

HUNGRY IN MONTANA:

Factors Contributing to Emergency Food Needs

2014 Client Hunger Survey



Report by the
Montana Food Bank Network



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Acknowledgments

Study conducted and report written by:

Lorianne Burhop, MA
Kate Bradford Devino, MA

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For further information regarding this report, contact the authors at:

Montana Food Bank Network
5625 Expressway
Missoula, Montana 59808
www.mfbn.org
(406) 721-3825
lburhop@mfbn.org
kdevino@mfbn.org

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“We have had a larger number of new clients lately because available income is decreasing and putting more pressure on our resources. Employment opportunities in our area are pretty much limited to minimum wage jobs which further impact services such as ours. Our donation amounts, however, seem to be staying about the same.”

Robert Parker, Director,
Custer County Food Bank

I. EXECUTIVE SUMMARY

Despite our nation's slow recovery from the Great Recession, food insecurity rates remain high. The struggle to keep food on the table is reflected in our state's food pantries, soup kitchens, and other emergency food providers. *Hungry in Montana* 2014 is the Montana Food Bank Network's sixth 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 FOOD SECURITY

Insufficient income is a primary factor influencing a household's need for food assistance. A limited income combined with factors such as increasing food and fuel prices, lack of affordable housing, and high health care costs make accessing an adequate diet a challenge for households.

- Seventy-five percent of clients surveyed reported an income below the federal poverty line in the month prior to the survey, and nearly one-third were living in deep poverty with incomes less than half of the poverty line. Poverty levels were highest among families with children and among households living on reservations.
- Of the 37% of households with at least one member currently employed, 65% were working seasonal, part-time, or temporary jobs. Of those households not working, 64% had at least one household member unable to work due to injury, disability, or poor health.
- 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, rent/mortgage, and utilities. Many households also reported needing to visit the pantry because they had run out of SNAP or other food assistance.
- Participation in the public nutrition programs can have a significant impact on food security, yet just 58% of clients surveyed were receiving SNAP 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.

EXPERIENCING FOOD INSECURITY

Clients shared the ways in which food insecurity impacts their lives as they work to stretch their budgets and keep food on the table.

- Nearly 50% of clients reported that adults in the household had to skip meals because there was not enough money for food. Of these, nearly 75% had to skip meals on at least a monthly basis.
- Clients had most commonly received food six times or fewer in the last year, and 16% of those surveyed were visiting a food pantry for the first time.
- Nearly 60% of clients reported having to pay for other necessities such as rent, fuel, utilities, and medical care instead of food in the last twelve months.
- 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.

CLIENT STORIES

In addition to collecting statistical information, this study is an opportunity to hear firsthand the experiences and struggles of Montana's food pantry clients. As in 2012, the 2014 study was designed with a smaller sample size than previous survey years to increase the focus on individual experiences and more clearly illustrate the reality of hunger in Montana through clients' own voices. Quotes and stories are shared throughout the report.

RECOMMENDATIONS

Overall, the *Hungry in Montana* 2014 report shows that a combined effort to improve economic security, maximize participation in public nutrition programs, ensure adequate amounts of food available through the emergency food system, and increase access to affordable, healthy food options is the most effective way to ensure food security for all Montanans.

- **Recommendations for specific action to alleviate hunger are included on page 26 of this report.**

II. INTRODUCTION

The number of Montanans receiving food assistance remains staggering nearly five years after the official end of the Great Recession. In 2013, agencies of the Montana Food Bank Network served nearly 140,000 different clients over a total of 1.15 million visits. In a state of approximately one million individuals, this means nearly one in seven Montanans received assistance through our agencies. There is reason for optimism, however. The number of clients receiving emergency food peaked in 2010 at 192,000 and has declined slowly but steadily every year since.

Emergency food providers do an outstanding job of meeting the immediate need for food. Simply providing food, however, will not address the underlying factors contributing to such high rates of need in our state. To truly end hunger in Montana, we must improve economic security by increasing the number of living wage jobs, increasing access to affordable housing, medical care, and child care, and ensuring that the fixed incomes of seniors and individuals with disabilities are enough to afford basic necessities. Increasing participation in the public nutrition programs is also a critical step in helping families achieve self-sufficiency, while mitigating the long-term consequences of food insecurity.

Our *Hungry in Montana* report examines the factors that force people to seek emergency food assistance by providing a snapshot of food pantry clients around the state. Year after year, our survey results show that factors such as underemployment, insufficient fixed incomes, transportation challenges, limited access to health care, and a lack of affordable, stable housing leave thousands of Montana households struggling to make ends meet. Our surveys have also demonstrated that 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.

We hope that this report will lead to a greater awareness of hunger in Montana and an improved understanding of the factors that lead families to seek emergency food. Our recommendations for both policy makers and individuals to address hunger in our state are provided on page 26 of this report.

"Our need for emergency food services continues to increase, while food availability through state and federal programs is decreasing. It is a challenge to find food at affordable prices when you are relying on the generosity of the community for donations. Grants are harder to find, and many times are set at a limit that does not go far in stocking shelves.

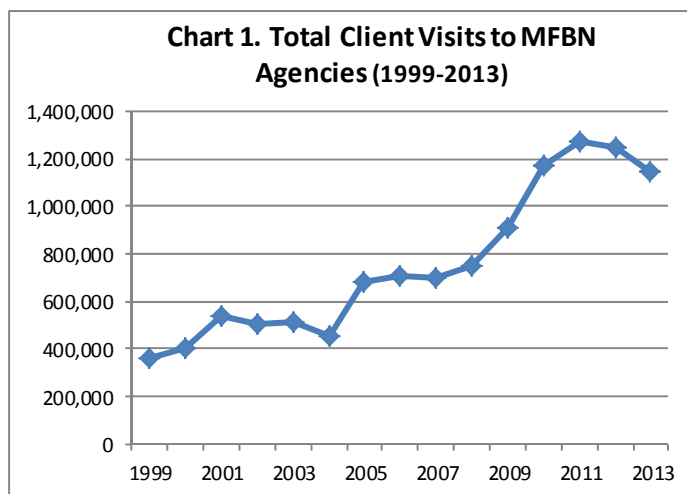
Most remarkable, and concerning, at our food bank is the number of senior citizens who are providing for grandchildren on minimum and fixed incomes. We also hear of individuals in need who are hesitant to use our services because of pride, believing there are other families that are in a more dire situation than they. It makes you wonder - How extensive is hunger and food insecurity in my community? How else can I help meet the need for services?"

Linda Conner, Director, Helping Hands in Hardin



A. How Prevalent is Hunger in Montana?

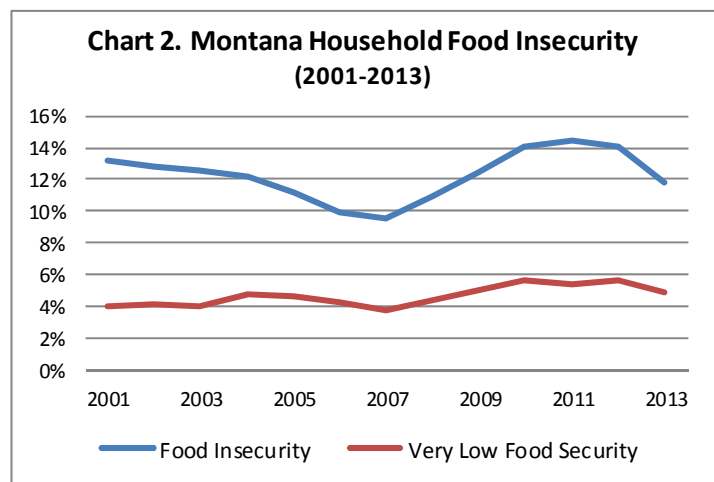
Emergency Food Visits: There has been a significant increase in the need for emergency food, as well as the number and capacity of emergency food providers over the past fourteen years. Chart 1 shows the steady growth in total client visits (including repeat visits) to MFBN partner agencies from 1999 to 2013, with the most dramatic increases beginning in 2009 after the Great Recession. Total visits to MFBN partner agencies peaked in 2011 (as compared to number of individual clients, which peaked in 2010) before slowly declining over the past two years. In the first six months of 2014, 70,015 Montanans visited one of our partner agencies, as compared to more than 93,500 during the first six months of 2013.



Statewide Food Insecurity: The United States Department of Agriculture (USDA) publishes an annual report on Household Food Security in the United States. The most recent report was released in September 2014 and includes data based on a three year average from 2011-2013. The report uses data collected by the US Census Bureau as part of their annual Current Population Survey.

While the scale used to estimate food security is the best measure available, some researchers believe respondents may underreport levels of food insecurity, especially those experiencing severe hardship. Measuring food insecurity among children is particularly difficult as parents are likely to underreport impacts on children. As a result, the reported numbers are generally considered to be conservative estimates¹.

Chart 2 shows the official household food insecurity rates in Montana since 2001. After steadily increasing beginning in 2007 with the start of the recession, food insecurity rates declined in 2013 to their lowest levels since 2008. The percentage of households considered food insecure declined from 14.1% in 2012 to 11.8% in 2013, and the percentage of those living with very low food security in Montana declined from 5.6% to 4.9%². These declines correspond with the decreases we have seen in client visits to MFBN agencies, as well as a slowly improving economy. Nationwide, however, the food insecurity rate remains essentially unchanged from its peak following the recession. According to the USDA, any potential improvement in food security due to lower unemployment has been offset by the impacts of higher inflation and the increasing cost of food³.



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

Very Low Food Security, also referred to as *hunger*, occurs when households must reduce food intake or skip meals because the household lacks money and other resources for food.

