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Testimony of Dr. Mariana Chilton

Before the Pennsylvania Governor's Interagency Council on Food and Nutrition Blueprint to End Hunger Summit

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It is an honor to testify before the Pennsylvania Governor's Inter-Agency Council on Food and Nutrition as we create a "blueprint to end hunger in Pennsylvania." I come to you from the world of public health and pediatric research. Today I am speaking on behalf of my colleagues around the country who investigate the relationship between hunger and health and on behalf of more than 1700 families of infants and toddlers in Philadelphia. I am the Principal Investigator of the Philadelphia GROW Project, where we work to prevent hunger children under the age of three.

The research arm of The GROW Project is part of the national study called the Children's Sentinel Nutrition Assessment Program (C-SNAP). The Lead Principal Investigator is Dr. Deborah Frank, a pediatrician in Boston, who is nationally renowned for her longstanding work on hunger and the effects of poverty on young children. Since 1998, the C-SNAP study has monitored the impact of public policies on the health and wellbeing of infants and toddlers in low income families. Many of these children are still wearing diapers, and all of them are undergoing developmental milestones such as learning their first words, and taking their first steps. The Philadelphia GROW Project became a C-SNAP site in 2005. Since then, our researchers have interviewed approximately 1700 families at St. Christopher's Hospital for Children in North Philadelphia. During interviews, caregivers are asked about their participation in public assistance programs, food insecurity and child health and development. Now that we have joined C-SNAP researchers around the country, we too have begun to document that hunger is bad for children's health and has a negative affect on their development. Because of hunger, children have more infections with more severe consequences, and their cognitive development is truncated. So these children may take their first steps, but hunger knocks them down at the knees.

Almost every day of the week, our researchers use the 18-point scale developed and utilized by the United States Department of Agriculture to document *food insecurity*. Food insecurity is defined as the "lack of access to enough food for an active and healthy life." Twenty percent of the families we interview in the Emergency Room have experienced food insecurity. The same

percentage of hunger risk holds true in the Philadelphia population as a whole. That population projection means that approximately 7,600 infants and toddlers in Philadelphia lived in households that were at risk for hunger in 2004. The C-SNAP study proves that children in food insecure households are 90% more likely to be in poor health and are 30% more likely to have a history of being hospitalized.

These poor health consequences are happening right before our eyes in Philadelphia. Our research shows hunger physically manifests in the bodies of babies. But it is hard to “see” it. Food insecurity doesn't show itself in a simple diagnosis. It doesn't look like a cut, bruise or broken arm. It manifests in different ways: in hospitalization rates, in poor school performance. Our C-SNAP research finds that food insecurity is also associated with poor child development, specifically in low-income African American and Latino children. Food insecure African American children have 1 and ½ times greater odds of developmental risk than children who are not in food insecure households. For food insecure Latino children, it's worse. Their developmental risk is two times that of children in non-food insecure households.

What do we recommend from our research experience?

To end hunger does not mean simply providing more food. Yes: we do need a strong state food purchasing program; we need more food stamp outreach; we need to protect the WIC program. Our C-SNAP research shows that food stamps and WIC are good for child health. But ending hunger requires more attention to the things we cannot see and touch—the things that are not food. Ending hunger requires continuing on Pennsylvania's fine record of increasing the minimum wage, and ensuring low-income energy assistance reaches the families who need it most. However, ending hunger also requires improving access to child-care programs that support working women. It requires ensuring access to medical care and mental health services that support child development. Ending hunger requires ensuring that families are not on a subsidized housing waiting list for years while they move from shelter to shelter, between inadequate housing resources, to a place where nobody seems to want them—not even the city of Philadelphia.

C-SNAP's publication in the journal *Pediatrics and Adolescent Medicine* shows that families who are eligible for subsidized housing but not able to access such housing had increased risk of underweight and food insecurity. We must take special care to ensure timely access to federally subsidized housing for families with very young children.

Ending hunger is necessary to protect the rights of young children. In the International Convention of the Rights of the Child, it states that every child has the right to the enjoyment of the highest attainable standard of health and development. In the same vein, internationally renowned Nobel Prize winning economist Amartya Sen asserts, hunger is “entitlement failure”—a failure in the supports to which families are entitled.

Finally, let's continue to call hunger by its name. Not by the new definition of “very low food security” as the USDA has attempted to do without public debate or discussion with experts. Let's call it what it is: hunger. Only when we agree on our terminology can we end hunger for all Pennsylvanians—especially its youngest and most vulnerable citizens.