

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**.¹ Kentucky has high rates of poverty and food insecurity when compared to the United States as a whole.¹

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

In 2014, an estimated **2,565** Clinton County residents lived in poverty, and **835** of them were children. This is a **12.5%** increase in total poverty and **10.4%** increase in child poverty since 2007.²

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.¹

In 2015, **2,544** Clinton County residents received SNAP benefits, a **11.7%** increase since 2007.³

	Kentucky	U.S.
SNAP Participation	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.⁴ Kentucky has a high prevalence of hypertension, diabetes, and obesity, ranking in the top 10 when compared to other states.⁵ 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.⁴

In 2013, **2,656** Clinton County residents were considered obese, representing **34.9%** (**41.2%-28.5%**) of the county's population.⁶

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, 9,444 Clinton County residents with limited resources participated in nutrition education lessons.

OUR RESULTS

IN CLINTON COUNTY

Lifestyle improvements

In 2016, **100%** of adult participants made a positive change in food group choices and **76%** showed improvement in one or more food safety practices. In addition, **81%** began to plan meals in advance more often and **81%** used the “Nutrition Facts” on food labels to make food choices more often. Youth participants also experienced behavior changes, with **81%** improving their ability to choose healthy foods.

OUR SUCCESS

Program teaches kids to identify healthy foods

Many children struggle to eat a variety of foods, especially fruits and vegetables.

Empty calories from added sugars and solid fats contribute to 40% of total daily calories for 2 to 18-year-olds. Half of these empty calories come from six sources: soda, fruit drinks, dairy desserts, grain desserts, pizza, and whole milk.

To address this issue, the Clinton County Nutrition Education Program assistant partnered with the agent for Agriculture and Natural Resources, the agent for Family and Consumer Sciences, and Cumberland Family Medical to bring a fun-filled, exciting learning opportunity to a group of kindergarten students. Throughout this day-long program, the students participated in different learning

sessions focused on health, nutrition, and wellness. Sessions included the different food groups of MyPlate; proper hand-washing techniques, with the assistance of the Cumberland Family Medical mascot Scrubby Bear; farming and agriculture with a hands-on seed planting activity; various hands-on identification opportunities of fruits and vegetables; group taste testing; and physical activities.

Before the event, evaluations revealed that 40% of the 150 participating students could properly identify fruits and 47% could identify healthy snacks. Post-event test results showed improvement in both areas; 80% properly identified fruits and 87% identified healthy snacks. Parental reports indicate that students' food choices at home improved as well. One



mom said, “I never knew she liked blueberries until she came home and said she tried them at school. Now she asks for them every time we go to the store. She loves them!” A dad remarked, “After trying all the fruits and vegetables at school, {he} has been more open to trying more things at home.”

SOURCES:

1. 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, accessed September 2016
6. Centers for Disease Control and Prevention (CDC), County Data Indicators, Obesity Prevalence

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