



Promoting Equity • Recognizing Disparities • Conquering Obesity

Southern Obesity Summit October 1-3, 2017

Marriott Marquis • Atlanta, Georgia

Presented by:

Texas Health Institute,

Georgia Shape and

Georgia Department of Public Health





Georgia Shape is a proud sponsor of the Southern Obesity Summit.

We are committed to providing resources to increase physical activity and healthy nutrition across the state!

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#SOSGA2017





BY THE GOVERNOR OF THE STATE OF GEORGIA

A COMMENDATION

WHEREAS: The Southern Obesity Summit (SOS) is the largest regional obesity prevention event in the United States, with hundreds of participants from 16 southern states each year; and

WHEREAS: SOS emphasizes equity and equality by bringing together leaders from across the south to share, learn, and develop best practices in obesity prevention and energize grassroots efforts in each participating state; and

WHEREAS: The goal of SOS is to assist stakeholders in strategizing the implementation of policy and program initiatives across the 16 participating states to better support obesity prevention and reduction; and

WHEREAS: SOS promotes cross-sector collaboration and partnerships to prevent obesity, provides opportunities for practitioners to share successful policy and community-based intervention strategies, and defines a "Southern Strategy" to encourage effective interstate initiatives; and

WHEREAS: The 11th annual Southern Obesity Summit will be held in Atlanta on October 1-3, 2017, at Marriot Marquis; now

THEREFORE: I, NATHAN DEAL, Governor of the State of Georgia, do hereby commend

THE SOUTHERN OBESITY SUMMIT

and welcome all participants to Georgia.

In witness whereof, I have hereunto set my hand and caused the Seal of the Executive Department to be affixed this 15th day of September, 2017.



Nathan Deal

GOVERNOR

ATTEST

Chris W. Riley

CHIEF OF STAFF

11th Annual Southern Obesity Summit *Presented by:*



Texas Health Institute (THI) is a non-profit public health institute with a mission to improve the health of all people and their communities.

For 53 years, we have served as a trusted, leading voice on public health and healthcare issues in Texas and the nation.

Through research, education, collaboration, and balanced facilitation, we work to improve health care access, develop the health workforce, and work alongside partners to develop innovative solutions to achieve a vision of wellness and vitality for all.

Georgia Shape is the Governor's statewide, multi-agency, multi-dimensional initiative that brings together governmental, philanthropic, academic and business communities to address childhood obesity in Georgia. Launched in

2012, Georgia Shape includes strategies to address obesity in children from birth through 18 through coordinated efforts, targeted communication and multiple partnerships with other state government agencies, private foundations, healthcare providers, professional athletic teams, and private companies.



Georgia Department of Public Health (DPH) is the lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. In 2011, the General Assembly restored DPH to its own state agency after more than 30 years of consolidation

with other departments. At the state level, DPH functions through numerous divisions, sections, programs and offices. Locally, DPH funds and collaborates with Georgia's 159 county health departments and 18 public health districts. Through the changes, the mission has remained constant – to protect the lives of all Georgians.

For more information, please visit <http://dph.georgia.gov/>

A Little Bit of History...



The SOS is the largest regional obesity prevention event in the United States, drawing hundreds of participants from the 16 Southern States consisting of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Missouri, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia. Together, these states join forces to fight obesity.

The 11th Annual Southern Obesity Summit is in Atlanta, Georgia October 1-3, 2017 at Marriott Marquis. With a focus on Equity and Equality, this Summit will bring together leadership from across the south to share, learn and develop strategies for positive change around obesity prevention.

- 500 participants from 16 southern states will convene to publicize effective and emerging obesity prevention and reduction practices in the region and energize grassroots efforts in each state.
- Attendees will include policymakers, leaders from community-based organizations, federal and state government officials, health care providers, youth and members from national and state associations.
- SOS is a great opportunity for regional partnering, and provides each state access to technical assistance through learning collaboratives.
- The three-day conference offers networking opportunities, fast paced breakout sessions, work group meetings, and plenary sessions that will focus on cross-state collaboration, best practices and youth leadership in obesity prevention.
- Our focus is on strategies identified as having the most impact on obesity prevention:
 - Early Childcare
 - Food Acces
 - Nutrition
 - Schools
 - Healthcare
 - Physical Activity
 - Worksite Wellness

The 11th Annual Southern Obesity Summit has an overarching goal:

- Help stakeholders strategize next steps to implement policy and program initiatives across all 16 states to support obesity prevention initiatives and policies.

We continue to support the following objectives to achieving these goals:

- Promote cross-sector collaboration and partnerships to prevent obesity
- Provide opportunities for practitioners to share successful policy and community-based intervention strategies
- Further define a Southern Strategy to encourage effective inter-state initiatives and collaboration

The Southern Obesity Summit began with seed capital from the Robert Wood Johnson Foundation as a spinoff project of the Southern Rural Access Program, a seven-year initiative to improve access to care.

The Southern Rural Access Program's National Advisory Committee was led by Regina Benjamin, MD, MBA, and previous Surgeon General of the United States. Texas Health Institute (THI) and Arkansas Center for Health Improvement (ACHI) partnered to put on the inaugural SOS in Little Rock in 2007. Since Little Rock (2007), SOS has been held in Birmingham, AL (2008); Austin, TX (2009); Atlanta, GA (2010); New Orleans, LA (2011); Charlotte, NC (2012); Nashville, TN (2013); Louisville, KY (2014); Jackson, MS (2015) and Houston TX (2016).



Thank You to our Exemplary Advisory Committee!



Action for Health Kids,
Melodie Griffin (FL), **Tonitrice Wicks** (MS),
MeMe Perdue (KY), **Michelle Smith** (TX)
Alabama Department of Public Health
Molly Killma (AL)
Arkansas Coalition for Obesity Prevention
Andrea Ridgway (AR)
Consultant, Registered Dietitian, Licensed Diabetes Educator, **Carolyn Dennis** (KY)
Centers for Disease Control and Prevention (CDC),
Laura Kettel-Khan (GA)
Department for Behavioral Health,
Developmental and Intellectual Disabilities
Victoria Greenwell (KY)
First Health of the Carolinas and
North Carolina Alliance for Health
Roxanne Leopper (NC)
Georgia Department of Public Health
Jean O'Connor, Esther Mune,
Katie Smith, Emily Anne Vall (GA)
Georgia Family Connection Partnership
Dorothy Bass (GA)
Georgia Health Policy Center
Debbie Kibbe (GA)
Georgia State University
Rachel Campos (GA)
Live Smart Texas/Michael & Susan Dell Center for
Healthy Living /The University of Texas
School of Public Health
Deanna Hoelscher, Tiffini Menendez (TX)
Missouri Department of Health and
Senior Services, **Karla Voss** (MO)
National Family Voices,
Trish Thomas (NM)
North Carolina Division of Public Health (NCDPH),
Cathy Thomas (NC)
National Association of Chronic Disease
Directors, **Ellen Jones**

National Network of Public Health Institutes
(NNPHI)
Kate Holmes, Dorothy Sekowski
Northeast Texas Public Health District
George Roberts (TX)
Office of Coordinated School Health
Lori Paisley (TN)
The Partnership for a Healthy Mississippi
Sandra Shelson, Langston Moore (MS)
Louisiana Department of Health
D'Andra Bradford Odom (LA)
South Carolina Department of Health
and Environmental Control
Kelley Kavanaugh (SC)
South Carolina Institute of Medicine
Shaena Rouse (SC)
Tennessee Obesity Taskforce
Rebecca Johns-Womack (TN)
Texas A&M AgriLife Extension Service
Alice Kirk (TX)
Texas Health Institute
Ankit Sanghavi, Michelle Smith,
Stephanie Ondrias (TX)
Try This West Virginia
Kate Long (WV)
Tulsa City County Health Department
Pam Rask (OK)
University of Florida/IFAS Extension Jackson Co.
Marie Arick (FL)
Virginia Foundation for Healthy Youth
Heidi Hertz (VA)
Voices for Alabama Children
Melanie Bridgeforth (AL)
Wake Forest Baptist Health
John Cain (NC)
West Virginia University Extension Service
Emily Murphy (WV)
Working Well
Emily O'Sullivan (SC)



Thank You to our Fabulous Host Committee!

Mary Joyce Bacon, Healthways
Donald S. Betts, Georgia Institute of Technology
Laura Colbert, Georgians for a Healthy Future
Anne-Marie Coleman, Georgia Shape/Georgia Department of Public Health
Caree Cotwright, University of Georgia
Marsha Davis, University of Georgia
Joshua Deaton, Atlanta Track Club
Joi Hatch, USDA Food and Nutrition Service
Claire Heiser, Centers for Disease Control and Prevention
Debbie Kibbe, Georgia Health Policy Center
Laura M. Lloyd, Emory University
Michelle Lombardo, The OrganWise Guys, Inc.
Rodney Lyn, Georgia State University
Esther Mune, Georgia Shape/Georgia Department of Public Health
Jean O'Connor, Georgia Shape/Georgia Department of Public Health
Wendy Palmer, Children's Healthcare of Atlanta
Sue Payne, Atlanta Track Club
R. Chris Rustin, Georgia Department of Public Health
Sarah A. Sliwa, Centers for Disease Control and Prevention
Katie Smith, Georgia Shape/Georgia Department of Public Health
Sarah Thorpe, Open Hand Atlanta
Emily Anne Vall, Georgia Shape/Georgia Department of Public Health



**THANK YOU TO ALL
OUR SPONSORS!**



CARDINAL DIGITAL MARKETING

HEALTHCARE GEORGIA FOUNDATION

PLEASE VISIT OUR FANTASTIC EXHIBITORS!

ActivEd

CATCH

Centers for Disease Control &
Prevention (CDC)
School Health Branch

County Health Rankings &
Roadmaps

Erchonia Corporation

FIRST 5 Santa Clara County

Georgia Association for Health
Physical Education Recreation
and Dance (GAHPERD)

Georgia Department of Public
Health

Georgia Health Policy Center

Georgia Shape

Georgia Breastfeeding Coalition

HealthMPowers, Inc.

JSI Research & Training Insti-
tute, Inc.

Novo Nordisk

Optum and Real Appeal

Project Open Hand

Southeast United Dairy Industry
Association, Inc.

Stand2Learn

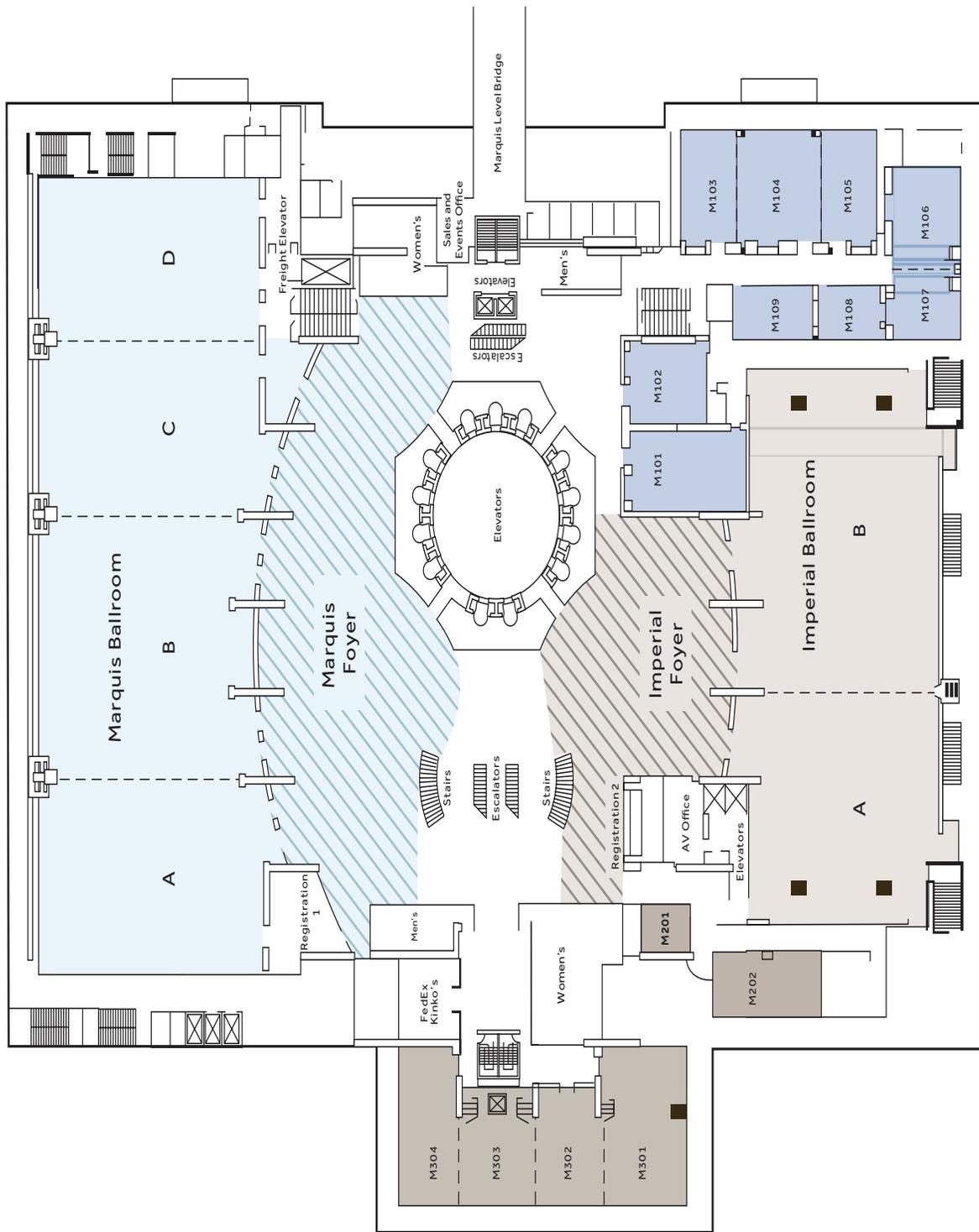
The OrganWise Guys, Inc.

USDA Food & Nutrition Service

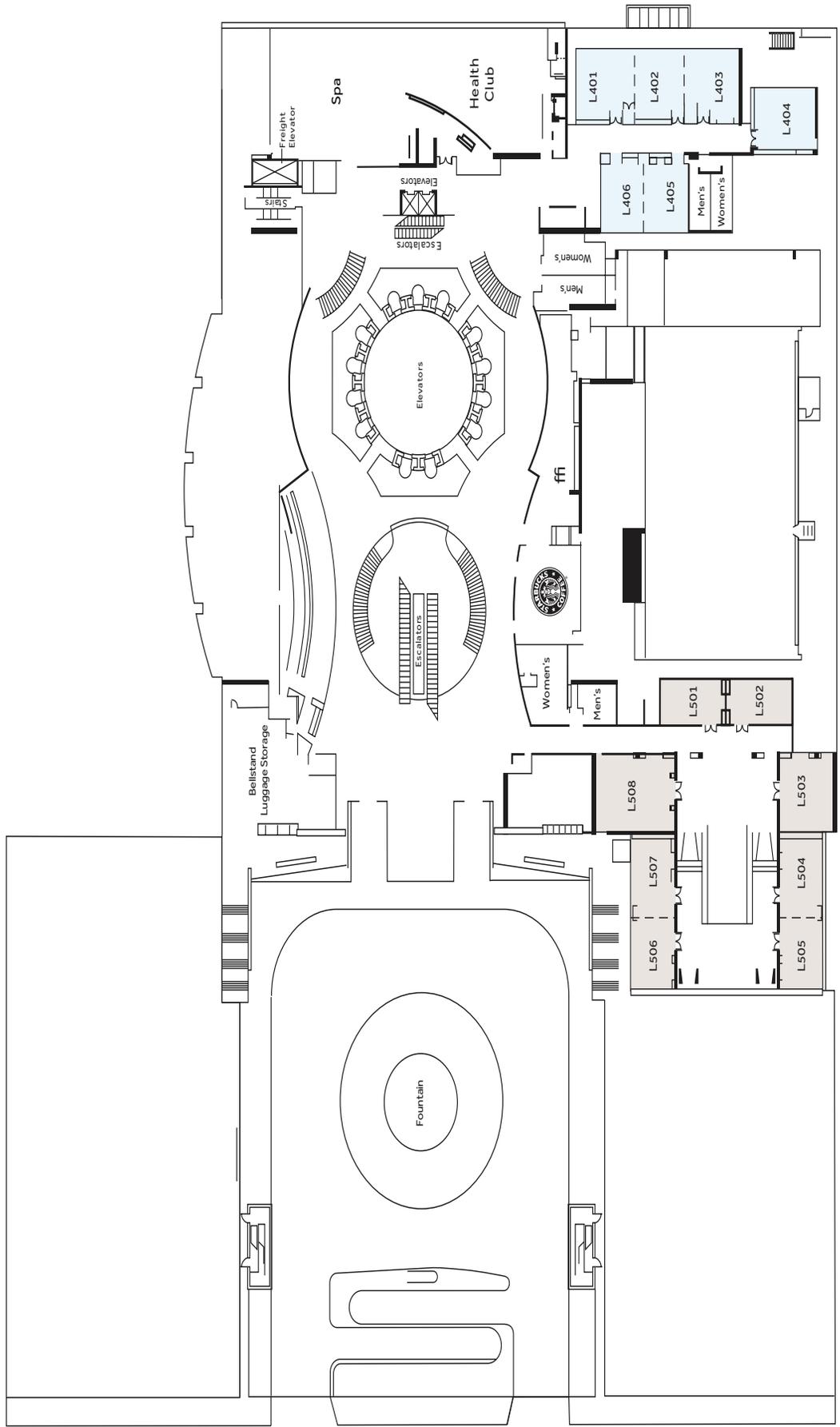
THANK YOU TO OUR
WALK ALONG THE BELTLINE
SPONSORS!



MARQUIS LEVEL



LOBBY LEVEL





Social Media and #SOSGA2017

There are many social media platforms out there! For the Southern Obesity Summit, we encourage you to connect using Twitter!

PRO TIP:
Use Twitter to network. Twitter is best used to start conversations with people and engage with other summit participants.

PRO TIP:
Use Twitter to stay connected with people you interacted with during the summit to share information and updates.

HASHTAGS (#):
Hashtags are words, phrases or acronyms preceded by a hash or pound sign used to identify messages on a specific topic.

What is Twitter?

Twitter is a microblogging platform that enables users to compose and send “tweets” or messages of 140 characters or less to a group of followers.

Who should I follow?

You should definitely follow [@SouthernObesity](#) and other Southern Obesity Summit participants using the hashtag [#SOSGA2017](#)

What should I say?

Tweet what you are learning. Colleagues and peers will benefit and learn vicariously from your experience.

How does the hashtag work?

Most major social media platforms support hashtags, but Twitter is the most popular. The pound sign (or hash) turns any group of words or characters that directly follow it into a searchable link. Hashtags allow groups of people to organize tweets based on keywords.

What hashtags should I use during the summit?

Using [#SOSGA2017](#) in every tweet or post you compose during the summit will allow your messages to be searchable for other participants using Twitter in real time.

SOS Roadmap to Success

Welcome to the Southern Obesity Summit! We hope you are ready for an exciting journey from where you are, to where you want to be! To help guide your journey we have created a roadmap with some key questions you will find answers to as you attend the different sessions. The ultimate goal is for you to identify strategies and partner with others to work on obesity prevention across the south. This is your own personal roadmap that should help you map out issues, identify solutions and begin discussions about implementation with others in your community, state and across the south!

What changes do you see in your state/community/school that might have/are having an impact on obesity? Physical environment-parks, sidewalks; food policy councils, student fitness data, etc.

See Community Commons < <http://www.communitycommons.org>> and County Health Rankings <<http://www.countyhealthrankings.org>> for options you can use to map the health of your community)

There are many strategies that can have an impact on obesity. Which strategies are feasible for you and/or your organization to pursue? (school nutrition/physical activity, marketing, nutrition standards, build environment, early childcare requirements, healthcare, etc.)

For recommended strategies see the following websites:

(IOM Accelerating Progress (2012) < <https://www.nap.edu/download/13275>>

Rudd Center < <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-prevention/>>



What policies do you feel you could support/advocate for in your state?

See policy database from Rudd Center to find policies in your state on nutrition

< <http://www.uconnruddcenter.org/legislation-database> >

See school policies at NASBE < http://www.nasbe.org/healthy_schools/hs/index.php >

See SHAPE America for Health and PE/PA resources

< http://www.shapeamerica.org/advocacy/advocacyresources_state.cfm >

Which policies are missing in your state that you feel could have a major impact on obesity rates?

Was there a particular Policy/Strategy you learned about during the different sessions that you will be able to apply in your state/community/school?

How can you build equity into your strategies? Both those that exist and/or new ones you are considering? <<https://www.apha.org/topics-and-issues/health-equity>> <<http://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>> <<http://plan4health.us/health-equity-resources/>>

What other organizations could you partner with? Or how can you reach out to similar stakeholders in other states to work together?

What action can you take to begin working on a targeted obesity prevention strategy in your state/community/school? What is the first step? Who is the first person/organization you will involve?

SEVEN STRATEGIES FOR THE SOUTHERN STATES

Our **VISION** is: The Southern States will be a place where people have access and are encouraged to eat healthy food, have plenty of culturally appropriate opportunities to be active, have a work and school environment that encourages healthy choices, and a healthcare system that provides support and recognizes obesity as a treatable, preventable chronic disease.

Our **MISSION** is to unite organizations and individuals across the South, where obesity has become most prevalent, specifically within the 16 southern states of: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Missouri, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia; and work together to develop and implement strategies and initiatives that will halt and reverse the devastating obesity trends we now endure.

Seven Pillars of Obesity Prevention

Early Childhood

Early child care facility staff should be trained and certified in healthy nutrition and physical activity guidelines.

- Review state licensing and regulations for all states and compare with *Caring for our Children's* standards relating to nutrition and physical activity.
- Review state licensing and regulations for training requirements of EL providers and staff
- Develop recommendations that states can take to licensing agency and state legislature for action
- Connect with national organizations that can provide insight into state efforts and resources to assist.

