

# NUTRITION EDUCATION PROGRAM 2016 ANNUAL REPORT

## OUR FOCUS

The Kentucky Nutrition Education Program works in all 120 counties to improve the lives of limited-resource Kentuckians through education and changes in behavior and in community. Through the Supplemental Nutrition Assistance Program Education (SNAP-Ed) and the Expanded Food and Nutrition Education Program (EFNEP), the University of Kentucky Cooperative Extension Service has agents and nutrition assistants across the state who are dedicated to improving lives in their communities.



## OUR CHALLENGE

### Poverty

In Kentucky, household median income is **\$45,215**, which is much lower than the U.S. median of **\$55,775**.<sup>1</sup> Kentucky has high rates of poverty and food insecurity when compared to the United States as a whole.<sup>1</sup>

	Kentucky	U.S.
<b>Total Poverty</b>	18.5%	14.7%
<b>Child Poverty</b>	25.9%	20.7%
<b>Food Insecurity</b>	17.6%	13.7%
<b>Very Low Food Secure</b>	7.3%	5.4%

In 2014, an estimated **10,705** Boyd County residents lived in poverty, and **3,480** of them were children. This is a **40.4%** increase in total poverty and **47.6%** increase in child poverty since 2007.<sup>2</sup>

### SNAP benefits

Participation in the SNAP program among those who are eligible for its benefits is higher in Kentucky than in the U.S. as a whole.<sup>1</sup>

In 2015, **8,723** Boyd County residents received SNAP benefits, a **27.5%** increase since 2007.<sup>3</sup>

	Kentucky	U.S.
<b>SNAP Participation</b>	91%	83%



### Obesity

Nearly half of all American adults experience one or more preventable, diet-related chronic conditions, such as high blood pressure, cardiovascular disease, type 2 diabetes, and obesity.<sup>4</sup> Kentucky has a high prevalence of hypertension, diabetes, and obesity, ranking in the top 10 when compared to other states.<sup>5</sup> A large body of evidence shows that healthy eating habits and regular physical activity can help people achieve and maintain good health and reduce the risk of chronic disease throughout life.<sup>4</sup>

In 2013, **14,506** Boyd County residents were considered obese, representing **38.5% (42.5%-34.6%)** of the county's population.<sup>6</sup>

## OUR SOLUTION

Provide hands-on, nutrition education to limited-resource audiences, focusing on:

- Buying and preparing healthy foods
- Developing new meal planning and cooking skills
- Adopting new healthy lifestyle behaviors
- Managing SNAP resources

In 2016, **10,054** Boyd County residents with limited resources participated in nutrition education lessons.

## OUR RESULTS

### IN KENTUCKY

#### Lifestyle improvements

In 2016, **95%** of adult participants made a positive change in food group choices and **71%** showed improvement in one or more food safety practices. In addition, **65%** began to plan meals in advance more often and **71%** used the “Nutrition Facts” on food labels to make food choices more often. Youth participants also experienced behavior changes, with **83%** improving their ability to choose healthy foods.

## OUR SUCCESS

### Snack Facts promotes healthier snacking

According to the Centers for Disease Control and Prevention, Kentucky is among the states with highest obesity rates in both adults and youth. Kentucky ranks among the 10 highest states for limited consumption of fruits and vegetables by adults. Nutrition education programs have been part of programming for the Boyd County Cooperative Extension Family and Consumer Science agent. To address the issue of obesity in the county, a new program was developed to take a different look at nutrition and help improve overall health of youth and adults, one snack at a time.

A program series entitled Snack Facts was initiated in Boyd County with 410 participants attending the first session. The sessions included

discussions on what is nutrition and good health and how to increase fruit and vegetable consumption. Also at each session, participants tasted a healthy, nutritious, yet satisfying snack.

During the first session, approximately 410 youth attended with 95 saying that they did not like the healthy snack option and would chose an unhealthy alternative (soft drinks and energy drinks) if available. Of the 95 that stated they did not like the option, approximately 50 did consume the entire healthy food sample they were given. So in conclusion, from this beginning session, youth do like healthy snacks, and if given a healthy snack with no other unhealthy option, they will consume the healthy snack. Follow-up responses will be collected as the program continues.



#### SOURCES:

1. [Frac.org/reports-and-resources/national-and-state-program-data-2](http://Frac.org/reports-and-resources/national-and-state-program-data-2), accessed December 2016
2. U.S. Census Bureau, Small Area Income and Poverty Estimates
3. Kentucky Department for Public Health, Cabinet for Health and Family Services, Statewide Summaries, December 2007, 2013, 2015
4. 2015-2020 Dietary Guidelines for Americans
5. [Stateofobesity.org](http://Stateofobesity.org), accessed September 2016
6. Centers for Disease Control and Prevention (CDC), County Data Indicators, Obesity Prevalence

This material was funded by USDA's Supplemental Nutrition Assistance Program (SNAP).

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