

# Proposal: Investing in West Avenue Compassion

## Upstream Social Determinants of Health (SDoH) Intervention for Downstream Cost Savings

**Organization:** West Avenue Compassion (WAC) [westavenuecompassion.org](http://westavenuecompassion.org)

**Tagline:** *Moving Forward, Together*

**Approach:** Asset-Based Community Development (ABCD) Model

### Executive Summary

West Avenue Compassion (WAC) is a community-based organization in San Antonio providing **upstream intervention in the Social Determinants of Health (SDoH)** for the most vulnerable members of our community.

Each year, WAC:

- Serves **approximately 120,000 underserved individuals**
- Distributes **375 tons of food**
- Provides **housing, healthcare, and mental-health navigation/advocacy for 14,000+** of the most vulnerable members of our community
- Leverages over **12,000 volunteer hours**
- Connects residents to **primary care, preventive screenings, maternal and child health resources, employment pathways, and social support**

Our thesis is straightforward:

If we intervene **early** on food security, housing stability, access to care, maternal/child health, and employment, we prevent crises that are far more expensive to manage later in hospitals, jails, shelters, and social-service systems.

We are seeking **investment from hospital systems, health plans, corporations, and government agencies** to expand and formalize these upstream SDoH interventions as a **cost-saving strategy** for downstream systems.

This proposal outlines the **case for investment**, supported by evidence from health-economics research and the demonstrated success of similar upstream models.

## The Problem: The High Cost of Downstream Crises

Across the United States, the most expensive costs in healthcare and social systems are driven not by routine primary care, but by **avoidable crises** that emerge when SDoH are ignored:

- Food insecurity and unstable housing lead to **worse chronic disease outcomes** and increased emergency department (ED) use.
- Lack of access to primary care and health literacy pushes people into **ER-only health care**, often at a much higher cost per episode.
- Unaddressed social stressors and lack of support contribute to **mental and behavioral health crises**, substance misuse, and involvement in the criminal justice system.
- Maternal and early childhood risk factors, if unaddressed, lead to **costly complications**, NICU stays, developmental delays, special education needs, and long-term health burdens.

Research consistently shows that a relatively small number of high-need individuals account for a disproportionately large share of healthcare costs, often due to unmet social needs like housing, food, transportation, and social support.

Addressing these needs **earlier and in the community** significantly reduces downstream utilization and costs.

## Why Social Determinants of Health (SDoH) Matter

The **World Health Organization** and the **U.S. Department of Health and Human Services** estimate that **social and economic factors account for a large portion of health outcomes**, often more than clinical care itself. SDoH include:

- Economic stability (income, employment, food security)
- Neighborhood and physical environment (housing, transportation, safety)
- Education and vocational opportunity
- Social and community context (support networks, isolation, stress)
- Health care access and quality (primary care, screenings, navigation)

When SDoH are neglected, **costs shift downstream**:

- Higher rates of preventable ED visits and hospitalizations
- Increased use of crisis mental-health and substance-use services
- Higher rates of homelessness, incarceration, and recidivism
- Lost productivity for employers and the economy

Conversely, **upstream, community-based SDoH interventions** have repeatedly been shown to be **cost-effective, and often cost-saving**, especially when focused on high-risk populations and early in the trajectory of need.

## WAC's Upstream Role in the SDoH Ecosystem

West Avenue Compassion operates as a **front-door, community-driven hub** addressing multiple SDoH domains simultaneously.

Each year, WAC addresses:

- **Food Security:** Distributes approximately **375 tons of food**, stabilizing immediate hunger and enabling residents to redirect limited income toward rent, medications, and transportation.
- **Health Access & Advocacy:** Through our **Community Health Advocacy Program**, we help **thousands of people with health concerns who have no idea how to access the health system** — connecting them to primary care, safety-net clinics, screenings, and follow-up care **before conditions worsen** and become high-acuity, high-cost events.
- **Housing & Stability:** We assist residents in finding stable housing, avoiding eviction, and connecting with rental and utility support, reducing the risk of homelessness and associated crisis costs.
- **Maternal, Women's, and Children's Health:** We run a robust **Women's, Mother's, and Children's program**, connecting pregnant women and young families to WIC, Healthy Start, prenatal care, early childhood interventions, and developmental supports — all of which are known to dramatically reduce neonatal and long-term costs.
- **Preventive Health Screenings & Education:** In partnership with **Methodist Healthcare Ministries** and local university nursing programs, we provide **upstream health screenings and education**, catching and addressing risk factors long before they require high-cost interventions.
- **Cancer Prevention:** In partnership with **Christus Santa Rosa**, we arrange **mammograms for early detection of breast cancer** — far less costly to treat in early stages and far less disruptive to families.
- **Behavioral Health & Social Support:** Through our partnership with the **H. E. Butt Foundation's Congregational Collective**, we participate in **upstream screening and intervention for behavioral health and related SDoH**, helping individuals get connected before crises spiral into hospitalization, homelessness, or incarceration.
- **Employment & Vocational Pathways:** We support community members in **finding jobs and vocational training**, which improves income stability, reduces reliance on social services, and improves overall health outcomes.
- **Volunteer Activation:** With **12,000 volunteer hours annually**, we generate significant social capital and extend the reach of services without equivalent payroll expense, while also engaging community members as co-producers of health rather than passive recipients.

Our approach is **Asset-Based Community Development (ABCD)**: we see our neighbors not as bundles of deficits, but as individuals with strengths, capacities, and potential. We build on what is already present in the community and connect it to broader institutional resources. This not only honors human dignity but also **multiplies the return on every dollar invested**, because community members become part of the solution.

