American Enterprise Institute for Public Policy Research

GROWING OVERWEIGHT AND OBESITY IN AMERICA: THE POTENTIAL ROLE OF FEDERAL NUTRITION PROGRAMS

Testimony

of

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before the

Committee on Agriculture, Nutrition, and Forestry

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Chairman Cochran, and Members of the Committee on Agriculture, Nutrition, and Forestry:

Thank you for inviting me to testify on the federal government's initiatives regarding child nutrition programs. My name is Douglas J. Besharov. I am the Joseph J. and Violet Jacobs Scholar in Social Welfare Studies at the American Enterprise Institute for Public Policy Research, where I conduct research on children and families. I am also a professor at the University of Maryland School of Public Affairs, where I teach courses on family policy, welfare reform, and evaluation.

In the summer of 1967, I saw American starvation and malnutrition up close. As a civil rights worker in the Mississippi Delta, I (literally) carried ill and malnourished black children into hospitals. (The hospitals—without a law student from the North standing in the admitting room and threatening a lawsuit—ordinarily refused to treat poor African Americans.) The children were starving because their families had no money to buy food. Making things worse, many black families were denied welfare, simply because of their race. (I saw mothers with young children who applied for welfare being offered bus tickets to Chicago.)

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This national disgrace was ended only after sustained media exposure: Senator Robert Kennedy and members of his Senate committee took journalists on a tour of the delta, where, in his words, they saw black children with "bellies . . . swollen with hunger."[1] Later, a team of six doctors, who were funded by the Field Foundation to study conditions in "two rural Mississippi counties in 1967," documented "severe cases . . .of malnutrition and near starvation" among black children. Then came the searing 1968 CBS documentary, "Hunger in America."[2]

But that was thirty-five years ago—before massive expansions of the federal feeding and welfare programs for the poor. Spending now exceeds $50 billion a year, for food stamps ($21 billion), school breakfasts and lunches ($8 billion), and WIC (The Special Supplemental Nutrition Program for Women, Infants, and Children)($6 billion), as well as welfare ($12 billion). Today, instead of hunger, the central nutritional problem facing the poor, indeed all Americans, is not too little food but, rather too much—or at least too many calories.

Today, as many as 70 percent of low-income adults are overweight, about 10 percent more than the nonpoor. Adolescents from low-income families are twice as likely to be overweight (16 percent vs. 8 percent). Racial disparities are even greater. Almost 80 percent of African-American women, for example, are overweight—a third more than white women. Even more serious, about 50 percent of African-American women are obese—two thirds more than white women. (Table 1.)

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[1]Robert F. Kennedy Memorial, available from: http://www.rfkmemorial.org/RFK/index.htm, accessed November 25, 2002.

[2]Manuscripts Department, Library of The University of North Carolina at Chapel Hill, *Southern Historical Collection, #4366 Raymond Milner Wheeler Papers*, available from: http://www.lib.unc.edu/mss/inv/w/Wheeler,Raymond_Milner, accessed November 25, 2002.

Table 1

Overweight/Obesity

Age, Sex, and Race/Ethnicity		Percent Overweight/Obese	
		1961-62 1963-65*	1999-2000
Men		**50/11**	**67/28**
Women		**40/16**	**62/34**
Children		**4/-**	**15/-**
Men	**White**	**50/11**	**68/28**
	Black	**44/14**	**60/29**
	Hispanic	**-**	**74/29**
Women	**White**	**38/14**	**58/31**
	Black	**59/27**	**78/51**
	Hispanic	**-**	**72/40**
Children ages 6-11			
Boys	**White**	**4/-**	**12/-**
	Black	**2/-**	**17/-**
	Hispanic	**-**	**27/-**
Girls	**White**	**5/-**	**12/-**
	Black	**5/-**	**22/-**
	Hispanic	**-**	**20/-**

