

Driving Our Health: As he

A study exploring health perceptions in America



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Why Driving Our Health?

Everyone should have the opportunity to be and stay healthy. However, we can all do more to deepen our understanding of what health really means. Historically, we have viewed health as a product of the medical care we receive. But to truly improve health, we must take a more holistic view and better understand all the drivers, or factors, that impact it. By focusing on these social, behavioral, and physical drivers that shape our health, we can have the greatest impact on our *whole health*.

Adopting this broader view of health will require all of us, not just doctors and medical professionals, to think differently. And, at Anthem, we recognize that changing long-held assumptions is a tall order. That's why we're taking the first step by getting a pulse on what Americans currently believe about their health. How are we being affected by factors like where we live, what we eat, and financial circumstances? How do we think others are affected? And perhaps most importantly, do we believe these factors influence our health?

The Driving Our Health study aims to answer these questions and provide a benchmark for how Americans think about whole health at this unique moment in time. By providing a baseline for how we understand what health means, Anthem is paving the way to make meaningful, sustainable change across all areas that make up our health.

Our Goals for Driving Our Health

Up to 80%* of health outcomes are determined by non-clinical factors, meaning that the majority of our health is made up of things that happen outside of the doctor's office. One key subset of these factors is known as the social drivers of health (SDoH), which include things like our access to nutritious food, safe housing, and reliable transportation. These social drivers affect all of us every day – individually and at the community level – in ways both big and small. And though we recognize that no one can be healthier than the communities in which they live, social drivers are the least understood when compared to physical and behavioral drivers.

We believe now is the time to change that.

The **Driving Our Health** study aims to:

- Increase awareness of the importance of whole health and what drives it
- Empower individuals with information to better understand their own health
- Kickstart a national conversation around what whole health looks like and how we can achieve it

*RWJF: Medicaid's Role in Addressing Social Determinants of Health 2019

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Who We Surveyed

5,000 nationally representative U.S. adults*

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An additional 500+ adults in California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, and Wisconsin

*The sample is nationally representative according to the U.S. Census on overall age, gender, region, urban/rural, and ethnicity/race

Four Themes Emerged from the Research



Connecting the Dots on Whole Health and Its Drivers. While many Americans are aware that drivers like financial stability, mental health, and access to healthy food can significantly impact our health, we need to expand our understanding to include all the drivers that shape whole health – social, behavioral, and physical.



Lived Experience, Equity, and Perceptions of Whole Health. Our backgrounds and circumstances can greatly influence our ability to meet basic needs and access services. These disparities among demographic groups shape our view of whole health and the ability to achieve equity.



The Impact of Financial Security. Many Americans, especially those in communities of color, are facing significant financial burdens. This financial insecurity, and the limitations it can place on meeting basic social and health needs, is a key driver of consumers' health.



Consumer Expectations for a Healthier Future. Americans believe that action is needed to address social drivers, but no one entity should be held solely responsible for improving health.

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Theme 1

Connecting the Dots on Whole Health and Its Drivers

While many Americans are aware that drivers like financial stability, mental health, and access to healthy food can significantly impact our health, we need to expand our understanding to include all the drivers that shape whole health – social, behavioral, and physical.

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Key Findings

Connecting the Dots on Whole Health and Its Drivers

- Health is at the forefront of our minds. Eighty-four percent of Americans say the pandemic has increased their awareness of both their physical and mental health.
- That doesn't mean that we are seeing the big picture of whole health.
 Nearly half of Americans (46%) are unaware of the concept of social drivers of health (SDoH), and only 16% are very familiar with the concept.
- Once given the definition of SDoH, 60% of Americans understand and agree that their local community is facing at least some health issues related to social drivers. **Close to one-fourth even say there are significant health issues related to social drivers in their community.**
- In some instances, we are underestimating the impact of social drivers. For example, air quality is a health hazard that many Americans, especially older generations, are unaware of. Even though nearly a third (29%) of Americans live in counties with pollution levels above National Ambient Air Quality Standards, only 16% agree that air pollution or poor air quality is prevalent in the area they live in.

