

HUNGRY IN MONTANA:

Factors Contributing to Emergency Food Needs

2012 Client Hunger Survey



**Report by the
Montana Food Bank Network**



Acknowledgments

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TABLE OF CONTENTS

I.	Executive Summary	<i>i</i>
II.	Introduction	1
	A. How Prevalent is Hunger in Montana?	2
	B. Who are the Hungry?	3
	C. Why is there Hunger?	4
	D. The Challenge of Providing Enough Food to Feed our Families.....	4
III.	Survey Methodology	5
IV.	Major Findings from the 2012 Study	6
	A. Household Demographics.....	6
	B. Factors Impacting Hunger	6
	1. Poverty	
	2. Employment	
	3. Education	
	4. Housing	
	5. Inability to Afford Both Food and Other Necessities	
	6. Strained Food Budgets	
	7. Sources of Income and Support	
	8. Access to Health Care	
	C. Participation in Public Food and Nutrition Programs	13
	1. The Supplemental Nutrition Assistance Program	
	2. School Breakfast and Lunch Programs	
	3. Summer Food Service Program	
	4. WIC	
	5. Senior Food Programs	
	D. How Food Pantry Clients Cope with Hunger.....	19
	1. Skipping Meals	
	2. Reduced Quality of Nutrition	
	3. Visits to the Food Pantry	
	4. Other Sources of Food	
	5. Strategies to Stretch Food Budget	
	E. Challenges Faced When Dealing with Hunger	23
	1. Difficult Time Putting Food on the Table	
	2. Hardest Time of the Year	
V.	Conclusion / Discussion	25
VI.	Recommendations	27
VII.	Appendix: Public Food and Nutrition Programs in Montana	29

I. EXECUTIVE SUMMARY

The demand for emergency food remains at record levels at food pantries and meal sites across our state. In 2010, visits to agencies of the Montana Food Bank Network topped 1 million for the first time ever. In 2011, MFBN agencies had 1,270,000 visits, serving more than 153,000 different clients.

Hungry in Montana 2012 is the Montana Food Bank Network's fifth 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 and illustrate the impact of hunger on the daily lives of many Montanans.

FACTORS IMPACTING HUNGER

Numerous factors impact a household's ability to put food on the table. A lack of sufficient income is the primary factor, as well as employment situation, access to health care, participation in public food programs, housing situation, and the cost of rent, utilities, and other necessities.

- Seventy percent of clients surveyed reported an income below the federal poverty line in the month prior to the survey. Poverty levels were highest among families with children and among households living in reservation sites.
- Unemployment and underemployment are frequent struggles for food pantry clients. One-third of households reported at least one member looking for work. Approximately 42% reported at least one member employed but of these, nearly 65% were working in seasonal, part-time, or temporary jobs.
- Sixty percent of clients reported having to pay for other necessities such as rent, fuel, utilities, and medical care *instead of* food in the last 12 months.
- The primary reasons clients reported needing food assistance the day of the survey included low wages, living on a fixed income, and the costs of food, fuel, and rent/mortgage.

COPING WITH HUNGER

Hunger and food insecurity have a significant impact on the lives of families and individuals across Montana. Clients shared the ways in which they cope with their situation and the struggles they experience putting food on the table.

- Nearly 50% of clients reported having to skip meals in the last 12 months because there was not enough money for food. More than 76% of these clients said they skipped meals on a monthly basis.
- Clients had most commonly received emergency food 10 to 12 times in the last year, while 11% of those surveyed were visiting a food pantry for the first time.
- Clients reported numerous challenges related to eating a healthy diet including difficulty getting to the store because of distance or transportation, finding healthy items to be more expensive, and not having enough money for food in general.
- The public food programs are a valuable resource for families coping with hunger yet just 53% of clients surveyed reported receiving SNAP (Supplemental Nutrition Assistance Program) benefits. Of those who were participating, clients reported valuing the program's ability to help them feed their families, free up money for other expenses, and access healthier food options than they would otherwise be able to afford.

CLIENT STORIES

In addition to collecting statistical information, the study is an opportunity to hear firsthand the experiences and struggles of Montana's food pantry clients. The 2012 study was designed with a smaller sample size in order to increase the focus on individual client situations and more clearly illustrate the reality of hunger in Montana through the clients' own voices. Client quotes and stories are shared throughout the report.

RECOMMENDATIONS

Overall, the *Hungry in Montana 2012* report shows that a combined effort to improve economic security, maximize participation in public food programs, ensure adequate amounts of food available through the emergency food system, 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 27 of this report.**

II. INTRODUCTION

The agencies of the Montana Food Bank Network served more than 153,000 individuals in 2011, or more than 1 in 7 Montanans. In total, these agencies distributed more than 20 million pounds of food over 1,270,000 client visits. In just the first six months of 2012, MFBN agencies experienced a total of nearly 490,000 visits from more than 91,700 clients.

These numbers illustrate that the struggle to put food on the table remains a concern and a reality for thousands of Montana families and individuals. Hunger is largely a symptom of the larger problem of economic insecurity in our state. Montana lost more than 12,300 jobs since the start of the recession and (as of September 2012) unemployment remains at 6.1%, up nearly 70% from September 2007¹. Montana also ranks poorly among states for access to health care and affordable housing. Just over 18% of Montanans lacked health insurance in 2011, the 8th highest rate of uninsured individuals in the nation² and nearly 42% of renters in Montana spend more than 30% of their income on housing costs, the 15th highest rate in the nation³.

The *Hungry in Montana* report examines the ways in which these and other underlying factors force people to seek emergency food assistance. Survey results show that factors such as low-wage jobs, insufficient fixed incomes, transportation challenges, limited access to health care, and a lack of affordable, stable housing make it difficult for thousands of families and individuals across our state to meet their basic needs. The emergency food system, as well as the public nutrition programs are critical resources for low-income Montanans, helping to ensure they are able to access their most basic need, food.

Ending hunger in our state will require improved economic opportunities through jobs that pay a living wage, access to health care, and increased availability of affordable housing and child care. As we work towards these long-term solutions, it is vital that we protect and strengthen the emergency food system and the national nutrition safety net. Cuts to programs such as SNAP, WIC, TEFAP (The Emergency Food Assistance Program), and other assistance programs would increase the severity of hunger in Montana, leading to lasting consequences on the health, academic achievement, and economic productivity of our state.

We hope that this report will lead to a greater awareness of hunger in Montana and an improved understanding of the factors that force families to seek emergency food. Our recommendations for both policy makers and individuals to address the factors contributing to hunger in our state are provided on page 27 of this report.



"We are seeing a big increase of people in need. Our funds are being stretched thin and our volunteers are concerned about our inventory. Donations are certainly down compared to years past. Our pantry serves not only as a place for clients to pick up food but also as a place where they feel safe and welcome. Many of them talk to me about their situations. I think it helps simply to have someone listen to their experiences with caring and compassion."

- Amelia Funk, Director, Chinook Food Pantry, Chinook, MT

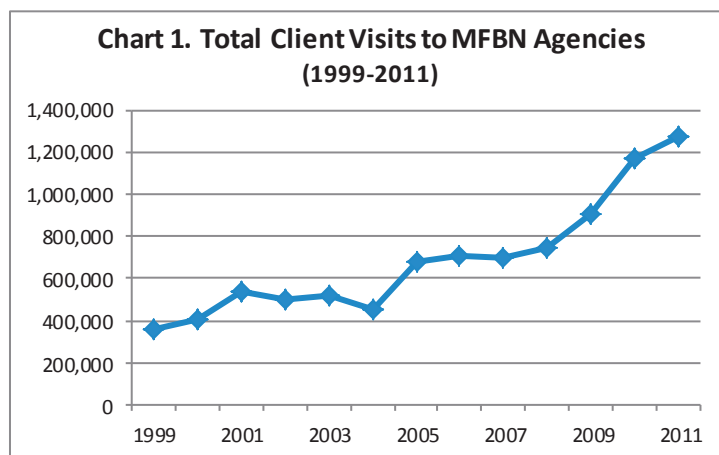
¹ EPI Analysis of Bureau of Labor Statistics, data from September 2012

^{2,3} US Census Bureau, 2011 American Community Survey, 1-Year Estimates

³ The generally accepted definition of *affordability* is for a household to pay no more than 30% of its annual income on housing

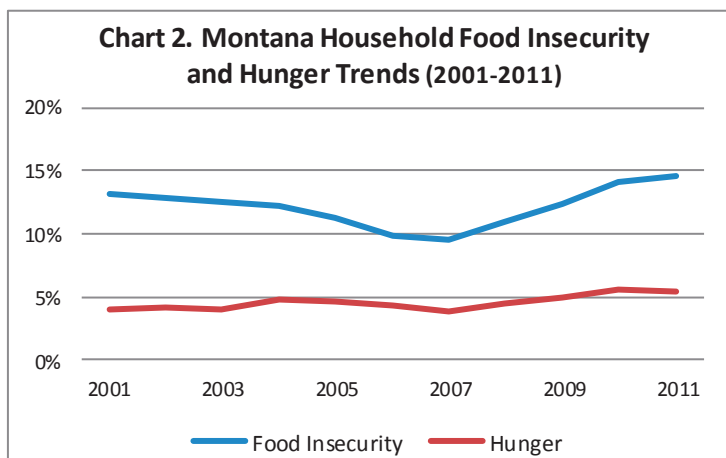
A. How Prevalent is Hunger in Montana?

Emergency Food Visits: There has been a consistent increase in the need for emergency food over the past 12 years, with a significant increase beginning in 2008. In 2010, visits to MFBN partner agencies topped one million for the first time ever, reaching 1,270,000 visits in 2011. In just the first six months of 2012, MFBN Partner Agencies saw a total of nearly 147,000 child visits, 187,000 adult visits, and 148,000 senior visits. Chart 1 shows the steady growth in total client visits (including repeat visits) to MFBN partner agencies from 1999 to 2011.



Statewide Food Insecurity: The United States Department of Agriculture (USDA) publishes an annual report on Household Food Security in the United States. The most current report was released in September 2012 and includes data for 2011. 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 2001. The current food insecurity rate in Montana is 14.5%, up from just 9.5% in 2007 and 14.1% in 2010. The rate of hunger in Montana is also up significantly from 2007 but declined slightly from 2010 to 2011 (from 5.6% to 5.4%)⁴.

While 14.5% of Montanans are officially food insecure, the USDA estimates that until a family's income reaches 185% of poverty they are at risk of experiencing food insecurity. In Montana, 33.2% of the population, including nearly 90,000 children, is at risk of food insecurity⁵.



Food Insecurity is the inability to access food in a consistent manner, resulting in reduced quality or variety of diet.

Hunger occurs when households must reduce food intake or skip meals because the household lacks money and other resources for food. *Hunger* is also defined as the uneasy or painful sensation caused by lack of food.

