

New Jersey State Obesity Prevention Plan



The Office of
Nutrition and
Fitness
2013



Chris Christie
Governor
Kim Guadagno
Lt. Governor



SHAPINGNJ



Mary E. O'Dowd, MPH
Commissioner



SHAPINGNJ STATEWIDE PARTNERS

4 C's of Passaic County, Inc.
Action for Healthy Kids
Advocates for Children of New Jersey
Ag in the City
Alan M. Voorhees Transportation Center
Alliance for a Healthier Generation
American Academy of Pediatrics, NJ Chapter/Pediatric Council on Research & Education
American Cancer Society
American Dairy Association and Dairy Council
American Heart Association/American Stroke Association
American Planning Association – New Jersey Chapter
Amerigroup Community Care
Arthur and Friends/NORWESCAP
AtlantiCare Health System: Office of Health Engagement
Atlantic County Women's Center
Autism New Jersey
Bergen County Office for Children
BJamison Communications
Boat People SOS (BPSOS), Delaware Valley Branch
Boys & Girls Clubs in New Jersey
Bride of Peace Community Church, ELCA
Bristol-Myers Squibb/Bristol-Myers Squibb Foundation
Burlington County Community Action Program
Burlington County Community Action Program Head Start and Early Head Start
Burlington County Health Department
Camden County Department of Children's Services
Camden County Department of Health and Human Services
Capital Health
Campbell Soup Company
CATCH/Flaghouse
Center for Communications and Health Issues
CentraState Family Medicine Residency Practice
CentraState Medical Center
Central Jersey Family Health Consortium
Child & Family Resources, Inc.
Child Care Connection
Child Care Resources of Monmouth County
Children's Futures
Children's Home Society of NJ's Mercer WIC Program
Civic Eye Collaborative
Clara Maass Medical Center Foundation
Clifton Health Department
Come Grow With Us! c/o Groundwork Elizabeth
Community Child Care Solutions Inc.
Community Coordinated Childcare of Union County
Community Health Outreach Consortium (CHOC)
Consultants for the Common Good
Cooper University Hospital
Destiny Family Worship Center/Discover HOPE CDC
East Coast Greenway Alliance
Edison Department of Health and Human Services
E-Fitness, Inc.
Employers Association of New Jersey
Englewood Area Community Foundation
Family Resource Network
Family Strength Associates, Inc.
First Baptist Church Cranford/Elizabeth
First Episcopal District Health Commission
First Presbyterian Church
Fit Esteem, LLC
Fity Inc.
Friendship AME Church
G3 Health and Fitness
Garden State Urban Farms
Garfield YMCA
Generations, Inc. (CDC of Bethany Baptist Church)
George Street Playhouse
Goryeb Children's Hospital/Morristown Memorial hospital/Atlantic Health
HealthCorps
Healthfirst of New Jersey
Heart to Hearts, Inc
HomeFront
Hunterdon Healthcare
Irvington Department of Health
Isles, Inc.
John S. Watson Institute for Public Policy at Thomas Edison State College
J. Sullivan Associates
Junior League of NJ - State Public Affairs Committee (SPAC)
K. Hovnanian Children's Hospital at Jersey Shore University Medical Center
Lazos America Unida
La Leche League of the Garden State Area Network
Main Street New Jersey
Mayor's Wellness Campaign
Mercer Street Friends Food Bank
Metuchen-Edison-Woodbridge YMCA
Middlesex County Public Health Department
Monmouth County Health Department
Monmouth County Regional Health Commission
Montclair Maternity
Montclair State University, Department of Campus Recreation
Morris County Park Commission
Muscle Maker Grill
My Genes Fit
Nanticoke Leni-Lenape Indians of New Jersey
National Junior Tennis League of Trenton
Newark Yoga Movement
Newark Community Health Centers, Inc.
New Covenant Church of God
New Covenant United Methodist Church
New Jersey Association for Health, Physical Education, Recreation and Dance
New Jersey Association of Child Care Resource & Referral Agencies
New Jersey Association of Mental Health & Addiction Agencies, Inc.
New Jersey Association of Public Health Nurse Administrators
New Jersey Bike & Walk Coalition
New Jersey Breastfeeding Coalition
New Jersey Business and Industry Association
New Jersey Council of Teaching Hospitals and Children's Hospitals
New Jersey Council on Physical Fitness and Sports
