



United States
Department of
Agriculture

Cooperative
State Research,
Education, and
Extension Service



Expanded Food and Nutrition Education Program

FY 2003 Program Impacts



Celebrating 35 Years of Excellence
EFNEP...

...Educating Families since 1969

EFNEP Expanded Food and Nutrition Education Program

The Expanded Food and Nutrition Education Program (EFNEP) is a unique program that currently operates in nearly 800 counties throughout the 50 states and in the territories of American Samoa, Guam, Micronesia, Northern Marianas, Puerto Rico, and the Virgin Islands.¹ EFNEP is designed to assist low-income audiences in acquiring the knowledge, skills, attitudes, and changed behavior necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of the total family diet and nutritional well-being.

EFNEP targets two primary audiences: low-income youth and low-income families with young children. In Fiscal Year 2003, EFNEP reached 380,835 youth and 157,939 adults; (see figure 1 for ethnic breakdown of adult participants) an additional 582,746 family members were indirectly reached through the adult participants.

¹Data from all states/territories are represented, with the exception of U.S. Virgin Islands.

EFNEP Saves Money

Multiple cost-benefit analyses highlight the value of EFNEP. A Virginia study found that for every \$1 invested in EFNEP, \$10.64 in benefits from reduced health care costs can be expected. An Iowa study showed \$8.03 in benefits; a consortium of six Midwestern states found \$8.82; and a smaller state, Oregon, had \$3.63 in benefits. Another study in Tennessee looked at food expenditures and found that for every \$1 spent to implement EFNEP, \$2.48 is saved on food expenditures. This reduces the need for emergency food assistance and saves money for other necessities.

EFNEP Serves Those in Greatest Need

Poor health disproportionately affects minority and low-income U.S. populations. EFNEP focuses heavily on minority populations. In 2003, of the total EFNEP audience, 34% were Hispanics, 28% were African Americans, 2% were Native Americans, and 3% were Asian or Pacific Islanders (refer to figure 1). Recent studies have found the anomaly that people who are most food insecure (i.e., are missing meals because they do not have enough money to purchase food, or are worried about running out of food) are at greater risk for obesity than those who are food secure. This finding may relate to the feast-and-famine scenario. The women may run out of food near the end of the month, and then overeat highly palatable foods once resources become available. This binge-and-restriction cycle can disrupt metabolic patterns and internal cues of satiety, leading over time to increases in body weight. The integrated curriculum taught in EFNEP helps to reach a high-risk audience with the skills they need to reduce their risk, including balancing their food resources to last throughout the month.

Ethnicity of EFNEP Participants

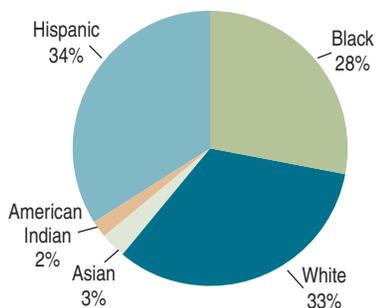


Figure 1

Seventy-four percent (74%) of EFNEP families were enrolled in one or more food assistance programs at the time they enrolled in EFNEP. Eight percent (8%) more received benefits from 1 or more federal-assistance programs due to assistance from EFNEP as referenced in figure 2.

Thirty-four percent (34%) of the families enrolled in EFNEP have income at or below 50% of the poverty level.

Food-Assisted Programs of EFNEP Families

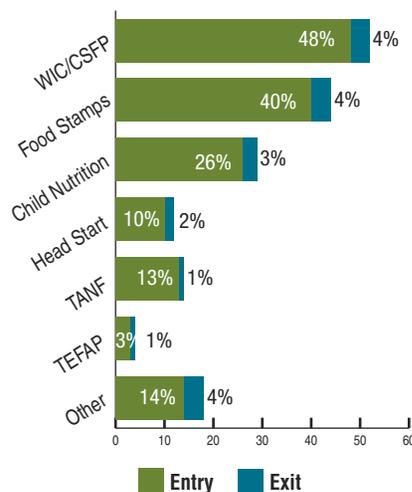


Figure 2

How Is EFNEP Taught?

EFNEP is delivered as a series of lessons, often over several months, by paraprofessionals and volunteers, many of whom are indigenous to the target population.