(National Partners: CDC/SECA, WIC/SNAP, Ag Extension)

Food Systems/Access

Two part strategy: 1.) Increase the number of healthy food outlets in underserved communities by securing funding for healthy food financing initiatives and 2.) support efforts to incentivize low-income consumers to purchase healthier foods via "Food Bucks"-type strategies.

- Identify (in detail) what is currently happening in each state to address this strategy and who is currently working on these efforts, including cataloging past efforts. Offer support to work with existing groups and become outspoken advocates for such programs.
- Work with PR/communications experts (e.g., via Voices for Healthy Kids) to develop a comprehensive and tailored messaging strategy for various stakeholder groups in each state. For example, economic and pro-small business talking points (and supporting data) for talking with policymakers.... health impact messages (and supporting data) for talking with public health departments... etc.
- Develop a mechanism for continued and frequent communication and collaboration among members of the Southern Obesity Summit food access pillar working group.

(National Partners: The Food Trust, Voices for Healthy Kids, Share Our Strength)



Healthcare and Healthcare Systems

Healthcare system will recognize obesity as a chronic medical diagnosis with a need to focus on both prevention and treatment.

- Collect BMIs on every patient – use existing V-85 codes
- Provider training for motivational interviewing
- Engage educational institutions in providing comprehensive obesity prevention and treatment education
- Collaborate with existing healthcare groups (AANP, AAP, AAFP), healthcare departments
- **Define healthcare providers instrumental in providing obesity prevention and treatment services (NEW)**

(National Partners: Alliance for a Healthier Generation, American Hospital Association, Healthways)

Nutrition Policy

Ensure that food being served, sold or provided by and for the state meets nutrition guidelines.

- Survey states to determine who has existing policies that we can review and use for models
- Encourage Governors or state legislatures to establish task force to review, pass law
- Work with city officials to determine feasible strategies they can endorse and can be budgeted
- Bring vendors into the discussion to address their concerns
- Include Heart Association in discussions

(National Partners: Center for Science in the Public Interest, CDC, National Automated Merchandising Association)

Physical Activity

Support the implementation of 60 minutes per day of physical activity

- Application of CSPAP / Let's Move! Active Schools framework to Communities
- Shared / Joint use agreements – shared facilities – communities, schools, churches, parks, trails
- Promote physical activity breaks/interventions – worksites, schools, churches
- Adoption of complete streets policies: community development, school bonds, regional transport agencies, SPLOST, etc.
- Form a united front for PA Promotion across states by creating a unifying icon that can be used --- Think “MyPlate” or “VERB” or “Smokey the Bear”

(National Partners: America Walks, National League of Cities, Safe Routes to School, President's Council on Physical Fitness)



Worksite Wellness

Encourage individual organizations across sectors to implement written worksite wellness policies.

- Develop framework for states to implement high-impact and effective workplace wellness initiatives (see notes below)
- Identify and recruit new leaders and stakeholders to workgroup and sustain infrastructure to keep workgroup engaged and working on plan
- Ensure that THI seeks places for strategic overlap across plans to maximize cross-collaboration

(National Partners: American Cancer Gold, Prevention Partners, CDC)

Schools

Embrace Coordinated School Health (CSH) as a philosophy, not a program

- Educate state leaders and school administration about: What CHS is, What CHS includes, and what impact It has when implemented
- Part of this education process might include identification of champions or leaders who are successful in conducting a Coordinated School Health assessment. These champions would be used to tell their story. Note: It is important to show value not just to the school or school district but to the community as a whole

(National Partners: ACSD, Action for Healthy Kids, Alliance for a Healthier Generation, CATCH, NC Health and Wellness Center, SPARK)





SUNDAY OCTOBER 1, 2017

12:00pm-6:00pm Registration/Information Desk Imperial Ballroom Foyer (Marquis Level)

1:00pm-3:30pm **Pre-Summit Workshops** (*Additional fee*)
These workshops are designed to take a more in-depth look at specific topics.

1) Expanding the Approach: Using CDC School Health Tools and Resources in Your Professional Development Obesity Prevention Efforts 401-402 (Lobby Level)

This session will provide an overview of CDC's School Health tools and resources, including professional development resources and e-learning series that are available to schools and districts to strengthen school health policies, programs, curricula and Professional Development (PD). Individuals will be able to apply the knowledge from this presentation to incorporate and enhance their PD events. Participants will create an action plan using their choice of CDC tools or resources. Interactive activities will be included via mobile phones or laptops to navigate the CDC school health website where the resources can be found.

- **Christopher J. Kissler, MPH**, Centers for Disease Control and Prevention (CDC)
- **Bridget Borgogna MEd**, Centers for Disease Control and Prevention (CDC)

2) Effective Communication Strategies (and Tools) to Support Your Obesity Prevention Program 106-107 (Marquis Level)

Communication is an important element of effective public health program implementation. This pre-summit workshop will introduce participants to the importance of communication, how to use communication to support obesity prevention programs, lessons learned, and CDC tools and resources available (including the Community Health Media Center and the Success Stories Application). Individual/small group exercises will focus on identifying audiences and objectives, drafting success stories, and using paid media (advertising). Participants are encouraged to share their experiences and to bring a laptop or tablet.

- **Suzi Gates, MPH**, CDC/NCCDPHP/DNPAO/OPPC
- **Jana Scoville, MBA**, Banyan Communications, Inc.
- **Chris Thomas, MS, MCHES**, CDC/NCCDPHP/DNPAO/OPPC

3) Health Care Laws and Their Impact on Specific Populations 405-406 (Lobby Level)

Have all of the different health care reform bills and repeal and replace discussions related to the Affordable Care Act left you confused? If so, this session is for you. As health care reform is currently being debated at the national level, the Georgia Health Policy Center has undertaken a comprehensive review to understand and translate health reform proposals for local, state, and national organizations. A multidisciplinary team with expertise in health policy, health care administration, economics, insurance, finance, employee benefits, risk management, long-term care, public health, and law have, in real time, been tracking and analyzing the various health reform proposals being introduced at the federal level.

- **Bill Rencher, JD, MPH**, Georgia Health Policy Center
- **Jessica Smith**, Georgia Health Policy Center



3:00pm-4:00pm	Exhibit Hall Open: Meet the Exhibitors!	Imperial Ballroom Foyer (Marquis Level)
4:00pm-6:30pm	Plenary Session Welcome: Michelle Smith , <i>Southern Obesity Summit</i> Chris Parker , <i>Georgia Health Policy Center</i> Stephanie Stuckey , <i>City of Atlanta</i> . Town Hall Meeting: <i>Waiting for Health Equity</i> Dr. David Satcher, MD, PhD , <i>Sixteenth Surgeon General of the United States</i> A Dialog about Health Equity Harry J Heiman, MD, MPH , <i>Georgia State University</i> Leandris Liburd , <i>Centers for Disease Control and Prevention (CDC)</i> Michael Sells , <i>Centers for Disease Control and Prevention (CDC)</i>	Imperial Ballroom (Marquis Level)
6:30pm-7:30pm	Reception with Sponsors and Exhibitors	Imperial Ballroom Foyer (Marquis Level)

CHES/MCHES Credits to be offered!

Sponsored by Southern Obesity Summit, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 8 total entry-level Category I continuing education contact hours.



MONDAY OCTOBER 2, 2017

6:00am-7:00am	<p>Yoga! Presented by: Wide Angle Yoga 401-403 (Lobby Level) <i>For beginners to those with an advanced yoga practice. Yoga for everyone!</i> <i>The first 20 participants to sign up at the registration desk will receive a Georgia Shape yoga mat to take home!</i></p>
7:00am-5:30pm	<p>Registration/Information Desk Imperial Ballroom Foyer (Marquis Level)</p>
7:00am-5:30pm	<p>Exhibit Hall Open Imperial Ballroom Foyer (Marquis Level)</p>
7:00am-8:00am	<p>Breakfast and Networking with Exhibitors Imperial Ballroom Foyer (Marquis Level)</p>
8:00am-9:45am	<p>Plenary Session Imperial Ballroom (Marquis Level) <i>Welcome: Chris Parker, Georgia Health Policy Center, Ruth Petersen, MD, MPH, Centers for Disease Control and Prevention</i></p> <p>Empowering Community Health Improvement Using Data and Resources <i>Mary Bennett, County Health Rankings and Roadmaps</i> <i>Jamie Kleinsorge, Community Commons</i> <i>Dr. James Holt, Chronic Disease Indicators and 500 Cities</i></p>
9:45am-9:55am	<p>Pillar Overview Imperial Ballroom (Marquis Level) Michelle Smith, Southern Obesity Summit</p>
9:55am-10:05am	<p>Transition to Breakout Sessions/AM Refreshment Break with Exhibitors</p>
10:05am-11:35am	<p>Breakout Sessions (See Separate listing for details)</p> <ul style="list-style-type: none"> • Early Child Care.....202 (Marquis Level) • Food Access.....107 (Marquis Level) • Healthcare/Health Care Systems I.....506-507 (Lobby Level) • Healthcare/Health Care Systems II.....504-505 (Lobby Level) • Nutrition.....106 (Marquis Level) • Physical Activity.....401 (Lobby Level) • Schools I.....402 (Lobby Level) • Schools II.....403 (Lobby Level) • Worksite Wellness.....405 (Lobby Level) • Youth Engagement.....406 (Lobby Level)





11:35am-12:45pm

Networking Lunch and Special Lunch Sessions *Box lunches available in the Lobby Level Foyer*

- **The State of Obesity, Better Policies for a Healthier America** 504-505 (Lobby Level)

State of Obesity is the 14th annual report produced by Trust for America's Health and the Robert Wood Johnson Foundation, with support by a grant from RWJF. The report includes annual rates and rankings of adult obesity and obesity rate trends by ethnicity, region, age, gender, education and income.

Richard Hamburg, Trust for America's Health

- **Fostering Community- Centered Health: The South Advances the Nation's Approach to Healthy Eating and Active Living** 405 (Lobby Level)

Larry Cohen, Prevention Institute, Facilitator

Melody Robinson, Louisiana Public Health Institute

Lexi Nolen, Episcopal Health Foundation

Donyel Barber, Gaston County Family Health Services

- **Advancing Health Equity in Obesity Prevention: Exploring the Application of Health Opportunity and Equity (HOPE) Measures** 402 (Lobby Level)

Equal opportunity is a core American value, but opportunities to attain a high standard of health and wellness often differ by place, race, ethnicity, and socioeconomic status. The Health Opportunity and Equity Measures initiative (HOPE), supported by the Robert Wood Johnson Foundation, aims to (1) reframe the national conversation on health equity using an "opportunity" lens, and (2) develop a broad set of social, economic, and environmental measures to track and compare progress toward maximizing health opportunity for all populations. This session will explore ways in which the HOPE measures can support public Health practitioners and policymakers to monitor and address racial, ethnic, and socioeconomic inequities in the broader contextual factors that influence obesity prevention.

Anna Stelter, LMSW, MPH, Texas Health Institute

- **Obesity and the Continuum of Care—Solutions for US Employers** 403 (Lobby Level)

Over half of the non-elderly population in the United States receives their health insurance through their employer according to a 2015 study presented by Kaiser Family Foundation. As one of the largest providers of health insurance and health services, UnitedHealth Group is constantly looking at epidemics in our country to help both its members remain healthy as well as be good stewards of the employers' finances. UHG/Optum will work to identify 3 areas (virtual weight loss, bariatric surgery, care management model) within the organization that are focusing on the epidemic of obesity in dynamic ways. In this proposed panel discussion we will look at case studies, clinical background, and specific products shaping the landscape of obesity and obesity-related disease prevention.

Charles Carlini, MD, Bariatric Resource Services

Charlotte Smith, Real Appeal

Cheryl Williams, RN, CCM, Georgia Department of Community Health

Sallie Stearns, Moderator, Optum



Networking Lunch and Special Lunch Sessions-*continued*

- **Best Practices and Opportunities for Collaboration in Worksite Wellness: Going Beyond Typical Approaches** 506-507 (Lobby Level)

A Panel of professionals will share their perspectives on Worksite Wellness. Dr. Jean O'Connor will explore increasing pressures on health care, public health, and employers efforts to reduce healthcare costs and improve population health outcomes. More than 40 percent of the population in Georgia receives its healthcare coverage through an employer-sponsored health plan. This session will discuss examples in Georgia of collaborations between health systems, public health and employers to prevent and control obesity. And, identify levers for developing additional collaborations and achieving success, such as community health needs assessments, worksite health programs, coalitions, and quality improvement projects.

Venise White will describe strategies to establish measurable worksite wellness initiatives. This session includes measures to establish organizational structure, identify health needs and develop a culture of healthy lifestyles. Strategies have shown to impact positive outcomes in physical activity, and promote healthier food and beverage options for staff and clients.

Jean O'Connor, Georgia Dept. of Public Health

Venise White, Florida Dept. of Health in Seminole County

Don Betts, Georgia Tech Center for Economic Development Research (CEDR)

- **Building a Culture of Health in Out of School Time** 401 (Lobby Level)
Over ten million children head to after-school programs following the last bell. This reality presents a prime opportunity to engage students in health-supporting activities. This interactive session highlights the important role that OST programs can play in obesity prevention efforts and describes how increased coordination and communication between schools and OST settings can enhance efforts to promote health behaviors. Presenters will describe their work to promote a culture of wellness and increase opportunities for healthy eating and physical activity in OST settings. Participants will engage in discussions about specific strategies and partnerships to maximize the health promoting potential of OST settings.
Sarah Sliwa, Centers for Disease Control and Prevention (CDC)
Lee Ann Else, HealthMPowers Inc.
Lindsey Jorstad, Gwinnett Co. Parks and Recreation
Danielle Morris, Boys & Girls Clubs of America





1:00pm-2:30pm

Breakout Sessions (See Separate listing for details)

- Early Child Care.....202 (Marquis Level)
- Food Access I.....107 (Marquis Level)
- Food Access II.....504-505 (Lobby Level)
- Healthcare.....506-507 (Lobby Level)
- Nutrition.....106 (Marquis Level)
- Physical Activity.....401 (Lobby Level)
- Schools I.....402 (Lobby Level)
- Schools II.....403 (Lobby Level)
- Worksite Wellness.....405 (Lobby Level)
- Community Engagement.....406 (Lobby Level)

2:30pm-2:45pm

Transition to Pillar Workgroups/PM Refreshment Break with Exhibitors

2:45pm-4:05pm

Pillar Workgroups

- 1) Early Child Care.....202 (Marquis Level)
- 2) Food Access.....107 (Marquis Level)
- 3) Nutrition.....106 (Marquis Level)
- 4) Healthcare.....506-507 (Lobby Level)
- 5) Physical Activity.....401 (Lobby Level)
- 6) Schools.....402 (Lobby Level)
- 7) Worksite Wellness.....405 (Lobby Level)

4:15pm-5:30pm

State Team Meetings

- Alabama & New Mexico.....107 (Marquis Level)
- Arkansas & Florida.....402 (Lobby Level)
- Georgia.....Imperial Ballroom (Marquis Level)
- Kentucky & Louisiana.....403 (Lobby Level)
- Mississippi.....506-507 (Lobby Level)
- Missouri & Oklahoma.....405 (Lobby Level)
- South Carolina & North Carolina.....106 (Marquis Level)
- Tennessee.....202 (Marquis Level)
- Texas.....504-505 (Lobby Level)
- Virginia & West Virginia.....401 (Lobby Level)
- National.....406 (Lobby Level)

5:45pm-9:00pm

Georgia Night Out: “A Walk along the Beltline”

CHES/MCHES Credits to be offered!

Sponsored by Southern Obesity Summit, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 8 total entry-level Category I continuing education contact hours.



TUESDAY, OCTOBER 3, 2017

6:30am-7:30am	Morning Group Run/Walk <i>Join the Atlanta Track Club in the lobby at 6:30 a.m. for a tour of downtown Atlanta on foot. Maps and pace leads provided for two distances, three and five miles.</i>	
7:30am-8:30am	Breakfast with Exhibitors	Imperial Ballroom Foyer (Marquis Level)
7:30am-11:15am	Exhibit Hall Open	Imperial Ballroom Foyer (Marquis Level)
8:30am-10:00am	Plenary Session Welcome 2018 SOS Announcement!	Imperial Ballroom (Marquis Level)

Building Healthy Communities

Health is a central component of and baseline condition for:

- *Education*
- *Job Access/Workforce Development*
- *Economic Development*

The purpose of this session is to demonstrate that health is a central component of and baseline condition for: Education, Job Access/Workforce Development, and Economic Development. With 70% of an individual's health and health improvement determined not inside the four walls of a healthcare institution but by their ability to live an active life with access to good nutrition in a quality community, this panel will demonstrate that "place matters." The Atlanta Regional Collaborative Health Improvement Project (ARCHI) will be one of the highlighted initiatives in this panel.

Kathryn Lawler, ARCHI project (Atlanta Regional Collaborative Health Improvement Project)

Madelyn Adams, Kaiser Permanente

Lauren Glancy, Soccer in the Streets

10:10am-11:10am	Special Sessions Equity Food Insecurity and Homelessness Inequities in UnCommon Environments 401 (Lobby Level) <i>Today's college student is entering the halls of higher education needing academic remedial engagement and is struggling to get to the next school day and, more importantly, struggling to find their next meal. In a national study nearly one-half of the more than 3,000 participants self-identified as food insecure. Food Insecurity, as defined by the USDA, is the state of being without reliable access to a sufficient quantity of affordable, nutritious food. This presentation will focus on the findings of the first food insecurity and homelessness study conducted at a Historically Black University situated in a Midwestern food desert.</i> Danielle Hairston-Green, Prairie View A&M University Cooperative Extension Program	
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Special Sessions-continued

Accessibility

402 (Lobby Level)

Accessibility is a concept that most communities think they understand until they experience the built environment from a special needs point of view. They will likely discover challenges greater than they imagined due to a misunderstanding of ADA requirement, differed maintenance, or “that’s how things always were – why change now” mentality. As an Urban Planner, Dave often conducts walk audits with municipal leaders to point out possible changes to remove barriers and improve a community’s downtown infrastructure.

Dave Roberts, ASLA, Crafton Tull

Early Child Care

An Equitable Future for All Children: Beginning in Early Childcare Setting 403 (Lobby Level)

Advocating for policy change to address obesity and promoting physical activity best practices in child care programs. Learn local, state and regional strategies to promote best practice in early care and education programs. Also hear about state policy campaigns advocating for evidence based recommendations on physical activity, screen time and nutrition standards.

Allison Nihiser, Centers for Disease Control and Prevention (CDC)

Naomi Amaha, American Heart Association Southwest Affiliate

Food Access

Increasing Equity in Healthy Food Access

504-505 (Lobby Level)

Through Doubling SNAP Benefits at Farmers Markets South Carolina has eliminated barriers that prevent low-income, working-class families from purchasing fresh fruits and vegetables at farmers markets. These nutrition incentive programs can be funded by a latitude of sources, including public, private, government and community organizations.

Kelsey Allen, East Smart Move More South Carolina

Nutrition Policy – Eat REALsm

506-507 (Lobby Level)

Eat REAL[®] works to affect change in the food and foodservice industries by providing market-based incentives to leverage the profitability of healthy and sustainable food and beverage. REAL Certified[®], a program of Eat REAL is modeled after the LEED Green Building Certification. The REAL Certified audit, conducted by third party registered dietitians, offers a comprehensive review of front and back of house operations, wherein they are provided with actionable steps for increasing the nutrition and sustainability of their operation.

The Eat REAL Certified session will focus on the process, reporting /recommendations, and data collection gleaned through implementation of the REAL Certified program. During the session you will also learn about the partnerships that have made Eat REAL successful in the State of Tennessee. We will discuss difficult and controversial issues that surround our food system and brainstorm ways to encourage change when it comes to the choices that people make about the food they eat.

Nikkole Turner, Eat REAL





Special Sessions-continued

Healthcare

106 (Marquis Level)

Utilizing Principles of Health Systems Transformation for Obesity Management and Prevention

Our health care system is undergoing major change by shifting towards value-based care and focusing on cost and quality. Improved patient outcomes, experience, population health, and reduced cost of care for individuals with obesity and other chronic conditions will not be achieved through only the use of clinical interventions.

Shana Scott, Georgia Dept. of Health

Starla Hairston Blanks, Morehouse School of Medicine

Physical Activity

Physical Activity = Crime Prevention, Mental Health AND Physical Health Benefits

107 (Marquis Level)

Many agencies and communities face issues related to crime. Crime Prevention through Environmental Design (CPTED) has been found as a best practice approach to fight crime and promote business in neighborhoods, schools and parks. It can also help create safer places for physical activity. Physical activity plays a vital role in obesity reduction and has well-documented mental health benefits. Join this session to find out how physical activity is more than just getting moving!

Michael Lopez, Texas A&M AgriLife Extension Service

Cass Isidro, Executive Director, Safe Routes to School

Deborah Bujnowski, Harris County Public Health

School Wellness Strategies

What does the evidence say? BMIs, Policies and Practices for Effective School Wellness

202 (Marquis Level)

Schools are a strategic setting for obesity prevention efforts and researchers and practitioners have tested and evaluated various strategies and interventions in this setting. What does the evidence say? Presenters from the Centers for Disease Control and Prevention will present new data and share recommendations, strategies, and resources for supporting school wellness. Discussion topics include the school nutrition environment, access to drinking water, and school based BMI measurement programs.

Devon Oksako Schmucker, Centers for Disease Control and Prevention (CDC)

Sarah Sliwa, Centers for Disease Control and Prevention (CDC)

Caitlin Merlo, Centers for Disease Control and Prevention (CDC)





11:20am--12:30pm

Closing Luncheon

Imperial Ballroom (Marquis Level)

Public Private Partnerships – Making it All Work - Together

The Practical Playbook

The Practical Playbook is a free, web-based tool designed to facilitate public health and primary care integration through a wide variety of resources for primary care providers and public health officials.

By building on local successes, sharing lessons learned, and offering concrete guidelines for executing a public health project, the Practical Playbook initiative is working to advance public health and primary care integration throughout the United States. The Practical Playbook follows in the footsteps of many studies showing that public health and primary care integration can better manage chronic illness, increase quality of care, and keep health care costs in check.

