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<th>Session 1.1</th>
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<td>Game Changing Science</td>
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**Our research team surveyed rural (n = 201) and urban (n = 228) South Carolina adult residents to better understand factors affecting obesity and related health behaviors. In this session, we will present findings from a study examining rural-urban differences in physical activity and effects of the physical and social environment on physical activity levels. The physical activity level was assessed using the International Physical Activity Questionnaire-Short Form. Aspects of the physical and social environment were assessed using the Rural Active Living Perceived Environmental Support Scale and the Social Support and Exercise Survey, respectively.**

Demetris Abshire, PhD, RN, University of South Carolina College of Nursing
Craig McNeill, DalTite Manufacturing, Julie Dearing, MS, Oklahoma State Department of Health
Sydney Tomlinson, BS, Oklahoma Hospital Association
Ellen Dillon, Action for Healthy Kids
Rachel Campos, MPH, Senior Research Associate, Georgia Health Policy Center, Georgia State University
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**Newkirk Pathway Project, An Active Living and Walkability Project**

Rethinking Retail: The Public Health Implications of Limited-Service Food Stores
Early Detection of Pre-Diabetes, It's Impact on Obesity
Family Child Care Home Provider Nutrition Knowledge and Self-Efficacy: Baseline Findings from Happy Healthy Homes
A Teen’s perspective of the Individual Psychology of Being Healthier
State Nutrition Action Councils: Collaborations to Reduce Obesity using a Systems Approach

**The Newkirk Pathway Project is a community project with the City of Newkirk, TSET Healthy Living Program of Kay County, and community volunteers. The project identified three areas in the community where a fitness path, bike path, and Safe Routes to School path could be created. The partnership with the City of Newkirk led to the adoption and implementation of the pathways. The Newkirk Pathway Project also included an event roll out to complement the announcement of an award of funding to complete the first phase of the pathway, the fitness path.**

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of unhealthy foods, and offer strategies to support healthy eating. conducted in Oklahoma from October 2017 to November 2018. accelerate change and maximize resources using a systems approach.

Jenny Creech, Oklahoma State University Prevention Programs, Grant Coordinator, TSET Healthy Living Program Darya Minovi, MPH, Center for Science in the Public Interest James Ashford, NAHU Self-Funding Certified American Diabetes Professional Member, Vision Care Direct Susan Sisson, PhD, CHES, RDN, FACSM, University of Oklahoma Health Sciences Center Alison Zhang, The Oliver Foundation Amy DeLuiso, MPH, RD, Public Health Institute Center for Wellness and Nutrition

Traditional Employee Wellness Can Save You $1M!

After a three year trial of an employee wellness program, our organization has seen a savings of $1M in claims, an improvement of 25% of blood pressures for employees and covered spouses, 88% of employees and covered spouses are in the normal range for glucose and we have a 95% participation rate in our wellness program.

The 2017 Youth Risk Behavior Surveillance System shows that 14.8% of U.S. high school students had obesity. An additional 15.6% of high schoolers were overweight. Texas came in the top-5 of this list in this study. Being in a Houston school, I have pondered over this trend and seen the problem and its impact firsthand. For the past year, I have been part of Oliver Foundation which is focused on childhood obesity. In this presentation I will focus on key causes, impacts, and possible fixes for this trend based on my day to day experience of class schedule, access to food, in-school and after-school physical activities in middle school and high-school.

Lucy Muller, MSHR, McAlester Regional Health Center

Tuesday, October 29, 2019: 2:15-3:30: Breakout Sessions Two

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Public Library Partnerships: your community connection!

