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Social Needs Network for Evaluation and Translation

Assessing members' experiences and preferences on social needs and how to receive support

Qualitative results from the 2022 Kaiser Permanente National Social Health Survey

Final Report | June 2023

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Contents

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View additional results from this study: the final report on quantitative results and the combined summary of quantitative and qualitative results

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Executive summary

Why we did our project

- To explore Kaiser Permanente members' experiences with the social needs endorsed between the two time periods that the National Social Health survey was administered—2020 and 2022.
- Identify barriers and facilitators that members experienced in addressing their social needs and explore the perceived role of the health system to address those needs.

What we did

- Purposefully sampled to have representation across Kaiser Permanente regions, insurance type, and race/ethnicity.
- Conducted 49 qualitative interviews by phone: 21 interviews with members who endorsed less new needs from 2020 to 2022 (resolved needs), and 28 interviews with members who endorsed the same or new needs from 2020 to 2022 (persistent needs).
- Data from the interview transcripts were analyzed using the Rapid Group Analysis Process, which required engagement from staff of diverse perspectives and levels of expertise in social health.

What we learned

- There was little distinction in responses among members with resolved versus persistent needs.
- Similarly, there is little distinction in responses between Medicaid and Medicare beneficiaries versus commercial insurance.
- Members did not have a clear understanding of health system resources available for resolving social needs.
- There is significant variability on members' acceptability of health system role for social support.
- Trusting relationships were critical to members' willingness to address social needs within the health care system and their clinical care team.
- Support seniors, especially those with lower incomes.
- Recognize that members come to Kaiser Permanente primarily for medical care but appreciate the value of addressing their social needs.
- Acknowledge that members fall across a spectrum of perspectives on social health from those that don't see it as the place of health care to those that fully support the integration of social health into the delivery system.
- Integrate screening, resource referral, and follow up as a full package of services.
- Convey to members how social health data will be incorporated into their medical record and what impact it will have on medical services they receive.

Methods

Study design and data sources

- Initial Population Inclusion Criteria: eligible members were selected from a population that completed both the 2020 and 2022 National Social Needs survey (2020 = 10,274 respondents, 2022 = 6,317 respondents).

  Qualitative Survey Sample. Members had to meet the following inclusion criteria to be eligible for an interview:

  - Had 1 or more social needs identified in the 2020 survey.
  - Race/ethnicity identified as: White, Black, Hispanic/Latinx, Asian-American, American Indian/Other/Multiple races.
  - Insurance type identified as commercial, Medicaid or Medicare.
  - Preferred language was either English or Spanish.
  - Were in either 1 of 2 Social Needs Group
    - Resolved Needs Group: population had fewer total social needs identified in 2022 as compared to 2020.
    - Persistent Needs Group: population had the same or higher needs in 2022, compared to 2020.

Qualitative Methods

- Developed a semi-structured guide for a 30-minute phone interview with input from relevant KP subject matter experts.
- Recruitment e-mails were sent to **1,562** members that met inclusion criteria during **September 2022 – January 2023**.
- Two staff members responded to email responses, conducted phone calls for additional outreach, scheduled, and conducted interviews. Members were offered a $40 e-gift card to participate.
- A Rapid Group Analysis Process (Rap-GAP) technique was used to further interpret qualitative findings. This process engaged 10 individuals (2 from the project team and 8 stakeholders) in a process where they were assigned to review interview transcripts, then met as a group in a facilitated discussion to identify themes that surfaced using reviewer notes. The results were applied to develop a coding memo of key findings.

