

HUNGRY IN MONTANA:

Factors Contributing to Emergency Food Needs

2006 Client Hunger Survey



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



Acknowledgments

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TABLE OF CONTENTS

I.	Executive Summary	1
II.	Introduction	2
	A. How Prevalent is Hunger in Montana?	2
	B. Who are the Hungry?	3
	C. Why is there Hunger?	4
III.	Major Findings from the Study	6
	A. Factors Impacting Hunger	6
	1. Poverty	
	2. Employment and Education	
	3. Choosing between Food and Rent, Medicine, Utilities	
	4. Economic Factors Impacting Food Budgets	
	B. Participation in Public Food and Nutrition Programs	7
	1. The Food Stamp Program	
	2. School Nutrition Programs	
	3. WIC	
	C. How Food Pantry Clients Cope with Hunger	11
	1. Skipping Meals	
	2. Reduced Quality of Nutrition	
	3. Frequency of Using the Food Pantry	
	4. Other Sources of Income Available to Study Participants	
	D. Access to Adequate Nutrition	14
	1. Food Boxes Meeting Needs	
	2. Special Diet Needs	
	3. Households' Ability to Access Healthy Food	
	E. Challenges Faced When Dealing with Hunger	16
	1. Most Difficult Challenge	
	2. Hardest Time of the Year	
IV.	Household Demographics	17
V.	Survey Methodology	18
VI.	Conclusion	19
	Appendix: Public Food and Nutrition Programs in Montana	20

I. EXECUTIVE SUMMARY

- The Montana Food Bank Network has seen a rapid increase in demand for food at emergency feeding sites around the state over the past eight years. This is our second study that attempts to understand the underlying reasons for the increase of hunger in Montana.
- Greater numbers of people of all ages are living on the edge of poverty. Any sudden change in the family's or individual's situation results in falling off the edge and usually staying there. The reality of this is very difficult for them to accept.
- Household income of clients in the study had a direct bearing on the ability to purchase food. Essential needs like rent, fuel, child care, heating and medical bills cannot be delayed, leaving little or no money for food.
- Poverty levels of clients ranged from 89 percent on the reservations to 65 percent in urban areas. Rural areas were only slightly higher than urban areas.
- Between 39 to 51 percent of clients indicated they had to make choices between paying for food or paying for utilities, housing or medications. Utility payments were an acute problem on the reservations, while urban clients had difficulty with housing and medication.
- Low wages or fixed incomes were the primary reasons why clients ran out of money for food. Heating, health care costs, unemployment and public assistance benefits running out before the end of the month were additional reasons for inability to purchase food.
- Fifty-three percent of clients were receiving food stamps or commodities. However, income levels indicated that this population was also the poorest of the poor. Most of the households receiving food stamps had children.
- Forty-one percent of the clients with children skipped meals one or more times a week so there would be enough food for the children. Approximately 16 percent of children also skipped meals.
- Clients indicated a good understanding of healthy eating, yet most were frustrated with the need to compromise family nutrition in order to stretch food dollars. Several families struggled to meet special dietary needs.
- The number of times clients came to food pantries was higher in 2004 compared to 2006, however the amount of food they received was greater in 2006 than in 2004.
- The study showed that challenges faced by hungry people are multiple and complex in many ways. 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 amplified the social, emotional and health status of the families.
- Overall the 2006 "Hungry in Montana" study showed that with or without public food program participation, hunger is persistent in the state and the demand for food assistance continues to increase.

II. INTRODUCTION

Over the past eight years, the Montana Food Bank Network has seen an increase in the demand for food, and in the number of people needing emergency food from the Network's numerous agencies. A rural state that is filled with natural beauty, Montana also faces the paradox of one of the highest employment rates and very low wages. The number of employed poor working two or three jobs is ever increasing, as are their numbers in seeking public assistance. The state poverty rate, based on the 2005 US Census Bureau report was 14.4 percent, which is 2.2 percent higher than the national average. Almost 10 percent of seniors ages 60 and over live in poverty. Of that number 45 percent live in isolated rural areas.¹

As Montana continues to lose natural resource extraction industries, jobs lost are replaced by primarily service sector jobs. According to the Montana State Department of Commerce, jobs that have the greatest number of employees are in retail trade, health care and social assistance, government, accommodation and food services, and construction. Mining, utilities, forestry and management of companies and enterprises have the lowest number of people employed.² Low wages and lack of benefits keep the employed in poverty on a consistent basis.

The poor and hungry in Montana are everywhere and are invisible. Hunger is an income issue, and when families or individuals run out of money, the ability to access food is the last need they try to deal with. People living with limited means spend their few disposable dollars on other essential, but unavoidable needs such as rent, fuel, child care, medical costs. There is no money left to purchase food, which often results in seeking emergency food assistance.

A. How Prevalent is Hunger In Montana?

The Montana Food Bank Network provides food to 189 agencies in the state. These agencies include food pantries, soup kitchens, rescue missions, youth homes, child care centers, pre-release centers, and Boys and Girls Clubs. Agencies in urban areas also seek donations of food and cash locally to enhance the food received from the Network. Agency clients include people who come to receive food for the first time, when all other sources of food have been exhausted, as well as people who need to come numerous times in a year in order to get food on the family table each month.

¹ 2005 US Census Bureau Report <http://quickfacts.census.gov/qfd/states/30000.html>

² Montana State Department of Commerce <http://commerce.mt.gov>

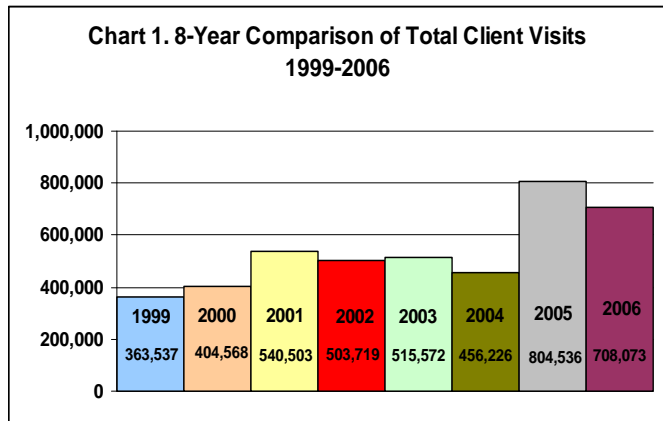


Food Insecurity is the inability to access food in a consistent and socially acceptable manner to meet the family's nutritional needs. Food insecurity is characterized by not having the financial means to buy food or grow food, the need for emergency food assistance, and adults skipping meals. Food insecurity exists when the availability of nutritionally adequate food or the ability to access it on a consistent basis is uncertain or limited.

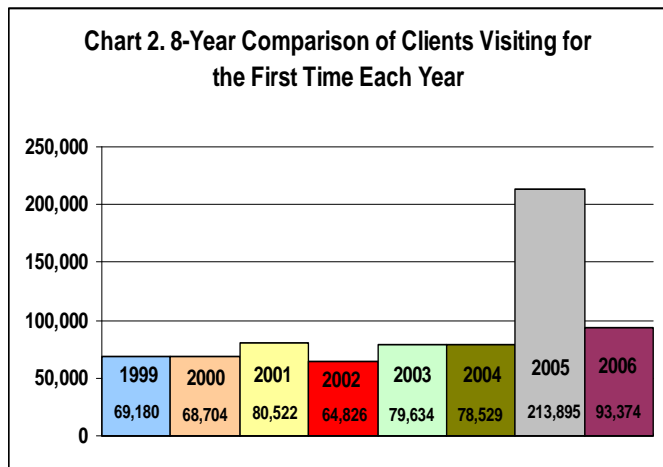
Hunger is the condition where both adults and children cannot access food consistently and have to reduce food intake, eat poor diets and often go without any food. Hunger is also defined as the uneasy or painful sensation when it is caused by lack of food.



