December 15,2016

Oklahoma State Capitol

House of Representatives RM 206

Meeting Agenda

- Welcome and Introduction
- Opening Remarks
- Introduce Health 360 Initiative Program Objectives
- Obesity in Oklahoma State Financial Investment and Health Burden
- Compendium of Research
- Statewide Inventory
- Timeline and Deliverables
- Wrap Up and Next Steps

Meeting Objectives

- Introduction of the Health360 Initiative
- Introduce Obesity as the first health priority for Health360
- Review of state budget and burden of obesity
- Discuss compendium of research and evidence
- Discuss statewide inventory and function
- Discuss next steps and project timeline

What Is Health 360?

- Governor's health improvement initiative

- Requires a multi-agency collaborative approach

- Work toward common set of health outcomes

- Uses Health in All Policies Approach (HiAP)
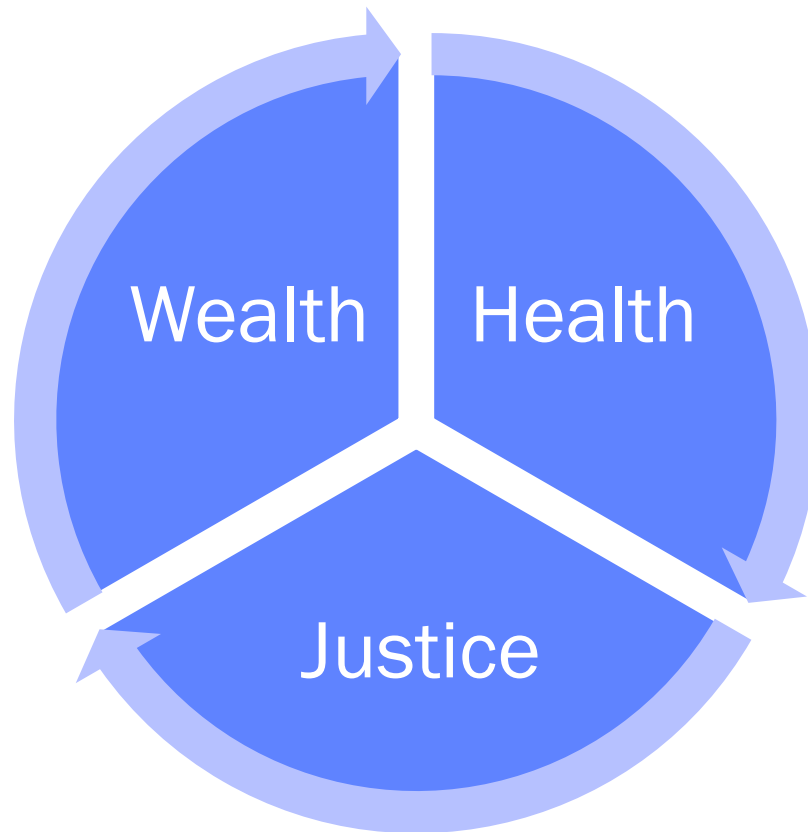
Health In All Policies

- Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas.

- Recognizes health is created by a multitude of factors beyond healthcare and beyond the scope of traditional public health activities.

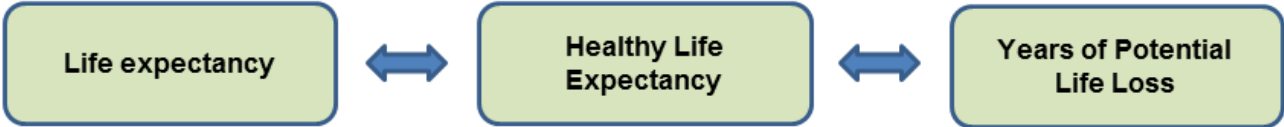# Sectors (Factors) that Impact Health

- Transportation
- Food and Agriculture
- Housing
- Economic Development
- Education
- Workplaces
- City Planning & Development
- Water
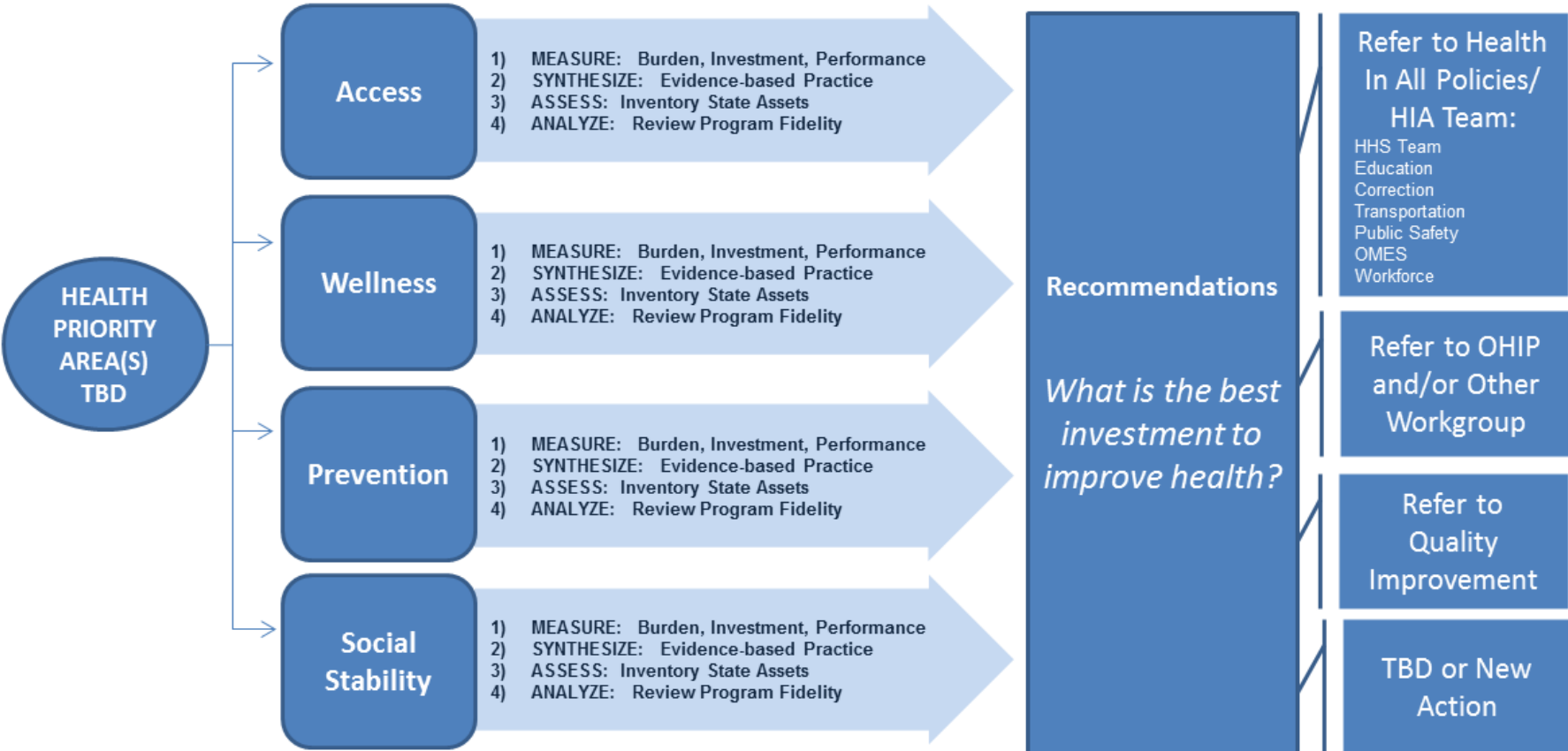- Tourism & Recreation
- Nutrition and health

Phases of Work

Phase 1 Establish Priority Health Topics

Phase 2 Create Program and Policy Inventory

Phase 3 Compare Inventory to Evidence Base

Phase 4 Recommend Improvements

Phase 5 Action Plan thru HiAP or Existing Process

Healthy Citizens and Strong Families
Julie Cox-Kain Deputy Secretary of Health and Human Services

Life expectancy ⟷ Healthy Life Expectancy ⟷ Years of Potential Life Loss

Process for Evaluation of Health Priority Areas

HEALTH PRIORITY AREA(S) TBD

Access
1) MEASURE: Burden, Investment, Performance
2) SYNTHESIZE: Evidence-based Practice
3) ASSESS: Inventory State Assets
4) ANALYZE: Review Program Fidelity

Wellness
1) MEASURE: Burden, Investment, Performance
2) SYNTHESIZE: Evidence-based Practice
3) ASSESS: Inventory State Assets
4) ANALYZE: Review Program Fidelity

Prevention
1) MEASURE: Burden, Investment, Performance
2) SYNTHESIZE: Evidence-based Practice
3) ASSESS: Inventory State Assets
4) ANALYZE: Review Program Fidelity

Social Stability
1) MEASURE: Burden, Investment, Performance
2) SYNTHESIZE: Evidence-based Practice
3) ASSESS: Inventory State Assets
4) ANALYZE: Review Program Fidelity

Recommendations

What is the best investment to improve health?

Refer to Health In All Policies/ HIA Team:
HHS Team
Education
Correction
Transportation
Public Safety
OMES
Workforce

