

Leveraging Digital Social Care Infrastructure to Facilitate Access to Food & Nutrition Services



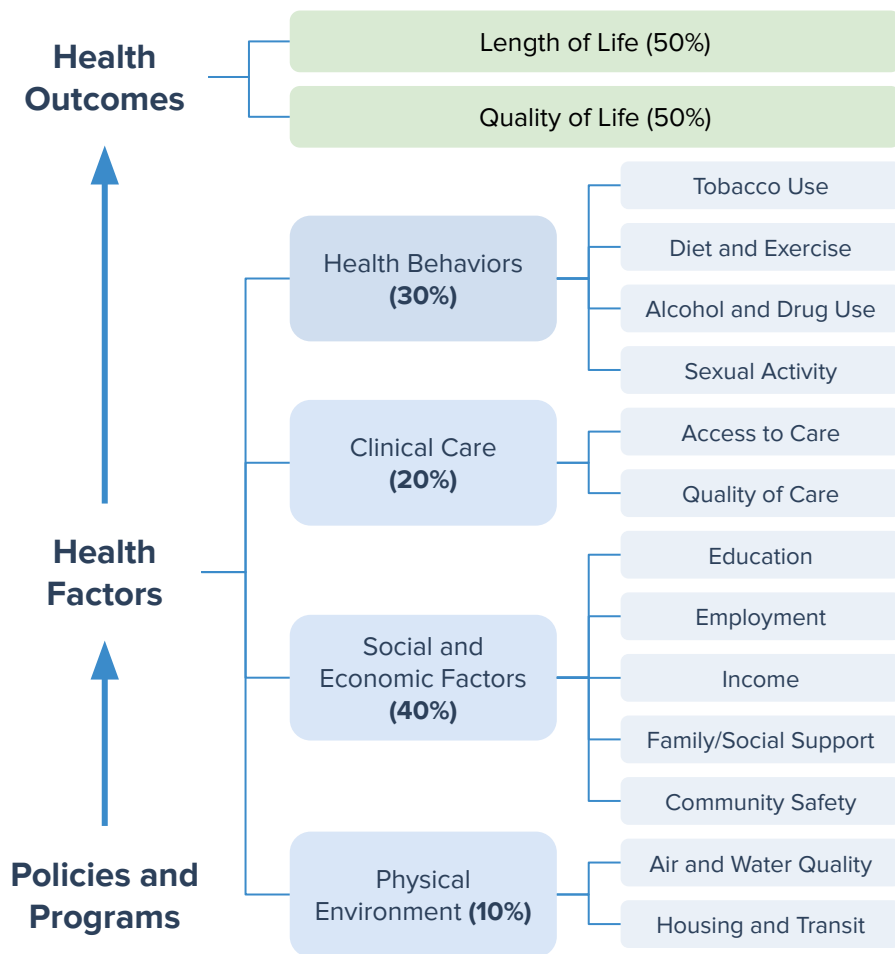


**80% of health happens in
the community.**

Source: Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135.

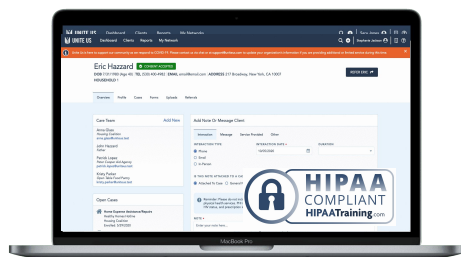
Social and behavioral factors contribute more to outcomes than clinical factors.

Changing health outcomes requires a focus beyond just clinical care and coordination.



Unite Us Coordinated Care Networks Are...

Human Centric. Community Focused. Tech Enabled. Data Driven.



