

HUNGRY IN MONTANA:

Factors Contributing to Emergency Food Needs

2008 Client Hunger Survey



**Report by
The Food Security Council
Montana Food Bank Network**



Acknowledgments

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I. EXECUTIVE SUMMARY

- The demand for emergency food has been increasing at food pantries and feeding sites that are served by the Montana Food Bank Network. The 2008 year has seen the most significant increase in client food needs, largely due to soaring costs of food and fuel. This is our third study that attempts to understand the underlying reasons for the increase of hunger in Montana. The survey was completed by 342 emergency food pantry clients.
- The inability to access adequate and healthy food has become a part of the daily lives of people of all ages who have limited incomes. Any sudden change in the family's or individual's situation can result in a downward spiral that is difficult to stop or rise up from.
- Hunger is an income issue and the incomes of clients in the study continue to have a direct bearing on their ability to purchase food. Essential needs like rent, fuel, child care, heating and medical bills cannot be postponed, leaving little or no money to purchase food.
- Poverty levels of clients in this study ranged from 74% on the reservations to 66 and 67% in urban and rural areas respectively.
- This year food banks and pantries are seeing more middle class clients that are newly poor and in need of emergency food.
- Between 44 to 63% of clients indicated they had to make choices between paying for food or paying for fuel, housing, utilities, or medications. The painful choice of paying for fuel over food was most frequently cited. Utility and housing payments were acute problems on the reservations, while rural clients had difficulty with medication costs.
- Cost of food, fuel, low wages, fixed incomes and utility costs were the primary reasons why clients ran out of money for food. Housing, health care costs, unemployment, disability and public assistance benefits running out before the end of the month were additional reasons for inability to purchase food.
- Forty-seven percent of clients were receiving SNAP (The Supplemental Nutrition Assistance Program, formerly the Food Stamp Program) or commodities. Income levels indicated that this population was also the poorest of the poor.
- Forty-eight percent of clients skipped meals because there was not enough money for food. Just over half of those skipped meals one or more times a week. Approximately 13% of children also skipped meals.
- Public food programs play a significant role in reducing the need for emergency food and are to be commended for their contribution in alleviating the severity of hunger for families in the programs. These families still needed emergency food, but public programs helped them get through the month with far less distress.
- The study showed that challenges faced by hungry people are multiple and complex. For many, the challenges were severe throughout the year. For others, winter months, summer vacation in schools and the end of the month were very difficult. These challenges often amplified the social, emotional and health status of the families.
- Overall the 2008 "Hungry in Montana" study showed that a combined effort to improve family economic security, increase participation in public food programs and increase access to healthy foods are the most effective ways to assure food security for hungry Montanans.

II. INTRODUCTION

One of the most effective ways to get a sense of the status and level of hunger in Montana is to talk to clients from across the state who access emergency food services and learn from the incredible efforts each one of them makes to provide food for their families. It is with enormous gratitude to these clients that our 2008 report attempts to reveal the status and level of hunger in Montana.

The ability to earn a living and personal and family economic security are clearly reflected in the level of hunger and the need for emergency food assistance. The Montana Food Bank Network continues to see increasing demand for emergency food at our various agencies around the state, with limited hope that this situation will change in the near future. Hunger is a symptom of poverty and this study, "*Hungry In Montana 2008*," emphasizes that until a family's income shows a steady increase, food is one of the last necessities on which they will spend their precious dollars.

The U.S. Census Bureau released their 2007 Census data in August this year. The report showed that in a 2005-2007 three year average, the poverty rate in Montana was 13.2%, compared to a national average of 12.5%. This number represents approximately 123,000 people. The state's median income for 2007 was \$43,531.¹ Along with a slight drop in overall poverty, Montana's minimum wage also increased this year. Based on a state statute, the minimum wage went from \$6.15 to \$6.25 in January, and then to \$6.55 per hour in July 2008.

A recent report by the Montana Department of Labor and Industry (DOLI) indicated that there has been good job growth in 2008. The growth rate varied by county, from 0-3.99% to 8-20%. The state has retained a large number of jobs in agriculture, natural resources and the manufacture of value-added products. Additionally, other areas like professional and business services and construction have experienced major job growth.²

The DOLI report also showed that wages increased incrementally with education levels, with the highest earnings going to people with Bachelor's degrees and higher, while the lowest went to people with short or moderate-term jobs that gave on-the-job training. Nevertheless, neither the increase in the number of jobs, nor the slight bump in minimum wage appear to have a significant impact on families living below poverty or with limited incomes. The wages for this population, including the working poor, are not living wages, so the struggle to make ends meet continues. These are the people who turn to food pantries to get them through each month.

¹ 2007 US Census Bureau Report, <http://www.census.gov/acs/www>

² Montana Department of Labor and Industry, Labor Day Report 2008, Research & Analysis Bureau, www.ourfactsyourfuture.org



Food Insecurity is the inability to access food in a consistent manner, independent of emergency food assistance.

Food Insecurity exists when the availability of nutritionally adequate food or the ability to access it on a consistent basis is uncertain or limited. Adults commonly skip meals.

Hunger is the condition where both adults and children cannot access food consistently and have to reduce food intake, eat poor diets and often go without any food. Hunger is also defined as the uneasy or painful sensation caused by lack of food.



“The face of hunger continues to change. Many of our new clients tell us, ‘I used to donate.’ They never thought they would need the help they used to give others.”

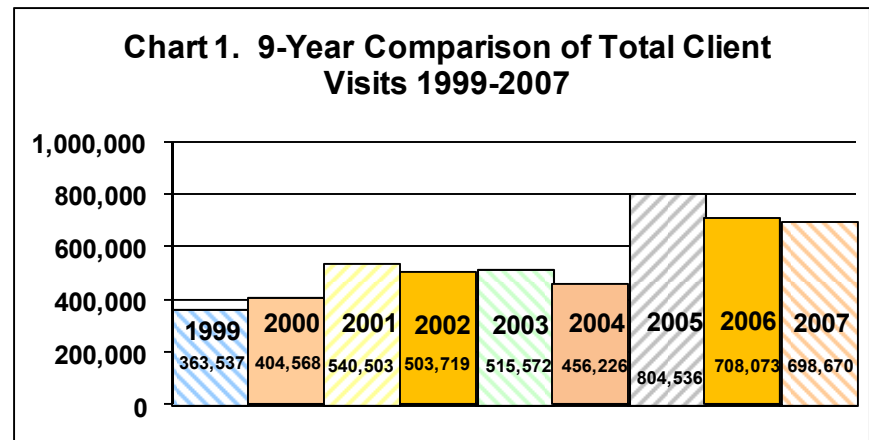
*Ann Waickman
Helena Food Share
Helena, MT*

308,934 Montanans are considered at risk of food insecurity.



A. How Prevalent is Hunger in Montana?

The Montana Food Bank Network (MFBN) data show that while there was a slight drop in total accumulated client visits between 2006 and 2007, this number of visits is still higher than in the years between 1999 and 2004. Chart 1 shows the steady growth in clients since 1999. Over the years this measure has allowed MFBN to anticipate and forecast the amount of food needed to supply member agencies in order to meet clients’ needs. This ability to forecast need for emergency food took a major turn in 2008 – as will be discussed in Section C of this Introduction.



B. Who are the Hungry?

As more people of all ages are finding themselves struggling to make ends meet, a sudden change in a family’s situation can result in a downward spiral into poverty. Job loss, the serious illness of a child, a death in the family, eviction from their home, or other unexpected hardships can result in the sudden loss of income, and families often have no financial buffer to fall back on. Many have never entered a food pantry and have difficulty accepting the fact that their situation has led them to seek such help.

A profile of clients surveyed in 2008 showed some key differences from clients surveyed in 2004 or 2006. This year there were slightly fewer clients with children, a higher average age of clients, and a greater number of seniors as well as single adults. The overall poverty rate was 67.3%, which was less than the overall rate of 75.6% in 2006. However, this was not an indication of reduced need for food. The number of clients who had made multiple trips for emergency food and the number who had come for food for more than one year was the highest in 2008. There was also an increase in the number of people who had to make difficult choices between using their money to pay for food or pay for rent, fuel, medical bills and utilities. The percentage of clients making the choice between paying for food or fuel was remarkably high in 2008.

There were two factors that had a bearing on this greater need. First, the poverty rate is an inaccurate indicator of a client's ability to make a living, especially with the recent and significant increases in fuel and food costs. Many clients had limited income but this income did not fall under the poverty threshold. Secondly, when asked about income 74% of clients reported income in the *month prior* to this survey at or below poverty, compared to 67% of clients that reported their income for the *previous year* at or below poverty. This is an indication that the situation was more severe in the months prior to an emergency food pantry visit. This was evident among clients who were in the middle income group and making it on their own, but recent shifts in their employment or other economic situation had made them newly poor.

Our study results further indicate the extent of hunger in Montana. In 2004, 40.9% of clients interviewed had skipped meals because there was not enough food. In 2006 this number increased to 46.2% and in 2008 increased again to 48.3%, indicating that nearly half of the clients interviewed had skipped meals due to a lack of food. The percentage of households with children who reported their children had skipped meals because there was not enough food decreased slightly from 15.6% in 2006 to 12.6% in 2008. Almost 80% of households indicated that it was not their first visit to a food pantry in the past year, and just over 60% had been accessing emergency food for more than a year.

C. Coping with the Changing Face of Hunger

In 2007, MFBN realized that the demand for food was growing significantly from the previous year. It also became evident that not all people in Montana who were hungry sought food at their local food pantries or other sites. Many of them were hidden and previously unknown, dealing with hunger with great fortitude and tenacity. In order to meet these food needs MFBN initiated a new program known as the Mobile Food Pantry with support from Thrivent Financial for Lutherans. MFBN organized one-time food distributions to hungry people in 12 sites around the state. Between September 2007 and July 2008, a total of 85,331 pounds of food were distributed. In all cases, despite semi-trucks filled with food, there was no food left to distribute at the end of the day. Food was distributed to over 7,900 people at the 12 sites, and it is critical to note that the majority of the recipients had not previously gone to their local food pantry for help. This program was started before the current economic crisis hit the lower income people in Montana.

For the Montana Food Bank Network, 2008 has been a sentinel year in trying to alleviate hunger in Montana. By January 2008, there were strong indications that food pantries and other agencies of the Network were running out of food faster than usual.

2008 Federal Poverty Guidelines (48 Contiguous States)

Persons in Household	Annual Income
1	\$10,400
2	\$14,000
3	\$17,600
4	\$21,200
5	\$24,800
6	\$28,400
7	\$32,000
8	\$35,600
For each additional person, add	\$3,600



"We are simply not able to keep up with the sheer volume of calls coming in from people who have never needed our services before. The demographic is changing. If you look in our waiting room on a pantry day you will see professionally dressed people, people who never thought they'd need our services, asking how the program works and if they can get a food box."

