

# **Tobacco Settlement Endowment Trust Nutrition and Fitness Initiative**

Strategic Plan

May 2010

Prepared for the Tobacco Settlement Endowment Trust  
by Samuels & Associates

Sarah E. Samuels, DrPH

Liz Schwarte, MPH

Lisa Craypo, MPH, RD

Mariah Lafleur, MPH



1222 Preservation Park Way  
Oakland, CA 94612  
(510) 271-6799 | Fax (510) 271-6791  
[www.samuelsandassociates.com](http://www.samuelsandassociates.com)

**Tobacco Settlement Endowment Trust  
Nutrition and Fitness Initiative**

**Strategic Plan**

**I. Introduction**

The mission of the Tobacco Settlement Endowment Trust (TSET) fund is to improve the health and quality of life of all Oklahomans through accountable programs and services that address the hazards of tobacco use and other health issues. Nutrition and Fitness is one of TSET's three priority areas. In early 2010, TSET contracted with Samuels & Associates, a public health research and evaluation firm, to provide strategic planning consultation services to the Nutrition and Fitness Initiative. This report summarizes findings from two phases of the strategic planning process:

- (1) Formative evaluation to inform development of TSET's priority nutrition and fitness interventions, and
- (2) Development of the TSET Nutrition and Fitness logic model.

**II. Obesity Prevention - Background**

Childhood obesity is at epidemic levels in the United States. Overall more than 1 in 7 youth ages 6-17 are considered obese.<sup>1</sup> In addition, disparities in obesity rates exist between ethnic groups. African American, Hispanic, and Native American children and adolescents have higher rates of diabetes and obesity than whites.<sup>1</sup> Poor diet and inadequate physical activity have been linked to obesity and to the development of preventable chronic illnesses.<sup>2,3</sup> Overweight and obese children may develop a number of risk factors for chronic disease and are increasingly diagnosed with diseases such as type 2 diabetes, hypertension and high cholesterol, that have historically had their onset in adulthood.<sup>4</sup>

Most strategies to prevent or reduce childhood obesity have focused on individual behavior modification and pharmacological treatment. They have had limited success.<sup>5</sup> A person's weight is largely controlled by the energy balance of nutrition and physical activity. Based on current research, it appears that childhood dietary habits and physical activity levels are influenced by a variety of environmental factors,<sup>6</sup> including: increasing portion sizes,<sup>7-10</sup> increasing availability of fast food and soft drinks,<sup>11-20</sup> availability of soda and unhealthy food on school campuses,<sup>21-29</sup> curtailment or elimination of physical education and recess in schools,<sup>30</sup> insufficient or inadequate parks and recreational facilities,<sup>31</sup> public policy favoring personal transportation over mass transit,<sup>32-39</sup> limited access to healthy foods and ready availability of unhealthy foods,<sup>37, 40-44</sup> and disproportionate advertising of low nutrient-dense foods and sedentary activities to children and their families.<sup>25, 45-49</sup>

Many of these factors are exacerbated in low-income communities and communities of color, where healthy and affordable food options and safe opportunities for physical activity are noticeably absent.<sup>40, 42</sup> These factors are contributing to high levels of nutrition and physical activity related diseases in the African American and Latino communities.<sup>34, 40, 42, 51</sup>

### III. Landscape for Changing Nutrition and Physical Activity Environments

A greater understanding of the underlying factors that lead to obesity has led to the emergence of a new type of initiative that seeks to reduce childhood obesity by improving the environments that promote healthy eating and physical activity rather than just focusing on changing individual eating and activity patterns. Although these environmental interventions are relatively new, early results of comprehensive community-based environmental change interventions are encouraging.<sup>52, 53, 54</sup>

#### *Promising national strategies*

It has been demonstrated that access to healthy foods and physical activity opportunities results in their greater use. People eat more fruits and vegetables in the presence of supermarkets.<sup>40, 42, 55</sup> Nationally, the Fresh Food Financing Initiative has increased the number of supermarkets in underserved communities by providing financial means for supermarket operators to open businesses. Additionally, new farmers markets and produce stands in rural and urban communities across the country have increased access to fresh, affordable fruits and vegetables. There is also evidence that when a venue for physical activity is available, people are more likely to be physically active.<sup>34, 56</sup>

Based on this strong evidence supporting an environmental approach to nutrition and fitness, both the Center for Disease Control (CDC) and Institute of Medicine (IOM) have developed sets of recommended strategies for encouraging healthy eating and physical activity.<sup>1</sup> The CDC and the IOM both recommend comprehensive, multi-sectoral approaches that address a wide range of environments and approaches including schools and afterschool, childcare facilities, worksites, breastfeeding, marketing and advertising, built environments, restaurants and businesses, and neighborhoods.

#### *Policy context*

Policies at the Federal, state and local level can support the creation and maintenance of healthy food and physical activity environments. At the Federal level, child nutrition legislation sets standards for school meals and mandates that schools adopt and implement a school wellness policy. Federal food assistance programs (Supplemental Nutrition Assistance Program, Women, Infants and Children) provide supplemental food or food dollars for low-income populations along with nutrition education. The first lady, Michelle Obama, has emerged as a champion for nutrition and fitness with the Let's Move campaign that promotes healthy eating and physical activity, and especially focuses on improving access to healthy, affordable foods in low income areas.<sup>57</sup> Federal transportation funds can be used to create safe communities that support physical activity and through improvements in the built environment encourage walking and bicycling for transportation and recreation. Additionally, under the national American Recovery and Reinvestment Act, significant funding has

---

<sup>1</sup> CDC Recommendations available at: <http://www.cdc.gov/mmwr/pdf/rr/rr5807.pdf> , Centers for Disease Control and Prevention.

IOM Recommendations available at:  
<http://www.iom.edu/~media/Files/Report%20Files/2009/ChildhoodObesityPreventionLocalGovernments/local%20govts%20obesity%20report%20brief%20FINAL%20for%20web.ashx>

been provided to Communities Putting Prevention to Work, which is supporting states and communities across the country to increase physical activity, improve nutrition and reduce tobacco use.<sup>58</sup>

States across the nation have adopted policies regulating school food and physical activity. States have also started to regulate community environments through passage of menu labeling laws for chain restaurants. At the local level, communities have addressed the food and physical activity environment in schools and school-based after school programs through federally mandated local school district wellness policies. By utilizing economic development, land use, and redevelopment policies communities nationwide are implementing walking paths, bicycle lanes, and additional parks and recreational spaces to promote and enhance healthy communities.

#### **IV. Oklahoma: Opportunities and Gaps**

Oklahoma is the 5<sup>th</sup> most inactive state in the nation, ranks 50<sup>th</sup> in fruit and vegetable consumption and is the 8<sup>th</sup> most obese state in the nation.<sup>59</sup> By 2018, Oklahoma is projected to have the highest rate of obesity in the country and will face an estimated \$3.2 billion in health care costs attributed to obesity.<sup>60</sup> The same factors that discourage healthy eating and physical activity nationwide are also at play in the state of Oklahoma including pervasive unhealthy and fast food environments in neighborhoods, schools and worksites and a lack of spaces and opportunities for quality physical activity.

The Oklahoma Physical Activity & Nutrition Program (OKPAN) partnered with the Oklahoma Fit Kids Coalition (Fit Kids) and created Get Fit Eat Smart Oklahoma Physical Activity and Nutrition State Plan. The plan is a comprehensive statewide approach that addresses nutrition and fitness strategies in schools and childcare facilities, worksites, communities and healthcare settings.<sup>61</sup> The Fit Kids Coalition brings many diverse organizations together to address obesity through policy change. Additionally, the Oklahoma State Department of Health (OSDH) recently released the Oklahoma Health Improvement Plan which endorses the Get Fit Eat Smart Plan, as well as provides recommendations around evaluating and implementing evidence based obesity prevention programs, integrating and coordinating these programs across the state, and proposes policy changes addressing fitness and nutrition.<sup>62</sup>

In Oklahoma, state policies addressing nutrition and fitness focus mostly on the school environment. The State Board of Education requires 60 minutes of PE per week in elementary schools and requires schools to offer PE as an elective in middle and high schools. Additionally, Senate Bill 265 eliminates sugary drinks and snacks in elementary schools for the most part, and limits sugary drinks and snacks in middle schools.

Some local jurisdictions in Oklahoma have pursued environmental and policy strategies to increase access to healthy foods and physical activity. It's All About Kids obesity reduction program through the Tulsa Public Health Department addresses both nutrition and physical activity in over 50 elementary schools. The Osage County Community Partnership has prioritized making its communities walkable and has developed trails to connect existing parks and commercial areas. The Muskogee County Wellness Initiative is promoting healthy eating habits through promotion of the local farmers market and creation of a community garden.

While Oklahoma has started to make strides in addressing the challenge of rising obesity and unhealthy behaviors, there is still much work to be done. The existing state policies for Oklahoma schools are a starting point for addressing nutrition and fitness, but could be strengthened to meet the Institute of Medicine nutrition and CDC PE guidelines for children. Furthermore, implementing more local and statewide policies to

improve nutrition and fitness in communities, neighborhoods, and worksites would provide Oklahomans of all ages with improved healthy eating and physical activity opportunities.