- On the other hand, we are overstating how well we're doing when it comes to other drivers. A majority of Americans self-report healthy nutrition and exercise (85% think they have a healthy diet and 77% consider themselves physically fit), but the Centers for Disease Control and Prevention (CDC) finds that Americans are not meeting healthy lifestyle expectations, with 37% of adults considered overweight.
- There is a discrepancy between what we say is important and the behaviors we practice. Though 95% of Americans agree that mental health is crucial to well-being, we are much less likely to seek mental healthcare compared to physical healthcare. This is reflected in the actions we take to look after our own health.
 - » 62% say they see their doctor for an annual check up.
 - » Only 17% see a therapist or mental health professional at least once a month.

While the pandemic increased both physical and mental health consciousness...

Americans' reaction to the statement:

The COVID-19 pandemic has made me more conscious of my whole health, including both my physical and mental health.



- Whole health became more salient for people of color, Millennials, and people living in the Northeast in particular.
- People were more likely to disagree if they didn't have health insurance (31%), had never heard of SDoH (24%), or lived in a rural neighborhood (24%).

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...Nearly half of Americans have never heard of the social drivers of health



- Only 16% of Americans are very familiar with SDoH as a concept.
- Older generations, those without college degrees, those in rural areas, those without health insurance, and White Americans tend to be less knowledgeable.

DEMOGRAPHIC DATA

- Race/Ethnicity: Those who are White are more likely to be unfamiliar with SDoH than people of color
 - » Black/African American: 35%
 » Asian: 34%
 - >> Hispanic and Latino: 31%
 >> White: 49%
- **Generation:** Baby Boomers (66%) and Silent Generation (66%) are more likely to be unfamiliar than Gen Z (33%) and Millennials (31%)
- Health Insurance Status: Those without health insurance (69%) are more likely to be unfamiliar than those with health insurance (44%)
- **Neighborhood:** Americans living in rural areas (59%) are more likely to be unfamiliar than those in urban neighborhoods (43%)
- Education: Americans without a college degree (53%) are more likely to be unfamiliar than those with a college degree (32%)

Once educated on the definition of SDoH, a majority believe that their local community is facing health issues related to social drivers



- Nearly one-fourth say their local community is facing significant health issues related to SDoH.
- Even more people of color, younger generations, people with health insurance, and people living in urban neighborhoods say there are social drivers that impact their health.

DEMOGRAPHIC DATA (% Belie

TA (% Believe their local community is facing at least some health issues)

- **Race/Ethnicity:** People of color are more likely to believe their local community is facing at least some health issues related to SDoH than those who are White
 - >> Hispanic and Latino: 69%
- » Black/African American: 68%
- » Asian: 68%

- » White: 58%
- **Generation:** Gen Z (66%) and Millennials (72%) are more likely to believe than Baby Boomers (47%) and Silent Generation (32%)
- Health Insurance Status: People with health insurance (61%) are more likely to believe than those without health insurance (53%)
- **Neighborhood:** Americans living in an urban neighborhood are more likely to believe (62%) than those who live in rural areas (53%)

Meanwhile, Americans are underestimating the impact of SDoH in some instances...

For example, air quality is a health hazard that many Americans are unaware of. It unevenly affects people of color, those who live in the western U.S. region, and younger generations.

Believe air pollution/poor air quality is prevalent at times in the area they live in



BUT... Of Americans live in counties with pollution levels above the National Ambient Air Quality Standards, according to the EPA

Demographic Data

(% Selected air pollution or poor air quality is prevalent at times in the area they live)

- **Race/Ethnicity:** People of color are more likely to say air pollution or poor air quality is prevalent at times than those who are White
 - » Hispanic and Latino: 23%
 - » Asian: 22%
 - » Black/African American: 18%
 - **»** White: 14%

- **Generation:** Gen Z (15%) and Millennials (20%) are more likely to say air pollution or poor air quality is prevalent at times than Baby Boomers (11%) and Silent Generation (8%)
- **Region:** Americans living in the West are more likely to say air pollution or poor air quality is prevalent at times (24%) than those who live in the Northeast (17%), South (12%), and Midwest (11%)

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...and overestimating our own health in others

AMERICANS...

