

THE NEW JERSEY OBESITY PREVENTION ACTION PLAN

JUNE 2006



Jon S. Corzine
Governor



Fred M. Jacobs, M.D., J.D.
Commissioner

EXECUTIVE SUMMARY

This document is, from one perspective, the culmination of the work of the Obesity Prevention Task Force established by the legislature (P.L.2003, c.303) in January 2004. However, as the Action Plan required by this legislation is being presented to the Legislature and to Governor Corzine, it must be viewed from another perspective. It is a beginning – the beginning of a statewide, coordinated effort to, as stated in the legislation, “...support and enhance obesity prevention among New Jersey residents, particularly among children and adolescents.”

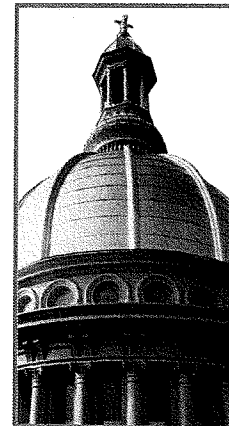
The Action Plan was developed based on the work and recommendations of three sub-committees: education, nutrition and physical activity, established by the Obesity Prevention Task Force (Task Force). After receiving the sub-committee recommendations, another group of members reviewed the recommendations and began the work of combining and sorting them into topical areas upon which goals and strategies could be developed.

The full Task Force then took the recommendations, deliberated upon them, and agreed on this Action Plan. The Action Plan is submitted in its entirety by the Task Force; the broad strokes and major themes are the consensus of the Task Force. A few matters, relating to details within the Action Plan, were decided by majority vote when the Task Force was unable to reach consensus.

The Action Plan addresses all New Jersey residents as unique individuals: children, adolescents, parents, working-age adults and older adults. It also recognizes New Jersey’s diverse population – that one approach does not meet the needs of all New Jerseyans. The Action Plan takes into account all major aspects of their lives: their home and family; childcare, if it is outside the home; their schools; their workplaces and employers; their communities as a whole and the organizations in them; their healthcare, both the individual providers and the systems; and their state and local government.

There is a national consensus, among the Centers for Disease Control and Prevention (CDC) and other major national organizations, that there are five areas for intervention relative to obesity: nutrients/nutrition, increased fruit and vegetable consumption, exclusive breastfeeding, physical activity, and decreased screen time (including television viewing, computer use and video games). The Action Plan that follows has seven “Goals” that take these areas of intervention into consideration in different contexts that apply to New Jerseyans. Each goal has accompanying “Strategies” and “Action Steps.”

Goal 1: Improve state and local capacity and support to address physical activity and healthy eating across the lifespan in New Jersey.



Accomplishing the Task Force recommendations requires enhanced state leadership. The key to this leadership is establishing an Office of Health and Wellness with the Director reporting to the Governor. Also recommended is the creation of a "New Jersey Health and Wellness Council," made up of state agency representatives and a broad array of professional and community-based stakeholders, to provide advice and counsel to the Health and Wellness Coordinator. Local involvement is also a major part of the obesity prevention effort, and the Task Force recommends that counties and municipalities establish Health and Wellness coalitions to coordinate and implement programs and activities.

Funding, including appropriations, tax and other financial incentives along with private grants, must be identified in order to implement the Action Plan. An annual, "Health and Wellness" budget is recommended to be coordinated by the Office of Health and Wellness. This office should also assist state departments, county and local governments, schools, and community groups to identify and apply for grants consistent with the Action Plan.

The Office of Health and Wellness should conduct a comprehensive, statewide "needs assessment" for public investments in new or improved facilities for physical activity and access to healthy food options, as well as develop a Worksite Wellness Survey. The office should issue reports on these activities and an annual report card on the state and local implementation of the Obesity Prevention Task Force's plan and recommendations. Searchable online guides on public and private obesity prevention and treatment programs in New Jersey, including programs and resources made available by food companies and related organizations, should be developed and updated.

A dialog between appropriate state agencies and food industry representatives and organizations as well as inclusion of the food industry in advisory councils and coalitions is required. Active support by New Jersey's Congressional delegation for federal legislation authorizing and appropriating essential resources for additional research, grants for local wellness programs, and enhancing national coordination of health and wellness activities, is also required. The Office of Health and Wellness can facilitate these efforts.

