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United States  
Department of  
Agriculture

Extension Service  
and Land-Grant University  
Cooperative Extension  
Services

# EFNEP — Impact and Accomplishments



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United States  
Department of  
Agriculture



The Cooperative Extension System, is an organization pledged to assessing the country's needs for research, knowledge, and educational programs that will enable people to make practical decisions. Its mission is to help people improve their lives through an educational process that uses scientific knowledge focused on issues and needs.

To accomplish its vital mission, the Cooperative Extension System is changing to meet the shifting needs and priorities of the people it serves. As their

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program priorities,  
and external relationships

an educational network  
resources of federal, state,  
partners in this unique

the U.S. Department of

at land-grant universities

throughout the United States and its territories.

- Extension professionals in nearly all of the Nation's 3,150 counties.

Thousands of paraprofessionals and nearly 3 million volunteers support this partnership and magnify its impact. Strong linkages with both public and private external groups are also crucial to the Extension System's strength and vitality.

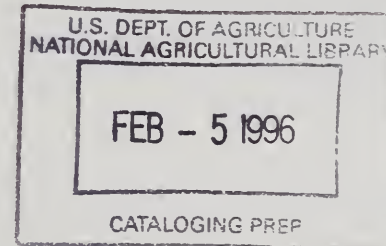
## ***Introduction***

The Cooperative Extension System's Expanded Food and Nutrition Education Program (EFNEP) is a unique program designed to reach limited resource audiences—especially youth and families with young children. EFNEP operates in all 50 States and in American Samoa, Guam, Micronesia, Northern Marianas, Puerto Rico, and the Virgin Islands. Extension professionals train and supervise paraprofessionals and volunteers who teach food and nutrition information and skills to limited resource families and youth.

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## ***Objectives of EFNEP***

The objectives of EFNEP are to assist limited resource families and youth 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.



## ***A Brief History of EFNEP***

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In the early 1960's, Extension closely examined new ways to reach and teach low-income families. Government agencies and the private sector joined together to fund a series of pilot projects to identify and test new operational concepts. The pilots demonstrated the program's feasibility and provided the program base of methods and materials. Three basic concepts arose from the pilots and served as guidelines for implementing EFNEP:

- An existing home economics program could be modified to effectively reach low-income audiences.
- Professional home economists can teach and supervise paraprofessionals who, in turn, teach low-income homemakers.

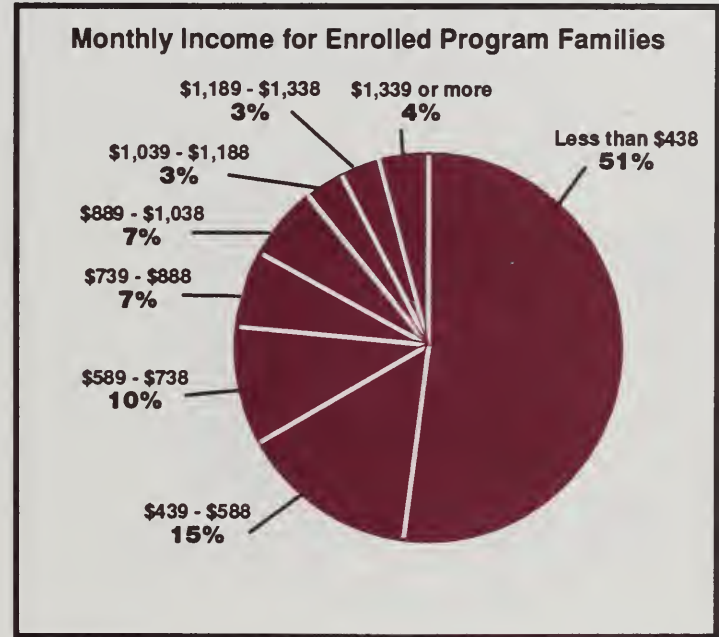
- A nutrition education program tailored to the needs, interests, competencies, and economical and educational levels of low-income families, and delivered by paraprofessionals who are indigenous to the target audience, can change participants' eating habits.

EFNEP is now conducted through the Cooperative Extension System at land-grant universities in every State and U.S. Territory. It is administered by the Extension Service, U.S. Department of Agriculture.

Since its inception, EFNEP has been very successful in accomplishing its mission. It has directly affected over 19 million adults and 4-H EFNEP youth.