Refer to OHIP and/or Other Workgroup

Refer to Quality Improvement
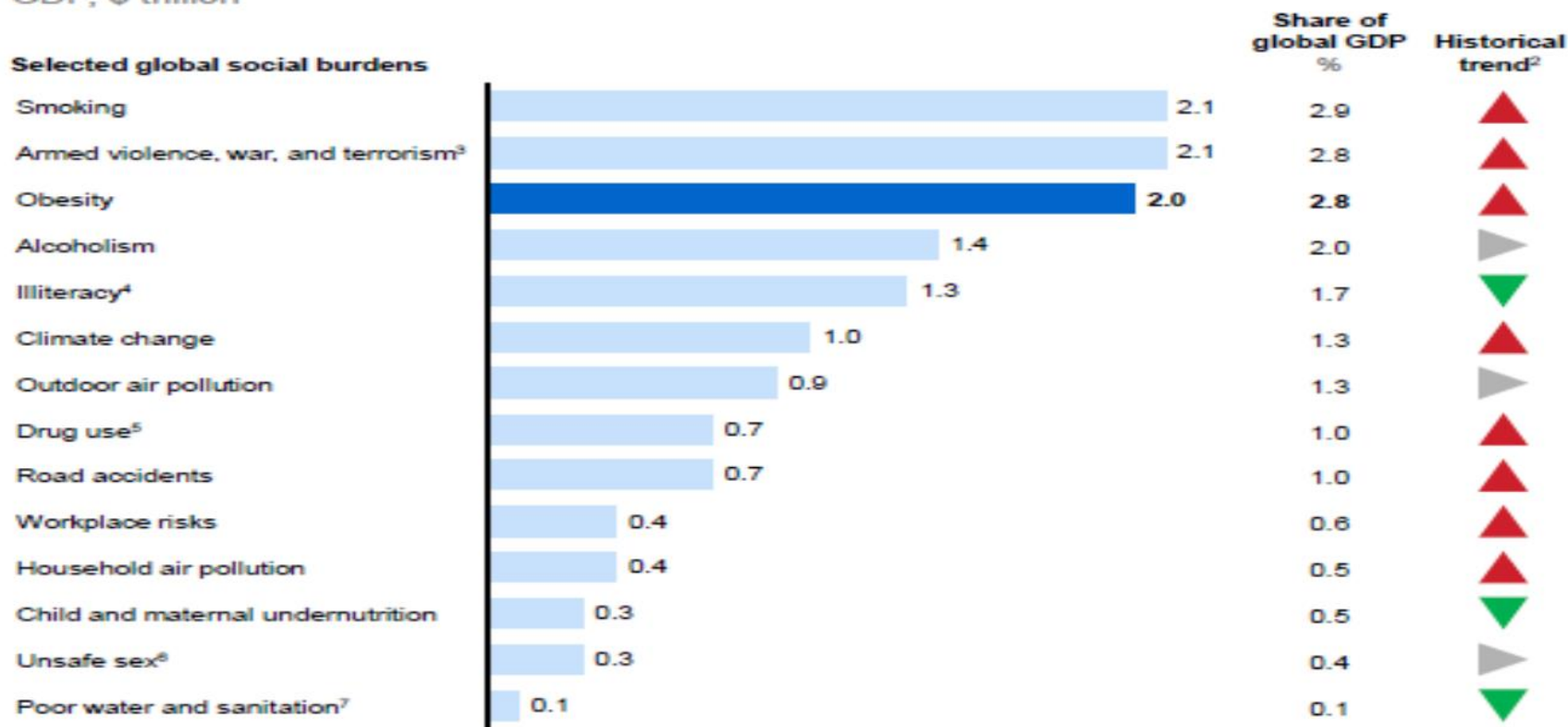
TBD or New Action

Top Global Social Burden Generated by Humans

Obesity is one of the top three global social burdens generated by human beings

Estimated annual global direct economic impact and investment to mitigate selected global burdens, 2012[1]

GDP, $ trillion

Selected global social burdens	GDP, $ trillion	Share of global GDP %	Historical trend[2]
Smoking	2.1	2.9	▲
Armed violence, war, and terrorism[3]	2.1	2.8	▲
Obesity	2.0	2.8	▲
Alcoholism	1.4	2.0	▶
Illiteracy[4]	1.3	1.7	▼
Climate change	1.0	1.3	▲
Outdoor air pollution	0.9	1.3	▶
Drug use[5]	0.7	1.0	▲
Road accidents	0.7	1.0	▲
Workplace risks	0.4	0.6	▲
Household air pollution	0.4	0.5	▲
Child and maternal undernutrition	0.3	0.5	▼
Unsafe sex[6]	0.3	0.4	▶
Poor water and sanitation[7]	0.1	0.1	▼

Obesity in Oklahoma

Financial Investment- Obesity

- Oklahoma State Stat

http://okstatestat.omes.acsitefactory.com/Health/Obesity

Financial Investment: Obesity Statewide Program on OKStateStat

OK STATE STAT

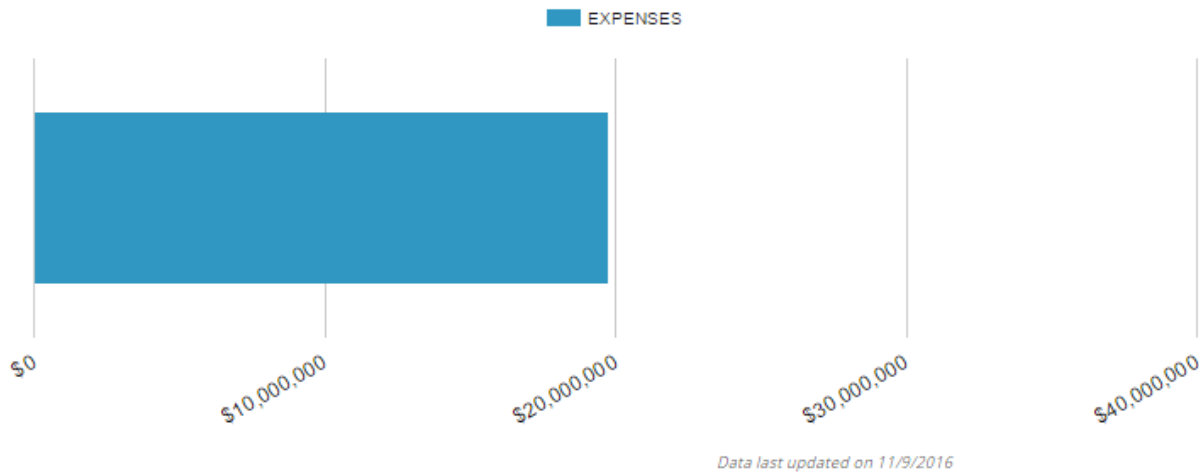| Health | Safety | Education | Economy | Government | Budget Overview | Agency Budgets |

HOME / HEALTHY CITIZENS AND STRONG FAMILIES / OBESITY

Obesity

Refers to the efforts that the State of Oklahoma is making to both promote healthy nutrition and physical activity behaviors and improve health outcomes related to overweight and obesity.

$28.4M
FISCAL YEAR 2016 BUDGET

Year-to-Date Expenses
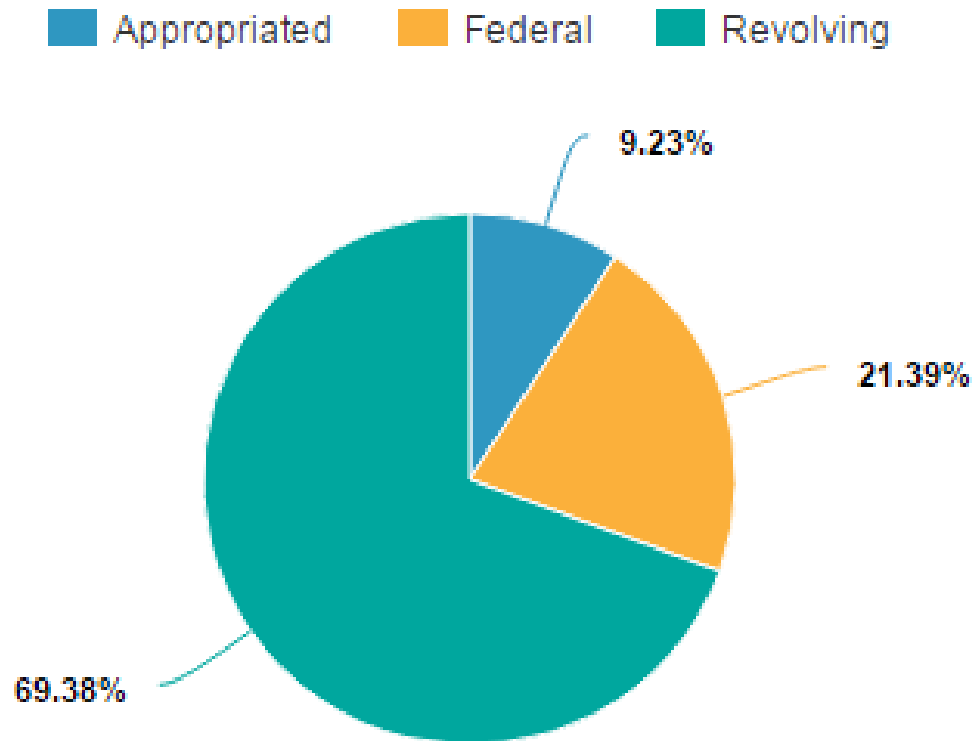
EXPENSES

$0 $10,000,000 $20,000,000 $30,000,000 $40,000,000

Data last updated on 11/9/2016

Fiscal Year 2016 Budget by Funding Source

Appropriated   Federal   Revolving

9.23%
21.39%
69.38%

Data last updated on 11/9/2016
Data for items less than 1% may not display

CSV

Agencies Contributing Budget

Tobacco Settlement Endow...   Dept of Health   Other

41.8%   58.1%

Data last updated on 11/9/2016
Data for items less than 1% may not display
Full list of Agencies Contributing Budget

CSV

Fiscal Year 2016 Budget by Funding Source

Legend: Appropriated — Federal — Revolving

9.23%
21.39%
69.38%

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CSV

Agencies Contributing Budget

● Tobacco Settlement Endow...   ● Dept of Health   ● Other

41.8%

58.1%
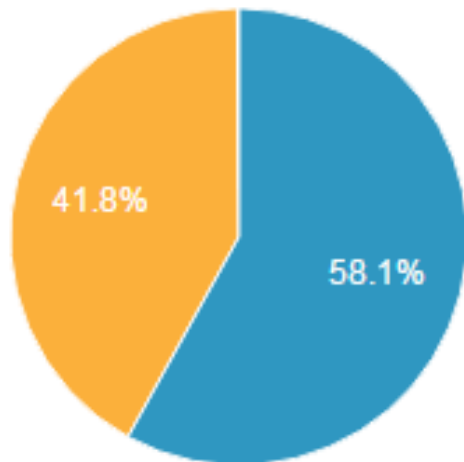
Data last updated on 11/9/2016
Data for items less than 1% may not display
Full list of Agencies Contributing Budget

CSV

Agencies Contributing Budget

Agency Name	Budget
Dept of Agriculture Food & Forestry	$32,553.48
Dept of Health	$11,892,162.24
Tobacco Settlement Endowment Trust	$16,506,255.35
	$28,430,971.07

Data last updated on 11/9/2016

Adult Obesity

Decrease the percentage of adults who are obese from 32.2% in 2012 to 29.7% by 2017.

- **Today: 33.9%**
- **Target: 29.7%**

Learn More
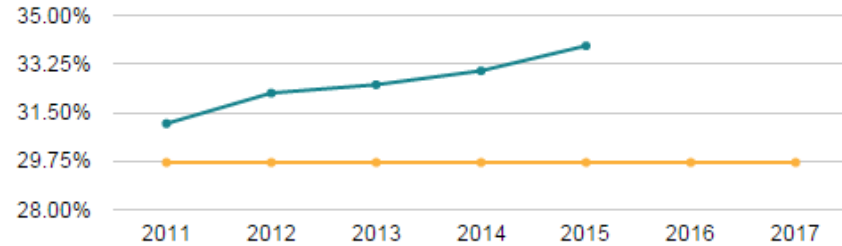
Adolescent Obesity

Decrease the percentage of adolescents who are obese from 16.7% in 2011 to 15.5% by 2017.