¹ Current and Prospective Scope of Hunger and Food Insecurity in America: A Review of Current Research, July 2014

² Household Food Security in the United States 2013, United States Department of Agriculture

³ USDA Report: Prevalence of U.S. Food Insecurity Is Related to Changes in Unemployment, Inflation, and the Price of Food, 2014

B. Why is there Hunger?

Hunger is directly related to economic insecurity. Low wages, job loss, underemployment, lack of affordable housing, and high medical costs leave families with little money for food. Both in Montana and 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 had never needed help before. The recovery from this recession has been slow as thousands of Montanans remain out of work or underemployed. More than 16% of Montanans lived below the poverty line in 2013 and 70,000 individuals lived in deep poverty with an annual income of less than \$12,000 for a family of four. The median household income in Montana was just under \$47,000 in 2013, the 15th lowest in the nation⁴.

"I want to be working for what I need but I don't really have a choice right now."

Food pantry client, injured and unable to work construction,
Billings

While economic factors often have the largest impact on the number of individuals in need, increased rates of hunger and food insecurity can also result from the underutilization of public nutrition programs. For example, the USDA estimates that about one in four individuals in Montana likely to qualify for SNAP benefits does not participate⁵. Programs such as WIC and the Summer Food Service Program are underutilized to an even greater extent. Lack of knowledge about the programs, resistance to seeking public assistance, challenges with the application and certification process, as well as limited access to the programs are some of the reasons participation is not maximized.

Finally, long distances to grocery stores can also contribute to hunger and food insecurity in Montana. Thirty of Montana's fifty-six 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, nearly 72,000 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 challenge⁶.

C. The Challenges of Providing Food through the Emergency Food Network

Montanans are rugged individualists who pride themselves on their ability to survive through even the toughest challenges. Time and time again, pantry clients express their hesitancy to seek help and always feel there is someone far more in need than themselves. But after years of trying to find work that pays a living wage, experiencing cuts in food assistance or facing one more emergency that depletes their meager financial reserves, even the strongest will reach out to their neighbors to ensure their families do not go hungry.

Setting aside the economic impact of the recent recession, Montana's rural families face unique challenges that only a handful of other states experience. According to the 2010 Census, 44% of Montanans live in areas considered rural and 29% live in small cities with a population of 2,500 to 50,000 people⁷. In many cases, simply getting to a grocery store can bring up a myriad of other barriers such as access to and affording transportation, finding a store that takes their SNAP benefits, or having a market that carries affordable, nutritious foods. In addition, poverty rates tend to be higher among Montana's rural families with 25% of children in rural areas living in poverty compared to 23% of children in small cities, and 15% of children in urban areas.

MFBN and its partner agencies are stretching their creative limits in an attempt to serve not only those that can and do access emergency food assistance, but also those in extreme outlying areas that face numerous access barriers. Mobile Food Pantries, home delivery options, and school-based pantries are being added to the list of innovative programs that attempt to reach rural Montanans where they live.

In 2013, over 138,000 individuals received 17.9 million pounds (14.2 million meals) from MFBN's 200+ partner agencies. More than 8.4 million pounds (6.6 million meals) came from the Montana Food Bank Network. It takes a strong national network of donors to continually meet the demands on each of our partner agencies. In order to expand into the underserved rural areas of Montana, we expect the demands to be even greater.

⁴ US Census Bureau, 2013 American Community Survey, 1-Year Estimates

⁵ State Supplemental Nutrition Assistance Program Participation Rates, USDA Report for 2011

⁶ USDA ERS Food Access Atlas Data, May 2014

⁷ US Census Urban and Rural Classification, 2010

⁸ Center for Rural Affairs: 2010 Census Brief 3, Poverty on the Great Plains, April 2012

III. SURVEY METHODOLOGY

The Montana Food Bank Network completed its sixth biennial client survey in the spring of 2014 to better understand the experiences of those seeking emergency food assistance in our state. The survey was conducted at food pantries in eight different communities: Browning, Billings, Hardin, Miles City, Havre, Dillon, Libby, and Great Falls.

All adults (eighteen years or older) who sought emergency food services at the 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 207 clients participated in the survey. Survey participants are not intended to be representative of all food pantry clients, but instead provide a “snapshot” of emergency food clients across the state.

In order to better understand how factors such as geographic location affect households experiencing food insecurity, the sites were categorized by their relative population density. Findings from Billings and Great Falls were compiled into one category and termed as “urban”. Findings from clients living on the reservations in Browning, Hardin, and Havre were compiled into the “reservation” category. The “rural” category consisted of findings from Dillon and Libby, as well as all clients not living on the reservation in Hardin and Havre.

The survey was completely voluntary and confidential. Clients had the option to leave the survey anonymous, provide contact information for follow-up, or to give permission to use their first name and town with any quotes or stories. In addition, some clients gave permission to use their photo in the report. When permission was granted, real names and photos are provided with quotes and stories throughout the report. In all other cases, names and photos have been changed.

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 eight 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, 2010, 2014 sites:

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

*Additional 2010 sites

**Not included in 2014



IV. MAJOR FINDINGS FROM THE STUDY

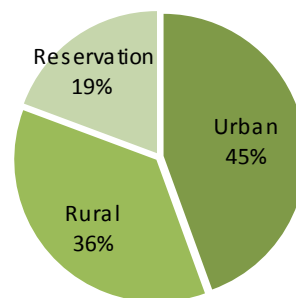
A. Household Demographics

Overall, 207 clients representing 592 household members completed the survey in 2014. This sample size is approximately the same as the 2012 survey, which had 206 respondents. The average age of respondents was fifty and the majority (60%) were female. Fifty-nine percent of respondents considered themselves white, 30% were Native American, and the remaining 11% described themselves as some other racial status. Chart 3 shows the percentage of clients interviewed by site type.

One-third of households included at least one senior member (age 60+) and 43% included children. Just over 30% of households were adult only (no children or seniors). Clients living in rural sites were least likely to have children in the household and had the smallest average household size at 2.3 individuals. Clients living in reservation sites has the largest household size with an average of 4.2 individuals. Reservation households were most likely to have children, as well as most likely to have seniors.

Overall, 18% of clients reported they currently had more than one household living together for financial reasons. Often these households included extended family, grandparents, or adult children unable to afford to live on their own. Reservation clients were most likely to have more than one household living together and rural clients were the least likely.

Chart 3. Percentage of Clients Interviewed by Site Type



We are Trying to Get Back on Our Feet

Billy, 31, Billings MT

Billy lives with his wife and their three-month old son. He and his wife started receiving assistance when their little boy was born early and needed to stay in the hospital for an extended period of time. Billy's employers were not willing to hold his job while he stayed with his wife and newborn son in the hospital so he was let go. Since losing his job, they have received some financial help from family and friends but their income has been just \$500 to \$1,000 each month, making it difficult to pay the bills and keep food on the table. They have had to visit the food bank on a regular basis, picking up food boxes every month and stretching them to last a week or maybe two. The food boxes combined with their SNAP benefits get Billy and his family through each month. Billy shared that he is very grateful to have the food bank and SNAP so that he doesn't have to worry quite as much about feeding his family.

While his wife was able to return to work the week of the survey, Billy is staying home with their son as he tries to find a new job. When asked about the hardest time of year to provide food Billy said "Right now because I just lost my job, but we are trying to get back on our feet again."

B. Household Composition

Household composition impacts the likelihood of experiencing food insecurity with those households that include seniors, children, and individuals with disabilities among the most vulnerable. More than 87% of households surveyed contained at least one individual from one of these high-risk groups.

Households with Children (under 18)

- 43% of households surveyed had children
- 90% of these households were living in poverty and 57% were living below half of the poverty line
- Adults in 52% of these households had to skip meals
- 69% were receiving SNAP (the Supplemental Nutrition Assistance Program, formerly food stamps) or FDPIR (Food Distribution Program on Indian Reservations)
- 20% were first time clients and 43% had been receiving assistance for more than a year

Households with Seniors (age 60+)

- 33% of households surveyed had at least one senior member
- 63% of these households were living in poverty and 18% were living below half of the poverty line
- Adults in 33% of these households had to skip meals
- 51% were receiving SNAP (the Supplemental Nutrition Assistance Program, formerly food stamps) or FDPIR (Food Distribution Program on Indian Reservations)
- 16% were first time clients and 61% had been receiving assistance for more than a year

Households with Individuals Unable to Work due to Disability

- 44% of households surveyed had at least one adult member not working due to disability
- 74% of these households were living in poverty and 23% were living below half of the poverty line
- Adults in 55% of these households had to skip meals
- 69% were receiving SNAP (the Supplemental Nutrition Assistance Program, formerly food stamps) or FDPIR (Food Distribution Program on Indian Reservations)
- 12% were first time clients and 60% had been receiving assistance for more than a year

C. Factors Impacting Hunger

- 1. Poverty:** Income is a strong predictor of food security. Households living below the federal poverty line (FPL) are particularly likely to experience food insecurity as well as challenges affording housing, utilities, medical care, and other necessities.

Our 2014 survey found that nearly 75% of respondents reported their household income the month prior to the survey to be below the poverty line. The poverty rate was even higher among households with children at nearly 90%. Consistent with previous surveys, the percentage of clients living in poverty was lowest among rural clients (68%) and highest among households living on a reservation (92%).