## **V. Setting the Stage**

### *Key informant interviews*

Samuels & Associates conducted telephone interviews with 18 experts in the area of nutrition and physical fitness in Oklahoma in January-March 2010. Interviewees represented schools, community based organizations, State and local health departments, cities, policy/advocacy organizations, tribal organizations, universities and foundations. The purpose of the interviews was to orient interviewees to TSET's new nutrition and fitness program priority area, gather information about existing resources and assets in Oklahoma for nutrition and fitness, learn about promising practices in Oklahoma, and identify priority needs and intervention areas in nutrition and fitness. The interview guide is found in Appendix I. Findings from the interviews, together with a document review, web-based research, and a literature review conducted by Samuels & Associates, informed the preliminary strategies for changing nutrition and physical activity environments presented to the TSET board on February 24, 2010.

### *Overall Strategies*

Key informant interviewees made a variety of suggestions for how TSET should approach its nutrition and fitness priority area. There was nearly unanimous support for an environmental, policy-driven approach to addressing obesity prevention at the local and state levels. Several interviewees felt it would be important to engage policymakers who are supportive of improving nutrition and physical activity environments. The majority of interviewees also discussed involving a variety of other stakeholders in addressing obesity and chronic disease in Oklahoma, including community residents, community-based organizations, and the private sector. The key informants emphasized building on existing strategic plans, resources and successful interventions in Oklahoma.

The interviewees provided insight into the interventions that are currently underway in Oklahoma to improve access to healthy eating and physical activity opportunities, as well as the gaps. They discussed promising approaches such as Turning Point's community-driven initiatives, coordinated school health, changes to the built environment to increase walking and biking, and Chesapeake Energy's employee wellness program. Most interviewees observed that additional resources are needed in Oklahoma to address nutrition and fitness. Several interviewees recommended that TSET pursue a media or communications campaign to raise awareness about the obesity crisis and solutions for Oklahoma.

### *Priority Nutrition and Fitness Strategy Areas*

Samuels & Associates asked interviewees to recommend four or five priority strategy areas for improving nutrition and physical activity opportunities and environments in Oklahoma and to prioritize them if possible. The interviewees were unanimous in their belief that Oklahoma faces a serious public health crisis due to high obesity and chronic disease rates, easy access to unhealthy foods, and low levels of physical activity in schools and communities. Most interviewees stated that focusing on children holds the greatest potential for making a difference in curbing obesity rates in Oklahoma. A majority felt that it was also important to direct some resources to adults. While interviewees discussed a broad range of intervention areas, the most frequently

cited sectors were schools/after school, communities/neighborhoods, and work places/businesses. They also expressed support for a comprehensive, community-based approach in Oklahoma.

A majority of interviewees noted that low-income (rural and urban), African American, Hispanic, and Tribal communities have the highest rates of obesity and chronic disease and that these communities need to be prioritized. Other interviewees observed that obesity is a problem that afflicts all Oklahomans and that TSET should focus on improving nutrition and physical activity for the whole population. Several interviewees discussed the special challenges that residents of geographically isolated areas face in accessing healthy foods.

#### *TSET Board member interviews*

Samuels & Associates conducted interviews with the TSET Board of Directors by phone in March 2010. The purpose of these conversations was to bring greater specificity to the priority nutrition and physical activity intervention areas identified in the key informant interviews.

The Board members observed that obesity prevention is a complex issue and that a variety of strategies are available, and needed, to address the issue. They noted that TSET will have resources available to be effective in several priority areas: tobacco prevention, research and obesity prevention.

When asked how TSET should approach its nutrition and fitness work, Board members recommended following the tobacco prevention and control model, which includes community grants, raising public awareness growing grassroots support, and supporting state and local policy and environmental change. They noted that nutrition and physical activity should be a shared agenda across stakeholder groups and that TSET can provide vision, leadership, and momentum to the movement to change nutrition and physical activity environments in Oklahoma. Board members also thought that existing and future federal policy (school wellness policies, WIC food package, etc.) should be implemented in Oklahoma at the local level. They discussed engaging youth and the health care providers, powerful advocates in tobacco prevention and cessation.

#### *Priority intervention areas*

Board members expressed openness to the spectrum of nutrition and physical activity interventions discussed at the February 2010 Board meeting, including interventions in schools, after school programs, communities/neighborhoods, early childhood, health care settings and worksites.

The interviews revealed a high level of congruence between board members' priority interests and the priority intervention areas discussed by the key informants.

- Focus on school-age children and dedicate resources to both nutrition and physical activity. Public schools are a logical starting point. Lack of PE and low physical activity levels in PE are of particular concern.
- Obesity prevention needs to begin earlier than K-12. Some interventions should be directed to young children and their families.
- Incentivize businesses and medical centers to pursue worksite wellness including walking, exercise breaks and healthier foods.
- Improve nutrition and physical activity in after school programs in partnership with community based organizations.

- Increase access to healthy foods in neighborhoods through food banks, grocery stores in underserved areas and farmers markets serving low income communities.

In the short-term, the board members expected to see increased awareness about addressing obesity through healthy eating and physical activity among Oklahomans as a result of TSET's efforts. They expected to see an increase in the number and type of organizations and partners engaged in improving access to healthy eating and physical activity opportunities across sectors. Board members expressed a desire to build on best practices and to document successes, challenges, and lessons learned.

## **VI. Priority Nutrition and Physical Activity Interventions and Strategies**

### *Ecological Model*

Oklahoma TSET has based the obesity prevention strategic planning work on the ecological model. An ecological framework (see Figure 1) recognizes that children and families live their lives and make health choices within a set of social systems that are interconnected and dynamic. Individually and collectively these systems impact health—physically, cognitively, socially, emotionally and behaviorally. The ecological model takes into account the physical and social environments surrounding individuals and provides a framework for change that focuses on family, neighborhood/community, agencies and organizations, and society. The ecological model addresses multiple levels of influence and offers a comprehensive approach to preventing obesity.

The TSET Nutrition and Fitness Logic model (Appendix 2) is organized into three primary interventions areas that are crucial to preventing obesity:

- 1) Improving access to healthy food and physical activity in schools
- 2) Improving access to healthy food and physical activity in communities
- 3) Creating healthy work places and businesses

Within each priority intervention area, a number of strategies were generated by the key informants and TSET Board members, and informed by CDC's and the Institute of Medicine's (IOM) recommended strategies. The strategies suggested fill a particular need within Oklahoma related to nutrition, physical activity, and obesity prevention, and a number of strategies emerged as high priority because they: 1) build on existing efforts, 2) can be realistically implemented, and 3) will have a substantial impact.

These strategies affect all realms of the ecological model, thus demonstrating that obesity prevention must be addressed at different levels of the environment in order to make an impact.



**Figure 1**

*Logic modeling sessions: Participants and Process*

An important part of the strategic planning process consisted of four logic modeling sessions that were held regionally in Oklahoma City, Lawton, McAlester and Broken Arrow (Tulsa) in April 2010. The purpose of these sessions was to develop the TSET nutrition and fitness logic model, refine the priority intervention areas identified in the previous interviews, and build partnerships and buy-in with diverse organizations actively engaged in obesity prevention. A logic model is a strategic planning tool that identifies interventions, partners, outcomes and evidence needed to direct programs and initiatives and demonstrate that objectives have been accomplished.

The development of TSET’s Nutrition and Fitness logic model was informed by several *Guiding Principles* that emerged from TSET’s work in the area of tobacco prevention and cessation, the formative evaluation phase and discussions with logic model participants. The guiding principles are summarized here:

1. Focus on changing nutrition and physical activity environments.
2. Build on existing resources and successes improving access to healthy eating and physical activity opportunities in Oklahoma.
3. Include nutrition and physical activity strategies in each priority area.
4. Pursue comprehensive, community-based grant making with grantees working across three priority areas, and not in a single priority area, to effect community-wide change.

The highly participatory logic modeling sessions employed a logic model that focused on the three priority areas listed above (schools and afterschool, neighborhoods and communities and work places/businesses); each goal area was pre-populated with priority strategies that had emerged from the key informant and Board member interviews. Participants developed specific interventions and outcomes for each of the goal areas and discussed key partners and organizations that should be involved in carrying out the strategies. The sessions also included active discussions on linkages between priority areas, communication strategies, technical assistance and data needs, and infrastructure that will be necessary for TSET’s success in nutrition and fitness. These recommendations are captured in the Infrastructure and Coordination section of the Logic model.

Participants in the logic modeling sessions were identified through a variety of networks and invited by TSET and Samuels & Associates based on their expertise in nutrition and fitness, and previous work in one or all of the three priority areas. All sessions were attended by a diverse group of participants that included representatives from schools and after school programs, business, universities, government, State and local public health departments, parks and recreation departments, tribal nations, military bases, CX grantees, and other organizations. See Appendix 3 for a complete list of institutions, businesses and organizations represented at the sessions.

Samuels & Associates integrated the logic models generated at each session to produce a final logic model incorporating input from the four sessions. See Appendix 2 for the final TSET Nutrition and Fitness Initiative Logic model.

## **VII. A Vision for Healthy Eating and Physical Activity for Oklahomans: Recommended Interventions and Strategies**

### *Increasing Access to Healthy Foods and Physical Activity Opportunities in Schools and Afterschool Programs*

Creating school and afterschool environments that promote healthy eating and physical activity emerged from the TSET Nutrition and Fitness Initiative strategic planning process as a key area of focus for a comprehensive obesity prevention approach. Research on school environments as well as findings from the key informant interviews and the logic modeling sessions point to a number of school characteristics that need to be addressed, including: abundance of unhealthy foods available for sale on school campuses; school meals that are low in fruits, vegetables, and whole grains and too high in calories and sodium; suboptimal participation in the school meal program; lack of guidelines/standards for healthy snacks and amount of physical activity during afterschool programs; and Oklahoma state policy language that does not set strict standards for foods sold at schools or adequate physical education requirements.