- **Today: 17.3%**
- **Target: 15.5%**

Learn More
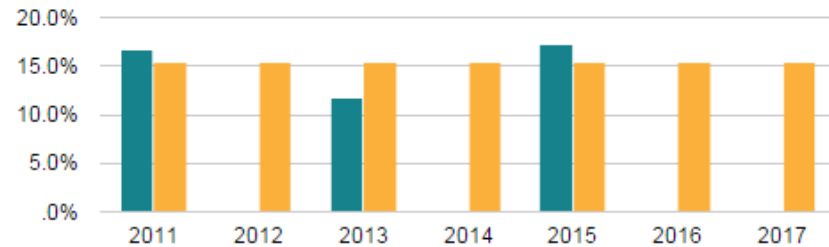
Fruit Intake

Increase the median intake of fruits from 0.9 times per day in 2011 to 1.3 times per day by 2017.

- **Today: 0.9 times per day**
- **Target: 1.3 times per day**

Learn More

Fruit Intake
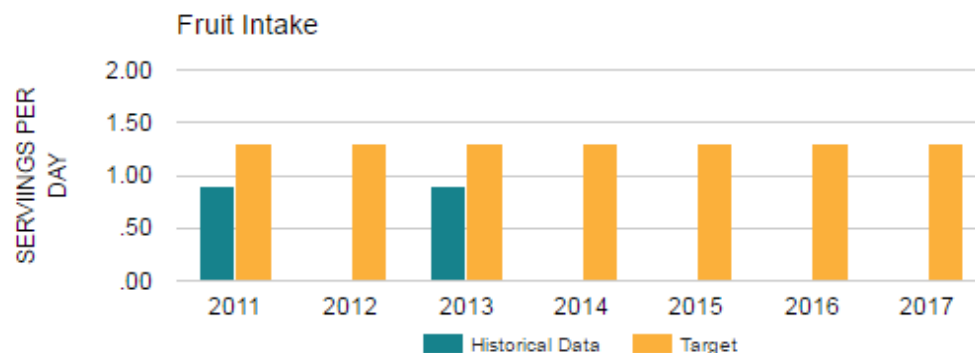
Vegetable Intake

Increase the median intake of vegetables from 1.5 times per day in 2011 to 2.1 times per day by 2017.

- **Today: 1.5 times per day**
- **Target: 2.1 times per day**

Learn More

Vegetable Intake
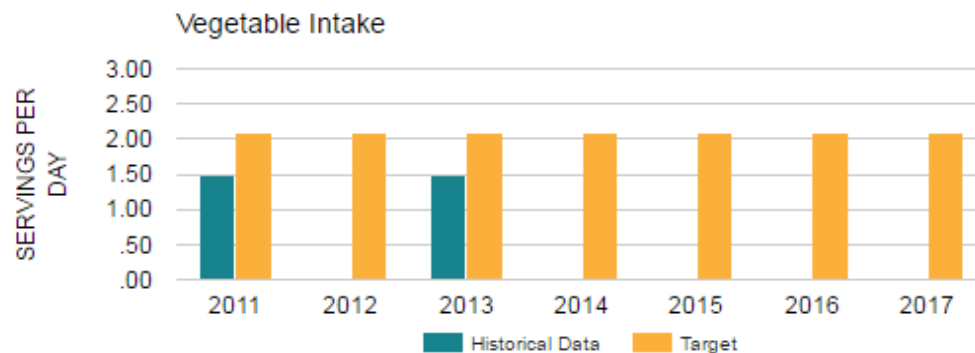
Physical Activity

Increase the percentage of the population that have participated in any physical activity in the last 30 days from 71.7% in 2012 to 79.2% by 2017.

- Today: **66.8%**
- Target: **79.2%**

Learn More
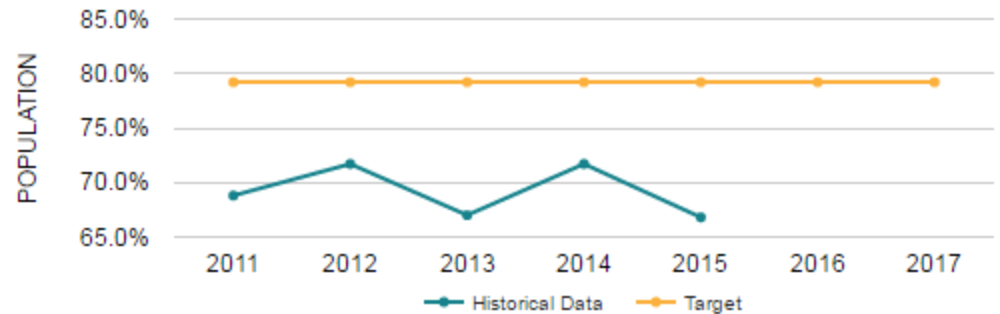
Adult Obesity

Current adult obesity rate (2015)

33.9%

Rank among states (2015)
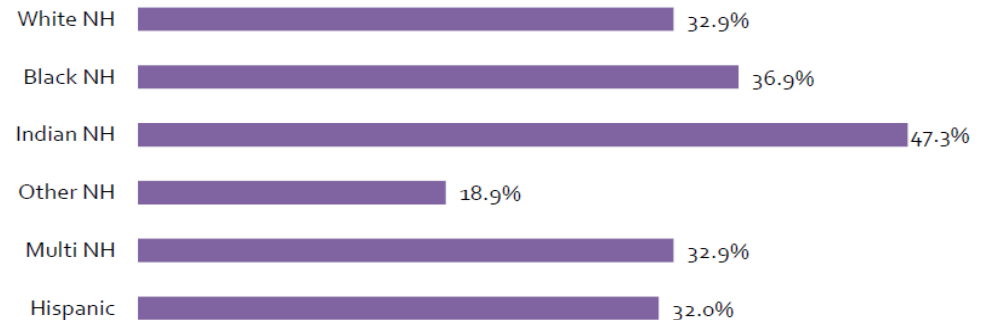
8 /51

Historical trend (2011-2015)

Year	Oklahoma	United States
2011	31.1%	27.8%
2012	32.2%	27.6%
2013	32.5%	29.4%
2014	33.0%	29.6%
2015	33.9%	29.8%

Obesity rate by age (2015)

Age	Rate
18-24	22.5%
25-34	36.2%
35-44	34.2%
45-54	43.2%
55-64	37.6%
65-74	33.6%
75 or more	20.5%

Obesity by gender (2015)

Gender	Rate
Female	34.0%
Male	33.7%

Obesity by race (2015)

Race	Rate
White NH	32.9%
Black NH	36.9%
Indian NH	47.3%
Other NH	18.9%
Multi NH	32.9%
Hispanic	32.0%
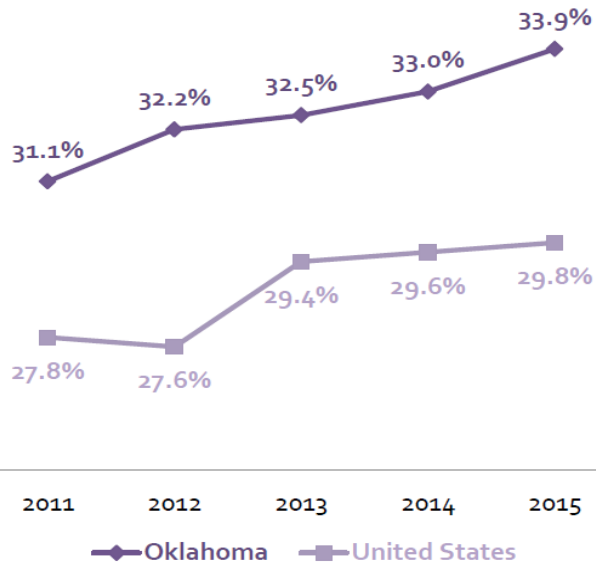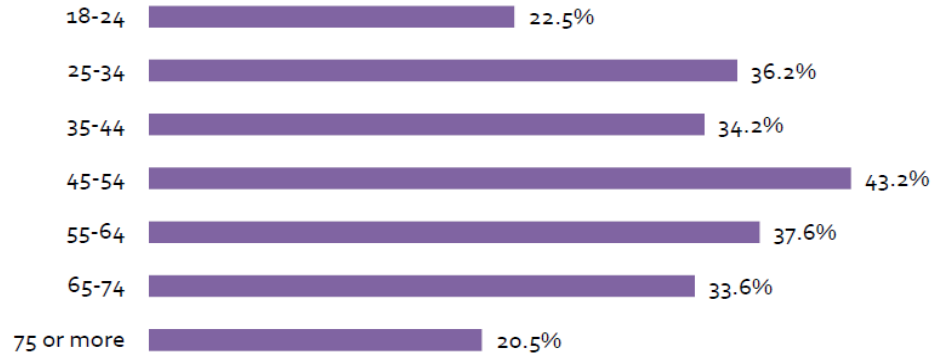
Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2015

Legend:
- <20%
- 20%-<25%
- 25%-<30%
- 30%-<35%
- ≥35%
- No data available*
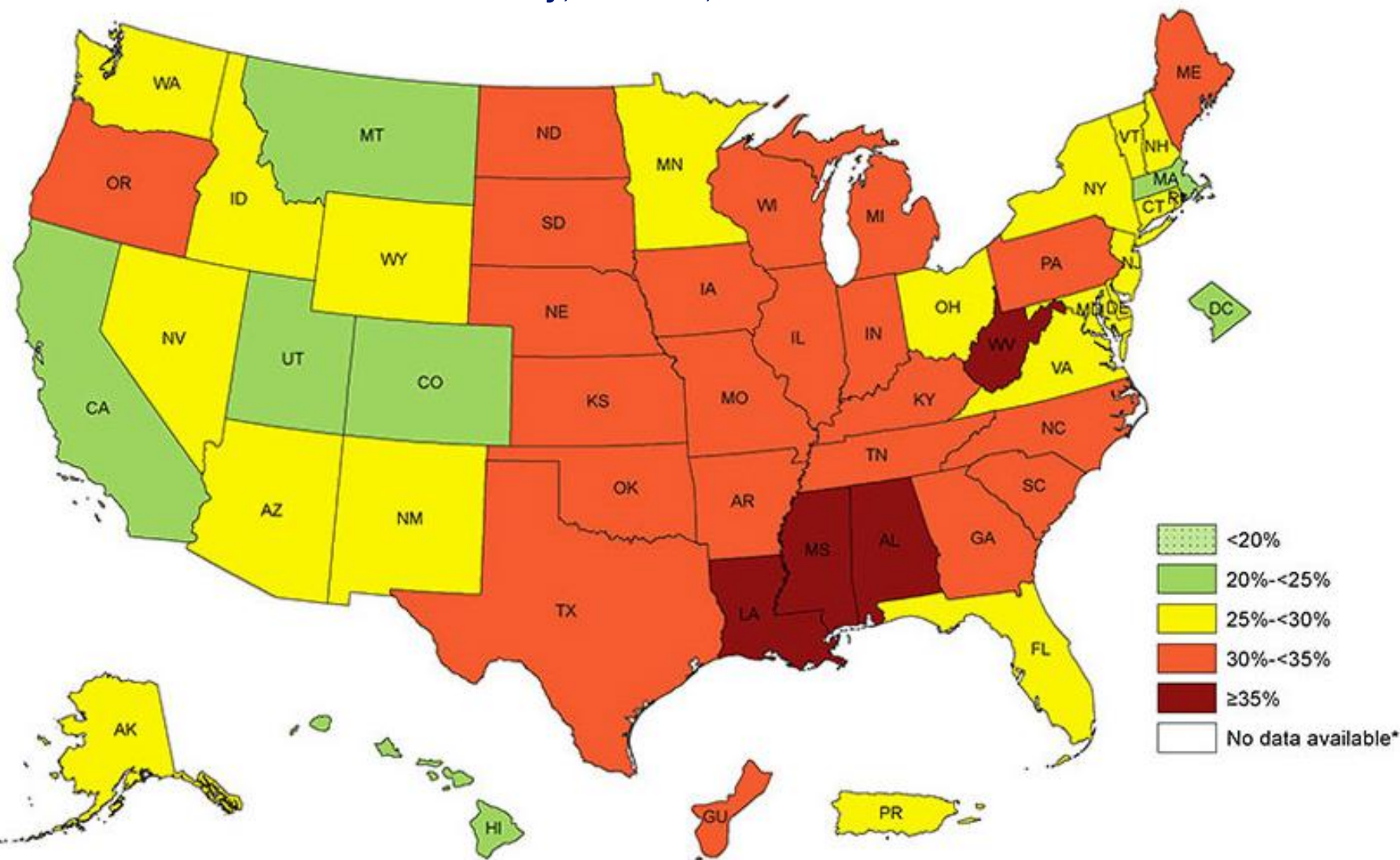
Oklahoma Obesity Prevalence, 2014