Tech Enabled

Screening → Referral(s) → Coordination
Social Care Records (EMPI)
Data Security & Compliance
EHR Interoperability



Community Focused

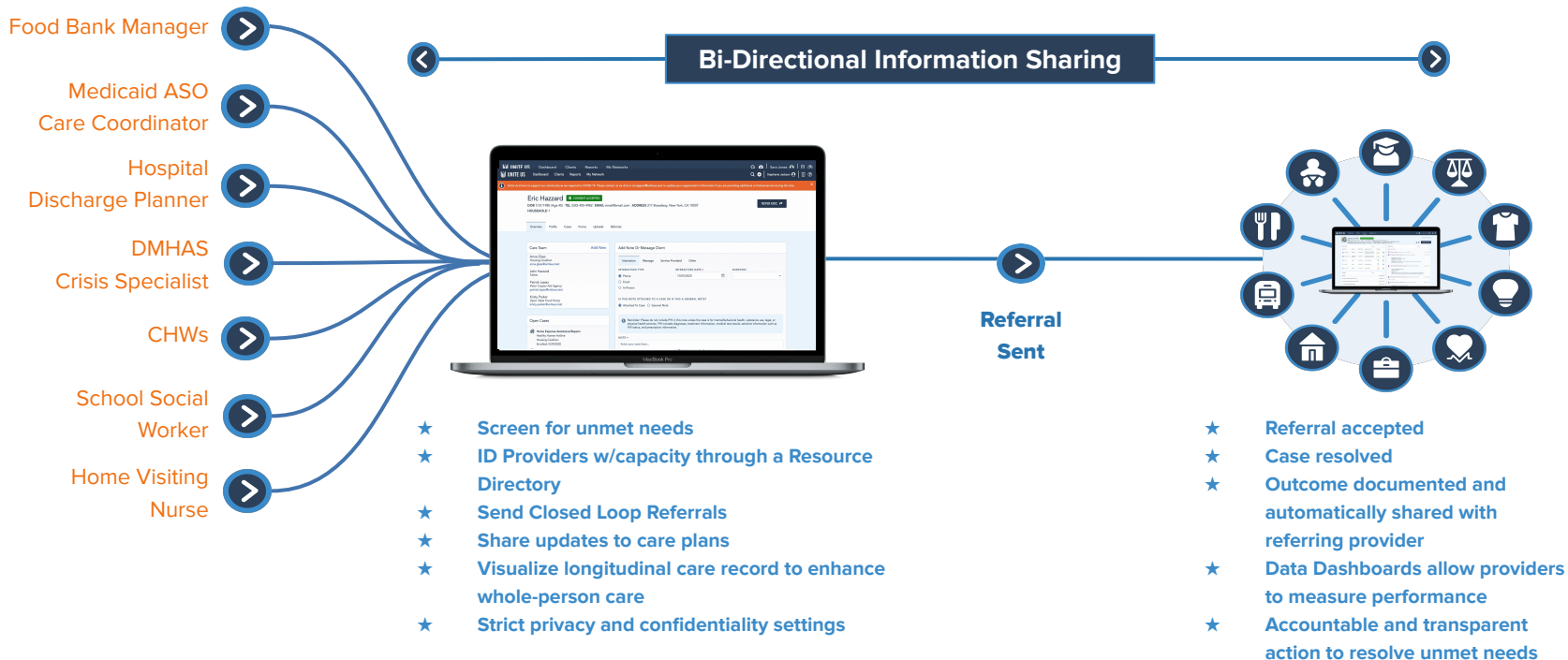
Localized Human-Centric Approach
Community Engagement
Network Optimization
Care Coordinators



Data-Driven

Outcomes Real-Time Data Tracking
Aggregate Data Visualizations
Client-Level Individual Data
Modeling/Analytics