## Evidence: Upstream SDoH Intervention is Cost-Saving

While WAC's own data are still being quantified for formal ROI reporting, **we stand on strong empirical evidence** that upstream, community-based SDoH interventions reduce downstream costs:

- **Preventive and early interventions in mental and behavioral health**, especially when integrated into community settings, have been shown in systematic reviews to be **cost-effective or cost-saving** in a majority of cases, particularly when targeted to at-risk populations.
- Community delivered prevention programs have demonstrated **thousands of dollars in annual healthcare savings per person** served, through reduced ED visits, fewer inpatient stays, and improved chronic disease control.
- Integrated behavioral health and primary care models often report **10–20% reductions in overall healthcare costs** for patients receiving such holistic care.
- Programs that address **housing instability and homelessness** through supportive housing and upstream interventions consistently show **net savings** when compared with the costs of repeated shelter use, ED visits, hospitalizations, and incarceration.
- Maternal and early childhood interventions are among the **highest ROI social programs**, with some analyses estimating **returns of \$3–\$7 for every \$1 invested**, due to reductions in complications, NICU stays, special education, and later health and justice system involvement.

Given that WAC is working precisely with high-need, high-risk populations on multiple SDoH fronts, it is reasonable to expect that **similar or greater cost savings** are being generated right now — even before formal shared-savings models are in place.

## Partnerships that De-Risk Investment

WAC is not starting from scratch. We are already embedded within a network of respected institutions, including:

- **H. E. Butt Foundation's Congregational Collective** – using a proven funding approach with hospital systems to demonstrate the value of upstream SDoH and behavioral-health interventions.
- **Methodist Healthcare Ministries** – partnering on upstream health education and screening.
- **Christus Santa Rosa** – providing mammograms for early breast cancer detection.
- **Local University Nursing Schools** – delivering community health screenings and education at WAC.
- **WIC and Healthy Start Programs** – collaborating on early childhood and maternal health.

- **Free and Safety-Net Clinics** – WAC identifies individuals with no primary care options and guides them into appropriate clinics for ongoing management instead of episodic emergency care.

These partnerships demonstrate that **major regional health and social institutions already recognize WAC as a trusted upstream partner**. With additional investment, we can scale and formalize this existing collaborative infrastructure into a more systematic SDoH intervention platform.

## What We Are Asking From Downstream Stakeholders

We are inviting **hospital systems, health plans, government agencies, and corporations** to fund WAC’s upstream SDoH work not as “charity,” but as a **strategic investment in cost avoidance and risk reduction**.

Specifically, we propose:

1. **Multi-year funding commitments** to expand WAC’s SDoH interventions (food security, health advocacy, housing stability, maternal/child programming, employment support) in targeted high-risk populations.
2. **Data-sharing and evaluation partnerships** to track downstream indicators such as ED utilization, inpatient admissions, avoidable readmissions, homelessness episodes, and justice system involvement among WAC-engaged individuals.
3. **Shared-savings or value-based arrangements** in which a portion of documented downstream savings is reinvested into WAC to further expand upstream impact.
4. Integration of WAC into **Community Health Needs Assessments (CHNA)** and population health strategies as an on-the-ground partner helping health systems and payers meet regulatory, community benefit, and value-based care objectives.

## Anticipated Returns on Investment

While precise local ROI will be developed through joint data analysis, a conservative framing for potential returns might include:

- **Reduced ED visits and hospitalizations** among WAC-engaged individuals who would otherwise rely on emergency care for unmanaged chronic conditions or crises.
- **Reduced NICU and maternal complication costs** due to earlier prenatal care, breastfeeding support, and infant developmental interventions.
- **Lower rates of homelessness and eviction**, reducing use of shelters, crisis housing, and associated health and justice system interactions.
- **Improved workforce participation**, leading to fewer disability claims, increased local economic stability, and better outcomes for employer partners.

- **Enhanced community trust in health systems**, making it easier for hospitals, insurers, and public agencies to implement other initiatives in these communities.

Even modest percentage reductions in these high-cost events can translate into **millions of dollars in savings annually** at the system level. Investing in WAC's upstream SDoH interventions is among the most efficient ways to capture those savings while simultaneously improving human lives.

## Why West Avenue Compassion

WAC is uniquely positioned because:

- We are **trusted by the community**, with longstanding relationships and a proven presence.
- We are **asset-based and community-driven**, not imposing services from above but building from within.
- We already **serve at scale** (120,000 people annually) with relatively modest resources, indicating high efficiency.
- We are **deeply integrated with local institutions** (HEB Foundation partners, hospital systems, universities, WIC/Healthy Start).
- We focus explicitly on helping people **before they hit “rock bottom”**, when interventions are both more humane and less expensive.

In short, WAC functions as **an upstream SDoH intervention hub**. Strengthening WAC strengthens the entire regional health and social ecosystem.

## Conclusion and Next Steps

We invite you to:

- **Partner with West Avenue Compassion as an upstream SDoH investment**, not just a grantee.
- Collaborate on a **joint impact and ROI framework** that quantifies avoided costs in healthcare, housing, justice, and social services.
- Work with us to **design multi-year funding agreements** or value-based contracts that align your financial incentives with community well-being.

By investing in West Avenue Compassion, you are:

- Reducing downstream costs and risk to your own systems

- Improving health outcomes and equity
- Strengthening families and neighborhoods
- Living out a genuine commitment to *moving forward, together*

We would welcome the opportunity to meet with your leadership team to explore a customized upstream SDoH investment partnership tailored to your organization's goals and regulatory environment.

Respectfully,

Rev. Dr. Eric Buell

Executive Director