
The State of Food and Nutrition in Montana

2004

Montana State Advisory
Council on Food and Nutrition

*Our Vision:
To lead and facilitate
the creation of an optimal
food and nutrition environment
for all Montanans*



A letter from the State Advisory Council on Food and Nutrition

February 18, 2005

The Honorable Brian Schweitzer
Governor of Montana
State Capitol
Helena, MT 59620

Dear Governor Schweitzer:

The State of Food and Nutrition in Montana is a matter of enormous significance to the health and safety of the people of the state, as well as to the state's economic potential. On behalf of the State Advisory Council on Food and Nutrition, we are pleased to present to you our annual report on the State of Food and Nutrition in Montana.

The Advisory Council serves to provide recommendations to the Department of Public Health & Human Services about all food and nutrition programs in the state, about policies that impact hunger and malnutrition, ways to promote food and nutrition programs within the private and agricultural sectors of Montana's economy and to educate the public about the strong relationship between nutrition and health. With representation from public and private food programs, the Department of Agriculture, other State agencies, and the food industry, this group of dedicated people have come together to study multiple food and nutrition needs in Montana and find realistic and long-term solutions.

This report shows that hunger and lack of food security are on the rise in our state. Poverty has increased in the past three years. The number of children living in poverty has grown. Emergency feeding sites such as food banks have become the norm for a growing number of working poor, young families, as well as the disabled and elderly populations. The public food programs provide a valuable resource with nutritious foods; however, they do not reach all in the population who need them.

The report also describes efforts made by various programs to provide nutrition education, expand services and try to reduce barriers to access programs. Their efforts to improve food and nutrition in the state are truly commendable.

Governor Schweitzer, we urge you to bring forward any areas of concerns or need that you have, as well as ideas to make measurable improvements in the nutrition and health of our people. We must work to eliminate poor nutrition and hunger in our state.

Thank you,

Peggy Grimes
Chair
Montana State Advisory Council on Food & Nutrition

Minkie Medora
Vice-Chair

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*A low-income household with multiple needs may qualify for more than one of the nutrition assistance programs; however, eligibility criteria are different for each program. Applicants are encouraged to contact each program for more information.

The State of Food and Nutrition in Montana

Montana is considered an agricultural state; but for many, access to good nutrition and adequate food is a lifelong challenge. This report is designed to identify current areas of concern in Montana, provide ways Montana policy makers can help address those areas, and commend activities in the past year that have significantly contributed to the reduction of hunger and the improvement of nutritional status in Montana.

Current Areas of Concern:

The State Advisory Council on Food and Nutrition has identified two primary areas of concern. *First*, an increasing rate of poverty and declining availability of resources to meet this need have resulted in an increased rate of food insecurity and hunger in Montana. *Second*, many low-income people are receiving poor nutrition leading to chronic diseases or to overweight and obesity.

Imagine living on \$18,850 a year with three dependents to support. This is real life for nearly 126,200 people who live in Montana.

In 2003, the overall poverty rate in Montana rose to 14.2 percent, and the poverty rate for children under eighteen rose to 17.5 percent. **This represents 126,213 Montana residents, 36,380 of which are children.** Funding is in short supply and budgets are taking cuts on national, state, and local levels. During the last few years, food programs have seen consistent increases in the need for program benefits. **As poverty levels rise, Montana food and nutrition programs have been unable to meet the growing demands for their services.** This means many people in need are going hungry.

In Montana:

- More than 40 percent of Montana food bank clients have gone without food or skipped a meal so others in the family could eat.
- There was nearly a 200 percent increase in emergency food provided through the Montana Food Bank Network from 2000 to 2003.
- The Food Stamp Program has about 57 percent of all people who are eligible to receive food stamps participating in the program.
- The number of meals served through the Child & Adult Care Food Program has risen from six million a year in 1993 to over eight million in 2003.
- There are over 20,000 seniors in need of the Aging Services food programs in Montana, but because of a funding freeze, only a little over 6,000 of them are served.

The second area of concern is one that is interconnected with the first. **Many low-income children and adults receive poor and inconsistent nutrition. This increases their risk for heart disease, diabetes, cancer and obesity.** Low-income people exhibiting problems related to overweight and obesity may elicit the question, "if people are hungry, why are they overweight?" The answer is that the types of food that people are able to access are foods that are high in fat and calories, but low in essential nutrients like vitamins, minerals, and fiber. This is usually because of cost and/or a lack of knowledge about healthful diets and lifestyle practices. This type of problem requires not only that low-income people are given food and financial support, but are also given the knowledge needed to make wise choices with the food dollars available. **In addition to health problems and compromised quality of life for many Montanans, increasing obesity has caused an enormous financial burden for the state.** A study in *Obesity Research* (January 2004) showed that Montana had an estimated expenditure of \$175 million due to adult obesity-related medical costs. Of that number, \$41 million was for Medicare clients and \$48 million was for Medicaid clients. In Montana:

- Obesity rates rose from 8.7 percent in 1990 to 18.8 percent in 2001.
- Heart disease, cancer and cardiovascular disease are the leading causes of death. Annually, 2,006 Montanans die of heart disease and 548 die of stroke.
- More than 30,000 Montanans have been diagnosed with diabetes.

Ways to Address the Areas of Concern:

People in need of food security require the ability to access food and the knowledge to make nutritious food choices for themselves and their families. Proactive policy is needed to stop the problem of hunger, chronic diseases, and obesity before they start. Collaboration between public and private programs is needed to streamline efforts and make the best use of available resources. It is critical for program benefits to be available to all people in the state who qualify for them. The programs listed in this report are extremely important and are unable to sustain budget cuts. Efforts to promote food security and a healthful lifestyle require support and promotion from everyone in Montana (especially policy makers) to be effective. Policy makers have many ways they can help address these areas of concern. Some suggestions are listed in the table below.

