

HUNGRY IN MONTANA:

Factors Contributing to Emergency Food Needs

2010 Client Hunger Survey



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



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Acknowledgments

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I. EXECUTIVE SUMMARY

The demand for emergency food continues to grow at food pantries and other feeding sites served by the Montana Food Bank Network. From 2008 to 2009, MFBN Partner Agencies saw a 23% increase in total number of client visits. In the first six months of 2010, they experienced a 107% increase in the number of total household visits, as compared to the first six months of 2009.

Hungry in Montana 2010 is the Montana Food Bank Network's fourth report on the prevalence of hunger in Montana. The study is conducted every other year to identify and examine the underlying reasons for the persistence of hunger in our state. The 2010 survey was completed by 397 emergency food pantry clients across the state representing 1,266 household members.

CONNECTION BETWEEN HUNGER AND POVERTY

For those households living on limited incomes, the ability to access adequate and healthy food is a daily struggle. Any sudden loss of income or unexpected expense can result in a downward spiral that is difficult to recover from.

- Poverty levels of clients in this study ranged from 72% in rural areas to 81% in urban areas and 98% on the reservation sites. The percentage of clients living in deep poverty (below 50% of the poverty line) increased significantly from 27% in 2008 to 35% in 2010.
- Finding work was a greater challenge for clients in 2010 with 33% of households reporting at least one member looking for work, as compared to 26% in 2008.
- Clients reported having little or no money left for food after paying for other necessities such as rent, fuel, child care, heat, and medical bills.
- The primary reasons clients reported needing food assistance included low wages, living on a fixed income, the cost of food and fuel, utility costs, and SNAP (Supplemental Nutrition Assistance Program) benefits running out before the end of the month.

HOW FOOD PANTRY CLIENTS COPE WITH HUNGER

The continual effort clients make to provide enough food for their families illustrates the severity of hunger in our state and the impact that hunger has on the daily lives of many Montanans.

- Forty-eight percent of clients reported having to skip meals because there was not enough money for food. Nearly 43% of these clients skipped meals one or more times a week.
- Between 39% and 51% of clients indicated they had to make the decision to pay for fuel, housing, utilities, or medication instead of food.
- To help stretch food dollars, many clients reported turning to more affordable yet less nutritious foods, contributing to the many health-related consequences of hunger.
- Federal Nutrition Programs play a significant role in alleviating the severity of hunger experienced by participating families. Sixty-one percent of clients surveyed were receiving SNAP benefits, up from 46% in 2008.

HUNGER IS JUST ONE OF MANY CHALLENGES

For most food pantry clients, hunger is just one element of a larger, more complicated situation.

- Clients shared stories related to the difficulty of paying bills on a limited income, the stress of dealing with medical issues, the lack of available jobs, and the daily struggle to provide for themselves and their families.
- For many clients, winter months were particularly challenging due to increased utility bills, transportation difficulties, and extra holiday expenses. For other clients, however, the struggle to provide food remained constant year-round.

RECOMMENDATIONS

Overall, the *Hungry in Montana* 2010 report shows that a combined effort to improve family economic security, maximize participation in public food programs, and increase access to healthy foods is the most effective way to ensure food security for hungry Montanans.

- **Recommendations for action to alleviate hunger are included on page 28 of this report.**

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II. INTRODUCTION

The Montana Food Bank Network has seen a steady increase in client visits over the last several years from 363,537 total visits in 1999 to 909,430 in 2009, an increase of 150%. The growing demand for emergency food does not come as any surprise as we see low-income families trying to survive in an economy that is more and more challenging. Poverty and hunger were serious issues in Montana before late 2007, when the recent economic recession began. The economic downturn has elevated these problems even faster, leaving families with the predicament of deciding which obstacle in their daily lives they should tackle first.

As we have found in past studies, this report shows that families with limited incomes and resources will take care of expenses that cannot be delayed in order to provide shelter, transportation, and other daily needs. Food is usually the last item in their limited budget and the money remaining may not be enough to meet the family's food needs. When a family seeks emergency food at a food bank or pantry, it is a strong indicator that they have exhausted all other means and cannot access food on their own for the rest of the month.

The effects of the recent recession have been felt by all Montanans but have been especially hard on low-income families, with greater numbers falling below the poverty line. The U.S. Census Bureau recently released 2009 poverty data revealing that the national poverty rate reached a 15-year high of 14.3%. Montana ranks above the U.S. average with the 18th highest poverty rate in the nation, and the highest poverty rate in the Northwest. In 2009, 15.1% of Montanans, more than 143,000 people, lived below the poverty line. Additionally, Montana experienced a decline in median household income from \$43,654 in 2008 to \$42,322 in 2009.¹

Similarly, child poverty in Montana increased from 20.6% in 2008 to 21.4% in 2009. Parents make every effort to feed their children first but the choices of food are limited due to high food costs. Those children who are enrolled in child nutrition programs have the benefit of healthy food choices when at school or a day care. However, access to food is scarce during times when school is out, especially in the summer months.

According to the 2010 Labor Day Report, job losses in the state have been significant and the duration of time before finding another job has increased with many unemployed workers simply unable to find work. In areas like retail, wholesale, transportation, warehousing, and agriculture, job losses have been severe, with the greatest impact in the construction industry. Montana experienced a decline in wages in the first two quarters of 2009 and recovery from that decline has been slow. Additionally, the lack of jobs on almost all the reservations was higher than the rest of the state.²

This biennial report is similar in its findings to past reports on several key indicators of hunger and the way clients cope with the problem. The report also shows a number of areas that are different from our last three studies. In some cases we have seen improvements in peoples' abilities to access food, particularly for children. In other areas we have lost ground. We hope this report will give our state policy makers greater insight into the plight of our poorest population as they proceed in the coming year.

¹ American Community Survey 2009 report, US Census

² Montana Department of Labor & Industry, Labor Day Report 2010. www.ourfactsyourfuture.org



"We are staying very busy here, the need continues to grow yet the donations are way down. We have hit the point that we are turning people away every day, as we can only see so many people in an 8-hour day."

*DP Ewald
Director of Operations,
Family Service, Inc.
Billings, MT*





A. How Prevalent is Hunger in Montana?

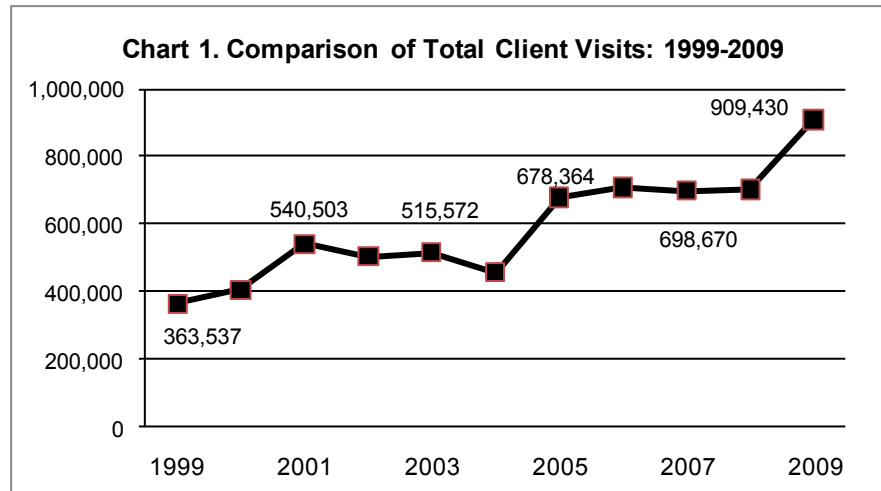
The Montana Food Bank Network (MFBN) data show there has been a consistent increase in the need for emergency food over the past ten years, with a significant increase during the past two years. In the first six months of 2010 there was a 107% increase in the number of total household visits, as compared to the first six months of 2009. This trend indicates that hunger is becoming more prevalent in Montana. Chart 1 shows the steady growth in total client visits (including repeat visits) from 1999 to 2009.

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

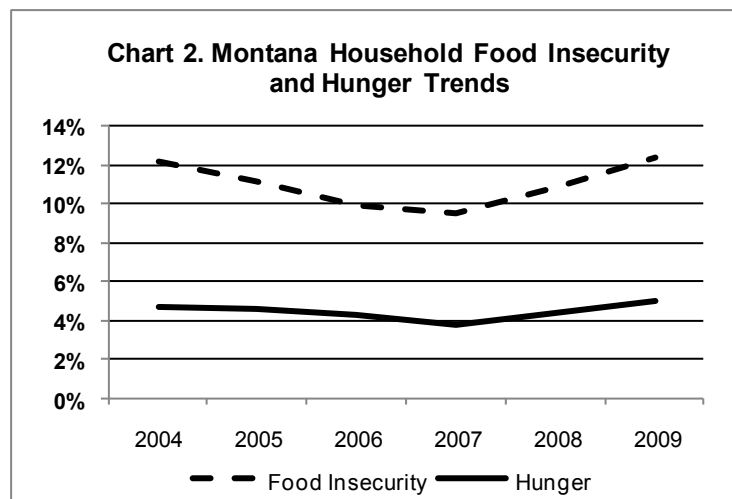
Food Insecurity exists when the availability of nutritionally adequate food or the ability to access it on a consistent basis is uncertain or limited. Adults commonly skip meals.

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.

318,896 Montanans are considered at risk of food insecurity.



The United States Department of Agriculture (USDA) publishes an annual report on Household Food Insecurity in the United States. The most current report was released in November 2010. The report is based on a series of eighteen questions related to food insecurity and hunger. Chart 2 shows the food insecurity and hunger rates in Montana since 2004. The current food insecurity rate in Montana is 12.4%. While 12.4% of Montanans are officially food insecure, the USDA also estimates that until a family reaches 185% of poverty they are at risk of food insecurity. In Montana, 33.7% of the population is at risk of being food insecure.



B. Who are the Hungry?

People of all ages across Montana are finding themselves struggling to make ends meet. Many of those seeking emergency food have a hard time accepting the fact that their situation has led them to seek such help. Hunger can impact anyone including families with children, seniors, and single adults. In just the first six months of 2010, MFBN Partner Agencies saw nearly 144,000 child visits, just under 250,000 adult visits and more than 145,000 senior visits.

A profile of clients surveyed for the *Hungry in Montana* 2010 report shows the following:

Households with Children

- 50.9% of households surveyed had children
- 87.0% of these households were living in poverty
- 47.0% were living below 50% of the poverty line
- Adults in 48.5% of households with children had to skip meals
- 59.3% had been receiving emergency food for more than one year
- 47.6% had received emergency food six or more times in the last year

Households with Seniors (age 60+)

- 21.7% of households surveyed had at least one senior member
- 64.0% of these households were living in poverty
- 17.4% were living below 50% of the poverty line
- Adults in 36.0% of these households had to skip meals
- 63.0% had been receiving emergency food for more than one year
- 68.8% had received emergency food six or more times in the last year

Adult-Only Households (ages 18-59)

- 33.5% of households surveyed were adults only
- 77.6% of these households were living in poverty
- 28.0% were living below 50% of the poverty line
- Adults in 52.6% of these households had to skip meals
- 62.3% had been receiving emergency food for more than one year
- 64.0% had received emergency food six or more times in the last year

As compared to past studies, the 2010 survey found an increase in the number of clients with children, a slightly lower average age of clients, and a decline in the number of single adults and seniors. In 2010, 79.6% of clients surveyed were living in poverty, up from 74.7% in 2008. Similar to previous years, the majority of clients had received emergency food more than once in the last 12 months (86%), and had been coming to the food pantry for more than one year (62%). In addition, there continues to be a large number of people who have to make difficult choices between using their money to pay for food or other necessities like rent, fuel, medical bills, and utilities.