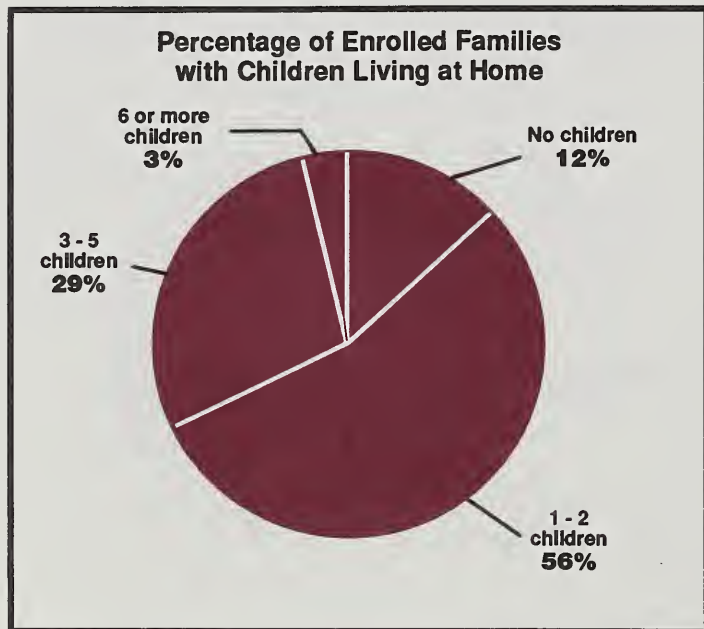
## Who are the EFNEP Clientele?

In Fiscal Year 1992, 211,256 families and 455,931 youth were reached through direct teaching contacts by EFNEP. Approximately 718,270 family members were indirectly reached through the adult participant.

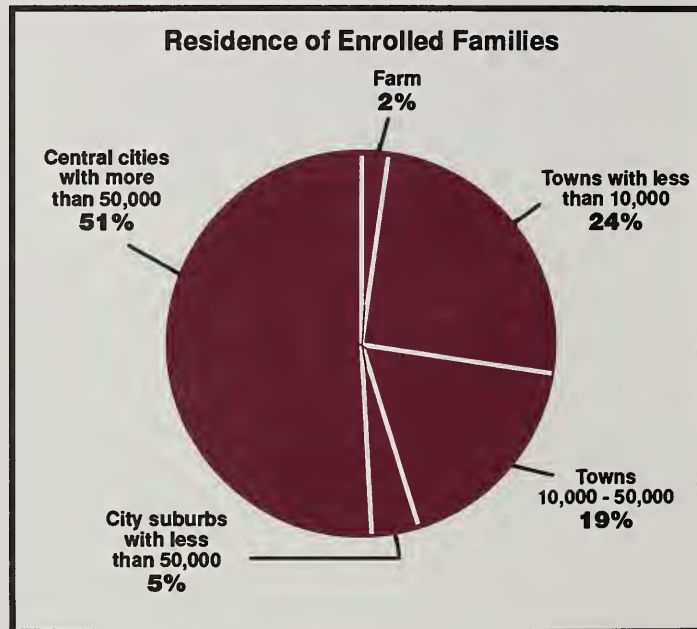


**Fifty-one percent of enrolled program families had monthly incomes under \$438.**

# Characteristics of EFNEP Clinetele



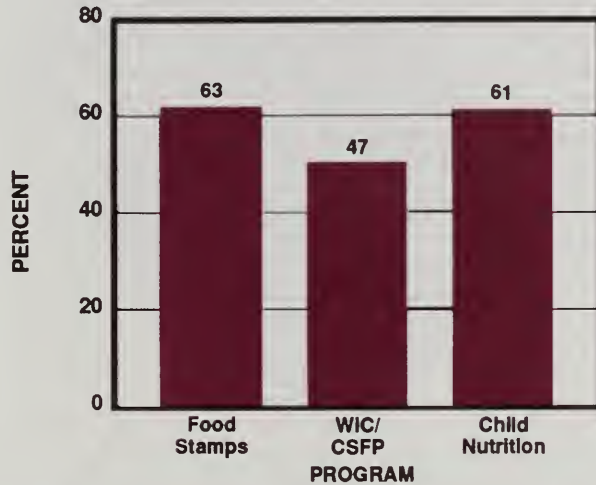
**Eighty-eight percent of enrolled homemakers have children living in the home.**



