Expanded Food and Nutrition Education Program Promotes Positive Health Behavior Change

Relevance:
Obesity has reached epidemic proportions in the United States and 30% of children bear the burden at a larger proportion than ever before. The highest rates of obesity incidence are in low-income populations. The combination of poor or compromised health status (high blood pressure, stroke, diabetes, cancers) and low income has significant emotional, physical, and spiritual impacts. It is critical that education programs operate with a health promotion/disease prevention mindset to alter this trend through positive behavior change.

Response:
In 2009, the Virginia Cooperative Extensions’ Expanded Food and Nutrition Education Program (EFNEP) enrolled ___ adults and ___ youth who were up to 185% of federal poverty guidelines. Through a six nutrition lessons, participants learned to select, buy, prepare and store foods to meet the nutritional needs of their families, while operating within sound budget and gaining organizational skills.

Results:
Pre and post program measures showed that of adults participating in EFNEP:
• ___% showed improvement in food resource management practices
• ___% engaged in sound nutrition practices more often
• ___% followed food safety recommendations more often.
Youth participating in EFNEP:
• gained knowledge in eating a variety of foods
• increased their ability to select low-cost, nutritious foods
• improved practices in food preparation and safety
One thousand five hundred eighty six (1586) volunteers contributed over 3,000 hours to the EFNEP during this reporting year.

Supplemental Nutrition Assistance Program - Education Addresses Obesity and Overweight Through Nutrition Education

Relevance:
Overweight and obesity are major health and economic issues, costing Americans billions of dollars each year. Thirty percent of children and adolescents are overweight and 64% of adults are overweight or obese in the U.S. Families of low-socioeconomic status suffer disproportionately from poor health.

Response:
Virginia Cooperative Extensions’ (VCE) Supplemental Nutrition Assistance Program-Education (SNAP-Ed) in contract with the Virginia Department of Social Services enrolled ___ participants who were up to 150% of federal poverty guideline. Participants
learned to select, buy, prepare, and store foods to meet the nutritional needs of their families, while operating within sound budget, and develop organizational skills.

Results:
Reportable data from pre-post tests showed:
• ___ adults (with ___ children) changed their ___ behavior
• ___% showed improvement in one or more nutrition practices
• ___% showed improvement in one or more food resource management practices
• ___% showed improvement in one or more of the food safety practices
• Over 16 Full Time (FTEs) volunteers contributed over $600,000 in time/cost-share and VCE personnel contributed over 38 FTEs to the program.
• ___% of children enrolled in the six or more hour nutrition program ate more eat well-balanced meals, more fruits and vegetables, healthier snacks, and choose-low-fat milk more often over less healthy beverages

Qualitative data reported children were eating new and different fruits and vegetables, parents were trying new recipes, and parents were noticing an increase in their children's physical activity levels. A partnership with the Blue Ridge Food Bank resulted in an increase of ___% in program participants over last year.

Diverse Families Receive Nutrition Education through Community and Faith-Based Volunteers

Relevance:
Obesity and overweight continue to be health concerns for children, youth and adults in Virginia. In 2008, 19 percent of 2-5 years old WIC participants and 26% of adults were overweight. Reaching families of low socio-economic background with nutrition information is challenging. These individuals struggle to provide the necessities of life, often working at multiple low-wage jobs. They may have low educational levels and poor experiences in school. They may fear making changes or have a fear of failure. Other barriers to traditional group participation include lack of transportation and childcare or distrust of facilitators from other racial or ethnic groups.

RESPONSE:
Volunteers reach low socio-economic families through the Virginia Supplemental Nutrition Education Program (SNAP-Ed) Program. Volunteers with similar backgrounds, customs, and values are recruited and trained on sound adult and preschool nutrition, food preparation skills and food purchasing. These volunteers reach adults and children through programs such as Head Start, faith-based early education programs and transitional housing for adults.

RESULTS:
During 2009, ___ volunteers from ___ counties were recruited and trained to teach the Literacy, Eating and Activity for Preschoolers (LEAP) curriculum. These volunteers reached ___ limited income children with nutrition education. Post program volunteer observations indicate children who participated in LEAP were more likely to
try new foods and more often chose fruits and vegetables at lunch. Efforts of ___ volunteers from ___ counties resulted in:
• ___ adults received single session nutrition information at health fairs, in transition groups, post church services and at food pantries.
• ___ extended learners received six hours of nutrition education at transitional housing groups.
The ___ volunteers contributed $___ in match funds to the SNAP-Ed program through their donated work hours.
(NEED TO ADD INFO ON THE CHANGES IN THE LEARNERS, NOT JUST THE NUMBER OF LEARNERS)

Extending the Reach of the Family Nutrition Program to Serve More Limited Income Families

Relevance:
Obesity in Virginia has jumped 10 percent in just the last decade – more than any other state in the nation. Medicaid expenses are escalating at an alarming rate. Furthermore, people receiving food stamps have increased from ___ to ___ recipients in less than six months. Food insecurity is increasing in Virginia.

Response:
Virginia Cooperative Extension’s Family Nutrition Program (FNP) coordinates the Alliance for Healthier Virginians. The Alliance’s mission is focused on improving the health and well-being of low-income youth, adults, and families. The Alliance members include ___ agencies targeting limited income populations.