Study results regarding skipped meals further indicate the extent of hunger in Montana. In 2004, 41% of clients interviewed had skipped meals because there was not enough food. In 2006 this number increased to 46%, increased again in 2008 to 48%, and remained at 48% in 2010. The percentage of households with children who reported their children had skipped meals because there was not enough food decreased from 16% in 2006 to 13% in 2008, to only 4.5% in 2010. While this decrease provides some hope that the situation is improving, we have found that families with



2010 Federal Poverty Guidelines (48 Contiguous States)

Persons in Household	Annual Income
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
For each additional person, add	\$3,740



*"Hunger has no limits.
When someone comes
through my doors,
feeling despondent,
helpless and hopeless,
and are here as a last
resort, it tugs at my heart.
It is the joy found in
helping others that
gives me a sense of hope.
The tears that are shed
on both sides of the
counter are what bond us
together in the fight
against hunger.
Hunger does not
discriminate."*

*Penny Volk
Director, The Havre
Community Food Bank
Havre, MT*



children are hesitant to admit when their children actually have to skip meals. Additionally, a major concern is not only for children skipping meals, but for children receiving meals of such poor nutritional quality that obesity and other health problems can develop.

C. The Challenge of Providing Enough Food to Feed our Families in Montana

In early 2008, it became apparent that our economy was on the downslide. The unemployment rate started to climb at an unprecedented rate and more families and individuals began to frequent Montana's emergency feeding programs. MFBN realized that the demand for food was growing significantly, as indicated by the amount of food distributed by our organization to our nearly two hundred partners statewide. In 2007, MFBN distributed 3.7 million pounds of food to our partners. In 2008, that number rose to 4.5 million pounds. By 2009, we had distributed 7.5 million pounds of food to meet the growing need. In 2010, that number is expected to rise to over 8 million pounds of food distributed by MFBN statewide.

It also became evident during that time that not all people in Montana who were hungry sought food at their local food pantries or other sites. In 2009, MFBN conducted 32 Mobile Pantry distributions in communities across Montana. Each Mobile Pantry event provided 20,000 to 40,000 pounds of additional food in the community. Statistics collected at these events showed that 45% of those standing in line for food at a Mobile Pantry event had not visited their local food pantry in the past year and 63% were not receiving SNAP benefits.

To meet the onslaught of increasing demand for food by Partner Agencies, MFBN approached the 2009 Montana State Legislature for funding to purchase additional food for the emergency food system. The Legislature provided \$2.2 million for the biennium specifically for the purchase of nutritious food. Had these funds not been appropriated, many Montanans who would soon find themselves out of work, would not have had food to feed their families.

Unfortunately, the funds appropriated in 2009 are not currently earmarked to be renewed for the future, even though many Montanans continue to lose their jobs, their homes, and have nowhere else to turn for help feeding their families.

D. Why is there Hunger?

Hunger is directly related to income. Both in Montana as well as nationwide, the recent economic recession has had a severe impact on those people who were already struggling to make a living. This is true for the many laid-off workers who are trying to find quality jobs, as well as for the working poor, who suffer not from unemployment, but from under-employment. This is also the case for those living on fixed incomes, such as seniors and the disabled, whose expenses have gone up without added income.

It is well recognized that the poverty guidelines set by the federal government each year do not reflect the ability of families to sustain themselves. The United States Department of Agriculture, which measures food security, has consistently shown that unless a family reaches an income above 185% of the poverty level, they continue to be at risk of food insecurity.³ This represents nearly 34% of Montana's population, or more than 1 in 3 individuals.

Despite the effects of the recession and high food insecurity numbers, many Montanans who are likely eligible for public food programs are not receiving benefits. Lack of knowledge about the programs, confusion regarding the application process, as well as resistance to seeking public assistance are some of the reasons participation in these excellent programs is not maximized.

III. SURVEY METHODOLOGY

The Montana Food Bank Network completed its fourth biennial client survey in the summer of 2010 to study the needs of clients seeking emergency food assistance. The survey was conducted at 11 different agencies across the state: Family Service, Inc. in Billings, The Salvation Army in Great Falls, Opportunities Inc. in Great Falls, and food pantries in Hardin, Havre, Browning, Troy, Libby, Dillon, Glendive, and Miles City. The sites were selected to provide a "snapshot" through a cross-sectional assessment of emergency food clients across the state, from both Eastern and Western Montana, as well as urban, rural, and reservation areas.

All adults (18 years or older) who sought emergency food services at the 11 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 11 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 Billings and Great Falls were compiled into one category and termed as "urban." Findings from clients living on the reservation in Browning, Hardin, and Havre were compiled into the "reservation" category. The "rural" category consisted of findings from Libby, Troy, Dillon, Glendive, and Miles City, as well as all clients not living on the reservation in Hardin and Havre.

Despite differences in size and location, all sites faced similar challenges related to meeting the continually growing need for emergency food.



"I got laid-off so we're living on my husband's disability (\$937/mo). It's hard with me not working. Our biggest challenge has been just paying the bills and buying food. We get food stamps but they run out before the end of the month."

*Family of three;
Food Pantry Clients*



³ Household Food Security in the United States 2009. United States Department of Agriculture



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.

In the 2008 study, a total of 342 clients completed the survey. These respondents represented 935 household members, of which 331 were children 18 years old or younger.



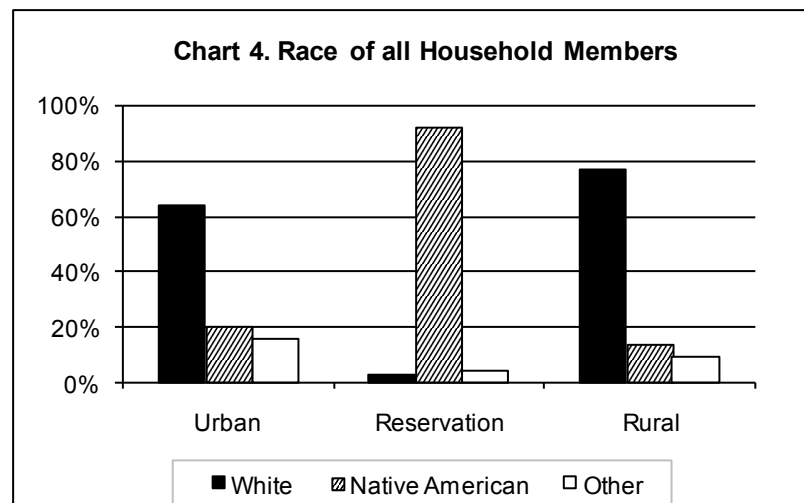
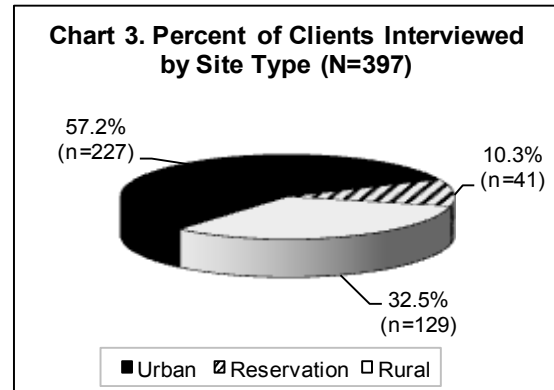
IV. MAJOR FINDINGS FROM THE STUDY

A. Household Demographics

Overall, 397 clients completed the survey in 2010. These respondents represented 1,266 household members, of which 506 were children under the age of 18. Chart 3 shows the percentage of clients interviewed by site type.

Approximately half (50.9%) of households had children. Households in urban and reservation sites had a higher percentage of households with children (54.6% and 63.4%), compared to just 40.3% of rural households. The average household size was highest on the reservation sites (3.9) and lowest in rural sites (2.7). The percentage of clients responding that they have more than one family living in their household was also the highest for reservation sites (24.4%), compared to 16.3% of urban households and 7.8% of rural households.

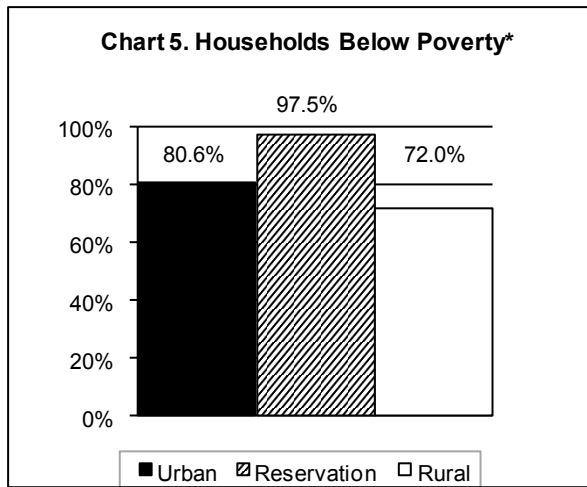
The mean age of respondents ranged from 41 among urban clients to 48 for rural clients. The majority of survey respondents (68.0%) were female. Chart 4 shows the race of all household members by site type.



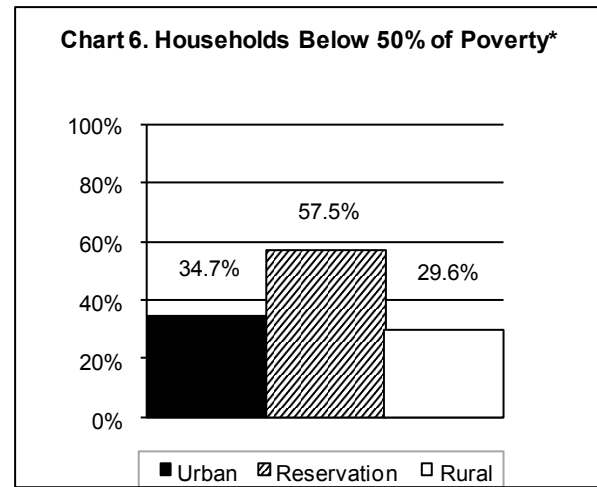
B. Factors Impacting Hunger

1. Poverty. Hunger is directly linked to poverty. Nearly 80% of all households interviewed reported their monthly income was below the federal poverty guidelines. More than 1 in 3 clients surveyed (35.4%) were living in deep poverty with incomes below 50% of the poverty line (just \$920 per month for a family of four). Poverty rates were highest among reservation clients with 97.5% living below the poverty line, and 57.5% living in deep poverty. Chart 5 shows the poverty rates by site type and Chart 6 shows

the percentage of clients living in deep poverty by site type. All figures are based on clients' income the month prior to the survey.



* \$1,838 per month for a family of four.



* \$920 per month for a family of four.

