



**GET FIT
EAT SMART**



K

oklahoma physical activity
& nutrition state plan





Active lifestyle choices

A black metal shopping basket filled with a variety of fresh vegetables. The basket is overflowing with green leafy vegetables, including spinach and lettuce. There are also several red and yellow cherry tomatoes, a head of green cabbage, a bunch of fresh parsley, and several orange carrots. The basket is being held by a person whose legs in grey pants are visible in the background. The text "Healthy Eating" is overlaid on the right side of the basket.

Healthy Eating



Executive Summary

Sixty-five percent of Oklahoma adults are either overweight or obese, and 31% of Oklahoma youth are either overweight or at risk of overweight. Overweight and obesity are associated with many health risks, such as heart disease, high blood pressure, high blood cholesterol, Type 2 Diabetes, some types of cancers, arthritis, depression, and possibly stroke. The estimated cost associated with obesity in Oklahoma is nearly \$1.3 billion each year. This problem affects the health of individuals, families and communities throughout the state.

In 2004, the Oklahoma State Department of Health Chronic Disease Service was awarded a cooperative agreement from the Centers for Disease Control and Prevention to address obesity issues in Oklahoma. From this, the Oklahoma Physical Activity & Nutrition Program (OKPAN) formed. The purpose of the funding was to help Oklahoma build state capacity to address the issues surrounding obesity and obesity-related chronic diseases across the lifespan and develop a physical activity and nutrition state plan (State Plan) to coordinate and inform future efforts on this topic.

OKPAN partnered with the Oklahoma Fit Kids Coalition (Fit Kids) to create the OKPAN Taskforce comprised of many partners across the state. The Taskforce developed strategies in five Focus Areas:

- ✿ Physical Activity
- ✿ Breastfeeding
- ✿ Screen-Time
- ✿ Healthy Eating
- ✿ Surveillance and Evaluation

The strategies developed address the following Settings:

- ✿ Schools and Childcare Facilities
- ✿ Worksite
- ✿ Community/Environment
- ✿ Healthcare

Additionally, input was gathered from the citizens of Oklahoma through five Regional Forums and 24 Facilitated Student Discussions. This information helped identify the environmental, social and policy issues affecting Oklahomans' ability to live healthy, active lifestyles.

The implementation of the strategies in the State Plan will help Oklahomans reach the following goals:

- ✿ Healthy eating and active lifestyle choices available and accessible in all settings
- ✿ Reduced rates of obesity
- ✿ Reduced rates of obesity-related chronic diseases

The State Plan is just a document, but with strong partnerships, commitment, and deliberate action, implementation of the State Plan will improve the health status of Oklahomans.

Acknowledgements

The Oklahoma Physical Activity & Nutrition State Plan represents the input of hundreds of individuals and organizations across the state who gave generously of their time, experience and expertise to develop a comprehensive plan that will have a direct impact on the health and well-being of both present and future generations of Oklahomans.

The Oklahoma Physical Activity & Nutrition Program (OKPAN) would like to acknowledge the assistance and leadership of the Oklahoma Fit Kids Coalition in the coordination and facilitation of the State Plan Taskforce, the Oklahoma State University Cooperative Extension Service in the development and implementation of the Oklahoma Fit & Healthy Community Forums, and the University of Oklahoma's Center for Applied Social Research for their expertise in the administration of the Knowledge, Attitudes and Practices (KAP) Survey and the Facilitated Student Discussions. Each group significantly contributed to the development of the State Plan.

Funding for this project was provided through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity and Obesity. We would like to offer a special thank you to Sarah Kuester, the CDC Project Officer for the State of Oklahoma. Her diligent efforts providing expertise, patience, and guidance on the project allowed OKPAN and its partners to bring this plan to life.

OKPAN Partners

| | | |
|---|---|---|
| Action for Healthy Oklahoma Kids | March of Dimes | Oklahoma State Department of Health |
| American Heart Association | Northwestern Oklahoma College | Oklahoma PTA |
| Bethany First Church of the Nazarene | Oklahoma Afterschool Network | Oklahoma State University Cooperative |
| Blue Cross & Blue Shield of Oklahoma | Oklahoma Alliance for Health, Physical | Extension Services |
| Boys and Girls Clubs of OKC | Education, Recreation and Dance | University Of Oklahoma Health Sciences Center |
| Cherokee Nation | Oklahoma Chapter of American Academy | College of Public Health |
| Chickasaw Nation | of Pediatrics | Department of Nutritional Sciences |
| Church of the Harvest | Oklahoma Department of Agriculture | OU Medical Center |
| City of Norman | Oklahoma Baptist University | Lactation Center |
| Comanche County Memorial Hospital | Oklahoma City County Health Department | Oklahoma Native American Export Center |
| Community Care of Oklahoma | Oklahoma Commission on Children | Children's Hospital |
| Community Health Centers, Inc. | and Youth | Oklahoma Native American |
| Coalition of Oklahoma Breastfeeding | Oklahoma State Department of Education | REACH 2010 Project |
| Advocates | Oklahoma Department of Human Services | Oklahoma Turning Point |
| Dairy Max | Oklahoma Department of Tourism | Tulsa City County Health Department |
| Eagle Ridge Institute | and Recreation | University of Central Oklahoma |
| Indian Health Service | Oklahoma State Park System | University of Oklahoma |
| Integrus Health | Oklahoma Dietetic Association | Department of Health & |
| Kerr Center for Sustainable Agriculture | Oklahoma City District Dietetic Association | Exercise Science |
| La Leche League | Oklahoma Fit Kids Coalition | Variety Health Center, Inc. |
| Langston University | Oklahoma Food Policy Council | YWCA of Tulsa |
| Life Check Laboratory | Oklahoma Institute for Child Advocacy | |



To Oklahoma Partners and Stakeholders,

As the Chairperson for the Oklahoma Fit Kids Coalition, it is my pleasure to introduce Get Fit Eat Smart: Oklahoma's State Plan for Physical Activity & Nutrition. This plan is a collaborative effort of statewide partners coming together on a common mission to reduce the obesity epidemic in Oklahoma children, youth, and their families.

The Oklahoma Fit Kids Coalition is composed of over ninety organizations across Oklahoma who represents state and local educational agencies, business, tribal nations, healthcare facilities, state and local health departments, voluntary health organizations, community and non-profit agencies, and concerned citizens who are advocating a health and fitness legacy for Oklahoma.

I personally want to thank the partners of the Oklahoma Fit Kids Coalition for their vision, leadership and time invested in developing this important document. Partners lead and facilitated the five priority workgroups: physical activity, screen-time, healthy eating, breastfeeding and data. Using a common goal of "A Healthy, Active Oklahoma" objectives and strategies were developed.

This Plan serves as a framework for policy leaders, advocates, businesses, academia, healthcare facilities, schools, and communities to develop and implement the strategies into evidence-based interventions to change Oklahoma.

The Oklahoma Fit Kids Coalition will continue to lead and focus its efforts on advocating policy changes to improve the fitness and nutrition of Oklahoma's children and youth. There is a continuing need for community leaders, partners and stakeholders to step forward and address policy and environmental changes in the workplace, healthcare setting, and the community.

Together we can change!

Sincerely,

A handwritten signature in black ink, appearing to read "Stan Hupfeld". The signature is fluid and cursive, with a large initial "S" and "H".

Stan Hupfeld, F.A.C.H.E.
Chairperson, Oklahoma Fit Kids Coalition
And President and CEO, Integris Health



Oklahoma State Department of Health
Creating a State of Health

To the Citizens of Oklahoma:

It is with great pleasure that I present to you the Oklahoma State Plan on Physical Activity and Nutrition, Get Fit Eat Smart. The Plan is the result of a collaborative effort to identify strategies to promote healthy eating options and physical activity opportunities to prevent overweight and obesity across the lifespan.

The Plan's completion represents a collaborative effort of statewide partners including individuals representing state and local public health departments, state and local education agencies, community and non-profit organizations, policymakers, healthcare providers and insurers, academia, transportation, businesses and advocacy organizations to improve the health and well-being of Oklahoma citizens.

Obesity is a major health concern for Oklahomans. Overweight and obesity affect all people regardless of gender, age, race or ethnicity. It is a preventable condition that affects the quality and length of life if left unresolved. Overweight and obesity contribute to many chronic diseases and health conditions including heart disease, diabetes, cancer, asthma, arthritis and others. Obesity can cause disability.

The goals of the Plan are designed to encourage and enable policymakers, businesses, healthcare providers, social and educational professionals, and citizens of Oklahoma to adopt and maintain healthy eating habits and lead physically active lifestyles to prolong the length and quality of life. While some recommendations encourage individuals and families to eat healthier and be more active, others are broader in scope and focus on priorities for environmental and policy change in schools, communities, worksites and healthcare. Strategies must be implemented where Oklahomans live, work and learn.

Our health is one of the most important investments we can make for our future. As we celebrate 100 years of Statehood, I challenge all Oklahomans to take action to make the next 100 years extraordinary by adopting a healthy lifestyle, which encourages all citizens to realize the goal of a healthier Oklahoma.

I encourage businesses, schools, healthcare facilities, communities, and citizens to take an active role in implementing the Oklahoma State Plan on Physical Activity and Nutrition, Get Fit Eat Smart. Please join us!

Sincerely

James M. Crutcher, M.D., M.P.H.
Secretary of Health and
Commissioner of Health



Brad Henry
Office of the Governor
State of Oklahoma

Dear Friends,

It is a pleasure to present the Oklahoma Physical Activity and Nutrition State Plan. This plan is an effort by 400 state leaders to develop strategies to improve the health of Oklahomans.

The long-term objectives of this state plan are to increase the consumption of fruits and vegetables while reducing the consumption of sugary soft drinks and high-calorie foods; increase physical activity and decrease "screen time" spent in front of TVs and computers; increase breastfeeding rates in Oklahoma; and make more information available to state residents so they can make informed decisions about their health and the health of their families.

This plan lays out a number of strategies for reaching those long-term goals. From policies implemented at the State Capitol or in workplaces around Oklahoma to the personal choices we make daily, every Oklahoman has a role to play in improving our state's health.

The Oklahoma Physical Activity and Nutrition State Plan complements the previously published Guide to a Strong and Health Oklahoma that provided Oklahomans with information and resources on how to eat better, move more and be tobacco-free.

Please join me in committing to a stronger, healthier Oklahoma.

Sincerely,

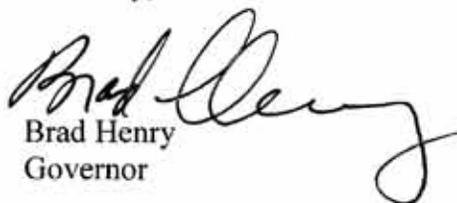

Brad Henry
Governor



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Introduction and Background

The Oklahoma Physical Activity & Nutrition State Plan

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The estimated annual cost of obesity in the United States in 2000 was approximately \$117 billion. In 2002, The Oklahoma Academy of Goals estimated Oklahoma's cost at \$1.3 billion.

BACKGROUND

Articles on the ever-increasing number of people who are overweight or obese are in the news every day, raising awareness of the negative health consequences associated with these conditions. Obesity is a risk factor for over 30 chronic diseases including arthritis, cardiovascular disease, dyslipidemia, Type 2 Diabetes, hypertension, stroke and some types of cancers. In addition to being a risk factor for multiple chronic diseases, obesity is linked to a lower quality of life and a shorter lifespan. Gall bladder disease, sleep apnea, respiratory impairment, diminished mobility and social stigmatization are also associated with obesity.