B. Who are the Hungry?

The hungry in Montana cannot be defined by a particular feature or characteristic. Hunger impacts people of all ages, backgrounds, and situations. Job loss, underemployment, and insufficient fixed incomes combine with the increasing costs of housing, child care, and medical care to make putting food on the table a daily struggle for many Montanans. Food pantry clients include those who were recently laid off and have never asked for help before, those who lost their jobs at the start of the recession and have been unemployed for far longer than expected, those who are working low-wage or part-time jobs unable to make ends meet, as well as seniors, people with disabilities, and others living on fixed incomes too low to even cover basic needs.

The agencies of the Montana Food Bank Network served more than 153,000 individuals in 2011, each with their own experiences, struggles, and situations. Our biennial *Hungry in Montana* reports provide a snapshot of these clients and their stories. A profile of clients surveyed for the *Hungry in Montana* 2012 report shows the following:

Households with Children (under 18)

- 38.3% of households surveyed had children
- 76.6% of these households were living in poverty
- 44.2% were living below 50% of the poverty line
- Adults in 49.4% of households with children had to skip meals
- 59.5% were receiving SNAP (the Supplemental Nutrition Assistance Program, formerly food stamps)
- 51.3% had received emergency food six or more times in the last year

Households with Seniors (age 60+)

- 30.1% of households surveyed had at least one senior member
- 60.7% of these households were living in poverty
- 8.2% were living below 50% of the poverty line
- Adults in 41.9% of these households had to skip meals
- 50.0% were receiving SNAP (the Supplemental Nutrition Assistance Program, formerly food stamps)
- 82.8% had received emergency food six or more times in the last year

Adult-Only Households (ages 18-59)

- 36.4% of households surveyed were adults only
- 72.6% of these households were living in poverty
- 19.2% were living below 50% of the poverty line
- Adults in 54.1% of these households had to skip meals
- 54.7% were receiving SNAP (the Supplemental Nutrition Assistance Program, formerly food stamps)
- 50.0% had received emergency food six or more times in the last year

"I am neither lazy, uneducated, nor stupid. You can't qualify someone as being lazy and unwilling if you continually throw obstacles in their way. If there are 15% of people in this country living in poverty, there is something wrong with the picture. The attitude that there are throwaway people is very distressing."

- DD, Lewistown, 61



C. Why is there Hunger?

Hunger is directly related to economic insecurity. Low wages, job loss, underemployment, lack of affordable housing, and high medical costs often leave families with little money for food. Both in Montana as well as nationwide, the recent economic recession has had a severe impact on those who were already struggling to make a living, as well as many who have never needed help before. The recovery from this recession has been slow as thousands of Montanans remain out of work or underemployed. According to the Census Bureau's American Community Survey, the median household income in Montana declined from \$47,025 in 2007 to \$44,222 in 2011, ranking just 39th in the nation⁶. Nearly 15% of Montanans lived below the poverty line in 2011 and 1 in 17 individuals lived in deep poverty with an annual income below 50% of the poverty line or an income of just over \$11,500 for a family of four⁷.

"I was a log-home builder for 15 years. Now I can't find work. I'm taking CDL classes to hopefully be able to find a job driving truck."

- 55 year-old man, Kalispell

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. The USDA estimates that about 1 in 4 individuals in Montana likely to qualify for SNAP benefits does not participate⁸. 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, contributing to increased food insecurity rates in Montana.

Limited food access also contributes to hunger and food insecurity in Montana. Thirty-one of Montana's 56 counties have areas considered *food deserts*: low income areas where at least 500 people and/or 33% of the residents must travel more than ten miles to the nearest supermarket (or one mile in urban areas). In Montana, more than 54,000 individuals live in areas considered food deserts and have limited access to a grocery store or supermarket, making access to fresh, affordable food a daily challenge⁹.

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

While the economy slowly improves from the Great Recession, MFBN partner agencies continue to see record numbers of Montanans in need of emergency food. In 2011, more than 153,000 individuals made 1,270,000 visits for emergency food. In total, our network of nearly 200 agencies distributed more than 20 million pounds of food, nearly 8 million of which came from the Montana Food Bank Network.

MFBN as well as our agencies across the state have struggled to keep up with this record level of demand. Private food donations are down for shelf stable and non-perishable food, and commodities available to MFBN through The Emergency Food Assistance Program (TEFAP) are down 42% year-to-date in 2012 from the same period in 2011. These declines have left us in need of new and different food sources. We have seen the largest donation increases in the Grocery Rescue program, which picks up fresh foods at grocery stores to provide to local agencies. Unfortunately, only around 10% of MFBN's partner agencies have the ability to participate in this program due to their locations and days of operation.

To help meet the need for food, MFBN is seeking food purchase funding from a variety of sources, including the 2013 Montana State Legislature. The 2009 Montana State Legislature was able to provide \$2.2 million over the biennium for food purchase funding, helping to make an enormous difference for our agencies and their clients. Sadly the need for emergency food has not yet declined from the increases we have seen since 2008 and the start of the recession. The 2011 Legislature was unable to provide food purchase funding, and our agencies saw a significant decline in the variety and quantity of food we were able to provide. We urge our legislators in the 2013 Session to recognize the severe need for food in Montana and take the steps necessary to help us meet that need. We also encourage large scale food donors and funders to assist in feeding hungry Montanans. We will need a combination of public and private support if we hope to meet our goal of ending hunger in Montana.

III. SURVEY METHODOLOGY

The Montana Food Bank Network completed its fifth biennial client survey in the summer of 2012 to study the situation and needs of clients seeking emergency food assistance. The survey was conducted at food pantries in nine different sites across the state: Wolf Point, Plains, Helena, Lewistown, Ronan, St. Ignatius, Malta, Chinook, and Kalispell. The sites were selected to provide a “snapshot” 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 nine 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. A total of 206 clients participated in the survey, representing 583 household members.

In 2004, 342 clients representing 1,045 household members completed the survey.

In 2006, 301 clients representing 967 household members completed the survey.

In 2008, 342 clients representing 935 household members completed the survey.

In 2010, 397 clients representing 1,266 household members completed the survey.

In order to better understand how factors such as geographic location affect households experiencing food insecurity, the sites were categorized by their relative population density. Findings from Helena and Kalispell were compiled into one category and termed as “urban.” Findings from clients living on the reservation in Ronan, St. Ignatius, Chinook, and Wolf Point were compiled into the “reservation” category. The “rural” category consisted of findings from Plains, Lewistown, and Malta as well as all clients not living on the reservation in Chinook and St. Ignatius.

While fewer clients participated in the survey in 2012 as compared to past survey years, our sample was more evenly distributed across site types (urban, rural, and reservation) and the information collected was intended to better highlight stories, quotes, and other qualitative data in addition to statistical information, making a smaller sample size appropriate.

The survey was completely voluntary and confidential. Clients had the option to leave their name for follow-up or to give permission to use their name with any quotes or stories. 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 nine agencies where the survey was implemented.

2004, 2008, 2012 sites:

Helena
Kalispell
Hamilton**
Plains
Roundup**
Ronan
Wolf Point
St. Ignatius*
Malta*
Chinook*
Lewistown*

*Additional 2012 sites
**Not included in 2012

2006 and 2010 sites:

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

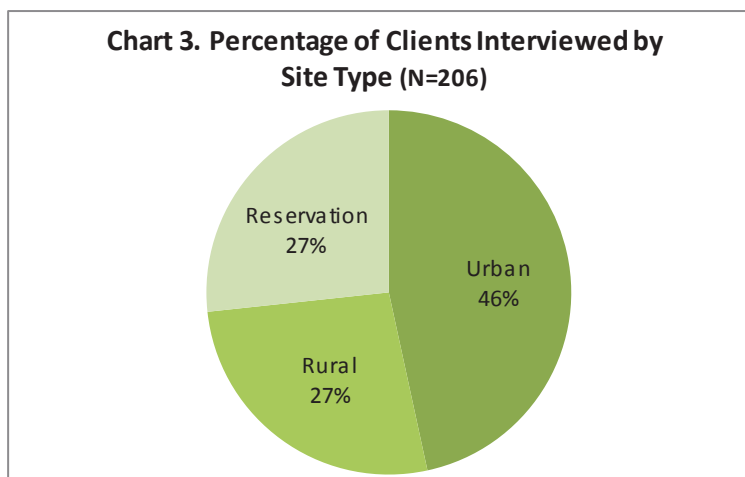
*Additional 2010 sites



IV. MAJOR FINDINGS FROM THE STUDY

A. Household Demographics

Overall, 206 clients completed the survey in 2012. These respondents represented 583 household members, of which 188 were children under the age of 18. Thirty percent of households included at least one senior member (age 60+). Chart 3 shows the percentage of clients interviewed by site type.



Just 38.3% of households had children, as compared to 50.9% in 2010. Clients living in reservation sites were most likely to have children in the household, while clients in rural sites were most likely to have seniors in the household. The average household size was highest in the reservation sites (3.8 household members) and lowest in rural sites (2.4 household members). The percentage of clients responding that they currently have more than one household living together for financial reasons was also the highest for reservation sites (43.6%), compared to 14.5% of rural households and 20.0% of urban households.

The mean age of respondents ranged from 45 among reservation clients to 51 for rural clients. The majority of survey respondents (61.2%) were female. Sixty-six percent of clients surveyed considered themselves white, 26.2% were Native American, and 7.8% described themselves as some other racial/ethnic background.

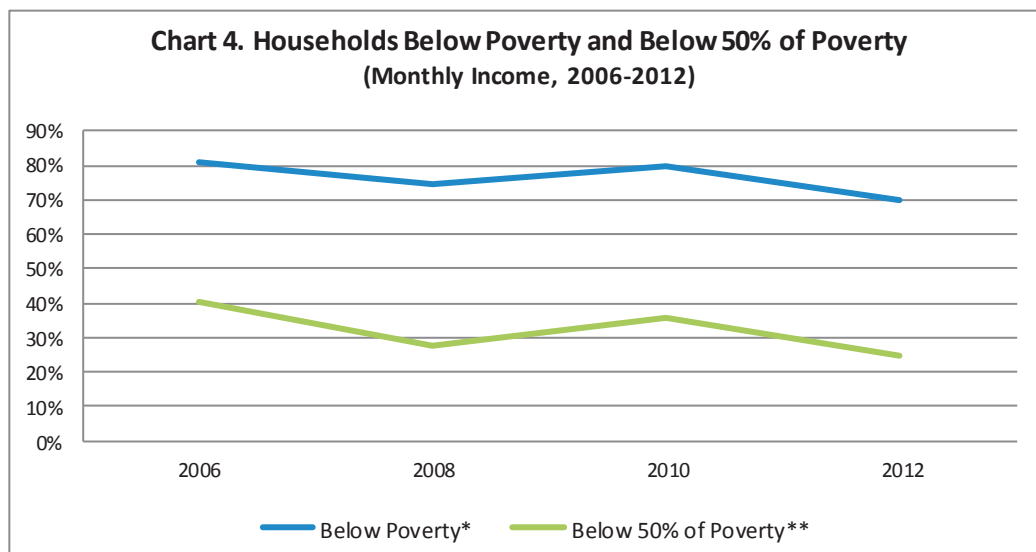
B. Factors Impacting Hunger

1. Poverty: Hunger is directly linked to poverty. Seventy percent of all households interviewed reported their monthly income was below the federal poverty line. The poverty rate was slightly higher among households with children at nearly 77% and lower among households with seniors at 60.7%. The percent of clients living in poverty was lowest among rural clients, with 56.4% reporting monthly incomes below the poverty line.

