

Nutritional Status of Low-Income Families

Summary of Significant Trends:

Poor health disproportionately affects minorities and low-income populations in the U.S. 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 contribute to the feast-and-famine scenario. These families may run out of food near the end of the month, and then over-eat highly palatable foods when resources again become available. This binge-and-restriction cycle can, over time, disrupt metabolic patterns and internal cues of satiety, leading to increases in body weight.

Limited-resource families often lack food preparation skills. As a result, increased numbers of limited-resource families report eating meals away from home on a regular basis. An increase in the number of meals consumed in restaurants not only drains the family's minimal resources for food, but also exposes family members to larger portion sizes and often higher fat food choices.

The incidence of food borne illness continues to rise. The low-income population often lacks knowledge of proper food storage and handling methods.

Food Stamp participation in N.C. has increased 26% in the past two years. There are 213,000 food stamp households making NC 11th

highest in participation in the U.S. Nationally, the Food Stamp Program has identified three issues of greatest concern to limited-resource audiences. These are: (1) increasing the intake of fruits, vegetables and whole grains, (2) eating lower fat foods more often and (3) being more physically active and maintaining a healthy weight. In year 2001, 53% of food stamp households had children, 25% had an elderly member, 32% had a disabled member, and 40% were single adults with children.

Emerging Trends and Issues:

If these trends continue to rise, the result will be devastating to the health of our nation's population. The potential rise in the incidence of chronic disease and food borne illness will place an ever-increasing burden on the healthcare system.

Relevance of Trends to County Programs:

County programs can help low-income families acquire the knowledge, skills, attitudes, and changed behaviors necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of total family diet and nutritional welfare.

Through an experiential learning process, low-income adults are given opportunities to

learn how to make food choices to improve the nutritional quality of meals they serve their families. Participants gain new skills in food production, preparation, storage, safety and sanitation, and learn to better manage their food budget and related resources such as Food Stamps and WIC vouchers. Individuals who take part in a hands-on series of lessons use the knowledge they gain to break the cycle of poverty for their families. Society at large benefits from reduced infant mortality, lower health care costs, and increased economic stability.

Some programming is delivered by Program Assistants and Wellness Assistants with EFNEP and FSNEP funded projects who use comprehensive curriculums to reach high-risk audiences with the skills they need to reduce their risk, including balancing their food resources to last throughout the month. These programs target infants, young children, families with young children and the elderly.

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. Extension programs targeting limited-resource families are effective in increasing consumption of fruits and vegetables. These programs have 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 0.7 servings. The total increase for both fruits and vegetables was 1.6 servings per day.

In 1996, Virginia Cooperative Extension conducted a cost benefit analysis of EFNEP. The study examined 10 nutrition-related diseases/conditions: colorectal cancer, heart disease, stroke, hypertension, Type 2 diabetes, obesity, commonly occurring infant diseases (otitis media, respiratory infections, viral infections, gastroenteritis), food-borne illness and low-birth-weight infants. Results of the study indicated that for every \$1.00 invested in the program, \$10.64 in benefits from reduced health care cost could be expected.

Significant behavior changes by FCS department food and nutrition programs targeting limited-resource audiences: EFNEP, Partners in Wellness, Out for Lunch, In-Home Breastfeeding Support Program and Color Me Healthy.

Sources of Supporting Data:

<http://www.ncefneep.org>

<http://www.reeusda.gov/f4hn/efnep/efnep.htm>

<http://www.csrees.fsneep.org>

<http://www.nal.usda.gov/fnic>

NC EFNEP 2002 Year-End Report

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2003



Family & Consumer
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