The Effect of the Community Food Environment on Family Child Care Home Meal Quality Citizen Tools for Jump Starting PSE Systems Approaches in Marginalized Communities Understanding Commercial Tobacco Beliefs and Behaviors to Promote Health and Prevent Disease A community of practice approach for understanding and using effectiveness and economic information for obesity prevention “We’re an online super-coalition!” - Growth of a Cross-Agency Public Health Virtual Community

Libraries partner with many agencies to educate communities in how to actively engage in healthy behaviors that reduce the incidence of obesity. The agencies focusing upon health information that collaborate to improve health via public libraries include the National Network of Libraries of Medicine (NNLM), State Libraries (i.e. Oklahoma Department of Libraries (ODL), Public Health Departments, Non-Profit Organizations and Public Libraries. The partnership between these agencies provides programmatic funding, technology, educational resources, professional expertise, and clinical knowledge to enable libraries to provide nutrition, fitness, cooking, wellness and other programs that aim to reduce the incidence of obesity in our communities.

The purpose of this study was to determine if there is a difference in the quality of meals offered to children attending family child care homes (FCCH) by food environment status (food desert vs. non-desert). FCCH providers serving 2-to-5 year olds were recruited from the Oklahoma City area. Data was collected from two lunch visits regarding the presence of fresh fruits and vegetables, nutrients served, and compliance to the Child and Adult Care Food Program (CACFP). Driving distance was collected by provider self-report and through ArcGIS spatial analysis software. Modified retail food environment index (mRFEI) scores were used to operationalize census tracts as food deserts (mRFEI = 0) and non-deserts (mRFEI > 0). FCCH and grocery store addresses and mRFEI scores were layered onto a map of Oklahoma.

This case study highlights Texas A&M’s triangulated planning approach in three marginalized counties by developing basic planning process workbooks, guiding local advocates with technical assistance, and encouraging implementation with action-based starter kits. The program focuses on guiding local advocates to take small but meaningful steps to identify, plan, and pilot test environmental changes and build systems to serve as a map for long term planning, policies, and built environments to improve connectivity to everyday places (e.g. stores) and access to fruits and vegetables.

Oklahoma City Indian Clinic (OKCIC) created a community needs assessment and surveyed 500 patients for commercial tobacco use behaviors, attitudes, and beliefs. Tobacco use questions were combined with 5210 assessments to analyze correlations between obesity, obesogenic behaviors. Increased body mass index (BMI), sugar-sweetened beverages (SSB) intake, and screen time was significantly associated with every trying cigarettes. Increased SSB and screen time were significantly associated with using e-cigarette. OKCIC will use this data to create and implement targeted tobacco prevention programs and create a marketing campaign.

This session will describe the development and launch of the Childhood Obesity Intervention Cost-Effectiveness Study (CHOICES) Community of Practice. The CHOICES Community of Practice is mainly a virtual community resource intended to help build the capacity of state and local health agencies to use effectiveness and economic evaluation to make strategic investments in activities and plans they create to outline their states activities to implement childhood obesity prevention initiatives.

Leaders from three Oklahoma state public health agencies established the OK In the Know (OKTK1) coordinated knowledge management system to align distinct missions in obesity prevention, tobacco control, and substance abuse prevention. This online community of practice encourages peer to peer sharing and multi-sectoral collaboration among grantees and staff of state-funded community programs. It is a cost-efficient, centralized platform for disseminating evidence-based information and promising practices to a wide range of public health stakeholders. This session will describe successes related to training and collaboration, opportunities to further scale this initiative, and strategies for cross-agency collaboration that could be replicated elsewhere.

Brian Leaf, National Network of Libraries of Medicine, South Central Region

Sara Fortin-Miller, MS, Department of Nutritional Sciences, College of Allied Health, University of Oklahoma Health Sciences Center Valerie Jauregui, MPA, Project Manager, Texas A&M CCC 1829 HOB Grant for Working on Wellness Environments in four Texas Counties, Texas A&M Agriculture Extension Rochelle Plummer, MS, RD/LD, CLC, Oklahoma City Indian Clinic; Lori LeClaire, B.S., Oklahoma City Indian Clinic Angie Craddock, ScD, Harvard T.H. Chan School of Public Health

