



THE NEW JERSEY OBESITY PREVENTION ACTION PLAN

JUNE 2006



Jon S. Corzine
Governor



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

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The New Jersey Legislature, having recognized obesity as a crisis of epidemic proportions, created the Obesity Prevention Task Force to address this serious health crisis for New Jersey. The present report represents the collective contributions of the Task Force Members in creating a plan with real potential to address this growing health issue on a long-term basis. It is the intent of the Task Force Members to reverse the obesity epidemic in this great State.

The Department of Health and Senior Services wishes to thank all of the Obesity Prevention Task Force Appointed Members, Resource Members and Support Staff for their support, dedication, and hard work which were vital to the creation of this report. They are all identified in the membership section that follows.

The Task Force established three subcommittees and would like to acknowledge the contribution of its three subcommittee chairs - James McCall, Ph.D., Education Subcommittee, Lori Beth Feldman-Winter, M.D., Nutrition Subcommittee, and Susan Martz, Ed.M, Physical Activity Subcommittee.

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Finally, the Task Force thanks Celeste Andriot-Wood, Chair and Susan Martz, Vice Chair for their overall management of the project and a job well done!

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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.
-
- 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.

INTRODUCTION

Obesity has reached epidemic proportions not only in America but worldwide. Nearly 59 million adults are obese, and the percentage of children (ages 6 to 12) who are overweight has more than doubled in the last 20 years and tripled among adolescents (ages 13 to 19). Fifteen percent of Americans aged 6-19 years are overweight.

Obesity is a chronic disease with a complex and multi-factorial etiology, involving biochemical, neurological/psychological, genetic, environmental, and cultural/psychosocial factors.

The childhood obesity epidemic in the United States has serious health and social consequences; and New Jersey is no exception.

According to the International Journal of Pediatric Obesity, the number of overweight children worldwide will increase significantly by the end of the decade, and scientists expect profound impacts on everything from public health care to economies. Nearly half of the children in North and South America will be overweight by 2010, up from one-third.

As stated by Philip James, chairman of the International Obesity Task Force, "We have truly a global epidemic which appears to be affecting most countries in the world". Researchers analyzed a variety of published medical reports on obesity from 1980-2005, as well as World Health Organization data, and concluded that childhood obesity increased in almost all the countries for which data were available. This trend is fueled by more sedentary lives and the increasing availability of junk food, among other factors.

Being overweight has serious consequences for children and adolescents. Obesity places young people at risk for life-long health problems including high cholesterol, high blood pressure, early coronary heart disease, angina pectoris, congestive heart failure, stroke, several types of cancer (endometrial, postmenopausal breast, kidney, and colon cancer), asthma, type 2 diabetes (which was previously considered an adult disease), insulin resistance, hyperinsulinemia, cholecystitis and cholelithiasis, gout, musculoskeletal disorders, obstructive sleep apnea, gallbladder disease, respiratory problems, pregnancy complications, poor female reproductive health, bladder control problems and social discrimination, which can result in poor self esteem, depression, and other psychological disorders.

Excess weight is second only to smoking as a cause of death in this country; nationwide, some 200,000 deaths annually are attributable to a sedentary lifestyle. Heart disease is the number one killer in New Jersey. This certainly can be tied into the obesity epidemic.

The problem is nationwide and affects many different socioeconomic, racial, ethnic, and geographic populations, although a higher percentage of black and Hispanic youth (22%) are overweight than white youth (12%). The data on gender, income-related factors, and food insecurity are not generalizable.

The costs and consequences of obesity make it a societal issue, not just an issue of individual behavior and choice. Society bears the cost of obesity, in terms of medical care and lost productivity.

A study by researchers at RTI International and the Centers for Disease Control and Prevention (CDC) estimates that U.S. obesity-attributable medical expenditures reached \$75 billion in 2003, and taxpayers finance about half of these costs through Medicare and Medicaid. The findings were published in *Obesity Research, January 2004*.

Among children and adolescents, annual hospital costs related to obesity were \$127 million during 1997-1999 (in 2001 constant U.S. dollars), up from \$35 million during 1979-1981.

Focus on New Jersey

New Jersey spent \$2.3 billion in 2003 for medical expenses in treatment of obesity-related diseases. Half of that cost was borne by taxpayers in the form of Medicare and Medicaid expenditures.

Inpatient and outpatient health care costs due to obesity are increasing at the alarming rate of 36 percent every year. Prescription costs for obesity-related illnesses are climbing annually at a rate of 77 percent.

- More than half of all New Jersey adults are obese or overweight.
- New Jersey has the highest incidence of obesity in low-income children aged two to five years in the nation.
- Less than 40% of NJ adults participate or engage in frequent physical activity.
- Less than 30% of NJ adults eat 5 daily servings of fruits and vegetables (including legumes).

Statistics on overweight school-aged children and adolescents in New Jersey have not been readily available and are urgently needed. We have begun to establish a baseline for NJ schoolchildren by conducting a statewide survey of elementary students' height and weight to calculate BMI (body mass index = Kg/m^2 -weight in kilograms divided by height in meters squared).

Obesity and physical inactivity among young people are posited to be major contributors to the increase in the frequency of Type 2 diabetes among children and adolescents in the last two decades. More than likely, everyone knows someone who has diabetes. It is estimated that over 440,000 New Jerseyans have been diagnosed with diabetes and an additional 178,000 residents have the disease but are unaware of it. These figures do not include people with pre-diabetes which is estimated to be double the number of people with diagnosed and undiagnosed diabetes combined. In New Jersey, diabetes is not only common; it is also costly and significant in its impact on health. Direct and indirect costs associated with medical care, lost productivity, and premature mortality attributable to diabetes total about \$5.9 billion per year in the state. As disturbing as this figure is, it reflects only the dollar figure. This cost estimate does not speak to the suffering endured by people with diabetes and their high rates of heart disease, stroke, foot ulcers and lower-extremity amputations, kidney disease, neurological problems, and blindness. Nor does it tell of the pain and loss experienced in relation to thousands of deaths annually in which diabetes is one of the listed causes.

Most state programs emphasize healthy nutrition, physical activity, and healthy weight rather than promoting an anti-obesity message. Sending a positive message focuses on the evidence base for effective interventions. Localizing the issue helps generate interest among policymakers and communities.

Public and private collaborative efforts pool resources and create solutions. Childhood obesity is a multifaceted problem. Solutions require broad partnerships of government agencies, private industry, and organizations at the state and community level.

New Jersey's public and private sectors have not been idle, but have in fact taken steps to address the obesity epidemic.

In June 2002, the New Jersey Childhood Obesity Roundtable was convened by the Department of Health and Senior Services (DHSS), in cooperation with Rutgers University Department of Nutritional Sciences, the NJ Obesity Group, and the First Baptist Community Development Corporation, to make recommendations to reduce childhood obesity. Recommendations were developed for government, schools, industry, health insurance, research, and local communities.

Roundtable participants also learned that public school nurses regularly collect student height and weight data; however, this information was not accessible for evaluation at the state level.

Following the Roundtable, a team from the DHSS and New Jersey Department of Education (DOE) developed a retrospective records survey to establish a baseline estimate of weight status of school age children in order to guide state

policy, program planning and evaluation. This study analyzed 2,393 sixth grade records from 40 randomly selected public schools from varying socio-economic strata.

The study indicates that sixty percent of New Jersey sixth grade students are of normal weight. Twenty percent of sixth grade students are obese and eighteen percent of sixth grade students are overweight. The remaining two percent are underweight.

To improve medical screening and intervention practices, the American Academy of Pediatrics recommends that pediatric care providers calculate and plot body mass index (BMI) for age once a year for all children and adolescents, and to use change in BMI to identify excessive weight gains and the need for intervention. Taking the lead, the Obesity Prevention Task Force of New Jersey will recommend following this policy.

Continuing its mission to attack the obesity epidemic in New Jersey, the Healthy Choices, Healthy Kids initiative was implemented in January 2003. 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 Department of Agriculture worked in cooperation with the Departments of Health and Senior Services and Education to develop a comprehensive strategy to address the goals set forth in this mission.

As one component of this initiative, the Department of Agriculture adopted amendments to the state administrative code that deals with the Child Nutrition Programs. These codes require 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. The revised standards have an increased emphasis on nutrition and fitness, which focus on healthy ways to lose, gain, or maintain body weight and appropriate ways to acquire and/or maintain physical fitness. New Jersey law (N.J.S.A. 18A:35) also requires all students in grades one through twelve to participate in at least two and one-half hours of health, safety, and physical education in each school week.

To address childhood obesity the Family and Community Health Sciences (FCHS) Department of Rutgers Cooperative Research and Extension (RCRE) coordinated the first Children's Health Summit: *Fighting Back Against Childhood*

Obesity in December 2003. Since then, this daylong professional conference has been offered throughout the state. Participants meet and work together beyond the Summit forming Building Healthy Kids Coalitions (BHKC) to continue to address childhood obesity in their local communities. More summits are being planned around the State for 2006 and 2007.

Mayors all across America are awakening to the fact that they simply cannot afford to sit back and wait for state and federal officials to tackle the obesity issue. In New Jersey, the Mayors Wellness Campaign (MWC) is a partnership between the New Jersey Health Care Quality Institute (NJHCQI), The Alan M. Voorhees Transportation Center at Rutgers University Bloustein School of Public Policy, the Regional Planning Association, with assistance from the state Departments of Transportation and Health and Senior Services, the Emergency Care Research Institute (ECRI), New Jersey Obesity Group (NJOG) and the New Jersey League of Municipalities. The Mayors Wellness Campaign stems largely from mayors wanting to implement wellness programs in their community, but not knowing where to start. The MWP is preparing a "Tool Box" which will contain programs and resources that mayors can review and determine which ones best suit their community. During the first half of 2006 Mayors will be encouraged to pick a tool from the toolbox from the four levels: Youth, Senior, Employer and Community and then implement the tool throughout the rest of 2006. A MWC Conference with regional and national representation in the spring of 2007 to highlight the success stories of municipalities in New Jersey is planned.

Another program, the Safe Routes to Schools (SRTS) Program is a Federal-Aid program of the U.S. Department of Transportation's Federal Highway Administration (FHWA), created by Section 1404 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users Act (SAFETEA-LU). The SRTS Program is funded at \$612 million over five Federal fiscal years (FY 2005-2009) and is to be administered by State Departments of Transportation (DOTS). New Jersey's allocation is approximately \$15 million over the next five fiscal years.

The purpose of the Federal Safe Routes to School Program is to empower communities to make walking and bicycling to school a safe and routine activity. The program makes funding available for a wide variety of programs and projects, from building safer street crossings to establishing programs that encourage children and their parents to walk and bicycle safely to school.

The Federal Highway Administration has developed a list of desired outcomes for a successful SRTS program. These outcomes include: increased bicycle, pedestrian, and traffic safety; more children, including those with disabilities, walking and bicycling to and from school; improved community safety, security and accessibility; reduced fuel consumption; improved collaboration between different groups in the community; and increased interest in bicycle and

pedestrian accommodation throughout a community. New Jersey's program is currently under development.

In addition to the Department of Transportation, active physical recreation and sports programming is the most significant responsibility of local government recreation and park agencies throughout New Jersey. Most parks and recreation agency members share information and network through the New Jersey Recreation and Park Association.

New Jersey Obesity Prevention Task Force

On January 14, 2004, P.L. 2003, chapter 303 was approved establishing the New Jersey Obesity Prevention Task Force. The purpose of the Task force is 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. The membership of the task force consists of 23 Public members. There are four ex-officio members, the Commissioners/Secretary or their designees of the Department of Health and Senior Services, Department of Human Services, Department of Education, and the Department of Agriculture. The membership is acknowledged earlier in this report.

The Task Force first convened in December 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 Action Plan.

The Task Force then combined and reviewed the set of recommendations prepared by the subcommittees and began the process of merging and integrating common goals, objectives and strategies.

As the Task Force consolidated the plan, seven major themes emerged: infrastructure, public/professional awareness, communities, schools, workplace, health care system, and disparities. The seven themes serve as a framework for the action plan.

It is hoped that as a result of the Task Force's expertise on obesity, their hard work, and endurance that the residents of New Jersey will enjoy immeasurable health benefits as the Action Plan is implemented. There is no doubt that measures to combat obesity starting in early childhood will prevent physical, emotional, and financial hardships later on. Having a healthy outlook contributes to productivity as well as a decrease in medical costs and required services from both private and public funds. Addressing the obesity epidemic early is a win-win situation for all of us. And New Jersey is stepping up to the plate to reverse this devastating epidemic.

OBESITY PREVENTION ACTION PLAN

The Obesity Prevention Task Force realized early on in its work that responsibility for the issues it was considering rested in a number of departments in state government. This is evidenced by the fact that four commissioners are represented on the task force. Accomplishing the recommendations of the Obesity Prevention Task Force requires enhanced state leadership with the key element being the establishment of an Office of Health and Wellness, with the director reporting to the Governor. Local involvement is also a major part of the obesity prevention effort envisioned by the Task Force with county and municipal efforts also being recommended. Finally, at the national level, the New Jersey Congressional delegation is crucial to the obesity prevention effort.

Goal 1

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

Strategy #1A: Coordinate programs and activities through enhanced state leadership.

Action Steps:

- Create an Office of Health and Wellness and the position of a Health and Wellness Coordinator at the state level. This Office/Coordinator should report directly to the Governor, with responsibilities and sufficient resources to implement the Task Force's recommendations and plan, and to coordinate activities at all levels related to health and wellness in New Jersey.
- Establish a "New Jersey Health and Wellness Council" to provide advice and counsel to the Health and Wellness Coordinator, and assist in the implementation of the plan. The council should be comprised of state agency representatives and a broad array of professional and community based stakeholders from the medical, education, nutrition, transportation, community development, physical activity communities, the food industry, and the public.
- Encourage counties and municipalities to establish and coordinate Health and Wellness coalitions to help coordinate and implement programs and activities at their respective levels. Provide the coalitions with needed resources and technical assistance.
- Appropriate funds to establish physical activity incentive grants to schools and communities.
- Promote public/private partnerships to increase access to healthy eating as well as physical activity programs.
- Give higher priority to funding capital projects that offer opportunities for physical activity.

- Support legislation that would require, rather than permit, each town's Municipal Master Plan to include a circulation (transportation) element that addresses walking, bicycling, transit, and safe routes to schools.
- Revise comprehensive plans and other planning practices to increase availability and accessibility of opportunities for physical activity in new developments.
- Develop a state mandate for insurers to provide incentives for maintaining a healthy body weight and include screening, treatment, and obesity preventive services in routine clinical practice and quality assessment measures.
- Expand the "Mayor's Wellness Campaign," which is supported through a public/private partnership and established in 2005 by the League of Municipalities.
- Revise child care center regulations to include requirements for daily purposeful, planned, and structured physical activity.
- Act as a model employer by implementing policies and practices recommended in Goal 5, addressing wellness in the workplace.

Strategy #1B: The Office of Health and Wellness will assess needs and develop and disseminate resources to aid state and local decision makers.

Action Steps:

- Within 18 months of establishing the Office, conduct a comprehensive, statewide "needs assessment" for public investment in new or improved facilities for physical activity, such as pedestrian walkways, off- and on-road bike trails, and parks; education programs and materials for schools and communities; and access to healthy food options in workplaces, schools, neighborhoods, and communities.
- Within two years of establishing the Office, issue an annual report card on the state and local implementation of the Obesity Prevention Task Force's plan and recommendations.
- Develop searchable online guides on all available public and private obesity prevention and treatment programs in New Jersey and regularly update these guides. Include local wellness policies developed by local education agencies to comply with Federal Law as well as obesity prevention programs and resources made available by food companies and related organizations.
- Work with the State agencies to present an annual, coordinated "Health and Wellness" budget proposal to the Governor and legislature, beginning with the 2008 budget.
- Report, annually, on how the state is investing resources to prevent, arrest and reverse rates of overweight and obesity through increased physical activity, sound nutrition education, and improving the availability of healthy food choices.
- Encourage state agencies to pursue available grant funds and equipment donations to support initiatives.

- Assist state and local agencies in developing grant applications that are consistent with the state action plan.
- Increase available resources to initiate opportunities for increased physical activity in the communities and schools. Revise and support existing legislation to focus on the promotion of physical activity.
- Develop and disseminate resources targeted specifically to child care providers that promote and support physical activity and healthy eating.

Strategy #1C: Establish government incentives to increase access to wider and healthier food choices.

Action Steps:

- Enact legislation to direct state and local tax and financial incentives to establish community food gardens in densely populated areas, particularly in Urban Enterprise Zones.
- Direct the New Jersey Economic Growth and Tourism Commission, and encourage counties and local governments, to provide tax, financial, and other incentives for the creation or establishment of healthy food retail operations in urban neighborhoods where access to healthy food options is limited or unavailable.
- Provide State and local tax and financial incentives to expand the size and double the number of “farmers markets” in New Jersey.
- Establish a Governor’s award program to recognize contributions by local education agencies, workplaces, food retailers, and processors, and foodservice to increase and improve healthy food offerings.

Strategy #1D: Establish a system to monitor worksite wellness activities.

Action Steps:

- Develop a New Jersey Worksite Wellness Survey and publish results every three years. The survey should include at least the following:
 - Number of worksites with a wellness policy/task force in place.
 - Number of worksites with wellness education programs in place.
 - Number of worksites that offer employee incentives for participation in healthy eating/physical activity/wellness programs.
 - Number of worksites that regularly offer healthy food choices.
 - Number of worksites that encourage physical activity.
 - Number of worksites with on-site lactation facilities or adaptations that permit breastfeeding employees to express and store milk.
 - Other data as deemed appropriate.

Strategy #1E: Encourage food and beverage industry cooperation with the development and implementation of nutrition programs or healthy eating.

Action Steps:

- Develop a dialog between appropriate state agencies and food industry representatives and organizations on how to implement and improve state nutrition policies and guidelines so that New Jersey children may have access to new and improved healthy food offerings.
- Include representatives of the food industry on state and local health and wellness councils and coalitions in order to assist with and respond to the need to develop strong local nutrition, health, and wellness programs in schools and at other public facilities utilized by children.
- Encourage and foster food industry and other private sector support and participation to complement government investment in community health and wellness programs.

Strategy #1F: Obtain the active support by New Jersey's Congressional delegation for federal legislation authorizing and appropriating essential resources for conducting additional research, funding local wellness programs, and enhancing national coordination of health and wellness activities.

Action Steps:

- Fully utilize available federal and state food assistance programs for children, seniors, and low-income persons by increasing participation in the food stamp program, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and increasing the availability and quality of school breakfast and lunch programs.
- Promote and support breastfeeding by providing breast pumps as a covered Medicaid service.
- Vote to reauthorize WIC and include culturally appropriate food choices.
- Urge USDA to revise the WIC food package to expand access to more convenient packaged food options that may enhance the consumption of fruit, vegetables, legumes and whole grains.
- Increase awareness of and support for appropriate national programs that encourage a physically active lifestyle.
- Support appropriate national guidelines for the advertising and marketing of foods, beverages, and sedentary entertainment (especially that which is directed at children).
- Support programs and legislation that encourage a physically active lifestyle—including Healthy Lifestyle and Prevention (HeLP) America Act of 2005, the Improved Nutrition and Physical Activity Act (IMPACT), and the Rehabilitation Services Administration's Recreation Program within the Labor / HHS / Educations Appropriations Bill.
- Support the expansion of Medicare coverage for Medical Nutritional Therapy to all beneficiaries.
- Vote to reauthorize and fully fund the many park and recreation transportation categories in the nation's surface transportation program (SAFETEA-LU)--including the Transportation Enhancements Program (TE), the Recreational Trails Program (RTP), the Sport Fishing and

Boating Safety Education Act, the Safe Routes to School Program (SRTS), the Scenic Byways Program, the Federal Lands Highways Program, the Congestion Mitigation Air Quality Program (CMAQ), and the new programs for transit in the Parks and Non-Motorized Pilot Demonstration Programs.

Given the pervasiveness of obesity in New Jersey, the Obesity Prevention Task Force recognized that, like other successful state-wide public health efforts, a substantial public awareness campaign was required.

Goal 2

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



Strategy 2A: Create and deliver a statewide public awareness campaign that is culturally competent, targets those populations most at risk, and that frames a common prevention message - providing individuals with more options to make healthy choices.

Action Steps:

- Actively engage a broad array of stakeholders in the design and dissemination of the campaign.
- Enlist support for the campaign from local media, businesses, community groups, and health care professional organizations.
- Develop and distribute a series of television, radio, and print public service announcements and materials for the campaign.
- Deliver the common prevention message to New Jersey's diverse populations, particularly those at high risk of obesity, in a manner that addresses cultural perceptions by developing culturally competent and linguistically appropriate key messages.
- Establish a web site with the capability to dispense information and provide links to other web sites promoting physical activity and healthy eating. Additionally, the web site should allow individuals to measure and track their own physical activities, eating and other lifestyle activities.
- Kick off the public awareness campaign by convening a statewide conference to promote prevention of obesity, especially among children.
- Conduct an ongoing evaluation of the effectiveness of the media campaign.

Strategy 2B: Increase the involvement of health care professionals in obesity prevention activities across all age, ethnic, and socio-economic groups.