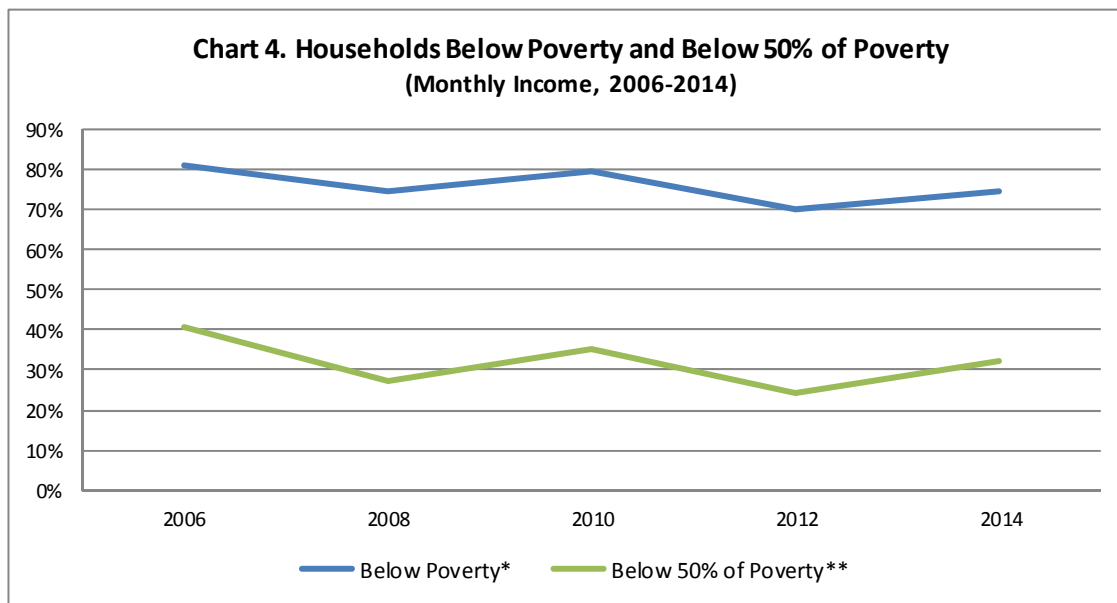
Those in deep poverty (incomes below half of the FPL) experience extremely high rates of food insecurity. Nearly one in three clients surveyed were living in deep poverty with household incomes of less than \$1,000 per month for a family of four. The deep poverty rate for households living on a reservation was 62%, nearly twice the overall average.

Of those households with incomes above poverty, most were not much higher. Nearly 90% of households reported incomes below 130% of the poverty line.

2014 Federal Poverty Guidelines (Monthly, 48 Contiguous States)

Persons in Household	50% of Poverty	100% of Poverty	130% of Poverty
1	\$486	\$972	\$1264
2	\$655	\$1310	\$1703
3	\$825	\$1649	\$2144
4	\$994	\$1987	\$2583
Each add'l person, add:	\$169	\$338	\$440

Chart 4 shows the percentage of households living in poverty from 2006-2014 (monthly income data was not collected in 2004 so that year is 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 \$1,987 per month for a family of four

** An income of \$994 per month for a family of four

I've Never Faced Hunger Until Now

Krista, 31, Great Falls

Krista is a single mother raising a seven year-old daughter and five year-old twins. She was diagnosed with cancer six months ago. Before her illness, her family never worried about money or whether they would have food. After her diagnosis, Krista found herself unable to work due to failing health and her time-consuming treatment schedule. Faced with growing medical costs, she exhausted her savings and the family lost their home and vehicle. They are currently living in a hotel, surviving off a small disability payment, SNAP benefits, and some help from family.

Krista is now cancer-free, but she and her children are homeless and broke. She is looking for work but without a vehicle or permanent address, she has found this nearly impossible. Her children rely on free school meals for breakfast and lunch while Krista eats at a local soup kitchen.

Because she had never faced hunger until now, Krista has found it difficult to familiarize herself with all of the agencies and resources that are available to those in need. She was excited to learn about the Summer Food Service Program because she had wondered how she was going to feed her children over the summer.

Even with the immense challenges she is facing, Krista is hopeful for the future. As she put it, if she can beat cancer, she can handle this.

*Name has been changed

2. Education: While education does not always protect an individual from hunger and poverty (as evidenced by the more than one in seven survey respondents who had completed post-secondary training), education level often impacts an individual's employment options and earning potential. As in previous years, survey respondents tended to have lower educational levels than the state as a whole. Approximately 77% had completed high school or earned their GED, compared with nearly 93% statewide. Completion rates for college or other trade schools were also lower with 15% of respondents graduating from a two or four year program, compared to nearly 38% statewide⁹. It should be noted, however, that many of those clients with degrees, as well as many without, had previously earned incomes that allowed them to provide for their families. Circumstances such as illness, injury, disability, or unexpected job loss impacted clients of all educational backgrounds, leaving them in need of food assistance.

The connection between food insecurity and educational attainment often begins early. Children who experience hunger are more likely to miss school due to illness, score lower on math and reading tests, and are less likely to pursue post-secondary education, impacting their earning potential as adults. In addition, a growing number of families are struggling to afford the increasing cost of a college education. These differences in educational attainment, and the potential impact of education on long-term financial stability, highlight the importance of supporting efforts to ensure that all students are able to succeed in school, and that college or other job training remains accessible to low and middle income families.

Table 1. Education Level of Respondent (2004-2012)

	2004	2006	2008	2010	2012	2014
Completed at least high school	72%	73%	76%	78%	81%	77%
Completed at least some college	39%	34%	42%	39%	48%	42%
Graduated from college or trade/technical school	11%	12%	14%	9%	19%	15%

3. Employment: Despite a relatively low unemployment rate, thousands of Montanans are unable to find work, especially work that pays a wage high enough to support a family. According to the Alliance for a Just Society's 2013 Job Gap Study, there are more than 68,000 job seekers in Montana and only 16,000 available jobs. Of those jobs, the number that pay a living wage is even smaller, with about eight job seekers for every one job that pays a living wage for a single individual (\$13.92/hour). Unemployment rates on Montana's reservations are significantly higher than the state average and may be two to three times higher than in surrounding areas¹⁰.

Nearly 63% of households surveyed were currently unemployed. Two-thirds of these households had at least one household member unable to work due to disability, injury, or poor health. The majority of these were unable to work due to disability. Individuals with disabilities often have higher health care expenses, a higher prevalence of poverty, and a significantly higher likelihood of food insecurity¹¹.

In addition, 29% of unemployed households had at least one member looking for work. Consistent with the higher unemployment rates found on reservations, the proportion looking for work was highest among reservation clients with 60% of unemployed households currently trying to find work. Finally, approximately 22% of unemployed households included at least one member who was retired.

"Winter is the hardest time of the year for us. Work slows down with fewer people staying at hotels, plus there are the extra expenses of the holidays."

32 year-old woman, works fulltime as hotel housekeeper, Billings

⁹ US Census Bureau, 2013 American Community Survey, 1-Year Estimates

¹⁰ America's Changing Economy: 2013 Job Gap Study; Montana State Summary

¹¹ USDA Report: Disability Is an Important Risk Factor for Food Insecurity, 2013

Table 2. Household Employment (2004-2014)

	2004	2006	2008	2010	2012	2014
Households with Employment	44%	47%	47%	49%	42%	37%
Of Households with NO Employment:						
Looking for Work	36%	27%	27%	37%	37%	29%
Not Working Due to Disability or Poor Health	58%	59%	62%	64%	70%	64%

Underemployment is also a challenge as Montana's economy is dominated by low-wage and part-time work. Accommodation and food service jobs, with an average annual salary of less than \$15,000, make up nearly a quarter of all employment in the state. These jobs often come with inconsistent schedules and less than full time hours, and may not offer benefits such as sick or family leave¹².

The challenges of insufficient wages and part-time work were felt by many of the survey respondents. More than one in three households had at least one working member but of these, 65% were working in part-time, seasonal, or temporary jobs, and just 7% of households (13% of employed households) included a member with employer-provided health insurance.

- 4. Housing:** Housing costs are typically the largest expense in a household's budget. Many clients noted the limited availability of affordable housing with one in three reporting that they have had to pay for rent or mortgage instead of food in the last twelve months, and 37% reporting that the cost of housing was a primary reason that they were in need of food assistance the day of the survey. Due in part to high housing costs, nearly one in five clients reported having more than one household living together. The percentage of households in this situation was highest on reservations (28%) and lowest in rural sites (8%).

Research has demonstrated that reducing the proportion of income required to pay for housing can improve a family's food security¹³. Unfortunately, affordable housing (requiring less than 30% of a household's income) is severely limited for low-income families and waiting lists for housing assistance can be years long. Fewer than 14% of respondents were receiving housing assistance at the time of the survey.

Inadequate housing can also result in higher utility costs and challenges storing and preparing food. Many clients noted living in inefficient homes that can be very expensive to heat in the winter. Nearly 40% of respondents reported having to pay for utilities instead of food in the last twelve months, and winter is consistently one of the most difficult times of the year for clients, due in large part to heating costs. Sixteen percent of clients reported having limited cooking facilities, food storage, or refrigeration, further increasing the challenges of accessing an adequate diet.

"I wasn't able to pay my rent so now I am living in my van. I have no way to cook or refrigerate food. I've looked for work but I can't find anything that I am physically able to do."

Ti, 64, disabled, Dillon

"I lost my job and couldn't pay rent so we lost our place. My kids and I are living with my dad. We are on the list for Section 8."

Darci, 31, mother of 3, Busby

¹² America's Changing Economy: 2013 Job Gap Study; Montana State Summary

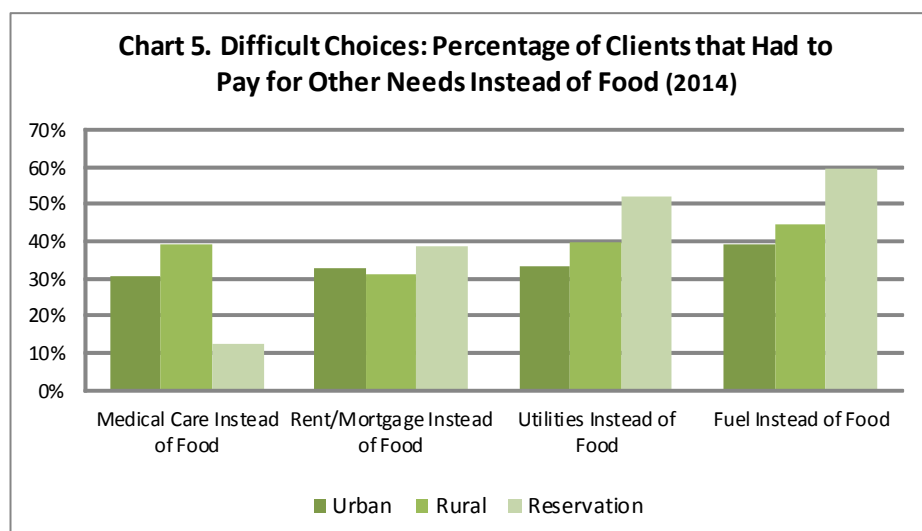
¹³ Current and Prospective Scope of Hunger and Food Insecurity in America: A Review of Current Research, July 2014

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 food.