Nearly 1 in 4 clients surveyed were living in deep poverty with incomes below 50% of the poverty line - just \$960 per month for a family of four. Poverty rates were highest among reservation clients with 94.1% living below the poverty line, and 52.9% living in deep poverty.

2012 Federal Poverty Guidelines (48 Contiguous States)		
Persons in Household	100% of Poverty	185% of Poverty
1	\$11,170	\$20,665
2	\$15,130	\$27,991
3	\$19,090	\$35,317
4	\$23,050	\$42,643
For each additional person, add:	\$3,960	\$7,326

Chart 4 shows the percentage of households living in poverty from 2006-2012 (monthly income data was not collected in 2004 and is therefore excluded from the chart). All figures are based on clients' income the month prior to the survey. Determining poverty based on monthly income rather than annual income provides a more accurate picture of a client's current situation.



*An income of \$1,921 per month for a family of four

** An income of \$960 per month for a family of four

Although poverty levels among survey respondents declined in 2012, most still had incomes just above the poverty line. Unfortunately having an income just above the poverty line is still insufficient to make ends meet. The USDA estimates that until a household's income reaches 185% of the poverty line, they are at risk of experiencing food insecurity. Eighty-eight percent of households surveyed had a monthly income below 130% of the poverty line and 98% had an income at or below 185% of the poverty line the month prior to the survey.

I GO WITHOUT WHENEVER I CAN

Barb, Helena

Barb, 70, lives alone on \$812 per month in Social Security benefits. She regularly puts off going to the doctor and filling her prescriptions because she cannot afford the expense. Barb says she goes without her prescriptions whenever she can, but quite often she is forced to choose medicine or medical care instead of food. Barb still has dizzy spells from injuries sustained in a car accident. She cracked three disks in her neck and could not leave the house for six weeks. Barb picks up food at Helena Food Share every other month and has been coming for about a year. "I am so thankful for Helena Food Share. If I ever get rich, they'll get a big donation." As she was taking the survey she watched a young mother and her children go into the pantry. She said quietly that she feels guilty when she sees moms with kids and that she hopes she is not taking food from them. She receives only \$22 in SNAP benefits but says "I don't know what I'd do without it". To make her food last longer Barb often eats one meal a day and drinks a lot of water in between to feel full.

2. Employment: The limited number of living wage jobs in Montana has a significant impact on hunger and poverty in our state. Many food pantry clients are employed but low wages and limited hours do not provide enough income to meet even basic needs. Approximately 42% of households surveyed had at least one adult employed, but nearly 65% of employed adults reported working in seasonal, temporary, or part-time jobs. Employment was highest in urban sites where nearly 48% of households had at least one member employed. Rural households were most likely to have had more than one job, with 22% reporting that a household member had worked at more than one job at the same time in the last 12 months (40.0% of rural households reported being currently employed).

The percentage of households with no employment increased slightly in 2012 to nearly 58%, up from 51% in 2010. Employment was lowest in reservation sites, yet still more than 1 in 3 households reported at least one member working. In those households with no employment in reservation sites, 53% of clients reported that they were looking for work and 69% were not working due to disability or poor health. Sixteen percent of urban households with no employment reported having at least one member laid-off, compared to 14% of reservation households and 9% of rural households with no employment. Just over 31% of households with no employment reported having at least one retired household member.

Table 1. Household Employment (2004-2012)

	2004	2006	2008	2010	2012
Households with Employment	44%	47%	47%	49%	42%
Of Households with NO Employment:					
Looking for Work	36%	27%	27%	37%	37%
Not Working Due to Disability or Poor Health	58%	59%	62%	64%	70%

3. Education: Education and employment training do not always protect clients from hunger and poverty. Clients in 2012 were more likely to have graduated from either a 4-year college or a 2-year trade/technical school than in any previous survey year. Clients in urban sites were most likely to have completed college or other training with 24% of respondents reporting that they had graduated from either college or a 2-year program. Education levels were lowest among reservation clients where 25% of respondents had not graduated from high school.

Table 2. Education Level of Respondent (2004-2012)

	2004	2006	2008	2010	2012
Completed at least high school	72%	73%	76%	78%	81%
Completed at least some college	39%	34%	42%	39%	48%
Graduated from college or trade/technical school	11%	12%	14%	9%	19%

4. Housing: Lack of stable housing can play a major role in a family's ability to put food on the table. Approximately 18% of households reported that they were currently staying with friends or family (some were paying rent, others not), or in some other temporary situation (such as living in a travel trailer or staying at a motel). In total, just over 12% of clients surveyed considered themselves to be currently homeless or in transition. Of these 25 households, nine included children. In addition, 1 in 4 clients reported that more than one household was currently living together for financial reasons. Often, this additional household was a grandparent or adult children that could not afford to live on their own.

Just over 23% of clients reported owning their home and 51% were currently renting. Many clients noted the limited availability of affordable housing with nearly 1 in 3 reporting that they have had to pay for rent or mortgage instead of food in the last 12 months, and 43.4% reporting that the cost of housing was a major reason that they were in need of food assistance the day of the survey.

5. Inability to Afford Both Food and Other Necessities: Low-income families are often forced to make decisions about where to spend their limited dollars. Unfortunately, this choice frequently comes down to paying for necessities such as rent, utilities, fuel, and medical costs versus paying for food. Clients are often forced to pay for these other expenses first, leaving very little left over for the food budget.

In 2012:

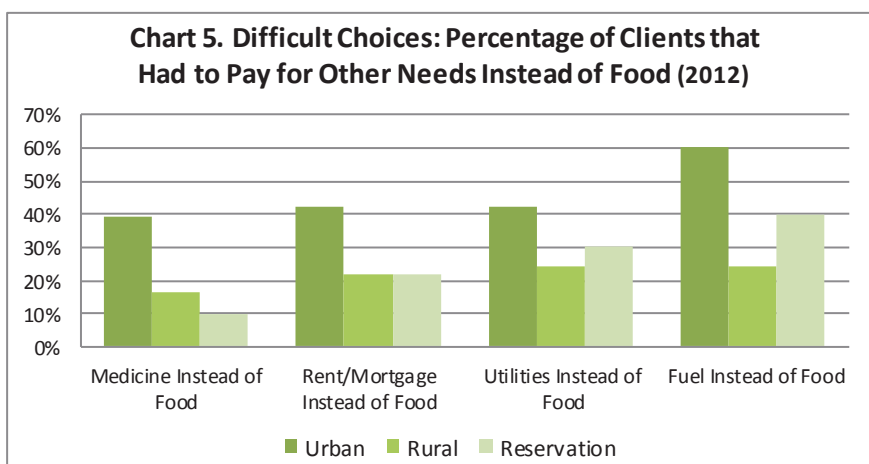
- Sixty percent of households reported having to choose some other necessity (rent/mortgage, utilities, fuel, or medical care) instead of food in the last 12 months.
- One in four households reported having to pay for medical care instead of food in the last 12 months.
- Forty percent of households reported having to pay for fuel for transportation instead of food in the last 12 months.
- Nearly 34% of households reported having to pay utilities instead of food in the last 12 months.
- Thirty-one percent of households reported having to pay for rent or mortgage instead of food in the last 12 months.

The percentage of clients reporting that they had to choose other necessities over food is down somewhat from previous survey years. The majority of the decrease in averages can be attributed to significant decreases in clients reporting making these decisions in rural sites. The percentage of clients in rural sites reporting that they had to choose these other necessities over food was considerably lower in 2012 as compared to previous years, but this was not necessarily the case among urban and reservation clients:

- The percentage of clients reporting that they had to choose rent/mortgage over food increased among reservation clients from 2010 to 2012.
- The percentage reporting that they had to choose fuel over food increased among both urban and reservation clients from 2010 to 2012.

Another reason for the decline is a change in the wording of the survey question. In 2006 and 2008 clients were asked if they had to decide *between* food and other necessities in the past 12 months. In 2010, this question was changed to whether they had chosen these other necessities *instead of* food in the last 12 months. Many clients in 2010 and 2012 reported that they had to make the decision but chose food over the other necessities.

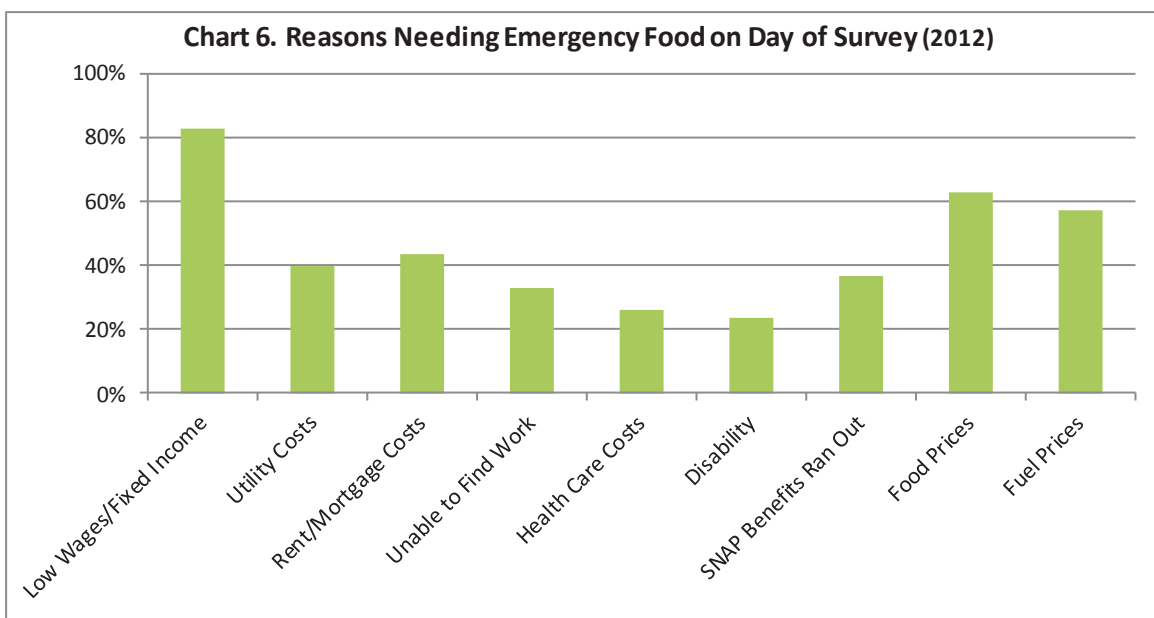
Chart 5 shows the percentage of clients that made these difficult decisions in 2012 by site type. Urban clients were consistently the most likely to report having to choose other necessities over food. The majority of reservation clients reported having access to Indian Health Services and consequently, were least likely to report having to choose medicine or medical care over food.