Action steps:

- Encourage healthcare professionals to routinely track BMI and discuss the results with patients.
- Provide health care professionals with materials and resources for distribution, such as Centers for Disease Control and Prevention (CDC) guidelines charts, tracking tools, and protocols to guide decision making for obesity prevention.
- Develop community-wide health campaigns or add a nutrition/physical activity component to already existing events and recruit healthcare systems and providers as co-sponsors.

Obesity is an individual characteristic. However, the solution to the obesity epidemic requires more than just individual action. Children, adolescents, and adults live in families and communities. It is important that families, local organizations, schools and communities all work together to support healthy behaviors.

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.

Strategy #3A: Increase the number of communities that have developed an action plan to increase physical activity and promote healthy eating.

Action Steps:

- Promote and support the establishment of at least one community coalition or community-based wellness committee to facilitate and promote cross-cutting physical activity programs, healthy eating programs, and community-wide efforts in each of the 21 counties in New Jersey within the next three years.
- Establish a work group to review best practices and develop a needs assessment and a resource document for use by community coalitions.
- Encourage local government, school and community group participation in the statewide conference sponsored by the “Health and Wellness Council.” (See Goal 2A.)
- Conduct a physical activity needs assessment of the community as part of the action plan.
- Provide an opportunity for participants to review needs assessment and resource documents and discuss strategies to promote increased physical activity.

Strategy #3B: Establish partnerships between local governments and schools to support, facilitate, and encourage broad community

participation to ensure the successful implementation of school wellness policies.

Action Steps:

- Sponsor appropriate competitions between schools that encourage physical activity and healthy eating, such as incorporating nutrition in science fair competitions, community day contests about healthy lifestyles, etc.
- Lend law enforcement and other official support for school and community-sponsored health and wellness-related activities, such as walking school buses, “fun walks” and races, etc.

Strategy #3C: Increase the knowledge in communities regarding the epidemic of obesity; height and weight standards, nutritional choices for healthy eating, and develop an educational focus on healthy behaviors and obesity prevention in the public for all community groups, ranging from young children to the elderly.

Action Steps:

- Educate the public/consumer on the basic causes of obesity.
- Develop public service announcements.
- Convene community meetings in senior centers, medical centers, hospitals, universities, etc.
- Educate consumers and providers on how to read and interpret food labels.
- Enhance communication among local coalitions and various existing obesity prevention and treatment programs.
- Recruit community leaders to sponsor community-wide campaigns and events, such as health fairs and nutrition programs, for clubs and organizations.
- Form a speakers bureau of fitness and nutrition educators, drawing on the resources and expertise of organizations such as, the American Heart Association, American Diabetes Association, American Dietetic Association, local Health Departments, hospitals, and YMCAs.
- Develop a “Train the Trainers” program to support the speakers bureau.
- Solicit industry in New Jersey to create seed grants for community-based obesity prevention programs.
- Use existing county geographic coding systems to develop systems to track the prevalence of obesity among children and adolescents, institute regular reporting, and identify specific areas in need of targeted action.

Strategy #3D: Encourage local government to partner with local civic organizations to create and support activities that increase physical activity and promote healthy lifestyles.

Action Steps:

- Encourage civic organizations that host events or activities at which food is sold to increase the number of “healthy” menu and a la carte items.
- Encourage civic organizations to host “fun walks” and community bike and foot races, and provide the necessary support to help ensure strong community participation.

- Work with neighborhood groups to develop “community gardens” and encourage the consumption of homegrown produce.
- Recognize, publicize, and reward citizens and groups that measurably improve health and wellness in the community.
- Develop partnerships among private sector, state government, and nonprofit organizations to create special community events that focus on increasing physical activity and healthy eating, such as “Bike to Work” or “Walk to School” days, etc.
- Establish, with local private sector companies, an “Adopt a Park or Playground” program to ensure such facilities are kept clean and attractive, and equipped safely to encourage their use.
- Increase the number of children who have the opportunity to participate on community sports teams and athletic leagues, including encouraging companies and civic groups to increase their sponsorship of sports and the number of teams made available to youth.
- Increase opportunities for physical activity outside the home for working and retired individuals.
- Provide accessible opportunities for physical activity for parents and their children as well as for older adults.
- Ensure that new construction and zoning changes promote the safe access to, and use of, bike and walking trails, etc., to increase physical activity.

Strategy #3E: Increase industry support of and participation in healthy nutrition choices.

Action Steps:

- Work with food production industry in NJ to bring healthier foods to market.
- Encourage the fast-food industry to promote healthier choices.
- Encourage the food industry to provide strong marketing support for new and reformulated products designed with improved nutritional profiles, and to focus marketing directed to children on healthy foods.
- Encourage food service operators to use logos to highlight menu options that are lower in fat, sugar, and calories.

Strategy #3F: Encourage parents and caregivers to promote regular physical activity and healthy eating at home.

Action Steps:

- Foster partnerships between community and parent organizations to provide parents and caregivers with tips to encourage and promote physical activity and healthy eating for families.
- Encourage employers to provide family-based education programs so that workers can help integrate healthy eating and exercise into their home environment.
- Encourage parents to educate themselves on how to plan and provide more nutritionally balanced meals for their families and to eat together as frequently as possible.

- Encourage parents to educate their children how to make wise choices regarding foods and beverages consumption including balance, variety, and moderation.
- Educate parents to limit television viewing, computer usage, and other recreational screen time to less than two hours per day.
- Encourage parents to act as role models by participating in physical activity with their children, plan vacations and family activities that promote physical activity, and plan at least one-half hour of family physical activity daily.
- Educate and support women of child-bearing age to achieve a healthy body weight before conception and to maintain optimal nutrition throughout pregnancy.
- Educate and support parents to exclusively breastfeed for the first six months of life and to continue breastfeeding with the addition of healthful complimentary foods for at least the first year of life.
- Educate parents on how to interpret their child's BMI percentile-for-age, and the importance of tracking this information from two years of age until 20 years of age.
- Educate parents about the responsibility of the public school to report BMI percentile-for-age to the parent, and about the importance of discussing it with the child's healthcare provider and school nurse.

Strategy #3G: Encourage community child - and youth-centered organizations to promote healthy eating and regular physical activity through new and existing programs that will be sustained.

Action Steps:

- Encourage community organizations to evaluate the availability of opportunities for physical activity for their members.
- Encourage all community child- and youth-centered organizations to provide healthy options in their meals, snacks, and in vending machines, in order to support good nutritional habits in children.
- Advise community child- and youth-centered organizations of safe routes for biking and walking as well as safe locations for other types of physical activity available in the community.
- Support existing programs (i.e. May is National Bike Month, Bike to Work Day is in May, June is National Outdoors Month, National Trails Day is in June, July is Park and Recreation Month, and October is International Walk to School Month) with new or expanded activities focusing on physical activity.
- Establish statewide standards for vending machines available in public recreation facilities and other public venues.

Strategy #3H: Strengthen the role of child care providers in promoting physical activity and healthy eating for preschool children.

Action Steps:

- Utilize, for child care centers, an evidence-based educational curriculum on healthy eating for infants and young children. Make this information available to child care providers.
- Engage each child in 30 to 60 minutes of daily moderate, fun physical activity and include outdoor time whenever possible.
- Engage each child in vigorous, fun physical activity on a regular basis with the frequency and duration appropriate to the child's age.
- Limit the amount of screen time activity (including computer, broadcast television, movies, and video games) of the children to no more than two hours daily and encourage that screen time usage be reported to parents.
- Increase the servings of fruit and vegetables (fresh whenever possible) with meals and as snacks and do not serve foods with trans-fats or added sugars.
- Involve children whenever possible and appropriate in food preparation and clean-up of meals.
- Involve staff as participants in physical activity and as models for healthy eating behaviors.
- Provide monthly family activities that emphasize healthy eating and physical activity.
- Offer resource seminars for families about healthy eating and family activities that include physical activity.
- Involve parents in program review, evaluation, and improvement in order to increase their commitment to the goals of the program.

Strategy #3I: Encourage local governments to “lead by example” with public participation of all elected officials in local events and activities, and develop strong workplace wellness programs for local government employees.

Action Steps:

- Encourage active participation by local government elected officials in all community-related events that feature or emphasize improved health and physical activity.
- Develop challenges and friendly competitions between local government officials such as medically-supervised weight loss challenges, fitness challenges, police and firefighter skills competitions, etc.
- Establish or provide access to fitness centers for local government employees, employee reward programs for health improvements and participation in lactation support programs, walking paths and programs inside large government office buildings, and ensure access to healthy food offerings and nutrition information and education in all local government workplaces.
- Where appropriate, replace law enforcement agency car patrols and parking enforcement with bike and foot patrols in neighborhoods and local streets.

The Task Force recognizes that schools are already under enormous pressures. There are many curriculum and policy mandates placed on public schools by state and federal laws. Nevertheless, schools are such a critical component in children's lives that the Task Force calls for their active participation in New Jersey's obesity prevention efforts. While non-public schools are exempt from many of the existing legal requirements, they too must become active participants in New Jersey's obesity prevention efforts.

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.

Strategy #4A: Encourage all schools to exceed the federal requirements for local wellness policies and the state requirements for the New Jersey Model School Nutrition Policy, including the establishment of a comprehensive school health model.



Action steps:

- Require schools to establish advisory councils to oversee the implementation of wellness policies and comply with health and physical education core curriculum standards.
- Require schools to submit periodic reports to the New Jersey's Health and Wellness Council regarding implementation of the wellness policies and compliance to core curriculum standards.
- Include, as appropriate, a Registered Dietitian in the planning of services for students "at risk for obesity" as defined by the CDC.
- Encourage non-public schools to follow the health guidelines and policies mandated for public schools and to make relevant materials and resources available to non-public schools.
- Support the incorporation of the obesity related information component in the School Wellness Policy.

Strategy #4B: Collect Body Mass Index (BMI) data, and report findings to parents and healthcare professionals.

Action steps:

- Expand 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, utilizing accurate measuring devices.
- The appropriate state agency should issue guidance and provide training to schools on how the requirement to assess and report BMI is to be implemented.

- The school should provide the BMI results to the parents/guardians of the students.
- The school should recommend to the parent/guardian referral to a health care provider for any student whose BMI-for-age percentile is less than or equal to 5% or greater than or equal to 85%.
- The schools should provide educational materials for parents/guardians concerning the measurement of BMI-for-Age, interpretation of results, and follow up recommendations.
- Schools should consider developing either an Individualized Health Plan for the student “at risk for obesity” or a Student Accommodation Plan/504 Plan for the student who is “obese.”
- Report aggregate data on students’ BMI to the appropriate state agency.

Strategy #4C: Promote physical activity throughout the school day.

Action steps:

- Promote quality school physical education programs.
- Encourage fitness education and assessment to help children enjoy, improve and maintain physical health and wellness.
- Encourage at least 30 minutes daily of physical activity in school; half of the sixty minutes daily that is recommended.
- Provide recommendations and sponsor seminars and training for school officials about effective methods to promote physical activity during the school day as well as before and after school.
- Support 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. This may include making grants and other funding available, as needed.
- Increase the number of intramural sports and active recreational activities and make them available to more students.
- Encourage kindergarten through eighth grade (K-8) teachers to include physical activity in classroom activities wherever possible.
- Develop and offer to schools a web-based physical activity tracking program that will encourage students to increase their physical activity.
- Encourage K-8 schools to work with the state Safe Routes to School Coordinator at NJDOT to develop School Travel Plans that include bicycling and walking routes.
- Encourage K-8 schools to collect data on how students travel to and from school and make these data available to the state Safe Routes to School Coordinator.
- Encourage K-8 schools to participate in International Walk to School Day each October.
- Establish a traffic and personal safety curriculum to teach students how to walk and bicycle safely to school.
- Provide safe and secure locations to store bicycles at school in order to support riding to school.

- Encourage inclusion of fitness and physical activity in after-school programs and summer programs sponsored by, or occurring in, the school.
- Require a specified amount of physical activity in state or federally supported after-school and summer programs.
- Encourage parents to accompany their child to walk and bicycle to school.
- Encourage communities to reduce travel speeds in school zones or on streets adjacent to the school or school campus.

Strategy #4D: Provide all students with opportunities for healthy eating throughout the school day and seize opportunities to encourage consumption of foods that contribute to a healthy lifestyle.

Action steps:

- Foster curriculum that incorporates nutrition education into core subjects and electives.
- Provide parents with suggestions about healthy snacks to send to school with their children.
- Encourage teachers and parents to feature healthy foods at classroom parties or celebrations. Facilitate this by providing a list of healthy food options.
- Encourage schools to adopt healthy food choice guidelines for when food is used as a reward for classroom or other school achievement. Healthy choice options may include fruit or whole grain products and snacks that are low in calories and contain essential nutrients.
- Encourage healthy food choices be offered in after school programs sponsored by, or occurring in, the school.
- Encourage schools to develop healthy food choice guidelines for parent organizations and/or student clubs for fundraising.
- Provide 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, such as after school programs, sports concession stands, etc.
- Promote increased consumption of fruits and vegetables throughout the school environment.

Strategy #4E: Provide all students with information about healthy eating.

Action steps:

- Educate students on how to use the new food guide pyramid, describe portion control, and on signs of satiety, as well as provide information about these topics to parents/guardians.
- Support a pre-kindergarten (pre-K) and K-8 Health Education curriculum that provides a sequential, comprehensive, standards-based program of nutrition education.
- Offer elective courses in food preparation and meal planning with field trips to fresh food markets and grocery stores, etc.

- Emphasize the “Garden State” to promote awareness of New Jersey’s farming and fishing industries.
- Promote future homemaker courses with the emphasis on feeding children and families.
- Educate teenage girls about breastfeeding and its benefits.

Strategy #4F: Promote physical activity and healthy eating in preschools and pre-K settings.

Action steps:

- Encourage preschools and pre-K settings to adopt healthy food choice guidelines for when food is used as a reward for classroom or other school achievement. Healthy choice options may include fruit or whole grain products and snacks that are low in calories and contain essential nutrients.
- Provide recommendations and sponsor seminars and training for preschool providers about effective methods to promote physical activity during the program day.
- Encourage preschool providers to serve foods that are healthy, such as fruit and whole grain products, as well as snacks that are low in calories and contain essential nutrients.
- Provide recommendations and training for preschool personnel about methods to encourage children to eat a variety of healthy foods, some of which may be new to some children.
- Include preschool programs in wellness policies and programs developed by local educational agencies.

Strategy #4G: Include obesity prevention in professional development for pre-school and school personnel.

Action steps:

- Convene targeted conferences and training sessions for school teachers and administrators on obesity prevention. Coordinate training with other community efforts.
- Provide in-service school programs to educate teachers and auxiliary staff about overweight and obesity.
- Ensure that the health education curriculum is taught by knowledgeable professionals in schools and encourage appropriate school personnel to attain the designation “Certified Health Education Specialist” granted by the National Commission for Health Education Credentialing.
- Educate cafeteria/food service staff to promote a healthy eating environment and strategies to increase healthy food consumption.
- Offer non-public school personnel the opportunity to participate in conferences and training programs, and actively encourage their participation.
- Develop county-based or regional networks utilizing resources available through the Rutgers Cooperative Research and Extension.

Strategy #4H: Support innovative approaches to school-based nutrition and physical activity programs.

Action steps:

- Ensure appropriate funding to award mini-grants for proposals that actively involve students in developing healthy eating and increased physical activity programs in the school, and that support community involvement in these efforts.

Just as schools play an important role in children’s lives, work sites and employers are a major influence on the overall lives of working age and older adults as well as New Jersey’s families. Work schedules, responsibilities, and travel affect the timing of peoples’ day-to-day activities and also impose limits on them. A significant proportion of the food consumed by working adults is consumed during the workday, and, in many cases, is provided at the worksite.

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.



Strategy #5A: Increase the number of worksites that have a wellness policy and/or task force.

Action Steps:

- Provide grants, fiscal incentives, and other recognition for worksites to offer wellness programs that address healthy eating and physical activity.
- Provide support materials and information on best practices to assist work sites in developing and implementing wellness programs.
- Partner with the NJ Department of Personnel’s Employee Wellness Program, unions, trade associations, business and industry groups to promote worksite wellness programs that support healthy eating and physical activity.

Strategy #5B: Increase the number of healthy food choices available to employees in all appropriate worksite venues.

Action Steps:

- Promote healthy food choices in employee cafeterias by providing sample menus and recipes.
- Offer training on healthy food preparation practices to cafeteria employees.

- Encourage cafeterias to: market and identify healthy food choices, make them economically competitive, and run special promotions or sales on healthier food items.
- Encourage vending operators to identify healthy food choices.
- Increase the number of workplaces that develop nutrition guidelines encouraging balance, variety, and moderation for food to be served in staff meetings, company sponsored events, and customer/client waiting areas.
- Increase the number of worksites that have facilities for employees to refrigerate and heat foods.

Strategy #5C: Increase the number of worksites that provide employee education that supports healthy lifestyles.

Action Steps:

- Develop a clearing house for educational materials on healthy eating and physical activity for worksite employee education programs.
- Increase the number of worksites that offer health or wellness information and programs related to healthy eating, weight management, or physical activity to employees.
- Partner with local practitioners or health professional associations who may be interested in offering screenings, educational materials, or programs.
- Provide wellness education programs in the workplace in order to give interested employees access to weight management and lifestyle information that can be integrated into their home life and support employee incentive programs to increase participation in wellness education programs.
- Encourage employers to seek employee discounts for weight management programs.

Strategy #5D: Increase the number of worksites that encourage physical activity.

Action steps:

- Encourage employers to provide extended breaks and lunch hours in order to permit employees to engage in physical activity.
- Encourage partnerships with companies that supply exercise equipment and devices, such as pedometers.
- Increase the number of worksites that have walking or exercise programs by providing such things as indoor and outdoor walkways, attractive stairways, providing maps of lunch-time walking routes and using or adapting already developed programs such as “Healthy Steps.”
- Increase the number of worksites that provide employees with subsidized or reduced rate memberships in gyms, health clubs, community recreation centers, or wellness days off.
- Increase the number of worksites that have facilities for physical activity.

Strategy #5E: Increase the number of worksites that offer lactation support programs for employees.

Action Steps:

- Increase the number of worksites that have facilities and space for breastfeeding employees to express and store milk.
- Support legislation that protects the rights of breastfeeding employees who express and store milk at work.
- Develop and share a model worksite lactation support plan.
- Provide grants, fiscal incentives, and other recognition for worksites that make alterations to accommodate breastfeeding employees or on-site childcare facilities.

Health care systems, health care professionals, and payers play a critical role in any public health effort. Their roles and abilities to prevent obesity must be strengthened and focused, particularly how these systems and professionals can collaborate with other community organizations as well as their role and influence on pregnant women and mothers of newborns and infants.

Goal 6

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



Strategy #6A: Educate health care professionals on etiology and physiology of obesity in order to recognize, prevent and treat obesity.

Action Steps:

- Incorporate evidence-based nutrition information into curriculum to be implemented in health sciences programs in New Jersey at the undergraduate, graduate, and post-graduate levels.
- Provide physicians and other health care professionals with regular continuing education on preventing, recognizing, and treating obesity.

Strategy #6B: Facilitate the ability of health care systems and health care professionals to recognize, prevent, and treat obesity.

Action Steps:

- Encourage health care professionals to serve as role models for obesity prevention efforts and provide leadership in their communities and community-based wellness councils.
- Develop regionally-based resource directories to facilitate referrals to professionals for prevention and treatment of obesity. Include nutrition services, community nutrition programs, nutrition education programs, and the WIC program in this directory.

- Develop a panel of experts/speakers bureau on physical activity and nutrition programs who can speak at health professional meetings.
- Recruit healthcare systems and professionals to sponsor local community lectures and educational workshops on nutrition topics.
- Disseminate evidence-based clinical guidelines via professional organizations and establish programs on obesity recognition, prevention, and treatment.
- Provide health care professionals with tools and resources to better involve patients in screening, tracking, and monitoring indices of health and nutrition.
- Develop brochures and resources to be distributed from waiting rooms and lobbies of health care professionals' offices.
- Increase healthcare professional training on physical activity and nutrition through professional schools and continuing education programs for physicians, sports medicine professionals, occupational and physical therapists, nurses, dietitians, and health educators.
- Use quality improvement strategies to change practices and monitor quality outcomes for screening patients with obesity or children who are at risk for obesity.
- Provide resources for educational grants to fund conferences on nutrition and physical activity.

Strategy #6C: Increase the supports in the healthcare setting for new mothers to begin breastfeeding upon delivery.

Action Steps:

- Implement training programs for health teams in delivery hospitals.
- Assess and monitor hospital policies and practices related to breastfeeding initiation.
- Provide incentives and/or recognition to hospitals with the highest exclusive breastfeeding rates per socio-demographic population as well as to hospitals that comply with the "Ten Steps to Successful Breastfeeding."
- Eliminate the routine free-distribution of infant formula and formula-marketing materials, including discharge packs, by New Jersey hospitals.
- Increase the number of obstetricians, nurse practitioners, and midwives who encourage pregnant women to participate in lactation classes prior to delivery to improve knowledge and technique of breastfeeding.
- Develop a directory (resource guide) of professionals and community peer support for use by health care professionals.
- Monitor hospital activities that present barriers to breastfeeding, such as: C-section rates, mother-baby separation, and discharge packs.
- Monitor hospital activities that promote breastfeeding, such as: documentation of breastfeeding care and referral to community lactation support groups.
- Ensure timely (at 3-5 days of life) follow-up by pediatric care providers for all newborns.