In our 2014 survey, 58% of households reported having to choose some other necessity (rent/mortgage, utilities, fuel, or medical care) instead of food in the twelve months prior to the survey.

- 30% of households reported having to pay for medical care instead of food
- 45% of households reported having to pay for fuel for transportation instead of food
- 40% of households reported having to pay utilities instead of food
- 33% of households reported having to pay for rent or mortgage instead of food

Chart 5 shows the percentage of clients that made these difficult decisions in 2014 by site type. Reservation clients were the most likely to report having to choose other necessities over food with the exception of medical care. Nearly 95% 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.



"Right now we are really struggling. I am the sole provider. My husband had surgery and we got behind on bills. He has another surgery this week. I know we won't have enough money for food so that's why I'm here today."

Faith, 45, Hardin

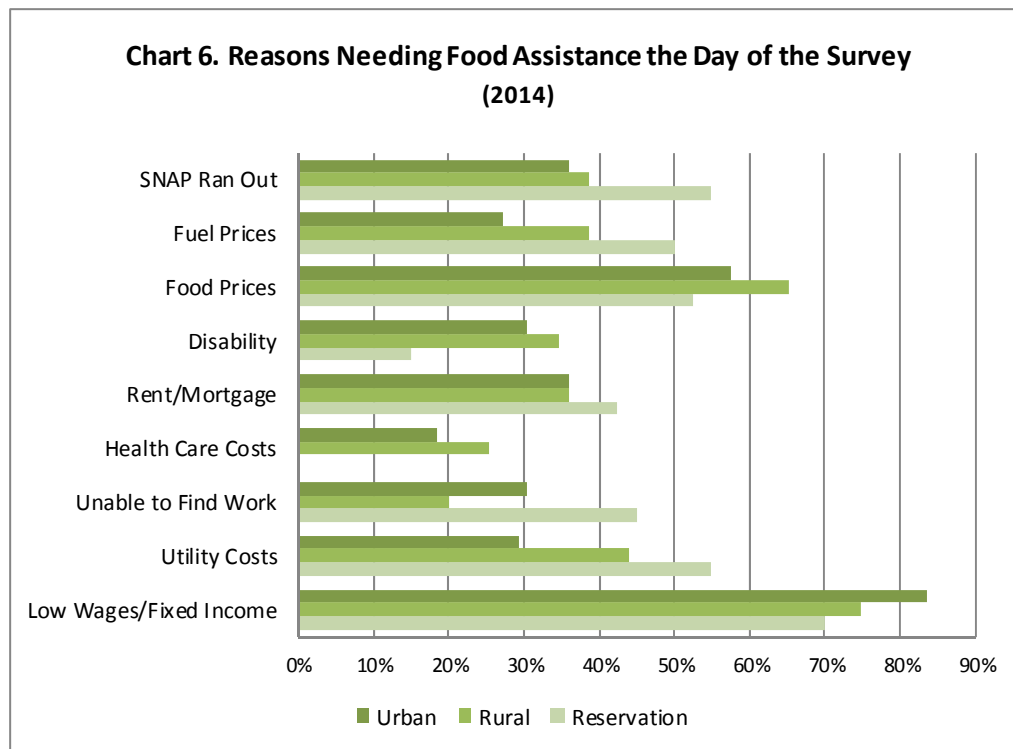
"This is the first time I've ever done this. I have no food and no money and I didn't know what else to do. I have never been on food stamps or anything. I am so embarrassed to be here."

Since my health problems keep getting worse I have less and less each month for food and utilities. I have cancer and I'm diabetic. Sometimes I pay for my meds and then have to skip meals; sometimes I skip my meds because I can't afford to fill them. My diabetes has gotten worse from skipping my meds."

77 year-old woman, Great Falls, first time client

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. Chart 6 shows the primary reasons given for needing food assistance by site type.

- Low wages and fixed incomes have long been the primary factors impacting food budgets among clients interviewed.
- Food and fuel costs were also significant reasons for needing assistance, as well as housing and utility costs.
- Many clients indicated that their SNAP or other food assistance benefits had run out before the end of the month, leaving them in need of additional help.
- Needing assistance as a result of being unable to find work was most common among reservation clients.

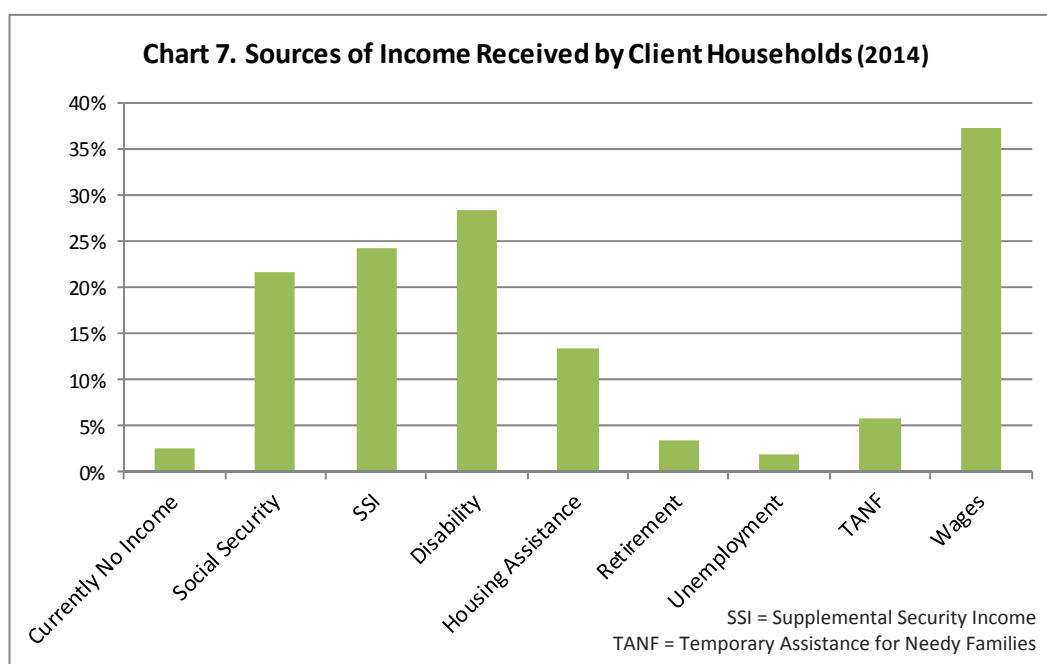


"If there isn't any work around here, sometimes we go into Billings to find day labor jobs. We have had to walk or hitchhike if we can't find a ride."

Charity, 53, Busby

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

- Thirty-seven percent of households reported having income from wages.
- Following wages, the most common sources of income included Social Security, Supplemental Security Income (SSI), and disability (most commonly Social Security Disability Insurance or SSDI).
- Households in reservation areas were more likely than rural or urban sites to report receiving support from family or friends.
- Housing assistance was least common among rural households.
- Rural clients were more likely to be receiving Social Security than urban or reservation clients.
- TANF (Temporary Assistance for Needy Families) income was more likely among reservation households than urban or rural households.



"When my SSI went up, my SNAP went down. I don't know how they think you're ever supposed to get ahead."

George, 59, Dillon

"When we first moved here we had no savings and were starting out with nothing. When we found out about the food bank, it was a big blessing. My husband now works full time but with rent and other bills, we still need to come to the food bank every few months."

Jade, mother of two, Miles City

8. Access to Health Care: Whether or not clients have medical insurance can play a significant role in how well they are able to stretch their food dollars. Thirty-eight percent of clients reported at least one uninsured household member. Reservation clients were the most likely to report that everyone in the household had insurance (most often through Indian Health Services or IHS). Ninety percent of reservation households reported that all household members were covered by insurance, compared to 63% of rural households, and just 50% of urban households.

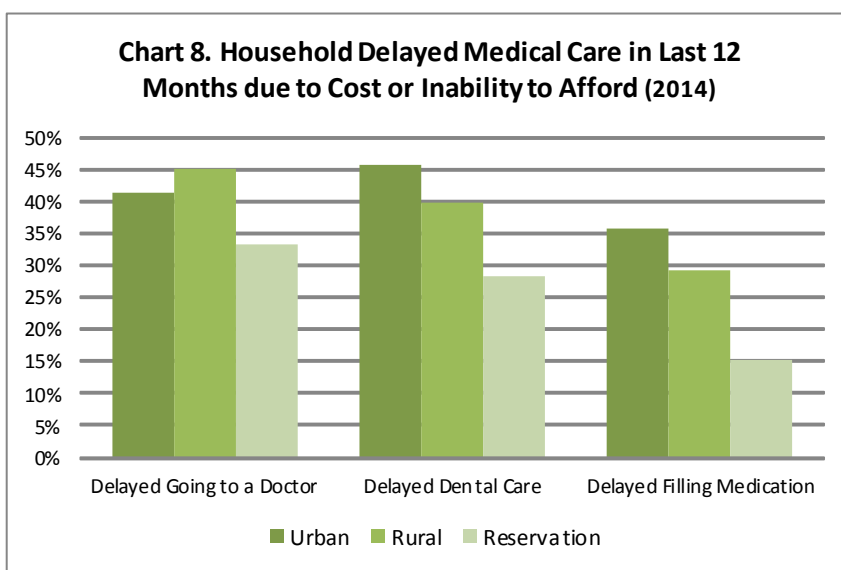
Households with insurance were most commonly covered by Medicaid (50%) and Medicare (39%). IHS was the primary source of medical care for clients in reservation sites, with 95% of reservation clients reporting access to the service. Just 7% of clients surveyed had employer-provided insurance, another 7% received VA health benefits, and another 7% had private insurance.

