



HUNGRY IN MONTANA:

Factors Contributing to Emergency Food Needs

2016 Client Hunger Survey

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“Programs like the food pantry, school meals, and WIC are far more beneficial than a lot of people realize. They have saved lives. People need to realize that it can happen to anyone. We all need to support these programs.”

Emily, mother of two, recently laid off,
husband is working full time,
Lewistown, MT



EXECUTIVE SUMMARY

Hungry in Montana 2016 is the Montana Food Bank Network's seventh 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 to illustrate the impact of hunger on the daily lives of the families we serve. We hope the data in this report will improve awareness and understanding of the issue of hunger, demonstrate the tremendous importance of both public and private food programs, and inspire communities and policy makers to make ending hunger a priority.

FACTORS IMPACTING FOOD SECURITY

- Seventy-two percent of clients surveyed reported an income below the federal poverty level in the month prior to the survey, and nearly one in three 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 44% of households with at least one member currently employed, 64% were working seasonal, part-time, or temporary jobs. Of those households not working, 48% had at least one household member unable to work due to disability and 32% were senior-only households.
- The primary reasons clients reported needing food assistance the day of the survey included living on a fixed income, living with a disability, low wages, and the cost of food, rent/mortgage, and utilities. Nearly 40% of households also reported needing food assistance because their SNAP benefits do not last the month.
- Participation in public nutrition programs can significantly reduce food insecurity, yet just 57% 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.
- Just under 30% of clients reported at least one uninsured household member, down from 38% in 2014. The percentage of households with Medicaid coverage increased from 50% in 2014 to 68% in 2016, likely due to the expansion of Medicaid through the Montana HELP Act.

EXPERIENCING FOOD INSECURITY

- More than 50% of clients reported that adults in the household had to skip meals or reduce portion sizes because there was not enough money for food. Of these, 75% had to skip meals on at least a monthly basis.
- Nearly half of clients surveyed had visited a pantry six or fewer times in the last twelve months. Another 48% needed assistance more regularly, visiting seven to twelve times. Senior households were most likely to visit the pantry on a regular basis.
- More than 50% 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.

CLIENT STORIES

In addition to collecting statistical information, this study is an opportunity to hear firsthand the experiences and struggles of those coming for food assistance. Quotes and photos are shared throughout this report, as well as in our new report, *Voices of Montana: Stories of Hunger and Hope* available at www.mfbn.org/research.

RECOMMENDATIONS

Overall, the *Hungry in Montana* 2016 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 18 of this report.

I. INTRODUCTION

The Great Recession officially ended in 2009, yet for many individuals and families across Montana, the road to recovery has been long and slow. The positive news is that we are finally seeing a gradual downward trend in poverty rates and the number of individuals coming for emergency food assistance. The sobering news is that despite this trend, we continue to have a staggering number of Montanans facing food insecurity and the need has yet to return to pre-recession levels. Emergency food providers, public food programs, and other forms of assistance remain critical resources for the recovery of our state and nation.

According to the USDA's 2015 report, *Household Food Security in the United States*¹, 12.2% of households in Montana experience food insecurity and 5.6% experience very low food security. Both measures increased slightly from 2014, but are within the report's margin of error, indicating that there was little change overall. These numbers are down from their peak in 2011-2012, but notably higher than food insecurity rates prior to 2008. According to Feeding America's *Map the Meal Gap*², nearly 140,000 Montanans lived in food insecure homes in 2014, including more than 20% of our state's children.

1 in 9
Montanans
received food
through an agency
of the Montana
Food Bank Network

In 2015, agencies of the Montana Food Bank Network served 110,000 different individuals over a total of one million visits. These numbers are down considerably from their peak in 2010 when our agencies served 192,000 Montanans over a total of 1.17 million visits. However, in a state of just over one million people, serving 110,000 people means that approximately one in nine Montanans continue to receive emergency food assistance through our agencies.

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.

Our biennial *Hungry in Montana* report is based on in-depth surveys with food pantry clients from across the state. The report examines the factors that force people to seek emergency food assistance, the impact of participation in SNAP and other public food programs, and the coping strategies that pantry clients use to stretch their food resources. We hope that this report will lead to a greater awareness and understanding of the issue of hunger in Montana.



¹ Household Food Security in the United States in 2015, USDA, Economic Research Report

² Food Insecurity in the United States, Map the Meal Gap 2014, Feeding America

II. HOUSEHOLD COMPOSITION

Overall, 252 clients representing 682 household members participated in our 2016 survey. Forty percent of respondents were visiting a pantry in an urban area, 30% of respondents were visiting a pantry in a rural area, and 30% were visiting a pantry on a reservation. Two-thirds of respondents considered themselves white, 21% were Native American, and the remaining 12% described themselves as some other racial status. The average household size was 2.7 individuals.

Household composition has a significant impact on the likelihood of experiencing food insecurity, with households that include seniors, children, and individuals with disabilities among the most vulnerable. More than 80% of households surveyed included a member from at least one of these high-risk groups. Additionally, one in five households included a veteran.

Just over 27% of respondents were living in households with more than one family choosing to live together for financial reasons. Often these households included adult children who had moved back home after struggling to make it on their own, senior parents who were staying with their children, or multiple families splitting housing costs because they would be unaffordable otherwise.

252

Clients participated
in our 2016 survey,
representing
682 household
members

Households with Vulnerable Populations

Households with Children
(under age 18)

41%

Households with Seniors
(age 60+)

32%

Households with Individuals
Unable to Work Due to
Disability

34%



"My son was living on his own and working for \$10 an hour, which is too much to qualify for any benefits but not enough to live on. He had a hard time making it so he moved in with me. This is only the second time we've been to the Food Share. We needed a little extra help this month. I'd like to start volunteering here so I can feel like I'm lending a hand."