Between 1999 and 2006, the number of clients seeking emergency food from MFBN's 189 agencies increased tremendously. Chart 1 shows the growth in need for all clients from 1999 to 2006. This measure allows the Network to anticipate and forecast the amount of food that they need to supply to their agencies in order to meet clients' needs. In 1999 MFBN's agencies served the equivalent of 363,537 clients and by 2006 that number increased to 708,073 which is a 95 percent increase in seven years.



The year 2005 stands out in Chart 2. There was a significant jump in first time visits in 2005. About 23 percent (213,995 separate individuals) of Montana's total population received emergency food in 2005. The summer of 2005 saw a sudden surge in clients, including first time clients. While several factors may have played



a part in this surge, one main reason may have been the rapid increase in fuel prices

that summer in combination with the fact that summers are always a high demand time because children are out of school and not receiving school meals. Since fuel prices did not revert to their original level, higher fuel prices have become incorporated into poor people's on-going costs and therefore a surge in food need in 2006 was not noted.

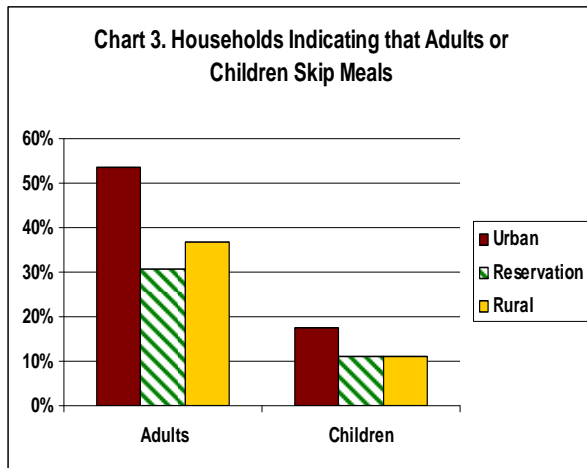
308,934 Montanans are considered at-risk of food insecurity.

B. Who Are The Hungry?



More and more people of all ages are living on the edge and even a small change in the family situation can result in immediate falling into poverty. Many have lost jobs or have reduced hours of work, lost other benefits due to time limits in assistance programs, incurred a sudden and serious illness of a child or family member, lost their homes due to inability to make rent or mortgage payments, death or personal life changes, and other sudden or unexpected hardships. Most have never entered a food pantry before, and have difficulty accepting the fact that their situations have led them to seek such help.

Our study results indicate further how much hunger there is in Montana. In 2004, 40.9 percent of clients interviewed had skipped meals because there wasn't enough food. In 2006, 46.2 percent of clients skipped meals, and 15.6 percent of households with children reported that their children skipped meals because there wasn't enough food. Chart 3 shows by site type, households with adults or children who had skipped meals.



Almost 80 percent of households indicated that it was not their first visit to a food pantry in the past year, and just over 60 percent had been coming for more than a year to receive emergency food.

C. Why is There Hunger?

Hunger and income are strongly tied for most Americans, and this is the case in Montana. We have a very low unemployment rate - around 3 percent - yet we rank 49th in the nation for low average wages of our workforce.³ Montana's per capita income ranks 42nd in the country,⁴ and we rank 11th in the country for the number of people working multiple jobs.⁵ A significant portion of our population suffers not from unemployment, but from underemployment.

Federal food assistance programs are tied to poverty guidelines and determine who is eligible for public food assistance and who is not. While the federal government sets poverty guidelines each year, it is a well recognized fact that poverty levels do not reflect the ability of families to sustain themselves. 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 percent, they continue to be at risk of food insecurity and hunger.⁶ This represents about 308,934 Montanans, which is over 30 percent of the state's population.

³ Montana Department of Labor and Industry. <http://www.dli.mt.gov/>

⁴ U.S. Department of Commerce, Bureau of Economic Analysis. <http://www.bea.gov/>

⁵ U.S. Department of Labor. <http://www.dol.gov/>

⁶ Household Food Security in the United States, 2005. Report available at <http://www.ers.usda.gov/Publications/ERR29/ERR29b.pdf>

2006 Federal Poverty Guidelines

Persons in Household	48 Contiguous States
1	\$9,800
2	\$13,200
3	\$16,600
4	\$20,000
5	\$23,400
6	\$26,800
7	\$30,200
8	\$33,600
For each additional person, add	\$3,400



"I'm married with a seven month old baby. We just bought our first house—a trailer. My husband works, but it is not enough to cover all of our expenses. Our cupboards are bare. We have enough food for him (baby) but we don't have food for us."

Food Pantry Client

"We're not ashamed. We love the Food Bank. If it wasn't for them we wouldn't have survived. Seriously."

Food Pantry Client

The public food assistance programs reach thousands in the state through the Food Stamp Program, School Nutrition Programs, the Special Supplement Nutrition Program for Woman, Infants and Children (WIC), Senior Nutrition, Food Programs on Indian Reservations and other commodity food programs. Eligibility for these programs is based on poverty guidelines, therefore only those who are approved may participate. Those families receiving any one of the public food assistance programs see a significant benefit and were it not for this help, their families would be in severe hunger situations. However, the story does not end there for several reasons:

1) Many poor Montanans who are eligible for public food assistance are not in the programs. Lack of knowledge, fear of the application process, confusion about benefits and certain program needs all contribute toward lack of participation.

2) Our studies have shown that many participating in public food assistance such as the Food Stamp Program are the poorest of the poor in the state. Even though public programs were not designed to meet all the family's food needs, when that assistance runs out, the families have no other means of accessing food and turn to emergency food assistance.

3) The Food Stamp Program, which is the single largest public food and nutrition program, has requirements that do not represent current cost of living expenses and discourage potential clients from applying. The program benefits have also not kept up with current cost of living needs. (This program is revised every five years and is currently being revised in Congress through the 2007 Farm Bill Reauthorization.)

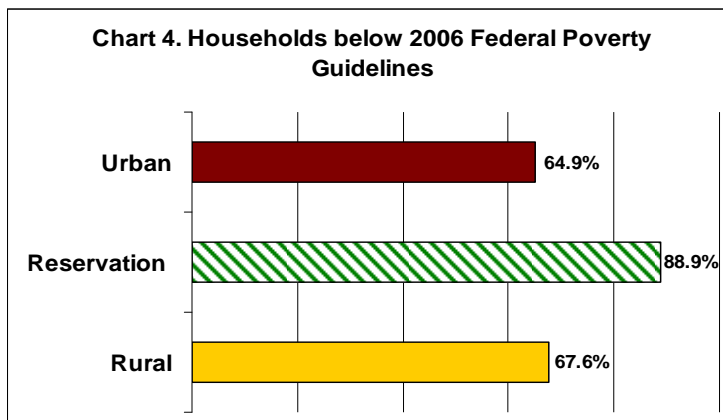
Therefore, in spite of having these greatly needed food programs, many people cannot meet their food needs each month. Food insecurity and hunger continue to persist in Montana.



III. MAJOR FINDINGS FROM THE STUDY

A. Factors Impacting Hunger

1. Poverty. Hunger is directly linked to poverty. Around 65 percent of all households interviewed reported incomes below the federal poverty guidelines. Chart 4 shows poverty rates by site type. Poverty rates were significantly higher among clients living on reservations (88.9 percent).



