

POPULATION HEALTH FORUMS

Improving Health Outcomes: Meeting the Basic Needs of Populations

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Ginger Zielinskie is President and CEO of Benefits Data Trust (BDT), a national not-for-profit social change organization (active in 7 states) that is committed to transforming how individuals in need access public benefits and services. Ms. Zielinskie works with states, cities, community-based organizations, and the private sector to understand the true outcomes achieved when people are able to meet their basic needs (i.e. food, shelter, income, access to care, affordability of prescriptions etc.). BDT also seeks to push system change forward, thinking of ways to share data effectively across sectors.

Ms. Zielinskie began her presentation by providing an overview of some of the issues of concern for BDT. She explained that 90% of national healthcare expenditures are spent on medical care, while 40% of overall health is attributed to socio-economic factors such as food insecurity and financial resource strain. Over 85% of physicians agree that unmet social needs lead to poor health outcomes for patients. Many physicians also agree that they do not have the resources to support patients' social needs. To further build upon this framework, she explained that it is known that increased prescription adherence reduces hospitalizations; food insecurity is significantly associated with diabetes and cardiovascular risks; and Low Income Home Energy Assistance Program (LIHEAP) enrollees are less likely to require acute care related to unsafe heating practices.

Zielinskie described a research study aimed at showing how access to food and energy assistance improves health outcomes and reduces costs. BDT's partners included Johns Hopkins School of Nursing, The Hilltop Institute at UMBC, Maryland Department of Health and Mental Hygiene, and the Robert Wood Johnson Foundation. "I can't underscore enough...how critical good partnerships are," states Zielinskie. This group worked together on a weekly basis for two years. The study sought to show that access to food and energy assistance improves health outcomes and reduces costs. They looked at dually eligible adults 65 and older in Maryland and examined Medicare claims data, Supplemental Nutrition Assistance Program (SNAP) participation data, and LIHEAP benefits.

Zielinskie pointed out what she called a 'stunning finding' – the average annual income for almost 70,000 adults over the age of 65 was \$5,800 and most of the population was female. She explained that this type of poverty is a both a rural and urban problem that can be found among all races. The findings also revealed that only half of this population was enrolled in SNAP. Zielinskie emphatically stated that this is a "huge failure." Additionally, only 21% were enrolled in an energy assistance program. The study showed that 17% of this population ended up in nursing homes, at an average cost of \$28,091 per admission; and 28% of the population landed in the hospital at an average cost of \$25,091 per admission. Zielinskie discussed the irony regarding reluctance to spend a little to cover basic needs (\$339 annually for energy assistance and \$1404 annually for SNAP) versus the cost to cover hospital or nursing home care. SNAP participation significantly reduces odds

of nursing home and hospital admission and shorter stays, and odds of emergency department use and fewer visits.

Zielinskie then outlined the research implications for low-income seniors. Across the country, over 5.5 million eligible low-income seniors are not enrolled in SNAP. The estimated healthcare savings is \$2,300 per senior SNAP enrollee per year and \$6,900 over a three-year recertification period. Overall, closing the gap in senior SNAP participation can produce an estimated \$38 billion nationwide in healthcare savings.

Many programs exist to help meet the basic needs of food, shelter, income, education, and healthcare. Zielinskie again emphasized that the problem is access and making sure that programs are well funded. One way in which to ensure the success of these programs and overall well-being of the population is to connect the dots on social determinants of health – connect and strengthen our private and public health care partnerships, payers, providers, state agencies, and local health and human service agencies. It also means sharing data and looking at how we shape interventions across the continuum and through the ecosystem, explained Zielinskie.

"We need to partner in the right way, to continue to demonstrate the positive outcomes and the savings that can be generated," stated Zielinskie. She encouraged us to re-examine about how we think of families on a continuum to better health and financial independence.

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