Dennis, 69, retired and living on SS,
son recently moved in with him,
Helena, MT

III. CONTRIBUTING FACTORS

Economic Insecurity

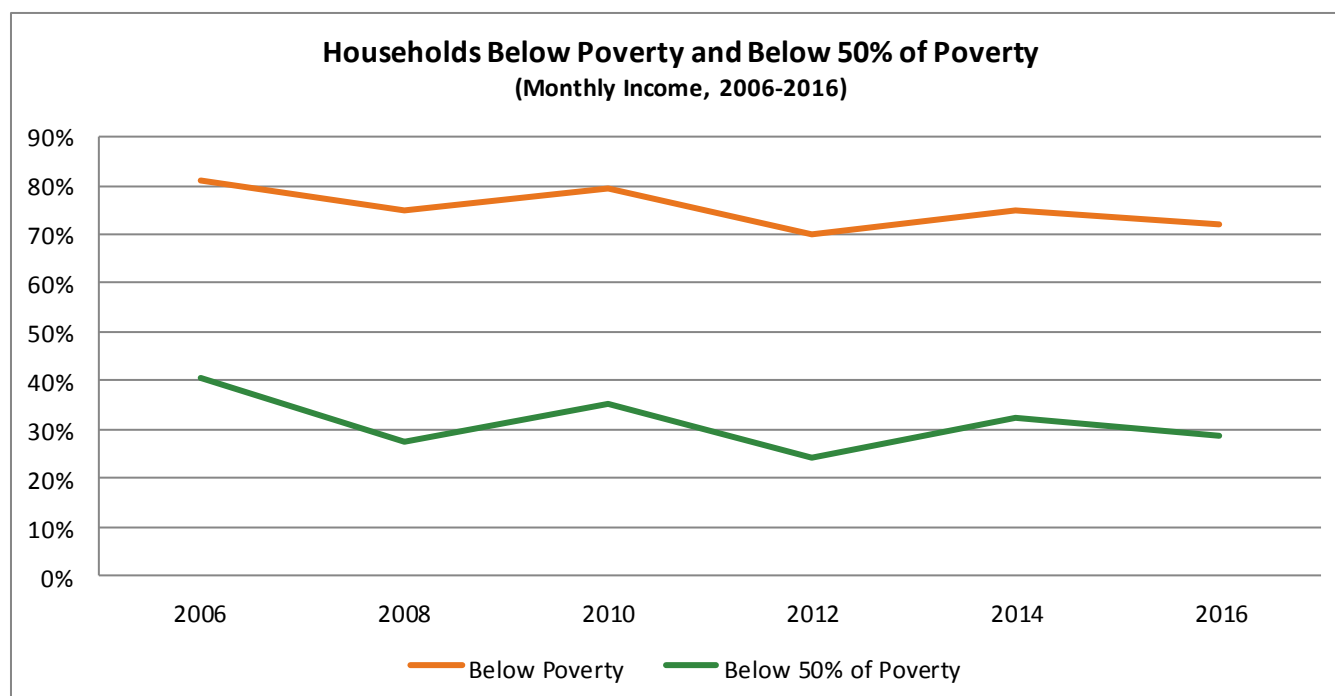
Food insecurity is typically a symptom of poverty and insufficient income. Households living at or near the federal poverty level often lack the resources to afford adequate amounts of nutritious food in addition to housing, health care, and all other necessities. When asked about the reasons they were coming for food assistance, economic insecurity was a primary reason. Nearly 90% of participating households reported needing help with food due to low wages and/or living on a fixed income.

According to MIT's living wage calculator³, a single individual in Montana needs an annual income of nearly \$21,000 to adequately cover living expenses. On a monthly basis, this equates to \$1,748, or 180% of the federal poverty level for a single individual. The cost of living increases significantly for households with children. One adult with two children would need an annual income of more than \$59,000 (or \$4,930 per month) just to cover living expenses.

2016 Federal Poverty Guidelines (Monthly, 48 Contiguous States)			
Persons in Household	50% of Poverty	100% of Poverty	130% of Poverty
1	\$495	\$990	\$1,276
2	\$668	\$1,335	\$1,726
3	\$840	\$1,680	\$2,177
4	\$1,013	\$2,025	\$2,628
Each add'l person	+\$173	+\$347	+\$451

Our 2016 survey found that 72% of respondents were living in poverty, based on their household income the month prior to the survey. The poverty rate was even higher among households with children at 82%. The poverty rate was highest among households living on a reservation at 85%, compared to 63% among households in urban areas and 69% in rural areas.

Those in deep poverty (incomes below half of the federal poverty level) experience extremely high rates of food insecurity. Nearly 29% of clients surveyed were living in deep poverty with household incomes of just over \$1,000 per month for a family of four. The deep poverty rate for households living on a reservation was 43%. Of those households with incomes above poverty, most were not much higher. Just over 85% of households reported incomes below 130% of the poverty line, or just over \$2,600 a month for a household of four.



³Living Wage Calculator, Living Wage Calculation for Montana, Massachusetts Institute of Technology, 2016

Employment and Income

While Montana has a relatively low unemployment rate, thousands of Montanans are unable to find work, particularly work that pays a wage high enough to support a family. According to the Alliance for a Just Society's 2015 *Job Gap Study*⁴, there are more than 54,000 job seekers in Montana and only 17,000 available jobs. Unemployment rates on Montana's reservations are significantly higher than the state average and may be two to three times higher than in surrounding areas.

Many of the jobs available in Montana do not pay enough to make ends meet, leaving employees in need of assistance through public programs or at food pantries. According to the 2015 Job Gap Study, only 51% of available jobs in Montana pay a wage high enough to adequately support a single individual and just 14% pay enough for an adult with two children. Finding these quality jobs is not easy with twenty-three job seekers for every opening that pays enough to support an adult with two children.

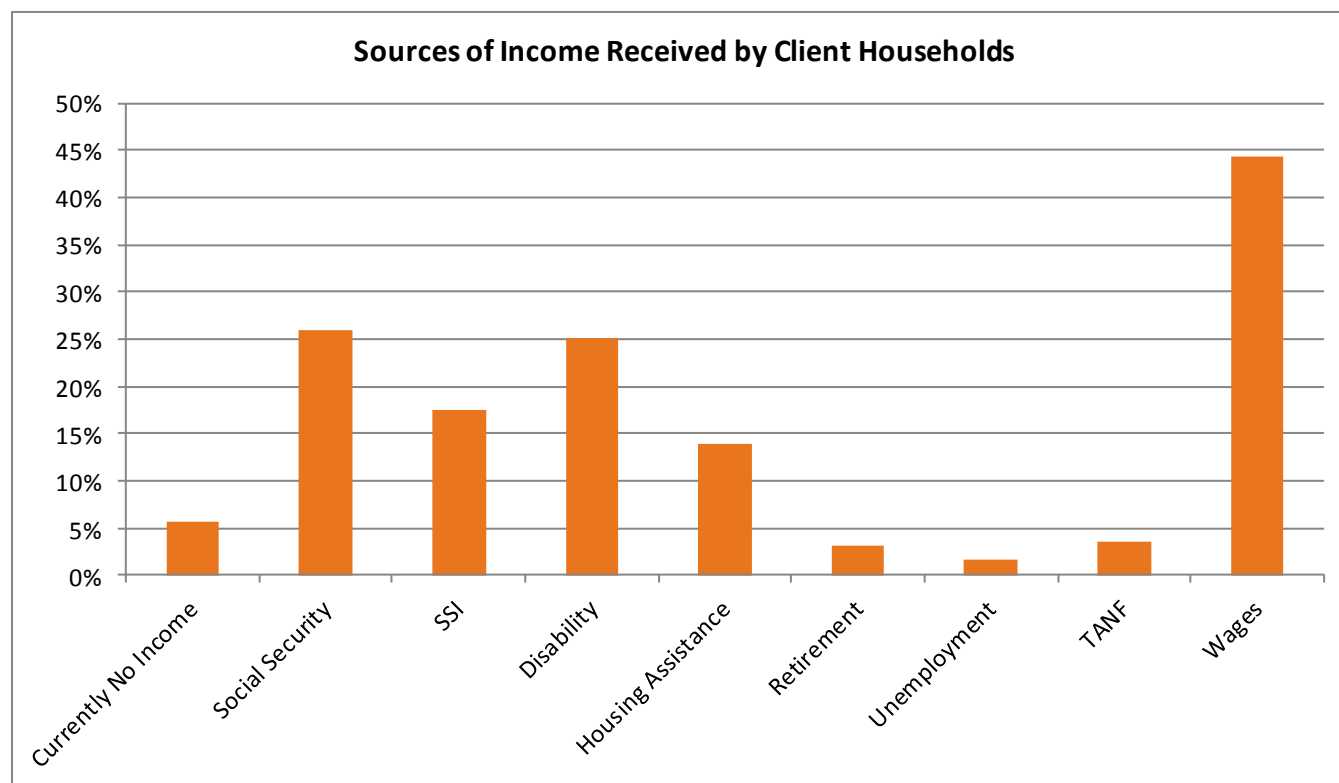
44%

Households with at least one adult employed

As a result, many workers find that having a job does not necessarily protect them from food insecurity. More than 44% of households surveyed had at least one working adult. However, of these households, two-thirds were employed in part-time, seasonal, or temporary employment.

