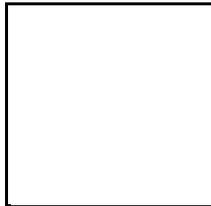


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Congress' food stamp cuts undermine efforts to reduce healthcare costs



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It's hard to imagine a more penny-wise, pound-foolish policy than Congress' latest cut to the food stamp program. The cut, which comes on the heels of the 5% across-the-board reduction in the Supplemental Nutrition Assistance Program imposed last November, will result in more obesity, more complications from diabetes and more hospitalizations—all to save \$8.6 billion over 10 years in a \$1 trillion farm bill.

This week's [cover story in Modern Healthcare](#) reports on the nascent efforts by some healthcare systems to address the social determinants of ill health. Providers looking to improve the overall health of the population they serve and to reduce hospitalizations increasingly recognize that they must deal with the social problems that lead to disease or it will undermine their efforts to treat it.

It's no mystery what those social problems are: poverty, unemployment, stress and malnutrition.

Food stamps help alleviate each of those problems. They reduce poverty by supplementing the incomes of the very poor. They create jobs because every additional dollar spent on food generates \$2 in additional economic activity. Economists consider food stamps the most effective form of government stimulus because of their high multiplier effect.

And, of course, food stamps relieve stress and malnutrition within poor families by putting more and better food on their tables. Malnutrition in both of its forms—not having enough to eat and poor nutrition—has a direct impact on health and healthcare spending. A study published last month in *Health Affairs* found that hospitalization for hypoglycemia—the low blood sugar that occurs when diabetics don't get proper nutrition—is 35% more likely among poor diabetics than among those with higher incomes.

Hospitalizations for hypoglycemia are also 27% more likely to occur in the last week of the month. Not coincidentally, that is around the time when many poor families' paltry incomes run out, cupboards go bare and families no longer have food stamps.

That data, drawn from 2.5 million hospital admissions in California between 2000 and 2008, reflect only admissions with a primary diagnosis of hypoglycemia. Episodes of low blood sugar also lead to blackout-associated accidents and adverse drug events, which are leading causes of emergency room visits and hospitalizations among diabetics.

Many more such incidents are handled by outpatient providers.

Hunger isn't the only problem exacerbated by cutting food stamps. It forces the poor to look for ways to make their skimpier food budgets go farther. The easiest way to do that is to increase the salt, fat and starch in their diets, especially if they live in urban food deserts without adequate supplies of fruits and vegetables.

That's a recipe for increased obesity and increased hypertension. Over time, that widens the pipeline of people headed for heart attacks, strokes and dialysis from failed kidneys.

The saddest impact of malnutrition in America is the impact it is having on poor children, whose ranks are growing. Medicaid now finances 40% of all births in the U.S.

A study published in the *New England Journal of Medicine* last week found that 1 in 8 children are now considered obese when entering kindergarten. By the time they reach the eighth grade, the fraction is up to 1 in 5, with an almost similar number considered overweight. In the long run, these kids are prime candidates for diabetes, heart disease and premature arthritis. In the short run, their diet-related conditions will undermine their ability to do well in school. Hungry children cannot learn nearly as well as their well-fed peers.

Are there no food banks? Can't charity make up the difference? Last week, I put in a call to Alan Briggs, executive director of the group that represents the seven food banks in North Carolina, a state that has led the way in cutting benefits for the poor. Those seven food banks saw a huge surge in demand for free food after the state cut unemployment benefits last June. They saw another surge after the 5% food stamp cut imposed by Congress last November.

It has stretched their capacity to respond, he said. "Centers are closing on days they used to be open because they have run out of food."

"[Population health](#)" is the mantra of every provider who takes seriously the government's imperative to lower overall healthcare [costs](#). But how are providers going to improve population health when those who control the purse strings—the members of Congress—adopt policies that undermine their efforts?

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