Strategy #6D: Increase the supports in the healthcare setting for new mothers to continue breastfeeding exclusively for the first 6 months, and, with nutritionally complementary foods beginning at 6 months, continue breastfeeding for the first year and beyond.

Action Steps:

- Provide health care professionals with educational workshops that focus on the benefits of exclusive breastfeeding for the first 6 months and continued breastfeeding for the first year and beyond.
- Develop 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.
- Monitor breastfeeding continuation rates by including a module on breastfeeding in the New Jersey Immunization Information System (NJIS).

Strategy #6E: Increase the supports in the healthcare system to collaborate with child care centers and schools to influence healthy eating behaviors and physical activity.

Action Steps:

- Facilitate community networks that integrate child care centers and schools with health care professionals to promote healthy eating behaviors and physical activity.

Strategy #6F: Increase the number of insurers and other third party payers that cover medical and other services that prevent and treat obesity.

Action Steps:

- Issue a state mandate for insurers, and encourage benefit managers for self insured plans, to provide incentives for maintaining a healthy body weight and include screening and obesity preventive services in routine clinical practice and quality assessment measures.
- Educate payers and policy makers on the etiology and physiology of obesity with a focus on the health consequences so that obesity is viewed as a priority health issue.
- Support reimbursement for nutrition counseling as a preventive measure and as a treatment for obesity.
- Increase the understanding that the correct, complete treatment for obesity will result in cost savings as well as the recognition that reimbursement for obesity prevention and education services increases the likelihood of individuals maintaining a healthy weight.
- Collaborate with public/private health plans to establish a common set of preventive benefits and non-traditional providers that support healthy eating and physical activity.
- Ensure coverage for timely (at 3-5 days of life) follow-up by pediatric care providers for all newborns.
- Increase the number of health insurance plans that cover breast pumps and breastfeeding equipment.

- Create a report card with data from insurance companies' policies on reimbursements for provider time for nutrition counseling and other obesity management services.

The prevalence of obesity, and the health consequences associated with it, do not affect all of New Jersey citizens equally. Some groups are at higher risk and may well require specialized and targeted efforts.

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.



Strategy #7A: Increase the number of nutrition and physical activity interventions that are adapted to meet the needs of individual populations across the lifespan and are reflective of the local cultures.

Action Steps:

- Develop and conduct a needs assessment 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.
- Establish a culturally diverse multigenerational work group, under the auspices of the Office of Health and Wellness, to guide the assessment.
- Based on the findings, develop culturally appropriate and specific interventions for each target population.
- Partner with organizations and community systems, such as workplaces, faith-based groups, senior and community centers, park and recreation agencies, 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.
- Develop Community Coalitions, composed of those community groups as well as the food industry and health care systems to create plans to integrate non-traditional, culturally diverse approaches to healthy eating and physical activity with traditional practices.
- Promote the translation of research into practice regarding the effectiveness of programs promoting healthy eating and physical activity, with emphasis on programs tailored for high-risk populations, by partnering with 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.

Strategy #7B: Increase the number of 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).

Action Steps:

- Explore innovative ways to offer healthy food options to low income populations.
- Expand the Women, Infants, and Children and the Seniors' Farmer's Market programs, bringing more fruits and vegetables to eligible participants.
- Implement a healthy eating program through the State's Senior Congregate and home delivered meal program.
- Fully utilize available federal and state food assistance programs for children, seniors, and low-income persons by increasing participation in the food stamp program and increasing the availability and quality of school breakfast and lunch programs.
- Promote and support breastfeeding by providing breast pumps as a covered Medicaid service.
- Contact the New Jersey congressional delegation and advocate for expanded coverage for obesity treatment, healthy eating, and physical activity support systems and gym memberships through existing federal assistance programs.

Strategy #7C: Increase the collaboration between health care professionals and nutrition educators from federal nutrition assistance programs.

Action Steps:

- Convene community-wide conferences that include health care professionals and federal nutrition assistance program personnel that will address barriers and solutions to healthy eating.
- Identify key personnel to serve on local coalitions that monitor and address issues and concerns for nutrition and the utilization of WIC services.
- Coordinate breastfeeding peer counselors and lactation educators with the health care system including delivery hospitals.

EXECUTIVE ACTIONS, LEGISLATION AND BUDGET

Many of the action steps recommended by the Obesity Prevention Task Force and contained in this plan are, for the most part, routine and in keeping with the mission of one or more departments of State government, and are akin to activities already taking place. As such, implementing many of the action steps will require only assigning the activity to the appropriate department. Other action steps appear, to the Task Force, to 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.

There was some discussion among the Task Force regarding how specific the recommended action steps should be. For instance, some of the action steps could be implemented by one of several departments or office. Should the Task Force recommend which of these offices be responsible? The consensus was that the administration should have flexibility in implementing the Action Plan. Therefore, there are few specific action steps where the Task Force recommends a specific department or office.

Executive Actions:

Create, within the Governor's Office, the position of Health and Wellness Coordinator responsible for coordination of all activities at all levels related to health and wellness in New Jersey. The Health and Wellness Coordinator would report directly to the Governor, as well as establish a "New Jersey Health and Wellness Council" to provide advice and counsel, and assist in the implementation of this plan.

Present an annual, coordinated "Health and Wellness" budget proposal to the Governor and state legislature that encompasses all state departments.

Develop a statewide media campaign for obesity prevention and establish a workgroup to assist the Health and Wellness Coordinator in planning and developing a "Kickoff Conference" for this campaign.

Require creation of local school health advisory councils and also require them to submit periodic reports to the "Health and Wellness Council," creating regulations if appropriate.

Require schools to determine students BMI, to report this to students' parents and health providers, and to report this in aggregate data to a designated state office.

Require a specified amount of physical activity in state or federally supported after-school and summer programs, creating regulations if necessary.

Develop and maintain Medicaid policy that promotes and supports breastfeeding, such as through the provision of breast pumps.

Revise child care center regulations to include requirements for daily purposeful, planned and structured physical activity.

Establish statewide standards for vending machines available in public recreation facilities and other public venues.

Legislation:

Require, rather than permit, each town's Municipal Master Plan to include a circulation (transportation) element addressing walking, biking, transit, and safe routes to schools.

Mandate that insurers and accrediting organizations provide incentives for maintaining a healthy body weight and include screening and obesity preventive services in routine clinical practice and quality assessment measures.

Create state and local tax and financial incentives to establish community gardens in dense population areas, particularly in Urban Enterprise Zones.

Provide State and local tax and financial incentives to expand (and eventually double) the number of "farmers' markets" in New Jersey by the end of 2008.

Protect the rights of breastfeeding employees who express and store milk at work.

Budget:

Authorize awarding mini-grants for proposals that actively involve students in developing healthy eating and increased physical activity programs in the school, that support community involvement in these efforts, and that target at risk groups.

Appropriate funds to develop and conduct a Cultural Needs Assessment to understand the role of culture in nutrition and physical activity among key at-risk ethnic groups.

Appropriate funds to establish physical activity incentive grants to schools and communities.

Give higher priority to funding capital projects that offer opportunities for physical activity.

Provide grants, fiscal incentives, and other recognition for worksites to offer wellness programs that address healthy eating and physical activity.

Create educational grants to fund conferences on nutrition and physical activity.



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 following is a description of the functions of this office and the responsibilities of the Coordinator as envisioned by the Obesity Prevention Task Force.

- Implement the recommendations of the Obesity Prevention Task Force and coordinate activities towards meeting these recommendations at all levels within New Jersey.
- Develop, in conjunction with other state agencies, a coordinated “Health and Wellness” budget proposal.
- Provide encouragement, technical assistance, and resources to:
 - Counties and municipalities in their efforts to establish local health and wellness councils and other activities recommended by the Obesity Prevention Task Force.
 - Departments in State government in their efforts, such as reviewing and revising regulations as well as other steps necessary to implement the recommendations of the Obesity Prevention Task Force.
 - Existing public/private partnerships such as the Mayor’s Wellness Campaign as well partnerships coalescing in response to the Obesity Prevention Task Force Action Plan.
 - State departments, state and local private agencies, schools, and local governments to pursue and apply for grants to assist them in implementing the recommendations of the Obesity Prevention Task Force.
 - Localities, schools, healthcare systems, and professionals to assist in forming partnerships that support the recommendations of the Obesity Prevention Task Force.
 - Worksites and employers in developing wellness programs.
 - Obstetricians, nurse practitioners, midwives, and other healthcare professionals to support the recommendations of the Obesity Prevention Task Force with a particular focus on initiation and continuation of breastfeeding.
- Create and deliver a statewide public awareness campaign on preventing obesity as recommended by the Obesity Prevention Task Force.
- Plan and coordinate a statewide conference to promote obesity prevention, especially among children.

- Conduct 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.
 - Accessibility of healthy food options for diverse segments of New Jersey's population.
 - Hospitals' policies and practices related to initiation of breastfeeding.
 - The role of culture in nutrition and physical activity among key at-risk ethnic groups, and, specifically, the barriers to healthy eating and physical activity in each group.

- Develop and conduct a New Jersey Worksite Wellness Survey.

- Issue periodic reports outlining:
 - The progress on implementation of the Obesity Prevention Task Force's plan and recommendations – a report card.
 - The state efforts with investing resources to prevent, arrest, and reverse rates of overweight.
 - The results of the New Jersey Worksite Wellness Survey.
 - The implementation of wellness policies and compliance with core curriculum standards in the schools.
 - The results of student BMI-for-Age percentile measurement.

- Develop searchable online guides and other information resources to assist individuals and health care providers locate obesity prevention and treatment programs as well as nutrition services.

- Develop and/or disseminate resources targeted to:
 - Encourage parents and caregivers to support obesity prevention at home.
 - Promote and support physical activity and healthy eating in child care settings as well as in other community child-and youth-centered organizations.
 - Encourage and assist healthcare professionals in tracking BMI, promoting obesity prevention, and educating and involving patients.
 - Educate consumers on reading and interpreting food labels.
 - Promote public/private partnerships to implement recommendations of the Obesity Prevention Task Force.
 - Assist local governments to “lead by example” by sponsoring local events and activities and developing workplace wellness programs.
 - Encourage and assist non-public school to follow the health guidelines mandated for public schools.
 - Assist schools in implementing the recommendations of the Obesity Prevention Task Force.

- Assist work sites in developing wellness programs and in implementing the recommendations of the Obesity Prevention Task Force.
- Assist in establishing and administering the Governor's award program to recognize organizations and companies that improve healthy food offerings and increased opportunities for physical activity.
- Bring representatives of state agencies and New Jersey's food industry together to establish a dialog around implementing the recommendations of the Obesity Prevention Task Force.
- Recruit community leaders, businesses, and healthcare systems to sponsor community-wide campaigns and events that support obesity prevention and awareness.
- Establish a speaker's bureau and provide training and other resources in support of the various public awareness efforts being undertaken.
- Assist in developing county-based or regional networks between schools and resources such as the Rutgers Cooperative Research and Extension.
- Maintain a focus, with all activities, on combating the disparities in obesity among high risk groups in New Jersey's population.



GLOSSARY

Asthma

A common disorder in which chronic inflammation of the bronchial tubes (bronchi) makes them swell, narrowing the airways. Asthma involves only the bronchial tubes and does not affect the air sacs (alveoli) or the lung tissue (parenchyma of the lung) itself.

BMI

Body Mass Index (BMI) is a key index for relating a person's body weight to their height. BMI is a person's weight in kilograms (kg) divided by their height in meters (m) squared.

BMI-for-age

In children and teens, the percentile for age body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI-for-age is gender and age specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age.

CDC has developed BMI-for-age gender specific charts that contain a series of curved lines indicating specific percentiles. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

Underweight	BMI-for-age \leq 5th percentile
At Risk of Overweight	BMI-for-age 85th percentile to $<$ 95th percentile
Overweight	BMI-for-age \geq 95th percentile

Breast Cancer

Breast Cancer is a generic term covering several types of cancer of the breast tissues. Breast Cancer is diagnosed with self-and physician-examination of the breasts, mammography, ultrasound testing, and biopsy. There are many types of breast cancer that differ in their capability of spreading to other body tissues (metastasis). Treatment depends on the type and location of the breast cancer, as well as the age and health of the patient. The American Cancer Society recommends that a woman should have a baseline mammogram between the ages of 35 and 40 years. Between 40 and 50 years of age mammograms are recommended every other year. After age 50 years, yearly mammograms are recommended.

Breastfeeding

The preferred method of feeding infants, either directly at the breast or by the provision of human milk. Exclusive breastfeeding is the feeding of human milk and no other food or fluid. Infants weaned before 12 months of age should not receive cow's milk feedings but should receive iron-fortified infant formula. Gradual introduction of iron-enriched solid foods in the second half of the first year should complement the breast milk diet.

Cancer

An abnormal growth of cells which tend to proliferate in an uncontrolled way and, in some cases, to metastasize (spread). Cancer is not one disease. It is a group of more than 100 different and distinctive diseases. Cancer can involve any tissue of the body and have many different forms in each body area. Most cancers are named for the type of cell or organ in which they start. If a cancer spreads (metastasizes), the new tumor bears the same name as the original (primary) tumor.

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is one of the 13 major components of the Federal Department of Health and Human Services. The CDC conducts and applies research and findings to improve people's daily lives, responds to public health emergencies, and is responsible for public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats.

Certified Health Education Specialist

Certified Health Education Specialists (CHES) are those health educators who have met the standards of competence established by the National Commission for Health Education Credentialing Inc. (NCHEC) and have successfully passed the CHES examination. Health educators are professionals who design, conduct, and evaluate activities that help improve the health of all people. These activities can take place in a variety of settings that include schools, communities, health care facilities, businesses, colleges, and government agencies.

Cholecystitis

Cholecystitis is an infection or inflammation of the gallbladder.

Cholelithiasis

Cholelithiasis is cholesterol or pigmented stones formed and contained in the gallbladder. Cholelithiasis is usually incidentally discovered by routine X-ray study, surgery, or autopsy. Virtually all gallstones are formed within the gallbladder, an organ that normally functions to store bile excreted from the liver.

Cholesterol

Cholesterol is a fatty substance (a lipid) that is an important part of the outer lining (membrane) of cells in the body of animals. Cholesterol is also found in the blood circulation of humans. The cholesterol in a person's blood originates from two major sources, dietary intake and liver production. Dietary cholesterol comes mainly from meat, poultry, fish, and dairy products.

Coronary Heart Disease

Coronary Heart Disease is also known as Coronary Artery Disease. It is caused by atherosclerosis ("hardening of the arteries"), the gradual buildup of fatty deposits in the arteries circling the heart, which provide the heart with the oxygen and nutrients it needs to pump blood throughout the body.

Diabetes

Diabetes refers to diabetes mellitus or less often, to diabetes insipidus. Diabetes mellitus and diabetes insipidus share the name diabetes because they are both conditions characterized by excessive urination (polyuria). When "diabetes" is used alone it refers to diabetes mellitus. The two main types of diabetes mellitus - insulin-requiring type 1 diabetes (also known as "juvenile-onset diabetes") and adult-onset type 2 diabetes-are distinct and different diseases in themselves. Type 1 diabetes is an autoimmune disease that generally has a genetic predisposition and occurs in childhood, adolescence or early adulthood (before age 30). Insulin injections are required in the treatment of type 1 diabetes along with diet and exercise.

Endometrial Cancer

Endometrial Cancer is cancerous growth of the Endometrium. Endometrial Cancer mainly occurs after menopause, and presents with vaginal bleeding. A Hysterectomy is generally performed. It is the most common Gynecologic Cancer in the United States, with thousands of women being diagnosed each year in the U.S.

Etiology

Etiology is the study of causes. The word "etiology" is mainly used in medicine, where it is the science that deals with the causes or origin of disease, the factors which produce or predispose toward a certain disease or disorder.

Farmers' Market

A market selling produce of a certified farmer participating in the WIC/Farmers' Market Nutrition Program. More information about this program can be found at: <http://www.state.nj.us/jerseyfresh/searches/urban.htm> or <http://www.state.nj.us/agriculture/markets/wic.htm>

Gout

Gout is a condition that results from crystals of uric acid depositing in tissues of the body. Gout is characterized by an overload of uric acid in the body and

recurring attacks of joint inflammation (arthritis). Chronic gout can lead to deposits of hard lumps of uric acid in and around the joints, decreased kidney function, and kidney stones.

Healthy Food/Healthy Eating

“Healthy” used in this Action Plan in conjunction with “food” or “food options” is used in general terms rather than in any specific regulatory sense, and applies to individuals throughout the lifespan.

Healthy eating, for individuals age two and above:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
- Includes lean meats, poultry, fish, beans, eggs, and nuts.
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars.

Healthy Steps for Young Children

Healthy Steps for Young Children (Healthy Steps) is a national initiative that focuses on the importance of the first three years of life. Healthy Steps emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to age three.

High Blood Pressure

Also known as hypertension, high blood pressure is a repeatedly elevated blood pressure exceeding 140 over 90 mmHg. That is, a systolic pressure above 140 or a diastolic pressure above 90.

Medicaid

Medicaid is State programs of public assistance to persons regardless of age whose income and resources are insufficient to pay for health care. The United States federal government provides matching funds to the state Medicaid programs.

Medical Nutrition Therapy

According to the American Dietetic Association, medical nutrition therapy includes the assessment of a patient's nutrition status followed by appropriate therapy -- usually individualized to a patient's lifestyle by a registered dietician (RD) or nutrition professional. Medicare considers these services to include nutritional diagnostic, therapy, and counseling services for the purpose of disease management, which are furnished by an RD or nutrition professional, pursuant to a physician's referral.

Medicare

Medicare is the United States government's health insurance program for “senior citizens” (people 65 years of age or older), certain younger people with specific disabilities, and people with end-stage renal disease (ESRD)-permanent kidney

failure requiring dialysis or a transplant. Medicare Part A covers inpatient hospital stays. Medicare Part B covers physician and outpatient services.

Musculoskeletal Disorders

Musculoskeletal disorders include disorders to the muscles and bones.

Obesity

Obesity is a BMI of 30 and above (a BMI of 30 is about 30 pounds overweight). The CDC now defines normal weight, overweight, and obesity according to the BMI rather than the traditional height/weight charts. Since the BMI describes the body weight relative to height, it correlates strongly (in adults) with the total body fat content. Overweight is defined as a BMI of 25% or more according to the CDC. Note, however, that some very muscular people may have a high BMI without undue health risks.

Quality Improvement Strategies

As applied to health care settings, are any tools or process aimed at reducing the quality gap for a group of patients typical of those seen in routine practice.

Safe Routes to School Program

The Safe Routes to Schools Program is a Federal-Aid program of the U.S. Department of Transportation's Federal Highway Administration created by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users Act (SAFETEA-LU) (P.L. 93-380). The Program provides funds to the States to substantially improve the ability of primary and middle school students to walk and bicycle to school safely.

School Nutrition Advisory Committee

A committee established at the local level to assist in developing the local school wellness policy required by The Child Nutrition and WIC Reauthorization Act of 2004 (P.L.108-265). This legislation assigns the responsibility of developing a wellness policy to the local level, so that the individual needs of each district can be addressed. According to the requirements for the Local Wellness Policy, school districts must set goals for nutrition education, physical activity, campus food provision, and other school-based activities designed to promote student wellness. Additionally, districts are required to involve a broad group of individuals in policy development and to have a plan for measuring policy implementation.

Senior Congregate Meal Program

This service, administered by the Area Agencies on Aging in each county, provides at least one hot nutritious meal per day, five or more days per week. These meals, along with counseling, socialization, and other services, are usually provided in locations such as senior centers, schools, or churches. The program is available to all persons age 60 or over and their spouses, regardless of age.

Participants are provided with an opportunity to voluntarily contribute whatever they can afford toward the cost of these meals.

Sleep Apnea

Sleep Apnea is a disorder characterized by a reduction or cessation (pause of breathing, airflow) during sleep. It is common among adults but rare among children. There are two types of sleep apnea, the more common obstructive sleep apnea and the less common central sleep apnea.

Special Supplemental Nutrition Program for Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves low-income women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. WIC is not an entitlement program as Congress does not set aside funds to allow every eligible individual to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program.

The WIC target population is low-income, nutritionally at risk: pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends), breastfeeding women (up to infant's 1st birthday), non-breastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends), infants up to the first birthday, and children up to their fifth birthday.

Stroke

A stroke is the sudden death of brain cells due to a problem with the blood supply. When blood flow to the brain is impaired, oxygen and important nutrients cannot be delivered. The result is abnormal brain function. Blood flow to the brain can be disrupted by either a blockage or rupture of an artery to the brain.