Carissa Beatty, MPH, CHES, Emory Centers for Training & Technical Assistance at Emory University
Nutrition Education, Healthcare, and Local Agriculture: Cross-Sectoral Partnerships for Improving Health Outcomes

Innovation in Early Childhood Nutrition

The Food Desert Status of Early Care and Education Environments in Oklahoma: Foundations for Future Obesity Intervention

Understanding Eating Disorders

Preemption and Health: The Latest in Southern States

Effecting Change Through Collaboration

Open Hand Atlanta collaborates with healthcare providers in Atlanta to implement Cooking Matters for Healthcare Partners (formerly known as Fruit and Vegetable Prescription Program). This program provides nutrition and cooking education and produces prescription vouchers to be redeemed at local farmers markets by individuals screening positive for chronic disease and food insecurity. Participants also receive ongoing support and health education through their healthcare provider. Open Hand collaborates with Grady Healthcare and Wholesome Wave Georgia to bolster a multi-sectoral system of health and nutrition supports that aim to mitigate the effects of chronic disease and food insecurity in low-income populations.

To move the needle on childhood obesity, it is critical to start early, work together and also take some risks and innovate. Since 2015, Georgia has implemented farm to early care with a simple recipe: invest in pilot programs, address racial equity, support local farmers, and identify tools that work for early care programs. One innovative tool is the implementation of the Taste Test Box created to expose children to and increase preference for fruits and vegetables, increase teacher self-efficacy to integrate nutrition with early care lessons, and support farmers of color and women farmers.

Background: Food environment is associated with weight status. Sixty-one percent of children attend early care and education (ECE) programs. ECE food environment likely shapes the child’s intake through both the ECE and family. Studies have not previously analyzed the food environment status of ECEs. Purpose: To determine the prevalence of ECEs located within food deserts in Oklahoma. Methods: Utilized Geographic Information Systems (GIS) to integrate and analyze the locations of ECEs and food retailers in Oklahoma. Results: The ECE distribution was: 31% (n=832) in food deserts, 68% (n=1838) in non-deserts, and 1% (n=22) in areas without any food retailers. The distance to the nearest grocer was longer in food deserts regardless of other factors.

Understanding Eating Disorders is a presentation that is offered to all school districts in the state of Arkansas. The Community Health Promotion Specialist and the Community Health Nurse Specialist are responsible for providing technical assistance, education and policy guidance to school district personnel, school nutrition and health committees, and community health coalitions. We maintain current knowledge of child health issues such as eating disorders and coordinate and facilitate training for school personnel and communities.

Advancements in public health have relied upon a thriving and engaged democratic process that supports innovative policy making at the local level. Broader social justice movements – including those focused on achieving equity – also often start locally. Local policy-making is currently under threat by an onslaught of policies that stop, limit, or discourage local communities from enacting policy solutions. Referred to as preemption, these are policies in which a higher level of government limits a lower form of government from taking action on an issue. Preemption is becoming an increasingly common state legislative tactic across the country, but particularly in the South, and is extending to a greater number of policy issue areas. In many cases, pro-preemption lawmakers are acting as agents of special interests often more intent on protecting corporate profits and power than improving community health or wellness. These harmful preemption actions can perpetuate disparities, prohibit policy action.

By bringing together the community, school district leadership and parents, Action for Healthy Kids, partnering with University of Texas El Paso and Paso del Norte Health Foundation as part of the Healthy Eating/Active Living (HEAL) project has been able to affect school policies and build stronger relationships between community members and schools. Within the first year we were able to increase parent involvement in health related issues, support new policies on recess, convene school and community members around school nutrition, and facilitate the development of a new Safe Routes to School initiative. This model has helped schools identify weak policy areas and gain parent and community support to effect change.