(Shown: % selected agree)



Say they were taught the importance of good nutrition as a child

HOWEVER*...



Meet the daily fruit intake recommendation

+ 9% Meet the daily vegetable intake recommendation

85%

Think they have a healthy diet

Consider themselves physically fit

Of adults (18+) have an overweight classification

23%

Meet federal guidelines for aerobic physical activity and muscle-strength activity

How much do you agree, if at all, with each of the following statements about food/nutrition?

Financial stability, mental health, housing, and food access are the key drivers individuals believe impact their overall health; access to internet, education, and nature are considered less impactful

More than half of Americans believe the following drivers significantly impact their overall health:

(% Selected significantly impacts overall health)





56% Living in a safe community 53% Access to affordable and nutritious foods

However, only over one-third think access to the internet, education, and nature impact health as much

(% Selected significantly impacts overall health)



37%

Believe level of education significantly impacts overall health 37% Believe access to nature significantly impacts overall health

How much, if at all, do you believe each of the following impacts your own overall health?

Financial stability and mental health are also the top drivers believed to negatively impact health

- Adult Gen Z/Millennials report feeling more negatively impacted by mental health (42% and 39%, respectively) compared to the general population.
- Millennials are also more likely to say the safety of their community (25%) and availability of affordable housing (24%) are negatively impacting them.

Americans believe their individual health is negatively impacted by the following SDoH:

(% Selected, Top 8 negatively impacted shown)





of people with household incomes less than \$50,000 a year were at least somewhat concerned about their personal finances in 2020¹



of adults had recent symptoms of an anxiety or depressive disorder in the period August 2020 to February 2021²

1. The Harris Poll, on behalf of The National Endowment for Financial Education, September 2020. 2. Morbidity and Mortality Weekly Report, CDC, April 2021.

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However, many are not aware of the actual impact of poor mental health

- Baby Boomers report strongly agreeing in higher rates than Gen Z that mental health is essential for a person's overall well-being (77% vs. 63%).
- Americans who are White are more likely to strongly agree than those who identify as a person of color that mental health is essential for a person's overall well-being (75% White vs. 65% Hispanic and Latino, 64% Black/African American, 64% Asian).



Do you believe each of the following statements is true or false? How much do you agree, if at all, with each of the following statements on mental and physical health?

But nearly one-third are not aware of the actual impact poor mental health can have

(Shown: % Selected the Statement as False; Reality: Both statements are true)

30% False

According to the Commonwealth Fund, the U.S. has the highest suicide rate of the 11 OECD countries.

29% False

Research published in The Journal of Clinical Psychology showed, on average, adults living with mental health issues that go untreated die 25 years earlier than other Americans.

And, individuals are much less likely to seek mental healthcare compared to physical healthcare

- For Gen Z, less than half (45%) see a doctor for an annual check-up.
- People with no health insurance (64%) are most likely to take no action for their mental or physical health.



What Americans are doing to look after their own health in a typical year

(Shown: % Selected)

In a typical year, which, if any, of the following do you do to look after your own health?

Theme 2

Lived Experience, Equity, and Perceptions of Whole Health

Our backgrounds and circumstances can greatly influence our ability to meet basic needs and access services. These disparities among demographic groups shape our view of whole health and the ability to achieve equity.

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Key Findings

Lived Experience, Equity, and Perceptions of Whole Health

- Many Americans have unmet social, economic, and health needs.
 - Almost one-third of Americans struggle with access to basic health services and care.

- Fifty percent say it is hard to find affordable, healthy food in their local community.
- » One in five say lack of transportation has kept them from a medical appointment, non-medical meetings, appointments, work, or getting the things they need.
- » About one-half report not having easy access to job opportunities or childcare.

