

# SONNET

Social Needs Network for Evaluation and Translation

Spring 2024 Newsletter

## New results

### SONNET's latest project sheds more light on the relationship between social risk and acute health care utilization

This [new SONNET report](#) summarizes findings that used data from [Kaiser Permanente's National Social Health Surveys](#) to assess how 3 specific social risks — **financial strain, food insecurity, and housing instability** — are related to emergency department (ED) visits and hospitalizations among members nationwide.

#### Key findings include:

- Compared to members with no social risks, those with any of these 3 risks were **21% more likely to have an ED visit**.
- These 3 social risks were not significantly linked to higher likelihood of hospitalization.

SONNET Evaluation and Research Committee ([ERC](#)) member [Morgan Clennin](#) led this project in collaboration with colleagues at the Kaiser Permanente Colorado Institute for Health Research.

**Social Risk and Acute Health Care Utilization in a National Sample of Kaiser Permanente Members**

Summary of Final Project Results | April 2024



Social Needs Network for Evaluation and Translation

**Why we did our project**

Social risks can have a negative impact on a variety of health care outcomes, including health care utilization. We did this project to better understand how 3 common social risks — financial strain, food insecurity, and housing instability — are linked to acute, high-cost health care utilization. Our primary goal was to learn more about the relationship between these social risks and emergency department (ED) and hospital visits within a representative sample of nearly 10,000 Kaiser Permanente members across all 8 regional markets.

**What we did**

We used data from the Kaiser Permanente National Social Health Survey (NSHS) in 2020 and 2022 to examine members' experience with financial strain, food insecurity, and housing instability over time. We then linked National SIS data to members' electronic health record (EHR) data from January 2020 to July 2023 to assess how these risks are related to ED visits and hospitalizations. Among the 9,782 adult members who completed the 2020 National SIS and had adequate data in the EHR, we examined how these risks are related to ED and hospital visits over time.

Our results focus on the following outcomes:

- **Acute health care utilization**, defined as time from the 2020 National SIS to the member's first: 1) ED visit, or 2) inpatient hospitalization.
- **Social risk exposure over time**, focused on member experience with either financial strain, food insecurity, or housing instability from 2020 to 2022.

See [Appendix A](#) for more information about study methods.

**How we can use this work to advance social health practice at KP and beyond**

Our results show a significant link between ED utilization and social risks (specifically financial strain, food insecurity, and housing instability). Our findings also help illustrate the evolving nature of social risk among our members and point to the need for monitoring individual social risks over time. Future projects can use these results as a historical comparison and to inform the development and evaluation of social health interventions to reduce high-cost utilization — specifically those targeting financial strain, food insecurity, and housing instability.

**What we learned**

**Social risk and ED visits**

- 1 in 4 members have an ED visit
- Members with social risk were 21% more likely to have an ED visit

Compared to members with no social risks, those with any of the 3 risks below were 21% more likely to have an ED visit, by social risk factor:

- 20% more likely with financial strain
- 20% more likely with food insecurity
- 31% more likely with housing instability

**Social risk and hospitalizations**

- 1 in 10 members were hospitalized
- Social risks were not significantly linked to increased likelihood of hospitalization.

See the [Charts in Appendix B](#) for detailed data on links between social risk and acute utilization.

**Changes in social risk among members who completed the SIS in 2020 and 2022**

- Member experiences with social risks were dynamic over time — meaning that while one risk might be resolved, another might persist or a new risk might emerge.

See the [Charts in Appendix C](#) for detailed data on changes in social risk over time.

Project Lead: Morgan Clennin, PhD, MPH  
KP Colorado Institute for Health Research



Read the report

View [other SONNET reports](#) on social risks and utilization.

## Featured publications

Leveraging user-centered design in a web-based CME training on social health and social risk-informed care

Led by SONNET Associate Director [Meagan Brown](#), this [recent paper](#) in *The Permanente Journal* describes a co-design process used at Kaiser Permanente to build an online continuing medical education (CME) course that illustrates how to provide social risk-informed care. The "Addressing Social Health in Medicine" course was **built in collaboration with clinicians and members and uses real-world scenarios** to provide examples of how clinicians can adjust patients' care plans to incorporate their social circumstances.

