Improving Health Outcomes
Meeting the Basic Needs of Populations
Objectives

• Describe the design of a data-driven program that shares information across sectors and evaluates social determinants of health

• Identify ways to overcome administrative challenges to data sharing in order to promote public health and population health initiatives

• Explain how public and private healthcare payers, as well as healthcare providers participating in delivery system reform, can invest in efforts to help people meet their basic needs in order to improve health outcomes and build true person-centered health and human service delivery systems.
Who We Are & What We Do

**FOUNDED:** 2005

**HEADQUARTERED:** Philadelphia, PA

**MISSION:** BDT is a national not-for-profit social change organization committed to transforming how individuals in need access public benefits and services.

**VISION:** BDT believes all vulnerable individuals should be able to secure the benefits that enable them to achieve stability.

To this end, BDT partners with diverse entities to create a benefits access system that is **simple**, **comprehensive** and **cost-effective**.
What We See

• 90% of National Healthcare Expenditures are spent on Medical Care

• However, **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 directly to worse health for patients
What We Know

1. Increased prescription adherence reduces hospitalizations

2. Food insecurity significantly associated with poor glycemic controls, poor LDL levels and cardiovascular risk factors

3. LIHEAP enrollees less likely to require acute care related to unsafe home heating practices

4. Increased Social Supports = Improved Health
The Study

Hypothesis
Access to food and energy assistance improves health outcomes and reduces healthcare costs

I’m looking forward to help with the food and not having to worry about asking my children if they can help me… I really appreciate your help.

-Ms. J, age 66
Our Research Partners

Benefits Data Trust

Johns Hopkins School of Nursing

The Hilltop Institute at UMBC

Maryland Departments of Human Resources (DHR) and Health and Mental Hygiene (DHMH)

Robert Wood Johnson Foundation
Advanced Data Matching

All dually eligible adults 65+ in Maryland

Modeled health care outcomes in a calendar year as a function of prior year:

1. SNAP participation
2. Average monthly SNAP benefit amount
3. LIHEAP benefit amount
• 68,956 adults 65+
• Average income approximately $5,800
• Nearly 70% female
Benefits Utilization

- **47%** SNAP enrollment (*food assistance*),
  Average monthly benefit of **$117**

- **21%** MEAP enrollment (*energy assistance*),
  Average *annual* benefit of **$339**
Nursing Home
- 17% of population
  $28,360: Average cost per admission

Hospital
- 28% of population
  $25,091: Average cost per admission
Key Findings

SNAP participation **Significantly Reduced**:

1. Odds of **nursing home admission and shorter stays**
2. Odds of **hospital admission and shorter stays**
3. Odds of **emergency department use and fewer visits**
Northwestern University health economists estimate that if BDT enrolled the 25,000 non-SNAP participants in our 2012 sample, costing $39 million...

• There would be a **$34 million savings** from reduced nursing home utilization

• There would be a **$19 million savings** from reduced hospital utilization
Research Implications for Low-Income Seniors

- Over 5.5 million eligible low-income seniors are not enrolled in SNAP nationwide.

- Estimated healthcare savings of $2,300 per senior SNAP enrollee per year / $6,900 over 3-year recert period.

- Closing the senior SNAP participation gap can produce an estimated $38 billion in nationwide healthcare savings.
Enrollment in Programs Can Change Lives

• Health outcomes improve
• Kids do better in school
• Seniors age in place

“I just wanted to say how grateful I am for his help and the coverage he helped me regain after my husband lost his job”

- Ms. M, age 44

On average, BDT increases household income by 12%
Programs Exist to Help

**FOOD**
- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Program for Women Infants and Children (WIC)
- National School Lunch & Breakfast Program (NSLP) (SBP)
- Commodity Supplemental Food Program (CSFP)
- Senior Farmers’ Market Program (SFMNP)
- The Emergency Food Assistance Program (TEFAP)
- Meals on Wheels
- Community Feeding Programs
- Emergency Food Programs

**SHELTER**
- Low Income Home Energy Assistance Program (LIHEAP)
- Weatherization Assistance Program (WAP)
- HOME Investment Partnerships Program
- Property Tax and Rent Rebate Programs
- Housing Choice Voucher Program (Section 8)
- HUD Public Housing Program
- Rural Rental Assistance & Housing Program
- State and Local Rehabilitation Programs
- Utility grant programs

**INCOME & EDUCATION**
- Early Intervention Programs
- Head Start/Early Head Start
- Unemployment Insurance
- Temporary Aid to Needy Families (TANF)
- Social Security Insurance (SSI)/SSDI
- Financial Literacy Education
- Child Care Subsidy
- Job Training

**HEALTHCARE**
- Medicaid/CHIP
- Medicare
- State Prescription Assistance Programs (SPAP)
- Extra Help Low Income Subsidy (LIS)
- Medicare Savings Program (MSP)
- Healthy Start/prenatal programs
- MCH Home visitation programs
For Some Programs Participation Remains Low

Only 42% of eligible seniors Access SNAP
30% of working poor fail to access SNAP

Fewer than 1/3 of eligible Medicare beneficiaries are enrolled in Medicare Savings Programs

Over 2 million eligible seniors fail to access the Medicare Part D Low Income Subsidy

37% of eligible mothers fail to access WIC
Connecting the Dots on SDOH

Clinical Settings

Social Services

State HHS Agencies
Align Human Services & Healthcare Design

Build Scalable Human-Centered Eco-systems

Clients’ needs are complex, but the eco-system that serves them must be simple. Available services & supports must be well-coordinated and easy to access in order to increase participation rates and improve health.

Connect Health & Human Services Data & Delivery

Local and state human service agencies can and should work more closely with health care plans & providers to understand how specific human service supports improve health outcomes/reduce health care costs for specific populations.

Engage in Value-Based Payment Reform

As payment models shift from fee-for-service to value-based reimbursements, social service interventions must be integrated into health delivery systems. Aligning clinical care needs with social support interventions reduces costs and improves patient outcomes.
He went above and beyond the call. I’m an old man, and I don’t understand half of these things. Every question I asked him, he gave me a good answer in a language I can understand. He did a wonderful, wonderful job.

-Mr. M, age 71