Table 3 illustrates the added challenges associated with health care costs experienced by uninsured households.

Table 3. Impact of Health Insurance on Household Food Security (2014)

Food Security Factors	All Insured (n=129)	One or More Household Member Uninsured (n=78)
Needed Food Assistance due to Health Care Costs	14%	23%
Had to Pay for Medical Expenses Instead of Food	26%	37%
Had to Delay Receiving Medical Care or Filling Prescriptions due to Cost	47%	69%
Unpaid Medical Bills	56%	71%

Having no or inadequate insurance often leaves households unable to afford care unless it is an emergency. Delaying medical care can have serious implications on both the short and long-term health of food pantry clients, worsening health conditions and leading to increased costs for both the client and the health care system. More than 55% of respondents reported having to delay medical care (includes doctor or dentist visits) and/or filling prescriptions in the last year because they were unable to afford it. Reservation clients were the least likely to report having to delay medical care due to cost, although still 46% of clients had delayed care.



Impact of the Affordable Care Act: Clients were asked whether they had applied for insurance through the marketplace as part of the new ACA and if so, what was the outcome. Overwhelmingly clients responded that no, they had not applied for insurance. Just 4% responded that yes, they had applied and now have coverage. Another 4% of households reported looking into insurance options and finding it to be too expensive.

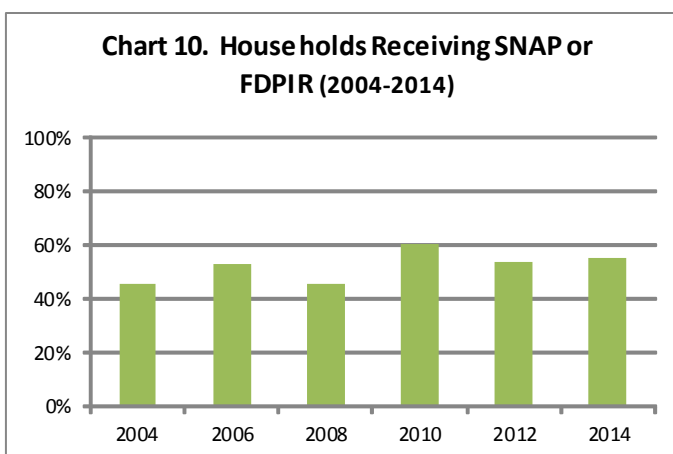
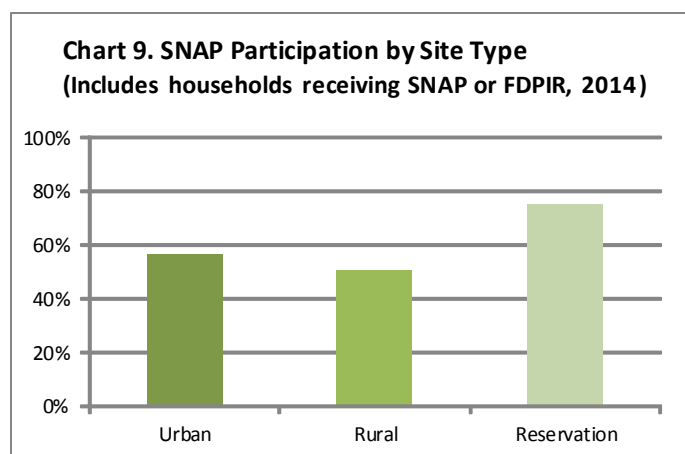
Most clients we spoke to would likely have the opportunity to obtain coverage through Medicaid, if Montana decides to expand the program as allowed under the ACA.

- Of households with at least one uninsured member, 88% had incomes below 130% of the poverty line, making them likely to qualify for coverage under Medicaid expansion, which would increase the income limit to 138% of the federal poverty line for adults.

D. Participation in Public Food and Nutrition Programs

1. The Supplemental Nutrition Assistance Program (SNAP, formerly food stamps): SNAP is our nation's largest nutrition program, providing assistance to 46 million Americans and 125,000 Montanans. Numerous studies have demonstrated that SNAP improves food security among participants and provides a boost to the local economy. For many households, however, benefits run out before the end of the month and, according to a report by the Institute of Medicine¹⁴, are insufficient to afford a well-balanced diet.

Chart 9 shows SNAP participation by site type in 2014 and Chart 10 shows SNAP participation by year. In 2014, 58% of households reported receiving SNAP benefits (or FDIPIR¹⁵). This participation rate is fairly consistent with previous survey years, which have ranged from 46% to 61%. Overall, however, a 58% participation rate is fairly low considering nearly 90% of respondents had household incomes below 130% of poverty, making them likely eligible for SNAP benefits.



Reasons Not Participating in SNAP: Of those not participating, nearly half had not applied, 25% had applied within the last twelve months but their application was denied, and 18% responded that they were currently in the process of applying for the program. This is notable considering that if these households are approved, the participation rate would increase to 66%.

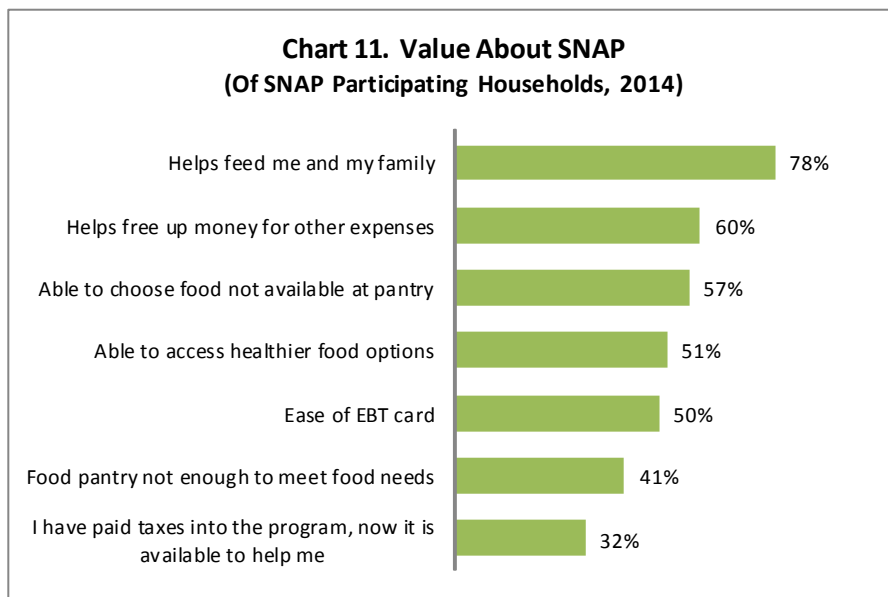
The most common reasons for not applying included (percentage is of those who had not applied):

- Did not know I may be eligible (32%)
- Prefer to come to the food pantry (17%)
- The application process is too long and complicated (15%)
- Income is likely too high (11%)

¹⁴ Institute of Medicine Report: Supplemental Nutrition Assistance Program: Examining the Evidence to Define Benefit Adequacy, January 2013

¹⁵ FDIPIR (the Food Distribution Program on Indian Reservations) is an alternative to SNAP that provides commodity foods to eligible households living on Indian Reservations

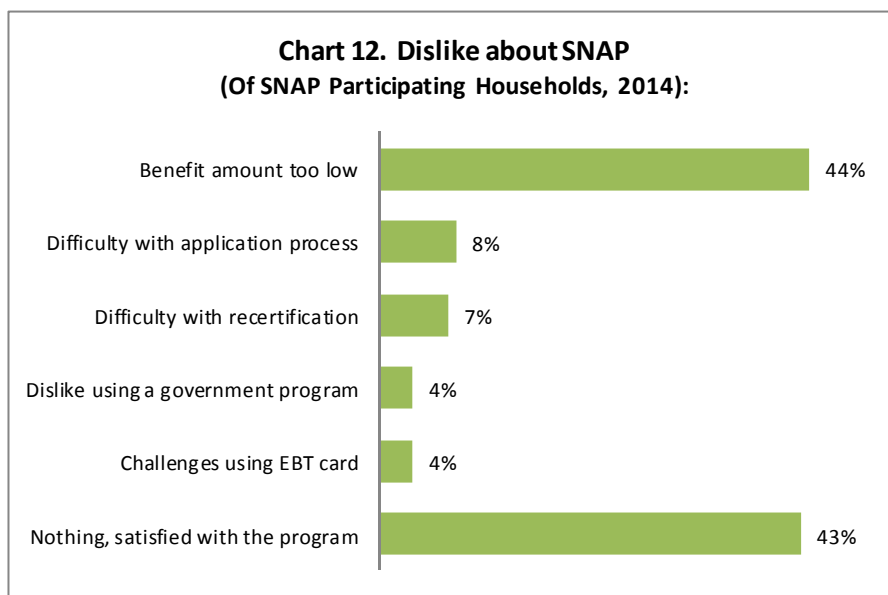
What Clients Value About SNAP: Households receiving SNAP benefits expressed an appreciation for the program and emphasized its importance in helping their families get enough to eat. Participating households valued the program’s ability to help them feed their families, free up money for other necessities 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.



“I appreciate SNAP because it’s nice, as a poor person, to feel like you can shop independently. You can choose your store and what you buy and feel like you’re shopping like everyone else.”

Ron, 41, disabled, Billings

What Clients Dislike About SNAP: As in 2012, the most common challenge with the SNAP program was that the benefit amount is too low. However, 43% of respondents reported being satisfied with the program, including 71% of reservation households. Satisfaction with the program was lower among rural (32%) and urban households (39%).



“I don’t like to use the program (SNAP) but when the kids need food, I have to swallow my pride and get some help.”