"I can't go without my medication but I have to buy half doses when I can't afford them all at once. I pay for my medicine before my food because I don't have a choice."

-72 year-old woman, caring for her two grandchildren, Helena

6. Strained 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 of the survey. Low wages and fixed incomes have long been the primary factors impacting food budgets among clients interviewed. Food and fuel costs were also primary reasons, as well as housing and utility costs. 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 6 shows the primary reasons given in 2012.



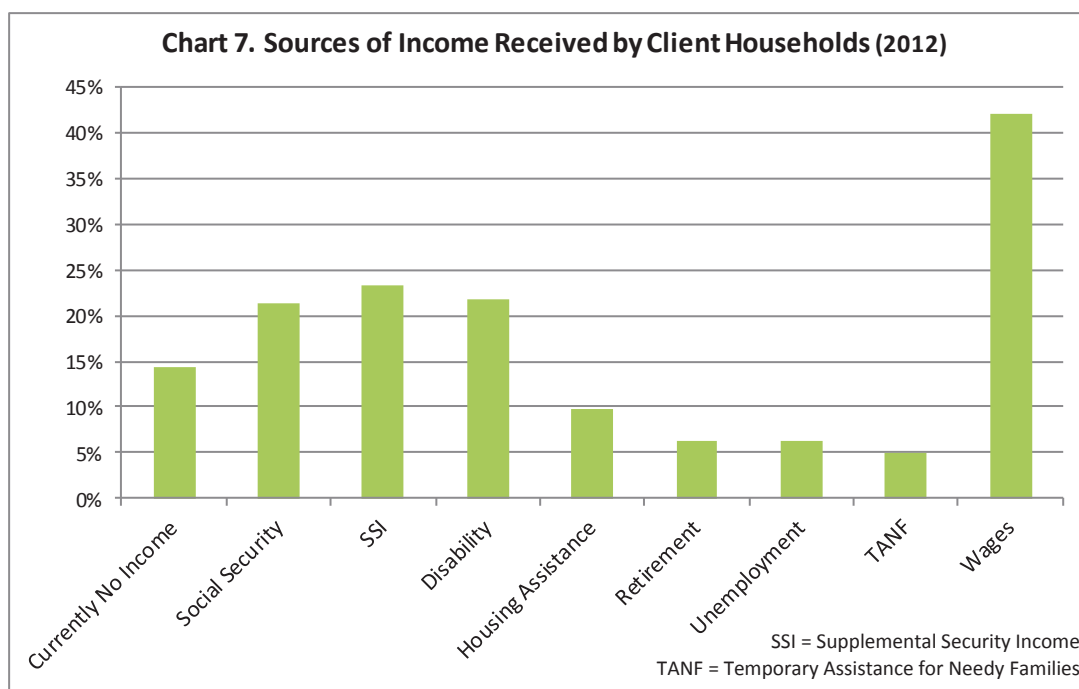
I’VE NEVER BEEN IN THIS SITUATION BEFORE

Mark, Chinook

Mark, 36, moved to Chinook three months ago from Nevada because he thought it would be a better place for his family. In Nevada he had a good job with a comfortable income. He was supposed to have a job lined up in Chinook but it ended up falling through at the last minute. This is his first time in this situation and his first time at a food pantry. Mark is trying to figure out how to make ends meet until he can get back on his feet but is unfamiliar with the programs and resources that are available. Until someone told him about it, he didn’t even know that he could get food at the food pantry. Mark’s wife and kids are currently living with her parents while he tries to find work but there is not much available, especially that would pay well enough to support his family. He has not applied for SNAP because he is hoping the situation is temporary and he will find work soon, however he is currently struggling to pay for rent and utilities and does not have enough money to feed even himself. He is very grateful that the pantry is able to help get him through this hard time.

7. Sources of Income and Support: Chart 7 illustrates the most common sources of income and assistance reported by clients:

- More than 42% of households reported having income from wages.
- Clients in rural sites were more likely than those in urban or reservation sites to have retirement income.
- Households in reservation areas were more likely than rural or urban sites to have SSI income.
- Both Social Security and disability (primarily Social Security Disability Insurance or SSDI) income were more likely in urban and rural sites than in reservation sites.
- TANF (Temporary Assistance for Needy Families) income was more likely among reservation households than urban or rural households.
- Among all site types, 14.3% of clients reported currently having no income.



"It is hard to put food on the table anytime I get sick because, without sick leave, I only get paid when I work."

- 47 year-old mother, working full-time, Helena

8. Access to Health Care: Whether or not clients have medical insurance often plays a significant role in how well they are able to stretch their food dollars. Nearly 46% of clients reported at least one uninsured adult in the household and nearly 17% reported having uninsured children in the household. More than 18% reported that no one in the household has insurance. Households with one or more members insured were most commonly covered by Medicaid (43.2%) and Medicare (27.2%). Just over 34% of households with children reported that their children receive insurance through Healthy Montana Kids, down from 51% in 2010. Indian Health Services was the primary source of medical care for clients in reservation sites, with 70.9% of reservation clients reporting access to the service. Just 9% of clients surveyed had employer-provided insurance.

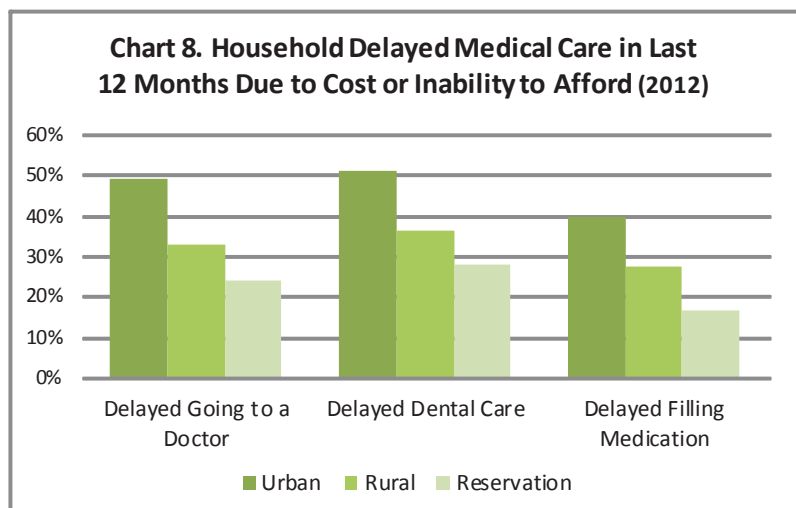
Although in 2010 we found that having medical insurance did not have a significant impact on the likelihood of having unpaid medical bills, in 2012 those households with at least one uninsured adult were much more likely to have unpaid medical bills than those households with all adults insured (73.3% compared to 45.0%). In addition, those households with all adults insured were much less likely to delay receiving medical care due to cost. Of those with at least one uninsured adult, nearly 60% had put off going to a doctor compared to just under 20% of those households with all adults insured.

Table 3 illustrates the importance of having medical insurance to household food security and the added challenges faced by families living without it.

Table 3. Benefit of Health Insurance on Household Food Security (2012)

Food Security Factors	All Adults Insured (n=112)	One or More Adults with No Insurance (n=94)
Adults Skip Meals	45.0%	55.3%
Needed Food Assistance due to Health Care Costs	21.6%	31.9%
Had to Pay for Medical Expenses Instead of Food	20.4%	31.2%

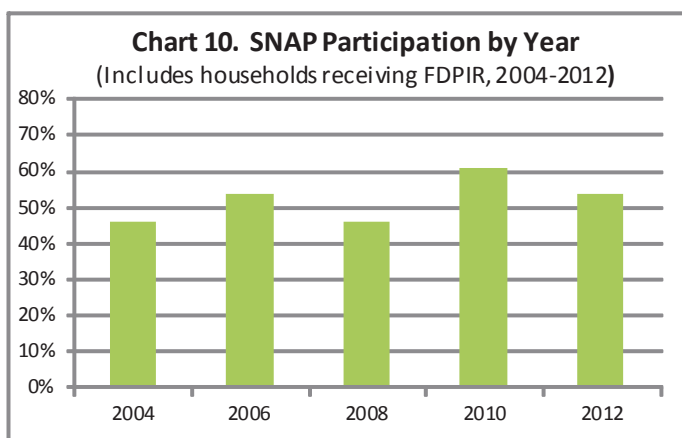
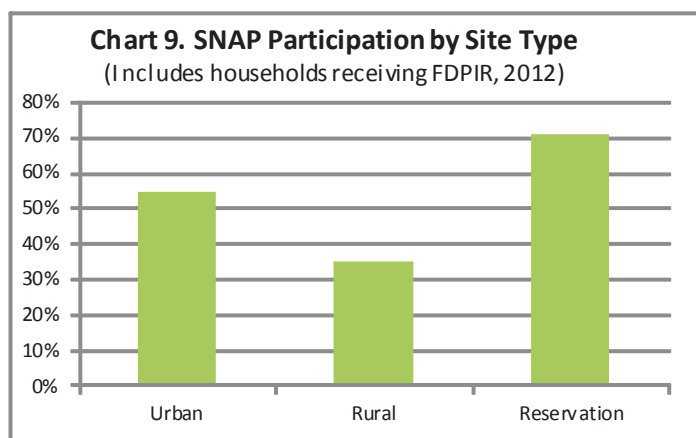
Reservation clients were the least likely to report having to delay medical care due to cost, likely due to their access to Indian Health Services. Urban clients were most likely to have no one in the household insured, and correspondingly were also most likely to have delayed going to a doctor, delayed dental care, and delayed filling medication (Chart 8).



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. Participating households were asked what they value about the programs and what, if anything, they dislike. The Federal Nutrition Programs play a crucial role for families struggling to make ends meet, as demonstrated through clients' responses to the survey.

