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Testimony
Before the Committee on Agriculture, Nutrition, & Forestry
United States Senate

Hearing

Promoting Health, Preventing Chronic Disease and Fighting Hunger, Assessment of USDA Food Assistance and Child Nutrition Programs in the Economic Downturn

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Testimony
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Chairman Harkin, and distinguished members of the Committee, my name is Dr. Mariana Chilton. I am honored to be invited to speak to you as a public health research scientist at the Drexel University School of Public Health in Philadelphia, Pennsylvania, and as a member of the national network of pediatric researchers on the Children's Sentinel Nutrition Assessment Program.

I present to you the scientific evidence from more than 30,000 children and their families across the nation. I present to you the stories and evidence from my qualitative research with low-income women in Philadelphia. All of the children I talk about here are Witnesses to Hunger.

Angela Sutton, a mother of two young children, lives in inner city Philadelphia. When I asked her what she planned to communicate to policy makers about improving the health of her children, she said, "I want to march right down to Washington and put my babies on the steps of Congress." In other words: Angela and the other witnesses to hunger want you to consider their children as human beings, to consider the whole child, the whole family.

How you write policies for these children on your steps can make a huge difference in the economy and the health and well-being of the American population.

Members of the Committee, during this major economic recession we have an opportunity to prevent child hunger and at the same time promote the health and well-being of the nation through the upcoming Child Nutrition Reauthorization. With the Child Nutrition Reauthorization, we get two for one: we can prevent hunger and we can prevent nutrition-related diseases such as diabetes, heart disease and obesity. If we can prevent child hunger, we ensure a child can perform well in school. If we can prevent nutrition-related diseases, we will save health-care costs, and increase the productivity of the American population.

Child Nutrition Reauthorization

When recent data came out from the USDA, my pediatrician colleagues and I gathered around the table to view the numbers. Given our own data, we anticipated no real change in food insecurity, defined as the lack of access to enough food for an active and healthy life. Last year, *12.4 million children* were in food-insecure households, according to the USDA. Yet again, 17% of the households with children in the United States had lived in food-insecure homes. As we scanned the tables further, we were stricken by the raw numbers that for the youngest children in America, there was a sharp rise in the most severe form of food insecurity for the families that have children under the age of six years old—children who have yet to reach first grade. Very low food security—what used to be known as food insecurity with hunger—doubled from 4% to 8% of the population. This increase of 124,000 persons is a sign of an impending national disaster.

The United States Congress has the tools and the resources to handle this crisis. Food insecurity and its health effects can be reduced through a sound and strategic reauthorization of child-nutrition programs. This is especially true if we see the child-nutrition programs as health promotion and disease prevention that are so central to health care reform. If we see the child-nutrition and health care reform as one and the same, we will protect our youngest citizens from the ravages of the recession.

The WIC program, The Child and Adult Food Program, School Breakfast & Lunch, and the after-school programs all help to prevent hunger and to promote health.

Hunger and Health. First, I will show you how hunger is a major health problem.

The data on over 30,000 families collected by C-SNAP demonstrates that children living in households that reported food insecurity were:

- 30% more likely to have a *history of hospitalization*, and
- 90% more likely to be reported in *fair or poor health*

than children living in food secure homes. In addition, children in food-insecure households were almost two times more likely to suffer from *iron deficiency anemia* than their counterparts in households that were food secure. Food insecurity affects not only children's physical health and increases the nation's annual cost of pediatric hospitalizations, but it also is associated with developmental risk. C-SNAP found that infants and toddlers who lived in food-insecure circumstances had a:

- 73% increased risk for *developmental risk* compared to infants and toddlers in food-secure households.

Clearly, food insecurity is a vitally important factor in a child's school readiness. For this reason, it is important to intervene in a child's life early on, before she reaches school age. Every child's brain architecture is laid down during the first three years of life, forming the foundation on which he builds his human capital. For America to have a successful economic future, our children must have strong, healthy foundations on which to build their educations, work-force skills, and civic commitments. They will not have those strong foundations if we allow food insecurity and hunger to undermine and erode them.

Early Childhood Nutrition

This is why the WIC Program and the Child and Adult Care Food Program should be considered two of the most important building blocks for the health and well-being of America's young children.

Women, Infants and Children. Approximately 50% of the children born in the U.S. currently receive WIC. The breadth and reach of the WIC program is extraordinary, and it holds up under international standards as one of the best nutrition and health programs in the world. Our C-SNAP results provide evidence that those children who received WIC had better growth outcomes than the children who did not receive WIC but were eligible. This is important because an infant's growth pattern is one of the single most important scientific and medical indicators of a child's well-being. Our research also finds that those who are eligible for WIC *but who do not receive it*, are 16% more likely to be in fair or poor health, and are 34% more

likely to be at developmental risk. This means that WIC protects and promotes child health, and that WIC promotes cognitive, social and emotional development.

The Child and Adult Care Food Program. The CACFP is one of the most effective tools to fight hunger *and* to promote early childhood health, though it is little known and poorly understood. The paperwork for applying is onerous. We already know that childcare helps the development and school readiness of a child. But an investment in childcare, without similar widespread attention to nutrition, ultimately wastes that education.

School-based nutrition

Research has shown how school breakfast—especially if served in the classroom—can have positive effects on the school performance of young children. With school lunch it is the same. When we are feeding millions and millions of children a day, the U.S. Congress has an opportunity to infuse America's children with healthy diets which will have a tremendous impact on their health and well-being. It will help to prevent childhood obesity, and thus prevent diabetes and cardiovascular disease.

With both of these sets of programs funded and administered to their maximum potential, America will already be on its way to providing the building blocks for widespread healthcare reform.

Streamline all programs

Knowing that these programs can prevent disease and promote health, we must ensure that they work well administratively and are broadly available. We already have a great example in Philadelphia. For 18 years, Philadelphia has had a **Universal Service** school lunch program. Philadelphia established a universal service program that stipulated that if 75% or more of the children in the school are living at or around the poverty line, public schools automatically provide free lunch, without requiring an individual application form. Getting rid of individual applications in areas where the majority of children are clearly eligible by population-based estimates helped to reduce stigma, and improved the nutritional health of children. We recommend universal service programs be replicated in major inner cities and low-income counties across the nation. Similar considerations can be arranged for the Child and Adult Care Food Program, and for after school and summer feeding programs.

The essence of the universal service program is to reduce the burden of paperwork for everyone. Low-income families already have so many administrative burdens placed on them for means-tested programs. It is time to take lessons from public health where we consider population characteristics and socio-economic status to decide where to establish health centers and clinics. The child nutrition programs ought to follow suit.

No trade-offs—make it work

Your infusion of funding to Child Nutrition Reauthorization must take into account the true context of poverty and family. Crystal Sears has three children—all with major health problems—but she has to negotiate the health system, the welfare system, the child-care systems

and the education systems to ensure she and her family get the support they need. For her, it is a full-time job just to keep her children and herself whole. From her perspective, federal programs are good—but don't go far enough: "There are some benefits. They provide our children with vaccinations. I can get some medical care, but the rest of me is just dangling out there, hanging on a rope..."

Senators, let's not leave this generation dangling and unmoored. An infant in its most critical moments of cognitive, social and emotional development does not have time to wait. Any interruption in nutrition can have life-long consequences. Child hunger and poor health constitute an emergency that can be prevented. By treating the Child Nutrition Reauthorization as if it is medicine, you can boost the health and well-being of an entire generation.

1600 words.