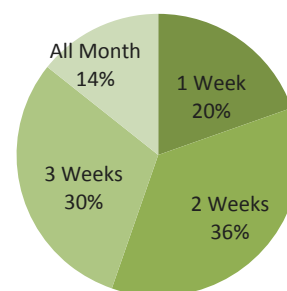
Floyd, disabled and unable to work, helping raise two grandchildren, Hardin

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, the reasons why. Overall we found participation in the program to be fairly low among survey respondents. Just 18% of SNAP households reported that they had participated in the SNAP-Ed program but of those, 100% found it valuable. Of those not participating, most reported not knowing about the program (62%) or feeling they would not benefit from the classes (21%). Approximately 9% of those not participating did not have a program available in their county.

Inadequate SNAP Benefits: Chart 13 shows how quickly respondents typically run out of SNAP benefits. More than 55% of clients said that their SNAP benefits run out by mid-month and just 14% are able to stretch them all four weeks.

SNAP benefits are calculated based on the USDA's Thrifty Food Plan (a diet plan intended to provide adequate nutrition at a minimal cost). The Thrifty Food Plan is problematic for a number of reasons including unrealistic assumptions regarding cooking facilities, time for food preparation, transportation, and the availability and affordability of food. In addition, the plan lacks the nutritional variety called for in the USDA's dietary guidelines¹⁶.

Chart 13. How Long Do SNAP Benefits Last? (2014)



SNAP benefits were temporarily boosted in 2009 in response to the economic downturn to both ease hardship for struggling families and also provide an effective economic stimulus. The boost was intended to continue at the new higher levels until the program's regular annual inflation adjustments caught up to the increase. Instead Congress decided to end the increase early to, in part, help offset the cost of the Healthy, Hunger-Free Kids Act, which funds child nutrition programs such as School Meals and WIC. As a result, all SNAP households saw their benefits cut November 1, 2013¹⁷.

Respondents reported being impacted by this cut in a variety of ways. Primarily clients noted having to rely more heavily on the food pantry or cut further back on the amount of food available to their family every month.

Feeling the SNAP Cuts

"Our SNAP benefits were cut this year. I wasn't able to make up the difference; now we just have that much less food in the house. I skip meals weekly to make sure my son has enough."

"Our SNAP benefits have been cut a lot in the last year. We've had to use the pantry more often. The SNAP cut has made it hard to get enough fresh produce for the kids."

"When our SNAP benefits were cut, it impacted us a lot. Honestly, even a couple of dollars do count. That's a gallon of milk."

"My SNAP benefits have been cut multiple times in the last year. I went from \$60, to \$40, to \$20. It's hard, I can't get much and I can't save it up because I need that \$20 every month. They say you are supposed to have fruits and vegetables to be healthy but how can I afford them with \$22 in SNAP?"

"Our SNAP benefits were cut in the last year and the impact has been dramatic. I cannot afford to buy fresh fruit at all. I cannot buy more than one gallon of milk and one dozen eggs per month."

"What does a cut to our SNAP benefits mean? It means less milk for my kids."

"Our SNAP benefits were cut by quite a bit in the last year. We have had to skip some other bills to pay for food so now we've fallen behind."

"Our SNAP benefits were cut by \$37 in November. They used to last into the fourth week of the month; now they are gone in week three. "

"Our benefits were cut by \$11. We could have gotten bread or milk with that."

2. School Breakfast and Lunch Programs: Overall, nearly 86% of households with school-age children reported that their kids eat free or reduced price (FRP) school lunch and 76% reported that their children also eat FRP school breakfast. The most common reason for not participating in FRP school meals was that children were homeschooled or for some other reason not attending school.

Clients tended to be very happy with the school meal programs with 87% reporting that they are completely satisfied. Of the remaining households, the most common dissatisfaction was with the quality or quantity of food.

When asked what they value about the FRP meal program, participating households had the following responses:

- Participation in the program helps us stretch our food budget (89%)
- Program provides nutritious meals (62%)
- Ease of the application process (57%)
- The program is discreet (44%)

Among those households participating in breakfast, families report that the FRP breakfast program ensures children get to eat breakfast (61%), and helps relieve the stress of finding time to feed the kids at home before school (50%).

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 Service Program is to help fill this gap by providing free, nutritious meals to children ages eighteen and under. Unfortunately SFSP is severely underutilized both nationwide and in Montana. Participation in the program is challenging for a number of reasons including the limited number of sites across the state, as well as the need for both time and transportation to access the sites during meal times.

In 2014, 31% of households with children age eighteen and under reported participating in SFSP. Participation was higher among reservation clients (50%) and lower for urban (24%) and rural clients (22%). The primary reason clients cited for not participating was not knowing about the program (29%), followed by difficulty with transportation to the site (27%). Nine percent lived in a community that had no Summer Food site, and an additional 11% of families had only infants or young toddlers and reported not participating because their children were too young.

Of those households participating in SFSP, 88% reported being satisfied with the program. Clients reported valuing the following:

- Helps us stretch our food budget (76%)
- Ease of participation/no application (60%)
- Convenience of the site (56%)
- Program provides well-balanced, nutritious meals (56%)

"We run out at the end of the month and I skip meals to make sure my grandkids get enough. It makes me feel better knowing the kids get to eat regular, healthy meals at school. We might be low on food at home but I know they get to eat at school. Summer is harder. We can't get the kids to the Summer Food site because we live eighteen miles from town."

Charity, 53, Busby



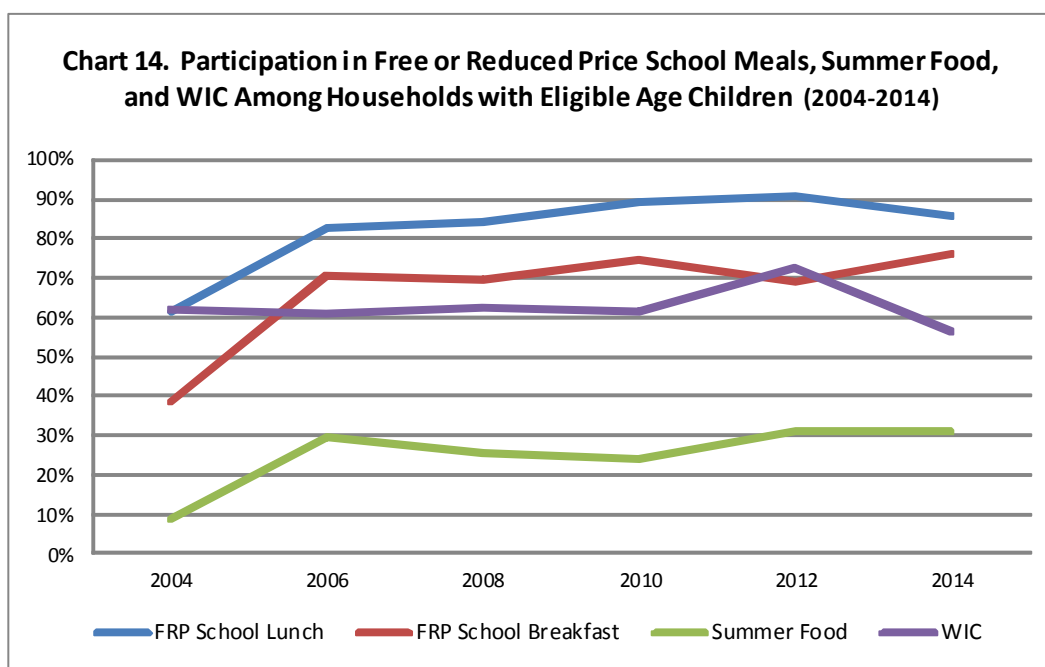
4. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Similar to 2012, the number of households potentially eligible for WIC (those with children under age five or a pregnant woman) was fairly small. In 2014, just thirty-two households answered the WIC portion of the survey 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 the thirty-two households eligible to apply for WIC, eighteen (56%) were currently participating in the program. An additional five households reported being in the process of applying. If these families enroll, the participation rate would increase to 72%.

Of those eighteen households participating in WIC, thirteen reported being satisfied with the program and eleven felt that the program helps them feed their family. When asked what specifically they value about the program, the following responses were most common:

- Vouchers for nutritious foods (59%)
- Help with formula (47%)
- Nutrition education (47%)

Chart 14 illustrates participation in the Child Nutrition programs by survey year.



5. Senior Food Programs: A number of food programs, both public and private, are specifically aimed at providing food assistance to low-income seniors. Our survey found participation in these programs to be fairly limited. Approximately 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 even lower with just five senior households receiving food through Meals on Wheels, and 13% of senior households reporting that they receive senior meals at congregate feeding sites such as senior centers.

Encouraging participation in the senior food programs is critical given the health risks associated with food insecurity among seniors including lower cognitive functioning, an increased chance of being hospitalized, poor mental health, a weakened immune system, and reduced physical activity.

E. How Food Pantry Clients Cope With Hunger

To better understand the impact of food insecurity on the lives of food pantry clients, we examined ways in which people cope with their situations and the efforts they make to provide enough food for their families. Their 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 half (47%) of clients reported that adults in their household had skipped meals in the last twelve months so that others could eat or because there wasn't enough money for food. This rate is consistent with previous survey years, which have ranged from 41% of clients in 2004 to 50% in 2012.

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 had done so at least once per week and 75% did so on at least a monthly basis. Reservation households were the most likely to report skipping meals but the frequency of doing so was less often than for urban or rural clients.

Eight households reported that even children had to skip meals in the last year because there wasn't enough money for food. Often, this was older children choosing to skip meals to ensure their younger siblings could eat.

