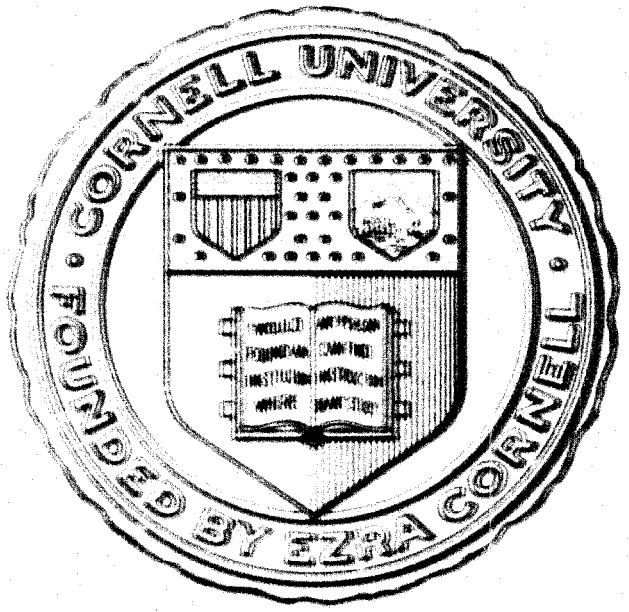
PEW/CORNELL LECTURE SERIES ON FOOD AND NUTRITION POLICY

NUTRITION POLICY THROUGH THE REAGAN ERA: FEAST OR FAMINE?

by

Laura Sims

Dean, College of Human Ecology,
University of Maryland



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Cornell Food and Nutrition Policy Program
Division of Nutritional Sciences
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The Cornell Food and Nutrition Policy Program (CFNPP) was created in 1988 within the Division of Nutritional Sciences to undertake research, training, and technical assistance in food and nutrition policy with emphasis on developing countries. The Nutritional Surveillance Program (CNSP), which was formed in 1980 with support from the Agency for International Development, is part of the CFNPP.

CFNPP is funded by several donors including the Nutrition Office and the Africa Bureau of the Agency for International Development, UNICEF, the Pew Memorial Trust, the Rockefeller Foundation, the government of Indonesia, and the World Bank.

CFNPP is served by an advisory committee of faculty from the Division of Nutritional Sciences, the departments of Agricultural Economics, Rural Sociology, and Government, and the Program of International Agriculture. Several faculty members and graduate students collaborate with CFNPP on specific projects. The CFNPP professional staff includes nutritionists, economists, and anthropologists.

The Pew/Cornell Lecture Series on Food and Nutrition Policy, is sponsored by the Pew Memorial Trusts of Philadelphia and the Cornell Food and Nutrition Policy Program to generate and exchange knowledge about how government policies affect the welfare of the poor including their food security and nutritional status.

In this lecture Professor Sims, who has extensive experience in government as well as academia, discusses nutrition-related government action in the United States and changes occurring during the period 1980-88. On the basis of a brief conceptual presentation of the key elements of a nutrition policy, she assesses the effects of various programs, raises a number of important issues requiring further attention and suggests ways of improving government action. Dr. Sims concludes that solid evidence of impact is of critical importance to maintain funding for specific programs and she suggests that the possibility of developing a comprehensive food and nutrition policy for the United States should be assessed.

May 1, 1989

Per Pinstrup-Andersen

NUTRITION POLICY THROUGH THE REAGAN ERA: FEAST OR FAMINE?

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Laura S. Sims

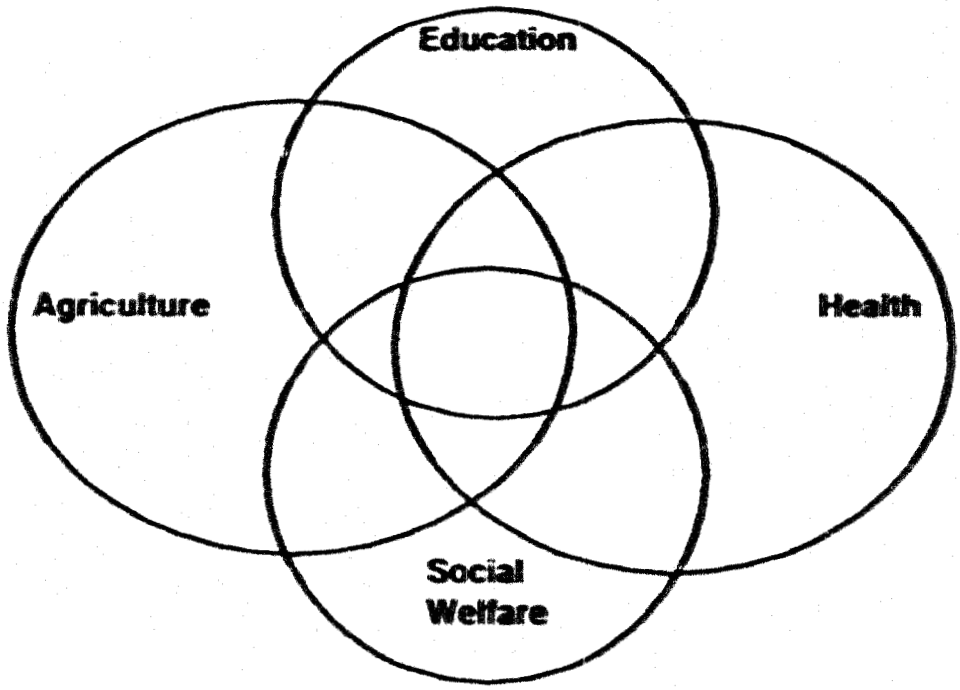
I have been asked to examine nutrition policy over the course of the eight years of the Reagan presidency. Has this been an era of "empty calories" as the consumer advocacy organization, Public Voice for Food and Health Policy, has maintained? Or, has economic growth and a renewed confidence in the "American way" created a climate of improved food and nutrition policies? This presentation examines mechanisms for assessing the effectiveness of nutrition policy using examples of changes which have occurred over the past eight years. I have chosen four areas on which to base these examples: a) funding for human nutrition research, b) nutrition monitoring, c) food assistance programs, and d) dietary guidance for the public.

