

Testimony
Before the Committee on Agriculture
U.S. House of Representatives

Tuesday, March 13, 2007

Statement of Dr. Mariana Chilton, Principal Investigator, The Philadelphia GROW Project and Co-Principal Investigator of the Children's Sentinel Nutrition Assessment Program (C-SNAP) at Drexel University School of Public Health and St. Christopher's Hospital for Children

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Mr. Chairman and Distinguished Committee Members:

It is an honor to be invited to speak to you today about the importance of child nutrition and child health as you begin your hard work of reviewing the Food Stamp Program. I am a public health researcher from Pennsylvania, where agriculture is the number one industry. I am here today to speak on behalf of the more than 23,000 infants and toddlers and their families across the United States who show up to emergency rooms and ambulatory care clinics with health crises whose roots are far beyond the clinic walls. I am also one of several pediatric and public health researchers from the Children's Sentinel Nutrition Assessment Program (C-SNAP). My colleague, Dr. Diana Cutts, from Minneapolis, had hoped to be here today but was too ill to travel. So today I represent C-SNAP in Minnesota and Pennsylvania. C-SNAP is a multi-site research study that provides the most current and largest dataset in the nation about the food security, health, and development of very young, low-income children. We have held in our hands each one of these 23,000 children in Minnesota, Pennsylvania, Maryland, Arkansas, and Massachusetts, California and Washington, DC. We have measured their height, taken their weight, and interviewed their parents and grandmothers about their participation in Food Stamps, WIC, housing and child care programs. We ask about all of the policies that begin right here on The Hill.

I want to tell you Alexander's story. He's a six-month-old baby, who came in with pneumonia. His mother brought him to the emergency room at St. Christopher's Hospital for Children in Philadelphia last week. When we interviewed his mother, Marilyn, she told us that they did not have enough money to buy food. She said they told her that her husband makes "too much money." He makes \$14 an hour, which puts them just over the limit for their household size. She explained she skipped paying her credit card bills in order to pay for food. She also described how she could not pay her heating bill, so her house was cold. In the meantime, she says due to his pneumonia, baby Alexander lost weight, and they do not have enough money for food to make it to the end of March. My physician colleagues would not be surprised that a hungry baby would catch pneumonia. They repeatedly explain that good immune function depends on good nutrition. Furthermore, good nutrition is the brain's building blocks. Alexander's food insecurity, weight loss and illness place him at risk for long-term developmental problems.

Food insecurity and poor child health

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*. The disparities in food insecurity are astounding. Food insecurity rates for African Americans and Latinos are more than two times higher than they are for whites (1). One might wonder if the health disparities we see in these populations may have a basis in poor nutrition. Moreover, if we look at the USDA Food Security report that is released every year, it has been consistently reported since 1999 that

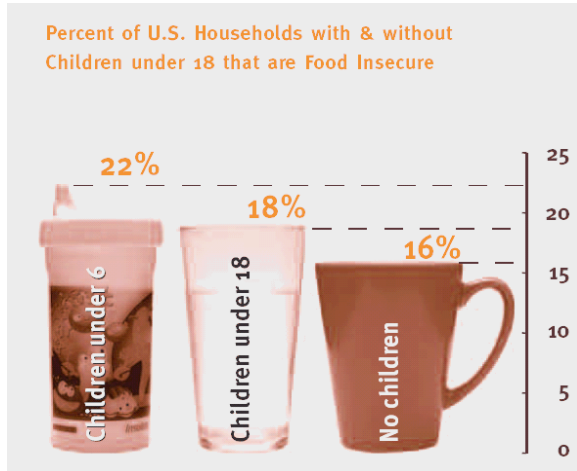


CHART 1. Source: “Nourishing Development: A Report on Food Insecurity and the Precursors to School Readiness in Very Young Children,” C-SNAP, 2006. Data from Nord, Andrews and Carlson, 2006.

the surest way for a family to be at risk for food insecurity is to have a very young child under the age of six. (See Chart 1.)

For your interest, we have appended a chart for the members of the Committee showing the most recent rates of food insecurity in your states, with specific data about the youngest children in the states where we are conducting C-SNAP. We welcome visits from the members of the Committee to C-SNAP sites and Grow Clinics in your states, so that you can see the problem firsthand. In addition to C-SNAP sites, there are Grow Clinics in Los Angeles, Houston, New York, and Florida to which we could readily refer you.

C-SNAP helps us all to understand how policies are written on the bodies of little children. We monitor

the most vulnerable group of children, those in the rapid growth phase from birth to 3 years old. Our research with thousands of children across the country demonstrates that food insecurity is bad for child health, with potential lifetime consequences. At the back of this testimony, we include a list of our C-SNAP research publications, on which this testimony is grounded.

For example, C-SNAP has found 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.

Food Insecurity and Childhood Development

Food insecurity is also related to a higher rate of developmental risk (see Chart 2). Nutrition provides the building blocks to build new brain, and the raw materials for brain neurotransmitters, which are the chemical signals between nerves. Everything from cognitive development, fine and gross motor skill development, to educational attainment, and psychosocial disorders are linked to a child’s nutritional status. The brain building blocks for all of these skills are laid down in the first three years of life. If a child does not have proper nutrition in this critical period, long before they cross the threshold of a school, their ability to pay attention and learn may be permanently altered, starting the child on a downward spiral for life. Problems with development linked to food insecurity impair a child’s school readiness and school achievement (2). Preschool children who are food insecure are more likely to have emotional and behavioral problems (3,4).



Chart 2 Source: “Nourishing Development: A Report on Food Insecurity and the Precursors to School Readiness in Very Young Children,” C-SNAP, 2006.

In short, pediatricians, nurses, nutritionists and teachers struggle with the tragic consequences when a child does not get good nutrition in those first three years.

All of these negative impacts on a child's development translate into dollars subsequently spent by the public sector and by families to address issues that could have been prevented—expenditures that could have been avoided if we practiced the prevention that we know works by assuring adequate food and nutrition to these young children.

