

# Hunger in the United States: Rationale, Methods, and Policy Implications of State Hunger Surveys\*

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## INTRODUCTION

Economic and social changes of the past decade have left large numbers of Americans unable to meet their daily food needs, and have increased pressures on food assistance programs (1). During this same period, policy changes have shifted responsibility for food and income assistance from the federal government to the states and the private sector (2). Neither the states nor the private sector, however, have been prepared for this responsibility or equipped with resources adequate to meet the level of need.

To convince state governments of the need for increased resources for food assistance, various agencies and advocacy groups throughout the country surveyed the extent of hunger in their communities. In turn, the governments of several states authorized and conducted their own hunger studies to demonstrate the need for higher levels of federal funding (3). Because the purpose of these studies reflected advocacy, their methods and results have been perceived as biased and have proven controversial (2).

This controversy is unfortunate. State hunger studies provide compelling evidence that inadequate access to food has become a chronic problem in this country; that the present system of food assistance is inadequate to solve this problem; that the shift in responsibility from the federal government to the states and the private sector has failed to improve food security for the poor; and that new federal policies are needed to reverse these trends.

This article reviews the historical antecedents of current federal policies to meet the food needs of the poor, and the methods, findings, and recommendations of state-authorized hunger studies. This review demonstrates that,

despite methodologic variations and some flaws, these studies reach consistent conclusions that indicate a need for the development of new federal policies to address the hunger crisis.

## U.S. HUNGER POLICIES

**Early antecedents of current programs.** The roots of current U.S. hunger policies were established during the Great Depression of the 1930s, when widespread unemployment, soup kitchens, and breadlines coexisted with the wholesale destruction of surplus food. These contradictions stimulated Congress to distribute surplus agricultural products as food relief—a policy designed to support agricultural producers while helping the poor (4). The USDA and a newly created, independent Federal Emergency Relief Administration began to distribute surplus foods in 1930. Congress authorized a more formal oversight of farm prices and production in 1933, and a food distribution program in 1935.

In an attempt to increase the purchasing power of the poor, Congress authorized the USDA to initiate an experimental Food Stamp Program. This program, which lasted from 1939 to 1943, permitted vouchers to be exchanged for commodities and other foods. In 1936, the first school lunch program permitted the donation of surplus commodities to state-supported educational institutions. With the onset of World War II, the number of destitute families declined and a concurrent decline in food surpluses led the National School Lunch Act of 1946 to provide a considerable portion of its aid as cash. During this era, food assistance programs remained relatively small and served principally as vehicles for the distribution of surplus agricultural commodities (5).

**The war on hunger.** After World War II, and until the early 1960s, hunger and poverty received relatively little public attention. Soon after taking office in 1961, President Kennedy outlined a program to expand food distribution and to establish eight pilot food stamp programs in selected

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counties. Food stamps became available nationally after 1964 and the School Breakfast Program was initiated in 1966.

The event that focused public concern on these issues, however, was the release of *Hunger, U.S.A.*, a 1968 report from the Field Foundation that revealed widespread, clinically-apparent malnutrition among America's poor. In response to findings of gross malnutrition and hunger in the rural South, the Foundation sent a team of physicians, senators, and other concerned citizens to investigate the problem. The report of this team described malnutrition and poverty in more than 250 "hunger counties" throughout 23 states and called for an immediate expansion of federal efforts to improve food assistance to the poor (6). A television documentary based on this report brought the hunger issue to national attention.

In response to these disclosures, the Senate appointed a Select Committee on Nutrition and Human Needs, chaired by George McGovern, to lead the nation's anti-hunger efforts. From 1968 until 1977, this committee initiated legislation that expanded food assistance for families, children, and the elderly (7). In 1969, President Nixon announced the "war on hunger" and called a White House Conference on Food, Nutrition, and Health to advise on national policies to eliminate hunger and malnutrition caused by poverty.

In the decade that followed, cash subsidies and vouchers increasingly replaced commodities in federal food programs as part of an evolving strategy to increase the purchasing power of the poor. This strategy included expansion of the food stamp program, creation of the Special Supplemental Food Program for Women, Infants, and Children (WIC) and other child food assistance programs, and development of nutrition programs for the elderly. From 1969 to 1977, annual federal expenditures for food assistance increased from \$1.2 to \$8.3 billion (7) and by 1979, donated farm products accounted for less than 10% of the total federal expenditures on food programs (5). By 1977, the positive effects of these efforts were evident. In a repeat visit, the Field Foundation's team found fewer cases of overt malnutrition than had been seen a decade earlier, and the team concluded that although some hunger remained evident, its manifestations had become more subtle and, therefore, more difficult to identify (8).