New Jersey Department of Agriculture
New Jersey Department of Community Affairs
New Jersey Department of Education
New Jersey Department of Health: Center for Health Statistics
New Jersey Department of Health: Chronic Disease Prevention & Control Services
New Jersey Department of Health: Maternal Child & Community Health/Epidemiology
New Jersey Department of Health: Office of Local Public Health
New Jersey Department of Health: Office of Minority and Multicultural Health
New Jersey Department of Health: Office of Primary Care/Rural Health
New Jersey Department of Health: Office of Women's Health
New Jersey Department of Health: Special Child Health & Early Intervention Services
New Jersey Department of Health: Women, Infants and Children Services
New Jersey Department of Human Services – Division of Aging Services
New Jersey Department of Law and Public Safety
New Jersey Department of Transportation
New Jersey Dietetic Association
New Jersey Farm to School Network
New Jersey Food Council
New Jersey Future
New Jersey Head Start Association
New Jersey Health Officers Association
New Jersey Hospital Association
New Jersey League of Municipalities
New Jersey Parent Teacher Association
New Jersey Partnership for Healthy Kids
New Jersey Partnership for Healthy Kids – Camden
New Jersey Prevention Network
New Jersey Primary Care Association
New Jersey Public Health Association
New Jersey Recreation and Park Association
New Jersey School-Age Care Coalition (NJSACC)
New Jersey School Nutrition Association
New Jersey Society for Public Health Education
New Jersey State School Nurse's Association
New Jersey Supplemental Nutrition Assistance Program -Education
New Jersey YMCA State Alliance
New York Liberty (WNBA)
NORWESCAP Child and Family Resource Services (Hunterdon, Sussex, & Warren Counties)
Nutrition Education 4 Kids
Nutritional Sciences Preschool
Our Lady of Lourdes Health System
P3 Nutritionals, LLC
Param Care Foundation
Partners for Health Foundation
Prevent Child Abuse New Jersey
Princeton Sports and Family Medicine
Programs for Parents, Inc.
Proodian Healthcare, LLC
Prudential
Quality Care Resource & Referral Services, Inc.
Raritan Bay Area YMCA
Regional Training Center
Riverside School Garden
Robert Wood Johnson University Hospital Rahway
Robert Wood Johnson University Hospital Hamilton
Rutgers Cooperative Extension
Rutgers University: Department of Nutritional Sciences
Safe Routes to School National Partnership
Saint Barnabas Healthcare System - Newark Beth Israel Hospital
Saint Barnabas Medical Center
Salem Health and Wellness Foundation
Samaritan Baptist Church
Shore Medical Center
Shri Krishna Nidhi (SKN) Foundation
Somerset County Department of Health
Somerset Medical Center
Somerset Valley YMCA
South Jersey Healthcare
Southern New Jersey Perinatal Cooperative
Southern Ocean Medical Center
Star & Tobias Health Awareness Center (CentraState)
Statewide Parent Advocacy Network
St. Francis Medical Center
Studio V Health
Summit YMCA
SurroundHealth c/o HealthEd
Sustainable Jersey
The Children's Home Society of New Jersey
The Community Food Bank of New Jersey
The Cooper Health System
The David D. Hammar Foundation
The Food Trust
The New Hope Church of God, Inc.
The New Jersey Marathon
The Partnership for Maternal and Child Health of Northern NJ
The Suppers Programs
Toms River Regional Schools
Trinity Episcopal Cathedral
Tri-State Transportation Campaign
UMDNJ – New Jersey Medical School
United States Department of Agriculture: Food and Nutrition Service: Mid-Atlantic Region
United Way of Northern NJ
United Way of Passaic County
University of Medicine and Dentistry of New Jersey: School of Health Related Professions
University of Medicine and Dentistry of New Jersey: Robert Wood Johnson Medical School, Department of Pediatrics
University of Medicine and Dentistry of New Jersey: University Behavioral Healthcare
Urban League of Hudson County
Urban Promise Ministries
Vertices, LLC
Visiting Nurse Association of Central Jersey
Volt Fitness
Walgreen Company
Women's Fund of New Jersey
Women's Heart Foundation
YMCA of Eastern Union County
YMCA Hunterdon County
Zone 7