Food Stamps is a Medicine that Works

There is some good, powerful medicine for this problem. Doctors, pediatricians, teachers and nutritionists cannot prescribe this medicine. However, you can. You can prescribe this good medicine through your hard work of protecting and enhancing the Food Stamp Program.

- Our research shows that children whose family received food stamps were 26% *less* likely to be food insecure.
- Our research has also shown that food stamps buffer young children from health problems in food insecure households.

Other researchers have found that if a child, starting at birth, is enrolled in the Food Stamp Program then the Medicaid payments for young children's anemia and malnutrition (termed "Failure to Thrive" in medical settings) are likely to decrease as compared to children who did not receive food stamps from birth (5). In older children, particularly girls, food stamps have also been shown to decrease the risk of obesity (6). And another recent study demonstrated that among 8000 children followed from kindergarten to third grade, those whose families *began* to receive food stamps achieved significantly greater improvement in reading and math scores than those whose families *stopped* receiving food stamps (7). Although brain size and structure can be most affected by malnutrition in early life, brain function can be seriously affected at any age.

Food Stamps are an effective medicine. But most of the time, our research shows that the dose of medicine is too low.

Employment and Food Stamps

The moms of these children in our C-SNAP sample are hard working. Over one half of the C-SNAP sample is employed. Yet, what our data clearly show is that even those who are employed and receiving food stamps cannot make enough money to stave off food insecurity, nor are they buffered from the effects of benefit levels that are too low.

When America's families get food stamps, the dose is often what my pediatrician colleagues would call "sub-therapeutic." This is like when a doctor does not give enough penicillin for a child's strep throat, and the infection lingers, or comes back again with a vengeance. You might remember that the Thrifty Food Plan is the USDA's theoretical estimate of what it would cost to purchase a grocery basket that provides a minimally adequate diet. This serves as the basis on which food stamp allotments are calculated. The average food stamp benefit is just one dollar per meal per person per day. We show in the report entitled, *The Real Cost of the Healthy Diet*,

that even assuming a family of two adults and two children receive the maximum possible food stamp benefit (\$1.40 per meal per person per day), which few real life families actually do, they would come up short about \$800 a year if they tried to purchase the government recommended Thrifty Food Plan market basket shopping in Boston.

As the government's lowest cost meal plan, the Thrifty Food Plan does not reflect current scientific thinking about nutrition and health. If a family of four like Marilyn's, tried to purchase the most economically reasonable version of the Surgeon General's most recent dietary recommendations, their costs would exceed the maximum possible food stamp allotment by nearly \$2,000 a year. (See Chart 3) This is an impossible expense for families who are constantly trading off how to have money to get to work, pay for child care, keep a roof over their heads, or keep the house warm while trying to provide healthy meals.

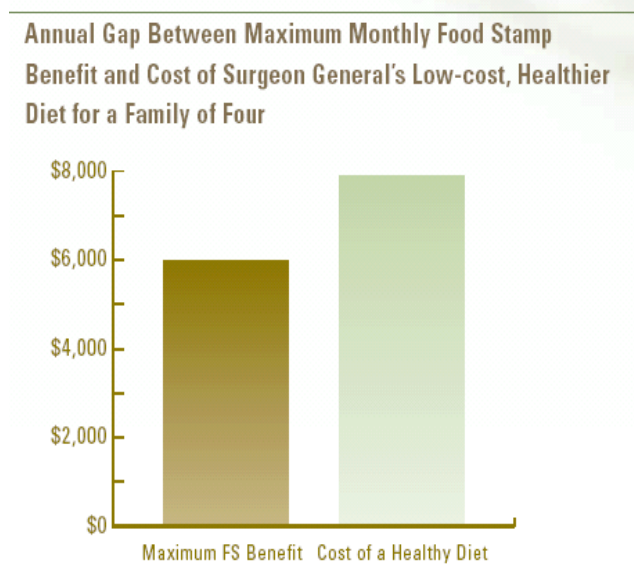


Chart 3 Source: "The Real Cost of a Healthy Diet" C-SNAP/Boston Medical Center, 2005

Even the USDA's most recent report on food insecurity in the United States shows that the cost of the Thrifty Food Plan is about the same amount as what food insecure families pay for food. Food secure, and thus healthier families, spend 33 percent more than the cost of the Thrifty Food Plan (1). In other words, the current Thrifty Food Plan, on which Food Stamps are based, is a recipe for keeping families food insecure.

On the basis of our medical research and that of others, my colleagues and I make the following recommendations:

- 1. Food stamp benefits should be based on a food plan that reflects what it actually costs to buy a healthy diet for all members of the family. Currently, the "dosage" is not enough.**
- 2. Increase the minimum benefit from \$10 to at least \$25.**
- 3. Do not eliminate categorical eligibility. If a family is low-income and struggling enough to receive some TANF benefits, then their eligibility for food stamps should remain automatic. No single program can protect the health of children in low-income families, but multiple programs that cover the multiple costs of raising a family.**

- 4. Raising the asset cap above the current level (\$2,000 in most cases) will allow poor families to save modest amounts of money and begin to accumulate the assets needed to raise themselves out of poverty and off of food stamps.**
- 5. Do not cut the commodity food program for eligible children or elders. Children and the elderly are at similar risk for poor health and poor cognitive functioning if they are food insecure.**

Back to our C-SNAP families. There are families like that of Juan Luis, who was trying to make ends meet and lost his family food stamp benefits because he found another job that tipped his salary over the threshold for receiving food stamp. But C-SNAP finds taking away such good medicine for babies is dangerous. Babies and toddlers whose family food stamp benefit was terminated or reduced were twice as likely to demonstrate the most severe form of food insecurity (child food insecurity) when compared to those who had had no change in their family food stamp benefits.

Not only are kids whose family loses food stamps more likely to be food insecure, but also their health is put into jeopardy. Children from families who lose food stamps are much more likely to be in poor health.