*Alex Dupree
Flathead Food Bank
Kalispell, MT*



As awareness of an economic downturn emerged nationwide, many experts in Montana said it would be some time before the impact would be felt in the state. Yet people who were already struggling with limited incomes and those who had borderline middle incomes quickly found their food budget severely strained. While donations increased 18% over 2007 in the first six months of this year, distribution of food to MFBN agencies increased by 32%. Overall, there was a 12% increase in clients coming for food in the first six months of 2008 compared to the same time last year.

To meet the onslaught of increasing demands for food by member agencies, MFBN worked to supply needed food in several ways. Most notable of these efforts was a change in the schedule for distributing food to the Network's agencies. The standard procedure for food distribution was augmented with more frequent deliveries of larger quantities of food to the agencies. However, this response rapidly decreased the supply of food at the Network's main warehouse, resulting in greater need for funding in order to purchase additional food for distribution.

D. Why is there Hunger?

Hunger and income are strongly tied for most Americans, and this is the case in Montana as well. While this state has enjoyed a low unemployment rate compared to the rest of the country, the recent economic downturns are starting to have an impact on those people who were already struggling to make a living. This is the case for those living on a fixed income, such as seniors and the disabled, whose expenses have gone up without added income. This is also true for the working poor, who suffer not from unemployment, but from under-employment.

It is a well recognized fact that poverty guidelines, set by the federal government each year, do not reflect the ability of families to sustain themselves. Poverty guidelines are used to establish eligibility for public food assistance programs; however, the United States Department of Agriculture, which measures food security through its Annual Population Survey, has consistently shown that unless a family reaches a poverty level of 185% they continue to be at risk of food insecurity.³ This represents over 30% of Montana's population.

In addition, many of the Montanans who are eligible for public food programs are not participating in the programs. Lack of knowledge about the programs, confusion about the application process or program benefits, as well as some resistance to seeking public assistance are some of the reasons participation in these excellent programs is not maximized.

³ Household Food Security in the United States, 2005. Report available at <http://www.ers.usda.gov/Publications/ERR29/ERR29b.pdf>

III. SURVEY METHODOLOGY

The Montana Food Bank Network (MFBN) completed its third biennial client survey in the summer of 2008 to study the needs of clients seeking emergency food assistance. The survey was conducted at seven different agencies across the state: Helena, Kalispell, Hamilton, Ronan, Wolf Point, Plains, and Roundup. The sites were selected based on location to gain a “snapshot” of food and food-related issues as they may or may not differ in Western Montana versus Eastern Montana and in more urban areas versus rural and reservation areas.

All adults (18 years or older) who sought emergency food services at the seven agencies at the time of the survey were asked to participate in the study and were granted the right to refuse. Trained MFBN survey coordinators conducted one-on-one conversational interviews with clients.

The survey was completely voluntary and confidential. By standard research methodology this was not a random survey, and thus the results are not intended to be generalized to all food pantries or clients in the state. The results are only representative of the households interviewed at the seven agencies where the survey was implemented.

In order to better understand how factors such as geographic location affect households experiencing food insecurity, the sites were categorized by their relative population density. Findings from Helena, Kalispell, and Hamilton were compiled into one category and termed as “urban.” Findings from Ronan and Wolf Point were compiled into the “reservation” category. The “rural” category consisted of findings from Plains and Roundup.

Despite vast differences, all the sites faced the challenges of providing food in a rural state. For example, many food pantry workers noted that transportation poses a barrier to their clients’ ability to gain access to food.



"Low income workers and families are especially vulnerable to the challenge of a weak economy. The consequences of this include hunger, malnutrition and higher risk of illness."

Jayanti Batacharya,
Heat or Eat,
American Journal of
Public Health





In the 2004 study, a total of 342 clients completed the survey. These respondents represented 1,045 household members, of which 417 were children 18 years old or younger.

In the 2006 study, a total of 301 clients completed the survey. These respondents represented 967 household members, of which 428 were children 18 years old or younger.

Table 1. Race of All Household Members: 2004, 2006, 2008

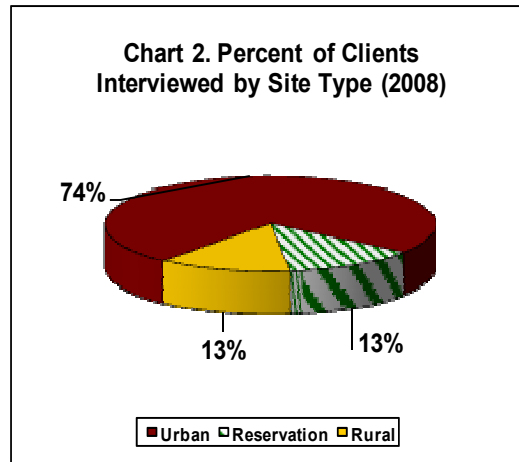
	2004	2006	2008
White	59%	48%	78%
Indian	30%	39%	14%
Other	10%	12%	8%



IV. MAJOR FINDINGS FROM THE STUDY

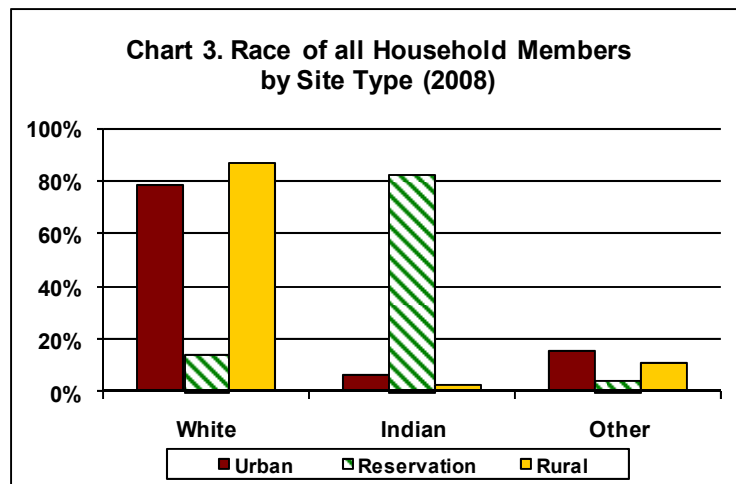
A. Household Demographics

Overall, 342 clients completed the survey in 2008. These respondents represented 935 household members, of which 331 were children 18 years old or younger. Chart 2 shows the percentage of clients interviewed by site type. Around 41.5% of households had children. Households in urban and reservation sites had a higher percentage of households with children (38.5 and 67.4%) while only 31.8% of rural households had children. The average household size was highest on the reservation (3.4) and lowest in rural sites (2.3). Households interviewed indicated whether they had more than one family living in their household. Households on the reservation had a significantly higher percentage of households with more than one family (21.7%) compared to 9.9% of urban households and 11.4% of rural households.



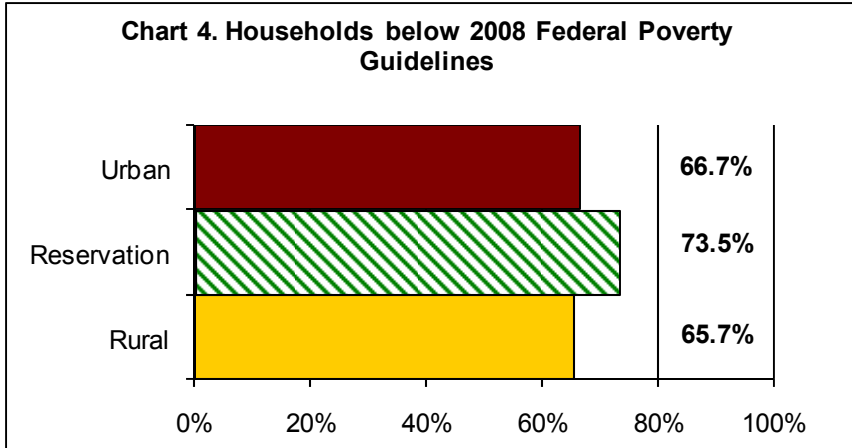
The mean age of respondents was lowest among reservation clients (42) and higher among rural (56) and urban (47) clients. The majority of respondents were female.

Chart 3 shows the race of all household members by site type.



B. Factors Impacting Hunger

1. Poverty. Hunger is directly linked to poverty. Around 67% of all households interviewed reported annual income below the federal poverty guidelines. Chart 4 shows the annual poverty rates by site type.



Poverty rates were highest among reservation clients. Additionally, among all sites 74% of households reported income below poverty for the month prior to our survey.

2. Employment and Education. Poverty and hunger persisted despite employment and education. More than 46% of households surveyed had at least one adult employed. This number was higher in urban and reservation sites. Of all households 12.8% indicated that the primary wage earner had more than one job at the same time in the past year. If not employed, clients indicated if they were looking for work and the reasons they were not working (Table 2). In many cases clients indicated that they were disabled or in poor health but were also seeking employment. Over 60% of all households with no employment were not working due to disability, poor health or injury. This was more common in rural sites.

Table 2. Of Households with No Employment (2008):

	Urban	Reservation	Rural
Looking for Work	25.8%	58.3%	9.7%
Due to Disability or Poor Health	62.5%	41.7%	77.4%

Almost 76% of respondents completed at least high school; 34% completed only high school or a GED, while 24% had less than high school education. Around 42% had at least some college or trade school education; however, of those only 19% had completed a degree.

“We only have Medicare, and it doesn’t pay enough. If our medical bills weren’t so high, our income would be enough to buy our own food. Instead, we constantly send the bulk of our income to the collection agency and rely on the food pantry two or three times a week for food.”

Food Pantry Client



“You have your future all planned out, think its going to go a certain way, and then it doesn’t.”

Food Pantry Client



“We have no health insurance for anyone, my son has serious hearing loss. I fear they will foreclose on my house... I skip meals so my kids can eat.”

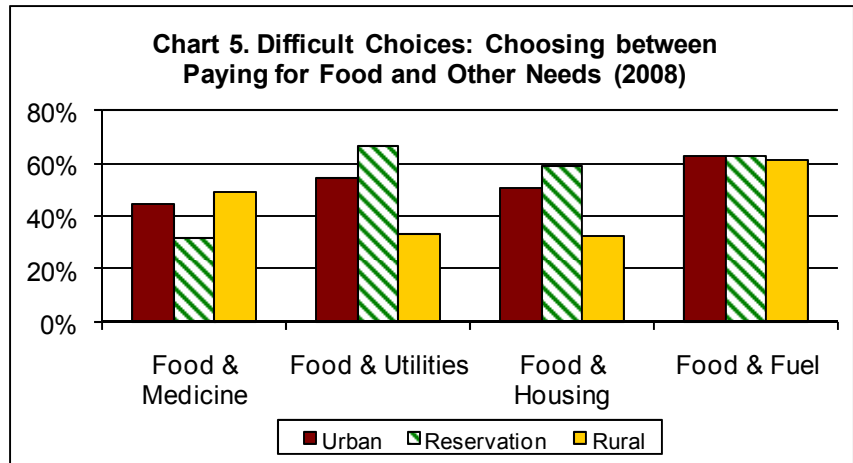
*Native American mother with 3 kids
Food Pantry Client*



3. Choosing between Food, Rent, Medicine, Utilities, and Fuel.

A compelling outcome of having limited income and living in poverty is the difficult choices people are forced to make in deciding where their limited dollars will be spent. Most often essentials such as fuel, utilities, rent, medical and child care costs are the first to be addressed. Spending money on food is the one thing clients felt they could delay while hoping a solution would come along soon.

