



FACT SHEET: CHILDHOOD HUNGER IN MONTANA

Poverty in Montana, 2014 Census

- 18.5% of children live below the poverty level
- 40.7% of children live below 185% of poverty (At-Risk of Hunger)
- 8.4% of children live below 50% of poverty (Deep Poverty)

Food Security in Montana, 2014 USDA

- 11.5% of Montana households experience food insecurity (reduced quality or variety of diet)
- 5.4% of Montana households experience very low food security (reduced food intake)
- 22.1% of Montana children live in households that experience food insecurity

SNAP (food stamp) participation in Montana

- More than 125,000 Montanans participate in SNAP, yet 1 in 4 individuals likely to qualify are not enrolled in the program
- Approximately half of all SNAP households in Montana include children and more than 1 in 3 SNAP households have at least one member who is employed
- 80% of SNAP households have incomes below the poverty line

Child Nutrition Programs are crucial resources for families struggling with food insecurity, however many child nutrition programs remain severely underutilized in Montana.

- Just one-third of children enrolled in Free and Reduced Price (FRP) school meals participated in the **School Breakfast Program** last year
- Montana has among the lowest **WIC** participation rates in the nation
- In 2014, 17 Montana counties did not have a single **Summer Food Service Program** site, and 9 counties only had one site
- Just 1 in 5 children who regularly eat FRP School Lunch participate in **SFSP**

Implications of Food Insecurity and Hunger in Children

Physical Health

- Negative impact on physical growth, mental development, overall health status
- Poor or inconsistent nutrition leads to reduced immunity and increased risk of infections, sickness, and chronic disease

Link to Childhood Obesity

- Experiencing poverty and food insecurity increases the risk of overweight and obesity
- Risk factors associated with poverty include: Limited resources, lack of access to healthy, affordable foods, fewer opportunities for physical activity, cycles of food deprivation and overeating, high levels of stress, greater exposure to marketing of obesity-promoting products, limited access to health care

Reduced Potential for Learning and Academic Achievement

- Reduced cognitive development, as well as ability for memory, language, motor skills and social interaction
- Lower math and reading scores; increased grade repetition, tardiness, anxiety, and behavior problems
- Increased absenteeism due to increased illness, infections

Economic Impact on Schools, Families, Public Health and the Future Workforce in the State

- Higher health care costs, lost work time for parents, risk of job loss
- Increased rates of high school dropout, lack of higher education, lack of skills to seek better employment opportunities and gain economic self-sufficiency in adulthood
- A poorly educated workforce creates greater demand on employers and business community

“We always make sure the kids eat before us. My wife and I skip meals on a weekly basis to make sure the kids can eat.”

Father from Wolf Point, MT

“It would be much harder in the summer if it wasn't for the Summer Food program. It helps a lot to make up for not having school meals.”

Mother from Arlee, MT