Rural Health News Service

A year ago I found myself in a bread line at Lincoln's Center for People in Need—not to pick up food—but to talk to others who were there to find something to eat.

A 65-year-old woman explained that she had had a triple by-pass three months before she went on Medicare and that saddled her with a half million dollars in medical bills. Her income around $1,000 mostly from Social Security did not stretch far enough to whittle down her medical debt, pay the rent, buy gasoline, pay for her Medigap insurance premium, and still buy groceries.

"I don't have enough money to buy food," she said. "That's why I come here. Anything helps out. I don't hardly eat any vegetables. The only vegetable I buy is brussels sprouts in a package with sauce. A package costs $1.28.

"I'm a diabetic," she added. "I have to watch what I eat."

Like most of us, she liked meat once in awhile. Usually the Center has none to give away. On this day, though, the woman was lucky; the Center could offer a choice of smoked turkey breast or seasoned beef rib roast. She took the turkey.

Most of those in line were hardly skinny. Many were overweight or obese like 65% of the people in Nebraska. But in a survey of its clients over age 60, the Center found that about 40% sometimes had trouble buying enough food.

Pockets of hunger exist all over America—in rural and urban areas, in poor immigrant communities, among the elderly where the young old and the old old are on waiting lists for home-delivered meals, and among children. The USDA says that nearly 17% of America's kids under age 18 live in households where they don't consistently get enough nutritious foods.

What explains this paradox?

I phoned Nebraska's chief medical officer Dr. Joann Schaefer who said that when people don't know where their next meal is coming from, they tend to overeat fearing that it may be a long time before they eat again.

"Combine that with high calorie dense foods, and it's a double whammy," Schaefer said. "And when you do get another meal, you over eat again. That can be a very dangerous cycle to be in."

Roberta Duyff, a St. Louis nutrition consultant and author of the Complete Food and Nutrition Guide puts it this way. "It's about the choices available. People may be getting their calories met, but are they getting their nutrients met?" The predicament of the Lincoln woman suggests they are not.

As many Nebraska communities begin addressing the obesity epidemic, it's important to keep in mind the hunger/obesity paradox. That paradox helps boost the amount we spend on health care to nearly 18% of Gross Domestic Product, threatens the stability of government health programs like Medicare, and contributes to high insurance premiums the rest of us pay, its important to keep in mind the hunger/obesity paradox.

The overweight hungry face the same challenges to lose weight as those who carry around too many pounds and have no problem finding enough to eat. But telling someone to join a gym, eat more fruits and vegetables, and buy more lean meat and less cheap junk food is not likely to have much effect when people have little money.

"It's hard when $6 will buy a dozen tacos on Taco Tuesday," says Schaefer. "It's a hard sell to say to someone you should make your own (meal) with rice, beans, and meat. You can't make a meal for $6 so you turn to the tacos. "

Fast food doesn't explain the whole problem, though. In future columns I'll explore more about the obesity dilemma and how it affects America's health care bill.