**EFNEP families come from diverse communities.**

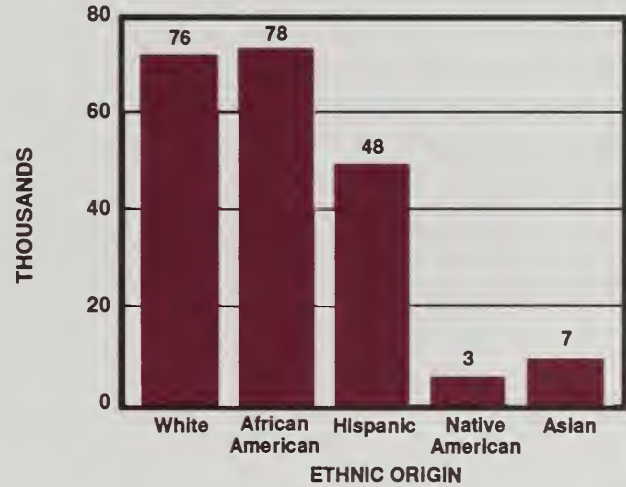


**Family Enrollment in Food Assistance Programs**



**Most enrolled families participate in food assistance programs.**

**Distribution of Ethnic Origin Among EFNEP Participants**



**EFNEP families come from diverse backgrounds.**

## ***The Teachers (Paraprofessionals and Volunteers)***

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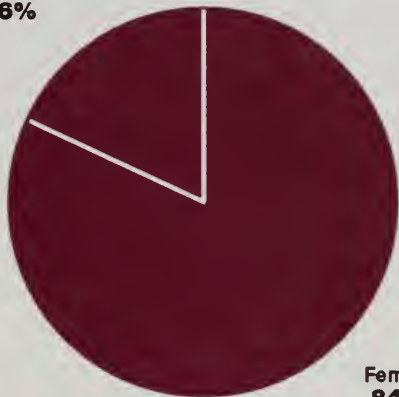
More than 1,900 full-time equivalent (FTE) paraprofessionals teach the adult and youth participants a comprehensive series of lessons on food and nutrition topics. Paraprofessionals are generally recruited from the target audience and are vital to the success of the program. They have experienced many of the problems that low-income families face and have developed special skills in coping with and solving these problems.

In addition, 47,038 volunteers worked 515,788 hours, equivalent to 247 full-time employees. At a minimum

dollar value of \$5 per hour, the value of volunteers working in EFNEP in 1992 amounted to \$2,578,940. Volunteers serve in instructional roles and also assist the paraprofessionals with food demonstrations, helping with language barriers, and encouraging graduated participants to continue their learning and to become involved in other Extension programs. Volunteers also serve on advisory committees, recruit families, and provide clerical help, babysitting, transportation, equipment, emergency food, and financial help.

### Distribution of Gender Among EFNEP Volunteers

Male  
16%

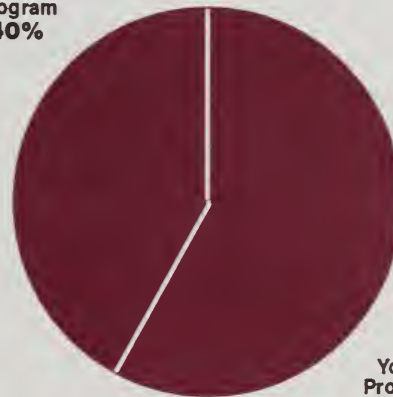


Female  
84%

**Eighty-four percent of volunteers were female.**

### Distribution of Time Among EFNEP Volunteers

Adult  
Program  
40%



Youth  
Program  
60%

**Sixty percent of volunteer time was spent on the youth component.**

## ***A Cooperative Effort***

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All States report cooperation with other agencies and private groups in order to implement the program in a more efficient manner. Most States have established referral systems with other Federal food assistance programs such as the Supplemental Food Program for Women, Infants, and Children (WIC), and Food Stamps. Other collaboration with public and private groups includes Indian Reservations, Head Start, schools, Foster Care, Boys & Girls Clubs, Commodity Foods, State Departments of Education, Health

Departments, battered women's groups, single parents' groups, YMCA, YWCA, Chicanos Por la Causa, Adult Basic Education, Salvation Army, Teen Parent Programs, Independent Living Skills (ILS) programs, food pantries, and Latchkey programs (after school programs). Many persons are recruited from these programs into EFNEP, and many persons are referred to these programs or are made aware of these programs by EFNEP.