Our C-SNAP sites in Los Angeles, California and in Minnesota, Montana pick up many immigrants, including many young Latino children. Latino children who are in food insecure homes are two times more likely to be at developmental risk than Latino children in food secure households. Our data show that Latinos have very high rates of food insecurity, especially our newest American citizens born to immigrant parents. But food stamps protect these children; citizen children of immigrant parents are 32% less likely to be in poor health if their parents receive food stamps. Food stamps can make a profound difference, but too many new Americans are not getting the nutrition assistance they need.

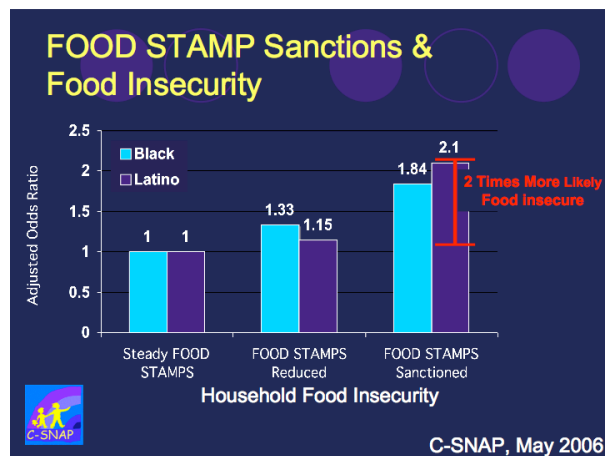


Chart 4. Source: The Impact of Food Insecurity on the Development of Young Low-Income Black and Latino Children. C-SNAP for the Joint Center for Political and Economic Studies, 2006

Being a mother of three young children myself, when I think of these children, I cannot help but think of the children's educational cartoon, *Dora The Explorer*, and her magical backpack. I wonder what people would think if the cartoon showed that when a child like Dora from a Latino family was cut off of food stamps, their odds of food insecurity would double? (See Chart 4) What would happen if the American people knew that even a reduction in food stamps over the

course of one year for a low-income African American toddler increases the odds that that child would be in fair or poor health?

In real life the backpacks of too many children like Dora are not magical (filled with whatever they need as they make their way to school). Rather, many such backpacks are empty or being emptied, sinking their chances of succeeding in school. If her family were food insecure, Dora herself would be a very lethargic or irritable child, instead of the bubbly problem-solver that she is.

Which brings us to our final recommendations:

- 6. Restore food stamp eligibility to all income-eligible legal immigrants.**
- 7. Increase outreach to families regardless of the parents' immigration status in order to reach their eligible young children. Many eligible children are missing out on benefits because their parents do not qualify and do not know or are afraid to apply on their behalf.**
- 8. Protect the nutrition education component to the Food Stamp Program**
- 9. Invest in infrastructure to help states run the program more smoothly and serve more people more efficiently.**

To give the Farm Bill a **strong nutrition title** would promote good public health. The premier governmental public health charge of the 21st Century is the document **Healthy People 2010**. Healthy People 2010 sets goals in all major areas of public health--food security is one of them. In the year 2000, the food insecurity rate was 10.9 percent. Healthy people 2010 set a goal for food insecurity to be reduced to 6 percent. In the year 2005, the food insecurity rate was 11 percent (roughly 35 million Americans). That means that, according to our government's goals, this rate should be cut in half within the next 5 years. The Farm Bill is your prescription for following through on these commitments.

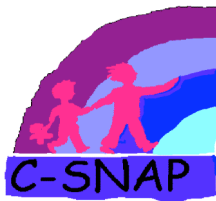
When you consider the proposed cuts to the Farm Bill, this is your opportunity to make history by ensuring a **strong nutrition title** that will make children's bodies strong, their health excellent, and their minds ready to learn. Think of any cut as a reduction that will have a direct impact on the families I told you about. Each cut comes with a face, a name, and, in some cases, a doctor's bill. Think of all food stamp recipients as one American family you are providing food stamps for. Think that any reduction in food stamps will make our young children more food insecure, more likely to be hospitalized, more likely to be sick, less able to think, less able to grow well to achieve in school, less able to relate to her peers, and will lessen their chances for success as part of the future workforce. Food Stamp Program expansions will protect children from these insidious side effects of hunger and food insecurity.

I began this testimony by telling you how we, as researchers know how food stamps affects health and wellbeing. That we have put down our clipboards, and have held each one of these 23,000 children as we measure and weigh them. As a scientist I am confident that you

understand that your vote on each aspect of the Farm Bill will affect the bodies and brains of our babies and toddlers. Imagine the budding brain of Alexander, the 6-month-old baby boy with pneumonia whose mother we interviewed last week. I am confident that you will find the way to expand the Food Stamp Program in the Farm Bill, and that you will therefore expand Alexander's chances and the chances of all children of becoming Americans who have reached their full potential.

Citations

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2. Shankoff, JP; Marshall, PC. "Chapter 2: Neurological Basis of Developmental Vulnerability," in JP Shankoff and SJ Meisels, eds., Handbook of Early Childhood Intervention, Cambridge: Cambridge University Press, 2000, 35-53.
3. Rose-Jacobs, R. B., M.; Casey, M.; Chilton, J; Cutts, D; Heeren, T.; Frank, D.A. (2006). Household Food Insecurity and Risk for Children's Developmental Problems. Pediatric Academic Society Meetings. San Francisco, May 2, 2006.
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5. Lee, BJ, Mackey-Bilaver, L Chin, M. Effects of WIC and Food Stamp Program Participation on Child Outcomes. USDA Report No. 27, 2006.
6. Jones, S. J., Jahns, L., et al., Lower Risk of Overweight in School-Aged Food Insecure Girls Who Participate in Food Assistance. Results from the panel study of income dynamics child development supplement. *Archives of Pediatrics & Adolescent Medicine* 2003. August; 157(8): 780-4.
7. Jyoti, D., Frongillo, E. et al. Food Insecurity Affects Children's Academic Performance, Weight Gain, and Social Skills. *Journal of Nutrition* 2005; 135: 2831-2839.