Of those households without employment, nearly a third were senior-only households, 47% reported having a household member unable to work due to disability, and 34% reported that they were looking for work.

Despite the challenges of unemployment and underemployment, wages were the most common source of income for participating households. Following wages, the most common forms of income were Social Security and disability (including Supplemental Security Disability Income and Veteran's disability benefits).



Housing and Transportation

The lack of stable, affordable housing is one of the biggest challenges faced by food pantry clients and is often a root cause of food insecurity. More than 30% of households surveyed reported that they have had to pay for rent or mortgage instead of food. Additionally, more than one in three households reported that the cost of housing was a primary reason that they were in need of food assistance the day of the survey. Due in large part to high housing costs, more than one in four clients reported having more than one household living together for financial reasons. The percentage of respondents in shared households was highest on reservations with 31% of clients in this living situation.

Thirteen households considered themselves to be currently homeless, with another 17% responding that they are at risk of becoming homeless. For the purposes of this survey, the definition of homelessness was left up to the participating client. As a result, many households living with friends, in camper trailers, or other situations that meet traditional definitions of homelessness may not be included in these numbers.

Inadequate housing can also result in higher utility costs and challenges storing and preparing food. Many clients noted living in inefficient homes that are difficult to heat during the winter. Nearly 40% of respondents reported having to pay for utilities instead of food in the last twelve months. More than one in five households reported living in homes that have limited cooking facilities and/or lack refrigeration, further increasing the challenges of accessing an adequate diet.

Transportation was also a common struggle for clients. Nearly 30% of respondents reported not having a vehicle, making everyday tasks such as getting to work or going grocery shopping significantly more difficult. Of the 70% of respondents that did have a vehicle, many noted it is often unreliable, too expensive to repair, shared among multiple household members, or out of fuel with no money to fill the tank. Access to a reliable vehicle is a challenge for Montana families, as distances to food, work, and services can be great and public transportation is often limited or nonexistent. Additionally, the costs of maintaining a vehicle further cut into limited food budgets with more than one third of clients reporting that they have had to pay for fuel for transportation over food, usually to allow someone in the home to get to work.

27%

Households with
more than one family
living together for
financial reasons

"I live in a camper on a friend's property. I've been homeless for about a year. I'm hoping to be somewhere else by this winter. I don't have refrigeration so it's hard to get fresh foods.

I have to buy more dried goods.

It isn't easy to get into town, the trip is about an hour. My friend and I share a car so we usually come in once a week to go to the store and do other errands. This is the second time I've come to the food pantry this year. I'm very thankful for SNAP and for Helena Food Share."

Victoria, 57, Veteran of 22 years,
Helena, MT



Access to Health Care

Health care is a significant concern for many of the families and individuals coming for food assistance in Montana. Even with insurance, health care can be difficult to afford on a limited income, and for those without insurance, the situation is even harder. Just under 30% of clients reported at least one uninsured household member, down from 38% in 2014. Households with insurance were most commonly covered by Medicaid (68%) and Medicare (40%). Just 9% of clients surveyed had employer-provided insurance, another 9% received VA health benefits, and another 9% had private insurance. Sixty-nine percent of households surveyed at reservation sites reporting having access to Indian Health Service (IHS), including nine households with no other insurance.

Montana expanded access to Medicaid through the Montana HELP Act in 2015, with coverage beginning January of 2016. In total, nearly 50,000 low-income Montanans have enrolled since the expansion. This growth in coverage was reflected in our survey findings. The percentage of households with Medicaid coverage increased from 50% in 2014 to 68% in 2016. For clients in reservation areas, the increase was even more dramatic, with 77% of households reporting Medicaid coverage in 2016 compared to 44% in 2014. Many survey respondents shared the relief of being newly covered by Medicaid. For some, this is the first time they have had health insurance as an adult. The percentage of households who had to pay for medical care instead of food dropped from 30% in 2014 to 21% in 2016. This decrease was likely impacted by the growth in Medicaid enrollment.

Even with the expansion in health coverage, households still struggle with medical costs, often delaying non-emergency care. Delaying medical care can have serious implications on both short and long-term health outcomes, worsening health conditions and leading to increased costs for both the individual and the health care system. More than 53% of respondents reported having to delay care (medical, dental, or vision) and/or put off 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 at 35%. Many clients living on reservations noted the availability of Indian Health Service (IHS) in helping them meet their basic health care needs. Rural clients were the most likely to put off medical care with 64% of clients reporting delaying care, most commonly putting off dental and vision care.

53%

Clients delaying
medical care
because they can
not afford it



"I had a good paying job in construction, then I got cancer. After three months of being behind on my mortgage the bank foreclosed and we lost our home. I'm back working again but have a lot of medical bills because I didn't have insurance when I got sick. It's going to take years to catch up."

Pat, 48, he and his wife are both working,
St. Ignatius, MT

IV. PUBLIC FOOD AND NUTRITION PROGRAMS

Supplemental Nutrition Assistance Program

SNAP is our nation's largest nutrition program, currently providing assistance to 43 million Americans and 119,000 Montanans. Participation expanded to meet the increased need following the Great Recession, peaking at 131,000 recipients in Montana in December 2012. Due to an improving economy, as well as the reinstitution of time limits for non-disabled, childless adults, participation numbers have been generally declining since 2013.

Research clearly demonstrates the positive impacts of SNAP on improving food security and stimulating local economies. Statewide, participation among those likely to qualify for SNAP is up to 74%, but participation among seniors remains low with less than 30% of eligible seniors participating in the program. Reaching more eligible seniors with SNAP is a critical step in addressing senior hunger in our state.

Just over half (55%) of households surveyed reported receiving SNAP benefits, and an additional 2% were receiving FDPIR, the Food Distribution Program on Indian Reservations. (Individuals living on reservations have the option to participate in SNAP or FDPIR, but cannot participate in both.) This overall participation rate is fairly consistent with previous survey years, which have ranged from 46% in 2004 to 61% in 2010.

A total participation rate (including SNAP and FDPIR) of 57% demonstrates the underutilization of SNAP, as 85% of respondents had household incomes below 130% of poverty and would likely be eligible for benefits. Sixty percent of households with children were participating in SNAP. Of those not enrolled in SNAP, more than one in four were in the process of applying. Senior households were the least likely to be on SNAP with just 47% participating. Of the senior households not receiving benefits, most had not applied because they didn't know they were eligible, felt they could get by without the program, or because the application process was too challenging. These challenges and overall low participation among senior households reflect the severe underutilization of SNAP among seniors statewide.