The Build Health Challenge

Health equity is achieved when immutable characteristics such as race, gender, sexual identity, and more are not correlated to higher rates of adverse health outcomes; i.e. that historically marginalized groups are no longer bearing a disproportionate burden of disease. One of the goals of the BUILD Health Challenge is to promote health equity by creating the conditions to allow people to meet their optimal level of health.

Seven implementation awardees received \$250,000 over two years to strengthen existing partnerships, accelerate more advanced health data and analytics initiatives, and expand their impact. Eleven planning awardees received \$75,000 to kick-start still-nascent projects addressing specific health challenges with a committed group of community partners.

Don Bradley, MD, MHS-CL, Practical Playbook

Brian Castrucci, de Beaumont Foundation

CHES/MCHES Credits to be offered!

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<p>SYF RYD Launch: Rethinking a Creative Campaign Launch to Impact Behavior</p>	<p>Elyse Maxwell, MPS, Health Communication Manager, Oklahoma Tobacco Settlement Endowment Trust (OK)</p> <p>This session will dive into the details and insights of planning and executing a public relations plan to launch a new mass media campaign. The presentation will use the launch of Shape Your Future's Rethink Your Drink campaign to show how a well-organized and creative PR plan can increase ROI and campaign exposure through earned media.</p> <p><i>Objective #1 Identify tools and resources available to execute a successful earned media plan and campaign launch.</i> <i>Objective #2 Identify steps to preparing an earned media strategy.</i> <i>Objective #3 Key insights from the Shape Your Future Rethink Your Drink campaign launch.</i></p>
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<p>Starting Early: A Local Approach to Engaging the Early Childhood Education Sector</p>	<p>Katie Chennisi, MPH, Harris County Public Health (TX)</p> <p>Quality early childhood education (ECE) can help prepare young children to succeed in life. However, health is not always included in the definition of quality. To try to change that, Harris County Public Health (HCPH), through it's Healthy Living Matters collaborative, is dedicating significant time and effort into engaging the ECE sector around health, mostly as it relates to obesity prevention. Through this work HCPH hopes to affect health in the earliest stages of life and ensure that lifelong healthy habits are formed. During this session, presenter will share the plan developed for engaging ECE stakeholders and the successes had in creating partnerships.</p> <p><i>Objective #1 Review the importance of engaging ECE sector in obesity prevention</i> <i>Objective #2 List key partners to include for planning ECE strategies around health</i> <i>Objective #3 Identify at least 3 opportunities to engage ECE sector in obesity prevention</i></p>
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<p>Eat. Move. Talki., addressing health and academic disparities in early childhood education environments</p>	<p>Audrey Idaikkadar, MPH, Eat Move Talk Program Manager, Georgia Dept. of Health (GA)</p> <p>To address health and academic inequalities, Georgia Department of Public Health (DPH) has convened public and private partners to implement Eat. Move. Talki, an intervention to improve early childhood language exposure and acquisition, and access to nutritious foods and quality physical activity in early childhood education settings. This session will describe the program's methods in addressing health disparities including creating a health disparities profile, conducting community listening sessions, and creating an integrated training.</p> <p><i>Objective #1 Describe the connection between health and education disparities and the relevance in the early childhood education setting.</i> <i>Objective #2 Explain the importance of engaging a diverse set of partner organizations and community members in planning and conducting an initiative that addresses health and education disparities.</i> <i>Objective #3 Describe different methods in engaging partners and community members in an initiative that addresses health and education disparities</i></p>
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<p>Messaging That Moves: Changing the Way We Talk about Childhood Obesity Prevention</p>	<p>Carter Headrick, Voices for Healthy Kids (TX)</p> <p>Despite decades of increasing rates of overweight and obesity in youth and corresponding increase in the development of associated diseases it remains challenging to pass public policy that can change the environment to make eating healthier and being active easier. Can the words we use to describe the childhood obesity epidemic influence public response? In a country that values "pulling yourself up by your bootstraps" can we turn the dialogue from personal responsibility to the equally important American value of community, where neighbors pitch in to help and take care of one another? By investing in message research through focus groups and polling, what can we learn about what not to say, what to say, and most importantly, how to say it?</p> <p><i>Objective #1 Differentiate between a message delivered with a personal behavior frame and an environmental frame.</i> <i>Objective #2 Describe the need to move the dialogue from individual behavior change to community response.</i> <i>Objective #3 Demonstrate the ability to modify messages that use jargon and insider shorthand to include descriptive, user-friendly language.</i> <i>Objective #4 Analyze message research and apply to developing key messages.</i></p>
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<p>Voices for Healthy Kids: Creating Momentum Across the South</p>	<p>Jill Birnbaum, Voices for Healthy Kids, American Heart Association (TX)</p> <p>In late 2016, evaluators analyzed childhood obesity legislative activity in all 50 US states that occurred in parallel to the first year of Voices for Healthy Kids, a joint initiative of the American Heart Association and the Robert Wood Johnson Foundation to mobilize evidence-based legislation addressing childhood obesity. In the year before the launch of the initiative, there were 217 bills related to childhood obesity and 304 bills the year after the launch. Specifically, more bills were introduced related to nutrition of school snacks and beverages, and food access. This session will highlight the wins, progress, campaigns, and lessons learned in Southern states.</p> <p><i>Objective #1 Analyze model for successful enactment of state-level nutrition and physical activity legislation.</i> <i>Objective #2 Describe examples of successful campaign models and tactics to implement policies that affect healthy weight.</i> <i>Objective #3 Identify best practices for capacity building and collaboration among public health experts and advocates.</i></p>
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<p>Fit NOLA Live Well: Lessons Learned and Findings from an Initiative to Improve Health of all New Orleanians</p>	<p>Heather Farb, MPH, Louisiana Public Health Institute (LA)</p> <p>This session will share lessons learned and findings from Fit NOLA Live Well, a program to improve health outcomes for New Orleans adults who are diabetic, at-risk for diabetes, overweight, or obese, and who are participating in condition-specific facilitated groups. The program partners with community wellness programs hosting such groups to connect their clients with free fitness programming and farmers market prescriptions to purchase fresh fruits and vegetables. The program is a collaboration between the New Orleans Health Department, the New Orleans Recreation Development Commission and Foundation, Market Umbrella, and the Louisiana Public Health Institute.</p> <p><i>Objective #1 List the Fit NOLA Live Well program goals and outcomes</i> <i>Objective #2 Describe 2-3 findings from the Fit NOLA Live Well program</i> <i>Objective #3 Identify 1-2 lessons learned from the Fit NOLA Live Well program</i></p>
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<p>PUBLIC HEALTH BREASTFEEDING: EMPowering Partnerships to Care Access</p>	<p>Nikia Fuller-Sankofa, MPH, MPA, National Association to County and City Health Officials (DC)</p> <p>This session will introduce the public health breastfeeding concept and share insights of needed community-hospital partnerships, including Policy, Systems and Environmental (PSE) changes to address breastfeeding inequities and continuity of care until baby is weaned. The baby's first year includes a window of opportunity to prevent obesity, through continuous healthcare access, education and support, as mothers need ongoing breastfeeding support and guidance on solid foods introduction. This presentation will highlight grantee examples from the CDC-DNPAO and the National Association of County and City Health Officials (NACCHO) Breastfeeding Project to support EMPower (Enhancing Maternity Practices project) hospitals in underserved community in closing the care gap for pregnant and postpartum women.</p> <p><i>Objective #1 Define micro policy system and environmental (PSE) changes in the context of community-level health programs</i> <i>Objective #2 Describe 3 strategies public health professionals can use to close the continuity of care gap in underserved communities.</i> <i>Objective #3 Identify 2 approaches used by local health departments to promote sustainability of community-level implementations of breastfeeding support programs through hospital-community linkages</i></p>
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<p>Improving parent access to evidence based early child feeding recommendations</p>	<p>Wendy Palmer, MS, RD, LD, CHES, Children's Healthcare of Atlanta (GA)</p> <p>A model for integration between programmatic and marketing efforts. This session will describe an effort to influence parent feeding decisions via an integrated marketing strategy combined with programmatic efforts implemented in local pediatrician practices. While pediatricians educate and counsel on appropriate early feeding recommendations parents are frequently using digital avenues such as Facebook, Google and Mommy blogs for more immediate, and often inaccurate, information. This session will describe how a team of wellness experts collaborates with marketers to influence parents in their consumer environment.</p> <p><i>Objective #1 Describe a coordinated endeavor to build an integrated marketing and programmatic effort to positively impact early feeding practices of parents.</i> <i>Objective #2 Participants will identify methods for influencing the consumer environment with evidence based health messages to support pediatrician provided early/feeding advice.</i> <i>Objective #3 Participants will identify tools for use in the primary health-care and community setting to coordinate counseling related to healthy behaviors and obesity reduction.</i></p>
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<p>Obesity Prevention Policies in Youth Organizations: How a Pediatric Hospital Partnered with Local Organizations to Create their Wellness Blueprint</p>	<p>Monica Griffin, MS, RD, LD - Children's Healthcare of Atlanta (GA)</p> <p>Youth organizations and out-of-school time programming present an untapped opportunity for obesity prevention policies. The Strong4Life Wellness Blueprint Program connects local youth organizations with resources and one-on-one support from a registered dietitian. Together, we help organizations create a written plan and policies that promote a healthy environment. We will discuss the development of the program, resources used for implementation, and highlight success stories and lessons learned in the process. Recommendations will be made for community organizations to help them better understand how to create a wellness blueprint, how to engage local health professionals, and where to access free, online resources.</p> <p><i>Objective #1 To discuss an innovative model for implementing obesity prevention policies in community organizations.</i> <i>Objective #2 To review opportunities and strategies for implementing nutrition and physical activity best practices into afterschool programs, camps, and other youth programs.</i> <i>Objective #3 To identify resources for youth organizations and health professionals for developing and implementing obesity prevention policies.</i></p>
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<p>Statewide Training, Capacity Building and Systems Changes in Georgia WIC</p>	<p>Katherine Shary, RD, LD - Children's Healthcare of Atlanta (GA)</p> <p>A coordinated model to improve obesity related counseling and goal setting with clients. This session will discuss a coordinated model for statewide training and capacity building of WIC nutrition staff and counselors. Improving patient centered education and counseling is a critical strategy for the prevention of childhood obesity in the southern states. This model includes in-person training sessions, an obesity counseling toolkit, a champion based mentoring program and an online interactive module. Direct counseling observations by peers function as a means for clinic level skill building and counseling skill improvement.</p> <p><i>Objective #1 Describe a coordinated model for statewide collaboration between multiple agencies to impact obesity related counseling skills of WIC staff.</i> <i>Objective #2 Demonstrate a model for integration within the WIC structure for sustained mentoring and support for participant centered counseling improvements.</i> <i>Objective #3 Discuss methods for increasing WIC staff confidence and knowledge in Participant Centered Counseling and Motivational Interviewing skills</i></p>
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<p>eHealth for Self Management Behavior Change within an Accountable Care Organization</p>	<p>Priscilla Pemu, MD, MSc, Professor of Medicine, Morehouse School of Medicine (GA)</p> <p>This session will share experience with incorporating a patient-facing eHealth tool for self management within an Accountable Care Organization. We encountered technology interphase issues: data use and sharing issues in addition to organizational variations in policy and individual patient challenges associated with social determinants of health.</p> <p><i>Objective #1 How eHealth can improve self management behavior for chronic conditions like Obesity</i> <i>Objective #2 Familiarize participants with eHealth technologies for self management</i> <i>Objective #3 Delineate a model for implementing eHealth for self management behavior change within an Accountable Care Organization</i> <i>Objective #4 Share lessons learned from the implementation process"</i></p>
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<p>Implementing the Mississippi Community Health Center 65x65 Obesity Challenge</p>	<p>John Lunardini, MSED Sports Administration and Marketing (MS)</p> <p>Branding, Marketing and Building a Unified Cause to Combat Obesity</p> <p>Present how Mississippi Community Health Centers developed (and is launching Summer 2017) a cause to unite the individual FQHCs to increase brand awareness and build an evidence based obesity program. The patient will learn how Weight, BMI, Cholesterol, Glucose and Blood Pressure are all key indicators of health and how physical activity and healthy diet can improve them. Includes: Development of program, building the brand, implementing the education and awareness plan, provider involvement and pulling off the largest one-day multi-5k race in Mississippi.</p> <p><i>Objective #1 Building an obesity program from the ground up</i> <i>Objective #2 Branding of obesity program and marketing</i> <i>Objective #3 Importance of provider engagement in combating obesity</i> <i>Objective #4 Learn about the largest one-day multi-5k race and healthfair</i></p>
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<p>Eat Smart in Parks: Helping Parks Offer More Nutritious Concessions</p>	<p>Cindy DeBlauw, RD, LD, University of Missouri Extension (MO)</p> <p>Eat Smart in Parks (ESIP) is a statewide effort to help local park leaders and community champions find and offer healthy eating options in Missouri's state and local parks. This effort includes the development of a model Eat Smart in Parks Toolkit that guides parks in serving healthier options, training for state and local parks to assist them with using the guidelines, and how ESIP has been implemented and successes and challenges that have been faced.</p> <p><i>Objective #1 Participants will be able to use the Toolkit to replicate ESIP principles in their state</i></p> <p><i>Objective #2 Participants will be able to identify successful marketing strategies that parks can use to promote healthy concessions</i></p> <p><i>Objective #3 Participants will be able to list 3 challenges in implementing healthy park concession options and how to address these challenges</i></p>
<p>Rethink Your Drink, Oklahomal: Planning, execution and results from Shape Your Future's Rethink Your Drink Campaign.</p>	<p>Leslie Denner, Marketing Strategist, VI Marketing and Branding, Oklahoma Tobacco Endowment Trust (OK)</p> <p>Oklahoma has one of the highest childhood and adult obesity rates in the nation. Among other behavioral indicators, sugared beverages plays an integral role in the risk of becoming obese. Shockingly, the majority of Oklahomans ages 18-34 drink at least one sugary drink per day – more than any other state in the U.S. In 2015, Shape Your Future would launch a new message to its audience: Rethink Your Drink. This mass media campaign's overall message is for Oklahomans to choose water over SSB's. This session will review the planning, execution and initial findings of this campaign.</p> <p><i>Objective #1 Review research findings that can be applied to similar targets in other states pertaining to SSB messaging.</i></p> <p><i>Objective #2 Review strategy and tactics used in this campaign.</i></p> <p><i>Objective #3 Identify components of Oklahoma's Rethink Your Drink campaign that may be scaled to fit other programs.</i></p>

<p>Evidence-based Healthy Equity Programming in Mississippi to Reduce Obesity Rates with Children ages 2-10</p>	<p>Michelle Lombardo, DC, Mississippi food Network/The Organ-Wise Guys (GA)</p> <p>This session discusses a new project commencing this school year (2017-18) in three areas in Mississippi – Jackson, Biloxi and Sunflower County. Led by the Mississippi Food Network, this project will educate children and families on the importance of healthy eating, using a set of evidence-based tools. These tools, which have been used previously in MS to reduce obesity, have been updated to address two new outcomes – healthy equity and literacy. Specifically, this presentation will discuss the updates that have been made to address these new outcomes, including a focus on an at-home intervention with children in the early childhood setting.</p> <p><i>Objective #1 Identify community engagement strategies that effectively solicit community feedback and buy in for healthy retail interventions.</i></p> <p><i>Objective #2 Describe cost-effective strategies that support small retailers in increasing healthy foods, particularly fruits and vegetables.</i></p> <p><i>Objective #3 Assess if a social marketing campaign combined with healthy retail strategies influences shopping behaviors</i></p>
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<p>Harnessing Community Leadership to Improve Health</p>	<p>Carmen Llanes Pulido, Executive Director of Go Austin/Vamos Austin (GAVA) (TX)</p> <p>The Go! Austin!/Vamos! Austin (GAVA) Initiative leverages coalition-driven, multi-sector interventions to improve the health of community members. GAVA supports resident and school teams to improve physical activity and healthy nutrition, while the evaluation team provides both an evidence base for teams as well as evaluation and dissemination of best practices. Ms. Llanes Pulido will share GAVA's successes and lessons learned from this ecological approach to obesity prevention. This is an opportunity to learn about one of the most successful place-based initiatives in the south, innovating to change the landscape of health in Austin, Texas.</p> <p><i>Objective #1 Gain an understanding of the importance of community leadership in health promotion efforts</i></p> <p><i>Objective #2 Identify strategies for improving health in other communities</i></p> <p><i>Objective #3 Understand the mechanisms and leadership that have enabled and supported GAVA</i></p> <p><i>Objective #4 Discuss lessons learned from GAVA's novel approach to sustainability</i></p>
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<p>Lessons Learned from the Delivery of a Physical Activity program for Breast Cancer Survivors</p>	<p>Lizette Rangel MPH, University of Texas MD Anderson Cancer Center (TX)</p> <p>The session topic will focus on lessons learned on the delivery of a physical activity program for sedentary breast cancer survivors. Active Living After Breast Cancer (ALABC) is a 12-session program for sedentary breast cancer survivors aimed at increasing lifestyle physical activity by incorporating behavioral skill training, guided survivorship discussion, and short bouts moderate intensity physical activity into daily life. During the session, we will discuss challenges and solutions in recruitment, retention, and implementation of the program. We will also provide disparities that we found among our minority participants that could have affected the completion of the program. Finally, we will discuss future directions in the improvement physical activity programs for cancer survivors.</p> <p><i>Objective #1 Explain the importance of physical activity for cancer survivors</i></p> <p><i>Objective #2 Discuss lessons learned in recruitment, retention, and implementation of a physical activity program for cancer survivors</i></p> <p><i>Objective #3 Identify disparities in the delivery of physical activity program for cancer survivors</i></p> <p><i>Objective #4 List strategies to improve the delivery of a physical activity program for cancer survivors.</i></p>
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<p>Pin This. Adding Pinterest to Your Social Strategy.</p>	<p>Rachel Merritt, Social Media Director, VI Marketing and Branding, Oklahoma Tobacco Settlement Endowment Trust (OK)</p> <p>SYF utilizes a variety of social platforms, but with 45% of women online using Pinterest, it is an important tool for SYF to reach its target audience of Oklahoma women, ages 18 – 49. The strategy for Pinterest converges with Paid Search and Search Engine Optimization (SEO) efforts. Pinterest can provide stand-alone results for any initiative, but added value is available to brands that are able to integrate efforts ensuring keywords align across digital tactics.</p> <p><i>Objective #1 Identify Pinterest as an impactful social tool for programs.</i></p> <p><i>Objective #2 Identify steps to preparing a Pinterest strategy.</i></p> <p><i>Objective #3 Implementing best practices for Pinterest strategy.</i></p> <p><i>Objective #4 Identify tools to measure success of utilizing Pinterest.</i></p>
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<p>Utilizing A Mini-Grant Program to Impact Physical Activity and Nutrition Behaviors...</p>	<p>Debra Kibbe, MS, Georgia Health Policy Center (GA)</p> <p>The Georgia Shape School Physical Activity and Nutrition Grant Program provides mini-grants to public schools to implement physical activity and nutrition programs and achieve policy, system, and environmental (PSE) changes. Since 2012, six rounds of funding has provided 133 grants to 115 public schools totaling \$572,000. Grantees receive training and technical and partnership development assistance. A process evaluation was conducted to assess themes in program and PSE changes as well as barriers and facilitators to achieving grant deliverables. During this session, participants will learn about the evidence-informed technical assistance framework utilized and identify barriers and facilitators experienced by grantee schools.</p> <p><i>Objective #1 Explain an evidence-informed technical assistance framework to assist schools in achieving sustainable nutrition and physical activity programs and policy, system, and environmental changes.</i></p> <p><i>Objective #2 Examine barriers and facilitators schools experience when implementing nutrition and physical activity programs and policy, system, and environmental changes.</i></p> <p><i>Objective #3 Identify ways in which the Georgia Shape mini-grant program could be utilized or replicated in schools across the southern region.</i></p>
<p>Advocating for School Health Policy Change: Development and Implementation of a Parent Ambassador Training Program</p>	<p>Cami Hawkins, CEO, Marathon Kids (TX)</p> <p>This session will: Explain the science behind the evidence-based Marathon Kids program and how it is benchmarked against the Institute of Medicine's recommended 60 minutes of MVPA/day Show examples of how Marathon Kids is impacting entire communities through district-wide implementation at the elementary school level. Show how Marathon Kids fosters long-term healthy behavior adoption.</p> <p><i>Objective #1 Knowledge of MVPA (Moderate-to-vigorous-physical-activity)</i></p> <p><i>Objective #2 Benefits of Running/Jogging/Walking</i></p> <p><i>Objective #3 How Marathon Kids fosters long-term healthy behavior adoption</i></p>
<p>WV Fed Up - A Social Marketing Campaign to Increase Healthful Eating Among Adolescents</p>	<p>Laura Dice, Coordinator, KEYS 4 HealthyKids, BS, MPH student at The George Washington University Milken Institute of Public Health (WV)</p> <p>WV Fed Up is a social marketing campaign in WV using the 2014 film, Fed Up, as a catalyst to create healthier school environments. Health teachers from middle and high schools use the Fed Up film and curriculum to teach educated consumerism. The film focuses on the amount of sugar in the American diet and how it affects us metabolically. It also elucidates how our environment affects food and drink choice. Students from 10 schools received technical assistance to improve their school's food environment. These students facilitated 22 policy and environmental changes during the first year of project.</p> <p><i>Objective #1 Attendees will learn about successful anti-tobacco social marketing campaigns and how to apply these lessons to engage adolescents in healthy food movement.</i></p> <p><i>Objective #2 Attendees will learn how to engage student leaders in creating healthy food environments in schools.</i></p> <p><i>Objective #3 Attendees will learn the qualities of a healthy food environment.</i></p> <p><i>Objective #4 Attendees will learn about the types of pre and post assessment that can be used in evaluating a healthy school environment.</i></p>