Children's Sentinel Nutrition Assessment Program Research Publications

2002

Welfare Reform and the Health of Young Children: A Sentinel Survey in Six US Cities. Cook, John, Frank, Deborah A., Berkowitz, Carol, Casey, Patrick, Cutts, Diana, Meyers, Alan, Zaldivar, Nieves, Skalicky, Anne, Levenson, Suzette Heeren., Tim. *Archives of Pediatric and Adolescent Medicine*. 2002; 156:678-684.
<http://archpedi.amaassn.org/cgi/reprint/156/7/678.pdf>

2004

Food Insecurity is Associated with Adverse Health Outcomes Among Human Infants and Toddlers. Cook, John, Black, Maureen, Casey, Patrick, Frank, Deborah A., Berkowitz, Carol, Cutts, Diana, Meyers, Alan and Zaldivar, Nieves. *Journal of Nutrition*. 2004; 134:1432-1438. <http://www.nutrition.org/cgi/content/full/134/6/1432>

WIC Impact on Infant Growth, Health, and Food Security: Results of a Multi-site, Multiyear Surveillance Study. Black, Maureen, Cutts, Diana, Frank Deborah A, Geppert, Joni, Skalicky, Anne, Levenson, Suzette, Casey, Patrick, Berkowitz, Carol, Zaldivar, Nieves, Cook, John, Meyers, Alan and C-SNAP Study Group. *Pediatrics*, 2004; 114(1):169-176.
<http://pediatrics.aappublications.org/cgi/content/full/114/1/169>

Maternal Depression, Changing Public Assistance, Food Security, and Child Health Status. Casey, Patrick, Goolsby, Susan, Berkowitz, Carol, Frank, Deborah A., Cook, John, Cutts, Diana, Black, Maureen, Zaldivar, Nieves, Skalicky, Anne, Levenson, Suzette, Heeren, Tim, Meyers Alan and the C-SNAP Study Group. *Pediatrics*. 2004; 113(2):298-304. <http://pediatrics.aappublications.org/cgi/content/abstract/113/2/298>

2005

Subsidized Housing and Child Nutritional Status: Data from a Multisite Surveillance Study. Meyers, Alan, Cutts, Diana, Frank, Deborah A., Levenson, Suzette, Skalicky, Anne, Cook, John Berkowitz, Carol, Black, Maureen, Casey Patrick and Zaldivar. Nieves *Archives of Pediatric and Adolescent Medicine*. 2005; 159:551-556.
<http://archpedi.ama-assn.org/cgi/content/abstract/159/6/551?ct>

2006

Child Food Insecurity Increases Risks Posed by Household Food Insecurity to Young Children's Health. Cook, John T. Deborah A. Frank, Suzette M. Levenson, Nicole B. Neault, Tim C. Heeren, Maureen M. Black, Carol Berkowitz, Patrick H. Casey, Alan F. Meyers, Diana B. Cutts, Mariana Chilton. *Journal of Nutrition*. 2006 April; 136 (4):1073-6. <http://dcc2.bumc.bu.edu/csnappublic/publications-abstracts.htm>

Heat or Eat: Low Income Home Energy Assistance Program and Nutritional Risk Among Children Under 3. Frank, Deborah A., Neault, Nicole Skalicky, Anne, Cook, John, Levenson, Suzette, Meyers, Alan, Heeren, Timothy, Cutts, Diana, Casey, Patrick Black, Maureen, Zaldivar, Nieves and Berkowitz, Carol. *Pediatrics*. 2006 Nov; 118(5): e1293-e1302

Child Food Insecurity and Iron Deficiency Anemia in Low-Income Infants and Toddlers in the United States. Skalicky, Anne, Meyers, Alan, Adams, William, Yang, Zhaoyan, Cook, John, Frank, Deborah A. *Maternal and Child Health Journal*, 2006 March; 10(2): 177-184 <http://dcc2.bumc.bu.edu/csnappublic/publications-abstracts.htm>



Children's Sentinel Nutrition Assessment Program Reports

Food Stamps As Medicine: A New Perspective on Children's Health, February 2007.

The Food Stamp Program is America's first line of defense against hunger and the foundation of our national nutrition safety network. Physicians and medical researchers also think it is one of America's best medicines to prevent and treat childhood food security. The report demonstrates the important protective effect of food stamps on child food insecurity and for citizen children of immigrants.

<http://dcc2.bumc.bu.edu/csnappublic/Food%20Stamps-Medicine%202-12-07.pdf>

Safeguarding the Health, Nutrition, and Development of Young Children of Color, September/October 2006.

An article summarizing C-SNAP's two reports on children of color and the buffering impact of nutrition assistance on their health and well-being as well as the way in which food insecurity puts young children of color at increased developmental risk. Published in Focus Magazine, a bi-monthly magazine of the Joint Center For Political and Economic Studies.

<http://dcc2.bumc.bu.edu/csnappublic/SeptOct2006-Children%20of%20Color.pdf>

Nourishing Development: A Report on Food Insecurity & the Precursors to School Readiness among Very Young Children, July 2006.

A report of original C-SNAP findings demonstrating that the foundations of school readiness are laid long before the start of formal education begins.

<http://dcc2.bumc.bu.edu/csnappublic/Nourishing%20Development%20Report%207-06.pdf>

The Impact of Food Insecurity on the Development of Young Low-Income Black and Latino Children;' & 'Protecting the Health and Nutrition of Young Children of Color: The Impact of Nutrition Assistance and Income Support Programs' - Research Findings from the Children's Sentinel Nutrition Assessment Program (C-SNAP), (Prepared for the Joint Center for Political and Economic Studies Health Policy Institute), May 2006.

A pair of reports demonstrating the increased vulnerability of young black and Latino children from low-income households to developmental risk linked to food insecurity and the buffering effect that family support programs can have on young black and Latino children's health and growth.

