## **Marion County**



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

|                      | 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 **4,065** Marion County residents lived in poverty, and **1,290** of them were children. This is a **28.3**% increase in total poverty and **24.8**% 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, **3,134** Marion County residents received SNAP benefits, a **39.1%** 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. Kentucky has a high prevalence of hypertension, diabetes, and obesity, ranking in the top 10 when compared to other states. 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.

In 2013, **4,527** Marion County residents were considered obese, representing **30.6%** (**36.8%-24.9%**) 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, 5,655 Marion County residents with limited resources participated in nutrition education lessons.

#### **OUR RESULTS**

#### IN MARION COUNTY

#### Lifestyle improvements

In 2016, 99% of adult participants made a positive change in food group choices and 73% showed improvement in one or more food safety practices. In addition, 63% began to plan meals in advance more often and 56% used the "Nutrition Facts" on food labels to make food choices more often. Youth participants also experienced behavior changes, with 56% improving their ability to choose healthy foods.

#### **OUR SUCCESS**

### Families enjoy Cook Together, Eat Together program

oday many families lack the time, and often the skill needed to prepare and enjoy a family meal together at home. Recent research indicates that cooking together fosters family togetherness, prevents behavior problems, and can lead to higher academic achievement for children. The Marion County Expanded Food and Nutrition Program (EFNEP) assistant introduced a new pilot program that focused on the concept of Cook Together, Eat Together for families.

This seven-week program involved lessons covering meal planning, grocery shopping, reading labels, MyPlate food groups, the importance of breakfast, the basic keys to food preparation, food safety, and sanitation. Program participants included 10 female adults and 12 youth. Each family worked as a team during the

program to prepare family meals together, and then sit down and enjoy eating the meal as a family.

Each of the women who took this class shared that they learned a lot of new and valuable information that they would apply at home. The children seemed to learn just as much as the adults. After the recipes were prepared, participants shared if they liked it, how convenient it was to prepare, and if they would try it again. One participant reported that prior to the class she hardly ever used her oven or stove, preparing only meals that could be cooked quickly in a microwave. During the class she began to use her oven and stove more often. Her children enjoyed cooking and trying the new foods and recipes. Without Cook Together, Eat Together, this family might never have tried a new, healthier way of cooking.



- J. 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
- Stateofobesity.org, accessed September 2016
   Centers for Disease Control and Prevention (CDC), County Data Indicators, Obesity Prevalence

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