Student Accommodation Plan/504 Plan

A written document that memorializes the services and accommodations agreed to by a school and a student's family to meet the requirements of Section 504 of the Rehabilitation Act of 1973 for a student with a disability. A student does not have to be classified as eligible for special education and related services in order for this type of plan to be appropriate.

Ten Steps to Successful Breastfeeding

Ten Steps to Successful Breastfeeding is a joint WHO/UNICEF statement, published by the [World Health Organization](#) that says:

“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. Practise [sic] 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 ... to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic."

U.S. Department of Agriculture

The U.S. Department of Agriculture (USDA) is, among other things, responsible for the Food Stamp, School Lunch, School Breakfast, and the WIC Programs. It is also responsible for research in human nutrition.

Urban Enterprise Zone

An Urban Enterprise Zone is an area within one of 37 economically distressed cities throughout the State that has been specifically identified by legislation to stimulate economic development and job creation. Participating businesses located in these zones are eligible to receive incentives, including:

- sales tax exemptions for building materials, equipment, and supplies invested or used at the certified site,
- corporation tax benefits,
- unemployment insurance rebates and
- the ability for retailers to charge only half the current sales tax on most "in person" purchases.



REFERENCES

The Task Force utilized a wide array of references in conducting its work and developing the Action Plan. Some of the sources below 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 references are organized according to whether they are general or pertain to a specific goal.

Policy Statements/Position Papers

AMERICAN ACADEMY OF FAMILY PHYSICIANS:

Breastfeeding (Position Paper), 2001; <http://www.aafp.org/x6633.xml>

Healthy Eating in Schools, 2004; <http://www.aafp.org/x30322.xml>

Healthy Vending in Healthcare Facilities, 2005; <http://www.aafp.org/x40665.xml>

Obesity and Overweight, 2004; <http://www.aafp.org/x30313.xml>

School Nutrition, 2005; <http://www.aafp.org/x40611.xml>

AMERICAN ACADEMY OF PEDIATRICS:

Prevention of Pediatric Overweight and Obesity, *PEDIATRICS* Vol. 112 No. 2 August 2003, pp. 424-430

Breastfeeding and the Use of Human Milk, *PEDIATRICS* Vol. 115 No. 2 February 2005, pp 496-506

Children, Adolescents and Advertising, *PEDIATRICS* Vol. 95 No. 2 February 1995, pp 295-297

Children, Adolescents, and Television, *PEDIATRICS* Vol. 107 No. 2 February 2001, pp. 423-426

Cholesterol in Childhood, *PEDIATRICS* Vol. 101 No. 1 January 1998, pp. 141-147

Physical Fitness and Activity in Schools, *PEDIATRICS* Vol. 105 No. 5 May 2000, pp. 1156-1157

Promotion of Healthy Weight-control Practices in Young Athletes, *PEDIATRICS* Vol. 97 No. 5 May 1996, pp 752-753

Soft Drinks in Schools, *PEDIATRICS* Vol. 113 No. 1 January 2004, pp. 152-154

The Use and Misuse of Fruit Juice in Pediatrics, *PEDIATRICS* Vol. 107 No. 5 May 2001, pp. 1210-1213

AMERICAN DIETETIC ASSOCIATION

Dietary guidance for healthy children aged 2 to 11 years *J Am Diet Assoc.* 2004; 104:660-677,

http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_adap0199_ENU_HTML.L.htm

Position of the American Dietetic Association: Individual-, Family-, School-, and Community-Based Interventions for Pediatric Overweight, *J American Dietetic Association*, June 2006, Vol 106:6, p925-945.

Weight management, *J Am Diet Assoc.* 2002;102:1145-1155

http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/advocacy_adar0802_ENU_HTML.htm

AMERICAN PLANNING ASSOCIATION

Policy Guide on Surface Transportation, 1997,

<http://www.planning.org/policyguides/transportation.html>

Policy Guide on Smart Growth, 2002,

<http://www.planning.org/policyguides/smartgrowth.htm>

NATIONAL RECREATION AND PARK ASSOCIATION

Public Policy Platform 2006,

<http://www.nrpa.org./content/default.aspx?documentId=3603>

NJ RECREATION & PARK ASSOCIATION

Public Policy Platform 2006-07, http://www.njrpa.org/NJRPA2006-07PublicPolicyPlatform_2_.pdf

General Information - Multiple Goals

PUBLICATIONS – Print and Internet

Academic Network, LLC, Shaping America's Youth, National Survey and Registry of Programs Addressing Childhood Physical Inactivity and Excess

Weight, Summary Report: 2004.

http://www.shapingamericasyouth.com/summaryreportKMD_PDFhr.pdf?cid=101

Agency for Healthcare Research and Quality and the Centers for Disease Control Physical Activity and Older Americans: Benefits and Strategies. June 2002. <http://www.ahrq.gov/ppip/activity.htm>

American Academy of Pediatrics, Fact, Fiction or Truth of Pediatric Obesity. Pediatrics for the 21st Century Symposium Executive Summary 2004. <http://www.aap.org/peds-21/Peds21Obesity.pdf>

Arizona Department of Health Services, Arizona Nutrition and Physical Activity State Plan; A Comprehensive Plan to Reduce Chronic Disease and Obesity in Arizona. Arizona Department of Health Services, Phoenix, AZ, 2005

Centers for Disease Control and Prevention, *Chronic Disease Notes and Reports*, Volume 17, Number 2 (Winter 2005): <http://www.cdc.gov/nccdphp/cdnr/CDNRwinter05.pdf>

Centers for Disease Control and Prevention, Overweight and Obesity: Defining Overweight and Obesity. www.cdc.gov/nccdphp/dnpa/obesity/defining.htm

Fitch, K. et al. Obesity: A Big Problem Getting Bigger. April 2004. http://www.milliman.com/pubs/Obesity_Apr8.pdf

Florida Department of Health, Obesity in Florida: Report of the Governor's Task Force on the Obesity Epidemic, Florida Department of Health, Tallahassee, FL, 2004

Glendening, P. et al. F as in Fat: How Obesity Policies are Failing America, 2005. <http://healthyamericans.org/reports/obesity2005/Obesity2005Report.pdf>

The Keystone Center, Youth Policy Summit Student Agreement: Child and Adolescent Nutrition in America, Policy Recommendations. June 2005. http://keystone.org/Science_School/Policy_Summit/Final_Report-YPS_2005.pdf

Koplan, J., Liverman, C. and Kraak, V. editors, Preventing Childhood Obesity: Health in the Balance, Institute of Medicine, National Academies Press, Washington, DC, 2005

League, C. et al. Environmental Solutions to Obesity in America's Youth. National Institute of Environmental Health Sciences/National Institutes of Health, Research Triangle Park, NC, October 2005

Mendez-Luck, C. et al. Too Many California Adults Are Tipping the Scales at an Unhealthy Weight, *UCLA Health Policy Research Brief*, Los Angeles, CA, April 2005

National Business Group on Health, Healthy Weight, Healthy Lifestyles, Primary Fact Sheet for the Institute on the Costs and Health Effects of Obesity, http://www.businessgrouphealth.org/pdfs/obesity_factsheet.pdf

National Center for Health Statistics. Health, United States, 2004, With Chartbook on Trends in the Health of Americans. Hyattsville, Maryland: 2004. <http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#069>

Nebraska Health and Human Services System, Nebraska Physical Activity and Nutrition State Plan: Promoting Healthy Weight and Preventing Chronic Disease 2005-2010. Nebraska Department of Health and Human Services, Lincoln, NE, 2005

The Robert Wood Johnson Foundation, American Stroke Association and American Heart Association, A Nation at Risk: Obesity in the United States, A Statistical Sourcebook, American Heart Association, Dallas, TX, 2005

The Robert Wood Johnson Foundation, The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older. The Robert Wood Johnson Foundation. Princeton, NJ, April 2001

The Robert Wood Johnson Foundation, The Robert Wood Johnson Foundation. *News Digest Childhood Obesity*, <http://www.rwjf.org/portfolios/features/digestlist.jsp?iaid=138>

Statewide Obesity Taskforce, Strategic Plan for the Prevention of Obesity in Texas, Texas Department of Health, Austin, TX, 2003

U.S. Department of Health and Human Services and U.S. Department of Agriculture, Finding Your Way to a Healthier You: Based on the Dietary Guidelines for Americans, <http://www.health.gov/dietaryguidelines/dga2005/document/html/brochure.htm>

ARTICLES - PROFESSIONAL JOURNALS AND PUBLICATIONS:

Arterburn, D et al. Coming epidemic of obesity in elderly Americans. *Journal of the American Geriatrics Society* Vol. 52, No. 11, Nov 2004

Babey, S. et al. California Adolescents Increasingly Inactive, *UCLA Health Policy Research Brief*, Los Angeles, CA, April 2005,

- Blaum, C. et al. Association Between Obesity and the Frailty Syndrome in Older Women: The Women's Health and Aging Studies. *Journal of the American Geriatrics Society* Vol. 53, No. 6, Jun 2005
- Callahan, E. et al. Weight issues in later years. *Generations* Vol. 28 No. 3 (Fall 2004)
- Colbert, L. et al. Physical activity, exercise, and inflammatory markers in older adults: findings from the Health, Aging, and Body Composition Study. *Journal of the American Geriatrics Society* Vol. 52, No. 7, July 2004
- Davis, F, Action Plan for Halting the Alarming Trend of Childhood Obesity. *Advances: The Robert Wood Johnson Foundation Quarterly Newsletter*, Issue 2, 2005
- Field, A. et al. Snack Food Intake Does Not Predict Weight Change Among Children and Adolescents. *International Journal of Obesity*, October 2004, 1210 - 1216
- He, X. et al. Body mass index, physical activity, and the risk of decline in overall health and physical functioning in late middle age. *American Journal of Public Health* Vol. 94, No. 9, September 2004
- Jenkins, K. Obesity's effects on the onset of functional impairment among older adults. *Gerontologist* Vol. 44, No. 2, April 2004
- Kahng, S. et al. Relationship between the trajectory of body mass index and health trajectory among older adults: multilevel modeling analyses. *Research on Aging* Vol. 26, No. 1, January 2004
- Li, F. et al. Prevalence of overweight and obesity in older U.S. adults: estimates from the 2003 Behavioral Risk Factor Surveillance System Survey. *Journal of the American Geriatrics Society* Vol. 53, No. 4, April 2005
- Olshansky, S. et al. A Potential Decline in Life Expectancy in the United States in the 21st Century. *The New England Journal of Medicine*, March 17, 2005, 1138-1145
- Rochford, M., et al. Fighting back against childhood obesity through the Cape May County Children's Health Summit. *Preventing Chronic Disease Online Journal*, October, 2004, http://www.cdc.gov/pcd/issues/2004/oct/pdf/04_0067.pdf
- Salsberry, P.J. and Reagan, P.B. Dynamics of Early Childhood Overweight. *Pediatrics*, 2005; 116; 1329-1338.

Sharkey, Joseph R. Influence of nutritional health on physical function: a critical relationship for homebound older adults. *Generations* Vol. 28, No. 3, Fall 2004

Viner, RM. et al. Prevalence of the insulin resistance syndrome in obesity. *Arch of Disease in Childhood*, 2005, 90:10-14.

Warner, K. Tobacco Policy in the United States, Lessons for the Obesity Epidemic. Policy Challenges in Modern Public Health, Mechanic, D. et al. editors, Piscataway, NJ 2005

Weitzman et al. Tobacco Smoke Exposure Is Associated With the Metabolic Syndrome in Adolescents. *Circulation*, 2005; 112: 862-869.

Whitlock, E, et al. Screening and interventions for Childhood Overweight: A summary of Evidence for the US Preventive Services Task Force. *Pediatrics* 2005, 116:125-144

PRESS ARTICLES:

Aleardi, M. Losing Weight, Finally. *SJ Magazine*, April 2005

Colditz G. Economic costs of obesity and inactivity. *Med Sci Sports Exerc* 1999;31(11 Suppl):S663-7

Costello, D. The price of obesity; Beyond the health risks, the personal financial costs are steep, recent studies show. *Los Angeles Times*, 1 August 2005

Dominguez, D. DIET: Over the long haul, vast majority of Americans will be fat, long-term study suggests. *Associated Press*, October 3, 2005

Freking, K. Report says obesity rates climbing in nearly all states. *Associated Press Newswire*, August 23, 2005

Heil, D. Small Steps to Being Fit. *Santa Fe New Mexican*, October 30, 2005

Hurley-Schubert, V. Thinning out the fast food nation New guidelines for nutrition among toddlers *Home News Tribune Online*, October 7, 2005

McNeil, D. Obesity Rate Is Nearly 25 Percent, Group Says. *New York Times*, August 24, 2005

Neergaard, L. Poll: U.S. parents point to lack of exercise as the major factor in childhood obesity. *Associated Press*, October 25, 2005

Norton, A. Low-fat vegan diet may spur weight loss. *Reuters News*, September 28, 2005

Nussbaum, D. What? No Fries and Pepsi? *The New York Times*, September 25, 2005

Preston, S. Deadweight? – The Influence of Obesity on Longevity. *The New England Journal of Medicine*, March 17, 2005, 1135-1137

Smith, S. Weight needs to be Tackled Early to Avoid Lifelong Obesity. *Boston Globe*, August 29, 2005

Stengle, J. DIET: Shield toddlers from grown-up eating habits, group warns *Associated Press Newswires*, October 4, 2005

Squires, S. USDA Joins Fight Against Fat With Food Pyramid Just for Kids. *Washington Post*, September 29, 2005

Stein, J. Heavy ideas, light approach. *Los Angeles Times*, September 19, 2005

Swiech, P. ISU reviews first-year results of obesity prevention program. *The Pantagraph*, September 12, 2005

Tanner, L. U.S. Panel Suggests There's More to Spotting Childhood Obesity than Height-weight Charts. *Associated Press Newswires*, July 6, 2005

Thorn B. Conference: Obesity lawsuits should focus on ads, children. *Nation's Restaurant News*, October 17, 2005

ACFN Recognizes Albuquerque Obesity-Fighting Initiatives. *PR Newswire*, September 27, 2005

Child-obesity epidemic must come to a halt; State Needs a Major Initiative promoting Better Diet, Fitness. *San Jose Mercury News Editorial*, August 26, 2005

Childhood Obesity Epidemic: Docs Hail New Approach, *U.S. Newswire*, October 5, 2005

Long-Term U.S. Study Shows Teen-Age Girls Who Frequently Eat Cereal Weigh Less on Average; Risk for Being Overweight Increased among the Girls Who Did Not Consistently Eat Cereal. *Business Wire*, August 31, 2005

Report Finds Obesity Rates Rise in States, Southeastern States are Heaviest; National Policy Paralysis Threatens to Make Problem Worse. *U.S. Newswire*, August 23, 2005

Results of Poll on Childhood Obesity, *Associated Press Newswire*, October 25, 2005

Study Suggests Most in U.S. Will Be Fat. *The New York Times*, October 4, 2005

Goal 1

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

PUBLICATIONS – Print and Internet

Rosenthal, J. Enhancing State and Local Capacity to promote Healthy Weight in Children: Addressing Disparities in the Real World, National Academy of State Health Policy, Portland, ME, 2005

Rosenthal, J. and Chang, D. State Approaches to Childhood Obesity: A Snapshot of Promising Practices and Lessons Learned, National Academy of State Health Policy, Portland, ME, 2004

ARTICLES - PROFESSIONAL JOURNALS AND PUBLICATIONS:

Changing the Physical Environment to Promote Health. *Chronic Disease Notes and Reports*, Volume 17, Number 2 (Winter, 2005)

States Carry the Load of Obesity Efforts. *Chronic Disease Notes and Reports*, Volume 17, Number 2 (Winter 2005): 26-38

PRESS ARTICLES:

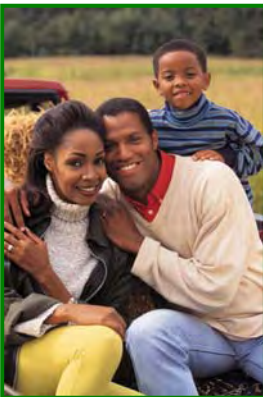
Morgan, N. Data gathered to combat rampant obesity in state. *The Virginian-Pilot and The Ledger-Star*, August 6, 2005

Press release, National Institutes of Health, Decline in Physical Activity Plays Key Role in Weight Gain Among Adolescent Girls. July 14, 2005

State Uses Many Strategies to Fight Obesity. *US Fed News*, August 26, 2005

Goal 2

Develop a culturally sensitive and intergenerational public awareness campaign on preventing obesity through healthy choices and physical activity.



ARTICLES - PROFESSIONAL JOURNALS AND PUBLICATIONS:

Huhman, M. et al. Effects of a Mass Media Campaign to Increase Physical Activity Among Children: Year-1 Results of the VERB Campaign. *Pediatrics*, Aug 2005; 116: e277 - e284.

PRESS ARTICLES:

Granger, K. Program's chances grow slim Anti-obesity campaign about to lose funding. *The Atlanta Journal - Constitution*, August 30, 2005

Combating Obesity in Children Begins With Parents Sweet'N Low(R) and Shape Up America! Launch "Get Hip & Get Fit" Campaign to Encourage Families to "Get Movin'". *PR Newswire (U.S.)*, 18 August 2005)

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.

PUBLICATIONS – Internet

Centers for Disease Control and Prevention. Increasing physical activity: a report on recommendations of the Task Force on Community Preventive Services. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5018a1.htm>

Partnership for Prevention. Creating communities for active aging. Washington, DC: Partnership for Prevention, 2002. http://www.prevent.org/publications/Active_Aging.pdf

ARTICLES - PROFESSIONAL JOURNALS AND PUBLICATIONS:

Booth, K. et al. Obesity and the Built Environment. *Journal of the American Dietetic Association*, Volume 105, Number 5, Supplement 1 May 2005

Burdette, H. et al. A National Study of Neighborhood Safety, Outdoor Play, Television Viewing, and Obesity in Preschool Children. *Pediatrics*, September 2005.

Ritchie, L. et al. Family Environment and Pediatric Overweight: What is a Parent to Do? *Journal of the American Dietetic Association*, Volume 105, Number 5, Supplement 1 May 2005

PRESS ARTICLES:

Harper, J. Family dinners at home help teens to trim the fat; Risky habits also cut, study finds, *The Washington Times*, October 4, 2005

Hellmich, N. Turning off TV helps keep pounds off, studies reaffirm. *USA Today*, November 1, 2005

Mahoney, D, Parental misperceptions about child's weight factors into obesity epidemic. *Pediatric News*, August 1, 2005

McCook, A. Kids learn eating and exercise habits from parents. *Reuters Health E-Line* August 18, 2005

Spencer, P. Fitness day at ballpark's a big hit with kids. *Home News Tribune*, October 4, 2005

Walde, M. Society's role: The battle to save kids from health risks is only the beginning, *The Patriot-News*, October 5, 2005

Children Using Community Health Centers More Likely to be Overweight than Other Children. *PR Newswire*, September 6, 2005

Mintel Reports U.S. Families Hit Children's Obesity Wall with Declining "Family Meal Time"; Busy schedules and "on-the-go" dining are emerging factors in increased obesity cases. *Business Wire*, September 20, 2005

Pediatric Obesity; Children using community health centers more likely to be overweight. *Obesity, Fitness & Wellness Week*, October 1, 2005

Turn Off the Video Games and Get Kids Moving Again Outdoors With Help From NYC Fitness Expert, Stacy Berman Stave Off Childhood Obesity by Encouraging Fitness in a Fun New Way for Local Kids - Stacy's Boot Camp for Kids Program Now Offered in Three NYC Park Locations. *PR Newswire*, September 14, 2005

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.