2. Employment and Education. Employment and education do not necessarily protect a family from poverty. Approximately 49% of households surveyed had at least one adult employed. For urban sites, this number was even higher with at least one adult employed in 56.4% of households. Of all households, 16.5% indicated that the primary wage earner had more than one job at the same time in the past year. In those households with no employment, 64% had a member not working due to disability, poor health or injury, while nearly 37% had a member looking for work (Table 1).

Table 1. Of Households with No Employment:			
	Urban	Reservation	Rural
Looking for Work	37%	52%	30%
Due to Disability or Poor Health	68%	52%	64%

More than 78% of respondents had completed at least high school. Nearly 40% completed only high school or a GED. Thirty-nine percent had completed at least some college or trade school education, however, only 9.3% had completed a degree.

3. Choosing between Food, Rent, Medicine, Utilities, and Fuel. Low-income families are often forced to make decisions about where their limited dollars will be spent. Unfortunately, this choice frequently comes down to paying for necessities such as rent, utilities, fuel, and medical costs versus paying for food. Many times clients pay for these other expenses first, leaving very little left over for the food budget. Chart 7 shows the percentage of clients that had to make the difficult decision to pay for some other necessity instead of food in the last 12 months. More than half (51%) of clients surveyed had made the decision to pay for fuel for transportation instead of food, 48% had to pay for utilities instead of food, 45% had to pay rent or mortgage before buying food, and 39% were forced to choose medicine or medical care over food.

"I was laid-off seven months ago and haven't been able to find work. I recently went through a training to work on the new pipeline going in. The only thing that would prevent me from getting it would be my age. People don't want to hire someone my age."

*62 year-old man;
Food Pantry Client*

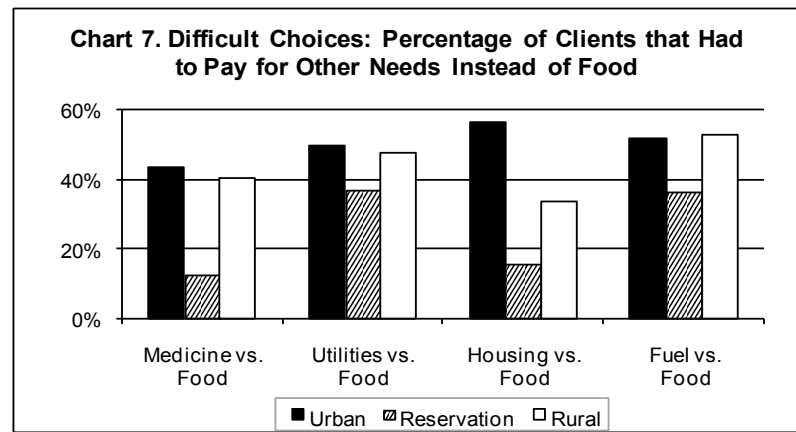
“I have a hard time affording food and medicine. Sometimes I can’t afford gas. If it wasn’t for the food bank and food stamps, I wouldn’t make it.”

*Single woman, disabled;
Food Pantry Client*

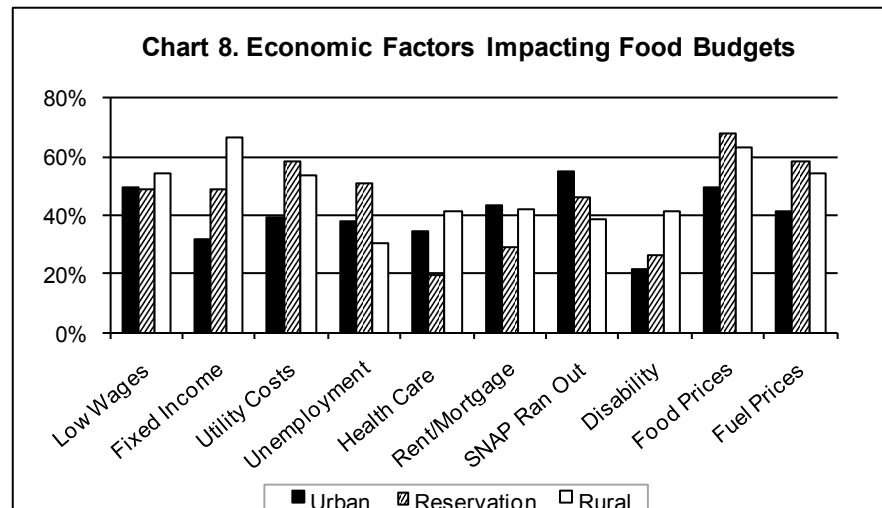


“After paying rent and bills, there is nothing left to buy food.”

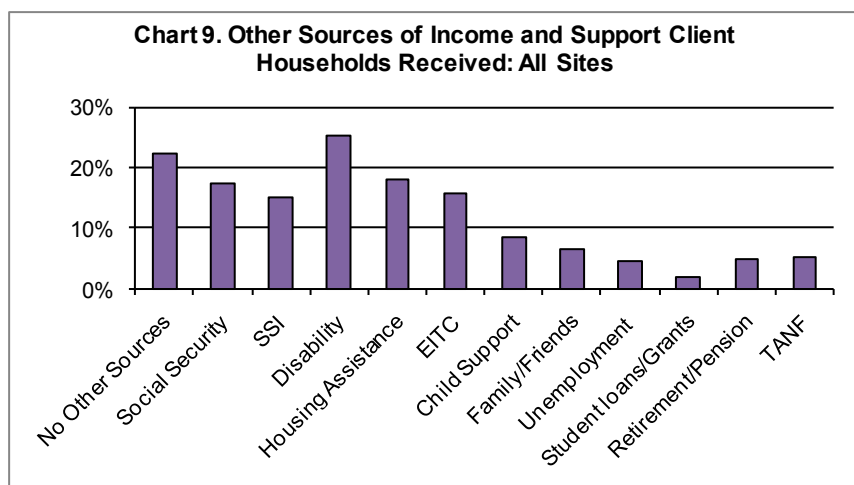
*Single mother of two;
Food Pantry Client*



4. Economic Factors Impacting Food Budgets. Many factors affect a family’s economic security and their ability to purchase food. Clients were asked to report the main reasons they needed food assistance on the day they were interviewed. The most common reasons were food and fuel costs, as well as living on low wages or fixed incomes. Utility costs, rent or mortgage payments, unemployment, and health care costs were also major reasons clients cited for needing food assistance. Finally, many clients indicated that their SNAP benefits commonly run out before the end of the month, leaving them in need of additional food assistance. Chart 8 shows these reasons by site type.



5. Other Sources of Income and Support Available to Study Participants. Many clients receive economic support through other programs and sources, helping them stretch their limited food dollars. Chart 9 illustrates the most common sources of income and assistance reported by clients including Disability (25.4%), housing assistance (17.9%), and Social Security (17.4%). Also, 15.6% of households received the Earned Income Tax Credit. Just over 22% of clients reported having no additional sources of income or support.



Definition of Acronyms in Chart 9:

SSI = Supplemental Security Income

EITC = Earned Income Tax Credit

TANF = Temporary Assistance for Needy Families

6. Health Insurance. Whether or not clients have medical insurance often plays a major role in how well they are able to stretch their food dollars. Approximately 19% of households reported having no insurance, and an additional 8.4% of households had insurance only for the children. Just over 40% of clients responded that at least one person in the household had Medicaid, nearly 30% of households had someone receiving Medicare, and 51% of all households with children reported that their children receive insurance through Healthy Montana Kids. Indian Health Services was the main source of medical care on reservation sites, with 80.5% of reservation clients reporting access to the service. Just 7% of clients surveyed had employer-provided insurance.

Table 2 illustrates the importance of having medical insurance and the added challenges faced by families living without it. Unfortunately, having medical insurance did not protect clients against the likelihood of having unpaid medical bills. Just over 71% of households without insurance reported having unpaid medical bills, as did nearly 68% of those with insurance.

<u>Food Security Factors</u>	Households with Insurance	Households without Insurance
Adults Skip Meals	45%	58%
Needed Food Assistance due to Health Care Costs	32%	46%
Had to Pay for Medical Expenses Instead of Food	35%	57%

C. Participation in Public Food and Nutrition Programs

While participation in Federal Nutrition Programs has increased in Montana over the past several years, the number of people eligible has increased as well. As a result, many families who could benefit from these valuable programs are still not enrolled. Clients were asked whether or not they participate in these programs and if not, the reasons they do not participate. The Federal Nutrition Programs play a crucial role for families struggling to make ends meet, as demonstrated through clients' responses to the survey.



"I have back problems and need surgery but I can't afford it. I'm on my feet all day at work. I'm in a lot of pain."

*Father of three;
Food Pantry Client*

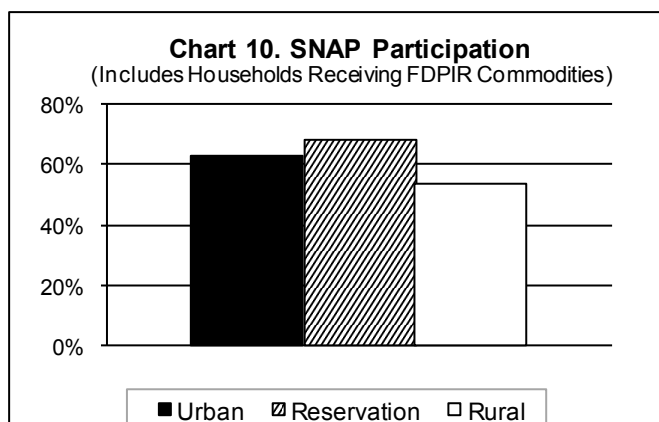
Effective
October 1, 2008 the
Food Stamp Program
was renamed the
Supplemental
Nutrition Assistance
Program
(SNAP)



*“I could quit going to
school and find a job,
but I want to get an
education and actually
have a job that
goes somewhere.”*

*Single dad, going to
school full-time, ineligible
for SNAP because of
student status;
Food Pantry Client*

1. The Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program). Chart 10 shows SNAP participation by site type. Overall, 61% of households interviewed reported that they receive SNAP benefits. This percentage is up significantly from 47% in 2008. Participation was highest on reservation sites at 68% and lowest in rural sites at 54%.



Of those clients not receiving SNAP, most had not applied or had tried applying but their application was denied. Approximately 15% responded that they do not want SNAP benefits, while 10% had applied and were waiting for their applications to be processed. Table 3 shows the reasons clients cited for not participating in SNAP.

Table 3. Reasons Clients were Not Participating in SNAP

Did not apply	38%
Application was denied	28%
Did not want them	15%
Waiting for application to be processed	10%
Case was closed	10%

a. Reasons for not applying for SNAP. Of those who had not applied for SNAP, 47.7% said they had not applied because they did not know if they were eligible. Nearly 17% felt the application process was too long and complicated, while 15% believed they could get by without the program. Approximately 25% said they had not applied because they would rather come to the food pantry. Many of the clients not receiving SNAP, however, reported that they do occasionally skip meals and have been relying on a food pantry for over a year indicating that they may benefit greatly from the program.

b. Reasons clients were denied SNAP or had their cases closed. Of those clients who were denied SNAP benefits or had their cases closed, 78% exceeded the income limits and 7% exceeded the asset limit. Many of these clients, however, had not applied recently and may now be eligible. Another 11% stated they were denied or had their cases closed because they did not complete the application or provide the required documentation. This loss of benefits is especially common at the required six-month recertification.

