PLACES: Local Data for Better Health

Health-Related Social Needs

DEC. 7, 2025

For Everyone

WHAT TO KNOW

The PLACES Health-Related Social Needs data capture 7 key factors such as food and housing insecurity, transportation barriers, social isolation, and lack of health insurance, which can affect health outcomes. These data provide more comprehensive information about opportunities and barriers to health to better understand health outcomes and needs across different communities and geographic areas.



Feelings of loneliness among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who report always/usually/sometimes feeling lonely. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Current
Summary	Loneliness is defined as the discrepancy between a person's desired and actual social relationships and is sometimes considered synonymous with social isolation, although they are two distinct concepts [1]. Loneliness is an emotional response to social isolation, while social isolation is an objective measure of the lack of social interactions and relationships [1]. Previous studies show that social isolation and loneliness are common sources of chronic stress in adults [2] [3], and are common at the end of life, affecting 1 in 4 older adults [4]. Positive relationships and interactions with family, friends, co-workers, and community members can have a protective impact on individual health and well-being, and these relationships can also help mitigate the negative impacts of challenges that people face (e.g., living in an unsafe neighborhood, trouble affording housing or food) [5]. Past research shows that people with high levels of social isolation [6] are at higher risk of developing chronic conditions (e.g., depression, cardiovascular disease, hypertension, cancer) and have a higher risk of mortality [7] [8].

Notes	This measure used the survey question that is part of the Social Determinants and Health Equity optional module of the Behavioral Risk Factor Surveillance System. This measure is only available for states that chose to administer the module.
Related Objectives or Recommendations	None

Receipt of food stamps in the past 12 months among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who reported receiving food stamps, also called SNAP, the Supplemental Nutrition Assistance Program, on an EBT card. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Past 12 months
Summary	Food insecurity is defined as the inability to afford nutritionally adequate and safe foods [9]. There is a growing literature documenting relationships between food insecurity and chronic diseases [10] [11] [12]. The Supplemental Nutrition Assistance Program (SNAP) has shown a substantial reduction in the prevalence of food insecurity and negative health outcomes [13]. Unmet social needs can impact health through disease outcomes, such as chronic stress, and by further impacting the ability to access needed resources [14]. Unmet social needs themselves may be influenced by larger structural determinants of health and may be differentially experienced by people of vulnerable population groups. Addressing both individual and population level unmet health related social needs can help reduce adverse health outcomes [15] [16] [17].
Notes	This measure used the survey question that is part of the Social Determinants and Health Equity optional module of the Behavioral Risk Factor Surveillance System. This measure is only available for states that chose to administer the module.
Related Objectives or Recommendations	Healthy People 2030 objective: NWS-01. Reduce household food insecurity and hunger.

Food insecurity in the past 12 months among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who reported that the food that they bought always/usually/sometimes did not last, and they didn't have money to get more. The probability was then applied to the detailed population estimates at the appropriate geographic level to

	generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Past 12 months
Summary	In 2023, around 18 million US households reported being food insecure at some time during the year [18] People with low income, people with a disability, and some racial/ethnic groups are more likely to experience food insecurity [18] [19] [20]. Limited physical access to healthy foods and transportation options in neighborhoods can also increase a person's risk for food insecurity [21]. Food insecurity is associated with chronic and acute health problems and health care needs in children [20], and food-insecure adults are at a higher risk of developing several chronic conditions, including coronary heart disease, diabetes, obesity, and cancer [19] [22]. Connecting individuals and families who are food insecure to food and income assistance programs can help to address food insecurity [21].
Notes	This measure used the survey question that is part of the Social Determinants and Health Equity optional module of the Behavioral Risk Factor Surveillance System. This measure is only available for states that chose to administer the module.
Related Objectives or Recommendations	Healthy People 2030 objective: NWS-01. Reduce household food insecurity and hunger.