[http://dcc2.bumc.bu.edu/csnappublic/Children%20of%20Color%20Reports%20May%202006.p
df](http://dcc2.bumc.bu.edu/csnappublic/Children%20of%20Color%20Reports%20May%202006.pdf)

The Real Co\$ of a Healthy Diet: Healthful Foods are Out of Reach for Low-Income Families in Boston, Massachusetts, August 2005

A report from a research team from the Boston Medical Center Department of Pediatrics revealing that, on average, the monthly cost of the Thrifty Food Plan (upon which Food Stamp Program benefits are based) is \$27 more than the maximum monthly food stamp benefit allowance. A low-cost healthier diet based on the most recent nutrition guidelines exceeded the maximum monthly food stamp benefit by \$148 -- an annual differential of \$1776. This is an unrealistic budgetary stretch for most families who qualify for nutrition assistance.

http://dcc2.bumc.bu.edu/csnappublic/HealthyDiet_Aug2005.pdf

The Safety Net in Action: Protecting the Health and Nutrition of Young American Children, July 2004

A comprehensive summary of C-SNAP findings showing the positive impact of five public assistance programs on young children's food security, growth, and health.

<http://dcc2.bumc.bu.edu/csnappublic/CSNAP2004.pdf>

The Impact of Welfare Sanctions on the Health of Infants and Toddlers: A Report from the Children's Sentinel Nutrition Assessment Program, July 2002.

A report based on C-SNAP findings published in the July 2002 Archives of Pediatric and Adolescent Medicine. Welfare sanctions and benefit decreases have serious negative implications for infants and toddlers' health and food security.

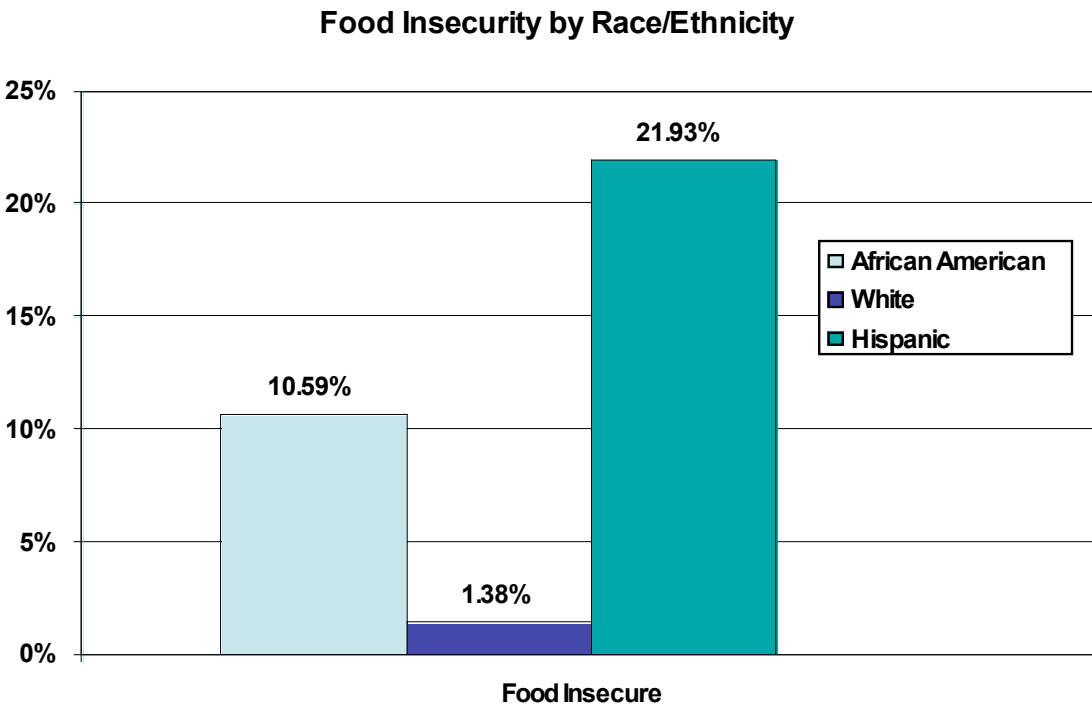
<http://dcc2.bumc.bu.edu/csnappublic/C-SNAP%20Report.pdf>

110th Congress, Second Session
House Agriculture Committee

MAJORITY MEMBERS	AVERAGE % HOUSEHOLDS FOOD INSECURE (2003-5)	C-SNAP* FOOD INSECURE
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Jim Marshall, GA	12.4%	
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Jim Costa, CA	13.3%	20.0% (Los Angeles*)
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Jean Schmidt, OH	9.7%	
Adrian Smith, NE	8.7%	
Kevin McCarthy, CA	13.3%	20.0% (Los Angeles*)
Timothy Walberg, MI	9.6%	

* The Children's Sentinel Nutrition Assessment Program has sites in the following states: Arkansas, Maryland, Massachusetts, Minnesota, and Pennsylvania. Sites in California and Washington, D.C. are dormant. Food insecurity rates reflect the problem among our study population, who are low-income, urban families.

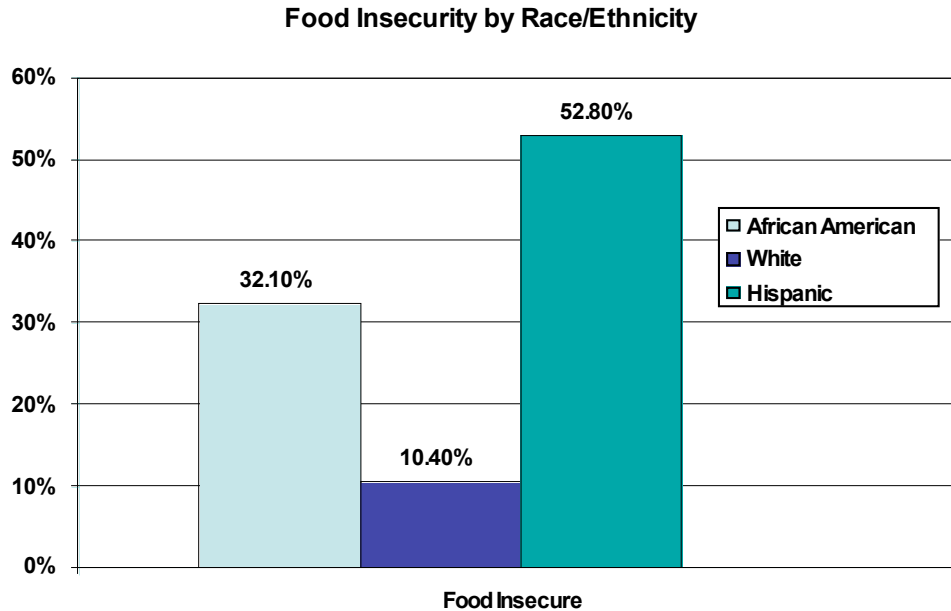
Food Insecurity in Minnesota C-SNAP Sample Total Food Insecure in Sample 43%