1. The Supplemental Nutrition Assistance Program (SNAP, formerly food stamps): Chart 9 shows SNAP participation by site type and Chart 10 shows SNAP participation by year. Overall, 53.4% of households reported receiving SNAP benefits in 2012. This percentage is down from 2010 when 60.5% of households were participating. SNAP participation was particularly low among rural clients. The percentage of rural clients participating in SNAP decreased from 53.5% in 2010 to just 34.5% in 2012, accounting for much of the overall decline. Participation among urban clients decreased from 63.0% to 54.2% while participation among reservation clients increased slightly from 68.3% in 2010 to 70.9% in 2012.



SNAP-Education Program (SNAP-Ed): The SNAP-Ed program provides nutrition education, cooking classes, and a variety of other resources to clients eligible for SNAP. Clients receiving SNAP benefits were asked whether they participate in SNAP-Ed and if not, why. Overall we found participation in the program to be fairly low among survey respondents. About 1 in 8 SNAP households reported that they had participated in the SNAP-Ed program. Among those not participating, nearly 78% reported not knowing about the program. Among those who had participated, more than 83% reported that they found the program valuable.

"We have not had to pay for rent or utilities instead of food because of SNAP. SNAP helps us feed our family, choose healthier foods, and purchase items not available at the food pantry. Because of SNAP, we rarely need to come to the pantry at all."

- 43 year-old woman, recently laid-off, Kalispell



Reasons Not Participating in SNAP: Table 4 shows the primary reasons clients reported not participating in the SNAP program by year. In 2012, 7.3% of households not receiving SNAP responded that they had recently submitted an application and were waiting for their paperwork to be processed.

Table 4. Reasons Clients were Not Participating in SNAP (2004-2012)					
	2004	2006	2008	2010	2012
Did not apply	36%	37%	40%	38%	55%
Do not want to participate	13%	9%	13%	15%	19%
Application was denied	29%	33%	29%	28%	28%

Of those who did not apply for SNAP or reported not wanting benefits, the most common reasons included:

- Did not know I may qualify (40%)
- Prefer to come to the food pantry (33%)
- Can get by without the program (33%)
- Application process too long and complicated (19%)
- Don't want to be on "welfare" (14%)
- Don't want to take benefits away from others (14%)
- Planning to apply (14%)

Many of the households not receiving SNAP would likely benefit greatly from the program. Of those households not receiving SNAP, more than 47% reported that adults had skipped meals in the last 12 months because there wasn't enough money for food. In addition, households not receiving SNAP were more likely to have had to make difficult decisions to pay for other necessities over food than SNAP participating households.

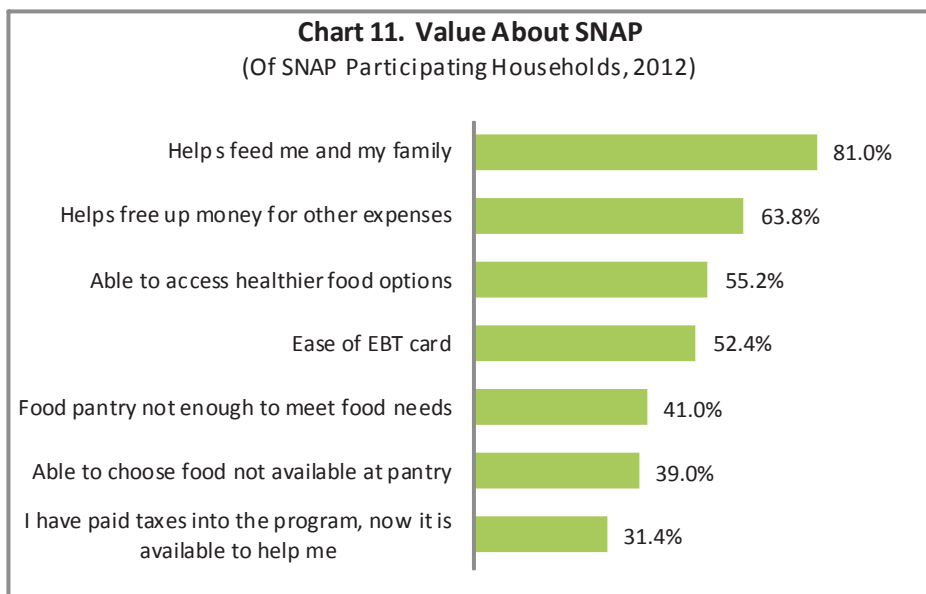
I'M AFRAID WE WILL END UP SLEEPING ON THE STREET

Brittney, Kalispell

Brittney, 26, is a single mom with a 1 year-old daughter. She recently got a part-time job at McDonalds. She would like more hours but they are not available. Brittney and her daughter have been homeless for almost a year, since she lost her previous job and was left with no income. Brittney has tried to find low-income housing but says it is very scarce. She has been working with the Housing Authority but there is nothing available, not even at the shelter. She and the baby are currently staying with friends but need to move next week. She doesn't know where they will go and is afraid they will end up sleeping on the street. Brittney is trying very hard to take care of her baby and make sure she is healthy. WIC has been extremely valuable for Brittney, helping her learn how much her daughter needs to eat and which foods to feed her. Brittney noted that WIC benefits make a big difference in helping her afford milk. She said the pantry frequently runs out of milk so she is rarely able to get enough there. In order to make sure she has enough milk for her daughter, Brittney does not drink any of it herself. Brittney tries to eat a healthy diet but it is hard. She sometimes eats at work because she can get a free meal but knows it is unhealthy. She says she tries to make sure she eats healthy but "the prices of produce are so high it is hard to eat fresh. It is so much cheaper to buy a boxed meal." Brittney ends up skipping meals about once a week to make sure she can feed and take care of her daughter.

SNAP Participating Households:

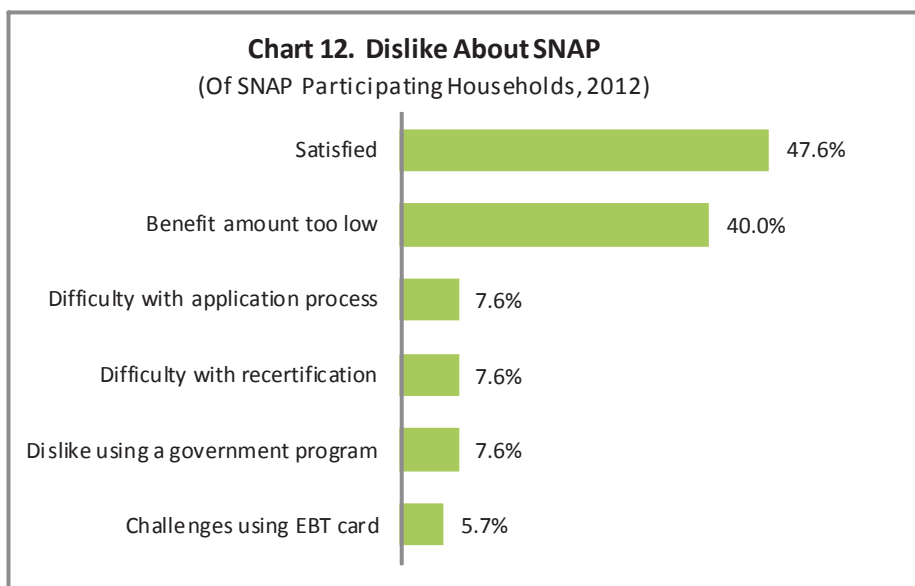
Value about SNAP: Overall, households receiving SNAP benefits expressed an appreciation for the program and emphasized its importance in helping their families get enough to eat. Chart 11 lists the factors that clients reported valuing most about the SNAP program. Participating households valued the program's ability to help them feed their families, free up money for other necessities such as rent, utilities, and childcare, and access healthier food options than they would otherwise be able to afford, demonstrating the tremendous value of SNAP as a nutrition assistance program.



"Without SNAP I would not have food. There is no way with my income to afford food. By the time I pay Medicaid, rent, and bills, it is all gone. I do not have one dime for groceries."

- 58 year-old woman, Helena

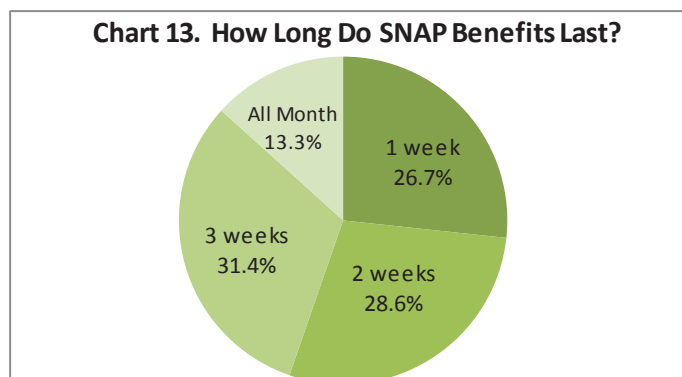
Dislike about SNAP: While nearly 48% of participating households reported being satisfied with the SNAP program, many others felt that the benefit amount they receive is too low. Chart 12 lists the factors that clients reported disliking about the SNAP program. Urban clients were most likely to report that they dislike using a government program and were also most likely to respond that their benefit amount is too low. Nearly 62% of reservation clients reported being satisfied with the program, compared to 58% of rural clients, and 35% of urban households.



"My SNAP benefits have been going faster and faster since food prices have gone up. I have to make everything stretch. One chicken breast lasts three days with rice."

- Suzanne, 62, Lewistown

SNAP Benefits Running Out: A common misconception is that SNAP benefits provide all of the food resources a household needs every month. Chart 13 shows how quickly respondents typically run out of benefits. More than 55% of clients said that their SNAP benefits run out by mid-month. On the day of the survey, nearly 68% of SNAP participating households reported “SNAP benefits ran out” as a reason for needing food assistance.



The average benefit amount in Montana is \$126 per person per month, or \$1.40 per meal if stretched over the entire month. The minimum benefit is just \$16 per month. The USDA estimates that eating a low-cost healthy diet of home-cooked meals costs about \$2.40 per meal for an average adult, or about \$218 per month¹⁰.

Differences Between SNAP-Participating and Non-Participating Households

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

- Have had to pay rent or mortgage instead of food
- Have had to pay for fuel for transportation instead of food
- Have had to put off medical care due to cost (including going to a doctor, dentist, and filling medication)
- Have uninsured household members (both children and adults)

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

- Have a lower monthly income (not accounting for household size)
- Have children in the household
- Have no adults employed

WITHOUT SNAP I WOULD NOT HAVE FOOD

Linda, Helena

Linda, 60, is disabled and lives on \$830 per month in SSDI (Social Security Disability Insurance) benefits. Up until a few years ago she was a Human Resources professional with a stable income. She has been battling an autoimmune disease for ten years and is no longer able to work because of the disease. She has prolonged periods of illness and cannot leave the house. After an unexpected divorce, Linda was left with no income. She “went from an independent, professional woman to living in abject poverty”. Linda is very careful with her money and follows a strict budget. She lives 15 miles out of town and only has enough gas money to get to Helena once a month. She has to pay \$200 a month for Medicaid because her health care costs are so high. She receives SNAP benefits and says “Without SNAP I would not have food. There is no way with my income to afford food. By the time I pay Medicaid, rent, and bills, it is all gone. I do not have one dime for groceries.” As is commonly the case, Linda’s SNAP benefits are not adequate on their own and she relies on a food pantry to fill the gap. Relying on help from others has been hard. She says “Using SNAP is hard on the ego. It is hard to go from being a vibrant, healthy adult to being here.”