<i>Support existing activities:</i>	<i>Support proactive policy:</i>
<ul style="list-style-type: none"> • Support the measure to increase food and benefits for low-income people by lifting the ban on food stamps and Temporary Assistance for Needy Families benefits for people convicted of a drug felony. • Support the cardiovascular disease/obesity state plan. • Continue to support the crucial role that the Montana State Advisory Council on Food and Nutrition plays in correlating and communicating areas of concern to the State. • Support state funding for increasing food stamp outreach efforts in order to reach all the eligible population, as well as bring much needed federal dollars into local grocery stores. 	<ul style="list-style-type: none"> • Use available funds from soft drink taxes, tobacco taxes, and tobacco settlement funds to support nutrition and physical activity efforts in Montana. • Support nutrition and physical activity education in schools. The school environment is an ideal place to give children the tools they need to develop lifelong healthful habits. • Support programs that benefit seniors, like Meals on Wheels and Aging Services. This is an especially needy population that has to make daily choices between buying food and paying for utilities or medication. • Encourage communities to provide physical activity alternatives for families who want to exercise but cannot do so because of weather or limited means. • Provide funding for the WIC/Farmer’s Market Nutrition Program that could provide fruits & vegetables to thousands of WIC families (and support Montana agriculture). • Provide start-up funds for schools that start new Breakfast Programs. The link between nutrition and education is clearly demonstrated.

Commendations for Achievements:

While there are still many problems to overcome, many people and agencies have undertaken activities in the past year that have significantly contributed to the reduction of hunger and the improvement of nutritional status in Montana. Four accomplishments are highlighted here, but most are listed on the individual program pages under “Accomplishments.”

1. The Nutrition Standards of Care for Adults with Intellectual Disabilities, the first standards of their kind in the nation, were published in Montana in fall 2004.
2. A recent Expanded Food and Nutrition Program (EFNEP) cost/benefit analysis (that included Montana) found that for every dollar invested in EFNEP training, \$8.82 in future health care savings resulted.
3. Commodity foods being offered in the state now include more fresh fruits and vegetables, less fat and sugar, and offer greater variety and convenience of use.
4. Montana is one of the only states that does not require Food Stamp applicants to list vehicles as a resource, which significantly increases the number of needy people that program is able to serve.

Through a collaborative effort, Montana can positively impact the state of food and nutrition for its citizens. The Montana State Advisory Council on Food and Nutrition would like to thank everyone who supports efforts to end hunger and promote healthful lifestyles in Montana.

United States Department of Agriculture Food and Nutrition Service

Program Description, Mission and/or Vision:

Vision: To lead America in ending hunger and improving nutrition and health.
Mission: To increase food security and reduce hunger in partnership with cooperating organizations by providing children and low-income people access to food, a healthful diet, and nutrition education in a manner that supports American agriculture and inspires public confidence.



The United States Department of Agriculture (USDA) - Food and Nutrition Service oversees state agencies that administer a variety of Federal nutrition assistance programs to fulfill its vision and mission. Some of the primary programs include:

- The **Food Stamp Program** is the first line of defense against hunger for millions of families.
- The **Food Distribution Program on Indian Reservations (FDPIR)** provides commodity foods to low-income households living on Indian reservations and to Native American families living in designated areas near reservations.
- The **School Nutrition Programs**, including:
 - **National School Lunch Program** provides funding and commodity foods to non-profit food services in elementary and secondary schools, and in residential child care facilities.
 - The **School Breakfast Program** operates in more than 72,000 schools and institutions, serving a daily average of some 7.4 million children.
 - The **Summer Food Service Program** bridges the nutrition gap when school is not in session, providing meals to low-income children during school vacation periods.
 - The **Special Milk Program** furnishes milk to children in approved schools, camps, and childcare institutions that have no federally supported meal program.
- The **Child and Adult Care Food Program** supplies cash reimbursement for meals and snacks for eligible children and adults in day care centers, day care homes, and some homeless shelters.
- The **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** strives to improve the health of low-income pregnant women, breastfeeding and non-breastfeeding new mothers, and infants and children up to 5 years old by providing supplemental foods, nutrition education, and access to health services.
- The **Commodity Supplemental Food Program** distributes food directly to women, infants, children and elderly, with food packages tailored to the nutritional needs of participants.
- The **Emergency Food Assistance Program** provides commodity foods to States for distribution to supplement food stocks of households, soup kitchens, and food banks.

These programs are discussed in more detail on the following pages.

Target Populations: Low-income households.

For More Information:

Web site: www.fns.usda.gov/fns

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Bart Bushman, Mountain Plains Regional Community/Faith Liaison

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Programs administered by the Montana Department of Public Health and Human Services (DPHHS)
Food Stamp Program

Program Description, Vision and/or Mission:

The Food Stamp Program is established to aid in ending hunger and to improve nutrition and health. It helps low-income households buy the food they need for a nutritionally adequate diet and provides crucial support to needy households in making the transition from welfare to work.

Montana is one of only a few states to exclude vehicles as resources.

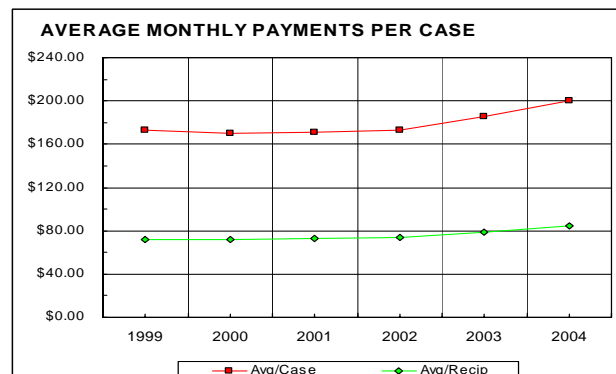
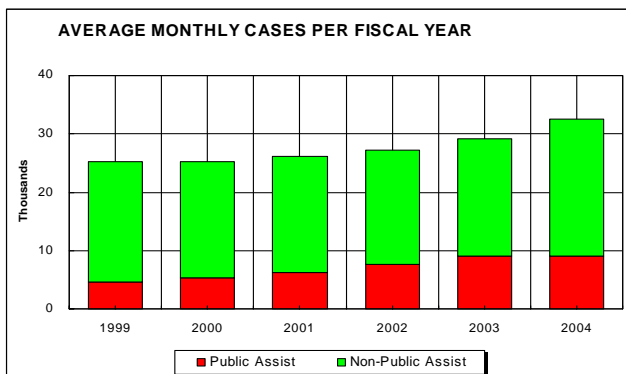
Target Populations: Low-income households

Accomplishments:

- A simplified application is now available for those who want to apply only for food stamps.
- Trained volunteers guide individuals through the application process.
- Certification periods were lengthened from 12 to 24 months for households where all members are elderly or disabled and do not have countable earned income.
- All vehicles are excluded as a resource, and households applying or recertifying for food stamp benefits can have the in-person interview replaced with a telephone or home visit interview.
- Four counties offered food stamp participants a free employment and training program which included job counseling and training, referrals to community resources, and supportive service dollars to assist in seeking employment.
- Provided nutrition education to participants through MSU Extension in 30 counties (see page 12).