57%

Households
receiving SNAP
or FDPIR

SNAP Participation by Site Type (Includes SNAP and FDPIR)

Urban

Rural

Reservation

52%

55%

65%



Reasons Not Participating in SNAP: Of those households not participating in SNAP, more than half had not applied, 24% had applied within the last twelve months but their application was denied, and 16% responded that they were currently in the process of applying for the program. If these households are approved, the participation rate would increase from 57% to 63%.

The most common reasons for not applying or not recertifying included:

- Did not know I may be eligible (45%)
- The application process is too long and complicated (28%)
- Don't want to be on a government program (22%)
- Others need the benefits more (20%)

The most common reasons for being denied benefits included:

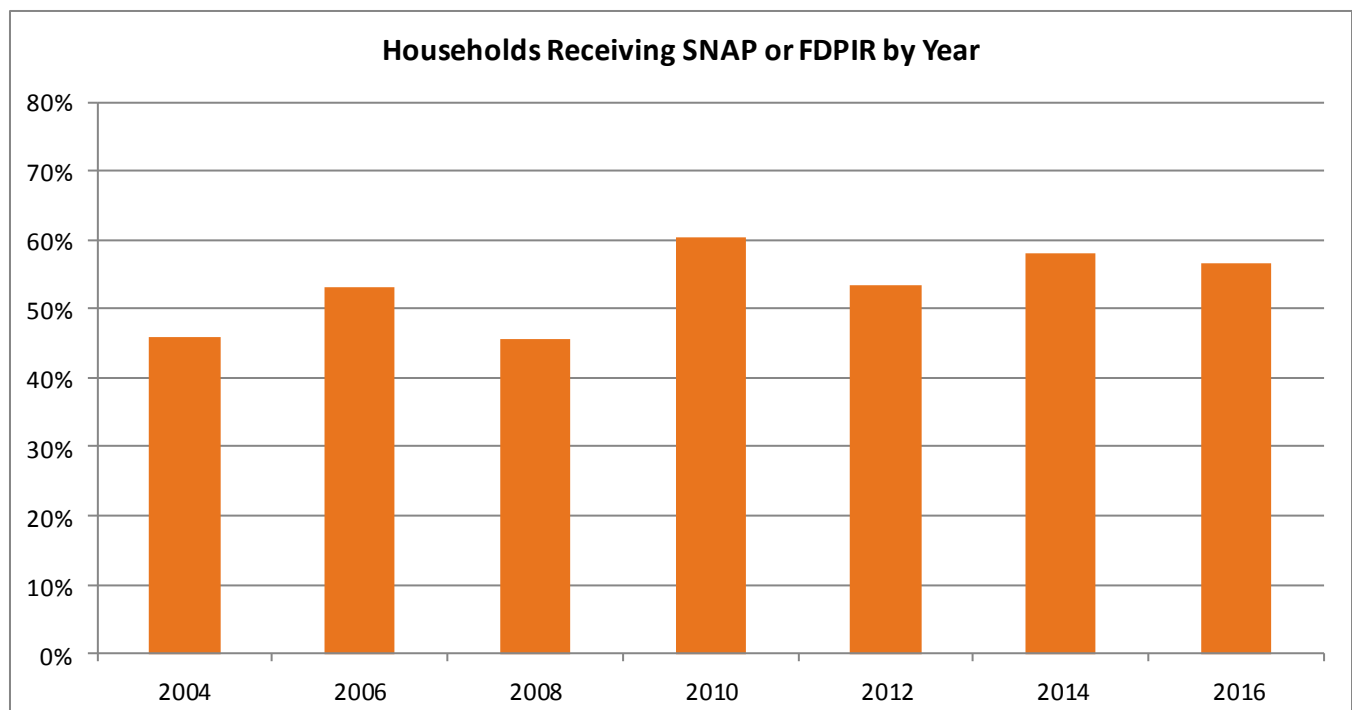
- Exceeded income limit (69%)
- Reached three-month time limit for Able Bodied Adults without Dependents (23%)

45%

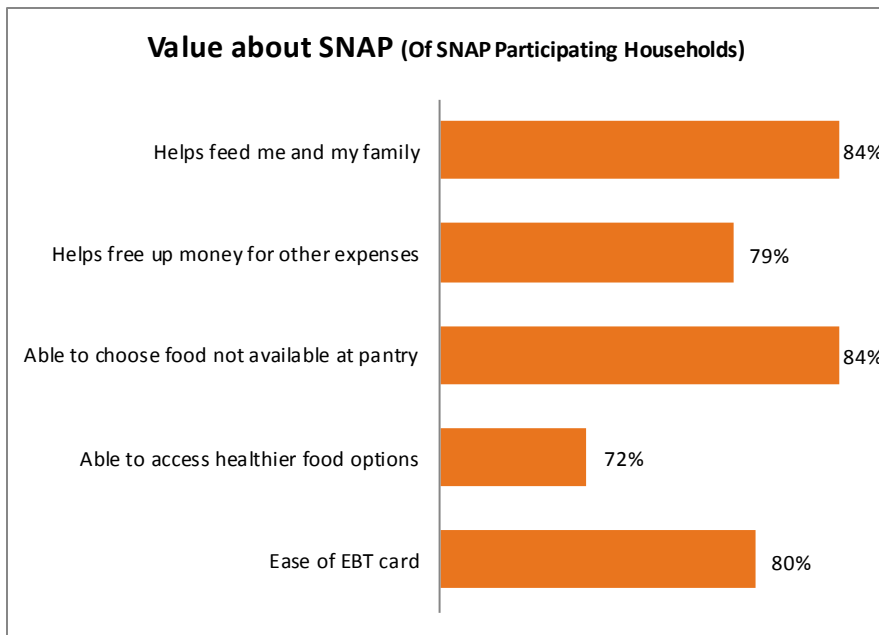
Had not applied
because they didn't
know they may be
eligible

The three-month time limit for Able Bodied Adults without Dependents (ABAWDs) was suspended in Montana and across much of the nation following the Great Recession. The time limit requires ABAWDs to be working (or engaged in qualifying work activities) at least 20 hours per week in order to receive SNAP benefits. Individuals not meeting this requirement are only allowed to receive benefits for three months in a three year period, regardless of how hard they are looking for work.

Following the recession, this time limit was waived because of the limited number of jobs available, compared to the high numbers of unemployed workers. Montana continues to have fourteen counties and five reservations with time limit waivers in place, however our statewide waiver ended in 2015. Of the nine sites where we conducted surveys, seven were subject to the time limit, including all three reservation sites. Both the Flathead Indian Reservation and the Fort Peck Indian Reservation are subject to the three month time limit despite high levels of poverty, unemployment, and food insecurity. Kalispell and Thompson Falls were the only two survey sites with county-level time limit waivers in place at the time of the survey.