The measurement of overweight and obesity most commonly used is Body Mass Index (BMI). BMI describes a relationship between height and weight, derived by dividing an individual's weight in kilograms by the square of their height in meters (kg/m²). Although BMI correlates to the amount of body fat in most individuals, it is not a direct measurement of body fat. For some individuals, such as athletes, BMI may identify them as overweight even though they do not have excess body fat. Other methods of measuring body fat and body fat distribution include skin-fold thickness, waist circumference, waist-to-hip ratio, underwater weighing, computed tomography, magnetic resonance imaging (MRI), and dual-energy X-ray absorptiometry (DEXA).

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BMI and Weight Status Categories for Adults

| | |
|-----------------------|-----------------------------|
| <u>BMI</u> | <u>Weight Status</u> |
| Below 18.5 | Underweight |
| 18.5 – 24.9 | Normal |
| 25.0 – 29.9 | Overweight |
| 30.0 and above | Obese |

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Obesity may seem like a simple problem to correct – eat less and move more. Problem solved. Unfortunately, for 65% of Oklahomans, it's not that simple. While monitoring caloric intake and increasing physical activity are key to any long term weight management program, a myriad of social, economic, and environmental factors combine to discourage those efforts.

Reducing overweight and obesity is a priority for our state and nation. Overweight and obesity are priority areas in the Oklahoma State Board of Health's annual State of the State's Health Report (2003-2006), Governor Henry's Strong and Healthy Oklahoma Initiative, and the Strategic Map of the Oklahoma State Department of Health. Additionally, reducing overweight and obesity is one of the national objectives for Healthy People 2010.

The 2006 Behavioral Risk Factor Surveillance System (BRFSS) indicates the percent of Oklahomans who are either overweight or



obese is approximately 65%. Oklahoma ranks last in the nation for the percent of adults who consume the recommended amount of fruits and vegetables on a daily basis. Additionally, 41% of Oklahoma adults do not participate in adequate amounts of physical activity.

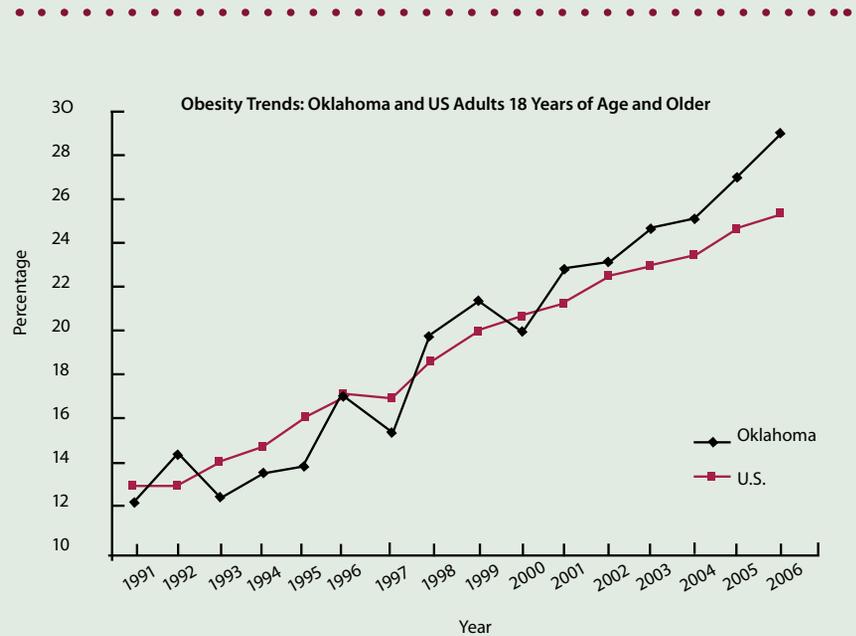
Consequently, Oklahomans experience very poor health outcomes. Our state ranks 50th in the nation for deaths due to cardiovascular disease, 47th in total mortality, 44th in deaths due to cancer, and 43rd for premature deaths. When looking specifically at deaths due to heart disease and stroke, Oklahoma exceeds the national average by significant proportions.

Obesity rates are also higher for certain population groups than others. African-Americans, Hispanics and American Indians tend to have higher rates of obesity than Caucasians or Asians, and several health conditions and chronic diseases reflect similar ethnic differences. While obesity is more common in women, overweight is more common in men. Obese persons experience higher health risks than individuals who are overweight but not obese. However, being overweight also carries risk. For young people, mild to moderate overweight increases the risk of obesity in adulthood.

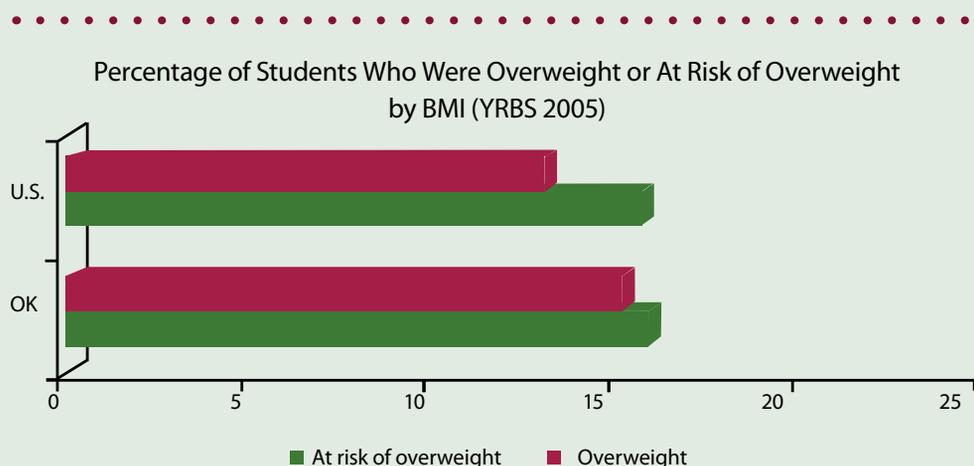
Unfortunately, Oklahoma's youth have not escaped the State's obesity problem. For children and adolescents (aged 2–19 years), the following terms are used regarding weight status:

- ✱ Healthy weight: having a BMI at or above the 5th percentile but below the 85th percentile for children of the same age and sex.
- ✱ At risk for overweight: having a BMI at or above the 85th percentile but below the 95th percentile for children of the same age and sex.
- ✱ Overweight: having a BMI at or above the 95th percentile for children of the same age and sex.

Classifications of overweight for children and adolescents are age-and sex-specific because children's body composition varies as they age and varies between boys and girls.



The 2005 Youth Risk Behavior Surveillance System (YRBS) estimates 15.2% of Oklahoma high school students to be overweight compared to the national average of 13.1%. This number increased from two years earlier, while the national statistics leveled off during this period. An additional 15.9% are at risk for becoming overweight.



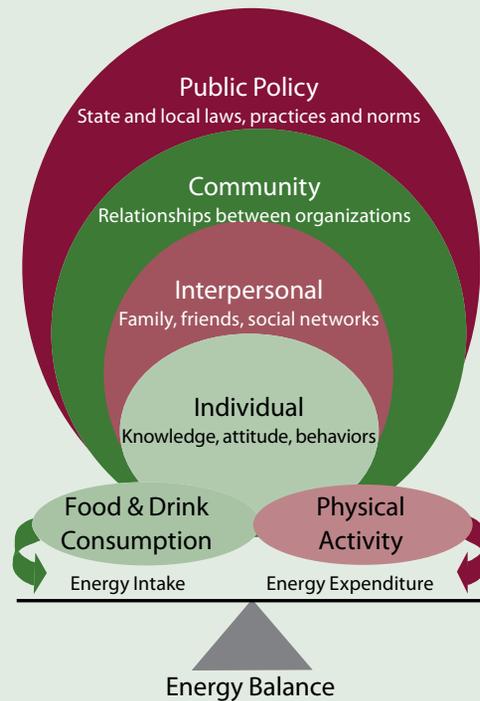
Regarding what our children are eating, Oklahoma high school students fall below the national average when it comes to eating five or more servings of fruits and vegetables per day and enrollment in physical education. They also tend to spend more time watching television than students in the rest of the nation.

The 2005 KAP survey found that health knowledge did not have as much impact on obesity status as assumed prior to the survey. For most categories, knowledge and attitudes did not significantly differ between those overweight (BMI > 25) and those not overweight (BMI < 25). However, significant differences were found in the areas of perceived cost of healthy foods, taste of healthy foods, confusion about what foods are healthy, the importance of maintaining a healthy weight, and the ability to exercise when stressed. The KAP also incorporated a one-day food log in the study. General observations of the logs revealed Oklahomans lack knowledge of portion and serving sizes. This data identifies several areas to focus education, but it also underscores the need for interventions to address all determinants of dietary intake and activity level.



A COOPERATIVE AGREEMENT

The Physical Activity and Nutrition Program to Prevent Obesity and Other Chronic Diseases (DNAPAO) is a cooperative agreement between the Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity and Obesity (DNAPAO) and the health departments of funded states. The program was established in fiscal year (FY) 1999 to prevent and control obesity and other chronic diseases by helping states develop and implement nutrition and physical activity interventions, particularly through population-based strategies such as policy-level changes, environmental supports, and the social marketing process. In 2004, the Oklahoma State Department of Health OSDH Chronic Disease Service was awarded one of these grants to build state capacity to address the issues surrounding obesity and related chronic diseases across the lifespan and to develop a strategic action plan for the state to coordinate and inform future efforts on this topic.



To have the greatest impact, it is critical that all levels of influence on health behaviors be addressed in the State Plan. The Socio-Ecological Model for Obesity Prevention incorporates all levels of influence on health behaviors and serves as the framework for the State Plan. While some influences of behavior are focused on the individual level (knowledge, attitudes and skills), the majority of influences on health behaviors surround the individual and serve to either support or undermine those behaviors.

With this in mind, a collaborative, multi-stage process was used to establish priority areas, develop objectives and identify strategies. This plan is the result of input received from well over 400 individuals and organizations across the state over a two year period.

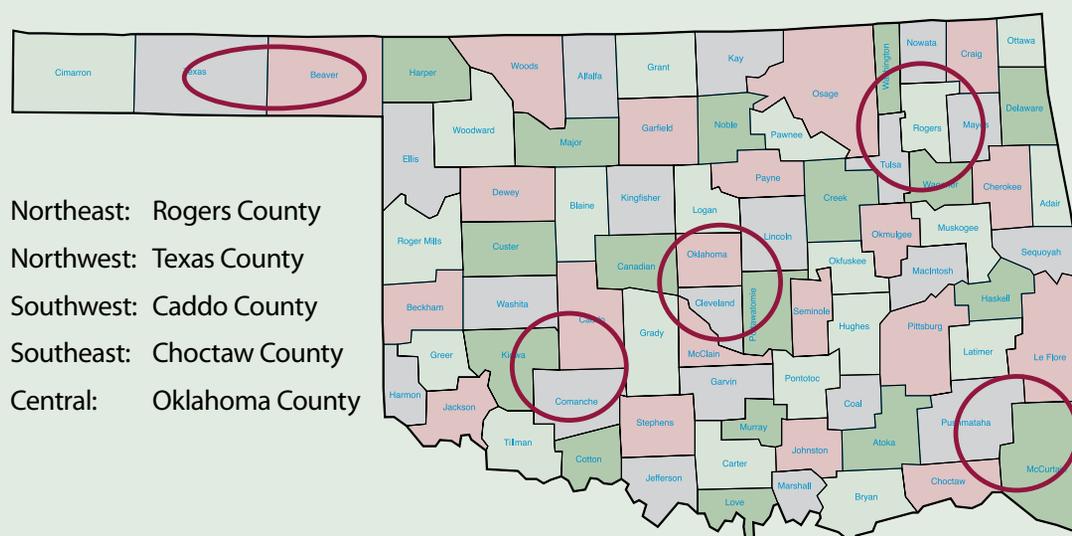
Because of their experience with policy change, expansive network and solid infrastructure, the Oklahoma Fit Kids Coalition (Fit Kids) was selected as a key partner in the development of this statewide plan. Fit Kids developed and facilitated a series of workgroups to address five priority areas: Physical Activity, Screen-Time, Breastfeeding, Calorie Control, and Fruit and Vegetable consumption. A number of the objectives and strategies included in this document are the result of their efforts.