### Cultivating High Level Champions

In order to change school and afterschool environments, high level champions (school board members, district/school administrators, directors of organizations sponsoring afterschool programs) are needed to support and advocate for school/afterschool nutrition and physical activity improvements. Cultivating this corps of champions will require education and training on obesity, nutrition and physical activity to foster prioritization of these issues in school/afterschool settings as well as to mobilize the champions as a constituency to push for policy adoption and enforcement at the local, state and federal levels. To assist champions in improving nutrition and physical activity, model policies should be developed and disseminated for implementation at the local level. Champions will benefit from opportunities for peer learning and sharing of best practices – either regionally or statewide, as well as access to expert advice and consultation on how to improve school/afterschool environments. Finally, dissemination of model policies and practices will be facilitated by the development of a web-based resource that acts as a clearing house for school/afterschool nutrition and physical activity materials.

While there is general agreement that all schools could benefit from work to improve nutrition and physical activity environments, priorities for intervention included schools/afterschool programs in rural areas and in low income communities. Participants in the logic model sessions also stressed the need to support school

districts with a readiness to take on this work in order to create early models of success which can be replicated in other communities.

A wide variety of organizations should be involved in any successful effort to cultivate champions for school/afterschool nutrition and physical activity improvement. A few key organizations include: state and regional education-related organizations (i.e. school board associations, school administrator associations), state and regional medical associations, Oklahoma State Department of Health and local health departments, Fit Kids Coalition and Oklahoma State University (OSU) Extension.

#### Addressing School and Afterschool Food

To begin a movement to improve school/afterschool food in Oklahoma, school districts, in collaboration with communities, need model programs to demonstrate and test the specific strategies that can be used to improve the nutritional quality of the school meals and increase participation. Improvements to the school meal program include increasing fruits, vegetables and whole grains, and reducing saturated fat and sodium. One specific strategy for bringing more fruits and vegetables into the meal program is the “Farm to School” approach to encourage schools to buy products from local farmers. To ensure success of farm to school, school food service managers should be trained on procuring local produce and producing healthier meals on site.

To address afterschool snacks, nutrition guidelines should be developed for after school programs, and trainings should be implemented to teach afterschool providers how to create snack menus that meets guidelines while relying on inexpensive foods whose costs fit within the program budget.

In addition to the key organizations listed above, additional possible partners include: school wellness committees/councils, PE teachers/associations, community coalitions working on nutrition, physical activity and health, and Alliance for a Healthier Generation.

#### Addressing School and Afterschool Physical Activity

In order to improve school and afterschool physical activity programs, school districts need support in multiple forms to create model programs that increase frequency and intensity of physical activity during the school day and after school. Once successful, these programs should be disseminated to other districts.

Strengthening the Oklahoma State PE policy to require 150 minutes of PE per week in elementary schools and 225 minutes of PE per week in middle and high schools would provide strong support for improved PE programs at the local level. An additional key strategy to support PE programs is improving physical activity facilities (space, equipment) on site or through joint use agreements. Finally, to ensure 50% of PE is spent in moderate to vigorous physical activity (MVPA), a statewide PE evidence based curriculum should be adopted and taught to PE teachers.

To create a seamless environment that encourages physical activity outside of school hours, after school providers also need to be trained with evidence based programs to provide quality physical activity.

Improving school PE programs will require partnerships between teachers, school administrators, PTA/PTO's, and the Oklahoma State Department of Education. Improving afterschool physical activity programs will

require cooperation from afterschool providers, Boys & Girls clubs, the YMCA, faith-based after school providers and the statewide association of afterschool programming. Schools and after school programs will need technical assistance. Potential technical assistance providers include: Schools for Healthy Lifestyles/All About Kids, Oklahoma Association of Health and Physical Education, Recreation and Dance, CATCH trainers, or the Fit Kids Coalition.

### *Increasing Access to Healthy Foods and Physical Activity Opportunities in Communities and Neighborhoods*

Improving communities and neighborhoods to provide more access to healthy foods and physical activity is a key element to improving nutrition and fitness on the population level. Formative research, key informant interviews, and regional logic modeling sessions revealed an overabundance of fast food outlets in Oklahoma's communities and a lack of places to purchase healthy foods such as fresh fruits and vegetables, especially in low income areas. Additionally, opportunities for community residents to be physically active can be hard to find in many areas. Many parks and recreation centers are in disrepair or closed due to a lack of funding and those that are open do not provide sufficient programming to attract residents. Furthermore, neighborhoods and communities in both rural and urban areas of Oklahoma are not designed for safe walking or biking which discourages active transportation to school or work.

### Addressing Community Nutrition

#### Farmers Markets

Creating new farmers markets and improving existing markets are key strategies to increase access to healthy, fresh foods on the community level. Farmers markets are beneficial to community residents and farmers/vendors, and new markets should target populations most at risk for limited access to fresh fruits and vegetables such as low income neighborhoods, WIC families, and SNAP (food stamp) recipients. New farmers markets should be created in areas that currently lack supermarkets or outlets for fresh fruits and vegetables, and the produce offered should be affordable and appealing. Existing farmers markets can be expanded to offer a wider variety of produce and vendors should be authorized to accept WIC vouchers and SNAP cards. Additionally, existing or newly created markets should be well advertised and promoted to draw in community members, and providing transportation in low income areas to and from the markets would increase accessibility for many residents.

Key organizations that need to be involved in order to ensure success of new or improved farmers markets include local farmers and vendors, OSU Cooperative Extension, and WIC & SNAP Programs. Depending on the location of the market, other important partners may be local tribal nations, health departments, and local chambers of commerce.

#### Community Gardens

In addition to farmers markets, establishing community gardens is a promising intervention to increase access to fresh fruits and vegetables, especially in low income communities of need. Establishing community gardens not only provides free fresh fruits and vegetables to those involved, but is a great way to increase nutritional knowledge and awareness and engage a wide variety of community members. Ideal target areas for community gardens are schools, churches, senior centers, parks, and low income housing neighborhoods. In

addition to leaders or staff from each of these areas, it is also important to involve OSU Cooperative Extension and health departments to provide technical assistance and support for the gardens.

### Addressing Community Fitness

#### Park Programming and Improvements

In order to increase physical activity opportunities in neighborhoods, communities should implement more programming and improve existing parks and recreational settings. Offering more organized programming such as sports leagues and summer activities for youth would draw in a wider variety of individuals, and adding well chosen equipment to existing spaces or repairing rundown buildings or structures would make the facilities more appealing and inviting. The organized programming and improved equipment should target young families in order to support healthy habits early on, and also low income populations who are often at highest risk of having low physical activity levels. In order to successfully implement more programming and improve existing spaces, the parks and recreation department and YMCA need to be involved.

#### Neighborhood Design

Communities can work to encourage safe walking and bicycling through proper neighborhood design. This includes repairing or adding sidewalks, adding bike lanes to streets, and installing appropriate lighting in areas where people will be walking or biking in the evenings. Designing communities to encourage walking and bicycling should take place in all communities, but especially in rural areas and those without public transportation. City planners, developers and the department of transportation are key partners in designing active neighborhoods. Additionally, tribal governments which received stimulus funding for building infrastructure, those involved with Safe Routes to Schools, and local landowners may need to be involved.

#### Joint Use

Another strategy that may be used in some Oklahoma communities to increase physical activity is to establish joint use agreements that allow community residents to use existing physical activity spaces in schools or recreation centers outside of normal hours. Joint use is a strategy that would be most beneficial in communities with minimal park and recreation space and dense urban areas, in order to maximize existing facilities. In order to establish joint use agreements, schools, the park and recreation department, and local officials need to be involved.

#### *Healthy Work Places and Businesses*

Improving the food and physical activity environment in workplaces has the potential to impact large numbers of working adults in Oklahoma as well as the clients they serve. A number of barriers to healthy eating and physical activity in work places and businesses need to be addressed, including vending machines stocked with unhealthy foods and beverages, lack of healthy eating options in cafeterias, and work cultures that discourage physical activity breaks during the day. Structural improvements such as walking paths or on-site gyms are needed on work campuses to encourage physical activity. Research has shown that public health departments, governmental institutions and other large employers can make changes to the nutrition and physical activity environment in the workplace, but that policies and practices must be strong and fully implemented if environments are to improve. In Oklahoma, Chesapeake Energy, a large employer, is viewed

as a leader in creating a healthy work place environment. The Oklahoma Employees Benefits Council (EBC) offers coaching and monetary incentives to state employees who participate in a wellness program that includes nutrition, physical activity and weight loss.

Key informant interviewees, Board members, and logic model session participants embraced the goal of developing and implementing work place policies and practices that encourage healthy eating and physical activity. In the spirit of building on existing resources in Oklahoma, logic model participants combined the work place and business nutrition and physical activity interventions into one overarching intervention that addresses both needs and builds on the State's popular Certified Healthy Business and Make It Your Business for A Strong and Healthy Oklahoma (originally developed for tobacco by TSET) programs. These initiatives seek to recognize those businesses (both profit and non-profit) that are working to improve Oklahoma's health status by providing health and wellness opportunities for their employees.