Meagan's coauthors are Andrea Paolino, Kathleen Barnes, Dea Papajorgji-Taylor, Loel Solomon, Cara Lewis, Elizabeth Bojkov, and Katie Coleman.

[Read the paper](#)

## Data from Kaiser Permanente's National Social Health Surveys helps illustrate the link between housing instability and obesity

Published recently in the *American Journal of Preventive Medicine*, [this paper](#) sheds light on the relationship between housing instability and obesity among a nationwide sample of nearly 6,400 adult members of Kaiser Permanente. SONNET ERC member [Morgan Clennin](#) led the analysis, which showed that **members who experienced severe housing instability were nearly twice as likely to have severe obesity** — independent of age, sex, race/ethnicity, socioeconomic factors, and health status.

Morgan's coauthors are Liza Reifler, Olivia Goodman, Meagan Brown, Suma Vupputuri, Stacie Daugherty, and Mario Schootman.

[Read the paper](#)

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## Resources and opportunities

### From our partners at the ACT Center: Resources for integrating health equity in research projects

Kaiser Permanente Washington's Center for Accelerating Care Transformation ( [ACT Center](#) ) recently released 2 new checklists to **help support health equity in the design and conduct of health care research**. These latest additions to the ACT Center's public [resource library](#) are designed to help research teams embed equity principles in studies and other activities that take place in a health care research environment. **Both checklists are available to adopt or adapt** for use in your specific setting.

- [The Checklist for Inclusive Communications](#) provides guidance on language and design choices that promote inclusivity in communications to health care collaborators, patient partners, the scientific community, and the general public.

[Download the checklist](#)

- [The Project Lifecycle Checklist on Integrating Health Equity](#) covers key questions, example activities, and resources that can help ensure equity is integrated into all phases of a research project — from scoping and planning to analysis and dissemination.

Download the  
checklist

## From AHRQ: A guide for centering equity in digital health care technologies

The Agency for Healthcare Research and Quality (AHRQ) recently developed evidence- and consensus-based resources to help health care organizations intentionally consider equity in the development and use of digital technologies. [The Practical Guide for Implementing the Digital Healthcare Equity Framework](#) provides digital health care developers and vendors, health care systems, clinical providers, and payers with an interactive checklist of steps and real-world examples for improving patient outcomes while advancing health equity.

View the guide

## From our partners at SIREN: June 5 webinar on food security interventions

With growing evidence showing that food security interventions such as medically tailored meals and produce prescriptions can impact diet-related health conditions, health care organizations and payers are eager to learn more about how to guide investments in these interventions. Join the [Social Interventions Research & Evaluation Network \(SIREN\)](#) on Wednesday, June 5, for a webinar titled: "Where should healthcare invest in food security interventions? Lessons from recent research." The webinar takes place at 9 a.m. PT (noon ET), and registration is free.

Register for the  
webinar

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## What we're reading

### New *NEJM* perspective piece calls for a renewed focus on equity in light of growing efforts to screen patients for social needs

A recent article in the *New England Journal of Medicine* serves as a reminder for health care organizations to keep sight of health equity outcomes as an increasing number of equity-focused initiatives turn their focus to social needs screening. In [Keep Your Eyes on the Prize — Focusing on Health Care Equity](#), the authors assert that many health equity efforts have "shifted too far" toward social needs screening, drawing attention away from reforming care delivery and payment systems. They conclude that screening "should continue, but with attention to potential pitfalls, including overallocation of resources and energy to roles that health care systems aren't structured to fill."

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## Stay in touch

We'd love to hear what you're working on! Email our team: [sonnet@kp.org](mailto:sonnet@kp.org).

Did you miss the previous SONNET newsletter? [Read it here.](#)

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*Our SONNET Coordinating Center would like to acknowledge that our Seattle offices are on the ancestral lands and traditional territories of the Puget Sound Coast Salish People.*

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SONNET Coordinating Center at KPWHRI | 1730 Minor Ave, Suite 1600 Seattle, WA 98101-1466 |  
Seattle, WA 98101 US

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