

2022 Kaiser Permanente National Social Health Survey

Final Report on Quantitative Results
July 2023



Snapshot of results from the 2022 Kaiser Permanente 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.

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Acknowledgments to survey contributors, how to request access to 2022 survey data for Kaiser Permanente projects, and appendices on survey questions, social need cutoffs, and methodology

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Interested in qualitative data on members’ social needs? Stay tuned for a second report on results from interviews with members who completed the 2022 survey.

Questions about the 2022 survey? Contact sonnet@kp.org.

SECTION 1

Introduction to Kaiser Permanente's 2022 National Social Health Survey



What you'll find in this section

Brief background on the 2022 survey — including the overall response rate, updates made to the measures after the 2020 survey, and definitions of the social need domains we studied.

- [Page 5](#): Background on the 2022 National Social Health Survey
- [Page 6](#): How we updated the 2022 survey and why those changes are important
- [Page 7](#): Definitions of the 6 social need domains in the 2022 survey

Background on the 2022 National Social Health Survey

Kaiser Permanente's 2022 National Social Health Survey is a follow up to our 2020 survey, which helped us better understand members' social needs and what we can do to provide social health support that improves their total health ([view final report](#)). For the follow-up survey, we reached out to the more than 10,000 members who completed the 2020 survey. These new survey results give us insight into differences in social needs over time and across demographics and lines of business. They also highlight areas where members most want Kaiser Permanente's assistance.

10,119 Surveys sent to members and former members **across KP's 8 markets in English and Spanish**, with options to complete online, by phone, or on paper

6,317 Surveys completed, with **similar response rates across KP markets**

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



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



The follow-up survey included **new questions added in collaboration with KP national stakeholders**, including a new social need domain: digital equity.

2022 survey social need domains



Financial strain



Social connection



Food/nutrition insecurity



Housing instability



Transportation



Digital equity

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

Our scientific understanding of how to measure social needs continues to evolve. To keep up with these changes in the 2022 survey, we added new measures and updated other domains using newly validated social health measures. Our goals in making these updates are to provide data that: 1) allows us to compare KP members to other populations, and 2) aligns with how KP is measuring social health in areas such as food/nutrition insecurity.

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 (NOTE: This measure was called “social isolation” in the 2020 survey.)









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



How these changes impact our view of data over time

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

Definitions of the 6 social need domains in the 2022 survey

	Financial strain	Money left over at the end of the month; just getting by financially
	Social connection	Lack companionship; feel left out; feel isolated from others
	Food/nutrition insecurity	Worried about food running out; food bought didn't last and no money left to buy more; hard to get and eat nutritious foods to support health and well-being
	Housing instability	Ability to pay mortgage/rent on time; number of places lived in the last year; steady place to sleep or slept in shelter; current living situation
	Transportation	Lack of transportation kept from medical appointments or getting medications; lack of transportation kept from meetings, work, or getting things needed for daily living
	Digital equity	Have access to internet where currently live and how they pay for it



SECTION 2

Demographic profile of members who responded

What you'll find in this section

A summary of the proportion of members who responded to the 2022 survey broken down by key demographics

[Page 9](#)

- Annual income
- Education level
- Race and ethnicity
- Line of business

[Page 10](#)

- Gender
- Age group
- Employment
- Household size

[Page 11](#)

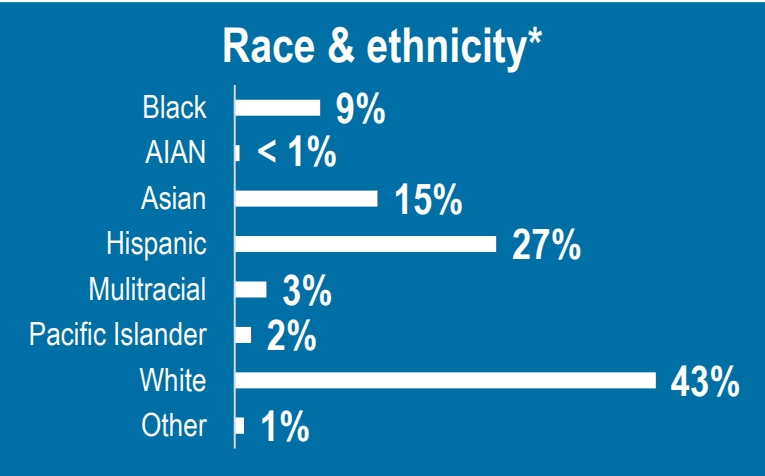
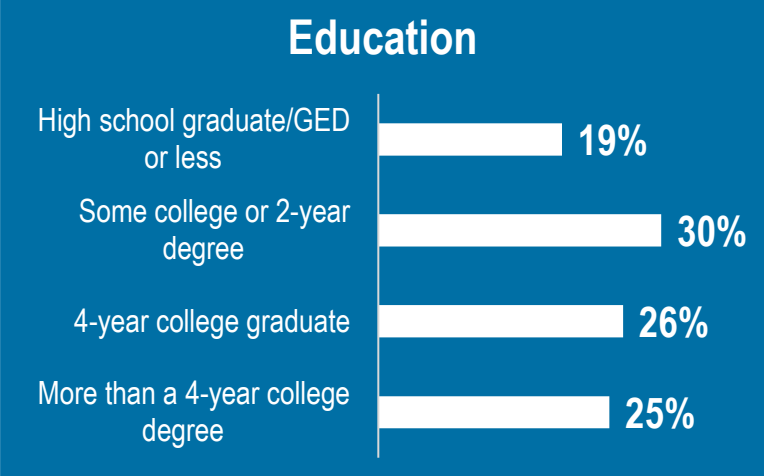
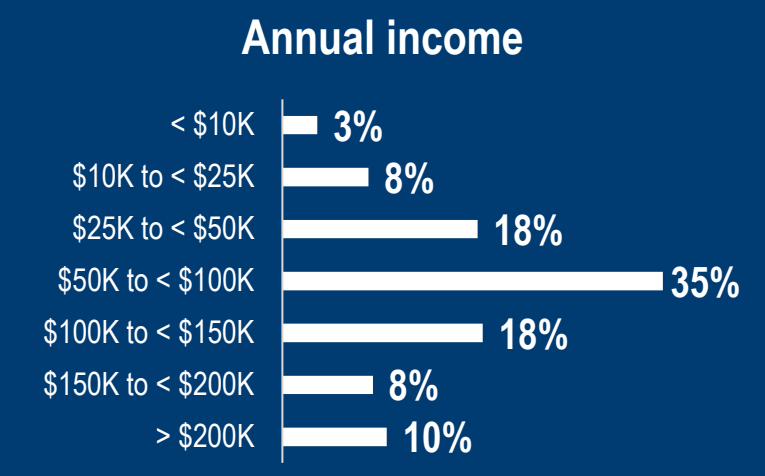
- Top 5 languages
- Survey mode
- Regional market

Demographic profile of members who responded

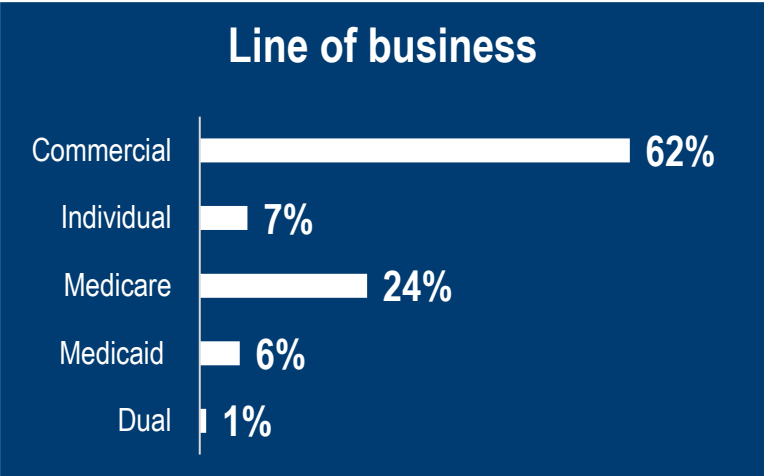
*“Black” indicates a response of “Black/African American.”
 “Hispanic” includes any person with Hispanic ethnicity regardless of race. All other categories exclude Hispanic ethnicity.

Key messages

- **Nearly one-third (29%)** of members who responded have a yearly income of less than \$50K.
- **About 1 in 5 (19%)** have a high school diploma or less.
- **About 1 in 3 (30%)** have Medicare or Medicaid insurance plans.
- **More than one-quarter (27%)** of members who responded identify as Hispanic.



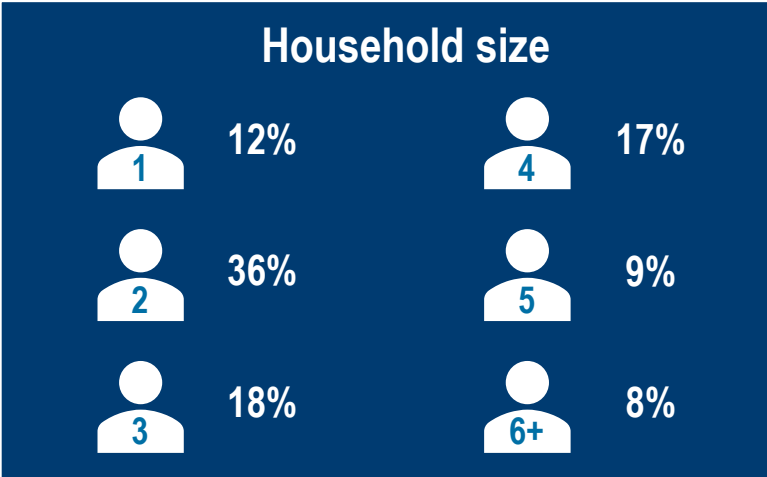
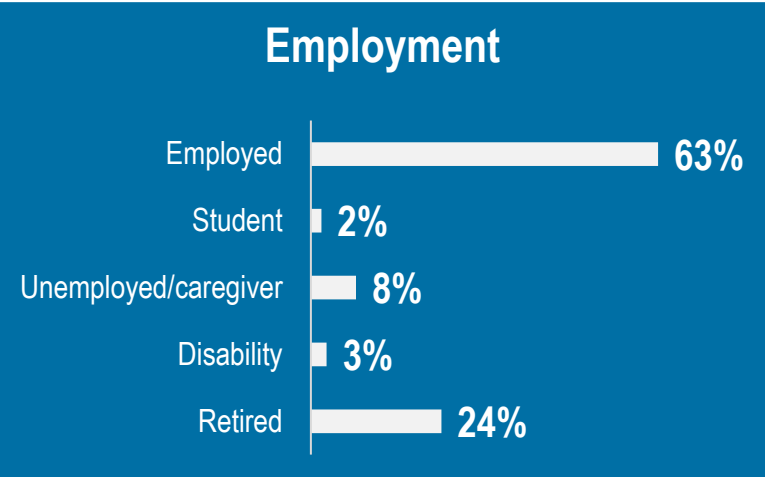
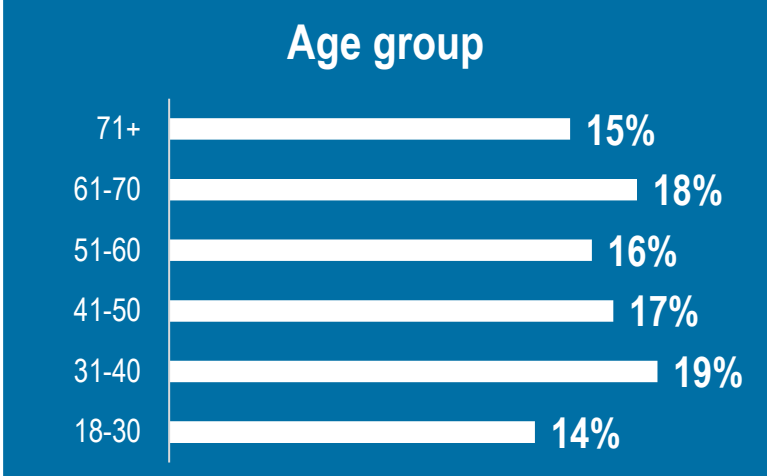
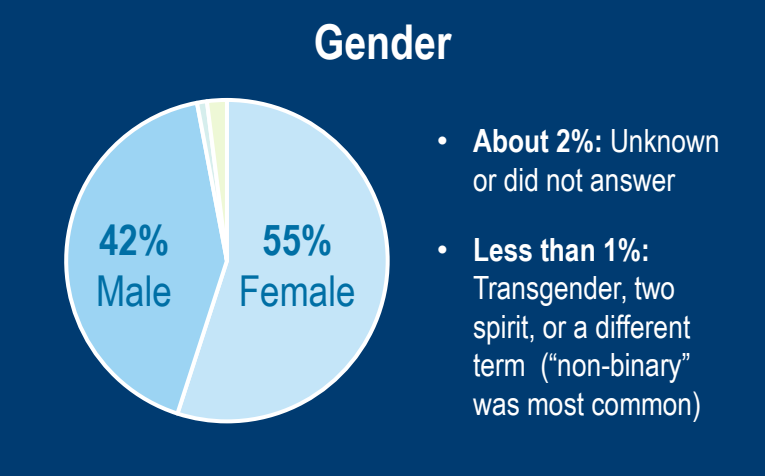
AIAN = American Indian/Alaska Native



Demographic profile of members who responded

Key messages

- **More than half** (55%) of members who responded are female.
- **Nearly two-thirds** (63%) are employed fulltime or parttime and about **one-fourth** (24%) are retired.
- **More than one-third** (36%) live in a 2-person household, and **nearly 1 in 5** (17%) live in households with 5 or more people.
- **Distribution across age was similar**, due to our strategic sampling strategy.



Demographic profile of members who responded




Key messages

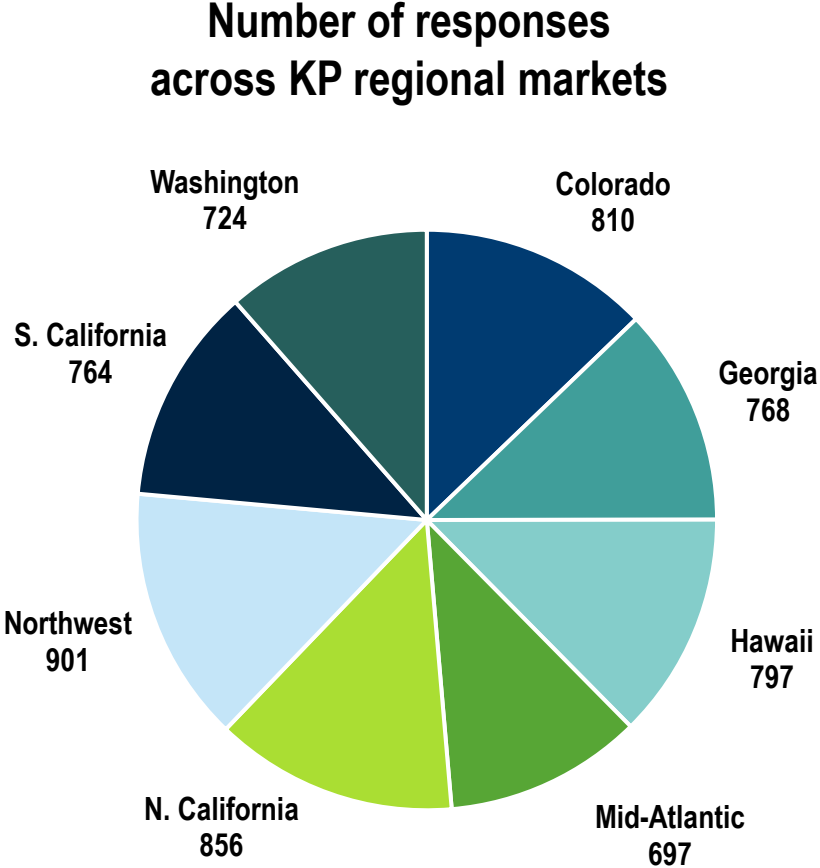
- **More than 9 in 10** members (94%) responded to the survey in English.
- **More than 3 in 4** (77%) responded to the survey online.
- The number of members who responded across Kaiser Permanente regional markets is similar, due to our strategic sampling strategy (see [Appendix 2](#)).