<p>Lessons Learned from a statewide collaborative initiative to increase physical activity in middle school students</p>	<p>Sequoya Howard, BS Health Sciences, HealthMPowers (GA)</p> <p>Utilizing CDC's Comprehensive School Physical Activity (PA) Program model, Georgia's Departments of Public Health, Education and partners achieved a statewide initiative training approximately 730 elementary schools with the skills and resources to provide additional PA throughout the school day. The success of this initiative led to a subsequent pilot in middle school and out-of-school time settings to understand adaptations to increase PA in various environments. In this session, participants will gain insight to lessons learned from a high-level collaborative amongst state and outside entities, and the resources, strategies and data necessary to replicate similar results with like populations and environments.</p> <p><i>Objective #1 Participants will be able to describe the essential collaboration amongst state and partnering entities to impact an entire state's physical activity opportunities in youth.</i></p> <p><i>Objective #2 Participants will be able to understand the vital initiative components in order to produce a similar physical activity initiative with like populations and environments.</i></p> <p><i>Objective #3 Participants will be able to analyze their current barriers and facilitators in reproducing a similar physical activity program in their setting</i></p>
<p>Be More, Haywood! Creating a Healthier School Environment in a Rural Community</p>	<p>Tennille Short, Extension Educator, University of Tennessee (TN)</p> <p>Students in a rural school system with high rates of obesity and poverty are becoming engaged in healthier living by participating in initiatives taking place under the "Be More, Haywood" umbrella. Nutritious habits like eating more vegetables and drinking more water are becoming the "norm", as the school environments are evolving and the students are being exposed to new opportunities and governed by new policies that promote better health. Partnerships between Extension, Coordinated School Health, the local Health Department, and the school system make it all possible. Small changes add up to big wins for this Tennessee school system.</p> <p><i>Objective #1 Gain insight into the partnerships needed and the planning process for implementing age-appropriate school gardens</i></p> <p><i>Objective #2 Find ways to use emerging trends to increase the health of the school environment</i></p> <p><i>Objective #3 Identify small policy changes within schools that can lead to increased student physical activity"</i></p>
<p>Statewide collaboration and implementation of Smarter Lunchrooms Movement</p>	<p>Ashley Bennett, MA, RDN, LD, Children's Healthcare of Atlanta-Strong4Life (GA)</p> <p>The Strong4Life School Nutrition program aims to increase consumption of healthier foods in schools by equipping school nutrition with targeted skills and an innovative toolkit. Combining evidence-based best practices and nudge solutions from Cornell Center for Behavioral Economics in Child Nutrition Programs Smarter Lunchrooms Movement and basic marketing principles, we will discuss how Children's is working to create an environment that nudges kids to make positive choices regarding the foods they eat. We will cover program development and implementation of training and resources as well as the importance of partnering with key stakeholders to reach schools across Georgia.</p> <p><i>Objective #1 To describe a low, to no cost program with resources and incentives to impact the school environment</i></p> <p><i>Objective #2 To discuss facilitators and barriers to program development and implementation that influences student choice in the cafeteria by applying principles of the Smarter Lunchrooms Movement</i></p> <p><i>Objective #3 To identify key stakeholders for collaboration to gain support at the state, district and individual school levels</i></p>

<p>A culture of wellness: Building a comprehensive employee wellness program in a hospital setting.</p>	<p>Lauren Lorenzo, MS, RD, LD, Children's Healthcare of Atlanta (GA)</p> <p>Worksite wellness programs are a recommended strategy to improve the health and weight status of adults. While many companies have begun offering such programs, engagement in these programs remains low, and few programs have tracked employee engagement in programs over time. This session will highlight lessons learned in the development and implementation of a comprehensive worksite wellness program at a children's hospital that contains easy to implement and scalable components. In a hospital setting, engaging staff in programs presents unique challenges such as non-conventional work schedules and time restraints. We will discuss strategies we have used to address such barriers.</p> <p><i>Objective #1 Describe the components of a comprehensive worksite wellness program at a non-profit children's hospital</i> <i>Objective #2 Discuss innovative uses of technology used to facilitate the implementation of the program</i> <i>Objective #3 Identify low cost/ low resource policies and interventions that can be implemented</i> <i>Objective #4 Discuss comprehensive tracking of participation and participant feedback"</i></p>
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<p>A Healthier State House: SC Policy Makers Leading by Example, Making the Capital Complex a Healthier Place</p>	<p>Jennifer Wright, BS, Exercise Science, MPH, Health Policy & Administration (SC)</p> <p>SCHA's Working Well has been establishing cultures of wellbeing in a cross-sector of worksites since 2011. Success with the Cabinet agencies and energy generated by legislative champion, Rep Neal Collins, catalyzed an opportunity to work with the SC General Assembly positioning them to lead by example. By increasing access and opportunity, providing skill development, connecting with preventative benefits, and encouraging healthy eating and active living through motivating challenges, sustainable healthy behaviors and a culture of wellbeing at the State House are possible. Showing the positive impact PSE can have on behaviors and health status may lead to increased support of state level health policies.</p> <p><i>Objective #1 Understanding of how and why engaging policy makers as key stakeholders is significant</i> <i>Objective #2 How to combine place based and people based strategies so a culture of wellbeing translates into improved health behaviors and health status.</i> <i>Objective #3 Identifying and engaging collaborative partners for low cost implementation.</i> <i>Objective #4 How to scale place-based PSE strategies</i></p>
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<p>Findings from an environmental audit tool evaluating the capacity of African American churches to host healthy programming.</p>	<p>Alba C. Calzada, Behavioral Science Research Manager, Dept. of Health Disparities Research, The University of Texas MD Anderson Cancer Center (TX)</p> <p>Obesity is an epidemic among African Americans (AA) and AA churches serving as worksites may be ideal settings for delivering health promotion services to its employees and members. A worksite wellness tool was adapted to assess churches' physical, information, and neighborhood environment and to evaluate their capacity for health programming. Houston area AA churches are homes to thousands of church members and environmental modifications could have a significant impact on health promotion behaviors related to obesity. The information provided in this session from faith-based environmental audits can be utilized for cross-collaborations with church leaders, community organizations and stakeholders.</p> <p><i>Objective #1 How to assess churches' physical, informative and neighborhood environment to evaluate their capacity to host healthy programming</i> <i>Objective #2 To learn about available resources at the churches and how they may be utilized for health promotion opportunities</i> <i>Objective #3 To identify opportunities to connect churches with stakeholders/community partners for health promotion activities</i></p>
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<p>Healthy Vending Machines - How to Make Them More Accessible</p>	<p>Kyle Wilson, Oliver Foundation Teen Advisory Board (TX)</p> <p>Too many children in America are obese or overweight creating unhealthy living and eating habits that will pass down from generation to generation. Almost 1.5 million vending machines are in schools across the United States and most still carry unhealthy items like candy and cookies. However, the amount of healthy food being placed in vending machines is on an upward trend. The biggest problem with vending machines is the cost of these healthier items. Companies make the healthier items more expensive and can often cause people to instead go with the cheaper junk food option in a vending machine. My talk will discuss ways to solve this problem so healthier snacks can be more accessible to underprivileged areas.</p> <p><i>Objective #1 Understand unhealthy vending impact on obesity</i> <i>Objective #2 Understand Vending accessibility to youth</i> <i>Objective #3 Learn Healthy and Unhealthy vending choices and costs</i> <i>Objective #4 Learn ideas healthy vending and how change policy</i></p>
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<p>Winning the Battle against Sugar Addiction</p>	<p>Devanshi Udeshi, Oliver Foundation Teen Advisory Board (TX)</p> <p>In this session, I plan to talk about my personal journey in realizing that I was addicted to sugar, how it affected my life, and the steps I took to change my lifestyle. In addition, I will discuss ways that everyone can use to limit their sugar intake, and the role of the processed food industry on the amount of sugar the average person eats. Finally, I will discuss ways to spread awareness of the over-consumption of sugar and its effects on obesity.</p> <p><i>Objective #1 An inspiring personal story about overcoming sugar addiction</i> <i>Objective #2 Strategies on how to overcome sugar and food addiction</i> <i>Objective #3 Ways to spread awareness on the over-consumption of sugar</i> <i>Objective #4 Understanding the link between sugar and obesity</i></p>
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<p>Inspiring Healthy Communities – Empowering Youth as Leaders</p>	<p>Metria Muryan, The Public Health Institute, Center for Wellness and Nutrition (CA)</p> <p>The Public Health Institute (PHI) Center for Wellness and Nutrition (CWN) supports the implementation of Youth-led Participatory Action Research (YPAR) projects with low-resource youth in diverse communities across California. The goal is for young people to assess the health aptitude of their community, research root-causes and ultimately advocate for policy and environmental changes that support healthy lifestyles. Through the experiential learning process of the YPAR framework, youth researchers are not only exposed to the disparities of obesity and other chronic diseases, but they are empowered by the role their voice in bringing positive change to these underserved communities.</p> <p><i>Objective #1 Understand how the Youth-led Participatory Action Research (YPAR) framework can be used as a strategy to advance community change efforts toward obesity prevention</i> <i>Objective #2 Recognize how youth and adult partnerships can effectively impact healthy changes in underserved communities.</i> <i>Objective #3 Identify resources and examples of how to support youth engagement efforts within a variety of settings.</i> <i>Objective #4 Engage with experiential learning youth activities.</i></p>
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<p>Reducing Breastfeeding inequities to reduce obesity rates</p>	<p>Harumi Reis-Reilly, MS, CNS, Ches, IBCLC, National Association of County and City Health Officials (VA)</p> <p>A growing body of evidence suggests that breastfeeding play a role in programming noncommunicable disease risk later in life including childhood obesity prevention. The success of breastfeeding is directly tied to a skilled, accessible lactation support provider, but access to such providers is inconsistent and unreliable, especially for those in underserved communities. This session will highlight the main lessons learned of the largest national implementation of 72 local breastfeeding programs that addressed barriers to access skilled lactation support to shrink the health equity gaps and reduce inequities in breastfeeding and obesity disparity rates.</p> <p><i>Objective #1 List at least two complications of obesity likely preventable by breastfeeding</i> <i>Objective #2 Discuss structural barriers that compromise minority and low-income women's capacity to breastfeed at optimal levels</i> <i>Objective #3 Name two strategies employed by community-level agencies to tackle structural barriers and address breastfeeding health inequities.</i></p>
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<p>Empowering Child Care Professionals to Implement Obesity Prevention Practices</p>	<p>Jill Cox, MS, RD, Penn State Better Kid Care (PA)</p> <p>Penn State Better Kid Care provides online, On Demand professional development opportunities for early care and education professionals translating science into practical action steps to improve practice in obesity prevention strategies in the early care and education setting. This session will share relevant resources that will enable ECE professionals to develop action plan strategies to implement healthy practices related to nutrition and physical activity, including ways to overcome barriers for both family and center-based providers.</p> <p><i>Objective #1 Identify the role of quality online professional development in supporting early care and education professionals in evidence-informed obesity prevention practices.</i> <i>Objective #2 Determine ways to incorporate online training resources for ECE professionals to improve the quality of care related to obesity prevention.</i> <i>Objective #3 Examine ways to overcome barriers to best practice implementation related to physical activity and healthy nutrition practices in ECE settings.</i> <i>Objective #4 Describe the utilization of online professional development for ECE providers in obesity prevention practices in southern states.</i></p>
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<p>Active Play! Strategies for Promoting Physical Activity in Early Childhood Settings</p>	<p>Diane Craft, PhD in adapted PE, SUNY Cortland (NY)</p> <p>This session will highlight strategies for promoting early childhood physical activity. Hear ways Southern states can promote physical activity through collaboration across state-level agencies and organizations. Also hear curricular recommendations and practical, engaging strategies ECE technical assistance providers can use in helping teachers/providers meet the physical activity needs of young children. Learn ways to overcome barriers to providers leading physical activities with the children in their care. View examples of fun, inclusive, developmentally appropriate physical activities that use only inexpensive equipment, work in small spaces, and accommodate children of varying ages and abilities.</p> <p><i>Objective #1 To identify commonly perceived barriers to child care providers leading young children in physical activities and strategies for overcoming these barriers.</i> <i>Objective #2 To describe other states' approaches for promoting children's physical activity in child care settings.</i> <i>Objective #3 To describe at least one strategy for state-level collaboration to promote physical activity among young children in care.</i> <i>Objective #4 To identify at least one action item that can be undertaken by a Southern state to further promote physical activity among young children in care.</i></p>
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<p>Food Retailers: Nudging Their Way into Health Leadership Roles</p>	<p>Bonnie Hinds, State Specialist, Health & Housing, MS Education, University of Tennessee Extension (TN)</p> <p>While many people can modify their diets to eat more healthfully and avert obesity or other chronic conditions, those in rural areas often lack convenient access to fresh, nutritious ingredients. The rural poor, in particular, are unduly hampered by lack of time, child care, and transportation to invest significant time in seeking out and preparing healthier meals. Working with local grocers to increase access to—and knowledge of—healthier choices is one of the key factors in reducing obesity in rural communities. UT Extension's BE MORE campaign has helped rural food retailers appreciate their role as community health leaders.</p> <p><i>Objective #1 Reinforce the role PSE change in the retail food environment.</i> <i>Objective #2 Understand the function and cite examples of consumer "nudging."</i> <i>Objective #3 Increase perceptions of food retailers as community health leaders.</i></p>
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<p>Strategies to Improve Access and Education Resources to Increase Healthy Lifestyle Change in Underserved Communities.</p>	<p>Deanna Melton-Riddle, DHA, CMA-AAMA, RPT-AMT, CDPLC, MSA, BA, DMR Consulting (IL)</p> <p>The primary focus of this project is to identify ways to create better partnerships to connect communities to needed resources.</p> <p><i>Objective #1 To identify continued existing barriers to healthy lifestyle change.</i> <i>Objective #2 To formulate key community advocacy partnerships</i> <i>Objective #3 Make better connections to needed resources.</i></p>
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<p>Fun Bites: bringing healthier options to concession stands and snack bars</p>	<p>Megan Carmichael, Florida Dept. of Health in Pasco County (FL)</p> <p>The Fun Bites Initiative was developed to provide healthier options at concession stands, snack bars, vending machines, and/or events. The goal is to make the healthy choice the easy choice by increasing healthy and affordable foods & beverages in public places. Fun Bites are snacks that are lower in calories, fat, sugar, and salt and tend to be nutrient rich snacks containing one or more of the following: calcium, protein, fiber, vitamins.</p> <p><i>Objective #1 Participants will learn how to build a partnership with the correct people when trying to implement a program like Fun Bites</i> <i>Objective #2 Participants will learn how to use the 4 P's of marketing</i> <i>Objective #3 Participants will hear success stories on policy development of the Fun Bites initiative</i> <i>Objective #4 Participants will learn about the Smart Snacks in School Guidelines and how to implement an initiative like Fun Bites in their community</i></p>
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A pilot study utilizing African American churches as an effective food co-op to provide consistent access to fresh fruits and vegetables in food deserts.

Alba C. Calzada, Behavioral Science Research Manager, Dept. of Health Disparities Research, The University of Texas MD Anderson Cancer Center (TX)

Food deserts, or areas lacking healthy food options, are prevalent in African American neighborhoods. African American churches are promising venues for delivering healthy food options in these communities. This pilot study, conducted in southwest Houston, explored the feasibility of utilizing African American churches to provide consistent access to fresh fruits and vegetables in low-income,

Objective #1 Demonstrate how to leverage the resources of a church with deep ties to the community, to conduct a community-based pilot study.

Objective #2 Discuss how churches may be a more effective medium to reach populations that are often unreachable by other interventions.

Objective #3 Discuss the issue of food waste in the context of the growing phenomenon of food deserts.

Are you Hungry for Healthy? A Healthy Retail Initiative in South West Atlanta, GA

Tammy Reasoner, MPA, Open Hand Atlanta (GA)

Obesity remains one of the largest public health threats in Georgia. To address this challenge, Open Hand Atlanta launched a consumer-facing marketing initiative to influence the purchase of healthy foods designed to appeal to children and caregivers. The intervention combines social marketing strategies and direct nutrition education to encourage the purchase and consumption of produce among SNAP recipients. Program components include: product promotion and placement grocery store tours food demonstrations. The campaign uses collaborative multi-level interventions to shape consumers' consumer purchases to prevent diet-related disease via workplace training for staff and developing healthy behaviors for shoppers.

Objective #1 Present initial findings to highlight social marketing as a promising tool to improve campaigns and promote healthy eating

Objective #2 Discuss the need for collaborative partnerships that engage both the private and public sectors to address complex public health problems

Objective #3 Identify replicable strategies and best practices for multi-level healthy retail interventions

Assessing WVUES Family Nutrition Program Employees Perceptions of Federal Aid Recipients as a Primary Target Audience

Gina Taylor, MA, Teaching, Educational leadership and Administration, West Virginia University Extension Services (WV)

The WVU Extension Service Family Nutrition Program (FNP) is comprised of numerous nutrition and physical activity programs designed to help limited-resource families and youth improve their health. This project sought to determine what factors lead to the positive or negative perceptions of clients who receive federal assistance. This interactive session will share the online survey and telephone interview results, conclusions and methods for utilizing this information to guide staff development and outcomes.

Objective #1 Increase understanding of purpose, methodology and potential impact of research initiative

Objective #2 Increase knowledge of how perceptions of federal aid recipients can affect obesity prevention programming

Objective #3 Shared assessment tools including online survey and interview questions

Understanding the historical context of issues related to healthy communities and schools

Jennifer White, Voices for Healthy Kids (TX)

As we support policy and systems change work around the country we have recognized that although many understand the current health disparities that exist, not enough truly understood the historical context that has left some communities far behind others in terms of health outcomes. Working with The Praxis Project, Voices for Healthy Kids developed tools to help educate campaigns on the historical context of active places, healthy schools, access to healthy foods as well as early child care. Furthermore, we introduced tools to go beyond knowledge building, allowing campaigns to translate that knowledge into better understanding their own communities and the historical nature to the current health equity challenges they face.

Objective #1 Define the role that historical and structural racism has on communities of color today.

Objective #2 Identify how current policy and system change initiatives need to consider and plan with this historical context in mind.

Objective #3 Demonstrate how local campaigns and programs can investigate the historical context and relevance in their own communities.

The Effect of the HealthyKids Program on Childhood Obesity and Long-term BMI Maintenance

Jamie Jeffrey, MD, FAAP, HealthyKids Wellness & Weight Management Program, CAMC Weight Loss Center (WV)

Obesity poses a significant public health threat to the pediatric population. Research shows that youth with an obese BMI in a structured, multi-disciplinary weight loss program, such as the HealthyKids Wellness & Weight Management Program (HealthyKids), gain the tools for healthy weight loss. HealthyKids is an 8-week family-based program with individual and group nutrition sessions from a pediatrician, dietitian and group exercise lead by an exercise physiologist. This session will review the structure of the HealthyKids program and results of recent research evaluating the short and long term BMI results and predictive lifestyle behaviors.

Objective #1 Define severe obesity and its health impact in the pediatric population

Objective #2 Describe components of a successful Stage 3/4 obesity treatment programsuch as HealthyKids

Objective #3 Interpret short-term and long-term BMI z-score changes in treatment cohort

Objective #4 Identify potential clinical and/or community partners in your community to partner to form Stage 3 treatment program

Georgia's Fruit and Vegetable Prescription (FVRx) Program

Kayla Anderson, MPH, RDN, LD, CDE, Open Hand Atlanta (GA)

The FVRx program is an innovative solution to preventing and treating chronic diet-related disease. FVRx promotes affordable access to fruits and vegetables and healthy eating in underserved communities through partnerships with healthcare providers, community organizations and local food producers. FVRx is a proven evidence-based model of preventative health care with a demonstrated impact, resulting in healthier communities, food systems and local economies.

Objective #1 Identify methods to increase access and consumption of local produce

Objective #2 Analyze and report initial findings from health outcome tracking tool

Objective #3 Discuss community health initiatives that link healthcare systems with community partners in order to meet nutrition needs and improve health outcomes

A Community Driven Healthy Retail Initiative and Social Marketing Campaign in Georgia

Amy DeLisio, MPH, RD, Public Health Institute Center for Wellness and Nutrition (CA)

HealthMPowers and the PHI collaborated to implement a community initiative to increase access to and consumption of healthy foods at local retailers and establish an engaging social marketing campaign to influence behavior changes among residents. Three pilot site counties were selected for the initiative based on readiness, partnerships, obesity prevention infrastructure and community involvement in high poverty areas. Formative research was conducted including focus groups, interviews, environmental scans, and shopper intercept surveys. Based on formative research, a social marketing campaign was implemented including point of sales marketing materials and cues to easily identify healthier foods and beverages at participating retailers.

- Objective #1 Participants will learn about evidence-based obesity-prevention programming that has taken place in the state of MS for the past 17 years.*
- Objective #2 Participants will be able to evaluate a program that effectively targets obesity prevention in children ages 2-10.*
- Objective #3 Participants will be able to design a program that uses health equity as an outcome measurement.*
- Objective #4 Participants will be able to design a program that uses literacy rates as an outcome measurement.*

Creating Salud Report Cards to Impact Health Outcomes at a County Level

Eric Moreno, MA, Salud America! (TX)

Salud America! is an online network of over 96,000 parents, educators, and researchers, that advocate for policies to prevent Latino childhood obesity. Salud Report Cards are a web-based tool developed by Salud America! in response to a growing demand for tools that highlight the greatest environmental barriers to a healthy weight. In this session, we will teach participants how to create an interactive report designed to be shared by communities leaders with their network. Data from national surveys along with mapping tools, policy solutions, research, and stories will empower advocates with information to accelerate healthy changes in their community.

- Objective #1 Discuss the impact of developing county-based, share-able health assessments and how the relevant data sets were selected to best develop an overall picture of health for a community.*
- Objective #2 Learn the importance of gathering tailored, localized data and why they are necessary to communicate community needs.*
- Objective #3 Identify ways to best utilize/share this information with community leaders, policy makers, and stakeholders to best affect change at a significant level.*

Addressing Our #1 Source of Sugar in Diets: Improving Health Equity Through Sugary Drink Taxes

Christopher Roller, Senior Director of Advocacy and Grants Management, American Heart Association (TX)

We'll highlight two exciting and contentious local policy campaigns to increase taxes on sugary drinks at the city level, in Boulder, CO and Santa Fe, NM. Both garnered national attention and required innovative approaches. We'll focus on the development and implementation of a campaign plan/strategy, coordination with national and local partners, the development and distribution of key messages and collateral materials, community engagement and efforts to get out the vote.