2. School Breakfast and Lunch Program: Overall, nearly 91% of households with school-age children reported that their kids eat free or reduced price (FRP) school lunch but just 69% reported that their children also eat FRP breakfast. The two primary reasons families reported for having their children eat FRP lunch but not breakfast are 1) It is too difficult for them to get their kids to school early enough, and 2) They prefer to feed them at home. Participation in FRP lunch was consistently high among all site types. Participation in FRP breakfast was lowest in rural sites with just 50% of potentially eligible households participating, as compared to 68% in urban sites and 80% in reservation sites.

Of those households participating in both FRP breakfast and lunch, 89.3% of clients report being satisfied with the school nutrition programs. When asked what they value about the program, the following responses were most common:

- Program provides nutritious meals (75.0%)
- Participation in the program helps us stretch our food budget (67.9%)
- Participation means less stress preparing and providing meals (62.5%)
- Ease of the application process (35.7%)

Among those households participating in breakfast, families report that the FRP breakfast program ensures children get to eat breakfast (65.1%), helps prepare their children for a day of learning (55.8%), and helps relieve the stress of finding time to feed the kids at home before school (46.5%).

3. Summer Food Service Program (SFSP): Given the importance of FRP school meals to food pantry clients it is no surprise that summer often creates a challenge for families as they try to make up for the loss of these meals over the summer months. The goal of the Summer Food program is to help fill this gap by providing free, nutritious meals to children ages 18 and under. In 2012, 31.2% of households with children reported participating in SFSP. Participation was higher in both reservation (35.5%) and urban (33.3%) sites, and lower in rural areas (18.8%). The primary reason clients cited for not participating was not knowing about the program (50.0%), followed by difficulty with transportation to the site (13.5%), and no sites available (7.7%). An additional 15% of families with children had only infants or young toddlers and reported not participating because their children were too young to eat the types of food available at the site.

Of those households participating in SFSP, 82.6% reported being satisfied with the program. When asked what they value about SFSP, the following responses were most common:

- Program helps me feed my family (82.6%)
- Program provides well-balanced, nutritious meals (78.3%)
- Helps us stretch our food budget (73.9%)
- Ease of participation/no application (65.2%)
- Convenience of the site (60.9%)
- No stigma because open to all kids (60.9%)

"I appreciate the Free and Reduced Price Meal Program because there is not always a lot to eat in my house right now. I skip meals and cut back on how much I eat to make sure my kids have food. It helps to know that they are able to eat a meal or two at school."

- Michael, 42, single father of two,
school-bus driver, laid-off for summer

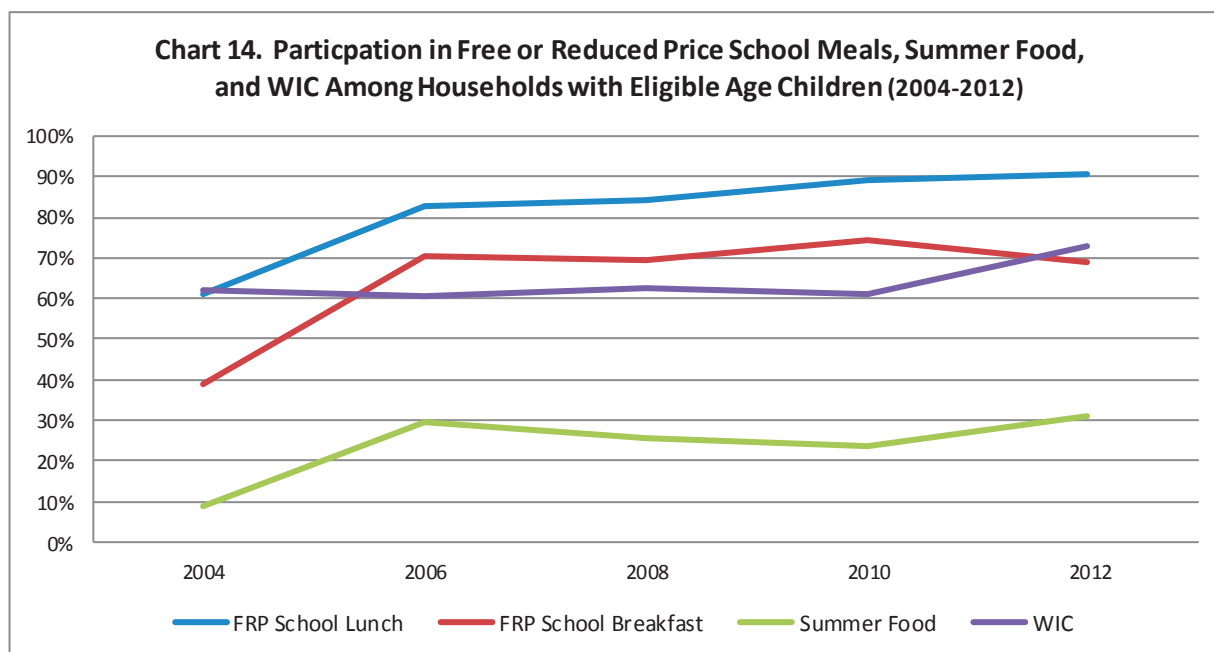


4. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): As the number of households with children declined in 2012 as compared to past years, so did the number of households with children potentially eligible for WIC. In 2012, just 33 households answered the WIC-specific questions making it difficult to draw conclusions based on percentages (given that the numbers associated with the percentages were frequently very low). To account for this challenge, the following WIC data includes numbers as well as percentages.

Among 33 households eligible to apply for WIC (those with children under age five or with a pregnant or breastfeeding household member), 24 households, or 72.7%, participated in the program. This is the highest participation rate we have found over all years of the study but needs to be interpreted with some caution given the limited number of potentially eligible households. Participation was lowest in the rural sites and highest in urban sites with 8 out of 9 households participating.

Of those 24 households participating in WIC, 18 (90.0%) report being satisfied with the program. When asked what they value about the program, the following responses were most common:

- Help with formula (75.0%)
- Vouchers for nutritious foods (70.0%)
- Nutrition education (50.0%)
- Program helps me feed my family (50.0%)
- Health screenings (45.0%)



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 39% of households with at least one senior member reported receiving food through the federal Commodity Supplemental Food Program (CSFP, commonly called Senior Commodities). Participation in other senior food programs was lower with just one senior household receiving food through Meals on Wheels, and 14.5% of senior 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.

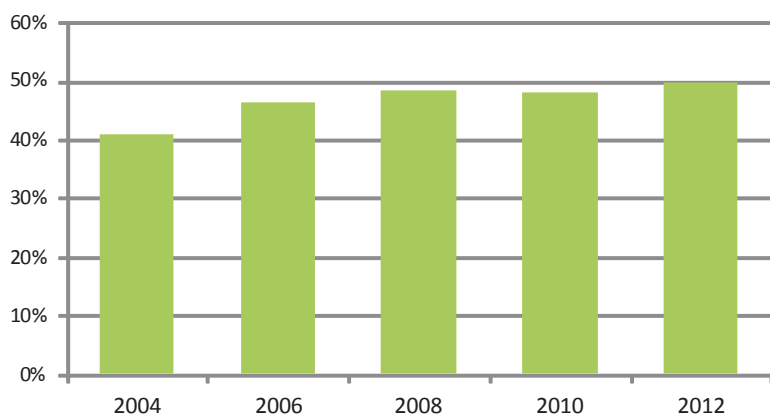
1. Skipping meals: Nearly 50% of clients reported that adults in their household had skipped meals in the last 12 months so that others could eat or because there wasn't enough money for food. For some clients this situation was rare but for many, it occurred on a regular basis. Of those clients reporting that adults had to skip meals, more than half reported doing so at least once per week and more than 3 in 4 did so at least once per month. Table 5 shows the percentage of households skipping meals by site type and Chart 15 illustrates this variable by year. Three households reported that even children had to skip meals in the last 12 months because there wasn't enough money for food.

Table 5. Households Indicating Adults Skipped Meals in the Last 12 Months (2012)

	Urban	Rural	Reservation	Total
Adults Skip Meals	54.2%	34.5%	57.4%	49.8%
Adults Skip Meals at Least Once per Week (Of those who skip meals)	52.9%	52.6%	48.4%	51.5%
Adults Skip Meals at Least Once per Month (Of those who skip meals)	78.4%	73.7%	74.2%	76.2%

Of the 102 households reporting that adults had to skip meals, 12.7% originally responded that adults *did not* skip meals. It wasn't until they were asked what strategies they use to stretch their food budget that they admitted to regularly eating only one or two meals per day. This tendency to underestimate the severity of their situation may be a reflection of the fact that many clients have adjusted to having a limited amount of food and eating only one or two meals per day has become routine, rather than the result of having to skip meals. Clients indicating that adults commonly eat fewer than three meals per day as a strategy to stretch their food budget are included in the percentage of households with adults skipping meals.

Chart 15. Households Indicating that Adults Skip Meals (2004-2012)

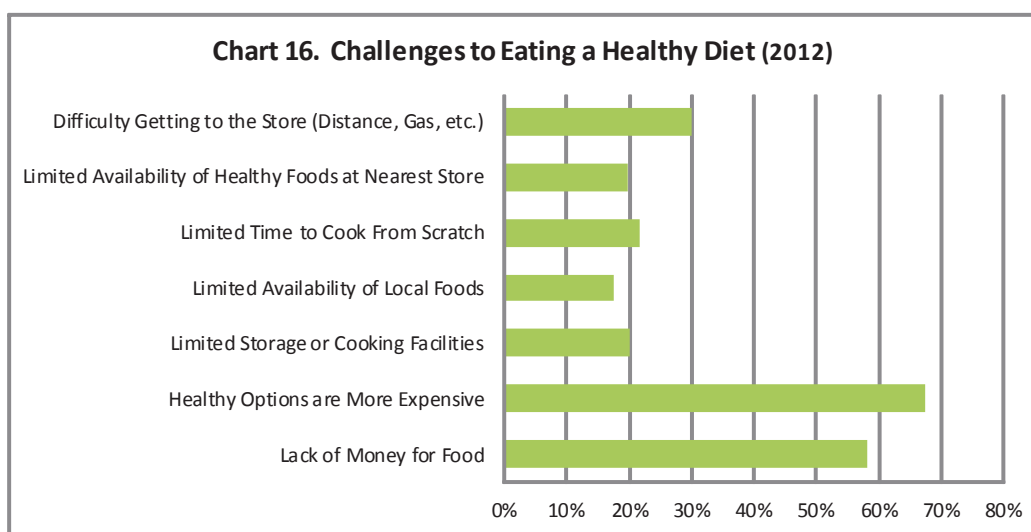


"I worked until I was 70 years-old. I had to quit working because I could hardly walk anymore. I've had two surgeries on my legs but it is still hard to get around. I can't stand very long. Generally I eat about one meal a day, sometimes two. I only heat the bedroom because I can't afford to heat the whole house."