2. Employment and Education.

Poverty and hunger persisted despite employment and education. More than 47 percent of households had at least one adult employed and 26 percent of those indicated that the primary wage earner had more than one job at the same time in the past year. Almost 73 percent of respondents completed high school, while 34 percent had some college or trade school education. If not employed, clients indicated if they were looking for work and some of the reasons they were not working (Table 1). In many cases clients indicated that they were disabled or in poor health but were also seeking employment. Over half of all households with

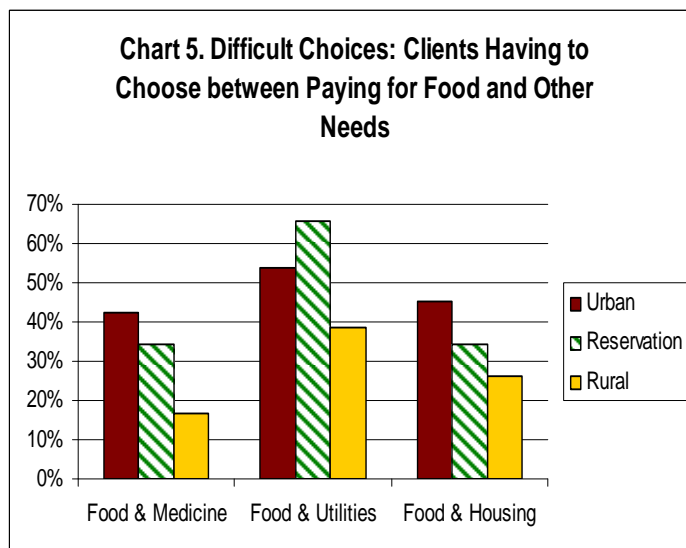
Table 1. Of Households with No Employment:

	Urban	Reservation	Rural
Looking for Work	26.7%	38.5%	21.3%
Due to Disability or Poor Health	55.8%	50.0%	70.2%

no employment were not working due to disability, poor health or injury. It was found that households with no employment due to disability or poor health were more common in rural sites.

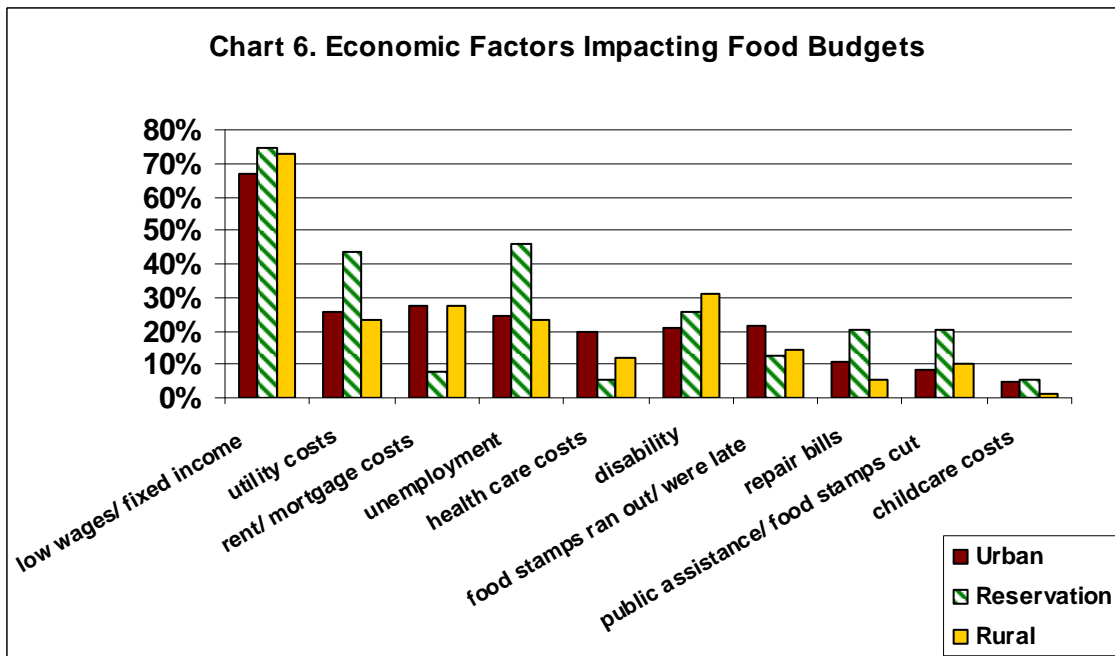
3. Choosing between Food and Rent, Medicine, and Utilities. Families with limited incomes were forced to make difficult decisions about where to spend their limited dollars. Most often their essentials were the first to be addressed: rent, utilities, medical, child care and transportation costs. Spending money on food was the one essential clients felt they could delay, while hoping a solution would come along.

Clients interviewed were asked if they ever had to choose between paying for food and paying for rent, medicine, or utilities. Chart 5 shows by site type



the difficult choices clients had to make on a regular basis. Overall, 38.9 percent had to choose between food and rent, 38.2 percent had to choose between food and medicine, and 51.4 percent had to choose between food and utilities.

4. Economic Factors Impacting Food Budgets. Clients interviewed were asked to report the main reasons why they were not able to buy food and needed to come for emergency food on the day they were interviewed.

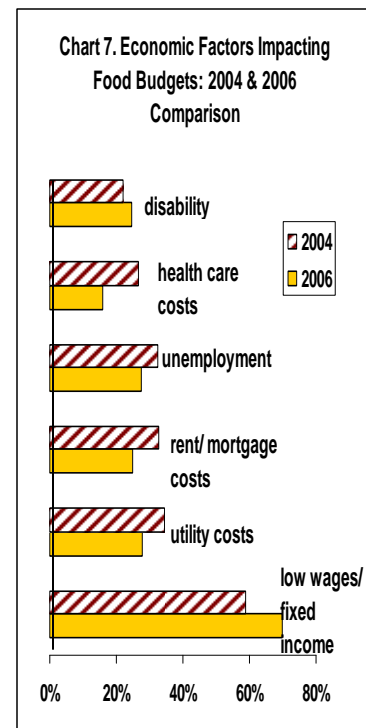


The most common reasons were; low wages or fixed income, utility costs, unemployment, disability, rent or mortgage payments, food stamps ran out or were late, health care costs, public assistance was cut, repair bills, and childcare costs. Chart 6 above shows reasons by each site type. Chart 7 shows the comparison between 2004 and 2006 study results for the major economic factors impacting clients food budgets.

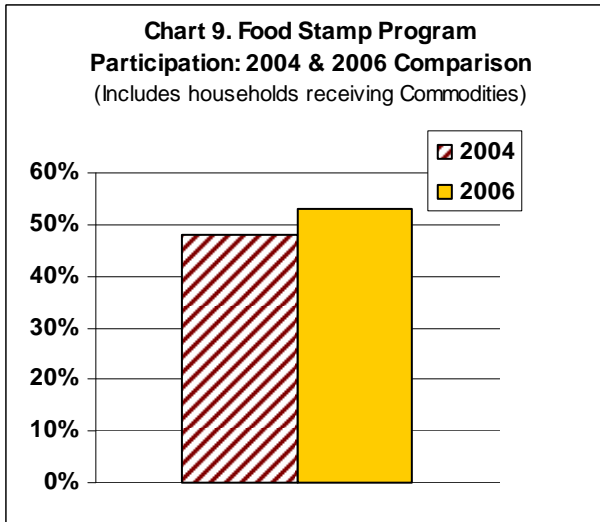
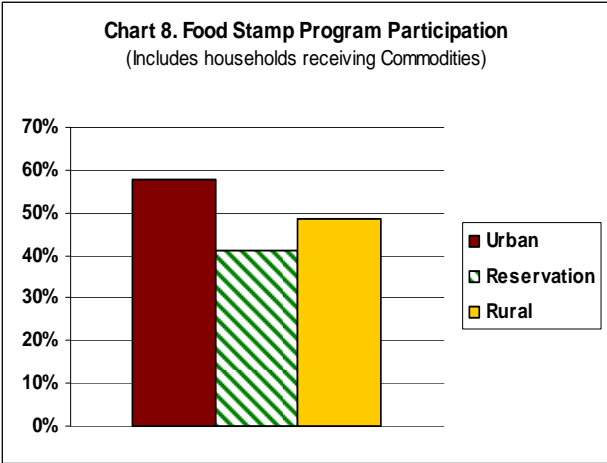
Additionally, Montana families were food insecure and hungry because participation in the federal nutrition programs has not been maximized.