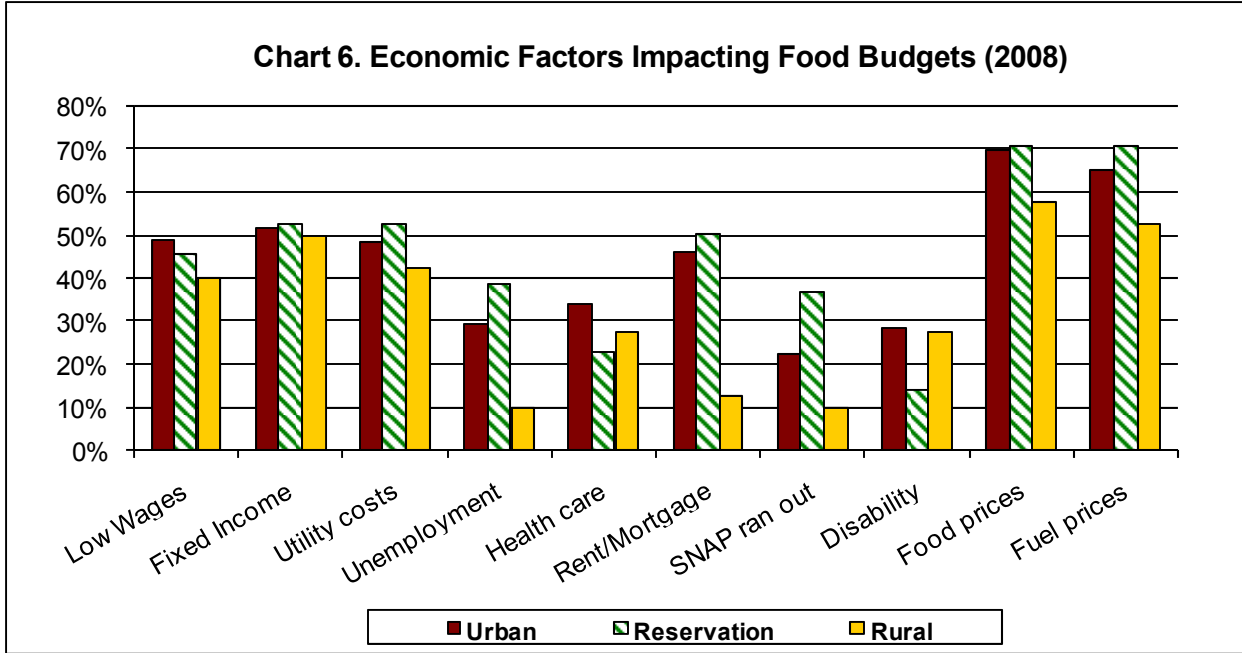
Chart 5 shows by site type the percentage of clients making difficult budget choices. Overall, 62.7% had to choose between food and fuel, 53.8% between food and utilities, 49.8% between food and rent, and 43.6% between food and medicine. The findings are especially telling given the serious increases in fuel prices this year.



4. Economic Factors Impacting Food Budgets. Economic insecurity is a key factor affecting people’s ability to purchase adequate food for themselves and their families. Clients were asked to report the main reasons they were not able to buy food and needed to come for emergency food on the day they were interviewed.

The most common reasons were food and fuel costs, as well as low wages, fixed incomes, utility costs, unemployment, health care costs, and rent or mortgage payments. Many other clients were dealing with the challenges of SNAP benefits running out or arriving late, other public assistance being cut, repair bills, childcare costs and expenses related to their disability. Chart 6 shows these reasons by each site type.

Besides income from jobs, income from other sources came from Social Security and disability benefits. For about 28% of the clients, there were no other sources of income. About 44% of clients were enrolled in Medicaid and 32% in Medicare. Indian Health Services was the main source of medical care on reservations.

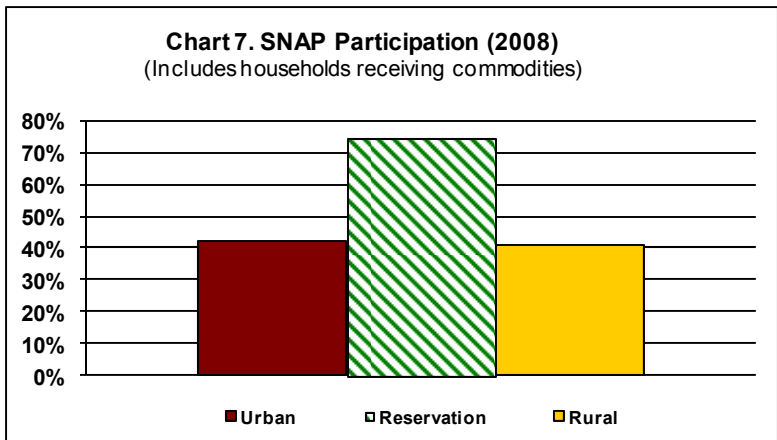


C. Participation in Public Food and Nutrition Programs

Participation in Federal Nutrition Programs has increased in Montana over the past several years; however, many people are not enrolled in the programs and continue to experience food insecurity. Clients were asked if they were participating in programs and if not, they were asked the reasons they were not participating. The Federal Nutrition Programs continue to be vital coping mechanisms for families struggling to make ends meet. This was demonstrated through clients’ responses to the survey.



1. The Supplemental Nutrition Assistance Program (SNAP, formerly The Food Stamp Program). Chart 7 shows SNAP participation of households interviewed by site type. Overall, SNAP participation among clients interviewed was 46.5%. Participation on reservation sites was highest at 73.9%.



“My mobile home is falling apart. I can’t lock the doors. The roof is caving in. Water leaks into the electrical sockets. I am afraid it will catch on fire.”

*Single woman, 59
Food Pantry Client*

Effective
October 1, 2008
the
Food Stamp Program
was renamed
the Supplemental
Nutrition Assistance
Program
(SNAP)



*“I have been
denied SSDI [disability]
three times.
I get some income
from VA.
I have a heart problem,
and am required to follow
strict low salt and
low fat diet,
but I’m not able to.”*

*Disabled Veteran
Food Pantry Client*

Table 3 shows the reasons clients cited for not participating in SNAP. Most did not apply or were denied, while some were disqualified or simply did not want them.

Table 3. Reasons Clients were Not Participating in SNAP (2008)

	2008
Did not apply	40%
Application was denied	29%
Did not want them	13%
Waiting for application to be processed	3%
Have been disqualified	10%

a. Reasons for not applying for SNAP. Of those who did not apply for SNAP [in the urban and rural areas] 20% felt they could get by without them; 21% did not know if they were eligible; and 20% stated that others had greater need for the program—not understanding that SNAP is an entitlement program and available to all who are eligible. However, these same clients came for emergency food multiple times a year and many also skipped meals.

b. Clients that were denied SNAP. Among all sites, of the 29% denied, 67% were denied SNAP because they exceeded the income limits, and 20% were denied because they exceeded the asset limits. Another 10% stated they did not complete the application or provide the required documentation.

c. Differences between SNAP participating households and non-participating households:

SNAP recipients were MORE likely to:

- Have families with children
- Have children in school nutrition programs
- Be enrolled in the WIC program
- Be enrolled in SSI
- Rent housing
- Have food boxes last 1-6 days only

SNAP recipients were LESS likely to:

- Make difficult choices between paying for food and fuel, rent, utilities, medical costs
- Have children skip meals due to lack of food at home
- Have unpaid medical bills
- Have completed high school or some college education
- Have at least one adult employed

As observed in our two previous surveys, households receiving SNAP are less likely to be forced to make difficult decisions and skip meals; however, they are more likely to be in a state of chronic food need. Households receiving SNAP are more likely to use emergency food services more often, and as Table 4 shows, they are more likely to have lower incomes.

Table 4. Median Monthly Income Differences between SNAP Participating and SNAP Non-Participating Households (2008)

	SNAP Participating Households	SNAP Non- Participating Households
Helena	\$676	\$1050
Kalispell	\$741	\$1046
Hamilton	\$680	\$1235
Plains	\$797	\$1200
Roundup	\$850	\$1250
Wolf Point	\$600	\$1688
Ronan	\$736	\$1324
All Sites	\$670	\$1147



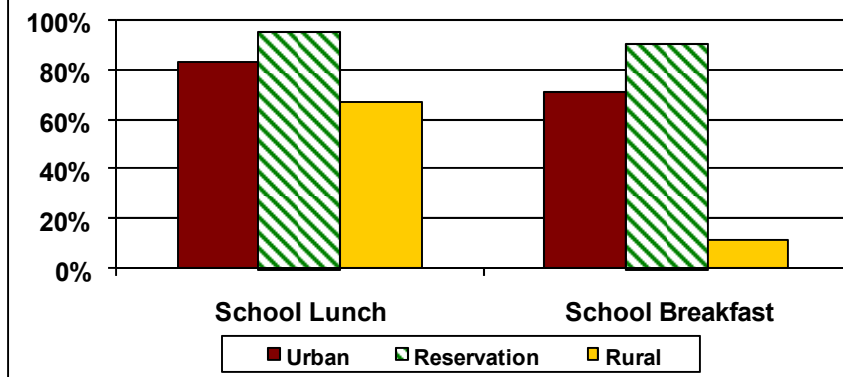
“I skip meals routinely so my son can eat, He has special dietary needs that I’m not able to comply with.”

*Single mother with disabled son
Food Pantry Client*

2. School Nutrition Programs.

a. School Breakfast and National Lunch Programs. Participation in the National School Lunch Program was significant and contributed greatly to providing healthy food for school-aged children. Overall, 84.3% of children were participating in the lunch program. Participation in the School Breakfast Program was 62.3%. Chart 8 shows participation by site type. In both programs, participation was highest on the reservations, a crucial factor considering the high poverty rates noted at those sites.

Chart 8. Participation in School Lunch and Breakfast Programs among Households with Children 6-18 years old (2008)



*“This summer
I’ve had to
choose between
a gallon of gas or
a gallon of milk.”*

*Grandmother raising
three grandchildren
on her own
Food Pantry Client*



*“The children
think we
are camping,
but we’ve been
homeless
in our camper
for a month.”*

Food Pantry Client

b. Summer Food Service Program. The survey asked clients if their children were enrolled in the Summer Food Service Program. Feeding children who are out of school during summer is a challenge for parents. However, it appears that there is limited awareness about this program which provides healthy meals to children and reduces the need for emergency food. In many cases, access to a program was lacking.