***1961-62: for adults; and 1963-65: for children.**

Source: HHS, *National Health and Nutrition Examination Survey.*

You would not know about the problems of obesity and overweight among the poor from the reports and press releases from various advocacy groups that bewail high rates "food insecurity." Every year since 1995, the federal government has conducted a survey called "The Food Security Survey." In 2001, it found that nearly 11 percent of American households were "food insecure," but that is an artificial construct based on answers to eighteen different questions that express some uncertainty about having sufficient financial resources to obtain enough food to meet the needs of all household members *even once* in the past year. In the same survey, only 3.3 percent of all households actually reported that one or more households members were hungry—*even once* in the past year—because they could not afford food.[3] Only 0.6 percent of households with children reported that one more children were hungry at least once during the year. A far cry from the 1960s, the formative years for most federal feeding programs. (See Table 2.)

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[3]Mark Nord, Margaret Andrews, and Steven Carlson, *Household Food Security in the United States, 2001* (Washington, D.C.: U.S. Department of Agriculture, October 2002), p. 3.

Table 2
Food Insecurity/Hunger

Household Type and Poverty Status	Percent Food Insecure (FI)		
	All FI	FI with Hunger	FI with Hunger of Children
All households			
With and without children	10.7%	3.3%	-
With children under age 18	16.1%	3.8%	0.6%
Poor households			
With and without children	36.5%	12.9%	-
With children under age 18	44.5%	-	2.2%
Households < 130% poverty			
With and without children	32.3%	10.9%	-
With children under age 18	41.4%	11.5%	1.8%
Households ≥ 185% poverty			
With and without children	4.9%	1.3%	-
With children under age 18	6.3%	-	0.1%

Source: USDA, *Household Food Security in the United States, 2001.*

Overweight and obesity refer to excess amounts of body fat. The commonly used standards to determine whether a person is overweight or obese are based on medical data indicating weight levels (for a given height) that are associated with increased mortality and various health risks.[4] For example, a man 5'10" would be considered overweight at 175 pounds and obese at 210 pounds. A woman 5'4" would be considered overweight at 145 pounds and obese at 175 pounds.

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[4]The standard measure used to measure overweight and obesity is the body mass index (BMI). The BMI is calculated as weight in kilograms divided by the square of height in meters (or weight in pounds divided by the square of height in inches multiplied by 703). A BMI of 25.0 or more is used to define overweight. In children, overweight is defined as sex- and age-specific BMI above the 95th percentile, based on growth charts from the Centers for Disease Control (CDC). Obesity is defined as a BMI of 30.0 or more. Other methods used to measure overweight and obesity in epidemiologic studies include waist circumference, skin-fold thickness, and waist-to-hip ratio.

Being overweight is not simply a matter of aesthetics. The growing girth of Americans is a major health catastrophe. Overweight people are three times more likely to have coronary artery disease,[5] two to six times more likely to develop high blood pressure,[6] more than three times as likely to develop type 2 diabetes,[7] and twice as likely to develop gallstones than normal weight people.[8] Obesity, of course, is more serious, causing an estimated 50 to 100 percent increase in premature deaths (estimated to be 300,000 deaths per year).[9]

Despite this massive increase in overweight and obesity among the poor, federal feeding programs still operate under their nearly half-century-old objective of increasing food consumption. Few experts are willing to say that federal feeding programs are making the poor fat, although the evidence points in that direction. But no expert thinks they do very much to fight this growing public health problem. (See table 3 for increases in caloric intake.)

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[5]CardiologyTulsa, *Cardiac Risk Factors*, available from: http://www.cardiologytulsa.com/factors.htm, accessed December 3, 2002.

[6]Accu-Check, *Understanding Diabetes*, available from: http://www.accu-chek.com/understanding/reducing/mn_high_blood_pressure.cfm, accessed December 3, 2002.

[7]Suzanne Rostler, *Even a Few Extra Pounds Can Raise Disease Risk*, July 10, 2002, available from: http://www.healthetech.com/corp/info/articles.jsp?ID=8, accessed December 3, 2002.

[8]Jessica Seaton, "Weighty Issues," *Los Angeles Times*, December 14, 2001, available from: http://www.spma.net/Weightyissues.htm, accessed December 3, 2002.