- However, these unmet needs are **not evenly distributed across populations. Americans of color are disproportionately affected by the consequences of social drivers**. Among people of color, two-thirds believe their local community is facing health issues related to social drivers. This is significantly higher than the percentage of White Americans who report these issues in their local community.
- These experiences are likely why communities of color have a greater awareness of whole health and social drivers. At least half of Hispanic and Latino (50%), Black/African American (53%), and Asian (58%) Americans strongly agree that COVID-19 made them more conscious of both their physical and mental health (vs. White Americans 44%).

Almost one-third of Americans struggle with access to health services and care

- About one-half report not having easy access to job opportunities or childcare.
- Gen Z reports considerably less access to affordable housing (59% not always easily accessible) and clean water (27%).
- Black Americans say that outdoor spaces and internet connections are much less accessible to them.



DRIVING OUR HEALTH 2021

While most people live near a medical facility, one-fifth lack the transportation to get to appointments – and the people who need care the most have greater access issues



Americans say there is at least one hospital/medical center nearby that they can easily and quickly travel to

But...

ि **1 in 5**

Americans say **lack of transportation has kept them from a medical appointment**, non-medical meetings, appointments, work, or getting the things they need

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Which, if any, of the following is true for you based on where you currently live?

Missing appointments related to lack of transportation increases to...

1 in 3

...for Americans with diagnosed health issues

34% of Americans with heart disease33% of Americans with cancer32% of Americans with diabetes

The pandemic increased both physical and mental health consciousness – particularly across communities of color



- **Race/Ethnicity:** People of color are more likely to strongly agree the pandemic has made them more conscious of their whole health than those who are White
 - » Asian: 58%
 - » Hispanic and Latino: 50%
 - » Black/African American: 53%
 - » White: 44%

Race/ethnicity is a key factor in determining how safe individuals feel in their neighborhood



Access is a greater barrier to health services and care for people of color and those without health insurance

Health services and healthcare accessibility across demographics



(% Selected not always easily accessible)

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There is an opportunity to provide culturally competent care to patients by matching them with doctors who identify as the same race or ethnicity



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Race and ethnicity have a strong influence on how Americans experience SDoH

Americans of color have a greater knowledge of whole health and SDoH.

At least half of Hispanic and Latino (50%), Black/African American (53%), and Asian (58%) Americans strongly agree that COVID-19 made them more conscious of both their physical and mental health (vs. White 44%).

Additionally, people of color are more likely to report at least some awareness of SDoH (Hispanic and Latino 69%, Asian 66%, Black/African American 65%) compared to White Americans (51%).

Social drivers are disproportionately affecting communities of color.

Around two-thirds believe their local community is facing health issues related to SDoH (Hispanic and Latino 69%, Asian 68%, Black/African American 68% vs. White 58%).

Black Americans in particular face more barriers in accessing outdoor spaces and internet connections compared to general population (43% vs. 31%, 36% vs. 26%, respectively).

Race/ethnicity is a key factor in determining how individuals feel in their living environment.

About one-fifth of Hispanic and Latino Americans do not feel safe walking around their neighborhood alone (21% vs. 11% White) and/ or state that most of the homes in their area are deteriorating (18% vs. 10% White).

One in five (20%) people of color say that air pollution or poor air quality is at times prevalent in their area compared to 14% of White Americans. Financial stability is even more of a struggle for people of color, and it's affecting their nutrition.

Over one-third of Americans of color have chosen cheaper processed foods related to their finances (Hispanic and Latino 39%, Asian 37%, Black/African American 35% vs. White 29%), while more than one-fifth have used food banks as a resource (Hispanic and Latino 25%, Asian 21%, Black/African American 20% vs. White 15%). People of color have greater expectations of insurers to support housing and nutrition.

People of color who say insurance companies are responsible for addressing SDoH/disparities expect insurers to support safe housing initiatives (40% Black/ African Americans vs. 31% White Americans) and stipends for nutritious food (36% Hispanic and Latino Americans vs. 28% White Americans).

Theme 3

The Impact of Financial Security

Many Americans, especially those in communities of color, are facing significant financial burdens. This financial insecurity, and the limitations it can place on meeting basic social and health needs, is a key driver of consumers' health.