# ***Program Delivery and Impact***

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## **Adult**

EFNEP participants receive, from trained paraprofessionals and volunteers, a series of lessons on food safety, choosing healthy foods, meal planning, food purchasing, storage, preparation, and sanitation. The long-term (approximately 6 months) intensive education provided by EFNEP helps families not only gain in knowledge, but also gain the skills and adopt the behaviors that lead to significant improvements in their diets. They also learn to better control their economic situations by spending their food dollar wisely. Paraprofessionals have noted that for many families they work with, Food Stamps are more likely to last until the end of the month, and commodity foods are used more wisely. While they're learning practical knowledge and skills, participants build self-esteem. Through EFNEP, participants learn self-worth—that they have something to offer their

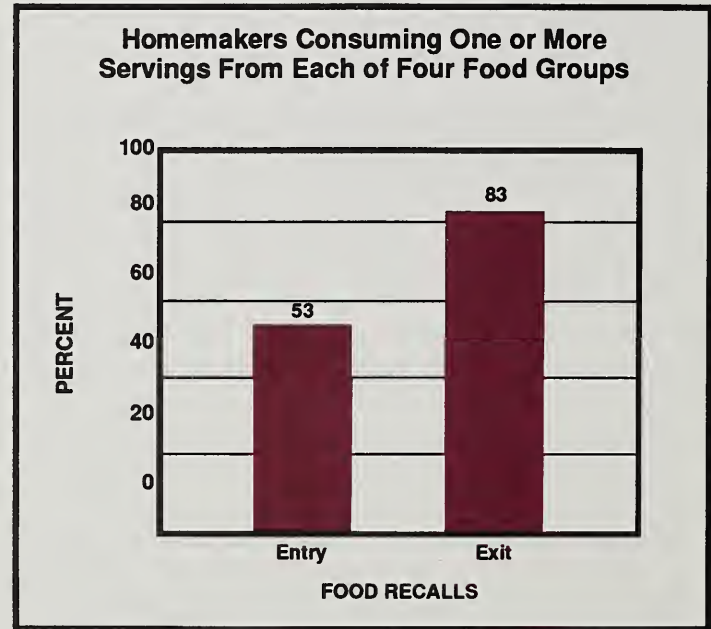
families and society. Many program participants also make other significant lifestyle changes, such as going back to school, getting a job, or reducing their intake of alcohol.

## **Youth**

The delivery of EFNEP youth programs takes on various forms. EFNEP provides education at schools as an enrichment of the curriculum, in after school care programs, through educational displays at fairs by 4-H EFNEP clubs, 4-H EFNEP day camps, and at 4-H residential camps, community centers, neighborhood groups, and home gardening workshops. In addition to lessons on nutrition, food preparation and food safety, youth topics may also include fitness, avoidance of substance abuse, and home safety for latchkey children.

## Adult Diet Assessment

Upon entry into EFNEP, a 24-hour food recall disclosed that only 53 percent of homemakers in a sample group had a diet with one or more servings of each of four food groups. Only 7 percent of the homemakers in the sample group had a diet that met the minimum recommended number of servings from each food group—two or more servings of milk and meat and four or more servings of vegetables/fruit and bread/cereals. Upon graduation, 83 percent of the homemakers in a sample group had a diet with one or more servings of each of the food groups, and 35 percent of the sample were eating the minimum recommended number of servings from each of four food groups.



**Percent of homemakers consuming one or more servings from each of four food groups (at entry and exit).**

### Homemakers Consuming Recommended Servings From Four Food Groups



**Percent of homemakers consuming the recommended number of servings from each of four food groups (at entry and exit).**

## Program Spotlights

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### Prenatal Care

Many States specifically target pregnant teens and adults at risk of having babies with low birthweight. The education is aimed at helping to improve their prenatal and postpartum diets and, therefore, decrease the incidence of low birthweight babies and improve healthy births and infant nutrition. The risk of having low birthweight babies is higher for women who are poor, black, younger than age 17, have little or no prenatal care, have inadequate diets, and gain less than 20 pounds during pregnancy. Nationwide, the percentage of babies born at low birthweight is increasing, from 6.7 percent in 1985 to 7.0 percent in 1990. Each year more than a quarter million infants are born at low birthweight (under 5 pounds 8 ounces). Low birthweight is strongly associated with

infant deaths that occur in the neonatal period or first month of life. Inadequate nutrition among pregnant women may account for as much as 65 percent of babies born with low birthweight.