Goal 2: Develop an intergenerational, culturally sensitive public awareness campaign on preventing obesity through healthy choices and physical activity.



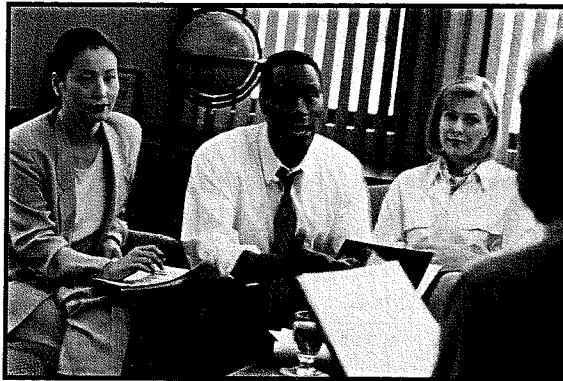
A statewide public awareness campaign is key to supporting and enhancing obesity prevention in New Jersey. The "kickoff" for this campaign should be a statewide conference to promote prevention of obesity,

especially among children. This public awareness campaign must: actively engage a broad array of stakeholders in its design; develop a common prevention message that includes an Obesity Prevention logo; enlist support from local media, businesses, community groups, and health care professional organizations; and establish a web site as an integral part of this campaign that is capable of providing information and links to other web sites promoting physical activity and healthy eating. It should also allow individuals to measure and track their own physical activities, food consumption, and other lifestyle activities.

Health care professionals and health care systems need to be increasingly involved in obesity prevention activities. Individual providers should routinely track Body Mass Index and discuss the results with patients. Both individual providers and healthcare systems should participate in and co-sponsor community-wide health campaigns. The Office of Health and Wellness should provide health care professionals with materials and resources such as CDC guidelines charts, tracking tools, and protocols.

Goal 3: Mobilize and empower municipalities and counties to partner with local organizations and neighborhoods to help families raise healthier children and to motivate citizens to increase their physical activity and improve their diets.

Communities are encouraged to develop an Action Plan, including a physical activity needs assessment of the community, to increase physical activity and promote healthy eating habits. Within three years, at least one community coalition or community-based wellness committee in each of the 21 counties in New Jersey should be established to facilitate and promote physical activity programs, healthy eating programs, and community-wide efforts. Partnerships between local governments and schools to support, facilitate, and encourage broad community participation to ensure the successful implementation of school wellness policies are also an essential component of the Action Plan.



Also recommended are community-based educational campaigns, sponsored by and involving local community leaders, clubs, and organizations, on the basic causes of obesity. These events can feature fitness and nutrition educators from organizations such as the American Heart Association, the American Diabetes Association, the American Dietetic Association, local Health Departments, hospitals, and YMCAs, and be held in community centers, senior citizen centers, local hospitals and schools, colleges, and universities.

Partnerships between local government, civic organizations, and local companies to increase physical activity and promote healthy lifestyles are recommended. These partnerships can lead to: development of "community gardens" that encourage the consumption of homegrown produce; special community events that focus on increasing physical activity and healthy eating, such as "Bike to Work" or "Walk to School" days; establishment, with local private sector companies, of an "Adopt a Park or Playground" program to ensure facilities are kept clean, attractive, and safely equipped; and increasing the number of children who participate on community sports teams and athletic leagues by sponsorship of sports. Citizens and groups whose efforts in these areas improve health and wellness in the community should be recognized, publicized, and rewarded.

Several steps are recommended to increase food industry support of healthy eating: working with the food production industry in NJ to bring healthier foods to market, encouraging the fast-food industry to promote healthier choices, and advocating for the food industry to market healthy foods to children while decreasing the advertising of less nutritious food choices.

Parents and caregivers should be encouraged and supported in their efforts to promote regular physical activity and healthy eating at home. This can include: partnerships between community and parent organizations to provide parents and caregivers with tips to encourage and promote physical activity and healthy eating; encouraging employers to provide family-based education programs to help integrate healthy eating and exercise into the home environment; educating parents to limit television viewing, computer usage, and other recreational screen time to less than two hours per day; and encouraging parents to plan family activities and vacations that promote physical activity including at least one-half hour of family physical activity daily.