Legend

Obesity Prevalence

- 26.8% - 30.4%
- 30.5% - 33.6%
- 33.7% - 36.7%
- 36.8% - 39.9%
- 40% - 44.2%

Notes:
Obese is defined as respondents with a body mass index equal to 30.0 or greater.

County-level data were estimated using a generalized linear mixed effects regression model with binomial outcome and a logit link function. This model was based on work by Serbotnjak et al., Zhang, X. et al., and Akcin, H.
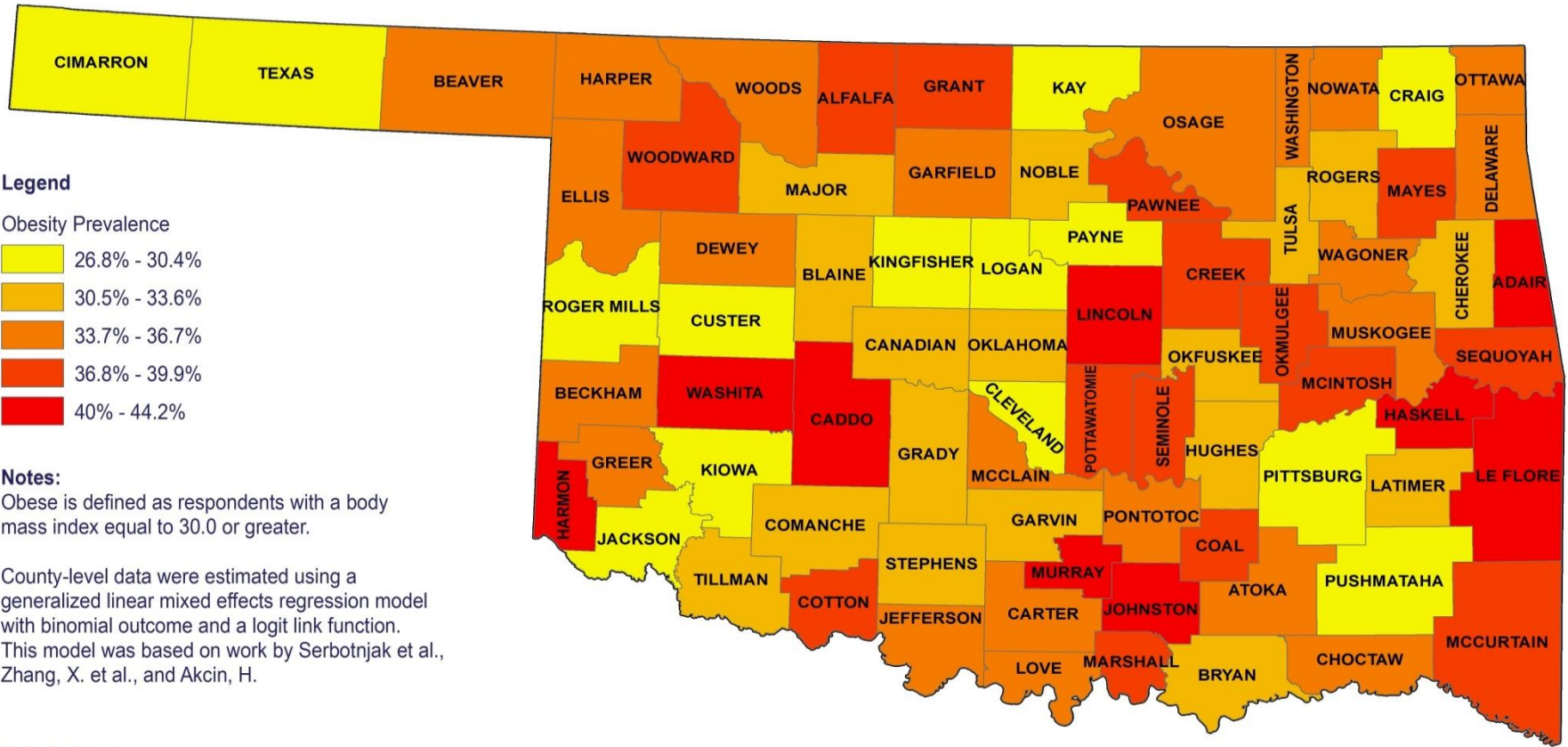
Data Source:
2014 Behavioral Risk Factor Surveillance System, Oklahoma State Department of Health

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 02.05.2016
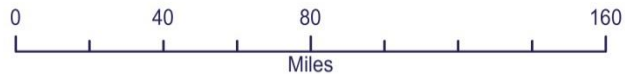
Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

Center for the Advancement of Wellness
Oklahoma State Department of Health

Oklahoma is in the top 10 for obesity related health issues such as diabetes and hypertension

Diabetes

Current adult diabetes rate (2015)

11.7%

Rank among states (2015)

9 /51

Diabetes cases in 2010

337,823

Projected cases of diabetes in 2030 at current pace

512,801

Historical adult diabetes rates (1990-2015)
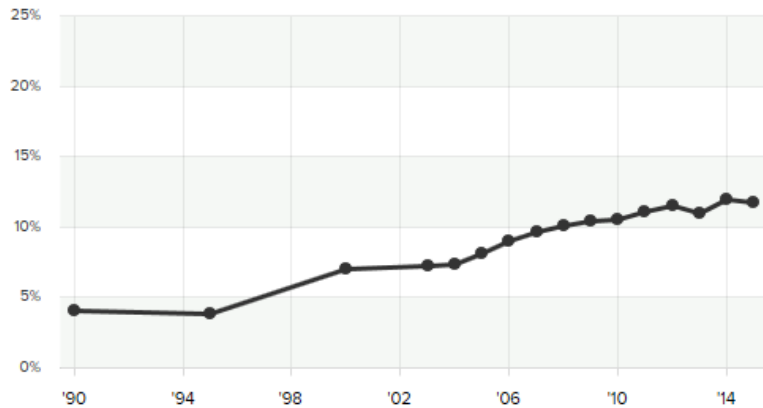
Hypertension

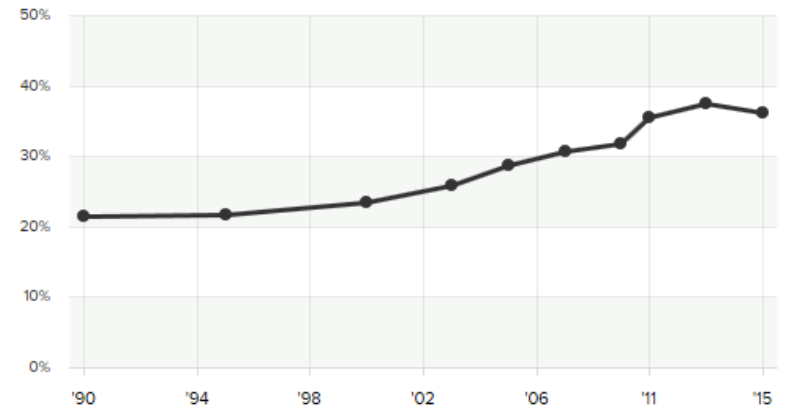Current adult hypertension rate (2015)

36.2%

Rank among states (2015)

9 /51

Hypertension cases in 2010

765,126

Projected cases of hypertension in 2030 at current pace

969,830

Historical adult hypertension rates (1990-2015)

Obesity related costs

Oklahoma Costs	
Obesity-attributable expenditures (OAE) (2009 dollars) for Oklahoma	$1.72 billion
State Medicaid OAE	$213 million (12%)
State Medicare OAE	$436 million (25%)

U.S. Costs	
Obesity-attributable expenditures (OAE) (2009 dollars)	$147 billion
State Medicaid OAE	$28 billion (19%)
State Medicare OAE	$34 billion (23%)

Trogdon JG, Finkelstein EA, Feagan CW, Cohen JW. State- and payerspecific estimates of annual medical expenditures attributable to obesity. Obesity (Silver Spring). 2012;20(1): 214–20.