Dear New Jersey Residents,

It is with great hope and pride that I present New Jersey's State Obesity Prevention Plan – hope, because I believe we are addressing an important public health problem, and pride, because my department is leading **ShapingNJ**, an innovative public-private effort that includes more than 200 organizations partnering to improve the health of individuals and communities.

This is only the beginning of a large scale health movement to create positive change-- greater access to healthy food and opportunities to be physically active in *all* New Jersey neighborhoods, schools, child care centers, and worksites – where we live, learn, work and play. We are engaging local government, health care, faith-based communities and many others to build an environment that makes the healthy choice the easy choice.

This is a long-term effort. We didn't get here overnight, where:

- ❖ **1 in 4 adults are obese,**
- ❖ **nearly 1 in 3 children between the ages of 10 and 17 are overweight or obese,**
- ❖ **obesity rates have increased 40 percent over the last 10 years, and**
- ❖ **New Jersey has one of the highest obesity rates in the nation among low income 2 – 5 year olds.**

We can do better, and we will do better, because we care deeply about the health of our citizens, and about the social and financial costs of obesity and resulting chronic diseases such as heart disease, diabetes and some cancers. I challenge each and every one of you to become involved on some level, whether it is improving your own health or the health of your family, your school or your community.

Our strategies are backed by science. Our partners are diverse and offer a myriad of skills and expertise – I am grateful for their commitment, as well as to the New Jersey Obesity Prevention Task Force, whose earlier work provided the base to build upon.

Please join our effort and be a part of the solution for a healthier generation.

Most Sincerely,

Mary O'Dowd, MPH
Commissioner, New Jersey Department of Health



New Jersey Department of Health Commissioner Mary E. O'Dowd visits with a mother and her newborn child.

MAKE THE HEALTHY CHOICE THE EASY CHOICE



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NEW JERSEY STATE OBESITY PREVENTION PLAN 2013





NEW JERSEY CREATES THE *ShapingNJ* PARTNERSHIP TO FIGHT OBESITY AND PROMOTE HEALTH

Nearly a quarter of New Jersey residents are

obese. The obesity rate among New Jersey's low-income children ages 2 to 5 is among the top three in the nation. Obesity's harm is very real – it quadruples the risk of diabetes, to name just one serious consequence.

A major effort dedicated to curbing obesity in New Jersey is *ShapingNJ*. *ShapingNJ* is a statewide public/private partnership of more than 200 organizations coordinated by the New Jersey Department of Health with support from the U.S Centers for Disease Control and Prevention. The *ShapingNJ* obesity prevention strategies aim to “make the healthy choice the easy choice” in the places where we live, learn, work and play.

During a careful planning process, *ShapingNJ* partners looked at what causes obesity, found out who is most affected in our state and identified a set of obesity prevention strategies for New Jersey. *ShapingNJ* partners, along with communities and organizations across the state, are now implementing the obesity prevention strategies--working to increase access to healthy food and beverages and opportunities to be physically active in child care centers, schools, communities, worksites and health care settings.

See Appendix 1 for a list of the ShapingNJ strategies.



“Because of the increasing rates of obesity, unhealthy eating habits and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents.”

**Former U.S. Surgeon General
Richard Carmona**



SIX KEYS TO HEALTH



How much physical activity do we need?

ADULTS

at least 2 hours and 30 minutes of moderate, or at least 1 hour and 15 minutes of vigorous physical activity every week.

Children and adolescents

at least 60 minutes every day.

Researchers have identified six behaviors that play the biggest role in maintaining a healthy weight. The *ShapingNJ* strategies aim to make it easier for *all* New Jersey residents to engage in these healthy behaviors.

❖ Increase breastfeeding.

Exclusive breastfeeding—no formula or food—for the first six months of a child’s life decreases that child’s risk of childhood obesity.¹ Some supports for mothers to breastfeed already exist in New Jersey: mothers are permitted to breastfeed in any public place and the state recently revised its Women, Infants and Children (WIC)* food package to encourage breastfeeding.

❖ Eat more fruits and vegetables.

The 2010 Dietary Guidelines for Americans encourage us to eat more fruits and vegetables than any other food and recommends that people try to fill at least half their plate with fruits and vegetables. It is even better to aim for a variety of colorful fruits and vegetables.

❖ Increase physical activity.

Being physically active is one of the most important steps Americans of all ages can take to improve their health, according to the 2008 Physical Activity Guidelines for Americans². Even people who do not lose weight get substantial benefits from regular physical activity including lower rates of diabetes, heart disease and cancer.³

In New Jersey, all students in grades 1-12 are required to have at least 150 minutes of health, physical education and/or safety education every week. However, the requirement does not specify how many minutes must be spent on physical education, nor does it guarantee that students are physically active during physical education class.