Policy is a framework for action, a set of rules to be followed when making further choices. Policy making is the activity of determining rules which then may be used to guide individual choices. Public policy evolves from the action of governments—whether federal, state or local—as well as from pressures from organizations or groups that are sanctioned or encouraged by that government. Thus policy making is best understood as a continuous process which involves a large number of participants—some more powerful than others—who by compromise and consensus work toward reaching stated goals.

A public policy framework consists of a sound knowledge base, coupled with a supportive political climate. The knowledge base can be obtained from research data, program evaluation or demonstration project results, i.e. from an objective analysis of facts. A supportive political climate makes individual needs or concerns apparent, i.e., what facts are likely to capture the public's attention so that laws can be changed? Our challenge as scholars and members of the nutrition community is to get involved and apply what we know from our unique perspective, our research base in nutrition.

ELEMENTS OF NUTRITION POLICY

Let us consider the components of nutrition policy in the form of a Venn diagram (Fig. 1.). The elements of agricultural and health policy are drawn largest because they exert the greatest influence—and require the most resources—to alter the direction of food and nutrition policy in this country. We must also recognize the influence of social welfare policy and educational policy on the way that nutrition programs are designed and implemented.



The major sectors influencing nutrition policy are the agricultural and the health/medical sectors. The U.S. Departments of Agriculture (USDA) and Health and Human Services (DHHS) account for some of the largest federal budget outlays. Each has shown an absolute increase in department revenues of more than 600% from FY 1970 to 1986. Agricultural policy is, in large measure, geared to the needs of food producers, rather than food consumers. Here, concerns with price supports and international trade agreements predominate. Health care policy or, more accurately, medical care policy, is equally dominated by the interests and lobbying efforts of large influential groups such as the American Medical Association and the American Dental Association.

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While various groups have published proposed guidelines for a national nutrition policy, there is currently no coordinated national policy related to nutrition in place. Instead, there are a number of disparate, but related, health, social, food assistance and nutrition education programs.

What have been the problems in developing a comprehensive nutrition policy? One might first point to the perceived lack of "credible" scientific data. Politicians, like many laypersons, look to scientists for specific information on which to act. Unfortunately, absolute proof is not likely to be readily available to answer the politicians' questions.

A second reason given for the lack of a comprehensive nutrition policy has been that experts often hold conflicting views about scientific matters. Consider, for example, the recent furor over the nature of the evidence used to link diet and cancer. What are the views of various professional communities, such as physicians, dietitians, and public health service providers?

A third factor has been a lack of agreement on priorities among various interest groups. As noted previously, agricultural policy has been predominantly a farm food policy. The emphasis has been on food by producers rather than food for consumers. Just recall the rancor between agricultural and health groups over the Dietary Guidelines for Americans, first released in 1980. Agricultural commodity groups familiar with dietary guidance, such as that in the Basic Four Food Groups approach, were comfortable with telling consumers to "eat a variety of foods" or with advice to "eat a certain number of servings" in particular food groups. They were far less comfortable with advice that encouraged consumers to make qualitative judgments about not only how much they ate, but also about what they ate. Statements such as "... avoid too much fat" was equated in the minds of many as "... eat less meat." Health groups, on the other hand, were concerned that advice contained in the Dietary Guidelines was in short, "too little, too late." They were concerned that the guidance was too general to be useful and insufficiently explicit for the average consumer to use in making appropriate food choices.

The last problem with developing a comprehensive nutrition policy has been the controversy surrounding the appropriate role of government in effecting and implementing nutrition policy. Conservatives argue that "food choices are an individual decision." Some believe that government should be involved in nutrition policy issues only when tax dollars are used to help ensure food safety. Beyond this, they believe that food choices, like other personal behaviors, are in the realm of personal decision making and best left out of the arena of governmental intervention.

Others suggest that it is the government which is responsible

for facilitating change for those who desire to make dietary as well as other personal lifestyle changes. But, how? Examples include providing information to consumers in the form of food labels, educational programs, or "price breaks" to purchase low-fat rather than high-fat food items. Those who advocate a strong role for government in nutrition policy point to the example of federal price supports on agricultural products. Such individuals support price cutbacks on farm products thought to be deleterious to the nation's health, e.g., feedlot beef, and favor price supports for "more healthful" products, such as grazed or grass-fed beef or fish. Some question why milk prices are based on the amount of fat in the product, not on the weight of nonfat milk solids. Such a policy goes back to the "protectionist" mode of government; it was first enacted in the 1920s when consumers were being defrauded with the sale of watered-down milk. Today with the consumer choosing low-fat dairy items, the dairy industry—primarily the processor—is faced with a glut of dairy fat on the market! Promotional campaigns are replete with ads for cheese and high-fat dairy desserts. In sum, the focus for government in nutrition policy, for some time now, has been to provide some food-related information and educational programs; maintain price supports on commodities such as milk, sugar, and grain products; and regulate the quality and safety of the food supply (Ostenso 1988).

FOUR EXAMPLES OF POLICY DIRECTIONS IN FOOD AND NUTRITION

Let us first look at two areas that relate to policy "input." I conceive of funding for human nutrition research and nutrition monitoring (the means by which we assess the nutritional/dietary status of the American people) as areas related to policy input because

they deal with creating the knowledge base for food and nutrition policy. The latter two areas—food assistance programs and dietary guidance for the public—deal with what I conceptualize as "outputs" of the policy system because they are the results of governmental action.