About 50% of households with children on the reservations and almost 21% of urban households with children participated in the program, but overall, more than 74% of households with children stated their children were not participating in the program. Households with children cited the following reasons for not participating:

- There was no program in their town.
- Parents did not know about the program.
- They preferred to feed their children at home.
- Parents did not know if their children were eligible for the program.
- Programs were far from where they lived and this led to transportation costs. In some cases the nearest program was in another town up to 30 miles away.

3. Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Among households with children age 5 and under, an average of 63% participated in the WIC program. All families with children age 5 and under in the rural sites participated in the program. Participation was over 72% on the reservations and 56% in the urban sites. Of those families with children age 5 and under who were not participating in the program, about 21% had not applied, and over 17% stated they exceeded the income limit. Other reasons included lack of compliance with program requirements and the cost of transportation to the nearest WIC office.

D. How Food Pantry Clients Cope With Hunger

In our effort to understand hunger in Montana, it was necessary to learn about the efforts people made to get through each day or week with enough food for their families. Our clients helped us understand their strategies for and struggles with coping with lack of food. Clients’ efforts to find food enabled us to learn more about how they coped with hunger, as well as the severity of hunger in Montana.

1. Skipping meals. Clients indicated they skipped meals so someone else in the household could eat or because there was not enough food. Table 5 shows that in 2008 urban and reservation clients were more likely to skip meals; however, rural

clients who skipped meals at least once a week did so more frequently. Of the 48.3% of all adults skipping meals, 47.2% lived in households with children.

	Urban	Reservation	Rural
Adults Skipping Meals	51.6%	51.1%	21.1%
Adults Skipping Meals at least once per week	50.0%	56.5%	62.5%
Children Skipping Meals	16.1%	6.5%	0.0%

Clients with children were asked if children were also skipping meals. Of all households with children, over 12% stated that their children also skipped meals. This number was highest for children in urban areas. Research has shown that adults in food insecure households commonly skip meals so that others can eat. When children are also skipping meals, this is an indication of a severe hunger problem.

2. Reduced Quality of Nutrition. Food insecurity has a cascading effect on the health and well-being of people. Lack of money to buy foods that would serve family needs best leads to yet another difficult choice—to purchase food of lesser nutritional quality. While there are some options for eating healthy food on a limited budget, these options require better knowledge of healthy food choices and the ability to prepare them. In addition, busy lives, varying hours of work and having multiple jobs decreases the practicality of such options.

As a result families purchase food that is of poorer quality to stretch their food dollars. In terms of nutritional value, it appeared from client responses that they purchased more calorie dense foods that are cheaper and have greater satiety value as opposed to foods high in essential nutrients, fiber and lower calories. There was greater use of higher fat meats and cheeses, high fat and high salt snacks, white bread and artificially sweetened beverages. Clients indicated that they would prefer to buy better protein items and more fresh fruits and vegetables, but the costs were prohibitive.

Reducing the nutritional value of food usually impacted adults first, and then children. Our study also showed that the special diets needed in families with medical conditions were not always being met through the food they were able to purchase or through the emergency food box they received.



“The most difficult challenge is trying to provide for our children with such low income while still trying to teach them that this is not what life is all about... It is hard to see the disappointment in my kids.”

Food Pantry Client





3. Frequency of Using the Food Pantry. Clients came for emergency food from the food pantry several times a year, and over several years. This was a major coping mechanism for families dealing with lack of food and is a good indicator of how much hunger there is in this population.

Chart 9 shows by site type the percentage of clients that had been to the food pantry more than once in the past twelve months, and the percentage of clients that indicated they had been coming to the food pantry for more than one year. Urban and rural clients had made more frequent trips to the food pantry in the past twelve months than reservation clients. However, in all sites around 70% of clients had been receiving food boxes for more than one year.

“I have chronic back pain. They tell me I am too young to qualify for SSDI [disability]. I have no health insurance and am trying to pay off old medical bills. Now, I’ve been refused care because I can’t pay.”

Food Pantry Client

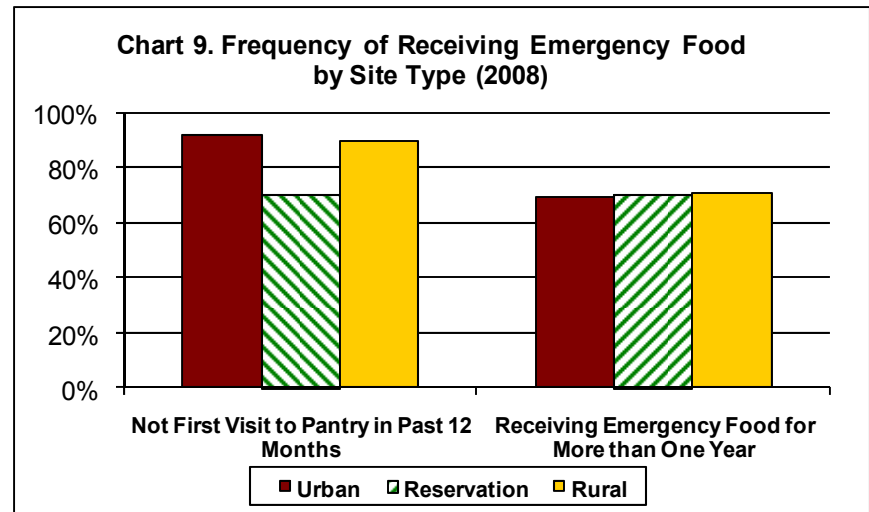
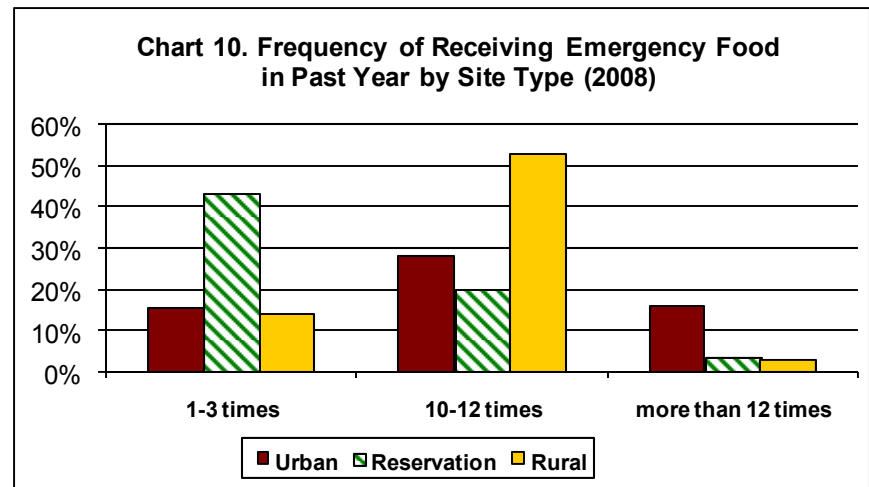


Chart 10 shows the frequency of times clients came to receive emergency food by site type. Rural clients were more likely to make ten to twelve visits in the past year, while reservation clients were more likely to visit only one to three times.⁴



⁴ Emergency food pantries have varying policies on how often clients are able to receive emergency food. This is due to individual pantry resources. Such policies may affect the data in Charts 9 and 10.

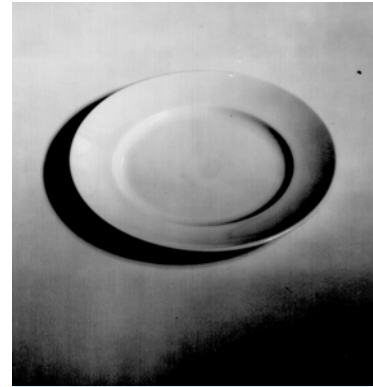
4. Other Sources of Food Available to Study Participants.

Clients were asked to indicate if they received food from other food programs, family or any other sources. Many of them, about 40%, stated they did not have any other sources of food. About 25% received food from family or friends, 19% had access to food from a garden which helped with food in the summer, and over 15% received food from the Senior Commodities program.

When asked about access to locally grown food such as Farmers' Markets or Community Gardens, 60% reported not having access and 5%—primarily in rural areas—stated they had their own garden. The reasons for not having access to local food included the cost of food at Farmers' Markets and the cost of transportation to the markets. A large number of clients did not know if there was a market in their town, and some had to work on the days the market was open. A few clients preferred not to go to a Farmers' Market.

5. Other Sources of Income Available to Study Participants.

In addition to support provided by public food and nutrition programs, many clients tried to stretch their limited food dollars through support from other types of programs. With economic assistance from other programs, clients could avoid or delay hunger. The programs included in Chart 11 below were identified by clients as other sources of income or other support that helped keep expenses down and helped purchase food.



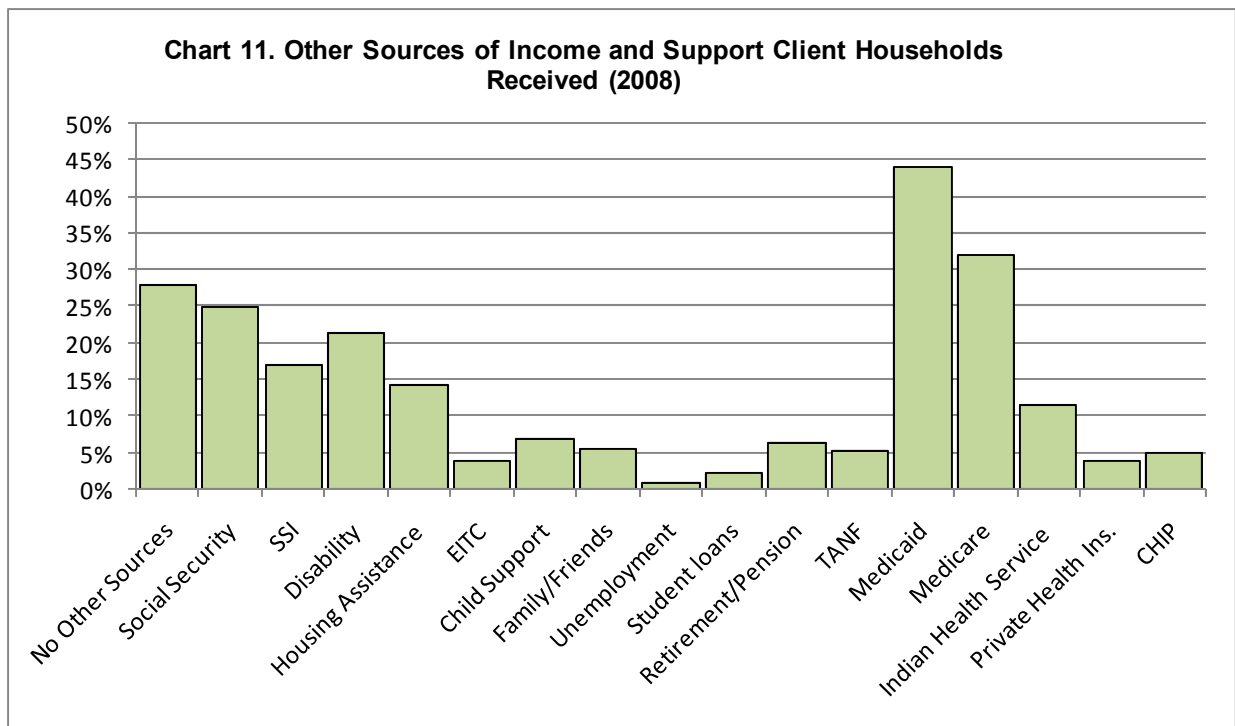
Definition of Acronyms for Programs in Chart 11.