- Objective #1 Will learn about the development and implementation of strategic plans for successful sugary drink tax campaigns*
- Objective #2 Will learn about how sugary drink taxes can positively impact the health equity and outcomes of their community*
- Objective #3 Will take away resources on specific aspects of successful campaigns, such as message development and distribution, engagement of stakeholders, development of strong coalitions and tactics for getting out the vote*

Changing Policies and Environments: Promising Practices from a Georgia Community-Based Childhood Obesity Program

Lisa Medellin, MSW, Healthcare Georgia Foundation (GA)

Preventing and reducing childhood obesity at the population level requires comprehensive, community-based strategies that focus on changing local policies and the built environment. Healthcare Georgia Foundation recently concluded a three year Childhood Obesity Prevention Initiative. Based on lessons learned from the initiative, this session will describe four coalition's strategies for engaging communities to champion policy, systems and built environment changes to increase options for physical activity.

- Objective #1 Participants will learn about four different coalitions' approaches to implementing policy, systems and environmental strategies.*
- Objective #2 Participants will learn about evaluation tools/strategies for policy, systems, and environment interventions.*
- Objective #3 How to improve a community coalition's capacity to identify and champion passage of local policies.*
- Objective #4 Lessons learned from implementing environmental and policy change interventions.*

Assessing community readiness for childhood obesity prevention: A case study in Georgia

Erica Sheldon, MPH, Georgia State University School of Public Health (GA)

In 2012, community readiness assessments were conducted in 15 counties across Georgia that were actively working on childhood obesity prevention. Four counties went on to receive three years of funding from the Healthcare Georgia Foundation to implement childhood obesity prevention initiatives focused on policy, systems, and environmental change approaches. In 2017, a follow-up assessment was conducted in the four counties to examine changes in readiness and capacity. The Community Readiness Model (CRM) was used to assess, score, and categorize readiness in each county.

- Objective #1 Describe the concept of community readiness*
- Objective #2 Demonstrate the process for conducting a community readiness assessment*
- Objective #3 Discuss the implications of the CRM for designing tailored community interventions*

Go Outside and Play!: How A Motivational Campaign Can Help Increase Physical Activity in Rural Communities

Kathryn Burkliund, BS community Health, University of Tennessee Extension (TN)

To determine outlets for physical activity in counties participating in a CDC grant to promote PSE improvements, University of Tennessee Extension underwent asset mapping. The information revealed was both chagrining and encouraging, in that adequate numbers of free recreational opportunities existed. The challenge, locations were underused. The BE MORE motivational campaign was designed to encourage use and motivate the community, through signage and promotion, to be more physically active within these spaces. Embracement of the campaign sparked the spread to unconventional locations. To date, the campaign has increased use through new walking programs, fitness challenges, and other group exercise activities.

- Objective #1 Process for building partnerships to begin changing the climate in rural settings around physical activity*
- Objective #2 Experience of PSE efforts within parks*
- Objective #3 Examples of community-wide campaign materials for places to be physically active*

The CATCH Promise: Advancing Equity in Youth Obesity Prevention

Duncan VanDusen, MPH, CATCH Global Foundation (TX)

The CATCH Promise, an initiative of the CATCH Global Foundation, aims to eliminate cost and accessibility barriers for underserved school districts wanting to implement coordinated school health to increase physical activity and healthy eating and prevent obesity among their students. Since 2015, the Foundation, in partnership with community funders, has provided CATCH curriculum materials, training, evaluation, and ongoing support to five CATCH Promise districts in the South, impacting over 50,000 children. Learn how this exciting initiative is closing the obesity gap for at-risk youth and how you can bring the CATCH Promise to your community.

Objective #1 Discuss how the CATCH Promise is helping traditionally underserved schools and districts meet local health needs and reduce disparities in childhood
Objective #2 State the CATCH Promise eligibility criteria for schools and districts and the steps one can take to bring the CATCH Promise to their community.
Objective #3 Describe how the CATCH Promise is fostering community collaborations and increasing local investments to provide coordinated school health for at-risk youth.

Fulfilling the 'CATCH Promise' in Jefferson Parish: A scalable approach to local school health needs

Benjamin Moscona, Bridgedale Elementary School, Jefferson Parish Public School System (LA)

In 2016, the Jefferson Parish Public School System (JPPSS) became a CATCH Promise community, kicking off a collaboration that will implement coordinated school health in 24 schools over 2 years. CATCH Promise is an initiative of the CATCH Global Foundation and provides curriculum, training, and ongoing assistance to schools in low-socioeconomic communities to improve children's physical activity and nutrition behaviors. Learn from the experiences of one JPPSS school as they've worked to build support for coordinated school health, implement curriculum components, and execute environmental strategies that promote healthy behaviors. Program impact and plans for sustainability will also be discussed.

Objective #1 Discuss best practice strategies for implementing coordinated school health and the benefits that can be achieved during the first year of implementation.
Objective #2 List 2-3 actions that school administrators or school health practitioners can take to build support for coordinated school health among teachers, staff, parents, and the community.
Objective #3 Discuss potential challenges to implementing and sustaining a coordinated school health program and how these can be addressed.

Action Pack Families: Community Based Participatory Research in Schools

Courtney Still, PhD RD, LD, University of Georgia College of Public Health (GA)

Community partners formed the Healthy Colquitt Coalition and collaborated with the University of Georgia Cooperative Extension, Colleges of Public Health, and College of Family and Consumer Sciences. They received grant funding from USDA to develop, implement and evaluate Action Pack Families, a school-based nutrition and physical activity intervention that utilizes children as change agents in their homes and communities to prevent childhood obesity. This session will describe the process of community engagement across multiple sectors, the research design and intervention, and how this intervention was successfully integrated into a diverse community.

Objective #1 Participants will understand the importance of engaging community members and organizations and responding to the needs of the community in research.
Objective #2 Participants will be able to describe ways to overcome barriers to community based participatory research.
Objective #3 Participants will be able to describe ways to foster dissemination and sustainability in community based participatory research.

Influencing Behavior through Youth Voice - Best Practices and Lessons Learned

Courtney Irons, HealthMPowers (GA)

Youth engagement in middle/high schools empowers students with input, choice, and leadership opportunities, which may lead to the potential for improved health in schools and communities. Evidence-based youth engagement approaches can improve healthy eating and physical activity behaviors and reduce sedentary behaviors in adolescents. Behavior change strategies include peer to peer engagement and learning, mentor to peer support for achieving change, and social marketing of healthy key messages which support individual as well as school and district wellness efforts. Participants in this session will have the opportunity to learn and discuss best practices, practical strategies and lessons learned for engaging youth in creating a healthy school environment.

Objective #1 Participants will be able to understand the how the utilization of youth voice can improve physical activity and nutrition behaviors in the school setting.
Objective #2 Participants will be able to examine best practices and impact of youth engagement in the school setting as it relates to improving student physical activity and nutrition behaviors.
Objective #3 Participants will be able to discuss evidence-based strategies, tips and lessons learned to engage youth in the school setting.

Advocating for School Health Policy Change: Development and Implementation of a Parent Ambassador Training Program

Anika Norwood, MPH, DeKalb County Board of Health (GA)

This Parent Ambassador Program engages parents of school-aged children in African American communities to advocate for school wellness policies. An Atlanta-area health department partnered with a local university to develop a training curriculum that uses an evidence-based train-the-trainer model in which Master Trainers train Parent Ambassadors. Training modules focus on child nutrition and physical activity, becoming a change agent, action planning, and understanding school environments. The program aims to equip parents with the knowledge and skills to create meaningful health-related change in schools. This program offers a unique opportunity to empower parents to advocate for healthy school policies and environments.

Objective #1 To explain the links between nutrition, physical activity, health, and academic performance in youth and adolescents.
Objective #2 To describe the four training modules of the program's training curriculum.
Objective #3 To name three characteristics of an effective Parent Ambassador/school wellness advocate.

School Health Council Technical Assistance Project

Laciana McIntyre, MS, The Partnership for a Healthy Mississippi (MS)

Participants will become more knowledgeable about childhood obesity in Mississippi and the decision to enact The Mississippi Healthy Students Act of 2007 requiring minimum periods of physical activity-based instruction and health education grades K-8; and requiring each Mississippi school to have an active and functioning school health council. With lack of funding for the enforcement of this act, many school health councils only exist on paper and take no effective action. Participants will learn how The Partnership for a Healthy Mississippi (The Partnership) developed and implemented The School Health Council Technical Assistance Project through to fifty-eight schools and school health councils through the state of Mississippi.

Objective #1 Participants will learn how The Partnership developed and implemented The School Health Council Technical Assistance Project
Objective #2 Participants will become more knowledgeable regarding the CDC'S CSH Model and the WSCCModel; and the SHI Self-Assessment Tool. Participants will be able to understand how The Partnership utilized these evidence-based tools to improve health outcomes in Mississippi schools.
Objective #3 Participants will become more knowledgeable about the state of childhood obesity in Mississippi and the state's decision to enact The Mississippi Healthy Students Act of 2007.

<p>Working Well Together: Aligning national best practices in employee wellbeing with statewide strategies to support and enhance local, community-based workplace wellness initiatives.</p>	<p>Emily O'Sullivan, MS Health Promotion Management, CHES (SC)</p> <p>Working Well is a statewide worksite wellbeing initiative in SC that helps employers of all sizes and sectors implement evidence-based best practices in employee wellbeing through policy, systems, and environmental change strategies. Working Well focuses on nine dimensions of employee wellbeing: wellness culture, risk assessment and outreach, nutrition and food environment, physical activity, tobacco free, emotional and mental wellbeing, financial wellbeing, incentives and communication and evaluation. Key elements including leadership engagement, organizational assessment, coaching and training, technical assistance, best-practice sharing and networking, and statewide recognition provide a solid foundation from which customizable, scalable solutions have been developed to fit employer needs across sectors and regions in SC.</p> <p><i>Objective #1 Understand the key elements of coordinating a successful state-wide initiative for building cultures of wellbeing in the workplace</i> <i>Objective #2 Identify collaborative partners, resources, and funding sources</i> <i>Objective #3 Understand key organizational strategies to establish sustainable cultures of wellbeing; low/no cost PSE strategies for healthy eating and active living in any worksites sector.</i> <i>Objective #4 How to scale solutions to fit worksite sector, size, state, budget, etc."</i></p>
<p>Creating a Culture of Wellness – Fitting in Daily Activity in Worksites</p>	<p>Michael Lopez, MUP, Plannig for Active Communities, Texas A&M AgriLife Extension Service (TX)</p> <p>While there has been some leveling in obesity rates, it continues to be a concern due to its link to negative health consequences. Texas A&M AgriLife Extension's response was the enhancement of an existing program called Walk Across Texas! (WAT!). WAT! is an online, evidence based program that has been implemented in worksites across Texas and consists of multiple program components designed to establish the habit of regular physical activity. Participants who attend the session will be introduced to the program for worksites and given tools and resources to create more active worksite environments through small infrastructure changes.</p> <p><i>Objective #1 Discuss recent trends in physical activity</i> <i>Objective #2 Identify feasible ideas to incorporate daily activity in worksites</i> <i>Objective #3 Utilize evidence-based resources to create healthier environments</i></p>
<p>The Diabetes Belt Distinction: Responding with Prevent T2 in the worksite and community</p>	<p>Marie Arick, MS, Health Promotion, CHES, University of Florida IFAS Extension Service (FL)</p> <p>The University of Florida IFAS Extension and Florida Department of Health, Jackson County have collaborated to provide the CDC's National Diabetes Prevention Program, Prevent T2 Lifestyle Change Program, in both worksite and community settings. This was in response to the CDC designation as a 'diabetes belt county' indicating a greater risk for developing diabetes due to a variety of socioeconomic factors. The self-identified, physician referred pre-diabetic or at risk for diabetes participants receive practical nutrition and physical activity guidance in a supportive environment to promote positive lifestyle behavior changes including weight loss, increased physical activity and healthier balanced dietary intake.</p> <p><i>Objective #1 The potential of the Prevent T2 program.</i> <i>Objective #2 How to become a lifestyle coach.</i> <i>Objective #3 How your program can become CDC recognized</i></p>

<p>Victoria County Active Living Plan/ Getting your community involved in Active Living is easier said than done</p>	<p>Derrick Neal, MPA, Victoria and DeWitte County Public Health Dept. (TX)</p> <p>Victoria County, a predominantly rural county in south Texas, has elevated rates of death from cancers and the morbidity and complications that arise from diabetes, compared to the state. A group of key community stakeholders addressed this significant health threat by working collaboratively to develop an ALP. Engaging the community in improving its health and well-being is the approach used to create the plan. The aim of the ALP is that Victoria County residents will implement healthy habits that improve health and wellness. This plan has evolved into our fitvic vision for Victoria county promoting long-term active living.</p> <p><i>Objective #1 To facilitate development of a local culture that supports physically active lifestyles</i> <i>Objective #2 Healthcare systems will increase the priority of physical activity assessment, advice, and promotion.</i> <i>Objective #3 Develop and implement a mentoring relationship between large industry and small business partners to increase workplace wellness programs.</i> <i>Objective #4 Create awareness of a variety of activities that promote healthy living through a range of marketing strategies. Advocate elements that would create family time and exercise to encourage healthy lifestyles.</i></p>
<p>The WECAN! (Ways to Enhance Children's Activity & Nutrition) Program building relationships in a school setting.</p>	<p>Rosa Calzada, MD Anderson at the University of Texas in Health (TX)</p> <p>The WECAN! Program is a 4-6 weeks program for children ages 7-14 and their guardians. This program is provided for low income areas, and implemented in a school/community settings. The WeCan! Program proves by building the right relationships with schools and community centers it benefits the researcher to implement a successful program that helps the community develop a healthier lifestyle.</p> <p><i>Objective #1 Increase school/community recruitment.</i> <i>Objective #2 Lessons learned in building a schools/community partnership.</i> <i>Objective #3 How to maintain a bidirectional relationship within schools and researchers.</i></p>
<p>Health Ambassadors and community outreach in the prevention of obesity and chronic disease</p>	<p>Marybeth Pena, RN, BSN, CDE, Florida Dept. of Health Martin County (FL)</p> <p>The training and organization of grassroots health ambassadors is vital in the development of healthy communities and healthy weight initiatives. In this session you will learn about community assessments, identification of grassroots health ambassadors, how to partner with effective and trusted groups and the development nutrition programs that are interactive, hands in and highly effective in promoting healthy weight, decreasing obesity and building healthy communities.</p> <p><i>Objective #1 Participants will gain a working knowledge of how to develop a health ambassador model</i> <i>Objective #2 Participants will explore the effects of culture, community and environment on obesity</i> <i>Objective #3 Participants will explore how healthy plate and hands on cooking classes can positively impact programs, especially in immigrant, low income and rural communities</i> <i>Objective #4 Participants will learn effective assessment strategies in these communities"</i></p>

SPEAKER BIOGRAPHIES (in alphabetical order)

Note: Breakout Session speaker bios are posted on line.



Kelsey Allen is the Community Coordinator for Eat Smart Move More South Carolina and works with local coalitions throughout the state providing technical assistance and supporting community change toward improving access to healthy eating and active living. Before working with ESMMS, she was a health educator for SCDHEC as well as a WIC nutritionist where she counseled mothers of young children on healthy eating and active living. She received her Master's in Public Health from the University of Pittsburgh and a Bachelor's of Science in Nutritional Sciences from Michigan State University. Kelsey is passionate about seeing communities create sustainable changes and working with diverse groups of people.



Naomi Amaha-Gollnick is the Senior Director of State Policy Initiatives for the South-West Affiliate of the American Heart Association (AHA). In her role, Naomi oversees state government relations operations across six states. She previously served as the Oklahoma Government Relations Director for the AHA and successfully secured passage of legislation regarding quality systems to care, access to care and obesity prevention. Before joining the AHA, Naomi served as a Communications Analyst for the URS Corporation in Washington D.C. Additionally while working in the D.C. area, Naomi served as a Legislative Associate at Stateside Associates, one the leading state and local government affairs firm in the country. Her career in government relations advocacy began when she served as a Legislative Assistant to California State Assembly Member, Joe Coto. Mrs. Amaha-Gollnick holds a Bachelor of Science degree in Sociology and Communications from the University of California, Davis. In personal time, Naomi serves as the Public Policy Council Event Chair for the Junior League of Denver and is a mentor through Big Brothers Big Sisters of Colorado. She currently resides in the Denver Metro area and looks forward to making an impact in her new community.



Donyel Barber served as a Child Protective Services worker in Gaston County for nearly 9 years where she conducted investigations of child abuse and neglect. From 2004 until March 2016, she served as the Executive Director of Family Promise of Gaston County (formally Gaston County Interfaith Hospitality Network, Inc.), which is a program dedicated to helping families in crisis and in homeless situations regain their independence and self-sufficiency. As director, she has helped numerous homeless families transition back into their own homes, as well as prevented many under employed individuals from becoming homeless through the services she has been able to provide. Under her great leadership, Family Promise received Gaston Together's 2006 Organizational Leadership Award. She was also one of 10 citizens in Gaston County to be named Family Advocate of the Year for 2005 and she received a medal for this honor. On March 7, 2016 Donyel accepted the call to become the new Community Centered Health Coordinator for Gaston Family Health Services, promoting community engagement, while identifying the social determinants leading to poor health in the community, in hopes to improve the overall health of the community.

#SOSGA2017



Mary Bennett is a Community Coach at County Health Rankings & Roadmaps, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Mary's role is to provide strategic guidance to communities that want to put the County Health Rankings into action for community health improvement. She is part of a team that develops online tools to connect communities to evidence-informed strategies and foster peer learning, delivers technical assistance and training, and recognizes and celebrates health improvement.

Prior to joining the Population Health Institute, Mary worked with non-profit organizations for over 25 years, primarily focusing on improving the treatment of chronic pain through raising awareness and promoting the best pain policy, legislation, and practice. Most recently she was the Director of Alliance Development with the Pain Alliance to Implement a National Strategy (PAINS). Ms. Bennett has received national recognition for her work, and currently serves on the various national boards.



Don Betts is a Senior Project Manager with Georgia Tech's Center for Economic Development Research (CEDR) and has broad experience in developing and delivering innovative economic and community development programs. He is a persuasive communicator who likes finding new solutions and can bring together teams to accomplish a community's economic goals. Recent efforts at Georgia Tech have involved leading the Georgia Centers of Innovation program which unites university and industry thought leaders and uses business incubation to grow six important industry sectors. Don also developed initiatives to identify, connect, and energize early-stage angel investors throughout the state. Don also works with Georgia communities on innovative healthcare strategies and he helps employers operate an employer led organization called EmployersLikeMe which is a peer-to-peer learning network to help employers provide better health care for employees.



Bridget Borgogna is a health education specialist at the Centers for Disease Control and Prevention's Division of Population Health, where she serves as a Project Officer and manager for the Training Tools for Healthy Schools professional development contract. She is a member of the Program and Professional Development team, and provides expertise and technical assistance for professional development internally and with external partners. Bridget was a health and physical education teacher and worked at the GA Department of Education as the state's Safe and Drug Free Schools and HIV Prevention Coordinator. She also was an international Master Trainer for the Lions Quest Programs, as well as for her own Training and Consulting business. She earned her Master of Education degree from the University of Buffalo, Buffalo, NY. Her outside interests include: travel, Yoga, golf, walking and reading.



Don Bradley, MD, MHS-CL holds a position as an Associate Consulting Professor in the Department of Community and Family Medicine at Duke, and serves as Executive Director for The Practical Playbook (www.PracticalPlaybook.org). He retired from Blue Cross and Blue Shield of North Carolina (BCBSNC) where he served in a number of roles, including Executive Director for BCBSNC's federally qualified Health Maintenance Organization, Senior Vice President for Healthcare, and Chief Medical Officer.

Dr. Bradley continues his work in the North Carolina Healthcare Quality Alliance, the National Academy of Medicine Health and Medicine Division (formerly Institute of Medicine) Roundtable on Obesity Solutions; and serves as chair of the Roundtable's Innovation Collaborative workgroup for Interdisciplinary Provider Training and Education for obesity competencies. He recently completed a term as public member of the Academy of Nutrition and Dietetics Board of Directors.



Dr. Deborah Bujnowski is the Chronic Disease Epidemiologist at Harris County Public Health. She received her BS in Dietetics from the University of Illinois at Urbana-Champaign, and after completing her dietetic internship at Loyola University Chicago, earned her Registered Dietitian credential. Dr. Bujnowski holds an MPH in Epidemiology from Tulane University, where she was a recipient of the university's Population Research Award in Epidemiology for her work on a meta-analysis examining the association of dietary soy protein intake with serum lipids. She also received her PhD in Public Health Studies from Saint Louis University, where her dissertation work focused on novel approaches for preventing obesity in underserved populations through examination of mothers' attitudes surrounding their children's body weight. Prior to her arrival at Harris County, she was Assistant Professor of Nutritional Epidemiology at the University of Nevada, Reno, where she was awarded USDA funding to continue exploring maternal perceptions of children's weight status.



Dr. Charles Carlini is the National Medical Director for United Health Group/Optum HealthCare responsible for the care of commercial high-risk pregnancy members of Optum HealthCare (MSP – Maternity Support Program, HPP – Healthy Pregnancy Program, Alere Maternity and Healthy First Steps) in addition to the commercial ASO (Administrative Services Only) members of the Bariatric Resource Services (BRS) who are potential candidates for weight-loss surgery. Additionally, he is in charge of nurse educational programs for the MSP, HPP, Alere and BRS programs including the administration and evaluation of clinical competency testing. He is also a national speaker for the March of Dimes. Some of Dr. Carlini's other duties associated with the BRS include the construction and administration of the BRS Centers of Excellence Program where facilities are selected according to, inter alia, their clinical competency. Thus, he is very familiar with trends and traits of practices across the USA reviewing data on a regular basis that describes said traits and trends.



