

facts of nutrient fortification and enrichment of foods, especially as they evolve into newer modalities for nourishment. Encouraging patients to read food labels will result in improving their nutrition knowledge and health. Proper food and nutrient intake decreases the risk of cardiovascular and cerebrovascular diseases (atherosclerosis, hypertension) and of cancer. Groups such as the American Heart Association and the American Cancer Society provide educational materials directed toward primary and secondary disease prevention, with an emphasis on increasing fruits and vegetables and decreasing saturated fat. Government agencies have proposed guidelines, e.g., for cholesterol-lowering and osteoporosis prevention, with extensive supporting materials that are available to caregivers and patients. Increasingly, the genetic makeup of the individual will determine the risk of specific diseases. Information from research in molecular genetics may indicate new, effective nutritional interventions tailored and targeted to the individual's genome.

In primary-care practice, a miscellany of special circumstances warrant nutritional interventions. Although serious nutritional deficiencies have disappeared in affluent countries, physicians should be aware of their occurrence in patients with alcoholism. That diagnosis should be recognized, and the substance abuse treated. Special nutritional needs of women should be addressed, including replacing iron loss from menstruation, ameliorating accelerated calcium loss from bone related to menopause, meeting their periconceptual need for folic acid to prevent neural-tube defects and the special needs of pregnant and lactating women, and recognizing the greater susceptibility of women to obesity and alcoholism because of their size, body composition, and metabolic/hormonal differences compared with men. Infants, toddlers, older children, and adolescents have unique nutritional needs that should be considered in their health care. Dementia is increasing as the population ages. More than one-half of cognitive deficiencies in the elderly are attributable to vascular disease and increasingly result from thromboembolism. Addressing prevention of vascular disease by prescribing a diet low in saturated fats, high in antioxidants, and optimal in vitamin B12 and choline intake should be part of the care of the patient in the middle years. Vegetarians may require advice in meal planning and supplement use, especially for those not ingesting any animal products. Enteral or parenteral nutrition support should be recommended for patients who cannot or will not eat. Such feedings mandate physician understanding, patient acceptance, and rigorous monitoring. It is preferable to work with an experienced dietitian or pharmacist in a team ap-

proach, especially necessary for parenteral nutrition support, whether in the hospital or at home. Gut transplantation and an artificial gut may make aspects of parenteral nutrition obsolete in the future.

Caregivers must be wary of dietary fads, most prevalent with regard to weight reduction. Unsubstantiated health claims may lead to problems because of toxicity, adverse interactions with other medications or foods, and avoidance of orthodox effective remedies.

In conclusion, this overview summarizes and catalogs the many ways that nutrition relates to primary care of patients. Other topics in this millennium issue of *Nutrition* provide more detail and specific points for the primary caregiver and sources of current and future information. We can speculate that in the next millennium advances in nutritional science and technology will improve our knowledge base and likely change the ways the body achieves and maintains nutritional perfection. Ultimately, a diet (designer foods, phytochemicals, cybersupplements) with routes of entry to the body as yet unknown may insure health, freedom from diseases, improved quality of life, and longevity, thereby eliminating the concerns addressed in this editorial.

## REFERENCES

1. Feldman EB. Educating physicians in nutrition—a view of the past, the present and the future. *Am J Clin Nutr* 1991;54:618
2. Feldman EB. Assessment of nutritional status. In: Noe DA, Rock RC, eds. *Laboratory Medicine: The Selection and Interpretation of Clinical Laboratory Studies*. Baltimore: Williams & Wilkins, 1993:130
3. Kolasa KM. Developments and challenges in family practice nutrition education for residents and practicing physicians: an overview of the North American experience. *Eur J Clin Nutr* 1999;53(suppl 2):S89
4. Society for Teachers of Family Medicine Working Group on Nutrition Education. *Physician's Curriculum in Clinical Nutrition*. Kansas City, MO: STFM, 1995
5. American Academy of Family Physicians. *Recommended Core Educational Guidelines on Nutrition for Family Practice Residents*. Kansas City, MO: American Academy Family Physicians, 1995
6. Society for Teachers of Family Medicine. *Physicians Guide to Outpatient Nutrition*. 2000 (in press)
7. Feldman EB. Nutrition concepts for the primary care/generalist physician. *South Med J* 1995;88:204
8. Feldman EB. *Essentials of Clinical Nutrition*. Philadelphia: FA Davis, 1988
9. Nutrition Screening Initiative. *Incorporating Nutrition Screening and Interventions Into Medical Practice. A Monograph for Physicians*. Washington, DC: Nutrition Screening Initiative, 1994

# Hunger In The United States: Policy Implications

Janet Poppendieck, PhD

*From the Center for the Study of Family Policy, Hunter College, City University of New York, New York, USA*

As a social issue, hunger in America has shown a remarkable capacity to maintain a place on the public agenda and to elicit responses from both the public and non-profit sectors. Hunger has been an issue in the United States since the late 1960s, substantial longevity in the public issue marketplace in which concerns more

typically emerge and subside over the course of a decade or two. More than a dozen separate federal programs target hunger, as do numerous state and local governmental projects; charitable food assistance in the form of soup kitchens, food pantries, food banks, and food rescue and gleaning projects has become a ubiquitous feature of the American social landscape.