Obesity prevention begins during the prenatal period. Pregnancy should begin with a mother who is at ideal weight and should continue with optimal weight gain throughout the prenatal period by consumption of a varied and healthy diet. Following delivery, breastfeeding will decrease the chances of the child developing obesity and contribute to a mother's return to her pre-pregnancy weight.

Parents should be educated and encouraged to exclusively breastfeed for about the first six months of life and to continue breastfeeding with the addition of iron-enriched healthful complimentary foods for at least the first year of life as well as to understand the importance of interpreting their child's Body Mass Index (BMI) percentile-for-age and tracking this information from two years of age until 20 years of age.

Community child- and youth-centered organizations should be encouraged and supported in promoting healthy eating and regular physical activity through existing programs and assisted in developing new programs that will be

sustained. Similarly, the role of child care providers in promoting physical activity and healthy eating for preschool children should be strengthened through methods such as providing child care providers with an evidence-based curriculum and encouraging its use; engaging each child in daily moderate, fun physical activity, including outdoor time whenever possible; engaging each child in vigorous, fun physical activity on a regular basis with the frequency and duration based upon the child's age; and serving fruits and vegetables, fresh whenever possible, with meals and as snacks and not serving foods with trans-fats or added sugar.

Local governments are encouraged to "lead by example" with active participation by local government elected officials in all community-related events that feature or emphasize improved health and physical activity and by developing strong workplace wellness programs for their employees.

Goal 4: Mobilize and empower public and non-public schools to take local action steps to help families raise healthier children and increase the number of schools that view obesity as a public health issue.



Many of the requirements placed on schools by the state and federal government apply only to public schools; private schools are not held to these requirements. The Action Plan does not propose that any of these exceptions change. However, it is recommended that non-public schools be encouraged to meet or exceed those requirements pertaining to

healthy eating and physical activity, that teachers and staff of non-public schools be included in workshops and professional development offered as a result of this Action Plan, and that publications and other resources developed as a result of this Action Plan be made available to students at non-public schools.

Federal law (P.L. 108 - 265) and state regulations (N.J.A.C. 2:36-1.7) require that each local educational agency participating in a program authorized by the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.) or the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) establish a local school wellness/nutrition policy by September 2006. The Action Plan recommends that schools in New Jersey exceed these federal requirements. In addition, it recommends that schools submit periodic reports to the New Jersey Health and Wellness Council regarding implementation of the wellness policies and adherence to the state core curriculum standards.

The Action Plan recommends an expansion of the requirement to conduct an annual screening of students' growth and development to include determining Body Mass Index (BMI) and BMI-for-Age percentile score. Further, it recommends that guidance and training be provided on how to implement this requirement. The parent/guardian should be notified of the results. Any student whose BMI-for-age percentile is less than or equal to 5% or greater than or equal to 85% should also be referred to a health care provider. Aggregate data on students' BMI should be reported to the appropriate state agency in order to track progress on obesity prevention.

Numerous recommendations are designed to incorporate physical activity and healthy eating into the entire school day. Among these recommendations are: development of a pre-kindergarten (pre-K) and K-8 Health Education curriculum that provides a sequential, comprehensive, standards-based program of nutrition education; elective courses in food preparation and meal planning with field trips to fresh food markets and grocery stores, etc.; providing teachers and parents with a list of healthy food options to use for classroom parties or celebrations; healthy food and beverage options in vending machines and other venues where food and beverage items are made available for sale or distribution after regular school hours; development of healthy food guidelines for parent organizations and/or student clubs for fundraising; including fitness and physical activity in after-school programs and summer programs sponsored by, or occurring in, the school; offering schools a web-based physical activity tracking program that will encourage students to increase their physical activity; supporting local school efforts to provide equipment and appropriate supervision during daily recess as one method of providing opportunities for physical activity during the school day, including making grants and other funding available; and encouraging K-8 schools to work with the state "Safe Routes to School" coordinator.

Physical activity and healthy eating should be promoted in preschools and pre-K settings. These settings should adopt healthy food choice guidelines in instances when food is used as a reward for classroom or other school achievement. Preschool providers should be provided with recommendations and training on effective methods to promote physical activity and on methods to encourage children to eat a variety of healthy foods, some of which may be new to them. Preschool programs should be included in wellness policies and programs developed by local educational agencies.