## HUNGER STUDIES

With the onset of the Reagan administration, national policies shifted a greater degree of responsibility for social programs from the federal government to the states and the private sector. These changes were accomplished by a series of legislative acts passed in 1981 and 1982 that led to significant reductions in the benefits that had, at least in part, sheltered vulnerable groups from fluctuations in the business cycle. Because these reductions occurred at

the same time as an economic recession, their impact was especially severe. Emergency food and shelter providers began to report an increasing use of their services by the "new poor": children, unskilled and unemployed youth, families with insufficient resources, and the deinstitutionalized mentally ill.

In response, agencies and organizations in the public and private sectors began to document the increasing demands for food assistance through studies of hunger prevalence. Many of the reports of these studies are available only as unpublished manuscripts of limited distribution. The largest hunger study collection of which the authors are aware is that of the Food Research and Action Center (FRAC) in Washington, D.C. Although incomplete, it lists nearly 250 reports released since the early 1970s from 40 states, the District of Columbia, and Canada (3). The Index to this collection reflects the rapid impact of the reductions in welfare spending initiated in the early years of the Reagan administration. It lists three studies in 1981, 19 in 1982, 31 in 1983, 40 in 1984, and an additional 30 or so for each of the three subsequent years. The most recent studies were published in 1991.

The most widely-publicized of the reports since 1981 was a study issued by the Physician Task Force on Hunger in America in 1984. This report defined hunger in economic terms: individuals were at risk of hunger if their income fell below the poverty line or if their food stamp benefits were inadequate (9). By these criteria, 12 million children and 8 million adults in the U.S. were said to be suffering from hunger.

## METHODOLOGIC ISSUES

Hunger studies have been ignored or greeted with skepticism by local and federal policymakers, who argue that signs of malnutrition occur only rarely in the U.S. population and that federal funding for assistance to the poor has increased greatly over the years (2). Critics point out that federal expenditures for Department of Agriculture food assistance alone exceeded \$21 billion and provided benefits to more than 40 million individuals in 1989 (10).

More important for the purposes of this discussion is the claim by critics that the methods used to define and to identify hunger rarely meet accepted standards of scientific proof, are anecdotal, and therefore, greatly exaggerate the prevalence of this condition (11). This charge is not easy to address directly; federal nutrition monitoring surveys do not yet measure the prevalence of hunger in the U.S. population, nor do they sample homeless people, migrant families, or certain other groups that might be expected to have limited access to food (12). The national surveys listed in the FRAC Index provide only limited data on participation rates in food assistance programs or on poverty rates in selected cities. Although the development of standards and means of measurement that more accurately portray

hunger and poverty has long been recommended (2), the government has been slow to respond. Because most hunger studies were conducted by advocates rather than scientists, they often lacked systematic documentation, precise definitions, consistent study methods, and appropriate sampling techniques necessary for a determination of their reliability or applicability to larger populations.

It must be understood that measuring the extent of hunger is exceedingly difficult. No easily defined line of causality exists between hunger, biochemical indices of malnutrition, poor health, and disease. Chronic hunger over a substantial time period may lead to undernutrition and disease, but the health effects of episodic hunger remain uncertain. Because it is difficult—and very expensive—to measure clinical or biochemical indices of malnutrition in population surveys, few hunger studies have done so. Instead, researchers and advocates have identified a range of indirect measures of food insecurity, such as level of poverty or unmet needs for food assistance, that can be used as indicators of hunger and malnutrition. Although each of these measures is imperfect, any one of them can be used to estimate the extent of hunger in a population. Furthermore, the use of multiple indicators should increase the reliability of such estimates (13).

