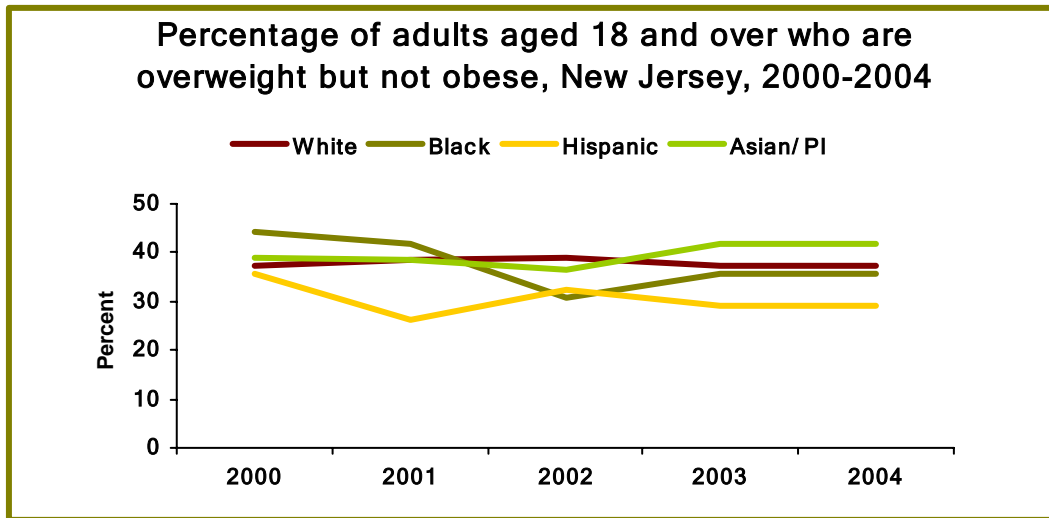


E. Area of Emphasis: Obesity

Background Data

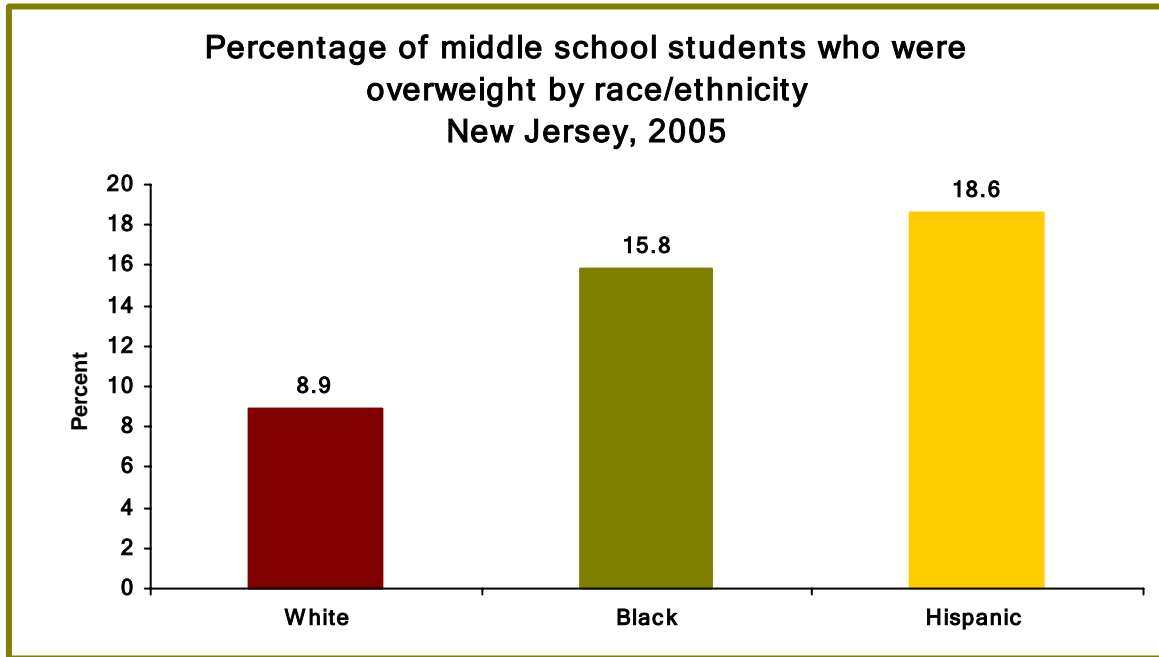
Obesity is a known risk factor for numerous chronic diseases including diabetes, heart disease, high blood pressure, gallbladder disease, arthritis, respiratory problems and some types of cancer. In 2004, New Jersey had the sixteenth lowest adult obesity prevalence in the nation (21.9%).