A. Funding for Human Nutrition Research

Through the use of our tax dollars, the government has the means—and the responsibility—to provide us with basic information derived from research. Examples of such research-based information include the science base on which we set nutritional recommendations, describe the relationship between a particular nutrient and a disease entity, determine the amount of a nutrient in a particular food, or estimate the amount of a food consumed by the population or a population subgroup.

Traditionally, USDA has been the major public funder for research in the agricultural food production system, up to and including aspects of food consumption. Research dealing with the effects of certain dietary consumption patterns has largely been in the domain in the public sector of the National Institutes of Health (NIH) in the Department of Health and Human Services (DHHS). Educational efforts and public information campaigns follow similar publicly funded lines.

A number of federal agencies are involved in the funding of human nutrition research. In the 1977 Food and Agriculture Act (also called the 1977 "Farm Bill"), USDA was identified as the lead agency in the federal government for food and agricultural sciences, including nutrition. This legislation further established that nutrition and health considerations were important to U.S. agricultural policy.

However, DHHS has continually disputed USDA's role as the lead agency for human nutrition research.

Questions have been raised about the relevant emphases of USDA's human nutrition research programs as well as the organizational coexistence of nutrition with commodities programs as legitimate research arenas for USDA-supported scientists. Within USDA a number of different agencies support and/or conduct human nutrition research. These include the Agricultural Research Service (ARS) which supports a mainly intramural program of human nutrition research carried out at five Human Nutrition Centers. USDA's Cooperative State Research Service (CSRS) supports cooperative research at state land-grant universities and oversees the federal funds that go to the state Agricultural Experiment Stations. The Human Nutrition Information Service (HNIS) conducts most of the applied nutrition research activity in USDA and has primary responsibility in the area of food consumption surveys. Other agencies such as the Food and Nutrition Service (FNS) occasionally carry out small-scale evaluation research projects related to service delivery issues in food assistance programs.

Within DHHS, most of the human nutrition research is carried out at the National Institutes of Health (NIH) under a broad program consisting of mainly extramural support to researchers at universities and medical school facilities. The Food and Drug Administration (FDA) conducts research related to food safety and food labeling activities.

Most of the support for human nutrition research activities comes from public, i.e. tax-supported, sources. A variety of federal agencies are involved. The level of overall public support has

50% in the consumer price index. However, it is difficult to determine how much of this increase may be attributed to an artifact, i.e., improved precision in the research accounting system by federal agencies anxious to show how their support for this activity has improved. At the federal level, recent inter-departmental figures show that USDA's support for human nutrition research is overshadowed by DHHS's contribution by nearly 3:1 (Sims 1984).

In recent years, House hearings on the federal role in human nutrition research funding have indicated considerable Congressional dissatisfaction with the fiscal commitment of both DHHS and USDA in this area. DHHS was criticized in 1983 for spending only 4% of its total NIH research budget on human nutrition research.

The level of support for human nutrition research activities at the state level is minimal. In 1983, Nesheim (Nesheim 1983) reported that human nutrition research received approximately 3 to 4% of the total allocation from state agricultural experiment stations. This percentage probably reflects both the relatively low priority assigned to human nutrition research within the Agricultural Experiment Station and the organizational fragmentation of the disciplines related to home economics and nutrition found in many land grant universities.

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According to persons interviewed as part of a technology transfer study (Sims 1984), human nutrition researchers reported that their main funding sources were NIH and other independent funding sources such as foundations. Hatch funds (those received from state Agriculture Experiment Stations) were regarded as an insignificant portion of the funding needed to carry out large-scale significant research programs in human nutrition. Researchers in human nutrition, in contrast to researchers in food science, perceive the major

influences on their research agenda and their research funding differently. Approximately two-thirds of the funding for human nutrition research was reported to come from NIH. In contrast, researchers in food science reported that most of their funding came from sources such as the food industry and cooperative marketing agreements; less than one-third of their funding came from USDA and other state funds.

Another rather foreboding note is the loss of USDA competitive funds for human nutrition research in FY 89. Only $2 million in this funding category were originally available; these funds were designated primarily for determining human nutrient requirements. Because this source provided a springboard of support for many researchers in basic nutrition science, it will be sorely missed.

As Ostenso (1988) recently noted,

> Prior to 1950, the principal funding of human nutrition research was provided by three sources: the private sector, appropriated state funds, and USDA formula grants to Agricultural Experiment Stations in land grant colleges. Today, support for nutrition research has followed the public and Congressional interests in issues primarily related to the relationship between nutrition and health and disease.

Regardless of the source of funding, the federal contribution to nutrition research has kept pace neither with the rate of inflation nor with the percentage increase allocated to basic research in most other disciplines. It is important to note that the current federal investment of approximately $300 million for nutrition research is of the same magnitude as the rounding error for national health care expenditures!

B. Nutrition Monitoring Issues

Although most nutritionists consider the federal government's involvement in nutrition monitoring an issue of recent interest, it can be traced back to 1893 when USDA received the first appropriation to "conduct human nutrition investigations." The issue of national nutrition monitoring has surfaced approximately every five years since 1940, usually in response to testimonials regarding the extent of hunger and malnutrition in the United States.

One of the best known of these initiatives occurred in 1967 when there was Congressional interest in documenting the existence of hunger and malnutrition in the U.S., an interest that led to carrying out the Ten State Nutrition Survey. In 1971, a Presidential directive resulted in the incorporation of that survey with the National Health Examination Survey to become what is known today as the National Health and Nutrition Examination Survey (NHANES). Likewise, a statement in the 1977 Food and Agriculture Act called for the establishment of a comprehensive nutritional status monitoring system. Thus, both USDA and DHHS feel that they have a justifiable legislative mandate for their separate nutrition monitoring activities.