Top 5 languages

Hello	English: 94%
Hola	Spanish: 5%
你好	Chinese: <1%
Xin chào	Vietnamese: <1%
안녕하세요	Korean: <1%

Survey mode

77%	13%	10%
		
Online	Paper	Phone



SECTION 3

Summary of members' social needs and self-reported health



What you'll find in this section

A summary of the prevalence and number of members' social needs, plus a closer look at social needs across the 6 domains and the relationship between each need and members' self-reported health status

See [Appendix 1](#) for exact definitions of “any need” vs. “severe need” across the 6 domains.

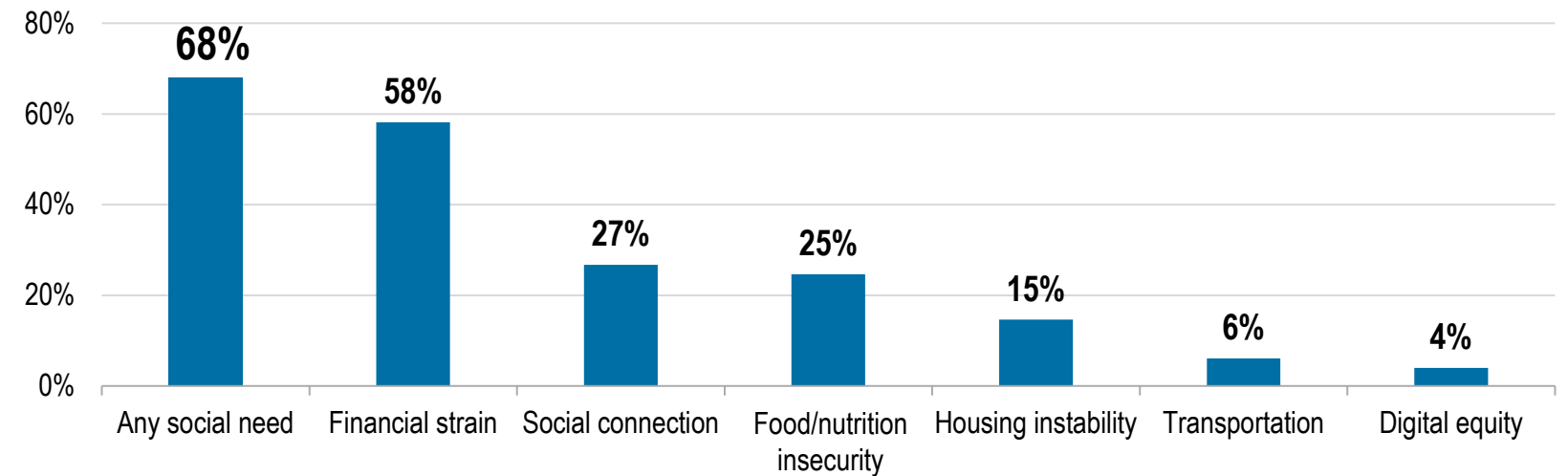
- [Page 13](#): Overall prevalence and number of social needs
- How many members have a need across each of the 6 domains? How does this impact health?
 - [Page 14](#): Financial strain
 - [Page 15](#): Social connection need
 - [Page 16](#): Food/nutrition insecurity
 - [Page 17](#): Housing instability
 - [Page 18](#): Transportation need
 - [Page 19](#): Digital equity need
- [Page 20](#): Additional results on the link between social needs and self-reported health

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

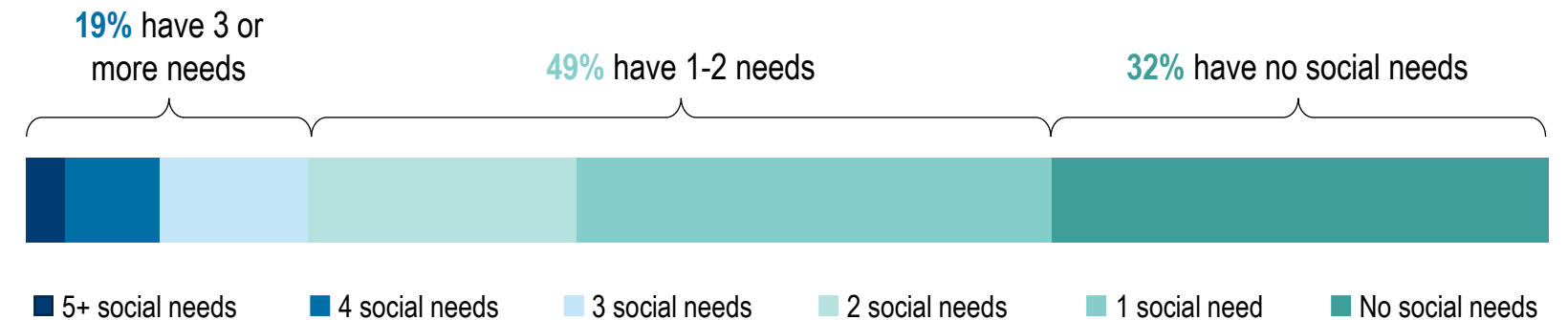
Key messages

- **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



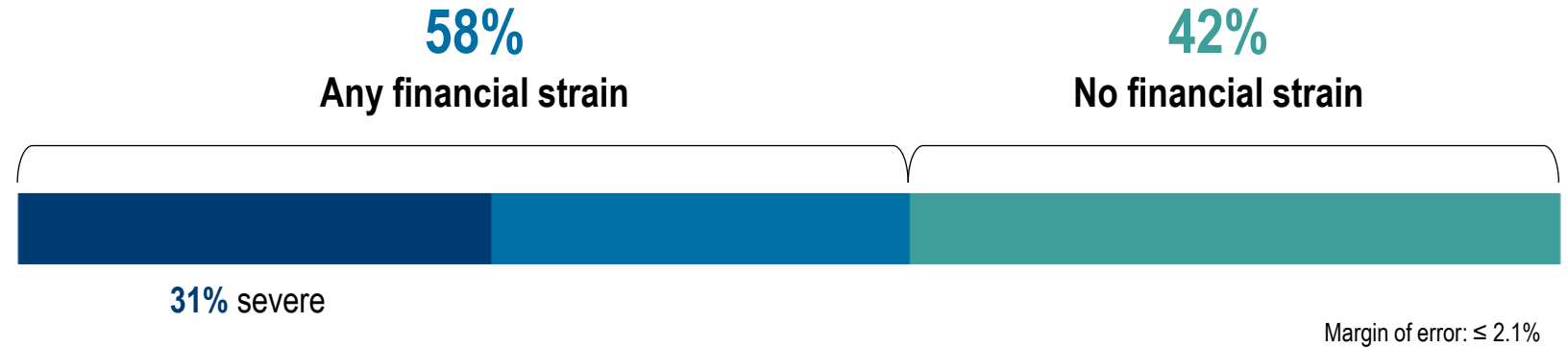
Number of social needs



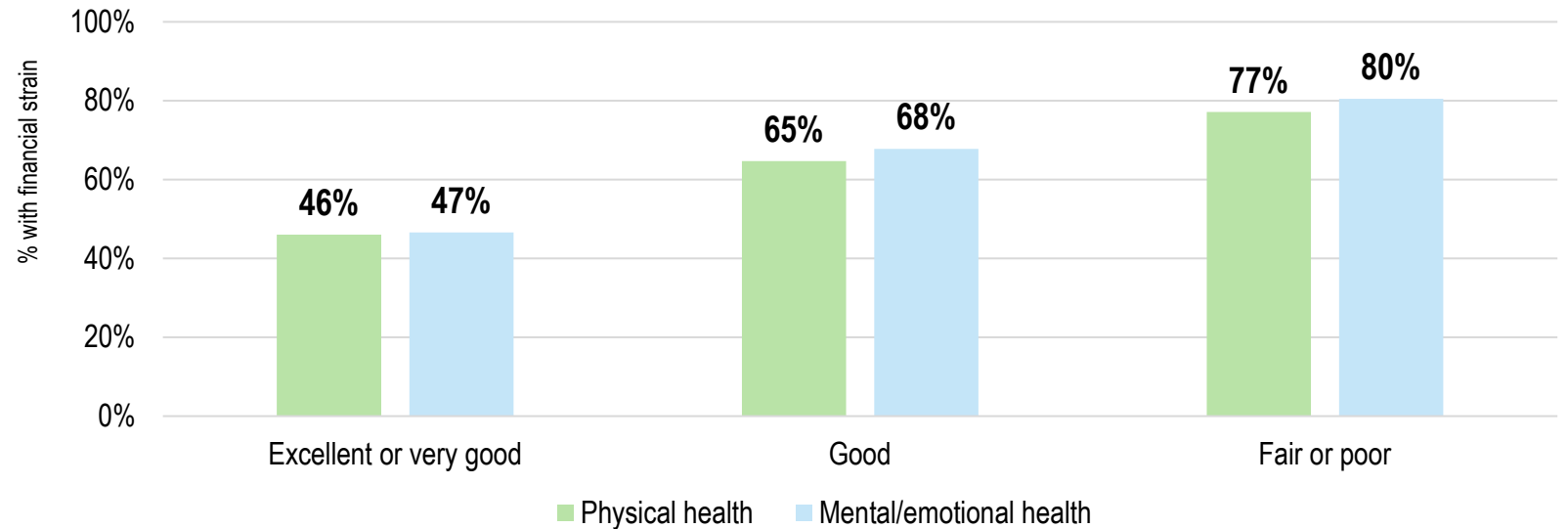
How many members have financial strain? How does this impact health?

Key messages

- **Nearly 6 in 10 members** (58%) experience financial strain — and nearly one-third (31%) have severe financial need.
- Among members with fair or poor physical health or mental/emotional health, **about 8 in 10 (77% - 80%)** experience financial strain.



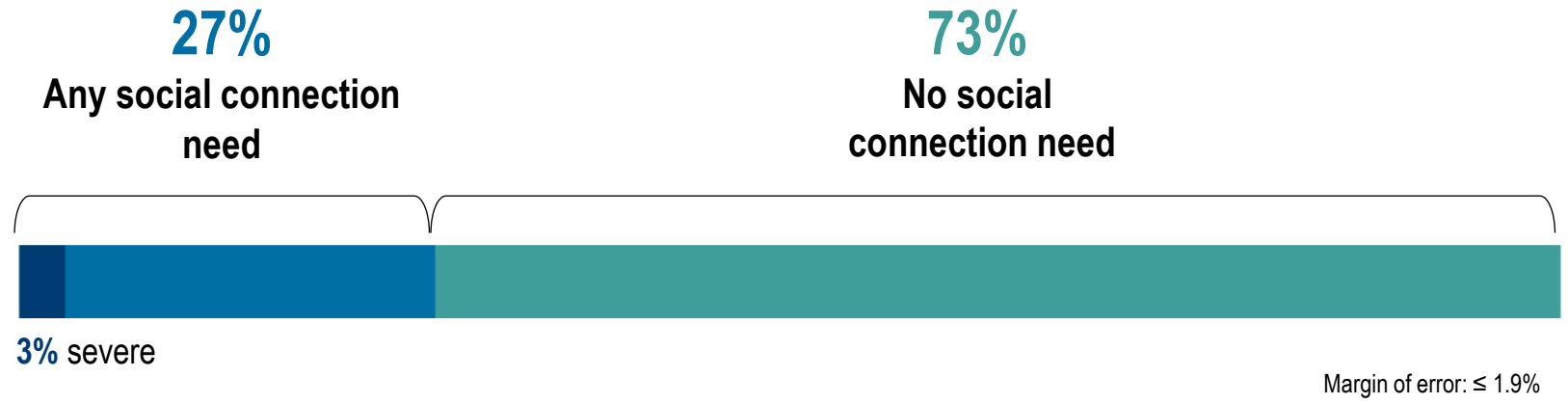
Financial strain by health status



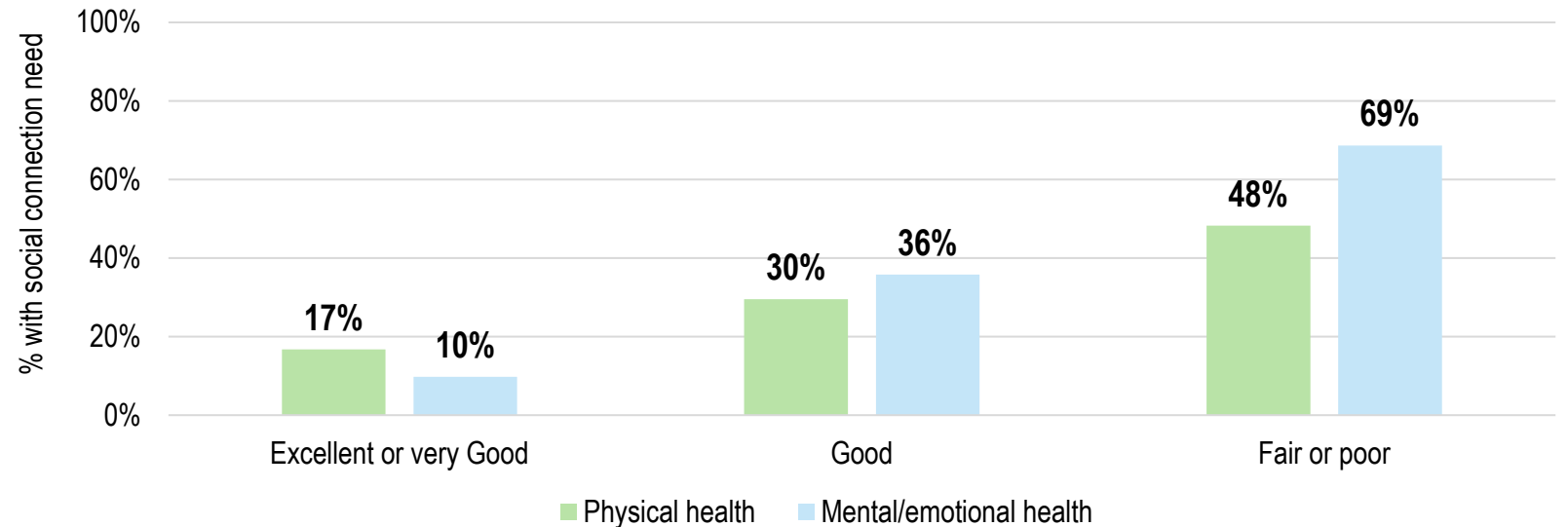
How many members have social connection need? How does this impact health?