Areas of concern or need:

- There was an 11% increase in program participation from 2003 to 2004. This upward trend indicates an increasing number of needy households in Montana. Proactive activities are needed to help these households.



- To make Montana eligible for high performance bonus money by implementing strategies to improve payment accuracy, decrease negative error rate, increase participation rate, and increase application timeliness.
- Increase Montana’s current average participation rate (57%) by increased outreach efforts.
- Work with community partners to increase participation for eligible households.
- Pursue methods to simplify the program through collaboration with other assistance programs.

For More Information:

Tammy Poppe
 Food Stamp Program
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Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Program Description, Vision and/or Mission:

The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk by providing:

- nutritious foods to supplement diets,
- information on healthy eating, and
- referrals to health care.

45% of Montana children under 5 years of age are provided with benefits through the WIC program.

Target Populations:

The WIC target populations are low-income, nutritionally at risk:

- pregnant women (up to 6 weeks after birth or after pregnancy ends);
- breastfeeding women (up to infant's 1st birthday);
- non-breastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends);
- infants (up to 1st birthday); and
- children up to their 5th birthday.

Accomplishments:

- In State Fiscal Year 2004, the average number of women, infants and children served per month in Montana WIC clinics was 21,512, which was slightly higher than the prior year.
- The WIC Farmers' Market Nutrition Program (WIC FMNP) was operated in seven local agencies. The total amount for the program was \$81,933 (including in-kind).
- Scholarships were provided for 19 local staff to complete college-level nutrition classes.
- 358 electric breast pumps and 1286 manual breast pumps were distributed this year. The number of local agencies participating has tripled since the pilot project in 2002.

Areas of concern or need:

- Expansion funds are needed to increase the number of WIC participants served by the WIC FMNP.
- Continue to pursue Operational Adjustment funds to improve the level of nutrition education of WIC local agency staff. Each local agency must have services of a registered dietitian available by the start of Federal Fiscal Year 2006.
- Support the continuation and expansion of the provision of breast pumps by WIC local agencies. Utilize available food dollars to purchase electric and manual breast pumps, as well as rent electric breast pumps.
- Maximize utilization of limited resources through the streamlining of the provision of WIC services throughout the state and the standardizing of documentation procedures.

For More Information:

Chris Fogelman, RD
DPHHS – WIC Program Supervisor
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Child and Adult Care Food Program (CACFP)

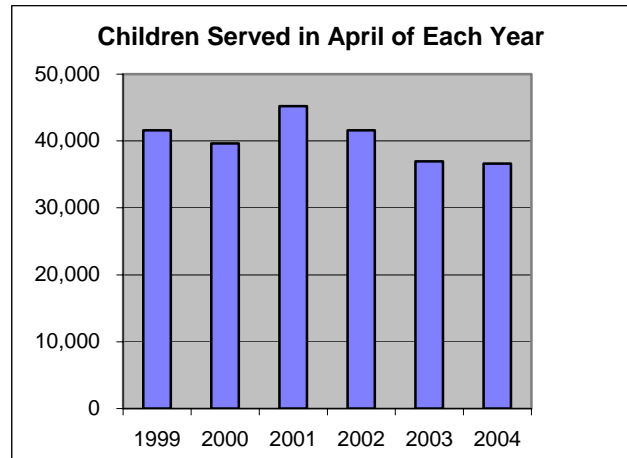
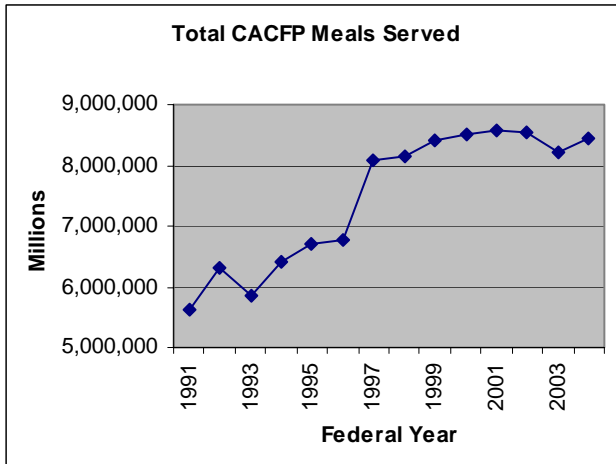
Program Description, Vision and/or Mission:

CACFP provides reimbursement for serving nutritious meals and conducts training for non-residential child and adult care organizations. CACFP's mission is to influence healthy lifestyle choices by facilitating program participation and compliance, funding nutritious meals, and providing effective training.

CACFP currently serves over 30,000 participants at 115 centers and 13 daycare organizations in Montana.

Target Population: The CACFP primarily serves meals to children up to age 12 who are at or below 185% of the federal poverty levels.

Accomplishments:



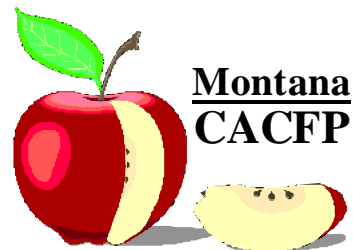
- CACFP staff provided 14 training sessions for day care centers and collaborated with MT Team Nutrition in providing an advanced training session.
- Collaborated with the DPHHS Public Health and Safety division to distribute toothbrushes for all children participating in the CACFP through centers and day care home sponsors.
- Increased awareness on accessing and implementing nutrition information through training.
- Implemented an online training course for participating Centers.