Professional development for preschool and school personnel should include in-service programs about overweight and obesity for teachers and auxiliary staff. The health education curriculum should be taught by knowledgeable professionals, and appropriate school personnel should be encouraged to attain the designation "Certified Health Education Specialist" granted by the National Commission for Health Education Credentialing.

Mini-grants are recommended for schools to develop innovative approaches to school-based nutrition and physical activity programs, particularly programs that actively involve students as well as programs that include community involvement.

Goal 5: Increase workplace awareness of the obesity issue and increase the number of worksites that have environments that support wellness, including weight management, healthy food choices, physical activity, and lactation support.

Workplaces are encouraged to have a wellness policy and/or task force to address healthy eating and physical activity. This may involve providing them with support materials and information on best practices in developing and implementing wellness programs, as well as through partnerships with the NJ Department of Personnel's Employee Wellness Program, trade associations, unions, and business and industry groups.

These policies and/or task forces should address: increasing healthy food choices available to employees in the worksite; employee education that supports healthy lifestyles; and encouraging physical activity. Some of the Action Steps to accomplish this include: promoting healthy food choices in employee cafeterias; encouraging cafeterias and vending operators to market and identify healthy food choices; providing employee incentives to purchase healthy foods; encouraging healthy foods to be served in staff meetings and company sponsored events; providing wellness education programs in the workplace; partnering with local practitioners or health professional associations to offer screenings; seeking discounts for employees from weight management programs; providing extended breaks and lunch hours where possible in order to permit employees to engage in physical activity; partnering with companies that supply exercise equipment and devices; sponsoring walking or exercise programs such as "Healthy Steps;" and providing employees with subsidized or reduced rate memberships in gyms, health clubs, and community recreation centers; or having onsite facilities for physical activity.

Increasing the number of worksites that support lactating employees can be accomplished by developing and sharing a model worksite lactation support plan as well as by providing grants, fiscal incentives, and other recognition for worksites that make alterations to accommodate breastfeeding employees or on-site childcare facilities.

Goal 6: Increase support for the promotion of healthy eating and physical activity within New Jersey's health care systems and among health care professionals.

Health care professionals require education on etiology and physiology of obesity in order to



recognize, prevent, and treat obesity. This can be accomplished by incorporating evidence-based nutritional information into curriculum to be implemented in health sciences programs in New Jersey at the undergraduate, graduate, and post-graduate levels and by providing physicians and other health care professionals with regular continuing education on preventing, recognizing, and treating obesity.

Other steps to facilitate the ability of health care systems and health care professionals to recognize, prevent, and treat obesity include: encouraging health care professionals to serve as role models for obesity prevention efforts and provide leadership in their communities and community-based wellness councils; developing regionally-based resource directories for treatment and prevention as well as nutrition services, community nutrition programs, nutrition education programs, and the WIC program; disseminating evidence-based clinical guidelines; and providing health care professionals with tools and resources to involve patients in screening, tracking, and monitoring indices of health and nutrition.

Healthcare settings should take specific proactive steps to: support new mothers to begin breastfeeding upon delivery, continue breastfeeding exclusively for the first 6 months, and, with nutritional complementary foods beginning at 6 months, continue breastfeeding for the first year and beyond.

In addition to targeted training of physicians, nurse practitioners, midwives, and other healthcare professionals, these steps include: providing incentives and/or recognition to hospitals with the highest exclusive breastfeeding rates as well as to hospitals that comply with the "Ten Steps to Successful Breastfeeding;" eliminating the routine free-distribution of infant formula and formula-marketing materials, including discharge packs, by New Jersey hospitals; developing a resource guide of lactation professionals and community peer support groups; monitoring hospital activities that present barriers to breastfeeding; ensuring timely, at 3-5 days of life, follow-up by pediatric care providers for all newborns; and developing materials that promote exclusive breastfeeding for the first 6 months and continued breastfeeding for the first year and beyond for distribution by physicians' offices and other primary health care settings.

Also recommended is the integration of child care centers and schools with health care professionals to create networks that promote healthy eating behaviors and physical activity.