Statewide Care Coordination Through An Accountable “No Wrong Door” Approach



SDOH Infrastructure To Enhance Care Coordination

2013

Unite Us was Founded

44+

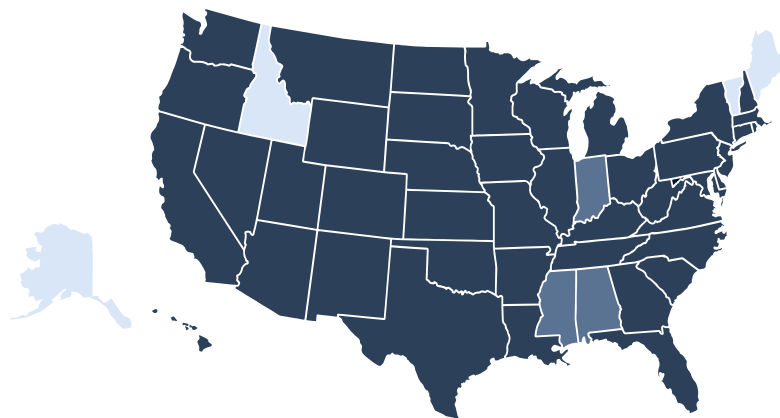
States with Unite Us networks

22

States with Statewide networks

1,000+

team members in 49 states



155k+

Quality services offered
In-Network (+345k
Out-Of-Network)

< 2 days

Average time to referral
acceptance

73%

Of all needs resolved (outcomes)

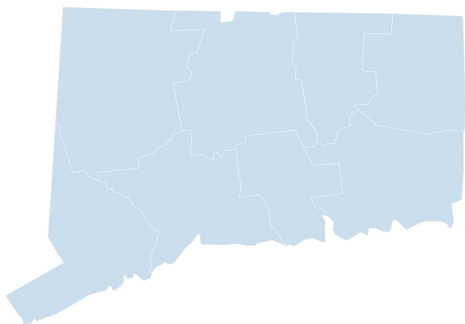
As of: 1/30/2022

18.7M+

Lives reached by Unite Us network

Unite Connecticut

Statewide Coordinated Care Network Established in 2019 with CT Hospital Association



Yale
NewHaven
Health



1,175+ engaged programs

offered at 575+ locations in CT and supported by hundreds of accountable organizations.

75% of referrals result in services

Partners in CT connected clients to more services to meet their needs

2.8 days

Average referral resolution time after acceptance

2.3 days

Average referral resolution time for BIPOC Individuals

8,500+

Service episodes for BIPOC individuals with Benefits Navigation, Food Assistance and Housing being the top three needs

“All are healthy, secure and thriving”

Unite Us is accelerating measurable progress towards DSS vision.

WHO was served

8.6k high need residents connected to care

- **+130%** increase from '21 to '22

17.7k unique care cases supported

Diverse engagement across high need population segments:

- **500** new mothers
- **1.5k** veterans
- **1.2k** seniors
- **400** children
- **4k** racial/ethnic minorities

HOW were they served

Top services delivered to residents*:

- **3.6k** housing & shelter
- **2.7k** physical health
- **2.5k** food assistance
- **1.3k** clothing & HH goods
- **1.3k** indiv & family support
- **1.1k** utilities
- **1.1k** transportation
- **912** mental/beh health
- **909** education

*Unique
services cases

Care connections originated by sector:

- **50%** CBOs/Non-Profits
- **25%** health providers
- **10%** government entities
- **5%** health plans

WHAT was the impact

\$13.8M forecasted in cross-sector value

Value Domains:

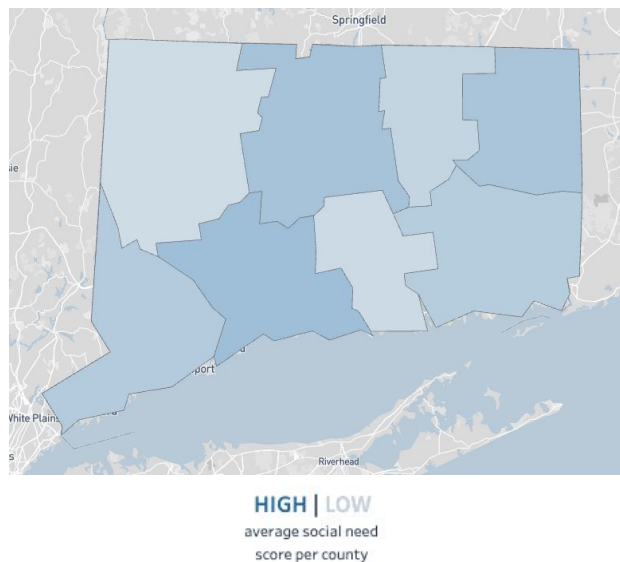
- Reduced healthcare costs
- Reduced public program costs
- Reduced economic opportunity costs