#### Addressing Access to Healthy Foods and Physical Activity Opportunities in Workplaces: Health Business Certification

In order to achieve the goal of healthier workplaces, the number of businesses in Oklahoma that are certified as Healthy Businesses will need to be increased. Logic model participants recommended that nutrition *and* fitness standards be in place to achieve the highest level of certification. Achievement of these standards will need to be verified by local chambers of comers or other entities to ensure full compliance. Logic model session participants also felt it would be important to educate the community about the certified healthy business model and its benefits for Oklahoma businesses, employees and other businesses that may wish to relocate to Oklahoma. The expected long-term outcomes of these changes in work place policy and practice will be decreased costs for business, improved employee health and performance, and decrease absenteeism.

A variety of partners will need to be engaged in improving workplace nutrition and physical activity environments, including those partners who are collaborating on the existing certification program - The Oklahoma Academy for State Goals, the Oklahoma Turning Point Council, the State Chamber of Commerce and local chambers, the Oklahoma State Department of Health and other partners. Small, medium and large employers, Tribal organizations, service organizations such as Rotary, professional organizations, faith based organizations, universities and the military will also have an important role to play in creating healthier work places.

#### *Linkages Across Priority Areas*

In large group discussions, logic model session participants observed a number of linkages across the three priority areas:

- Nutrition *and* physical activity are addressed in each of the three priority areas and they need to be addressed hand-in-hand.
- Programming in parks can be linked to school and worksite physical activity interventions.
- Physical activity facilities and open space are important to achieving physical activity outcomes in all three priority areas.
- Businesses could "adopt" schools as part of their wellness programs.
- Farmers markets and community gardens serve adults, youth, and all members of the community.

The linkages identified by participants point to possible avenues for creating seamless healthy eating and physical activity opportunities in all of the environments in which Oklahomans live, work, and learn.

#### *Infrastructure and Coordination*

In addition to developing the sector-specific logic models, participants in the sessions shared their recommendations for the Initiative's infrastructure, communications strategies and coordination. Participants expressed a strong desire for regional and statewide meetings of stakeholders. They view TSET as the natural and appropriate convener of the overall Initiative and its components, including evaluation, technical assistance, grant making, communications, the media campaign and meetings of stakeholders. Participants also expressed strong support for a statewide media campaign after community grants are in place. Please see the Infrastructure and Coordination section of the Logic model (Appendix 2).

### **VIII. Five Year Strategic Road Map: Recommended Approach**

#### *Comprehensive Community Program – Phases I and II*

During Phase I, we recommend that TSET develop and implement communications, technical assistance and evaluation plans, make grants to communities to implement the logic model interventions, hold regional meetings to promote a shared agenda for nutrition and fitness in Oklahoma among diverse stakeholders, and conduct a media campaign.

Local and state policy development and implementation are crucial ingredients in the success of the Nutrition and Fitness Initiative. While TSET-funded community grantees will work with coalitions of non-profit and faith-based organizations, businesses, governmental institutions, and opinion leaders to advance environmental and policy change at the local level, they can also use their experience and expertise to inform state policymakers about the needs in their communities. Statewide organizations should work simultaneously to advocate for evidence-based public policy to promote physical activity and healthy eating in communities. Similar to the work in tobacco prevention and control, TSET's work in fitness and nutrition will require a comprehensive, coordinated approach to environmental change at the local and state levels.

The recommended activities are organized into the following three tables: Infrastructure; Community Grantmaking; and Building Statewide Momentum. The Logic model (Appendix 2) serves as the guiding framework for all components of the Comprehensive Community Program outlined below.

Table 1: Comprehensive Community Program - Phase I (Years 1-3)

<b>Infrastructure</b>			
<b>Activity</b>	<b>Major Outcomes</b>	<b>Timeline</b>	<b>Lead Partners</b>
<p><u>Communications</u></p> <p>Develop a comprehensive communications strategy for the Nutrition and Fitness Initiative including the following elements:</p> <ul style="list-style-type: none"> <li>• Information materials to describe the Initiative</li> <li>• Public relations strategy and cultivation of relationships with media and other audiences</li> <li>• Electronic communications with grantees and other stakeholders including a newsletter and use of social networking approaches</li> <li>• Communications strategies for different audiences, including policy makers</li> <li>• Participation in obesity prevention meetings and conferences to disseminate strategies</li> </ul>	<p>A strong and cohesive identity for the initiative, common language and terminology embraced by all grantees</p> <p>TSET grantee accomplishments visible and communicated</p> <p>TSET recognized as a trusted partner in nutrition and fitness</p>	<p>Develop strategy months 0-6</p> <p>Ongoing implementation</p> <p>Yearly refinement</p>	<p>TSET</p>
<p><u>Evaluation</u></p> <p>Develop and implement an evaluation design including the following elements:</p> <ul style="list-style-type: none"> <li>• Research questions, core indicators, measures and quantitative and qualitative evaluation methodologies aligned with the logic model</li> <li>• Recruitment of an evaluator who understands the environmental approach to obesity prevention</li> <li>• Evaluation Advisory Committee</li> <li>• Identification of existing and needed data sources</li> <li>• Baseline, midpoint and endpoint data collection</li> <li>• Evaluation of technical assistance, grantee capacity development, communications and media strategies, and tracking of state and local policy development</li> </ul>	<p>Evaluation design/plan developed and implemented</p> <p>Evaluation used to refine strategies. Findings disseminated widely.</p>	<p>Develop design months 0-6</p> <p>Implementation and reporting of findings ongoing</p> <p>Evaluation synthesis report at the end of Phase I</p>	<p>TSET Evaluator (TBD)</p>

Infrastructure			
Activity	Major Outcomes	Timeline	Lead Partners
<ul style="list-style-type: none"> <li>Reporting formats (briefs, reports, presentations)</li> <li>Dissemination plan – responsive reporting for ongoing quality improvement</li> </ul>			
<p><u>Technical Assistance</u></p> <p>Develop and implement technical assistance plan:</p> <ul style="list-style-type: none"> <li>Identify organization(s) to manage and deliver technical assistance and support provision</li> <li>Assemble a team of technical assistance providers with local and statewide expertise</li> <li>Launch (or support) a web-based clearing house or “resource center” for tools, meetings/conferences, promising practices and other resources</li> <li>Promote peer learning and mentoring among grantees</li> <li>Develop a policy platform at the state and local levels, in concert with national strategies and federal policies</li> <li>Convene annual grantee meetings (in addition to the regional stakeholder meetings)</li> </ul>	<p>Technical assistance and support, peer learning and mentoring opportunities provided to grantees regionally and locally</p> <p>Enhanced grantee capacity for improving nutrition and physical activity environments<sup>2</sup></p>	<p>Develop design months 0-6</p> <p>Ongoing implementation</p> <p>Yearly refinement</p>	<p>TSET, OSU Extension, State Department of Health, Local public health departments, Fit Kids Coalition, Tribal Nations, Academy for State Goals</p>

<sup>2</sup> *Recommended TA topics:* School and after school nutrition; PE/physical activity, Workplaces/wellness; Community food (farmer’s markets, community gardens); Community physical activity: Parks, open space, built environment, joint use policies; Community mobilization; Cultural competence; Developing and sustaining leadership; Working across sectors; Advocating for state and local policy change; Influencing policy makers and other decision-makers; Communicating progress and successes

## Community Grant Making

Activity	Major Outcomes	Timeline	Lead Partners
<p>Develop and implement a community grant making strategy to include the following components:</p> <ul style="list-style-type: none"> <li>• Request for Proposals OR guidelines for invited proposals</li> <li>• Core community indicators from the logic model and local flexibility to pursue additional outcomes in the logic model</li> <li>• Guidance on grantee logic models, and work plans</li> <li>• Grantee progress measures</li> <li>• Initiative and grantee roles and commitments</li> </ul>	<p>Proposal solicitation plan developed and implemented</p> <p>Community grantees identified and funded</p> <p>Criteria for grantee progress and success established</p> <p>Grantees successfully implementing the interventions and strategies in the Logic Model</p>	<p>Develop RFP OR invited proposal guidelines during months 0-6.</p> <p>6 month grantee planning phase</p> <p>Funding and integration of new community grantees as resources allow</p> <p>Renewal for grantees meeting the progress measures</p>	<p>TSET with input from TA providers and Evaluator</p>

## Building Statewide Momentum

Activity	Major Outcomes	Timeline	Lead Partners
<p><u>Convening Stakeholders</u></p> <p>Develop and implement a plan to convene diverse stakeholders (including CX grantees) to increase the reach and influence of the Nutrition and Fitness Initiative</p> <ul style="list-style-type: none"> <li>• Hold regular regional meetings on evidence based nutrition and physical activity practices, leadership opportunities and policy change opportunities</li> <li>• Leverage private and public funding sources to deepen and expand the work</li> </ul>	<p>Engagement of all stakeholders who are working towards improving nutrition and fitness and serving similar populations in a shared agenda</p> <p>Synergy between the Tobacco Control and Nutrition and Fitness Initiatives</p>	<p>Begin at the end of Year 1</p>	<p>TSET</p>
<p><u>Media Campaign</u></p> <p>Launch a statewide Nutrition and Fitness media campaign</p>	<p>Increased public awareness of the obesity issue in Oklahoma.</p> <p>Increased public support of environmental strategies for increasing access to healthy foods and physical activity</p> <p>Increased support for effective policies at the state and local levels</p>	<p>Begin development in Year 2</p> <p>Implement campaign in Year 3</p>	<p>TSET</p>

## *Comprehensive Community Program - Phase II (Years 4 and 5)*

The activities outlined in Phase I above will continue during Phase II. Near the end of Year 3, we recommend convening all grantees to reflect on the Initiative-wide lessons learned from Phase I, discuss the Phase I evaluation synthesis report findings, and examine grantee experiences implementing the strategies in the logic model. The Initiative logic model should be refined based on these lessons learned. The community grantees, technical assistance providers and evaluator should refine their work plans to correspond to the changes in the Initiative logic model.