Housing insecurity in the past 12 months among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who were not able to pay mortgage, rent, or utility bill in the past 12 months. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Past 12 months
Summary	Literature has shown that housing insecurity or instability is associated with limited access to health care [23] and poor health outcomes [24]. Housing cost burden (spending more than 30% income on housing) is one challenge of housing instability, which also includes housing quality, overcrowding, and moving frequently [25] [26]. In 2022, 42.1 million households were cost-burdened [25]. People who are renters, people living in urban areas, and some racial and ethnic minority groups are more likely to experience a housing cost burden [27] [28]. Living in unaffordable housing is associated with overall poor health and increased risk of disease, including hypertension and cardiovascular disease [25] [26]. Programs that make housing more affordable for both renters and homeowners and housing subsidies that provide financial assistance to pay rent can help improve housing cost burden [25]

	[28]. Recent systematic reviews show that permanent supportive housing interventions increased long-term housing stability, reduced homelessness [29], and improved health outcomes related to human immunodeficiency virus, anxiety, and depression among people experiencing homelessness [30].
Notes	Indicator does not convey a comprehensive measure of housing instability. The indicator does not include housing and neighborhood safety, housing quality, crowding, or residential stability (moving frequently). This measure used the survey question that is part of the Social Determinants and Health Equity optional module of the Behavioral Risk Factor Surveillance System. This measure is only available for states that chose to administer the module.
Related Objectives or Recommendations	Healthy People 2030 objective: SDOH-04. Reduce the proportion of families that spend more than 30 percent of income on housing.

Utility services threat in the past 12 months among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who reported that an electric, gas, oil, or water company threatened to shut off services at any time during the prior 12 months. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Past 12 months
Summary	Unmet social needs can impact health through disease outcomes, such as chronic stress, and in further impacting the ability to access needed resources [14]. Unmet social needs themselves may be influenced by larger structural determinants of health and may be differentially experienced by people of vulnerable population groups. Addressing both individual and population level unmet health related social needs can help reduce adverse health outcomes [15] [16] [17].
Notes	This measure used the survey question that is part of the Social Determinants and Health Equity optional module of the Behavioral Risk Factor Surveillance System. This measure is only available for states that chose to administer the module.
Related Objectives or Recommendations	None

Lack of reliable transportation in the past 12 months among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who reported a lack of reliable transportation

	keeping them from medical appointments, meetings, work, or from getting things needed for daily living in the past 12 months. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Past 12 months
Summary	Nearly 2% of the U.S. population delayed medical care because they did not have transportation in 2017 [31]. Lack of available, convenient, or reliable transportation can affect a person's ability to consistently access health care services, which can lead to delays in healthcare and medication use that can subsequently impact overall health [32] [33]. In addition, the inability to access reliable transportation to work, schools, and grocery stores is associated with higher rates of unemployment, poverty, and chronic illness [34]. People with lower incomes and uninsured people are more likely to experience transportation barriers [33] [34]. Limited public transportation infrastructure in a neighborhood leaves people without access to vehicles lacking in reliable transportation options [34]. Offering free or reimbursed public transit or taxi costs, connecting individuals to transportation, and policies that improve the safety and accessibility of sidewalks and bike lanes can help improve transportation access [34] [35].
Notes	This measure used the survey question that is part of the Social Determinants and Health Equity optional module of the Behavioral Risk Factor Surveillance System. This measure is only available for states that chose to administer the module.
Related Objectives or Recommendations	None

Lack of social and emotional support among adults

Population	All Adults
Model-based measure	A multi-level regression and post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who report sometimes, rarely, or never getting the social and emotional support needed. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Current
Summary	Positive relationships and interactions with family, friends, co-workers, and community members can have a protective impact on individual health and well-being, and these relationships can also help mitigate the negative impacts of challenges that people face (e.g., living in an unsafe neighborhood, trouble affording housing or food) [5]. Past research shows that people with high levels of social isolation (lack of interactions with others or the wider community) [6] are at higher risk of developing chronic conditions (e.g.,

	depression, cardiovascular disease, hypertension) and have a higher risk of mortality [7].
Notes	None
Related Objectives or Recommendations	None

SOURCES AND PAGE INFO

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