Through the progression of the workgroup meetings, a few changes were made to these focus areas. For reduced confusion, “Calorie Control” and “Fruit and Vegetable Consumption” were combined to form “Healthy Eating.” While examining current data sources and discussing the types of data needed to track health outcomes it was recognized that some health indicators were not being captured on a regular basis, if at all. As a result “Surveillance and Evaluation” was established as an additional focus area. A number of objectives addressed improving existing measures, developing new ones and standardizing data collection and reporting efforts. Thus, the focus areas of this document included the following:

- ✱ Physical Activity
- ✱ Screen-Time
- ✱ Breastfeeding
- ✱ Healthy Eating
- ✱ Surveillance and Evaluation

In May 2006, a series of 5 Oklahoma Fit & Healthy Community Forums were held across the state to gain insight into the priorities and concerns of the general public regarding physical activity and nutrition issues impacting their communities. Over 200 individuals, representing 9 counties, participated in the process. In an effort to be consistent, the techniques used to identify community level priority areas mirrored those used to establish priorities by the OKPAN Taskforce. Meetings were organized and facilitated by Oklahoma Cooperative Extension Service County Educators with support from local Turning Point Coalitions, Fit Kids and local and state health departments. The information collected at the first meeting and feedback received at a follow-up meeting will be used in the development of community specific action plans.

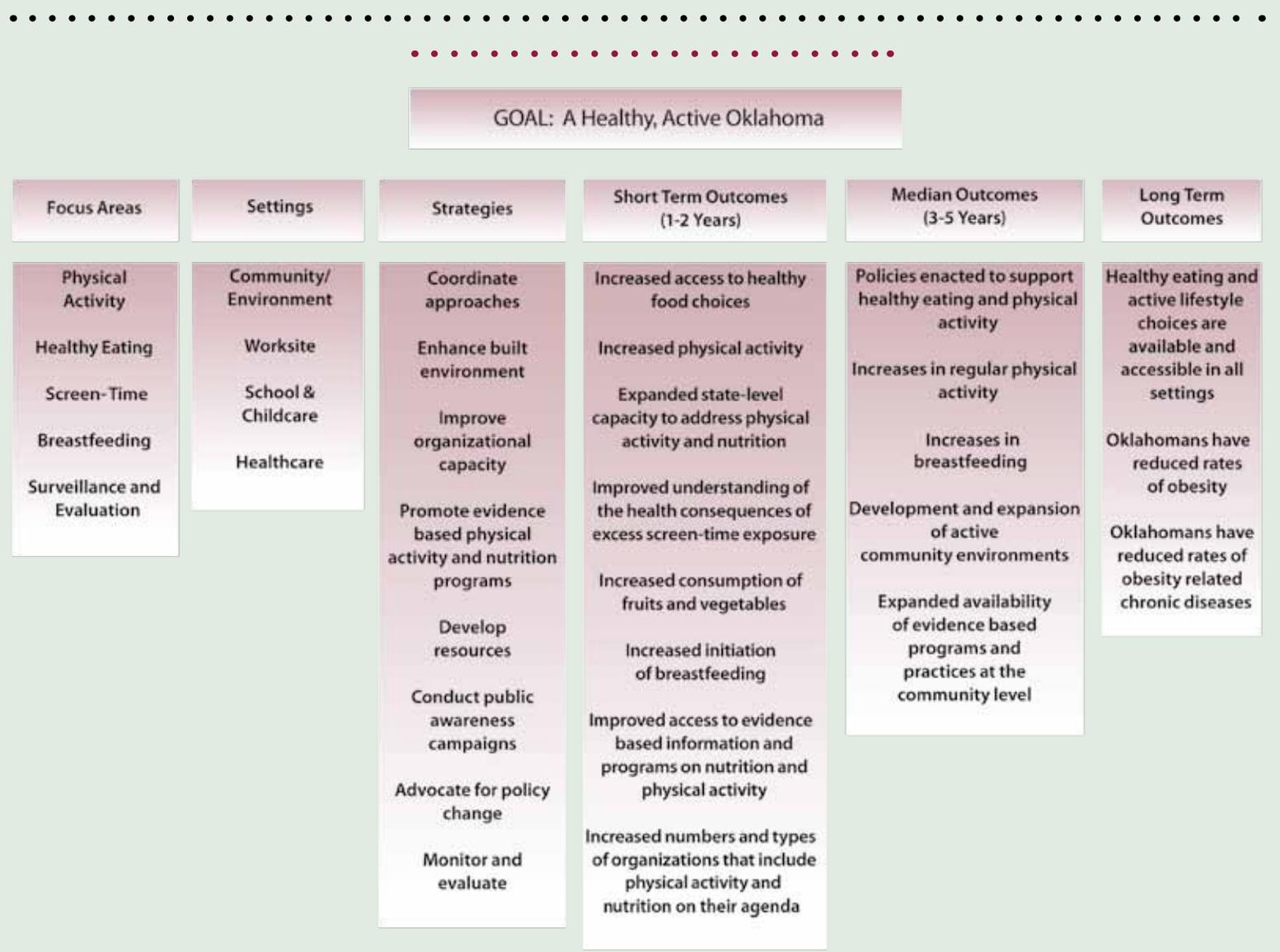
Forum Locations by County and Participant Reach



To include the youth population of Oklahoma, the University of Oklahoma’s Center for Applied Social Research hosted two-dozen discussion groups where students had the opportunity to share their opinions regarding physical activity, healthy eating, and the level of support for positive choices available at home, school and within their community. They were also asked for their suggestions regarding ways to make sure fellow students were healthy.

Participants included students from elementary, middle and high schools in both rural and urban settings and represented a cross section of Oklahoma’s racial and ethnic communities. Changing behaviors to impact obesity encompassed many complex factors. While physical activity and nutrition were the most influential, modifiable determinants of weight status, multi-faceted interventions that address environment, policy, access to healthy food, social support, goal setting, behavior modification, skill building, and self-efficacy were needed to develop supportive environments in the school and community.

Using the goal of “A Healthy, Active Oklahoma,” recommendations of the various workgroups across the state and current research on effective strategies to address the issues surrounding obesity, OKPAN developed the following model to guide both the development and implementation of the plan – along with intended short term, intermediate and long-term measures of success.



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How to Use This Document

STRATEGIES FOR A COMPREHENSIVE, STATEWIDE EFFORT TO CREATE A HEALTHY, ACTIVE OKLAHOMA

The purpose of the State Plan is to frame the problem of obesity in Oklahoma and provide strategies for a comprehensive, statewide effort to create a healthy, active Oklahoma. The Plan is organized into five focus areas—Physical Activity, Screen-Time, Breast-feeding, Healthy Eating, Surveillance and Evaluation. Each focus area contains current information on the topic along with a series of evidence-based strategies to impact that area. Implementing the recommended strategies will help Oklahomans Get Fit and Eat Smart, thereby reducing the rate of obesity and obesity related chronic diseases. The State Plan is a framework for partners,

organizations, and communities to endorse, adopt and enact.

Throughout the document, the reader will observe side bars demonstrating current successes of community partners. These sidebars are marked with a strawberry, tennis shoes, and nursing moms.

A complementary document addressing individual Oklahomans is the “Guide to a Strong and Healthy Oklahoma.” Strong and Healthy Oklahoma is a statewide effort to improve the health of Oklahoma residents where they live, work and learn by eating better, moving more, and being tobacco-free.



Cross-cutting Health Objectives

THESE OBJECTIVES ARE INFLUENCED BY MULTIPLE FOCUS AREAS

Each of the focus areas contains specific objectives that will be attained by implementation of the strategies within that focus area. However, there are several cross-cutting objectives that do not fit within one focus area because they are influenced by multiple focus areas. Because these objectives are influenced by multiple factors, they have been pulled out of the focus areas and listed below.

Short-term Objective (1-3 years)

Slow the annual rate of increase in overweight and obesity in Oklahomans.

| | |
|-------------------------------|---------------|
| 2004 to 2005 increase: | 1.9% (BRFSS) |
| 2005 to 2006 increase: | 1.9% (BRFSS) |
| 2008 to 2009 target increase: | <1.0% (BRFSS) |

Intermediate Objectives (3-5 years)

Stabilize the prevalence of overweight and obesity in Oklahomans.

Baseline:

| | | |
|--------------------|-------|----------------------------|
| Elementary age: | 32.2% | (2005 NSCH, 10-11 yrs old) |
| Middle School age: | 30.2% | (2005 NSCH, 12-14 yrs old) |
| High School age: | 31.1% | (2005 YRBS) |
| Adults: | 64.8% | (2006 BRFSS) |

Stabilize the prevalence of morbid obesity in Oklahomans.

Baseline: 4% (2006 BRFSS)

Stabilize the proportion of Oklahoma mothers classified as overweight or obese prior to pregnancy.

Baseline: 33.3% (2006 PRAMS)





Oklahoma Native American REACH 2010 Project is a coalition representing eight tribes/nations, one Urban Indian Health Care Resource Center and the OSDH. Successes include employee and community fitness/wellness interventions that emphasize physical activity, improved nutrition, smoking cessation and obesity prevention in nine communities. REACH 2010 programs have directly impacted over 5,000 Oklahomans and indirectly impacted thousands more through policy changes geared at controlling or preventing tobacco use, promoting employee fitness, and encouraging healthy eating.

Long-term Objectives (5-10 years)

Increase the proportion of Oklahomans at a healthy weight.

Baseline:

| | |
|--------------------|----------------------------------|
| Elementary age: | 63.3% (2005 NSCH, 10-11 yrs old) |
| Middle School age: | 64.3% (2005 NSCH, 12-14 yrs old) |
| High School age : | 68.9% (2005 YRBS) |
| Adults: | 35.3% (2006 BRFSS) |

Target:

| | |
|--------------------|---------------------------|
| Elementary age: | 73% (NSCH, 10-11 yrs old) |
| Middle School age: | 74% (NSCH, 12-14 yrs old) |
| High School age: | 79% (YRBS) |
| Adults: | 45% (BRFSS) |

Stabilize the incidence of Diabetes in Oklahomans.

| | |
|-----------|------------------|
| Baseline: | 10% (2006 BRFSS) |
|-----------|------------------|

Stabilize the prevalence of Obesity-related Cancers in Oklahomans.

| | |
|-----------------------------------|--------------------------------------|
| Breast Cancer Baseline: | 152 cases per 100,00 women (2004) |
| Kidney and Renal Cancer Baseline: | 15.6 cases per 100,00 people (2004) |
| Colorectal Cancer Baseline: | 52.1 cases per 100,000 people (2004) |

Decrease the prevalence of Hypertension in Oklahomans.

| | |
|-----------|--------------------|
| Baseline: | 29.8% (2005 BRFSS) |
| Target: | 25% (BRFSS) |

Decrease the prevalence of High Blood Cholesterol in Oklahomans.

| | |
|-----------|--------------------|
| Baseline: | 37.8% (2005 BRFSS) |
| Target: | 28% (BRFSS) |



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Focus Area: Physical Activity

PHYSICAL ACTIVITY CAN BE DONE IN ALL KINDS OF WAYS

Physical activity is bodily movement caused by your muscles. It's intentionally done and increases the number of calories that you burn. Leisure-time physical activity is a specific type of physical activity that includes exercise, recreation, or hobbies that are not associated with activities that are part of your regular job duties. It's not just sports, running or lifting heavy weights. Physical activity can be done in all kinds of ways.

Moderate-intensity (somewhat hard) physical activity includes things that should cause you to breathe a little harder and slightly increase your heart rate. These include walking briskly, mowing the lawn, dancing, swimming and bicycling on a flat path. Vigorous-intensity (very hard) physical activity includes things that cause a big increase in breathing and heart rate. These include jogging, bicycling uphill, swimming continuous laps without pausing, skating and jumping rope.