- Robert, 74, Plains

2. Reduced Quality of Nutrition: Clients frequently cope with food insecurity and hunger by reducing the nutritional quality of the food they consume. Often, the foods that provide the most calories for the least cost are highly processed and low in nutritional value. As a result, hunger and obesity can occur in the same populations and in the same families. Clients frequently reported eating limited amounts of fruits and vegetables because they felt they were more expensive than packaged foods and oftentimes less available at the food pantry. Clients noted that fresh produce is especially difficult because it doesn't store well and much of what is available at the food pantry does not last long. Clients also reported difficulty affording meat with many people reporting that peanut butter was a primary source of protein. Milk was another food item that clients struggled to afford. Many mentioned saving it only for the children.

The inability to consistently access healthy foods, combined with a lack of adequate health care can lead to a number of health problems and a high level of stress for clients. 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. Chart 16 shows some of the challenges households faced when trying to eat a healthy diet.



For clients with special dietary requirements, this limit on food choice is even more challenging. Half of all clients surveyed reported at least one household member with specific dietary needs including those with diabetes, food allergies, and health conditions requiring a low fat or low salt diet. Clients struggled to meet these needs given the foods they were able to purchase on a limited budget. Just over 17% of households with special dietary needs reported the food they received at the food pantry was insufficient in meeting these needs. Table 6 shows the percentage of households with the most common dietary needs.

Table 6. Households with Special Dietary Needs (2012)

Household includes at least one member requiring the following type of diet (of total households):

Diabetes	20.9%
Low Salt / Low Fat	18.0%
Lactose Intolerant	15.0%
Food Allergies	10.2%
Total Households with Special Dietary Needs	50.0%

"I haven't had to skip meals but I am probably eating less nutritiously than I should be just based on what I can afford and what is available. Not getting adequate nutrition impacts your energy, it affects your self-esteem."

- DD, 61, Lewistown

3. Visits to the Food Pantry: The food pantry is a critical resource for families dealing with hunger and food insecurity, helping clients meet their immediate need for food. Pantries differ significantly in terms of the amount of food they are able to provide each client, as well as how frequently clients can receive food. These differences make it difficult to compare changes in the number of food pantry visits across survey years. Chart 17 shows the number of visits to the pantry made by clients surveyed in 2012. Clients most commonly received food 10 to 12 times in the past 12 months. The figures in Chart 17 do not include the perishable “lobby” items available daily or weekly at some pantries. They include only food boxes, commonly available on a monthly basis.



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. Table 7 shows that more than 49% of clients felt their food boxes were adequate. However, many clients also indicated that they would like to see more dairy products, fresh produce, and protein.

Table 7. Description of Last Food Box Received (2012)

Needed More Protein	36.3%
Needed More Dairy	43.0%
Needed More Fresh Produce	41.3%
Needed More Canned Fruits and Vegetables	16.8%
Special Diet Needs Not Met (Of Households with Special Diet Needs)	17.2%
Adequate Amount of Food	49.2%

“I’ve never gotten a food box before but I got laid-off on Friday. After paying rent and bills for the month, I knew I would need help with food. I’m hoping that this will be a temporary situation but also planning for the possibility of a longer period. I haven’t applied for SNAP yet because I am hoping to find a job.”

- Diane, 54, Kalispell



It is important to note that emergency food boxes cannot meet a family's food needs for an entire month. More than 55% of clients reported that their last food box lasted a week or less. Those who replied that the food lasted 6 days or more were asked a follow-up question about whether or not it was difficult to make it last that long and how they were able to stretch it. Of these, just 10.6% said that it was not difficult to make it last that long. The others reported that they were only able to stretch the food by combining it with other food sources (including food they purchased with their own income and/or SNAP benefits), eating small, insufficient meals, or skipping meals all together.

Table 8. Length of Time Food in Last Food Box Lasted (2012)

1-3 Days	16.9%
4-5 Days	8.5%
6-7 Days*	29.9%
More Than 7 Days*	44.6%

*Of those who said it lasted 6 days or more, just 10.6% said that it was NOT difficult to make it last that long. Others indicated that they were able to stretch the food only by combining it with other food sources, eating less, and skipping meals all together.

4. Other Sources of Food: Many clients also reported that they access food through other sources such as a garden (17.5%), a soup kitchen or free meal program (14.1%), from family or friends (35.9%), or hunting and fishing (33.0%). Just over 26% of clients stated they did not have any other sources of food.

Just 16% of clients reported accessing locally grown food through a farmers' market. The following factors are the primary reasons clients cited for not accessing food through a farmers' market:

- Too difficult to make it to the market - schedule conflicts, limited transportation, etc. (30.5%)
- Limited availability in this area - includes limited hours, small selection, etc. (24.6%)
- Produce at the market is more expensive than at the grocery store (19.8%)
- Not interested in going to the market (17.4%)
- Did not know about market, where it was, how to access (12.6%)
- No market available (12.0%)

Among clients in reservation sites, the most common reasons for not accessing food at a farmers' market were limited availability or that there is no market available. Many rural clients also cited limited availability as a primary reason. Urban clients were most likely to report difficulty making it to the market due to schedule conflicts, transportation, or other difficulties.

5. Strategies to Stretch Food Budget: Clients were asked what strategies, if any, they use to stretch their food budgets. Clients frequently reported using coupons, shopping sales, cooking from scratch, buying in bulk, and choosing less expensive foods. Clients also stressed the importance of careful shopping to select foods that can be combined into meals, making sure nothing goes to waste, and developing a budget and a meal plan and sticking to them. Another common response was to cut back on the amount of food consumed. Many clients noted eating small portions or eating only one or two meals a day because that is all they can afford or because that is what they need to do to ensure that others in the household can eat. It is likely that many of the clients in this situation are not eating an adequate amount of food to meet their nutritional needs.

"My daughter is only 11 and already knows the difference between a need and a want.

When we go grocery shopping, I don't impulse buy. I am careful with pricing, I shop the sales and use coupons.

- 44 year-old mom, Chinook

E. Challenges Faced When Dealing with Hunger

1. Difficult Time Putting Food on the Table: The stories shared by food pantry clients during the survey illustrate the daily struggles of families and individuals throughout Montana. For most food pantry clients, accessing food is just one small piece of the situation that they are dealing with. Clients were asked to share an example of a time that it was particularly difficult to put food on the table. While everyone's situation was unique, a number of common themes emerged from their stories:

- *Job loss:* Clients frequently cited the period after losing a job as one of the most difficult. Many had never been in this type of situation before and did not know where to turn for help. Connecting with resources such as the food pantry and SNAP often made a big difference yet many clients reported that they still struggle from day to day just to make sure there is enough food on the table.
- *SNAP or other benefits were cut:* Benefit amounts are often minimal, providing just enough help to get by. When benefit amounts are cut, clients may be left with no way to make up that difference.
- *Death, injury or illness:* Situations such as a death in the family, an injury, or illness often result in both a loss of income (sometimes even the loss of a job or an inability to go back to work) and increased medical expenses. These types of situations, often beyond the control of the client, have an immediate impact on the ability of a household to remain self-sufficient.
- *Lack of housing:* Many clients noted that it was most difficult to put food on the table when they lacked stable housing. Just over 12% of clients considered themselves currently homeless or in transition but many more reported that they had been homeless previously. A lack of stable housing generally means a lack of storage, refrigeration, and cooking facilities, greatly increasing the challenges of accessing an adequate amount of food.

"I used to be in the corporate world. I lost my job, my 401k. These programs are stepping stones to get back on my feet. They are not long term."

-Steve, 52, Lewistown



2. Hardest Time of the Year: 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 2012 and in previous survey years:

- *Winter:* Winter is a hard time for many Montanans. Higher heating bills cut into already stretched food budgets, many seasonal workers are laid-off, and there are fewer opportunities for work. Clients have the added transportation challenges of snow, ice, and cold weather. The holiday season often means stress and extra expenses as families work to afford gifts and a special holiday meal.
- *Summer:* Free and reduced price school meals are not available for children placing added strain on a family's food budget. While some families were able to utilize the Summer Food Service Program to help fill this gap, many others did not know about the program or have access to a Summer Food site. The summer also means increased child-care costs for many working families.
- *All Year:* For many clients the struggle to pay bills and provide food remains constant, regardless of the 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 and expenses. 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.

"The most difficult time to put food on the table is at the end of the month, every month. There is no money. Food is almost gone. I don't eat to feed my child."

- Kathy, 38, Lewistown



V. CONCLUSION / DISCUSSION

Hungry in Montana 2012 is the fifth report in our series of studies examining hunger in Montana. The reports are released every other year by the Montana Food Bank Network to examine the underlying factors contributing to hunger in our state and share the experiences and struggles of food pantry clients. As in past years, the 2012 study found that unemployment, underemployment, and insufficient fixed incomes combine with the increasing cost of living to force thousands of Montanans to seek emergency food assistance every month.

The clients surveyed for the 2012 report were of all ages, backgrounds, and situations. Many of the clients we spoke with never thought they would find themselves at a food pantry but were recently laid-off or injured and unable to work. Others have been struggling with unemployment, a disability, or low wage jobs for years and have had to regularly rely on a food pantry to make ends meet. What the clients shared, however, was a current state of economic insecurity. In the 2012 report, 70% of households were living in poverty the month prior to the survey and nearly 90% were living below 130% of the poverty line. Low wages or living on a fixed income were the reasons clients most often cited for needing emergency food the day of the survey, followed by high food and fuel prices. Sixty percent of clients reported having to pay for other necessities such as rent, fuel, utilities, and medical care instead of food in the last 12 months.

For these families and individuals food pantries are invaluable resources, helping them meet their immediate need for food. However, with 1 in 7 Montanans struggling with hunger, it is clear that the emergency food system cannot meet the need alone, nor is it intended to. Fifty-five percent of clients surveyed reported that a food box lasts less than a week. The remaining 45% reported being able to stretch their food boxes for more than a week but only when it was carefully combined with other food sources or the because the client skipped meals or ate less in order to make it last. Public nutrition programs including SNAP, WIC, Free and Reduced Price School Meals, and the Summer Food Service Program are often more efficient and sustainable sources of food assistance for families and individuals working to make ends meet. Through their personal stories and responses to the survey, food pantry clients shared just how irreplaceable these programs have been to help them feed their families, access healthier food options, and better stretch their limited dollars.