Since the late 1970s, establishing a comprehensive nutritional status monitoring system has taken two routes — one, legislative and the other, through the Executive Branch's existing departments and agencies. I shall briefly describe both.

First, the Executive Branch approach to nutrition monitoring. In response to pressure from Congress in the late 1970s, representatives from various agencies and departments prepared a document describing the National Nutrition Monitoring System (NNMS) and its implementation. This document, sent to Congress in 1981, attempted to identify all the ongoing nutrition monitoring activities in the federal

government and suggested a way of coordinating them. The key research and survey areas of the NNMS were identified as health and nutritional status assessments, food consumption and composition measurements, assessment of dietary knowledge and attitudes, and determination of the food supply.

The core surveys of the NNMS are the Nationwide Food Consumption Surveys (NFSC) conducted by USDA and the National Health and Nutrition Examination Surveys (NHANES) conducted by the DHHS. The NFSC have been conducted by agencies of USDA on an approximately decennial basis since 1935; data collection for the last one just ended in the summer of 1988. Another significant recent USDA effort is the Continuing Survey of Food Intakes by Individuals (CSFII) which sampled women 19-50 years of age and their 1 through 5-year-old children in 1985 and again 1986. CSFII is to be implemented again in 1989 in a modified format.

The NHANES surveys also are conducted approximately every ten years. The sampling system used is different from that used for NFCS because individuals, rather than households, serve as the basic sampling unit. Data collection involves use of mobile units to gather dietary information and to conduct comprehensive physical examinations that include biochemical, anthropometric, and clinical assessments. Data collection for NHANES III began in late 1988 and will continue for approximately six years.

In addition to these core survey activities, the National Nutrition Monitoring System includes the Food and Drug Administration's (FDA) Total Diet Survey and the Center for Disease Control's (CDC) Pediatric and Maternal Nutrition Surveillance System. Some assistance on methodology for assessing nutritional status is provided by USDA's ARS Western Human Nutrition

Research Center. In 1986, the first report on the nutritional status of the American people was sent to Congress (DHHS and USDA 1986). The report was prepared by an external panel of four research experts and staffed by USDA/HNIS and DHHS/NCHS. Major conclusions from that report were the following: a) the food supply is safe and adequate; b) there is overconsumption of lipids and sodium; c) the population is characterized by low physical activity; d) some population groups show evidence of low iron, calcium, and Vitamin C intakes. In 1988, a second report to Congress on nutritional status monitoring was initiated. Funded by both USDA and DHHS, an independent group (the Life Sciences Research Organization [LSRO] under FASEB) was competitively awarded the contract to staff the study. An external group of panelists was selected, and various governmental agencies provide staff consultation. Publication of that report is expected in late 1989.

There has also been considerable legislative activity in the area of nutrition monitoring. Congressman George Brown (D-CA), among others, has been advocating a legislative mandate for nutrition monitoring for years. His view — which many others share — is that nutrition monitoring efforts have been "driven by the whims of Congress, the Executive Branch, and OMB" (Brown 1988). Because separate monitoring activities have been funded among seven or more federal agencies for some time, proponents of the Nutrition Monitoring Bill believe that only a legislative approach will be effective in creating a more coordinated system that collects and releases nutritional status data on a more timely and responsive basis. Proponents of the bill point out that without such a bill, there are no assurances that the federal government will even continue to support nutrition monitoring activities.

The National Nutrition Monitoring bill - considered by some to have a unique role as an "instrument of nutrition policy" (CNI 1988) has a long and "checkered" history. Originally proposed in 1984 to respond to Congressional outcries, supporters of this legislation were concerned that the National Nutrition Monitoring System had never been adequately or fully implemented. They point out that data currently being collected are of limited value because of inadequate methods, non-comparable standards, different population sampling frames, and the lack of sensitive indicators to link specific food consumption patterns to health. The bill called for additional coordination between federal and state agencies, the release of more timely data, and more data on high-risk groups and groups living in certain geographic areas. Since being introduced in 1984, the Nutrition Monitoring Bill has received majority votes three times in the House and in October 1988 received a majority vote in the Senate for the first time.

The proposed bill would create an oversight Advisory Committee, with the option of being headed by a coordinator who would examine federal nutrition monitoring activities. The bill also calls for 5-year reviews of the Dietary Guidelines for Americans and prescribes a method for the Executive Branch to review any dietary advice being issued by any one department, a measure heartily endorsed by various commodity groups out of concern that a single federal agency can now give advice on diet that conflicts with that being issued by another agency.

The Administration, and therefore officials of USDA and DHHS, publicly opposed passage of the bill. Their arguments focused on their view that there is already a National Nutrition Monitoring System in place which relies on a mosaic of related and comparable,

but not identical, nutrition monitoring activities. Since the bill is supposedly revenue neutral, opponents of a legislative approach point out that there are no funds currently set aside to implement any other additional or complementary monitoring activities. The bill passed its legislative hurdles, and many are hoping for a Presidential signature by Election Day.[1]

C. Food Assistance Programs

More than any other effort associated with food and nutrition policy, food assistance programs are one form of governmental action directly tied to the nation's economic status. Because poverty exists the government must intervene to provide economic assistance. Tied to the poverty problem in the U.S. are the issues of hunger and homelessness. Over the past five years a deluge of reports have documented an increase in the number of those who perceive themselves as "hungry." As one indicator of this problem, the U.S. Conference of Mayors, as late as December 1987 reported that requests for emergency food had increased in 24 of 26 major cities surveyed. Another indicator is the amount of food distributed by private organizations such as food banks. The Second Harvest network of food banks reported that it has distributed nearly 400% more food in 1985 than in 1979 (Brown 1987).