Table 4. Households Indicating Adults Skipped Meals in the Last 12 Months (2014)

	Urban	Rural	Reservation	Total
Adults Skip Meals	46%	44%	53%	47%
Adults Skip Meals at Least Once per Week (Of those who skip meals)	56%	61%	24%	52%
Adults Skip Meals at Least Once per Month (Of those who skip meals)	73%	82%	62%	75%

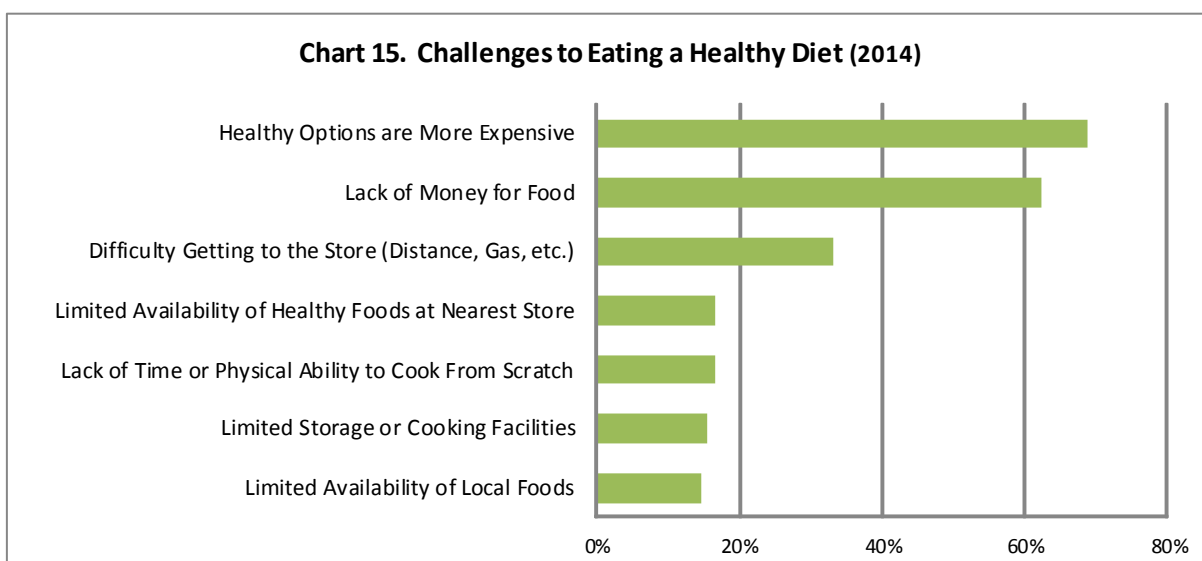


*"We just eat a snack when we're hungry.
We've been skipping dinner every day
because I don't have money for food."*

Catherine, 47, just moved to
Great Falls with her daughter,
looking for work

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 fresh 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 15 shows some of the challenges households faced when trying to eat a healthy diet.



"I would like to have fruits and vegetables every day but I can't. We have milk and other dairy items a few times a week. After I pay bills, I'm really limited on what I can get."

Victor, 55, Billings

For clients with special dietary requirements, this limit on food choice is even more challenging. Nearly two-thirds (63%) of all clients surveyed reported at least one household member with specific dietary needs. Clients struggled to meet these needs with the foods they were provided at the pantry or were able to purchase on a limited budget. Inconsistent access to nutritious foods that meet a client’s dietary needs can exacerbate chronic conditions, leading to increased health challenges and heightened health care costs.

Table 5. Households with Special Dietary Needs (2014)

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

Total Households with Special Dietary Needs	63%
Diabetic (or pre-diabetic)	30%
Food Allergies or Lactose Intolerance	22%
Difficulty Chewing due to Dental Issues	19%
Low Salt / Low Fat	16%

“It can be difficult to meet my wife’s dietary needs because food box items aren’t always appropriate and healthier options at the store are more expensive.”

57 year old disabled veteran,
wife is on dialysis, Hardin

People Think They Know What it’s Like

Ron, 41, Billings

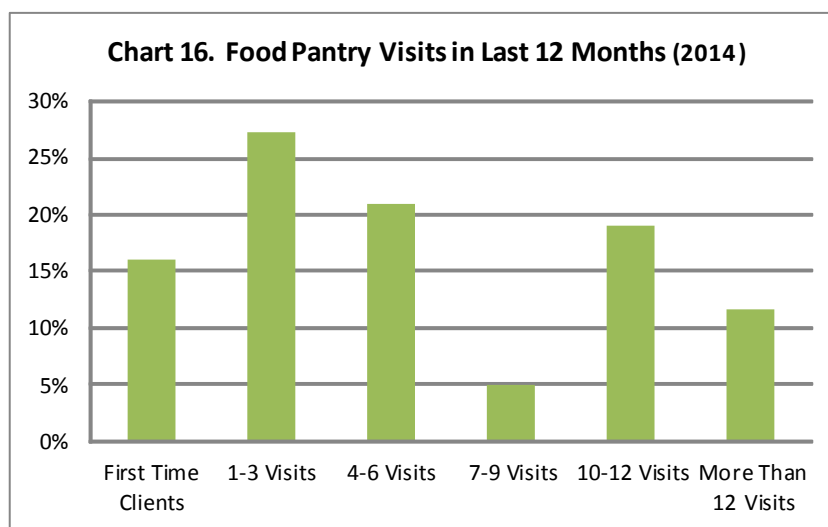
Ron is disabled and receives SSI and SSDI with a total income of just \$740 per month. He used to work in roofing but was injured and now has ongoing back problems leaving him unable to work. He lives on his own and pays \$450 in rent, more than half of his monthly income. He is on the list for Section 8 housing but has no idea how long the wait will be. He has heard it can take years. Ron does not have a car so, despite his back issues, he walks or occasionally takes the bus to get around. Fortunately he lives close enough to Family Service that they let him borrow a grocery-cart to push his food home. To get to a grocery store, Ron has to take a bus which is challenging because it is hard to carry and manage grocery bags on a bus.

Ron also needs some dental work but has been putting it off, saying he is afraid he won’t be able to afford the co-pays for the procedure or be able to fill the prescriptions needed afterwards. He seems tired, sharing that “People think they know what it’s like to be poor but most have no idea what it’s like to be really hurting.” He receives a small SNAP benefit that is usually gone halfway through the month. Ron says it is not uncommon to be down to eating one meal per day. Despite the inadequacy of the benefit amount, Ron values the SNAP program and the autonomy it allows, sharing that, with SNAP he can choose which store to go to, what to buy, and feel like he is shopping like “everyone else”.

3. Visits to the Food Pantry: The food pantry is a critical resource, helping clients meet their immediate need for food. Pantries differ significantly in 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. Of clients surveyed in 2014, 64% had received food six times or fewer in the past twelve months, including 16% of clients who were receiving food for the first time. Approximately 30% of clients received food on a regular basis (ten times or more) throughout the year.

For many clients, the experience of needing food assistance was not new. Of non-first time clients, 61% had been receiving assistance for more than a year. Clients coming for food ten times or more were most likely to have been coming for more than a year (76%) but still 53% of clients coming six or fewer times had also been receiving assistance for more than a year. This ongoing need for food assistance demonstrates the shift we have seen in the role of food pantries from providing short-term ‘emergency’ assistance, to serving a more long-term, chronic need for help. This shift illustrates that the issue of food insecurity will not be solved simply by providing food. Actions to address the underlying causes of hunger are needed in order for families move out of poverty and be able to meet their own food needs.

Chart 16 shows the number of times clients visited a pantry in the last year. These figures do not include the perishable “lobby” or “daily” items available daily or weekly at some pantries. They include only regular food distributions, commonly available on a monthly basis but occasionally weekly or bi-monthly.



Clients were asked about the last food box they received and how well, in their opinion, it met their nutritional needs. Table 6 shows that more than 47% of clients felt their food boxes were adequate, however, many clients also indicated that they would like to see more protein, fresh produce, and dairy. Reservation clients were least likely to feel the food they received was an adequate amount and were most likely to report needing more of the nutritional components.

Table 6. Description of Last Food Box Received (2014)

Adequate Amount of Food	47%
Needed More Protein	42%
Needed More Fresh Produce	41%
Needed More Dairy	33%
Needed More Canned Fruits and Vegetables	24%

4. Other Sources of Food: Many clients reported accessing food through other sources such as a garden (13%), a soup kitchen or free meal program (19%), from family or friends (35%), or hunting and fishing (28%). Approximately 30% of clients did not access food through any sources other than the pantry and what they purchase.

Nearly 29% of clients reported accessing locally grown food through a farmers' market, a notable increase from 16% in 2012. Participation was fairly consistent between site type ranging from 26% among reservation clients to 32% of rural clients. The following factors are the primary reasons clients cited for not accessing food through a farmers' market:

- Produce at the market is more expensive than at the grocery store (27%)
- Too difficult to make it to the market - schedule conflicts, limited transportation, etc. (22%)
- Not interested in going to the market (21%)
- Did not know about market, where it was, how to access (17%)
- No market available (14%)

Markets were least likely to be available to reservation clients with 46% of those not accessing markets reporting having no market available, compared to 0% of urban clients and 15% of rural clients.

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, and buying in bulk. Many clients also noted the importance of cooking from scratch, not eating out, choosing less expensive brands, and shopping at whichever store offers the best prices. Clients also stressed the importance of carefully selecting 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. Other clients shared that they eat only at meal time - there is not enough food for snacking, even for the kids. For many, these limited eating habits seem to have become the routine necessary to stretch a limited food box or SNAP benefits through the month.



V. CONCLUSION

Hungry in Montana 2014 is the sixth 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 to share the experiences of food pantry clients.

With 16.5% of Montanans, including more than one in five children, living in poverty, it is clear the need in our state remains high. While the number of clients visiting food pantries has slowly declined in recent years, MFBN agencies continue to serve nearly one in seven Montanans. One in eight people remain in need of and enrolled in SNAP with thousands more, including many seniors, eligible but not participating.

Given the consequences of hunger on our nation's health, educational attainment, and economic productivity, addressing the issue of hunger must be a priority. Research clearly demonstrates that individuals struggling with hunger have increased rates of sickness, chronic disease, and mental health challenges such as depression and anxiety. Food insecure seniors are more likely to experience malnutrition, overall poor health, and a diminished ability to live independently. Children struggling with hunger may have lifelong consequences including poor cognitive development, lower test scores, more behavioral challenges, and a lowered likelihood of post-secondary education, resulting in a future workforce that is less competitive and lower skilled.