B. Participation in Public Food and Nutrition Programs.

Study results indicated that the federal nutrition programs were vital coping mechanisms for families struggling to make ends meet.



1. The Food Stamp Program. The estimated state-wide participation rate of those eligible for the Food Stamp Program increased from 50 percent in 2004 to 58 percent in 2006. Similarly, the participation rate of clients interviewed in 2006 was higher than of those interviewed in 2004. In 2004 less than half (48 percent) of the clients interviewed at pantries for this study were receiving food stamps. In 2006, 53.2 percent of the clients were receiving food stamps. Chart 8 shows food stamp participation of households interviewed by site type. Clients in urban areas participated at a higher rate. Chart 9 shows emergency food client participation in 2004 and 2006. As with the state-wide participation rate, we saw an increase in the percentage of clients receiving food stamps in 2006.



Of those clients not participating, there was little change in the reasons for not participating between 2004 and 2006. Most did not apply or they were denied. Some stated that they simply did not want food stamps, while some had applied and were waiting for their application to be processed. There were a few who had been sanctioned for not complying with program regulations. Table 2 shows a comparison between 2004 and 2006 of those clients who were not participating in the Food Stamp Program.



Reason	2004 (%)	2006 (%)
Did not apply	36%	37%
Do not want them	13%	9%
Application was denied	29%	33%
Waiting for application to be processed	5%	9%
Have been sanctioned	3%	3%

a. Reasons for not applying for food stamps included: did not apply because they didn't think they would be eligible due to income or assets; thought there were others who needed the program more. (Food stamps are an entitlement program and everyone who is eligible may participate—there is no waiting list.) Others stated that the need is only temporary or that they could get by on their own. However, these same clients were skipping meals and coming to receive emergency food multiple times in a year.

Households that participate in the Food Stamp Program tend to have much lower median incomes.

Table 3 displays the median incomes of Food Stamp program participating households and food stamp program non-participating households from 2004 study sites. The trend we saw in 2004 as displayed in Table 4 remains consistent in 2006.

Table 3. 2004 Results: Median Monthly Income Differences between Food Stamp Participating and Food Stamp Non-Participating Households.

<u>Participating</u>	<u>Non-Participating</u>
Helena \$712	\$1100
Kalispell \$900	\$1000
Hamilton \$988	\$1043
Plains \$817	\$1134
Roundup \$833	\$1348
Wolf Point \$500	\$592
Ronan \$564	\$574

b. Clients that were denied food stamps: Those that were denied cited the following reasons: Most reported that they had exceeded the income limits. Many others had exceeded the asset limits or did not complete the required paperwork.

c. Differences between food stamp participating households and non-participating households:

Food Stamp recipients were MORE likely to:

- Have children
- Rent housing (except on the reservation where there was no difference)
- Received food from the food pantry for more than one year.
- Received emergency food more than once in the last 12 months.
- Have only High School education (respondent only).

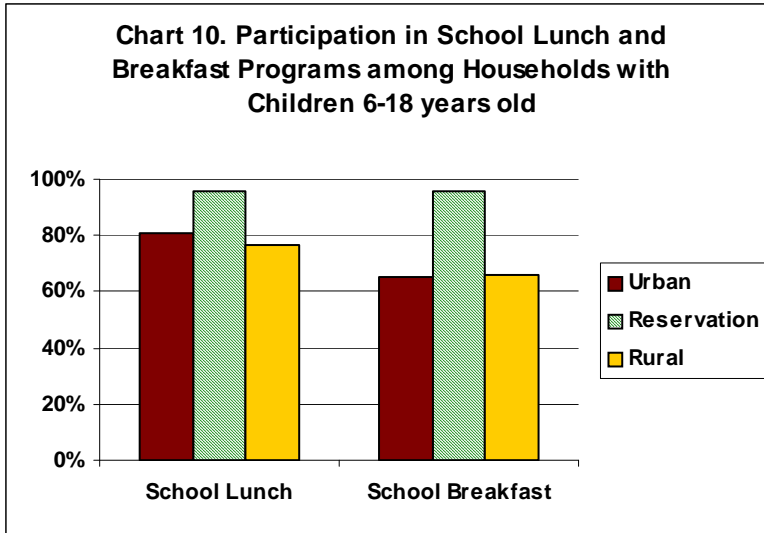
Food Stamp recipients were LESS likely to:

- Skip meals so that others in the household could eat.
- Make difficult choices between paying for food and rent, utilities, medical costs.
- Have unpaid medical Bills.
- Have children in the household skipping meals
- Have at least one adult employed (except for Reservation sites).

Households receiving Food Stamps 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 severe need. Households receiving Food Stamps are more likely to use emergency food more often, and as Table 4 shows, they are more likely to have lower incomes.

Table 4. Median Monthly Income Differences between Food Stamp Participating and Food Stamp Non-Participating Households.

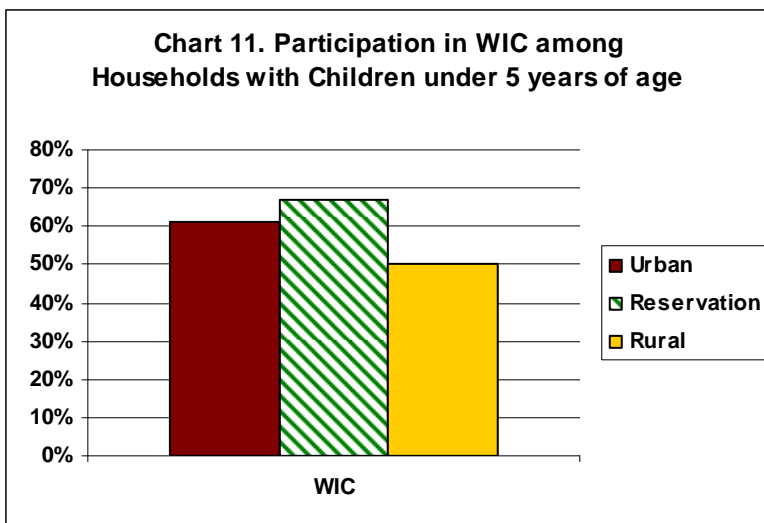
	Food Stamp Participating Households	Food Stamp Non- Participating Households
Great Falls	\$622	\$900
Billings	\$800	\$840
Hardin	\$720	\$900
Havre	\$800	\$705
Glendive	\$605	\$867
Dillon	\$752	\$800
Troy	\$613	n/a
TOTAL	\$739	\$831



children between 6 and 18 reported participation in school lunch and school breakfast programs.

Participation was higher in 2006 than in 2004. Our survey did not ask clients why they may not be participating, therefore we do not know why participation was higher in 2006.

3. Special Supplemental Nutrition Program for Woman, Infants and Children (WIC). Among households interviewed, participation in WIC was higher than Food Stamp participation. However, the reasons are unknown. We did not ask clients why they may not have been participating in WIC. Future studies will aim to investigate this further. It should be noted that the WIC program eligibility is 185 percent of the poverty line, while Food Stamps is at 130 percent. Thus, it can be assumed that more people would be eligible for WIC. Participation in the WIC program in 2006 was consistent with participation in 2004 among food pantry clients interviewed.



2. School Nutrition Program. Client responses to their greatest challenges and hardest times of the year to provide food for their families indicate that hardships occur when school is out, during holidays and summer. Although the Summer Food Service Program (SFSP) works to reduce this and meets some of the need, many areas in Montana still do not have this program and excessive paperwork is a deterrent to program sponsors. Client households with school-aged

Table 5. School Meal Participation: 2004 & 2006 Comparison

	2004	2006
School Breakfast	60%	71%
School Lunch	60%	83%

Table 5 above shows the percent of households with children ages 6-18 years old that are participating in school meals.

