

Supplemental Nutritional Assistance Program participation may reduce health care costs

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A study led by a Massachusetts General Hospital (MGH) investigator suggests that participation in the Supplemental Nutritional Assistance Program (SNAP, formerly known as the Food Stamp Program) may reduce health care costs for recipients. In their paper published in *JAMA Internal Medicine*, the researchers describe finding, after controlling for factors known to be common among SNAP participants, that annual health care costs for recipients were around \$1,400 less than for low-income individuals not participant in SNAP.

"These savings are significant, especially because SNAP is not designed as a health care program," says Seth Berkowitz, MD, MPH, of the [MGH Division of General Internal Medicine](#), who led the study. "Prior studies have found that food insecurity is associated with higher health care costs, and our findings indicate that directly addressing social determinants of health such as food insecurity could be an important way to lower costs."

SNAP provides a monthly benefit that low-income participants can use to purchase certain food products. The program serves approximately one in seven Americans, and while eligibility standards are set by the Federal government, enrollment policies are set by individual states. As Berkowitz notes, studies have proven that SNAP participation can reduce food insecurity, defined as the inability to purchase nutritious food on a regular basis due to cost.

Several studies have found that low-income individuals have more health problems and, as a result, higher health care costs. Food insecurity could contribute to that association in several ways - including poor dietary quality, contributing to conditions such as obesity and type 2 diabetes; the need to choose between purchasing food or medications; and financial stress that draws attention away from chronic disease management. Prior to this study, it was unclear whether participating in SNAP could reduce health costs.

To address that question, the researchers analyzed data from two surveys: the 2011 National Health Interview Survey (NHIS) of the National Center for Health Statistics and the 2012-13 Medical Expenditure Panel Survey (MEPS) of the Agency for Healthcare Research and Quality. MEPS surveyed a subset of 2011 NHIS respondents regarding their health care expenditures over the two-year period, with data provided by respondents verified by their clinicians and third-party payers. Data used for the current study reflected 4,447 MEPS respondents who were over age 18, had family incomes below 200 percent of the federal poverty level and, on the 2011 NHIS, answered whether or not they had received SNAP benefits at any time during the previous year.

While unadjusted results suggested little difference in annual health care costs between those who did and did not receive SNAP benefits in 2011, Berkowitz notes several confounding factors are likely to explain this. Compared with individuals who are eligible for but do not participate in the program, SNAP participants are known to have more health problems, more severe health problems, are more likely to be disabled and to have incomes even lower than nonparticipating eligible individuals. Controlling for those factors revealed that SNAP participation could reduce annual health care costs by \$1,400 per person.

"While our study was not a randomized experiment, which means it is

possible that some factor we were not able to account for could explain these results, the evidence that SNAP participation can lower health care costs appears strong," he says. "Receiving SNAP benefits could make it easier to follow recommended diets to manage chronic illness, free up resources that would otherwise be spent on food for other disease management activities, and reduce stress over concerns such as where one's next meal is coming from."

The researchers note that states may benefit from making it easier to enroll in SNAP, since it is funded by the Federal government, while Medicaid costs are shared with the states. "Combining easier enrollment with proven health education programs - such as the SNAP-ED program that provides nutritional teaching - could further extend the health benefits of SNAP participation," says Berkowitz, who is an assistant professor of Medicine at Harvard Medical School.

More information: *JAMA Internal Medicine* (2017). [DOI: 10.1001/jamainternmed.2017.4841](https://doi.org/10.1001/jamainternmed.2017.4841)

Provided by Massachusetts General Hospital

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