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Key Findings

The Impact of Financial Security

- Almost half of Americans (45%) do not feel financially secure. People of color, Millennials, those without college degrees, and people living in rural areas are more likely to report that they are not financially secure.
- A lack of financial security has ripple effects across other social drivers, such as food and housing.
 - » Half of Americans agree it is hard to find affordable, healthy food in their local community, with 22% strongly agreeing it is difficult.
 - » Up to one-third of Americans have altered their eating habits (i.e., behaviors such as eating smaller meals or skipping meals entirely) due to financial concerns.
 - » Nearly one in four (24%) Americans are worried about losing their housing.
- This is even more of an issue for communities of color.
 - » Compared to White Americans, Americans of color are more likely to report difficulty finding affordable, healthy food where they live.
 - » Hispanic and Latino Americans are more than twice as likely than White Americans to say they are concerned about losing their housing (43% vs. 21%).

Almost half of Americans do not feel financially secure – this is greater among people of color, Millennials, those in rural areas, and those without college degrees

DEMOGRAPHIC DATA

- Race/Ethnicity: People of color are more likely to report financial insecurity describes their current situation than those who are White
 - >> Black/African American: 58%
 >> White: 42%
 - » Hispanic and Latino: 56%
- **Generation:** Gen Z (55%) and Millennials (50%) are more likely to report financial insecurity describes their current situation than Baby Boomers (32%) and Silent Generation (32%)
- **Neighborhood:** Americans living in a rural area are more likely to report financial insecurity describes their current situation (51%) than those who live in an urban neighborhood (43%)
- Education: Those without a college degree are more likely to report financial insecurity describes their current situation (54%) than Americans with a college degree (27%)



Which of the following best describes your current financial situation?



...and half struggle with access to nutritious food



Nearly one-third of Americans have altered their eating habits related to financial concerns – for Hispanic and Latino Americans this is even more common

Have taken a food-related action related to their financial situation:	All Americans	Hispanic and Latino Americans	Asian Americans	Black/African Americans	White Americans
Choose cheaper processed foods	31%	39% +10 ppts*	37%	35%	29%
Eat smaller meals to make food last	21%	27%	20%	26%	20%
Use SNAP benefits or food stamps	21%	29% +10 ppts*	17%	31% +12 ppts*	19%
Go to a food bank	17%	25%	21%	20%	15%
Skip meals entirely	16%	23% +7 ppts*	17%	18%	16%

*Indicates a statistically significant difference compared to the response of White Americans

In the past 12 months, have you had to do any of the following food-related actions due to your financial situation?

One in four Americans are worried about losing their housing – this concern increases for people of color, Millennials, and Americans without health insurance

DEMOGRAPHIC DATA (% Worried)

- **Race/Ethnicity:** Those of color are more likely to be concerned about losing their housing than their White counterparts.
- » Hispanic and Latino: 43%

» Asian: 28%

- » Black/African American: 33%
- » White: 21%
- **Generation:** Millennials (36%) are more likely to be worried than Baby Boomer (11%) and Silent Generation (5%)
- Health Insurance Status: Americans living without health insurance (31%) are more likely to be worried than those with health insurance (24%)



Affordability is a bigger challenge than physical access – especially for emergency care and dental care

Accessibility vs. affordability gap of medical services



*Answer option only asked of parents **Answer option only asked of women

In terms of your ability to receive healthcare quickly and easily, how accessible are each of the following to you, should you need medical services? How easy is it for you to afford each of the following medical services?

Theme 4

Consumer Expectations for a Healthier Future

Americans believe that action is needed to address social drivers, but no one entity should be held solely responsible for improving health.

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Key Findings

Consumer Expectations for a Healthier Future

- Americans believe that action is needed to address social drivers, but no one entity should be held solely responsible. Though most Americans (91%) say that healthcare providers are responsible for addressing social drivers and health disparities, there is also a strong expectation that local governments (89%), private citizens (87%), employers (85%), and insurance companies (84%) should do the same.
- Across all social drivers, Americans expect the U.S. to prioritize addressing the issue of financial instability—the driver believed to have the greatest negative impact on their health.
- Additionally, they believe that free resources to monitor health and find the right doctor or insurance plan would be the most helpful to mitigate the potential negative effects of social drivers on their health.