Table 6 below shows the percent of households with children under 5 years old who were participating in the WIC program.

Table 6. WIC Participation: 2004 & 2006 Comparison

	2004	2006
WIC	62%	61%



C. How Food Pantry Clients Cope With Hunger

While previous sections discussed how prevalent hunger is, they have also helped us learn how food pantry clients cope with hunger. Many of the indicators of how much hunger there is are also the strategies used to cope with hunger. As people skip meals and come to the food pantry in order to cope with hunger, we are able to learn more about the severity of hunger in Montana.

Table 7 shows the percent of clients indicating that they skipped meals in 2004 and 2006. Additionally, of those indicating that they skip meals, Table 7 shows that over half skip meals at least once per week.

1. Skipping meals. Clients indicated they skipped meals so someone else in the household could eat or because there was not enough food. Table 6 below shows slightly more clients reported skipping meals in 2006 than in 2004. In 2006 urban clients were more likely to skip meals, yet rural clients who skipped meals did so more frequently. Of the 41 percent of all adults skipping meals, 65 percent lived in households with children.

Table 6. Households Indicating Adults or Children Skip Meals by Site Type

	Urban	Reservation	Rural
Adults Skipping Meals	53.4%	30.6%	36.8%
Adults Skipping Meals at least once per week	48.0%	45.5%	66.7%
Children Skipping Meals	17.6%	11.2%	11.2%

Table 7. Households Indicating Adults Skip Meals: 2004 & 2006 Comparison

	2004	2006
Adults Skipping Meals	41%	46%
At least once per week	55%	52%

Households with children indicated if children were also skipping meals. More children in urban areas skipped meals than in rural and reservation areas. Adults in food insecure households commonly will 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. The survey asked clients if they were able to access all the foods they and their families needed for a healthy diet. If they were not able to do so, clients were asked the major reason for their inability to access healthy food. In all the food groups that clients were asked to respond to, lack of money to buy healthy food was given as the major reason.

One of the coping mechanisms that families used when they ran short of money was to lower the nutritional quality of foods purchased. This was one of the first steps in the cascading effect of food insecurity. Reduced quality of purchased food

enabled families to extend their reduced food dollars. In terms of nutritional value, this meant: the purchase of more calorie dense foods that have greater satiety value as opposed to foods high in essential nutrients, fiber and lower calories (such as fresh fruits and vegetables); avoiding leaner cuts of meat, fish, and cheese as opposed to buying more processed meat and cheese products that have higher saturated fat and sodium content; a greater use of sweetened beverages that have a higher corn-syrup content as opposed to real fruit juice; using high calorie, fat and sodium snack foods as opposed to the more expensive snack foods that provide better nutrition; and buying white bread that is readily available on sale instead of whole grain bread. Reducing the nutritional value of food usually impacts adults first, and then children. Our study showed that families' special dietary needs were not being met based on the emergency food box they received or other sources of food.

3. Frequency of Using the Food Pantry. Receiving emergency food from the food pantry was another coping mechanism for families to stave off hunger. The frequency at which families came to receive food was a good indicator of how much hunger there was, as mentioned previously.

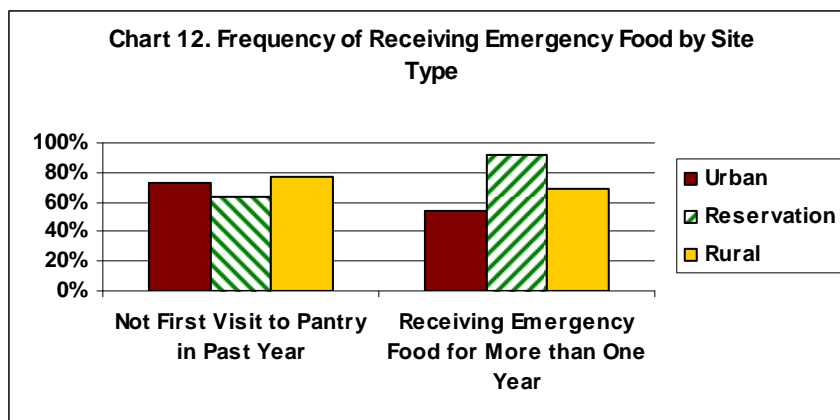


Chart 12 above shows by site type the percent of clients that had been to the food pantry more than once in the past year, and the percent of clients that indicated they had been coming to the food pantry for more than one year. A higher percent of urban and rural clients had made previous trips to the food pantry in the past year than reservation clients. Yet a higher percent of reservation clients had been coming to the food pantry for more than one year. This may be an indication of the chronic poverty and higher levels of poverty among reservation clients (see Chart 4).

Table 8 shows that at the time of the survey, a higher percent of clients had come to the food pantry in the past year in 2004 than in 2006.

Yet, Table 9 shows that a higher percent of clients had been receiving food for more than a year in 2006 than in 2004.

Table 8. Not First Visit to Pantry in Past Year: 2004 & 2006 Comparison

2004	2006
84%	73%

Thus, in 2006 clients may not have been coming as frequently during the year, but they had been coming for a longer period of time over—or for more than one year.

Table 9. Receiving Emergency Food for More than One Year: 2004 & 2006 Comparison

2004	2006
54%	62%

Table 10 shows the percent of clients that had received emergency food more than twelve times in the past year in 2004 and 2006. The percent in 2004 is considerably higher. This may be due to one site in 2004 which has a lobby program where clients can come as often as they need to for certain items.

Chart 13 shows the frequency of times clients came to receive emergency food by site type. Rural clients are more likely to have come more than twelve times in the past year, while reservation clients were more likely to have come only one to three times.⁷