SSI = Supplemental Security Income

EITC = Earned Income Tax Credit

TANF = Temporary Assistance to Needy Families

CHIP = The Children's Health Insurance Program





E. Access to Adequate Nutrition

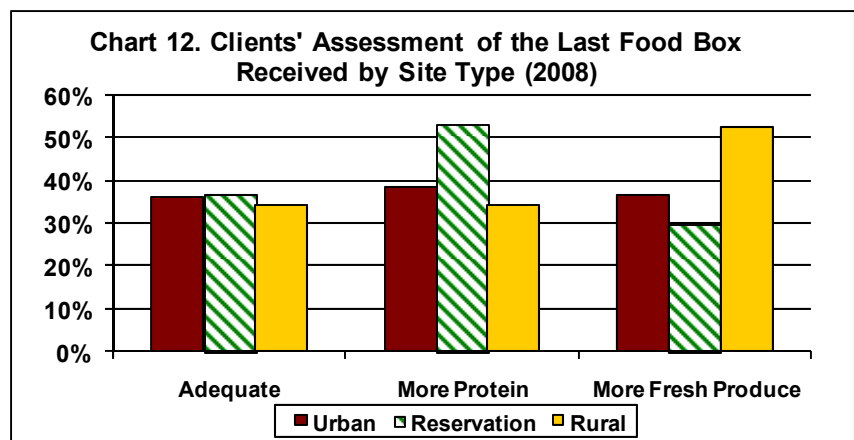
The connection between poverty, hunger and health are well known. Hunger and obesity usually occur in the same populations and in the same families. The inability to access healthy food in a consistent manner leads families to seek food that does not meet the nutritional needs of the family. As mentioned in Section D.2, families face the struggle of trying to improve their nutrition, while feeling the frustration of knowing they cannot afford to do so most of the time. The fear of health problems due to poor nutrition and lack of adequate health care has resulted in high levels of stress for many families.

When available, healthy food is usually more expensive. In rural areas of the state and in some urban neighborhoods, distances to full-service supermarkets could mean spending more on fuel. Turning to emergency food is the main option for this population. Therefore it was necessary to determine whether clients felt they were receiving adequate nutrition through their food boxes.

As more and more limited income families are turning to emergency food for their food needs, it is evident that we must evaluate the quality of nutrition available at emergency food sources.

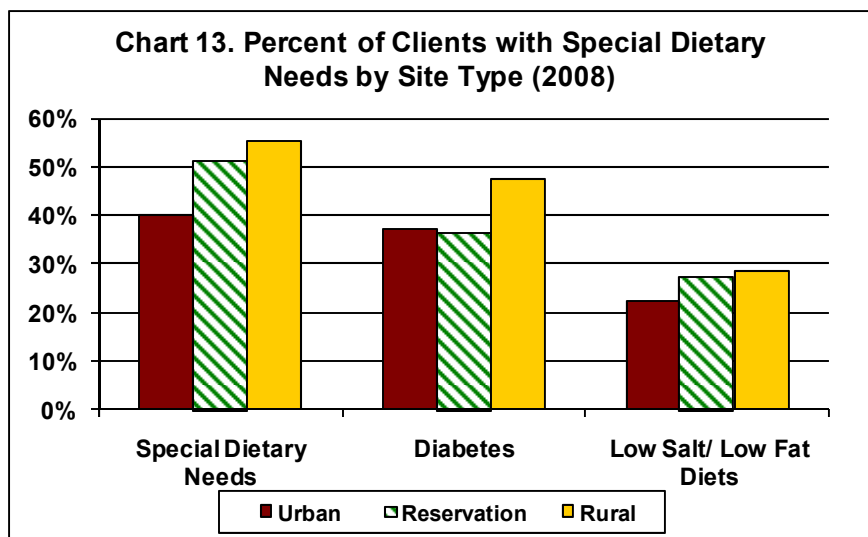
1. Food Boxes Meeting Needs. Clients interviewed were asked about the last food box they received and, in their opinion, whether it met their nutritional needs. Chart 12 shows that about a third of clients felt their food boxes were adequate. However, there was equal concern about not having certain food types such as protein foods, dairy items and fresh vegetables. Some other responses included a desire to have more canned fruits and vegetables. Rural clients responded in higher percentages for these items.

It is important to note that emergency food boxes cannot meet the food needs of the families for an entire month. Overall 24% of clients stated the food boxes lasted one to three days and 14% stated they lasted four to six days. The remaining 61% stated food boxes lasted seven to ten days. This was especially true in rural areas where clients had their own gardens and among clients receiving SNAP.



2. Special Dietary Needs. Clients interviewed were asked if they had any household members with special dietary needs and if the last food box they received met their special dietary needs. Around 43% of all clients interviewed stated that at least one household member had special dietary needs.

Chart 13 shows the overall special dietary needs by each site type, and two of the most needed types of diets. The need for special diets, particularly diabetic diets and low salt, low fat diets, was greatest in the rural areas where the population had a higher average age.



3. Households' Ability to Access Healthy Food. There was great concern about the quality of food eaten and what was needed to achieve a healthy diet. Clients were making numerous efforts to improve their nutrition, but also felt they lacked the ability to make better food choices. The greatest concerns were about the lack of enough variety to achieve a balanced diet. Having access to better quality protein food and fresh fruits and vegetables were the most frequent concerns. Clients repeatedly indicated that money was the primary barrier to accessing quality food and getting three meals a day was a challenge. As one client stated, "People who don't have money don't have the choice to eat healthier." Many felt that better paying jobs would make an enormous difference. Other concerns included: greater need for nutrition education, including cooking skills; distances to better grocery stores; and improved access to lower cost foods where they live.



Clients stated that money was the primary limiting factor in their ability to purchase nutritionally adequate foods.

"People who don't have money don't have the choice to eat healthier."

Food Pantry Client



*“If you can get up
each day,
make it on
your own two feet
and get through
the day,
you are doing ok.”*

Food Pantry Client



*“Last month
I had to go
without my daily
medications
for a week and a half
due to
lack of money.”*

Food Pantry Client

F. Challenges Faced When Dealing with Hunger

1. Most Difficult Challenge Faced in the Past Year. Clients were requested to talk about major difficulties they had dealt with in the past year. This information gave a more comprehensive picture of the challenges that hungry people deal with above and beyond lack of food. The responses were diverse and reflected the complexity of issues that caused problems for clients. Low income and lack of employment plagued many clients, most of whom were also struggling with serious health conditions, fear of losing their shelter, and lack of job security.

Lack of adequate family income compromised clients' ability to pay for fuel costs, rent, house repairs, heating bills and to assist relatives who were worse off than they were. Bills went up unexpectedly if the car broke down, the furnace stopped working or there was a sudden illness of a child. These issues led to situations where there was no money to fix the car or the house doors that would not lock or the leaky roof that might cause an electrical short. And there was no money for gas, so clients walked all winter to work in the snow and cold. Instead, there was plenty of fear—fear of not paying a heating bill on time and fear of eviction if the rent was late. For people on fixed incomes, the cost of living keeps going up but income remains the same.

Health problems included long-term, chronic diseases such as diabetes and cancer, as well as physical injury, mental illness, addiction problems and lack of money to purchase medications or other needed supplies. When a child was sick and could not be taken to day care, it meant taking time off work and risking the loss of work hours or the job itself. Clients living in extended families were dealing with the health problems of two to three family members at once. In addition to the stress of trying to address health problems, paying medical bills was often a challenge.

Changes in family situations created their own set of challenges for clients. The most severe problems resulted from a divorce or deaths in the family. Divorce proceedings led to serious stress over custody of children and belongings, further reduction of family income, and was sometimes coupled with domestic violence. Single mothers were facing new and difficult problems in raising their children alone. Death of one or more family members took a great emotional toll on clients rendering them helpless to deal with a heartbreaking situation.

Finally, underlying all the concerns clients faced to get through each day was the hope of getting a good paying, stable job, and in many cases, the fear of being laid off. Clients who had lost a job had been waiting for up to two months to find another one.

Many could only find part-time work and did not earn enough to pay all of their bills. In some cases the working member in the family had become disabled, was severely depressed and unable to get full-time work.

The clients' experiences mirrored what has been found in numerous other studies on hunger: lack of food is one of many multiple and complex issues that both the newly poor and the persistent poor deal with. The stories shared by clients were a poignant and moving statement of their challenges and their efforts to deal with them. As one client stated "If you can get up each day, make it on your own two feet and get through the day, you are doing okay."

2. Hardest Time of the Year. The struggle to survive affected clients all year, and in many cases, certain times of the year were serious problems. Several clients felt that the hardest times were caused by unplanned changes in the family situation such as health, housing, employment or a period when they were between jobs. If any one of these systems collapsed, their situation became very difficult and there was no financial buffer to fall back on.

- Winter months were by far the most difficult time of year. Heating bills went up dramatically and transportation to work was a problem with higher fuel costs. Many clients just stopped using their vehicle, but walking was harder, especially in rural areas where roads were often not paved. Many could not make it to the food pantry as often, and there was no possibility of growing their own foods. Added to this was the stress of the holidays, inability to get gifts for the children or family and the desire to spend time with family. All these factors added up to more bills in the winter.
- Summer months, with children home and very few options for summer school meals, were hardest for young families. Many experienced increases in fuel costs that were higher than the rest of the year. In addition, with kids out of school, there were increased day-care costs and expenses for children's summer activities.
- Many families faced difficult times throughout the year. Lack of income and ability to pay bills remained constant.
- The end of the month was a difficult time for many clients. Money ran out after paying bills, when SNAP benefits ran out, and there was not enough money left to buy food or other family items.
- The beginning of the month was also a difficult time for many clients. Beginning of the month is when payments for items such as a car or rent were often due.