Although difficult to measure objectively, hunger is a problem for millions of people in the U.S. In 1984, the President's Task Force on Hunger reported that although it was difficult to document and

[1] On November 8, 1988 President Reagan pocket vetoed legislation establishing a National Nutrition Monitoring and Related Research program, thus bringing to an end massive legislative efforts by members of the nutrition community. In his veto statement, Mr. Reagan argued that the bill would have created unnecessary

define, they knew hunger existed. Dr. Larry Brown from Harvard and groups like the Physicians Task Force estimate that hunger affects about 20 million Americans (Brown 1987).

In addition, the problem of homelessness has not gone away. The media regularly show us people living in abject poverty without shelter. Although the number of homeless persons is difficult to document, it is estimated that between 1 and 2 million Americans live on the street or in shelters, and another 6 million are at risk of losing their homes. Many of these problems are compounded by mental illness, and alcohol and drug abuse but many others are caused simply by unemployment or underemployment.[2]

A host of food assistance programs exist—the Food Stamp Program (FSP), school feeding programs (including the National School Lunch Program [NSLP] and School Breakfast Program), congregate feeding programs for the elderly, and the Supplemental Feeding Program for Women, Infants and Children (commonly referred to as "WIC"). All are designed to meet the needs of the economically disadvantaged. Each program is based on a different strategy, and the effectiveness of each must be judged on the basis of the extent to which it meets its specific stated objectives.[3]

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[2]It must be pointed out to the reader that government officials suggest that statements such as these lend credibility to what they believe to be fundamentally flawed estimates of the extent of hunger and homelessness. They cite factors such as the sustained economic expansion of the past six years, the declining poverty rate since 1981, and the failure in many quarters to distinguish "hunger" from "malnutrition" or "poverty" as influential in combatting currently popular and well publicized statements regarding the magnitude of these problems.

[3]While the programs described are all <u>available</u> to the economically disadvantaged, they are not designed to meet <u>all</u> their needs. Most programs supplement earnings and other resources

I will examine three examples of food assistance programs. The first, the Food Stamp Program, is an example of an income transfer program. The second, the National School Lunch Program, is an excellent example of a supplemental feeding program that is tied to agricultural, social, and educational policy. The third, the WIC Program, is a supplemental feeding program characterized by a mandate to provide supplemental food, nutrition education, and screening for medical problems. In examining each of these types of food assistance programs, I will assess service delivery issues (such as costs and participation) as well as effectiveness.

Throughout Reagan's presidency, his administration has sought to reduce or eliminate the federal role in operating food assistance programs for the poor. In his 1982 State of the Union address, President Reagan proposed to devolve to the states the Food Stamp, Child Nutrition, and WIC Programs primarily by converting the programs into block grants to the states. The Omnibus Reconciliation Acts of 1981 and 1982 instituted significant changes in the FSP; these resulted in a) a decrease in the number of persons eligible for the program and b) a temporary reduction in benefits (Allen and Newton 1986).

Costs of the Food Stamp Program (FSP) in current dollars rose over 40% between FY 1979 and FY 1983, then declined slightly (Table 1). However, the real cost, i.e. the cost in excess of inflation increased by less than 12 percent and real benefits per person were the same in 1979 and 1987 (Table 1). One of the hallmarks of the Reagan Administration was the mandate for government to spend less and to offer services only to the "truly needy." The issue becomes how to target services effectively to recipients who meet objective criteria for participation.

TABLE 1. TRENDS IN FOOD ASSISTANCE PROGRAMS, BY COST AND PARTICIPATION 1979-87

	FY 1979	FY 1981	FY 1983	FY1985	FY 1987
Food Stamp Program					
participants (mil)	17.7	22.4	21.6	19.9	19.1
total cost (current bil $)	$ 6.9	$11.2	$11.8	$11.7	$11.6
total cost (deflated bil $)[1]	$ 6.9	$ 9.1	$ 8.9	$ 8.2	$ 7.7
benefits per person (current $)	$30.59	$39.49	$42.98	$44.99	$45.78
benefits per person (deflated $)[1]	$30.59	$32.24	$32.56	$31.59	$30.46
WIC					
participants (mil)	1.48	2.11	2.53	3.14	3.43
total cost (current bil $)	$ 5.3	$ 8.7	$11.3	$14.9	$16.8
total cost (deflated bil$)[1]	$ 5.3	$ 7.1	$ 8.6	$ 10.5	$11.2
monthly food benefit per person (current $)	$24.09	$27.84	$29.62	$31.69	$32.68
monthly food benefit per person (deflated $)[1]	$24.09	$22.73	$22.44	$22.25	$21.74
National School Lunch Program					
participants (mil)	27.0	25.8	23.0	23.6	24.0
free and reduced price lunces (% of total)	43.6	48.6	51.7	49.1	48.6
cash cost (current bil $)[2]	$ 2.0	$ 2.4	$ 2.4	$ 2.6	$ 2.8
cash cost (deflated bil $)[1]	$ 2.0	$ 2.0	$ 1.8	$ 1.8	$ 1.9

[1]Deflated to 1979 dollars using the consumer price index.

[2]Does not include value of commodities or cash-in-lieu of commodities. If included, total federal costs for NSLP in FY 87 would have been $3.68 billion.

Source: USDA/Food and Nutrition Service. Annual Historical Review of FNS Programs, FY 87. FNS Program Information Division, July 1988.

Participation rates are one measure of the extent to which the program is being used. According to data in Table I, participation in the FSP increased to a high of over 22 million persons in FY 1981 and then decreased to a low of 19 million in 1987, approximately a 10% decline. Participation in the Food Stamp Programs has also declined when examined as a proportion of the number of people living at or below the poverty level (Brown 1987).