Insurers, payers, and policy makers should be educated on the etiology and physiology of obesity with a focus on the health consequences so that they: view obesity as a priority health issue; understand that the correct and complete treatment for obesity will result in cost savings; and recognize that provider reimbursement for obesity prevention and education services increases the likelihood of individuals maintaining a healthy weight.

The Department of Banking and Insurance requires insurers and other third party payers to cover services that prevent and treat obesity and to develop incentives for providers to include screening and obesity preventive services in routine clinical practice. Insurance coverage should include: a common set of preventive benefits; permit enrollment by non-traditional providers who support healthy eating and physical activity; timely (at 3-5 days of life) follow-up by pediatric care providers for all newborns; breast pumps and breastfeeding equipment; and nutrition counseling as a preventive measure and as a treatment for obesity. A report card should be created with data from insurance companies' policies on reimbursements for provider time for nutrition counseling and other obesity management services.

Goal 7: Decrease disparities in obesity and increase healthy eating and physical activity across the lifespan among high risk groups in New Jersey, such as African-Americans, Hispanics, and persons of low socio-economic status.



Nutrition and physical activity interventions should be adapted to meet the needs of individual populations across the lifespan and should be reflective of local cultures. In order to increase the number of culturally appropriate programs, several specific recommendations were made. A needs assessment should be conducted to better understand the role of culture in nutrition and physical activity among key at-risk ethnic groups and to identify barriers to healthy eating and physical activity in each target population. A culturally diverse multigenerational work group, under the auspices of the Office of Health and Wellness, should guide this assessment and develop culturally appropriate and specific interventions for each target population. The work group needs to

partner with organizations and community systems, such as workplaces, faith-based groups, senior and community centers and schools, that serve the target populations, to provide support for nutrition and physical activity interventions tailored to the needs and preferences of these groups. In addition, the work group needs to develop community coalitions, comprised of community groups as well as the food industry and health care systems to develop plans to integrate traditional practices with non-traditional, culturally diverse approaches to healthy eating and physical activity. Organizations such as Rutgers Cooperative Research and Extension, the University of Medicine and Dentistry of New Jersey, and the Rutgers Center for State Health Policy can promote the

translation of research into practice regarding the effectiveness of programs promoting healthy eating and physical activity tailored for high-risk populations.

Opportunities for healthy eating and physical activity available through federal or state assistance programs such as Medicaid and the United States Department of Agriculture (USDA) should be increased. This can be accomplished by: exploring innovative ways to offer healthy food options to low income populations; expanding the Women, Infants, and Children and the Senior's Farmer's Market programs to make more fruits and vegetables available; implementing a healthy eating program through the State's Senior Congregate and home delivered meal program. Additionally, participation in federal and state food assistance programs for children, seniors, and low-income persons should be increased. Breastfeeding should be promoted and supported by providing breast pumps as a covered Medicaid service. The New Jersey congressional delegation plays a key role and should be contacted and urged to advocate for expanded coverage for obesity treatment, healthy eating and physical activity support systems and gym memberships through existing federal assistance programs.

Collaboration between health care professionals and nutrition educators from federal nutrition assistance programs should be increased by: convening community-wide conferences including these two groups to address barriers and solutions to healthy eating; identifying key personnel to serve on local coalitions that monitor and address issues and concerns for nutrition and the utilization of WIC services; and, coordinating breastfeeding peer counselors and lactation educators with the health care system including delivery hospitals.

This document also includes a number of supplemental sections that support and expand on the Strategies and Action Steps enumerated in the Action Plan.

Executive Actions, Legislation and Budget:

This section summarizes the action steps that may require legislative authority, specific action by the Governor such as an appointment or an Executive Order, regulatory activity by a department, or creation of some specific budget authority.

Among the Action Steps that require executive action are:

- Creation of, within the Governor's Office, the Office of Health and Wellness with a Coordinator responsible for coordination of all activities at all levels related to health and wellness in New Jersey, and establishing a "New Jersey Health and Wellness Council."
- An annual, coordinated "Health and Wellness" budget proposal encompassing all State departments.

- A statewide media campaign for obesity prevention.
- Development of Medicaid and other health insurance carrier policies that promote and support breastfeeding, such as providing breast pumps.
- Statewide standards for vending machines available in public recreation facilities and other public venues.

