Poor Nutrition and Health Concerns in Low Income Population

- An estimated one out of every six Texans (17 percent) lives in poverty, compared to the national average of 14 percent.
- Diet quality has been linked to four of the 10 leading causes of death, including heart disease, cancer, stroke and diabetes.
- Research suggests that individuals who live in poverty consume diets that are not in agreement with current recommendations.

Extension’s Response

- The Better Living for Texans (BLT) program was initiated in 1995 as a cooperative endeavor among the Texas A&M AgriLife Extension Service, Texas Health and Human Services Commission (HHSC), and the United States Department of Agriculture (USDA).
- Funded by the Supplemental Nutrition Assistance Program (SNAP), the BLT program works with low-income individuals and families—particularly SNAP recipients and applicants—and helps them learn how to prepare nutritious meals and stretch their food resources through the adoption of targeted management practices, such as comparing food prices and shopping with a list.
- BLT also delivers educational programs to help participants improve their food safety behaviors and adopt the habit of regular physical activity.
- Educational programs are delivered through a variety of teaching methods, depending on audience needs, including lesson series, single-concept classes, demonstrations and tours.

In 2011, BLT conducted 9,584 education sessions, resulting in more than 1 million educational contacts with the targeted audience.

Economic Impact

- The BLT program evaluations found that the percentage of respondents who grocery-shop with a list increased from 32 percent before the program to 82 percent after the program. The percentage who compare food prices grew from 45 percent to 86 percent. Those who reported “always” or “sometimes” running out of food before the end of the month dropped from 73 percent to 53 percent.
- For the 1,015 participants who could be contacted a month after the program ended, the average monthly savings on grocery expenditures totaled $29 per month—a decrease of about 13 percent (from $229 per month to $200 per month). The total annual savings for these respondents was estimated at $353,220, which could be much higher if the same savings held true for non-respondents.
- Broader benefits of the program come from improved dietary intake of participants, increased physical activity and improved food safety practices in the home, thus leading to reduced risk of chronic disease and foodborne illness, reduced indigent health care costs and improved quality of life.

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MKT-3558E, September 2012