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Evidence Base

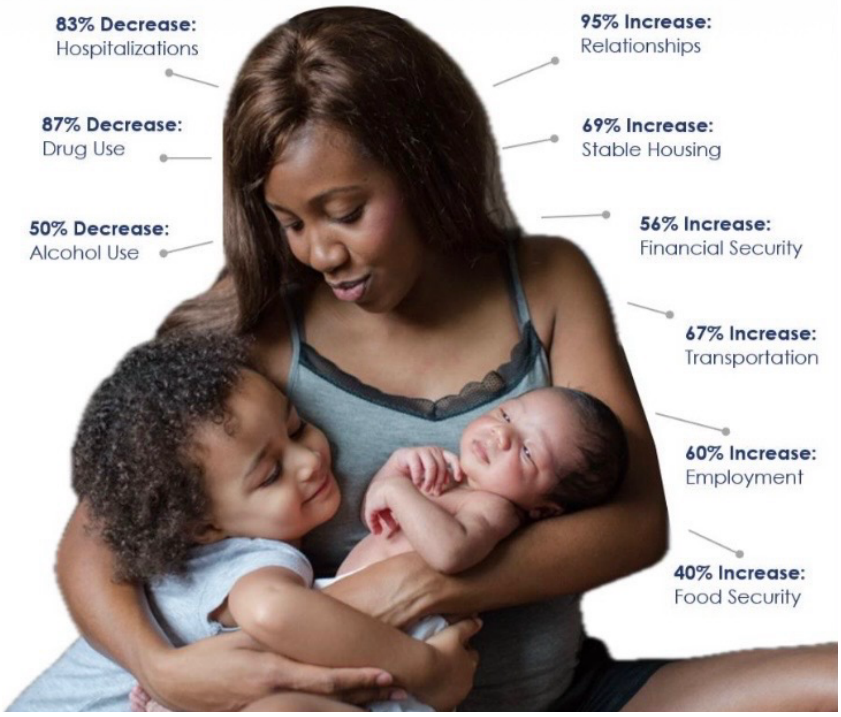
Measurable impacts for people and communities

OPEN TABLE Impact

OUTCOMES

Pre/post study of 30 pregnant and parenting mothers in recovery served by Open Table's Core Table and Network Table models in Virginia.

Funded by:
Elevance Health Foundation



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Executive Summary

Open Table's evaluations and partner reports track what happens when people can draw on lasting relationships and community networks.

The research behind Open Table

Open Table draws on a body of research spanning more than a decade. It includes peer-reviewed research, university case studies, Medicare practice data, Medicaid claims, and follow-up with Friends and volunteers. Together, these sources show how Tables work in different settings, what outcomes have been observed, and where more research is needed.

Why Open Table is evidence-informed. The National Collaborating Centre for Methods and Tools defines evidence-informed decision-making as bringing the best available research into decisions alongside local conditions, community preferences, and available resources. Open Table puts this into practice by using evaluations to learn how Tables work and training volunteers to start with the goals Friends choose. Tables then draw on the people and resources available in each community.

National Collaborating Centre for Methods and Tools, *A Model for Evidence-Informed Decision Making in Public Health*

Key Studies and Evaluations

Direct evaluations by outside researchers and partners (with detailed data points below)

- John VanDenBerg, PhD, led an independent follow-up evaluation of the 2013 Open Table graduates. A trained interviewer unaffiliated with Open Table conducted the interviews.
- Mayo Clinic researchers published a peer-reviewed study of the Network Table.
- A statewide Medicaid plan analyzed its claims and reported outcomes for members who received Network Table support.
- Joseph Weidner, MD, provided the practice data for the Family Medicine Practice Medicare Network Table pilot.
- The City of Phoenix Human Services Department analyzed the return on investment for completed Tables.
- Baylor University's Institute for Studies of Religion evaluated the Open Table model in Richmond, Virginia.

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Study Outcomes

John VanDenBerg, PhD

Independent graduate follow-up evaluation

95% reported lasting relationships with one or more former Table members, and 95% said they wanted to serve on a Table to help someone else.

Reported lasting relationships with one or more former Table members	**95%**
Wanted to serve on a Table to help someone else	**95%**

Cohort: 20 graduates interviewed.

Mayo Clinic

Peer-reviewed study of the Network Table

Volunteers spent a median of 47.5 hours working directly with each Friend. Eleven of the 12 participants (92%) resolved their primary social need.

Delafield et al. (2025), *A Community-Based Intervention to Address Social Determinants of Health*

median direct volunteer time per Friend	**47.5 hours**
of participants resolved their primary social need	**92%**

Cohort: 12 participants at a federally qualified health center.

Statewide Medicaid Plan

Medicaid Network Table

The plan reported 62% lower cost per member per month in the 12-month comparison. Reported savings per member were 252% higher than projected by the plan.

Lower cost per member per month in the 12-month comparison	**62%**
higher reported savings per member than projected by the plan	**252%**

Cohort: 142 members served in the 2024–2025 referral data. Behavioral health or substance use disorder accounted for 29% of this group. The report does not identify the cohort sizes for the cost comparisons.

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Maternal Health and Recovery

Maternal health and recovery in Virginia

Core Table and Network Table pre/post study

Open Table measured outcomes before and after participation in the Core Table and Network Table models among 30 pregnant and parenting mothers in recovery in Virginia. The Elevance Health Foundation funded the study.

Outcomes based on pre and post completion of the CMS-AHC Health-Related Social Needs (HRSN) validated screening tool.

Relationships	**95% increase**
Drug use	**87% decrease**
Hospitalizations	**83% decrease**
Alcohol use	**50% decrease**
Stable housing	**69% increase**
Transportation	**67% increase**
Employment	**60% increase**
Financial security	**56% increase**
Food security	**40% increase**

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Study Outcomes Continued

Family Medicine Practice

Medicare Network Table

At the HCC 3.0 eligibility threshold, the study model projected about 50% lower annual healthcare costs. For planning, Open Table uses a conservative estimate of $9 in projected healthcare savings for every $1 spent, or an 800% net return after program costs.

Projected reduction in annual healthcare costs	**About 50%**
projected healthcare savings per dollar spent	**9:1**
projected net return after program costs	**800%**

Cohort: The model used data from 43 enrolled patients with complete records.

City of Phoenix

Return on investment

The city estimated $7.44 in financial benefit to families per $1 invested.

in estimated financial benefit to families per $1 invested	**$7.44**

Cohort: 6 completed Tables.

Baylor University

Richmond return on investment

Baylor reported an estimated $20.07 return per $1 invested in a preliminary analysis of avoided public costs and additional tax revenue.

estimated return per $1 invested, as reported by Baylor	**$20.07**

Cohort: 8 Friends across 7 Tables in the ROI analysis.

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