Results

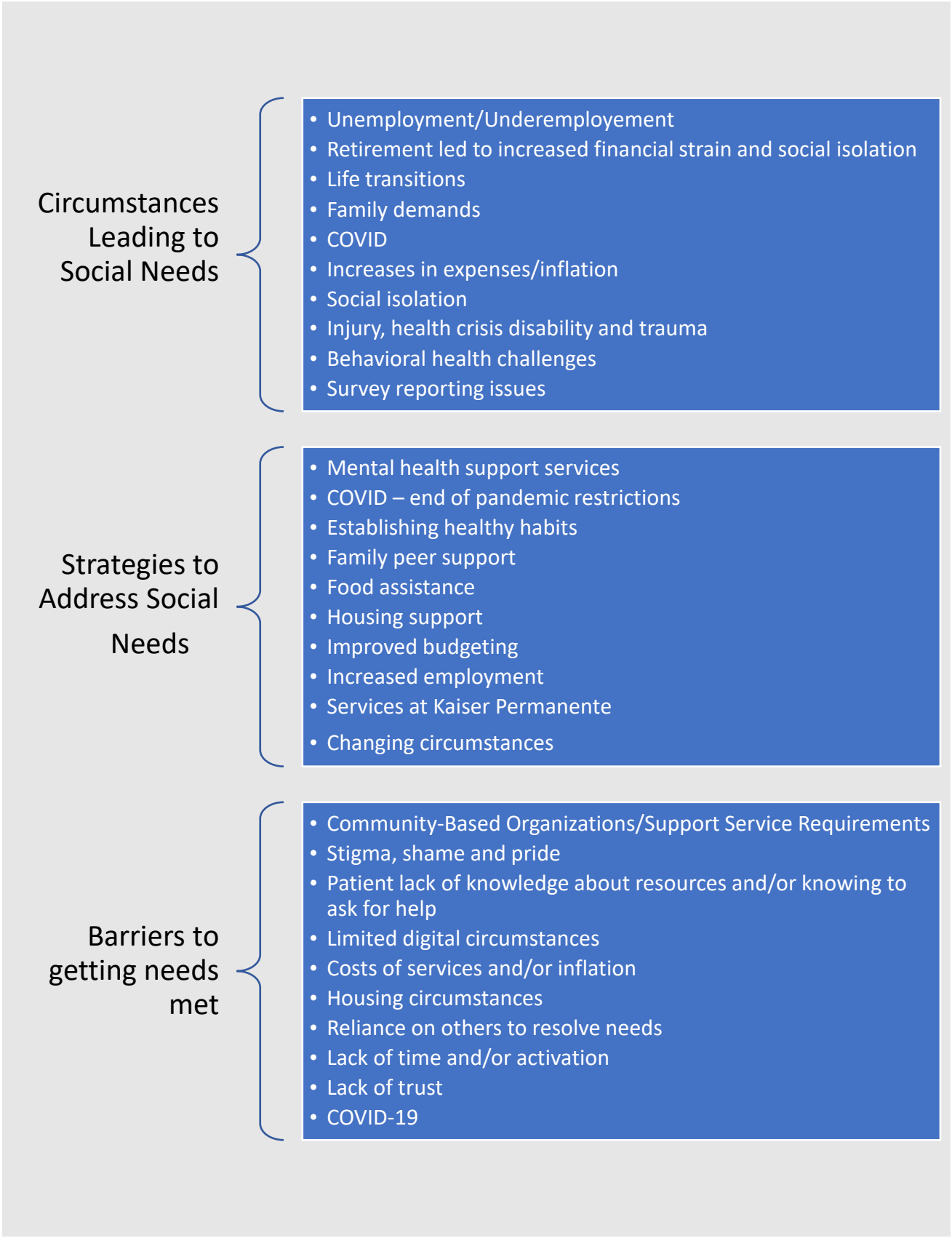
Description of Participants

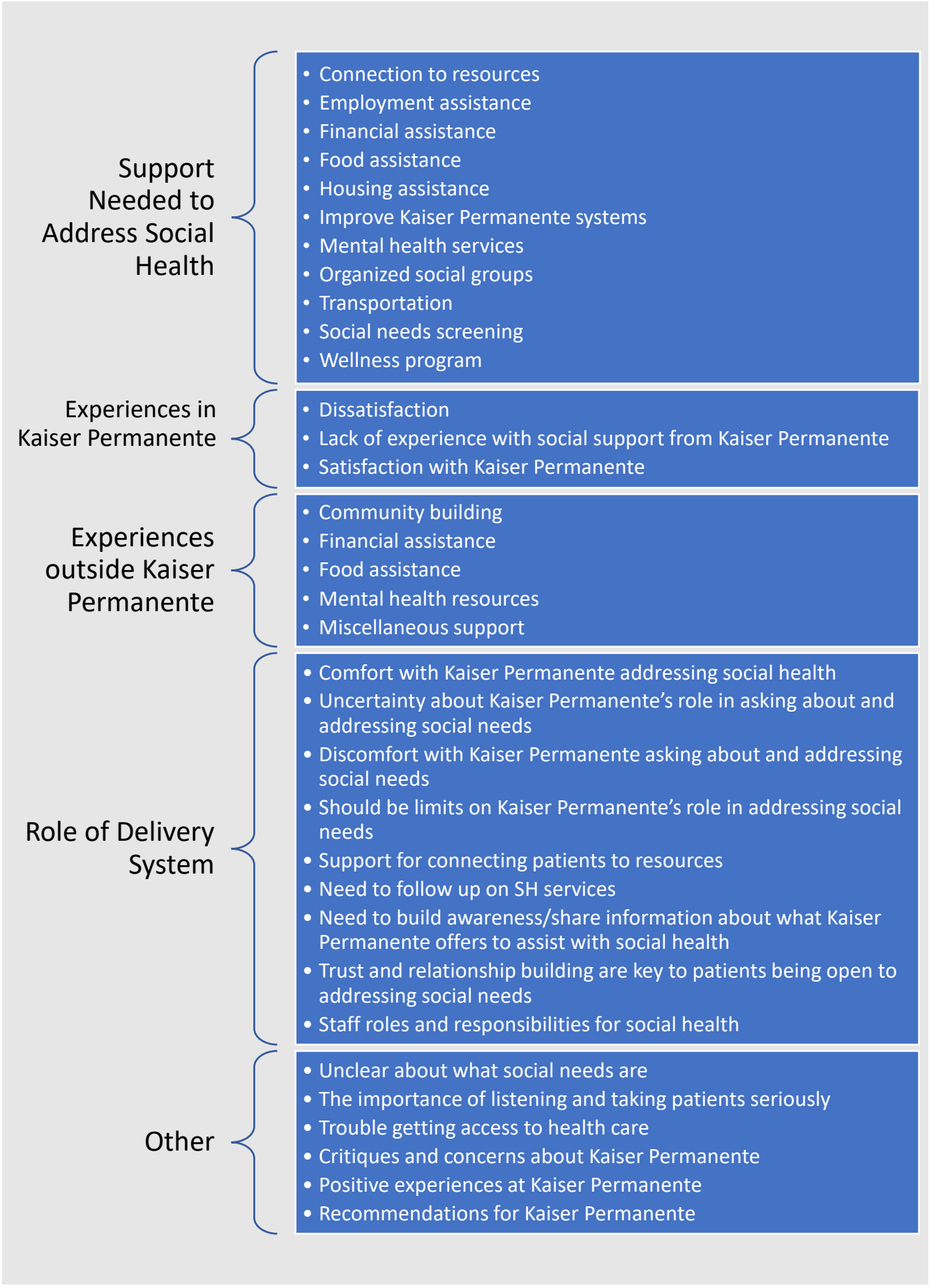
Resolved Needs Group (N=21). The Resolved Needs population was 67% Female, with the distribution of insurance coverage as follows: Medicare (47.6%), Commercial (38.1%) and Medicaid (14.3%). There was some variation among the race/ethnicity groups targeted for the interviews: White (23.8%), Black (38.1%), Hispanic/Latinx (19.0%) Asian-American (4.8%), and American Indian/Other/Multiple races (14.3%). For the 2020 survey, this population had an average of about 2.24 (min=1, max=4) needs per person with the 3 most common needs being: any financial strain (76.2%), any social isolation (66.7%) and any housing needs (28.6%). Results from the 2022 survey indicated total needs declined to an average of 1.10 (min=0, max=3) per person with the 3 most common needs being: any financial strain (71.4%), any housing needs (19.0%) with food insecurity and social isolation tied for the 3rd highest need (9.5%).

Persistent Needs Group (N=28). The Persistent Needs population was a little more than half Female (53.6%), with the distribution of insurance coverage as follows: Commercial (42.9%), Medicaid (32.1%) and Medicare (25.0%). There was an even distribution among the race/ethnicity groups targeted for the interviews: White (28.6%), Black (21.4%), Hispanic/Latinx (21.4%) and Asian-American (28.6%). For the 2020 survey, this group had an average of 1.79 (min=1, max=5) needs per person with the 3 most common needs being: any financial strain (64.3%), any social isolation (57.1%) and any housing needs (21.4%). Results from the 2022 survey indicated total average needs per person increased to an average of 2.18 (min=1, max=5) needs per person with the 3 most common needs being: any financial strain (92.9%), any social isolation (50.0%) and any food insecurity (39.3%).

