

## Medicine by John Grauerholz, M.D.

### Depreciating the health of the poor

*The decreasing health of the growing number of poor is creating the potential for a near-term health disaster.*

**W**hat price recovery? The price of the so-called economic recovery, and the austerity policies associated with it, were starkly drawn by Mary Munding, a Doctor of Public Health at Columbia University College of Physicians & Surgeons, in an article in the July 4, 1985 *New England Journal of Medicine*. The following quotes emphasize the seriousness of the situation.

"Thirty-five million people, or 15% of the population, are without health insurance today—an increase of 10 million, or 25%, since 1977. Five million people annually report that they do not seek medical care because they are unable to pay for it. Studies have shown that insurance coverage is the key factor that determines the use of health care services. Moreover, increased use of such services is associated with increased health. Unemployment contributes to the potential for inadequate health insurance and to the resulting lack of care and poor health. One study indicates that for each 10% unemployment, a 1.2% increase in mortality and a 4.2% increase in psychiatric hospitalization can be expected. A Bureau of Labor Statistics report states that only 60% of persons who lost their jobs between 1981 and 1983 have found other employment, and nearly half those persons were forced into new lines of work, with steep pay cuts and limited health insurance coverage."

"Severe restrictions in access to health care have resulted from the recession and funding cuts in the last four years. In 1981 cuts in funding for

Aid to Families with Dependent Children resulted in loss of eligibility for 500,000 persons. One million persons were dropped from the food stamp program. Cuts in Medicaid funding from 1981 to 1983 caused a net loss of 600,000 beneficiaries. Medicaid today covers only 52% of the poor, as compared with 65% in 1976. In some states fewer than 20% of the poor are covered, and some cities report a 21% decrease in eligibility."

"Children have been hardest hit by decreases in Medicaid coverage. They constitute 40% of all poor Americans, and Medicaid covers only one-third of them. For the poor who are not covered by Medicaid, community health centers are a major source of obstetric and pediatric care. In 1982 cuts in funding closed over 250 centers, and more than one million people lost their one source of care. Child nutrition cuts have also been harsh, with the most severe effects on recipients of reduced-price meals, the children of the working poor. Reductions in program funding between 1982 and 1984 closed out one million poor children. It has been shown that the Women, Infants and Children nutrition program for poor pregnant women can decrease the incidence of low birth weight by as much as 75%. The program now has only enough money to serve one-third of those who are eligible. Five separate studies demonstrate that each \$1 spent on prenatal care and nutrition can save from \$2 to \$11 in care otherwise needed for babies of mothers denied these services."

". . . Data on health status are

sparse at best, with a lag of two to three years between collection and analysis. This problem has recently become worse. The eight federal agencies that chart health, the economy, and education have undergone 12% reductions in staff since 1981. The National Center for Health Statistics has been subjected to a 28% staff reduction over the same four years."

"Even with inadequate data, a disturbing picture is already emerging of the deteriorating health status of children, child bearing women, and adults with chronic disease. There has been a nationwide increase in the number and percentage of women who do not receive prenatal care at all or not before the third trimester of pregnancy. The women who receive the least care are the ones without insurance coverage and, in particular those most recently disenfranchised from coverage. . . . There has been a large increase (143% in one study) in the incidence rate of anemia in pregnant women. Maternal anemia has been associated with low birth weight and stunted cognitive and physical development in children."

The article then discusses the increase in incidence of low birth weight, which correlates strongly with infant mortality and lifelong developmental problems requiring long-term, expensive care. It also documents the slowing of the decline in infant mortality and the increase in preventable childhood diseases, such as diarrhea and dehydration and measles. Besides women and children, the article documents increasing death rates among older patients with chronic diseases, such as high blood pressure, who are cut off from medical care. The decreasing health of the poor, combined with a marked increase in the number of those poor, is creating the potential for a near-term health disaster.