Areas of concern or need:

- Develop methods to reach parents and educate them on the effects of proper nutrition and obesity.
- Continue marketing the CACFP to increase the number of emergency shelters, childcare centers and day care homes.
- Continue collaboration with the DPHHS Quality Assurance Division/Licensing Division to streamline the review process, and to reduce the duplication of services.

For More Information:

Camille Randall
Child and Adult Care Food Program
(406) 444-4086
crandall@mt.gov



Programs administered by the DPHHS Intergovernmental Health Services Bureau (IHSB)
Aging Services

Program Description, Vision and/or Mission:

- The Aging Services Bureau works with local area Agencies on Aging, senior centers and other aging providers to deliver Elderly Nutrition Programs.
- The mission of the Senior and Long Term Care Division and its Aging Services Bureau is to advocate and promote dignity and independence for older Montanans and Montanans with disabilities.
- Nutrition programs offered through the Aging Network include congregate and home delivered meals, Commodity Supplemental Food Program (CSFP), Senior Farmers Market Nutrition Program (SFMNP), nutrition screenings and nutrition education. Congregate and home delivered meals comprise over 60% of the overall Aging Services budget.
- For many seniors, congregate or home delivered meals represent a significant part of their overall nutritional intake.
- Commodity items for congregate meals are provided by the IHSB at DPHHS.

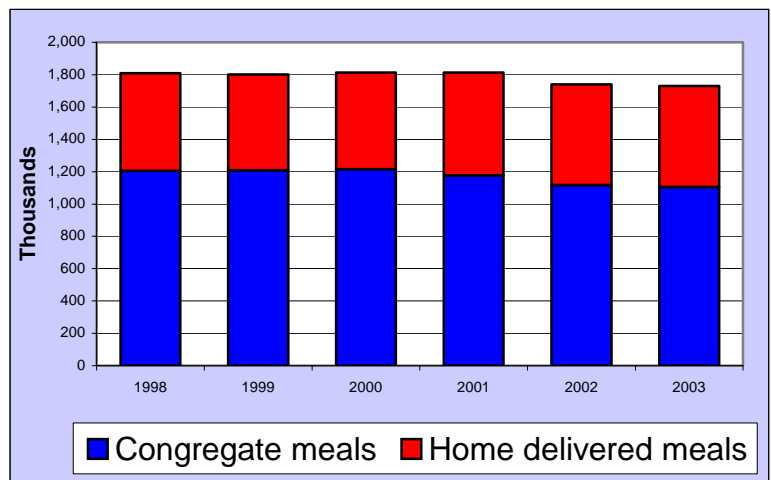
These programs are an essential component in helping seniors remain healthy, independent and in their homes.

Target Populations:

- The average age of persons receiving a congregate meal is 74, while the average age for home delivered clients is over 76.

Accomplishments:

- About 1.7 million meals are served annually.
- About 34,000 Montana seniors over 60 receive a meal annually.
- In conjunction with the IHSB and local area food banks, the Aging Network serves approximately 8000 low-income seniors through the CSFP and SFMNP.



Areas of concern or need:

- The average cost per meal is currently increasing faster than the average contribution rate from participants, placing increased financial pressure on local sites to maintain current meal programs.
- Because of limited federal funds, these programs are not able to serve all low-income seniors who could be eligible.
- The Aging Services budget was reduced for the biennium by \$500,000 during the 2003 Legislature. These funds were replaced by special funds by Governor Martz. Aging Services programs face a significant reduction in, or elimination of, services currently offered if these funds are not restored by the 2005 Legislature.

For More Information:

Doug Blakley
Aging Services
(406) 444-7787
dblakley@mt.gov

Commodity Supplemental Food Program (CSFP)

Program Description, Vision and/or Mission:

- The CSFP provides a monthly food package and assistance to participants. The program covers all areas of Montana through fifty-nine distribution sites.

Target Populations:

- CSFP serves individuals 60 years of age and older, and children from five to six years old who are no longer eligible for the WIC program but whose families still qualify financially.

Accomplishments:

- Over 80,000 food packages were distributed from July 2003 through June 2004 to an average of 6719 persons/month.

Due to limited funding, only **6,728** clients could be served each month in 2004. There are over **20,000** seniors in need of this program in Montana.

Areas of concern or need:

- In January 2004 the Montana CSFP client caseload was frozen at 6,728 participants due to program budget reductions.
- No new participants or distribution sites were initiated due to Montana's assigned caseload for 2004.
- Promotion of nutrition education and maintenance of waiting lists for participation in the program is a continuing need.
- Work should be continued with the National CSFP Association, area agencies and local agencies to promote awareness for the need to increase federal funding for this program.

For More Information:

See contact information on page nine.

The Food Distribution Program on Indian Reservations (FDPIR)

Program Description, Vision and/or Mission:

The Food Distribution Program on the Indian Reservation (FDPIR) was created by the Food Stamp Act of 1977 and the Agriculture and Consumer Protection Act of 1973 as an alternative to the Food Stamp Program because many Native Americans live in remote areas where food costs are excessively high and access to food stamp offices and grocery stores is often limited. The Department of Agriculture (USDA) Food and Nutrition Services administers the FDPIR nationally. Households **may not** participate in FDPIR and the Food Stamp Program in the same month.

Target Populations:

- Low-income American Indian and non-Indian households.

Accomplishments:

- Commodity foods now have more fresh fruits and vegetables, less fat and sugar and offer greater variety and convenience of use.
- Each month, participating households receive a food package to help them maintain a nutritionally balanced diet. Participants may select from over 70 products, from produce to flour.
- In state fiscal year 2004 the FDPIR served over 50,000 participants in Montana.

For More Information:

See contact information on page nine.

The Emergency Food Assistance Program (TEFAP)

Program Description, Vision and/or Mission:

The Emergency Food Assistance Program (TEFAP) provides commodity foods through local food banks, food pantries, soup kitchens and other charitable organizations.

Target Populations:

- Low Income families, low income and/or homeless individuals.