Youth Obesity

Current youth obesity rate (2015)

17.3%

Rank among states (2015)

6 /43

Historical trend (2003-2015)

Year	Oklahoma	United States
2003	11.0%	12.0%
2005	15.1%	13.0%
2007	14.6%	12.8%
2009	14.0%	11.8%
2011	16.7%	13.0%
2013	11.8%	13.7%
2015	17.3%	13.9%

Obesity rate by age (2015)

- 9th Grade — 15.9%
- 10th Grade — 17.2%
- 11th Grade — 16.2%
- 12th Grade — 19.8%

Obesity by gender (2015)

- Female — 22.0%
- Male — 12.9%

Obesity by race (2015)

- White NH — 13.0%
- Black NH *Data is suppressed due to sample size
- Indian NH — 24.5%
- Multi NH — 20.1%
- Hispanic — 22.8%
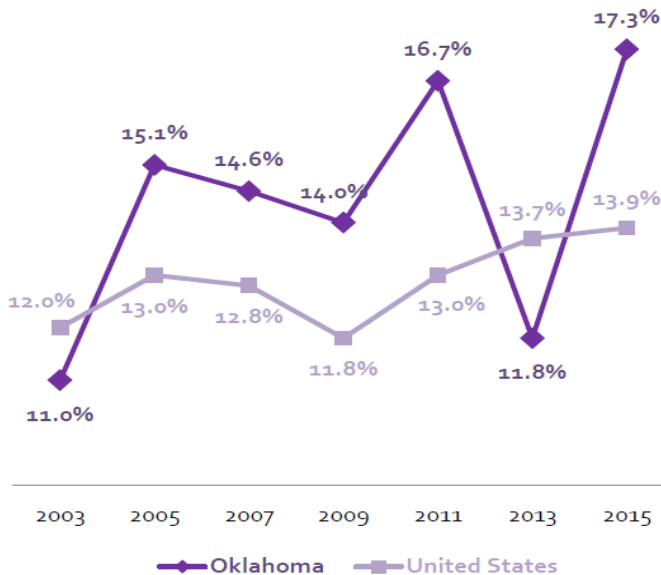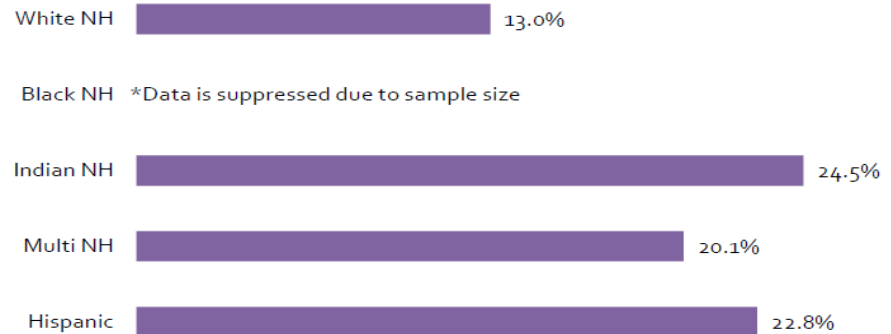
Percent of obese high school students

Legend: 0 - 9.9% | 10 - 14.9% | 15 - 19.9% | 20 - 24.9% | 25 - 29.9% | 30 - 34.9% | 35%+
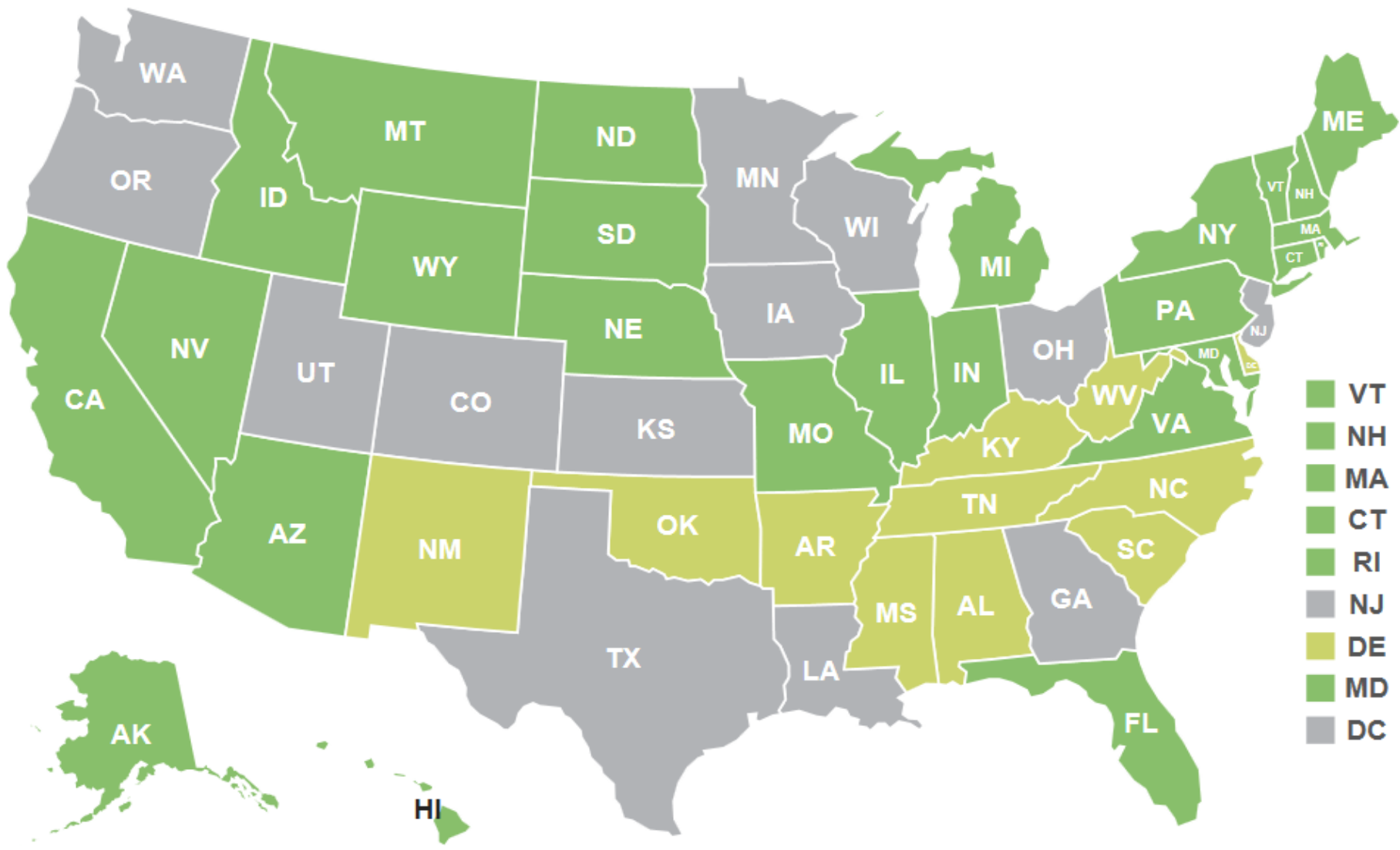
Childhood Obesity – WIC and NSCH

2- to 4-year- old WIC participants		10- to 17-year olds	
	Current **OK** obesity rate (2014) **13.8%**		Current **OK** obesity rate (2011/12) **17.4%**
Rank among states (2014) **29**/51	Current **US** obesity rate (2014) **14.5%**	Rank among states (2011/12) **14**/51	Current **US** obesity rate (2011/12) **15.7%**

Historical trends (2000-2014)
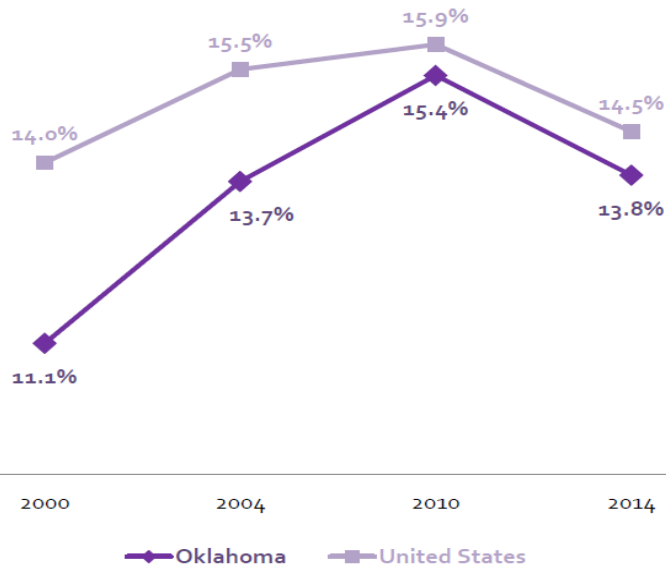
Historical trends (2003-2015)

- Oklahoma
- United States
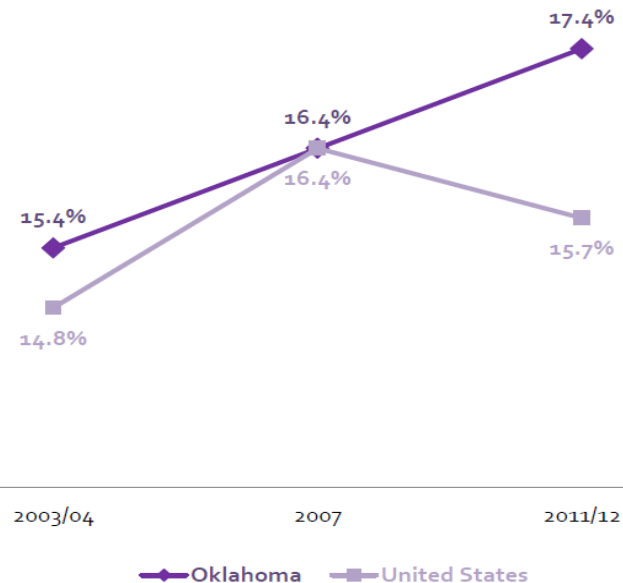
Percent of WIC participants ages 2-4 with obesity
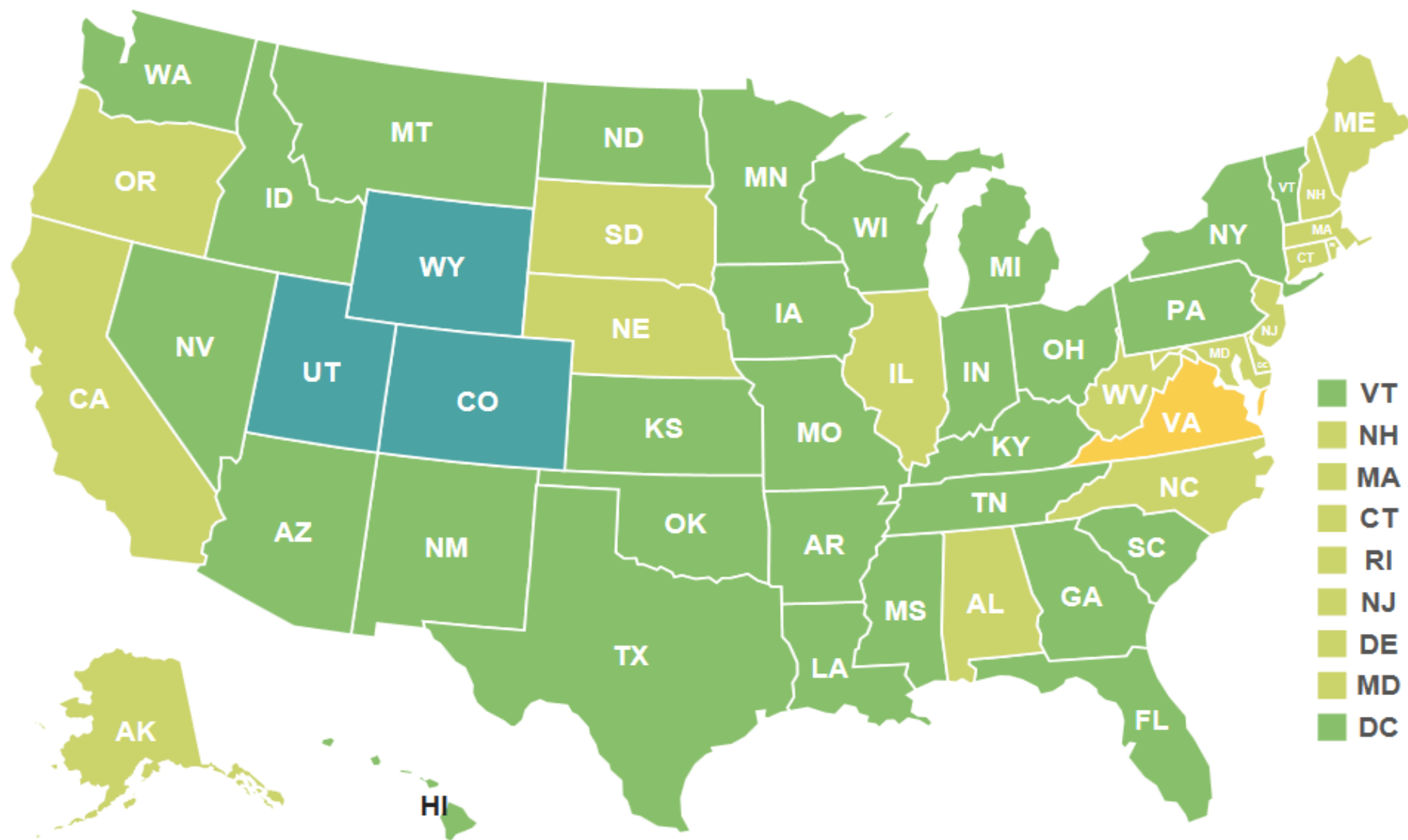
Percent of obese children ages 10 to 17