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

SNAP recipients were MORE likely than non-participating households to:

- Have families with children
- Have children receiving Free or Reduced-Price School Breakfast
- Be enrolled in the WIC program
- Be receiving SSI
- Rent housing

SNAP recipients were LESS likely than non-participating households to:

- Have to pay for medical care or fuel instead of food
- Have unpaid medical bills
- Have completed high school or some college
- Be receiving food for the first time

Households in a state of chronic food need (those who have been receiving assistance for more than a year and who access emergency food services more than 12 times per year) were most likely to be receiving SNAP benefits. As Table 4 shows, households receiving SNAP also tended to have lower incomes than those households not participating in the program (not taking household size into consideration). Households receiving SNAP benefits, however, were less likely to report having to choose to pay for medical care or fuel instead of food.

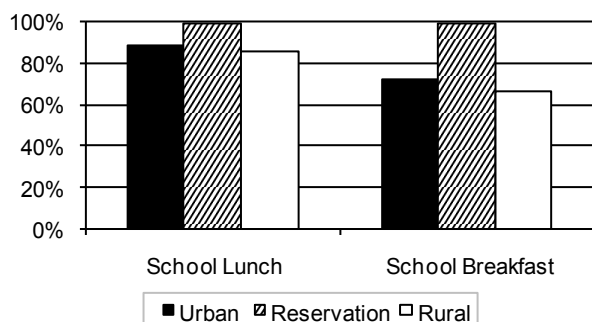
Table 4. Median Monthly Incomes for SNAP Participating and SNAP Non-Participating Households

	SNAP Participating Households	SNAP Non- Participating Households
Urban	\$847	\$1,221
Rural	\$769	\$1,202
Reservation	\$452	\$1,390
All Sites	\$797	\$1,226

2. School Nutrition Programs.

a. School Breakfast and Lunch Program. Of those households with school-age children, the percentage reporting that their children receive Free or Reduced-Price School Lunch increased from 81.3% in 2008 to 89.3% in 2010. The percentage receiving Free or Reduced-Price School Breakfast also increased from 62.3% of households with school-age children in 2008, to 74.5% in 2010. Chart 11 shows participation by site type. All children in

Chart 11. Households with Children Ages 5-18 Receiving Free or Reduced Price School Meals



the reservation sites receive school breakfast and lunch at no cost because of approved universal procedures in place in those communities. These free school meals are a crucial resource for families given the exceptionally high poverty rates found in these areas.



“Without programs like the food bank and SNAP, my kids would have to skip meals all the time.”

Single mother, looking for work; Food Pantry Client





“My wife and I sometimes have to skip meals so that our daughter can eat. Summers are especially hard because she’s not getting the school meals.”

*Family of three;
Food Pantry Clients*



b. Summer Food Service Program (SFSP). Summer can be a difficult time for families as many struggle to provide the meals their children are no longer receiving at school. The Summer Food Service Program helps meet this need by providing free, healthy meals to children over the summer. Unfortunately, participation rates for the program remain low compared to school meal participation. Of households with school-age children, just 23.7% of those surveyed reported their children participate in SFSP. Participation ranged from approximately 20% for both urban and rural sites up to 48% for reservation sites. Overall, however, more than 76% of households with children stated their children were not participating in the program. Households with children cited the following reasons for not participating:

- They did not know about the program (53.7%)
- They preferred to feed their children at home (16.1%)
- Transportation to the site is a barrier (14.1%)
- There was no program in their town (13.4%)

3. Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Among households eligible to apply for WIC (those with children under age five or with a pregnant or breastfeeding household member), 61.2% participated in the program. Participation was highest in the rural sites with 68.2% of eligible clients reporting participation in the program, and lowest in the urban sites with 57.6% participating. Of those families eligible to apply for WIC who were not participating, about 25% had not applied and nearly 30% stated that they were unable to make it to the required appointments due to transportation difficulties, schedule conflicts, or other barriers.

4. Meals from Child Care Providers. Overall, 15.1% of households with children reported that their children receive meals or snacks from a child care provider. Many of these child care providers participate in the federal Child and Adult Care Food Program (CACFP) and are able to receive reimbursement for serving nutritious foods. Other child care providers offer meals or snacks independently of CACFP. Reservation families were most likely to report that their children receive meals or snacks from child care providers (20.0%), followed by rural families (15.4%), and then urban families (13.8%).

5. Senior Food Programs. A number of food programs, both public and private, are specifically aimed at providing food assistance to low-income seniors. Nearly one-third of senior households (those households with at least one senior member) reported receiving food through the federal Commodity Supplemental Food Program (CSFP, or Senior Commodities). Participation in other senior food programs was lower with just 7% of senior households receiving food through Meals on Wheels, and no households reporting that they receive senior meals at congregate feeding sites such as senior centers.

D. How Food Pantry Clients Cope With Hunger

To better understand the impact of food insecurity on the lives of MFBN clients, we examined ways in which people cope with their situations and the efforts they make to provide enough food for their families. Their strategies and struggles illustrate the severity of hunger in our state and the impact that hunger has on the daily lives of many Montanans.

1. **Skipping meals.** Forty-eight percent of clients reported that they had to skip a meal in the last 12 months because there wasn't enough food in the house. For some clients this situation was rare but for many, it occurred on a regular basis. Of those clients reporting that they had to skip meals, 43% reported doing so at least once a week and 74% at least once a month. Table 5 shows that in 2010, urban clients were the most likely to skip meals and reservation clients the least likely. Of those households with children, nine families (4.5%) reported that their situation was severe enough that the children had to skip meals due to lack of food.

Table 5. Households Indicating Adults or Children Skip Meals			
	Urban	Reservation	Rural
Adults Skip Meals	58%	32%	35%
Adults Skip Meals at Least Once per Week	44%	39%	42%
Children Skip Meals	7%	4%	0%

2. **Reduced Quality of Nutrition.** Clients also cope with food insecurity and hunger by reducing the nutritional quality of the food they consume. Often, the foods that have the greatest nutritional value are also more expensive, making them difficult to afford on a limited budget. While there are options for eating healthy even with a limited income, these options may require better knowledge of healthy food choices and an understanding of how to prepare these foods. Busy lives, varying work hours, transportation difficulties, limited storage or cooking facilities, and working multiple jobs make such options less practical for many clients.

As a result, families often feel they can better stretch their limited food dollars by purchasing less expensive, less nutritious options. These options tend to be calorie dense, giving them greater satiety value than foods high in essential nutrients but lower in calories. Clients frequently reported eating processed or high fat meats and cheeses, snacks that are high in sugar or sodium, and white bread and pasta rather than whole grain. However, many clients also reported that they would prefer healthier options. For example, clients indicated they would like to eat higher quality proteins and have more fresh fruits and vegetables in their diets. A number of factors were prohibitive but the higher cost of these items was the most common barrier clients reported.

For clients with special dietary requirements, this limit on food choice is even more challenging. Nearly half of all clients surveyed reported at least one household member with specific dietary needs including those with



"I run out of food and have to skip meals on a weekly basis. I sometimes stretch a can of vegetables into two meals because there is nothing else in the house."

*67 year-old woman,
recovering from major surgery;
Food Pantry Client*



“My biggest challenge has been trying to stay healthy enough to take care of my daughter – to be able to provide clothes, food, and a safe place to live. I couldn’t do it without the food bank. This place saves people.”

Single mother with Crohn’s disease; Food Pantry Client



“We’ve never been in this situation before. I’m trying to figure out what to do.”

First-time Food Pantry Client; Recently laid-off

diabetes, food allergies, health conditions requiring a low fat or low salt diet, as well as pregnant or breastfeeding women. Clients struggled to meet these needs given the foods they were able to purchase on a limited budget.

3. Frequency of Using the Food Pantry. Visiting the food pantry is a major coping mechanism for families dealing with hunger and food insecurity. The majority of clients surveyed, nearly 86%, reported receiving emergency food several times in the last year, and 62% (of non-first time clients) reported coming to the food pantry for more than a year. Chart 12 shows the percentage of clients that had been to the food pantry more than once in the past twelve months, and the percentage of non-first time clients that indicated they had been coming to the food pantry for more than one year.

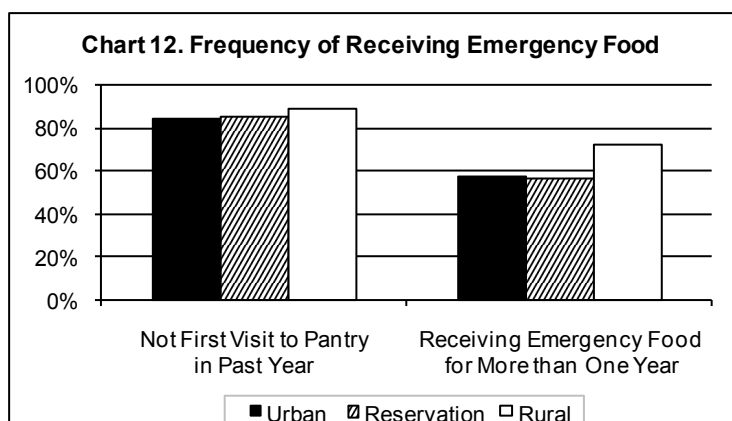
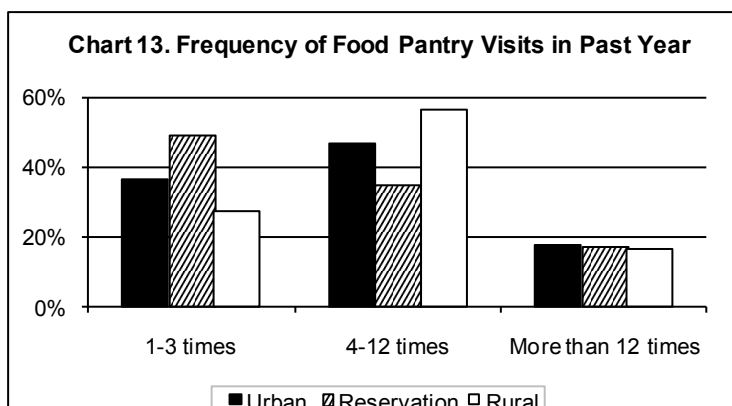


Chart 13 shows the number of times clients came to receive emergency food by site type. On average, clients were most likely to have visited the food pantry four to twelve times in the last year (48.7%). Just over 34% visited one to three times, and 17% visited more than twelve times.⁴



4. Other Sources of Food Available to Study Participants. Some clients have additional sources of food to help them cope with food insecurity. For example, about 21% of clients surveyed received food from family or friends, 9.8% had received food from a soup kitchen or other free meal program, nearly 12% had access to a garden that helped provide food in the summer, and just over 7% received food from the Senior Commodities program. However, more than half of clients surveyed, 53%, stated they did not have any other sources of food.

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 12 and 13.