## STATE HUNGER SURVEYS

The lack of a coherent federal policy to deal with hunger is, in part, a result of the paucity of national prevalence data. Thus, to develop policy recommendations based on the largest population surveys, the authors selected for analysis hunger studies that had been sponsored by state governments. These studies were identified from the FRAC Index and from private collections, and included 28 hunger surveys that had been authorized by the governors or legislatures of 18 states. Excluded from the analysis were studies restricted to specific age groups (e.g., children) or populations (e.g., users of soup kitchens). When a state had conducted more than one study, either the one that was most recent or that had employed the broadest range of hunger indicators was selected. The final sample consisted of hunger studies authorized by 11 states between 1984 and 1988 (14–24).

Analysis of these studies provides a broader perspective on hunger issues than can be obtained from local community surveys and as much of a national perspective as is available at the present time. These state studies employed a variety of methods to estimate the extent of hunger and food insecurity in their populations. All had collected subjective information on professional or personal experience with the hunger problem from testimony at hearings (16–18, 20, 21, 23) or responses to questionnaires or interviews (14, 15, 19–22, 24). Some had conducted secondary analyses of state data on poverty levels (16, 18), the prevalence of conditions related to undernutrition (16, 18, 22),

or the use of public and private food and income assistance programs (14, 16, 18, 19, 23). One state study (24) had used the standardized sampling and survey methods of the Community Childhood Hunger Identification Project (25).

Despite the diversity of methods used, the findings of these studies were similar. Without exception, they found hunger and food insecurity to be problems affecting large numbers of their people. All reported increasing demands for food assistance and the inadequacy of federal, state, and private resources to meet these demands (14–24). They found the individuals most at risk of hunger to include women, children, and the elderly (14, 16–18, 20, 21, 23, 24), many of them members of minority groups (14, 16, 18, 24). They attributed the cause of food insufficiency in these groups to poverty (14, 15, 18, 20, 21, 23), and they laid the blame for poverty on unemployment or underemployment (14, 15, 17–19, 22, 24), the high costs of housing and other basic needs (14, 15, 18, 23, 24), and inadequate welfare and food assistance benefits (14, 16–19, 23, 24).

The recommendations of these studies also were remarkably similar. As might be expected, they suggested strategies to increase the federal contribution to state food and welfare assistance programs and client access to the benefits of these programs (14–21, 23, 24). Some, however, also addressed more fundamental issues such as the need for increased employment opportunities (14, 17–19, 23), higher wages (24), improved access to low-cost housing (14, 18, 24), and other forms of income redistribution (24).

## CONCLUSIONS

It should be noted that the findings and recommendations of state hunger studies are indistinguishable from those of county, city, and community studies conducted during the past decade (1, 26) and more recent studies using improved survey methods (25). The striking consistency of the results of virtually all hunger studies, no matter how they were conducted, provides ample—and sufficient—evidence for several broad conclusions:

**Food insufficiency has become a chronic problem in the U.S.** During the past decade, the numbers of people in need of welfare and food assistance have greatly increased (14–24), as has the cost of programs to meet these needs (11).

**Food insufficiency is not due to food shortages.** Hunger results from unequal distribution of economic resources—poverty (14, 15, 20, 21, 23).

**People who lack access to a variety of resources—not just food—are most at risk of hunger.** When income is inadequate to meet the costs of housing, utilities, health care, and other fixed expenses, these items compete with and may take precedence over food (14–19, 23, 24).

**The federal poverty level is an inappropriate index of hunger.** This level is based on an outmoded formula that fails to account for changes in the cost of living, regional variations in costs, or unusual expenses that may be required (27).

**The U.S. social welfare system does not provide an adequate safety net.** Reductions in benefit levels and eligibility restrictions instituted during the past decade have eliminated many of the "near-poor" from the welfare rolls (14, 16-18, 20, 21, 23).

**Private charity cannot solve the hunger problem.** Private emergency food relief programs have become increasingly institutionalized as a means to alleviate hunger in the U.S. (14, 16, 19), but such voluntary activities are necessarily limited in expertise, time, and resources and are likely to require government support to permit them to continue.

**Hunger is inextricably linked to poverty, which in turn is inextricably linked to underemployment and the costs of housing and other basic needs (14, 15, 17-19, 22-24).** The increases in the numbers of people experiencing hunger in the U.S. reflect interrelated environmental and social changes that seem likely to persist and to cause individuals and families to turn to institutional—but increasingly unreliable—forms of food and welfare support.