### **IX. Summary of Recommendations**

Samuels & Associates offers the following overarching recommendations for TSET's Nutrition and Fitness initiative. The recommendations emerged from a synthesis of the information gathered during the strategic planning process, and the growing evidence base for these approaches.

1. Position TSET as a trusted leader in nutrition and fitness across Oklahoma and as a visible convener of the Nutrition and Fitness initiative.
2. Build on progress already underway in Oklahoma improving access to healthy foods and physical activity opportunities.
3. Build on lessons learned from TSET's tobacco prevention and cessation initiative and create synergy between the tobacco and nutrition and fitness initiatives.
4. Establish and leverage partnerships with a broad base of stakeholders including philanthropy, government, community-based organizations, businesses, universities and the public health and health care sectors. Foster a state-wide learning community to facilitate sharing of lessons learned and promotion of a shared agenda by these stakeholders.
5. Deepen and expand on state and federal legislation through community-level interventions and development of a statewide policy platform that is implemented at the state and local levels.
6. Invest in communities to lead changes in nutrition and physical activity environments, with attention given to low-income, resource-poor communities and geographically isolated areas.
7. Across the logic model intervention areas, mobilize community residents, parents and youth to create and sustain healthy eating and physical activity opportunities.
8. Add to the evidence base for nutrition and physical activity approaches to obesity prevention through evaluation of measureable outcomes, ongoing refinement of program objectives, and dissemination of successes, challenges and lessons learned to diverse audiences.
9. Embrace a culture of continuous learning and refinement of strategies across all components of the Initiative through lessons learned "on the ground", findings from the evaluation, unexpected opportunities and local and state policy change.

## References

1. Hedley A, Ogden C, Johnson C, Carroll M, Curtin L, Flegal K. Prevalence of overweight and obesity among US children, adolescents, and adults, 1999-2002. *Jama* 2004;291(23):2847-50.
2. Committee on Prevention of Obesity in Children and Youth. Preventing Childhood Obesity Health in the Balance. Washington, D.C.: The Institute of Medicine of the National Academies, National Academies Press; 2005.
3. McGinnis JM, Foege WH. Actual causes of death in the United States. *Jama* 1993;270(18):2207-12.
4. Freedman DS, Dietz WH, Srinivasan SR, Berenson GS. The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa Heart Study. *Pediatrics* 1999;103(6 Pt 1):1175-82.
5. Summerbell CD, Waters E, Edmunds LD, Kelly S, Brown T, Campbell KJ. Interventions for preventing obesity in children. *Cochrane Database Syst Rev* 2005(3):CD001871.
6. Richter KP, Harris KJ, Paine-Andrews A, Fawcett SB, Schmid TL, Lankenau BH, et al. Measuring the Health Environment for Physical Activity and Nutrition among Youth: A Review of the Literature and Applications for Community Initiatives. *Preventive Medicine* 2000;31(2):S98-S111.
7. Nielsen SJ, Popkin BM. Patterns and trends in food portion sizes, 1977-1998. *Jama* 2003;289(4):450-3.
8. Nestle M. Increasing portion sizes in American diets: more calories, more obesity. *J Am Diet Assoc* 2003;103(1):39-40.
9. Rolls BJ. The Supersizing of America: Portion Size and the Obesity Epidemic. *Nutr Today* 2003;38(2):42-53.
10. Young LR, Nestle M. The contribution of expanding portion sizes to the US obesity epidemic. *Am J Public Health* 2002;92(2):246-9.
11. Jeffery RW, French SA. Epidemic obesity in the United States: are fast foods and television viewing contributing? *Am J Public Health* 1998;88(2):277-80.
12. French SA, Harnack L, Jeffery RW. Fast food restaurant use among women in the Pound of Prevention study: dietary, behavioral and demographic correlates. *Int J Obes Relat Metab Disord* 2000;24(10):1353-9.
13. French SA, Story M, Neumark-Sztainer D, Fulkerson JA, Hannan P. Fast food restaurant use among adolescents: associations with nutrient intake, food choices and behavioral and psychosocial variables. *Int J Obes Relat Metab Disord* 2001;25(12):1823-33.
14. Paeratakul S, Ferdinand DP, Champagne CM, Ryan DH, Bray GA. Fast-food consumption among US adults and children: dietary and nutrient intake profile. *J Am Diet Assoc* 2003;103(10):1332-8.
15. Guthrie JF, Lin BH, Frazao E. Role of food prepared away from home in the American diet, 1977-78 versus 1994-96: changes and consequences. *J Nutr Educ Behav* 2002;34(3):140-50.

16. Bowman SA, Gortmaker SL, Ebbeling CB, Pereira MA, Ludwig DS. Effects of fast-food consumption on energy intake and diet quality among children in a national household survey. *Pediatrics* 2004;113(1 Pt 1):112-8.
17. Satia JA, Galanko JA, Siega-Riz AM. Eating at fast-food restaurants is associated with dietary intake, demographic, psychosocial and behavioural factors among African Americans in North Carolina. *Public Health Nutr* 2004;7(8):1089-96.
18. Pereira MA, Kartashov AI, Ebbeling CB, Van Horn L, Slattery ML, Jacobs DR, Jr., et al. Fast-food habits, weight gain, and insulin resistance (the CARDIA study): 15-year prospective analysis. *Lancet* 2005;365(9453):36-42.
19. Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. *Am J Clin Nutr* 2006;84(2):274-88.
20. French SA, Lin BH, Guthrie JF. National trends in soft drink consumption among children and adolescents age 6 to 17 years: prevalence, amounts, and sources, 1977/1978 to 1994/1998. *J Am Diet Assoc* 2003;103(10):1326-31.
21. Samuels & Associates. *Competitive Foods Policy Brief*. Los Angeles, CA: The California Endowment and The Robert Wood Johnson Foundation; 2006.
22. Harnack L, Snyder P, Story M, Holliday R, Lytle L, Neumark-Sztainer D. Availability of a la carte food items in junior and senior high schools: a needs assessment. *J Am Diet Assoc* 2000;100(6):701-3.
23. United States Department of Agriculture. *Foods Sold in Competition with USDA School Meal Programs: A Report to Congress*: United States Department of Agriculture; 2001.
24. Wechsler H, Brener ND, Kuester S, Miller C. Food service and foods and beverages available at school: results from the School Health Policies and Programs Study 2000. *J Sch Health* 2001;71(7):313-24.
25. Story M, Neumark-Sztainer D, French S. Individual and environmental influences on adolescent eating behaviors. *J Am Diet Assoc* 2002;102(3 Suppl):S40-51.
26. Craypo L, Purcell A. *California High School Fast Food Survey*. Oakland, California: Public Health Institute; 2003.
27. French SA, Story M, Fulkerson JA, Gerlach AF. Food environment in secondary schools: a la carte, vending machines, and food policies and practices. *Am J Public Health* 2003;93(7):1161-7.
28. Government Accountability Office. *School Meals Programs: Competitive Foods Are Widely Available and Generate Substantial Revenues for Schools*. Washington, DC: The United States Government Accountability Office; 2005. Report No.: GAO-050563.
29. Samuels & Associates. *Selling Obesity: Beverage Vending Machines in California High School*. Los Angeles, CA: The California Endowment; 2005.

30. San Diego State University, UCLA School of Public Health's Center to Eliminate Health Disparities, California Center for Public Health Advocacy. Physical Education Matters: A Full Report. Los Angeles: The California Endowment. Available at: [www.calendow.org](http://www.calendow.org); 2008.
31. Estabrooks PA, Lee RE, Gyurcsik NC. Resources for physical activity participation: does availability and accessibility differ by neighborhood socioeconomic status? *Ann Behav Med* 2003;25(2):100-4.
32. Brownson RC, Boehmer TK, Luke DA. Declining rates of physical activity in the United States: what are the contributors? *Annu Rev Public Health* 2005;26:421-43.
33. Nelson MC, Gordon-Larsen P, Song Y, Popkin BM. Built and social environments associations with adolescent overweight and activity. *Am J Prev Med* 2006;31(2):109-17.
34. Gordon-Larsen P, Nelson MC, Page P, Popkin BM. Inequality in the built environment underlies key health disparities in physical activity and obesity. *Pediatrics* 2006;117(2):417-24.
35. Williams CH. The built environment and physical activity: What is the relationship? Princeton, New Jersey: The Robert Wood Johnson Foundation; 2007. Report No.: 11.
36. Davison KK, Lawson CT. Do attributes in the physical environment influence children's physical activity? A review of the literature. *Int J Behav Nutr Phys Act* 2006;3:19.
37. Sallis JF, Glanz K. The role of built environments in physical activity, eating, and obesity in childhood. *Future Child* 2006;16(1):89-108.
38. UCLA Center to Eliminate Health Disparities, Samuels & Associates. Failing Fitness: Physical Activity and Physical Education in Schools. Los Angeles, CA: The California Endowment; 2007.
39. Burgeson CR, Wechsler H, Brener ND, Young JC, Spain CG. Physical education and activity: results from the School Health Policies and Programs Study 2000. *J Sch Health* 2001;71(7):279-93.
40. Morland K, Wing S, Diez Roux A, Poole C. Neighborhood characteristics associated with the location of food stores and food service places. *Am J Prev Med* 2002;22(1):23-9.
41. Block JP, Scribner RA, DeSalvo KB. Fast food, race/ethnicity, and income: a geographic analysis. *Am J Prev Med* 2004;27(3):211-7.
42. Morland K, Wing S, Diez Roux A. The contextual effect of the local food environment on residents' diets: the atherosclerosis risk in communities study. *Am J Public Health* 2002;92(11):1761-7.
43. Sloane DC, Diamant AL, Lewis LB, Yancey AK, Flynn G, Nascimento LM, et al. Improving the nutritional resource environment for healthy living through community-based participatory research. *J Gen Intern Med* 2003;18(7):568-75.
44. Lewis LB, Sloane DC, Nascimento LM, Diamant AL, Guinyard JJ, Yancey AK, et al. African Americans' access to healthy food options in South Los Angeles restaurants. *Am J Public Health* 2005;95(4):668-73.