Courtney Bursuc, MPH, Open Hand Atlanta

Erin Croom, M.S., Small Bites Adventure Club

Catherine Grantham, MS, University of Oklahoma Health Sciences Center

Sarah Brisco, Bachelor of Science in Education in Health Science, Arkansas Department of Health

Christine Compton, Voices for Healthy Kids, American Heart Association

Michelle Smith, Action for Healthy Kids

Health Educators are Catalyst to Obesity Prevention in Schools

Creating An Equitable Food System in A Rural Community

How Social Media Impacts Individual Physiology

Wellness Team Leaders Creating Change

The EatMoveGrow (EMG) school-based obesity prevention project has utilized grassroots Health Educators to build healthier school environments resulting in healthier BMIs. EMG has modeled the paramount role of community health workers in improving primary health in low income communities with non-clinical Health Educators building cultures of health in low-resource elementary schools. Their work includes educating on the benefits of healthy lifestyles, promoting activity and nutrition, and linking schools to funding and program opportunities. In addition to BMI movement in the healthy direction, the positive impact of the program has been documented in classrooms, physical education, cafeterias, and recess.

Systems building requires multiple partners to commit time and resources before long-term, sustainable health improvements can be realized. At the same time, people are in need now, and programs and services must be in place to help them. This session will explore how community organizations can balance addressing immediate needs while working on longer term, sustainable change with multiple partners. Walker County, Alabama will share their experience building an equitable food system even as they are meeting the needs of food insecure residents. We will share a tool that can be used to build a foundation for systems change.

My session will focus on how social media affects individual physiology, specifically in teenagers. I will be working with co-contributor Alison Zhang to discuss the full implications. I would like to start off by explaining how social media works, then discuss how these sites show individuals images that could negatively affect their mental health and attitudes towards healthy or unhealthy behaviors. My partner, Alison, will describe how these attitudes and ideas will impact their behaviors.

This session will review the expectations of the Wellness Team Leader (WTL) and outcomes that have occurred by staffing a wellness team leader for each local education agency in a district servicing 64,000 students. Expectations for the WTL include: attend the BOY district WTL training, address the faculty at the BOY, conduct at least two wellness meetings per semester, complete the school health index, complete an action plan, disseminate health signage information & brain booster content, conduct one initiative aligned with the CSPAP, and complete a wellness team leader form assigning a parent to attend the school health advisory council.

Donna Newton, Masters of Exercise Science, Certified Exercise Physiologist, Executive Director, The Health Enrichment Network

Erica Burroughs-Girard, MA, MPH, County Health Rankings & Roadmaps, Paul Kennedy, Walker Area Community Foundation

Zoe Price, The Oliver Foundation Teen Advisory Board

Javier Carrasco, PhD
Tuesday, October 29, 2019: 3:45-5:00: Breakout Sessions Three

3.1
Food Systems and Healthy Eating

3.2
Food Systems and Healthy Eating

3.3
Environment and Active Living

3.4.
Social Forces and Individual Psychology

3.5
Local Ecological Systems

3.6
Systems Approaches

Farm to Early Care and Education (FTECE) and Obesity Prevention: Outcomes and lessons learned in Georgia’s W.K. Kellogg-funded FTECE Initiative

This session will review system changes and challenges, partnership lessons learned, racial equity progress, and outcomes achieved in the W.K. Kellogg-funded Georgia Farm to Early Care and Education (FTECE) project. Five unique, GFTECE partners followed from 2017 to 2019 to increase the number of young children accessing, learning about, and eating fresh, nutritious local foods regardless of income or zip code; increase the capacity of early childcare and education providers to integrate FTECE strategies in their facilities, and improve the accessibility and awareness of nutrition, physical activity and obesity prevention strategies in early childcare and education settings.