What we learned from our interviews

Our analysis of the interviews was conducted by applying both deductive and inductive approaches to the collected data. As a result, we identified 8 domains that represented the study objectives as well as identified concepts from the data. The staff involved in the analysis identified a number of key themes that were associated with each domain. The domains and their corresponding themes are summarized below. For more comprehensive details please refer to the Coding Memo supplemental material.


Circumstances Leading to Social Needs
• Unemployment/Underemployement
• Retirement led to increased financial strain and social isolation
• Life transitions
• Family demands
• COVID
• Increases in expenses/inflation
• Social isolation
• Injury, health crisis disability and trauma
• Behavioral health challenges
• Survey reporting issues
Strategies to Address Social Needs
• Mental health support services
• COVID – end of pandemic restrictions
• Establishing healthy habits
• Family peer support
• Food assistance
• Housing support
• Improved budgeting
• Increased employment
• Services at Kaiser Permanente
• Changing circumstances
Barriers to getting needs met
• Community-Based Organizations/Support Service Requirements
• Stigma, shame and pride
• Patient lack of knowledge about resources and/or knowing to ask for help
• Limited digital circumstances
• Costs of services and/or inflation
• Housing circumstances
• Reliance on others to resolve needs
• Lack of time and/or activation
• Lack of trust
• COVID-19


Support Needed to Address Social Health
• Connection to resources
• Employment assistance
• Financial assistance
• Food assistance
• Housing assistance
• Improve Kaiser Permanente systems
• Mental health services
• Organized social groups
• Transportation
• Social needs screening
• Wellness program
Experiences in Kaiser Permanente
• Dissatisfaction
• Lack of experience with social support from Kaiser Permanente
• Satisfaction with Kaiser Permanente
Experiences outside Kaiser Permanente
• Community building
• Financial assistance
• Food assistance
• Mental health resources
• Miscellaneous support
Role of Delivery System
• Comfort with Kaiser Permanente addressing social health
• Uncertainty about Kaiser Permanente's role in asking about and addressing social needs
• Discomfort with Kaiser Permanente asking about and addressing social needs
• Should be limits on Kaiser Permanente's role in addressing social needs
• Support for connecting patients to resources
• Need to follow up on SH services
• Need to build awareness/share information about what Kaiser Permanente offers to assist with social health
• Trust and relationship building are key to patients being open to addressing social needs
• Staff roles and responsibilities for social health
Other
• Unclear about what social needs are
• The importance of listening and taking patients seriously
• Trouble getting access to health care
• Critiques and concerns about Kaiser Permanente
• Positive experiences at Kaiser Permanente
• Recommendations for Kaiser Permanente

Key Findings and Limitations

Summary of key findings

- Members were generally receptive to their healthcare delivery system playing a role in resolving their social needs but emphasized the importance of receiving reliable medical care as a priority.
- There was a general lack of knowledge and understanding regarding the various resources and programs in place at Kaiser Permanente to support members in resolving their social needs and connecting to resources internal and external to Kaiser Permanente.
- A variety of strategies for resolving social needs centered around opportunities for increased employment, family and peer support, and food assistance provided at the community level.
- A key barrier that members endorsed centered around individual feelings of stigma and shame related to seeking assistance, as well as not meeting requirements for public assistance or supplemental programs.
- Members identified a variety of experiences with receiving social support from Kaiser Permanente clinical staff, and their degree of satisfaction with those encounters determined acceptability of health system role for social support.

Limitations

- This sample is not representative of all survey respondents from both time points
- Selection bias might have meant that those who chose to participate with may have been more receptive to addressing social needs
- Recall bias – some members did not accurately recall their survey responses or confirm responses with confidence when reminded by interviewers
- Some members lacked confidence in their comprehension of social needs or the significance for why Kaiser Permanente was collecting data regarding their social needs