All entities have a responsibility to address SDoH and health disparities

While healthcare providers are seen as having the greatest responsibility, there is also a strong expectation for insurers to provide leadership.

The majority of Americans hold all the following entities responsible for addressing SDoH and health inequalities/disparities:

(% Selected somewhat/very responsible)

To what extent is each of the following entities responsible for addressing social drivers of health and health inequalities/disparities?

^{91%} HEALTHCARE PROVIDERS Americans familiar with SDoH were more likely to hold \bigcirc healthcare providers responsible for addressing SDoH 60 LOCAL GOVERNMENTS 89% and health inequalities/disparities (94%). 88% THE NATIONAL GOVERNMENT 87% INDIVIDUALS/PRIVATE CITIZENS 86% COMMUNITY LEADERS 85% **EMPLOYERS** 84% **INSURANCE COMPANIES** 4 in 5 Americans across all regions – Northeast (87%), Midwest (85%), West (86%), South (82%) - believe 78% **NON-PROFIT ORGANIZATIONS** health insurance companies are responsible for addressing SDoH and health disparities, but those in 75% ACADEMIA the South are the least likely to say so.
Financial stability, easy access to quality primary care providers, and safety are the top SDoH Americans believe the nation should solve

Americans believe the U.S. should prioritize solving the following SDoH:

(% Selected most important)

\uparrow	HIGH PRIORITY	43%	EASY ACCESS TO HIGH-QUALITY PRIMARY CARE DOCTORS				
		43%	FINANCIAL STABILITY				
	MEDIUM PRIORITY	41%	LIVING IN A SAFE COMMUNITY				
		39%	ACCESS TO AFFORDABLE HOUSING				
		38%	ACCESS TO FRESH AND NUTRITIOUS FOODS				
		36%	EASY ACCESS TO HIGH-QUALITY PHYSICAL HEALTH SPECIALISTS	HISPANIC AND LATINO: 40%			
		34%	EASY ACCESS TO HIGH-QUALITY BEHAVIORAL HEALTH SPECIALISTS	5			
		31%	MENTAL HEALTH	GEN Z: 36%			
		23%	CONVENIENT TRANSPORTATION TO ESSENTIAL NEEDS	RURAL: 27%			
¥	LOW PRIORITY	20%	ACCESS TO THE INTERNET				

Of the following social drivers of health, which do you believe are most important for the U.S. to prioritize solving?

Connecting patients with affordable and accessible healthcare, including behavioral health services, are key ways insurers can help address SDoH

• Of Americans who hold insurance companies at least somewhat responsible for addressing SDoH, more than one-third believe insurers should provide resources to help the public understand the social drivers that are impacting their health.



In which of the following ways would you most expect insurance companies to help address social drivers of health and health inequalities/disparities?

A number of programs would help mitigate the potential negative effects of SDoH – specifically resources to monitor overall health and help in finding the right doctor or insurance



Based on their own experiences with SDoH and their potential negative effects on health, about 1 in 3 Americans say each of the following programs would be helpful:

Free resources to help monitor overall health	39%
A service to help find the right doctor in area and insurance plan	36%
 Programs that raise awareness for specific health issues prevalent in local communities 	34%
Better access to telehealth platforms that would allow people to seek medical care without leaving home	33%
 Free nutrition education and help accessing nutritious foods 	33%
• A service that provides free/subsidized transportation for those who cannot make it to health services on their own	32%
Mobile medical centers/pop-up clinics to provide easy access to basic health services	31%
Based on your own experiences, which, if any, of the following programs would be helpful to you?	