[9]David B. Allison, Kevin R. Fontaine, JoAnn E. Manson, June Stevens, and Theodore B. VanItallie, "Annual Deaths Attributable to Obesity in the United States," *Journal of the American Medical Association*, vol. 282, no. 16, October 27, 1999, pp.1530-1538.

Table 3
Caloric Intake

Sex, Age, and Poverty Status	Mean Caloric Intake Level	
	1971-74	1988-94
Male*	2,393	2,517
Female*	1,618	1,764
Children under 6	-	1,407
Children ages 6-11	-	1,974
Below Poverty		
Male*	2,108	2,350
Female*	1,575	1,767
Children under 6	-	1,453
Children ages 6-11	-	2,000
Above Poverty		
Male*	2,434	2,575
Female*	1,624	1,770
Children under 6	-	1,390
Children ages 6-11	-	1,969

***Ages 1 to 74 years in 1971-74, and ages 2 months and over in 1988-94.**
Source: HHS, *National Health and Nutrition Examination Survey.*

Start with food stamps, the largest federal feeding program. In 2002, it served about 19 million people a month, and provided a maximum of $465 per month for a household of four. That's on top of free school meals and WIC food packages. On the theory that the poor would be tempted to use food aid for other things, food stamps are coupons (now largely using a credit card-like system) that can be used only for foods to be eaten in the home. (They cannot be used to buy: nonfood products, alcoholic beverages and tobacco, vitamins and medicines, food that will be eaten in the store, or any hot foods.)

Food stamps work as intended, raising caloric consumption by as much as 10 percent more than if recipients were given cash. It's like when you buy tickets for a set number of rides before entering an amusement park. The tendency is to buy more than one needs and, rather than return the unused ones for a refund, it is easier to take that one or two more rides before leaving. That's of course why the parks sell them that way. The only difference is that unused food stamps can't be turned in for cash. (The fact that people do not want to use all their food stamps for food explains why a black market has developed with them.)

If we want the poor to consume less food, the remedy seems simple enough: Give them cash instead of food stamps—and let them make their own decisions about how much to consume. Experimental programs have demonstrated that "cashing out" food stamps is much more convenient for the poor and does not result in unhealthy diets nor the mismanagement of family finances. Recipients continued to get well above the recommended dietary allowances for

most nutrients.[10]

The school lunch and breakfast programs, serving almost 28 million lunches and over 8 million breakfasts on an average day, also lead to over consumption—because federal rules, dating back to 1946, require a disproportionate number of calories in the meals. Schools are required to provide 25 percent of the Recommended Dietary Allowance (RDA) of calories for breakfast and 33 percent of caloric RDAs for lunch. That's 58 percent of each day's total daily caloric RDAs—leaving for dinner and any snacks only 42 percent of RDAs, or about 950 calories for the average student. That is the equivalent of having only a Burger King Whopper (without cheese) and small coke for the rest of the day and evening. Try telling that to a child wanting a snack after school.

What's more, even in these large meals, the level of fat, both saturated and unsaturated, in school lunches exceeds program standards by about 10 percent. Successive administrations have tried to reduce the fat content of school meals, but with only modest success. Much of the problem seems to stem from the kinds of foods served and poor cooking practices. In keeping with federal rules, most schools provide lunches that have one meat, two fruits or vegetables, one bread or grain product, and milk. Preparing meals that are both healthy and appealing to children requires a level of proficiency beyond that of the frequently low-paid staff in many cafeterias.

Such large (and fattening) school meals may have made sense six decades ago (the year after World War II ended), but welfare and food stamps now give low-income families many other sources of food. The lives of the poor are certainly not flush, but, for most, neither are they the bare bones subsistence of the past. The time is long overdue for allowing schools that wish to do so to provide smaller and simpler meals.

WIC, officially the Special Supplemental Nutrition Program for Women, Infants, and Children, is also operated as if welfare and food stamps had not yet been invented. It provides food packages and counseling to over 7 million children and mothers each month. The monthly food packages, worth about $120 for infants and post-partum mothers and about $35 for each child between the ages of one through four.