Accomplishments:

- Through a contractual agreement with the Montana Food Bank Network (MFBN), commodity foods were distributed to over 90 food banks and food pantries for providing nutritional assistance for home prepared and consumed meals.
- The state agency contracts with over 80 soup kitchens and charitable institutions for providing congregate meals to the needy.

TEFAP distributed
over 1.5 million
pounds of
commodity food
items in 2004.

Areas of concern or need:

- Participation levels at food banks, food pantries, and soup kitchens have reached all time highs while the federal funding for the TEFAP program has not increased.
- New soup kitchens and charitable institutions are requesting access to the program putting further strain on a limited commodity inventory.
- Commodity inventories depend heavily on surplus and/or price stabilizing purchases by the Department of Agriculture that vary considerably from year to year.

For More Information on the CSFP, FDPIR, or TEFAP:

Forest Farris
Food Distribution, Commodity Warehouse
(406) 447-4262
ffarris@mt.gov

Programs administered by the Office of Public Instruction (OPI)
School Nutrition Programs (SNP)

Program Description, Vision and/or Mission:

The Office of Public Instruction, Division of Health Enhancement and Safety, School Nutrition Programs Unit administers seven USDA programs: the National School Lunch Program, School Breakfast Program, Afterschool Snack Program, Special Milk Program, Summer Food Service Program, Food Distribution Program, and Team Nutrition Program.



- There are 280 public and private non-profit schools and residential childcare institutions with grades K-12 providing school meals and snacks in Montana.
- Provides federal reimbursement and commodity foods for meals served in participating schools and summer sponsors.
- Monitors and provides technical assistance to school foodservice programs.
- Provides nutrition education to improve the school nutrition environment.
- SNP's mission is to ensure that schools provide nutritious meals and promote healthy lifestyles through collaborative education and training and administration of the USDA's School Nutrition Programs.

Target Populations:

- School age children and families; school foodservice professionals and personnel (teachers, administrators, and business officials).

Accomplishments:

- Expanded the number of schools implementing policy and procedural changes to support healthier school nutrition environments.
- Was awarded a two-year Team Nutrition Training Grant to help make implementation of the new policy in schools easier and more successful.
- Expanded the number of schools participating in the School Breakfast Program by 22, resulting in a 7.5 percent increase in participation.
- Expanded the number of Summer Food Service Program sponsors by 6 and sites by 18, resulting in a 13 percent increase in participation.

In Montana **72%** of schools provide healthful breakfasts to children through the School Breakfast Program.

Areas of concern or need:

- Address the obesity crisis by helping schools make policy and procedure changes that promote healthful school nutrition environments.
- Generate successful methods of increasing participation among at-risk populations, especially middle and high school age children.
- Improve program integrity and access through technology.
- Increase monitoring and training/technical assistance needs as mandated by Child Nutrition Reauthorization with limited resources (personnel and funding).

For More Information:

www.opi.state.mt.us/schoolfood/index.html

Christine Emerson, Director
School Nutrition Programs
(406) 444-2502
cemerson@mt.gov



Programs administered by Montana State University Extension Service

The Montana State University Extension Service is an educational resource dedicated to improving people's lives by providing research-based knowledge to strengthen social, economic and environmental well-being of families, communities, and agricultural enterprises.



Food Stamp Nutrition Education (FSNE)

Program Description, Vision and/or Mission:

In partnership with the DPHHS: Food Stamp Program, Montana State University Extension is providing nutrition education to the food stamp audience in Montana in 30 counties. FSNE provides educational programs to low-income individuals and households on healthy food choices, food safety, food resource management, and physical activity. Trained paraprofessionals (nutrition assistants) provide a series of lessons with practical information and skill-building tips.

Target Populations:

- Low-income individuals and households that qualify for food stamp benefits.
- Youth in Title I schools and in low-income after school and summer programs.

Accomplishments:

- Over 20,000 direct contacts were made through series lessons, single programs and demonstrations.
- Over 30,000 indirect contacts were made through the distribution of nutrition newsletters.
- Developed food safety protocols for nutrition assistants.
- Offered nutrition education activities in conjunction with Summer Food Service Programs.
- Developed brochures for Aging Services (commodity foods for seniors) on using commodity foods in recipes and cooking tips.
- Provided demonstrations to highlight new or little used foods in FDPIR (Food Distribution Program for Indian Reservations) warehouses.
- Formed partnerships with Montana State University, Office of Public Assistance, Team Nutrition Program, Summer Food Service Program, Aging Services, and Indian Health Service.

Areas of concern or need:

- Collaborating with other agencies to optimize effective programming and to promote consistent messages to the public.
- Establishing FSNE sites on or near Montana Indian Reservations to serve the Native Americans at high risk for diet-related disease.
- Enhancing school-based programs in Title I schools for low-income youth and their parents.
- Effective, appropriate nutrition education for those individuals with disabilities receiving food stamps.

For More Information:

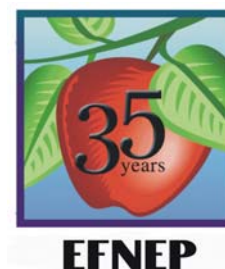
Phyllis Dennee, Nutrition Education Specialist
(406) 994-5702
pdennee@montana.edu

Renee Harris, FSNE, State Coordinator
(406) 994-6318
rharris@montana.edu

Expanded Food and Nutrition Education Program (EFNEP)

Program Description, Vision and/or Mission:

The EFNEP provides education to low-income families on purchasing and preparing food for their families in a nutritious manner with the money, food stamps, or other food resources they have available. Trainings are designed to teach both the adult and youth participants consistent, positive behavior changes in choosing more nutritionally sound diets and managing food budgets.



Target Populations:

- Low-income households in Montana.

Accomplishments:

- A recent EFNEP cost/benefit study in 6 states, including Montana, found that *for every dollar invested in EFNEP programming, \$8.82 in future health care savings resulted*. These savings have a huge positive impact for Montana.
- More than 93% of the EFNEP graduates improved their diets.
- 33% of participants ran out of food less often before the end of the month.
- Taught a series of lessons to nearly 400 adult family members to help them stretch their food dollars to feed their families in a nutritious manner.
- EFNEP professionals and paraprofessionals have reached over 1800 low-income youth between the ages of 5 and 17 with lessons about healthier, low-cost food choices, and addressing obesity in an effective, practical way.
- EFNEP staff has worked closely with many community organizations to reach and teach those most in need of self sufficiency skills.