Children need at least 60 minutes of physical activity most days of the week, preferably daily.

The recommendation for children and adolescents is a little different. Because they are building bone mass and their bodies are developing rapidly, it's recommended that they engage in 60 minutes of physical activity most days of the week—preferably every day of the week. For children, it doesn't matter whether it's moderate or vigorous, as long as it adds up to at least 60 minutes each day.

It's important that children and adolescents are encouraged to be active in things that interest them—if they don't enjoy it, they stop doing it. Building an active lifestyle at an early age helps to ensure that it continues later on in life.

Physical activity improves health and well-being for Oklahomans of all ages. When performed on a regular basis, physical activity substantially reduces the risk of dying from heart disease, the leading cause of death in Oklahoma. When performed on a daily basis, it also reduces the risk of colon cancer, diabetes, high blood cholesterol, high blood pressure and obesity.

Over the last fifteen years, Oklahomans have adopted a pattern of sedentary lifestyles. Nationwide, many adults exercise during their leisure time but Oklahomans are not exercising at the rate of the rest of the nation. Nearly 30% of Oklahomans are not physically active during their leisure time, compared to 20% nationally. Hispanic adults reported higher proportion of no-leisure time physical activity than other racial/ethnic groups.

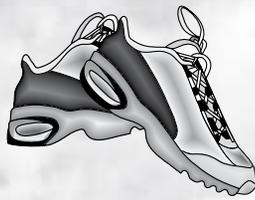


Physical Activity Recommendations for Adults

At least 30 minutes of moderate-intensity physical activity 5 or more days a week

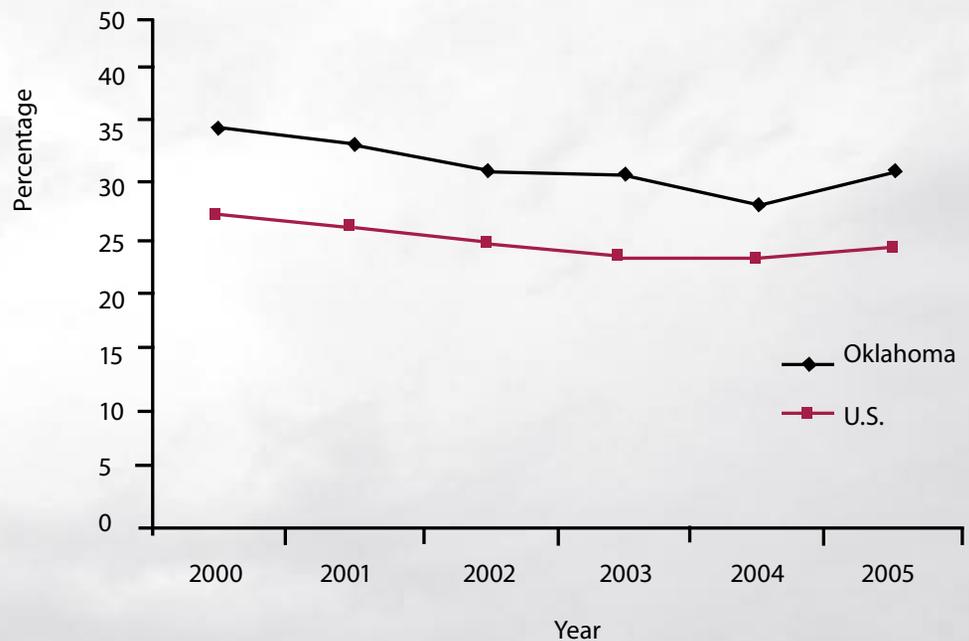
OR

At least 20 continuous minutes of vigorous-intensity physical activity 3 or more days a week.



Oklahoma Home and Community Education, Inc.
The “Can’t Weight to Walk”
campaign established by a
network of over 100 small
groups across the state,
created walking groups,
secured walking trails
and advocated walking
as exercise for people of
all ages. “New Hope,”
a group in Cleveland
County, reported that
the 11 members who
participated in 2006
recorded more than
2 million steps!

No Leisure Time Physical Activity Among Adults, 2000-2005, Oklahoma and U.S.



Physical Activity Objectives

| Short Term (1-2 years) | Intermediate (3-5 years) |
|--|--|
| Increase the proportion of Oklahomans who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day by 10% (2005 Baseline: 42.3%, BRFSS) | Increase the proportion of Oklahomans who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day by 25% (2005 Baseline: 42.3%, BRFSS) |
| Increase the proportion of high school students who are physically active for ≥60 minutes per day by 10% (2005 Baseline: 38.2%, YRBS) | Increase the proportion of high school students who are physically active for ≥60 minutes per day by 25% (2005 Baseline: 38.2% YRBS) |
| Reduce the proportion of adults who engage in no leisure-time physical activity by 10% (2005 Baseline: 30.6%, BRFSS) | Reduce the proportion of adults who engage in no leisure-time physical activity by 25%. (2005 Baseline: 30.6%, BRFSS) |
| Establish a clearinghouse for evidence based information on physical activity | Develop a group of 50 community-based trainers to provide evidence-based physical activity programs in a variety of settings |
| Identify organizations currently including physical activity on their agendas | Expand by 20%, the number of organization including physical activity on their agendas |
| Identify existing worksite physical activity policies and programs | Expand by 25%, the number of worksites that have physical activity policies for employees |

SCHOOLS PROVIDE AN IDEAL SETTING FOR TEACHING CHILDREN AND TEENS TO ADOPT HEALTHY PHYSICAL ACTIVITY BEHAVIORS

Setting: Schools and Childcare Facilities

The majority of young people aged 5–17 years are enrolled in schools. Because they spend so much time there, schools provide an ideal setting for teaching children and teens to adopt healthy physical activity behaviors.

Strategies:

- ✱ Increase the number of schools that administer the School Health Index.
- ✱ Address physical activity through a Coordinated School Health Program (CSHP) and develop links between school and community programs.
- ✱ Designate a school health coordinator and maintain an active Healthy & Fit School Advisory Committee.
- ✱ Assess school physical activity policies and programs and develop a plan for improvements.
- ✱ Implement a high-quality health promotion program for school staff.
- ✱ Implement a high-quality course of study in health education in grades K-12 to help students develop the knowledge, attitudes and skills they need to adopt and maintain a physically active lifestyle.
- ✱ Feature active learning strategies and follow the National Health Education Standards.
- ✱ Require schools to provide and implement a sequential, developmentally appropriate curriculum in physical education in grades K-12.
- ✱ Require that every student participate in daily physical education for the entire school year, including students with disabling conditions and those in alternative education programs.
 - ✱ K-5th shall participate in PE at least 150 minutes each week
 - ✱ 6th-12th shall participate in PE for at least 225 minutes each week
 - ✱ Follow the National Standards for Physical Education
 - ✱ Require that certified physical education teachers teach all physical education courses
 - ✱ Emphasize enjoyable participation in lifetime physical activities such as walking and dancing, not just competitive sports





Schools for Healthy Lifestyles Through curricula, training and other resources provided by the Schools for Healthy Lifestyles Program, students, parents and, faculty from 40 elementary schools across the state are addressing nutrition education, fitness and other causes of poor health.

- ✱ Keep students active for most of the class time.
- ✱ Provide regular opportunities for physical activity and play.
- ✱ Provide time for supervised, unstructured outdoor play when possible.
- ✱ Require schools to provide daily physical activity breaks for all elementary school students.
- ✱ Encourage school districts to offer before, during, and after school walking programs.
- ✱ Use music, dance and song to encourage children to move and be active.
- ✱ Modeling of healthy activities by school personnel—set the example for children.
- ✱ Include extracurricular activities that involve physical activity.
- ✱ Increase the number of after-school programs that offer a minimum of 30 minutes of physical activity per day.
- ✱ Provide training to enable teachers, coaches, recreation and health care staff, and other school personnel to promote enjoyable, lifelong physical activity among young people.
- ✱ Incorporate evidence-based programs such as CATCH and CATCH Kids Club.
- ✱ School districts: host annual family wellness nights combined with other health initiatives that focus on physical activity—assisted by the Healthy and Fit Advisory Committees.
- ✱ Encourage classroom teachers to incorporate physical activity into daily lesson plans as often as possible.
- ✱ Encourage school officials to avoid the use of withholding physical activity (including recess) as punishment.
- ✱ Require that summer programs for youth provide daily opportunities for physical activity.
- ✱ Partner with the Oklahoma Tourism & Recreation Department to incorporate the use of Oklahoma State Parks system into events, programs and daily physical activity.



OF THOSE WHO WORK AT A PLACE WITH AN EXERCISE POLICY, ONLY 57% MAKE USE OF THE POLICY

Setting: Worksite

Over 60% of employed Oklahomans work at a job where they sit or stand a majority of the time. Nearly 19% of employed Oklahomans work at a place that has a policy allowing them to exercise during the workday. Of those who work at a place with an exercise policy, only 57% make use of the policy. Thus, it's important to increase the opportunity for physical activity within the workplace and to do so in a manner that people will take advantage of these opportunities.

Strategies:

- ✿ Demonstrate to businesses the financial/productivity benefits of a healthy workforce.
- ✿ Reimburse employees for preventive health and wellness activities.
- ✿ Implement activity breaks for meetings that are longer than one hour.
 - * Incorporate a physical activity section as an agenda item
 - * Conduct a "walking meeting" if possible
 - * Start a meeting with a 10-minute walk
 - * Conclude the meeting with a 10-minute walk
- ✿ Offer a Health Risk Appraisal (HRA) to all employees and follow-up with sedentary and at-risk employees.
- ✿ Contract with health insurance plans that offer free or reduced-cost memberships to health clubs/fitness centers.
- ✿ Encourage employees and visitors to use the stairs and make them accessible.
 - * Use appropriate signage and maps so the stairs are easy to locate
 - * Positive visual appeal of the stairwell including new paint, lighting, carpet, artwork, increase usage of the stairs
 - * Post motivational signs
 - * Provide music in the stairwell





The Oklahoma State Department of Health Wellness Committee partnered with Oklahoma Department of Tourism and Recreation to place posters of state parks in the stairwells. This makes walking the stairs an atmosphere of an artistic flare and a feeling of being outdoors.

Written positive incentives placed on each floor provide motivation for each level a person walks and boosts a personal sense achievement. Matters not if they walk two floors or all twelve. Every step is a reward.

- * Good lighting and air quality are essential
- * Address safety concerns, such as mirrors and cameras
- * Provide water for employees to drink while being physically active.
- * Increase the number of Oklahoma businesses that have worksite physical activity policies.
- * Support legislation for tax-credits to companies implementing physical activity programs.
- * Develop and implement health promotion, weight-management and/or disease prevention programs.
- * Form a support group to help employees who are participating in weight-management programs.
- * Provide incentives for employees who participate in such programs.
- * Discount health insurance premiums and/or reduced co-payments and deductibles in return for an employees participation in such programs.
- * Encourage businesses to use evidence-based, self-management education for physical activity at the worksite.
- * Provide physical activity opportunities.
- * Provide periodic incentive programs to promote physical activity.
- * Sponsor company fitness challenges.
- * Support lunchtime walking/running clubs or company sports teams.
- * Create accessible walking trails and/or bike routes.
- * Provide facilities for workers to keep bikes secure and provide worksite showers and lockers.
- * Offer flexible work hours (including lunch and breaks) to allow for on-site physical activity during the workday.
- * Promote and partner with “Make it Your Business” (Governor’s Strong and Healthy Oklahoma Initiative).

Physical activity doesn’t have to be done all at once. Try to accumulate at least 30 minutes a day 10 minutes at a time.