PUBLICATIONS – Print and Internet

Crawford P, et al. Weighing the risks and benefits of BMI reporting in the school setting. Center for Weight and Health, University of California, Berkley. http://www.cnr.berkeley.edu/cwh/PDFs/BMI_report_cards.pdf

Mosca, N. Making A Difference For Overweight Children. The School Nurse Role. National Association of School Nurses. Castle Rock, CO & Scarborough, ME, 2004

National Association of County and City Health Officials. Building Healthier Schools: Local Collaborations to Promote Nutrition and Physical Activity, National Association of County and City Health Officials, Washington, DC, 2005

Sodexo. School Meal Study 2001, Sodexo School Services,

ARTICLES - PROFESSIONAL JOURNALS AND PUBLICATIONS:

Kim, J et al. Incidence and Remission Rates of Overweight Among Children Aged 5 to 13 Years in a District-Wide School Surveillance System. *American Journal of Public Health*, September 1, 2005

Krisberg, K. Schools taking center stage in battle against childhood obesity. *Nation's Health*, Volume 35; Issue 7, September, 2005

Scheier, L. School Health Report Cards Attempt to Address the Obesity Epidemic. *Journal of the American Dietetic Association*, Volume 104, Number 3 (March 2004) 341-344

Scheier, L. Potential Problems with School Health Report Cards. *Journal of the American Dietetic Association*, Volume 104, Number 4 (April 2004)

Strong, W. et al. Evidence Based Physical Activity for School-age Youth. *The Journal of Pediatrics*, Volume 146, Number 6 (June 2005),

S Taras, H. et al. Obesity and Student Performance at School, *Journal of School Health*, October 1, 2005

PRESS ARTICLES:

Bugman, C. Students get the skinny on the evils of obesity - Event promotes regular exercise and a healthful diet, *The Star-Ledger*, October 4, 2005

Cueni-Cohn, J. New Approach to PE Designed to Offer More Students Shot at Success. *Pittsburgh Post-Gazette*, January 5, 2005

Dayton, K. New program teaches overweight kids about nutrition, exercise. *The (Gillette) News-Record*, October 27, 2005

Gledhill, L. Governor signs bills to trim obesity in schools / Toughest diet rules in nation for students. *The San Francisco Chronicle*, September 16, 2005

Juri, C. Program guides Newark kids on a healthier path, School strives to prevent childhood obesity. *Newark Star Ledger*, August 7, 2005

Loberg, B. Trim Kids helps children fight obesity battles. *The Des Moines Register*, September 21, 2005

McKay, B., Soda Marketers Will Cut Back Sales to Schools. *The Wall Street Journal*, August 17, 2005

Moszczynski, J. Planting healthy ideas in kids' heads - School effort focuses on good eating habits. *Star-Ledger*, October 13, 2005

Mueller, N. Brick launches anti-obesity initiative for children. *Asbury Park Press*, September 30, 2005

Peterson, T. Walking school bus? Forum brainstorms on child obesity. *The Salt Lake Tribune*, August 18, 2005

Porio, M. Group trying to give kids tips for healthy lifestyle tackling childhood obesity is goal of Head Start program, *Asbury Park Press*, October 14, 2005

Raffaele, M. Pennsylvania joins growing list of U.S. states screening school kids for obesity. *Associated Press Newswires*, September 14, 2005

Schworm, P. Watching Their Weight; After-School Fitness Class Targets Students Dubbed At Risk for Obesity. *The Boston Globe*, November 17, 2005

Uhlman, M. A new test to pass; Pennsylvania schools are measuring students' Body Mass Index in a controversial effort to head off future weight problems. *The Philadelphia Inquirer*, September 12, 2005

Vogel, N. Gov. Signs Bans on School Junk Food; Schwarzenegger refuses to heed opposition from his business supporters. The laws, which take effect in '07, set fat, sugar and calorie standards. *Los Angeles Times* September 16, 2005

Warner, M. Critics Say Soda Policy for Schools Lacks Teeth. *New York Times*, August 22, 2005

Childhood Obesity: A Serious Challenge That Demands Serious Response, Frist Tells Healthy Schools Summit 2005 New School Wellness Policy Requirements Can Transform School Health, Sen. Harkin Says. *PR Newswire*, September 27, 2005

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.

PUBLICATIONS – Print and Internet

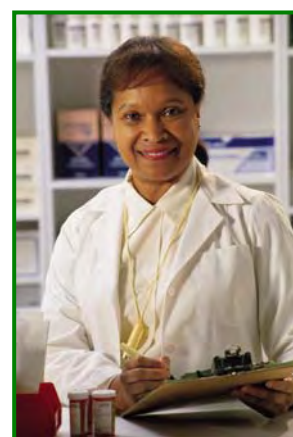
Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small. Partnership for Prevention. Washington, DC: 2001. http://www.prevent.org/images/stories/Files/docs/LBE_Book.pdf

ARTICLES - PROFESSIONAL JOURNALS AND PUBLICATIONS:

Tucker L, et al. Obesity and Absenteeism: An Epidemiologic Study of 10,285 Employed Adults. *American Journal of Health Promotion*. 1998;12(3):202-08

Goal 6

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



PUBLICATION – Internet

Government Accountability Office. Report to Congressional Addressees. Breastfeeding: Some Strategies Used to Market Infant Formula May Discourage Breastfeeding; State Contracts Should Better protect against misuse of the WIC name. 2006; <http://www.gao.gov/new.items/d06282.pdf>

National Heart, Lung, and Blood Institute. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

National Institute for Health Care Management. Health Plans Emerging As Pragmatic Partners in Fight Against Obesity. Washington, DC: National Institute for health Care Management, April 2005. <http://www.nihcm.org/ObesityReport.pdf>

ARTICLES - PROFESSIONAL JOURNALS AND PUBLICATIONS:

Guise, J. et al. The effectiveness of primary Care-Based Interventions to Promote Breastfeeding: Systematic Evidence Review and Meta-Analysis for the US Preventive Services Task Force. *Ann Fam Med*. 2003, 1(2):70.

Kilgore, C. Effort trains doctors to counsel overweight kids. *Family Practice News*, August 1, 2005

Luchsinger, J. et al. Body mass index and hospitalization in the elderly. *Journal of the American Geriatrics Society* Vol. 51, No. 11, November 2003

Merewood, A. et al. Breastfeeding Rates in US Baby-Friendly Hospitals: Results of a National Survey. *Pediatrics*, Vol. 116, Number 3, September, 2005

Stern, J. et al. Future and Implications of Reimbursement for Obesity Treatment. *Journal of the American Dietetic Association*, Volume 105, Number 5, Supplement 1 May 2005

Children and Teens Told by Doctors That They Were Overweight --- United States, 1999—2002. *Morbidity and Mortality Weekly Report*, September 2, 2005

New Medicare Policy Could Expand Coverage of Obesity Treatment. *Chronic Disease Notes and Reports*, Volume 17, Number 2 (Winter 2005): 43-44

PRESS ARTICLES:

Choi, C. Diet: Insurers focusing on children's health to curb costs. *Associated Press Newswire*, August 21, 2005

Hellmich, N. For obese surgery more effective than drugs: Insurers and agencies weigh whether to pay. *USA Today*, April 5, 2005

Stenson, J. Eating for two, gaining too much; With more than half of women already overweight, some doctors say pregnancy guidelines should be scaled back. *Los Angeles Times*, August 22, 2005

Doctor's obesity comment spurs AG investigation. *Associated Press*, August 25, 2005

Florida Hospital, The Nation's Largest Hospital, Sounds the Alarm About Childhood Obesity New Book Aims to Arm Families with Plans for Healthier Lives. *PR Newswire (US)*, August 23, 2005

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.

ARTICLES - PROFESSIONAL JOURNALS AND PUBLICATIONS:

Wooten W, et al. The Role of Dairy and Dairy Nutrients in the Diet of African Americans. *Journal of National Medical Association*. 2004 96(12):20S-24S.



Zablotsky, D. et al. Changes in obesity prevalence among women aged 50 years and older: results from the Behavioral Risk Factor Surveillance System, 1990-2000. *Research on Aging* Vol. 26, No. 1, January 2004

Zagorsky, J. Is obesity as dangerous to your wealth as to your health? *Research on Aging* Vol. 26, No. 1, January 2004

Zemel, M. et al. Effects of Calcium and Dairy on Body Composition and Weight Loss in African-American Adults. *Obesity Research*. 2005 13(7): 1218-1225.

PRESS ARTICLES:

Blankenship, D. Big challenges confront efforts to help the poor get healthy food. *Associated Press Newswires*, September 27, 2005

Nguyen, D. Study says children's weight gain linked to price of produce, *Associated Press Newswires*, October 6 2005

Rundle, R. Study Links Produce Prices to Obesity, *The Wall Street Journal*, October 6, 2005

Washington, L. Low-income, African-American families are hit hardest by America's raging obesity epidemic. *Chicago Sun-Times* August 29, 2005



RESOURCES

(Special thanks to Mina Ghajar, Rutgers Center for State Health Policy, for providing links to reference databases)

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Introduction

Tackling the problem of obesity requires the adoption of a multi-faceted approach, involving not only parents but also policy makers, community leaders, educators, healthcare professionals, and the resources of national, state, and local governments. In addressing this issue, the following “Resources” section aims to highlight the primary players in the fight against obesity, while keeping in mind the tenets laid out by the NJ State Action Plan and the organizational interests that the New Jersey Obesity Prevention Task Force members represent.

STATE

Action for Healthy Kids, New Jersey

www.actionforhealthykids.org/devel/filelib/stateaction/profiles/New%20Jersey.pdf

“A public-private partnership of more than 50 national organizations and government agencies representing education, health, fitness and nutrition, Action for Healthy Kids addresses the epidemic of overweight, sedentary, and undernourished youth by focusing on changes in schools.” It addresses three main areas: nutrition, physical activity, and education.

The NJ Action for Healthy Kids program has 5 goals: (1) To help students develop the knowledge, attitudes, skills, and behaviors to adopt, maintain, and enjoy healthy eating habits and a physically active lifestyle; (2) To provide pre-K-12 students with the skills needed to adopt healthy eating habits; (3) To adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans; (4) To provide food options that are low in fat, calories, and added sugars, such as fruits, vegetables, whole grains, and low-fat or nonfat dairy foods; (5) To ensure that healthy snacks and foods are provided in vending machines, school stores, and other venues within the school’s control.

American Academy of Pediatrics – New Jersey

www.aap.org/commpeds/state_resources/contacts/NEWJERSEY.doc

A link to state resources for NJ pediatricians.

Center for State Health Policy

(www.cshp.rutgers.edu/)

Rutgers Center for State Health Policy (CSHP) informs, supports, and stimulates sound and creative state health policy in New Jersey and around the nation. CSHP provides impartial policy analysis, research, training, facilitation and consultation on important state health policy issues. CSHP combines Rutgers University's traditional academic strengths in public health, health services research, and social science with applied research and policy analysis initiatives. It serves as the focal point within the University for research and related activities relevant to state health policy.

Garden State Association of Diabetes Educators

(www.gsade.org/links.htm)

Get Fit NJ

(www.nj.gov/getfitnj)

Get Fit NJ challenges New Jersey residents to participate in physical activity for 30 minutes a day (60 minutes a day for children under 18), five days a week, for six consecutive weeks.

Healthy Choices, Healthy Kids

(www.state.nj.us/agriculture/04hchkres.htm)

Sponsored by the Departments of Agriculture, Health and Education, *Healthy Choices, Healthy Kids* is a statewide initiative to combat childhood obesity and to promote academic achievement through healthy eating and increased physical activity.

Healthy NJ 2010

(www.state.nj.us/health/chs/hnj2010vol1.pdf)

(www.state.nj.us/health/chs/hnj2010vol2.pdf)

Liberty Science Center

(www.lsc.org/lsc_info/mission/mission.html)

Located in Jersey City, this educational center aims to present science in a fun, interactive format for visitors of all ages.

Medical Society of New Jersey

(www.msnj.org/index.asp)

A professional association for healthcare professionals who practice in New Jersey.

New Jersey Academy for Family Physicians

(www.njafp.org/)

New Jersey Agricultural Experiment Station (NJAES)

www.cooknjaes.rutgers.edu

Home to Rutgers Cooperative Research & Extension (RCRE), RCRE integrates research and extension through a continuous cycle that requires an ongoing, multidisciplinary collaboration among research and extension faculty and close and continuing communications with stakeholders. Examples of successful research and outreach collaborations include research and extension work with vegetables, blueberries and cranberries, the equine industry, plant diagnosis and soil testing, turf and other "green" industries, and childhood obesity. The NJAES provides a portion of funding to the NJ Obesity Group (NJOG).

New Jersey Association for Health, Physical Education, Recreation, and Dance

www.njahperd.org/MISSION_STATE.htm

Association for professionals in the fields of health, physical education, recreation, and dance.

New Jersey Association of Osteopathic Physicians and Surgeons

www.njosteo.com/aboutnjaops/mission.asp

A professional association of osteopathic healthcare practitioners.

New Jersey Department of Agriculture

www.state.nj.us/agriculture/modelnutritionpolicy.htm

A link to the School Nutrition Policy

New Jersey Department of Human Services

www.state.nj.us/humanservices/

New Jersey Council on Physical Fitness and Sports

www.nj.gov/health/fhs/njcdfs/index.shtml

The New Jersey Council on Physical Fitness and Sports is dedicated to health, nutrition, recreation and wellness. The mission of this legislated Council is to serve the citizens of the State by developing safe, healthful and enjoyable physical fitness and sports programs. The Council works to promote public awareness and to ensure that all citizens of the State have the opportunity to pursue a more healthful lifestyle. The vision of the Council is to make New Jersey the "Wellness State".

New Jersey Department of Education

www.state.nj.us/education/

New Jersey Department of Health and Senior Services

www.state.nj.us/health/

New Jersey Department of Transportation – Office of Bicycle and Pedestrian Programs

(www.state.nj.us/transportation/commuter/bike/)

Information on biking for NJ commuters.

New Jersey Dietetic Association

(www.eatrightnj.org/website/)

An association of dietetic and nutritional professionals.

New Jersey Education Association

(www.njea.org/)

An association for education professionals.

New Jersey FIT

(www.state.nj.us/transportation/works/njfit/about/)

The New Jersey Department of Transportation (NJDOT) in partnership with the Office of Smart Growth (OSG) and other state agencies, is working on ways to increase the physical activity levels of New Jersey commuters by enlisting the help of local agencies to provide more options for transportation needs.

New Jersey Food Council

(www.njfoodcouncil.com/about.html)

An alliance of food retailers and their suppliers.

New Jersey Health Officers Association

(www.njhoa.org/pages/532349/index.htm)

An association for public health professionals.

New Jersey Nutrition Action Plan

(www.fns.usda.gov/oane/SNAP/Plans/FY2004/NewJersey.htm)

New Jersey Obesity Group

(www.nutrition.rutgers.edu/njog/)

A multi-disciplinary exchange between researchers at Rutgers University, New Jersey Agricultural Experiment Station, and UMDNJ that aims to reduce the prevalence and development of obesity.

New Jersey Recreation and Park Association

(www.njrpa.org)

The New Jersey Recreation and Park Association is a not-for-profit organization of citizen and professional members dedicated to enhancing the quality of life by promoting recreation, parks, conservation, and leisure services through education, professional development, public awareness, legislative advocacy, and direct membership services.

New Jersey State School Nurses Association

(www.njssna.org/bylaws.htm)

A professional association for school nurses in New Jersey.

New Jersey Medical School also offers WIC-based programs at its clinics.

Further information can be found at:

(www.njms.umdnj.edu/departments/preventive_medicine/WIC.cfm)

Rutgers Cooperative Research and Extension

(www.rcre.rutgers.edu)

Provides outreach education to NJ residents in four RCRE strategic focus areas: agriculture and food systems; environment and natural resource systems; food, nutrition and health; and human and community development. These priorities are shared and addressed throughout the organization's four Departments: 4-H Youth Development, Family and Community Health Sciences (FCHS), Agricultural and Resource Management, and Extension Specialists. The FCHS department coordinates the *Children's Health Summit: Fighting Back Against Childhood Obesity* throughout the state in various NJ counties. This daylong professional conference has been offered repeatedly throughout the state of New Jersey since December 2003. Under the leadership of RCRE, *Summit* participants form Building Healthy Kids Coalitions (BHKC) to continue to address childhood obesity in their local communities.

4-H Youth Development

(www.nj4h.rutgers.edu/)

Uses a learn-by-doing approach to enable youth to develop the knowledge, attitudes, and skills they need to become competent, caring, and contributing citizens of the world. This mission is accomplished by using the knowledge and resources of the land-grant university system, along with the involvement of caring adults. One of the NJ 4-H focus areas is "healthy lifestyles" including the "Get Moving, Get Healthy with NJ 4-H" project.

State Plan Index

(www.cdc.gov/nccdphp/dnpa/obesity/state_programs/pdf/State_Plan_Index_April_2005.pdf)

Created by the CDC, this model checklist offers a base for what to include and evaluate in the state plan.

University of Medicine and Dentistry of New Jersey

(www.umdnj.edu)

Link to the state medical and dental school web sites.

Women's Health Offices

(www2.odh.ohio.gov/ODHPrograms/SADV/WOM_PUBS/stateoff2.pdf)

This State-by-State Directory of Women's Health Offices was compiled by women's health staff in Ohio as a means to compare, assess, and promote Offices of Women's Health among all 50 states.

State Initiatives

Arkansas: In 2003, a law was passed implementing statewide school health report cards (www.dietarticles.com/diet/darticles/blood-type-diet/blood-type-diet-article-1839.html); *Act 1220: Child Health Advisory Committee*

(www.healthyarkansas.com/advisory_committee/pdf/act1220.pdf) – created to develop nutrition and physical activity standards and policy recommendations about topics such as foods sold in cafeterias outside the National School Lunch Program; vending machine food, student stores, fundraisers, or food concessions, the development of food service staff; expenditure of funds derived from competitive foods; and physical education.

California: A website (www.healthytransportation.net) was created to encourage local elected officials and city managers to create more walkable and bike-friendly communities. Also sponsors “Kids Cooking Week”, “Children’s 5 A Day” (www.ca5aday.com), and “Nutrition Awareness Month (March).”

The Prevention Institute

(www.preventioninstitute.org/nutrition.html)

This California-based organization was created with its primary goal “to create systematic, comprehensive strategies that change the conditions that impact community health.” This link provides information on state-based projects in California to increase physical activity and healthy eating in families and communities.

The Strategic Alliance

(www.eatbettermovemore.org/)

The Strategic Alliance for Healthy Food and Activity Environments (Strategic Alliance) is a coalition of nutrition and physical activity advocates in California. The Strategic Alliance focuses its promotion of healthy eating and activity environments through five

key sectors: Children's Environments, Government, Industry Practices, Health Care System, and the Media.

Colorado: The *Work Site Resource Kit* (www.cdphe.state.co.us/pp/COPAN/grants/resourcekits.html) gives businesses step-by-step guidance and resources in four areas (promoting physical activity among employees, encouraging healthy food choices on the job, providing health education, and creating a work environment that encourages healthy choices).

Georgia: *SMARTRAQ* (www.gtresearchnews.gatech.edu/newsrelease/smartgrowth.pdf) is a study funded by CDC and public and private partners -- US Dept. of Transportation, the GA Dept. of Transportation, the GA Regional Transportation Authority, the Turner Foundation, and the EPA; by collecting extensive data on land use, travel behavior, and physical activity, this study will test the relationship b/w time use, physical activity patterns, travel choice, urban form, and air quality.

Iowa: *Lighten Up Iowa* (www.lightenupiowa.org/) Lighten Up Iowa (LUI) is a team based program designed to help make positive changes during the course of five months to help them move towards a healthier lifestyle.

Massachusetts: The *Massachusetts Partnership for Healthy Weight* (www.mass.gov/dph/fch/nutrition/partnership.htm) supports 5-2-1 Go! Program in 13 middle schools; created to encourage schools to offer healthier food and beverage options.

Missouri: (www.mofitness.org) – Created to promote physical fitness and health throughout the state by implementing programs, fostering communication and cooperation, and developing statewide support.

New Jersey: The *Environmentally Sustainable Communities Program* (ESC) (www.state.nj.us/dep/dsr/bscit/SustCommunities.htm) was established to create a network of environmentally sustainable NJ communities where the natural resources and environmental assets of an area are preserved, restored, and enhanced for future generations. Also sponsors “*Team Nutrition Day (July 12)*”.

North Carolina: The *Healthy Weight Initiative (HWI)* – (www.eatsmartmovemorenc.com/programs/healthyweight/history.php) -- “To shape the eating and physical activity patterns of North Carolina children and youth in ways that lead to healthy weight and reduce the risk for chronic disease.”

Pennsylvania:

(www.cdc.gov/nccdphp/dnpa/obesity/state_programs/pennsylvania.htm)

Statewide coalition promotes active lifestyles and healthy food choices through such activities as the *PA Action for a Healthy Kids Summit* and a statewide assessment of health care providers' knowledge and attitudes about obesity screening, prevention, and treatment.

(www.panaonline.org/about/) -- *Pennsylvania Advocates for Nutrition and Activity (PANA)* – “To build statewide capacity for developing an environment to support and promote active lifestyles and healthy food choices through collaboration and coordinated communication” through the Pennsylvania Department of Health.

Washington: *Town of Moses Lake*

(www.doh.wa.gov/cfh/NutritionPA/healthy_communities.htm) — local advisory committee organized a community garden, promotes and supports breast feeding, and established a network of trails and paths throughout the community.

Wellness In the Rockies/WIN in the Rockies

WIN in the Rockies (www.uwadmweb.uwyo.edu/WinTheRockies/)

was a four-year behavior-change consortium project which involved the University of Idaho, Montana State University, the University of Wyoming, their extension services, their WWAMI Medical Education Programs, the Area Health Education Centers in Wyoming and Montana, along with other state organizations and community groups. The mission was to assist communities in educating people to:

- value health,
- respect body-size differences,
- enjoy the benefits of self-acceptance,
- enjoy physically active living,
- and enjoy healthful and pleasurable eating.

“Junk Tax”

NGA Center for Best Practices Issue Brief, 2002 June 13. "The Obesity Epidemic -- How States Can Trim the Fat"

(www.preview.nga.org/Files/pdf/OBESITYIB.pdf)

Arkansas: collects \$0.02 per can of soft drinks, raises an estimated \$40 million per year to fund the 27% match portion of their Medicaid program.

California: currently collects 7.25% sales tax on soft drinks.

Tennessee: earmarks 21% of the revenues from soft drink tax for cleaning up highway litter.