Source: 2008 Physical Activity Guidelines for Americans

* WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

Six Keys to Health

❖ **Drink fewer sugar-sweetened beverages.** Soda, sports drinks, coffee drinks and other sugary beverages add more sugar to our diets than any other source. Water and low-fat milk are examples of much healthier alternatives.

❖ **Eat fewer high-calorie foods.** Fruits, vegetables, whole grains, lean meats and low-fat dairy products are best for health. The least nutritional—refined grains such as white flour, added sugar and fats—are what we eat too much of, because these products are typically cheap, available and advertised everywhere. New federal standards are prompting healthier school meals.

Regulations also guide what can be sold in school vending machines and bake sales and require major restaurant chains to post calorie counts on their menus.

❖ **Watch less television.** The more television people watch, the more likely they are to be overweight or obese. The American Academy of Pediatrics recommends limiting TV and other screen time for children and adolescents to no more than two hours per day, and for children under age two, none at all. Physical activity is a much healthier alternative.



Fruits, vegetables, whole grains, lean meats and low-fat dairy products are best for health. The least nutritional—refined grains such as white flour, added sugar and fats--- are what we eat too much of, because these products are typically cheap, available and advertised everywhere.



See Appendix 1 for a list of the **ShapingNJ** strategies.



WHAT ARE THE RISKS OF BEING OVERWEIGHT?

These are key behaviors that over the course of our lives help us keep healthy, and at a healthy weight. Why is a healthy weight so important? Because people who are overweight or obese suffer many consequences: they are more likely to have chronic diseases and challenges during pregnancy, and they are at greater risk for fatal diseases, including heart disease and cancer.

Experts at the Centers for Disease Control and Prevention and the National Institutes of Health say overweight people are more vulnerable to:

- ❖ High blood pressure
- ❖ High levels of blood cholesterol
- ❖ Type 2 diabetes
- ❖ Coronary heart disease
- ❖ Stroke
- ❖ Gallbladder disease
- ❖ Sleep apnea
- ❖ Respiratory problems
- ❖ Depression
- ❖ Endometrial, breast and colon cancer
- ❖ Poor reproductive outcomes



Science shows that healthy behavior needs support!

“Our individual attempts to change what we usually do are often not effective, especially over the long run...Ultimately, obesity is about individual behavior, but science shows that our behaviors are strongly influenced by our surroundings—whether you can walk or bike or must drive everywhere, whether it is safe to go out and play or a child stays indoors watching TV, whether schools serve healthy meals and snacks or junk—so organizational policies and the environments in which we spend our lives must foster and support healthy behaviors.”

Peri L. Nearon, Director
Office of Nutrition & Fitness,
New Jersey Department of
Health (DOH).

Did you know?



Losing relatively small amounts of weight – five to 10 percent of total body weight – helps to reduce blood pressure and improve cholesterol and blood sugar levels. And maintaining a healthy weight does more than improve your health – it increases mobility, raises energy levels and improves mood and self-confidence.



How Big a Problem is OVERWEIGHT in New Jersey?

Among adults, New Jersey has been spared the worst of the impact, compared to other states. As of 2011, nearly one out of every four New Jersey adults (24%) was obese and more than one out of every three (38%) was overweight⁴.

Despite these high rates, New Jersey is still among the top four leanest states in the nation.

Other challenges become apparent as these numbers are broken down by ethnicity and education⁵:

- ❖ Blacks are at the greatest risk for obesity. In New Jersey, 32 percent of Blacks are obese, compared to almost 27 percent of Latinos and 23 percent of Whites.
- ❖ Lower education levels are generally associated with higher obesity rates. One in three New Jersey adults with less than a high school education is obese, compared to fewer than one in five college graduates.

Children, of course, are of special concern. In New Jersey:

- ❖ A 2007 study showed that 15 percent of children ages 10 to 17 are obese. New Jersey ranked 21st (meaning that 29

other states, plus the District of Columbia, had higher rates of child obesity).

- ❖ Nearly 11 percent of high school students are obese and 15 percent are overweight, as of 2011.

The most troubling trend is among New Jersey's pre-schoolers:

- ❖ In 2011, almost one in five low-income children (17 %) ages two to five, was obese. Among this population, New Jersey has one of the top three highest rates of obesity in the nation.

Obesity is also expensive⁶⁻⁷:

- ❖ New Jersey spent an estimated \$2.2 billion on obesity-related health care in 2008.
- ❖ Over the next 20 years, New Jersey could see its obesity-related health care costs climb by 34.5 percent.

See Appendix 1 for a list of the *ShapingNJ* strategies.