## POLICY IMPLICATIONS

This analysis suggests little need for further or more methodologically-sophisticated hunger studies to prove that a significant segment of the U.S. population experiences periodic food shortages. The consistency and weight of the evidence presented by state-authorized studies, as well as those conducted by local groups, lead to this inescapable conclusion.

The inadequacies of current welfare and food assistance policies underscore the need for alternative solutions to the problem of hunger. Liberals (28) and conservatives (29) alike are now suggesting strategies that recall policies of the 1930s and the New Deal. These strategies focus on provision of full employment that guarantees to low income individuals and families an income that can raise them out of poverty. They also call for an increase in the minimum wage, wage supplements, and, for low income working families, income tax credits adjusted for the number of children (28, 30).

Serious consideration of these strategies requires understanding of hunger as a chronic societal problem that no longer can be addressed in isolation from other correlates of poverty such as underemployment, inadequate housing, or poor education. Hunger studies provide overwhelming

evidence to support such an understanding. The time has come for anti-hunger advocates to assume the additional burden of anti-poverty advocacy and to demand that the federal government reclaim responsibility for the food and welfare of its citizens.

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### Selected events in the history of federal policies to address hunger in the U.S.

1930	USDA and Federal Emergency Relief Administration distributes surplus agricultural commodities as food relief through Federal Surplus Relief Corporation.
1933	Congress creates Agricultural Adjustment Administration to control farm prices and production and Federal Surplus Relief Corporation to distribute surplus farm products to needy families.
1935-42	Congress provides for continued operation of Federal Surplus Commodities Corporation which, under USDA, purchases commodities for distribution to state welfare agencies.
1936-42	Amendments to Agricultural Act permits food donations to school lunches.
1939-43	Federal Surplus Commodities Corporation initiates experimental food stamp program.
1946	National School Lunch Program established.
1954	Special Milk Program established.
1955	USDA determines that average low-income family spends one-third of after-tax income on food.
1961	President Kennedy expands use of surplus foods for needy people at home and abroad and announces eight pilot food stamp programs.
1964	Congress establishes national Food Stamp Program. Social Security Administration establishes poverty line at three times the cost of USDA's lowest-cost Economy Food Plan. Since 1969, values are adjusted according to the Consumer Price Index.
1966	Child Nutrition Act passes. School Breakfast Program initiated, becomes permanent in 1975. President Johnson outlines Food for Freedom program.
1968-77	Senate establishes Select Committee on Nutrition and Human Needs to lead nation's anti-hunger efforts.
1968-70	Ten-State and Preschool Nutrition Surveys and <i>Hunger, U.S.A.</i> report evidence of malnutrition among children in poverty.
1969	President Nixon announces "war on hunger"; holds White House Conference on Food, Nutrition, and Health. USDA establishes Food and Nutrition Service to administer federal food assistance programs.
1971	Results of Ten-State Survey released to Congress indicate high risk of malnutrition among low-income groups.
1972	Congress authorizes Special Supplemental Food Program for Women, Infants, and Children (WIC). Older Americans Act authorizes Nutrition Program for Older Americans.
1973	Amendments to Older Americans Act establishes congregate and home-delivered meals programs.
1977	Food and Agricultural Act and Child Nutrition and National School Lunch Amendments passed.
1981	USDA establishes a small demonstration project for commodity distribution, the Special Supplemental Dairy Distribution Program, which becomes institutionalized as the Temporary Emergency Food Assistance Program (TEFAP) in 1983.
1981-82	Congress passed Omnibus Budget Reconciliation Acts, Omnibus Farm Bill, and Tax Equity and Fiscal Responsibility Act which eliminate, restrict, and reduce food and income benefits.
1984	President's Task Force on Food Assistance finds little evidence of widespread or increasing undernutrition but concludes that hunger exists and is intolerable in the U.S.
1986	General Accounting Office finds that methodologic flaws discredit findings of the Physician Task Force on Hunger that hunger is prevalent in counties with low food stamp participation rates.
1988	DHHS publishes <i>Surgeon General's Report on Nutrition and Health</i> which states that lack of access to an appropriate diet should not be a health problem for any American. Congress passes the Hunger Prevention Act increasing eligibility and benefits for Food Stamps, Child Care, and TEFAP programs.
1989	House Select Committee on Hunger holds hearings on food security in the U.S.
1991	Mickey Leland Childhood Hunger Relief Act (HR-1202, S-757) introduced.

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