Who Benefits:

- Government
- Healthcare Organizations
- Residents
- CBOs
- Employers

974k of the 3.6M CT residents represent significant levels of social and economic vulnerability

Average Social Needs Score (SNS) by County



Top Needs



High Need Member Segments:



Case Study: PHS Food & Nutrition Services Bundle

Coordination in NYC with health plan members, hospitals, and food providers

One of our networks consists of food and nutrition service providers that focused on **871** households in **under ten months**. In that timeframe, they were already able to demonstrate:

71%

of patients reported emergency food needs

86%

of referrals resulted in a CBO documented outcome

57%

Of referrals resulted with enrollment in food and nutrition services

67% not enrolled in SNAP at time of service

37% were Older Adults (60+)

21% Pregnant and/or with young child(ren)

78% enrolled in Medicaid after service

\$1.1 million

Estimated annualized Medicaid savings



Unite Us Payments Technology is Meeting Market Demands with Innovation

A comprehensive solution that enables social care funding at scale

Pay for interventions that drive outcomes

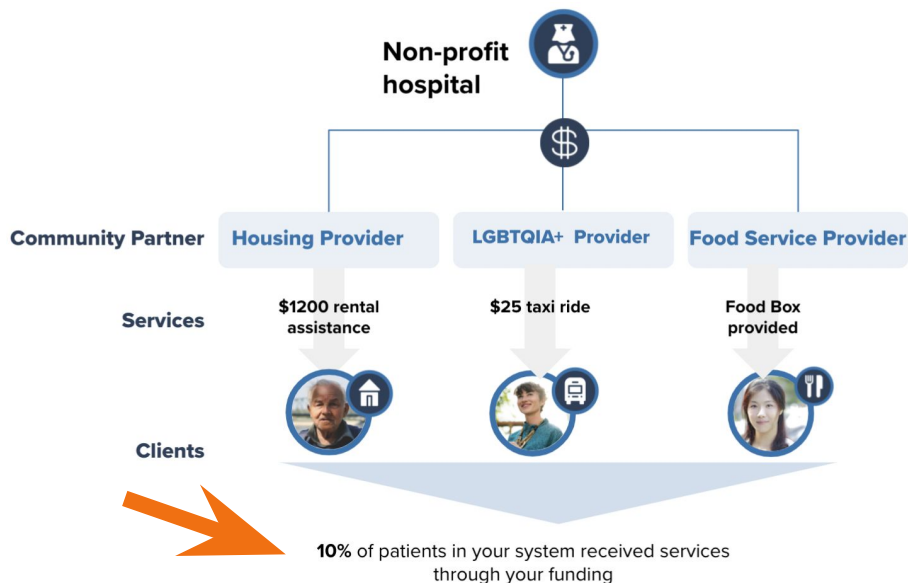


**Community Investment Solution
(2021)**

**Community Benefit Solution
(2022)**

**Social Care Payments Solution
(2022)**

CBOs receive funds upfront and track spending as part of the Unite Us referral management workflow



Proprietary and Confidential

Integrated Process

1. **Fund CBOs in your community** to address the needs of the population
2. **CBOs serve, refer, and close the loop** for their clients in Unite Us so people get the help they need
3. **Funded services are tracked** in real-time as an integrated step within the Unite Us referral workflow
4. **Real-time dashboards illustrate value** so that you can see how your funding is serving the community, and where there are unmet needs
5. **Annual patient-matched reporting** allows you to understand how your funded organizations are serving your patients (de-identified)
6. **Continuously improve investments** using data and visualizations that give you visibility to outcomes and equity

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