Public investment in antihunger programs has been quite large. In recent years, in fact, federal outlays for food assistance have significantly exceeded those for the basic family cash assistance program, AFDC. In 1996, the last year in which the AFDC program was still in operation, the five largest of the federal food

---

Correspondence to: Janet Poppendieck, PhD, Professor of Sociology and Director, Center for the Study of Family Policy, Hunter College, City University of New York, 695 Park Avenue, New York, NY 10021, USA. E-mail: jppend@hejira.hunter.cuny.edu

assistance programs accounted for \$36 billion in federal expenditure and another \$2 billion in state funds, compared with a combined state and federal outlay of \$23.7 billion for AFDC.<sup>1</sup> State-funded food programs expanded in the wake of federal welfare reform when several states began providing food stamps to immigrants cut from the federal program.

The public sector response is supplemented by an extraordinary private charitable effort. No one knows just how many soup kitchens and food pantries there are, but more than 50 000 are affiliated with the national food banking network called America's Second Harvest; additional programs operate independently of food banks or receive supplies from one of the several dozen food banks not affiliated with the national organization. Research suggests that a substantial majority of Americans contributes in some way to the private charitable food assistance project, as food donors, volunteers, or financial supporters.<sup>2</sup> Because these programs are dependent upon donations from the public, they have generated a remarkable array of easy, convenient opportunities to contribute. Direct mail solicitations are supplemented by canned goods drives of every description. The Boy Scouts go "Scouting for Food" and letter carriers enlist us to "Help Stamp out Hunger." You can "check out hunger" at the grocery store counter, or drop a can in a conveniently located barrel. Churches and synagogues collect food, recruit volunteers, and donate space for kitchens and pantries. Schools sponsor food drives featuring competition among classrooms, and secondary school and college "service learning" projects help in many phases of the effort. Food banks and food rescue programs have been particularly creative in developing engaging events to raise money and other resources. You can tee off against hunger at the golf course, run against hunger in a marathon, or gain admission to a film showing (the canned film festival) or a rock concert by donating a can. Given the myriad of convenient ways to contribute, perhaps it is not surprising that a random sample of registered voters revealed that 79% claimed to have done something to fight hunger in their communities.<sup>2,3</sup>

The same poll that identified this extraordinary level of private voluntary effort also revealed an extraordinary degree of consensus about the seriousness of the problem and the desirability of action to reduce it: 90% agreed that there is significant hunger in the United States, and a majority indicated a willingness to pay additional taxes to eliminate it.<sup>2</sup> Other pollsters have obtained similar results. A 1990 Roper poll found 58% of those polled willing to increase spending on public nutrition programs even if taxes had to be increased to do so, and a 1991 poll reported by Penn and Schoen<sup>4</sup> found 57% willing to pay \$100 more in taxes to fight hunger.

At one level, none of this is surprising. By this point in our history, the research on the impact of malnutrition on brain development, and the research on the effects of even casual and temporary hunger on school success make clear the wisdom of the old axiom that "a hungry child cannot learn." Inadequate diet puts people at risk for infectious diseases and frustrates the institutions—education and political participation—most necessary to the functioning of democracy.

Furthermore, there is no need for hunger in this country. There is plenty of food and everybody knows it. Control of the surplus, not scarcity, has been the dominant issue in American agricultural policy since the 1920s. In fact, food goes to waste in this country in spectacular quantities. A 1997 USDA study estimated that more than a quarter of the food produced in the United States is wasted, from the fields not harvested because the price of the commodity in question drops below the threshold of profitability to the lettuce wilting in the back of my refrigerator: 96 billion pounds in 1995, or a pound a day for every man, woman, and child in the US.<sup>5</sup> At a more personal level, many Americans are trying to eat less or otherwise struggling to deal with the corporeal evidence of too rich a diet. In this context, hunger is experienced by many of us as a moral issue, and reports of hunger create moral discomfort, a

discomfort that many relieve by contributing to a canned food drive or walking in a walk-a-thon.

