# Insights from the McKinsey 2019 Consumer Social Determinants of Health Survey

McKinsey conducted a survey of 2,010 individuals to understand how social determinants of health (SDoH) impact health outcomes, utilization, and preferences. All survey respondents were US residents and either had health insurance coverage (through Medicare, Medicaid, both Medicare and Medicaid, or an individual market plan) or were uninsured (respondents who had individual market plans or were uninsured had to have incomes at or below 250% of the federal poverty level). Individuals with employer-sponsored health insurance were excluded.

Social determinants of health (SDoH) are the conditions in which people are born, grow, work, live, and age<sup>1</sup>









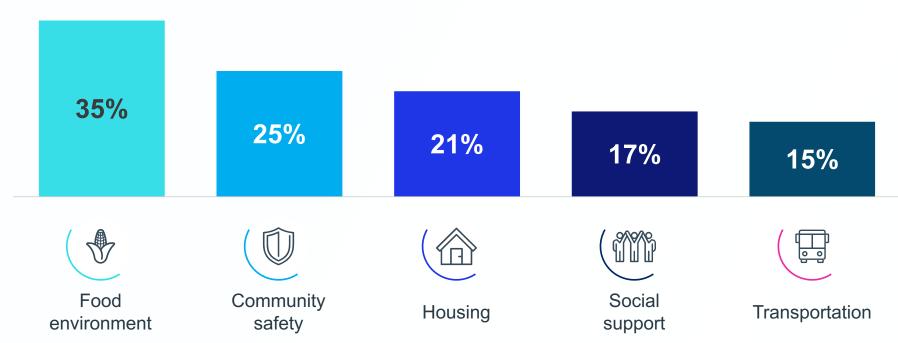
Transportation

of surveyed respondents are adversely impacted by at least 1 of these SDoH, meaning they have an unmet social need<sup>2</sup>

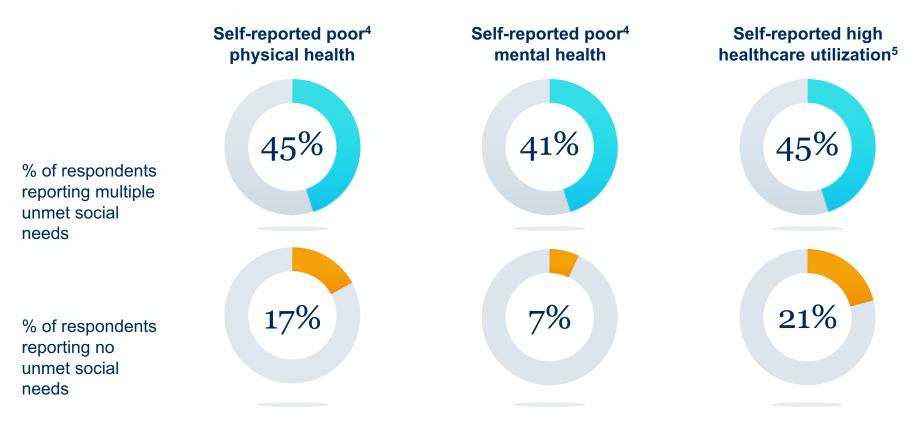
53%

### Food security was the most commonly reported unmet social need Percentage of respondents reporting unmet social need

Because some respondents have multiple unmet social needs, the % shown below do not sum to 100%



Respondents who self-reported poor health or higher healthcare utilization were more likely to report multiple unmet social needs<sup>3</sup>



3 Includes respondents who are adversely impacted by two or more of the following SDoH factors: Food security, community safety, housing security, social support, and transportation access 4 Includes respondents who indicated "poor" or "fair" health; excludes respondents who indicated "good" or "very good" or "excellent" health 5 Proprietary high risk health calculation based on self-reported healthcare utilization and number of chronic conditions

#### Methodology:

living, or that it takes 60 minutes or longer to get to a doctor's appointment.

Survey details and population: Findings in this document are based on responses to the 2019 McKinsey Social Determinants of Health Survey. The survey was fielded in December 2018. Respondents included 12,500+ individuals between the ages of 18-84 who have the following insurance coverage: Individually insured, Medicare, Medicaid, both Medicare and Medicaid, and uninsured. For the individually insured and uninsured survey population, respondents were limited to those at 250% of the federal poverty level or below. Results are shown for a nationally representative subset of 2,010 respondents.