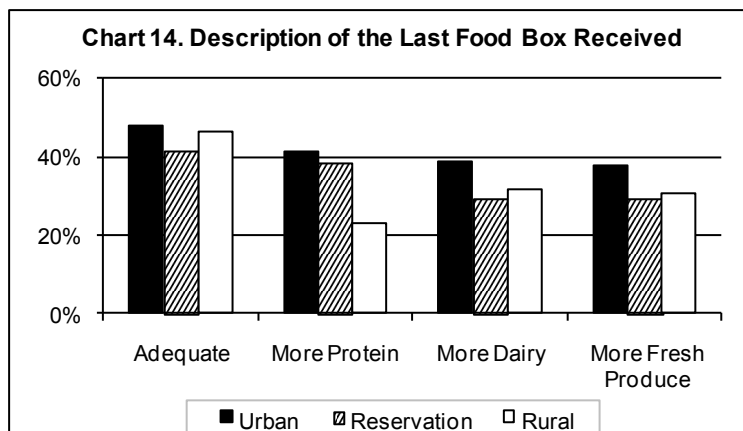
Just over 25% of clients surveyed reported accessing locally grown food such as from Farmers' Markets or Community Gardens. Clients indicated that produce at Farmers' Markets is often more expensive than at the grocery store. Also, many clients mentioned that they are unable to use SNAP benefits at Farmers' Markets (although an increasing number of markets across the state do accept SNAP). Other major barriers included a lack of knowledge of where locally grown food is available, time constraints and conflicts with work, transportation difficulties, and the unavailability of Farmers' Markets and Community Gardens in many communities.

E. Access to Adequate Nutrition

Poverty and hunger have significant health-related consequences. As mentioned in Section D. 2, many families cope with a limited food budget by purchasing inexpensive foods that are low in nutritional value. As a result, hunger and obesity can occur in the same populations and in the same families. The inability to consistently access healthy food, combined with a lack of adequate health care can lead to a number of health problems and a high level of stress for clients.

Clients frequently reported that they would like to improve the nutritional quality of the foods they consume, but felt unable to do so. The increased cost of many healthy options is a major barrier, as is the availability of these healthy options. Clients in many rural areas of the state do not have access to a full-service supermarket. Small grocers and convenience stores often have higher prices and a more limited selection, particularly for healthy items. Transportation can also be a challenge in urban areas, as many clients reported not having a reliable vehicle. Ensuring that emergency food provides an adequate amount of nutrition is particularly important given these challenges to accessing healthy food.

1. Food Boxes Meeting Needs. Clients were asked about the last food box they received and how well, in their opinion, it met their nutritional needs. Chart 14 shows that more than 46% felt their food boxes were adequate. However, many clients also indicated that they would like to see more protein, dairy products, and fresh produce. Other responses included a desire for more canned fruits and vegetables.



"We don't go to the Farmers' Market because they don't take food stamps. Our cash is stretched enough as it is."

*Singer mother of two;
Food Pantry Client*



"We only have a small store nearby. It's expensive and just has the basics. We have to drive an hour to Havre to get to a supermarket."

*Family of five;
Food Pantry Clients*

“My wife is diabetic and tries to eat the right foods but it’s hard. We can’t afford many fruits and vegetables.”

*55 year-old man;
Food Pantry Client*

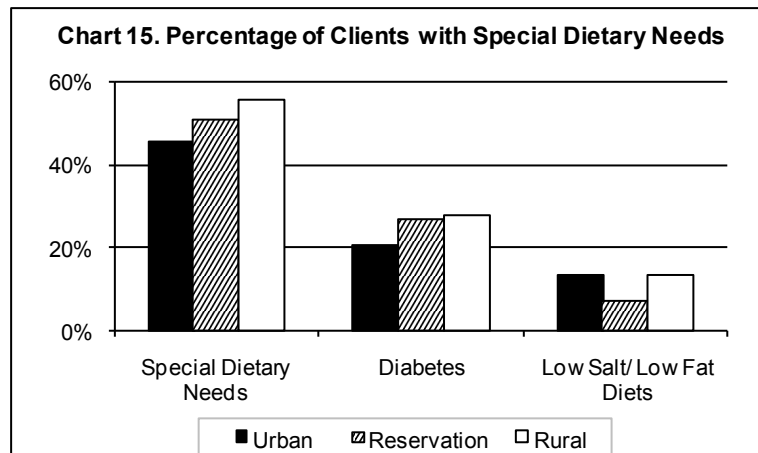


“The food bank has been a huge help. I can get fruits and vegetables that I couldn’t afford otherwise. I’m still paying on medical bills from when my wife was sick. I lost her two years ago.”

*Grandfather raising his grandson;
Food Pantry Client*

It is important to note that emergency food boxes cannot meet a family’s food needs for an entire month. Overall 24.4% of clients stated food boxes typically last less than seven days, 22.9% stated they last one week, and 52.7% responded they last more than a week. A few clients responded that they were able to stretch their food box to last a month, but only when it was carefully utilized and combined with other food sources.

2. Special Dietary Needs. For those with special dietary requirements, accessing adequate nutrition can be especially challenging. Nearly half of clients surveyed reported having at least one household member with special dietary needs. Chart 15 shows the overall percentage of households with special dietary needs by site type, as well the percentage of households with two of the most common dietary requirements. Other dietary requirements included lactose intolerance and food allergies.



3. Households’ Ability to Access Healthy Food. Accessing healthy, nutritious food was a common concern among food pantry clients. As discussed in Section D. 2, many clients indicated they would like to improve the nutritional quality of their diets but felt it would be difficult to do so. A major concern for clients was achieving a balanced diet. In particular, clients expressed a desire to add higher quality protein foods and more fresh fruits and vegetables to their diets. Clients repeatedly said that affording these items was the primary barrier to accessing quality food. On the other hand, many clients were primarily concerned with simply having enough food in general, and more specific preferences were secondary. Other client concerns included a lack of jobs that pay a living wage allowing them to afford healthy foods, the need for nutrition education including cooking skills, and distances to affordable grocery stores.

F. Challenges Faced When Dealing with Hunger

1. Most Difficult Challenge Faced in the Past Year. For most food pantry clients, a lack of food is just one piece of a larger, more complicated situation. Clients were asked to share the major difficulties they faced in the last year, helping to provide a more comprehensive picture of their lives and the numerous challenges they dealt with. The responses were diverse, reflecting the complexity of issues impacting the daily lives of food pantry clients. However, many responses followed similar themes: challenges related to paying bills and providing for their families on a limited income, the difficulties of dealing with a serious illness or injury, the lack of available jobs, and the emotional strain of family changes, including divorce or the death of a family member.

Lack of adequate family income compromised not only clients' ability to pay for food, but also made it a challenge to pay for rent, heat, fuel, vehicle repairs, and medical costs. Providing clothes and shoes for their children, affording presents at Christmas, and being able to help friends and family in need were also major concerns for clients. In a situation where it is a daily challenge just to get by, unexpected bills or expenses, such as a car breaking down, an injury or illness in the family, or a furnace needing repair have the potential to push families into a crisis. For example, families were left in situations where they could not afford to fix a vehicle and were forced to walk everywhere all winter, making it difficult to get to work or the supermarket. Unexpected layoffs left clients without income to pay for rent, which sometimes resulted in eviction. Many clients reported situations where they could not afford to go to a doctor, so they avoided seeking treatment. Low-income families frequently live in this situation of trying to make it day-to-day, fearful of any unexpected setbacks or expenses that could push them under.

Many clients reported that their most difficult challenge in the last year involved dealing with a serious medical issue. These medical issues included long-term, chronic diseases such as diabetes and cancer, as well as physical injury, mental illness, and addiction problems. Many clients reported being injured and unable to work. Others were in need of surgery or medication they could not afford. Nearly 69% of households surveyed reported having unpaid medical bills, many of which were in the thousands of dollars. The constant stress of living without medical insurance was also a common concern for clients.

Finding work was a major difficulty for clients. Many were laid off and have been unable to find something new. Others recently completed school and have had difficulty entering the workforce. Still others were working part-time or seasonal jobs but needed to find something full-time and year-round to better support their families.

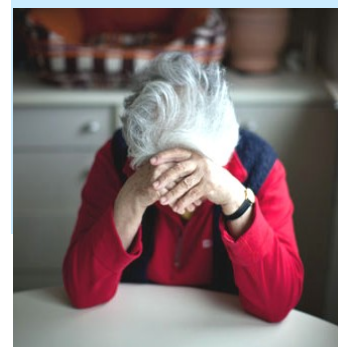
Finally, many clients responded that family issues and changes were the greatest challenges they faced. These situations often involved a divorce or death in the family, both of which take a serious emotional and financial toll on those involved.

These experiences mirror what has been found in numerous other studies on hunger. A lack of food is just one example of the multitude of issues that both the newly poor and the persistently poor deal with. The stories shared by clients were an emotional and honest account of their daily lives, the major challenges they have faced, and the constant effort they make to provide for themselves and their families.



"My husband lost his job right before Christmas. He just found a new one but its lower pay, fewer hours, and only lasts through the summer. There are very few good jobs here. Work is hard to find."

*Family with three young children;
Food Pantry Clients*



*“Holidays are hard.
We want to be able
to have Christmas
for the kids.”*

*Working family with
three children;
Food Pantry Clients*



*“The hardest time of
year could be any month.
My hours vary at work.
It just depends on when
I get enough hours and
have enough money.”*

*Single mother;
Food Pantry Client*

2. Hardest Time of the Year. The struggle to survive affects clients all year but in many cases, certain times of year are particularly hard. Clients were asked to describe the hardest time of year to provide food for their families. The answers varied depending on the family's situation but many responses were mentioned repeatedly, both in 2010 as well as in past surveys.

Winter:

- Clients struggle with higher heating bills.
- Many seasonal workers are laid off and work is harder to find.
- Winter weather increases transportation difficulties. Many clients reported that it becomes a challenge even to get to the food pantry.
- Stress of the holiday season. Extra holiday expenses cut into already limited budgets, leaving many clients unable to provide holiday food and presents for their friends and family.

Summer:

- Children are home from school, leaving parents to provide additional meals. While some families were able to utilize the Summer Food Service Program to help fill this gap, many others did not have access to a Summer Food site.
- Having children out of school in the summer can lead to increased child-care costs for working families.

All Year:

- For many clients a lack of income and the struggle to pay bills and provide food remained constant, regardless of season.

End of the Month:

- Money is short after paying bills so clients must stretch their income in order to cover the next month's rent.
- Even those receiving SNAP often struggle as their benefits run out before the end of the month.

Right Now:

- For those clients dealing with a job loss, an illness, a death in the family, or some other immediate situation, the hardest time of year is now.