Despite all this public and private effort, however, and despite the consensus that appears to underlie it, hunger shows no signs of disappearing. In fact, the latest federal household food security survey reports no significant change in the prevalence of food insecurity between 1995 and 1998, despite the marked improvement in the economy.<sup>6</sup> The persistence of hunger in the face of an apparent consensus supporting its elimination, what policy analyst Peter Eisinger<sup>4</sup> calls "the Hunger Puzzle," begs for an explanation. If virtually nobody wants hunger in our affluent society, and nearly everybody supports some approach to its elimination, and there is plenty of food, why can't we get rid of it?

The answer, I have come to believe, lies in the intractable realities of poverty amid affluence and in our patently unrealistic approach to measuring poverty and setting standards of need for public assistance. In one sense, the consensus around ending hunger represents a sort of nutritional exception to poverty, that is, a desire to exempt America's poor from the otherwise predictable effects of poverty on diet. In fact, the official federal poverty income thresholds—the poverty line—are derived from a set of assumptions about the cost of a nutritionally adequate diet and the relationship between food expenditures and other necessities in the household budget. When the poverty line was established, it drew on household food consumption studies from the mid 1950s that showed that American households spent approximately one-third of income on food. Thus, the line's creator reasoned, if one-third of a family's income was not sufficient to purchase USDA's Economy Food Plan for its family size, then the family would be poor for statistical purposes. The poverty line was set at three times the cost of the Economy Food Plan, later the Thrifty Food Plan, priced for each successive household size, and updated annually for changes in the Consumer Price Index for the cost of foods consumed at home. The cost assigned to the plan does not vary by region, urbanization, availability of supermarkets, or a host of other factors likely to affect the actual cost of purchasing the Thrifty Food Plan, and the multiplier of three does not vary by any of the myriad factors likely to affect the relationship between food and non-food expenditures. The federal poverty income thresholds are an approximate tool, a rough guide indeed, and understanding their flaws helps us explain how some families not officially poor might need food assistance or find themselves threatened by hunger, whereas some officially poor households, those with low housing expenditures, for example, may never appear in the hunger statistics or the food pantry lines.

Overall, however, the great majority of those who appear in the hunger counts do have incomes below the federal poverty line, and the risk of hunger increases as we move farther below that line. The biggest problem with the federal poverty line, when it comes to the persistence of hunger, is not the inaccuracies inherent in applying a single line, a single set of assumptions, to a widely varying set of conditions, but the overall obsolescence of the underlying assumptions themselves.

If the assumptions underlying the federal poverty threshold were still accurate, ending hunger for families with incomes below the threshold would be a relatively simple matter of calculating the amount by which expected household food expenditures fall short of the cost of an adequate diet and making up the difference with food or food-specific purchasing power; this is precisely what the Food Stamp Program, the nation's primary food assistance program, is designed to do. Food stamps, however, fall chronically short of meeting the real household deficit in food purchasing power for the same reasons that the federal poverty line has become increasingly obsolete. The one-third ratio no longer reflects any real relationship between food expenditures and other household needs. In 1955, when the food consumption surveys used to create the poverty line were conducted, the typical household spent a third of its income on food. By the late 1980s, the figure was only one-fifth; other expenditures were claiming a

larger share.<sup>7</sup> In one sense, the increasing unreality of the poverty line is a result of the fantastic abundance of the nation's food supply. Food has remained relatively cheap, while the prices of other necessities have risen dramatically. Housing, for example, used to consume a quarter of the typical household budget; now the figure is one-third, and rising.<sup>7</sup> For officially poor families, the figures are startling: 45% of households with incomes below the federal poverty line were spending  $\geq 70\%$  of their incomes for rent and utilities by the mid-1980s.<sup>8</sup> By the time they have paid the rent and transportation and utility costs, poor families no longer have 30% of income left to devote to food. To purchase the same goods and services that the poverty level income of the early 1960s secured, the current poverty income thresholds—and the program eligibility and benefit levels based upon them—would have to be set at 140% of their current levels.<sup>7</sup>

Such an update would help, but it would not completely solve the problem. Life has changed since the early 1960s; medical procedures and pharmaceuticals that seem like necessities today did not exist. Neither did many other components of life at the turn of the millennium.

Furthermore, the array of non-necessities that compete for the household dollar has expanded dramatically, and some of these items, although not necessities for day-to-day physical survival, are gatekeepers to full participation in our society. Just as the telephone has gradually moved from the status of luxury to that of near necessity—a vital link to employment and medical care, for example—so television, computers, and Internet access have become part of a normal life in this society, equipment the absence of which can handicap a student and effectively exclude a person from full participation in the information economy.