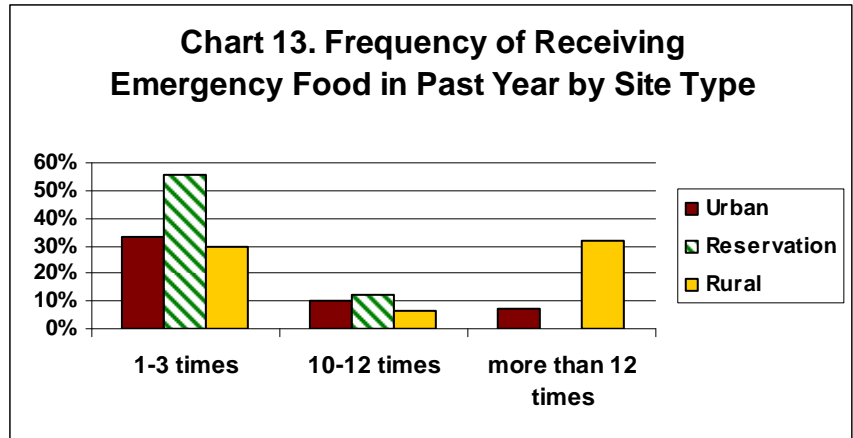
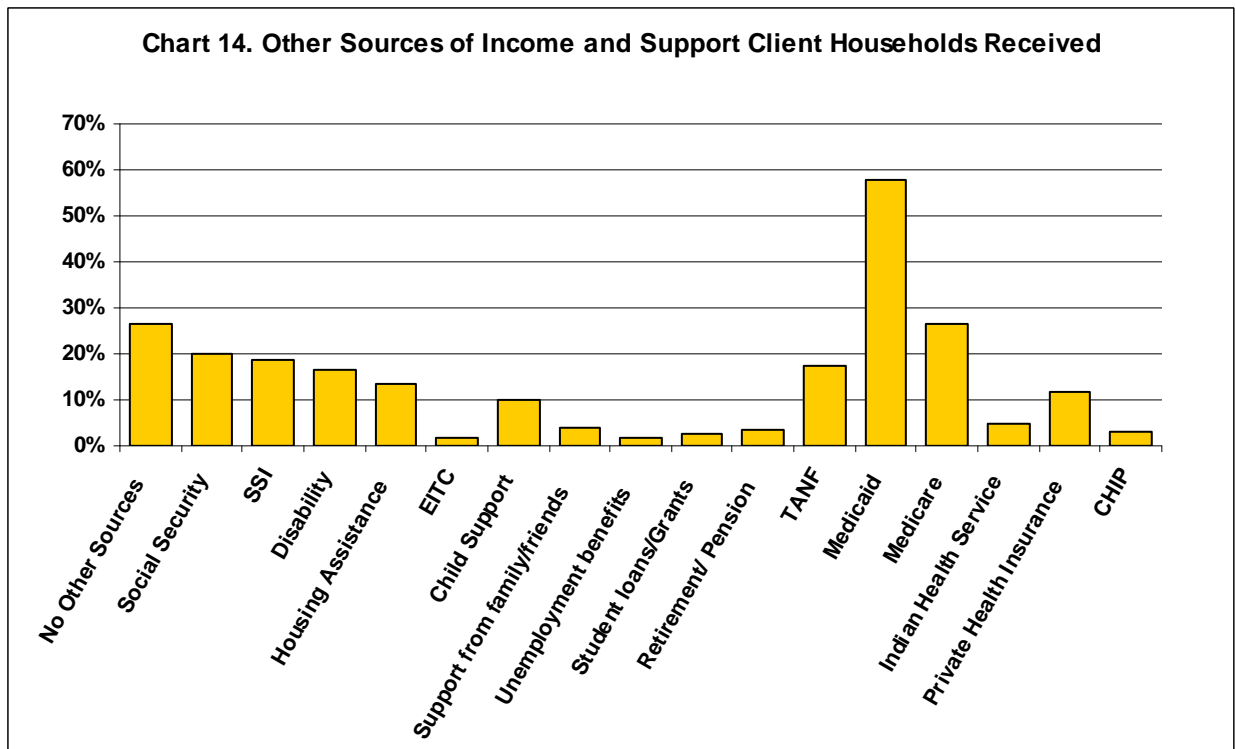


Table 10. Household Has Received Emergency Food More than Twelve Times in the Past Year: 2004 & 2006 Comparison

2004	2006
31%	16%

4. Other Sources of Income Available to Study Participants.

In addition to support provided by Public Food and Nutrition Programs, many clients also had support from other types of programs. Many of the programs included in Chart 14 below were identified by clients as other sources of income. These support programs are also ways in which clients cope, or delay or avoid hunger. Differences between food stamp participating and non-participating households, highlighted previously, exemplifies that clients who receive additional support are able to stretch their limited income further each month.



⁷ Emergency food pantries have varying policies on how often clients are able to receive emergency food. This is due to the resources that each individual pantry has. Such policies may affect the data in Chart 13 and Table 10.

D. Access to Adequate Nutrition

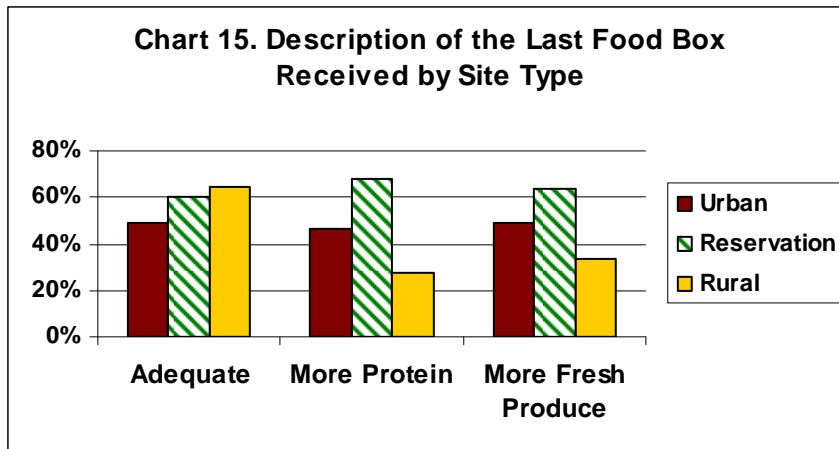
A factor that compounds the problem of hunger and food insecurity is adequate nutrition. Families that are food insecure often reduce the nutritional quality of their food in order to purchase enough food for their families to eat. As more and more limited income families are turning to emergency food for their food needs, it is evident that we must evaluate the quality of nutrition available at emergency food sources.



Additionally, a major, unrecognized result of hunger is its relationship to obesity among adults and children. Lack of consistent access to healthy foods, and the inability to depend on such access from month to month, leads families to purchase foods that are of poor nutritional quality. Over time, excess calories lead to overweight and obesity. High fat and salt content evident in these foods significantly increases risk factors for diabetes, heart disease and certain forms of cancer.⁸

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 15 shows that although the majority of respondents stated that the last food box was “adequate,” further prompting revealed that most would have liked more protein and more fresh produce. This remains consistent from 2004 results. Additional responses included a desire to have more dairy, fruits and vegetables. Reservation clients responded in higher percentages for these items.



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. Just under 40 percent of all clients interviewed stated that at least one household member had special dietary needs.

Table 11. Description of the Last Food Box Received: 2004 & 2006 Comparison

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

⁸ Food Research and Action Center (FRAC) report on Hunger and Obesity: http://www.frac.org/html/hunger_in_the_us/hunger&obesity.htm

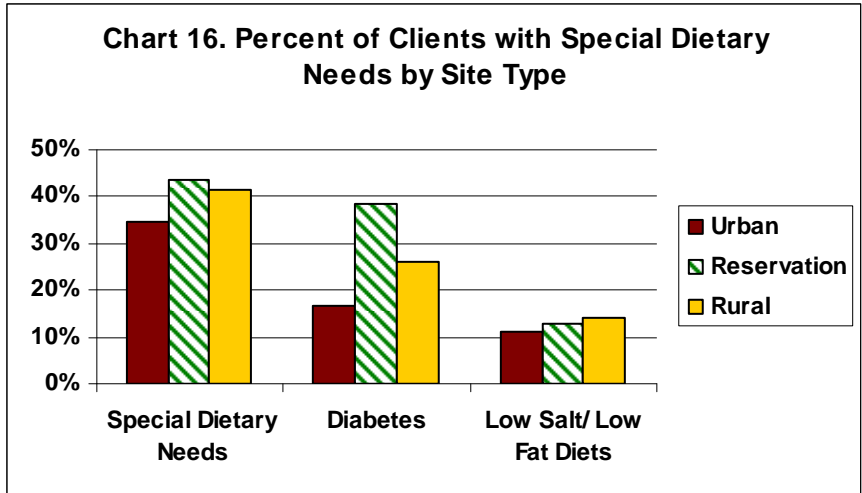


Chart 16 shows the percent of clients by site type with special dietary needs. Reservation households had a much greater percent of diabetes than urban and rural households. Of those with special dietary needs, a total of 12 percent stated that a household member needed low salt or low fat diets due to medical related reasons.