Minnesota Food Stamp Overview

- Food stamp participation is something that is very important to Minnesotans and has recently made the front pages of several local papers.
- Minnesota has several important barriers to Food stamp participation. The application is 22 pages long and monthly reporting is required, which are both substantial burdens and disincentives to participation.
- More than 40% of parents who use food pantries reported skipping meals sometimes.
- Food pantry usage over the past 5 years has doubled in some northern Minnesota areas and increased as much as 500% in some Twin Cities suburbs.
- Minnesota's economy lost \$838 million in the past 6 years because of lack of food stamp use.
- Despite an outreach enrollment blitz for food stamps, the overall percentage of eligible people who are participating in food stamps has dropped from 73% to 59%.

Food Insecurity in Philadelphia C-SNAP Sample Total Food Insecure in Sample 13%



Philadelphia Food Stamp Overview

- 8.3% of Pennsylvanians were food insecure at some point during 2005.
- Food stamps bring an estimated quarter-billion dollars into the city of Philadelphia.
- Approximately 202,000 households with children received food stamps in 2004.
- In 2002, there were 133,000 households in Philadelphia that reported they did not eat because they did not have enough money.
- Within Philadelphia, there are approximately 22,979 eligible children aged 0-3 who DO NOT receive food stamps.
- In Philadelphia, only 44,605 families (25%) receive food stamps while 133,746 eligible families (74%) DO NOT receive food stamps.

Committee on Agriculture
U.S. House of Representatives
Required Witness Disclosure Form

House Rules* require nongovernmental witnesses to disclose the amount and source of Federal grants received since October 1, 2004.

Name: Mariana Chilton, PhD, MPH

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Telephone: 215-762-6512

Organization you represent (if any): Children's Sentinel Nutrition Assessment Program (C-SNAP)

The Philadelphia GROW Project & Drexel University Sch of Public Health

1. Please list any federal grants or contracts (including subgrants and subcontracts) you have received since October 1, 2004, as well as the source and the amount of each grant or contract. House Rules do **NOT** require disclosure of federal payments to individuals, such as Social Security or Medicare benefits, farm program payments, or assistance to agricultural producers:

Source: USDA RIDGE Grant (Research Innovation and Development Grants in Economics) Amount: \$25,000
(for disparities)

Source: NIH Loan Repayment Program research Amount: about \$7000

2. If you are appearing on behalf of an organization, please list any federal grants or contracts (including subgrants and subcontracts) the organization has received since October 1, 2004, as well as the source and the amount of each grant or contract:

Source: _____ Amount: _____

Source: _____ Amount: _____

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Signature: Mariana Chilton

* Rule XI, clause 2(g)(4) of the U.S. House of Representatives provides: *Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to brief summaries thereof. In the case of a witness appearing in a nongovernmental capacity, a written statement of proposed testimony shall include a curriculum vitae and a disclosure of the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two previous fiscal years by the witness or by any entity represented by the witness.*

PLEASE ATTACH DISCLOSURE FORM TO EACH COPY OF TESTIMONY.

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Mariana McLemore Chilton, PhD, MPH		POSITION TITLE Assistant Professor, Drexel University School of Public Health	
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Harvard University	A.B.	1991	History and Literature (Magna Cum Laude)
University of Pennsylvania	M.A.	1995	Folklore & Ethnography
University of Oklahoma	M.P.H.	1999	Epidemiology
University of Pennsylvania	Ph.D.	2000	Folklore & Ethnography

A. Positions and Honors.**Professional Experience**

1993-1995 Teaching Associate, University of Pennsylvania, Philadelphia, PA
 1993-1995 Writing Consultant, University of Pennsylvania, Philadelphia, PA
 1995-1996 Research Assistant, University of Pennsylvania, Dept. of Folklore & Ethnography
 1995-1998 Research Assistant, Penn State College of Medicine, Dept. of Humanities
 1996-1997 Instructor/Lecturer, Redlands Community College, El Reno, OK
 1997-1998 Public Health Training Specialist, Health Agency Training, Epidemiology & Biostatistics Dept.,
 University Of Oklahoma Health Sciences Center
 1998-2002 Consultant/Epidemiologist, USPHS Indian Health Service, Oklahoma City Area Office
 1999-2000 Consultant/Public Health Education Specialist for culturally specific diabetes education, Native
 American Prevention Research Center, University of Oklahoma Health Sciences Center &
 Association of American Indian Physicians, Oklahoma City, OK
 2000-pres Assistant Professor, School of Public Health, Drexel University (Former name, MCP
 Hahnemann University School of Public Health)
 2002-pres Research Fellow, Center for Health Equality, School of Public Health/College of Nursing and
 Health Professions, Drexel University

Honors and Awards

1986-7, 1987-8, 1990-1 Elizabeth Cary Agassiz Certificate of Merit for Academic Achievement of High
 Distinction, Harvard University
 1990 Honors Thesis Research Grant, Committee on Latin American and Iberian Studies, Harvard University
 1991 Phi Beta Kappa
 1993-4 Non-Service Fellowship, Dept. of Folklore and Folklife, University of Pennsylvania
 1994-5 Teaching Fellowship, Dept. of Continuing Education, Dept. of English, University of Pennsylvania
 1997 Best student paper in belief and religious folklife, American Folklore Society, 1997

