

## A Growing and Costly Issue

- The U.S. Census Bureau estimates that 20% of Texas families with related children under age 18 live in poverty, compared to the national average of 18%.
- Poor health disproportionately affects low-income and minority populations in the United States.
- Understanding the nutritional needs of family members, planning and preparing nutritious meals and snacks, smart shopping on a limited budget, and food-safety skills are all required to combat poor health, poor nutrition habits, and obesity in low-income families.

## AgriLife Extension's Response

- The *Expanded Food and Nutrition Education Program* (EFNEP) of the Texas A&M AgriLife Extension Service is a nationally recognized program funded by the USDA's National Institute of Food and Agriculture.
- The program began in 1969 to help low-income families and youth acquire the knowledge and skills necessary for nutritionally sound diets.
- Trained EFNEP educators teach basic nutrition, food safety, shopping, and food-preparation skills to clients using hands-on methods and practical, easy-to-understand materials.
- The program is located in 11 counties, which together represent approximately 54% of the state's population.
- In 2014–15, approximately 10,625 participants completed and graduated from the seven-week course; overall, EFNEP reached more than 18,800 Texas families and 85,000 limited-resource youth.

## Economic Impacts

- Program evaluations found that the percentage of respondents who grocery shop with a list increased from 44% before the program to 69% after the program, and the percentage who compare food prices grew from 58% to 79%. Those who reported "always" or "sometimes" running out of food before the end of the month dropped from 47% to 37%.
- Based on responses from a random sample of 2,600 participants, the average monthly savings on grocery expenditures was \$35 per month. The estimated savings for all EFNEP graduates' families was \$370,000 monthly, or \$4.4 million annually.
- Broader benefits of the program are a reduced risk of chronic disease and foodborne illness, reduced indigent health care costs, and improved quality of life. These benefits are a result of participants' improved dietary intake, increased physical activity, and enhanced food-safety practices in the home.