The hands-on, learn-by-doing approach allows the participants to gain the practical skills necessary to make positive behavioral changes. In 2003, a total of 2,139 paraprofessionals along with 32,751 volunteers delivered an average of 8.4 lessons to EFNEP adult participants and met with 14,172 youth groups for 165,559 hours of EFNEP instruction at 85,853 different group meetings. With more than 1,028 full-time-equivalent (FTE) staff devoted to EFNEP, 73% of that time was spent with adult participants. For the majority of the adult participants (78%), delivery was by way of a group environment, 16% one-to-one instruction, 4% a combination of the two instructions, and 2% through a different type of instruction (e.g., telephone, mailings, etc.). Sixty-six percent (66%) of adult participants completed the program, and 20% are continuing the program in the year 2004. Through EFNEP, participants learn self-worth—that they have something to offer their families and society.

The delivery of EFNEP to youth takes on various forms. EFNEP

Youth Program Delivery Methods

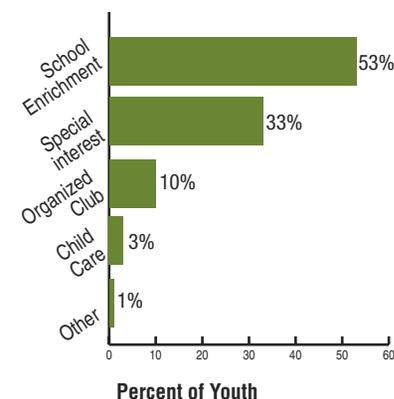


Figure 3

provides education at schools as an enrichment of the curriculum, in after-school care programs, and through 4-H EFNEP clubs, day camps, residential camps, community centers, neighborhood groups, and home gardening workshops. (See figure 3 for a breakdown of youth delivery methods). In addition to lessons on nutrition, food preparation, and food safety, youth topics may also include fitness, avoidance of substance abuse, and other health-related topics.

How Are Accomplishments Measured?

Adult Component

Data from the EFNEP Evaluation/Reporting System are used to measure food practices and dietary improvements. Ten key food-related practices were measured at entry into EFNEP and upon graduation. These

Homemakers With Desirable Practices

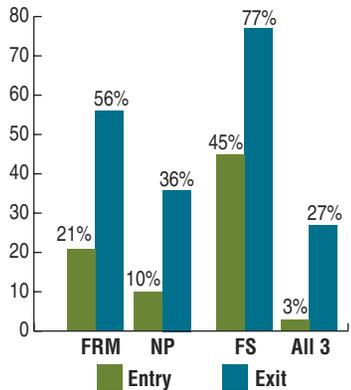


Figure 4

behavioral changes translate into significant improvements in daily living skills. Results based on data from 101,969 graduates show that:

- 84% improved in one or more food resource management practices (i.e., plans meals, compares prices, does not run out of food, or uses grocery lists);
- 88% improved in one or more nutrition practices (i.e., makes healthy food choices, prepares foods without adding salt, plans meals, reads nutrition labels, or has children eat breakfast); and
- 67% improved in one or more of the food safety practices (i.e., thawing and storing foods properly).

As figure 4 indicates, when participants first enrolled in the program, only 3% followed the

desirable practices for all 10 indicators. At the end of the program, 27% had achieved this goal. These practices were measured based on entry and exit assessment of four indicators of Food Resource Management (FRM), five indicators of Nutrition Practices (NP), and two indicators of Food Safety (FS). In addition to the 10 key food-related practices that focused on food resource management, nutrition practices, and food safety, states also have the option of selecting from 182 additional questions that measure behavior in 21 different areas.

Some specific results from these questions include:

Nutrition Practices

- 44% (3,927 of 8,976 participants) now eat more than one kind of vegetable each day;
- 43% (3,173 of 7,405 participants) no longer drink regular soda (soda that is not diet) every day;
- 46% (3,964 of 8,710 participants) more often use either low-fat (2%), very-low-fat (1%), or non-fat milk;
- 43% (3,842 of 8,938 participants) now eat more than one kind of fruit each day;
- 45% (3,286 of 7,344 participants) now often eat whole wheat bread;
- 41% (2,965 of 7,247 participants) now more often

let their children choose how much to eat;

- 53% (4,261 of 8,072 participants) more often offer 5 servings of fruits and vegetables to their family each day.
- Money Management**
- 47% (3,322 of 7,025 participants) less often spend money on unplanned purchases;
 - 55% (4,635 of 8,395 participants) now more often use a written spending plan or budget.