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Sanjay Raja, The Food Talk LLC
William Russell, The Daily Mile
Roddrick Dugger, MPH , University of South Carolina- Arnold Childhood Obesity Initiative
Sharon Howard, BSN, MA, TSET; Noelle Kleszynski, MPH
Mary Finch, MS, RD, LDN, Tennessee-Nutrition Action Coalition

Food Banks as Leaders for Community-wide Obesity Prevention for Children and Families

This presentation will highlight a project called Thriving Communities, Thriving Children II (TCTCI) that is funded by the W.K. Kellogg Foundation, led by the Mississippi Food Network (MNF) and uses an easy-to-replicate, community-wide model for nutrition and health education.

Dr. Lombardo will provide an overview and discuss a unique element of TCTCI - the successful Backpack Program and ‘School Pantry Night’ that addressed children who experience chronic hunger and families in need of access to fruits, vegetables, and staple food items. Learn how Food Banks are ideal organizations to implement both of these strategies.

Debra Kibbe, MS, Senior Research Associate, Georgia Health Policy Center, Georgia State University

Nutrition Education with Kids in the Kitchen

Comprehensive School Physical Activity Program: An Introduction and Overview

CHOICES (Childhood Obesity Intervention Cost Effectiveness Study) - Oklahoma WIC

Screen time intervention.

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Building Farmers Market Capacity to Improve Access to Quality Food

Creating a School of Wellness

Using County-Specific Data to Drive a Localized Approach to Obesity

Ohio’s Systemic Approach to School Health

Innovation in Obesity Education - Project ECHO Model

Michelle Lombardo, Doctor of Chiropractic, TheOrganWiseGuys
Lynn Davis, Public Service Associate of the University Of Georgia, Turner County 4-H with the University of Georgia College of Agricultural and Environmental Sciences
Savannah Owen, M.Ed., Sport Administration, Educational Leadership Assistant Principal, Edmond Public Schools
Christina Windrix, RDN, LD, Oklahoma State Department of Health - WIC Service
Julie Dearing, MS, Oklahoma State Department of Health
Sara Coffey, D.O., Oklahoma State University Center for Health Sciences

SNAP, Collaborate & Listen

Georgia’s Systemic Approach to School Health

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SNAP, Collaborate & Listen
Following formative evaluation of the utilization of Farmers Markets among SNAP recipients, ONE focused efforts on building capacity of markets & increasing markets accepting SNAP, to improve access to quality produce. Most markets had no training & had little budget for development. In order to provide tools to help build capacity several challenges needed to be addressed. ONEI created the OKFMAC with collaborating partners. It is free to attend & welcomes hundreds of growers, market managers & support organizations. It provides opportunities to find resources, build relationships, develop innovative approaches, find new ideas for marketing plans, expand crop production & extend seasons.

Meredith Scott-Kalki, MS, CHES, Oklahoma Nutrition Information and Education (ONIE) Project

This session will explore the work of EatMoveGrow in establishing healthy school communities over the last 5 years that were developed specifically to address health gaps around physical activity and nutrition challenges faced by children in rural, low-resource Delta designated parishes. EMEG grass roots program provides multiple forms of support to allow successful implementation of policies and built improvements that have yielded a shift to a healthy school environment.

Community Food Security Improvement Strategies for Atlanta’s Hispanic Community

The city-county health department is partnering with public school districts to deliver nutrition education. Prior to this program, there was minimal formal nutrition education offered. Childhood obesity and low consumption of produce is a health concern. School health program staff go to schools, holding classes that feature the use of a blender bike. Staff teach nutrition concepts and behaviors, using nutrition education, focusing on label reading, food groups, healthy drinks and strategies to incorporate produce into diets. Students complete two post-session assessments, checking for knowledge and gauging the likelihood of behavior changes.