45. Maibach E. The influence of the media environment on physical activity: looking for the big picture. *Am J Health Promot* 2007;21(4 Suppl):353-62, iii.
46. Story M, French S. Food Advertising and Marketing Directed at Children and Adolescents in the US. *Int J Behav Nutr Phys Act* 2004;1(1):3.
47. Outley CW, Taddese A. A content analysis of health and physical activity messages marketed to African American children during after-school television programming. *Arch Pediatr Adolesc Med* 2006;160(4):432-5.
48. Schor JB, Ford M. From tastes great to cool: children's food marketing and the rise of the symbolic. *J Law Med Ethics* 2007;35(1):10-21.
49. Yancey AK, Cole BL, Brown R, Williams JD, Hillier A, Kline RS, et al. A Cross-Sectional Prevalence Study of Ethnically Targeted and General Audience Outdoor Obesity-Related Advertising. *The Milbank Quarterly* 2009;87(1):155-184.
50. King AC, Castro C, Wilcox S, Eyster AA, Sallis JF, Brownson RC. Personal and environmental factors associated with physical inactivity among different racial-ethnic groups of U.S. middle-aged and older-aged women. *Health Psychol* 2000;19(4):354-64.
51. Baker EA, Schootman M, Barnidge E, Kelly C. The role of race and poverty in access to foods that enable individuals to adhere to dietary guidelines. *Prev Chronic Dis* 2006;3(3):A76.
52. Economos CD, Hyatt RR, Goldberg JP, Must A, Naumova EN, Collins JJ, et al. A community intervention reduces BMI z-score in children: Shape Up Somerville first year results. *Obesity (Silver Spring)* 2007;15(5):1325-36.
53. *Reversing the Obesity Epidemic: Policy Strategies for Health Funders*. Washington, DC: Grantmakers in Health; 2007.
54. French SA, Story M, Jeffery RW. Environmental influences on eating and physical activity. *Annu Rev Public Health* 2001;22:309-35.
55. King RP, Leibtag ES, Behl AS. *Supermarket Characteristics and Operating Costs in Low-Income Areas*. Washington, D.C.: United States Department of Agriculture; 2004.
56. Humpel N, Owen N, Leslie E, Marshall AL, Bauman AE, Sallis JF. Associations of location and perceived environmental attributes with walking in neighborhoods. *Am J Health Promot* 2004;18(3):239-42.
57. First Lady Michelle Obama's Let's Move Campaign. Information Available at: <http://www.letsmove.gov/>
58. American Recovery and Reinvestment Action Communities Putting Prevention to Work. Information Available at: [http://www.nachc.com/client/documents/20090921\\_CPPW\\_Program.pdf](http://www.nachc.com/client/documents/20090921_CPPW_Program.pdf)
59. 2008 State of the State's Health Report. Oklahoma State Department of Health. Available at: <http://www.ok.gov/health/pub/boh/state/>. 2008.

60. The Future Costs of Obesity: National and State Estimates of the Impact of Obesity on Direct Health Care Expenses. Collaborative report from United Health Foundation, the American Public Health Association and Partnership for Prevention. Available at: <http://www.fightchronicdisease.org/pdfs/CostofObesityReport-FINAL.pdf>. 2009.
61. Get Fit Eat Smart Ok: Oklahoma Physical Activity and Nutrition State Plan. Oklahoma Physical Activity and Nutrition Program. Available at:  
<http://www.ok.gov/strongandhealthy/documents/OKPAN%20State%20Plan.pdf>
62. Oklahoma Health Improvement Plan. Available at:  
[http://www.ok.gov/health/Organization/Board\\_of\\_Health/OHIP.html](http://www.ok.gov/health/Organization/Board_of_Health/OHIP.html)

## Appendix I

### TSET Strategic Planning for Fitness and Nutrition Formative Research Phase

#### Key Informant Interviews

Improving the nutrition and fitness of Oklahomans for obesity prevention is a program priority area for the Tobacco Endowment Settlement Trust (TSET). Samuels & Associates, a national public health research, evaluation and strategic planning organization, is conducting telephone interviews with key informants to inform the development of priority funding strategies for TSET in this area.

Interviewees may include representatives from public health and health care, non-profit organizations, governmental agencies, foundations and other sectors. We are interested in a variety of perspectives. We are interested in your perceptions about existing resources and assets in Oklahoma for nutrition and fitness, promising practices, and priority needs and intervention areas. The key informant interviews will provide us with invaluable information during this formative phase of TSET's strategic planning process.

This interview will be conducted by phone and take approximately 30 minutes. *All responses will be kept confidential.* We will not link any responses to any individual.

1. Please tell us a little about yourself and the work that you do. How are you involved with the Tobacco Settlement Endowment Trust?
2. How are you or your organization engaged in obesity prevention and improving opportunities for healthy eating and physical activity? (For example, planning, programming, policy development, advocacy)
3. We are reviewing a variety of obesity prevention reports, plans and other resources (such as The Oklahoma Physical Activity & Nutrition State Plan and the Oklahoma Health Improvement Plan) during the strategic planning process. Are there other reports or resources that you would recommend we review?
4. Please discuss with us any innovative programs, models or policies in Oklahoma for improving access to healthy eating and physical activity opportunities at the state or local levels.
5. What are your recommendations for the top four or five priority strategy areas for preventing obesity and improving nutrition and physical activity opportunities and environments in Oklahoma? (Please rank these strategies.)
6. Which sector(s) or areas of focus would you suggest TSET begin with? (E.g., Schools, community, built environment, work environments, multiple sectors, policy development, health communications)

7. Please share with us your thoughts on priority populations for obesity prevention efforts in your state.  
(E.g. adults, children, low-income communities, other communities)
8. Are there other key informants you would recommend we interview?
9. Is there anything else that you think is important for us to know?

Thank you for your participation.

Appendix II

**TSET Nutrition and Fitness Initiative – Logic Model**

**Note: Priority interventions are bolded.**

<b>Infrastructure/Coordination</b>			
<b>Intervention</b>	<b>Partners</b>	<b>Expected Change</b>	<b>Evidence of Change</b>
<p><b>1. Position TSET as a trusted partner, leader and agent of change for improving the nutrition and fitness of Oklahomans</b></p> <p><b>a. Develop and implement a communications strategy using traditional and new (social networking) modalities</b></p>	<p>All TSET stakeholders</p> <p>Media</p>	<p>TSET/grantee accomplishments visible and communicated</p> <p>Policymakers, governmental decision-makers, and other statewide and local institutions and organizations recognize TSET as a trusted partner in nutrition and fitness</p>	<p>(To be developed)</p>
<p><b>2. Widen the circle of stakeholders engaged in the TSET Nutrition and Fitness Initiative to increase reach and influence</b></p> <p><b>a. Engage and mobilize a variety of stakeholders in the “movement” to improved nutrition and fitness</b></p> <p><b>b. Engage policy makers as partners and as champions for policy change at the local and state levels,</b></p> <p><b>d. Convene statewide or regional meetings on evidence based nutrition and physical activity practices for wide audiences</b></p>	<p>TSET grantees</p> <p>Fit Kids Coalition</p> <p>Community organizations</p> <p>Business leaders</p> <p>Policymakers</p> <p>Other partners such as the faith community</p> <p>Government</p> <p>Foundations</p> <p>Hospital systems/providers</p>	<p>Diverse stakeholders actively engaged in improving nutrition and physical activity opportunities for Oklahomans</p>	

Intervention	Partners	Expected Change	Evidence of Change
<p><b>3. Build the capacity of TSET grantees and their partners through technical assistance and support.</b></p> <p><b>a. Build a learning community among grantees.</b></p> <p><b>4. House useful information on improving access to healthy eating and physical activity on a web site including</b></p> <ul style="list-style-type: none"> <li>• resources lists</li> <li>• promising models/strategies</li> <li>• evidence based practices</li> <li>• case studies</li> <li>• funding opportunities</li> <li>• meetings/conferences</li> <li>• research and evaluation</li> </ul> <p><b>5. Add to the evidence base for nutrition and physical activity strategies for obesity prevention through the following activities:</b></p> <ul style="list-style-type: none"> <li>a. evaluation of measurable outcomes</li> <li>b. ongoing refinement of TSET program objectives</li> <li>c. Development of local data sets</li> <li>d. Establishment of surveillance systems</li> <li>e. Dissemination of successes, challenges and lessons learned to diverse audiences</li> </ul>	<p>Technical assistance providers</p> <p>Grantees (Community, TA providers, Evaluators) and partners</p> <p>Technical Assistance providers</p> <p>OSDH</p> <p>Grantees</p> <p>All interested parties</p> <p>Evaluator</p> <p>Grantees</p> <p>State and local public health departments</p> <p>Other audiences</p> <p>The field</p>	<p>Technical assistance and support, peer learning and mentoring opportunities, provided to grantees regionally and locally</p> <p>Central repository of nutrition and physical activity model strategies, best practices and other resources accessed by a variety of stakeholders</p> <p>Evaluation plan developed and implemented.</p> <p>Data used to track outcomes</p> <p>Evaluation findings disseminated widely</p>	
<p><b>6. Leverage financial and other resources to expand on and deepen TSET’s priority nutrition and fitness interventions.</b></p>	<p>Private and public funding sources</p> <p>Non-profit organizations and governmental institutions</p> <p>Business community</p>	<p>TSET resources coordinated and leveraged with public and private financial resources and other resources</p>	