West Virginia: collects soft drink tax revenue to fund state medical, dental, and nursing schools

State Action Plans

Arizona Nutrition and Physical Activity State Plan

(www.azdhs.gov/phs/oncdps/opp/pdf/opp6.pdf)

As stated in the “Executive Summary,” the Arizona Nutrition and Physical Activity State Plan is a five-year action plan aimed at reducing the burden of chronic disease and obesity in Arizona through nutrition and physical activity efforts. The purpose of the plan is to provide guidelines for schools, healthcare providers, communities, and worksites to address overweight and obesity in Arizona. The plan provides Arizona with a wide range of public health opportunities with objectives and strategies for action. Recommendations of this plan are focused on increasing healthy eating and physical activity and promoting healthy lifestyles for all Arizona residents. Arizona’s communities and organizations can implement recommendations in this plan to help prevent and reduce overweight and obesity statewide.

Obesity in Florida: Report of the Governor’s Task Force on the Obesity Epidemic (February 2004)

(www.doh.state.fl.us/Family/GTFOE/report.pdf)

As stated in the “Executive Summary,” the task force’s recommendations can be divided into two major health issues (improved nutrition and increased physical activity) and six general focus areas: (family setting, community setting, healthcare, public health, schools, and worksites). The recommendations crossed health issues and focus areas and are presented in the following nine categories:

- “The Role of the Family in Promoting Lifelong Healthy Nutrition and Physical Activity”
- “The Role of the Community in Promoting Lifelong Healthy Nutrition”
- “The Role of the Community in Promoting Lifelong Physical Activity”
- “The Role of Healthcare Providers in Promoting Lifelong Healthy Nutrition and Physical Activity”
- “The Role of Public Health in Promoting Lifelong Healthy Nutrition and Physical Activity”
- “The Role of Schools in Promoting Lifelong Healthy Nutrition”
- “The Role of Schools in Promoting Lifelong Physical Activity”
- “The Role of the Worksite in Promoting Lifelong Physical Activity and Healthful Nutrition”

- “Recommendation Requiring Further Study”

Nebraska Physical Activity and Nutrition State Plan: “Promoting Healthy Weight and Preventing Chronic Disease, 2005-2010”:
(www.hhs.state.ne.us/hew/hpe/cvh/docs/PANstateplan.pdf)

As stated on the web site, the Nebraska Physical Activity and Nutrition State Plan is to be used by individuals at both the statewide and local levels. Public health professionals, key stakeholders, and decision makers can use the information in this report to address physical activity and nutrition in the following ways:

- (1) To increase awareness among key decision makers at the state and local levels of the problems of physical inactivity and unhealthy eating.
- (2) To provide information to improve evidence-based decision making for physical activity and healthy nutrition.
- (3) To provide baseline measures for health-related objectives.
- (4) To assist with the development of an action plan to address physical activity and nutrition at the district and local levels.
- (5) To strengthen grant applications at the local, district, and statewide levels.

Pennsylvania Nutrition and Physical Activity Plan
(www.health.state.pa.us/pdf/nutrition/nutrition.pdf)

Strategic Plan for the Prevention of Obesity in Texas
(www.dshs.state.tx.us/phn/pdf/obesity-plan.pdf)

To reduce the burden of weight-related disease by decreasing the prevalence of obesity through the completion of the following goals:

- (1) Increase awareness of obesity as a public health issue that impacts the quality of life of families.
Objective 1: Identify, develop, and disseminate messages and materials regarding obesity and its impact on quality of life.
- (2) Mobilize families, schools, and communities to create opportunities to choose lifestyles that promote healthy weight.
Objective 1: Identify and evaluate existing plans and activities that promote healthful eating habits and physical activity.
Objective 2: Develop, implement, and evaluate plans and activities that promote healthful eating habits and physical activity.
- (3) Promote policies and environmental changes that support healthful eating habits and physical activity.
Objective 1: Increase advocacy for initiatives and policies that support healthful eating habits and physical activity.
- (4) Monitor obesity rates, related behaviors, and health conditions for planning, evaluation, and dissemination activities.
Objective 1: Create a system for data collection, monitoring, and

reporting activities.

Objective 2: Implement data-management systems that assure quality and consistent data.

Washington State Nutrition and Physical Activity Plan

(www.doh.wa.gov/cfh/NutritionPA/wa_nutrition_pa_plan.htm)

LOCAL

New Jersey

Robert Wood Johnson Foundation – Childhood Obesity

(www.rwjf.org/portfolios/interestarea.jsp?iaid=138)

Henry J. Austin Health Center, SWEET: Successful Weightloss by Eating and Exercising Together: Community center offering physical education and fitness, nutrition and food preparation lessons, and resources for behavior modification, counseling, and psychotherapy.

Jewish Renaissance Foundation, Lean Teen: Sponsored by Perth Amboy High School, this club offers educational and emotional support from school staff and the community to provide nutritional education sessions, mentoring, and physical activity classes.

Isles, Inc., Trenton Spirit Walk: Annual event involving the planning and implementation of inner city walking loop.

Morristown Memorial Hospital, Project Teen Fit: A web-based nutrition and fitness program that targets 7th graders in Morris County in preventing adolescent obesity, with the help of parents, educators, and community leaders.

New Jersey After 3, KidFit Health & Wellness Program: An after-school program based in 50 sites that serves 10,000 children ages 5-13 aimed at reducing obesity. It offers fitness and strength building activities and clubs and support via school personnel, families, and other “values transmitters.”

Plainfield Neighborhood Health Center, Pediatric Fitness and Obesity Prevention Collaborative: An after-school program targeted to 3rd and 4th graders where participants set goals and track individual weight-loss progress.

New York

Health Not Cosmetics

Tremont section of Bronx, NY

(www.healthnotcosmetics.org/aboutus.htm)

This community-based organization focuses on obesity treatment and prevention via the community health center, e.g., educational classes and support provided by family medicine physicians and residents at the clinic.

Pennsylvania

Adams County, Pennsylvania

(www.wellspan.org/Hospital1/physical_fitness_tskfrce.shtml)

“To mobilize and lead a united effort to improve the health of individuals in Adams County through increased physical activity” led by the Adams County Partnership for Community Health.

National Association of County and City Health Officials (NAACHO)

(www.naccho.org)

The following descriptions were replicated from the June 2005 edition of *“Building Healthier Schools: Local Collaborations to Promote Nutrition and Physical Activity”*. It was created by NAACHO to illustrate the program and successful local public health agency (LPHA) school collaborations. They are listed below:

Coconino County, AZ

Since 2002, the Eat and Play the Native Way program has provided physical activity education and nutrition promotion support to kindergarten through third graders in Navajo Indian reservation schools. The goal of the program is to produce a curriculum of lessons that develops healthy eating and physical activity habits, along with an understanding of Native American culture.

County of San Diego, CA

The Coalition on Children and Weight San Diego (CCWSD), www.ccwsd.net, is a 250-member coalition representing a number of local partners interested in preventing chronic disease and overweight through policy and environmental change. The majority of CCWSD activities are accomplished through the three member selected workgroups: (1) School Workgroup; (2) Child Care/After-School Workgroup; and (3) Outreach and Education Workgroup.

Hernando County, FL

The county's school health program includes educational classes for all Middle School sixth graders and health education special event programs for all Elementary Schools.

Pinellas County, FL

Steps is a five-year cooperative agreement with the US Department of Health and Human Services to fund chronic disease prevention efforts. The focus is on reducing the burden of diabetes, overweight, obesity, and asthma through interventions targeting risk factors such as physical inactivity, poor nutrition, and tobacco use.

DeKalb County, GA

The DeKalb County Board of Health has been actively involved with the DeKalb County School System to enhance nutrition and physical activity programs. Through a variety of school health efforts, the local public health agency (LPHA) has encouraged extensive reference to and use of the Centers for Disease Control and Prevention's School Health Index (SHI).

Ford-Iroquois Counties, IL

The Ford-Iroquois Public Health Department used state funding from a three-year Coordinated School Health Grant to start nutrition education programs for kindergarten through fifth graders and to provide unified services to students in five separate school buildings within the Unit 9 school district.

Dakota County, MN

In the 2003-2004 school year, through direct partnership with three school districts and a few local coalitions, the Dakota County Public Health Department began working on low-cost activities focused on nutrition and physical activity. One of their efforts was to establish science-based food guidelines and criteria to help schools and other community organizations offer healthier food options.

Olmsted County, MN

Non-traditional partnerships have helped OCPHS see many different perspectives in promoting school health. New partnerships have opened up areas of advocacy and have been a useful way to keep apprised of

other points of view and of the array of resources available for addressing physical activity and nutrition in youth populations.

Springfield-Greene City-County, MO

The Wellness at School program is the county's main collaborative effort between the health department, school, and other health-related partners. The programs supported by a local hospital promote increased consumption of fruits and vegetables and increased physical activity.

Macon County, NC

The School Health Advisory Council has focused on school health improvement through a five-year action plan. The plan includes program changes and policy suggestions for eight components of school health.

Grand Forks City-County, ND

Using *TEAM Nutrition* grant funding, a community group interested in school nutrition issues conducted an assessment and collected data to support the creation of a district-wide nutrition policy.

Norwood City, OH

The Norwood City Health Department, in conjunction with the Norwood Board of Education and the School Health Advisory Council, has placed an emphasis on increasing physical activity and access to healthier foods in the school system, which subsequently led to a revision of school meal offerings and the involvement of Norwood's school food service manager.

San Patricio County, TX

The San Patricio Department of Public Health works with most of the seven independent county school districts through their Community-Based Program Manager/Health Educator. The local public health agency and school system promote health and health services to students and the larger community.

Coordinated School Health Program (CSHP)

www.cdc.gov/HealthyYouth/CSHP

CSHP is a model for schools to address health in collaboration with LPHAs, families, healthcare workers, the media, religious organizations, community organizations that serve youth, and young people. The CSHP model includes eight interactive components: health education; physical education; health services; nutrition services; counseling, psychological, and social services;

healthy school environment; health promotion for staff; and family/community involvement.

Healthy Eating, Active Community Initiative

(www.calendow.org)

Funded by the California Endowment, this four-year initiative aims to improve the food and physical activity environments for school-age children and to create momentum for widespread changes in the policies and practices that contribute to the rising rates of childhood obesity. Each collaborative consists of a community-based organization, a school district, and an LPHA that will work together.

Model School Wellness Policies

(www.schoolwellnesspolicies.org)

The National Alliance for Nutrition and Activity offers this set of model practices to provide guidance to local school districts on promoting nutrition and physical activity and addressing obesity.

National Association of State Boards of Education (NASBE)

(www.nasbe.org/healthyschools)

This primer includes a summary of the benefits for students when health professionals and educators work together; an overview of the core mission of education; a background chapter on how education works at the school district, state, and national levels; as well as many practical tips for how to work effectively with educators, school administrators, and policymakers.

Promising Practices for School Health Programs

(www.cdc.gov/nccdphp/promising_practices/school_health)

The CDC produced this document to describe promising practices that states and districts should consider when planning school-based policies and programs to help young people avoid behaviors that increase their risk for obesity and chronic disease.

School Health Starter Kit

(www.ccsso.org/publications)

The Council of Chief State School Officers, the Association of State and Territorial Health Officials, and the CDC's Division of Adolescent and School Health created this kit for state school and health officials to help build support within their communities and schools for coordinated school health.

Youth Risk Behavior Surveillance System (YRBSS)

(www.cdc.gov/healthyYouth/yrbs)

YRBSS monitors priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States.

NATIONAL

Active Living By Design

(www.activelivingbydesign.org/index.php?id=43)

Active Living by Design is a national program of The Robert Wood Johnson Foundation® designed to establish and evaluate innovative approaches that support active living. Active Living by Design is based at the UNC School of Public Health in Chapel Hill, North Carolina. The purpose of Active Living by Design is to promote changes in local community design, transportation, and architecture that make it easy for people to be physically active.

Agency for Healthcare Research and Quality (AHRQ)

(www.ahrq.gov/about/profile.htm)

AHRQ was created as a public health service agency in the Department of Health and Human Services to support research designed to “improve the quality, safety, efficiency, and effectiveness of healthcare for all Americans.”

America Walks

(www.americawalks.org/)

America Walks is a national coalition of local advocacy groups dedicated to promoting walkable communities.

American Academy of Pediatricians

(www.aap.org/obesity/recommendations.htm)

(www.aap.org/obesity/coding.pdf)

An outline of the AAP recommendations for pediatricians to reduce obesity in children: (a) encourage breastfeeding; (b) track body mass index (BMI); (c) limit television use; (d) promote healthy eating patterns; (e) track family history of obesity and related diseases.

An additional link, the “*Coding Fact Sheet for Primary Care Physicians*,” is also included for those pediatricians treating obesity-related diseases.

American Association of Family and Consumer Sciences

(www.aafcs.org/)

Represents teachers, educators, cooperatives, business, designers and nutritionists

American Cancer Society

(www.cancer.org/docroot/PED/ped_3.asp?sitearea=PED&level=1)

This link to the “*Food and Fitness*” section of The American Cancer Society web site features interactive tools for calculating body mass index (BMI), heart rate, and caloric intake, in addition to general information about nutritional choices and weight management strategies.

American Diabetes Association

(www.diabetes.org/weightloss-and-exercise.jsp)

Obese individuals have an increased risk of developing Type II diabetes, a disease characterized by the inability to produce and process insulin effectively to regulate blood sugar levels. This web site provides information on nutrition, weight loss, and exercise for diabetics.

American Heart Association

(www.americanheart.org/presenter.jhtml?identifier=497)

Since the risk for cardiovascular disease increases in proportion to body mass increase, the American Heart Association has a special section targeting the lifestyle management and the nutritional choices of the overweight. This link provides information on fad diets, exercise and fitness, weight management, and reducing the risk for cardiovascular disease.

American Obesity Association

(www.obesity.org/)

This obesity organization is focused on changing public policy and perceptions about obesity.

American Board of Bariatric Medicine

(www.abbmcertification.org/)

This link provides a link to online CME provider sites.

An Ounce of Prevention: Obesity and Healthy Lifestyles, Council of State Governments (2001)

(www.csg.org/NR/rdonlyres/efrgwuvqqp5f2ksvm127qve62syplxfr4x43kwxwq4vlwpc5oqytafm3wzdgoo2rysm6a6hqhpm4plmb5gy4tqtp3hh/obesity_HPM.pdf)

BlubberBusters

(www.blubberbuster.com/)

This link offers online health and weight loss education, an online support community of several thousand overweight kids, teens, and parents from around the world, and self-managed personal weight loss charts and goal setting, which may be viewed by a child's healthcare provider, thus allowing secure interactive background support.

Centers for Disease Control (CDC)

(www.cdc.gov/nccdphp/dnpa/obesity/)

(www.cdc.gov/nccdphp/dnpa/obesity/defining.htm)

(www.cdc.gov/nccdphp/aag/aag_dnpa.htm)

(www.cdc.gov/nccdphp/dnpa/obesity/state_programs/index.htm)

(www.cdc.gov/nccdphp/dnpa/pdf/CalltoAction.pdf)

This link provides an overview of the scope of obesity within the U.S. and gives a definition of “obesity and overweight”. Obesity trends in the U.S. are documented in addition to links to other state plans initiated to address the issue.

A related link, *“The Surgeon General’s Call to Action: How to Prevent Overweight and Obesity” (2001)*, is a detailed analysis of the prevalence of obesity and of its economic and societal consequences. It suggests a targeted approach to addressing obesity in the U.S. via education, public policy, and research and development.

PATCH (www.cdc.gov/nccdphp/patch/index.htm) is a CDC-sponsored program – “Planned Approach to Community Health” – created to provide an effective model for planning, conducting, and evaluating community health promotion and disease prevention programs.

“Physical Activity and Health: A Report of the Surgeon General” (www.cdc.gov/nccdphp/sgr/pdf/execsumm.pdf) summarizes the existing literature on the role of physical activity in preventing disease and on the status of interventions to increase physical activity.

“Promoting Better Health for Young People Through Physical Activity and Sports” (www.cdc.gov/nccdphp/dash/presphysactrpt/index.htm) provides resources for establishing good exercise habits in adolescents.

A related link, *“Overweight and Obesity: Economic Consequences”* (www.cdc.gov/nccdphp/dnpa/obesity/economic_consequences.htm), details that financial costs imposed on national and state governments for healthcare of the overweight and obese.

CDC Reports and Guidelines for Overweight and Obesity

(www.cdc.gov/health/obesity.htm)

CDC Behavioral Risk Factor Surveillance System (BRFSS)

(www.cdc.gov/brfss/questionnaires/index.htm)

Using the CDC BRFSS questionnaire as the primary survey, states can tailor the questionnaire by targeting questions to a specific area of study. Data gathered by the BRFSS are archived at this site in addition to data on prevalence and trends in obesity.

Childhood Obesity – An Overview of Policy Options, National Conference of State Legislatures

(www.ncsl.org/programs/health/childhoodobesity.htm)

Childhood Obesity, The Center for Health and Healthcare in Schools

(www.healthinschools.org/sh/obesityfs.pdf)

Childhood Obesity Resource List (National Agricultural Library/USDA)

(www.nal.usda.gov/fnic/pubs/bibs/topics/weight/childhoodobesity.html)

This publication is a collection of resources on the topic of childhood obesity for educators and researchers.

The Community Guide

(www.TheCommunityGuide.org)

This site gives systematic reviews of nutrition, physical activity and obesity intervention literature to the U.S. Task Force on Community Preventive Services. It provides evidence of program effectiveness for recommendations to guide public health practice and policy decisions.

Action for Healthy Kids, New Jersey Profile

(www.actionforhealthykids.org/devel/filelib/stateaction/profiles/New%20Jersey.pdf)

Fit, Healthy, and Ready to Learn: A School Health Policy Guide, National Association of State Boards of Education (2000)

(www.nasbe.org/HealthySchools/fithealthy.mgi)

“Financing Childhood Obesity Prevention Programs”

(www.financeprojectinfo.org/publications/obesityprevention.pdf)

As stated in the introduction, this brief guide provides links to relevant federal funding sources as well as frameworks of financing strategies and childhood obesity prevention strategies. It also illustrates the potential of these funding

sources and strategies for childhood obesity prevention with examples of creative initiatives in states and communities across the country.

5 A Day

(www.5aday.org/html/background/mission.php)

The National 5 A Day Partnership has the goal of increasing fruit and vegetable consumption to 5 A Day for 75% of Americans by 2010.

Food Research and Action Center (FRAC)

(www.frac.org)

The FRAC is a national organization seeking to improve public policies to eliminate malnutrition and hunger in the U.S.

Guidelines for Childhood Obesity Prevention Programs: Promoting Healthy Weight in Children

(www.cals.arizona.edu/pubs/health/az1317.html)

Cooperative Extension, College of Agriculture & Life Sciences, The University of Arizona

Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People, CDC (1997)

(www.cdc.gov/mmwr/preview/mmwrhtml/00046823.htm)

Head Start Bureau—Administration for Children and Families

(www2.acf.dhhs.gov/programs/hsb/)

Health Resources and Services Administration

(www.brightfutures.org)

The Bright Futures in Practice: Bright Futures Project aims to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

Healthy Kids Challenge

(www.healthykidschallenge.com/faq.php)

This national program offers resources for schools to use in integrating classroom learning with good health practices, in addition to other templates for action within other venues of the school.

Healthy People 2010

(www.cdc.gov/nchs/hphome.htm)

Provides a breakdown of the objectives set forth by the Department of Health and Human Services for “a comprehensive, nationwide health promotion and disease prevention agenda.”

“The Community Planning Guide Using Healthy People 2010” (www.health.gov/healthypeople/publications/HealthyCommunities2001) and the “Healthy People 2010 Toolkit” (www.health.gov/healthypeople/state/toolkit) may also be useful for state policy planners.

Healthy Children, Healthy Families, and Healthy Communities

(www.headstartinfo.org/publications/hsbulletin75/hsb75_07.htm)

A program created by the Indian Health Service (IHS) Head Start Obesity and Diabetes Prevention Initiative to promote healthy habits, physical activity, healthful eating behaviors, and self-esteem among American Indian/Alaska Native Head Start children, families, staff, and communities. The goal is to prevent or delay Type 2 diabetes and obesity.