As discussed throughout this report, ending hunger will require more than food. It will require addressing the factors that lead people to seek food assistance: unemployment, underemployment, insufficient fixed incomes, limited job training and educational opportunities, housing costs, medical costs, access to affordable, healthy foods, and many others. However, addressing these root causes of hunger will not happen overnight and in the meantime, we must meet the immediate need for food and minimize the long term impacts of hunger by supporting both private and public nutrition programs.

During the last Farm Bill reauthorization, there were numerous attempts to make drastic cuts to SNAP. These cuts would have been extremely damaging and shortsighted, resulting in long-term costs far greater than any immediate budget savings. Fortunately, the worst of these cuts were avoided, but it is likely the program will come under similar attacks in the future. It is crucial that we let our Congressional leaders know that ending hunger is a priority, and that programs like SNAP are critical in helping children, seniors, and hardworking Montanans get through difficult times.

We need to not only protect the public nutrition programs from cuts, but also strengthen these programs and make them more accessible to those struggling with hunger. The upcoming Child Nutrition Reauthorization (CNR) is an opportunity to do just that. CNR sets funding and policy for numerous child food programs including the Summer Food Service Program (SFSP) and WIC. SFSP reaches less than one in five children in Montana who rely on free or reduced price lunch during the school year, and Montana has among the lowest participation rates in the nation for WIC. We encourage our Congressional leaders to identify innovative and effective policy changes that will allow these valuable programs to reach more families.

In addition to federal action, the 2015 State Legislative Session will be an opportunity for Montana's lawmakers to address some of the factors that contribute to hunger such as housing, child care, and energy assistance. The state will also have the opportunity to increase access to health care by expanding Medicaid, a decision that would allow 73,000 uninsured Montanans, including 59,000 who are currently ineligible for Medicaid, to gain coverage¹⁸.

While we continue to work for meaningful policy change at the state and federal levels, it is important to recognize the efforts happening around the state to address hunger at the local and community levels. Many schools are strengthening school meal programs by implementing innovative breakfast models or by incorporating school gardens and other locally sourced foods into menus. More than ninety schools across the state will be providing free meals to all students through the new Community Eligibility Provision, a

significant step towards making high-need schools hunger-free. Food pantries and other emergency food providers continue to recruit volunteers, look for new opportunities to source food, and work to raise the funds necessary to serve a staggering number of clients. Groups such as the Montana Partnership to End Childhood Hunger (MT-PECH) and the Montana Food Security Council are actively working to build awareness of the issue of hunger, and support communication and collaboration between groups and agencies. The Governor's Office along with Montana No Kid Hungry (NKH) have made increasing participation in school breakfast a priority with the creation of the NKH AmeriCorps Program, as well as the Breakfast After the Bell Initiative.

These groups and individuals, along with many others, are making great strides in addressing the issue of hunger in our state but they can't do it alone. Ending hunger requires political will to address the underlying factors contributing to hunger, as well as ongoing public involvement. The *Hungry in Montana* 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.

VI. RECOMMENDATIONS

Action at the Federal Level:

- Strengthen household economic security by increasing access to education and job training opportunities, encouraging job growth, improving wages, and increasing access to affordable housing, health insurance, and child care.
- Support and strengthen the public nutrition programs:
 - A. Child Nutrition Programs including School Breakfast, School Lunch, WIC, Summer Food (SFSP), Child and Adult Care Food Program (CACFP)
 - Support innovative strategies to increase access to child nutrition programs authorized during Child Nutrition Reauthorization.
 - Provide adequate reimbursement levels to schools and other program providers to ensure nutritional quality.
 - B. SNAP (Supplemental Nutrition Assistance Program, formerly the Food Stamp Program)
 - Protect the program 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.
 - Improve program rules to reduce administrative burdens at the state and local levels and streamline the implementation of state options.
 - C. Commodity food programs for low-income people (TEFAP), people living on Indian Reservations (FDPIR), and low-income seniors (CSFP)
 - Ensure consistent funding and availability of nutritious foods through all commodity programs.
 - Appropriate funding for TEFAP at the full amount authorized in the Farm Bill.
 - Provide funding to eliminate CSFP waiting lists and allow all states to participate in the program.

Action at the State Level:

- Work with employers to increase economic security among the working poor by improving wages and benefits.
- Ensure that post-secondary education and other job training opportunities remain accessible and affordable.
- Increase access to health care by expanding Medicaid as allowed under the Affordable Care Act.
- Support programs that offer child care, housing, and other assistance to low-income individuals.
- Support efforts to increase coordination between safety-net services and programs.
- Review state tax structure for working poor.
- Create a state-level Earned Income Tax Credit to help the working poor keep more of the money they earn.
- Ensure School Breakfast Programs exist in all schools with the National School Lunch Program and 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 N' Go, or Breakfast After the Bell.
- Ensure maximization of the school meal direct certification system and encourage participation in the Community Eligibility Provision among eligible schools.
- Actively promote start-up of new Summer Food Service Program sites to reach unserved communities.
- Provide funding opportunities for transportation, activities, and outreach to increase participation in SFSP.
- Expand access to healthy foods for seniors at congregate meal sites and in home delivered meals.
- Increase access to public nutrition programs such as SNAP and WIC through outreach, education, and the maximization of state options.
- Provide incentives to grocery stores and farmers' markets to offer healthy foods at affordable prices.
- Reduce the prevalence of food deserts through innovative incentives for smaller food stores.

Action at the Community and Individual Level:

- Increase public awareness of the prevalence of hunger and 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.
- Advocate for policies at the state and federal levels that bring sustainable, long-term solutions to hunger including policies to support the public nutrition programs and other anti-hunger and anti-poverty measures.
- Ensure food programs such as Summer Food, School Breakfast, and Backpack exist in your community.
- 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 food pantries and meal sites; partner with your local school to start a school-based food pantry.
- Organize transportation to larger stores or social service agencies for low-income people.

Actions for the Public Health and Medical Community:

- Assess physical growth and screen for developmental and mental health in relation to inadequate or poor quality diets.
- Ask your patients, *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:

- Provide wages that allow for healthy food purchases and other basic needs.
- Promote food or other assistance 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.
- 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.



If you would like more information please contact:

Lorianne Burhop · Public Policy Manager
Montana Food Bank Network · 406-721-3825 · lburhop@mfbn.org

Kate Bradford Devino · Chief Policy Officer
Montana Food Bank Network · 406-721-3825 · kdevino@mfbn.org

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 economy:¹⁹

- In Montana, 58,257 households and 122,659 individuals participate in SNAP
- Approximately 43% of recipients are children.
- Nearly \$14.2 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.

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.

Statewide SNAP Participation²⁰

The estimated statewide participation rate of those eligible has increased significantly from 58% in 2004 to **75% in 2011**.

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 Montana.

- School Lunch: The average daily participation in school lunch for the 2013-2014 school year was 76,335 students. Of all lunches served, 59% were served free or at a reduced-price. The annual federal reimbursement for Montana's National School Lunch Program was \$25.68 million in 2014²¹.
- 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 2013-2014 school year was 26,621 students. Of all breakfasts served, 79% were served free or at a reduced-price. The annual federal reimbursement for Montana's School Breakfast Program was \$7.21 million in 2014²².

- Summer Food Service Program: Beginning as part of a 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 2014 was 9,232 children and the participation rate was 14% (based on the number of students enrolled in free or reduced price school meals). The annual reimbursement for the Summer Food Service Program was \$1.63 million in 2014²³.

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, farmers' market coupons, and specific nutritious foods that are high in protein, vitamins, iron and other minerals. Statewide the average number of participants for calendar year 2013 was 19,507 and the federal grant funding for WIC was \$16.98 million²⁴.

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
 - * For most applicants, there is no longer a resource limit for SNAP
- **Free and Reduced Price School Meals**
 - * To be eligible for **Reduced-Price School Meals** the household must be at or below 185% of the poverty line
 - * To be eligible for **Free School Meals** the household must be at or below 130% of the poverty line
- **WIC** program eligibility is based on income below 185% of the poverty line

²³ Montana Office of Public Instruction

²⁴ State of Montana WIC Office

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

- The Emergency Food Assistance Program (TEFAP) provides commodity foods through select local organizations that either directly distribute to households or serve congregate meals. Over 2 million meals were served in Federal Fiscal Year 2014 through 70 emergency congregate feeding operations (EFOs) in Montana. Over 1.6 million pounds of USDA purchased commodity food was shipped to the 74 MFBN member TEFAP food banks and 70 EFO agencies²⁵.
- The Commodity Supplemental Food Program (CSFP) provides a monthly food package and assistance to eligible individuals 60 years of age and older whose income is at or below 130% of poverty. In Federal Fiscal Year 2014 the CSFP served over 98,350 food packages to 118 communities equaling 3.2 million pounds of USDA purchased commodity foods²⁶.
- 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 in child care facilities up to age twelve who are at or below 185% of the federal poverty level. The average daily participation in State Fiscal Year 2014 was 8,851 children in Montana child care centers (including Head Start Programs) and 4,898 children in day-care homes. Additionally, the average daily participation per month in the At-Risk Afterschool Meal Program was 1,627 children²⁷.
- 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 Federal Fiscal Year 2014, up to 3,381 participants received a monthly food package. A total of 39,372 food packages were issued through FDPIR programs on all seven federally recognized tribal nations in Montana equaling 3.75 million pounds of USDA purchased commodity foods. The FDPIR food package as selected by participants is substantially healthier than the average American diet²⁸.
- Senior and Long Term Care Nutrition Services Incentive Program (NSIP) 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 ten Agencies on Aging in Montana and seven 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 2014, the Area Agencies on Aging provided 1,087,073 congregate meals and 696,157 home delivered meals²⁹.