THE HEALTHCARE SETTING PROVIDES IDEAL OPPORTUNITIES FOR PATIENTS TO RECEIVE EDUCATION ON HOW TO BE PHYSICALLY ACTIVE

Setting: Healthcare

Strategies:

- * Develop a referral system to help patients access further physical activity resources.
 - * Identify and collaborate with established resources for physical activity
 - * Draft and implement a policy to support the referral system
 - * Emphasize preventive care resources
 - * Include preventive care referrals as part of basic medical coverage
- * Encourage local, state and federal policies to restructure the public health and disease care system to support prevention.
- * Train healthcare providers to conduct screening and counseling in both a culturally appropriate and sensitive manner.
 - * Understand various cultures', different attitudes, values, verbal cues, and body language
 - * Interaction with patients in a culturally appropriate and sensitive manner
- * Adopt standards of practice that include routine screening of all patients regarding physical activity.
- * Include time for screening during office visit.
 - * Screening of all patients, not just those "at-risk"
 - * Standard set of questions to include in screening
- * Provide training for healthcare providers to implement a quick, routine physical activity screening during office visits.
 - * Short (possibly 3-5 minutes)
 - * Lack of barriers to screening practices
 - * Culturally appropriate, competent and sensitive





**Physical activity
doesn't have to
be done all
at once.**

**Try to accumu-
late at least 30
minutes a day 10
minutes at
a time.**

- ✱ Incorporate into healthcare provider curricula:
 - ✱ 2 contact hours of education regarding physical activity, exercise and community resources available into all Oklahoma healthcare provider programs requiring licensure or certification
 - ✱ ACSM Exercise Prescription education
- ✱ Provide evidence-based self-management education programs. (e.g. Arthritis)
- ✱ Collaborate with professional associations and health organizations to exchange current and consistent physical activity information.
- ✱ Develop and promote Continuing Medical Education opportunities focused on physical activity.
 - ✱ ACSM Exercise Prescription education
 - ✱ Current Evidence-based recommendations
- ✱ Provide and promote a resource bank of expert lecturers regarding physical activity.
- ✱ Provide current data/resources to be used for Grand Rounds, medical and community health organization in-services and/or meetings.
- ✱ Collaborate with medical associations to create policies that support the efforts of OSDH and other partners advocating for the health of Oklahomans.

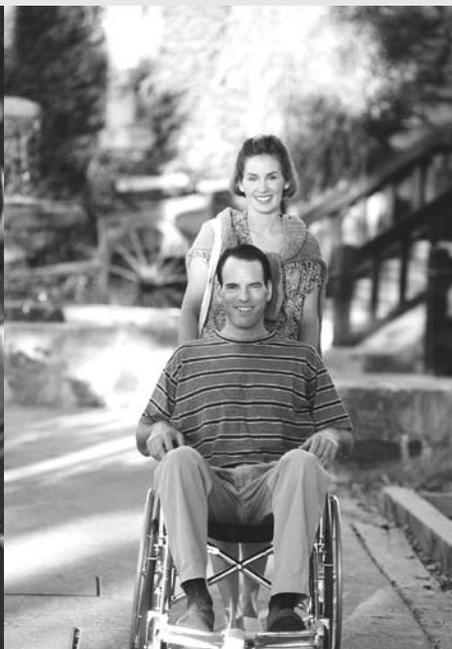


ENSURE THAT PUBLIC PHYSICAL ACTIVITY FACILITIES BE FULLY ACCESSIBLE AS DELINEATED IN THE AMERICANS WITH DISABILITIES ACT (ADA) AND THE U.S. ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

Setting: Community/Environment

Strategies:

- ✿ Development of a roadway to serve all users.
- ✿ Create a safe and inviting network of streets and roads.
 - * Enhanced medians to allow for safe crossing of main roads for pedestrians
 - * Designated bike lanes separated by painted striping
- ✿ Provide safe, well-maintained, and well-lit walking paths and trails.
- ✿ Traffic calming techniques to improve safety.
 - * Curb extensions
 - * Roundabouts
 - * Rumble-strips
- ✿ Incorporate biking and walking trails into city and neighborhood development and redevelopment projects.
- ✿ Decrease car dependence while promoting community revitalization by investing in local shops, services, parks and trails.
- ✿ Provide clearly marked pedestrian crossings at streets, driveways, loading areas, surface parking lots, and other intersections.
- ✿ Create development that is pedestrian and transit friendly by allowing a mix of land uses and increased density where appropriate.
- ✿ Decrease automobile congestion by providing alternative modes of transportation such as bus, light rail, bicycle, and improved pedestrian facilities.
- ✿ Invest in the city's local shops, services, parks and trails as attractive destinations for pedestrians and cyclists.





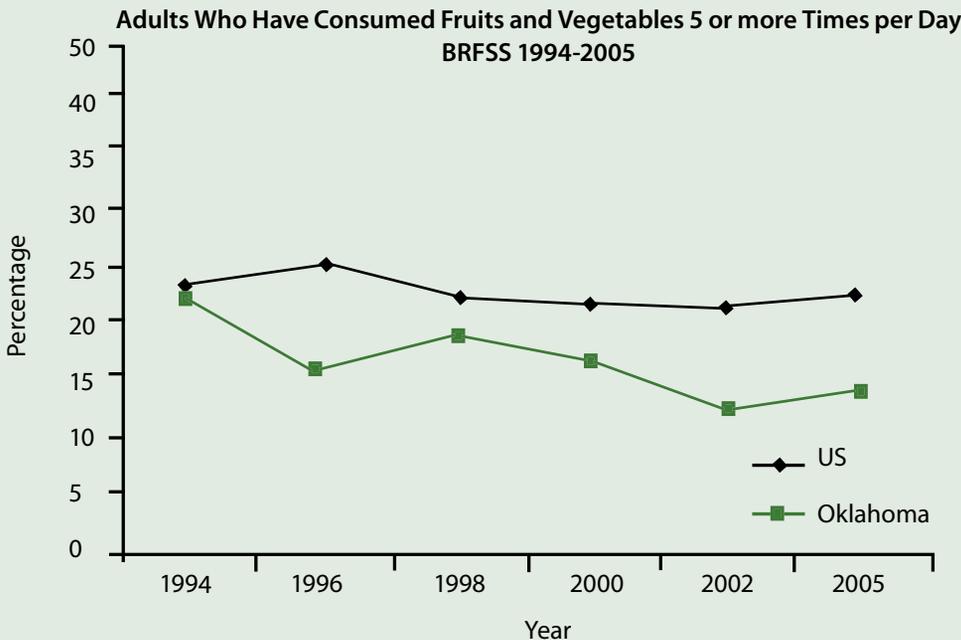
Washington County Fitness project in partnership with the Washington County Wellness Initiative, WIC adults and families in Washington County are using weekly support groups to make life style changes, lose weight and increase physical activity.

- * Create retail areas around transit stops.
- * Maintain and develop programming and facilities for active play and recreation.
- * Require that zoning regulations support the creation and maintenance of green space and public parks.
- * Maintain and improve parks and playgrounds to address safety issues and aesthetics.
- * Partner with local school districts to provide access to school-owned physical activity facilities to students, staff and community members during non-school hours.
- * Extend the hours of other publicly owned facilities on evenings and weekends to increase access by the community.
- * Encourage planning committees and city councils to support Active Living by Design.
- * Ensure that public physical activity facilities be fully accessible as delineated in the Americans with Disabilities Act (ADA) and the U.S. Architectural and Transportation Barriers Compliance Board.
- * Promote overall community aesthetic and atmosphere of safety to encourage outdoor physical activity and recreation.
 - * Absence of graffiti, litter
 - * Pleasant and clean trash receptacles
 - * Well-lit streets, parks and recreation areas
 - * Visual corridors to maximize visibility and foster positive social interaction
 - * Police or security patrol of streets, parks, and recreation areas
- * Institute a Safe Routes to School Program to improve safety and promote walking and biking to school.
- * Provide visible traffic signs and markings.
- * Enforcement of traffic safety such as speed limits and stop signs.
- * Foster "Neighborhood Watch" programs.
- * Increase locally-organized, community/neighborhood walking programs.
- * Actively participate in community/neighborhood association meetings to promote the benefits of walking programs.
- * Promote the use of Recreational Centers and Parks within communities.
 - * Provide a range of developmentally appropriate community sports and recreation programs that are attractive to all ages
 - * Require that programs targeted to underserved populations and communities incorporate physical activity
- * Develop, promote and enforce helmet laws for all equipment that may pose a physical threat.
- * Encourage parental and guardian involvement:
 - * To support their children's participation in physical activity, to be physically active role models, and to include physical activity in family events
 - * To advocate for quality physical activity instruction and programs for their children
- * Support access to community-based physical activity programs by offering transportation options.

CHANGING HOW AND WHAT OKLAHOMANS EAT IS A COMPLICATED TASK

Healthy eating is the “Calories In” side of the healthy lifestyle equation. Healthy eating involves balancing the calories one eats with the calories the body uses to work properly and be active. In its most basic form, Oklahoma’s obesity problem is a matter of excess food calories. Oklahomans eat a lot more calories than their bodies use. Eating less sounds relatively simple. However, actually changing what and how much Oklahomans eat is a much more complicated task. Many factors influence eating behavior. The environment in which Oklahomans make their personal food choices has grown to heavily oppose healthy eating. Oklahomans cook less and eat out more. The Sooner State ranks last in the nation for eating fruits and vegetables. The goal of the Healthy Eating section of this plan is to outline strategies for making healthier food decisions easier for the citizens of Oklahoma.

The details of nutritional science can be confusing, but the basics are simple and have not changed in years: eat moderate amounts of a variety of foods, especially fruits, vegetables, and whole grains.



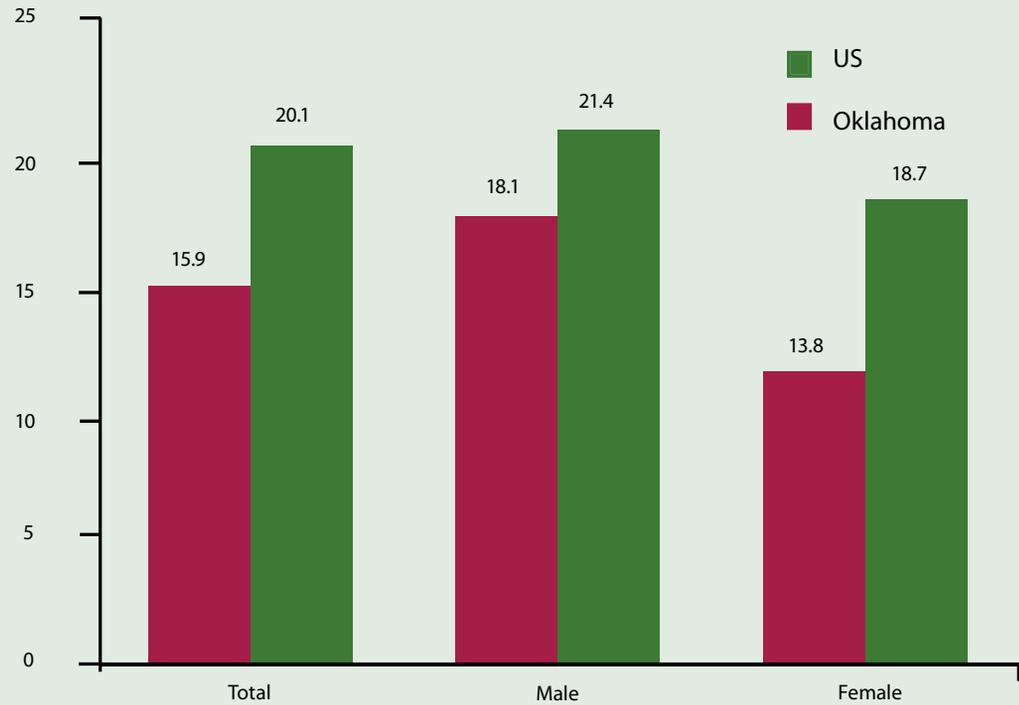
According to the 2005 Dietary Guidelines for Americans, fruits and veggies should make up the largest part of what Oklahomans eat.