WIC's popularity among service providers is largely based on its generous package of infant formula, enriched juice, and fortified cereal for infants—thus guaranteeing that they get sufficient nutrients. But because the infant formula is free and easy to use, it is widely believed that WIC discourages breastfeeding. Six months after a child's birth, 13 percent of WIC mothers breastfeed compared to 30 percent of non-WIC mothers. Recognizing the healthy impact of breastfeeding, for more than a decade program officials have tried various ways to encourage more breastfeeding, for example, by providing additional foodstuffs (including canned tuna and carrots) to breastfeeding mothers, but to only limited apparent avail.

The other WIC food packages are heavily tilted toward high calorie, high cholesterol food stuffs. The monthly package for one to four year olds, for example, is 9 quarts of juice, 36 ounces

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[10]*See* Steven Carlson, "An Overview of Food Stamp Cashout Research in the Food and Nutrition Service," in Nancy Fasciano, Daryl Hall, and Harold Beebout (eds.), *New Directions in Food Stamp Policy Research* (U.S. Department of Agriculture, June 25, 1993), pp. 23-24.

of cereal (hot or cold), 24 quarts of milk, 2 to 2.5 dozen eggs, and about 1 pound of dried beans/peas or peanut butter. A food package like this only makes sense if it is the family's major source of food, which is certainly not the case. In fact, in 2000, about 18 percent of children participating in WIC were overweight, as were about 55 percent of breastfeeding women and about 56 percent of postpartum women.[11] Considering that these mothers are generally young women, these are very high levels of overweight.

WIC's nutritional counseling is also a big disappointment, because, besides providing food packages, it is supposed to provide nutritional advice and counseling. In practice, this means that counselors spend an average of about fifteen minutes with mothers every three months. This is hardly enough time to make any real differences in their practices—especially since there are many other things that must be covered during the sessions, including, pursuant to Congressional mandate, motor voter registration.

WIC programs cannot increase the time spent with young mothers because federal rules allot a strict percentage of funding for the food packages and the counseling sessions. A year ago, together with my colleague Peter Germanis, I wrote a book about WIC. We argued that, since WIC already covered almost 50 percent of all newborns,[12] it should not focus on increasing the number of families in the program, but, rather, in paying more attention to the problems of overweight and obesity. We said that new funds should go for providing intensive counseling and advice about preparing healthier food and actual cooking instruction. When our book appeared, a number of WIC directors wrote to us saying that they already did that, so it was an unfounded criticism. However, these efforts were the exception rather than the rule, and almost all were being made with non-WIC funds!

All this is no secret to senior policymakers and food advocacy groups. Although there are still some pockets of real hunger in America, they are predominantly among populations with behavioral or emotional problems. In 1998, for example, then Agriculture Secretary Dan Glickman, when discussing the problem of childhood obesity, said that "The simple fact is that more people die in the United States of too much food than of too little, and the habits that lead to this epidemic become ingrained at an early age."

What, then, is preventing the modernization of federal feeding programs? Of course, various industry groups have a vested interest in the continuation and expansion of families feeding programs—and are adept at lobbying Congress. For farm and dairy interests, for example, the programs are a way to get the government to purchase surplus commodities. And for unions, localities, and individual grantees, the programs represent jobs and financial aid. But these vested interests, alone, are not powerful enough to stymy reform.

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[11]U.S. Department of Agriculture, Food and Nutrition Service, *WIC Participants and Program Characteristics 2000*, Nutrition Assistance Program Report Series, Report No. WIC 02-PC (Alexandria, VA: U.S. Department of Agriculture, July 2002), Exhibits 5.36-5.37.

[12]U.S. Department of Agriculture, Food and Nutrition Service, "Frequently Asked Questions," July 10, 2002, available from: http://www.fns.usda.gov/wic/FAQs/FAQ.HTM#4, accessed December 3, 2002.