However, it is difficult to obtain data on the degree to which food programs effectively reach target populations. For example, the number of people in poverty has often been used as a surrogate measure to assess participation rates of those eligible for the FSP. Such comparisons ignore completely the asset criteria for participation and gloss over monthly variability and income because the poverty data cited in census reports are simply annual averages. However, using data which are available from different surveys, I believe that somewhere between 40% and 70% of the eligible population probably participate in the program over a 12-month period.

What has been the impact of the Food Stamp Program? The FSP is over 20 years old, yet there are relatively few studies which have examined its effectiveness. Most of the studies suggest that food stamp participation is indeed associated with increased expenditures on food. The effect of food stamps on household nutrient intake is less clear. Studies that attempted to compare the dietary status of food stamp recipients to non-recipients provide mixed results. Some show a significant positive impact; others do not. The President's Task Force on Food Assistance Programs concluded that the impact of the Food Stamp Program does not appear to be very large.

Because nutrient consumption in the U.S. is not highly

FSP may positively influence nutrient intakes, but the magnitude of the effect is likely to be small. The Food Stamp Program functions well as an income maintenance program and has been demonstrated to provide basic support during times of economic hardship. However, one must be cautious in concluding that the Food Stamp Program actually enhances the dietary status of its participants. Adding a mandated nutrition education component may help. Although nutrition information is made available to the states for use in the Food Stamp Program, nutrition education is not now well integrated into the program in all parts of the country.

The National School Lunch Program is administered by the Food and Nutrition Service (FNS) of USDA. Since 1946, FNS has provided funds to states to subsidize school lunches, the principal objective of which (according to the wording of the original legislation) was to "maintain health and wellbeing of the nation's children." In addition to direct funding from USDA, the agency also provides for the direct distribution of commodity products to schools, thereby alleviating, to some extent, some farm surpluses. The use of donated agricultural commodities in the School Lunch Program has been a source of continuing controversy. One argument favoring their use is economic. If donated food commodities had not been used, the total cost of the National School Lunch Program in 1987 would have been $880 million higher than its actual cash costs. Groups such as Public Voice for Food and Health Policy fault school lunches because they contain significant amounts of dietary fat, sodium, and sugar. USDA responds that they provide meals that children will accept, not reject. The argument about insuring that school lunches are, in fact, consumed by their intended participants is cogent. We must, of

presented in the program, but let's also develop strategies for insuring that children learn to accept and appreciate what's being offered!

Federal monies are transferred to state Departments of Education, which, in turn, pass on funds to local school districts for program implementation. The lack of training for school food service workers is evidenced by food items that are often poorly prepared and poorly presented. While it is unlikely that the Nutrition Education and Training (NET) Program will continue to be funded at previous levels other initiatives are underway to reach school food service personnel. Some have lobbied to have a federally financed food service administration institute in Mississippi. Also, the American Cancer Society, in conjunction with the National Cancer Institute of NIH, is preparing training and curriculum materials to encourage the use of low-fat, high-fiber foods in the school lunch program

There are three levels of participation in the National School Lunch Program. A "free" lunch is provided to any child from a household whose income is 135% of poverty (i.e., calculated as the amount of the current poverty level X 1.35); a "reduced price" lunch is provided to any child from a household whose income is 185% of poverty; and the "full price" lunch is available to all others. For children, the cost of lunches can vary from school to school but actually ranges from $0.50 to $1.25. Costs of the National School Lunch Program have increased about 40% between 1979 and 1987; however, total participation has decreased, about 10%. The percentage of free and reduced price lunches has increased over 10% in this same period (Table 1).

How effective is the National School Lunch Program? Surveys have documented that the food consumed makes an important dietary

years old who participated in the National School Lunch Program indicated that participation had increased daily intakes of calcium, Vitamin C, riboflavin, iron, Vitamin A, and Vitamin B-6 (Akin, et al. 1983).

If one evaluates the effectiveness of the NSLP on improving the quality of diets of participating children in comparison to non-participating children (particularly low-income children analysis of data from the 1977-78 Nationwide Food Consumption Survey confirmed that participation was associated with increases in consumption of some of the most needed nutrients (Akin et al. 1983). However, it remains difficult to ascertain the overall impact of the NSLP because the program supplies a relatively small proportion—roughly one-third—of a child's total nutritional requirements.

A document recently released by Public Voice for Food and Health Policy, "Empty Calories: The Reagan Record on Food Policy," is particularly critical of the NSLP. The report claims that fewer meals are available to poor children today. They note that as a result of the 1981 budget reductions over a thousand schools dropped out of the federal School Lunch Program and that overall, about one million fewer poor children (i.e., those who qualify for "free" lunch) and "near poor" children (i.e., those who qualify for "reduced price" lunch) are receiving school lunches today than in 1980. (The Omnibus Budget Reconciliation Act of 1981 resulted in a "tightening" of income eligibility requirements so that fewer students qualified (Allen and Newton 1986).)

The Special Supplemental Food Program for Women, Infants and Children (WIC) is unique: for the pregnant and lactating women

foods designed to help increase intake of needed nutrients such as protein, iron, calcium, and Vitamins A and C. Participants must meet economic eligibility criteria, and be medically certified as at nutritional risk. (Nutritional risk is defined as inadequate dietary intake, anemia, high prematurity rates, and inadequate patterns of growth, such as underweight, obesity or stunting.) Today the program serves over 3 million women, infants, and children in every state, the District of Columbia, Puerto Rico, and the Virgin Islands. Participation rates more than doubled between FY 1979 and FY 1987, while costs tripled (Table 1). This is due mainly to the fact that the monthly food benefit per person rose 35% over this same period. Even at these levels, the program is estimated to serve only about one-fourth of the estimated number who are eligible for and in need of benefits.