Several HNJ 2010 objectives aim to reduce the prevalence of overweight and obesity in New Jersey. The 2005 NJBRFS data show that more than half of New Jerseyans are either overweight or obese. Overall, the percentage of New Jerseyans who are overweight but not obese has declined slightly since 2000. Asian/Pacific Islanders had the highest prevalence of overweight but not obesity when compared to other groups.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

This trend changes when we examine obesity prevalence by race/ethnicity. While the prevalence of obesity among New Jerseyans has been rising among all racial/ethnic groups since the early 1990s, the prevalence of obesity is significantly higher among blacks. Blacks are one and a half times more likely than whites and Hispanics, and three times more likely than other racial/ethnic groups to be obese.



Source: NJ Department of Education, 2005 NJ Student Health Survey, YBRS

New Jersey ranks number one in the nation for the percentage of overweight and obese low-income children aged two to five years old. According to a 2005 survey conducted by NJDHSS and the NJ Department of Education, 20 percent of the sixth-graders evaluated were obese, and another 18 percent were overweight.

Furthermore, the 2005 Youth Risk Behavior Survey (YBRS) of sixth to eighth-graders in New Jersey middle schools showed that 13 percent of the participating students were overweight (measuring for body mass index, by age and sex). Black and Hispanic students were up to two times more likely to be overweight than other racial/ethnic groups.

Diet and exercise

Several factors contribute to obesity including lack of physical activity and poor nutrition. Two HNJ 2010 objectives track the level of physical activity (engagement in physical activity for at least 30 minutes per day) and the nutritional habits (eating at least five daily servings of fruits and vegetables) of New Jersey adults. The HNJ 2010 target

is to have 35 percent of New Jersey adults eating at least five daily servings of fruits and vegetables. Across all racial/ethnic groups approximately 26 percent meet this objective.

Obesity risk factors by race/ethnicity, New Jersey, 2005				
Risk factor	White	Black	Hispanic	Other
Percent eating 5+ servings of fruits and vegetables daily	26.2	28.3	22.0	30.6
Percent engaging in moderate physical activity 30 minutes or more daily	50.0	58.3	62.8	61.2

Source: NJBRFS, 2005

In tracking levels of moderate physical activity, there are greater differences between racial/ethnic groups. Blacks, Hispanics, and Asian/Pacific Islanders are less likely to meet the objective than whites who have achieved the HNJ 2010 target of reducing the number of persons who do not meet the objective to 50 percent.

Building on Success

In 2004, legislation was approved establishing the New Jersey Obesity Prevention Task Force. The purpose of the Task Force was to study, evaluate, and develop recommendations related to specific actionable measures to support and enhance obesity prevention among residents of the State, with particular attention to children and adolescents. In 2004, following the first meeting, three subcommittees were formed, Nutrition, Physical Activity, and Education. The subcommittees spent the next year researching, developing, and finalizing recommendations in their respective areas. These recommendations comprise the basis for a New Jersey Obesity Prevention Action Plan published in June 2006. Seven major themes serve as a framework: infrastructure, public/professional awareness, communities, schools, or workplace, health care system, and disparities.

- In January 2003, the Healthy Choices, Healthy Kids initiative to attack the obesity epidemic in New Jersey, was implemented. The mission was to combat childhood obesity and Type II diabetes and improve the overall health of New Jersey's schoolchildren by improving nutritional choices in schools, promoting greater physical activity and encouraging healthy lifestyles, including the avoidance of

cigarettes, drugs and alcohol. The target audience was children, parents, teachers, administrators, and school nurses. The NJ Department of Agriculture worked in cooperation with the Department of Health and Senior Services and the Department of Education to develop a comprehensive strategy to address the goals set forth in this initiative.

- As one component of this initiative, the Department of Agriculture adopted amendments to the state administrative code that deals with the Child Nutrition Programs requiring schools to adopt a local level nutrition policy that establishes nutritional standards for snacks and beverages sold or given out anywhere on school property. School nutrition policy will be based on the Department of Agriculture's model. The State Board of Education reviewed and readopted the New Jersey Core Curriculum Content Standards in Comprehensive Health and Physical Education in 2004 to include this model.

Goal: Decrease disparities in obesity and increase healthy eating and physical activity across the lifespan among high risk groups (including black and Hispanic populations and those with low socioeconomic status) in New Jersey.

Action Plan

Steps and Timeline:

FY 2007- 2010

- Create a State Office of Obesity Prevention under the domain of the Department of Health and Senior Services that will utilize existing resources to address obesity prevention and reduction, especially among children.
- Appoint an Obesity Prevention Task Force to address the goals and objectives of the NJ Obesity Prevention Action Plan.
- Release the NJ Obesity Prevention Action Plan.
- Apply for external funding.

Outcome Measures

- Establish the state Office of Obesity Prevention under the domain of the Department of Health and Senior Services.
- Convene the first statewide conference to kick-off the Obesity Prevention Action Plan.
- Reconvene the Obesity Prevention Task Force.
- NJ Obesity Prevention Action Plan is implemented.
- Reduce the percentage of black and Hispanic adults ages 18 and older who are obese to 15, and 12 percent, respectively.
- Reduce the percentage of black and Hispanic adults ages 18 and older who are overweight but not obese to 28.4, and 32.4 percent, respectively.