*"Right now we
are staying in a motel.
We have been
homeless for 2 years.
I have a PhD,
but can't find work.
I'm told I'm overqualified.
We are living...
existing really...
on my mother's
Social Security."*

*52 year old male living
with elderly mother
Food Pantry Client*



*"Winter is the
hardest time of year.
We can't afford gas,
and so I walk
with the kids
everywhere
throughout
the winter."*

Food Pantry Client

**V. TRENDS IN SURVEY RESULTS:
2004, 2006, 2008 Major Findings**

2004 and 2008 sites:

Helena
Kalispell
Hamilton
Plains
Roundup
Ronan
Wolf Point

2006 sites:

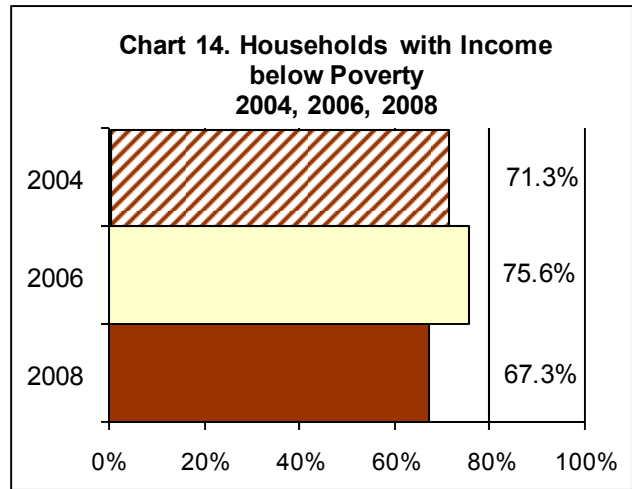
Great Falls
Billings
Hardin
Havre
Glendive
Troy
Dillon



This section highlights changes as well as consistencies in results from the 2004, 2006 and 2008 studies. Comparisons are not meant to be generalizations of all sites, nor of all clients seeking emergency food. The sites surveyed in 2004 and 2008 were the same, while those sites surveyed in 2006 will be surveyed again in 2010.

A. Factors Impacting Hunger

1. Poverty. Rates of poverty among clients interviewed have remained fairly consistent in the past three studies. Chart 14 shows the percentage of clients reporting annual income below 100 percent of poverty was 71.3% in 2004, rose in 2006 to 75.6%⁵ and decreased slightly in 2008 to 67.3%. It appears that poverty rates decreased in 2008; however, more middle-class or higher income households are being served by emergency food in 2008 than in the past.⁶



On reservation sites, the poverty levels in 2006 were slightly higher at 90% compared to 74% in 2008. Despite this slight decrease, reservation poverty numbers have remained consistently higher than urban and rural poverty numbers in all three studies. From 2006 to 2008, poverty increased slightly among urban clients and remained the same among rural clients.

“I’d never make it without the food bank, because after I pay bills, there’s nothing left. It’s a life saver.”

Food Pantry Client

2. Employment and Education. Poverty and hunger persist among food pantry clients over the years despite education and employment. The percentage of clients interviewed that have completed at least high school has remained consistent at around 74%. The percentage of clients that have at least some college or non-college trade school has also remained fairly consistent at around 38 percent.

The number of households interviewed with at least one household member employed has remained consistent (44.2% in

⁵ The poverty rate for all interviewed households for 2006 is corrected here from an error in the poverty rate reported in the Hungry in Montana 2006 report.

⁶ MFBN agencies widely sited an increase in higher income—or non-traditional—food pantry clients in 2008.

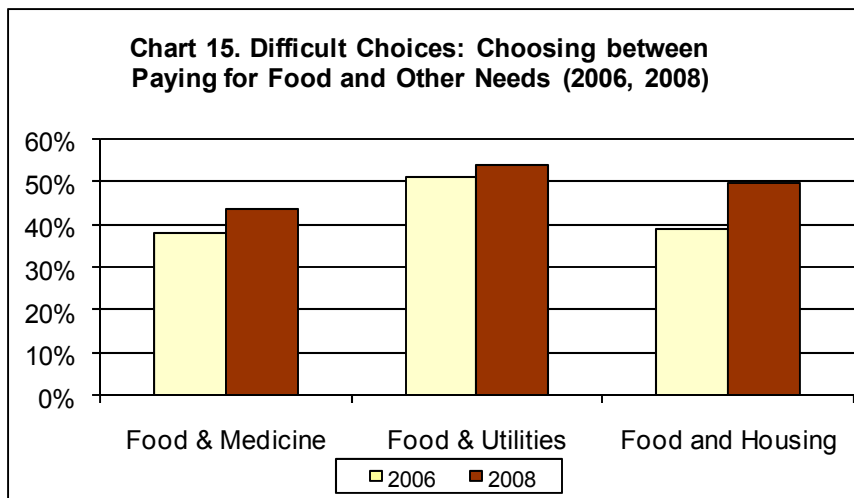
2004; 47.2% in 2006; 46.5% in 2008) and of those between 20 and 24% have been employed with seasonal jobs.

In 2008, however, the percentage of primary wage earners that had worked more than one job in the past 12 months decreased from 25% in 2004 and 26% in 2006 to 13% in 2008. Among households with no employment, Table 6 shows the percentage of those looking for work and those not working due to poor health, disability, or injury. While fewer client households indicated looking for work in 2006 and 2008; there has been a slight yet consistent increase in the percentage of those not working due to poor health, disability or injury.

	2004	2006	2008
Looking for Work	47%	27%	27%
Due to Disability or Poor Health	58%	59%	62%

3. Choosing between Food, Rent, Medicine, and Utilities.⁷ Families with limited income have consistently been forced to make difficult decisions between paying for food and other necessities. The percentage of clients forced to choose between paying for food and paying for rent increased from 2006 to 2008 from 39% to 50% overall. This increase was most significant among reservation clients, rising from 34% in 2006 to 59% in 2008.

Chart 15 shows that the percentage of clients having to choose between food and rent, medicine and utilities has increased from 2006 to 2008. Increases in such decisions on where to spend precious dollars coincide with increases in demand for emergency food.



⁷ This question was not asked in 2004.



“I spent 5 years in active duty—2 in Iraq. Now I can’t work because of my knee injury... Sometimes I wish I could go back to Iraq because at least everything was taken care of there—like meals and medical care.”

Food Pantry Client with girlfriend and daughter



*“I am working,
and I have
mental handicaps.
I eat only once a day.
I cannot understand how
to apply for SNAP.”*

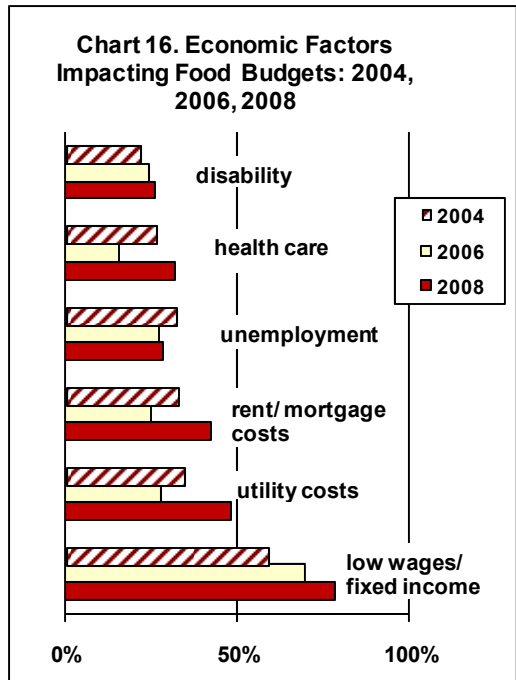
*Single woman
Food Pantry Client*



State-wide SNAP
Participation

The estimated state-wide participation rate of those eligible increased from 50% in 2004 to 58% in 2006, to 61% in 2008.

4. Economic Factors Impacting Food Budgets. Chart 16 shows the comparison between the 2004, 2006, and 2008 study results for the major economic factors impacting clients' food budgets. In 2004 and 2006 fixed incomes/low wages were the highest ranking factors. In 2008, previously not asked “food prices” and “fuel prices” were added as new indicators and overwhelmingly proved to be the most significant economic factors affecting clients' food budgets in 2008. However, at the same time fixed incomes and low wages still affected a larger percentage of clients in 2008 than in 2004 or 2006.



B. Participation in Public Food and Nutrition Programs

1. The Supplemental Nutrition Assistance Program (SNAP, formerly The Food Stamp Program). Participation in SNAP among clients interviewed in 2006 was higher than those interviewed in 2004 and in 2008. In 2004 less than half (48%) of the clients interviewed were receiving SNAP. In 2006, 53.2% of the clients were receiving SNAP, but in 2008 this number dropped again to 46.5%. Chart 17 shows emergency food client participation in 2004, 2006 and 2008. Due to the overall state-wide SNAP participation rates over the past few years, it is likely that the 2008 decrease in emergency food pantry clients' participation is due to the increase of clients with higher incomes needing emergency food, as well as variances in participation in different parts of the state.

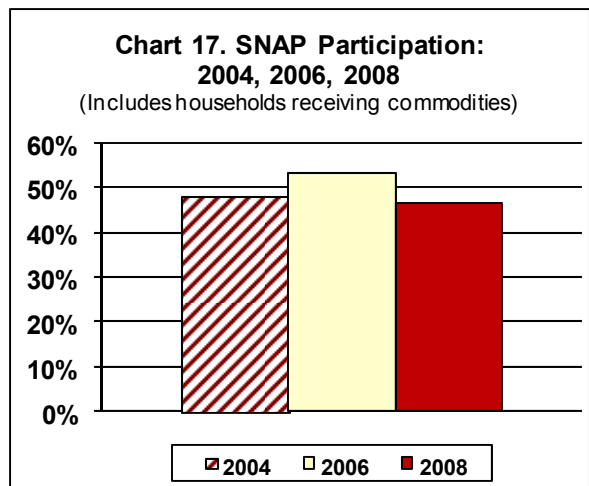


Table 7 shows reasons clients were not participating in the program. Overall, the majority of those not participating did not apply or had been denied entry into the program.

Table 7. Reasons Clients were Not Participating in SNAP: 2004, 2006 & 2008 Comparison

	2004	2006	2008
Did not apply	36%	37%	40%
Do not want them	13%	9%	13%
Application was denied	29%	33%	29%
Waiting for application to be processed	5%	9%	3%
Have been disqualified	3%	3%	10%

c. Differences between SNAP participating households and non-participating households.⁸ In order to look at how the program impacts emergency food pantry clients, we show some differences between SNAP participating households and non-participating households. In 2004, 2006 and 2008 SNAP households had much lower median monthly incomes than non-SNAP households. Yet, the program had many positive effects.

In both 2006 and 2008:

SNAP households were more likely to:

- Have families with children
- Rent housing

SNAP households were less likely to:

- Make difficult choices between paying for food and rent, utilities or medical costs
- Have unpaid medical bills
- Have children skipping meals
- Have at least one household member employed

Comparison between 2006 and 2008 of participating and non-participating clients in SNAP

2006

- Participating adults less likely to skip meals



2008

Participating and non-participating adults equally likely to skip meals.

- Participating households more likely to receive emergency food for more than one year



Participating and non-participating households equally likely to receive food for more than a year

- Participating households more likely to receive emergency food more than once in past 12 months

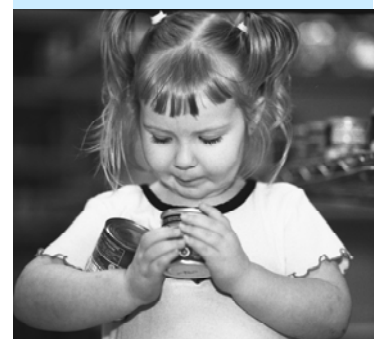


Non-participating households more likely to receive emergency food more than once in past 12 months



“My husband’s pension went away unexpectedly, the company declared bankruptcy. We are living on social security only and cannot get utility bills paid. We’re waiting for Section 8 housing assistance.”