■ 0 - 9.9%   ■ 10 - 14.9%   ■ 15 - 19.9%   ■ 20 - 24.9%   ■ 25 - 29.9%   ■ 30 - 34.9%   ■ 35%+

Childhood Obesity – BRFSS

Legend: ■ 2013 ■ 2014 ■ 2015

Age group	2013	2014	2015
2-17 years*	20.4%	19.2%	17.7%
2-5 years*	28.5%	28.5%	27.8%
6-17 years	18.6%	17.7%	15.8%
6-11 years	22.8%	23.6%	21.0%
12-17 years	15.1%	12.0%	12.4%
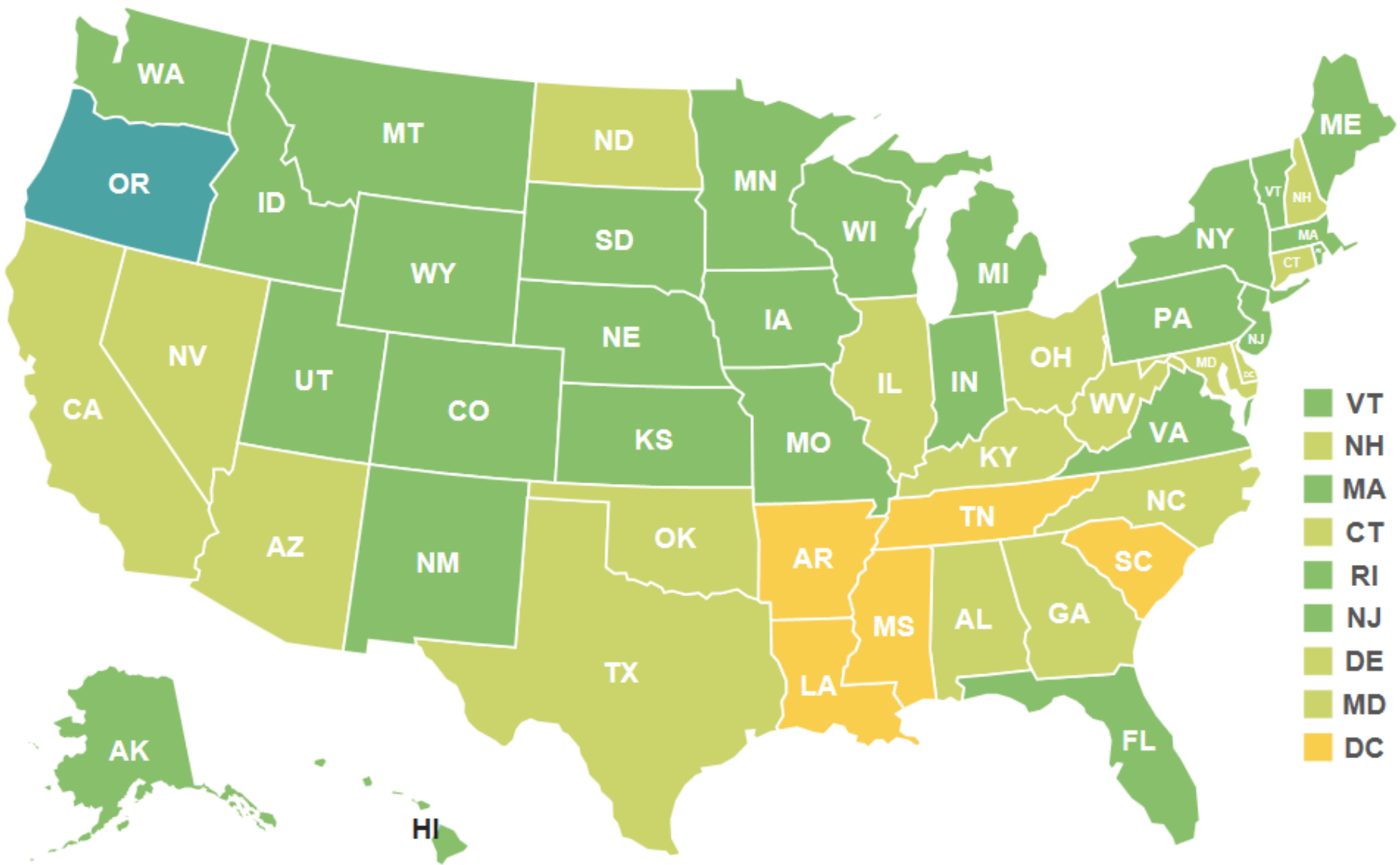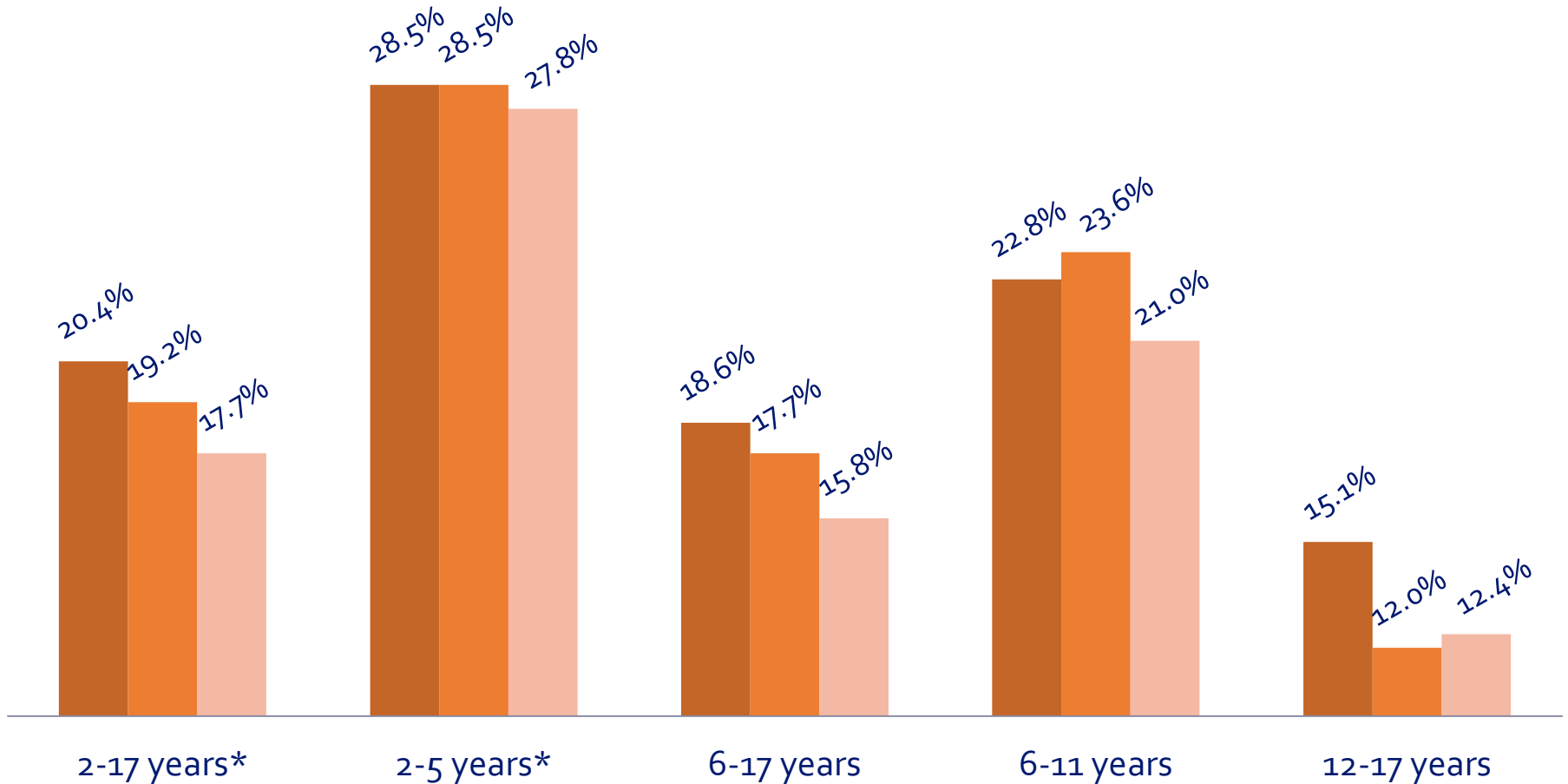
*Note: Child BMI calculations are based on precise measurements, and are very sensitive to inaccurate recalls of a child's height and weight. The 2-5 year age group is especially susceptible to this issue, as the range of plausible BMI values is very

Social Determinant - Income

Legend

Percent of Adults with Income Less than $15,000

- 6.2 - 10.5
- 10.6 - 14.2   State Prevalence
- 14.3 - 19.2   (14.2%)
- 19.3 - 25.2

Notes:

The percent of Oklahoma adults age 18 and older who have a income less than $15,000 by county. In 2010-2014, 14.2 percent of Oklahoma's population had an income less than $15,000. This percentage varies widely across the state, ranging from 6.2 percent in Canadian County to 25.2 percent in Choctaw County. Counties with the highest rates were in the southeast region.