Obesity Rates in New Jersey

BLACKS	36%
LATINOS	27%
WHITES	23%

Lower education levels are generally associated with higher obesity rates. One in three New Jersey adults with less than a high school education is obese, compared to fewer than one in five college graduates.

MAKE THE HEALTHY CHOICE THE EASY CHOICE



DEVELOPING THE *SHAPINGNJ* STRATEGIES

From September 2009 to June 2010, *ShapingNJ* partners met to develop the obesity prevention strategies.

“It was an environment where we had mutual respect and transparency, that’s what’s important in bringing together community partners... You may disagree on some of the approaches, but everyone had an opportunity to chime in.”

Darrin W. Anderson, Sr., Ph.D.,
Associate Executive Director ,
New Jersey YMCA State Alliance

*“We have always been in silos, and *ShapingNJ* allowed state agencies and private organizations to work together. We never had that rapport with other agencies before.”*

Kathleen T. Morgan, Dr.M.H., DTR.
Chair, Dept. of Family and
Community Health Sciences,
Rutgers



ShapingNJ partners were guided by the CDC’s **Recommended Community Strategies and Measures to Prevent Obesity in the United States: Implementation and Measurement Guide** to explore possible strategies.



See Appendix 1 for a list of the *ShapingNJ* strategies.



MAKING DECISIONS BASED ON GOOD SCIENCE AND PRACTICAL CONSIDERATIONS

ShapingNJ partners were guided by the CDC's *Recommended Community Strategies and Measures to Prevent Obesity in the United States: Implementation and Measurement Guide*⁸ to explore possible strategies. They also asked these key questions:⁹

- ❖ Will the strategy reach New Jerseyans who face the biggest challenges to healthy behavior?
- ❖ Will it produce results?
- ❖ Will the strategy be accepted and used by people, settings and institutions to which it is targeted?
- ❖ Can the strategy be consistently and properly implemented?
- ❖ Can it be maintained over time?
- ❖ Can we engage partners from key, non-health sectors to help implement the strategy?
- ❖ What will it cost to implement?



In New Jersey, nearly one out of five low-income young children is obese and 11 percent of high school students are obese. There is no single or simple solution to childhood obesity because it is influenced by many different factors. Working together, states, communities, and parents can help make the healthy choice the easy choice for children and adolescents.





INVOLVING THE COMMUNITY

***ShapingNJ* partners were a major source of grassroots input in developing the strategies because many are already deeply involved in their communities, and known and trusted by local residents.**

Additional community input came from 10 feedback sessions in March 2010 aimed especially at people and communities who were not well represented among the partners. More than 100 participants included teenagers, child care providers, school and hospital administrators, civic and faith-based leaders, and members of low-income minority communities.

The responses were frank and informative. Many participants noted the role of culture in food choices and emphasized that cost shapes their decisions about what to eat and drink. Some teens spoke about barriers to participating in physical education and discussed ways to make cafeteria meals more appealing. The influence of parents, especially mothers, in promoting healthy choices and the importance of safe streets and parks were also recurring themes.



MAKE THE HEALTHY CHOICE THE EASY CHOICE



IMPLEMENTING THE *SHAPINGNJ* STRATEGIES

Creating the conditions to support healthy behaviors will require a long-term commitment from all sectors of society. So the *ShapingNJ* strategies reflect a ten-year

vision, and will be implemented gradually. Political and economic realities and the readiness of the many players involved will dictate the timing.





SHAPINGNJ RESULTS



See Appendix 2: *Ten Steps to Successful Breastfeeding*

The Office of Nutrition & Fitness used federal stimulus funds to spearhead three initiatives targeting *ShapingNJ* strategies, all implemented by *ShapingNJ* partners.¹⁰ The first two efforts will have an impact on thousands of New Jersey's children from the moment of birth through early childhood, helping them start life healthy. The third, a pilot project, established local models for healthy change in New Jersey communities. These initiatives and their results are:

- ❖ **Promoting exclusive breastfeeding through the Baby-Friendly Hospital Initiative.** This World Health Organization/ UNICEF-sponsored program supports breastfeeding policy change in hospitals. The ten maternity hospitals participating in this statewide project documented an overall 11 percent increase in exclusive breastfeeding rates over two years. Three participating hospitals received "Baby-Friendly" designation by Fall 2012. (Led by the Pediatric Council on Research and Education of the American Academy of Pediatrics, New Jersey chapter.)
- ❖ **Improving the quality of child care in licensed centers.** Two-thirds of child care centers that participated in a statewide project to improve their policies and practices in nutrition and physical activity were offering more training and education on those topics to staff and parents after the project. More than half of the centers

improved the quality of or better enforced their written policies around nutrition and physical activity. Adoption of revised state child care licensing requirements focusing on best practices in nutrition and physical activity is anticipated shortly. (Led by the New Jersey Association of Child Care Resource and Referral Agencies with the NJ Department of Children & Families).