There is a danger in blindly reacting to this "poor" coverage rate of WIC. Unlike other food assistance programs, WIC is not an entitlement program. Local agencies maintain priority levels for eligible persons based on national guidelines. The highest priority group for service is pregnant women, followed by infants up to 1 year; the lowest priority is given to 4-to 5-year-old children who qualify on the basis of dietary risk only, i.e., there is no medical indication of risk such as poor growth or impaired iron status. The first two priority groups, i.e., those most in need of WIC services, routinely receive nearly complete coverage. It is true that fewer of those in the lowest priority group are served, perhaps contributing in large measure to the alarming statistic about low service of the eligible population. However, if eligibility for WIC were to cap for children at age 3 or 4, I

WIC is generally regarded as one of the most effective nutrition programs in existence. Regardless of the type of research design used, studies conducted since the mid-1970s consistently show the following results: increased weight gain of mothers during pregnancy, increased mean birth weight of infants, improved hemoglobin and hematocrit levels in children, longer gestational age, and decreased neonatal mortality rate. Again, most of these positive results associated with program participation have been reported in pregnant women and infants, rather than for older children.

Data collected as part of a study conducted in the late 1970s showed a benefit to cost ratio for WIC of 3:1, documenting the positive effects associated with WIC program participation. This figure has been repeatedly cited in support of continued funding for the WIC program, even though the data are over a decade old. This is quite a compelling argument for nutrition program evaluation research!

Because data such as weight, height, hemoglobin, and hematocrit are required to be collected from program participants as part of program administration, there is certainly no lack of data on which to evaluate the program. These data have been well used in the past to remind Congress of the effectiveness of this program. We in the nutrition community need to familiarize ourselves with the type of data—sensitive and objective indicators of program effectiveness—that can be used for such political purposes.

In 1981 and 1982, the Reagan Administration proposed cutting the WIC program by about one-third. Smaller reductions were proposed in most subsequent years. In fact, analysts predicted that programs that enjoyed broad political support would better withstand the pressures to reduce government spending, than would programs

demonstrated effectiveness would be better funded than programs generally recognized as inappropriate or less than effective. Wholey's findings (1984) confirm that broad political support does indeed help and that programs whose effectiveness had been demonstrated also fared relatively well.

D. Dietary Guidance

Consumers need the basis of sound authoritative nutrition information as they try to sort through the claims of advertisers, diet book authors, and quack nutritionists who are all competing for their attention. The American public is actively seeking dietary guidance information. How has the government responded?

For nearly two years, I headed an agency in USDA that is primarily responsible for providing consumers with research-based nutrition information. Viewing nutrition education as a choice between making information available to consumers versus promoting dietary behavior change was indeed a personal dilemma. As a nutrition educator, my scholarly work defined nutrition education as a process designed to bring about changes in dietary behavior. However, I soon learned that being a government official in the Reagan administration meant that I was to be responsible for providing nutrition information to consumers so that they could make their own decisions; I was not to insure that their dietary behavior changed. The appropriate role of government in nutrition education was viewed as simply making information available — period. We were not to change the environment so that the guidance provided could be more effectively acted on. Our charge was to produce nutritionally literate food consumers, not to insure that more healthful diets were

The role of the federal government in providing nutrition guidance to consumers has an interesting history. Let me provide only a capsule view from about ten years ago. In 1977, the Senate Select Committee on Nutrition and Human Needs, under the chairmanship of George McGovern, released a document called "the Dietary Goals for the U.S." This document suggested quantitative goals for the consumption of certain dietary factors (such as dietary fat, cholesterol, sugar, salt, etc.) that were shown to be linked to the prevalence of certain chronic diseases. At the time this information was released, the Dietary Goals were criticized as being too restrictive. In addition, because these goals were stated in quantitative terms, many questioned whether the American public could, in fact, apply them when making food choice decisions.

In 1980, the Departments of Agriculture (USDA) and Health and Human Services (DHHS) collaborated to produce the "Dietary Guidelines for Americans." While some nutrition professionals criticized the pamphlet for simply restating what was already well accepted, many of us thought it was a coup to have actual agreement between two federal agencies on several straightforward statements about nutrition! The Dietary Guidelines provided seven qualitative, directional statements about the role of certain dietary components in the diet. The Guidelines were intended to be applied together, in a "total diet" approach for normal, healthy people. No single food was to be eliminated or designated as "good" or "bad"; instead diets were to be planned on the bases of variety, balance, and moderation.

In 1985, a panel of experts outside the government was convened by the two Departments to review the scientific bases of the information previously released and make recommendations for

that the information was sound and should be widely distributed. To date, about 5 million copies of the 1985 Dietary Guidelines have been distributed. Because of the governmental pricing policy, however, only a limited number of free copies have been available to the general public.

In late July 1988, the "Surgeon General's Report on Diet and Health" was released. This report was issued both as a 700-page "tome" for professionals, and as a short executive summary. Although most of the recommendations have been widely accepted for years, the report does serve as an authoritative statement by the Surgeon General of the U.S. who provides credence to the notion of a conclusive, undeniable relationship between diet and certain chronic diseases.

The dietary guidance "game," however, is not played only by the two major Departments involved with nutrition policy. Many other groups are now competing for the attention of the nutritionally literate consumer. For example, one recent review of dietary recommendations for healthy adults (Cronin and Shaw 1988) identified ten different federal, professional, and health organizations which have published dietary guidance advice for consumers in recent years. Included among the groups that have issued dietary recommendations for the public are several from NIH that have established major multi-million dollar informational campaigns, including the National Cholesterol Education Program (NCEP) of the National Heart, Lung, and Blood Institute (NHLBI) and the diet and cancer guidelines issued by the National Cancer Institute (NCI) and voluntary health agencies such as the American Heart Association and

A major question that arises with all dietary guidance is whether the American public will be given quantitative or qualitative advice. The Diet and Health Committee of the National Academy of Sciences' Food and Nutrition Board is preparing a report, expected to be released in early 1989, which will bring together much of the evidence linking diet and disease. This report is expected to be published in two forms: the one for professionals will cite all of the scientific studies and the evidence used in developing the report; the other report, written for the general public, will probably provide yet another set of dietary recommendations. And I will not be surprised if these dietary recommendations are expressed in quantitative terms (e.g., "Eat no more than 30% of Calories as dietary fat.") rather than the more qualitative language used in the Dietary Guidelines (e.g., "Avoid too much dietary fat . . .").