Physical Fitness

- 40% (539 of 1,361 participants) now exercise for a total of 30 minutes each day;
- 41% (3,634 of 8,831 participants) now often participate in at least 30 minutes of moderate physical activity (sweeping, gardening, etc.) every day.

Dietary Changes

The dietary intake of six key nutrients that are often limited in the diets of low-income audiences—protein, iron, calcium, Vitamin A, Vitamin C, and Vitamin B6,—are also measured. As figure 5 illustrates, intake levels for each nutrient increased as a result of participation in EFNEP.

There were also substantial improvements in the intake of food to meet the recommendations of the USDA Food Guide Pyramid. As figure 6 illustrates, mean number of servings for each of the five groups improved. Servings increased as follows: 0.9 in the Breads & Cereals group, 0.8 in the Fruit group, 0.8 in the Vegetable group, 0.5 in the Calcium/Dairy group, and 0.4 servings in the Meats & Alternatives group.

Mean Calorie and Nutrient Intake

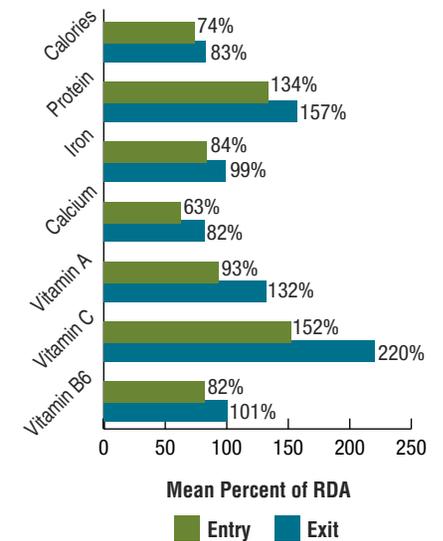


Figure 5

Mean Number of Servings of Food Groups

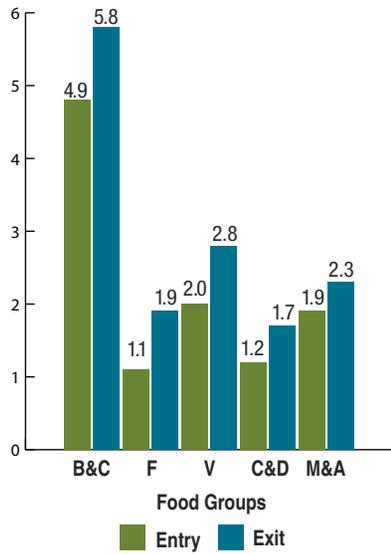


Figure 6

At entry, only 20.9% of the 102,895 graduates measured had a diet that provided at least half the recommended number of servings from each of the food groups. At exit, 49.9% of the participants had achieved this minimal level of intake. Ninety-three percent (93%) showed positive change in at least one food group at exit.

Youth Component

Data from the EFNEP Evaluation/ Reporting System are also used to measure food practices and dietary improvements for youth. One or more of 4 key impact indicators were measured at entry into EFNEP and upon graduation. Results based on data from 346,985 youth from 15,565 youth groups show that:

- 82% of 79,227 youth from 3,606 groups now eat a variety of foods;
- 75% of 103,147 youth from 4,515 groups increased their knowledge of the essentials of human nutrition;
- 66% of 76,488 youth from 3,387 groups increased their ability to select low-cost, nutritious foods; and
- 74% of 88,123 youth from 4,057 groups improved practices in food preparation and safety.

EFNEP has also been successful in collaborating with other agencies/ organizations to increase its impact on youth. Throughout the country, EFNEP has collaborated with school systems, day care centers, boys and girls clubs, and other youth-oriented organizations to make a difference in the lives of youth. As a result, youth develop self-esteem, learn new food-related skills, and learn to work cooperatively in groups.