Healthy Schools for Healthy Kids, The Robert Wood Johnson Foundation

(www.rwjf.org/files/publications/other/HealthySchools.pdf)

Institute of Medicine of the National Academies

(www.iom.edu/obesity)

(www.iom.edu/report.asp?id=22596)

A “comprehensive national strategy that recommends specific actions for families, schools, industry, communities, and government.” The IOM’s Childhood Obesity Prevention Study was supported by Congress to create a prevention-focused action plan to decrease the number of obese children and youth in the U.S.. The resulting report, “*Preventing Childhood Obesity: Health in the Balance*” (www.nap.edu/books/0309091969/html/), emphasizes certain actions at the federal, state, and local levels:

FEDERAL GOVERNMENT

- Establish an interdepartmental task force and coordinate federal actions
- Develop nutrition standards for foods and beverages sold in schools
- Fund state-based nutrition and physical-activity grants with strong evaluation components
- Develop guidelines regarding advertising and marketing to children and youth by convening a national conference
- Expand funding for prevention intervention research, experimental behavioral research, and community-based population research; strengthen support for surveillance, monitoring, and evaluation efforts

INDUSTRY AND MEDIA

- Develop healthier food and beverage product and packaging innovations
- Expand consumer nutrition information

- Provide clear and consistent media messages

STATE AND LOCAL GOVERNMENTS

- Expand and promote opportunities for physical activity in the community through changes to ordinances, capital improvement programs, and other planning practices
- Work with communities to support partnerships and networks that expand the availability of and access to healthful foods

HEALTH-CARE PROFESSIONALS

- Routinely track body mass index (BMI) in children and youth and offer appropriate counseling and guidance to children and their families

COMMUNITY AND NONPROFIT ORGANIZATIONS

- Provide opportunities for healthful eating and physical activity in existing and new community programs, particularly for high-risk populations

STATE AND LOCAL EDUCATION AUTHORITIES AND SCHOOLS

- Improve the nutritional quality of foods and beverages served and sold in schools and as part of school-related activities
 - Increase opportunities for frequent, more intensive, and engaging physical activity during and after school
 - Implement school-based interventions to reduce children's screen time
-
- Develop, implement, and evaluate innovative pilot programs for both staffing and teaching about wellness, healthful eating, and physical activity

PARENTS AND FAMILIES

- Engage in and promote more healthful dietary intakes and active lifestyles (e.g., increased physical activity, reduced television and other screen time, more healthful dietary behaviors)

Kids Walk-to-School Program, CDC (www.cdc.gov/nccdphp/dnpa/kidswalk/)

LEAN Program Tripler Army Medical Center (www.das.cs.amedd.army.mil/journal/J9725.htm)

The Tripler Army Medical Center (TAMC) Inpatient Health Psychology Program created the *LEAN* program (emphasizing healthy Lifestyles, Exercise/Emotions, Attitudes, and Nutrition) to offer obese patients a medically healthy and emotionally safe treatment that also involves a low-intensity exercise program.

Living Well

(www.learningandlivingwell.org/index.htm)

Raising Kids, Eating Right, Spending Smart, Living Well: Information and education at your fingertips to help you live well. Brought to your family and consumer sciences professionals with Cooperative Extension around the United States. Families across the United States turn to the Cooperative Extension system in their state for research-base, non-biased information and education.

National Business Group on Health

(www.businessgrouphealth.org/about/statement.cfm)

This nonprofit organization's mission is to find "innovative and forward-thinking solutions to the nation's most important health care and related benefits issues."

National Cancer Institute (NCI)

(www.dccps.nci.nih.gov/5aday)

This link offers information on the nationwide "5 A Day" campaign instituted by NCI.

National Center for Health Statistics (NCHS)

National Health and Nutrition Examination Surveys (NHNES)

(www.cdc.gov/nchs/)

(www.cdc.gov/nchs/nhanes.htm)

These sites contain data accumulated through the annual surveys conducted by states throughout the years. The NCHS has two major types of data systems: systems based on populations, containing data collected through personal interviews or examinations; and systems based on records, containing data collected from vital and medical records. The NHNES focuses on data related specifically to health and nutrition.

National Diabetes Education Program

(www.ndep.nih.gov/about/about.htm)

Sponsored by the NIH and the CDC, this federally funded program includes over 200 partners at the federal, state, and local levels who work together to reduce the morbidity and mortality associated with diabetes.

National Extension Association of Family and Consumer Sciences

(www.neafcs.org/)

Impacting the quality of life for children, adults, families and communities.

National Health Information Center

(www.healthfinder.gov)

The “*healthfinder Gateway to Reliable Consumer Health Information on the Internet*” offers an electronic database for online health resources.

National Heart, Lung and Blood Institute (NHLBI)

(www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_hb_en.pdf)
(www.wecan.nhlbi.nih.gov)

This link provides information on the *We Can! Program* created by four centers from the NIH – NHLBI, NIDDK, NICHD, and the NCI. The *We Can!* Program focuses on helping children aged 8 – 13 maintain a healthy weight by “improving food choices, increasing physical activity, and reducing screen time.” Aimed mainly at parents, the program provides strategies for how families can support their children in creating and maintaining healthy lifestyles.

The “*Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*” (www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm) provides a resource for healthcare practitioners through the NHLBI Health Information Network.

“*Hearts N’ Parks*”

(www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/hnp_ab.htm) is a national, community-based program supported by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health and the National Recreation and Park Association (NRPA). As described on the web site, this program aims to reduce obesity by encouraging Americans to aim for a healthy weight, follow a heart-healthy eating plan, and engage in regular physical activity.

National Institute on Aging

(www.nia.nih.gov)

These two links provide written and visual aids to maintaining physical fitness for older Americans: “*Exercise: A Guide From the National Institute on Aging*” (www.niapublications.org/exercisebook/index.asp).

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

(www.win.niddk.nih.gov/publications/over_child.htm)

“*Helping Your Overweight Child*” outlines a brief method in how parents can counsel and guide their overweight child, i.e., healthy eating habits, daily physical activity, emotional support, etc..

“*Sisters Together: Move More, Eat Better*” (www.win.niddk.nih.gov/sisters/) is a national initiative of the Weight-control Information Network (WIN) designed to encourage black women 18 and over to maintain a healthy weight by becoming more physically active and eating healthier foods.

The *Weight-Control Information Network* (www.win.niddk.nih.gov/index.htm) provides the general public, health professionals, the media, and Congress with up-to-date, science-based information on weight control, obesity, physical activity, and related nutritional issues.

National Institute of Environmental Health Sciences (NIEHS)
(www-apps.niehs.nih.gov/conferences/drcpt/oe2005/index.cfm)

“Environmental Solutions to Obesity in America’s Youth” summarizes the topics addressed at the June 2005 conference. It provides virtual copies of the presentations about issues such as, *“How can the environment be modified to promote healthier eating and increased physical activity?”* and *“How can environmental interventions address disparities in the prevalence of overweight and obesity?”* among others.

National Institutes of Health (NIH)
(www.health.nih.gov/result.asp/476)
(www.obesityresearch.nih.gov/)

Provides links to other NIH Centers (National Institute of Diabetes and Digestive and Kidney Diseases, National Heart, Lung and Blood Institute, National Institute of Environmental Health Sciences, and the National Cancer Institute) in addition to links to new research on obesity.

The NIH Obesity Research web site presents information about NIH-supported research on obesity prevention and treatment. Additionally, the *Strategic Plan for NIH Obesity Research 2004*

(www.obesityresearch.nih.gov/About/Obesity_ExecSummary.pdf) provides resources for NIH guidelines regarding the disease.

National Institute of Health Care Management Foundation
(www.nihcm.org)

The NIHCM Foundation is a non-profit, nonpartisan organization dedicated to improving the effectiveness, efficiency, and quality of America’s healthcare system. The Foundation conducts research, policy analysis and educational activities on a range of health care issues. It fosters dialogue between the private health care industry and government to find workable solutions to health system problems.

NIHCM ISSUE BRIEF, April 2006 *“Tackling Childhood Obesity Through Public-Private Collaboration”*
(available at: www.nihcm.org/finalweb/NIHCMObesityBrief.pdf)

National Network for Health

(www.nnh.org/)

This web site originally started by the National Network for Health (NNH), is a collaborative effort of two Cooperative Extension System national initiatives, Children, Youth and Families at Risk ([CYFAR](#)) and Healthy People...Healthy Communities ([HPHC](#)). It facilitates the collection, development, access and delivery of health related information and educational materials among the Land Grant Universities and the general public.

Obesity Education Initiative, NHLBI

(www.nhlbi.nih.gov/about/oei/)

The overall purpose of the initiative is to help reduce the prevalence of overweight along with the prevalence of physical inactivity in order to reduce the risk of coronary heart disease (CHD) and overall morbidity and mortality from CHD.

Opportunity to Learn: Standards for Elementary Physical Education, National Association for Sport and Physical Education (2000)

(member.aahperd.org/template.cfm?template=Productdisplay.cfm&productID=368§ion=5)

Partnership for Healthy Weight Management

(www.consumer.gov/weightloss/)

The Partnership for Healthy Weight Management is “a coalition of representatives from science, academia, the health care profession, government, commercial enterprises and organizations whose mission is to promote sound guidance on strategies for achieving and maintaining a healthy weight.”

President's Council on Physical Fitness and Sports

(www.fitness.gov/)

Invites public to increase physical activity to at least 30 minutes per day and offers tips and resources for increasing daily physical activity.

Prevention Institute

(www.preventioninstitute.org)

The institute focuses on “a systematic approach to prevention that synthesizes and strengthens knowledge from multiple disciplines, and emphasizes primary prevention as key in addressing major societal concerns.”

Shape It Up Activity Book and Family Guide

(www.HorizonBlue.com/shapeitup)

Provides useful tips and fun activities to help families learn to make the right choices about eating habits and physical activity.

Shaping America's Youth

(www.shapingamericasyouth.com/Default.aspx)

"Our objective is to provide the latest and most comprehensive information on programs and community efforts across the United States directed at increasing physical activity and improving nutrition in our nation's youth."

Step Up To Health...It Starts in Parks

(www.nrpa.org/content/default.aspx?documentid=1765)

Sponsored by the National Recreation and Parks Association, "... summits serve as a call to action for all park and recreation professionals and citizen advocates interested in contributing to advance parks and recreation as a leader for health and livability at a local, state, and national level."

Syndemics Prevention Network

(www.cdc.gov/syndemics/)

"Syndemic" is a term invented to describe a set of linked health problems. A syndemic is two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population. This site provides information on how obesity is syndemically-related to a host of other social, economic, behavioral, and educational issues.

Ten Strategies for Promoting Physical Activity, Healthy Eating, and a Tobacco-free Lifestyle Through School Health Programs, CDC (2003)

(www.cdc.gov/healthyyouth/publications/pdf/ten_strategies.pdf)

U.S. Food and Drug Administration - Calories Count

(www.cfsan.fda.gov/~dms/nutrcal.html)

This site provides general links to obesity-related topics from the CDC, FDA, and HHS.

U.S. Department of Agriculture (USDA) Dietary Guidelines for Americans

(www.nalusda.gov/fnic/dga/index.html)

(www.health.gov/dietaryguidelines/dga2005/document/pdf/DGA2005.pdf)

This comprehensive guide to fulfilling USDA daily intake requirements of vitamins, minerals, fat, protein, and sugars provide a thorough background for establishing a nutritional baseline. There is advice on how to moderate caloric intake for overweight children in addition to providing general counsel to reduce excess weight.

USDA Food Pyramid -- Revised

(www.mypyramid.gov/pyramid/index.html)

This interactive link to the revised food pyramid illustrates how the combination of physical activity along with the measured consumption of foods from the various categories (grains, vegetables, fruits, milk, meat and beans, oils, and discretionary calories) creates a balanced and nutritive lifestyle.

The “*Guidance on How to Understand and Use the Nutrition Facts Panel on Food Labels*” (www.cfsan.fda.gov/~dms/foodlab.html) informs consumers on how to screen food labels for nutritive content and dietary benefits.

USDA Food and Nutrition Service

(www.fns.usda.gov)

Also sponsored by the USDA Food and Nutrition Service, “*The National Breastfeeding Promotion Campaign*”

(www.fns.usda.gov/wic/content/bf/brpromo.htm) provides information on the national program’s effort to increase awareness about the benefits of breastfeeding.

Team Nutrition (www.fns.usda.gov/tn/) is an initiative of the USDA Food and Nutrition Service to support the Child Nutrition Programs through training and technical assistance for foodservice, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity.

USDA’s National Agricultural Library

(www.nal.usda.gov)

Nutrition.gov (www.nutrition.gov/index.php?mode=about) is a site created and sponsored by the USDA and the USDA’s National Agricultural Library to provide “a gateway to reliable information on nutrition, healthy eating, physical activity, and food safety for consumers, educators and health professionals” from the federal government.

U.S. Department of Health and Human Services (DHHS)

(www.4woman.gov/owh/education.htm)

This site links to the “*Girls and Obesity Initiative*”, a program aimed at decreasing obesity in girls.

The “*Blueprint for Action on Breastfeeding*” (www.4woman.gov/Breastfeeding/bluprntbk2.pdf) provides information for the general public on the health benefits of breastfeeding.

Also sponsored by the U.S. DHHS, The AOA (www.aoa.gov/eldfam/Healthy_Lifestyles/Phy_Act_Nut/Phy_Act_Nut.asp), the *Administration on Aging*, provides information for older Americans on maintaining and/or creating healthy lifestyles through physical activity and nutrition.

U.S. Preventive Task Force

(www.ahrq.gov/clinic/pocketgd.pdf)

This link to the 2005 edition of the “*Guide to Clinical Preventive Services*” provides clinicians with recommended guidelines for treating patients with various disorders.

VERB™ It’s what you do.

(www.verbnow.com)

Is a national, multicultural, social marketing campaign targeted to the 9-12 year old age group to encourage physical activity. It is coordinated by the U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention (CDC). Information about this campaign, as well as links to related sites can be found at: www.cdc.gov/youthcampaign/

Walkability Checklist, Pedestrian and Bicycle Information Center, Partnership for a Walkable America, U.S. Department of Transportation and U.S. Environmental Protection Agency

(www.walkinginfo.org/walkingchecklist.htm)

YMCA

(www.ymca.net)

This nonprofit community service organization offers local programs targeted toward obese children and also offers access to recreational facilities for exercise and fitness activities. The *YMCA Healthy Kids Day* celebrates healthy lifestyles in childhood and also provides information to families on how to create and maintain mental, physical, and emotional health in their children.

INTERNATIONAL

The Brighton and Hove Active Living Task Force

(www.brightonhovecitypct.nhs.uk/)

Sponsored by the English Brighton and Hove Primary Care Trust, this task force aims to encourage the Brighton community to value and increase the amount of physical activity in their daily lives.

Go For Green – Active Transportation Program (National Roundtable on Active Transportation)

(www.goforgreen.ca/at/eng/index.aro)

Canadian sponsors “Go for Green” and “Health Canada” head a coalition of government and local agencies to fulfill the mission to “collectively develop the next steps for active transportation in Canada.”

ONLINE HEALTH RESOURCES DATABASES AND ACADEMIC LINKS

American Journal of Public Health

(www.ajph.org)

American Journal of Epidemiology

(www.aje.oupjournals.org)

American Psychological Association

(www.apa.org)

CDC – Morbidity and Mortality Weekly Report

(www.cdc.gov/mmwr/weekcvol.html)

Combined Health Information Database (CHID)

(www.chid.nih.gov)

CHID is a bibliographic database produced by health-related agencies of the federal government.

County and Municipal Web sites

(www.nj.gov/localgov.htm)

DirLine

(www.dirline.nlm.nih.gov)

National Library of Medicine’s web resource to locate health organizations.

ERIC

(www.searcheric.org)

“ERIC is a database of abstracts of journal articles (*Current Index to Journals in Education*) and other resources (*Resources in Education*) including conference papers and state and local reports.”

Funding Opportunities

(www.aap.org/commpeds/funding.html#fund)

Grey Literature

(www.nyam.org/library/general.shtml)

Kaiser Daily Reports

(www.kaisernetwork.org)

The Kaiser Family Foundation

(www.kff.org)

Legislative Information – Web-based

(www.thomas.loc.gov)

Medline Plus

(www.medlineplus.gov)

Medscape

(www.medscape.com)

National Center for Health Statistics

(www.cdc.gov/nchs/default.htm)

National Library of Medicine

(www.nlm.nih.gov)

New Jersey Center for Health Statistics

(www.state.nj.us/health/chs)

NYNJ Public Health Training Center

(www.nynj-phtc.org)

The New York/New Jersey Public Health Training Center is a joint project of Mailman School of Public Health at Columbia University, the School of Public Health at the University of Medicine and Dentistry of New Jersey, and the University at Albany School of Public Health.

Phpartners: Partners in Health Information Access for the Public Health Workforce

(www.phpartners.org)

Policy Database, CDC

(www.apps.nccd.cdc.gov/DNPALeg/)

Policy Database, National Association of State Boards of Education)

(www.nasbe.org/HealthySchools/States/State_Policy.html)

Policy Information Exchange (PIE)

(www.mimh200.mimh.edu/mimhweb/pie/)

A database that indexes mental health policies and reports.

PubMed

(www.pubmed.gov)

School Health Index, CDC

(www.apps.nccd.cdc.gov/shi/)

The 24 Languages Project

(www.medstat.med.utah.edu/24languages)

Electronic access to over 200 health education brochures in 24 different languages.

U.S. Census Bureau – American Fact Finder

(www.factfinder.census.gov/home/saff/main.html?_lang=en)

(www.census.gov)

DATA RELATED TO RECOMMENDATIONS

“Healthy New Jersey 2010 – A Health Agenda for the First Decade of the New Millennium” (June 2001)¹ is a public health agenda for the state. It made recommendations for goals and measurable objectives in five major areas. Although none of these major areas are exclusively directed to obesity, several of the objectives are related to the recommendations made by the Obesity Prevention Task Force. We are fortunate that data was collected for these objectives and that baseline data was reported in this document.

Data on these objectives has been collected annually and, along with the baseline data, is reported in Healthy New Jersey 2010 – Update 2005.² Data is presented for the following seven objectives:

- Increase the proportion of infants who were breastfed at hospital discharge.
- Increase the proportion of breastfeeding women whose infants are breastfed exclusively at hospital discharge.
- Increase the percentage of the eligible population served by the Women, Infants, and Children Program (WIC).
- Increase percentage of persons aged 18 and over eating at least five daily servings of fruits and vegetables (including legumes).
- Reduce percentage of persons aged 18 and over who are overweight but not obese.
- Reduce percentage of persons aged 18 and over who are obese.
- Reduce the percentage of persons aged 18 or older who do not engage regularly, in moderate physical activity for at least 30 minutes per day.

Additionally, based on the recommendations of the New Jersey Childhood Obesity Roundtable convened in 2002, a retrospective records survey was developed by a team from the Departments of Health and Senior Services and Education to establish a baseline estimate of weight status of school aged children in order to guide state policy, program planning and evaluation. (see pages 116,117)

¹ Healthy New Jersey 2010 is available online at the Department of Health and Senior Services’ Web site at

www.state.nj.us/health/chs.