Demographic Findings

SDoH consequences differ for Gen Z – as do their expectations of healthcare entities

The pandemic shaped the ways in which Gen Z Americans view their health

Eight in 10 Gen Z'ers agree the pandemic has made them more conscious of their whole health, with about half reporting strong agreement (49% vs. 41% Baby Boomers). One-third of Gen Z'ers are not familiar at all with SDOH

Despite boasting a higher level of awareness with SDoH than older generations, 33% are not familiar – there is still room for further education. Mental health is negatively impacting Gen Z more than other generations

This younger generation differs from older groups who claim financial stability is the top SDoH negatively impacting their health – 42% say mental health is the most impactful. Their expectations for mental health solutions are higher

One in three Gen Z'ers say mental health is the most important SDoH that the U.S. should prioritize solving (36%), compared to 23% of Baby Boomers.

Gen Z is also looking to insurers to address food insecurity more so than other generations

Of the 83% of Gen Z'ers who view insurance companies at least partially responsible, they are more likely to expect insurers to provide nutrition education for at-risk communities (36% vs. 31% Gen X and 28% Baby Boomers) and stipends to help at-risk individuals pay for healthy food (34% vs. 28% Gen X and 20% Baby Boomers).

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Rural communities face different health challenges and experiences

According to about one in five rural residents, where they live is a social driver that currently has a negative impact on their overall health (22% vs. 18% urban).

Awareness of SDoH is lower among residents of rural areas

Six in 10 Americans living in a rural neighborhood are not familiar at all with the concept, compared to 43% of urban residents – and only 7% stated they are very familiar. Rural residents more frequently experience barriers to access for medical and everyday services

Mental healthcare (23% vs. 19% urban), specialty care (22% vs. 17% urban) and dental care (20% vs. 16% urban) are the medical services that are least accessible for rural residents. If access to medical care exists, affordability poses an additional hurdle

One-third of rural residents say dental care (35% vs. 28% urban), specialty care (32% vs. 26% urban) and mental healthcare (29% vs. 24% urban) are not affordable. Wider availability of transportation services could help solve these issues

Rural residents are more likely than urban residents to say the U.S. should prioritize solving convenient transportation to essential needs (27% vs. 23% urban).

Nearly two-fifths of Americans have witnessed, or personally experienced, at least one type of discrimination



Living environments differ dramatically across race and ethnicity



hich, if any, of the following is true for you based on where you currently live?

*Does not represent a statistically significant difference in response to White Americans

High-income individuals are more likely to be aware of SDoH, have a greater understanding of the drivers impacting health, and connect mental health to physical health



For Gen Z, medical services are even less affordable and accessible than the general population



In terms of your ability to receive healthcare quickly and easily, how accessible are each of the following to you, should you need medical services? How easy is it for you to afford each of the following medical services?

*Answer option only asked of women

The affordability-accessibility gap is even more pronounced among Americans living in rural settings

Americans living in a rural setting are less likely to have access to dental care (73% vs. 78% urban), specialty care (66% vs. 73% urban), mental healthcare (56% vs. 64% urban), and rehabilitation facilities for addiction (44% vs. 51% urban).



In terms of your ability to receive healthcare quickly and easily, how accessible are each of the following to you, should you need medical services? How easy is it for you to afford each of the following medical services?

*Answer option only asked of parents **Answer option only asked of women

Appendix

Demographic Profiles

Methodology – Audiences surveyed

Survey data was collected via a 25-minute, online survey in May-June 2021 among the following audiences.

TWO DISTINCT GROUP SURVEYED:		DEMOGRAPHIC & PSYCHOGRAPHIC CUTS AMONG NATIONAL GEN POP DATA INCLUDE:				
National Gen Pop*	14 States	Race/Ethnicity**	Generation	Income	Education	
 (n=5,000) Nationally representative sample of adults over 18 years of age Includes: 5,000 adults living in the 50 US states 2,005 adults living in Blue States Fielding dates: 5/18 – 6/15 	 (n=7,123) Oversample of Americans over 18 years of age in states where Anthem affiliates have health plan membership Includes: 622 adults living in California 501 adults living in New Hampshire 500 adults each living in the remaining states 	Respondents split out into race/ethnicity Includes: • White (n=3,700) • Black/African American (n=650) • Hispanic and Latino American* (n=850) • Asian American (n=250)	Respondents split out into generations by age (Gen-Z is 18- 24, Millennials are 25-40, Gen X is 41-56, Baby Boomers are 57- 75, and the Silent Generation is 76+). Includes: • Gen Z (n=750) • Millennials (n=1,489) • Gen X (n=1,216) • Baby Boomers (n=1,357) • Silent Generation (n=189)	Respondents split out into low (<\$49,999), middle (\$50k- \$99,999), and high household income (>\$100k) Includes: • Low household income (n=1,501) • Middle household income (n=1,550) • High household income (n=1,950)	Respondents split out by education level Includes: • College graduates (n=1,650) • No college degree (n=3,351)	
Margin of error: +/-1.4 percentage points	Fielding date: 5/18 – 6/30					