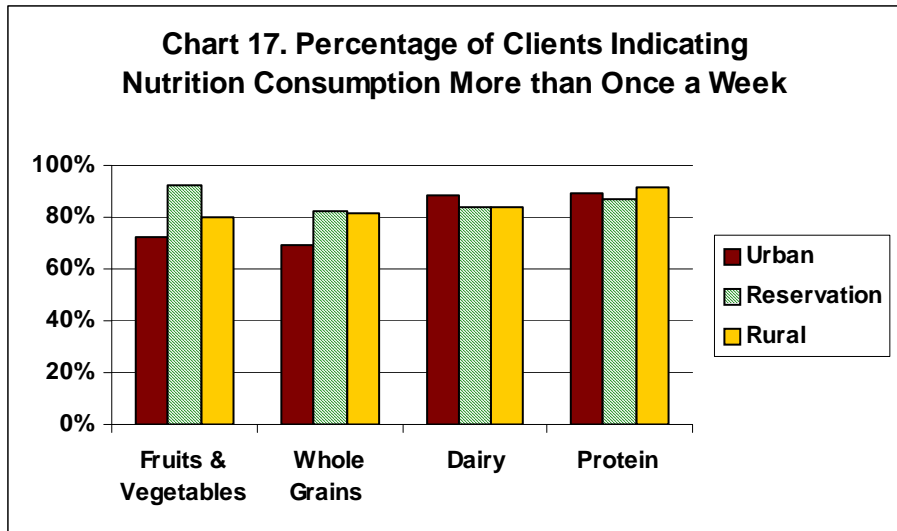
Table 12. Special Dietary Needs: 2004 & 2006 Comparison

	2004	2006
Special Dietary Needs	61%	38%
Diabetes	21%	22%
Low Salt/ Low Fat Diets	7%	12%

Responses ranged between 73 percent and 90 percent of clients stating that **money** was the primary limiting factor in their ability to purchase nutritionally adequate foods.



3. Households' Ability to Access Healthy Food. As mentioned under Section D.2, lack of money was the major factor affecting clients' ability to buy the type and amount of foods they needed to feed their families and themselves. It was evident from responses, that clients were aware of what constitutes healthy eating, the need for variety of foods in the daily diet, the types of foods that should be avoided, and the nutritional value of better food selections. Clients expressed considerable concern and frustration particularly in their inability to purchase healthy foods for their children on a consistent basis. Overall, the inability to purchase better food was the primary issue.



E. Personal Challenges

1. Most Difficult Challenge Faced in the Past Year. In an effort to learn more about the personal side of dealing with hunger, clients were asked to share sentinel events or on-going problems that they faced in the past year. The purpose of this question was to find out what other obstacles clients and their families had to deal with, besides lack of food. The most common challenges clients faced were those dealing with health and injuries, problems with the justice system, employment, lack of financial security, housing and transportation costs, less work opportunity due to seasonal employment, and just plain trying to find enough food.

This information emphasized what has been found in other studies: that people who are hungry are also dealing with multiple and complex issues, which are usually the result of sudden or persistent poverty.

2. Hardest Time of Year. Poverty brings daily challenges for many food pantry clients. However, besides the struggle to put food on the table each day, there are certain times of the year when clients' circumstances become even more difficult. Our study showed that:

- Winter months were by far the most difficult time of year. This was due to a combination of high utility bills due to weather, transportation, illness in the family, and running out of seasonal work. Holidays create more difficulties for many families who are trying to do something more for their children. This results in more bills to pay.
- Summer months – when children are home from school and cannot access school meals. This puts an increased burden on the family food budget, and the need for emergency food escalates significantly. In addition, with children at home, there are increased day-care costs for working parents.
- End of the month – when money runs out after paying bills, when food stamps run out, and there is not enough money left to buy food or other family items.
- All through the year – for many families there is no relief. The hardest time of the year is persistent throughout the year.



"It's really hard. We think about moving to Colorado; they have a better economy there. But we love Montana too much. It's just too bad that we can't all eat."

Food Pantry Client



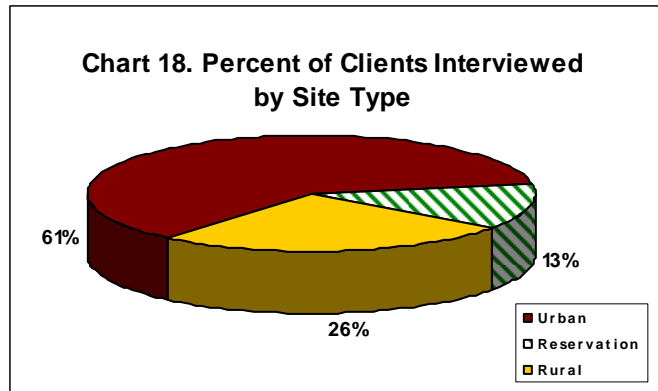
"The foods I had been eating were nothing but fats and starchy foods and because of you guys (Food Bank) I'm eating a little better and I've even lost some weight."

Food Pantry Client



IV. HOUSEHOLD DEMOGRAPHICS

Overall, 301 clients completed the survey. These respondents represented 967 household members, of which 428 were children 18 years old or younger. Chart 18 shows the percent of clients interviewed by site type.



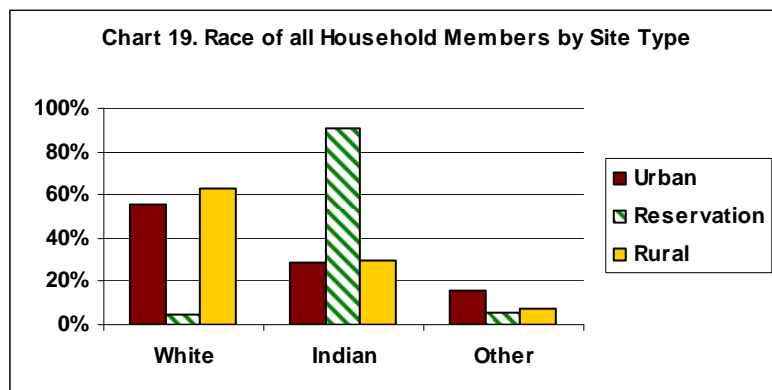
In the 2004 study, a total of 342 clients completed the survey. These respondents represented 1,045 household members, of which 417 were children 18 years old or younger.

Table 13. Race of All Household Members: 2004 & 2006 Comparison

	2004	2006
White	59%	48%
Indian	30%	39%
Other	10%	12%

Fifty-seven percent of households had children. Households in urban and reservation sites had a higher percentage of households with children (61 and 69 percent respectively) while only 39 percent of rural households had children. The average household size was higher on the reservation (4.03) and lowest in rural sites (2.51). Households interviewed indicated whether they had more than one family living in their household. Households on the reservation had a significantly higher percent of households with more than one family (35.9 percent) compared to 8.4 percent of urban households and 6.3 percent of rural households.

The mean age of respondents was lowest among urban clients (40) and higher among rural (48) and reservation (52) clients. The majority of respondents were female.



V. SURVEY METHODOLOGY

The Montana Food Bank Network (MFBN) completed its second bi-annual client survey in the summer of 2006 to study the needs of clients seeking emergency food assistance. The survey was conducted at seven different agencies across the state: Billings, Great Falls, Hardin, Havre, Dillon, Glendive and Troy. The sites were selected due to location across the state in hopes of gaining 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 agency staff and volunteers, as well as MFBN survey coordinators, conducted the interviews. Overall, 301 clients completed the survey. These respondents represented 967 household members, of which 428 were children 18 years old or younger. 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 distribution. Findings from Billings and Great Falls were compiled into one category and termed as “urban.” There are few emergency food pantries located directly on the Indian Reservations, yet Hardin and Havre were identified as *reservation serving* sites. Therefore, respondents in Hardin and Havre were asked if they lived on the reservation or not. Those that indicated that they did live on the reservation were counted in the “reservation” sample. Those that indicated that they did not live on the reservation were counted in the “rural” sample along with respondents from Glendive, Dillon and Troy.

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.



“I’m on a limited income. I’m here because I have no money left for buying groceries this month. My cupboards are empty and I need food. Without you guys (Food Pantry) over the years, I wouldn’t have been able to feed my son.”