Among the Action Steps requiring legislation are:

- Requiring each Municipal Master Plan to include a circulation (transportation) element that addresses walking, biking, transit, and safe routes to schools.
- Requiring schools to determine students' BMI and report this to their parents and, in aggregate, to a designated state office.
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- Mandating that insurers provide incentives for maintaining a healthy body weight and include screening and obesity preventive services in routine clinical practice and quality assessment measures.
- Creation of state and local tax and financial incentives to: establish community gardens in dense population areas and to expand and double the number of "farmers markets" in New Jersey.
- Protecting breastfeeding employees who express and store milk at work.

Among the Action Steps requiring funding are:

- Mini-grants for proposals that actively involve students in developing healthy eating and increased physical activity programs in the school, physical activity incentive grants to schools and communities, educational grants to fund conferences on nutrition and physical activity as well as grants, fiscal incentives and other recognition for worksites to offer wellness programs.
- Developing and conducting a needs assessment to better understand the role of culture in nutrition and physical activity among key at-risk ethnic groups.

Functions of the Office of Health and Wellness:

The Obesity Prevention Task Force strongly recommends the creation of an Office of Health and Wellness at the state level reporting directly to the Governor. This Office would have wide-ranging responsibilities to move forward and coordinate the obesity prevention efforts necessary to implement the recommendations set forth in this Action Plan. The responsibilities of this office and of the Coordinator would include:

- Implementing the Action Plan and coordinating activities.
- Developing, in conjunction with other state agencies, a coordinated "Health and Wellness" budget proposal.
- Providing encouragement, technical assistance, and resources to government entities, schools and public and private organizations to assist them in implementing the Action Plan.
- Creating a statewide public awareness campaign on preventing obesity.
- Conducting assessments regarding: the need for public investment in new or improved facilities for physical activity, the availability of educational programs

and materials targeted to obesity prevention, the role of culture in nutrition and physical activity among key at-risk ethnic groups, and hospitals' policies and practices related to initiation of breastfeeding.

- Developing and conducting a New Jersey Worksite Wellness Survey.
- Developing searchable online guides and other information resources.
- Developing and/or disseminating resources for use by citizens, professionals, and organizations.
- Developing networks and public/private partnerships as well as engaging key stakeholders in implementing the Action Plan.

Glossary:

The Task Force made an effort to use plain English and avoid jargon and technical terms. However, this was not possible in all instances; the glossary provides information about some of the abbreviations and terminology.



References:

The Task Force used a wide array of references in conducting its work and developing the Action Plan. Some of the sources provided generalized information about obesity or information on a number of the goals established in the Action Plan. Other sources were more targeted and provided information on one of the specific goals. The sources included professional journals and publications, professional reference and text books, materials published by federal agencies and state governments, reports of conferences and policy summits, as well as articles from the popular press. There was no primary source relied on by the task force. However, if the reader plans to only consult one of the references, it should be:

Preventing Childhood Obesity: Health in the Balance published by the Institute of Medicine, National Academies Press and edited by Koplan, Liverman, and Kraak.

Resources:

The Resources section lists web sites of federal, state, and local governments as well as organizations involved in the fight against obesity. The information available at these sites is targeted to individuals, parents, policy makers, community leaders, educators, and healthcare professionals. It is not an exhaustive listing of available web sites and inclusion of the web site should not be considered endorsement of any group by the Obesity Prevention Task Force.

Data:

This appendix provides data from seven objectives of "Healthy New Jersey 2010 – A Health Agenda for the First Decade of the New Millennium," the public health agenda for the state, that are related to the recommendations made by the Obesity Prevention Task Force.

P.L. 2003, c.303:

This is the legislation establishing the New Jersey Obesity Prevention Task Force in the Department of Health and Senior Services. The Task Force is comprised of 27 members, including: the Commissioners of Health and Senior Services, Human Services and Education, and the Secretary of Agriculture, or their designees and 23 public members representing healthcare professions, educators, public health professionals, the food industry as well as sports and recreation professionals. The purpose of the Task Force is to study and evaluate, and develop recommendations relating to, specific actionable measures to support and enhance obesity prevention among the residents of this State, with particular attention to children and adolescents. The recommendations comprise the basis for this document, a New Jersey Obesity Action Plan, which the Task Force shall present to the Governor and the Legislature.