For copies of the report call 1-609-984-6702 or contact:

Center for Health Statistics

New Jersey Department of Health and Senior Services

PO Box 360

Trenton, NJ 08625-0360

² www.state.nj.us/health/chs/hnj2010u05/index.shtml

Healthy New Jersey 2010: Update 2005

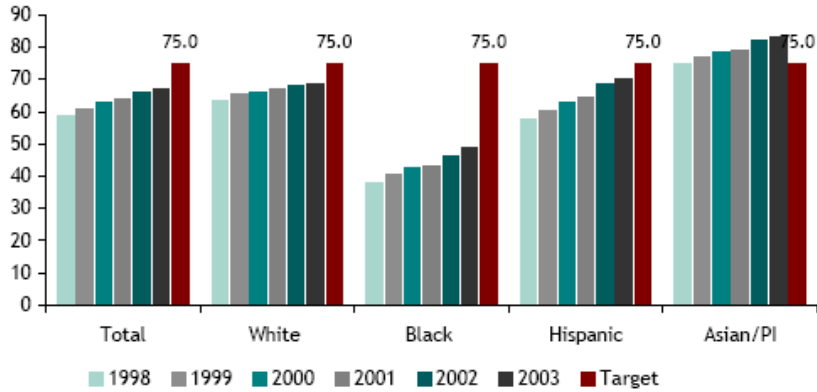
Fundamentals of Good Health: Healthy Mothers and Young Children

Objective 7: Increase the proportion of infants who were breastfed at hospital discharge

Population	Target	Preferred Endpoint
Total	75.0	75.0
White (non-Hispanic)	75.0	75.0
Black (non-Hispanic)	75.0	75.0
Hispanic	75.0	75.0
Asian/Pacific Islanders (non-Hispanic)	75.0	75.0

Recent Data

Proportion of infants breastfed at hospital discharge, New Jersey 1998-2003



	Total	White	Black	Hispanic	Asian/PI
1998	58.6	63.4	38.0	57.5	74.6
1999	61.0	65.2	40.6	60.4	76.9
2000	62.7	66.1	42.6	62.8	78.3
2001	63.7	66.8	43.3	64.5	79.1
2002	66.0	67.9	46.3	68.5	81.9
2003	67.2	68.4	48.7	69.9	83.2

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.
 Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

Healthy New Jersey 2010: Update 2005

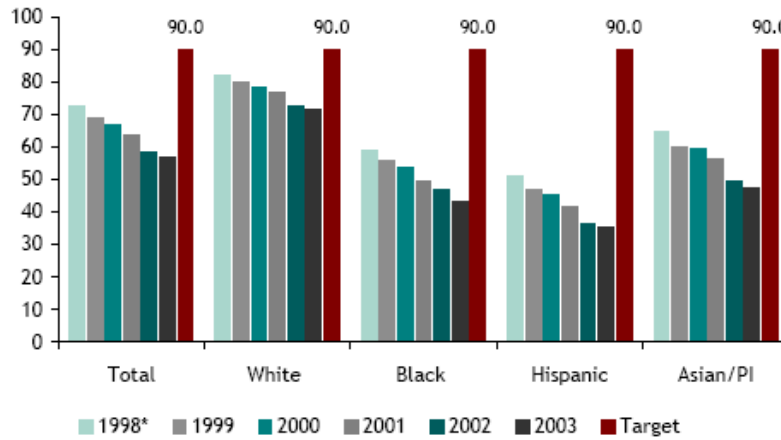
Fundamentals of Good Health: Healthy Mothers and Young Children

Objective 8: Increase the proportion of breastfeeding women whose infants are breastfed exclusively at hospital discharge

Population	Target	Preferred Endpoint
Total	90.0	90.0
White (non-Hispanic)	90.0	90.0
Black (non-Hispanic)	90.0	90.0
Hispanic	90.0	90.0
Asian/Pacific Islanders (non-Hispanic)	90.0	90.0

Recent Data

Percent of infants breastfed exclusively at hospital discharge, New Jersey 1998-2003



	Total	White	Black	Hispanic	Asian/PI
1998*	72.5	82.3	59.2	51.2	65.0
1999	69.1	80.1	55.8	46.8	60.0
2000	67.1	78.6	53.5	45.4	59.5
2001	63.8	76.7	49.6	41.6	56.2
2002	58.7	72.5	46.7	36.3	49.8
2003	56.8	71.5	43.3	35.3	47.7

* The baseline data have been changed due to a previous calculation error.
 Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

Healthy New Jersey 2010: Update 2005

Fundamentals of Good Health: Healthy Mothers and Young Children

Objective 10: Increase the percentage of the eligible population served by the Women, Infants, and Children Program (WIC)

Population

Eligible WIC population served

Target

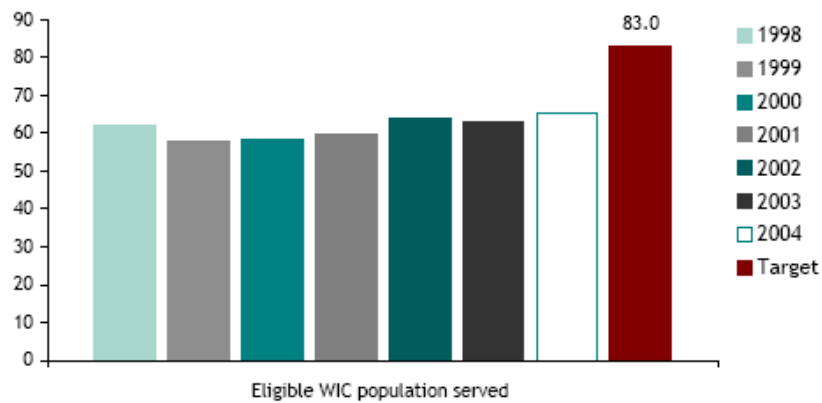
83.0

Preferred Endpoint

100.0

Recent Data

Percentage of eligible WIC population served, New Jersey 1998-2004



Year	Eligible WIC population served
1998	62.0
1999	57.7
2000	58.2
2001	59.8
2002	64.1
2003	63.2
2004	65.3

Source: New Jersey Department of Health and Senior Services, Division of Family Health Services

Healthy New Jersey 2010: Update 2005

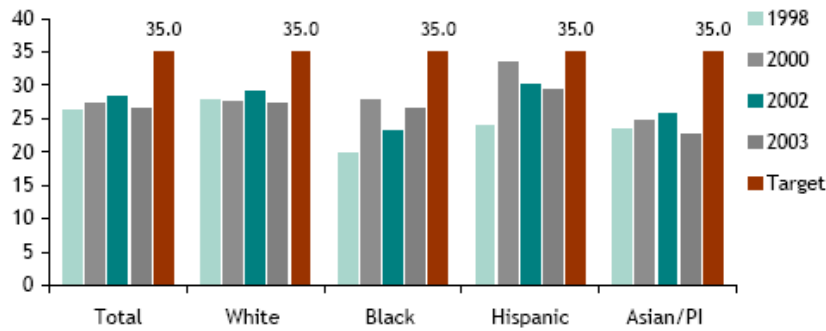
Fundamentals of Good Health: Healthy Behaviors - Adults

Objective 1: Increase percentage of persons aged 18 and over eating at least five daily servings of fruits and vegetables (including legumes)

Population	Target	Preferred Endpoint
Total	35.0	50.0
White (non-Hispanic)	35.0	50.0
Black (non-Hispanic)	35.0	50.0
Hispanic	35.0	50.0
Asian/Pacific Islander (non-Hispanic)	35.0	50.0

Recent Data

Percentage of persons eating at least 5 daily servings of fruits and vegetables, New Jersey 1998-2003



	Total	White	Black	Hispanic	Asian/PI
1998	26.1	27.7	19.8	23.8	23.3
1999	***	***	***	***	***
2000	27.4	27.5	27.9	33.4	24.6
2001	***	***	***	***	***
2002	28.2	29.0	23.1	30.2	25.8
2003	26.6	27.2	26.4	29.2	22.7

***Question not asked in this data year.

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

Healthy New Jersey 2010: Update 2005

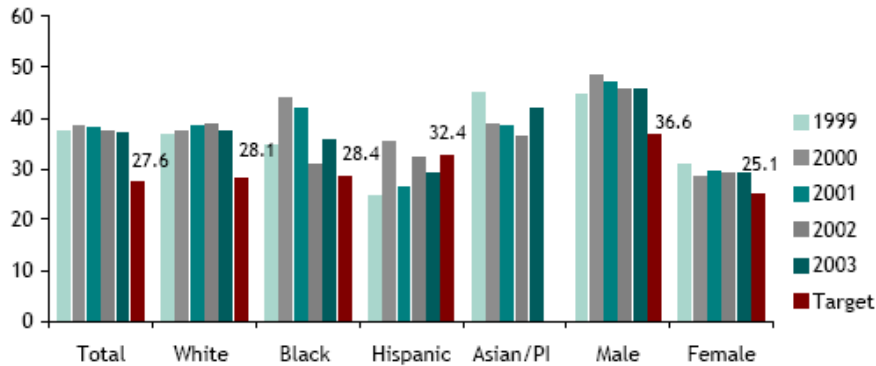
Fundamentals of Good Health: Healthy Behaviors - Adults

Objective 2: Reduce percentage of persons aged 18 and who are overweight but not obese

Population	Target	Preferred Endpoint
Total	27.6	25.0
White (non-Hispanic)	28.1	25.0
Black (non-Hispanic)	28.4	25.0
Hispanic	32.4	25.0
Asian/Pacific Islander (non-Hispanic)	*	*
Male	36.6	25.0
Female	25.1	25.0

Recent Data

Percentage of adults aged 18 and older who are overweight but not obese by race/ethnicity and gender, New Jersey 1999-2003



	Total	White	Black	Hispanic	Asian/PI	Male	Female
1999	37.5	36.8	34.8	24.6	45.1	44.5	30.8
2000	38.3	37.3	44.1	35.5	38.9	48.4	28.5
2001	38.1	38.4	41.9	26.4	38.5	47.1	29.5
2002	37.3	38.8	30.9	32.2	36.5	45.7	29.2
2003	37.2	37.3	35.8	29.0	41.9	45.6	29.1

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

Healthy New Jersey 2010: Update 2005

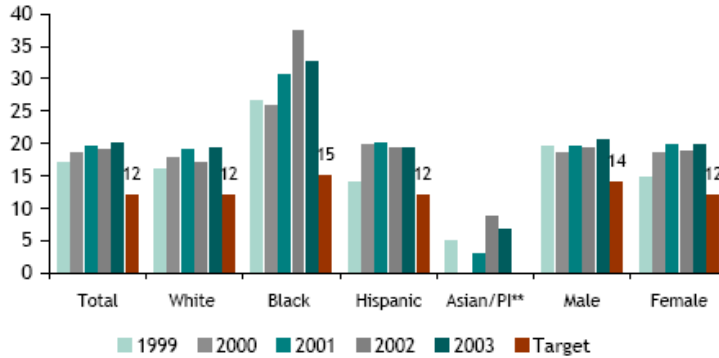
Fundamentals of Good Health: Healthy Behaviors - Adults

Objective 3: Reduce percentage of persons aged 18+ who are obese

Population	Target	Preferred Endpoint
Total	12.0	12.0
White (non-Hispanic)	12.0	12.0
Black (non-Hispanic)	15.0	12.0
Hispanic	12.0	12.0
Asian/Pacific Islander (non-Hispanic)	*	*
Males	14.0	12.0
Females	12.0	12.0

Recent Data

Percentage of persons aged 18 and older who are obese, New Jersey 1996-2003



	Total	White	Black	Hispanic	Asian/PI**	Male	Female
1999	17.0	16.1	26.5	14.1	5.0	19.5	14.7
2000	18.5	17.9	25.9	19.8	**	18.4	18.5
2001	19.6	19.1	30.6	20.0	2.9	19.4	19.9
2002	19.0	17.0	37.3	19.2	8.7	19.2	18.8
2003	20.1	19.2	32.5	19.2	6.6	20.5	19.7

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

** Estimate has a relatively large standard error. See Appendix C.

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance System

Healthy New Jersey 2010: Update 2005

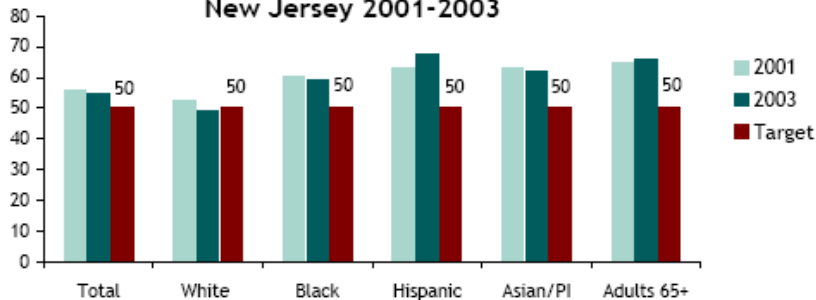
Fundamentals of Good Health: Healthy Behaviors - Adults

Objective 4: Reduce the percentage of persons aged 18 or older who do not engage regularly, in moderate physical activity for at least 30 minutes per day

Population	Target	Preferred Endpoint
Total	57.5	50.0
White (non-Hispanic)	57.5	50.0
Black (non-Hispanic)	57.5	50.0
Hispanic	57.5	50.0
Asian/Pacific Islander (non-Hispanic)	*	*
Adults 65+	57.5	50.0

Recent Data

Age-adjusted percentage of adults at risk for not meeting the moderate physical activity recommendation,
New Jersey 2001-2003



	Total	White	Black	Hispanic	Asian/PI	Adults 65+
2001	55.8	52.7	60.1	63.0	63.2	65.0
2002	***	***	***	***	***	***
2003	54.9	49.4	59.3	67.8	62.2	66.0

* A target was not set because the baseline data for this subpopulation were statistically unreliable.

***Question not asked this year.

Note: Data for White, Black, and Asian/Pacific Islander do not include Hispanics.

Note: Due to a change in the wording of the BRFSS question source for this objective, it was necessary to change the overall objective to match the data that is available. The targets were also revised to reflect this change.

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics, Behavioral Risk Factor Surveillance

CHILDHOOD WEIGHT STATUS New Jersey 2003-2004



New Jersey Department of Health and Senior Services • September 2004, Issue -1 • Reprint

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

"Our best hope is to prevent children from becoming overweight in the first place. We need to help children develop healthy eating and activity patterns that will last a lifetime."

Former U.S. Surgeon General David Satcher

The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity 2001

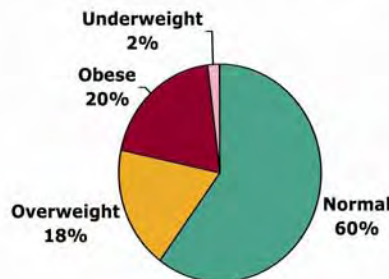
Obesity in childhood is a growing global concern and New Jersey is not exempt. In the United States, in the last thirty years, the percentage of overweight youth has doubled for ages 6-11 and tripled for ages 12-19. According to the National Health and Nutrition Examination Survey (NHANES), 15 percent of children aged 6-11, and 12-19, are obese. Obesity places young people at risk for life-long health problems including high cholesterol, high blood pressure, early heart disease, stroke, asthma, depression and diabetes. It is a serious health threat that poses an equally significant economic burden on society. Additionally, a young person's health is associated with his/her academic performance. Since childhood patterns of nutrition and physical activity are key factors in obesity prevention, early intervention is important.

In June 2002, the New Jersey Childhood Obesity Roundtable was convened by the Department of Health and Senior Services (DHSS) to determine the extent of the youth obesity problem in the state. Roundtable participants learned that public school nurses regularly collect student height and weight data; however, this information has not been accessible for evaluation at the state level.

Following the Roundtable, a team from the DHSS and New Jersey Department of Education (DOE) developed a retrospective records survey to establish a baseline estimate of weight status of school age children in order to guide state policy, program planning and evaluation. This study analyzed 2,393 sixth grade records from 40 randomly selected public schools from varying socio-economic strata.

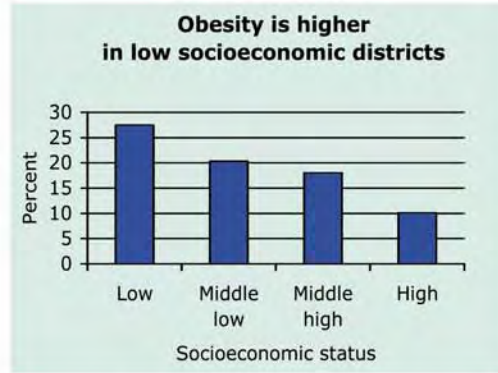
New Jersey results indicate that 60 percent of sixth grade students are of normal weight. Twenty percent of sixth grade students are obese and eighteen percent of sixth grade students are overweight.

60 percent of New Jersey sixth grade youth are of normal weight.

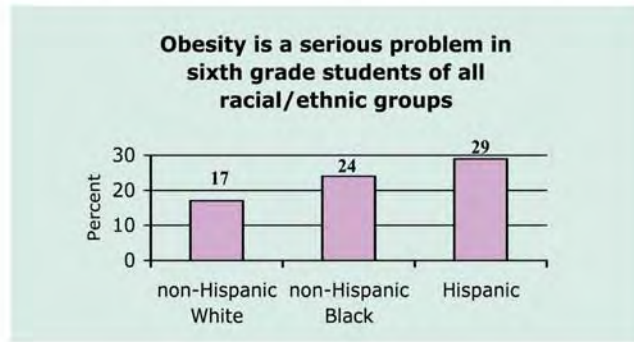


***definitions:** in children and teens, body mass index (BMI) is used to assess weight status. BMI is based on growth charts for age and gender. The BMI was used in this study to categorize sixth grade students.

Source: US Centers for Disease Control and Prevention. Division of Nutrition and Physical Activity. BMI-for-Age tables are available at <http://cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm>



To improve medical screening and intervention practices, the American Academy of Pediatrics recommends that pediatric care providers calculate and plot body mass index (BMI) for age once a year for all children and adolescents, and to use change in BMI to identify excessive weight gains and the need for intervention.



What WE Can Do To Influence Youth

- **Set an example** by modeling good eating and physical activity behaviors on a regular basis. Children need to be active at least 60 minutes every day. Adults need to be active at least 30 minutes every day.
- **Involve** the whole family in physical activities.
- **Support** physical education in schools.
- **Encourage** schools and communities to provide time for physical activity during the school day.
- **Advocate** for the use of school facilities before school, after school and during vacations for physical activity opportunities for all members of the community.
- **Eat** 5 or more servings of fruits and vegetables every day.
- **Advocate** for the adoption of school policies that guide the types of foods offered for sale or free promotion on school property during the school day and at school events (includes school lunch, snacks and vending machines).
- **Decrease** screen (TV, video and computer) hours for all.

LEGISLATION P.L. 2003, C. 303

The Act establishing the Obesity Prevention Task Force:

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. The Legislature finds and declares that:
 - a. Obesity is a widespread and growing problem in the United States with significant medical, psychosocial and economic consequences; according to the federal Centers for Disease Control and Prevention, in 1999, an estimated 61% of adults in this country were either overweight or obese;
 - b. The prevalence of obesity has increased substantially over the past 20 years, and this trend is expected to continue;
 - c. The estimated one-third of all Americans who are overweight or obese are at increased risk of developing such conditions as high blood pressure, high blood cholesterol, type 2 diabetes, insulin resistance, hyperinsulinemia, coronary heart disease, angina pectoris, congestive heart failure, stroke, certain forms of cancer, gallstones, cholecystitis and cholelithiasis, gout, osteoarthritis, obstructive sleep apnea and respiratory problems, pregnancy complications, poor female reproductive health, bladder control problems and psychological disorders;
 - d. Excess weight is second only to smoking as a cause of death in this country; nationwide, some 200,000 deaths annually are attributable to a sedentary lifestyle;
 - e. The economic costs of obesity and its complications are estimated to exceed \$100 billion annually;
 - f. Obesity is a chronic disease with a complex and multi-factorial etiology, involving biochemical, neurological/psychological, genetic, environmental and cultural/psychosocial factors; and
 - g. It is in the interest of the public health for the State to establish a New Jersey Obesity Prevention Task Force to develop recommendations for specific actionable measures to support and enhance obesity prevention among New Jersey residents, particularly among children and adolescents.

2. a. There is established the New Jersey Obesity Prevention Task Force in the Department of Health and Senior Services. The purpose of the task force shall be 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 shall comprise the basis for a New Jersey Obesity Action Plan, which the task force shall present to the Governor and the Legislature pursuant to section 4 of this act.
 - b. The task force may consider, but need not be limited to, the following measures as components of the New Jersey Obesity Action Plan, and the most effective means of their implementation:

- (1) development of a media health promotion campaign targeted to children and adolescents and their parents and caregivers;
- (2) establishment of school-based childhood obesity prevention nutrition education and physical activity programs;
- (3) establishment of community-based childhood obesity prevention nutrition education and physical activity programs that involve parents and caregivers;
- (4) coordination of State efforts with those of federal and local government agencies to incorporate strategies to prevent and reduce childhood obesity into food assistance, health, education and recreation programs;
- (5) sponsorship of periodic conferences to bring together experts in nutrition, exercise, public health, mental health, education, parenting, media, food marketing, food security, agriculture, community planning and other disciplines to consider societal solutions to the problem of obesity in children and adolescents and issue guidelines and recommendations for public policy in this State;
- (6) development of training programs for health care professionals; and
- (7) development of, and support for, community-based projects targeted to high-risk populations.

3. a. The task force shall consist of 27 members as follows:

- (1) the Commissioners of Health and Senior Services, Human Services and Education and the Secretary of Agriculture, or their designees, who shall serve ex officio; and
- (2) 23 public members, who shall be appointed by the Governor no later than the 30th day after the effective date of this act, as follows: one person upon the recommendation of the New Jersey Public Health Association; one person upon the recommendation of the Medical Society of New Jersey; one person upon the recommendation of the American Academy of Pediatrics-New Jersey Chapter; one person upon the recommendation of the New Jersey Association of Osteopathic Physicians and Surgeons; one person upon the recommendation of the New Jersey Academy of Family Physicians; one person upon the recommendation of the University of Medicine and Dentistry of New Jersey; one person upon the recommendation of the New Jersey State Nurses Association; one person upon the recommendation of the New Jersey State School Nurses Association; one person upon the recommendation of the Mental Health Association in New Jersey; one person upon the recommendation of the American Heart Association; one person upon the recommendation of the American Diabetes Association; one person upon the recommendation of the Garden State Association of Diabetes Educators; one person upon the recommendation of the American Cancer Society, one person upon the recommendation of the New Jersey Dietetic Association; one person upon the recommendation of the New Jersey Health Officers Association; one person upon the recommendation of the New Jersey Association for Health, Physical Education, Recreation and Dance; one person upon the recommendation of the New Jersey Recreation and Park Association; one person upon the recommendation of the New Jersey Council on Physical Fitness and Sports; one person upon the recommendation of the YMCA; one person upon the recommendation of the New Jersey Education Association; one person upon the

recommendation of the New Jersey Food Council; and two members of the public with a demonstrated expertise in issues relating to the work of the task force.

Vacancies in the membership of the task force shall be filled in the same manner provided for the original appointments.

b. The Commissioner of Health and Senior Services or the commissioner's designee shall serve as chairperson of the task force. The task force shall organize as soon as practicable following the appointment of its members and shall select a vice-chairperson from among the members. The chairperson shall appoint a secretary who need not be a member of the task force.

c. The public members shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties and within the limits of funds available to the task force.

d. The task force shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county or municipal department, board, bureau, commission or agency as it may require and as may be available to it for its purposes.

e. The task force may meet and hold hearings at the places it designates during the sessions or recesses of the Legislature.

f. The Department of Health and Senior Services shall provide staff support to the task force.

4. The task force shall report its findings and recommendations to the Governor and the Legislature, along with any legislative bills that it desires to recommend for adoption by the Legislature, no later than 18 months after the initial meeting of the task force. The report shall contain the New Jersey Obesity Action Plan provided for in section 2 of this act.

5. This act shall take effect immediately and shall expire upon the issuance of the task force report.

Approved January 14, 2004.