Brian C. Castrucci, MA, is the Chief Program and Strategy Officer at the de Beaumont Foundation. The Foundation's mission is to strengthen and transform public health in the United States. Once described in an Inside Philanthropy article as a "fount of knowledge and passion when it comes to health" who speaks with "sound-bite-perfect urgency" on the social determinants of health, Castrucci's commitment to improving population health, furthering multisector collaborations, and strengthening public health infrastructure in the United States is informed by a decade of experience working in state and local health departments. In his time with the de Beaumont Foundation, he has developed several national programs including the Practical Playbook, the BUILD Health Challenge, the Public Health Workforce Interests and Needs Survey, and CityHealth.

As an award-winning epidemiologist and public health leader, Castrucci has published scientific papers in the areas of public health systems and services research, maternal and child health, health promotion, and chronic disease prevention. His recent work has focused on the public health needs of large cities, the need for better data systems, and public health system improvements. He is an editor and contributing author to The Practical Playbook. Public Health. Primary Care.



Larry Cohen is founder and Executive Director of Prevention Institute, a national nonprofit that has helped to shape the way that the country thinks about health and prevention: improving community conditions and taking action to support health, safety, and equity in the first place. Larry helped catalyze the nation's first multicity no-smoking laws; advance chronic disease prevention through physical activity and healthy eating; define violence as a preventable public health issue; incorporate a focus on prevention as part of national health systems transformation; and promote better understanding of the underlying community factors that lead to illness, injury, and health inequities. Larry's new book, *Prevention Diaries: The Practice and Pursuit of Health for All*, reveals the unexpected (yet foreseeable) parts of daily life that shape our health. It tells the story of a movement to remake our communities to support health and equity and amplifies the critical need for prevention as our most transformational tool.



Lee Ann Else is the OST Sector Director at HealthMPowers. In this role, Lee Ann has trained 279 OST providers across Georgia impacting over 30,000 youth and led a pilot intervention with Boys & Girls Clubs of Metro Atlanta based on HealthMPowers' successful program model. This pilot has expanded into a comprehensive multi-year intervention that includes trainings, direct services and resources empowering all of the Boys & Girls Clubs of Metro Atlanta centers to create and sustain positive health outcomes and environmental changes. Prior to joining HealthMPowers, Lee Ann was the Regional Network Manager of the Alliance for a Healthier Generation, a national non-profit founded by the William J. Clinton Foundation and the American Heart Association to reduce the prevalence of childhood obesity. As the Regional Network Manager, Lee Ann created and delivered professional development strategies for school districts and out-of-school time providers working to change their environment to support the health of young people.



Suzi Gates has worked in public health at the local, state, national, and international levels for more than 20 years and is the communication team lead for community and web support in CDC's Division of Nutrition, Physical Activity, and Nutrition. Her experience ranges from marketing, audience research, and campaign implementation to consumer health informatics, personal health records, and contact center management. She is a Returned Peace Corps Volunteer.



Starla Hairston Blanks, MBA, MPH, CPHP is the Director of Community Voices: Healthcare for the Underserved of Morehouse School of Medicine which is dedicated to addressing health disparities, research, policy and practice. Mrs. Blanks oversees all Community Voices operations and research efforts focused on health equity, health disparities, training and technical assistance. To this position she brings local, state, and national level experience in health promotion, health policy, diversity and access to care issues. Ms. Blanks holds a Bachelor of Science degree in Political Science, Master's degree in Business Administration with a specialization in non-profit leadership and a graduate degree in public health.



Dr. Danielle Y. Hairston Green has served as an Adolescent Health Educator and Prevention Specialist for 15 years at various nonprofit organizations. She also successfully implemented two leadership development training centers for teens, two worksite wellness programs, and has written and designed several health and wellness curriculum and presentations, and currently serve as a qualitative methodologist on several research projects. In addition, Dr. Hairston Green served her native city as Vice President of the elected school board for 4 years. Currently, she is a program specialist with Prairie View A&M University Cooperative Extension Program and an adjunct professor for the College of Agriculture and Human Sciences. She is the founder of Embracing ARMS, Inc. (member of the Table Salt Group) which is a non-profit organization with a vision to engage students and empower parents to take charge of their health, education and safety within the community in which they live. She has also designed C5E, the conceptual framework that looks at soft skill development among college graduates. Her leadership vision includes transparency, empowerment, innovation, and joy.



Richard Hamburg is Executive Vice President and COO at Trust for America's Health (TFAH). Previously Interim President and CEO and Deputy Director, Mr. Hamburg oversees public policy initiatives, advocacy campaigns, and internal operations and has more than 30 years of experience as a leading health policy advocate. He has helped lead TFAH's efforts to ensure disease prevention is a centerpiece of health reform, and has been instrumental in TFAH's work on obesity prevention, building national pandemic flu and public health emergency response capabilities, and increasing support for public health programs. Prior to TFAH, Mr. Hamburg served in a number of roles with the American Heart Association (AHA), including as its national Director of Government Relations. At AHA, Mr. Hamburg led the AHA's advocacy on health topics ranging from healthcare reform to tobacco control to public access to defibrillation. He is also a past Director of Government Affairs at AHA's New York City affiliate. A native New Yorker, Mr. Hamburg is a graduate of the State University of New York at Albany, from which he received a B.A. in Political Science and a Masters of Public Administration.



Harry J Heiman, MD, MPH is Clinical Associate Professor in the Division of Health Management and Policy at the School of Public Health at Georgia State University (GSU). Prior to joining GSU, he served as Director of the Division of Health Policy at the Satcher Health Leadership Institute at Morehouse School of Medicine, where he was also Associate Professor in the Department of Family Medicine. He is a Fellow of the American Academy of Family Physicians, with over twenty years of clinical practice experience. Leveraging his experience as a primary care physician and expertise and experience in health policy, Dr. Heiman's work focuses at the intersection of health policy and health equity. Dr. Heiman's areas of interest and expertise include health policy, health equity, health-in-all-policies, and health system transformation. In July 2014, he was appointed to the Southeastern Health Equity Council, one of ten regional health equity councils in the U.S. formed as part of the National Partnership for Action to End Health Disparities.



Dr. James Holt is the Team Leader for Analytic Methods, in the CDC National Center for Chronic Disease Prevention and Health Promotion. Jim has been with the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta since 1992. He earned his Ph.D. in Geography from the University of Georgia in 2003. His research focuses on the application of geospatial analysis methods for chronic disease surveillance and epidemiology. He is the CDC Co-PI for the 500 Cities project.



Cass Isidro serves as the Executive Director for the Safe Routes to School National Partnership. In this role Cass works in sync with the Board of Directors and Senior Staff to establish partnerships at the national level, to implement the strategic plan of the organization and to provide leadership for the day to day success of the National Partnership mission. Cass has more than 20 years nonprofit experience at both the Executive and Senior Staff level. In her most recent position as the Senior Director of Development and Strategic Initiatives for SHAPE America Cass was part of the leadership team who built and implemented Let's Move! Active Schools of which the Safe Routes to School National Partnership is a Supporting Organization. Cass is a mission-driven fundraiser who, as Executive Director, spearheaded events for the USO of Hawaii to welcome home our troops and spent more than 10 years with the American Red Cross directly supporting the disaster response for four typhoons in the Pacific Islands. Cass also served as COO and Interim CEO for the Hawaii Red Cross leading program delivery throughout the state of Hawaii.



Lindsey Jorstad is the Outreach Manager for Gwinnett County's Department of Community Services. She has been involved in community services and parks and recreation operations for more than 10 years. She is a member of the National Recreation and Park Association, Georgia Recreation and Park Association, a Certified Park and Recreation Professional, and has served on multiple boards, committees and state conferences related to these organizations. In 2016, she was identified as a top-achieving out-of-school time professional and was recognized by the National AfterSchool Association as a Next Generation of Afterschool. Lindsey impacts the Gwinnett community on a variety of boards and steering committees which include the Gwinnett Coalition for Health and Human Services Board of Directors, its Health and Wellness Committee and is an active member of the Gwinnett United in Drug Education (GUIDE) Board where she advocates for positive youth development and substance abuse education and resources.



Christopher J. Kissler, MPH currently serves as a Project Officer with the CDC, NC-CDPHP, DPH, Healthy Schools Program. He joined CDC in January of 2005 and has previous experience in tobacco prevention and control, diabetes, and HIV/AIDS/STD/TB programs. He worked at the Florida Department of Health for 10 years prior to joining CDC. Chris earned a master's degree in Public Health Practice from the University of South Florida and a bachelor's degree in Community Health Education from the University of Nebraska.



Jamie Kleinsorge, MS, is a Project Director at the Institute for People, Place, and Possibility. Jamie has been on the development and training teams for communitycommons.org since 2011. She has trained thousands of organizations, community-level professionals, government agencies, and healthcare systems on the use and application of data and GIS for community assessment, programming, and evaluation. Jamie has a Master's of Science in Rural Sociology with an emphasis in community development from the University of Missouri and a Bachelor of Arts in Political Science from Western Illinois University.



Kathryn Lawler serves as the first executive director for the Atlanta Regional Collaborative for Health Improvement (ARCHI). She brings experience in the development and implementation of cross-sector interventions to address complex social issues. ARCHI is a collaborative founded by the United Way, Atlanta Regional Commission, and the Georgia Health Policy Center. As an interdisciplinary coalition, ARCHI works to improve the overall health of metro Atlanta residents through a collective impact approach. Lawler helped ARCHI develop its 28-year strategy focused on both immediate health conditions and the larger, upstream issues that result in poor health. As executive director she is responsible for leading strategic planning, fundraising, reporting, and partner engagement. She brings experience in policy development and program management focused on vulnerable populations.



Leandris Liburd, PhD, MPH, MA has served as the associate director for minority health and health equity for CDC/ATSDR since 2011. In this capacity, she leads and supports a wide range of critical functions in the agency's work in minority health and health equity, women's health, and diversity and inclusion management. She has played a critical leadership role in determining the agency's vision for health equity, ensuring a rigorous and evidence-based approach to the practice of health equity, and promoting the ethical practice of public health in vulnerable communities.

Dr. Liburd has been instrumental in building capacity across CDC and in public health agencies to address the social determinants of health, and in identifying and widely disseminating intervention strategies that reduce racial and ethnic health disparities. She has skillfully executed innovative models of collaboration that have greatly expanded the reach, influence, and impact of the Office of Minority Health and Health Equity (OMHHE), and raised the visibility of health equity through peer-reviewed scientific publications, engagement with academic institutions, presentations at national and international conferences, partnerships with national and global organizations, and other communications and educational venues



Mike Lopez joined the Texas A&M AgriLife Extension Service's Family and Community Health Department in 2011. As an Extension Health Program Specialist, Mike focuses his effort on human populations and the effect of the built environment on healthy living. He provides leadership for the development, implementation, and evaluation of Extension educational programs in the areas of planning for active communities, physical activity, and healthy food access. Mike's educational background includes a B.S. degree in Biomedical Sciences and a Master of Urban Planning (MUP) degree, with a concentration in Active Living and Healthy Communities, both coming from Texas A&M University. He also earned a certificate in Environmental Hazard Management. He has a Professional Designation in Crime Prevention Through Environmental Design and last year he graduated from the Walking College Fellowship Program, a four-month distance-education training through America Walks, a national organization that promotes walking and walkable communities.



Caitlin Merlo is a health scientist and serves as the School Health Branch's lead for school nutrition. She develops science-based guidance and provides content expertise and technical assistance on strategies to improve the school nutrition environment and support healthy eating among youth. She is a registered dietitian and earned a Master of Public Health degree from the University of California, Berkeley. Prior to joining CDC in 2009, Caitlin was a research assistant at UC Berkeley's Center for Weight and Health and a nutrition educator at the Alameda County WIC program in Oakland, CA.



Danielle D. Morris, MPH is the Sr. Director, Social and Behavior Change at Boys & Girls Clubs of America (BGCA). She manages a multi-million dollar portfolio that provides evidence-based, Club- and culturally- responsive resources and support that promote a Culture of Wellness in Clubs leading to healthy young people with a plan for their future.

In her role, Danielle leads BGCA's efforts to develop and implement a national youth risk-prevention and reduction strategy to address complex public health issues. Specifically, this work exists within the domains of childhood obesity, gang involvement, substance abuse and misuse, and sexual and reproductive health. She is the principal investigator of a five-year, cooperative agreement with the Centers for Disease Control and Prevention to promote a Culture of Wellness within out-of-school-time to improve youth healthy eating and physical activity outcomes, nationally.



Allison Nihiser, MPH is a health scientist at the Centers for Disease Control and Prevention's (CDC), Division of Nutrition, Physical Activity, and Obesity. Allison works on the Early Care and Education (ECE) team to develop guidance for states on improving physical activity and healthy eating in the ECE setting. Much of her work focuses on physical activity and providing technical assistance to grantees and partners on obesity prevention policies and practices in ECE.

Prior to joining the ECE team, Allison's work focused on preventing obesity through school-based strategies. Relatedly, Allison authored CDC's School Health Guidelines to Promote Healthy Eating and Physical Activity and Body Mass Index Measurement in Schools. Allison has worked at CDC since 2004. She received two bachelor degrees from Miami University (Ohio) in Exercise Science and Zoology. Allison obtained a Master's Degree in Public Health from Yale University, where she focused on Chronic Disease Epidemiology.



Alexandra (Lexi) Bambas Nolen, PhD, MPH, Vice President for Impact, Episcopal Health Foundation is responsible for EHF's Evaluation and Learning work, the Texas Community Centered Health Homes Initiative, and the foundation's work with 150 churches in 57 counties. Her areas of expertise include addressing health inequities through health systems and social determinants of health, leadership development for social change in health, intersectoral action for health, strengthening health information systems, and community empowerment approaches to health. She served on the Secretariat of the WHO Commission on Social Determinants of Health between 2005 and 2007; and from 2002 to 2004 as the Coordinator of the Global Equity Gauge Alliance, an international non-governmental organization focused on health equity initiatives in Latin America, Africa and Asia.



Jean O'Connor, JD, MPH, DrPH is the Chronic Disease Prevention Director for the Georgia Department of Public Health (DPH) where she is responsible for statewide programs related to cancer, chronic disease and adolescent health. Dr. O'Connor has worked in public health research, policy, and program development for almost 20 years, starting out as Emergency Medical Technician and doing research in the Emergency Department at Grady Hospital. That experience taught her firsthand about the role of systems and environments on health status, and she pursued her JD and MPH at Emory University, and then her DrPH from the University of North Carolina at Chapel Hill. Before joining DPH in 2013, Dr. O'Connor served as a state deputy health director and a health insurance policy advisor; and a Health Scientist at CDC working on policy and strategy issues across multiple centers. For the past 13 years, she has taught public health law and policy at the Rollins School of Public Health at Emory University. She is the incoming president of the National Association of Chronic Disease Directors.



Devon Okasako-Schmucker is an ORISE research fellow at the Community Guide Branch. She is working with the cancer, obesity, and women's health review teams. Prior to working at the Community Guide Branch, Ms. Okasako-Schmucker worked with the Forum for Collaborative HIV Research in Washington D.C as a graduate intern.





Chris Parker, MPH, MSc, MBBS is an associate project director at the Georgia Health Policy Center. He holds a leadership role in many of the center's projects related to public health and program evaluation. His areas of expertise include strategic planning and evaluation, with a particular interest in projects that link population health and health care. Parker is a skilled facilitator who has guided a significant number of multisectoral, state, and local organizational strategic and evaluation plans. He is the co-principal investigator for Bridging for Health: Improving Community Health through Innovations in Financing, sponsored by the Robert Wood Johnson Foundation. He also leads the center's growing health care workforce portfolio with a focus on Georgia's primary care assets to address gaps in light of the Affordable Care Act, as well as the center's work on community health needs assessments. As a trained family physician, who has worked with underserved populations and faith-based organizations, Parker brings his clinical and community linked experiences to addressing current and long-standing public health issues.



Dr. Ruth Petersen serves as the Director of CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO). The Division provides national leadership on nutrition, physical activity and obesity prevention through policy and guideline development, surveillance, epidemiological and behavioral research, and technical assistance to states and communities. Dr. Petersen has a breadth of experience and leadership from multiple settings including health care, local and state health departments, national advisory groups, academic settings, the private sector, and global health platforms. Her broad, deep and diverse experience with populations and partners and stakeholders are strong assets for leading DNPAO in its focused efforts to prevent chronic diseases through population-wide public health initiatives and health system innovations. Dr. Petersen received her MD and MPH from the University of North Carolina at Chapel Hill. After training in obstetrics and gynecology in Rochester, New York, she completed the UNC Preventive Medicine Residency and a post-doctoral fellowship in health services research. Throughout her career, she has drawn on her expertise in patient care, health system change, disease prevention and community engagement to develop and guide programs, research, and policy to improve health behaviors and reduce chronic disease.



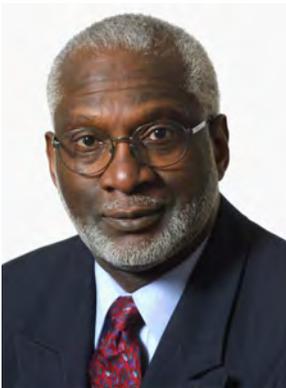
Bill Rencher, MPH, JD, BA is a research associate II at the Georgia Health Policy Center. His expertise includes federal and state Medicaid regulations, compliance reviews, data analysis, and report writing. Rencher also has experience with hospital financial assistance programs, federal and state health care laws and regulations, the Affordable Care Act, and research ethics. Rencher serves on the Medicaid Policy and Business team, working under a contract with the Georgia Department of Community Health to provide the state's Medicaid agency with research and technical assistance for the Georgia Medicaid program. As an attorney, Rencher contributes his legal knowledge and research skills to the team and their work, focusing primarily on regulatory and legal compliance issues, as well as report writing. Rencher is a member of the State Bar of Georgia, Health Law section. His research has appeared in the American Journal of Public Health.



Dave Roberts, ASLA, Vice President Planning & Business Development at Crafton Tull is the Vice President of Planning & Business Development at Crafton Tull, a multidiscipline Engineering & Architecture firm with 7 offices in Arkansas and Oklahoma. He collaborates with a talented planning team on projects that include community planning & urban design, corridor revitalizations, campus master planning, parks & recreation system planning, as well as bicycle & pedestrian network planning. Dave serves as the co-chair for the Built Environment Team at ARCOP (Arkansas Coalition for Obesity Prevention) and was recently appointed to the Governor's Advisory Council on Cycling. Aside from his day job; Dave is the parent of a teenager, Alex Madison, who navigates the world in a power wheelchair due to cerebral palsy. Dave and Alex love to analyze quality design vs. unnecessary barriers in the U.S. cities they visit.



Melody M. Robinson currently serves as a Program Manager in the Clinical Transformation Portfolio for the Louisiana Public Health Institute. She has served as the Clinical Director of St. Thomas Health Community Health Center, where she was instrumental in the development and management of two new clinical sites, diabetes education program, grant writing and program development, fiscal management and direct staff supervision. She previously served as the Program Manager for the Louisiana Comprehensive Cancer Control Program. Ms. Robinson was responsible for overseeing the implementation of the State of Louisiana Comprehensive Cancer Plan, management of regional staff across the state and the development of regional cancer control plans. She also served as the Co-Chair of the Executive Committee of the Louisiana Cancer Control Partnership. She has also been responsible for the development of the Women's Health Department, Adolescent health Development, and developed the School linked clinic program for St. Thomas. Ms. Robinson has also served as an adjunct Professor for Dillard University and Tulane University School of Public Health. She received a B.S. in Biology from Xavier University of New Orleans and double MPH degrees in Material and Child Health and Health Communication and Education from Tulane University School of Public Health.



David Satcher MD, PhD is a physician-scientist and public health administrator with an extensive track record of leadership, research, and community engagement. He is a Phi Beta Kappa graduate of Morehouse College and holds MD and PhD degrees from Case Western Reserve University. Dr. Satcher served as the 16th Surgeon General of the United States (1998-2002) and the 10th Assistant Secretary for Health in the Department of Health and Human Services (1998-2001). He also served as Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR). Dr. Satcher has also held top leadership positions at the Charles R. Drew University for Medicine and Science, Meharry Medical College, and the Morehouse School of Medicine. He has received over 50 honorary degrees and has received numerous awards from diverse organizations and agencies. Currently, Dr. Satcher is the Founding Director and Senior Advisor for the Satcher Health Leadership Institute at the Morehouse School of Medicine, Atlanta, Georgia.



Shana Scott, JD, MPH is the Health Systems Project Director for the Chronic Disease Prevention Section at Georgia Department of Public Health. Shana works on opportunities to implement health systems transformation and creating partnerships with public health and primary care. Prior to working for the Department of Public Health, Shana worked in policy at the CDC and has been in public health for over 10 years. Shana Scott earned her JD from Loyola University School of Law and her MPH from Armstrong Atlantic State University in Savannah, GA.



Jana Scoville, MBA, is a Project Director at Banyan Communications and has 18 years of experience in the planning, implementation, training and technical assistance of public relations and health communications across a variety of topics including obesity and chronic disease prevention. Ms. Scoville is responsible for leading the webbased communication support team for CDC's Community Health Media Center (CHMC) and Success Stories Application. For more than 6 years, she has worked with CDC grantees and partners leading to a deep understanding of their communication-related needs and challenges. Through this work, she has provided in-depth technical assistance and training to organizations on topics such as communications strategy, plan development, materials identification, target audience segmentation and writing strong success stories. In addition, she oversees and manages a team of communication experts who carry out the day-to-day operations and maintenance for the CHMC and Success Stories Application.