Data Source:
2010-2014 American Community Survey 5-Year Estimates

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 09.16.2016

0   40   80   160

Miles

N

Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

Center for the Advancement of Wellness
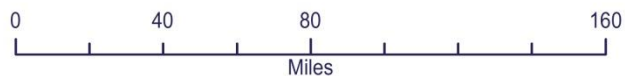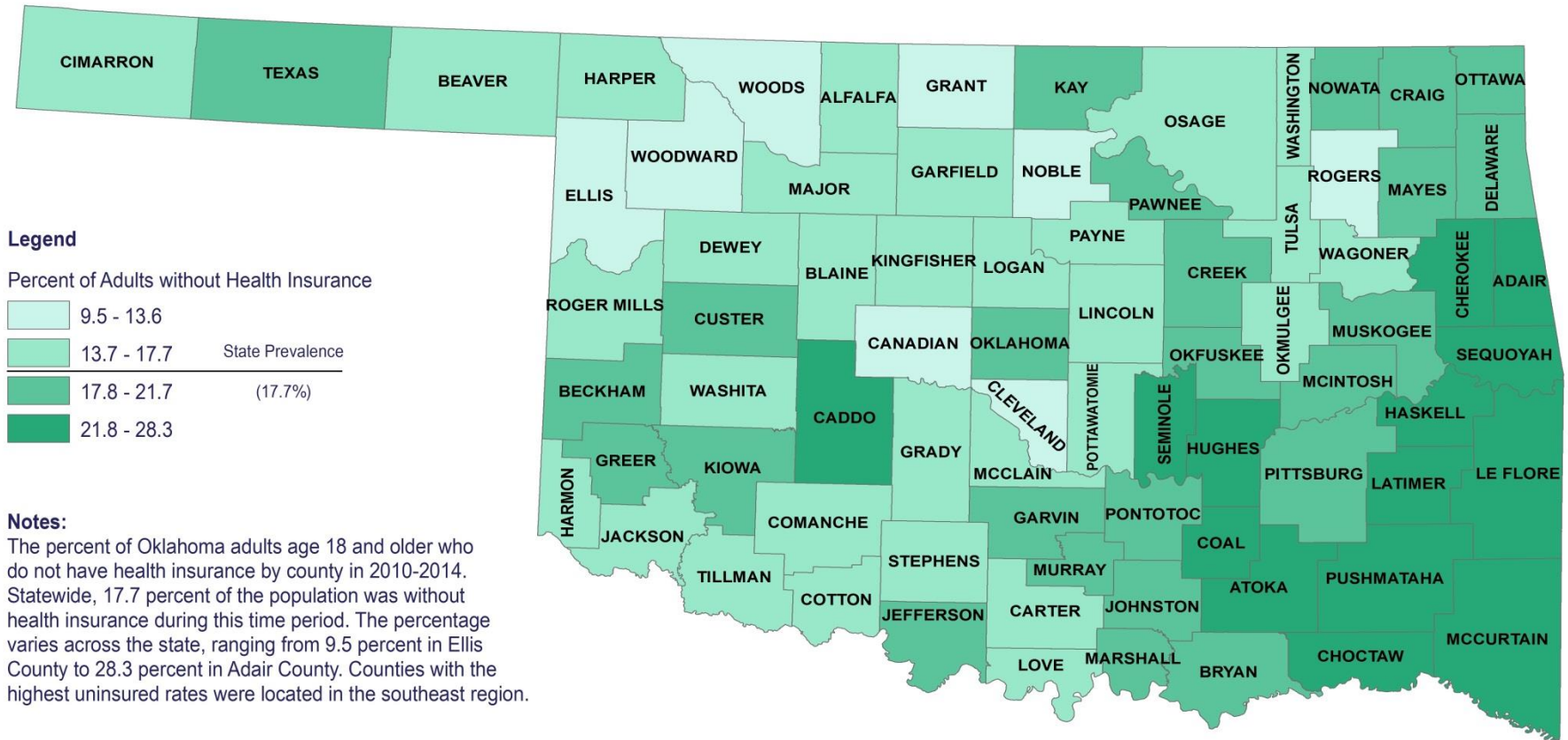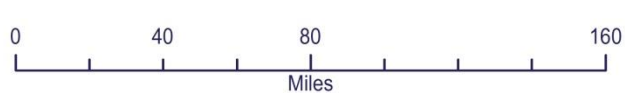Oklahoma State Department of Health

Social Determinant - Poverty

Legend

Percent of Adults Living Below Poverty Level

	6.9 - 11.3
	11.4 - 16.9
	17.0 - 21.5
	21.6 - 27.7

State Prevalence

(16.9%)

Notes:

The percent of Oklahoma adults age 18 and older who are living below the poverty level by county. In 2010-2014, 16.9 percent of Oklahoma's population were living below the poverty level. This percentage varies widely across the state, ranging from 6.9 percent in Kingfisher County to 27.7 percent in Choctaw County. Counties with the highest poverty rates were in the south and east regions.

Data Source:
2010-2014 American Community Survey 5-Year Estimates

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 09.16.2016

0   40   80   160
Miles

N

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Center for the Advancement of Wellness
Oklahoma State Department of Health

Social Determinant - Employment

Legend

Percent of Adults Currently Unemployed

2.0 - 4.4	
4.5 - 6.8	State Prevalence
6.9 - 8.9	(6.8%)
9.0 - 11.9	

Notes:

The percent of Oklahoma adults age 18 and older who are currently unemployed by county. The overall percentage of unemployment in the state was 6.8 percent in 2010-2014 and ranged from 2.0 percent in Harper County to 11.9 percent in Pushmataha County. Counties with high rates of unemployment were mainly located in east and southeast Oklahoma.

Data Source:
2010-2014 American Community Survey 5-Year Estimates

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 09.16.2016

0   40   80   160
Miles

N

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Center for the Advancement of Wellness
Oklahoma State Department of Health

Social Determinant - Health Insurance

Legend

Percent of Adults without Health Insurance

9.5 - 13.6	
13.7 - 17.7	State Prevalence
17.8 - 21.7	(17.7%)
21.8 - 28.3	

Notes:
The percent of Oklahoma adults age 18 and older who do not have health insurance by county in 2010-2014. Statewide, 17.7 percent of the population was without health insurance during this time period. The percentage varies across the state, ranging from 9.5 percent in Ellis County to 28.3 percent in Adair County. Counties with the highest uninsured rates were located in the southeast region.

Data Source:
2010-2014 American Community Survey 5-Year Estimates

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 09.16.2016

0   40   80   160
Miles

N

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Center for the Advancement of Wellness
Oklahoma State Department of Health

Compendium of Research

Compendium Example

Compendium Overview

Step 1:

>Comprehensive literature scan to create list of obesity prevention and reduction strategies.

Step 2:

>Using that list as a foundation scan literature for additional research supporting or refuting each strategy

Step 3:

>Create compendium to summarize findings in each category across sectors

Social Ecological Level

Level of Recommendation

- Based on American Heart Association
- Based on level of scientific evidence in support of the recommendation
- Seeks to address the following:
  - Potential for sustainability
  - Provide accountability for funding partners and stakeholders
  - Improve and enhance future planning efforts
  - Assess whether there are any unintended consequences

Table 2.   Classification of Recommendations and Level of Evidence for Population-Level Interventions

The recommendation for any particular intervention is classified as follows*

Class I	There is evidence for and/or general agreement that the intervention is beneficial, useful, and effective. The intervention should be performed.
Class II	There is conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the intervention.
Class IIa	Weight of evidence/opinion is in favor of usefulness/efficacy. It is reasonable to perform the intervention.
Class IIb	Usefulness/efficacy is less well established by evidence/opinion. The intervention may be considered.
Class III	There is evidence and/or general agreement that the intervention is not useful/effective and in some cases may be harmful.

Strength of Evidence

Evidence Rating: Guidelines

Rating	Evidence Criteria: Amount & Type	Evidence Criteria: Quality of Evidence
Scientifically Supported	• 1 or more systematic review(s), or at least: • 3 experimental studies, or • 3 quasi-experimental studies with matched concurrent comparisons	Studies have: • Strong designs • Statistically significant positive findings
Some Evidence	• 1 or more systematic review(s), or at least: • 2 experimental studies, or • 2 quasi-experimental studies with matched concurrent comparisons, or • 3 studies with unmatched comparisons or pre-post measures	Studies have statistically significant positive findings Compared to 'Scientifically Supported', studies have: • Less rigorous designs • Limited effect(s)
Expert Opinion	• Generally no more than 1 experimental or quasi-experimental study with a matched concurrent comparison, or • 2 or fewer studies with unmatched comparisons or pre-post measures	• Expert recommendation supported by theory, but study limited • Study quality varies, but is often low • Study findings vary, but are often inconclusive
Insufficient Evidence	• Generally no more than 1 experimental or quasi-experimental study with a matched concurrent comparison, or • 2 or fewer studies with unmatched comparisons or pre-post measures	• Study quality varies, but is often low • Study findings vary, but are often inconclusive
Mixed Evidence	• 1 or more systematic review(s), or at least: • 2 experimental studies, or • 2 quasi-experimental studies with matched concurrent comparisons, or • 3 studies with unmatched comparisons or pre-post measures	• Studies have statistically significant findings • Body of evidence inconclusive, or • Body of evidence mixed leaning negative
Evidence of Ineffectiveness	• 1 or more systematic review(s), or at least: • 3 experimental studies, or • 3 quasi-experimental studies with matched concurrent comparisons	Studies have: • Strong designs • Significant negative or ineffective findings, or • Strong evidence of harm

Cost Effectiveness

- Three tiered rating system
  - Very cost effective
  - Moderately cost effective
  - Least cost effective
- General guide
- More detailed numbers guiding the classification

