

# FACT SHEET: CHILDHOOD HUNGER IN MONTANA

February 2010



## 2008 Census Data for Poverty in Montana

21% of children are at 100% of poverty level  
42% of children are at 200% of poverty level  
8% of children are at 50% of poverty level (DEEP POVERTY)  
Of all families living in poverty - 37% are single parent families with children  
All numbers are higher than the 2007 data for Montana

## 2008 Food Security Measures for Montana\*

- 10.9% of all people live with Low Food Security (not enough food for adults)  
- 4.4% of all people live with Very Low Food Security (not enough food for adults and children)  
Both numbers for Montana have increased over 2007

## 2008 Food Security in Households with Children

- 8.4% all children live with Low or Very Low Food Security  
\*USDA studies show that unless a family income goes above 185% poverty, the family is at risk of hunger  
Based on this - **85,108** children are at risk of hunger in Montana

## SNAP (food stamp) participation in Montana for FY 08

Children under 18 are the largest group in SNAP: 44.4% representing 34,988 children  
Working people make up 14.2%, representing 11,192 families receive SNAP

## Demand for Emergency Food at Montana Food Banks

**323,967** children were served in 2009, **193,493** children were served in 2008 (duplicated #)

## Implications of Food Insecurity and Hunger in Children

### Physical Health

- Impact on physical growth, mental development, overall health status.  
- Poor and inconsistent nutrition leads to inadequacy of vital nutrients, reduced immunity, increased risk of infections, increased morbidity, incidence of chronic diseases, and poor eating behaviors.  
- Chronic nutrient deficiencies lead to heart disease, hypertension and diabetes in children.  
- The connection between poverty, hunger and obesity shows increased risk of overweight.  
- In Montana, approximately 25% of children ages 10 – 17 are overweight or obese.  
- Trends in YRBS: HS students who considered themselves obese: 1999: 6.2%, 2009: 10.4%  
American Indian HS students who considered themselves obese: 1999: 36.6%, 2009: 39.1%

### Potential for learning and Academic Achievement

- Lower math and reading scores.  
- Reduced cognitive development, reduced ability for memory, language, motor skills and social interaction.  
- Increased absenteeism due to increased illness, infections.  
- Increased grade repetition, tardiness, anxiety, aggression, behavior problems in class.  
- Higher rates of anxiety and depression in adolescents.

### Economic Impact on Schools and Families.

- Increased need for school nurse time or other school staff time to take care of sick children.  
- Cost of hospital or doctor's office visits not covered by insurance or Medicaid.  
- Cost of lost work time for parents, risk of job loss.