Key messages

- **More than 1 in 4 members (27%)** have a social connection need.
- Only **10%** of members with excellent or very good mental/emotional health have a social connection need, compared to **69%** of those with fair or poor mental/emotional health.



Social connection need by health status



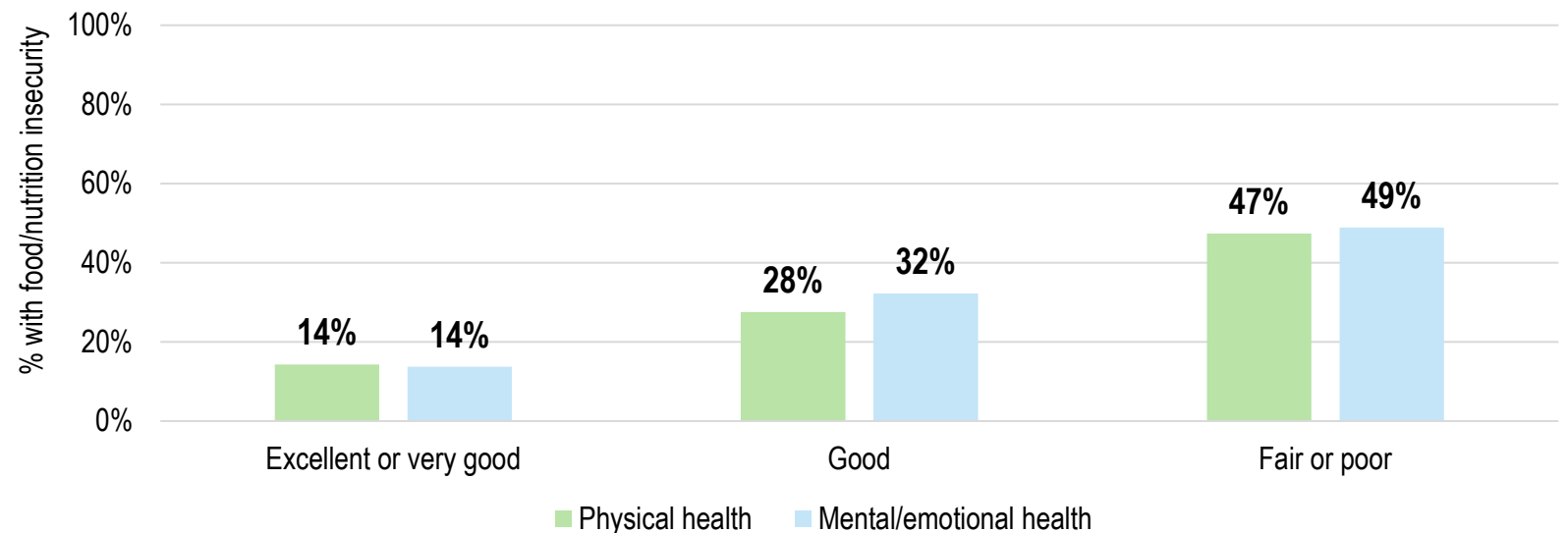
How many members have food/nutrition insecurity? How does this impact health?

Key messages

- **1 in 4 members** (25%) face food/nutrition insecurity — with nearly 1 in 10 (8%) facing a severe need.
- **18% of members** have nutrition insecurity, meaning they don't have access to nutritious foods.
- Among members with fair or poor physical or mental/emotional health, **about half** (47% - 49%) have food/nutrition insecurity.



Food/nutrition insecurity by health status



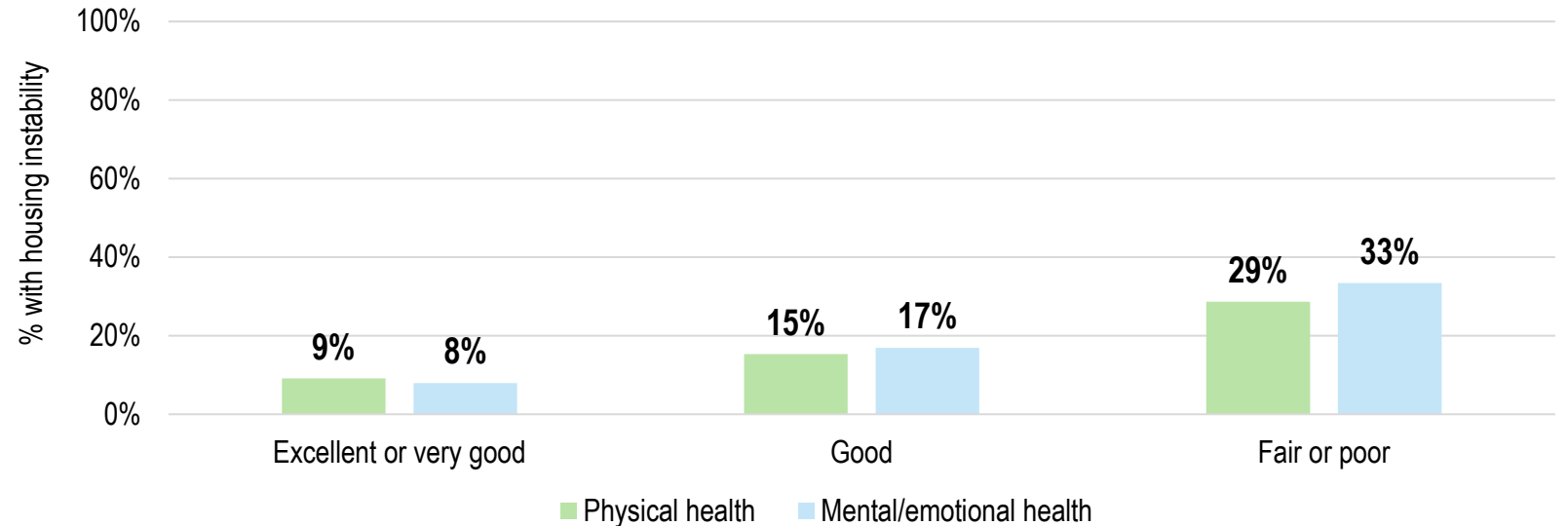
How many members have housing instability? How does this impact health?

Key messages

- **More than 1 in 7 members** (15%) face housing instability.
- Among members with fair or poor physical or mental/emotional health, **nearly one-third** (29% - 33%) experience housing instability.



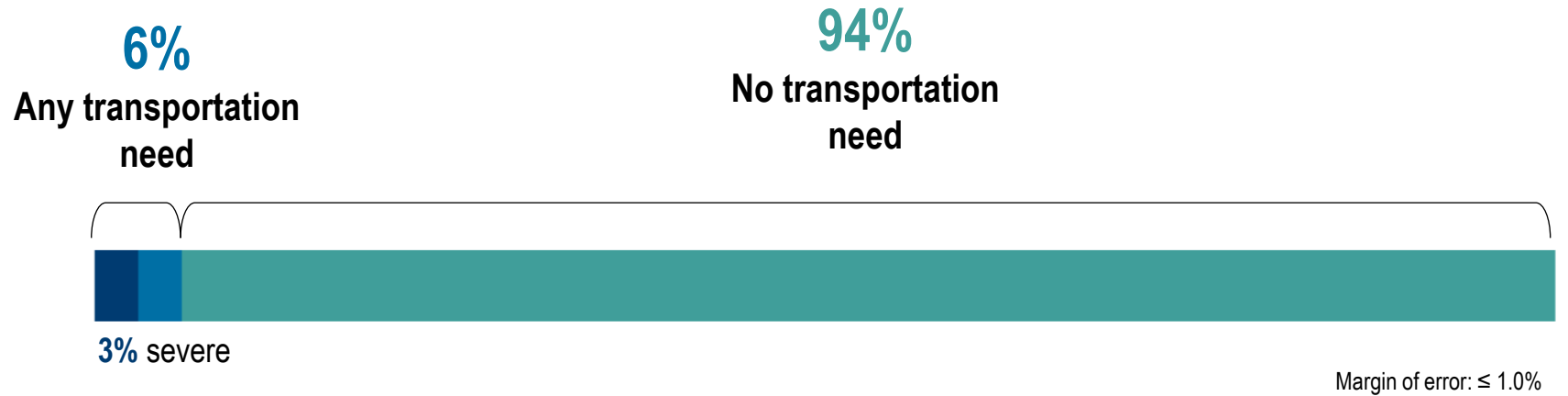
Housing instability by health status



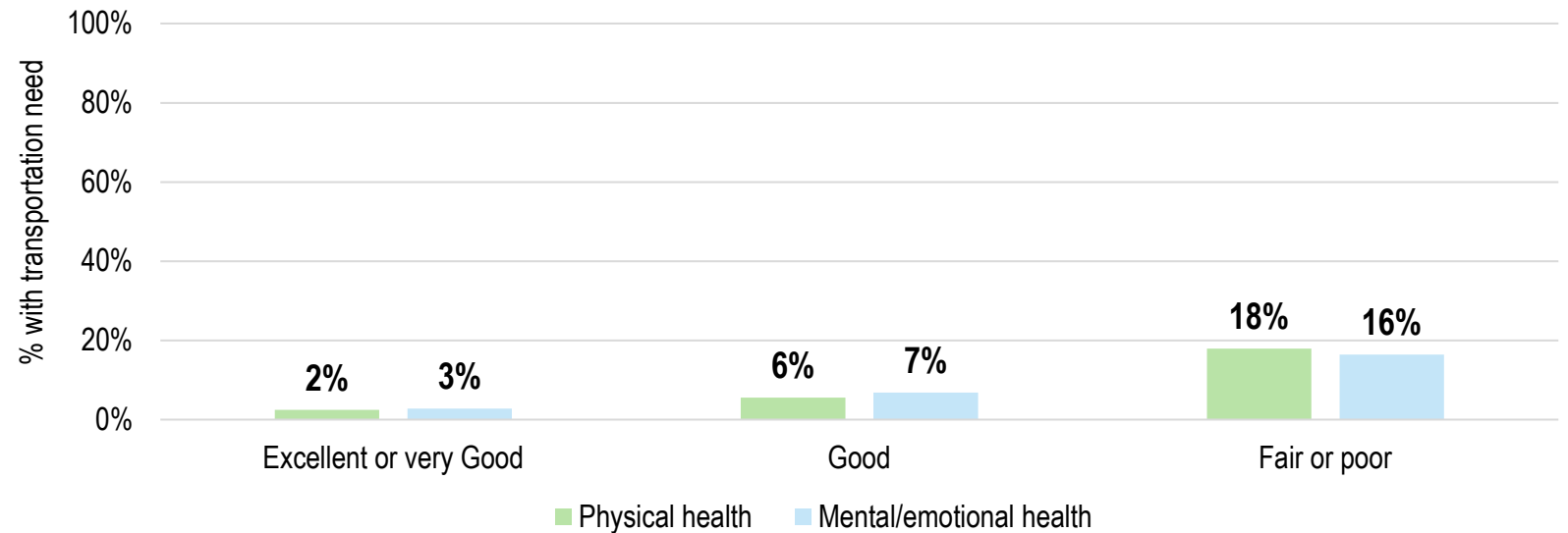
How many members have a transportation need? How does this impact health?

Key messages

- Transportation is a less common need, with **about 1 in 20** members (6%) reporting it.
- Among members who report fair or poor physical or mental/emotional health, **about 1 in 5** (16% - 18%) have a transportation need.



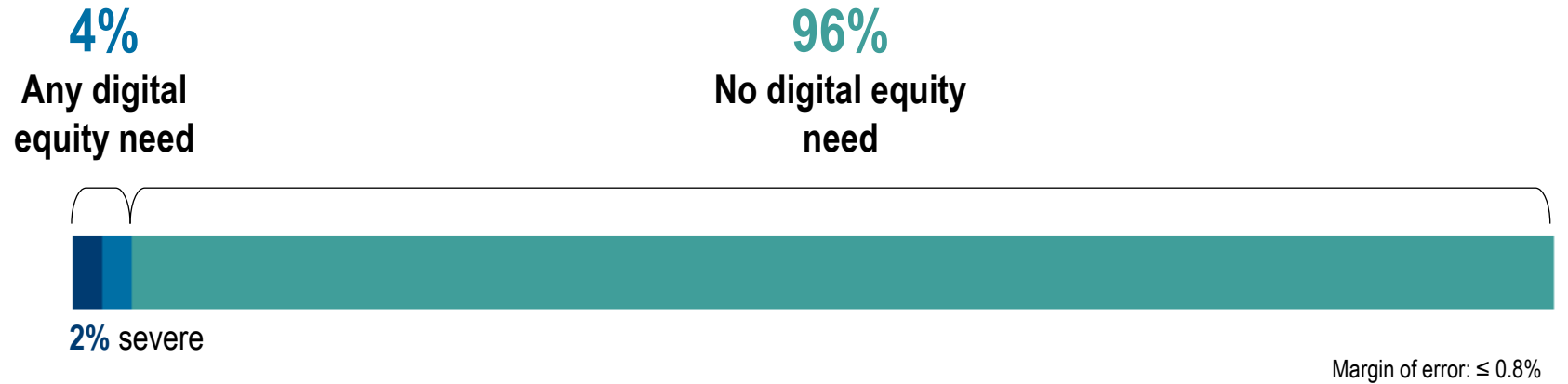
Transportation need by health status



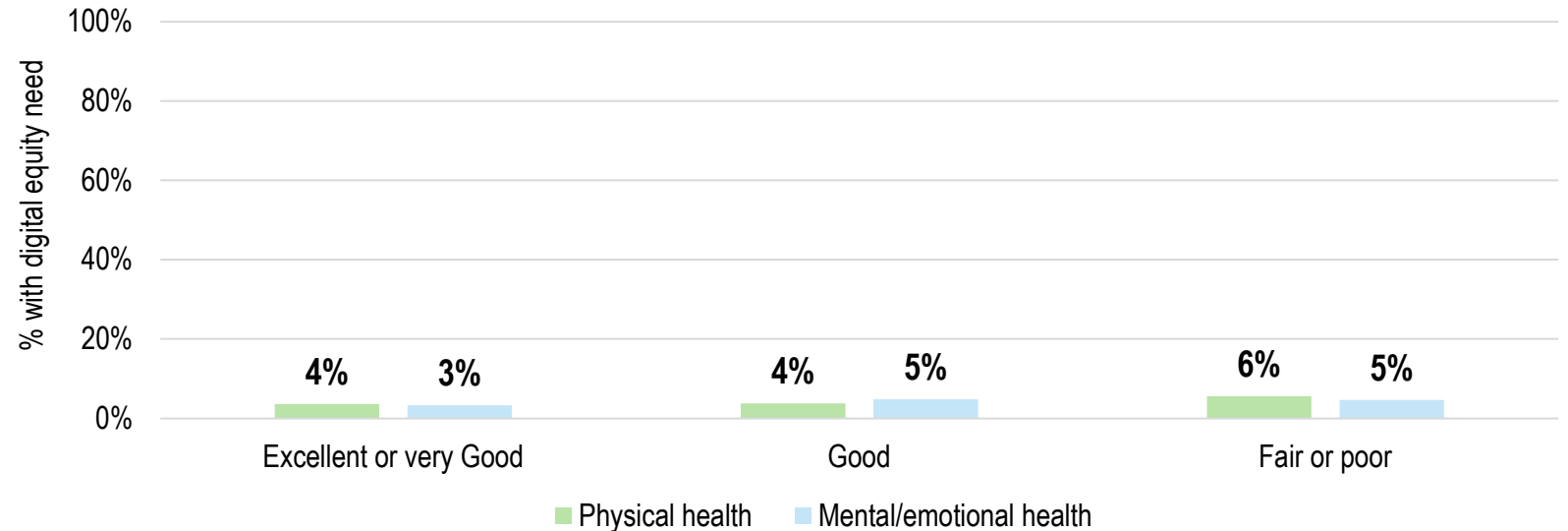
How many members have a digital equity need? How does this impact health?