In this context, with shelter, transportation, and medical costs making ever-growing demands on the household budget, and a dazzling array of information technologies, recreation, and other consumer options competing for each dollar of disposable income, many families simply don't allocate to food the 30% of income that the Food Stamp Program presumes; they have already spent it on the rent, or on a pair of school shoes, and they turn to charitable food programs for the food that they cannot afford, the food that Food Stamps were designed to supplement. Or, in a pinch, they convert the stamps to cash for rent—or birthday presents—and make the rounds of church basements and soup kitchens to get dinner. In a poor community in a warm climate, in which most people go barefoot, neither mother nor child will be ashamed of not owning shoes, though the risk of foot injury is real. In a society like ours, however, a youngster may feel unacceptable at school if he lacks the right brand of shoes, and a mother trying to encourage a teenager to stay in school may well use her food money to buy the acceptable brand and turn to a food pantry, or go hungry, as a result. The choices that very poor families make, every day, would be nightmares for most Americans, and in the same situations, many of us would opt for patterns of expenditure that would leave us chronically food insecure, and sometimes hungry.

Thus, our failure to eliminate hunger is rooted in part in our refusal to be realistic about the cost of living poorly, and the thoroughly relative nature of poverty in an affluent society. When the federal poverty thresholds (and thus the standards of eligibility for Food Stamps and a host of other public programs) were established, they represented approximately half the nation's median income. Now they represent less than a third; if the poverty line were raised to half the current median (165% of its current level), restoring it to the relationship to the norm it held when it was created, twice as many families would be "officially poor."<sup>7</sup> And if Food Stamp benefit and eligibility levels were raised accordingly, far more people would be eligible for Food Stamps,

and those currently eligible would be able to obtain far more stamps, enough to eliminate much if not all of the hunger that shows up in our surveys.

There are some signs of hope on the horizon as we embark on the new millennium. A number of careful, detailed studies have recently been conducted that take us well beyond the one-size-fits-all approach to understanding the cost of living. One example is the Family Economic Self Sufficiency Studies undertaken by a coalition of women's organizations. They adjust living costs for both local real estate markets and variations in the cost of child care, and calculate the wage a family would have to earn to be self-sufficient, that is, to get by without any sort of means-tested subsidy, in each geographically defined subregion, for eight different family configurations, depending not only on overall size but on the number of potential earners and the ages of the children. In Massachusetts, for example, a single person in Boston, where both rents and child care costs are high, might achieve modest self-sufficiency with a wage of \$7.32 an hour, but a single mother of two children, one a preschooler and the other school aged, would need a wage of \$18.54 to rise above the need for public subsidies. Similar rigorous assessments are opening eyes in many areas of the country. At the same time, the advent of an overt discourse on mounting inequality is alerting many Americans to the fact that in a wealthy society the well being of poor people is influenced not only by the number of calories they can afford, or the condition of their housing, but also by the extent to which their children can feel like integral parts of their classrooms and schools, by the extent to which their incomes afford them the means of participation in some semblance of a normal life.

We will not eliminate hunger from our society until we take a more realistic look at the lives of poor people and the choices they face. Of course, a closer look will not be sufficient by itself; once we make a more reasonable calculation of who needs help, and how much, to have enough money for adequate food, we will still face an enormous political challenge. Some of the consensus on ending hunger will probably evaporate in the face of a more accurate price tag. Nevertheless, the values that underlie the efforts, both public and private, that are described here are deeply held and widely shared. Perhaps this will be the century in which the wealthiest nation in recorded history eliminates the embarrassment of want in the midst of plenty.

## REFERENCES

1. Rossi P. *Feeding the poor: assessing federal food aid*. Washington, DC: The AEI Press, 1998:26
2. Breglio V. *Hunger in America: the voters perspective*. Lanham, MD: Research/Strategy/Management Inc., 1992
3. Poppendieck J. *Sweet charity? Emergency food and the end of entitlement*. New York: Viking, 1998
4. Eisinger P. *Towards an end to hunger in America*. Washington, DC: Brookings Institution Press, 1998
5. US Department of Agriculture, Economic Research Service. *Estimating and addressing America's food losses*. Washington, DC: USDA ERS, 1997
6. US Department of Agriculture, Food and Nutrition Service. *Household food security in the United States, 1995-1998*. Washington, DC: USDA FNS, 1999
7. Fogg N, Sum A, Mangum G. *Poverty ain't what it used to be: the case for and consequences of redefining poverty*. Policy Issues monograph 99-03. Baltimore: Institute for Policy Studies, The Johns Hopkins University, June 1999
8. Burt M. *Over the edge: the growth of homelessness in the 1980s*. New York: The Russell Sage Foundation, 1992:46
9. Pearce D, Brooks J, Russell L. *The self-sufficiency standard for Massachusetts*. Washington DC: Wider Opportunities for Women, Inc., 1998:7