- ❖ **Developing capacity in New Jersey communities to increase access to healthy food and physical activity.** Ten diverse New Jersey communities implemented the *ShapingNJ* strategies to increase access to healthy food and physical activity for their residents. Results included a county-wide policy for healthy vending concessions, a school wellness council that implemented a healthy school party policy, installation of bike racks in concert with NJTransit, creation of a community garden with a sustainable business plan and work with an owner of several bodegas to successfully market healthy products. This initiative attracted additional private funding, making it a true public/private venture. (Led by local health departments and the New Jersey Health Officers Association, with support from The New Jersey Partnership for Healthy Kids, a Robert Wood Johnson Foundation-funded initiative, Walgreen's and Partners for Health).



ShapingNJ PARTNERS FORGE NEW COLLABORATIONS

Through *ShapingNJ*, partners have been able to take their work to the next level: working *together* in innovative ways to implement the *ShapingNJ* strategies. Here are just a few examples of how *ShapingNJ* partners have formed unusual collaborations to enhance and expand their obesity prevention efforts:

❖ **Increasing access to healthy food for a hospital's employees and neighbors:** Garden State Urban Farms now operates a year-round farmer's market in the lobby of Newark Beth Israel Medical Center. Garden State Urban Farms is a private company that operates a hydroponic greenhouse in the low-income city of Orange. The medical center also provided a nearby empty lot where the company created a small farm to provide produce for the farmer's market. For this innovative work,

Newark Beth Israel received the Community Outreach Award from the Health Research & Educational Trust of New Jersey.

❖ **Increasing opportunities for walking and biking:**

Transportation, land-use planning and public health partners (including Sustainable Jersey, Voorhees Transportation Center at Rutgers University, New Jersey Future, the state Department of Transportation and New Jersey Partnership for Healthy Kids) have jointly conducted statewide trainings to ensure more and safer walking, biking and active play.

- A community safety/crime prevention through environmental design workshop trained community teams from seven New Jersey cities.
- The participation of Department of Education staff in one set of



Many Partners, Common Goals

ShapingNJ efforts show the power of convening and the strength of a powerful idea: by bringing people together around the mutual concern for obesity in New Jersey, *ShapingNJ* has given them the opportunity to draw on shared interests and complementary strengths to spark action.





SHAPINGNJ PARTNERS FORGE NEW COLLABORATIONS



Many Partners, Common Goals

“Our organizations have different issues but common goals,” remarked Patricia Ruby of Sustainable Jersey, a certification program for municipalities that want to go green, save money and take steps to sustain their quality of life over the long term.

workshops led to a Department-sponsored conference on October 25, 2012 about ways schools and communities can work together to promote physical activity.

- Other results include adoption of “Complete Streets” policies in several counties and several dozen municipalities including the state’s two largest cities, Newark and Jersey City. Streets that are “complete” are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities.
- ❖ **Working to create healthy, active school environments:** New Jersey Association for Health, Physical Education, Recreation and Dance is partnering with the Department of Education to implement the *ShapingNJ* strategies in schools by jointly promoting “Let’s Move in Schools,” a program that aims to give teachers, principals, superintendents, school boards and parents the support they need to help students to become more physically educated and active in school.
- ❖ **Empowering faith leaders to promote healthy congregations:** Teams from some 60 New Jersey congregations shared ways to promote healthy policies and practice in places of worship at a Spring 2012 summit. Along with ONF, the health department’s Office of Minority & Multicultural Health and the NJ SNAP-Ed program brought together these congregations, representing the wide spectrum of New Jersey’s faith communities. SNAP-Ed is a Rutgers’ Cooperative Extension health education program aimed at improving nutrition and increasing physical activity among low-income people.



SUSTAINING OBESITY PREVENTION EFFORTS FOR THE LONG RUN

It is by bringing together these diverse public and private sector experts, advocates and community-based organizations that New Jersey has created a strong and strategic way to sustain the long-term efforts we will need “to make the healthy choice, the easy choice” for all New Jersey residents.

Collaboration **among** the **ShapingNJ** partners is the partnership’s greatest strength and holds the greatest potential for sustaining obesity prevention efforts in New Jersey.