Reach

Population Reach

👤	1-10%	👥👥👥👥👤	51-60%
👥👥	11-20%	👥👥👥👥👥👥	61-70%
👥👥👥	21-30%	👥👥👥👥👥👥👥	71-80%
👥👥👥👥	31-40%	👥👥👥👥👥👥👥👥	81-90%
👥👥👥👥👥	41-50%	👥👥👥👥👥👥👥👥👥👥	91-100%
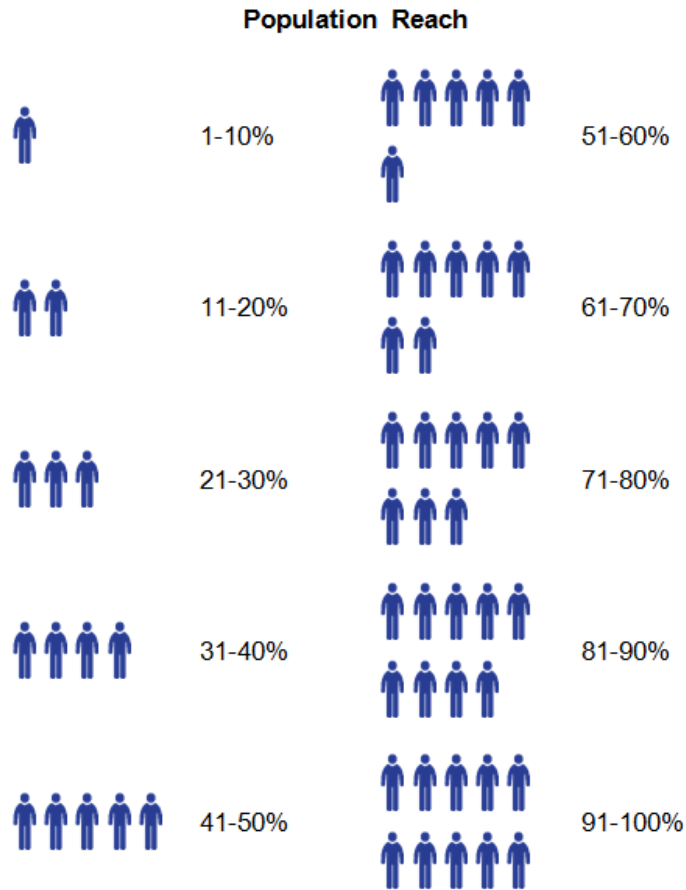
- Percentage of population affected

- Based on 2015 census data

Compendium Utilization

- Guide decision making and partnerships
- Compare current programs and policies to evidence based research
- Ensure alignment with social ecological model
- Aim is for interventions to have highest reach with better cost effectiveness

Cost Effectiveness

There is considerable scope to have high impact on obesity in a cost-effective way

Cost-effectiveness and impact of obesity levers, United Kingdom

Legend:
- ■■■■■ Sufficient evidence for weight change
- ■■■■ Limited evidence for weight change
- ■■■ Sufficient evidence for behavior change
- ■■ Limited evidence for behavior change
- ■ Logic based on parallel evidence

Intervention group[1]	Estimated impact across full population (Thousand DALYs saved)	Estimated average cost per DALY[2] ($ per DALY saved)	Strength of evidence rating[3]
Portion control	2,126	400	■■■
Reformulation	1,709	2,600	■■
High calorie food/beverage availability	1,137	200	■■
Weight-management programs	967	1,300	■■■■■
Parental education	962	2,000	■■■■
School curriculum	888	600	■■■
Healthy meals	868	14,000	■
Surgery	615	10,000	■■■■■
Labeling	575	2,000	■■
Price promotions	561	200	■
Pharmaceuticals	430	5,600	■■■■■
Media restrictions	401	50	■■
10% tax on high-sugar/high-fat products[4]	203	1,800	■
Workplace wellness	139	2,700	■■■■
Active transport[5]	67	31,000	■
Public-health campaigns	49	200	■

Statewide Inventory

What is the Statewide Inventory on Obesity?

- Purpose is to collect data on programs related to obesity or reducing obesity

- Create one centralized source of information about programs which can serve to assist in reduction of obesity

- Involves multiple cabinets and agencies

- Include programs that directly and indirectly impact obesity

Example:
Oklahoma Works Asset Map

- Collects data on all programs in state agencies related to the mission of Oklahoma Works

- Includes all programs that directly or indirectly impact Workforce and Education outcomes

- Allows for partnerships to be formed between agencies that span multiple citizen needs and connect programs across the lifespan

- Increases efficacy and reach of existing programs

- Determines gaps and needs

- Iterative and evolving
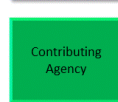
Oklahoma Works Asset Map

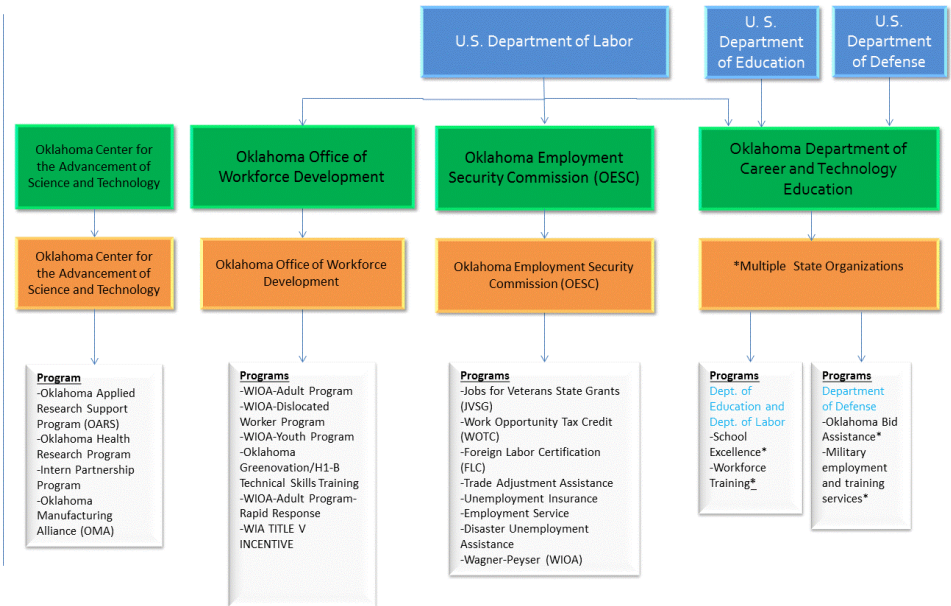# Health360 Statewide Inventory on Obesity

Owner Agency	Partnering (State Agency or Organization) with Owner Agency	Name of Program/ Policy	Description of Program	Federal Agency	Geographic County Where Program is Served (Check all that apply)	Funding Source	Amount of Funding (Annually)	Time frame/ Duration	Guiding Laws/ Regulations/ Internal Policy	Demographic of Population Served	Who- (Which citizens are qualified to be eligible for this service?)	Number of Citizens Served by Program	Performance Metrics	Key Limitations	Other Info

Tab 2 Instructions

Owner Agency	Please indicate the agency that owns/administers this program.
Partnering (State Agency or Organization) with Owner Agency	Please indicate the any other agencies/organizations that partner/contribute to this program.
Name of Program/ Policy	Please indicate the common name of the program, and define any acronyms utilized.
Description of Program	Please provide a concise (2-3 sentences) description of the program, including key services provided.
Federal Agency	Please identify the agency or organization that oversees the program at the federal level, if applicable.
Geographic County Where Program is Served	Please use the drop down menu to identify the county/counties within the state that this program serves. If all, please select "All of Oklahoma."
Funding Source	Please indicate the source of the funding, whether it is federal, state, or other-funded, and identify any federal or other agency/organization that oversees the funds.
Amount of Funding (Annually)	Please include an estimated amount of funding provided on an annual basis. Examples: If a program receives one-time funds of $6 million over 3 years, please indicate $2 million, with $6 million total. If a program receives $6 million on an annual basis year over year, please indicate $6 million.
Time frame/ Duration	Please indicate the frequency in which funds are received for the program and timeframe in which the funding could be used. Example: If the program receives annual funding of $6 million year over year, but the funds may be utilized over 3 years, please indicate Annual, with a 3 year duration.
Guiding Laws/ Regulations	Please indicate any federal and/or state laws and/or regulations that guide the usage of the funds.
Demographic of Population Served	Please indicate which demographic that this particular program impacts in the drop down menu. Options in the drop down menu include: All Demographics and Populations Listed, White, Black or African American, American Indians and Alaska Natives, Asian, Native Hawaiians and Other Pacific Islanders, Hispanic or Latino Americans, Low Socioeconomic Status, Medicaid, Disability, Veterans, Pregnant Women, People located in Rural Areas, People with Co-Morbidities.
Who (Which citizens are qualified to be eligible for this service?)	If the program has any eligibility criteria for individuals to utilize funds or services provided by the program, please summarize those criteria. In other words, which citizens are qualified to be eligible for this service? For example, if the program is only for "1st year teachers" or "approved candidates" please indicate that in this field. If none exist, please indicate "N/A."
Number of Citizens Served by Program	Please report the number of citizens served by the program statewide.
Performance Metrics	Please list any established performance metrics used to monitor or evaluate this program at the state or federal level.
Key Limitations	Please briefly identify any key limitations that the program has that have not been identified in other cells in this spreadsheet.
Other Info	Please briefly provide any other relevant information regarding this program which would assist in understanding its purpose.

Statewide Inventory Worksheet

Owner Agency	Partnering (State Agency or Organization) with Owner Agency	Name of Program/ Policy	Description of Program	Federal Agency	Geographic County Where Program is Served (Check all that apply)	Funding Source	Amount of Funding (Annually)

Time frame/ Duration	Guiding Laws/ Regulations/ Internal Policy	Demographic of Population Served	Who- (Which citizens are qualified to be eligible for this service?)	Number of Citizens Served by Program	Performance Metrics	Key Limitations	Other Info

Inventory Worksheet Instructions

Owner Agency	Please indicate the agency that owns/administers this program.
Partnering (State Agency or Organization) with Owner Agency	Please indicate the any other agencies/organizations that partner/contribute to this program.
Name of Program/ Policy	Please indicate the common name of the program, and define any acronyms utilized.
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STATEWIDE INVENTORY PRACTICE

1. Review worksheet and instructions.

2. Participants complete one example program from their own agency on their worksheet (5 min).

3. Read aloud one example per agency.

Timeline & Deliverables

Health 360 Project Dates

- <u>Dec. 15 - Jan. 30</u>: Agencies will research, collect, and compile all programs related to obesity or reducing rate of obesity

- <u>**Jan. 30, 2017**</u>: **Complete Statewide Inventory**

- <u>Jan. 31 – Mar. 1</u>: Project managers will conduct agency follow-up

- <u>Mar. 1 - 30</u>: Refine data and standardize data; compare to compendium

- <u>April – May</u>: Develop recommendations

- <u>May – June</u>: Reconvene stakeholders

Health 360 Inventory Contact

- Alisha Harris – AlishaHe@health.ok.gov
  (405) 271-9444 ext. 52548

- Jennifer Kellbach – JenniferK@health.ok.gov
  (405) 271-9444 ext. 52543

Wrap Up & Next Steps

Next Steps

- Statewide inventory will be sent to agencies for completion December 16th.
  - Email will be sent to the meeting attendees, please forward to agency designee to fill out

- Deadline for inventory submission is January 30th, early submissions may receive early follow up from project managers

- Recommendation development will occur from March through April

- Recommendations presented to state agencies represented here today, and Governor in May 2017