Wednesday, October 30, 2019: 10:45-12:00 Breakout Sessions Four

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<th>Addressing Food Access in Rural Communities.</th>
<th>Blending Nutrition and Education in Schools</th>
<th>Cross-Sectional Collaboration Catalyzing Community Food Security Improvement Strategies for Atlanta’s Hispanic Community</th>
<th>Association of provider race/ethnicity, perception of food program impact and paperwork barriers on CACFP best practice compliance.</th>
<th>Process and Impact of Developing a Wellness Workforce within Oklahoma’s Department of Mental Health and Substance Abuse Services</th>
<th>Local Wellness Policy: Putting it Into Action to Make it Count</th>
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A rural food retail business addresses food access by purchasing a mobile grocery store to reach underserved communities. Strategies include identifying areas of need, working with area task forces to provide or increase access to healthy food, affordability and sustainability.

The purpose of this study was to determine the associations between FCHC provider race/ethnicity and perceptions of the CACFP on lunchtime and menu best practice compliance scores. Data was collected in Oklahoma FCHC’s serving children aged 2- to 5-year-olds from October 2017 to November 2018. The study was cross-sectional with provider-reported demographics, perception of food program impact and paperwork barriers. CACFP best practice implementation was determined based on lunchtime observation from two in-home visits and a current five-day program menu. Descriptive statistics, t-tests and Chi-square analyses were performed.

In 2015, the Oklahoma State Department of Mental Health and Substance Abuse Services (ODMHSAS) designed and implemented a Wellness Coach Training and Certification Program. This program aimed to develop a workforce capable of delivering wellness supports, including physical activity and nutrition supports. Certification was obtained after completing training and passing a certification test. From 2016-2018 the program expanded to a Wellness Coach Credential, requiring annual CEUs. ODMHSAS also requires Wellness Coaches on each consumer’s treatment team.

Come join this interactive session that will provide hands-on skills and resources to support improving Local Wellness Policies (LWP). This will include LWP implementation, monitoring and reporting requirements as well as guidelines for competitive food and beverages, food and beverage marketing and turnkey resources for nutrition education and promotion. Participants will: 1) Discuss the key components of the USDA local wellness policy requirements to ensure district policies are compliant. 2) Identify strategies and resources to support the implementation, monitoring and reporting requirements for district wellness policies. 3) Identify how districts can support school-level implementation of and compliance with district wellness policies. 4) Identify strategies to determine if foods and beverages sold and served on campus meet the Smart Snacks in School nutrition standards. 5) Identify resources to support healthy marketing messages that promote good nutrition across the school campus and ensure all foods and beverages advertised meet the Smart Snacks in School Standards. 6) Discuss ways to implement nutrition education opportunities.
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<th>The Impact of a Preschool Obesity Prevention Project</th>
<th>Live Well Waco: Healthy Worksite Recognition Program</th>
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<td>Brighter Bites is an evidence-based, multi-component school program that increases access to fresh fruits/vegetables combined with nutrition education for obesity prevention. For sixteen weeks during the school year, Brighter Bites procures primarily donated fruits/vegetables by partnering with food growers, distributors, and food banks, and then channels this produce along with hands-on nutrition education at no cost to low-income families in the form of a school-based food co-op. Once a week, parents and their children pick up 20-25 lbs of a variety of fruits/vegetables, receive recipes and nutrition education, and a healthy recipe tasting.</td>
<td>Hunger on college and university campuses has many cogs in the wheel of success as obesity prevention. Some of the cogs are the same, but some are very different because there are two distinct segments of people we are discussing. Food insecurity is a growing issue on campuses across the United States. Entering into the second year of a grant period, we will reveal what we have learned about college and university hunger, programs and practices that have been implemented on campuses and our plans to move forward in this area.</td>
<td>This study aimed to answer the question, “Can positive behavioral intervention support training modify the mother/caregiver feeding style, leading to more favorable child weight-related outcomes?” In this study, we have contributed to this knowledge base by utilizing a modified Parent Child Interaction Therapy approach in partnership with Hip Hop 2 Health, Jr, an evidence-based curriculum for the classroom. The expectation is that the two interventions coupled together will have a larger impact on obesity prevention in low-income, preschool age children than the curriculum alone. This was a community-based participatory research project conducted in 10 Head Start Centers across Mississippi.</td>
<td>The Live Well Waco Healthy Worksite Recognition Program is an initiative of the Live Well Waco Coalition and the Waco-McLennan County Public Health District. The program identifies and recognizes local businesses for their efforts to create a work environment that supports and encourages a healthy lifestyle for employees. Business within McLennan County will have the opportunity to submit an electronic application, in which their work-site wellness efforts are objectively scored and then receive a recognition level award by City Council based on assessment results.</td>
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| A rural food retail business addresses food access by purchasing a mobile grocery store to reach underserved communities. Strategies include identifying areas of need, working with area task forces to provide or increase access to healthy food, affordability and sustainability. | A rural food retail business addresses food access by purchasing a mobile grocery store to reach underserved communities. Strategies include identifying areas of need, working with area task forces to provide or increase access to healthy food, affordability and sustainability. | A rural food retail business addresses food access by purchasing a mobile grocery store to reach underserved communities. Strategies include identifying areas of need, working with area task forces to provide or increase access to healthy food, affordability and sustainability. | A rural food retail business addresses food access by purchasing a mobile grocery store to reach underserved communities. Strategies include identifying areas of need, working with area task forces to provide or increase access to healthy food, affordability and sustainability. |