ShapingNJ partners tell us they have themselves benefitted from joining the partnership: they are “reaching out to more groups,” “breaking down the silos,”

“connecting the dots,” “learning a lot,” “networking with other energized people,” “getting the message out,” and “spreading best practices.” **ShapingNJ** partners have already begun to discuss ways to sustain the collaborative work of the partnership, aiming to maximize the strengths and assets of both public and private sectors to implement the obesity prevention strategies through 2018 and promote a healthier New Jersey.

There is energy and a sense of possibility in New Jersey as **ShapingNJ** partners work together to create healthy change. If your organization or community has a role to play, please join us.



It is by bringing together these diverse public and private sector experts, advocates and community-based organizations that New Jersey has created a strong and strategic way to sustain the long-term efforts we will need “to make the healthy choice, the easy choice” for all New Jersey residents.

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THE *SHAPINGNJ* OBESITY PREVENTION STRATEGIES 2008-2018: TEN STRATEGIES FOR A 10-YEAR VISION



Strategies for a 10-year Vision



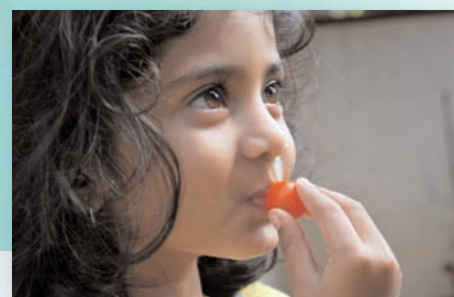
- Health Care
- Child Care
- Schools
- Communities
- Workplace

Health Care

- Promote exclusive breastfeeding through proven policies and practices.
 - ❖ Encourage delivery sites to adopt the World Health Organization/ UNICEF's "Ten Steps to Successful Breastfeeding"¹¹ and the Joint Commission's Perinatal Care Core Measure Set, which requires participating hospitals to report their rates of exclusive breastfeeding.¹²
 - ❖ Provide support in primary care and community settings— before and after women give birth— to encourage exclusive breastfeeding.

Child Care

- Require child care centers and after-school programs to offer healthy food and beverages, provide opportunities for physical activity, limit television viewing and support breastfeeding for children in their care.
 - ❖ Revise child care center licensing requirements for child care and after-school programs to ensure they offer healthy foods, encourage physical activity, limit television viewing and support breastfeeding.¹³
 - ❖ Provide training for child care providers in healthy child nutrition and physical activity and ways to limit television and support breastfeeding.





Schools

- Support the efforts of schools to serve healthy and child-friendly meals and snacks.
 - ❖ Increase the amount of money schools receive to provide meals for students so that schools can purchase more fruits, vegetables and other nutrient-rich foods and beverages.
 - ❖ Ensure that schools have equipment, trained staff and /or resources to plan and prepare healthy, child-friendly meals and snacks.
- Strengthen state and local school wellness policies and facilitate policy implementation and monitoring in every school through strong school wellness councils.
 - ❖ Enhance the best-practice standards in the New Jersey School Nutrition/Wellness Policy¹⁴ to increase access to healthy foods, physical activity, nutrition education and school-based wellness activities.
 - ❖ Encourage active wellness councils in each school, with support and guidance from the school district and broad representation from the community and the school.
- Involve all students in high-quality physical education programs and additional physical activity throughout the school day. Physical education is a curriculum-based program that teaches skills for maintaining an active lifestyle and provides time for physical activity. Additional opportunities for physical activity include recess, classroom activity breaks and before- and after-school programs.



Communities

- Put fruits, vegetables and other healthy foods and beverages within easy reach for all residents in all neighborhoods.
 - ❖ Develop business incentives for new food markets to locate in neighborhoods lacking access to healthy foods.
 - ❖ Make it easier for small convenience stores to sell healthy food that is reasonably priced and easy to prepare. Stores may need assistance with refrigeration, signage, marketing, and displaying healthy options to promote sales.
 - ❖ Increase communities' ability to produce and distribute healthy foods and beverages, including more farmers' markets, farm stands, community-supported agriculture, urban farms, mobile markets, school and community gardens and food pantries.
- Provide safe and convenient opportunities for daily physical activity in all neighborhoods.
 - ❖ Maintain clean and safe neighborhood parks, playgrounds and recreation centers and encourage their use.
 - ❖ Adapt existing and build new streets and sidewalks to make it safer and easier to walk or bike to school, shops, transit and other daily destinations.
 - ❖ Build and/or keep schools, libraries, parks, playgrounds and other public facilities within easy walking or biking distance of where people live and work.
 - ❖ Reduce the dangers of crime, traffic and other hazards that interfere with walking, biking or playing outside.