Key messages

- **Fewer than 1 in 20** members (4%) are unable to access or pay for internet access (including via mobile devices).
- Because 77% of survey responses were received online, **members who responded to the survey may be more likely to have internet access** compared to other members.
- **Health status did not vary** relative to digital equity.









Digital equity need by health status



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

These results shed more light on the link between social needs and health by showing **how likely it is for members with social needs to report fair or poor health**. For 5 of 6 social health domains, we see a significant connection between social needs and self-reported physical and mental/emotional health. The one exception is digital equity, in which health status did not vary based on need.

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

SECTION 4

Social needs by demographics



What you'll find in this section

A summary of social needs across demographic categories, starting with a spotlight on needs and self-reported health for specific demographics of interest to Kaiser Permanente's national social health strategy

Part 1 – Social needs and self-reported health across spotlight demographics:

- [Page 22](#): Line of business
- [Page 24](#): Regional market
- [Page 26](#): Race and ethnicity

Part 2 – Social needs across other demographics:

- [Page 28](#): Annual income
- [Page 31](#): Age group
- [Page 29](#): Education level
- [Page 32](#): Gender
- [Page 30](#): Employment status

How do social needs vary by line of business (LOB*)?

* Due to low numbers that limit conclusions, we aren't able to include responses from people who have dual coverage.

Key messages

- Members covered by **Medicaid** have the highest prevalence of social needs.
- Even among members covered by commercial and individual plans, **about 7 in 10** have at least 1 social need.
- Compared to other members, those covered by Medicaid were **2x more likely** to experience financial strain and food/nutrition insecurity, and **3x more likely** to experience housing instability and transportation needs.

	Commercial (n=3,105)	Individual (n=357)	Medicare (n=1,805)	Medicaid (n=355)
Financial strain	58%	60%	46%	84%
Social connection	26%	30%	20%	38%
Food/nutrition insecurity	21%	24%	17%	49%
Housing instability	13%	13%	7%	34%
Transportation	4%	3%	7%	16%
Digital equity	3%	1%	6%	4%
Any need	68%	71%	56%	90%

Highest prevalence
 Lowest prevalence

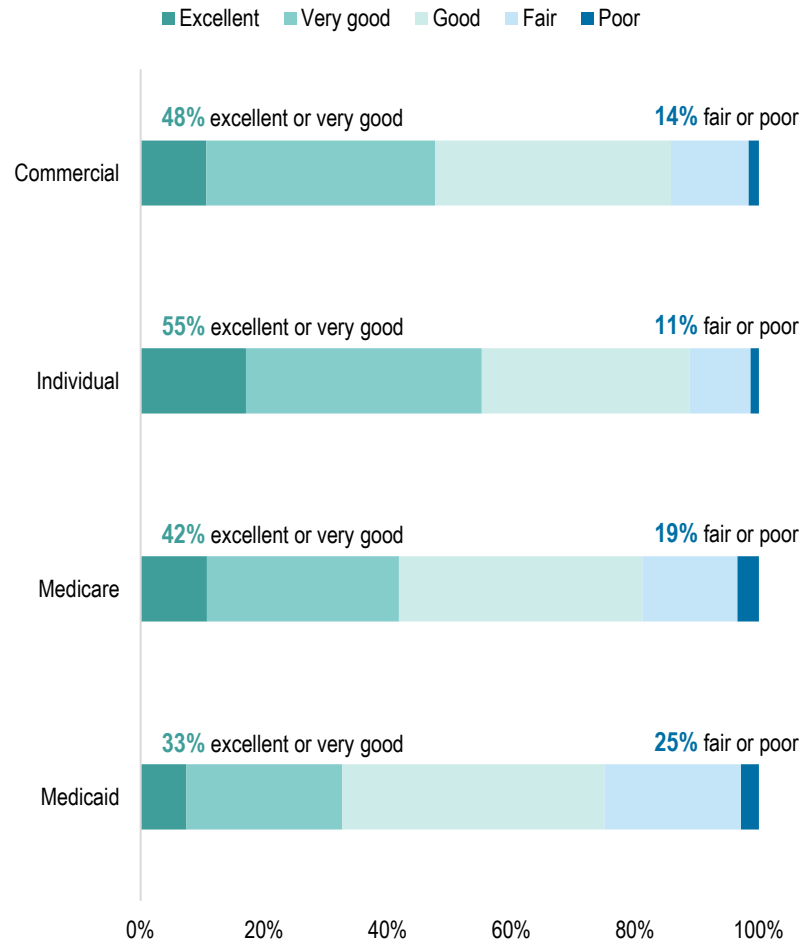
How does self-reported health vary by LOB*?

*Due to low numbers that limit conclusions, we aren't able to include responses from people who have dual coverage.

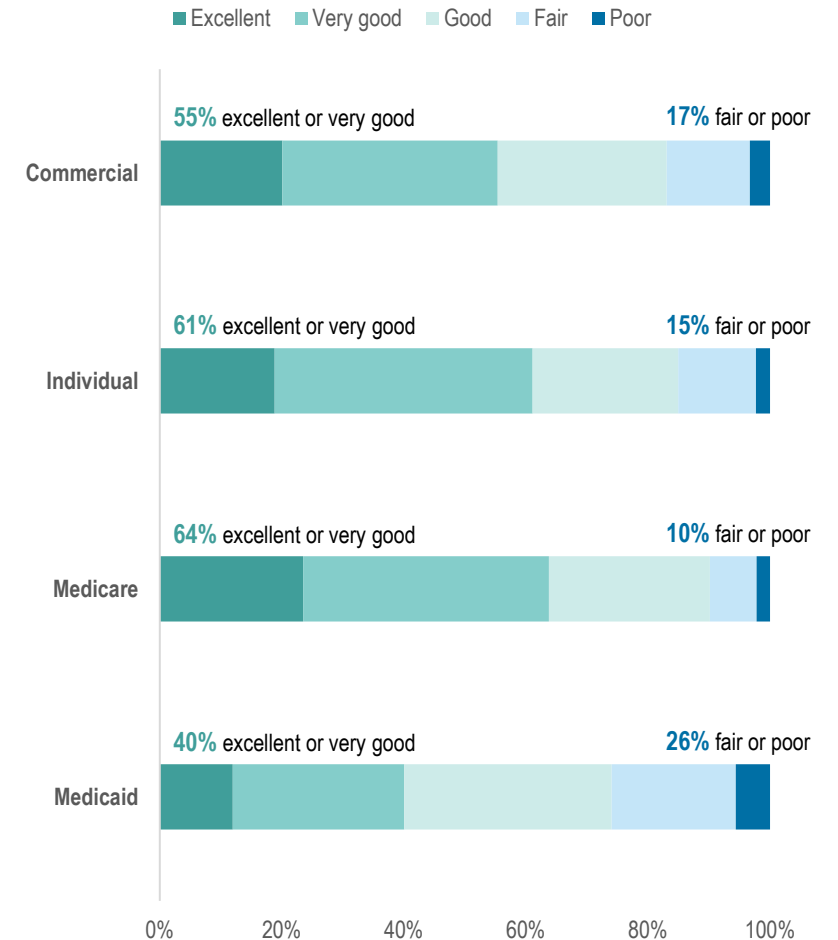
Key messages

- Members with **individual coverage** have the highest rates of excellent or very good physical health, and members covered by **Medicare** have the highest rates of excellent or very good mental/emotional health.
- Members covered by **Medicaid** have the highest rates of fair or poor physical and mental/emotional health. Compared to other members, those covered by Medicaid were **2x more likely** to report fair or poor physical and mental/emotional health.

Physical health by LOB



Mental/emotional health by LOB



Margin of error: ≤ 8.7%

Sample size: 6,317 (may vary due to missing values)



How do social needs vary by regional market*?

*MA = Mid-Atlantic
 NW = Northwest
 NC = Northern California
 SC = Southern California

Key messages

- Members in **Washington and Colorado** have the lowest prevalence of social needs.
- Members in **Georgia, Hawaii, and Mid-Atlantic** have the highest prevalence of social needs.
- Members in **Hawaii** have the highest prevalence of financial strain, whereas members in **Washington** have the lowest.

	CO (n=810)	GA (n=768)	HI (n=797)	MA (n=697)	NC (n=856)	NW (n=901)	SC (n=764)	WA (n=724)
Financial strain	57%	63%	64%	57%	58%	55%	59%	53%
Social connection	27%	29%	25%	29%	28%	26%	25%	25%
Food/nutrition insecurity	15%	42%	33%	29%	24%	18%	26%	22%
Housing instability	10%	24%	20%	22%	15%	12%	14%	12%
Transportation	3%	9%	8%	9%	6%	5%	6%	6%
Digital equity	4%	4%	5%	5%	5%	3%	3%	3%
Any need	67%	73%	74%	70%	68%	66%	69%	63%

 Highest prevalence  Lowest prevalence

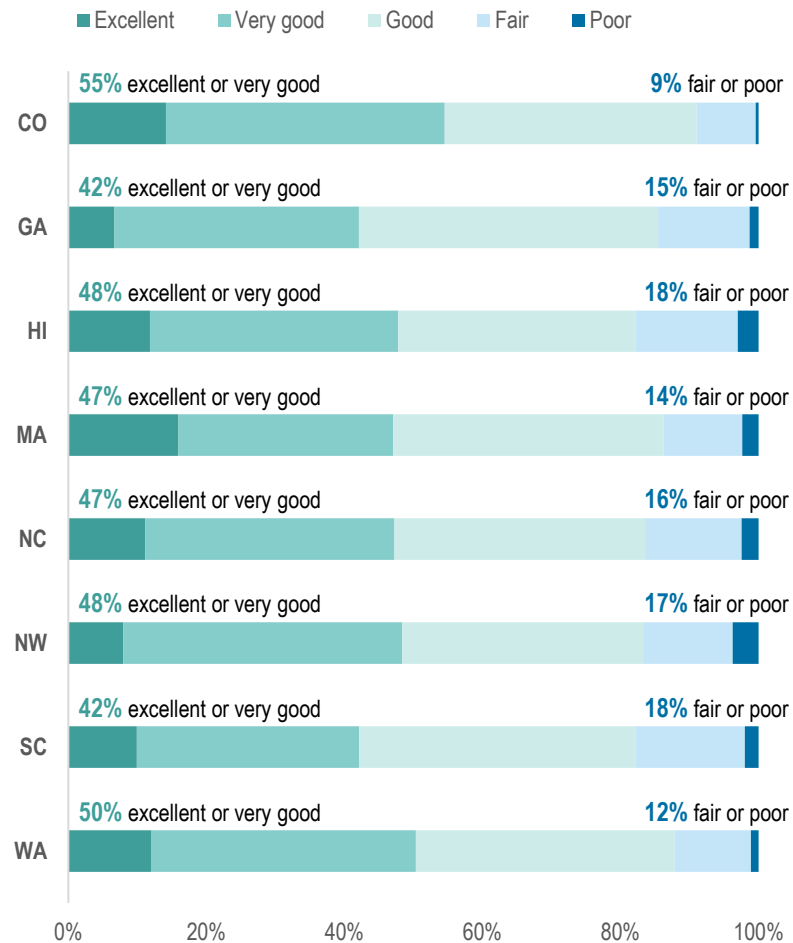
How does self-reported health vary by regional market*?

*MA = Mid-Atlantic NC = Northern California
 NW = Northwest SC = Southern California

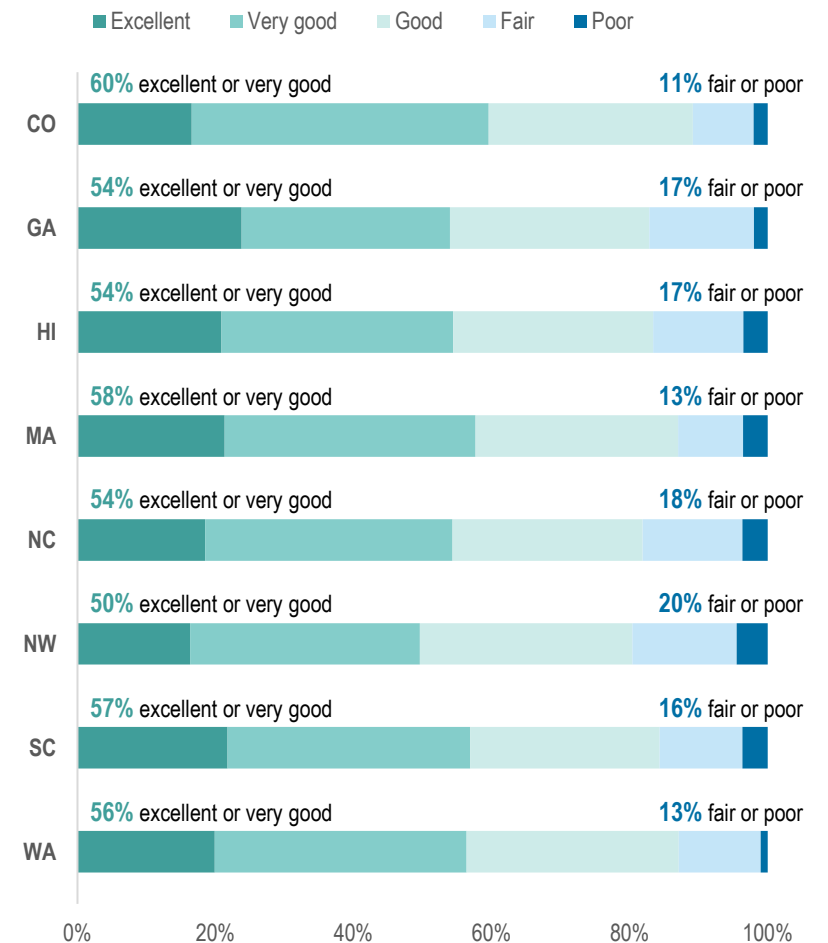
Key messages

- Members in **Colorado and Washington** report the highest rates of excellent or very good physical health, while members in **Georgia and S. California** report the lowest.
- Despite relatively high physical health ratings, members in the **Northwest region** have the lowest rate of excellent or very good mental/emotional health — and the highest rate of fair or poor mental/emotional health.

Physical health by regional market



Mental/emotional health by regional market



How do social needs vary by race and ethnicity*?

* Due to low numbers that limit conclusions, we aren't able to include responses from people who identified as "American Indian/Alaska Native" (AIAN) and "Other" in these results.

Key messages

- White members have the **lowest prevalence** of social needs across nearly all domains.
- Black, Hispanic, and multiracial members have a **higher prevalence** of financial strain and food/nutrition insecurity compared to other groups.
- Housing instability is **highest** among Black members.
- Multiracial members have the **highest** financial strain need but the **lowest** digital equity need, along with Asian members.