Food Pantry Client



VI. SUMMARY AND CONCLUSION

The Food Security Council of the Montana Food Bank Network (MFBN) pursues efforts to understand the nature and extent of hunger in Montana. There has been a consistent rise in the demand for emergency food in all parts of the state. The Montana Food Bank Network had 363,637 total client visits in 1999, which included 69,180 first-time visits. In 2006 this number jumped to 705,073 and included 93,374 first-time visits.

This report is the second study of hunger among clients in selected food pantries around the state. The study was conducted in 2006 and has provided valuable information for assessing the nature of hunger and need for food assistance. In order to create a comparison to our 2004 study, every effort was made to keep the survey methodology similar to the earlier study. In all, 301 clients were interviewed at urban, rural and reservation sites. These clients represented 967 family members. Fifty seven percent of the clients had households with children.

Hunger and poverty are directly related. Many people across the state are dealing with serious challenges in order to make a living and take care of their daily needs. They deal with their situations with amazing fortitude. Some families have had generational poverty, while others have recently slipped in their financial security and find themselves on the other side of the economic scale. This is confirmed by clients interviewed in both our studies. Clients have to take care of essential bills that must be paid in order for them to have a place to live, plus pay for heating and transportation costs, child care and medical costs. As a result, the need for emergency food has become a barometer for families living in dire and difficult situations.

Overall 65 percent of clients in this study lived below the poverty line. The percentage was highest among the reservation sites; however, the percent of people below poverty was higher in the rural sites as compared to the 2004 study. A large number of clients had to make difficult choices about whether to buy food or pay other critical bills like utilities or rent.

As in the earlier study, we found that neither education nor employment raised people out of poverty. Almost half the clients had at least one person in the household employed. With Montana's high employment rate fewer people were looking for work; however, wages did not meet their ability to feed their families. As in 2004, low wages and fixed income were the primary reasons people came for food assistance. Many clients indicated that they shared their housing with more than one family. This number was especially high on the reservation sites.

Food banks and pantries continue to serve as an on-going source of food to a growing number of people in the state. Food banks and pantries, along with other meal sites do an exceptional job of providing food for their clients, as well as trying to improve the nutritional quality of the food given. Clients in this study also appreciated the friendly service and caring assistance given to them.

Unfortunately, these outstanding efforts are often viewed as a solution to hunger. It is important to bear in mind that emergency food sites provide enough food to last between three to seven days at the most. They also have to depend on the quality of food donated to provide healthy choices and this is not always possible. Healthy food options are a major problem for providers, especially in smaller towns where donations are limited and there are not enough fresh fruits and vegetables donated through the year.

Food security and economic self-sufficiency are broad-based, structural problems in the lives of many low-income people in Montana. There is no one indicator that puts people at risk of hunger. Our group included the working poor, children, the elderly and the disabled. Those who were unemployed were looking for work and hoping for a job that would pay a living wage.

To achieve food security which is dependable and consistent the first and more preferable solution is to improve family income to well above poverty levels. Poverty thresholds – which are set by the USDA and updated each year – do not represent the severe income shortages experienced by poor families. There is a wide gap between the poverty thresholds and the real cost of making a living and being able to get by.

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was intended to move more people out of public assistance and into the work force. The assumption was that such a move would bring rapid and long-term reduction in poverty. If the demand for food assistance at the MFBN pantries is any indication, this assumption has moved people into employment but not out of poverty.

Another option for significantly improving food security is to increase participation in the public food programs – which are an excellent source of food as well as nutrition. Participation in the Food Stamp Program and School Lunch and Breakfast Programs was higher in the recent study than in 2004. This was encouraging and reflects increased effort on the part of the programs to reach more adults and children who are eligible. However, the poverty guidelines which define participation in public food programs such as the Food Stamp Program are set too low and do not allow people barely over the threshold and in need of food assistance to enter the programs.

Until we can find ways to increase access to healthy and affordable food for all people in the state, hunger will continue to be a barrier in the lives of many Montanans. This is not a debatable issue and it is inconceivable that so many have to live with this problem.

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 Food Stamp 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 percent in 2004 to 58 percent in 2006.



1. The Food Stamp Program in Montana. The Food Stamp 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 the Food Stamp Program became available nation-wide, physicians discovered that this severe malnutrition had become rare, a result they attributed to the Food Stamp Program. The Food Stamp Program is the largest anti-hunger program in Montana.

Food stamps help vulnerable Montana residents and the state's economy⁹

- 81,567 Montanans use food stamps to buy food every month. That amounts to 8.6 percent of the people in Montana.
- Montana food stamp households receive, on average, \$1.02 per person per meal in food stamp benefits. This modest amount is crucial to financially pressed families.
- The Food Stamp Program pumped \$89,953,948 into the Montana economy last year, benefiting farmers, grocers, and small businesses throughout the state.
- About 80 percent of food stamp benefits go to households with children, many of them in working families. Most of the rest go to households with elderly people or people with disabilities.
- 52 percent of clients in Montana's Food Stamp Program 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 Child 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 Program monitors the types of lunches, breakfasts and snacks served in participating schools, and provides technical assistance to schools in delivering optimal nutrition to students.

⁹ 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.¹⁰

a. School Lunch is the program with the most participation. The average daily participation in School Lunch for the 2005-2006 school year was 82,718. Of that number 40,513 are Free and Reduced-Price students. The federal reimbursement for Montana's School Lunch program is \$17,014,912.¹¹

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.¹²

The average daily participation for the 2005-2006 school year was 22,227. Of those, 16,795 were Free or Reduced-Price students. The federal reimbursement for Montana's School Breakfast Program is \$4,343,818.¹³

c. Summer Food Service Program. Beginning in 1968, the 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.¹⁴

The average daily participation in summer 2006 was 9,318. The participation rate was just under 19% (based on participation in regular school year Free and Reduced-Price lunch participation).¹⁵

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, postpartum, and 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 Food Stamp Program eligibility is based on 130% of poverty as well as on other household resources.

School Lunch and Breakfast programs have three 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 the Food Stamp Program are automatically eligible for Free School Meals.

^{10, 12, 14} Montana Office of Public Instruction website: <http://www.opi.mt.gov/>

^{11, 13, 15} 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 screening, vitamin and calcium supplements, and more services are available to clients.¹⁶

The average number of participants for FY 2006 was 20,156. Federal funding for WIC was \$12,747,522.¹⁷

4. There are several additional Federal Food and Nutrition Programs available to limited income Montanans:¹⁸

- The Emergency Food Assistance Program (TEFAP) provides commodity foods through select local organizations that either directly distribute to households or serve congregate meals, or distribute to other local organizations that perform these functions. Over 1.1 million pounds of commodity food was distributed in 2005 to over 170 food pantries, soup kitchens and charitable institutions in Montana.
- 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 percent of poverty and children from 5 to 6 years old whose families qualify. The program covers all areas of Montana through 59 distribution sites. In 2005 the CSFP served 7,183 participants per month with 81,948 food packages throughout 117 Communities.
- 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 percent of the federal poverty levels. Over 8 million meals were served in Montana child care facilities in 2005.
- The Food Distribution Program on Indian Reservations (FDPIR) was created as an alternative to the Food Stamp Program because many Native Americans live in remote areas where food costs are excessively high and access to food stamp offices and grocery stores is limited. Participating households receive a food package each month to help them maintain a nutritionally balanced diet.

¹⁶ Missoula County WIC Program website:

<http://www.co.missoula.mt.us/healthwic/WIC/Missoula%20WIC%20Program.htm>

¹⁷ Food Research and Action Center (FRAC) State of the States 2007 report:

http://www.frac.org/State_Of_States/2007/states/MT.pdf

¹⁸ The State of Food and Nutrition in Montana 2005-2006

<http://www.opi.mt.gov/pdf/schoolfood/AdvCouncilRpt05.pdf>