Despite the importance of these public programs, the 2012 study found that many food pantry clients who could likely benefit from programs such as SNAP were not currently participating. While nearly all clients surveyed reported an income low enough to qualify for SNAP, just 53% of the clients surveyed were receiving benefits. Statewide, about 1 in 4 individuals likely to qualify for SNAP do not receive benefits. Often this underutilization is due to a lack of knowledge about eligibility guidelines and the application process. In addition, many potentially eligible individuals are reluctant to participate in public programs because of pride or the stigma associated with accepting government help. Increased outreach and education is necessary to help clients overcome these barriers and increase food security in our state.

Increasing food security both in Montana and nationwide is critical if we hope to minimize the long-term consequences of hunger on our society including preventable health problems and medical costs, lower educational attainment, and lost economic productivity. Doing so will require both a strong emergency food system and public nutrition safety net. Rather than protecting the public nutrition programs, however, many members of Congress have questioned their value and effectiveness. In particular, SNAP faces significant cuts and changes to eligibility as Congress works to reauthorize the Farm Bill. The Senate recently passed a version of the bill that would cut \$4.5 billion over 10 years from the SNAP program. While these cuts would cause hundreds of thousands of struggling families to see their benefit amount go down, the cuts proposed by the House Agricultural Committee are far worse. The draft of the bill proposed by the House Agricultural Committee would cut \$16 billion over 10 years from the SNAP program. These severe cuts would cause an estimated 2 million households to lose SNAP benefits entirely while another 500,000 households would see a decrease in their benefit amount¹¹.

¹¹FRAC Legislative Action Center, Farm Bill 2012

While we recognize the need to address our nation's debt crisis, it should be unacceptable to do so on the backs of our most vulnerable population. Cuts to SNAP and other public food programs will hurt seniors, families with children, unemployed and underemployed workers, and individuals with disabilities. When Congress resumes its debate on the Farm Bill, we urge Montana's Congressional leaders to protect hungry Montanans and recognize that a weakened nutrition safety net will increase food insecurity and lead to long-term costs that are far greater than any immediate savings.

In addition, we must increase public awareness of the prevalence of hunger and its significant consequences for our society. Every day, families across Montana and the U.S. are making tough decisions about whether to buy groceries or put fuel in the car, parents are skipping meals so that they can make sure their children have food, and seniors are not getting the nutrition that they need to stay healthy because they cannot afford enough to eat.

With 50 million Americans struggling with hunger, the impacts are long-lasting and widespread. Families experiencing hunger have higher rates of sickness, chronic disease, and mental health challenges. Children who are hungry have lower test scores, higher rates of absenteeism, and are less likely to receive a post-secondary education. Workers experiencing hunger have higher rates of injuries and a harder time concentrating and performing effectively. The result is increased strain on the health care system, a less competitive future workforce, and lost economic productivity.

Ending hunger will require both political will and public involvement. The *Hungry in Montana* 2012 report provides the background and data necessary to serve as a call to action. We urge service providers, policy makers, the media, school administrators, the health community, the business community, and the general public to work together to make ending hunger in Montana a reality. Suggestions for action at the individual, community, state, and federal levels are included in the Recommendations section of this report.



"There are people in every community hurting more than their friends know."

- 62 year-old woman, Lewistown

VI. 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 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:

- Protect the programs from dangerous cuts and changes to program structure that would severely limit efficiency and effectiveness.
- 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 alternative breakfast models to encourage increased participation such as Breakfast in the Classroom, Grab and Go, or Breakfast after First Period; encourage Universal Breakfast in schools with high rates of Free and Reduced Price meals.
- Actively promote start-up of new Summer Food Service Program sites to reach un-served communities.
- Provide funding for transportation of children to SFSP sites to increase participation.
- Expand access to healthy foods for seniors at congregate meal sites, home delivered meals, and through nutrition education.
- Promote increased SNAP participation through outreach and education, as well as the maximization of state administrative options.
- 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 a state Earned Income Tax Credit to help the working poor keep more of the money they earn.
- Provide incentives to grocery stores, farmers' markets, and local food stands to offer healthy foods at affordable prices.
- Support efforts to increase coordination between services; help ensure that clients receiving one form of public assistance also receive information on other programs and resources they may qualify for.
- 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.
- Appropriate funding through the State Legislature to support the emergency food system in order to help meet the need for food assistance.



Action at the Community and Individual Level:

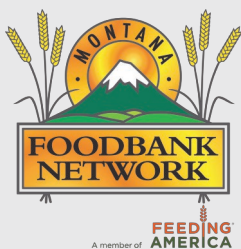
- Increase public awareness of the prevalence of hunger, as well as its impact on health, education, and our economy.
- Increase public understanding of the complexities of hunger including its relationship with poverty, low wages, and rising costs; help others understand that poverty and hunger are not choices that people willingly make.
- Work to increase public understanding that 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.
- Advocate for policies that bring sustainable, long-term solutions to hunger including policies to support the public nutrition programs and other anti-hunger and anti-poverty measures.
- Work to increase awareness of and participation in the public nutrition programs; identify and address local barriers to participation.
- Help support programs that increase the ability of low-income families to access local, affordable foods such as community gardens, food co-ops, CSAs (Community Supported Agriculture), and EBT, WIC, and Senior Farmers' Market Programs.
- Strengthen charitable food distribution through local and faith-based food pantries and meal sites; donate food/funds or volunteer.
- Partner with your local school to start a school-based food pantry.
- 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 and screen for developmental and mental health in relation to inadequate or poor quality diets.
- Ask the question: *Is there enough food in the house?* Make referrals to public nutrition programs and other services when appropriate.
- Support anti-hunger, anti-poverty policies that ensure Montana's children grow up healthy and well nourished.

Actions for the Business Community:

- 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 breastfeeding 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.
- Cover the start-up costs of a new Summer Food site, expanded School Breakfast Program, or Backpack program.
- Donate materials or sponsor activities at summer food sites to help increase participation.
- Volunteer or donate to local anti-hunger organizations.
- Support anti-hunger, anti-poverty policies that will strengthen our economy and help prepare tomorrow's workforce.



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VII. 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 economy¹²

- In Montana, 58,918 households and 126,547 individuals participate in SNAP (FY 2012).
- Approximately 12.8% of Montana's population receives SNAP benefits.
- Approximately 42% of recipients are children.
- Nearly \$16 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 SNAP benefits generates nearly twice as much in total economic activity.

2. School Nutrition Programs: The School Nutrition Programs (SNP) were initiated in 1946 with the National School Lunch Program. SNP reimburses schools for nutritionally balanced 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 Montana¹³.

- School Lunch: The average daily participation in school lunch for the 2011-2012 school year was 80,335 students. Of that number 45,934 meals were served Free or at a Reduced-Price. The annual federal reimbursement for Montana's National School Lunch Program was \$23,962,428¹⁴.

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.

Statewide SNAP Participation¹⁵

The estimated statewide participation rate of those eligible increased from:

58% in 2004
to 61% in 2005,
to 62% in 2006,
to 64% in 2007 and 2008,
to 76% in 2009

¹² Montana Department of Public Health and Human Services, SNAP Unit

^{13, 14} Montana Office of Public Instruction

¹⁵ State Supplemental Nutrition Assistance Program Participation Rates, USDA Report for 2009

- School Breakfast: The School Breakfast Program began as a pilot program in 1966 and was permanently authorized 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 average daily participation for the 2011-2012 school year was 26,395 students. Of those, 20,777 meals were served Free or at a Reduced-Price. The annual federal reimbursement for Montana's School Breakfast Program was \$6,786,204¹⁶.
 - Summer Food Service Program Beginning as part of a larger pilot program in 1968, the Summer Food Service Program (SFSP) was fully established in 1975. SFSP provides nutritious meals at no charge to children while school is not in session. The program was created 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. The average daily participation in 2012 was 6,663 children. The participation rate was 10.4% (based on the number of students eligible for free or reduced price school lunch). The annual reimbursement for the Summer Food Service Program was \$1,169,445 for operations and \$122,041 for administration equaling a total of \$1,291,486¹⁷.
3. WIC (Special Supplemental Nutrition Program for Women, Infants and Children). WIC was established as a pilot program in 1972, before becoming permanently authorized in 1975. 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 pregnancies have 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. Statewide the average number of participants for 2012 was approximately 20,500. Federal funding for WIC was \$16,700,000¹⁸.

Eligibility guidelines for Public Food and Nutrition Programs vary 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 net income guideline 100% of poverty
- 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**.

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 2,210,808 meals were served in FFY 2012 through 70 emergency congregate feeding operations (EFO) in Montana. In State Fiscal Year 2012, over 2.4 million pounds of USDA purchased commodity food was shipped to the 74 MFBN member TEFAP food banks and 70 EFO agencies¹⁹.
- 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 are at or below 185% of poverty. In FFY 2012 the CSFP served over 96,000 food packages to 118 communities equaling 3 million pounds of USDA purchased commodity foods²⁰.
- 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 2012 was more than 14,000 children in Montana child care facilities²¹.
- 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 2012, up to 2,116 participants received a food package per month. Over 25,000 food packages were issued through FDPIR programs on all seven federally recognized tribal nations in Montana equaling 3.5 million pounds of USDA purchased commodity foods. The FDPIR food package as selected by participants is substantially healthier than the average American diet²².
- Senior and Long Term Care Nutrition Services Incentive Program (NSIP), formerly the Nutrition Program for the Elderly (NPE), is administered by the U.S. Department of Health and Human Service's Administration for Community Living (formerly the Administration on Aging), but receives USDA foods from the Food and Nutrition Service. The NSIP rewards State Agencies and Indian Tribal Organizations that efficiently deliver nutritious meals to older Americans by providing funds to purchase food. All, or part, of these funds may be used to purchase food through the USDA. There are 10 Agencies on Aging in Montana and 7 use a portion of their NSIP meal funds to purchase USDA commodity foods; a total of 96 senior centers and Meals on Wheels sites receive USDA commodity foods throughout Montana. Additional nutrition programs offered through the Aging Network include: Congregate and home delivered meals, CSFP, the Senior Farmers' Market Nutrition Program, nutrition screening and nutrition education. In State Fiscal Year 2012, the Area Agencies on Aging provided 1,193,403 congregate meals and 693,818 home delivered meals²³.

^{19, 20, 22} Montana Department of Public Health and Human Services, Intergovernmental Human Services Bureau

²¹ Child and Adult Care Food Program, Early Childhood Services Bureau

²³ Montana Department of Public Health and Human Services, Aging Services Bureau