

## **Spoken Testimony to the National Commission on Hunger**

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Ginger Zielinskie, President, Benefits Data Trust, [gzielinskie@bdtrust.org](mailto:gzielinskie@bdtrust.org)

Thank you to the Commission for providing the forum to engage in this critical discussion.

My name is Ginger Zielinskie, and I serve as President of [Benefits Data Trust \(BDT\)](#), a national not-for-profit committed to transforming how people in need access public benefits. BDT works with diverse [government and private sector partners](#) to use data-driven strategies to identify individuals likely eligible, but not receiving public benefits. Since our inception in 2005, Benefits Data Trust has successfully completed more than 460,000 benefit applications that help eligible individuals better afford food, shelter, and healthcare.<sup>1</sup>

Hunger in America is a complex and multi-faceted challenge with diverse and meaningful solutions. I will depend on my esteemed colleagues to provide the larger context, and outline the challenges we collectively face. I will focus my comments on two distinct points that BDT believes are valuable to informing the dialogue and the Commission's recommendations moving forward.

**First** - Tackling hunger and increasing access to SNAP and other benefits makes good fiscal sense.

**Second** - Government must build person-centered delivery systems and utilize data available to serve individuals and families comprehensively.

1. **Hunger Prevention is a critical investment that saves government money and improves outcomes for diverse populations in need:** When hungry people eat and are able to meet their basic needs, better outcomes are achieved and they cost the safety net significantly less, over time. At present, BDT is engaged in [research](#) connecting SNAP and LIHEAP enrollment data with Medicare

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<sup>1</sup> BDT operates Benefits Centers in Pennsylvania, Maryland, New York, South Carolina, and Colorado. BDT supports applications for the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Medicare Savings Program (MSP), Prescription Assistance, Medicare Low-Income Subsidy (LIS or "Extra Help"), Property Tax and Rent Rebates, and others.

and Medicaid healthcare claims data. The research shows that when low-income seniors who are dually eligible for Medicaid and Medicare are able to access SNAP and LIHEAP, they are 30% less likely to be admitted to a nursing home. The larger the monthly benefit amount, the stronger the impact. The average SNAP benefit amount for a senior is \$1,608 per year.<sup>2</sup> In comparison, the average cost for a dual-eligible senior to be housed in a nursing facility is \$80,000 per year.<sup>3</sup> Despite the large potential savings and improved outcomes associated with SNAP, data shows that less than *half* of dual eligibles are currently enrolled in SNAP.<sup>4</sup> This must change.

In addition to the moral case that no one in this country should go hungry, there is a strong economic case that helping vulnerable people access food is a good investment that can have a significant impact on curbing healthcare costs, specifically [long-term care costs](#), a line item much larger than [what we spend on nutrition programs](#) overall.<sup>5</sup>

- 2. In order to truly alleviate hunger in this country, vulnerable individuals and families need to be served comprehensively and the systems that serve them must become integrated.** Hunger cannot be solved in a vacuum, and services can no longer be delivered in silos. The system as it is designed now is fragmented and hard to navigate. Applications are often complicated, intimidating and challenging to complete. Local, state and federal agencies must commit to person-centered service delivery and must work to break down institutional barriers to access. Antiquated systems and processes must be replaced with 21<sup>st</sup> century technological systems supported by data-driven efforts, to ensure that individuals' needs are met comprehensively.

Specifically, federal and state data can and should be used to ensure that low-income individuals and families in need are served comprehensively. For example, under the leadership of HHS and USDA,

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<sup>2</sup> See "Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2013," USDA Food and Nutrition Service, December 2014. Accessed at <http://www.fns.usda.gov/sites/default/files/ops/Characteristics2013.pdf>

<sup>3</sup> See Genworth 2015 Cost of Care Survey, accessed at [https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/cost-of-care/118928USA\\_040115\\_gnw.pdf](https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/cost-of-care/118928USA_040115_gnw.pdf)

<sup>4</sup> See "Trends in Supplemental Nutrition Assistance Program Participation Rates: Fiscal Year 2010 to Fiscal Year 2012," Mathematica Policy Research for USDA Food and Nutrition Service, July 2014. Accessed at <http://www.fns.usda.gov/sites/default/files/ops/Trends2010-2012.pdf>

<sup>5</sup> In FY2013, federal and state spending on Medicaid long-term services and supports (LTSS) totaled \$146 billion. In FY2015, the USDA will spend approximately \$106 billion on all nutrition assistance programs (SNAP, WIC, school meals, CACFP, etc.)

several states have [leveraged SNAP enrollee data](#) to increase access to health insurance programs, saving states significant administrative time and money and helping hundreds of thousands of vulnerable Americans access healthcare.<sup>6</sup>

Similarly, USDA has been proactive in developing the [Elderly Simplified Application Program \(ESAP\)](#) which allows state agencies to use existing data and simplified processes to break down barriers to access for seniors in need. At present only six states utilize this demonstration program. Congress has the opportunity to convert this successful demonstration program into a state option, making it easier for states to employ.<sup>7</sup> By approving this [budget request](#), Congress will demonstrate their commitment to streamlined, data-driven service delivery for vulnerable seniors across the country.

Using data in this way should no longer be an exception, but needs to become the standard. Federal and state policies need to better support [cross-agency data-sharing](#) and [health and human service integration](#). Data and technology must be better leveraged in order to reduce barriers to access to ensure that eligible children, families and seniors get the help they need when they need it most so that they can work toward a healthier, more financially independent life.

## **Conclusion**

As Alfred Marshall, one of the founders of economics wrote, “The most valuable of all capital is that invested in human beings.” Anti-hunger programs are investments in human capital that help kids [thrive in school](#), [improve health outcomes](#) for low-income individuals and allow seniors to [age in place](#) with dignity. It is our shared responsibility to ensure that we fully leverage these investments by using available resources, like data, more effectively and building service delivery systems that are person-centered and serve individuals and families comprehensively. Not only is this our shared moral imperative, it is a critical and smart investment that will generate strong returns now and in the future.

Thank you for your time and the opportunity to comment.

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<sup>6</sup> See “Targeted Enrollment Strategies” at <http://www.medicaid.gov/medicaid-chip-program-information/program-information/targeted-enrollment-strategies/targeted-enrollment-strategies.html>

<sup>7</sup> See USDA’s FY2016 Budget Summary and Annual Performance Plan, pages 11, 56 and 135. Accessed at <http://www.obpa.usda.gov/budsum/fy16budsum.pdf>