social determinants of health (SDoH) module

Questions asked on the KP National Social Needs Survey (continued)

FOOD INSECURITY*

19.   Within the past 12 months, you worried whether your food would run out before you got money to buy more.

20.   Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

21.   Within the past 12 months, it was hard for you to get enough healthy food.

TRANSPORTATION NEEDS*

22.   In the past 12 months, has a lack of transportation kept you from medical appointments or from getting medications?

23.   In the past 12 months, has a lack of transportation kept you from meetings, work, or from getting things needed for daily living?

HOUSING INSTABILITY*

24.   In the past 12 months, was there a time when you were not able to pay the mortgage or rent on time?

25.   In the past 12 months, how many places have you lived?

26.   In the past 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?

27.   What is your living situation today?

DESIRE FOR ASSISTANCE

28.   Which of the following would you want to receive help with at this time if help were available?

29.   What kind of assistance are you **most** interested in?

30.   Which of the following would you want help with related to medical care, medicine or medical supplies?

31.   Are you currently getting assistance with any social or living conditions? For example, help with housing, food, transportation, utilities, or safety issues. Please do not include any help you're receiving from family or friends.

COVID

•   Which of the following, if any, do you feel the coronavirus has negatively affected for you personally?

•   How much, if at all, has physically distancing yourself from others due to the coronavirus negatively affected your emotional or mental health?

•   Do you personally know anyone who has become sick from the coronavirus? If yes, Is that…?

*Items included in the new EPIC social determinants of health (SDoH) module

Questions asked on the KP National Social Needs Survey (continued)

DEMOGRAPHICS

- What is your age?

- Could you please tell me if you are between the ages of…

- Are you male or female?

- What is your current work status?

- Are you now married, living with a partner, widowed, divorced, separated, or never married?

- What is your zip code?

- How many adults, age 18 and over, currently live in your household INCLUDING YOURSELF?

- How many children under the age of 18 are living in your household?

- What was the highest grade or level of school that you have completed?

- Are you of Hispanic, Latino/a or Spanish origin, such as Mexican, Puerto Rican, Cuban, or some other Spanish background?

- Which one or more of the following best describes your race?

- What best describes your household income in the past year (before taxes)?

*Items included in the new EPIC social determinants of health (SDoH) module

Financial Strain Cutoffs

FINANCIAL #1: How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

RISK		
	SEVERE	1. Very hard
		2. Hard
		3. Somewhat hard
NO RISK		4. Not very hard
		5. Not hard at all

OR

FINANCIAL #2: Thinking about the past 12 months, at the end of each month you generally ended up with:

NO RISK		1. More than enough money left
		2. Some money left over
		3. Just enough to make ends meet
RISK	SEVERE	4. Almost enough to make ends meet
		5. Not enough to make ends meet

Social Isolation Cutoffs

SOCIAL #1. How often do you get the social and emotional support you need?

NO RISK		1. Always
		2. Usually
		3. Sometimes
RISK	SEVERE	4. Rarely
		5. Never

Food Insecurity Cutoffs

FOOD #1: Within the past 12 months, you worried whether your food would run out before you got money to buy more.

NO RISK	1. Never true
RISK	2. Sometimes true
SEVERE	3. Often true

OR

FOOD #2: Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

NO RISK	1. Never true
RISK	2. Sometimes true
SEVERE	3. Often true

OR

FOOD #3: Within the past 12 months, it was hard for you to get enough healthy food.

NO RISK	1. Never true
RISK	2. Sometimes true
SEVERE	3. Often true

Housing Instability Cutoffs

HOUSING #1. In the past 12 months, was there a time when you were not able to pay the mortgage or rent on time?

RISK	1. Yes
NO RISK	2. No

OR

HOUSING #2. In the past 12 months, how many places have you lived?

NO RISK	1. One
	2. Two
RISK	3. Three or more

OR

HOUSING #3. In the past 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter?

RISK	1. Yes
NO RISK	2. No

OR

HOUSING #4. What is your living situation today?

NO RISK	1. You have a steady place to live
RISK	2. You have a place to live today, but you are worried about losing it in the future
	3. You do not have a steady place to live

HOUSING #2. In the past 12 months, how many places have you lived?

NO RISK	1. One
	2. Two
SEVERE	3. Three or more

OR

HOUSING #3. In the past 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter?

RISK	1. Yes
NO RISK	2. No

AND

HOUSING #4. What is your living situation today?

NO RISK	1. You have a steady place to live
SEVERE	2. You have a place to live today, but you are worried about losing it in the future
	3. You do not have a steady place to live

OR

HOUSING #4. What is your living situation today?

NO RISK	1. You have a steady place to live
	2. You have a place to live today, but you are worried about losing it in the future
SEVERE	3. You do not have a steady place to live

Transportation cutoffs

TRANSPORT #1. In the past 12 months, has a lack of transportation kept you from medical appointments or from your medications?

TRANSPORT #2. In the past 12 months, has a lack of transportation kept you from getting things needed for daily living?

SEVERE RISK	"Yes" to both questions
RISK	"Yes" to either question
NO RISK	"No" to both questions

More information about survey methodology

Study Design: In 2020 KP surveyed its health plan members in 8 regional markets (California, Oregon, Washington, Hawaii, Colorado, Georgia, Virginia, Maryland, and Washington, DC) to document the prevalence of social risk factors known to affect health and well-being. In March 2020, questions about the impact of COVID-19 on members were added to the survey.

Survey: Conducted in Spanish and English, the survey covered a variety of topics including general questions about members' health and well-being, their personal connections, as well as housing, food, and financial challenges they might face.

Sampling: To ensure representation of KP members, especially those likely to be most vulnerable to social risk, members residing in census blocks with median household incomes at or below the 25th for that region, recent Medicaid enrollees, and recent applicants for medical financial assistance were oversampled. Within each region, random samples were draw by gender and age strata to match the observed distribution of the membership.

Weighting: All survey results presented have been statistically weighted to account for oversampling and non-response bias over time. Weights were trimmed at the 95% percentile, and prevalence rates account for stratification variables (i.e., region, gender, age, risk). Throughout this report, all prevalence estimates apply this weighting.

For questions about survey design or analyses, contact SONNET@KP.ORG