* The sample is nationally representative according to the U.S. Census on overall age, gender, region, urban/rural, and ethnicity/race. ** Respondents could select Hispanic and Latino as their ethnicity and make a race selection

Methodology – Audiences surveyed

Survey data was collected via a 25-minute, online survey in May-June 2021 among the following audiences.

TWO DISTINCT GROUP SURVEYED:		DEMOGRAPHIC & PSYCHOGRAPHIC CUTS AMONG NATIONAL GEN POP DATA INCLUDE (CONT.):				
National Gen Pop*	14 States	Neighborhood	Region	Gender	Parent	
 (n=5,000) Nationally representative sample of adults over 18 years of age Includes: 5,000 adults living in the 50 US states 2,005 adults living in Blue States Fielding dates: 5/18 – 6/15 Margin of error: +/-1.4 percentage points 	 (n=7,123) Oversample of Americans over 18 years of age in states where Anthem affiliates have health plan membership Includes: 622 adults living in California 501 adults living in New Hampshire 500 adults each living in the remaining states Fielding date: 5/18 – 6/30 	Respondents split out by area lived in Includes: • Urban areas, including suburbs (n=4,000) • Rural areas (n=1,000)	Respondents split out into region Includes: • South (n=1,900) • West (n=1,200) • Midwest (n=1,050) • Northeast (n=850)	Respondents split out into gender Includes: • Men (n=2,350) • Women (n=2,651)	Respondents split out by those who have a child(ren) and those who do not Includes: • Parent (n=1,887) • Not a parent (n=3,113)	

* The sample is nationally representative according to the U.S. Census on overall age, gender, region, urban/rural, and ethnicity/race.

Methodology – Audiences surveyed

Survey data was collected via a 25-minute, online survey in May-June 2021 among the following audiences.

TWO DISTINCT GROUP SURVEYED:	DEMO & PSYCHOGRAPHIC CUTS AMONG NATIONAL GEN POP DATA INCLUDE (CONT.):			
National Gen Pop* 14 States	SDoH Knowledge	Physical Health Condition	Behavioral Health Condition	Health Insurance
 (n=5,000) Nationally representative sample of adults over 18 years of age Doversample of Americans over 18 years of age in states where Anthem affiliates have health plan membership Includes: 5,000 adults living in the 50 US states 2,005 adults living in Blue States Fielding dates: 5/18 – 6/15 Margin of error: +/-1.4 percentage points (n=7,123) Oversample of Americans over 18 years of age in states where Anthem affiliates have health plan membership Includes: 622 adults living in California 501 adults living in New Hampshire 500 adults each living in the remaining states Fielding date: 5/18 – 6/30 	Respondents split out by understanding of SDoH Includes: • Aware (n=2,696) • Not familiar at all (n=2,304)	Respondents split out by physical health condition diagnosis Includes: • High blood pressure (n=1,282) • Type 1 or 2 Diabetes (n=612) • Heart disease (n=375) • Cancer (n=207)	Respondents split out by behavioral health condition diagnosis Includes: • Have a behavioral health issue (n=2,438) • Do not have a behavioral health issue (n=2,562)	Respondents split out by whether or not they have health insurance Includes: • Insured (n=4,688) • Do not have health insurance (n=273)

* The sample is nationally representative according to the U.S. Census on overall age, gender, region, urban/rural, and ethnicity/race.