Workplace

- Encourage New Jersey businesses to accommodate breastfeeding women. *The Business Case for Breastfeeding*,¹⁵ a resource that educates employers about the benefits of worksite programs, including providing a space for women to express milk, should be distributed widely.
- Encourage the food and beverage industry to engage in advertising that promotes healthy eating for children, in partnership with the New Jersey Food Council, the New Jersey Better Business Bureau and others.
 - ❖ Expand participation among New Jersey companies in the voluntary Children's Food and Beverage Advertising Initiative of the national Better Business Bureau.¹⁶ The initiative includes a pledge that at least 50 percent of advertising aimed at children under age 12 will emphasize healthy food choices and that food or beverage ads will not be placed in schools.
 - ❖ Create a customized initiative for New Jersey that covers all forms of advertising and targets local and regional food retailers who have a significant presence in the state.
- Disseminate model worksite wellness policies and programs to the business community. Promote health screenings, increased options for healthy food and physical activity and weight loss counseling in the workplace, highlighting improvements in employee health and financial benefits for employers.¹⁷





TEN STEPS TO SUCCESSFUL BREASTFEEDING



Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in, that is, allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: *Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services*, a joint WHO/UNICEF statement published by the World Health Organization.

NOTES

- 1 American Academy of Pediatrics. Breastfeeding and the Use of Human Milk, *Pediatrics*, e827, February 27, 2012 Available at: <http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552>
- 2 U.S Department of Health and Human Services, 2008 Physical Activity Guidelines for Americans, 2008. Available at: <http://www.health.gov/paguidelines>
- 3 National Prevention, Health Promotion and Public Health Council. *National Prevention Strategy*, p. 38. June 2011. Available at: <http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>
- 4 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance Systems: Prevalence and Trends Database: New Jersey, 2010. Available at: <http://www.cdc.gov/brfss>.
- 5 The numbers here are drawn from several different federal studies, conducted at slightly different times, and are well summarized in Trust for America's Health and the Robert Wood Johnson Foundation, *Fas in Fat*, September 2012 (<http://healthyamericans.org/reports/obesity2012/?stateid=NJ>), and *America's Health Rankings*, December 2011.
- 6 Thorpe, K. 2009. The Future Costs of Obesity: National and state estimates of the impacts of obesity on direct health care expenses. Collaborative report from United Health Foundation, the American Public Health Association and Partnership for Prevention. Available at: <http://www.americashealthrankings.org/2009/report/Cost%20Obesity%20Report-final.pdf>
- 7 Trust for America's Health and the Robert Wood Johnson Foundation, *Fas in Fat*, September 2012 (<http://healthyamericans.org/reports/obesity2012/?stateid=NJ>)
- 8 The CDC's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide*, published July 2009, is available at: http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdfhttp://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- 9 The first five questions are a rephrasing of the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation and Maintenance), which is described at: <http://cancercontrol.cancer.gov/is/ream/>
- 10 Federal stimulus funds for these projects come from the Communities Putting Prevention to Work – State and Territories Initiative, 2009-2012.
- 11 "Ten Steps to Successful Breastfeeding" is available at: <http://www.unicef.org/newsline/tensteps.htm>
- 12 The Joint Commission's Perinatal Care measure set is described at: http://www.jointcommission.org/perinatal_care/
- 13 Licensing requirements are established by the state Department of Children and Families Office of Licensing and are available at: <http://www.state.nj.us/dcf/divisions/licensing/CCCmanual.pdf>
- 14 The New Jersey School Nutrition/Wellness Policy is available at: http://www.nj.gov/agriculture/divisions/fn/childadult/school_model.html
- 15 The Business Case for Breastfeeding, published by the federal Department of Health and Human Resources, is available at: <http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/business-case-for-breastfeeding-for-business-managers.pdf>
- 16 More information about the Better Business Bureau's Children's Food and Beverage Advertising Initiative is available at: <http://www.bbb.org/us/children-food-beverage-advertising-initiative>
- 17 Goetzel RZ, Ozminkowski RJ. The health and cost benefits of work site health-promotion programs. *Annual Review of Public Health* 2008;29:303-23. Abstract available online at: <http://www.ncbi.nlm.nih.gov/pubmed/18173386>



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