	Black/African American (n=761)	Asian (n=751)	Hispanic (n=947)	Multi-racial (n=246)	Pacific Islander (n=116)	White (n=3,402)
Financial strain	63%	53%	70%	74%	50%	50%
Social connection	32%	27%	27%	41%	27%	25%
Food/nutrition insecurity	37%	25%	35%	36%	28%	15%
Housing instability	26%	14%	19%	21%	21%	9%
Transportation	7%	6%	8%	11%	13%	4%
Digital equity	5%	2%	4%	2%	9%	4%
Any need	71%	64%	79%	82%	60%	61%

Highest prevalence
 Lowest prevalence

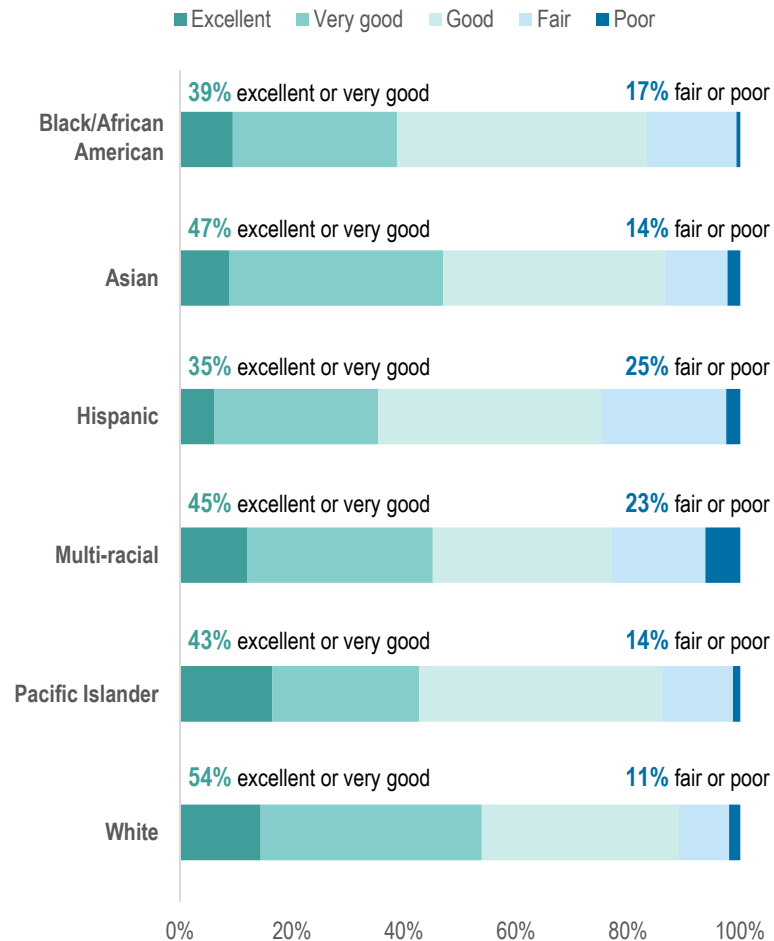
How does self-reported health vary by race and ethnicity?

* Due to low numbers that limit conclusions, we aren't able to include responses from people who identified as "American Indian/Alaska Native" (AIAN) and "Other" in these results.

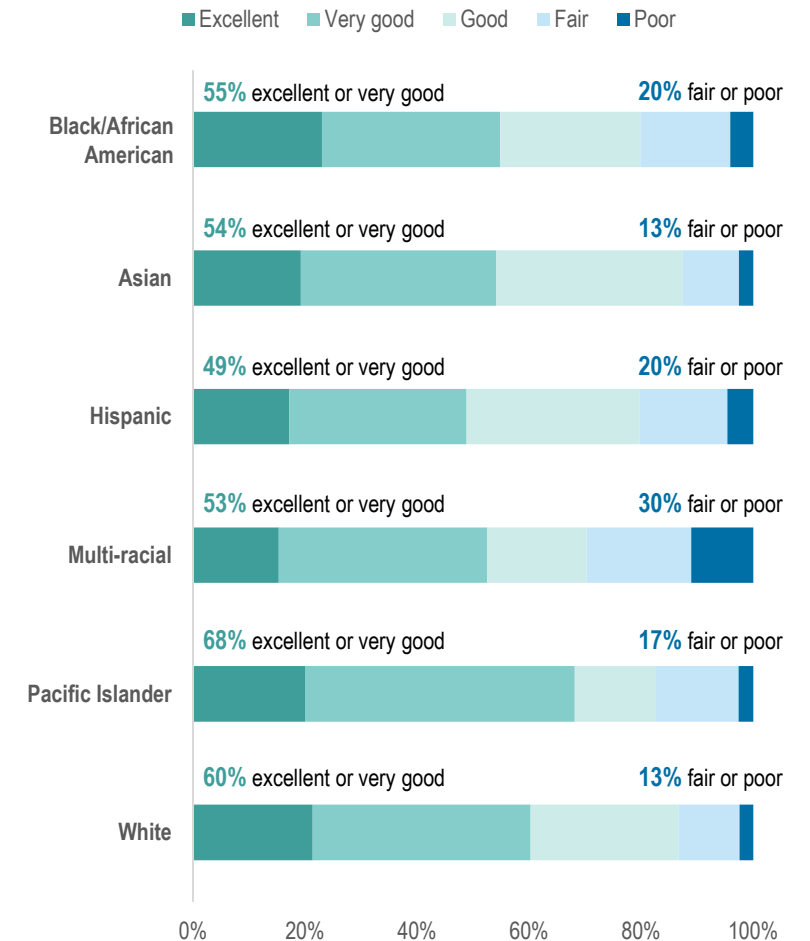
Key messages

- More **Hispanic and multi-racial** members report fair or poor physical health compared to other groups.
- **Multi-racial** members have the highest rate of fair or poor mental/emotional health compared to other groups, and **Black and Hispanic** members have the second-highest rates.

Physical health by race and ethnicity



Mental/emotional health by race and ethnicity



How do social needs vary by annual income?

Key messages

- **Social needs decreased with increasing annual income:** Nearly all needs were highest among members earning less than \$10K and lowest among those earning \$200K or more.
- Compared to members who earn \$50K a year or more, members who earn less than \$50K were **2x more likely** to have financial strain, housing instability, or transportation needs, and **3x more likely** to have food/nutrition insecurity.

	<\$10k (n=179)	\$10K to <\$25K (n=512)	\$25K to <\$50K (n=1,264)	\$50K to <\$100K (n=2,091)	\$100K to <\$150K (n=949)	\$150K to <\$200K (n=412)	\$200K (n=415)
Financial strain	86%	89%	77%	62%	46%	35%	16%
Social connection	46%	43%	38%	26%	19%	15%	13%
Food/nutrition insecurity	66%	62%	42%	22%	9%	5%	2%
Housing instability	43%	34%	23%	13%	8%	3%	2%
Transportation	26%	21%	10%	4%	2%	0%	3%
Digital equity	13%	8%	7%	2%	1%	3%	3%
Any need	94%	94%	85%	72%	57%	45%	30%

Highest prevalence
 Lowest prevalence

How do social needs vary by education level?

Key messages

- **Social needs decrease** with increasing levels of education.
- **Needs are highest** among members with a high school education, GED, or less — and **lowest** among those with more than a 4-year college degree.
- Members with a high school education, GED, or less are **2x more likely** to report food/nutrition insecurity, housing instability, and transportation needs compared to those with more education.

	High school graduate/GED or less (n=1,227)	Some college or 2-year degree (n=1,829)	4-year college degree (n=1,497)	More than 4-year degree (n=1,644)
Financial strain	76%	62%	55%	41%
Social connection	33%	26%	26%	22%
Food/nutrition insecurity	47%	27%	17%	12%
Housing instability	25%	16%	10%	8%
Transportation	11%	6%	5%	4%
Digital equity	9%	5%	1%	2%
Any need	85%	71%	65%	53%

Highest prevalence
 Lowest prevalence

How do social needs vary by employment status*?

*“Other” employment status includes members who are students, caregivers, disabled, or unemployed.

Key messages

- **Needs are highest** among students and members who are care-givers, disabled, or unemployed (grouped as “other” in the table).
- **Needs are lowest** among members who are retired — except for digital equity, which is lowest among members who are employed.
- **Nearly 6 in 10 members** who are employed fulltime or parttime (59%) report financial strain.

	Employed (n=3,585)	Retired (n=1,926)	Other* (n=704)
Financial strain	59%	45%	78%
Social connection	27%	18%	40%
Food/nutrition insecurity	24%	15%	43%
Housing instability	15%	6%	27%
Transportation	5%	4%	15%
Digital equity	3%	5%	7%
Any need	69%	55%	85%

Highest prevalence
 Lowest prevalence

How do social needs vary by age group?

Key messages

- **Social needs decrease with increasing age**, with people 61 and older experiencing the fewest social needs.
- **Digital equity** is the one outlier to this trend, with people 70 and older reporting the highest need for Internet access.
- 18- to 30-year-old members are **2x more likely** to report food/nutrition insecurity and housing instability compared to other age groups.

	18-30 (n=640)	31-40 (n=927)	41-50 (n=867)	51-60 (n=1,085)	61-70 (n=1,436)	>70 (n=1,362)
Financial strain	72%	62%	60%	58%	49%	49%
Social connection	42%	29%	23%	28%	21%	20%
Food/nutrition insecurity	39%	25%	25%	25%	18%	19%
Housing instability	27%	16%	17%	14%	9%	8%
Transportation	15%	5%	4%	4%	3%	8%
Digital equity	4%	3%	2%	4%	5%	6%
Any social need	83%	72%	70%	67%	59%	59%

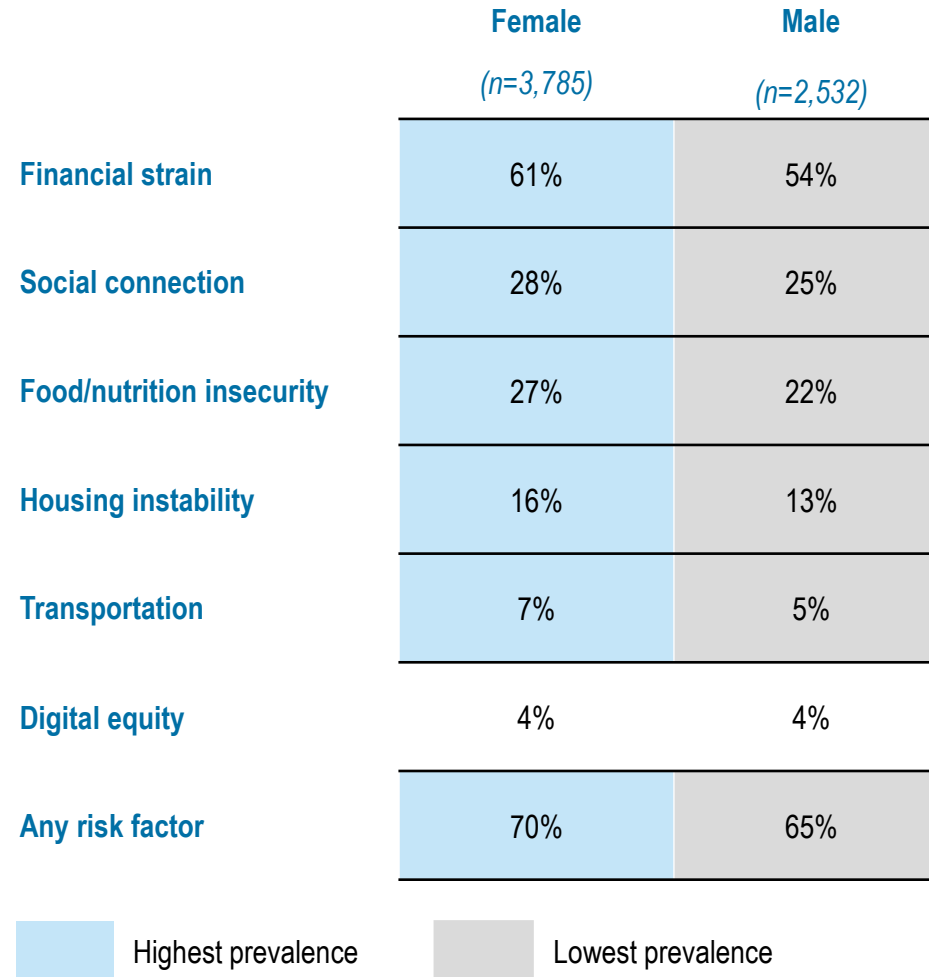
Highest prevalence
 Lowest prevalence

How do social needs vary by gender*?

* Due to low numbers that limit conclusions, we aren't able to include responses from people who did not identify as either male or female.

Key messages

- Social needs are **higher among women**, both overall and in specific areas.
- The one exception is **digital equity**, which is similar for females and males.



SECTION 5

Desire for assistance and screening preferences



What you'll find in this section

A summary of the number of social needs members would like Kaiser Permanente's help with, the types of assistance they're most interested in, and the ways they prefer to be screened for social needs

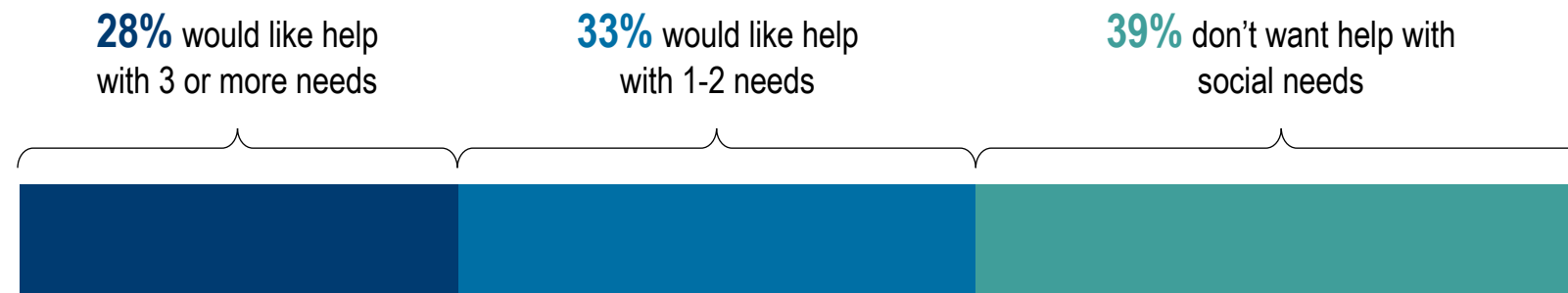
- [Page 34](#): Desire for assistance from Kaiser Permanente
- [Page 35](#): Member preferences for social needs screening

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?