- 1999 The Outstanding Student Award, College of Public Health, University Of Oklahoma Health Sciences Center
- 1999 Graduate Student Association Award for Outstanding Academic Achievement, University of Oklahoma Health Sciences Center
- 1999 Alpha Epsilon Lambda. "For excellence in service to graduate and professional school students through outstanding scholarship, character and leadership."
- 2002 Jonathan Mann Award for Health and Human Rights, MCP Hahnemann University School of Public Health
- 2005 (Mentor for Student, Cizely Kurian) DHHS Secretary's Award for Innovation in Health Promotion and Disease Prevention. National Competition, Third Place. Paper: *Photovoices: Uncovering Family Experiences Behind Welfare Policies and Programs.*
- 2005 Christian R. and Mary F. Lindback Foundation Award for Distinguished Teaching. Drexel University

Other Experience and Professional Memberships

- 1996-2003 Member, Society for Applied Anthropology
- 2000-present American Public Health Association
- 2001-2002 American Society of Law Medicine & Ethics
- 2001-2003 Chair, Poverty and Health: Working Group on Poverty, PHENDD Philadelphia Higher Education Network for Neighborhood Development
- 2001-2004 Co-Convener, Philadelphia Working Group on Food Security Research
- 2002-present Member & Faculty Advisor to student chapter, Physicians for Human Rights

B. Selected peer-reviewed publications (in chronological order).

Peer Reviewed Publications

- Chilton, MM** and Booth, S. 2007. Hunger of the body and hunger of the mind: African American women's perceptions of food insecurity, health and violence. *Journal of Nutrition Education and Behavior*, 2007. Accepted/Forthcoming.
- Chilton, MM.** 2006. Developing a Measure of Dignity for Stress-Related Health Outcomes. *Health and Human Rights*, 9(2): 208-233.
- Teti, M.*, **Chilton, MM.**, Lloyd, L., Rubenstein, S. 2006. The Inseparability of Violence and HIV: using Human Rights and Ecosocial Frameworks to Transform HIV Prevention Initiatives for Women. *Health and Human Rights*, 9(2): 40-61.
- Rose, Donald (Diego), Bodor, N, **Chilton, MM.** 2006. Has The WIC Incentive To Formula Feed Led To An Increase In Overweight Children? *Journal of Nutrition*, 2006, 136: 1086-1090.
- Cook JT, Frank DA, Levenson SM, Neault NB, Heeren TC, Black MM, Berkowitz C, Casey PH, Meyers AF, Cutts DB, **Chilton, MM.** Child Food Insecurity Raises Child Health Risks. *Journal of Nutrition*, 2006, 136:1073-1076.
- Chilton, MM** and True, G. 2002 American Indian Beliefs Affect End of Life Care Decisions. Teaching Cases. *Last Acts Statement on Diversity and End of Life Care*, Washington, D.C.
- Chilton, MM.** 1999. To see it and feel it in writing: Documentation of a Strategic Process in Indian Health. *Journal of Applied Folklore* 4(1): 23-40.
- Chilton, MM.** 1997. American Indian Health Care: Approaching the Thunder's Nest. *Southern Folklore Quarterly* 54(2):124-138.

Book Chapters

- Hufford, D. and **Chilton MM.** 1996. Politics, Spirituality and Environmental Healing. In Jennifer Chesworth, ed. *The Ecology of Health: Issues and Alternatives.* Thousand Oaks, CA: Sage Publications.

Book Reviews

Chilton, MM. 2004. Ideologies and Pathologies of Power: Two Books That Contribute to the Cause of Innovative Public Health Theory, Practice, and Promotion. Health and Social Justice: Politics, Ideology, and Inequity in the Distribution of Disease Richard Hofrichter (Editor), Pathologies of Power: Health, Human Rights, and the New War on the Poor. *Health Promotion Practice*, October.

Selected Peer Reviewed Abstracts

Chilton, MM, Cutts, DB, Ettinger De Cuba, S., Berkowitz, C, Casey, PH, Cook, JT., Frank, DA, Black, MM, Heeren, T, Levenson, S. Food insecurity among the youngest US citizens born to immigrants of the Americas: Implications for policy and human rights. *American Public Health Association, Annual Meeting, 2006*

Chilton, MM, Rose, D. Insecure about what? Addressing US hunger in the context of human rights. *American Public Health Association, Annual Meeting, 2006*

Ettinger De Cuba, Frank, DA, Neault, N, S., **Chilton, MM,** Cook, JT Berkowitz, C, Black, MM, Casey, PH, Cutts, DB, Meyers, AF, Zaldivar, N, Levenson, S, Heeren, T, Zhaoyan, Yang. What's a child nutrition program? Subsidized housing and the Low-Income Energy Assistance Program (LIHEAP) linked to improved growth outcomes for young children of color. *American Public Health Association, Annual Meeting, 2006*

Robertson, CJ*, **Chilton, MM.** Disappearing black men: The epidemic of incarcerated black men in America through the lens of human rights and capabilities. *American Public Health Association, Annual Meeting, 2006*

Breaux, JR*, **Chilton, MM.** Rights of the child in medical decision making. *American Public Health Association, Annual Meeting, November, 2006*

Chyatte, M* and **Chilton, MM.** Protecting women's bodily integrity: A human rights approach to keeping female genital mutilation/cutting (FGM/C) above ground in the US. *American Public Health Association, Annual Meeting, November, 2006*

Chilton, MM, Cutts DB, Berkowitz C, Cook JT, Frank DA, Levenson SM, Heeren TC, Black MM, , Casey PH, Meyers AF. Children of Immigrants: Impact of Food Stamps on Health. *Pediatric Academic Societies, Annual Meeting, 2006*

Chilton, MM, Cutts, DB, Berkowitz, C, Ettinger De Cuba, S., Frank, DA, Cook, JT. Hunger and Wellbeing among the youngest US Citizens born to Mexican, Central American and Caribbean mothers. 52 Congreso de Americanistas, Sevilla, Spain. July, 2006.