Food Pantry Client



⁸ Other than median income, many of these questions were not asked in 2004; therefore comparisons cannot be made with 2004 survey data.



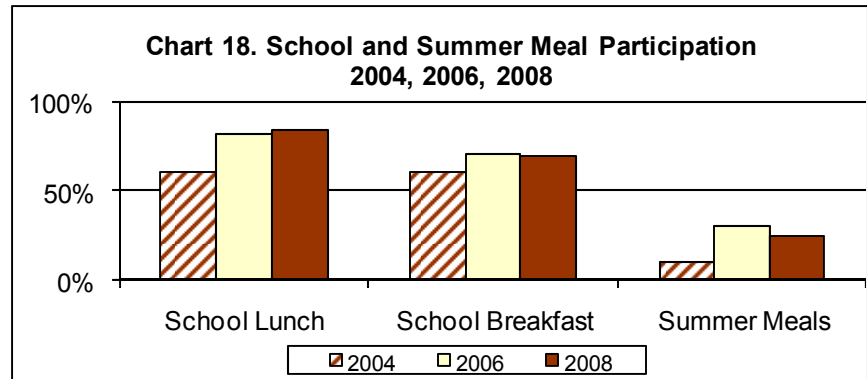
“Last January, we received an eviction notice. We had no propane or food. We had to buy space heaters instead of food so the children wouldn’t freeze.”

Food Pantry Client



2. School Nutrition Programs. Participation in school nutrition programs has increased among client households with children in the past three surveys. In 2004 and 2006 our survey did not ask clients why they were not participating, therefore we are unable to compare reasons for not participating.

Chart 18 shows participation rates in school breakfast and lunch programs as well as participation in the summer food service program in 2004, 2006 and 2008. Participation in these programs is best compared between 2004 and 2008 since surveys were conducted at the same sites in these two years. Participation has increased from 2004 to 2008.

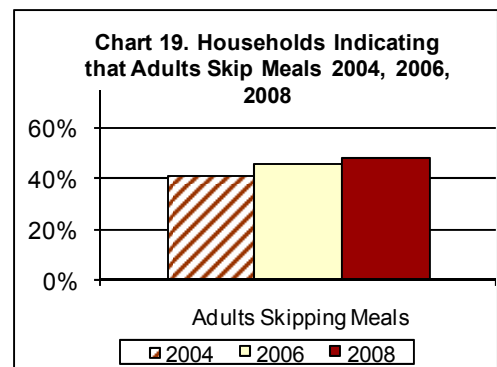


3. Special Supplemental Nutrition Program for Woman, Infants and Children (WIC). Participation in the WIC program has remained consistent around 61%, for clients with children ages five and under in all three studies.

C. How Food Pantry Clients Cope With Hunger

1. Skipping Meals. Chart 19 shows that the percentage of adult clients indicating that they skipped meals has steadily increased from 2004 to 2006 to 2008. Additionally, of those skipping meals, over half have consistently skipped meals at least once per week.

2. Reduced Quality of Nutrition. Clients indicating an inability to purchase all the foods their family needed for a healthy diet consistently cited lack of money as the major reason. Additionally, the past three studies consistently showed that one of the coping mechanisms families use when food budgets run tight is to lower the nutritional quality of foods purchased.



3. Frequency of Using the Food Pantry. Chart 20 shows that at the time of the survey, a higher percentage of clients had come to the food pantry at least once in the past twelve months in 2004 and 2008 than in 2006. The percentage of clients that have been receiving emergency food for more than a year increased from 2004 to 2006, and again from 2006 to 2008.

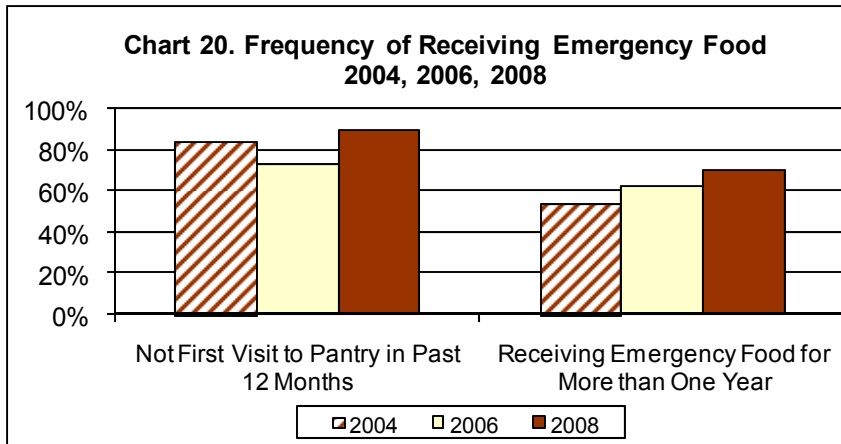


Table 8 shows the percentage of clients that received emergency food more than twelve times in the past year in 2004, 2006 and 2008. The percentage in 2004 is considerably higher. This may be due to the fact that many clients answered only in terms of food boxes, while others included daily lobby items⁹ in their responses.

Year	2004	2006	2008
Percentage	31%	16%	13%



“We receive SNAP, and we come every month to the food pantry. Sometimes our kids skip meals... we do daily. When we get groceries, the kids sneak in and eat everything up over a day or two.”

Food Pantry Clients

D. Access to Adequate Nutrition.

1. Food Boxes Meeting Needs.

Although many respondents stated that the last food box was “adequate,” further responses revealed that most would have liked more protein, dairy, and fresh produce. Table 9 shows that this has remained fairly consistent from 2004, 2006 and 2008.

Table 9. Description of the Last Food Box Received: 2004, 2006, 2008 Comparison

	2004	2006	2008
Adequate	44%	55%	36%
Needed Protein	40%	44%	40%
Needed Fresh Produce	36%	47%	38%

2. Households’ Ability to Access Healthy Food. Clients have indicated their greatest concern regarding access to healthy food has been lack of variety and balance of the types of foods they have available. Repeated responses also indicated that money was the primary barrier in accessing quality food.



⁹ Daily lobby items are items such as bread and anything the food pantry may have extra. The client is not limited in how many times they are able to come to receive these items as they are limited to how many times they can receive a food box per year.

VI. CONCLUSION / DISCUSSION

This report is the third in our studies of hunger in Montana, conducted every other year by the Food Security Council of the Montana Food Bank Network. Many factors contributing to hunger have remained unchanged from our 2004 and 2006 studies, yet a few have changed. Hunger is significantly affected by the complex issues and acute real-life situations that food pantry clients face. These situations have a compounding effect on poverty and complicate the reasons for hunger. Yet, as hunger is intricately tied to poverty, the most prevalent reason for hunger among Montana adults and children continues to be the strong connection to family income. It is clear that improving economic security for families in the state is the primary road towards solving this problem.

Opportunities for jobs in Montana are still better than most other states; however, unless wages rise and other benefits such as health care are included, even working families will continue to struggle to make ends meet. In the case of those who are retired or unable to work, the cost of living has been rising while incomes have remained stagnant. This year, economic stress on a national level has created new challenges for both Montanans living in poverty and for some Montanans newly affected by poor economic conditions.

In early 2008 we saw the sharpest increase in food prices in the last forty years. For those Montana families who fell below or just above the official poverty line, this increase in food prices, coupled with already high fuel costs caused family expenses to rise dramatically. Added to this is concern about the consequences of the current national economic crisis and its effect – not just on the middle income, but particularly on those already dealing with hardships in the state. When businesses and employers are struggling to make payroll or keep their doors open, people in lower paying jobs are usually the first to be hit with wage reductions or job loss.

The 2008 study found 67% of clients visiting emergency food assistance sites living at or below the official poverty level, with the highest number of clients in poverty on reservation sites. Of those living in poverty, 21% were at or below 50% of the poverty level, also known as *deep poverty*. It is important to note that while 67% were below poverty based on their incomes for the previous year, 74% had income below poverty based on what they earned in the month prior to this study. This reflected the newly poor; people who had been coasting on the edge of poverty, and due to various factors found a significant drop in income. The influx of the newly poor was commonly noted by food pantry staff at our survey sites.

Though clients demonstrated many innovative ways to stretch their food dollars, critical needs like rent, heating bills, medical bills, and fuel costs negatively impacted food budgets. Compared to previous years, a greater number of clients had to make a choice between paying for food or paying for other needs. Clients overwhelmingly stated that they had been hit hardest by the sharp rise in food and fuel costs. In order to cope with the problem of accessing adequate food, adults skipped meals, came more frequently to

food pantries and purchased more affordable, but less nutritious foods. Only about a third of clients had access to locally grown foods. Others stated they could not afford food at Farmers' Markets and did not have access to gardens.

Hunger and poverty manifested itself in varying ways in the lives of clients surveyed. In rural sites, there were a greater number of seniors living on Social Security or disability incomes. Many seniors were resistant to applying for public food assistance and opted to manage on their own. Many clients in rural sites skipped meals at least once a week, but felt they could access emergency food or a soup kitchen as needed. The urban sites had a greater number of families with children, and many were participating in public food programs for adults and children. Participation in all public programs was highest on reservation sites, a critical support where poverty among the clients was the highest.

Public food programs continue to play a significant role in alleviating hunger and improving nutrition. The programs make a sizeable contribution toward family food budgets. Despite having a lower monthly income, clients participating in the Supplemental Nutrition Assistance Program (SNAP) fared better in many ways than those not using the program.

Underlying the need to access food were the real-life situations of the clients and their families. The challenges they faced were constant and unrelenting. Despite efforts to improve their lives and create self-sufficiency, family situations and structural barriers made it difficult for clients to change their economic, social, physical and mental status. Fear and apprehension about their circumstances added to the stress of getting through each day. As family budgets could barely meet existing expenses, there was increased fear about unexpected expenses for medical bills, heating and fuel costs and job security. These problems were exacerbated in winter when fuel and heating costs went up.

Finding solutions to food insecurity requires improving economic self-sufficiency for all Montana families. People with limited incomes should not have to rely on charity as a routine method for accessing food. Food banks and pantries are limited in how much they can give, and food boxes cannot last an entire month. The Montana Food Bank Network, which provides food to emergency food pantries and soup kitchens around the state is facing its greatest challenge in meeting their own expenses, due to a drop in food and funding donations.

A public opinion study conducted by Peter D. Hart Research Associates, Inc. and McLaughlin & Associates¹⁰ found that Americans consider lack of food security a harsh reality for a growing number of families. Most Americans believe hunger is a serious problem and providing relief to the hungry has to be a priority for policy makers at the national and state levels. Hunger in Montana is unacceptable and political will is required to resolve it now and eliminate it permanently.