<p><b>7. Develop and implement a statewide media campaign linked to nutrition and physical activity environmental improvements and enhanced programming resulting from the Nutrition and Fitness initiative</b></p>	<p>All partners  Media</p>	<p>Increase support for effective policy at state and local levels  Increase knowledge, attitudes and behaviors toward eating better, moving more, and getting involved in making communities healthier.</p>	
---	------------------------------------	--	--

**Schools and After School**

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
<p><b>1. Cultivate high level champions (school board members, district/school administrators) to support school nutrition and physical activity improvements.</b></p> <ul style="list-style-type: none"> <li>• Provide training on issues, potential strategies , enforcing existing State and Federal policy and regulations, and strengthening policy at the state level</li> <li>• Develop and disseminate model policies</li> <li>• Create opportunities for peer learning and sharing of best practices – either regionally or statewide</li> <li>• Develop a web-based resource clearing house</li> <li>• Develop county/regional expertise on improving school food and physical activity to provide technical assistance to school districts</li> </ul>	<p>School board members District/school administrators School Wellness Committees/Councils Food Services/Cafeteria Managers PE Teachers/Associations Athletic Departments/Clubs State School Board Association Superintendents’ Association Other education-related statewide associations Fit Kids coalition OSU Extension Alliance for a Healthier Generation OSDH and local health departments Medical and Pediatric Associations Community coalitions working on nutrition, physical activity and health</p>	<ul style="list-style-type: none"> <li>• School board members and district administration prioritize nutrition and physical activity</li> <li>• School board members and district administrators actively advocate for policy and environmental changes to create healthy school food and physical activity environments</li> <li>• Infrastructure in place to provide school districts statewide with resources and technical assistance on improving the school food and physical activity environment</li> </ul> <p>Intermediate:</p> <ul style="list-style-type: none"> <li>• Districts adopt and implement policies to assure that foods available on campus promote</li> </ul>	<p>Smaller towns/rural areas</p> <p>Low income communities/Schools with high FRPL</p> <p>School districts with a readiness to take on this work</p>

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
<p>2. Ensure implementation of the State nutrition standards</p> <ul style="list-style-type: none"> <li>a. Develop and implement nutrition standards that exceed the State standards</li> <li><b>b. Develop nutrition standards for after school programs</b></li> <li><b>c. Develop and implement nutrition standard trainings for after school providers</b> <ul style="list-style-type: none"> <li>• Focus trainings on providing inexpensive snacks that meet the guidelines</li> </ul> </li> </ul>	<p><b>OSU Extension</b>  <b>PTA/PTO</b>  <b>DHS (licensing)</b>  <b>Universities</b>  <b>Schools of Nursing</b>  <b>RDs</b>  <b>Schools of social work</b>  <b>Students</b>  <b>Teachers</b>  <b>School Administrators</b>  <b>Schools for Healthy Lifestyles/All About Kids</b></p> <p><b>After school:</b>  <b>Statewide associations of afterschool programs</b>  <b>Boys &amp; Girls clubs</b>  <b>Churches with afterschool programming</b>  <b>YMCA and other community-based providers</b></p>	<p>student health</p> <ul style="list-style-type: none"> <li>• Districts adopt policies that assure students engage in adequate physical activity during the school day</li> </ul> <p>Long term:</p> <ul style="list-style-type: none"> <li>• Students consume healthier foods during the school day</li> <li>• Students are physically active during the school day</li> <li>• Students learn lifelong healthy eating and physical activity habits.</li> </ul> <p>Competitive foods sold on school campuses meet stricter standards than the current State standards</p> <p><b>Nutrition standards adopted and implemented for afterschool snacks</b></p> <p><b>Afterschool providers trained on standards</b></p> <p><b>Snacks in afterschool programs adhere to standards</b></p>	<p>All school districts</p>
<p>3. Support school districts, in collaboration with communities, to create model programs that improve the nutritional quality of the school meals and increase participation, then disseminate these programs to other districts</p> <ul style="list-style-type: none"> <li>a. Increase fruits, vegetables and whole grains, reduce</li> </ul>	<p>Local School districts  Food service departments  Food vendors  County health departments  Vocational/Agriculture programs</p>	<p><b>Model school meal policies developed and implemented</b></p> <p><b>Improved quality and appeal of school meals</b></p> <p><b>Agreements between schools and local</b></p>	

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
<p><b>saturated fat and sodium for school meals</b></p> <p><b>b. Implement farm to school programs to enhance quality of foods served in meal programs</b></p> <ul style="list-style-type: none"> <li>• Provide incentives to schools to use local farmers</li> <li>• Provide incentives to farmers to grow crops for schools</li> </ul> <p><b>c. Provide training to food service managers on procuring local produce and producing healthier meals on site</b></p> <p>d. Convene major school food service contractors /vendors (Sodexo, Marriott) to identify strategies for improving healthfulness of school meals</p> <p>e. Provide free, safe drinking water to students – not in plastic bottles</p> <p>f. Promote lunch to students and close campuses</p> <p>g. Improve the cafeteria environment to encourage higher participation rates</p> <p>h. Implement alternative fundraising strategies</p>	<p>Kerr Center for Sustainable Agriculture  Statewide Farmer’s Market Assn.  Departments of Education and Agriculture  Food Banks  Community based organizations including the faith community  Oklahoma Water Board  Fit Kids Coalition</p>	<p>farmers in place  Food services workers/cafeteria managers trained on producing healthier meals</p>	
<p><b>4. Support school districts, in collaboration with communities, to create model programs that increase physical activity during the school day and after school, then disseminate these programs to other districts</b></p> <p><b>a. Develop and implement a strong PE policy at the school district level]</b></p> <ul style="list-style-type: none"> <li>i. Require minimum of 150 minutes PE per week in elementary schools and 225 minutes PE per week in middle and high schools</li> <li>ii. Improve PE facilities (space, equipment) on site or through joint use agreements</li> <li>iii. Create a statewide PE curriculum and train teachers on evidence based curricula to increase active time</li> </ul>	<p>Fit Kids Coalition  All About Kids/Schools for Healthy Lifestyles  DHS (licensing)  Indian Health Care  Professional Athletes  Oklahoma State Department of Education  OK Association of Health and physical Education, Recreation and Dance  OK Secondary Schools Activities Association  CATCH trainers  Safe Routes to School</p>	<p><b>Model PE/PA policies and programs in place and implemented</b></p> <p><b>During PE, students are physically active</b></p> <p><b>PE teachers and teachers are trained in techniques that promote physical activity</b></p> <p><b>After school programs providing quality physical activity opportunities</b></p>	<p>Middle schools and high schools</p>

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
<ul style="list-style-type: none"> <li>iv. Use successes at the local level to advocate for development and adoption of stronger State PE policies</li> <li>b. Implement strategies to ensure that 50% of PE is spent in moderate to vigorous physical activity (MVPA)               <ul style="list-style-type: none"> <li>i. Assure that certified PE teachers teach PE in every school</li> <li>ii. Train PE teachers and elementary teachers in standards-based PE curricula</li> <li>iii. Train classroom teachers to incorporate physical activity into classroom time</li> </ul> </li> <li>c. Ensure that after school programs include a physical activity component</li> <li>d. Train after school providers in providing quality physical activity (evidence based programs)</li> </ul>			

**Communities/Neighborhoods**

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
<p><b>1. Increase community access to healthy foods</b></p> <ul style="list-style-type: none"> <li>a. Create, expand or improve existing farmers markets and produce stands to increase access to <i>affordable</i> fresh fruits and vegetables               <ul style="list-style-type: none"> <li>• Authorize vendors to accept WIC &amp; SNAP/Food Stamps</li> <li>• Increase market promotion &amp; advertisement</li> <li>• Improve existing markets to be more accessible &amp; inviting</li> </ul> </li> </ul>	<p><u>Key Partners</u></p> <ul style="list-style-type: none"> <li>a. Farmers Markets               <ul style="list-style-type: none"> <li>• OSU Cooperative Extension</li> <li>• Health Departments</li> <li>• Tribal Nations/Local Tribes</li> <li>• Vendors and Farmers</li> <li>• WIC/SNAP Programs</li> <li>• Oklahoma Growers Association</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. Farmers Markets               <ul style="list-style-type: none"> <li>• Increase number of farmers markets &amp; produce stands</li> <li>• Increase number of vendors and variety at existing markets</li> <li>• Increase vendors accepting WIC vouchers and SNAP/Foods Stamps</li> <li>• Increase community use of farmers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. Farmers Markets               <ul style="list-style-type: none"> <li>• WIC and SNAP recipients</li> <li>• Low income neighborhoods</li> <li>• Community as a whole</li> </ul> </li> </ul>