For every dollar invested in EFNEP programming, over eight dollars in future health care savings resulted.

Areas of concern or need:

- Montana is ranked forty-fifth among states for per capita income, yet studies show that food purchased in rural counties is often more expensive than the national average.
- More than 20% of all Montana children live in poverty, and food security is a problem for many of these children and their families.
- As more family members are employed, less time at home demands more information and skills directed to busy parents and children for tasty, fast foods on a low budget.

For More Information:

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Food Safety

Program Description, Vision and/or Mission:

The food safety program is a tribal-based training program funded by the MSU Extension Service. The course is geared towards Native American meat processing facilities, producers and their food products. These courses are provided by the Montana Hazard Analysis and Critical Control Point (HACCP) Training Group and incorporate culturally appropriate application. The mission of the program is to provide training and education to assure food safety and prevent food borne illnesses.

Target Population:

- Native American small meat processing facilities staff and Native American food producers.

Accomplishments:

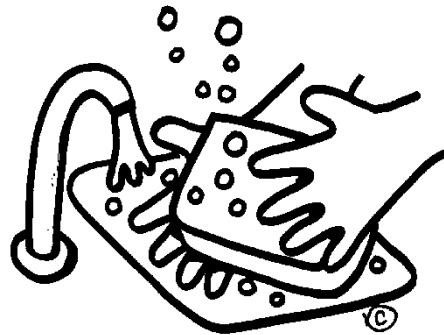
- Tribal based and culturally appropriate HACCP training.
- Basic Meat Microbiology Training: A 2-day seminar for technical and production personnel responsible for food safety plans within meat processing facilities.
- A 3-day combined Tribal based HACCP and Basic Meat Microbiology Training. This was a new curriculum piloted in Ronan and Billings in the fall of 2004. Mary Cutshall, Director of Small and Very Small Plant Outreach, Food Safety and Inspection Service, USDA, has requested this curriculum become available to share with other tribal communities and states.

Areas of Concern or Need:

- Continued Native American food safety training and support for food production.

For more information:

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MSU Extension Food and Nutrition Specialist
(406) 994-5702
lpaul@montana.edu



Montana Food Bank Network

Program Description, Vision and/or Mission:

The Montana Food Bank Network's mission is to work to eliminate hunger in Montana through food acquisition and distribution, education and advocacy. The goal is to help local agencies return to their original mission as a vital part of their community providing emergency food for households.



Target Populations:

- Low-income people of all ages.

Accomplishments:

In 2004, the Network provided nearly 7 million pounds of food to low-income households across Montana through its 144 local hunger relief agencies.

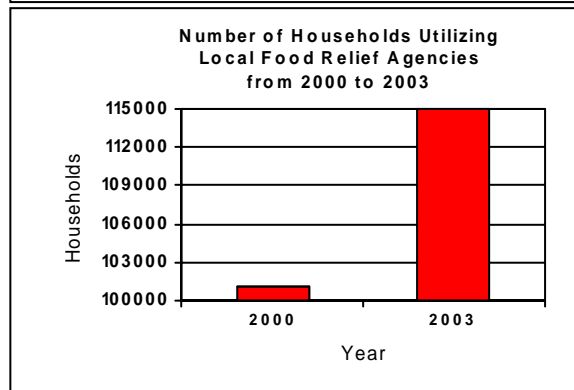
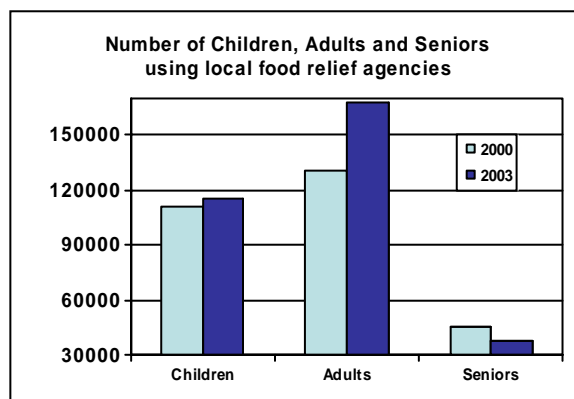
- The Network's association with America's Second Harvest, a national network of food banks, allows access to food not otherwise accessible to our state.
- The Canning Program operated by the Montana Food Bank Network (MFBN) at Montana State Prison offers the opportunity to accept produce at the end of its useful life and repackage the product through the canning process for distribution through hunger relief agencies statewide.

Areas of concern or need:

- There was a 14% increase in the number of households using local hunger relief agencies. The need for food pantries and other feeding programs has significantly increased. This change results in the need for more nutritious food for these agencies to distribute.

- The MFBN supplements the food needs of local communities at varying levels. Most of the larger communities have local resources and may only utilize the Network for 2-5% of their food needs, while other communities depend on the MFBN to meet 75-100% of their need.
- The MFBN must not remain in our current condition as "the grocery store for the poor," but fulfill the Network's mission of helping local agencies to support their local area independently.

There was a **195% increase** in the amount of food distributed through hunger relief agencies during the last year.



For More Information:

The Montana Food Bank Network
(406) 721-3825 or (800) 809-4752.

endhunger@montanafoodbanknetwork.org

www.montanafoodbanknetwork.org

Montana Food Bank Network Advocacy Council

Program Description:

The Food Policy Council (FPC) is the advocacy committee of the Montana Food Bank Network (MFBN). Members of the council work in partnership with other advocacy groups, the state food stamp director, representatives of the MFBN board, staff, as well as Congressional representatives. The FPC is a member of the Western Anti Hunger Consortium, a group representing 10 western region states working to improve food security.

More than 40% of food bank clients have gone without food or skipped a meal so that others in their household might eat.

Target Population:

- Low-income people of all ages who are in need of food security through various programs.