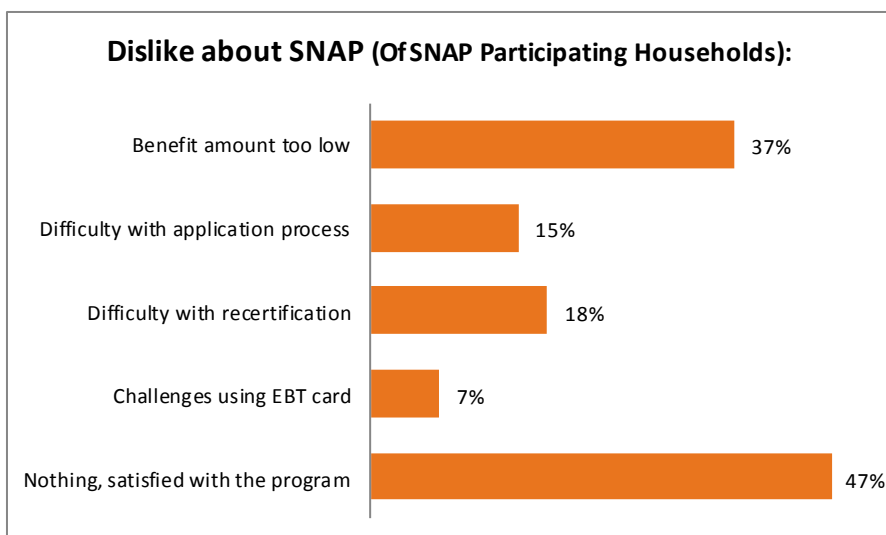
Value of SNAP: Nearly all households receiving SNAP benefits expressed an appreciation for the program and emphasized its importance in helping their families get enough to eat. Participating households valued the program's ability to help them feed their families, free up money for other necessities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



"Food is very expensive. With SNAP I can pay living expenses and basic needs and still buy food. Living in poverty is not fun but at least SNAP puts food on the table."

20 year old woman,
employed full-time,
Glendive, MT

Challenges with SNAP: As in previous survey years, a low benefit amount was the most common challenge with SNAP. Nearly 80% of clients reported running out of SNAP benefits before the end of the month, with half reporting that their benefits last just one or two 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 own dietary guidelines. The SNAP benefit calculation also assumes that households will have 30% of their net income available to spend on food. The rising cost of living has made this assumption outdated for many households, leaving them with an inadequate grocery budget even with the support of SNAP.



"We eat a lot of rice and beans but SNAP helps us stock up on vegetables and meat. I don't like using the card at the store, though. It's embarrassing."

Debbie, 61,
working part time,
caring for disabled son,
Polson, MT

SNAP-Ed

The SNAP-Ed program provides nutrition education, cooking classes, and a variety of other resources to clients eligible for SNAP. Participation in the program was low among survey respondents. Just over 24% of SNAP households reported that they had participated in the SNAP-Ed program but of those who had participated, more than 90% found it valuable. Of those not participating, most reported not knowing about the program (54%) or feeling they would not benefit from the classes (26%). Approximately 23% of those not participating did not have a program available in their community.

School Breakfast and Lunch Programs

More than 80% of households with school-age children (age five to eighteen) reported that their kids eat free or reduced price (FRP) school lunch. Slightly fewer, 72%, reported that their children eat both FRP breakfast and lunch. The most common reasons for not participating in school meals was that children were homeschooled, had just turned five and not yet started school, or were eighteen and no longer in school.

Clients tended to be very happy with the school meal programs with 73% reporting that they are completely satisfied. The most common dissatisfaction was with the nutritional quality of food served. Fifteen percent of participating households were dissatisfied with the nutritional quality of meals, yet nearly two-thirds reported valuing the nutrition provided by the program. In addition to nutrition, participants most valued the following:

- Participation in the program helps us stretch our food budget (91%)
- The program is easy for our kids to participate in (82%)
- Program provides nutritious meals (64%)

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. SFSP is intended to help fill this gap by providing free, nutritious meals to children age 18 and under. Unfortunately SFSP is severely underutilized with just one in five children who benefit from FRP school lunch participating in Summer Food in Montana. The challenges accessing Summer Food demonstrate the need for increased outreach and policy change to strengthen this important nutrition program.

Just 20% of households with children reported participating in SFSP, down from 31% in 2014. This low participation rate is concerning, given the widespread impacts of summer hunger on health and learning. Participation was highest among reservation clients (36%) and lowest for urban households at just 3%.

The primary reason clients cited for not participating was not knowing about the program (42%). Another 30% reported that they prefer to feed kids at home over the summer and 12% of families had only infants or young toddlers and felt their children were too young for the program. Just under 10% lived in a community that had no SFSP site. Of the 20% of households that did participate, clients reported valuing the following:

- Ease of participation/no application (100%)
- Helps us stretch our food budget (84%)
- Program provides well-balanced, nutritious meals (84%)



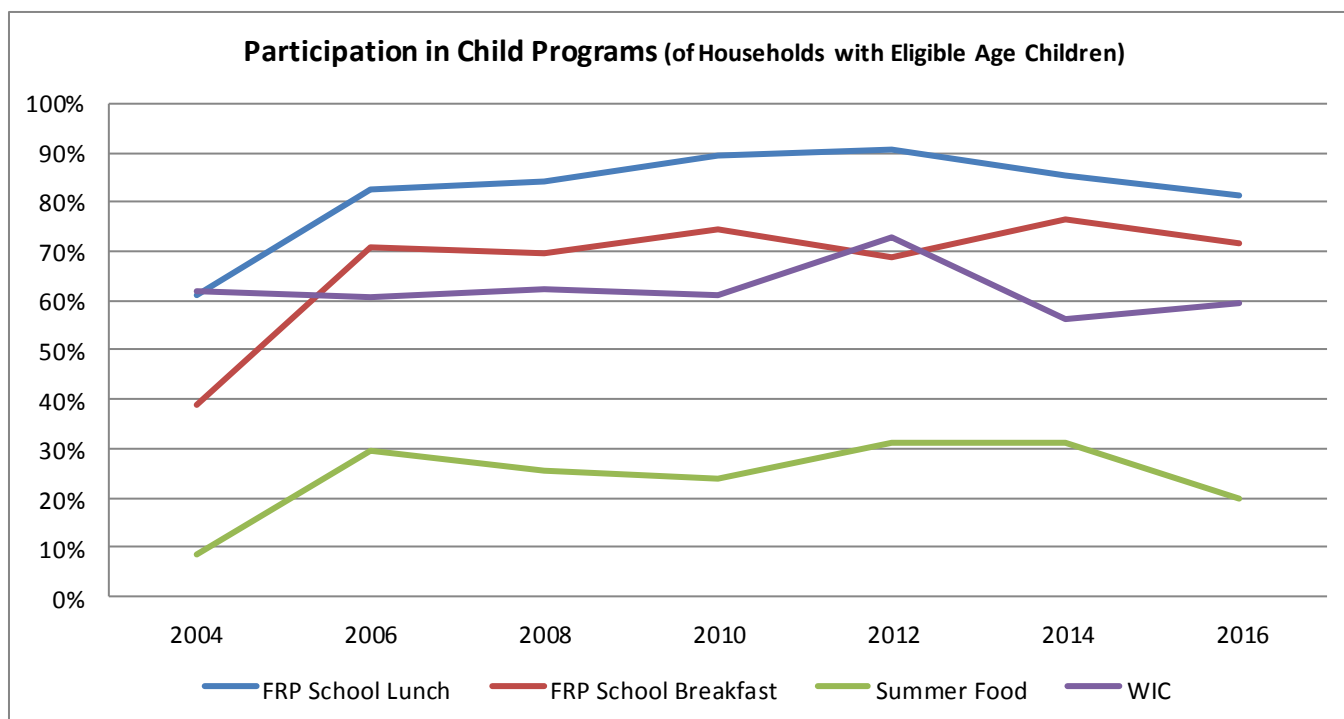
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Among households potentially eligible for WIC (those with children under age five or a pregnant woman), 60% were currently participating in WIC. Of those not participating, most felt they could get by without the program, especially given the challenges of making it to appointments.