Results:
The collaborative work of the Alliance for Healthier Virginians resulted in:
• A ___% increase in nutrition, exercise, and health educational programs through Head Start sites, and
• A ___% increase in agencies referring more clients to each other to improve their resources
• The Food Banks across Virginia collectively donated over $___ of food items used to teach FNP clients how to prepare nutrient dense foods.
• Multiple agencies donated over $___ for FNP program assistants to purchase food items for clients to use in teaching cooking skills.
• A ___% increase in volunteers involved with FNP participant recruitment and educational activities.
• The Alliance as a whole provided a mechanism to reach further into communities by recruiting low resource families, sharing food resources with them, and teaching sound nutrition practices.
Family Nutrition Program Staff Competence Enhances Program Impact

Relevance:
Changing dietary behavior of low income audiences as well as raising the awareness of positive nutrition messages with low income audiences depends on competent nutrition educators.

Response:
The Family Nutrition Program (EFNEP/SNAP-Ed) program assistants as educators may have little training in nutrition. In 2009, FNP staff training to enhance their competence included new hire training, a state conference, district trainings, and senior program assistant training.

Results:
Staff members completing the new hire training scored at least 85% on:
- Meal planning and shopping
- General nutrition facts
- Food safety practices
- Child nutritional needs
- Physical activity needs
- Teaching methodology
As a result of well trained staff, the following impacts were documented.
- ___% of adult EFNEP participants who completed a series of at least 6 lessons showed improvement in nutrition practices.
- ___% of adult SNAP-Ed participants who completed a series of at least 6 lessons showed improvement in nutrition practices.
- ___% of adult EFNEP participants who completed a series of at least 6 lessons demonstrated acceptable food safety practices.

EFNEP/SNAP-Ed Takes the Lead in Organizational Policy Change to Enhance Wellness

RELEVANCE:
Health statistics show youth are not involved in physical activity due to safety issues and sedentary lifestyles. This has increased obesity and chronic disease among young people. Current state data shows ____% of youth are not participating in the recommended 60 minutes of physical activity each day and over 50% are overweight or obese.

RESPONSE:
EFNEP and SNAP-Ed recruit and train volunteers to conduct local situation analysis for education efforts and team teach a series of ___ lessons. The lessons include the importance of increased physical activity, reduced screen time, limiting high calorie foods and beverages. Volunteers include participants in identifying policies that can be developed or changed to increase physical activity and improve nutrition within their organization.
RESULTS:
As a result of this program:

____ Participant groups adopted policies in their communities to address physical activity and health practices that prevent chronic diseases associated with obesity during the past year.

____ Participant groups adopted specified minutes of physical activity required in Bible school and vacation studies.

____ Participating groups established walking trails on the facility grounds.

____ Participating groups established policies for all meals, refreshments, desserts that include sugar-free desserts and beverages and water.

____ Participating groups developed community gardens within 60% of the organizational communities.

EFNEP and SNAP-Ed Help Reduce Reliance on Public Assistance

RELEVANCE:
____% of _______ currently receive public food assistance. This percentage has increased by ____ amount over the past ____ years. Research shows that food assistance vouchers only last approximately 2 weeks of the month.

RESPONSE:
EFNEP and SNAP-Ed teaches limited resource individuals strategies to help stretch their food dollars while purchasing nutritionally dense foods. In ____, # individuals participated in these educational offerings.

RESULTS:
EFNEP and SNAP-Ed educational programs are contributing to the reduction in the number of citizens receiving public assistance in ____. Pre-program assessment indicates that ____% of EFNEP and SNAP-Ed clients are receiving food assistance through one or more government programs. In a survey completed prior to program participation, ____% indicated that they run out of food before the end of the month. Post – data gathered through behavior change questionnaires have shown that ____% of EFNEP and SNAP-Ed clients are no longer on food assistance programs and ____% of clients are able to make their food purchases last for the whole month.

The Expanded Food and Nutrition Education Program (EFNEP) and the Supplemental Nutrition Assistance Education Program (SNAP-Ed) Reduces Health Care Costs in ______

RELEVANCE:
Chronic diseases are the leading cause of death and disability in _______. With more than ____ residents suffering from one of the seven most common chronic diseases, the state has reached a chronic disease crisis. Chronic diseases cost the state, including direct expenditures (e.g., health care costs) and indirect costs (e.g., lost productivity) amount to $____ billion. Unhealthy eating and physical inactivity are widely recognizes as primary
contributors to the problem.

**RESPONSE:**
EFNEP and SNAP-Ed teaches families, youth and seniors skills necessary to promote healthy lifestyles eat more meals at home, prepare healthy and tasty meals for their families, increase fruit and vegetable consumption, control portion sizes, move more everyday, move more and watch less, and replace sugary beverages with healthy options.

**RESULTS:**
Participants completing the EFNEP and SNAP-ED series of ___(#) lessons improved nutrition and food behavior. Post-lesson data gathered through behavior change questionnaires have shown:

___% used food labels more often to make food choices
___% of participants increased physical activity
___% of participants improved their diet
  ___% increased fruit consumption
  ___% increased vegetable consumption
  ___% increased consumption of calcium-rich foods

**EFNEP Combats Hunger**

**RELEVANCE:**
(spell this acronym out) FRAC reports that ____% of children are growing up in homes where food is not available to meet basic nutritional needs. As a result, children are growth impaired and do not develop to their full potential academically and physically. Particularly troubling is the impact on pregnant teenage moms and their babies that results from food insecurity.

**RESPONSE:**
EFNEP uses a core lesson series that includes the following menu planning, preparing meals at home, food buying, food safety and storage. Messages included in these lessons are buying locally grown foods and encouraging gardening and appropriate food preservation as well as raising awareness of community resources to meet food security needs.

**RESULTS:**
Of the participants in EFNEP educational programs:

___ % improved at least one food resource management practice by the completion of the lesson series.(planning meals, compares prices, does not run out of food and uses grocery list)

___ % increased utilization of community resources for food (farmer’s markets and food banks)

There was also a ____% decrease in families that ran out of food by the end of the month.