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
<ul style="list-style-type: none"> <li>• Provide transportation to rural, low income markets</li> <li>• Subsidize fresh fruits and vegetables</li> <li>• Develop and implement local ordinances and state policy to support the expansion of farmers markets</li> </ul> <p>b. Create community gardens in neighborhoods and communities to increase access to fresh fruits and vegetables and increase nutritional knowledge and awareness</p>	<p>b. Community Gardens</p> <ul style="list-style-type: none"> <li>• OSU Cooperative Extension</li> <li>• Health Departments</li> <li>• Fit Kids Coalition</li> <li>• Tribal Nations/Local Tribes</li> <li>• Schools &amp; after school programs</li> <li>• Boys and girls clubs</li> <li>• Faith based groups/Churches</li> <li>• Parks and Recreation</li> </ul> <p><u>Other Possible Partners</u> for Farmers Markets &amp; Community Gardens</p> <p><i>*Military *Community Centers *Food Banks *Registered Dieticians *The Kerr Foundation *The Noble Foundation *Corporations/Large businesses *Neighborhood Associations *Oklahoma Food Cooperative *Made in Oklahoma *Main street/Chambers of Commerce *Farm supply center *Housing authority *Meals-on-wheels</i></p>	<p>markets (higher quantity of produce sold)</p> <p>b. Community Gardens</p> <ul style="list-style-type: none"> <li>• Increased number of community gardens, especially in low income areas, schools, churches, and health departments</li> <li>• Increased knowledge of growing and cooking with produce</li> </ul> <p><i>Longer term</i></p> <ul style="list-style-type: none"> <li>• Increased accessibility to fruits &amp; vegetables</li> <li>• Increased fruit &amp; vegetable consumption</li> </ul> <p>Model policies improving physical activity opportunities exist and are being implemented in rural &amp; urban areas</p>	<p>b. Community Gardens</p> <ul style="list-style-type: none"> <li>• Underserved neighborhoods</li> <li>• Low income housing</li> <li>• Churches</li> <li>• School &amp; After School programs</li> <li>• Senior centers</li> </ul> <p>All communities and neighborhoods</p>

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
<p><b>2. Increase opportunities for physical activity in communities</b></p> <p><b>a. Increase programming in parks and other recreational settings</b></p> <p>    <b>i. Sports leagues, summer break programming</b></p> <p><b>b. Encourage walking and bicycling in communities through neighborhood design</b></p> <p>    <b>i. Sidewalks, bike lanes, lighting</b></p> <p><b>c. Improve parks and open spaces to that they are safe and accessible to families</b></p> <p>    <b>i. Equipment should be well chosen to appeal to wide range of people</b></p> <p><b>d. Establish joint use agreements between schools and cities/Parks and Recreation</b></p>	<p><u>Key Partners</u></p> <p><b>a. Programming</b></p> <ul style="list-style-type: none"> <li>• Park and Recreation</li> <li>• YMCA</li> <li>• Walking/sports clubs</li> </ul> <p><b>b. Neighborhood Design</b></p> <ul style="list-style-type: none"> <li>• City planners</li> <li>• Developers</li> <li>• Department of Transportation</li> <li>• Park and Recreation</li> <li>• Safe Routes to Schools</li> <li>• Tribal government</li> <li>• Rural landowners/ranchers</li> </ul> <p><b>c. Improved parks and spaces</b></p> <ul style="list-style-type: none"> <li>• Park and Recreation</li> <li>• Local city and county governments</li> <li>• Chambers of Commerce</li> <li>• Banks (receive credits for community improvement)</li> <li>• Faith based organizations/churches</li> <li>• Community based organizations</li> </ul> <p><b>d. Joint Use</b></p> <ul style="list-style-type: none"> <li>• Schools</li> <li>• Park and Recreation</li> </ul>	<p><b>a. Programming</b></p> <ul style="list-style-type: none"> <li>• Increased activities &amp; programming in parks and recreational areas</li> <li>• Increased utilization of parks and existing recreation spaces</li> <li>• Existing parks and recreation centers funded, open and running</li> </ul> <p><b>b. Neighborhood Design</b></p> <ul style="list-style-type: none"> <li>• Increased number of bike lanes</li> <li>• Increased number of sidewalks (rural areas especially)</li> <li>• Increase in bike friendly city designations around the state</li> </ul> <p><b>c. Improved parks and spaces</b></p> <ul style="list-style-type: none"> <li>• Improved amenities in parks/park rehabilitation</li> <li>• More structures available in existing open spaces</li> </ul> <p><b>d. Joint Use</b></p> <p><b>Model joint use policies are available and are being implemented in communities in need of more physical activity facilities</b></p>	<p><b>a. Programming</b></p> <ul style="list-style-type: none"> <li>• Young families</li> <li>• Low income populations</li> </ul> <p><b>b. Neighborhood Design</b></p> <ul style="list-style-type: none"> <li>• Rural areas</li> <li>• Communities without public transportation</li> </ul> <p><b>c. Improved parks and spaces</b></p> <ul style="list-style-type: none"> <li>• Focus on low income but needs to be community wide</li> </ul> <p><b>d. Joint Use</b></p> <ul style="list-style-type: none"> <li>• Communities with minimal parks and recreation space</li> </ul>

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
	<p><u>Other Possible Partners</u> for community physical activity *Oklahoma municipal league * OSU Epidemiology Department *Housing authority *Faith based community *County commissioners *Local civic groups *Military *Local trainers/gym owners *Head start *Parent Associations *Horticulture classes (for landscaping and maintenance)</p>		

**Work Places/Businesses**

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
<p><b>1. Develop and implement work place policies and practices that encourage healthy eating and physical activity</b></p> <p>a. Increase the number of businesses in Oklahoma that are certified as Healthy Businesses</p> <p>    i. Strengthen the standards so that at least one fitness and one nutrition standard must be in place to achieve the highest certification level</p> <p>    ii. Engage local chambers of commerce or other organizations in verifying the policies and programs in place</p> <p>    iii. Educate the community about what a certified healthy business is and what its benefit is to the business, to the consumer, and to employers that wish to locate in Oklahoma.</p> <p>b. Encourage healthy lifestyles through employer incentive programs</p> <p>c. Stock vending machines in workplaces with healthy</p>	<p>Academy for State Goals State and local chambers of commerce Hispanic chambers of commerce Businesses (small, medium and large) Non-profit organizations Employees/community members Local policymakers (e.g. mayors) Managers and supervisors Turning Point State DOH Local health departments Tribes Service organizations (Rotary) Faith based organizations/churches CX grantees Medical community/hospital systems Military Universities</p>	<p><b>Certified Healthy Business strengthened and seen as an asset to businesses and communities</b></p> <p><b>More businesses certified at the highest levels leading to healthier work environments</b></p> <p><b>Nutrition and physical activity policies implemented in workplaces</b></p> <p><b>Public recognition for businesses (“win/win”)</b></p> <p><b>Decreased insurance and other costs for businesses</b></p> <p><b>Improved employee performance and satisfaction, decreased absenteeism</b></p>	<p>Large and medium cities Small towns</p>

Intervention	Partners	Expected Outcomes	Priority Populations and Geographic Areas
beverages and foods d. Bring healthy foods to work places through strategies such as locating farmers markets at work places e. Encourage physical activity through structural improvements such as walking paths and accessible stair cases. f. Institutionalize fitness breaks during the work day. g. Develop and implement breastfeeding accommodations in the workplace.	<b>OSU Extension Media</b>		

**Community Engagement:**

Engage diverse community residents and youth in the community coalition and development and implementation of interventions.

## Appendix III

### Organizations Participating in Logic Modeling Sessions

#### Oklahoma City

- OK Fit Kids Coalition
- Sarkeys Foundation
- Turning Point
- NRHS
- Chesapeake Energy
- Healthy Schools Oklahoma
- Oklahoma State Department of Health
- Oklahoma Department of Transportation
- Alliance for a Healthier Generation
- Oklahoma Department of Agriculture
- Oklahoma State University
- Oklahoma State Department of Education
- ALA
- Oklahoma County City Health Department
- Kingfisher County Health Department
- Regional Food Bank
- Gateway
- AMY Consulting
- Safe Routes to School

#### Broken Arrow (Tulsa)

- Muskogee Community Health Department
- Tulsa Parks
- Kendall Whittier
- Tulsa Health Department
- Kid’s Connection
- Cherokee Nation
- Okfuskee Community Health Department
- Tulsa Parks
- Okmulgee Wellness
- Segue Consulting
- Muskogee Parks
- Pott Community Health Department
- Indian Health
- University of Oklahoma
- St Francis
- CampFire USA
- INCOG
- Oklahoma State University
- Stillwater County Health Department

#### Lawton

- US Army
- Lawton Public Schools
- YMCA
- City Council
- Memorial Hospital
- City of Altus
- Lawton Chamber of Commerce
- Cheyenne/Arapaho Tribes
- Lawton Public Schools
- Oklahoma State Department of Health
- JCHD
- Comanche Community Health Department
- Lawton Community Health Department
- Altus
- Jackson Community Health Department
- Cameron University

#### McAlester

- Muskogee County Health Department
- Osage Nation
- OSU Cooperative Extension
- KI Bois Community Action Partnership
- Youth Shelter
- OU – NRCYS
- Smart Start