- Programs such as *Have a Healthy Baby* in Indiana, *Great Beginnings* in New Hampshire, and *Teenage Mothers* in Georgia have been developed and are being implemented. **Initial evaluation data are showing improvements in birthweights of babies and improved health practices of mothers.** Indiana reported that, of the 1,244 women in their program that delivered, 97.9 percent (1,218) had babies born at normal birthweight. New Hampshire's program is showing an 85 percent increase in the participants' knowledge of nutrition issues



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specific to pregnant and parenting teens, and 90 percent of the participants showed intention to change one or more behaviors. In Georgia, pre- and post-test scores showed that participants' knowledge of food and nutrition increased significantly. The average weight gain during pregnancy was 29 pounds and 84 percent of the babies were full term. The total weight gain was significantly related to birthweight. The average birthweight for babies of the 131 participants was 6.6 pounds.

- **Alabama** reported that one-third of EFNEP adults and almost one-fifth of EFNEP youth were reached through *Today's Mom*, a group program for limited resource pregnant women and teens. One-half of the 4,137 participants

were teenagers. In a sample group of 789, an average birthweight of 7 pounds 2 ounces was found. Mothers ranged in age from 11 to 39 years. An average prenatal weight gain of 30 pounds was self-reported by the mothers. Only 9 percent of the infants born were of low birthweight, and 56 percent of those infants were born to teenagers.

- **Kentucky** has developed a program, *Partner Assisted Learning*, for pregnant teens and adult women, most of whom are low income. EFNEP is working with WIC, local health departments, schools, Young Parents Program from the University of Kentucky's Medical Center, Best Start Breastfeeding Program, Planned Parenthood, March of Dimes Babies, and others

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to focus on the importance of good nutrition during pregnancy. Preliminary data on a sample group show that the percentage of babies born at low birthweight (6.4 percent) was below the State average (8.5 percent).

- **Mississippi** Cooperative Extension, in partnership with the Mississippi State Department of Health and Freedom from Hunger Foundation, has established the *Partners for Improved Nutrition and Health (PINAH)* program. The primary aim is to bring about local self-help activities leading to substantial improvements in the nutrition and health of low-income residents and to establish and

disseminate models for self-help nutrition and health improvements suitable for replication in other parts of the rural South. One model, *Partners for Life*, links EFNEP and WIC and delivers lessons on planning balanced diets, food preparation using WIC foods, budgeting, self-esteem, decision-making, and infant feeding. This program also acquaints participants with the availability of existing community nutrition programs, health care, and social services. The overall goal of Partners for Life is to reduce numerous risks associated with low birthweight infants and decrease incidence of infant mortality.

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## Securing Grant Funds

With Federal EFNEP dollars remaining relatively static over the past several years, many States are seeking outside funding to help finance EFNEP.

- **Indiana** received a total of \$235,000 in grants to expand their *Have a Healthy Baby* program to reach pregnant adolescents and to pilot test an expanded program for limited resource audiences. They have titled that new effort *EFNEP PLUS* for the addition of parenting and money management to the basic EFNEP food and nutrition curriculum.
- Two **Iowa** counties have reported receiving grants. Polk County is in its tenth year of a grant

from the Board of Supervisors to teach nutrition at the Commodity Supplemental Food Site. Black Hawk County, in cooperation with the Cedar Valley Food Bank, received a grant from Ronald McDonald Children's Charities to implement a nutrition education program at the food bank.

- In **Massachusetts**, a proposal was developed by EFNEP and submitted to Job Training and Employment Corporation (JTEC) to conduct an Occupational Training Program for public welfare recipients who would be hired to work in the New Bedford EFNEP site. The proposal stated that four of the six individuals being trained would be hired as nutrition assistants in EFNEP. The grant was awarded to EFNEP.

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- **Michigan** EFNEP was granted \$357,500 through the Michigan Department of Public Health to supplement work with low-income pregnant women and teens in a joint effort to reduce the incidence of low birthweight and infant mortality.
  - **Minnesota** received a 2-year grant to integrate parenting skills into EFNEP in five rural counties. Through a grant received by the University of Minnesota's School of Public Health, EFNEP is helping to develop and implement a low-literacy cardiovascular intervention program for EFNEP audiences. In addition, several local businesses and agencies in one rural county donated cash as a local "match" to continue receiving EFNEP funding.
  - **Minnesota and Wisconsin** are among many States that have received significant funds from USDA Food and Nutrition Service to provide nutrition education to Food Stamp recipients.
  - **New Hampshire** EFNEP received a \$27,000 grant from USDA Cooperative Extension Service. The grant, *Safe or Sorry: A Food Safety Training and Educational Program for At Risk Populations*, will focus on food safety for vulnerable populations such as infants, preschool children, pregnant women, and those who are immunocompromised. The USDA Food and Nutrition Service awarded New Hampshire EFNEP a \$42,000 grant for nutrition education for Food Stamp recipients and Food Stamp eligible people. Activities accomplished for this grant included:

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- development of a correspondence course for low-literacy audiences,
  - educational messages to more than 25,000 food stamp households to inform them of opportunities such as EFNEP,
  - continuation of the 800 telephone number for nutrition related information, and
  - continued implementation of *Great Beginnings: Nutrition Curriculum for Pregnant and Parenting Teens*.

Another part of the grant entailed a collaborative project with agriculture which focused on authorizing farm stands and farmers' markets to accept food stamps and notifying food stamp

households about the location of these farmers' markets and stands.

- In **North Carolina**, WIC funds provide for an EFNEP paraprofessional to visit new WIC mothers in their homes soon after hospital discharge, and help them establish and maintain breastfeeding. After initial help, these WIC clients have the option of joining EFNEP. Continued contact with EFNEP provides additional nutrition educational support aimed at improving the family diet and encouraging the breastfeeding mother during several more months.

Analysis of the first 12 months' data shows that the number of WIC clients choosing to breastfeed more than doubled. In addition, over

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45 percent were continuing to breastfeed beyond 2 months post-partum, compared with only 17 percent the previous year. The program provides for a successful partnership of two agencies serving the same population in a complementary fashion through the use of paraprofessionals to deliver nutrition and patient care advice and counseling.

- **Wyoming** received a grant from USDA Food and Nutrition Service to provide for two paraprofessionals to work on the Wind River Indian Reservation. The paraprofessionals teach tribal members how to make better use of commodity foods, how to prepare nutritious meals, the importance of eating a balanced diet, and how to alter recipes for better health.

## Other Reported Successes

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- **Arkansas** estimated that 1,966 homemakers decreased the dollars spent for food at a savings of \$135 per family (\$269,620), while at the same time improving the nutritional quality of their diets. Behaviors reported by 1,361 families resulted in an estimated economic impact of \$806,702. Arkansas also estimated that 466 youth involved in food production and preservation provided an economic savings of \$64,566 to their families.
- **Delaware** reported that, upon program entry, less than two percent of participants consumed the recommended number of servings from four major food groups. Upon program exit, 77 percent consumed the appropriate servings. At entry, 49 percent consumed no dairy products, but at program exit, less than one percent consumed no dairy products.
- **Indiana** received a special grant from ES-USDA titled *An Educational Model for Maximizing the Use of Commodity Foods*. They reached 947 individuals representing 2,019 family members with a 12 lesson series designed to help them effectively utilize those foods. Six hundred and fifty-six (85 percent) attended all of the classes and graduated. A random sample of participants indicated they saved \$20-\$70 by following tips learned in the class. Partnerships were formed with six different agencies in order to deliver the educational package that went with the commodity foods. Extension was well recognized for its ability to deliver an effective program and make a difference in the ability of the recipients to utilize the food. The sessions also included information on food safety, storage, and the nutrients needed for good health. Funding for the program was provided by ES-USDA (\$2,500) and State dollars (\$1,000).

## ***Capturing Future Impacts***

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To improve the evaluation of EFNEP, a new Evaluation/Reporting System (ERS) has been developed that will capture the impacts of the program in a more descriptive manner. The ERS will identify how many pregnant and lactating women and adolescents are participating, and the types of public assistance they are receiving. It will also analyze the diets at entry to and exit from the program for conformance to the Food Guide Pyramid. ERS will look at participants' intake of key nutrients (protein, iron, calcium, vitamins A, C and B6) and fiber, and for the percent of calories from protein, fat, carbohydrates and alcohol. The system

will provide a diagnostic report for the participant, listing individual intake and comparing it to the recommended levels. This report will be an effective teaching tool to help participants see how to modify their food selection for a healthier diet. Additional components of the system will capture information about behavior changes of participants, youth enrollment, and interagency cooperation. The system is designed primarily to meet the needs at the local level to increase the efficiency and effectiveness of EFNEP, and will also yield a wealth of information about the positive impacts nationwide.





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