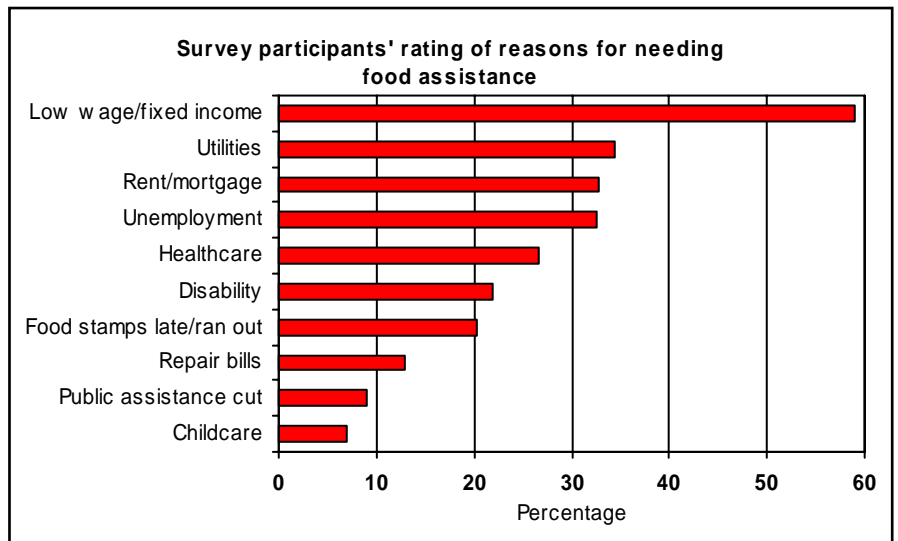
Accomplishments:

- The Food Policy Council of the MFBN conducted a survey of clients in food banks in July 2004 at 7 food pantries in Helena, Kalispell, Plains, Roundup, Ronan, Wolf Point, and Hamilton; state agency staff and volunteers.
- Survey coordinators interviewed 342 clients, representing 1,045 household members, of which 420 were children 18 years and under.

Areas of concern and need:

According to the Network's survey,

- **83%** reported that this was not the first time in the last 12 months they received emergency food.
- **45.9%** of households, representing **547** household members were receiving food stamps. Of those, **64%** needed additional emergency food.
- **1 in 15** households were homeless. **2.6%** of households with children were homeless.
- **44.2%** of households have at least one adult working, and **25.4%** of primary wage earners had more than one job at the same time in the last year.
- **75.5%** of households with no employment reported that a health problem (disability, poor health, or injury) was a reason for not working.
- **26%** of the clients had no other sources of income to assist them.



For more information:

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Montana Food Bank Network
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Eat Right Montana Coalition (ERM)

Program Description, Vision and/or Mission:

The purpose of this coalition is to promote health for all Montanans through a variety of activities that encourage optimal nutrition, fitness, and wellness. Eat Right Montana (ERM) emphasizes collaboration in order to meet its goals and has a diverse range of partners, from private entities like the Big Sky Girl Scout Council to government agencies like the Montana Department of Public Health and Human Services.



- ERM's *vision* is optimal health through nutrition, fitness and wellness for all Montanans.
- ERM's *mission* is to endorse and support efforts to improve Montanans' health through nutrition and fitness; promote the vision of ERM; develop, disseminate and market ERM themes and educational campaigns; and seek collaborative partnerships.

Target Populations:

- All Montanans

Accomplishments:

- Distributed Healthy Families Media Packet to 150+ media outlets reaching an estimated 140,000+ Montana households per month.
- Partnered with Montana Cardiovascular Program to offer mini-grants to promote fruit and vegetable consumption.
- Partnered with Montana Team Nutrition Program to provide mini-grants to promote better nutrition and physical activity in schools.
- Partnered with Big Sky State Games in providing accurate nutrition information to participants in the *Shape Up Montana* statewide challenge.
- Partnered with Montana Chapter of American Academy of Pediatrics in distributing 7,000 "Fit Kids=Happy Kids" posters to Montana schools, agencies, and programs.
- Through support from an Action for Healthy Kids grant, provided mini-grants to school parent organizations to create healthier school environments.

Areas of concern or need:

- Health Promotion and disease prevention through education and community activism.

For More Information:

Debi Miller, MS RD
Eat Right Montana Coalition
(406) 994-5641
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Nutrition and Disability in Montana

Program Description, Vision and/or Mission:

Nutrition and disability is not a topic that is addressed by just one program. Many programs throughout the state work with people with disabilities.

Target Populations:

- People with disabilities in Montana.

Accomplishments:

- The Disability Advisors Project was initiated by the Montana Disability and Health Program (DPHHS and University of Montana Rural Institute) in 2004. This Project identifies, trains, and assigns Montanans with disabilities to serve as advisors on a variety of health-related citizen advisory boards.
- The *Nutrition Standards of Care for Adults with Intellectual Disabilities*, the first standards of their kind in the nation, were published in Montana in fall 2004. They are intended to be a working document for policy makers, health care providers, and consumers and their families.
- An avenue for gathering feedback from Montanans with disabilities on food and nutrition-related services problems, utilization and needs was explored via the 2004 Hunger Study by the Food Policy Council of the Montana Food Bank Network. Of the 1,045 household members represented in the study, 159 were disabled. The study was conducted at seven food banks around the state
- Five of the 13 Montana State Food and Nutrition Awardees for 2003 were honored, in part, for their work with persons with disabilities.
- Nutrition support materials, including menus, meal plans, a recipe book, and shopping organizers, were pilot tested in four Montana group homes in 2004. This was a project of the Montana Disability and Health Program.
- Nutrition education and awareness were objectives for the Healthy Eating booth at the Special Olympics State Games in May, 2004. Over 350 athletes, coaches, family members, and personal assistants received services.

Montana is the first in the nation to develop and publish nutrition care standards for people with disabilities.

Areas of concern or need:

- Use new Behavioral Risk Factor Surveillance System (BRFSS) data to describe nutrition behaviors, health disparities, and monitor changes to Montana's nutrition services and programs among people with disabilities.
- More efforts are needed to increase awareness of serving persons with disabilities adequately in the public and private food and nutrition programs in Montana. Priorities include making services, facilities, and materials more accessible to Montanans with a variety of disabilities.
- Continued need for Food and Nutrition Advisory Council participation in advising on healthful diets for Montanans residing in assisted living situations.