¹⁰ Peter D. Hart Research Associates, Inc. and McLaughlin & Associates, *Summary of Public Opinion Research on Nutrition and Hunger Issues that Voters Want Candidates to Address*, FRAC, September 25, 2008. www.frac.org



VIII. RECOMMENDATIONS

FEDERAL:

SUPPORT AND STRENGTHEN THE NATIONAL NUTRITION SAFETY NET:

- A. School Breakfast Program, National School Lunch Program, Afterschool Snack Program, Child and Adult Care Food Program, and WIC program.
 - Strengthen support for ensuring nutrition quality and the delivery of consistent nutrition messages across the programs.
 - Provide adequate funding to ensure nutrition standards and nutrition education implementation.
 - Achieve cost savings through administrative streamlining.
 - Increase access and participation to programs to serve high-risk children and families.
- B. SNAP (Supplemental Nutrition Assistance Program), formerly known as the Food Stamp Program, the Commodity Food Programs for low income people, Native American people and low-income seniors.
 - Ensure that benefits and eligibility rules keep pace with inflation and are commensurate with the current economic landscape.
 - Reduce the administrative burdens created by program rules that place limitations for implementation at state and local levels.

STATE:

- Ensure School Breakfast Programs in all schools with the National School Lunch Program.
- Provide support for start up of new School Breakfast Programs.
- Promote expansion of Universal Breakfasts in-the-classroom in schools with 40% or more children on Free or Reduced Price Meals.
- Actively promote start-up of new Summer Food Service Program (SFSP) to reach unserved communities in rural and urban parts of the state.
- Provide funding for transportation of children to the SFSP sites in summer.
- Expand access to healthy foods to seniors at congregate meals, home delivered meals and through nutrition education.
- Promote increased participation in SNAP through outreach and education.
- Work with employers to create a stronger work force in the state by improving wages of the working poor and helping them achieve self-sufficiency.
- Create a state Earned Income Tax Credit (EITC) to help the working poor.
- Provide incentives to grocery stores, farmers' markets and local food stands to offer healthy foods at affordable prices.

NONPROFIT ORGANIZATIONS

- Increase public awareness of the impact of hunger on health, family structure and the ability of children to achieve academic success.
- Increase public awareness about the complexities of problems, including hunger that results from poverty, low wages and rising costs.
- Advocate for policies that bring sustainable, long-term solutions to hunger.
- Work with state agencies to support and promote access to public programs at the local level.
- Seek opportunities to educate low-income, hungry people about the benefits of public food programs for the children and adults in their families.
- Work with local government and other nonprofit groups to start and expand community gardens, food co-ops and the creation of CSAs (Community Supported Agriculture) that benefit hungry people through increased access to healthy, locally grown food.
- Strengthen charitable food distribution through local and faith-based agencies.

INDIVIDUALS

- Urge Federal and State policy makers to create long-term solutions to hunger by improving and expanding the federal food and nutrition programs. Many long term solutions are listed in the recommendations at the Federal and State level on the previous page.
- Raise local awareness through connections with community organizations, churches and schools about the status of hunger in the community and its impact on health and well-being of people of all ages.
- Help others understand that poverty and hunger are not choices that people willingly make. Solutions lie in raising wages, helping people living on a fixed income, increasing participation in public food programs, and increasing access to affordable locally grown food.

If you would like more information on long-term solutions,
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APPENDIX

Public Food and Nutrition Programs in Montana

The Montana Department of Public Health and Human Services (DPHHS) has made numerous and notable improvements in the past few years in accessibility, outreach, and customer service for the Supplemental Nutrition Assistance Program, and these efforts will be continued.

A great deal of work is still needed to expand participation among those who are eligible.

The state-wide estimated participation rate of those eligible increased from 50% in 2004 to 58% in 2006 to 61% in 2008.



1. The Supplemental Nutrition Assistance Program (formerly the Food Stamp Program) in Montana. The Supplemental Nutrition Assistance Program has made severe hunger rare in America. In the late 1960s, medical research exposed the fact that American children suffered and died from diseases related to severe malnutrition that usually were thought of as occurring only in third-world countries. In 1979, after SNAP became available nationwide, physicians discovered that severe malnutrition had become rare, a result they attributed to the Supplemental Nutrition Assistance Program. The Supplemental Nutrition Assistance Program is the largest anti-hunger program in Montana.

SNAP helps vulnerable Montana residents and the state's economy.¹¹

- 80,324 Montanans use SNAP benefits to buy food every month. That amounts to 8.6% of the people in Montana.
- Montana SNAP households receive, on average, \$1.04 per person per meal in SNAP benefits. This modest amount is crucial to financially pressed families.
- SNAP brought \$89,954,194 into the Montana economy last year, benefiting farmers, grocers, and small businesses throughout the state.
- About 80% of SNAP benefits go to households with children, many of them in working families. Households containing elderly people or people with disabilities receive a good portion of the remaining benefits.
- 52% of clients in Montana SNAP households are working families.

2. School Nutrition Programs. The School Nutrition Programs (SNP) were initiated in 1946 with the National School Lunch Program. SNP reimburses schools for meals served to children; distributes donated commodity foods; provides training for school food service personnel, administrators and teachers; ensures schools are in compliance with federal regulations; and provides nutrition education for students to promote healthful habits. Studies have shown that nutrition is a critical component in promoting adolescent health. The School Nutrition Programs can be effective vehicles for addressing problems of heart disease, stroke, diabetes, and other diet-related diseases. In addition to providing schools with reimbursement for meals served, the School Nutrition Programs state agency monitors the types of lunches, breakfasts and snacks served in participating schools, and provides technical assistance to schools in delivering optimal nutrition to students.

¹¹ USDA Program Statistics: <http://www.fns.usda.gov/pd/fspmain.htm>

The variety of School Nutrition Programs have a significant impact on the health and well-being of students in Montana.¹²

a. School Lunch. The National School Lunch Program is the program with the highest participation. The average daily participation in school lunch for the 2006-2007 school year was 79,523. Of that number 53,407 meals were served Free or at a Reduced-Price. The federal reimbursement for Montana's National School Lunch program is \$17,415,838.¹³

b. School Breakfast. The School Breakfast Program (SBP) began in 1975. Research has clearly shown the relationship between student health, well-being, and ability to perform in school and their consumption of breakfast. One of the primary objectives is to promote student health by making school breakfast available to as many students as possible. The SBP is one of Montana's fastest growing School Nutrition Programs.¹⁴

The average daily participation for the 2006-2007 school year was 21,649. Of those, 16,427 meals were served Free or at a Reduced-Price. The federal reimbursement for Montana's School Breakfast Program is \$4,569,013.¹⁵

c. Summer Food Service Program. Beginning in 1968, the Summer Food Service Program (SFSP) provides nutritious meals at no charge to children while school is not in session. This program was established to ensure that children in low-income areas could continue to receive nutritious meals in between school sessions, and is essential to the health of children in Montana.¹⁶

The average daily participation in 2007 was 5,787. The participation rate was 10.8% (based on the number of students eligible for Free and Reduced-Price school lunch).¹⁷

3. WIC (Special Supplemental Nutrition Program for Women, Infants and Children). The Women, Infants and Children (WIC) program is a nutrition education program that provides healthy foods, nutrition information and referrals to health and social services in the community. WIC services are available for pregnant, breastfeeding, and postpartum women, women whose pregnancy has ended early, infants and children under age 5.

The goal of WIC is to improve the health of participants during critical times of growth and development. WIC provides nutrition counseling, classes and materials to meet individual client needs, breastfeeding promotion, medical care referrals, and specific nutritious foods that are high in protein, iron, vitamins and other minerals. A variety of special services including farmers' market



Eligibility for Public Food and Nutrition Programs vary by program.

The Supplemental Nutrition Assistance Program (SNAP) eligibility is based on 130% of poverty as well as on other household resources.

School Lunch and Breakfast programs have three eligibility categories: Free, Reduced Price and Paid.

To be eligible for Free School meals the household must be at or under 130% of poverty.

To be eligible for Reduced Price School meals, the household must be at or under 185% of poverty.

The WIC program eligibility is based on 185% of poverty.

Households with children enrolled in SNAP are categorically eligible for Free School Meals.

^{12, 14, 16} Montana Office of Public Instruction website: <http://www.opi.mt.gov/>

^{13, 15, 17} Food Research and Action Center (FRAC) State of the States 2007 report: http://www.frac.org/State_Of_States/2007/states/MT.pdf



The Aging Services Bureau works with local Area Agencies on Aging, Senior Centers and other aging providers to deliver Elderly Nutrition Programs to those 60 years and older.

The Nutrition Programs offered through the Aging Network include congregate and home delivered meals; CSFP; Senior Farmers' Market Nutrition Program and nutrition screening for nutrition education.



coupons, cooking classes, children's books, bone density screenings, vitamin and calcium supplements, and more services are also available to clients.¹²

Statewide the average number of participants for FY 2008 was 19,914. Federal funding for WIC was \$15,260,557.¹³

4. There are several additional Federal Food and Nutrition Programs available to limited income Montanans:

- The Emergency Food Assistance Program (TEFAP) provides commodity foods through select local organizations that either directly distribute to households or serve congregate meals. Over 1,661,964 meals were served in FFY 2008 through soup kitchens and charitable institutions in Montana.¹⁴ In FFY2008, 448,055 pounds of TEFAP food was shipped to 65 food pantries for food boxes statewide.¹⁵
- The Commodity Supplemental Food Program (CSFP) provides a monthly food package and assistance to participants. Eligible populations are individuals 60 years of age and older whose income is at or below 130% of poverty and children from 5 to 6 years old whose families qualify. In 2008 the CSFP served 6,783 participants per month with 81,396 food packages throughout 117 communities. Over 680 certified seniors are currently on waiting lists, while Montana has over 22,000 low income seniors that could qualify. A request for an additional 3,217 slots was made for 2009 after the same request was turned down in 2008.¹⁶
- The Child and Adult Care Food Program (CACFP) provides reimbursement for serving nutritious meals and conducts training for non-residential child and adult care organizations. CACFP primarily serves meals to children up to age 12 who are at or below 185% of the federal poverty level. The average daily participation in FY 2007 was over 13,680 children in Montana child care facilities.¹⁷
- The Food Distribution Program on Indian Reservations (FDPIR) was created as an alternative to the Supplemental Nutrition Assistance Program (SNAP) because many Native Americans live in remote areas where food costs are excessively high and access to SNAP offices and grocery stores is limited. Participating households receive a food package each month to help them maintain a nutritionally balanced diet.

¹² Missoula County WIC website: <http://www.co.missoula.mt.us/healthservices/WIC/MissoulaWICProgram.htm>
¹³ State of Montana WIC Office
^{14, 16} State of Montana Department of Public Health and Human Services
¹⁵ Montana Food Bank Network statistics
¹⁷ FRAC State of the States 2008 <http://www.frac.org>