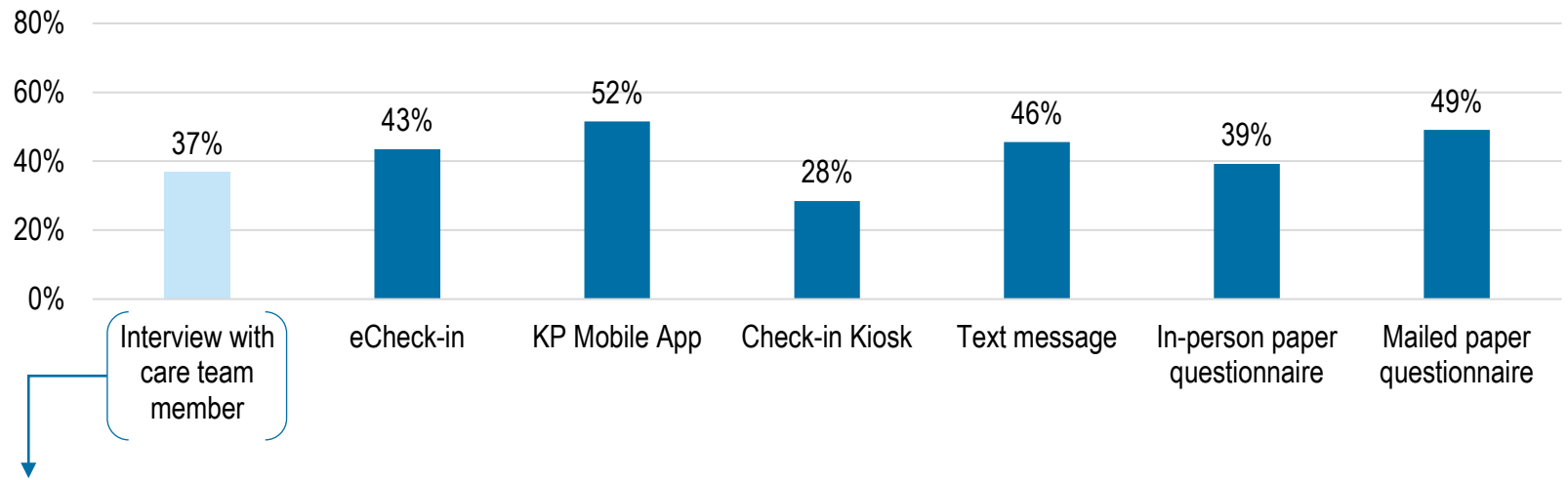
Written information on the types of help available in your community	48%
A number you can call that can give you information on public benefits or other help available in your community	18%
Someone that can help you enroll and complete paperwork for public benefits or other help available in your community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

Member preferences for social needs screening

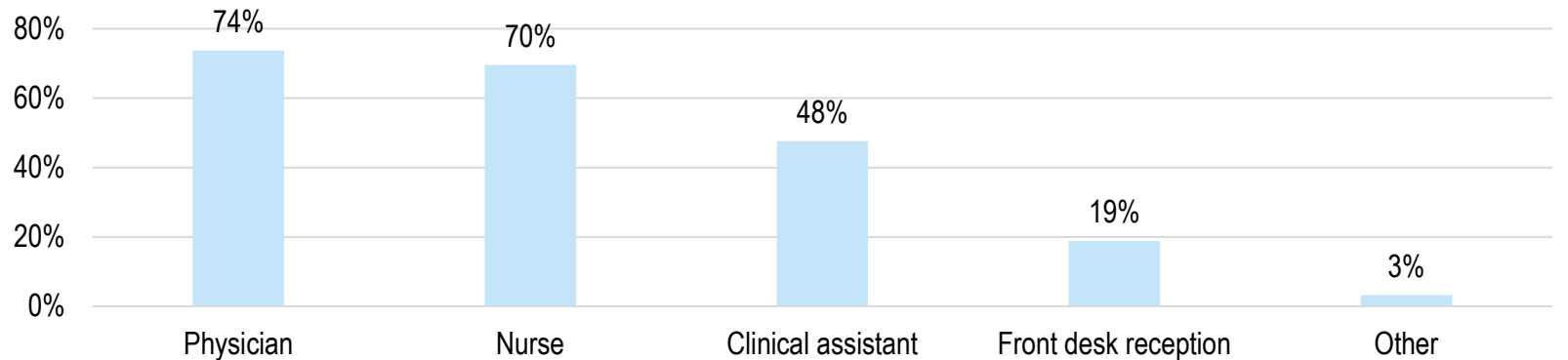
Key messages

- **More than half** (52%) of members say they are willing to be screened for social needs using the Kaiser Permanente mobile app.
- **About one-third** (37%) say they are willing to be screened via an interview with a care team member.
- Among members who are willing to be interviewed, the **vast majority** would like to talk with a physician or a nurse.

How do members prefer to be screened?



Among members who selected interview for screening, which care team member(s) do they prefer?



SECTION 6

Longitudinal data: Results from 2020 and 2022

What you'll find in this section

A summary of selected results from both the 2020 and 2022 surveys — with the caveat that, in some cases, it's difficult to draw direct comparisons in the data because of updates made to certain measures in the 2022 survey (see [page 6](#)).



What changed meaningfully from 2020 to 2022, and what stayed about the same?

- We see **increases** in any social need and financial strain — but some of the change may be due to different measures used in 2020 vs. 2022.
- The prevalence of any social need was **largely consistent across demographic groups** in 2022 versus 2020 — with the largest increases among the youngest and oldest age groups, members covered by Medicare, members in Colorado, and members who are white.
- We see **slight decreases** in social connection need and food/nutrition insecurity, but this is likely due to changes in measures from 2020 to 2022.

- [Page 37](#): Summary of social needs from 2020 and 2022
- Social needs by demographics from 2020 and 2022:
 - [Page 38](#): Line of business and regional market
 - [Page 39](#): Race and ethnicity and income
 - [Page 40](#): Education and employment
 - [Page 41](#): Age group and gender
- [Page 42](#): COVID-19 impact from 2020 and 2022
- [Page 43](#): Desire for assistance from 2020 and 2022

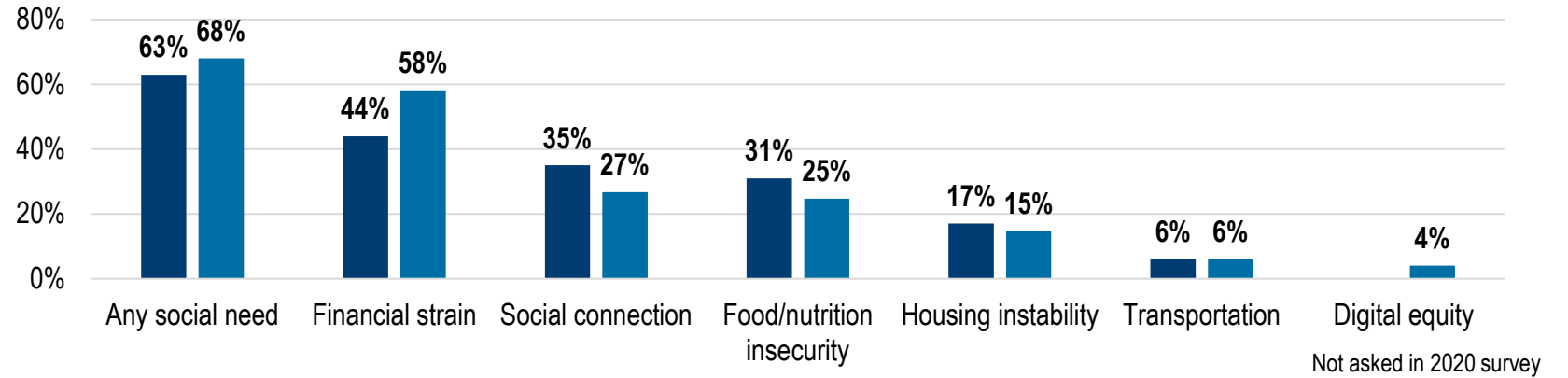
Results from 2020 and 2022: Summary of social needs*

* 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.

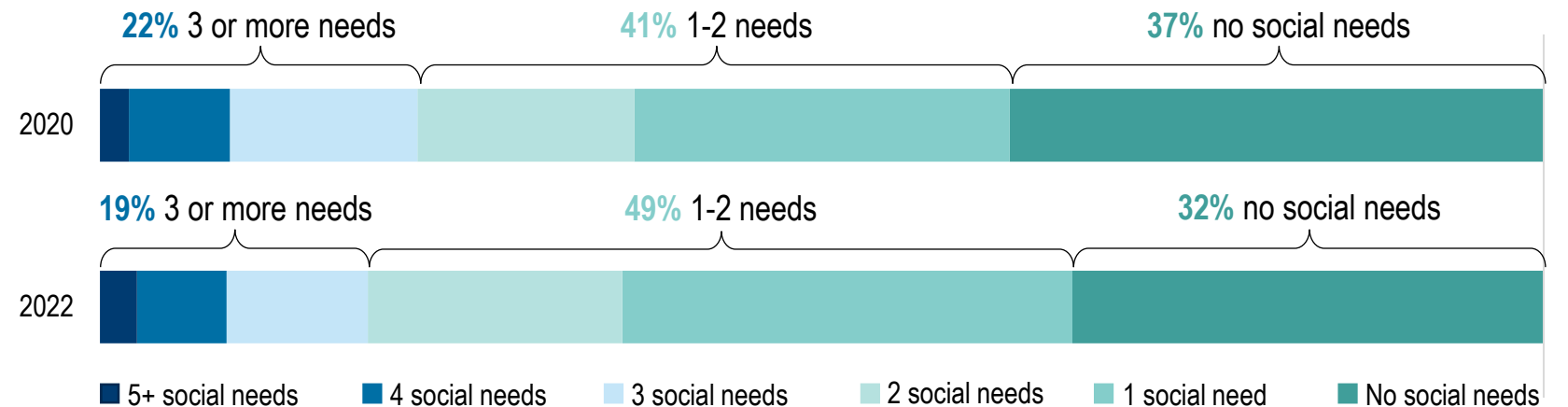
Key messages

- 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)

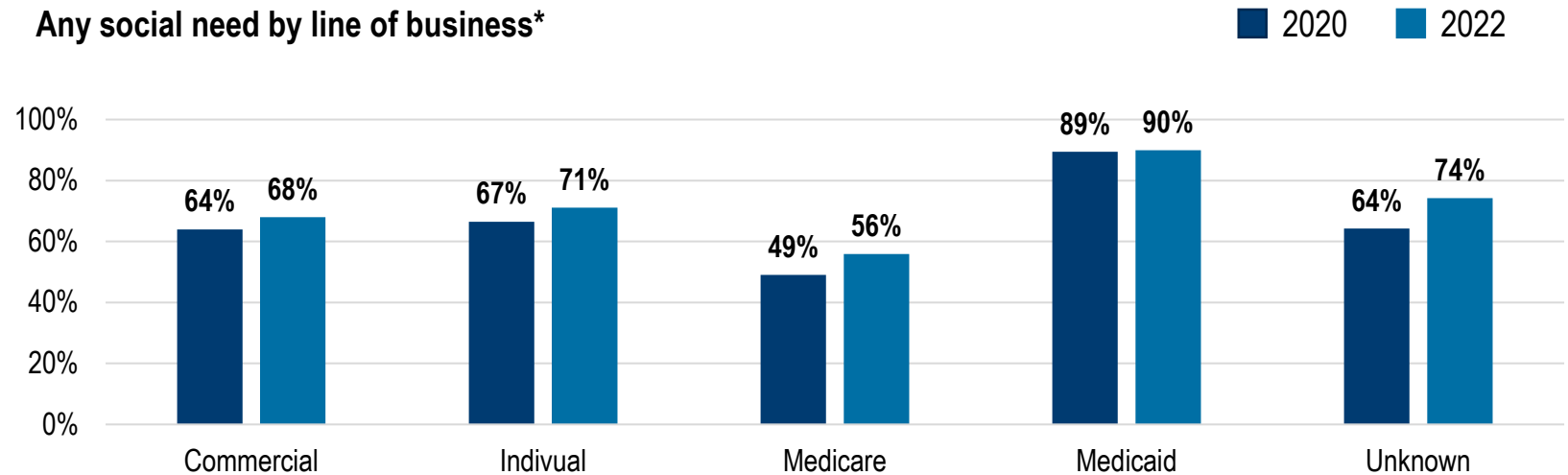
Social needs from 2020 and 2022: Line of business & regional market

* Due to low numbers that limit conclusions, we are not able to include data on people who have dual coverage in these results.

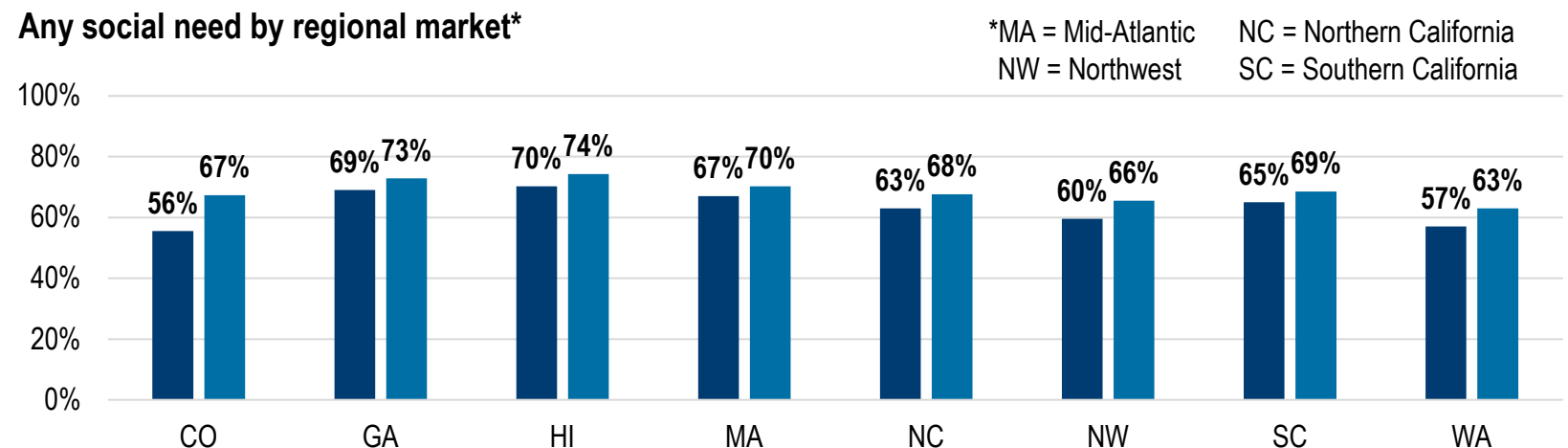
Key messages

- Needs in 2022 were **slightly higher** across lines of business, with the exception of Medicaid, which remained similar.
- Similar need prevalence among Medicaid members may be due to a “ceiling effect,” or the **maximum score we would expect to see**.
- Needs in 2022 were **slightly higher** across all regional markets, with Colorado showing the largest increase.

