

Adding SNAP benefits for older adults in Medicare, Medicaid can reduce hospital visits, healthcare costs

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Supplemental Nutrition. Credit: UNC School of Medicine

Food insecurity among older adults takes a toll on the nutrition and health of those affected. According to data from 2019, 5.2 million people age 60 and above in the U.S. were food insecure—equaling 7.1%

of that population—and that number has likely grown during the COVID-19 pandemic.

Older adults facing [food insecurity](#) are more likely to have [chronic health conditions](#) like depression, asthma, diabetes, congestive heart failure and heart attack. Only 48% of [older adults](#) who qualify for the Supplemental Nutrition Assistance Program (SNAP), which provides benefits to supplement budgets to purchase healthy and nutritious foods, are enrolled in the program.

A study published in the *Annals of Internal Medicine* shows the importance of older adults taking advantage of this nutrition benefit, as it is associated with fewer hospital visits and lower healthcare costs.

"Providing income support for older adults is incredibly important for health," said study lead author Seth A. Berkowitz, MD, MPH, assistant professor of general medicine and epidemiology at the UNC School of Medicine. "Along with affecting the foods they have access to, [food insecurity](#) can force people to choose between food and medications or other [basic needs](#), and worsen mental health. All of this takes a toll on what is already a group at high risk for poor health outcomes."

The [study](#) used a unique circumstance to better evaluate the association between SNAP participation and healthcare use and cost. In 2017, Benefits Data Trust – a national nonprofit dedicated to helping people access essential public benefits and services—was contracted by the North Carolina Department of Health and Human Services to help people age 65 and over who were dually eligible for Medicare and Medicaid enroll in SNAP. BDT provided outreach to these individuals by mail, a telephone-based screening, and—if the person chose to enroll in SNAP—the nonprofit would aid in filing an application. This circumstance allowed for previously unavailable linkages among [data sets](#) related to SNAP outreach, SNAP participation, and health care use

and cost.

Researchers used data from BDT's outreach to more than 115,000 people age 65 and older in North Carolina between 2016 and 2020 who were dually eligible for Medicare and Medicaid, and were eligible for SNAP but not enrolled. Almost 5,100 of those who received outreach about SNAP benefits enrolled in the program. SNAP enrollment was associated with a decrease in inpatient hospitalizations, emergency department visits, long-term care admissions, as well as fewer dollars in Medicaid payments per person per year.

"Billions of dollars in food and healthcare assistance go untapped every year, often because people aren't aware they are eligible or they are not sure how to access them," said Pauline Abernathy, chief strategy officer at BDT. "These research findings show that data-driven outreach and application assistance significantly increase SNAP participation, which in turn markedly improves [health](#) and lowers Medicaid costs. With millions of people 65 and older eligible but not participating in SNAP, this research underscores the urgent need to increase outreach and streamline enrollment."

More information: Seth A. Berkowitz et al, Supplemental Nutrition Assistance Program Participation and Health Care Use in Older Adults A Cohort Study, *Annals of Internal Medicine* (2021).

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