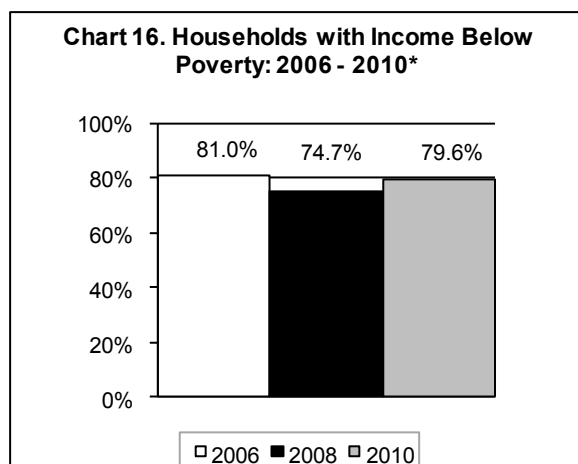
V. TRENDS IN SURVEY RESULTS:

2004, 2006, 2008, 2010 Major Findings

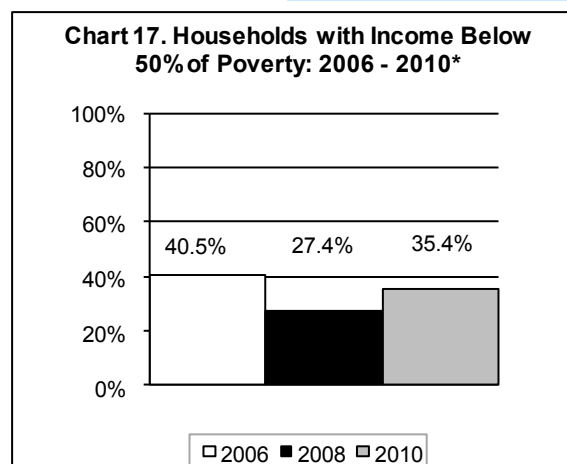
This section highlights changes as well as consistencies in results from the 2004, 2006, 2008 and 2010 studies. Comparisons are not meant to be generalizations of all sites, nor of all clients seeking emergency food. The sites surveyed in 2004 and 2008 were the same, and the sites surveyed in 2006 and 2010 were the same; however, in 2010 three additional sites were added to increase rural and reservation sample sizes. The clients surveyed each of these years were different.

A. Factors Impacting Hunger

1. **Poverty.** Nearly 80% of clients surveyed in 2010 were living below the poverty line based on their previous month's income. Determining poverty based on monthly income rather than annual income provides a more accurate picture of a client's current situation.⁵ Chart 16 shows the percentage of clients reporting monthly incomes below 100% of poverty in 2006, 2008, and 2010. We began to see an increase in middle-class or higher income households being served by emergency food in 2008, which may explain the lower percentage of households in poverty in that year.⁶



*\$1,838 per month for a family of four



*\$920 per month for a family of four

On reservation sites, poverty levels increased to 98% in 2010, compared to 80% in 2008 and 90% in 2006. In urban sites, poverty levels increased to 81% in 2010 from 74% in 2008 (in 2006, urban sites had a poverty level of 82%). In rural sites, poverty levels have remained fairly constant with rates of 72% in 2010, 71% in 2008, and 75% in 2006. Chart 17 shows the percentage of households living in deep poverty with incomes below 50% of the poverty line (just \$920 a month for a family of four). The number of clients living in deep poverty declined from 2006 to 2008, then increased again in 2010 to more than 1 in 3 households.

2. **Employment and Education.** Poverty and hunger have persisted among food pantry clients over the years despite education and employment. The trend from our studies shows that the number of people seeking emergency food with at least high school or some college has increased.

⁵ In 2004 monthly income information was not collected. The year 2004 is therefore excluded from Charts 16 and 17.

⁶ MFBN agencies widely cited an increase in higher income (non-traditional) food pantry clients in 2008.

2004 and 2008 sites:

Helena
Kalispell
Hamilton
Plains
Roundup
Ronan
Wolf Point

2006 and 2010 sites:

Great Falls
Billings
Hardin
Havre
Glendive
Troy
Dillon
Libby*
Miles City*
Browning*

*Additional 2010 sites

"At times, I've worked three jobs, trying to make ends meet."

*51 year-old woman;
Food Pantry Client*



“Wintertime is hard because utilities go up. There have been times that I had to pay the bills before buying food for myself and my grandchildren.”

*Single 70 year-old man raising his two grandchildren;
Food Pantry Client*



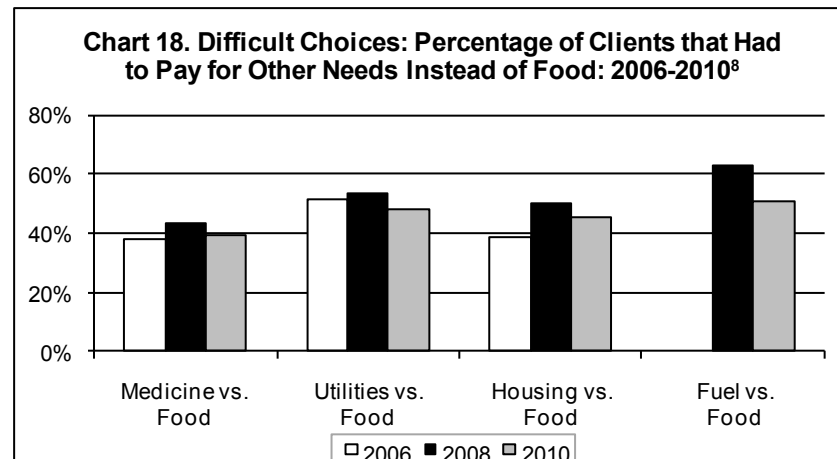
The number of households interviewed with at least one household member employed has remained consistent but was highest in 2010 (44.2% in 2004; 47.2% in 2006; 46.5% in 2008; 48.9% in 2010). Of those, between 20% and 30% have been employed with seasonal jobs. The highest number of seasonal jobs was in 2010. 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 and 17% in 2010.

Among households with no employment, Table 6 shows the percentage with at least one member looking for work, as well as the percentage with a member not working due to poor health, disability, or injury. There has been a slight yet consistent increase in the percentage of those not working due to poor health, disability or injury.

Table 6. Of Households with No Employment:

	2004	2006	2008	2010
Looking for Work	36%	27%	27%	37%
Not Working Due to Disability or Poor Health	58%	59%	62%	64%

3. Choosing between Food, Rent, Medicine, Utilities, and Fuel.⁷ Families with limited income have consistently been forced to make difficult decisions between paying for food and other necessities. Chart 18 shows that the percentage of clients having to choose between buying food and paying for rent, medicine, fuel, and utilities has decreased slightly from 2008. This finding appears to be due to the increase in other sources of support that clients in 2010 reported, such as participation in the public food programs. However, while there was an overall decrease in total number of clients having to choose between food and housing, there was an increase in this choice from 2008 to 2010 among both urban (51% to 57%) and rural (32% to 34%) clients.

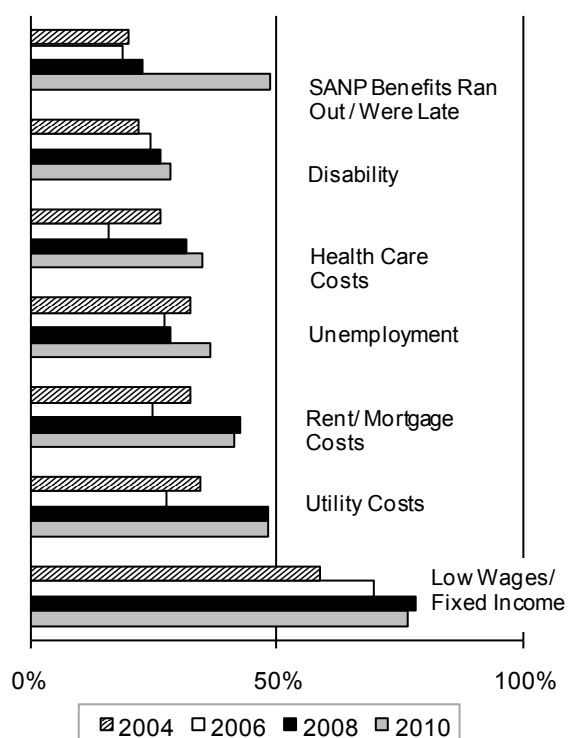


4. Economic Factors Impacting Food Budgets. Low wages and fixed incomes have long been the primary factors impacting food budgets among clients interviewed. In 2010 there was a jump in the percentage of clients whose SNAP benefits ran out or were late, causing them to seek emergency food assistance. This increase may be partially a result of the

⁷ This question was not asked in 2004.

⁸ The question of Fuel vs. Food was added in 2008.

Chart 19. Economic Factors Impacting Food Budgets: 2004-2010



greater percentage of clients receiving SNAP benefits in 2010. In 2008, “food prices” and “fuel prices” were added as new indicators and proved to be very significant economic factors affecting clients’ food budgets. Food prices were a main factor, impacting food budgets for 56% of clients in 2010. Chart 19 shows the comparison between the 2004, 2006, 2008, and 2010 study results for the major economic factors impacting clients’ food budgets.

“The cost of child care for my three children is about 60% of my income.”

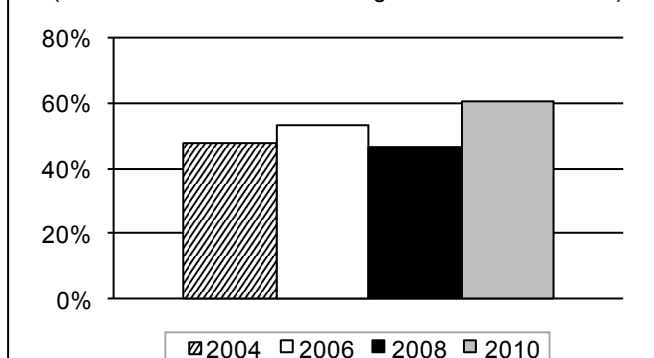
*Mother of three young children;
Food Pantry Client*

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 2010 was higher than in past years. In 2004, fewer than half (48%) of the clients interviewed were participating in SNAP. In 2006, this number increased to 53.2% of clients before declining again in 2008 to 46.5%. Clients interviewed in 2010 reported the highest participation rate with 61% of clients receiving SNAP benefits. Chart 20 shows emergency food client participation in the program from 2004 to 2010.

Chart 20. SNAP Participation: 2004-2010

(Includes households receiving FDPIR Commodities)



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, to 64% in 2010.



“I want to be able to have enough food on a regular basis. Instead of eating only when we can, I want to be able to eat enough every day.”

30 year-old woman, has not applied for SNAP because she didn’t know if she was eligible; Food Pantry Client



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

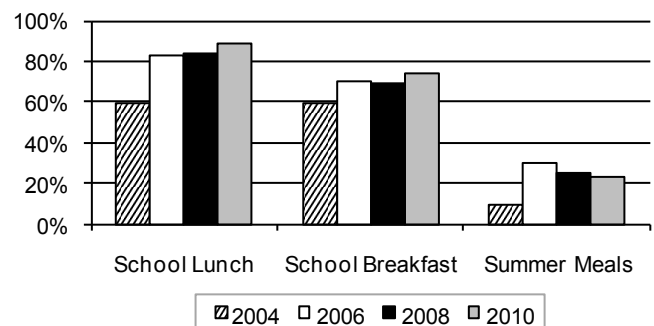
Table 7. Reasons Clients were Not Participating in SNAP: 2004-2010 Comparison

	2004	2006	2008	2010
Did not apply	36%	37%	40%	38%
Do not want them	13%	9%	13%	15%
Application was denied	29%	33%	29%	28%
Waiting for application to be processed	5%	9%	3%	10%
Have been disqualified	3%	3%	10%	2%

a. Differences between SNAP-participating households and non-participating households.⁹ In 2006, 2008, and 2010 studies, SNAP-participating households were more likely to have children and rent housing. They were less likely to have made difficult choices between buying food and paying for other necessities like medical expenses or fuel for transportation. Finally, they were less likely than non-participating households to have unpaid medical bills.

