



# Nutrition Education Program

## 2017 Annual Report: Clark County

### Our Focus

The 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 \$46,659, which is much lower than the U.S. median of \$57,617.<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%	14.4%
<b>Child Poverty</b>	25%	19.8%
<b>Food Insecurity</b>	17.3%	13%
<b>Very Low Food Secure</b>	7.4%	5.2%

In 2014, an estimated 5,615 Clark County residents lived in poverty, and 2,015 of them were children. This is a 8.0% increase in total poverty and 13.3% 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, 5,700 Clark County residents received SNAP benefits, a 24.4% 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, 8,160 Clark County residents were considered obese, representing 30.6% (25.2%-36.6%) 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 2017, 4,753 Clark County residents with limited resources participated in nutrition education lessons.

## Our Results

### IN CLARK COUNTY

#### Lifestyle improvements

In 2017, **98%** of adult participants made a positive change in food group choices and **96%** showed improvement in one or more food safety practices. In addition, **98%** began to plan meals in advance more often and **98%** used the “Nutrition Facts” on food labels to make food choices more often. Youth participants also experienced behavior changes, with **78%** improving their ability to choose healthy foods.

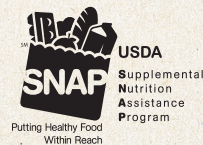
## Our Success

### Nutrition program helps families stretch food dollars, improve diets

The Expanded Food and Nutrition Education Program’s goal is to improve the health and nutrition knowledge, shopping and food preparation skills of Clark County families. Nutrition education reaches limited-resource families through home visits and group sessions. The program collaborates with local schools, the health department, Head Start and Clark County Community Based Services to provide nutrition education. The NEP paraprofessional taught 57 limited-resource families how to serve more nutritious meals, keep foods safe and effectively use local food resources. Nearly 90% of NEP families improved the nutritional quality of their diets and 63% ate higher quality foods because they planned meals using MyPlate, considered healthy choices and used nutrition labels. Some 67% increased the frequency of moderate physical activity to 30 minutes per day and 64% began feeding their children breakfast. Safe food handling practices and hand washing behavior improved in 92% of families. 81% learned to plan meals and use a grocery list. A 63% improvement was shown in food price comparison behavior. Meals eaten away from home declined by 92%, and families who could not afford to eat properly declined 48%. Nearly half of families made greater use of community food resources such as food pantries.



University of Kentucky  
Nutrition Education Program  
Family and Consumer Sciences Extension



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**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 2017; 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 December 2017; 6. Centers for Disease Control and Prevention (CDC), County Data Indicators, Obesity Prevalence

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