Of the households participating in WIC, 70% reported being satisfied with the program. Of the remaining 30%, the most common challenge was making it to appointments. Participants most valued the following:

- Benefits for nutritious foods (80%)
- Health screenings (53%)
- Nutrition education (50%)
- Help with formula (40%)

The following chart illustrates participation in the Child Nutrition Programs from each of our survey years. School Lunch has consistently had the highest participation but continues to have room to grow. School Breakfast and WIC have remained at around 70% and 60% participation, respectively. And the Summer Food Service Program has remained stubbornly low, with participation typically at or below 30%. Encouraging participation in the child nutrition programs through outreach, program growth, and policy change is critical to the health and well-being of Montana's children. These programs support strong academic achievement, improve health outcomes, and ensure that all children have the nutrition needed to grow and thrive.



Senior Food and Nutrition Programs

Our survey found participation in the senior nutrition programs to be limited. Approximately 44% 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 4% of senior households receiving food through Meals on Wheels, and 11% participating in meals at congregate feeding sites such as senior centers.

44%
Senior households
participating in Senior
Commodities

Improving 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.

V. COPING WITH FOOD INSECURITY

Skipping Meals

Fifty-one percent of clients reported that adults in their household had skipped meals or reduced portion sizes in the last twelve 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 or reduce portion sizes, nearly half had done so at least once per week and 75% did so on at least a monthly basis. Many of the adults who were reducing their food intake were parents choosing to eat less to make sure that their kids got enough food. Many were also single individuals or seniors who reported skipping meals or reducing portion sizes at the end of the month or to make the food in the house stretch a little further.

Of households with children, 10% reported that the kids occasionally had to skip meals or reduce portion sizes if there wasn't enough food in the house. The fact that parents are skipping meals to feed their children, and that children themselves are sometimes reducing food intake, underscores the critical role of the child nutrition programs in helping families make ends meet and access adequate, nutritious meals.

Not Enough Food in the House

	Urban	Rural	Reservation
Adults Skipped Meals or Reduced Portion Sizes due to Lack of Food	53%	39%	61%
Adults Skip Meals/Reduce Portions at Least Once per Week (of those skipping meals)	44%	59%	36%
Adults Skip Meals/Reduce Portions at Least Once per Month (of those skipping meals)	75%	69%	79%



"I've been disabled since age 19 when I was in a head-on car collision. Disability does not pay much, it barely covers the bills. The food pantry is a life saver. I also get SNAP benefits which help a lot, especially during the summer when the kids don't have school meals. Even with these programs, there are times that I will skip eating to make sure the food stretches for the kids. I end up skipping meals a few times a week but I do everything I can to make sure that they stay healthy."

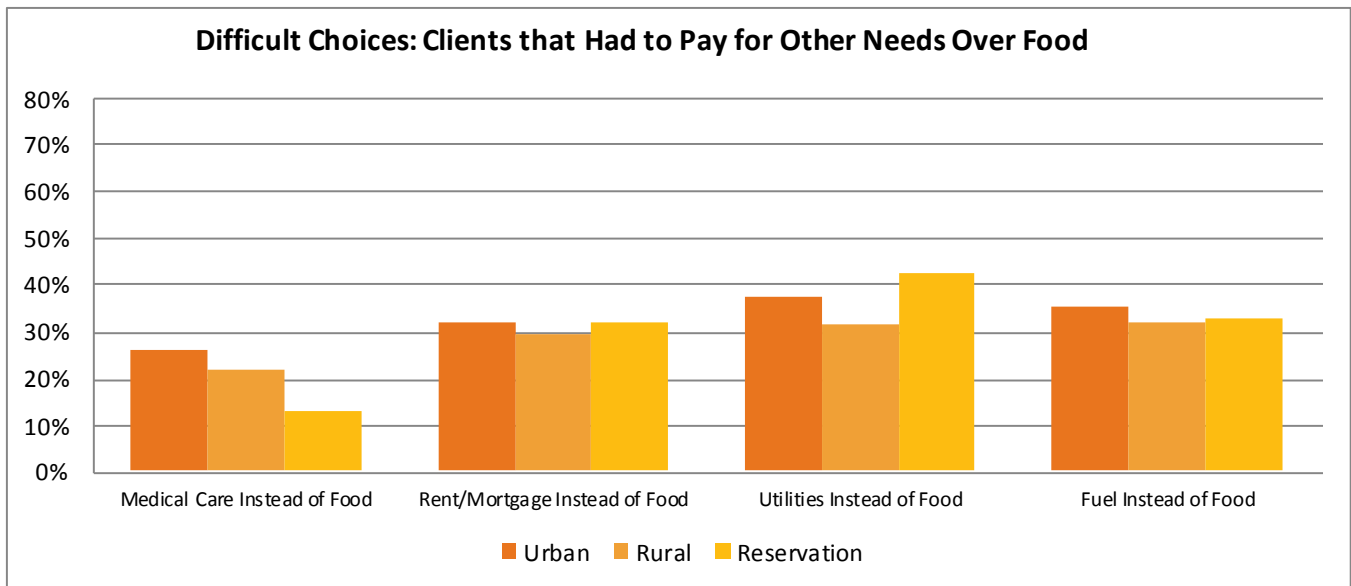
Shawna, 40, mother of two,
Hamilton, MT

Difficult Choices

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.