The proportion of adults who reported consuming fruits and vegetables 5 or more times per day has decreased in Oklahoma during the past 10 years, while it stayed fairly unchanged in the nation.



The Oklahoma Food Policy Council, a joint effort of the Kerr Center for Sustainable Agriculture and the Department of Agriculture, showed the farm to school model could be a win/win situation for Oklahoma schools and farmers through a two-year pilot including six school districts.

Percentage of Students Who Ate Five or More Servings per Day of Fruits and Vegetables During the past Seven Days, YRBS 2005



Oklahoma students also eat fewer fruits and vegetables (especially females and students in lower grades) than the national average. However, consumption did increase from 2003 to 2005, indicating movement in the right direction.



Healthy Eating Objectives

Short Term (1-2 years)

Intermediate (3-5 years)

Increase the proportion of Oklahomans who eat 5 or more servings of fruits and vegetables per day by 2%.

Baseline:

Children – 26.5% (OK 5th Grade Survey)

Adolescents – 15.9% (YRBSS)

Adults – 15.4% (BRFSS)

Increase the proportion of Oklahomans who eat 5 or more servings of fruits and vegetables per day by 5%.

Baseline:

Children – 26.5% (OK 5th Grade Survey)

Adolescents – 15.9% (YRBSS)

Adults – 15.4% (BRFSS)

Increase the proportion of Oklahomans who consume no more than 30 percent of total calories from fat.

Baseline:

Children – unknown

Adolescents – unknown

Adults – unknown

Increase the proportion of Oklahomans who consume no more than 30 percent of total calories from fat.

Baseline:

Children – unknown

Adolescents – unknown

Adults – unknown

Increase the proportion of Oklahomans who consume less than 10 percent of total calories from saturated fat.

Baseline:

Children – unknown

Adolescents – unknown

Adults – unknown

Increase the proportion of Oklahomans who consume less than 10 percent of total calories from saturated fat.

Baseline:

Children – unknown

Adolescents – unknown

Adults – unknown

Increase the proportion of Oklahomans who consume three or more serving of whole grains daily.

Baseline:

Children – unknown

Adolescents – unknown

Adults – unknown

Increase the proportion of Oklahomans who consume three or more whole grains daily.

Baseline:

Children – unknown

Adolescents – unknown

Adults – unknown

Stabilize the percentage of food secure households in Oklahoma.

Baseline: 84.8%

Increase the percentage of food secure households in Oklahoma by 5%

Baseline: 84%



SCHOOLS AND CHILDCARE FACILITIES CANNOT TAKE THE PLACE OF PARENTS

Setting: Schools and Childcare Facilities

Schools and childcare facilities cannot take the place of parents as the primary influence on children's eating behavior; however, these institutions do have an opportunity and responsibility to encourage healthy eating for the children they serve.

Strategies:

- ✱ Increase participation in Oklahoma Farm to School.
- ✱ Plant and maintain an on-site fruit and veggie garden.
- ✱ Provide enough time and space to eat in a relaxed environment.
- ✱ Provide age-appropriate, comprehensive nutrition education at each age level.
- ✱ Promote low-fat dairy products after age two.
- ✱ Adopt comprehensive nutrition policies to set facility standards for meals, a la carte foods, beverages, snacks, and vending.
- ✱ Eliminate exclusive beverage contracts that require the marketing of unhealthy beverages.
- ✱ Eliminate marketing of unhealthy foods on facility grounds.
- ✱ Include mealtimes as part of the educational curriculum.
- ✱ Adopt educational materials that contain positive references to healthy food and avoid educational/play materials that endorse junk food.
- ✱ Provide training to staff to model healthy eating behaviors.
- ✱ Institute guidelines for fund raising that promote healthy foods or non-food methods.
- ✱ Serve water* as main drink and maintain clean sources of tap water and/or working water fountains.

Oklahoma City is America's fast food capital, ranking consistently among the top 10 for high rates of fast food purchases.

Nearly 40% of Oklahomans believe that eating healthy food is expensive.

*Infants do not need any fluid besides breast milk until six months old. There after consult your healthcare provider.



MANY OKLAHOMANS SPEND 1/3 OR MORE OF THEIR DAY AT THEIR PLACE OF WORK

Setting: Worksite

Many Oklahomans spend 1/3 or more of their day at their place of work.

This makes the worksite a strategic setting to encourage and facilitate health. Employers can do a lot to create an environment that supports healthy eating.

Strategies:

- ✱ Adopt policies that ensure healthy food options are available on-site.
- ✱ Adopt healthy food policies for all on-site meetings.
- ✱ Increase access to fresh fruits and vegetables through on-site farmers' markets.
- ✱ Provide on-site nutrition education and social support for employees through programs like Weight Watchers® and evidence-based disease management programs.
- ✱ Provide and maintain sources of clean water to drink.

Setting: Healthcare

The healthcare industry plays an invaluable role in improving Oklahoma's health. For the general public, personal healthcare providers, especially physicians, are considered the authority on health-related matters. Insurance companies determine what services are covered or not covered by their health plans. A shift in policy and practice is needed to focus on prevention of chronic disease first, then treatment.

Strategies:

- ✱ Increase nutrition education hours in the curriculum of health professional programs.
- ✱ Provide training and resources to providers on healthy eating.
- ✱ Adopt standards of practice that include routine screening and provider communication on eating behavior.
- ✱ Develop referral system to help patients access further healthy eating resources.





Cherokee Community Health Coalition

As one of the first Turning Point partnerships, the activities of the CCHC such as *Healthy Restaurants*, *Walk this Weigh*, Nutrition Health/Wellness classes, and establishment of beneficial partnerships have allowed them to lead the way in establishing the supportive community environment needed to improve health outcomes in Cherokee County.

- ✿ Eliminate co-location of fast-food restaurants inside hospitals and other healthcare facilities.
- ✿ Work with insurance companies to cover preventive services including dietitians.

Setting: Community/Environment

The physical and social environments of Oklahoma communities heavily influence what Oklahomans eat. Fast food outlets and convenience stores now overpower the traditional food venues. Fewer families cook for themselves or even eat together. Many Oklahoma families live in “food deserts” where physical access to healthy food is simply out of reach. Changes are needed in Oklahoma communities to increase access to affordable and healthy foods.

- ✿ Address food insecurity.
- ✿ Increase access to farmers’ markets and other local food channels, especially in underserved areas.
- ✿ Promote and establish community gardening initiatives.
- ✿ Improve access to grocery stores, especially in underserved areas.
- ✿ Work with local food retailers to adopt family-friendly policies limiting displays promoting unhealthy foods to children.
- ✿ Provide training and incentives to small store owners in underserved areas to carry healthier food options, such as fruits and vegetables.
- ✿ Promote family meals and parental involvement in food choices.
- ✿ Provide healthy cooking classes to parents.
- ✿ Improve menu options at Oklahoma restaurants.
- ✿ Develop zoning restrictions for fast food restaurant operations.
- ✿ Adopt policies to require labeling of calories and serving size on all restaurant menus.
- ✿ Communicate food safety awareness and proper food handling methods in all activities



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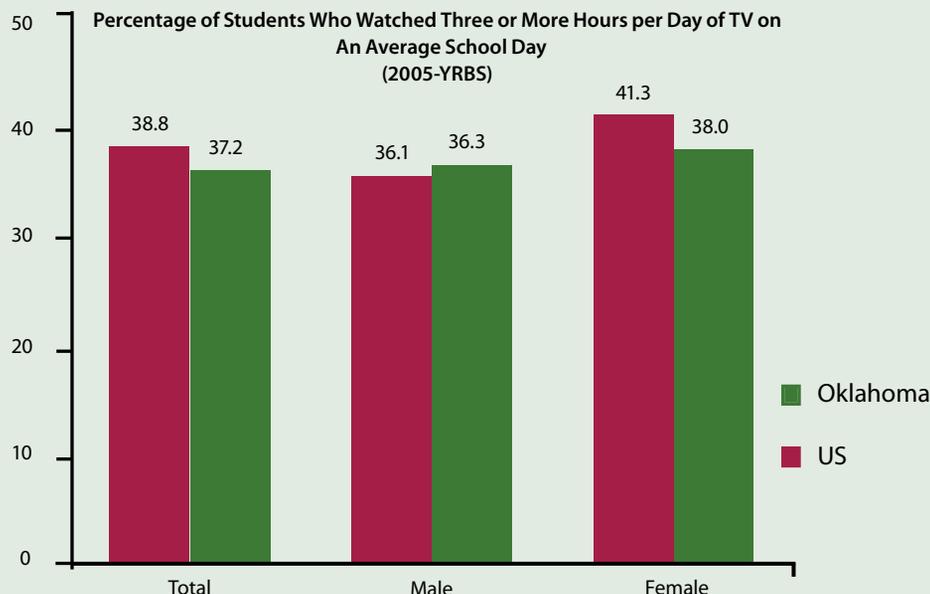
THE AVERAGE CHILD WATCHES THREE HOURS OF TV PER DAY— AND THIS INCREASES TO FIVE AND ONE-HALF HOURS IF YOU INCLUDE VIDEO GAMES AND MOVIES

Screen-time (TV viewing, computer use, and video games) is an important topic when addressing the issue of overweight and obesity. Though television has considerable entertainment value and can also be used as an educational tool, too much screen time contributes to the problem of overweight and obesity. Screen-time contributes to overweight and obesity in two ways: it reduces physical activity and it leads to increased calorie intake.

Though screen-time is an issue for all Oklahomans, children are particularly at risk from increased screen-time. The average child watches three hours of TV per day—and this increases to five and one-half hours if you include video games and movies. When compared to the national average, Oklahoma has a higher percentage of students who watched three or more hours per day of TV on an average school day, especially among female students. Students in lower grades tend to have higher proportions than students in higher grades, and African American students have the highest proportion of watching three hours or more of TV during a school day.



TV Turnoff Week 2007
Governor Brad Henry
joined the Oklahoma
Fit Kids Coalition,
Oklahoma State De-
partment of Health,
and the Oklahoma
Screen-Time Taskforce
in effort to reduce
screen-time in Okla-
homa. Governor Henry
proclaimed April 23-
29, 2007 as “TV Turn-
off Week” and encour-
aged families to find
ways to spend time
together
in an active manner.



Screen-Time Objectives

Short Term (1-2 years)

Decrease the proportion of children and adolescents who view more than 2 hours of television per day on school days by 10%. (2005 \leq 3 hours on school day was 61.2%, YRBS) (2007 YRBS will be the \leq 2 hours baseline) (TOTS, 1st and 5th Grade Survey for children)

Establish a baseline for the proportion of adolescents who play video or computer games or use a computer for something that is non educational for more than 2 hours per day on school days. (2007 YRBS will be baseline)

Identify a baseline of businesses with screen time policies.

Intermediate (3-5 years)

Decrease the proportion of children and adolescents who view more than 2 hours of television per day on school days by 20%. (2005 \leq 3 hours on school day was 61.2%, YRBS) (2007 YRBS will be the \leq 2 hours baseline) (TOTS, 1st and 5th Grade Survey for children)

Decrease by 15% the proportion of adolescents who play video or computer games or use a computer for something that is non educational for more than 2 hours per day on school days. (2007 YRBS will be baseline)

Expand the number of businesses with screen time policies by 15%

Setting: Schools and Childcare Facilities

Strategies:

- ✱ Encourage schools and childcare facilities to adopt “Zero Screen-time” policies.
- ✱ Partner with Department of Human Services (DHS) to incorporate a “Zero Screen-time” policy into accreditation requirements for Childcare facilities.
- ✱ Increase the number of after-school programs that offer reduced-screen time lessons.