2. School Nutrition Programs. Chart 21 shows the percentage of households with children surveyed receiving Free or Reduced-Price School Meals, as well as the percentage participating in the Summer Food Service Program from 2004 to 2010. The percentage of households with children receiving Free or Reduced-Price School Meals has increased significantly since 2004, with 2010 reaching the highest rate yet for both breakfast and lunch. Although our data show a slight decline in the number of clients participating the Summer Food Service Program, records kept by the Office of Public Instruction show participation in all three programs has increased throughout the state during this period.

Chart 21. Households with Children Receiving Free or Reduced-Price School Meals, Summer Meals: 2004-2010

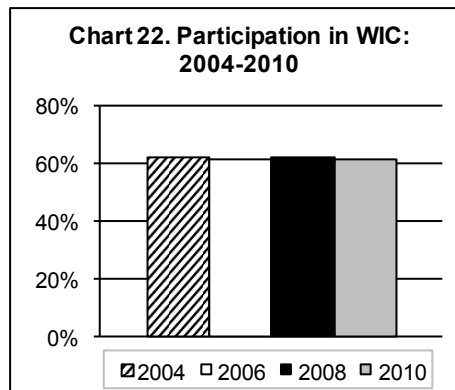


Of those households with children ages 5-18 not receiving Free or Reduced-Price School Lunch, the major reasons in 2008 included exceeding the income limit and home-schooling their children. In 2010, the major reason clients cited for not participating was that their children were not actually in school (they had either turned five but not yet started school, or were 18 or younger but no longer in high school). In both 2008 and 2010, the major reasons clients reported for their children not receiving Free or Reduced-Price School Breakfast included a lack of breakfast program at the school, and that they preferred to feed

⁹ Many of these questions were not asked in 2004; therefore comparisons cannot be made with 2004 survey data.

their children breakfast at home. The major reasons households with children did not participate in the Summer Food Service Program included not knowing about the program, preferring to feed their kids at home, not having a site in their community, and transportation difficulties getting to the site.

3. Special Supplemental Nutrition Program for Woman, Infants and Children (WIC). Participation in the WIC program has remained between 60% and 61% for clients with children under age five from 2004 to 2010 (Chart 22). While participation in other programs such as SNAP, school meals, and summer food have increased among food pantry clients, WIC participation has remained consistent.



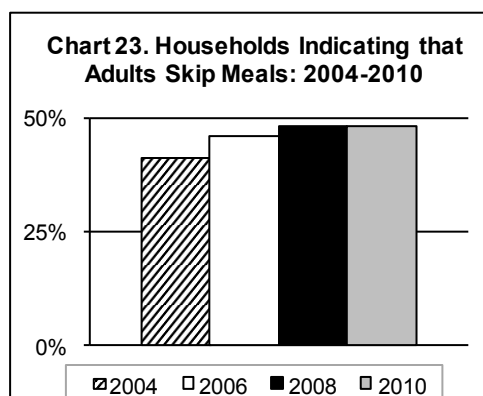
4. Meals from Child Care Providers. The percentage of households reporting that their children receive meals or snacks from a child care provider has increased steadily from 3.4% in 2004, to 7.7% in 2006, 11.1% in 2008, and 15.0% in 2010. Many child care providers participate in the Child and Adult Care Food Program (CACFP), a Federal Nutrition Program that provides reimbursement to child and adult care organizations for serving nutritious meals. Other child care providers, however, offer meals or snacks to children independently of CACFP.

5. Senior Food Programs. The percentage of senior households (those with at least one senior member) reporting that they participate in senior food programs, both public and private, has varied widely from year to year. In 2004, nearly 10% of senior households received senior meals at a congregate meal site. This number increased to 19.3% in 2006 before declining to 5.2% in 2008 and to 0% in 2010. Participation in Meals on Wheels has also remained low ranging from 11.0% in 2004, to 3.5% in 2006, 4.1% in 2008, and 7.0% in 2010. In 2008 and 2010 households were also asked about participation in the Commodity Supplemental Food Program (CSFP, or Senior Commodities). In 2008, 48.5% of senior households reported receiving commodities, as did 32.6% in 2010.

While participation in senior food programs has varied widely between 2004 and 2010, the percentage of senior households receiving assistance has remained consistently low, illustrating the need for expanded outreach and funding for these valuable programs.

C. How Food Pantry Clients Cope With Hunger

1. Skipping Meals. Chart 23 shows that the percentage of adult clients indicating that they had to skip meals increased steadily from 41% in 2004 to 48% 2008, then remained at 48% in 2010. The frequency of clients having to skip meals decreased slightly in 2010. For clients that had



"It would be nice to have more fruits and vegetables – especially fresh. We get canned but it isn't the same."

*25 year-old man,
working low-wage job;
Food Pantry Client*



"We buy what we have to have. Fresh produce is not a necessity."

*Senior couple;
Food Pantry Clients*



"We need less processed food. It seems like if it's healthy for you it's expensive, and if it's bad it's cheap."

*23 year-old woman;
Food Pantry Client*

skipped meals, over half reported doing so at least once per week from 2004 to 2008. That number decreased to 43% in 2010.

2. Reduced Quality of Nutrition. In all four survey years, clients have reported being unable to provide all of the foods their families need for a healthy diet. Lack of money and difficulties affording many healthy foods were the major reasons cited by clients. To help stretch food dollars, families have consistently had to turn to more affordable foods, many of which have little nutritional value.

3. Frequency of Using the Food Pantry. Chart 24 shows that the percentage of clients that had come to the food pantry at least one other time in the past twelve months has remained fairly high, between 73% and 89%. The percentage of clients that had been receiving emergency food for more than a year decreased slightly from 2008 to 2010, yet has remained fairly consistent.

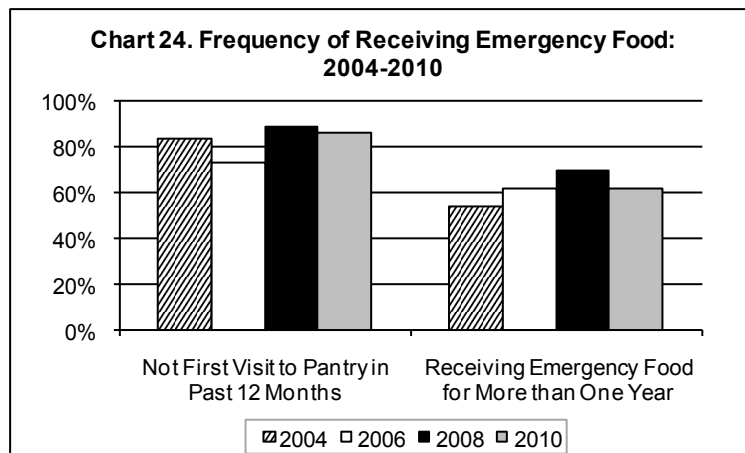


Table 8 shows the percentage of clients that received emergency food more than twelve times in the past year in 2004, 2006, 2008 and 2010. The percentage in 2004 is considerably higher, which may be due to the fact that many clients answered only in terms of food boxes, while others included daily lobby items¹⁰ in their responses.

Table 8. Household Received Emergency Food More than 12 Times in the Past Year

2004	2006	2008	2010
31%	16%	13%	17%

D. Access to Adequate Nutrition

1. Food Boxes Meeting Needs. Although many clients stated that the last food box they received was "adequate," further responses revealed that they would also have liked more protein, dairy, and fresh produce.

2. Households' Ability to Access Healthy Food. A common concern among clients in all four surveys was the ability to access healthy foods and eat a balanced diet. Repeated responses indicate that money is the primary barrier preventing clients from accessing quality foods.



¹⁰ Daily lobby items often include bread and other extra or perishable food items. Clients are not limited in how many times they are able to receive these items. However, they are limited in how many times they can receive a food box.

VI. CONCLUSION / DISCUSSION

Hungry in Montana 2010 is the fourth report in our series of studies examining hunger in Montana. The reports are released every other year by the Food Security Council of the Montana Food Bank Network. The 2010 report found that many of the factors contributing to hunger in our state have remained consistent with our past studies, yet a few have also changed. In 2010, we saw more families living in poverty than in 2008, an increase in the number of households struggling with unpaid medical bills, and a greater number of clients unable to find full-time employment, reflecting the growing need for food assistance in our state. Fortunately, we also saw an increased number of food pantry clients participating in the Federal Nutrition Programs, which play a significant role in alleviating the severity of hunger experienced by participating families.

Food insecurity and hunger are closely tied to personal income and economic security. Like the rest of the nation, Montana has experienced its share of job and wage losses, particularly in certain sectors of employment and among low-wage workers. According to the Montana Department of Labor and Industry, when business is down the lowest skilled and lowest paid workers tend to be laid off first. Of equal concern is the increased duration of time before finding another job, if a job is found at all. Total payroll growth in Montana was lower in 2009 than in previous years. County unemployment rates now range from 2.9% to 14.2% depending on the region of the state. The Northwest and Southwest regions have been the hardest hit. Unemployment on the Indian reservations ranges from 8.5% to 16.3%.¹¹ The 2009 U.S. Census report found that Montana's poverty rate increased to 15.1% in 2009, up from 14.8% the previous year.¹²

The 2010 study found that 80% of clients surveyed at emergency food assistance sites were living at or below the official poverty level based on their income the month prior to the survey. The highest percentage of clients in poverty lived on reservation sites with 98% of clients surveyed living at or below the poverty line. Overall, 35% of clients were living below 50% of the poverty level, also known as deep poverty. This is a significant increase from 2008 when 27% of clients surveyed were living in deep poverty. At the same time, a slightly higher percentage of clients were employed this year, as compared to past surveys. Unfortunately, having employment does not ensure that families will be able to make ends meet, as many low paying jobs do not provide a livable wage. For those living on a fixed income through Social Security or Disability, it can be an even greater challenge trying to make ends meet.

The connection between poverty and hunger is demonstrated by the U.S. Department of Agriculture's finding that until a family's income reaches 185% of the poverty level, they will continue to be at risk of food insecurity.¹³ Based on this guideline, there are currently 318,896 Montanans at risk of hunger - almost one third of our state population. This number includes over 92,000 children. The issue of childhood hunger should be of special concern, given the immediate and long-lasting effects that hunger can have on children in terms of health, academic achievement, and future workforce productivity.

According to a recent publication, *The Recession Generation*, there is growing evidence that without immediate action to stop the increase in overall poverty, the effects of the recent economic recession will linger for years, causing lasting damage to children and young adults.¹⁴ The experience of past recessions, which were less severe, demonstrated this disturbing trend. According to the report, the long-term prospects for children growing up in poverty include an increased likelihood of poor health, which may lead to lower academic achievement and less training to enter the workforce, resulting in lower paying jobs and fewer job options.