Any social need by line of business*



Any social need by regional market*



Margins of error: 2020 ($\leq 4.3\%$), 2022 ($\leq 6.1\%$)
Sample sizes: 2020 (10,226), 2022 (6,317)

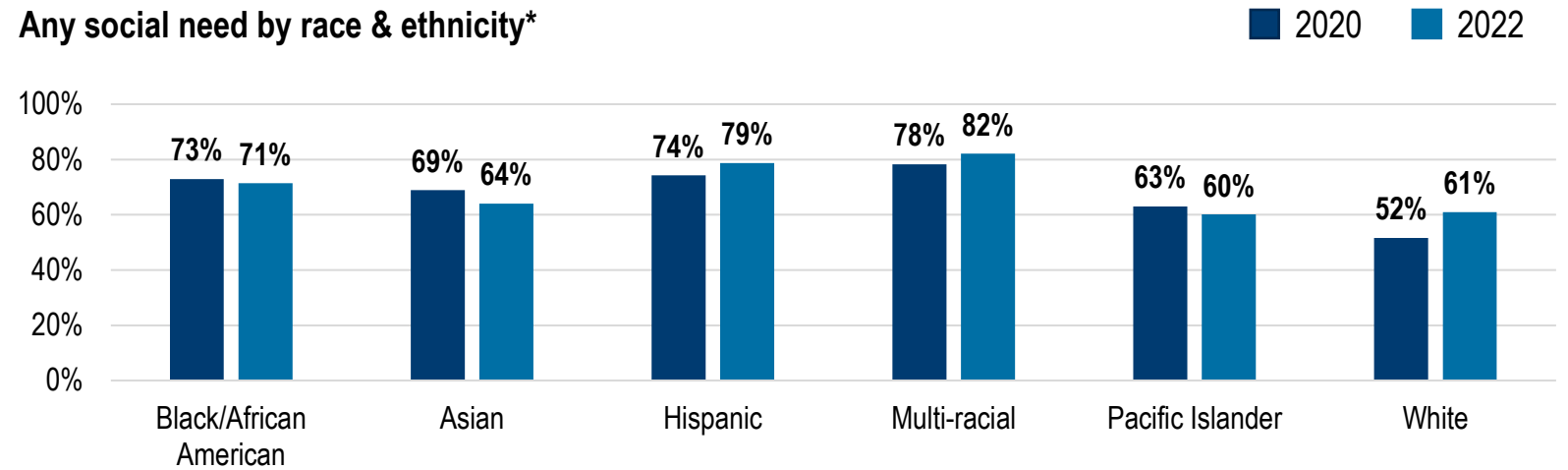
Social needs from 2020 and 2022: Race/ethnicity and income

* Due to low numbers that limit conclusions, we are not able to include data on people who identified as “American Indian/Alaska Native” (AIAN) and “Other” in these results.

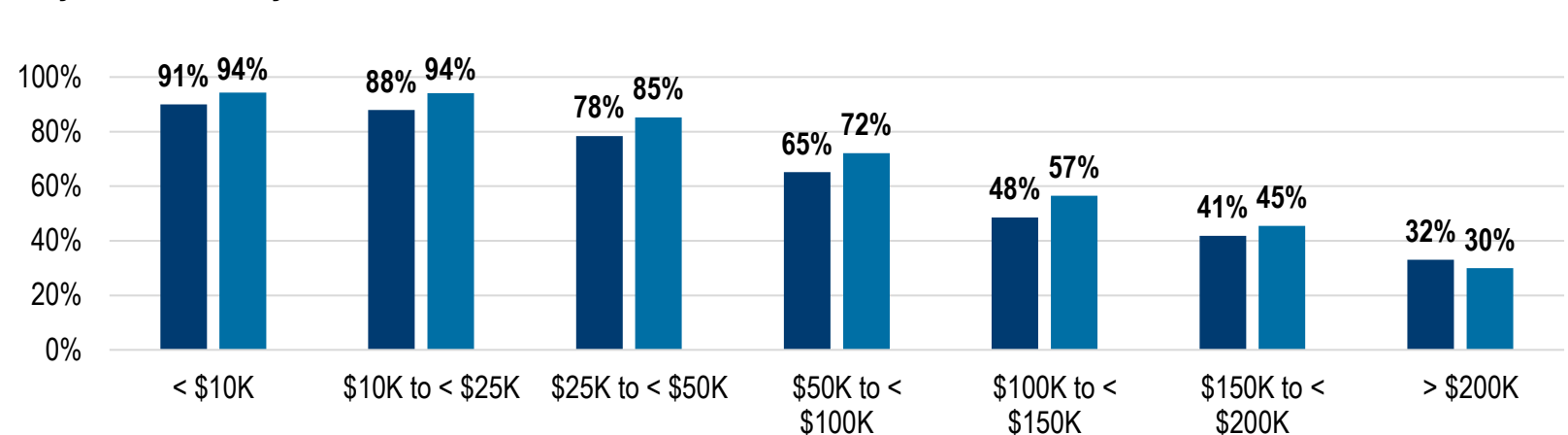
Key messages

- Needs stayed **mostly consistent** across racial and ethnic groups from 2020 to 2022. The **largest change** was an increase among white members.
- Needs were higher** in 2022 across most income groups, except among those who earn \$200K a year or more.

Any social need by race & ethnicity*



Any social need by income



Margins of error: 2020 (≤ 14.3%), 2022 (≤ 17.1%)
 Sample sizes: 2020 (10,226), 2022 (6,317)

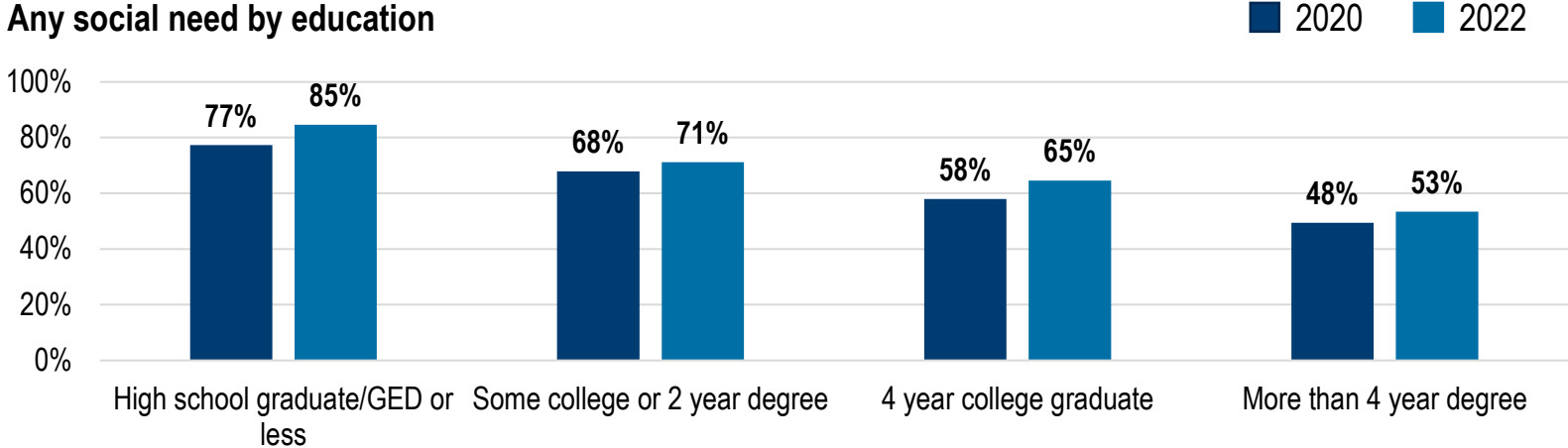
Social needs from 2020 and 2022: Education and employment

* "Other" employment status includes members who are students, caregivers, disabled, or unemployed.

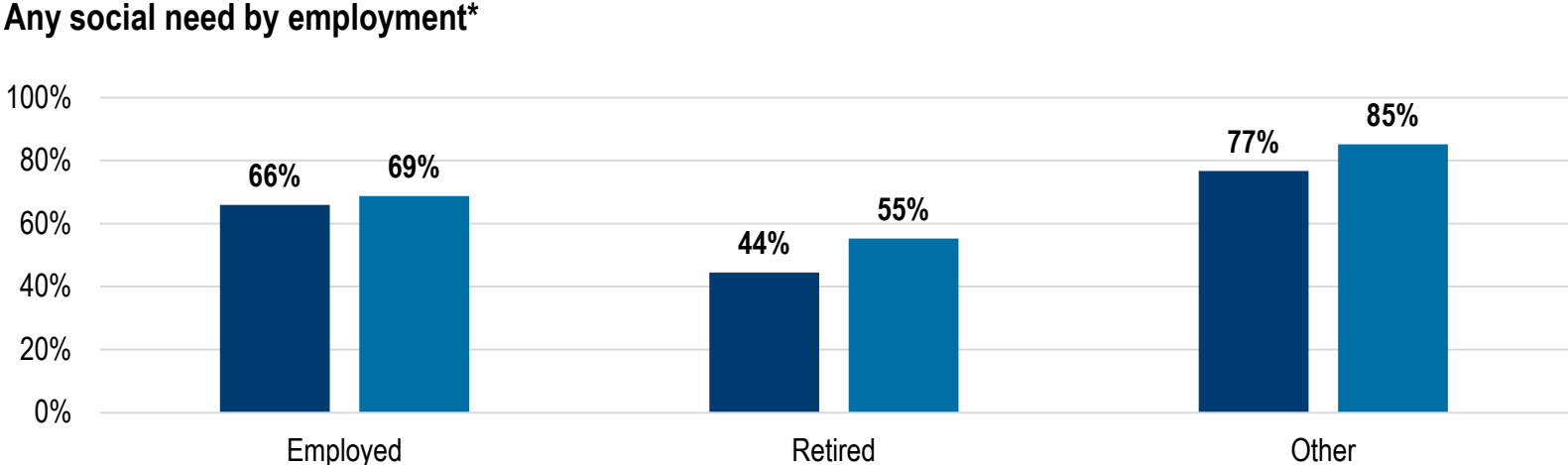
Key messages

- Increases in needs were **consistent** across all levels of education.
- Increases in needs were **largest** among members who are retired.

Any social need by education



Any social need by employment*



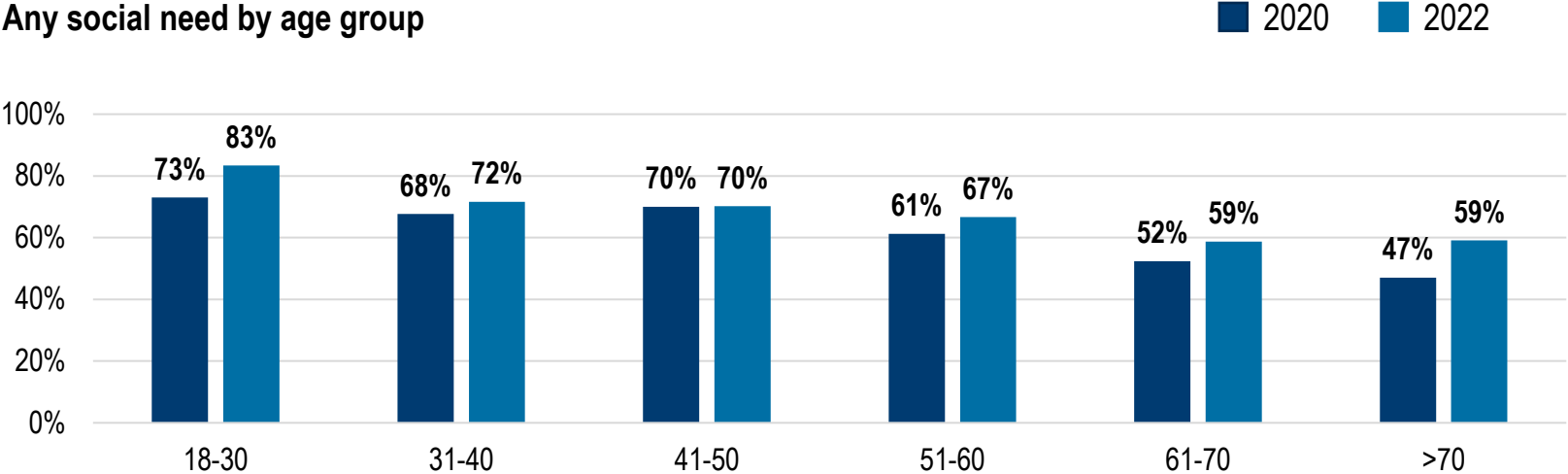
Social needs from 2020 and 2022: Age group and gender

* Due to low numbers that limit conclusions, we are not able to include responses from people who did not identify as “male” or “female.”

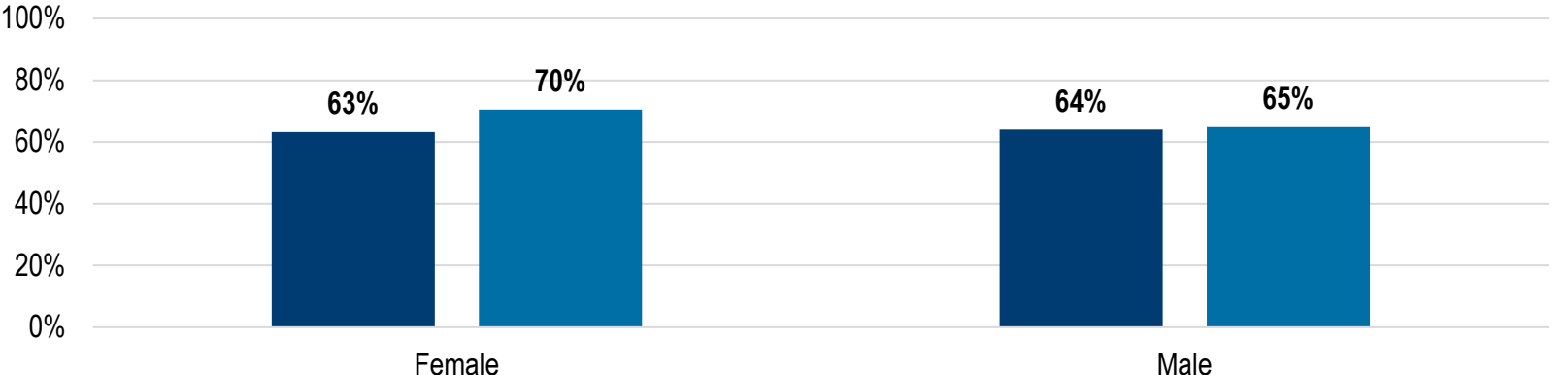
Key messages

- Changes in social needs were **largest at either end of the age spectrum** — among members 18-30 years old and those aged 70 or older.
- From 2020 to 2022, needs **increased more** for females than for males.