Social Determinants of Health: Survey participants were asked questions across the following categories: Income, family size, employment, education, food security, community safety, housing, transportation, social support, and use of social services. Impact of food security, community safety, housing security, social support, and transportation access were defined per the methodology below. Respondents reporting an unmet social need were defined as those who are considered to be adversely impacted by the SDoH factor.

- Food environment: Survey respondents are considered to be adversely impacted by food security if they have "very low food security" or "low food security," using questions and methodology from the USDA's screening tool to assess household food security. Methodology uses U.S. Household Food Security Survey Questions. USDA.
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  Community safety: Survey respondents are considered to be adversely impacted by community safety if they reported low-scoring responses to questions about general feelings about their community,
- concerns about community crime, perceptions of community problems and crime indicators, and perception of physical and emotional safety in their community.

  Housing: Survey respondents are considered to be adversely impacted by housing if they indicated that they do not have housing or have housing but are worried about losing it.
- Social support: Survey respondents are considered to be adversely impacted by social support if they reported low-scoring responses to questions about emotional and social loneliness, and about availability of emotional and physical social support (e.g., sources of emotional strength and help with practical activities).

Transportation: Survey respondents are considered to be adversely impacted by transportation if they indicated that transportation has kept them from work, meetings, or getting things needed for daily

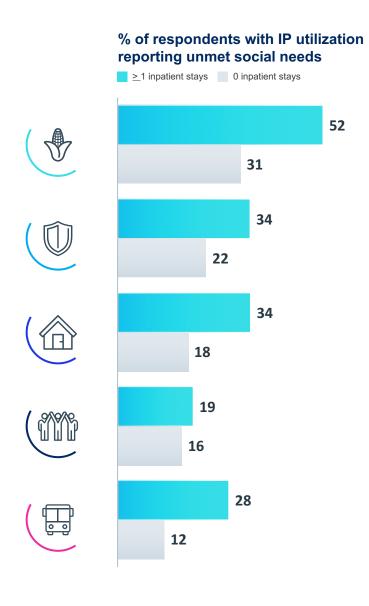
<sup>1</sup> As defined by the World Health Organization

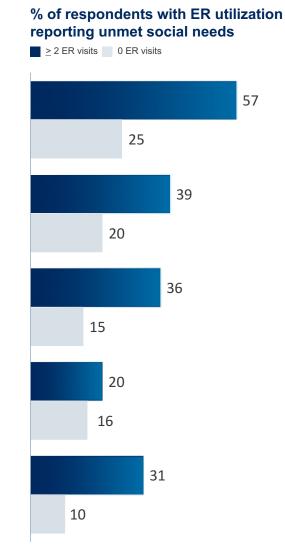
<sup>2</sup> Survey also included questions regarding income, employment, and education as these are often underlying factors of the social needs highlighted in these analyses. See methodology for how unmet social needs are defined for these analyses

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Survey respondents reporting higher inpatient or ER utilization were more likely to report unmet social needs





Compared to those whose social need is met...

- Respondents reporting food insecurity are
   2.4x as likely to report multiple ER visits and
   2.0x as likely to report an IP visit over a 12-month period
- Respondents reporting unmet transportation needs are 2.6x as likely to report multiple ER visits and 2.2x as likely to report an IP visit over a 12-month period
- Respondents reporting unmet community safety needs are 3.2x as likely to report multiple ER visits over a 12-month period

Most respondents reporting multiple unmet social needs are interested in offerings from their health insurer...



85%

of respondents reporting multiple unmet social needs indicated they would use a social program<sup>6</sup> offered by their health insurer

... and many respondents, regardless of social need, said they would use the following offerings from their health insurer



50%

Discounts at grocery stores that specialize in healthy foods<sup>7</sup>



48%

Free memberships at local gyms<sup>8</sup>



45%

A wellness dollar account<sup>9</sup>



11%

Total reimbursement of home improvement purchases to address health concerns<sup>10</sup>



Drop-in care clinic at lower or no cost during evenings/weekends<sup>11</sup>

- 6 Respondents rated likelihood of using 14 different SDoH-related programs on a 10 point scale (1=would not use, 10=would definitely use)
- 7 Discounts at grocery stores that specialize in healthy foods that make the cost of shopping there the same as the cost of shopping at regular grocery stores 8 Free memberships at local fitness centers/gyms
- 9 A wellness dollar account (example: \$500-\$1000 per year) to be used towards wellness services of your choice
- 10 Total reimbursement of specific home improvement purchases to address health concerns 11 Drop-in care clinic (medical, mental health, dental) at lower or no cost during evenings/weekends

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