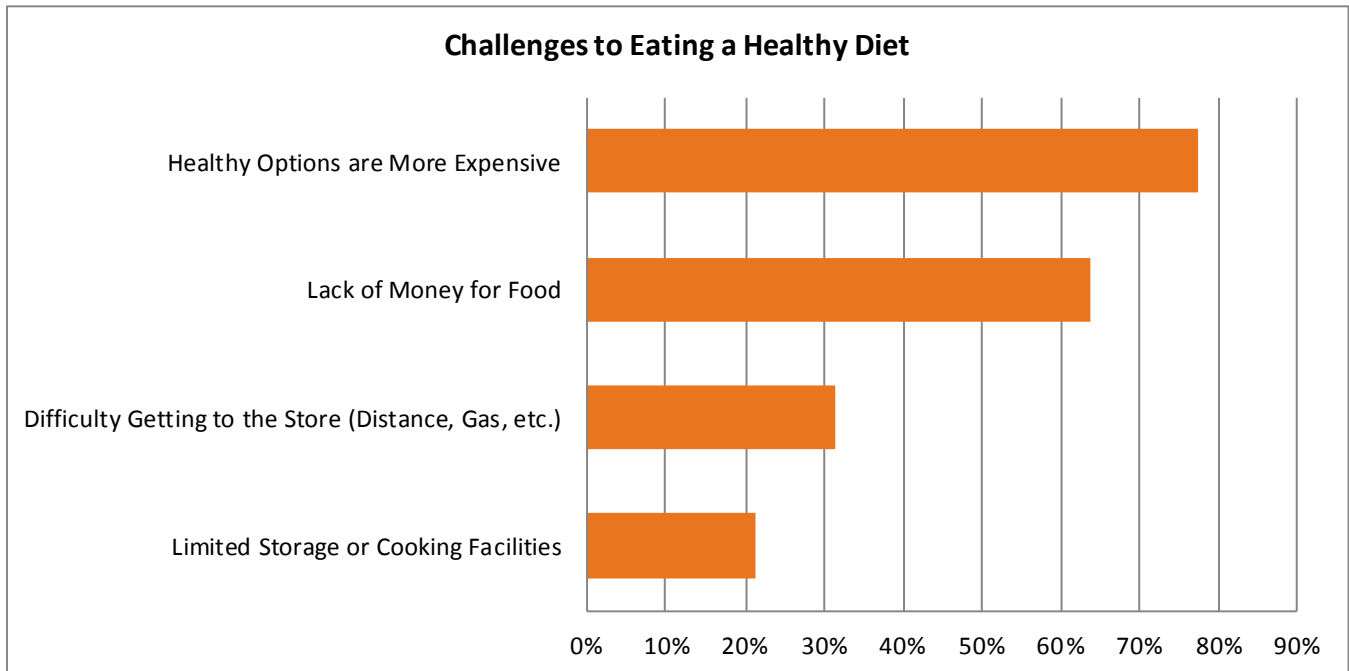
More than 50% of households reported having to choose some other necessity (rent/mortgage, utilities, fuel, or medical care) instead of food in the twelve months prior to the survey.

- 21% of households had to pay for medical care instead of food
- 34% of households had to pay for fuel for transportation instead of food
- 37% of households had to pay utilities instead of food
- 31% of households had to pay for rent or mortgage instead of food



Reduced Quality of Nutrition

Proper nutrition can be difficult to access and hard to afford. Often, the foods that provide the most calories for the least cost are highly processed and low in nutritional value. 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 keeping fresh produce in the household is especially difficult because it doesn't store well and much of what is available at the food pantry does not last long after it is picked up. Clients also reported difficulty affording lean proteins and milk and using inexpensive starches such as pasta to stretch meals.



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 amount of stress. 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.



For clients with special dietary restrictions, 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.

Households with Special Dietary Needs	
Diabetic	26%
Food Allergies or Lactose Intolerance	21%
Low Salt / Low Fat Diet	13%
Difficulty Chewing due to Dental Issues	16%
Total Households with Special Dietary Needs	56%

"Food is expensive so we have to be very careful. I bought apples the other day. I couldn't believe it was \$10 for six apples. We ate them one at a time, sharing each apple between us. We eat a lot of pasta, potatoes, and bread as filler. We have to be very disciplined in our eating. We cannot eat out of boredom, we only eat out of necessity."

Annie, 58,
undergoing cancer treatment,
Hamilton, MT



Visits to the Food Pantry

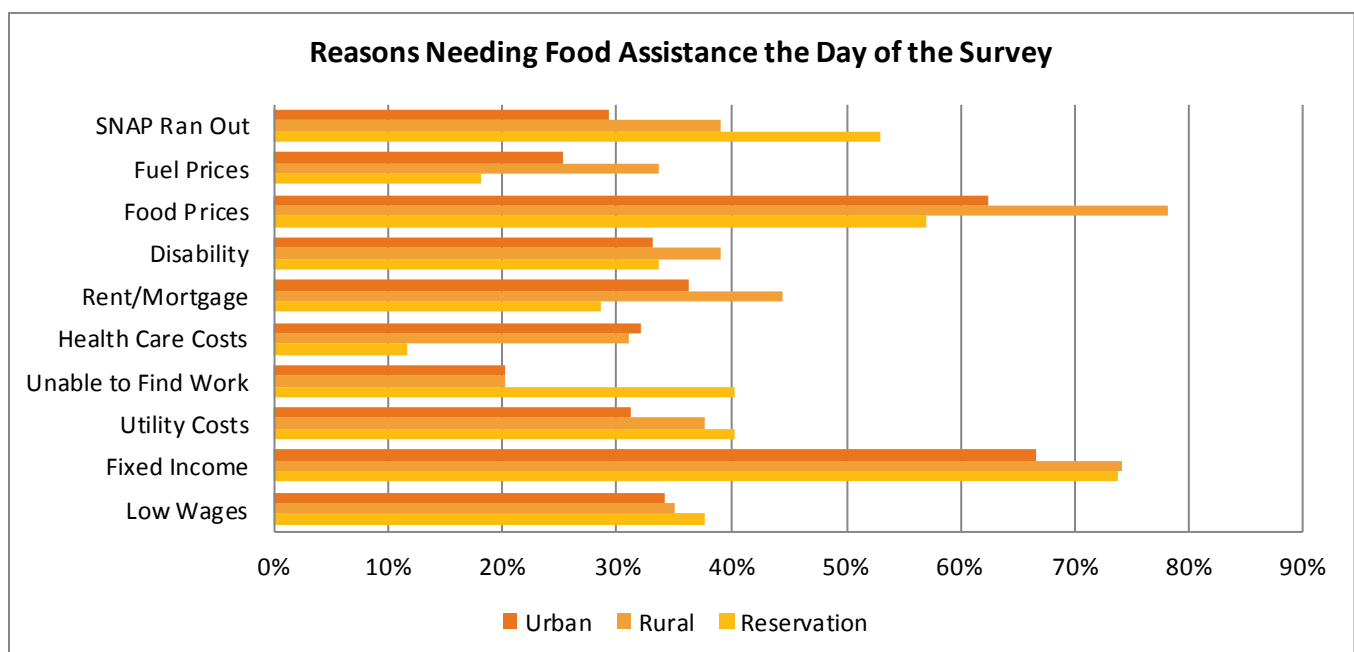
The food pantry is a critical resource for food insecure families, helping to meet the immediate need for food. Pantries differ significantly in the amount of food they are able to provide each client, as well as how frequently clients can receive food. On average, approximately half of participants reported that their pantry food lasts less than a week. The other half were able to stretch it longer than a week by combining it with other food sources (SNAP or food they purchase). Many also reported skipping meals and eating less to make the food last as long as possible.

For many clients, the experience of needing food assistance was not new. Nearly two-thirds of participants had 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. As long as we have households living on incomes that are insufficient to meet their basic needs, we will continue to have people seeking food assistance. However, it is important to remember that most households are not visiting a pantry every month. Among non-senior households, 58% had visited a pantry six or fewer times in the last year. Senior households tended to visit the pantry more regularly because their situation is less likely to change from month to month.