Michael L. Sells currently works as a Public Health Advisor on the Advancing Population Health Team in the Division of Heart Disease and Stroke Prevention. His interests lie in the application of research to practice with a specific emphasis on advocating on behalf those sub-populations who face health inequities. He is also the chairman of the National Center for Chronic Disease Prevention and Health Promotion's Health Equity Workgroup at CDC. Prior to working in heart disease, he has served in numerous roles across the Division of Adult and Community Health Community Health, the Division of Adolescent and School Health, the Division of Nutrition, Physical Activity and Obesity, and the Division of Diabetes Translation. He holds a Bachelor's in Psychology, a Master's in Health Education and Health Promotion, he is a Certified Health Education Specialist and he is a Doctoral candidate in Public Health with a concentration on Community Health Promotion and Education.



Sarah Sliwa is a Health Scientist with the School Health Branch in the Division of Population Health at the Centers for Disease Control and Prevention in Atlanta. She has over a decade of experience working on initiatives to prevent childhood obesity in community, school, and out-of-school settings (OST). As part of the Research Application and Evaluation Team in the School Health Branch, Sarah leads work related to school-based OST programs as well as school-based obesity prevention strategies. Sarah earned a PhD in Food Policy from the Friedman School of Nutrition Science and Policy at Tufts University.



Jessica Smith is a senior research associate at the Georgia Health Policy Center (GHPC). Her areas of expertise include behavioral health policy, comparative effectiveness research, and cost effectiveness analysis. She focuses on health care delivery and health outcomes for publicly insured populations. Smith is a member of the Medicaid Policy and Business team at the GHPC. Current projects include: evaluating an increase in provider reimbursement for antepartum care and health care access for pregnant women in the Georgia Medicaid program; examining how the addition of an annual preventive care visit for adult Medicaid beneficiaries affects demand and expenditures for health care services; and assessing the impact of federal regulations to expand Medicaid eligibility for children on enrollment in PeachCare for Kids, the state Children's Health Insurance Program.



Michelle Smith is a marketing and research consultant who became active in social marketing for school health when she became a parent. She is currently the State Coordinator for Texas Action for Healthy Kids and is Director for the Southern Obesity Summit, a 16-state working conference on obesity prevention. In 2012 Michelle completed a project for Action for Healthy Kids with a goal of engaging middle school parents in wellness activities in schools. She managed a national level community awareness project promoting coordinated school health for the American Cancer Society (ACS) in the late 90s. Michelle is an active advocate for school health issues on a state as well as a local basis, serving as chair for the Partnership for a Healthy Texas for two legislative sessions. She also has served for over 15 on her local school health advisory council as well as serving on the Texas Action for Healthy Kids Steering Committee for 15 years.



Charlotte Smith has been with UnitedHealth Group for 6 years and is currently a VP Business Development with Real Appeal, Inc. Charlotte's responsibilities include maintaining relationships with insurance carrier account management teams and their clients with the purpose of education surrounding the program Real Appeal which was developed by UHG to address the epidemic of obesity in our country. Prior to July 2011 when she joined UnitedHealth Group, Charlotte worked for many years in the pharmaceutical industry with several years of healthcare experience before that. Charlotte graduated from Texas A&M University with a degree in Biology and a Business minor. Charlotte has been married to her husband Ryan for 7 years and they have two daughters, Caden (4) and Mallory (2). She resides in the Dallas, TX area.



Sallie Stearns joined Optum in 2014 as a Client Executive where she serves as the business face for the clinical team. She works collaboratively with the Clinical and Account Management teams to ensure delivery of high quality care management to her client and their members. Her focus is flawless execution. Prior to Optum, she was a consultant to Fortune 500 financial services and employee benefits Companies. Sallie began her career working for a group of pathologists in their private laboratory before transitioning to a hospital environment. She has worked for physicians in both clinical and financial services settings. Her background enables her to address the physical and fiscal health and wellbeing of her clients. Sallie's education includes Bachelor of Science Business and Finance studies. She holds Accident Life & Health, Property & Casualty and Georgia Counselor's Insurance licenses as well as a Chartered Retirement Plan Specialist certification.



Anna Stelter, LMSW, MPH is a Health Policy Analyst at the Texas Health Institute. A member of THI's Health Equity team since 2014, Stelter has contributed to projects and publications analyzing the impact of national health care reform on health disparities, safety net care, and the health of vulnerable populations including veterans, LGBTQ persons, and racial/ethnic minorities. As a licensed social worker with clinical training, Stelter's professional interest areas include access to integrated behavioral health care and social determinants of mental health. Stelter holds a Master of Science in Social Work from The University of Texas at Austin and a Master of Public Health from The University of Texas Health Science Center School of Public Health.



Stephanie Stuckey received both her undergraduate and law degree from the University of Georgia. She graduated cum laude from the University of Georgia School of Law in 1992. After law school, she served as a public defender and then went into private practice before being elected to the Georgia General Assembly in 1999. Stephanie served as a State Representative from the Decatur area for 14 years, during which time she was a member of the Judiciary and Natural Resources Committees. She then went on to serve as Executive Director of GreenLaw, an Atlanta-based public interest law firm dedicated to giving Georgia's environment its day in court. On May 15, 2015, she was appointed by Mayor Kasim Reed to be Director of Sustainability for the City of Atlanta. She was named Chief Resilience Officer for Atlanta in November of 2016 as part of the 100 Resilient Cities program, pioneered by the Rockefeller Foundation.



Christopher Thomas works in the Office of Policy, Partnerships, and Communication at CDC's Division of Nutrition, Physical Activity, and Obesity. Since 2002, Chris' work has focused on chronic disease at state or federal public health agencies. He has experience in program planning, implementation, and evaluation; health education; coalitions; and using communication to support program objectives. Chris has a master's degree in health education and health promotion from Mississippi State University, and he completed CDC's Public Health Prevention Service, a three-year training and service program. He is also a Master Certified Health Education Specialist.



Nikkole E. Turner, Program Manager, Eat REAL's REAL Certified® in Tennessee began pursuing her interest at a young age. By 10 she was a 4-H member, representing Head, Heart, Hands, and Health nationwide. As part of the National Institute of Food and Agriculture (USDA), Nikkole began to build and understand a base of knowledge about the connection between food and agriculture. She received a Bachelor's of Science at Eastern Michigan University with a focus on communication and marketing and, upon graduation, began her career with a major television network developing new business partners and securing sponsorships. As the Program Manager for Eat REAL, in contract with the State of Tennessee, Ms. Turner and the Eat REAL team facilitate the goals established through their grant funding from the Tennessee Department of Health. Now Eat REAL is in its fourth year in partnership with the state and has expanded the role of Eat REAL by developing partnerships with the Tennessee Governor's office and with the Tennessee Department of Environment and Conservation. The mission of Eat REAL continues to support a fundamental change within the food culture for the State of Tennessee.



Venise White currently manages the Office of Health Promotion and Education and Grants Administration at the Florida Department of Health in Seminole County. Mrs. White has over 20 years of public health experience working for universities, government and not-for-profit agencies in several public health areas: Alcohol, Tobacco and other Drugs Prevention, HIV Prevention Education, Community Health and Safety, Teenage Pregnancy Prevention, Cultural Relevancy and currently focusing on Chronic Disease Prevention as related to the Social Determinants of Health.

Prior to returning to the Florida Department of Health in 2013, Mrs. White provided public health consultation to federally funded drug-free coalitions for about 8 years. Since her recent appointed position with the State of Florida, she has lead health and wellness initiatives receiving the following recognitions: Orlando Business Journal's Healthiest Employer of the Year; American Heart Association Workplace Food & Beverage Impact Award, American Diabetes Association Health Champion Designation and American Heart Association's Fit-Friendly and Bronze Recognition.

Cheryl Williams serves as a Deputy Chief of the State Health Benefit Plan (SHBP) within the Georgia Department of Community Health. In her role, Cheryl leads the SHBP Clinical Performance, Quality and Outcomes Unit, providing oversight of the vendors' medical, behavioral health, pharmacy and wellness programs. The State Health Benefit Plan Division serves as the state's administrator of health insurance coverage for the more than 630,000 state employees, teachers, school system employees and retirees, and covered dependents.

Cheryl is a Registered Nurse (RN) and she is also a Certified Case Manager (CCM). She joined SHBP in 2000 serving in various roles such as the Clinical Director, Managed Care Policy Coordinator and Utilization Manager.

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Participant List

Primary State	Last Name	First Name	Organization	Title	Email Address
Alabama	Briddell	Michael	City of Montgomery	Director of Public Information & External Affairs	mbriddell@montgomeryal.gov
Alabama	James	Rosalind	Alabama Cooperative Extension System	Regional Extension Agent	jamesrr@aces.edu
Alabama	Langham	Adriane	Alabama Cooperative Extension System	USNAP-Ed Program Coordinator	azl0001@aces.edu
Alabama	Morris	Andrea	ACES/AAMU	Extension Specialist	morrian@aces.edu
Alabama	Powers	Alicia	Alabama Extension at Auburn University	Extension Specialist/Community Health Coordinator	arp0042@auburn.edu
Alabama	Struempfer	Barb	Auburn University Alabama Extension	Program Leader/Nutritionist/Professor	struebj@auburn.edu
Arkansas	Adams	Becky	Arkansas Department of Health	Partnership and Policy Director	becky.adams2@arkansas.gov
Arkansas	Betancourt	Katrina	Arkansas Coalition for Obesity Prevention	President	Katrina.Betancourt@arkansasobesity.org
Arkansas	Henson	Teresa	University of Arkansas at Pine Bluff 1890 Cooperative Extension Program	Nutrition Outreach Coordinator	hensont@uapb.edu
Arkansas	Huff	Anna	Mid Delta Community Consortium Derek Lewis Foundation	Director	huffannam@uams.edu
Arkansas	Lewis	Derek		President	DLewis2@dereklewisfoundation.com
Arkansas	Roberts	Dave	Crafton Tull	Vice President of Planning	Dave.Roberts@craftontull.com
Arkansas	Sasse	Christine	Arkansas Department of Health	Nutritionist Consultant	Christine.Sasse@arkansas.gov

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Arkansas	Schaufler	Ariel	Arkansas Department of Health	Coordinated School Health Advisor	Ariel.Schaufler@arkansas.gov
Colorado	Amaha Gollnick	Naomi	American Heart Association	Sr. Dir. State Initiatives	Naomi.Amaha@heart.org
Colorado	Roller	Christopher	American Heart Association	Senior Director of Advocacy and Grant Management	christopher.roller@heart.org
Florida	Arick	Marie	University of Florida IFAS Extension Service	FCS Extension Agent	jmarick@ufl.edu
Florida	Burgess	Quinten	Erchonia Corporation	Sales Consultant	qburgess@erchonia.com
Florida	Carmichael	Megan	Florida Department of Health in Pasco County	Program Manager	megan.carmichael@flhealth.gov
Florida	Crosby	Brenda	Florida Department of Health, CCFP	Nutrition Section Administrator	Brenda.Crosby@flhealth.gov
Florida	HOOD	LAKEISHA	FLORIDA DEPARTMENT OF AGRICULTURE	DIVISION DIRECTOR	LAKEISHA.HOOD@FRESHFROMFLORIDA.COM
Florida	Kunins	Lynne	FLIPANY	President/CEO	lkunins@flipany.org
Florida	Osgood	Laurie	UF/IFAS Extension, Gadsden County FL	Family and Consumer Science Agent	Osgoodlb@ufl.edu
Florida	Pena	Marybeth	Florida Department of Health Martin County	Nurse Program Specialist	Marybeth.pena@flhealth.gov
Florida	Swords	Skylar	Florida Department of Health	Program Specialist	skylar.swords@flhealth.gov
Florida	Treadwell	Brenda	FL WIC	Government/Nutrition Analyst	Brenda.Treadwell@flhealth.gov
Florida	White	Venise	Florida Department of Health in Seminole County	Community Programs Manager	venise.white@flhealth.gov
Florida	Williams	Kathryn	Florida Department of Health	Program Manager,	Kathryn.Williams@flhealth.gov
Georgia	Ancrum	Tikiyha	Bright from the Start	Healthiest Weight FL	Tikiyha.Ancrum@decal.ga.gov
Georgia	Anderson	Kayla	Open Hand Atlanta	Director of Nutrition Services	kanderson@openhandatlanta.org

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Participant List

Georgia	Bacon	Mary Joyce	ShareCare	Senior Well-Being Community Consultant	maryjoyce.bacon@sharecare.com
Georgia	Bass	Dorothy	Talbot County Family Connection	Ex. Director	bass1951@gmail.com
Georgia	Bennett	Ashley	Children's Healthcare of Atlanta	Sr Wellness Program Coordinator	Ashley.Bennett@choa.org
Georgia	Berney	Sara	Wholesome Wave Georgia	Executive Director	sara@wholesomewavegeorgia.org
Georgia	Borgogna	Bridget	CDC/SHB	Health Education Specialist	hue8@cdc.gov
Georgia	Campos	Rachel	Georgia Health Policy Center	Senior Research Associate	rcampos1@gsu.edu
Georgia	Carr	Annie	CDC	Public Health Nutritionist	abc1@cdc.gov
Georgia	Caudell	Kristin	WellStar Health System	Director, Community Education & Outreach	kristin.caudell@wellstar.org
Georgia	Childs	Monyette	Georgia Department of Public Health	Program Associate	monyette.childs@dph.ga.gov
Georgia	Coleman	Anne-Marie	Georgia Department of Public Health	Policy Analyst	Anne-Marie.Coleman@dph.ga.gov
Georgia	Cooper	Mary	Novo Nordisk	Account Executive	myce@novonordisk.com
Georgia	Cortes	Michael	The American Heart Association	Government Relations Director	michael.cortes@heart.org
Georgia	Cotto-Rivera	Edda	University of Georgia	SNAP-Ed Program Coordinator	ecrivera@uga.edu
Georgia	Crisp	Mackenzie	Gwinnett, Newton, and Rockdale County Health Departments	Health Promotion Coordinator	mackenzie.crisp@gnrhealth.com
Georgia	Croom	Erin	Georgia Organics	Farm to Early Care and Education Coordinator	erin@georgiaorganics.org
Georgia	Curtis	Alison	Cobb & Douglas Public Health	Policy & Planning Specialist	Alison.Curtis@dph.ga.gov
Georgia	Dabruzzi	Lanier	Southeast United Dairy Industry Association	Senior Manager of Public Relations	ldabruzzi@sedairy.org

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Participant List

Georgia	Davenport	Latresh	Georgia Division of Family and Children Services	SNAP Nutrition Education Coordinator	latreshdavenport@gmail.com
Georgia	Davenport	Latresh	Georgia Division of Family and Children Services	SNAP Nutrition Education Coordinator	Latresh.Davenport@dhs.ga.gov
Georgia	Devore	Brian	Fulton County Schools	Health and PE Coordinator	devoreb@fultonschools.org
Georgia	Dinkins	Julie	Novo Nordisk Inc.	Account Executive	jdii@novonordisk.com
Georgia	Ejikeme	chinwe	GEORGIA DEPARTMENT OF PUBLIC HEALTH	Program Evaluator	chinwe.ejikeme@dph.ga.gov
Georgia	Else	Lee Ann	HealthMPowers, Inc.	Sector Director	leeann.else@healthmpowers.org
Georgia	Ernst	Gregg	Dole Packaged Foods	National Accounts Manager	Gregg.Ernst@Doleintl.com
Georgia	Esler	Rene	John Snow, Inc.	Director	rene_esler@jsi.com
Georgia	Freeman	Shalonda	Georgia Department of Public Health	Chronic Disease Prevention Manager	shalonda.freeman@dph.ga.gov
Georgia	Gates	Suzanne (Suzi)	CDC DNPAO	Team Lead	sgates@cdc.gov
Georgia	Glenn	Suzanne	HealthMPowers, Inc.	Assistant Director	Suzanne.Glenn@healthmpowers.org
Georgia	Griffin	Monica	Children's Healthcare of Atlanta	Dietitian	Monica.Griffin@choa.org
Georgia	Hale	Teresa	Wellstar Health System	Community Resource Nurse	teresa.hale@wellstar.org
Georgia	Hart	Dorothy	GA DPH - East Central Health District	Nutrition Services Director	dorothy.hart@dph.ga.gov
Georgia	heiser	claire	CDC	Lead Public Health Advisor	cheiser@cdc.gov
Georgia	Hernandez	Eliza	Open Hand Atlanta Department of Public Health	Spanish Coordinator	ehernandez@openhandatlanta.org
Georgia	Hill	Joanna		Asthma Program Consultant	joanna.hill@dph.ga.gov
Georgia	Howard	Sequoya	HealthMPowers, Inc.	Program Manager	sequoya.howard@healthmpowers.org
Georgia	Hughes	Kelly	National Network of Public Health Institutes	Associate Director, Program Strategy	khughes@nnphi.org

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Participant List

Georgia	IDAIIKADAR	Audrey	Georgia DPH	Eat Move Talk Program Manager	Audrey.Idaikkadar@dph.ga.gov
Georgia	Irons	Courtney	HealthMPowers	Health Educator	courtney.irons@healthmpowers.org
Georgia	Isaacs	Crystal	Georgia Department of Public Health	Cardiovascular Health Program Manager	Crystal.Isaacs@dph.ga.gov
Georgia	Jacqueline	Jenkins	Southwest Health District	Epidemiologist	jacqueline.jenkins@dph.ga.gov
Georgia	Jenkins	Kimberly	Georgia Department of Public Health	SNAP-Ed Program Manager	kimberly.jenkins@dph.ga.gov
Georgia	Jett	Candice	Department of Health and Human Services	Public Health Advisor	candice.jett@hhs.gov
Georgia	Jorstad	Lindsey	Gwinnett County Department of Community Services	Outreach Manager	Lindsey.Jorstad@gwinnettcounty.com
Georgia	Kay	Christi	HealthMPowers, Inc.	President	christi.kay@healthmpowers.org
Georgia	Kettel Khan	Laura	CDC	Senior Scientist	ldk7@cdc.gov
Georgia	Kibbe	Debra	Georgia Health Policy Center	Senior Research Associate	dkibbe@gsu.edu
Georgia	Kissler	Christopher	CDC/SHB	Health Advisor	cpk2@cdc.gov
Georgia	Liburd	Leandris	Center for Disease Control and Prevention		lel1@cdc.gov
Georgia	Lombardo	Michelle	The OrganWise Guys, Inc.	President	michelle@organwiseguys.com
Georgia	Lorenzo	Lauren	Children's Healthcare of Atlanta	Manager Employee Wellness	lauren.lorenzo@choa.org
Georgia	Medellin	Lisa	Healthcare Georgia Foundation	Senior Program Officer	lmedellin@healthcaregeorgia.org
Georgia	Merlo	Caitlin	CDC/SHB	Health Scientist	ihb7@cdc.gov
Georgia	Miune	Esther	Georgia Department of Public Health	Program Manager: Nutrition and Physical Activity	esther.miune@dph.ga.gov
Georgia	Murray	Lisa	GA Department of Public Health	Nutrition Manager	lisa.murray@dph.ga.gov
Georgia	Newby	Trevor	CDC/SHB	Consultant	xwp8@cdc.gov

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Participant List

Georgia	Nihiser	Allison	Centers for Disease Control and Prevention	Health Scientist	cuf1@cdc.gov
Georgia	Norris-Ellis	Tyra	Georgia Campaign For Adolescent Power and Potential	Program Manager	tyra@gcapp.org
Georgia	Norwood	Anika	DeKalb County Board of Health	Health Promotion Specialist	anika.norwood@dph.ga.gov
Georgia	O'Connor	Jean	GA DPH	Chronic Disease Director	Jean.OConnor@dph.ga.gov
Georgia	Okasako Schmucker	Devon	Centers for Disease Control and Prevention		yse1@cdc.gov
Georgia	Okunoren	Toyin	Little Ones Learning Center	Early Childhood Program Administrator	okunoren@yahoo.com
Georgia	Okunoren-Meadows	Wande	Little Ones Learning Center	Early Childhood Program Administrator	littleoneslearningcenterga@gmail.com
Georgia	Ouellette	Miranda	Georgia Department of Public Health	Diabetes Coordinator	miranda.ouellette@dph.ga.gov
Georgia	Palmer	Wendy	Children's Healthcare of Atlanta	Manager, Wellness	wendy.palmer@choa.org
Georgia	Parker	Chris	Georgia Health Policy Center	Director	chrisparker@gsu.edu
Georgia	Parks	Joi	USDA Food and Nutrition Service	Nutritionist	Joi.Hatch-Parks@fns.usda.gov
Georgia	Patellis	Cecelia	WellStar Health System	AVP, Community Education & Outreach	cecelia.patellis@wellstar.org
Georgia	Peavy	Kathy	State Division	Assistant Director	kpeavy@doe.k12.ga.us
Georgia	Pemu	Priscilla	Morehouse School of Medicine		pipemu@msm.edu
Georgia	Petersen	Ruth	Center for Disease Control and Prevention		rip0@cdc.gov
Georgia	Powell	Vickie	UHC/Optum Healthcare	Clinical Quality Consultant	lucy.powell@optum.com

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Participant List

Georgia	Pressley	Tanisha	Gwinnett County Department of Community Services	Live Healthy Gwinnett Coordinator	Tanisha.Pressley@gwinnettcounty.com
Georgia	Rafig	Marcia	Open Hand Cooking Matters	Cooking Matters Field Coordinator	mrafig@openhandatlanta.org
Georgia	Ray	Kenneth	Georgia Department of Public Health	SNAP-Ed Evaluator	kenneth.ray@dph.ga.gov
Georgia	Reasoner	Tammy	Open Hand Cooking Matters	Director of Cooking Matters	treasoner@openhandatlanta.org
Georgia	Reid	Asata	Healing Community Center	Nutrition Health Educator	Chefasata@gmail.com
Georgia	Rencher	Bill	Georgia Health Policy Center		
Georgia	Rhodes	Sharon	SUDIA	School Health and Wellness	srhodes@sedairy.org
Georgia	Richards	Edecia	Department of Health and Human Services	Regional Family Planning Coordinator	edecia.richards@hhs.gov
Georgia	Rouse	Ashley	HealthMPowers	Out of School Time Program Manager	ashley.rouse@healthmpowers.org
Georgia	Satcher	David			ykirkland@msm.edu
Georgia	Scott	Shana	Georgia Department of Public Health	Health Systems Lead	shana.scott@dph.ga.gov
Georgia	Scoville	Jana	Banyan Communications	Project Director	jscoville@banyancom.com
Georgia	Sells	Michael	Centers for Disease Control and Prevention		znp1@cdc.gov
Georgia	Shary	Katherine	Children's Healthcare of Atlanta	Registered Dietitian	Katherine.shary@choa.org
Georgia	Sheldon	Erica	Georgia State University School of Public Health	Research Coordinator	esheldon1@gsu.edu
Georgia	Siwa	Sarah	CDC School Health Branch	Health Scientist	xxh8@cdc.gov
Georgia	Smith	Allison	Georgia Department of Public Health	Diabetes and Vision Program Manager	allison.smith@dph.ga.gov
Georgia	Smith	Jessica	Georgia Health Policy Center		jjsmith@uga.edu