The *Hungry in Montana* 2010 report shows that progress has been made in a number of areas regarding access to healthy and nutritious food. Participation in the Supplemental Nutrition Assistance Program (SNAP) and the School Breakfast and Lunch programs has increased among emergency food

¹¹ Montana Department of Labor & Industry, Labor Day Report 2010. www.ourfactsyourfuture.org

¹² American Community Survey 2009, US Census 2010

¹³ Household Food Security Measures, USDA

¹⁴ *The Recession Generation*. Coalition on Human Needs. <http://www.chn.org/2010>

pantry clients, as well as across the state. Recognition must be given to the staff of these programs for their efforts to enroll eligible children and adults. Unfortunately, the number of families and individuals needing these excellent programs continues to rise, and many eligible clients are still not participating. Additionally, participation in the WIC program among emergency food pantry clients has remained fairly consistent from 2004 to 2010, with many families who would likely qualify for benefits not enrolled in the program.

The 2010 report also illustrates the many challenges clients face trying to provide food for their families. For example, many parents struggle to feed their children over the summer when they are out of school and no longer receiving Free or Reduced-Price School Meals. There has been a great effort across the state to increase access to healthy food for children during the summer months through the Summer Food Service Program (SFSP). However, while the number of children participating in the SFSP is increasing, many food pantry clients reported that they do not have access to a Summer Food site or that transportation difficulties were a barrier to accessing the program. Transportation difficulties also create a challenge for clients trying to purchase food at grocery stores. Montanans living out of town or in rural areas have reported traveling more than an hour to get to a full-service supermarket. Otherwise these clients must resort to buying food at convenience stores where prices are higher, the choices of food are limited, and the quality of nutrition is greatly compromised.

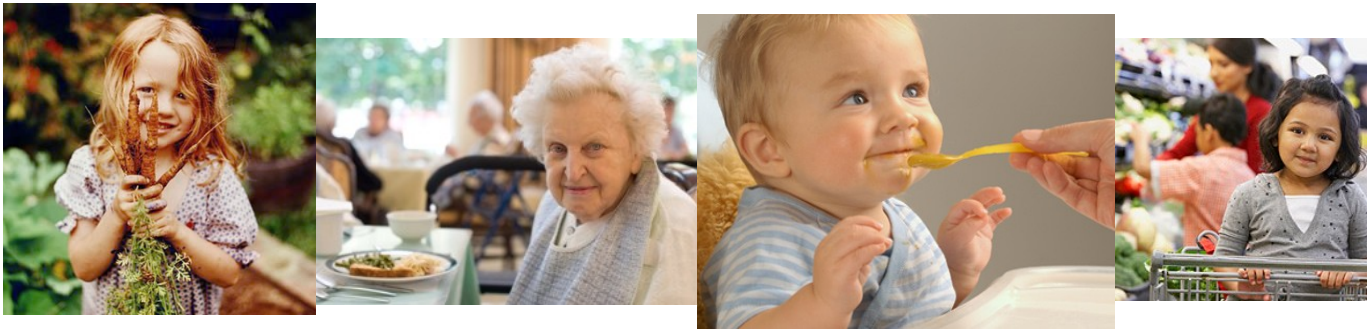
The nutritional quality of the food we eat is a major factor shaping our health outcomes. For people with limited means, challenges such as transportation difficulties, limited storage or cooking facilities, varying work hours, or finding time to shop and cook while working multiple jobs can combine to reduce the quality of their nutrition, increasing the risk of obesity and chronic disease. In addition, the consistency of food intake greatly improves when there is adequate money available and diminishes when funds are low. This inconsistency in food availability often results in “feast or famine” eating and is a critical reason for the rise in obesity and diabetes among hungry adults and children.

While low wages and fixed incomes were major economic factors leading clients to seek food assistance, the high cost of food, fuel, utilities, and health care also captured much of clients’ income. Of particular significance was the number of households with unpaid medical bills. Sixty-eight percent of those households with some insurance in the family reported having unpaid medical bills, as did 71% of families with no health insurance.

So the questions that all Montanans, including policy makers, need to ask are: What is the status quo regarding hunger in our state and are we willing to accept it? Do we believe that food banks can end the growing demand for food assistance in our population?

Food banks make a heroic effort to meet client needs but they are strapped for food and funds themselves and cannot meet client food needs for a whole 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 trying to meet agency needs, given the continually growing demand for emergency food and the correspondingly high cost of acquiring food for more and more people.

Finding long-term solutions to food insecurity starts with improving economic self-sufficiency and strengthening the basic food safety net for working people and those who can no longer be employed. It means creating jobs that pay livable wages and providing much needed benefits like health care, housing and heating support, and child care assistance to families, helping to minimize the expenses that cut into already limited food dollars. We need to pay special attention to the children growing up with poverty and hunger and consider the consequences on their lives, as well as the future of this state. People with limited incomes including seniors, the disabled, the unemployed, and the working poor, should not have to rely on charity as a routine method for accessing food.



VII. RECOMMENDATIONS

Action at the Federal Level:

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 nutritional 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 to and participation in programs that serve high-risk children and families.
- B. SNAP (Supplemental Nutrition Assistance Program, formerly the Food Stamp Program) and 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 on implementation at the state and local level.

Action at the State Level:

- Ensure School Breakfast Programs exist in all schools with the National School Lunch Program.
- Provide support for start-up of new School Breakfast Programs.
- Promote expansion of Universal breakfast-in-the-classroom in schools with 40% or more children on Free or Reduced-Price School Meals.
- Actively promote start-up of new Summer Food Service Program (SFSP) sites to reach unserved communities in rural and urban parts of the state.
- Provide funding for transportation of children to SFSP sites.
- Expand access to healthy foods for seniors at congregate meal sites, home delivered meals, and through nutrition education.
- Promote increased participation in SNAP through outreach and education.
- Work with employers to create a stronger workforce in the state by improving wages of the working poor and helping them achieve self-sufficiency.
- Create jobs that pay a living wage.
- 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.
- Review state tax structure for working poor.
- Increase access to affordable health care.
- Reduce the prevalence of *food deserts* through innovative incentives for smaller food stores. The Healthy Food Financing Initiative was established for this purpose.
- Provide affordable transportation in rural areas.

Action at the Community Level:

- 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 result 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 food banks and pantries.
- Make sure information about food programs is available at grocery stores.
- Identify “out-of-school” food needs in your community and work with local schools and non-profit organizations to increase access to food when school is out.
- Pursue options to increase access to healthy, affordable food.
- Provide incentives to convenience stores to carry healthy food at affordable prices.
- Organize transportation to larger stores for low-income people.

Actions for the Health Community:

- Assess physical growth in relation to inadequate or poor quality diets using height, weight, Body Mass Index and other measures.
- Monitor critical clinical indicators.
- Screen for developmental and mental health.
- Provide food program resources to parents.
- Recommend referrals to other services.
- Ask clients if there is enough food in their house.

Actions for Businesses:

- Make ending hunger a business project in the community.
- Promote food programs with envelope stuffers in monthly mailings or bills.
- Assure safe, private and sanitary space for breast-feeding mothers to save their milk while at work.
- Provide food program information to your own employees.
- Provide wages that allow for healthy food purchases and other basic needs.

Actions for 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 the 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.

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VIII. APPENDIX

Public Food and Nutrition Programs in Montana

1. The Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program). 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 were usually thought to occur 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. SNAP is the largest anti-hunger program in Montana.

SNAP helps vulnerable Montana residents and the state's economy.¹⁵

- In Montana, 54,186 households and 119,039 individuals participate in SNAP.
- Approximately 12% of Montana's population receives SNAP benefits.
- 51,076 of the recipients were children (43%).
- Over \$15 million in SNAP benefits are issued monthly.
- The program plays a vital role in Montana's safety net for low-income people, especially in these times of rising food costs and challenging economic conditions.
- The program is an economic stimulus – every \$5 in new SNAP benefits generates nearly twice as much (\$9.20) in total community spending.

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 USDA 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. The School Nutrition Programs have a significant impact on the health and well-being of students in Montana.¹⁶

a. School Lunch. The average daily participation in school lunch for the 2009-10 school year was 80,151 students. Of that number 42,846 meals were served Free or at a Reduced-Price. The annual federal reimbursement for Montana's National School Lunch program is \$22,482,927.25.¹⁷

The Montana Department of Public Health and Human Services (DPHHS) has made numerous notable improvements in the past few years in terms of 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 SNAP participation rate of those eligible increased from 50% in 2004 to 58% in 2006 to 61% in 2008 to 64% in 2010.



¹⁵ Montana Department of Public Health and Human Services, SNAP Unit

¹⁶ Montana Office of Public Instruction website: <http://www.opi.mt.gov/>

¹⁷ Montana Office of Public Instruction



Eligibility for Public Food and Nutrition Programs varies by program:

Eligibility for the Supplemental Nutrition Assistance Program (SNAP) is based on a gross income guideline of 200% of poverty, as well as a lower net income guideline.

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

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

To be eligible for Reduced-Price School Meals, the household must be at or below 185% of poverty.

To be eligible for Free School Meals the household must be at or below 130% of poverty.*

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

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.¹⁸

The average daily participation for the 2009-10 school year was 23,732 students. Of those, 18,465 meals were served Free or at a Reduced-Price. The annual federal reimbursement for Montana's School Breakfast Program is \$6,017,986.13.¹⁹

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.²⁰

The average daily participation in 2010 was 7,304 children. The participation rate was 11.4% (based on the number of students eligible for Free and Reduced-Price school lunch). The annual Summer reimbursement for the Summer Food Service Program is \$1,097,897.39 for Operations and \$155,682.47 for Administration equaling a total of \$1,213,579.86.²¹

3. WIC (Special Supplemental Nutrition Program for Women, Infants and Children). WIC 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 five.

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, vitamins, iron and other minerals. A variety of special services including Farmers' Market coupons, cooking classes, children's books, bone density screenings, vitamin and calcium supplements, and more services are also available to clients.²⁵

Statewide the average number of participants for 2010 was approximately 21,000. Federal funding for WIC was \$13,000,000.²³

^{18, 20} Montana Office of Public Instruction website: <http://www.opi.mt.gov/>

^{19, 21} Montana Office of Public Instruction

²² Missoula County WIC website: www.co.missoula.mt.us/healthservices/WIC/MissoulaWICProgram.htm

²³ State of Montana WIC Office

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 1,822,944 meals were served in FFY 2010 through 65 emergency congregate feeding operations in Montana. In State Fiscal Year 2010, over 2.3 million pounds of TEFAP food was shipped to over 75 food banks through MFBN and to 66 emergency congregate feeding operations.²⁴
- 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 FFY 2010 the CSFP served 91,972 food packages throughout 117 communities.²⁵
- 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 2009 was more than 14,700 children in Montana child care facilities.²⁶
- 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. In FFY 2009, 3,164 participants received a food package per month. A total of 37,968 food packages were issued through FDPIR programs on all seven federally recognized tribal nations in Montana. A national study in 2009 showed the food received through the FDPIR program is much healthier than the food chosen by many American households.²⁷



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, the Senior Farmers' Market Nutrition Program, and nutrition screening for nutrition education.



^{24, 25, 27} State of Montana Department of Public Health and Human Services, Intergovernmental Human Services Bureau

²⁶ Montana DPHHS, CACFP Office