EFNEP Makes A Difference

Since its beginning, EFNEP has made a difference in the lives of those in our nation with the fewest resources available to feed, clothe, house, and educate their families. Following are highlights of impact cited by program participants:

"As a child growing up in a low-income housing project in Alabama, I experienced what it meant to have someone come into the community and invest in the life of a child. That investment came through an EFNEP 4-H agent who instilled in us the healthy choices needed to become a healthy child and later a healthy adult. I was so enthused with her coming to our housing project and letting us know that someone cared. Not only did she teach me how to eat well and to make healthy decisions, she became a role model and mentor to me. This program adventure opened a door to a lifetime of self-mastery and achievement, not only for me but also for my mother." **Debra Glenn, Alabama EFNEP Participant**

"Twenty-five years ago I was an EFNEP program participant, actually an EFNEP family. I didn't have low self-esteem, I had no self-esteem! I started volunteering with EFNEP and got on the EFNEP Advisory Board. Then I got hired to work for EFNEP. I started going to school slowly; it took a long time. By the time I had put in 20 years with EFNEP, I had completed my bachelor's and my master's degrees, and had been hired to

run the [local] EFNEP program. Now I teach families. Without EFNEP, without the faculty who helped me, I would not be here today. EFNEP changes lives." **Ruth Jackson, EFNEP Educator**

"EFNEP is proven effective. It meets the needs of families and the communities across the nation. A participant in the Have a Healthy Baby (HAHB) lessons was consuming less than 1,200 calories a day and was low in iron, calcium, vitamin A, and fiber. When she graduated from the EFNEP (HAHB) program she had improved her diet in all areas. Her iron went from 16 percent to 113 percent of the Recommended Dietary Intakes; calcium from 36 percent to 85 percent; Vitamin A from 53 percent to 83 percent; and fiber from 33 percent (7 grams) to 200 percent (40 grams). **Sandy Proctor, State EFNEP Coordinator**

EFNEP Changes Behavior

An independent study by the Produce for Better Health Foundation assessed how federal programs were addressing the gap between the current consumption patterns of fruits and vegetables and the recommended levels of intake. They found that EFNEP is by far the most effective federal program in increasing consumption of fruits and vegetables. EFNEP has demonstrated that effectively administered and well-funded nutrition education programs focusing on fruits and vegetables can make an impact. Latest data shows positive and statistically significant behavioral changes, including a change in vegetable consumption of almost one serving and almost a doubling in the percent of graduates consuming three or more servings of vegetables per day. For fruits, average servings per day increased by 0.8 servings. The total increase for both fruits and vegetables was 1.6 servings.

"In working with schools, one of our goals is students' behavioral change. I get reports on a weekly basis from teachers about students who complete the course at their school. These reports show that students are more often eating fruits and vegetables as snacks, choosing milk at lunch, and teachers are learning not to reward with candy and are changing the snacks that they recommend parents bring on snack day."

Missouri EFNEP Supervisor

EFNEP: A Unique Referral System

Throughout its 35-year history EFNEP's reputation for quality of information and education techniques has grown. Today, some of the individuals coming to EFNEP have been referred by other programs:

A young mother in North Carolina was referred to EFNEP by the Department of Social Services because she had a 2-year-old daughter who weighed only 20 pounds. On the first visit, the program assistant learned that the child was eating only two meals a day and drinking diet cola from a bottle. The program assistant went over the Food Guide Pyramid for Children with the mother and suggested what and how much a 2-year-old child should be eating. The program assistant also recommended that the mother sign up the child for WIC and provided the phone number of the local WIC office. On the next visit, the mother informed the program assistant that she had signed up for WIC and that the child was now drinking milk instead of diet cola, and she was now feeding the

child 4-5 times a day. On her last visit to the doctor, the child had gained 3 pounds.

In Arizona, a doctor referred his patient to a nutrition class. The patient had over-medicated herself with diet pills. She had reached the point of liver damage. The patient needed

information on portion control, understanding labels, and balancing food choices to eat more healthy foods. The patient just graduated and reported after 2 months a 10-pound weight loss without diet pills. She reports her knowledge is much more comprehensive and useful to her.

<https://nifa.usda.gov/program/expanded-food-and-nutrition-education-program-efnep>

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

June 2004