Setting: Worksite

Strategies:

- ✱ Promote and encourage the use of screen-time policies in Oklahoma businesses.
 - * Identify model policies
- ✱ Incorporate physical activity breaks into the workday to reduce computer screen-time.
- ✱ Identify capabilities of Information Technology departments to build-in an automatic reminder system to take a break from the computer screen.

Setting: Healthcare

Strategies:

- ✱ Encourage Healthcare facilities to remove televisions from waiting areas.
- ✱ Encourage pediatricians and family practice physicians to incorporate a screen-time assessment in their health history.
- ✱ Develop and offer screen-time awareness and reduction education.
 - ✱ Offer as Continuing Medical Education
- ✱ Counsel patients to reduce non-educational screen-time and increase physical activity.

Setting: Community/Environment

The built environment within communities influences access to physical activity opportunities and access to affordable and healthy foods. The lack of sidewalks, safe bike paths, and parks in neighborhoods discourages children from walking or biking to school and removes access to physical activity within the community.

Strategies:

- ✱ Promote TV Turnoff Week in Oklahoma communities.
 - ✱ Gain support from a local champion
- ✱ Develop partnerships with community organizations and businesses to offer alternative options to television/screen-time.
 - ✱ Distribute at TV Turnoff Events
 - ✱ Distribute at various locations within communities
- ✱ Develop and promote the use of reduced screen-time policies at Community Centers, Recreation Centers and various avenues within the community where citizens gather.



Governor Henry's Strong and Healthy Oklahoma Initiative is a statewide effort to improve the health of all Oklahomans by sharing quick and simple ways to make healthy choices everyday where we live, work and learn.

The Strong and Healthy Oklahoma Guidebook provides creative ways to Eat Better, Move More, and Be Tobacco Free! The guidebooks have been distributed across the state and can be downloaded at

<http://www.strongandhealthyok.gov>



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IN RECENT YEARS, STUDIES HAVE ALSO LINKED BREASTFEEDING TO LOWER RISK OF CHILDHOOD OBESITY, WITH A LONG DURATION (>6 MONTHS) ASSOCIATED WITH THE LOWEST LEVEL OF RISK

Breastfeeding is the ideal feeding method for infants and is recognized as fundamental in achieving optimal child and maternal health. In recent years, studies have also linked breastfeeding to lower risk of childhood obesity, with longer duration (>6 months) associated with the lowest level of risk. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life, continued to at least 12 months with the introduction of solid food. In Oklahoma, most women initiate breastfeeding, but only 40% continue to nurse their children longer than 8 weeks. Currently, Oklahoma culture does not provide support to mothers who wish to breastfeed long-term.



The Coalition of Oklahoma Breastfeeding Advocates (COBA) is an active voice speaking on behalf of Oklahoma mothers and babies. Their advocacy efforts have recently helped pass three pieces of legislation to protect, support, and promote breastfeeding in Oklahoma.

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Breastfeeding Objectives

| Short Term (1-2 years) | Intermediate (3-5 years) |
|--|---|
| Increase the proportion of postpartum women who initiate breastfeeding to 70%. (Baseline 68.9% PRAMS 2005) | Increase the proportion of postpartum women who initiate breastfeeding to 80%. |
| Increase the proportion of postpartum women who continue to nurse their infants until 6 months of age to 31%. (Baseline 29.6% CDC 2007) | Increase the proportion of postpartum women who continue to nurse their infants until 6 months of age to 35%. (Baseline 29.6% CDC 2006) |
| Increase the proportion of postpartum women who continue to nurse their infants until 12 months of age to 15%. (Baseline 12.7% CDC 2007) | Increase the proportion of postpartum women who continue to nurse their infants until 12 months of age to 18%. (CDC 2006) |

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Setting: Worksite (including Schools and Childcare Facilities)

Most moms who quit breastfeeding before 6 months cite returning to work as the primary reason. Worksite breastfeeding support is an effective strategy to help working moms continue to breastfeed after returning to work. The OSDH Breastfeeding Friendly Worksite Recognition Initiative has set minimum standards for recognition as a breastfeeding friendly employer. These minimum criteria include the first four employee benefits below.

Strategies:

- ✿ Increase the number of worksites offering the following employee benefits and services:
 - * Flexible break times for expression of milk.
 - * A private, comfortable location for expression other than a toilet stall.
 - * Access to nearby clean water source and sink for cleaning equipment.
 - * Written policy to support breastfeeding.
 - * Access to a refrigerator for safe storage of milk.
 - * Prenatal breastfeeding education.
 - * Counseling by a lactation consultant as needed.
 - * Referrals to public/private community resources for special situations.
 - * Education for all employees on the benefits of breastfeeding and company services to support breastfeeding employees.
 - * Hospital-grade breast pump available for employee use.
 - * On-site or near-site child care.
 - * Options for returning to work such as extended maternity leave, part-time work, or telecommuting.



The Oklahoma State Department of Health (OSDH) leads a multi-disciplinary workgroup to promote and support breastfeeding at worksites and in public establishments. Public establishments can now welcome nursing moms and babies with a decal posted near their entrances, and worksites can be recognized as Breastfeeding Friendly by meeting four minimum supportive criteria.





The OSDH, leading by example, exceeds the minimum criteria and is recognized as a Gold Star Breastfeeding Friendly Worksite.

Setting: Healthcare

Healthcare systems and providers have a great influence on mom's decision to initiate breastfeeding. If breastfeeding is not actively encouraged and formula is given out for free, nursing may not even be considered by the mother. Expecting mothers need to hear the benefits of breastfeeding from their healthcare providers and deliver their children in baby friendly environments.

Strategies:

- ✿ Increase the number of board certified lactation specialists.
- ✿ Increase the number of post-partum doulas.
- ✿ Expand Loving Support™ peer counselor program.
- ✿ Increase the number of Baby Friendly hospitals in Oklahoma.
- ✿ Distribute Loving Support™ resources to key health professionals.
- ✿ Increase hours of breastfeeding education in curriculum of health professional programs.

Setting: Community/Environment

Cultural and societal norms impact the initiation and duration of breastfeeding. Oklahoma women need a community around them that accepts breastfeeding and values it as the most natural and beneficial way of infant feeding. Those closest to mom also have a great effect on her success in breastfeeding. Moms need encouragement from family and friends, as well as co-workers to start nursing and continue long-term.

Strategies:

- ✿ Establish a toll free support number for breastfeeding women/families.
- ✿ Increase access to breastfeeding classes.
- ✿ Increase the number of breastfeeding supportive public establishments.
- ✿ Implement Using Loving Support to Build a Breastfeeding Friendly Community.



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Surveillance is a component of evaluation that involves the ongoing, systematic collection and analysis of data about a disease, condition, or risk factor. A number of surveillance activities are already in place or are being developed within the OSDH to monitor obesity, overweight, fruit and vegetable consumption, physical activity and breastfeeding. Examples of existing statewide surveys include:

- ✱ Behavioral Risk Factor Surveillance System (BRFSS) for adults
- ✱ Youth Risk Behavior Survey (YRBS) for adolescents and youth
- ✱ Pregnancy Risk Assessment Monitoring System (PRAMS) for breastfeeding

The analysis of information collected through this system will be used to determine progress toward the achievement of long-term, population based, state-level outcomes.

Evaluation refers to the collection of information about the way program strategies were implemented and if the related activities had any impact on the knowledge, attitudes or behaviors of those involved along with changes in community norms, policies and other environmental indicators. Evaluation data are important for making decisions about program changes and determining the effectiveness of selected strategies.

Examples of evaluation techniques could include, but are not limited to:

- ✱ Meeting/Coalition effectiveness inventories
- ✱ Program satisfaction surveys
- ✱ Interviews with workgroup members regarding operations
- ✱ Assessment of changes in attitudes toward fruit and vegetable consumption among students participating in a community based nutrition program

Under the umbrella of the Oklahoma State Department of Health and the OK2SHARE program, OKPAN will develop and facilitate a multi-level surveillance and evaluation system to monitor obesity-related indicators, determine progress toward achievement of short, intermediate and long-term outcomes, and inform state and community level programs.

Strategies:

- ✱ Establish data advisory and evaluation teams.
- ✱ Evaluate use of existing surveillance system information to maximize relevance/effectiveness of the data and system.
 - * Identify common data needs across chronic disease areas
 - * Identify gaps and overlaps in current data collection efforts
 - * If needed, develop a protocol for uniform data collection (measurement guide lines, data collection forms, reporting system) to reduce redundancy and increase productivity
 - * Establish schedule for development and distribution of public documents/reports (monographs, press releases, etc.) on obesity and physical activity and nutrition behaviors, weight, food insecurity, and environment/policy to guide planning efforts
 - * Collaborate with existing systems to ensure public access to all relevant data (i.e. OK2SHARE)

- ✱ Development of a local PAN resource database (low and no-cost physical activity and/or nutrition resources by community).
- ✱ Development of a PAN education database (website with regularly updated links to best practices, current research on PAN, local success stories).
- ✱ Promote the development and implementation of the 1st and 5th grade survey and Middle School Youth Risk Behavior Survey.
- ✱ Promote regular intervals for data collection and sustainability of survey implementation.
- ✱ Promote sustainable cardio-respiratory fitness measurements among students in grades Pre-K through 12.
- ✱ Advocate for the accuracy of obesity and overweight measurement: Height, weight, waist-to-hip ratio, and waist circumference.
- ✱ Address age-appropriate measurements.
- ✱ Develop a surveillance system to track screen-time habits of adult Oklahomans.
- ✱ Develop appropriate measures for surveillance and evaluation of businesses with screen time, physical activity, nutrition, and breastfeeding policies.
- ✱ Develop formal method/system to track community and individual participation in Oklahoma Television Turnoff Week and similar events/activities.

Short Term (1-2 years)

Establish system for providing technical assistance on surveillance/evaluation to communities interested in implementing Oklahoma State Plan projects.

Establish a Data Advisory Team to guide implementation of the Oklahoma State Plan surveillance objectives, and identify/develop additional measures as needed.

Establish an Evaluation Advisory Team to develop additional objectives, and develop obesity related evaluation and surveillance agenda for Oklahoma, and promote surveillance/evaluation.

Intermediate (3-5 years)

Implement coordinated, multi-site evaluation design for shared indicators.

Complete evaluation of existing surveillance systems.

Produce a report of OKPAN Program efforts by geographic regions, age, gender and race/ethnic groups. Develop new measurement tools to evaluate trends as needed

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OKPAN PARTNERS WOULD LIKE TO ACKNOWLEDGE STATE PLANS OF THE OTHER FUNDED STATES FOR THE DEVELOPMENT OF THIS DOCUMENT AND LOOK TO OUR FELLOW STATES FOR DIRECTION.

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"Photographs on pages 8-9 (background), 13 (right side), 19 (background), 22-23 (background) provided by Oklahoma State Parks, Roberta Helsley. <http://www.oklahomaparks.com>"



Cross-Cutting

2006 - Senate Bill 1459

Provides new resources to the Healthy & Fit School Advisory Committees to make their assessments and begin improving the environment of their local school campus. It provides the opportunity for the Committees to be fully engaged in monitoring the progress of their campus toward ensuring healthy food options and fitness activities.

2004 - Senate Bill 1627

Creates the Healthy and Fit Kids Act of 2004, directing each school to establish an Advisory committee comprised of parents, local health care professionals and community leaders to study and make recommendations to their school principal regarding health physical fitness, nutrition, health education and health services.

Physical Activity

2005 - Senate Bill 312

Directs the State Board of Education to require schools to offer physical education instruction for students at all levels. Elementary Schools must require a minimum of 60 minutes average per week of physical education or exercise program in grades K-5. Middle and High Schools must offer physical education as an elective.