For More Information:

Kathy Humphries
Rural Institute on Disabilities
(406) 243-2515
drkathy@selway.umt.edu

Montana Native Americans

Program Description, Vision and/or Mission:

The Native American population is one that has significant challenges related to food and nutrition. While the Advisory Council on Food and Nutrition feels that this population needs recognition in this report, obtaining generalized data on Montana Native Americans is difficult. For the purposes of this report, the Council will rely on two sources: the Billings Area Indian Health Service (IHS) web site and the Adapted Behavioral Risk Factor Surveillance Survey (BRFSS) Surveys of Montana American Indians 1999, 2001, 2003.

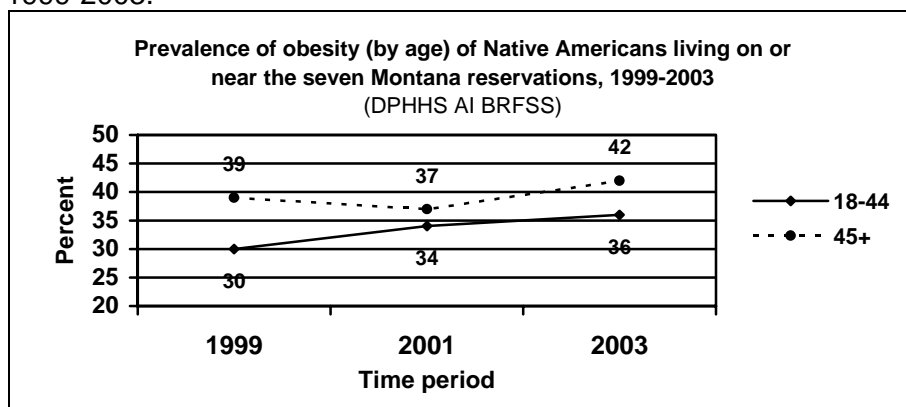
The IHS Office in Billings, Montana, oversees the provision of comprehensive health care services to over 50,000 Indian people on seven reservations in the State of Montana and one in the State of Wyoming. In Montana, there are Service Units on each of the following reservations: Blackfeet, Crow, Fort Belknap, Flathead, Fort Peck, Northern Cheyenne, and Rocky Boys. The Indian Health Service also operates three hospitals on the Blackfeet, Crow, and Fort Belknap Reservations.

Target Populations:

- Native American people living in Montana.

Areas of concern or need:

- According to the Adapted BRFSS Surveys of Montana American Indians 1999, 2001, 2003 (Montana DPHHS), rates of diabetes, high blood pressure, and obesity have risen steadily from 1999-2003.



- According to the Billings Area Indian Health Service Web site (<http://www.ihs.gov/FacilitiesServices/AreaOffices/billings/index.asp>), diabetes and hypertensive disease are two of the five leading causes of outpatient visits for their area.
- The median household income for the Billings Area IHS is \$14,249, compared to the overall average U.S. income, which is \$30,056.
- Indian families living below the poverty level are most likely living in sub-standard housing, have poor nutrition, and must contend with other everyday hardships that are harmful to their health and overall well-being.

For More Information:

To reference the IHS information used on this page:

<http://www.ihs.gov/FacilitiesServices/AreaOffices/billings/index.asp>

Billings Area Indian Health Service

2900 4th Avenue North

Billings, MT 59101

(406) 247-7107

2004 Food and Nutrition Awards

The Advisory Council on Food and Nutrition has recognized the following individuals for their outstanding activities in the past year that have significantly contributed to the reduction of hunger and the improvement of nutritional status in Montana.

- **Bruce Brown**, Glendive, for his work with Action for Eastern Montana.
- **Todd Fiske**, Superintendent at West Valley Elementary in Kalispell, for successfully implementing the National School Lunch Program and School Breakfast Program in his school.
- **Cindy Giese**, Food Service Supervisor, Lewistown Public Schools for expanding the breakfast and lunch programs and using innovative methods to improve the school nutrition environment.
- **Hamilton Senior Center**, Hamilton, for its efforts to improve the nutritional status of local seniors.
- **Candice Hecker**, Director of Custer County Food Bank, Miles City, for her work in expanding the food bank services, securing funding, and developing community support.
- **Walter Henley**, Program Manager for the Senior Nutrition, Commodities and Transportation Rocky Mountain Development Council, Helena, for ensuring nutritious meals are available for seniors in the surrounding counties.
- **Mary Ellen Holverson**, dietitian with Rocky Mountain Development Council, Helena, for her successful efforts to expand the Summer Lunch Program and better serve needy children in the Helena area.
- **Joe and Margaret Juneman**, for their volunteer efforts with the Thompson Falls food pantry and oversight of a community garden project.
- **Barbara Kelly, Marilyn Marnin and Monica Patterson**; EFNEP nutrition assistants in Yellowstone County, for helping low-income facilities prepare nutritious meals while stretching their food resources.
- **Libby K-12 Public School District** and Libby Community for improving the District's ability to offer nutritious meals and to model healthy lifestyle behaviors to its students.
- **Barbara Ludeman**, Missoula EFNEP nutrition assistant, for obtaining funding for EFNEP activities and for her partnerships with other Missoula agencies.
- **Mary McClammy**, Superior, for her volunteer work with the Mineral County Food Bank and the Superior Senior Citizen Center.
- **Karmen McKinney** for her work with the Eureka Commodity Supplemental Food Program.
- **Lt. Steve Stanart**, commanding officer of The Salvation Army, Helena, for establishing a Free Take-Out Meal program at the Salvation Army.

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The Montana State Advisory Council on Food and Nutrition would like to express their deep appreciation to Kim Pullman R.D., Office of Public Instruction, for her immense efforts in putting this report together.

For more information on the work of the Montana State Advisory Council on Food and Nutrition, contact the chair, Peggy Grimes, at (406) 721-3825, Missoula, Montana. This report can be viewed on-line at www.opi.state.mt.us/schoolfood/index.html.

The Montana Department of Public Health and Human Services attempts to provide reasonable accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Department. Alternative accessible formats of this document will be provided upon request. For more information, call (406) 444-5508.

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