Number of Visits to the Food Pantry in the Last Year

	First Time Clients	1-6 Visits	7-12 Visits	More than 12 Visits
Non-Senior Households	10%	48%	40%	3%
Households with a Senior Member	4%	22%	64%	10%

The need to address the underlying causes of hunger is also illustrated by the reasons that clients reported needing to come for food assistance on the day of the survey. Families and individuals are living on incomes that are insufficient to cover the costs of their basic needs. While SNAP makes a notable difference for participating families, the fact that benefits do not last the month is another reason families turn to emergency food assistance.



Other Sources of Food

Many clients reported accessing food through other sources such as a garden (26%), a soup kitchen or free meal program (11%), or hunting and fishing (33%). Approximately 35% of clients did not access food through any sources other than the pantry and what they purchase.

Nearly 35% of clients reported accessing locally grown food through a farmers' market, a notable increase from 16% in 2012 and 29% in 2014. Participation ranged from 23% among reservation households to 45% 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 (29%)
- Too difficult to make it to the market - schedule conflicts, limited transportation, etc. (28%)
- Not interested in going to the market (20%)
- Did not know about market, where it was, how to access (21%)
- No market available (17%)

Markets were least likely to be available to reservation clients with 35% of those not accessing markets reporting having no market available, compared to 5% of urban clients and 8% of rural clients.

Stretching the 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. Other clients shared that they eat only at meal time, carefully avoiding snacks or eating when it isn't necessary.

Another common response was to cut back on the amount of food consumed. Fifty-one percent of 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.



*"We carefully ration all of our food
and watch our serving sizes.
I use inexpensive items like rice or
pasta as filler to stretch our meals.
We use everything, nothing
goes to waste."*

Tracey, mother of two,
Hamilton, MT

VI. TAKE ACTION

The data and experiences included in this report are clear. We can and must do better. No one in our state should be hungry and yet we have parents skipping meals to feed their children, seniors choosing between food and medication, and hard working individuals going to work every day and still not making enough money to make ends meet. The good news is that hunger is a solvable problem and together we can end it. Our state and our nation must make ending hunger a priority. We all have a role to play.

Advocate

Talk to Montana's elected officials about hunger. Urge them to strengthen household economic security by increasing access to education and job training opportunities, encouraging job growth, improving wages, strengthening assistance programs, and increasing access to affordable housing, health insurance, and child care. For more information on how to get involved, visit www.mfbn.org.

Federal Advocacy

Child Nutrition Programs including School Breakfast, School Lunch, WIC, Summer Food Service Program (SFSP), Child and Adult Care Food Program (CACFP)

- Support innovative strategies to increase access to child nutrition programs by passing a strong Child Nutrition Reauthorization
- Provide adequate reimbursements to schools and program providers to ensure nutritional quality

SNAP (Supplemental Nutrition Assistance Program)

- Protect the program during Farm Bill 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 maximize program impact for participants, reduce administrative burdens at the state and local levels, and streamline the implementation of state options
- Strengthen programs that complement SNAP such as SNAP-Ed, the Expanded Food and Nutrition Program and Double SNAP Dollar programs.

Commodity food programs: The Emergency Food Assistance Program (TEFAP), the Food Distribution Program on Indian Reservations (FDPIR), the Commodity Supplemental Food Program (CSFP, or senior commodities)

- Ensure consistent funding and availability of nutritious foods through all commodity programs.
- Appropriate funding for TEFAP commodities, as well as storage and distribution funds, at the full amount authorized in the Farm Bill
- Provide funding to eliminate waiting lists for the Commodity Supplemental Food Program and allow all states to participate in the program

State Advocacy

Support and strengthen public nutrition programs at the state level

- Increase access to SNAP and WIC through outreach, education, and the maximization of state options
- Ensure School Breakfast Programs exist in all Montana schools by providing support for start-up
- Promote expansion of alternative breakfast models 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 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

Job training and economic development

- Increase economic security among the working poor by improving wages and benefits, including access to health care and paid leave
- Ensure that education and job training opportunities remain accessible and affordable
- Review state tax structure for working poor
- Create a state-level Earned Income Tax Credit to help people keep more of the money they earn

Build a stronger safety net

- Support and protect access to affordable child care, housing, health care, and other necessities
- Support efforts to increase coordination between safety-net services and programs across the state
- Strengthen the Temporary Assistance for Needy Families Program (TANF) to better meet the needs of Montana's families

Community Engagement

There are steps we can all take at the local level to increase awareness of hunger and support ongoing efforts to build a stronger community.

- Increase awareness of the prevalence of hunger and its impact on your community
- Address and correct myths about people in poverty when you hear them
- Ensure programs such as Summer Food and School Breakfast exist in your community
- Talk with your local schools about starting a school-based food pantry or Backpack program
- 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), Double SNAP incentive programs, and EBT, WIC, and Senior Farmers' Market Programs
- Volunteer at a local food pantry or meal site
- Organize transportation to larger stores or social service agencies for low-income people

Health Community

Given the close connections between hunger and health, it is imperative that the health community get involved in ending hunger.

- Ask your patients, *Do you worry that food will run out? Do you run out of food and not have money to buy more?* Make referrals to public nutrition programs and other services when appropriate
- Assess physical growth and screen for developmental and mental health in relation to inadequate or poor quality diets
- Offer on-site community gardens and food pantries
- Support anti-hunger, anti-poverty policies that ensure all Montanans are healthy and well nourished

Business Community

The economic security of our state is closely tied to hunger and poverty. Undernourished workers are less effective employees and food insecure children face numerous risk factors impacting their ability to succeed as adults. The business community can help support anti-hunger efforts in numerous ways.

- Ensure that workers are able to take time off to care for themselves or their family without fear of losing their jobs
- Provide wages that allow for healthy food purchases and other basic needs
- 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
- Support policies that strengthen our economy and help prepare tomorrow's workforce

METHODOLOGY

The Montana Food Bank Network completed its seventh biennial client survey in the spring of 2016 to better understand the experiences of those seeking emergency food assistance in our state. The survey was conducted at food pantries in nine communities: Findings from Kalispell and Helena were compiled into one category and termed as “urban”. Findings from food pantries in Wolf Point, St. Ignatius, and Polson were compiled into the “reservation” category. The “rural” category consisted of findings from Lewistown, Glendive, Thompson Falls, and Hamilton.

All adults (18 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 252 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.

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 throughout the report. In all other cases, the quotes are left anonymous.

ACKNOWLEDGMENTS

Thank you to the 252 individuals who were willing to share their stories and experiences with us, to educate others in our state, and to speak out for themselves and their community.

Thank you to the partner agencies that agreed to work with us on this survey and connect us to the families and individuals they serve:

Central Montana Community Cupboard, Lewistown, MT
Community Harvest Food Bank, Thompson Falls, MT
Dawson County Food Bank, Glendive, MT
Flathead Food Bank, Kalispell, MT
The Food Pantry, Wolf Point, MT
Haven House, Hamilton, MT
Helena Food Share, Helena, MT
Mission Valley Food Pantry, St. Ignatius, MT
Polson Loaves and Fish Pantry, Polson, MT

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