2007 – House Bill 1601

To address concerns that the physical education requirement for elementary schools was being abused by counting recess towards the required 60 minutes per week, House Bill 1601 was introduced and passed. HB 1601 clarifies that the physical education requirement established by SB 312 is in addition to recess, and also creates a Task Force to determine how best to expand the requirement beyond elementary schools in order to expand the reach of physical education across the education spectrum.

Healthy Eating

2005 - Senate Bill 265

Eliminates access to sugary drinks and snacks in elementary schools, except for special occasions. Limits access to sugary snacks and beverages in Middle Schools to after school/evening events, and special occasions. Requires some healthy choices be offered in high schools, with incentives to encourage the purchase of the healthy choices.



2006 - House Bill 2655

Creates the Oklahoma Farm to School program to connect schools with local farmers in order to improve the nutrition of Oklahoma's students and create new markets for Oklahoma's farmers. The bill builds on the successful efforts of the Oklahoma Food Policy Council.

2006 – Senate Bill 46

Appropriates \$100,000 to the Department of Agriculture to fund the Farm to School program.

Screeentime

2007 – Proclamation by Oklahoma Governor Brad Henry



Breastfeeding

2004 - House Bill 2102

A mother may breastfeed her baby in any location where the mother is otherwise authorized to be. Mothers who are breastfeeding a baby may request to be exempt from jury duty.

2005 - Resolution No. 1015

A Concurrent Resolution encouraging the State of Oklahoma and all Oklahoma employers to strongly support and encourage the practice of breastfeeding.

2006 - House Bill 2358

Encourages businesses to support the working breastfeeding employee and provides guidelines for workplace policies governing breastfeeding.

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At Risk of Overweight: Term used regarding children with a gender-specific, BMI-for-age that is equal to or greater than the 85th percentile but less than the 95th percentile.

Behavioral Risk Factor Surveillance (BRFSS): A surveillance system that uses a population-based telephone survey to assess behavioral health risk factors of American adults. The BRFSS provides national and state data for following trends in obesity, physical activity, and fruit and vegetable consumption. Oklahoma residents aged 18 or older and living in households with telephones are chosen to participate by random selection. www.cdc.gov/brfss

Body Mass Index (BMI): An anthropometric measurement of weight and height that is defined as body weight in kilograms divided by height in meters-squared (kg/m²). BMI is the commonly accepted index for the classification of overweight and obesity in adults and is recommended to identify children and adolescents who are underweight, overweight or at-risk for overweight.

Centers for Disease Control and Prevention (CDC): The CDC is a branch of the United States Department of Health and Human Services and is recognized as the lead federal agency for protecting the health and safety of people at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships.

CDC's Division of Nutrition and Physical Activity and Obesity (DNPAO): A division of CDC that addresses the role of nutrition and physical activity in improving the public's health and preventing and controlling chronic disease. The scope of DNPAO activities includes epidemiological and behavioral research, surveillance, training and education, intervention development, health promotion and leadership, policy and environmental change, communication and social marketing, and partnership development.

Chronic Disease: Illnesses that are prolonged, do not resolve spontaneously, and are rarely cured completely.

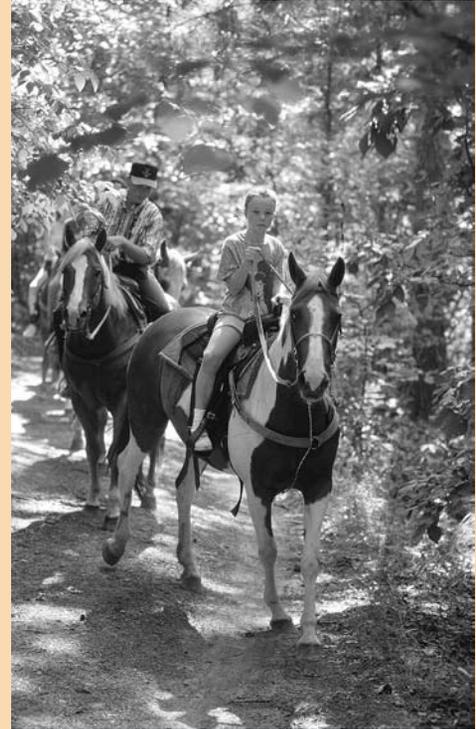
Coalition: A union of people or organizations involved in a similar mission working together to achieve common goals.

Collaboration: Working in partnership with other individuals, groups or organizations, or through coalitions with inter-organizational representation, toward a common goal.

Community: A social unit that can encompass where people live and interact socially (city, county, neighborhood, subdivision or housing complex). It can be a social organization wherein people share common concerns or interests. Often, a community is a union of subgroups defined by a variety of factors including age, ethnicity, gender, occupation and socioeconomic status.

USDA Dietary Guidelines for Americans: Dietary Recommendations for healthy Americans age 2 years and over about food choices that promote health specifically related to prevention or delay of chronic diseases.

Epidemic: Widely prevalent and rapidly spreading.



Exercise: Physical activity that is planned or structured. It involves repetitive bodily movement done to improve or maintain one or more of the components of physical fitness: cardio-respiratory fitness, muscular strength, muscular endurance, flexibility, and body composition.

First (2000-2001) and Fifth Grade (2001-2002) Surveys

- ✿ Random survey of Oklahoma first and fifth grade students
- ✿ Survey completed by the students' parent/guardian

Fruits & Veggies—More Matters™ Initiative: Fruits & Veggies

— **More Matters™** is a dynamic health initiative that consumers will see in stores, online, at home and on packaging. The Centers for Disease Control and Prevention (CDC) and Produce for Better Health Foundation (PBH) are leading this initiative and are in partnership with other health organizations, including each state department of health. The goal is to increase daily consumption of fruits and vegetables. This initiative replaces the existing 5 A Day awareness program and will build upon the body of science that indicates that increased daily consumption of fruits and vegetables may help prevent many chronic diseases.

Healthy Eating: An eating pattern that is consistent with the USDA Dietary Guidelines for Americans. Individual and cultural preferences can be accommodated within an eating pattern that is considered healthy.

Inactivity: Not engaging in any regular pattern of physical activity beyond daily functioning.

Intervention: An organized, planned activity that interrupts a normal course of action within a targeted group of individuals or the community at large so as to reduce an undesirable behavior or to increase or maintain a desirable one. In health promotion, interventions are linked to improving the health of a population or to diminishing the risks for illness, injury, disability or death.

Obesity: An excessively high amount of body fat in relation to lean body mass in an individual. The amount of body fat includes concern for both the distribution of fat throughout the body and the size of the body fat tissue deposits. In Body Mass Index measurements, adult obesity is defined as a BMI equal to or greater than 30.

Oklahoma Minority Health Survey (OKBRFS)

- ✿ Randomized telephone survey of non-white adults in Oklahoma
- ✿ 2003-2004

Oklahoma Native American Behavioral Risk Factor Survey (NABRFS)

- ✿ Completed in 2000
- ✿ Randomized telephone survey of self-identified American Indian adults in Oklahoma
- ✿ <http://www.health.state.ok.us/program/cds/reach.html>

Outcomes: The changes in a program's target population or in an environmental factor (e.g., local smoking laws or school curricula) that are expected to result from a program's activities.

Overweight: An increased body weight in relation to height, when compared to some standard of acceptable or desirable weight. In Body Mass Index standards, overweight is defined between 25 and 25.9 or greater in adults. In children and youth, a gender-specific, BMI-for-age measure at or above the 85th percentile but less than the 95th percentile.



Partnership: Individuals or groups that work together on a common mission or goal.

Performance Measurement: The routine monitoring of program inputs, outputs, and intermediate and long-term outcomes.

Performance Measures: A quantitative or qualitative characterization of a program's performance. Performance measures may characterize how a program was implemented, how products and services were delivered by a program to the target audience, or to what extent the program succeeded in achieving its objectives.

Physical Activity: Bodily movement produced by the skeletal muscles that results in an energy expenditure and is positively correlated with physical fitness. Also includes household duties such as sweeping floors, scrubbing, washing windows, raking the lawn, or anything that requires intentional movement.

Physical Fitness: A measure of a person's ability to perform physical activities that require endurance, strength, and/or flexibility. Physical fitness is determined by a combination of activity and genetically inherited ability.

Portion Size: The amount of a single food item served or packaged for one eating occasion. This is often confused with serving size, which is a standardized unit of measuring foods used in dietary guidance. For example, one ounce from the grain group is a serving; however, the average size of a bagel is at least twice that amount. Portion sizes have increased tremendously without the public realizing that what they are eating now may be several servings instead of one.

Program Evaluation: The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.

School Health Index (SHI): A tool developed by CDC for schools to assess their nutrition and physical activity environments, plan and implement improvements and monitor changes over time.

Sedentary Lifestyle: A lifestyle characterized by little-to-no regular physical activity.

Social Marketing: The application of commercial advertising and marketing concepts to the planning and implementation of programs intended to influence the voluntary behavior change of a target audience in order to improve personal welfare and that of society.

Social-Ecological Model: A model suggesting that behavior change requires the interaction of educational activities, advocacy, organizational change efforts, policy development, economic support and environmental change to impact individual health behaviors. Rather than focusing on personal behavior change interventions with groups or individuals, public health problems must be approached at multiple levels, stressing interaction and integration of factors within and across levels.

Stakeholder: An individual or organization that has an appreciation of the issues or problems involved in a health promotion program and has something to gain or lose as a result of their participation. This person or group has a stake (or vested interest) in the outcome of the health promotion program. Stakeholders should be diverse, representing professionals and laity and include opponents to the program's goal(s). There are four main categories of stakeholders:



- ✿ Implementers: those involved in program operations
- ✿ Partners: those who actively support the program
- ✿ Participants: those served or affected by the program
- ✿ Decision Makers: those in a position to do or decide something about the program

Surveillance System: A continuous, integrated and systematic collection of health-related data.

Target Audience: A group of individuals or an organization, sub-population or community that is the focus of a specific health promotion program or intervention.

PRAMS (Pregnancy Risk Assessment Monitoring System): An ongoing, population-based surveillance system designed to gather information about maternal behaviors and experiences before, during and after a woman's pregnancy. Each month a sample of approximately 200 new mothers is taken from the Oklahoma live birth registry. Sampled mothers are mailed up to three questionnaires after which non-respondents are contacted for telephone interviews. PRAMS employs a systematic stratified sampling design; births are stratified by birth weight. Mothers at high risk of adverse pregnancy outcomes are over-sampled. Using information from the birth certificate analysis weights are developed to adjust for selection probability and non-response.



Youth Risk Behavior Surveillance System (YRBS): A system developed by CDC to monitor priority health risk behaviors that contribute to the leading causes of morbidity, mortality and social problems among youth in the United States. The survey is administered in Oklahoma to 9th – 12th grade students every other year. 2003 was Oklahoma's first year to administer the survey.

- ✿ <http://www.cdc.gov/HealthyYouth/yrbs/>
- ✿ <http://www.health.state.ok.us/program/yrbs/index.html>
- ✿ <http://www.health.state.ok.us/board/iro4/index.html>

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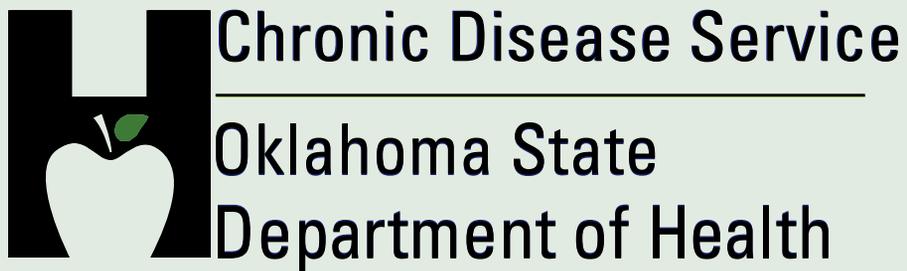


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Designed by Marylee Braun-Wright

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