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Participant List

Georgia	Soulimiotis	Stacy	Dekalb County Board of Health	Health Promotion Specialist-Nutrition	stacypoul@gmail.com
Georgia	Souvenir	Brittany	USDA - FNS	Program Specialist	Brittany.Souvenir@fns.usda.gov
Georgia	Stearns	Sallie	Optum	Client Executive	sallie.stearns@optum.com
Georgia	Still	Courtney	University of Georgia	Postdoctoral Research Associate	courtms@uga.edu
Georgia	Tanner	Coleman	Georgia Health Policy Center	Research Associate II	ctanner18@gsu.edu
Georgia	Thomas	Ruby	Morehouse School of Medicine	Assistant Professor	rthomas@msm.edu
Georgia	Thomas	Chris	CDC	Public Health Advisor	cthomas2@cdc.gov
Georgia	Thorpe	Sara	Open Hand Atlanta	Program Manager	sthorpe@openhandatlanta.org
Georgia	Toodle	Kia	Georgia Department of Public Health	Deputy Director	Kia.Toodle@dph.ga.gov
Georgia	Vall	Emily Anne	Georgia Shape	SR Obesity Prit Mgr	EmilyAnne.Vall@dph.ga.gov
Georgia	Walters	Laurie	WellStar Health System	Manager, Community Education & Outreach	laurie.walters@wellstar.org
Georgia	White	Jennifer	Voices for Healthy Kids		Jennifer.White@heart.org
Georgia	Williams	Cheryl	Georgia Department of Community Health		CWilliams@dch.ga.gov
Georgia	Williams	Gwendolyn	East Central Health District	Breastfeeding Coordinator	Gwendolyn.Williams@dph.ga.gov
Georgia	Williams	Misty	Georgia Health Policy Center		MWilliams@theconcilio.org
Georgia	Willis	Carla	Centers for Disease Control and Prevention		
Georgia	Holt	James	University of Kentucky		jgh4@cdc.gov
Kentucky	Cotterill	Debra	Nutrition Education Program	Director of Nutrition Education Program	dcotteri@email.uky.edu
Kentucky	Grimes	Kris	Kentucky State University	Assistant Professor	kristopher.grimes@kysu.edu
Kentucky	Minter	Kim	Commonwealth of Ky	SNAP Ed Policy Analyst III	Kim.minter@ky.gov

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Kentucky	Mishra	Nilima	Kentucky State University	Extension Associate of Dietetics and Human Nutrition	Nilima.Mishra@kysu.edu
Kentucky	Najor	Jean	University of Kentucky	Senior Extension Associate	jean.najor@uky.edu
Louisiana	Bradford Odom	D'Andra	Louisiana Department of Health	Minority Outreach Director	Dandra.bradfordodom@la.gov
Louisiana	Farb	Heather	Louisiana Public Health Institute	Evaluation Manager	hfarb@lphi.org
Louisiana	Flynn	Olivia	Bridgedale	CATCH Coach/Title I	olivia.flynn@jppss.k12.la.us
Louisiana	Gillen	Sarah	Louisiana Public Health Institute	COO	sgillen@lphi.org
Louisiana	Kendall	Michelle	Pennington Biomedical Research Center	Research Associate	michelle.kendall@pbrc.edu
Louisiana	Leonard	Erin	Bureau of Chronic Disease Prevention and Health Promotion, Well-Ahead	Program Monitor	Erin.Leonard@la.gov
Louisiana	Macklin	Durand	Bureau of Minority Health Access	Director	rudy.macklin@la.gov
Louisiana	Moscona	Benjamin	Bridgedale Elementary Schools	Principal	benjamin.moscona@jppss.k12.la.us
Louisiana	O'Donnell	John	Healthier Southwest Louisiana	Coalition Coordinator	livewell@swlahec.com
Louisiana	Robinson	Melody	Louisiana Public Health Institute	Program Manager	merobinson@lphi.org
Mississippi	Boykins	Regina	Mississippi State University Extension	Extension Agent	r.boykins@msstate.edu
Mississippi	Byrd	Sylvia	Mississippi State University	Professor/Project Director - Office of Nutrition Education	shb5@msstate.edu
Mississippi	Denson	Iva	MBCI	WIC Director	idenson@choctaw.org
Mississippi	German	Jacquilyn	Mississippi State Department of Health	Director of Statewide Health Initiatives and Special Projects	jacquilyn.german@healthmys.com

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Mississippi	Grant	Tiffani	Mississippi State Department of Health	Bureau Director	tiffani.grant@healthyms.com
Mississippi	Jones	Ellen	NACDD	Consultant	ejones@chronicdisease.org
Mississippi	Lister	D'Angeli	The Partnership for a Healthy Mississippi		dangelique.lister@healthy-miss.org
Mississippi	Lunardini	John	Mississippi Primary Health Care Association	Director Communications & Business Development	jlunardini@mphca.com
Mississippi	Martin	James	Mississippi State Department of Health	State Employee Wellness Program Director	James.Martin@msdh.ms.gov
Mississippi	Matich	Renee	Mississippi State University	EFNEP Coordinator - Office of Nutrition Education	jrm34@msstate.edu
Mississippi	McClure	Sharde	The Partnership for a Healthy Mississippi		sharde.mcclure@healthy-miss.org
Mississippi	McIntyre	Laciana	The Partnership for a Healthy Mississippi	Health & Wellness Director	laciana.mcintyre@healthy-miss.org
Mississippi	Shelson	Sandra	The Partnership for a Healthy Mississippi	Executive Director	sandra.shelson@healthy-miss.org
Mississippi	Shorter	Kayleigh	The Partnership for a Healthy Mississippi		kayleigh.shorter@healthy-miss.org
Mississippi	Sykes	Shirley	Mississippi Dept of Human Services	SNAP Ed /Snap Outreach Director	shirley.sykes@mdhs.ms.gov
Mississippi	Womack	Caryn	Mississippi State Department of Health	Health Educator	Caryn.Womack@msdh.ms.gov
Missouri	Ballew	Marie	MO DHSS Community Hlth. & Wellness	Health Program Representative III	marie.ballew@health.mo.gov
Missouri	Ballew	Paula	Missouri Foundation for Health	Program Officer	pballew@mffh.org

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Missouri	Brown	Cedric	Ferguson-Florissant School District	Wellness Coordinator	cebrown@fergflor.org
Missouri	Bryant	Devin	Ferguson-Florissant School District	Physical Education Teacher	debryant@fergflor.org
Missouri	DeBlauw	Cindy	University of Missouri Extension	Nutrition Specialist	deblauwc@Missouri.edu
Missouri	Eldridge	Roderick	Ferguson-Florissant School District	Physical Education Teacher	reldridge@fergflor.org
Missouri	Kleinsorge	Jamie	Community Initiatives	Project Manager	jamie@communityinitiatives.com
Missouri	Lewelling	Mary	Pemiscot Initiative Network	wellness coordinator	mlewelling@cosmowireless.net
Missouri	Mitchell	Heather	Hayti School	Nurse	mitchellh@hayti.k12.mo.us
Missouri	Waner	Andrea	Institute for People, Place, & Possibility	Communications Manager	andrea@i-p3.org
National	Bennett	Mary	County Health Rankings and Roadmaps	Community Coach	admin@match.wisc.edu
National	Carlini	Charles	Optum	National Medical Director	charles.carlini@optum.com
National	Castrucci	Brian	de Beaumont Foundation		castrucci@debeaumont.org
National	Cox	Jill	Penn State Better Kid Care	Program Development Specialist	jnc14@psu.edu
National	Craft	Diane	SUNY Cortland	Professor of Physical Education	diane.craft@cortland.edu
National	DeLisio	Amy	Public Health Institute Center for Wellness and Nutrition	Deputy Director	amy.delisio@wellness.pha.org
National	Earle	Teresa	Healthy Weight Partnership Inc.	Partnership Director	teresa.earle@healthyweightpartnership.org
National	Fuller-Sankofa	Nikia	National Association of County and City Health Officials (NACCHO)	Director, Breastfeeding Project	nfuller-sankofa@naccho.org
National	Hamburg	Richard	Trust for America's Health	Interim President and CEO	rhamburg@tfah.org

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National	Lloyd	Tiereny	Afterschool Alliance	Director of Health and Wellness Initiatives	tlloyd@afterschoolalliance.org
National	Lockhart	Jamie	Mission: Readiness	Acting National Director	jlockhart@missionreadiness.org
National	Melton-Riddle	Deanna			deannamiddle@gmail.com
National	Munyan	Metria	PHI Center for Wellness and Nutrition	Youth Engagement – Project Coordinator	Metria.Munyan@Wellness.PHI.org
National	Reis-Reilly	Harumi	National Association of County and City Health Officials (NACCHO)	Lead Analyst, Breastfeeding Project	hreis-reilly@naccho.org
National	Sammons Hackett	Doreleena	Directors of Health Promotion and Education (DHPE)	Executive Director	dsammons-hackett@dhpe.org
National	Satkoski	Brittany	FIRST 5 Santa Clara County	Assistant Director of Communications	brittany@first5kids.org
New Mexico	Gallagher	K. Lynn	New Mexico Department of Health	Cabinet Secretary	Lynn.Gallagher@state.nm.us
North Carolina	Barber	Donyel	Gaston Family Health Services	Community Centered Health Coordinator	dbarber@gfhs.info
North Carolina	Bradley	Don	Practical Playbook		don.bradley@duke.edu
North Carolina	Dixon	Connie	NC DHHS UNC-	SNAP Program Coordinator	connie.dixon@dhhs.nc.gov
North Carolina	Hill	Jennifer	Greensboro/Recipe for Success	Research Associate	pearl597@yahoo.com
Oklahoma	cravatt	janis	Oklahoma State Department of Health	Preventive Health Consultant	janisc@health.ok.gov
Oklahoma	Davilla	Donna	TSET- Great Plains Youth and Family Services	Healthy Living Program Assistant Coordinator	donna@gpyfs.org
Oklahoma	Denner	Leslie	VI Marketing and Branding	Marketing Strategist	lidenner@thevibrand.com

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Participant List

Oklahoma	Dinger	Whitney	Oklahoma Tobacco Settlement Endowment Trust	Public Information and Outreach Specialist	whitneyd@tset.ok.gov
Oklahoma	Funkhouser	Julie	TSET HLP	Healthy Living Assistant Coordinator	julie@gpyfs.org
Oklahoma	Graves	Amy	LeFlore County Youth Services	Coordinator	agraves.lcys@gmail.com
Oklahoma	Mata	Jonas	Oklahoma Tobacco Settlement Endowment Trust	Director of Programs	dorothy@tset.ok.gov
Oklahoma	Maxwell	Elyse	Oklahoma Tobacco Settlement Endowment Trust	Health Communication Manager	elysem@tset.ok.gov
Oklahoma	Merritt	Rachel	VI Marketing and Branding	Social Media Director	rmerritt@thevibrand.com
South Carolina	Abney-Young	Mary	SC Department of Social Services	CACFP Director	mary.abney-young@dss.sc.gov
South Carolina	Aligbe	Sele	Department of Social Services	Director, Food & nutrition Programs	sele.aligbe@dss.sc.gov
South Carolina	Allen	Kelsey	Eat Smart Move More South Carolina	Community Coordinator	kelsey@eatSMARTmoveMOre.sc.org
South Carolina	Allen	Phyllis			allenpa@dhec.sc.gov
South Carolina	Bostic	Johnese	SC Department of Health and Environmental Control	Wellness Coordinator	bosticjim@dhec.sc.gov
South Carolina	Gilmer	Summer	Tidelands Health	Wellness Specialist	sgilmer@tidelandhealth.org
South Carolina	Harris	Kristina	SC DHEC	Healthy Eating Active Living Coordinator	harriskj@dhec.sc.gov
South Carolina	Hodges	Genine	South Carolina Department of Social Services	Program Coordinator II	genine.hodges@dss.sc.gov
South Carolina	Knox	QuinTasha	SC DHEC	Nutrition Education Coordinator	knoxqs@dhec.sc.gov
South Carolina	O'Sullivan	Emily	SC Hospital Association	Working Well Program Manager	eosullivan@scha.org

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Participant List

South Carolina	Reed	Julian	ActivEd	Founder and CEO	jreed@activedinc.com
South Carolina	Robinson	Marian	Clemson University/TCAT	Program Coordinator	mchpnm@clemson.edu
South Carolina	Rouse	Shaena	SC Institute of Medicine and Public Health	Program Manager	shaena@imph.org
South Carolina	Shore	Renee	Tidelands Health	Manager, Wellness & EAP	rshore@tidelandshealth.org
South Carolina	Spann	Sandy	SCDHEC	SNAP ED MANAGER	spannsh@gmail.com
South Carolina	Ware	Kenric	South University	Assistant Professor of Pharmacy Practice	kbware@southuniversity.edu
South Carolina	Wright	Jen	SC Hospital Association	Director, Working Well	jwright@scha.org
Tennessee	Burklund	Kathryn	University of Tennessee Extension	C3 Program Manager	kburklun@utk.edu
Tennessee	Chafin	Cynthia	Middle TN State University	Center for Health & Human Svcs, Director	cynthia.chafin@mtsu.edu
Tennessee	Cook	Joan	TN Department of Health	Nutritionist 4	joan.cook@tn.gov
Tennessee	Downey	Jessica	Tennessee Department of Education	Communications Specialist	Jessica.Downey@tn.gov
Tennessee	Dsouza	Nishita	TN Department of Health	Commissioner's Fellow	nishita.dsouza@tn.gov
Tennessee	Fuhrmeister	Melisa	Department of Education	State Coordinator	Melisa.Fuhrmeister@tn.gov
Tennessee	Hinds	Bonnie	University of Tennessee	Extension Specialist - Health & Housing	bhinds@utk.edu
Tennessee	Owens	Natalie	University of Tennessee	State Specialist	nowens3@utk.edu
Tennessee	Paisley	Lori	Department of Education	Executive Director of CSH	Lori.Paisley@tn.gov
Tennessee	Short	Tennille	University of Tennessee	Extension Agent	ztshort@utk.edu
Tennessee	Turner	Nikkole	Eat REAL Tennessee	Eat REAL TN Project Manager	nikkole@eatreal.org

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Participant List

Tennessee	Williams	Ashley	BlueCross BlueShield of Tennessee Health Foundation	Program Coordinator	ashley_williams@bcbst.com
Texas	Atteberry	Heather	Michael & Susan Dell Center for Healthy Living	Center Coordinator	Heather.N.Atteberry@uth.tmc.edu
Texas	Ballard	Brooks	CATCH Global Foundation	Communications Director	brooks@catch.org
Texas	Birnbaum	Jill	American Heart Association	VP, Global Advocacy & Strategic Opportunities, Executive Director, VFHK	Jill.Birnbaum@heart.org
Texas	Bristow	Sandy	Oliver Foundation	Program Director	sjbristow@oliverfoundation.org
Texas	Bujnowski	Deborah	Harris County Public Health	Chronic Disease Epidemiologist	dbujnowski@hcphe.org
Texas	Calzada	Rosa	WECAN!	Intern	RACalzada@mdanderson.org
Texas	Calzada	Alba	MD anderson	Research Manager	acalzada@mdanderson.org
Texas	casares	andrea	Go Austin Vamos Austin	Development Director	ajbarrera86@gmail.com
Texas	Chennisi	Katie	Harris County Public Health	Public Health Analyst	cchennisi@hcphe.org
Texas	Crawford	Jessica	Pairs-Lamar County Health District	Health Educator	jesscrawford@suddenlinkmail.com
Texas	Elder	Katherine	University of Texas Health Science Center	Postdoctoral Fellow	katherine.elder@gmail.com
Texas	Franklin	Sharmila	Paris Lamar County Health District	Health Educator Supervisor	sharmilaf@suddenlinkmail.com
Texas	Gamble	Carol	THI	Office/Event Coordinator	cgamble@texashealthinstitute.org
Texas	Hairston-Green	Danielle	Prairie View A&M University	Program Specialist/Adjunct Faculty	dyhairstongreen@pvamu.edu
Texas	Hawkins	Cami	Marathon Kids	CEO	cami@marathonkids.org
Texas	Headrick	Carter	American Heart Association	Director, State and Local Obesity Policy Initiatives	Carter.Headrick@heart.org

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Participant List

Texas	Hoelscher	Deanna	UTHealth SPH, Michael & Susan Dell Center for Healthy Living	Professor & Director	deanna.m.hoelscher@uth.tmc.edu
Texas	Jones	Kim	Jason's Deli	Nutrition Specialist	kim.jones@jasonsdeli.com
Texas	Kirk	Alice	Texas A&M AgriLife Extension	Child Health Specialist III	ab-kirk@tamu.edu
Texas	Klumb	Michele	Stand2Learn	COO	michele.klumb@stand2learn.com
Texas	Llanes Pulido	Carmen	Go Austin/Vamos Austin (GAVA)	Executive Director	carmen@marathonkids.org
Texas	Lopez	Michael	Texas A&M AgriLife Extension Service	Extension Health Program Specialist	MLLopez@ag.tamu.edu
Texas	Mandujano	Stephanie	Methodist Healthcare Ministries	Grants Specialist	smandujano@mhm.org
Texas	Medrano	Jazmine	Big Country Area Health Education Center	Community Outreach Coordinator	medra223@gmail.com
Texas	Menendez	Tiffni	Michael & Susan Dell Center for Healthy Living, University of Texas School of Public Health Austin	Operations Manager	Tiffni.Menendez@uth.tmc.edu
Texas	Moreno	Eric	UT Health Science Center at San Antonio, Institute for Health Promotion Research	Research Area Specialist - Senior	MorenoE5@uthscsa.edu
Texas	Moustaid-Moussa	Naima	Texas Tech University	Professor and Director	naima.moustaid-moussa@ttu.edu
Texas	Neal	Derrick	Victoria County Public Health Department	Director	dneal@vctx.org
Texas	Nichols	Donna	MSD Center	Faculty Associate	Donna.C.Nichols@uth.tmc.edu
Texas	Nolen	Lexi	Episcopal Health Foundation	Vice President for Impact	LNolen@episcopalhealth.org
Texas	Park	Oak Hee	Texas Tech University	Senior Research Associate	oak-hee.park@ttu.edu

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Participant List

Texas	Pebsworth	Allyson	Paris-Lamar County Health District	Health Educator	allysondp@suddenlinkmail.com
Texas	Peterson	Bianca	Sustainable Food Center	Grow Local Program Manager	bianca@sustainablefoodcenter.org
Texas	Rangel	Maria Lizette	MD Anderson Cancer Center	Program Coordinator	MLRangel@mdanderson.org
Texas	RODRIGUEZ	ANNETTE	Corpus Christi-Nueces County Public Health District	PUBLIC HEALTH DIRECTOR	gracego@cctexas.com
Texas	Sana	Hoda	Texas Campaign	Director of Linkage to Care	hodasana@gmail.com
Texas	Seewald	Linda	Northside ISD	Director of Health and PE	linda.seewald@nisd.net
Texas	Shelf Medearis	Angela	The Kitchen Diva's Health Outreach	President	angelamedearis@gmail.com
Texas	Shelton	Steve	Texas AHEC East	Director	srsheito@utmb.edu
Texas	Smith	Charlotte	Real Appeal	VP Business Development	charlotte.smith@uhg.com
Texas	Stelter	Anna	Texas Health Institute	Health Policy Analyst	astelter@texashealthinstitute.org
Texas	Udeshi	Devanshi	Oliver Foundation Teen Advisory Board	Teen Board Member	Devanshi@oliverfoundation.org
Texas	Van Dusen	Duncan	CATCH Global Foundation	Founding Executive Director	dvd@catch.org
Texas	Wilson	Kyle	Oliver Foundation Teen Advisory Board	Vice President	kyle@oliverfoundation.org
Texas	Woehler	Deborah	Oliver Foundation	Executive Director	dlwoehler@oliverfoundation.org
Virginia	Clark	Ron	Virginia Dept. of Health	State Environmental Strategies Coordinator	ron.clark@vdh.virginia.gov
Virginia	Hammermaster	JoAnne	Real Food for Kids	Executive Director	jhammermaster@realfoodforkids.org
Virginia	Isidro	Cassandra	Safe Routes to School National Partnership West Virginia	Executive Director	cass@saferoutespartnership.org
West Virginia	Crabtree	Kelli	University Extension Service	Project Manager	kelli.crabtree@mail.wvu.edu
West Virginia	Dice	Laura	KEYS 4 HealthyKids	Coordinator	laura.dice@camc.org

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Participant List

West Virginia	Jeffrey	Jamie	HealthyKids Wellness & Weight Management	Director	Jamie.Jeffrey@camc.org
West Virginia	Murphy	Emily	WVU Extension Service	Obesity Prevention Specialist	Emily.Murphy@mail.wvu.edu
West Virginia	Taylor	Gina	WVU Extension Service	Assistant Director for Families & Health Programs/Extension Agent	gina.taylor@mail.wvu.edu
West Virginia	Wright Krebs	Jessica Terri	WV Bureau for Public Health	Director, Health Promotion & Chronic Disease	Jessica.G.Wright@wv.gov terri_lcys@yahoo.com
	Odoh	Chibuikem	Missionfist resources	Customer relation officer	jt.tomwest@yahoo.com