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<th>Sarah Shores, M.S. Occupational Safety and Health, GSP (Graduate Safety Practitioner), TSET Healthy Living Program; Wanda Keeton, Atoka/Coal TSET HLP Wellness Coordinator II; The University of Oklahoma</th>
<th>Emily Kelley, MA, Brighter Bites</th>
<th>Sandra Shelson, The Partnership for a Healthy Mississippi</th>
<th>Caroline Newkirk, MPH, CPH, CHES, Mississippi State Department of Health</th>
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<td>Improving the Culture of Health in Early Childhood Education</td>
<td>Faith that Moves Pounds</td>
<td>Establishing healthy habits is important during early years for obesity prevention. The Improving the Culture of Health in Early Childhood Education Program explores how The Partnership for a Healthy Mississippi (The Partnership) implemented the NAP SACC model in low-income early childhood education (ECE) settings throughout Mississippi. This session will identify how The Partnership worked with center directors, parents, food service staff, teachers, and community members to develop ECE wellness councils. This session will also explore how collaboration improved healthier eating practices and physical activity opportunities, reduced screen time, developed school gardens and wellness policies; and enhanced family engagement and community involvement programs.</td>
<td>The Southeast Diabetes Faith Initiative (SDFI), a program of The Balm in Gilead Inc., partners with African American churches across five southern states to increase prediabetes awareness and reduce the incidence of diabetes. SDFI equips faith leaders with knowledge and skills to serve as community health educators who advocate for healthy living in mind, body, and spirit. In extending the health ministry of selected churches, SDFI targets community members at risk for developing diabetes. With the implementation of a CDC-endorsed lifestyle change program, SDFI’s goal is to facilitate weight loss and the adoption of a healthy life style.</td>
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<th>Johny Sandmann, Co-owner Sonny's Market, Coalgate Oklahoma Entrepreneur and Attorney of Law, Sonny's Market of Coalgate</th>
<th>Melissa Horn-Speck, MS, RD, LDN, LDN, It's All About Kids Program, Tulsa Health Department; Charley Daniel, CHES, It's All About Kids Program, Tulsa Health Department</th>
<th>Evan Daily, MAI, Cooking Matters Spanish Coordinator, Open Hand</th>
<th>Bethany Williams, MSH, University of Oklahoma Health Sciences Center</th>
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| Ashley Williams, DrPH(c), MSEd, Waco-McLennan County Public Health District | Jae Jackson McConnell, MS, CITF, Oklahoma State Department of Mental Health and Substance Abuse Services | Stephanie Roberts MPH, RD, National Nutrition Advisor, Alliance for a Healthier Generation | Pamela Price, RN, The Balm in Gilead, Inc. |