As a follow-up to this Diet and Health Committee report, the Food and Nutrition Board has also established an Implementation of Dietary Guidelines Committee. This group is examining strategies used in promoting various sets of dietary recommendations, including those of the federal government, different voluntary health organizations, and units in the private sector. This committee is charged with using the information they gather to develop a dissemination model for publicizing the recommendations of the Diet and Health Committee. Obviously, there will be much activity in the arena of dietary guidance in the near future.

CONCLUSION

Can food and nutrition policy under the Reagan Administration be described as a "feast" or a "famine"? My response:

its efforts to reduce government intervention and spending on selected entitlement programs. However, for those few programs where effectiveness could be documented and Congress responded, funding has been fairly stable.

Looking to the future, I believe the time is right to again investigate the possibility of developing a comprehensive food and nutrition policy. The social, cultural, and economic context of food choice must be taken into account if current dietary trends are to be fully understood and any proposed recommendations are to be successfully adopted. In addition to nutrition information campaigns and educational programs, a comprehensive approach would ensure that price and agricultural production policies were linked to dietary guidance.

Let us consider again the question of the appropriate role of government as it impinges on the quality and safety of the food supply as well as on individuals' rights to make food choices. There are those who argue, for example, that it is an infringement on individual freedom for governments to manipulate food supplies or prices in order to encourage the consumption of a healthier diet. Those who subscribe to this view believe that providing nutritional information, whether by media or as a component of food labeling, is adequate for those who which to avail themselves of this information and act on it to modify their diets. The context within which people make food choices, however, is constantly changing as decisions are made in the areas of price, agriculture, trade and consumer policies, mainly for reasons <u>other</u> than those of encouraging consumption of a healthy diet. We know that many policy areas impact on nutrition and food consumption; hence, the development of intersectorial policies vis a vis

Should policies promoting individual choice — regardless of the outcomes — be permitted to obscure collective responsibility in order to insure that food choices are more informed and, ultimately, healthier? I like to think, as does Nancy Milo, that one appropriate role of government is to make it possible for health-promoting changes to be easier and health-damaging choices more difficult (Milio 1976).

What strategies are available to us as nutritionists to secure a more comprehensive approach to food and nutrition policy? First, let us strive for increased cooperation between government departments dealing with food and nutrition issues. Second, enhanced cooperation with industry is essential for widespread implementation of the Dietary Guidelines for Americans. The food industry can play a crucial role in researching the impact of food processing on the nutritional quality of food, the safety of additives, and in developing new and nutritionally improved processed foods to meet specified dietary needs. In the past, the nutrition community has often viewed the food industry as an antagonist rather than a partner in cooperative ventures. Indeed, this may be one of the more fundamental changes in orientation I have witnessed over the past few years. Now the agricultural sector is considering how to promote its products to a more health-conscious public! We must not ignore the power of economics. Unless nutritionists can understand this power in terms of its effect on the food supply and consumer demand, we are limited in what we can expect to accomplish in any forward-thinking food and nutrition policy.

The book, Designing Foods, (1988) prepared by the Board of Agriculture of the National Academy of Sciences, is an intriguing example of the progress that can be achieved by an interdisciplinary

agricultural policies and industry practices with the health needs of a nutrition-conscious consumer. My kudos go to an incisive team, chaired by Cornell's Dean David Call.

Third, let us aim for effective nutrition education and dietary guidance efforts. Clear, scientifically valid information must be disseminated to both professionals and the public. There must be coordination between the various federal agencies in terms of nutrition messages presented to the American public. If we continue to disseminate nutrition materials so that consumers receive more and more information but with varying messages, we will find ourselves with a food-consuming public that is even more confused than it is now.

An important aspect of this third area is a factor I call "communication efficacy." How effective are all these efforts in informing the public about diet and health? What impact do they have? One battle I fought at HNIS was what I refer to as the, "so what?!" question. Staff are trained to present consumers with valid scientifically accurate, research-based facts—and lots of them! I continually asked how our materials were perceived and acted upon by the consumers for whom they were written. No one really knew. Because of this, during my tenure as HNIS Administrator we funded several contracts—some with academic researchers, others with public relations/social marketing firms—to conduct research on how consumers wanted nutrition information presented and how they reacted to and understood our materials. We in the nutrition community often neglect the fact that emotion and affect are powerful influences on the food choices. How naive it is to think that if we only

A fourth area of action involves research into dietary changes. Interdisciplinary research can serve us well in this regard. We must consider carefully the implications of nutrition and health concerns on agricultural policy. We should know the economic ramifications of nutrition education programs on food choices. We must attempt to document physiological—as well as social and psychological—effects of food assistance program participation.

Changes in dietary consumption patterns have implications for all sectors associated with the food system. Such goals must be linked with comprehensive policies, as well as with individual programs. We are now in a position where many areas of nutrition policy can be integrated to achieve common goals. That probably is the most fundamental challenge of the 1990s. As Ostenso (1988) has cogently pointed out, we as nutrition professionals must "responsibly educate policymakers about the benefits to be gained by investments in nutrition." May we move forward with collective vision in this increasingly important task.

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