Baffy, N.*, Lisi, L., **Chilton, MM.** 215-GO!: Innovations in pediatric obesity care. *American Public Health Association, Annual Meeting, 2005*

Kurian, C.*, **Chilton, MM.,** Worley, H., Sondheimer, N. Photovoices: Uncovering family experiences behind welfare policies and programs. *American Public Health Association, Annual Meeting, 2005.* Paper under review, *American Journal of Public Health*

Walker, R.*, Gerrity, P., **Chilton, MM.** Routine and chaos: Challenges to diabetes self-management in a low-income community. *American Public Health Association, Annual Meeting, 2005.*

Chilton, MM, and Breaux, J.* Stretching the Food Insecurity Paradigm in the United States: Vectors of Gender and Ethnic Discrimination. 5th International Conference on the Capability Approach "Knowledge in Public Action: Education, Responsibility, Collective Agency, Equity," September 2005, UNESCO, Paris.

Rose, D., Bodor, N, and **Chilton, MM.** Has the WIC incentive to formula feed led to an increase in overweight children? *American Society of Nutritional Sciences, April 2005.*

Chilton, MM, Riddell, L, Ford, E, Opoku-Boateng, A,* McKinney, S. Nutritional challenges of working poor families: Family food insecurity and the emergency food system. *American Public Health Association, Annual Meeting, 2004*

* Students of Drexel University School of Public Health involved in Dr. Chilton's ongoing research

- Chilton, MM.** Neighborhood characteristics and disparities in access to nutritious foods. American Public Health Association, Annual Meeting, 2004
- Opoku-Boateng, A,* **Chilton, MM,** Matthews, L. 215-GO: A pediatric obesity clinic model. American Public Health Association, Annual Meeting, 2004
- Reels, S., Sherman,* S. Burton, H, **Chilton, MM.** Healthier snacks for healthier kids: Development of social marketing messages for and by adolescents in South Philadelphia. American Public Health Association, Annual Meeting, 2004
- Chilton, MM.** Measuring Violations of Dignity for Policy Relevant Research. Conference: Lessons Learned from Rights Based Approaches to Health, Atlanta, April 2005. Paper accepted, *Health and Human Rights*
- Chilton, MM.** A Human Rights Approach to Health Disparities and Prevention Research. Plenary Presentation for *Research!America*, Pennsylvania Public Health Association, 2003
- Chilton MM,** M. O'Brien, E. Ford, S. Nahm. Violence, Food Insecurity and Women's Rights in Urban America. International Conference on Food, Poverty, and Health in Welfare. Portugal, 2003.
- Chilton MM,** E. Ford, M. O'Brien, L. Matthews. Hunger and Human Rights in Philadelphia: Community Perspectives. American Public Health Association, 2002.
- Shacy Lee Rivera,* D. Smith, **Chilton MM.** Cancer Prevention in the Classroom: Development of the Nutrition Leadership Institute in a Philadelphia Public Middle School. American Public Health Association, 2002.
- Tran Nguyn,* Chin Du, Sarah Furnas, **Chilton MM.** Diabetic Health Beliefs of Chinese and Vietnamese Immigrants in Philadelphia. American Public Health Association, 2002.
- Chilton MM.** What Epidemiology Can't Measure: American Indian Diabetes and Devastation. Society for Applied Anthropology, 1999.

C. Research Support.

Ongoing Research Support

Claneil Foundation, Philadelphia, PA, Chilton (PI)

06/04-06/07

The Philadelphia GROW Project / Children's Sentinel Nutrition Assessment Program (C-SNAP)

The Philadelphia GROW Project is a two pronged research effort. It consists of 1) The Children's Sentinel Nutrition Assessment Program (C-SNAP)—Philadelphia site. C-SNAP is a sentinel, multi-site research surveillance project that measures the associations between federal assistance programs and maternal/child food insecurity and health. 2) Multidisciplinary clinic at St. Christopher's Children's Hospital for children nutritional deprivation (failure-to-thrive).

Role: Principal Investigator

Drexel University, Perez (PI)

01/06-06/07

An Evaluation of the Combined Effects of Environmental Particulate Exposures and Dietary Deficiencies on Pediatric Asthma Severity in Inner City Philadelphia. This community based study works with low-income families in subsidized housing to assess the relationship between housing conditions, mold/bioaerosol contaminants and nutrition.

Role: Co-Investigator

Completed Research Support

USDA: Research Innovation and Development Grant, Chilton (PI)

06/05-12/06

Wellbeing of Citizen Children of Immigrants in Relation to Food Stamps and WIC, 1998-2005

This study is an analysis of C-SNAP data (see below) to assess the relationship between food assistance and wellbeing of immigrant families.

Role: Principal Investigator

- National Institutes of Health, Chilton, Recipient 06/03-12/06
Loan Repayment Program Recipient, for Health Disparities Research.
I am recipient of the loan repayment program for carrying out disparities research related to nutrition and hunger.
Role: Program recipient
- Center for Health Equality, Drexel University, Chilton (PI) 01/03-06/05
Community Solutions to Nutrition Related Health Disparities
This study assessed racial and ethnic disparities in access to nutritious foods that impact health, and will identify and evaluate community based strategies for eliminating such disparities.
Role: Principal Investigator
- Drexel University & MCP Hahnemann University, Chilton (PI) 07/02-06/03
Improving Child Nutrition in the Emergency Food System
This study sought to identify the immediate points of intervention that directly impact the nutritional intake of single parent African American and Latino households accessing the emergency food system in Philadelphia.
Role: Principal Investigator
- Institute of Women's Health, Drexel University, Chilton (PI) 01/02-01/03
Women's Health, Hunger and Human Rights: Women's nutritional status and decision-making.
Given the gender disparities in the experience of hunger, this study sought to 1) document the nutritional status of African American female food cupboard users, and 2) to explore their experiences with food insecurity, their beliefs about the relationship between nutrition and health, and to explore women's "lay" terminology and understanding of human rights language related to nutrition and health.
Role: Principal Investigator
- USPHS Indian Health Service, Oklahoma City Area Office 06/1999-10/02
Maintenance and trend analysis of annual audits for the Oklahoma Area Diabetes Registry from 1995-2002.
Role: Paid consultant