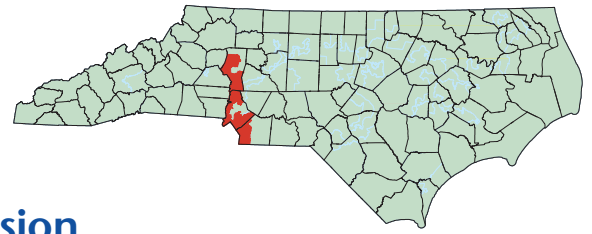


EFNEP

EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM



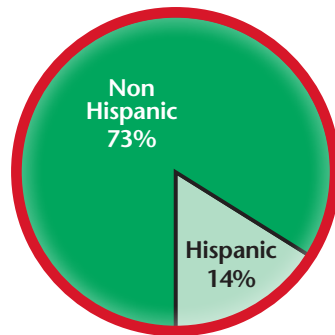
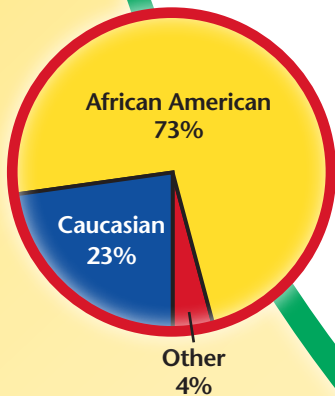
2012 NC Cooperative Extension Congressional District 9 Report

Serving Mecklenburg and Union counties

Chronic Disease in North Carolina: A Growing Problem

When compared to other states, North Carolina ranks poorly in health. In 2009, *North Carolina stood 37th among the 50 states for overall health.*¹ The state ranks low in many health indicators, including obesity prevalence (41st), premature death (40th), and cancer death rates (35th). *Fewer adults in North Carolina are physically active and more are obese* when compared to national averages.²

Especially concerning is that low income, non-white populations are disproportionately affected by these indicators. In North Carolina, 42.4% of non-Hispanic blacks are obese, compared to 26.7% of non-Hispanic whites. In addition, 15.3% of non-Hispanic blacks have diabetes, compared to 8.4% of non-Hispanic whites and 4.9% of Hispanics.³



Percentages reflect individuals reporting and may not total 100%.

District 9 EFNEP Reaches Diverse Audiences

In 2012,

- 265 families enrolled in EFNEP
- 1,197 participated in 4-H EFNEP
- 20% of EFNEP participants were also WIC participants
- 72% of EFNEP participants enrolled in one or more food assistance programs.

What Is EFNEP?

EFNEP serves limited-resource families with young children, school-age youth, and pregnant teens through a series of lessons offered by paraprofessionals and volunteers, many of whom are indigenous to the population.

Using "hands-on" experiences, participants are taught to: make wise choices with their food dollars, improve eating habits, and practice food safety principles.

EFNEP is offered through North Carolina Cooperative Extension as a part of university outreach at NC State University and NC A&T State University. In 2012, North Carolina EFNEP served 57 counties.



The district 9 EFNEP programs obtained over \$35,524 in funding and support from local efforts.

Supporting North Carolina's Families with Greatest Needs Since 1969

Changing behavior can be very challenging for anyone because diet and lifestyle are greatly influenced by a person's culture, physical environment, and social networks. These challenges are often compounded for limited resource families because of constrained budgets.

EFNEP helps address the challenges limited resource families face when introducing healthy changes through nutrition education, cooking classes, physical activity strategies, and shopping on a limited budget. This program improves the lives of each of these families with positive changes they have made by reducing their risk of obesity related illnesses and supporting healthy lifestyles.

Volunteers Strengthen EFNEP

In 2012, 145 adults and youth donated 1,248 hours on behalf of EFNEP. At a rate of \$21.79 per hour, this is equivalent to a savings of \$27,194. Volunteers make a difference in their own communities and contribute to EFNEP's ongoing success.



EFNEP Makes a Real Difference for Limited Resource Adults

Parents completing the series of lessons improved nutrition, food behavior and food safety practices. As a result of participation in EFNEP:

- 79% improved in one or more food safety practices
- 96% improved in one or more nutrition practices
- 88% improved in one or more food resource management practices
- 37% of participants increased the amount of daily physical activity
- 95% of participants improved their diet
 - 44% increased fruit consumption
 - 43% increased vegetable consumption
 - 38% increased consumption of calcium-rich foods
- 46% drank fewer sugar-sweetened beverages
- 44% increased number of weekly meals eaten together as a family

EFNEP Makes a Real Difference for Limited Resource Youth

Through a series of classes, 4-H EFNEP youth learn basic nutrition, the importance of daily physical activity, how to make healthy food choices, and food safety in preparation and storage. Evaluation data shows the following:

- 59% increased variety of foods in their diet
- 72% increased their knowledge of human nutrition
- 88% increased their ability to select low-cost, nutritious foods
- 31% improved practices in food preparation and safety

References

1. United Health Foundation. America's health rankings: North Carolina. America's Health Rankings website. <http://www.americashealthrankings.org/yearcompare/2008/2009/NC.aspx>
2. Ibid.
3. Young, L.A., & Potru, P. (2012) Diabetes in North Carolina: Descriptive epidemiology and meaningful use of electronic health records. *NC Med J*, 72(5): 383-386.

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