Any social need by age group



Any social need by gender*

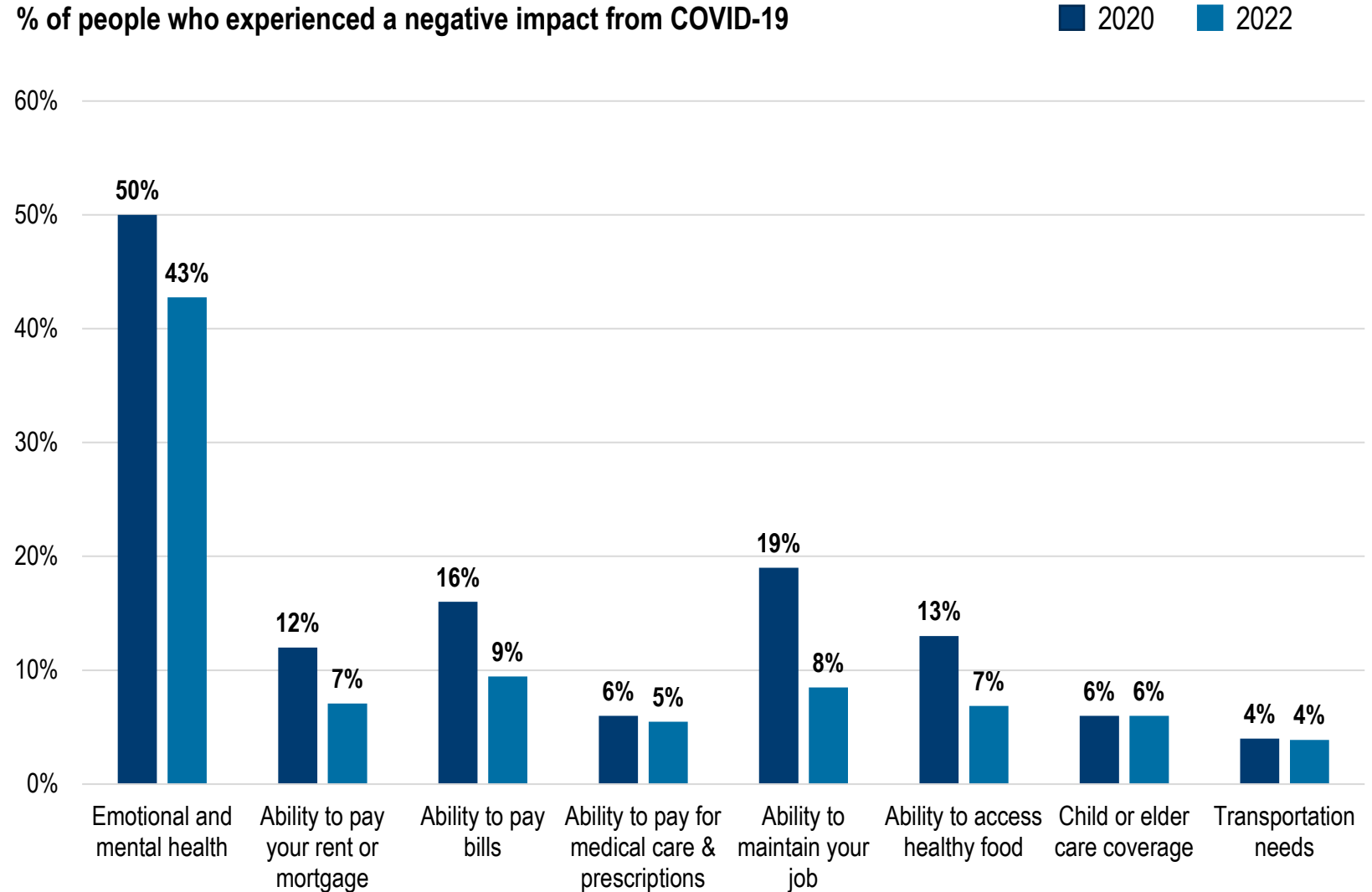


Results from 2020 and 2022: COVID-19 impact

Key messages

- In 2022, members reported negative impacts from COVID-19 on their mental health and social needs — **but these impacts decreased overall** compared to 2020.
- In 2020, ability to maintain your job was the number one social impact reported (about 1 in 5 members), while in 2022, the biggest social impact reported was **ability to pay for bills** (about 1 in 10 members).

% of people who experienced a negative impact from COVID-19



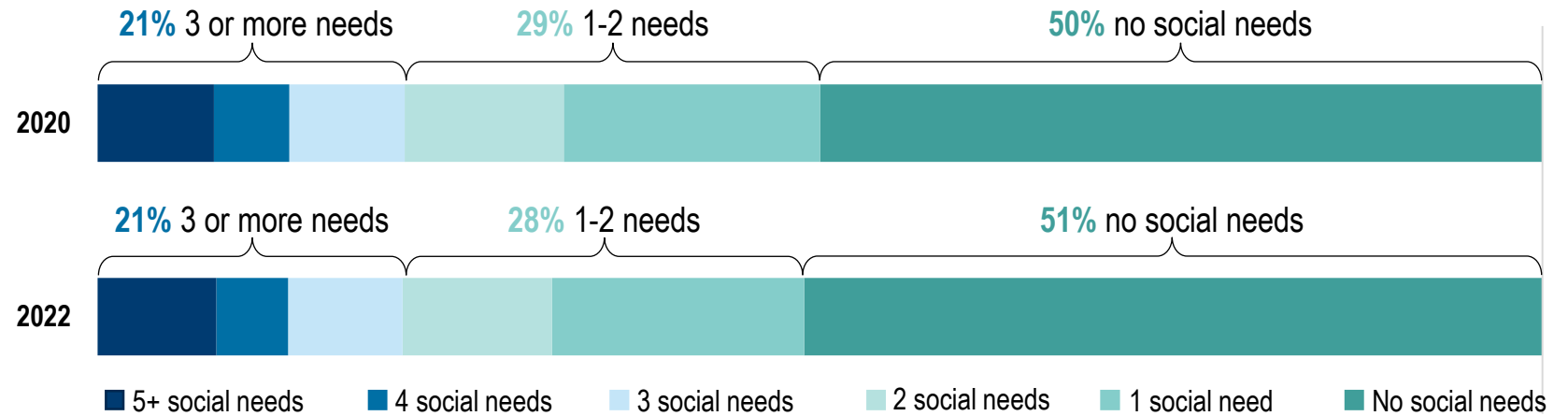
Margins of error: 2020 ($\leq 2.6\%$), 2022 ($\leq 2.1\%$)
Sample sizes: 2020 (4,291), 2022 (6,317)

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?



SECTION 7

Survey acknowledgments, data access, and methods



What you'll find in this section

Acknowledgments to survey contributors, how to request access to survey data for Kaiser Permanente projects, and appendices providing more detail on survey questions and methods

To request a copy of the full 2022 survey, please email us at sonnet@kp.org.

- [Page 45](#): Acknowledgments
- [Page 46](#): How to access data from the 2022 National Social Health Survey for Kaiser Permanente projects
- Appendices:
 - [Page 47](#): Appendix 1: Survey questions and social need cutoffs
 - [Page 56](#): Appendix 2: Survey methodology

Acknowledgments

Thank you to the **thousands of Kaiser Permanente members** who took the time to share with us **again in 2022!** We continue to learn over time how we can assist to improve social health.

The 2022 Kaiser Permanente National Social Health Survey was funded by **Kaiser Permanente National Social Health**.

The survey and associated analyses were led by the **Kaiser Permanente Social Needs Network for Evaluation and Translation (SONNET)** and conducted by a large, multidisciplinary team including:

- **Kaiser Permanente Washington Health Research Institute (KPWHRI):** Meagan Brown (survey lead), Cara Lewis, Carolyn Bain, Bianca DiJulio, Kara Haugen, Rob Wellman, Arvind Ramaprasan, Jessica Ridpath, Julia Anderson, Matthew Nguyen, Katie Coleman, Caitlin Dorsey, and the KPWHRI Survey Research Program
- **SONNET:** Andrea Paolino, Nancy Weinfield, and Maile Tauli'i

SONNET's executive sponsors are Wendolyn Gozansky, Elizabeth McGlynn, and Anand Shah.



Questions?

For questions about survey design or analyses, contact sonnet@kp.org.

How to cite this report: Brown MC, Lewis CC, Wellman RD, Haugen KL, Bain C, Ramaprasan A, DiJulio BS, Shah AR. 2022 Kaiser Permanente National Social Health Survey Final Report on Quantitative Results. (July 2023)

Interested in qualitative data on members' social needs? View results from interviews with members who completed the 2022 survey in our [final report on qualitative results](#). A brief overview of both quantitative and qualitative results is available in this [combined summary report](#).

How to access data from the 2022 National Social Health Survey for Kaiser Permanente projects

Data from the 2022 survey is available as an asset to Kaiser Permanente researchers, evaluators, and operational leaders from KP Insight.

To request access to survey data, please contact sonnet@kp.org to apply according to our data governance policy.

Kaiser Permanente researchers interested in accessing the data will also need to submit a proposal to their local Institutional Review Board (IRB).

SONNET — the Kaiser Permanente Social Needs Network for Evaluation and Translation — also supports researchers and evaluators to explore the link between social needs and clinical outcomes over time. To learn more about SONNET and our work, please [visit our website](#).

**KP NATIONAL SOCIAL NEEDS SURVEY
DATA USE REQUEST FORM**

For: Principal Investigators and Operational Business Owners

OVERVIEW

I Thank you for your interest in the KP National Social Needs Survey. Please complete this form to obtain required approval for the use of the survey data. Please direct questions related to the form and submission process to Carolyn.E.Rein@kp.org

General information about the project

I Please complete this form offering details on the proposed use of the data

Date proposal submitted:	
Project title:	
Project lead name:	
Project lead affiliation/organization/regional market:	
Project lead email address:	
IRB Determination (if relevant):	

Objectives for use of data

I Please fill out the content areas for your proposed use of the data below. Proposal length should be no more than 1 page.

i. Purpose: Briefly describe the purpose and primary objectives of the overall project.

ii. Non research use; check all that apply

- Operational decision making
- Quality improvement
- Presentation
- Grant application
- Meeting abstract
- Other (please describe): _____

iii. Research use

1

Appendix 1: Survey questions and social need cutoffs

* Throughout this section, “or” Indicates that a rating of “need” or “severe need” can come from the defined responses to either/any of the questions shown.

Part 1 — Questions about social needs with scoring cutoffs

Financial strain

FINANCIAL STRAIN #1: How often does this statement apply to you? You have money left over at the end of the month.

NO NEED		1. Always
		2. Often
		3. Sometimes
NEED	SEVERE	4. Rarely
		5. Never

OR*
↕

FINANCIAL STRAIN #2: You are just getting by financially. Would you say this statement...

NEED	SEVERE	1. Describes you completely
		2. Describes you very well
NO NEED		3. Describes you somewhat
		4. Describes you very little
		5. Does not describe you at all

Appendix 1: Survey questions and social need cutoffs



Social connection need

SOCIAL CONNECTION #1: How often do you feel that you lack companionship?

1pt	1. Hardly ever
2pts	2. Some of the time
3pts	3. Often

SOCIAL CONNECTION #2: How often do you feel left out?

1pt	1. Hardly ever
2pts	2. Some of the time
3pts	3. Often

SOCIAL CONNECTION #3: How often do you feel isolated from others?

1pt	1. Hardly ever
2pts	2. Some of the time
3pts	3. Often

SCORING

NO NEED		3-5 points
		6-9 points
NEED	SEVERE	9 points

Appendix 1: Survey questions and social need cutoffs

Food/nutrition insecurity

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

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

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

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

NUTRITION INSECURITY #1: In the last 12 months, how hard was it for you to regularly get and eat nutritious foods that support your health and well-being? Nutritious foods include items like fruits, vegetables, whole grains, beans, nuts, yogurt, and fish.

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

OR

OR

Appendix 1: Survey questions and social need cutoffs

Housing instability

**ANY
NEED**

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

NO NEED	1. Yes
NO NEED	2. No

OR

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

NO NEED	1. One
NO NEED	2. Two
NEED	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?

NO NEED	1. Yes
NO NEED	2. No

OR

HOUSING #4. What is your living situation today?

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

**SEVERE
NEED**

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

NO NEED	1. One
NO NEED	2. Two
SEVERE NEED	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?

SEVERE NEED	1. Yes
NO NEED	2. No

**AND
+**

HOUSING #4. What is your living situation today?

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

OR

HOUSING #4. What is your living situation today?

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

Appendix 1: Survey questions and social need cutoffs

Transportation need

TRANSPORTATION NEEDS #1: In the past 12 months, has a lack of transportation kept you from medical appointments or from getting medications?

TRANSPORTATION NEEDS #2: In the past 12 months, has a lack of transportation kept you from meetings, work, or from getting things needed for daily living?

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

Appendix 1: Survey questions and social need cutoffs

 Digital equity need

DIGITAL EQUITY #1: Do you have access to the internet where you currently live?

NO NEED		1. Yes, by paying a cell phone company
		2. Yes, by paying an internet service provider
3. Yes, without paying a cellphone company or internet service provider		
NEED	SEVERE	4. No, I do not have internet access in my home

Appendix 1: Survey questions and social need cutoffs

Part 2 — Other survey questions

Demographics

Questions	Response categories
What is your current gender?	Female, male, transgender, two-spirit, or a different term (“other”)
What is your current work status?	Employed (fulltime or parttime), student (not employed), unemployed/caregiver (not a student), disability, retired
How many people currently live in your household, including yourself?	1, 2, 3, 4, 5, 6+
What was the highest grade or level of school that you have completed?	High school graduate/GED or less, some college or 2-year degree, 4-year college graduate (BA, BS, etc.), More than a 4-year college degree
Which one or more of the following best describes your race?	Black/African American (non-Hispanic), American Indian/Alaska Native (non-Hispanic), Asian (non-Hispanic), Hispanic, Multiracial (non-Hispanic), Pacific Islander (non-Hispanic), White (non-Hispanic), other
What best describes your household income in the past year (before taxes)?	Less than \$10K, \$10K to less than \$25K, \$25K to less than \$50K, \$50K to less than \$100K, \$100K to less than \$150K, \$150K to less than \$200K, \$200K or more

Appendix 1: Survey questions and social need cutoffs

Overall physical and mental/emotional health

Questions	Response categories
In general, how would you rate your overall mental or emotional health?	Excellent, very good, good, fair, poor
Would you say that, in general, your health is...	Excellent, very good, good, fair, poor

COVID-19 impact

Questions	Response categories
Which of the following, if any, do you feel the coronavirus has negatively affected for you personally?	Emotional and mental health, ability to pay rent or mortgage, ability to maintain your job, ability to access healthy food, ability to pay for medical care, transportation needs, child or elder care coverage, ability to pay bills, something else, not negatively impacted by COVID

Appendix 1: Survey questions and social need cutoffs

Desire for assistance

Questions	Response categories
Which of the following needs would you want to receive help with at this time if help were available?	Food; housing; transportation; utilities; medical care, medicine, or medical supplies; applying for public benefits; activities of daily living; childcare or adult care; debt, loan, or credit card repayment; legal issues; employment; social connection; accessing the internet; obtaining a cell phone; other; do not need help
What kind of assistance are you most interested in?	Written information on the types of health available in your community; a number you can call that can give you information on public benefits or other help available in your community; someone that can help you enroll and complete paperwork for public benefits or other help available in your community; someone that can help you use technology to connect to assistance; something else

Screening preferences

Questions	Response categories
For each of the following, please tell us if this is a way you would want Kaiser Permanente to ask about basic needs you may have, such as housing, transportation, and food?	eCheck-in, KP mobile app, check-in kiosk, text message, paper questionnaire, interview with care team members, mailed questionnaire
Which of the following members of the health care team would you prefer ask you questions about needs you might have?	Physician, nurse, clinical assistant, front desk reception, other

Appendix 2: Survey methodology

Kaiser Permanente's 2022 National Social Health Survey is a follow up to our 2020 survey, which helped us better understand the social needs of our members and what we can do to provide social health support that improves members' total health ([view final report](#)). For the follow-up survey, we reached out to the more than 10,000 members who completed the 2020 survey. These new survey results give us insight into differences in social needs over time and across demographics and lines of business. They also highlight areas where members most want Kaiser Permanente's assistance.

- **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:** All living members who completed the survey in 2020 were contacted to complete the 2022 survey. As a reminder: In 2020, to ensure representation of Kaiser Permanente members, especially those likely to be most vulnerable to social needs, we over-sampled recent Medicaid enrollees, recent applicants for medical financial assistance, and members residing in census blocks with median household incomes at or below the 25th percentile for that region. Within each region, random samples were drawn by gender and age strata to match the observed distribution of the membership.
- **Weighting:** Similar to 2020, all 2022 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, vulnerability to social need). Throughout this report, all prevalence estimates apply this weighting. For questions about survey design or analyses, contact sonnet@kp.org.