



## **RESEARCH BRIEF #102**

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# **Medicaid-Insured Older Adults on SNAP May Have Stronger Medication Adherence**

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and Gabriella Alphonso**

### **KEY FINDINGS**

- Older adults on Medicaid who have been diagnosed with hypertension and who have ever participated in the Supplemental Nutrition Assistance Program (SNAP) in Missouri were 12 percentage points (PP) more likely to take their prescribed antihypertensive medication than those not connected to SNAP.
- Longer duration and consistent receipt of SNAP was associated with higher levels of medication adherence.
- Older adults who experienced gaps in SNAP participation had lower levels of medication adherence.
- Strategies to coordinate SNAP and Medicaid enrollment and recertification for older adults eligible for both programs may promote health by supporting adherence to prescribed treatment plans.

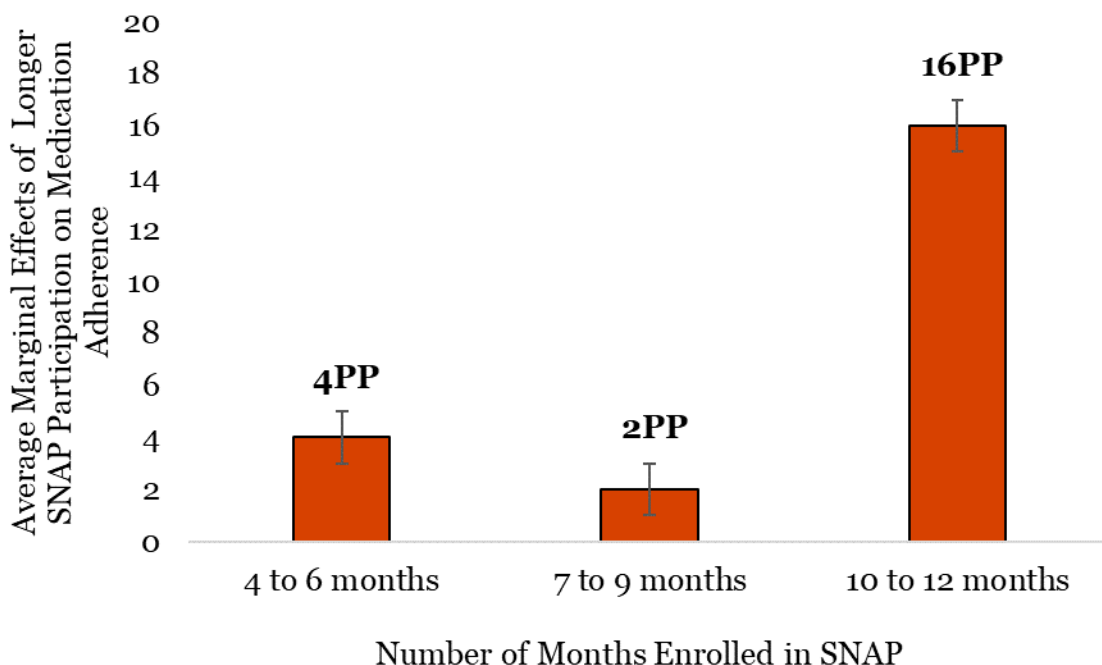
The Supplemental Nutrition Assistance Program (SNAP)—the largest food and nutrition assistance program in the United States—could protect against medication non-adherence (i.e., not taking medication as prescribed). Taking medication as prescribed is critical for older adults with hypertension (higher than normal blood pressure),<sup>1</sup> as non-adherence to antihypertensive medication may worsen poor health outcomes and is associated with an increased likelihood of hospitalizations and higher healthcare costs.<sup>2-</sup>

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This brief summarizes the findings from [our recent study](#), which linked Missouri Medicaid administrative claims data to SNAP data from 2006 to 2014. We analyzed the association between the duration and patterns of SNAP participation and adherence to antihypertensive medications among Medicaid-insured individuals aged 60 years and older.<sup>5</sup>

## Older Adults Who Participate in SNAP Longer Had Better Medication Adherence

Medicaid-insured older adults living with hypertension who participated in SNAP were 9 percentage points (PP) more likely to refill their antihypertensive medications as prescribed compared to those who were not enrolled in SNAP programs. Notably, we found that the number of months on SNAP improved medication adherence. For example, the likelihood of medication adherence was 16PP higher among those enrolled in SNAP for 10 to 12 months compared to those enrolled for 1 to 3 months (see Figure 1). The difference in the duration of SNAP participation may be linked to administrative churn—defined as SNAP disenrollment and re-enrollment within 4 months, resulting in a gap in benefits. Churn often occurs when an individual needs to recertify their eligibility for benefits.<sup>6</sup>



**Figure 1: Increase in Probability of Medication Adherence among Average SNAP Participants Relative to 1 to 3 months of SNAP Participation**

*Data Source:* Missouri Medicaid Administrative Claims Data and SNAP Data, 2006-2014 (N = 33,347 older adults). *Note:* PP=percentage points. Error bars represent 95% confidence intervals.

## Continuous SNAP Participation May Support Medication Adherence

We found that older adults who transitioned off SNAP or who participated intermittently were 14-15 pp less likely to adhere to their medications compared to those who participated continuously. Although we cannot determine why continuous SNAP participation supports medication adherence, one possibility is that the loss of SNAP benefits leads low-income older adults to reallocate their limited resources from medication to food, which could lead to medication non-adherence.

# Coordinating Enrollment in SNAP and Medicaid May Have Health Benefits for Eligible Older Adults

Our study shows that Medicaid-insured older adults who received SNAP benefits for a longer period may be more likely to take their hypertension medication as prescribed. Previous studies have shown that medication nonadherence is related to adverse outcomes, such as poorer health, uncontrolled hypertension and hospitalization, and this association is worse for lower income individuals.<sup>6</sup> Although existing policy efforts like the Elderly Simplified Application Project (ESAP) aim to simplify the SNAP application and recertification processes for older adults, there may also be health benefits to improving the coordination and synchronization of SNAP and Medicaid enrollment, and recertification for individuals who are eligible for both programs.<sup>7,8</sup>

## Data and Methods

Our sample included 69,823 older adults, 60 years and over, who were continuously enrolled in Medicaid for 12 months following their first observed claim for hypertension at or after age 60 (referred to as the 12-month continuous enrollment period). Using Missouri Medicaid administrative claims data and SNAP data from 2006 to 2014, we measured medication adherence using the proportion of days an individual had access to antihypertensive medications (as evidenced by refills), duration of SNAP participation, SNAP participation pattern (continuous versus SNAP exit, SNAP entry or intermittent SNAP), and whether SNAP benefits were received. Further details on how our research was conducted, including the full list of controls used, can be found in the [published study](#).<sup>5</sup>

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