

# ***ShapingNJ*: The New Jersey Partnership for Nutrition, Physical Activity and Obesity**

## **Full Partnership Meeting Summary January 14, 2010**

On January 14, 2010 the ***ShapingNJ*** Partnership met for a full day for a mid-point review of strategies that partners have proposed to create policy and environmental changes to prevent obesity in New Jersey. These strategies have been judged effective by the U.S Centers for Disease Control and Prevention.

The Partnership comprises partners from the public, private and voluntary sectors state-wide. As of February, 2010, the partnership numbered 65 partner organizations.

One hundred and twenty-four people participated in the meeting, including representatives from some 40 partner organizations. Assemblyman Herb Conaway gave welcoming remarks, and participants heard about promoting change at the local level from four New Jersey innovators: Kimberli Craft, Montclair Township Engineer, Diane Procaccini, Coordinator of Lactation Services for Capital Health in Trenton, Frank Montesana, Ecospaces Facilitator at St. Philip's Academy in Newark, and Donna Drewes, a lead partner in Sustainable Jersey.

### **Summary of Targets, Settings and Strategies under Consideration by Workgroups**

Representatives from each of the Partnership's five behavioral workgroups presented preliminary recommendations that the workgroups developed during monthly meetings over Fall 2009 and Winter 2010.

Interim workgroup results are summarized below; concerns that meeting participants voiced during facilitated discussions after the presentations are also listed.

#### **Workgroup: Breastfeeding**

- **Behavior** - Exclusive breastfeeding
- **Target** - Minorities (US-born blacks and Latinas) and working mothers
- **Setting** - Hospitals and Workplace
- **Strategies**
  - Baby-Friendly Hospital Initiative -10 steps to successful breastfeeding (stimulus application initiative)
  - Business Case for Breastfeeding (supportive policies in the workplace)
- **Concerns from the floor**
  - *What about pregnant teens and schools?*
  - *Consider targeting all health care providers within priority audiences and not simply doctors.*

### **Workgroup: Fruits and Vegetables**

- **Behavior** - Increase NJ consumption of fruits and vegetables to meet national recommendations
- **Target** - Low income children at or below 185% of poverty and adults aged 35 - 44 yrs of age
- **Settings** - School and Community
- **Strategies**
  - Create incentives for distributors to purchase local and regionally grown fruits and vegetables when available
  - Provide incentives for ability to purchase and prepare attractive, kid-friendly, fruits and vegetables
  - Maintain state subsidy for the school breakfast and lunch programs at current or higher level.
  - Advocate for federal regulation change to increase the meal reimbursement rate, revise the meal pattern, and expand the Fresh Fruit & Vegetable Program
  - Modify the State Food Purchase Program to require Food Banks to set a minimum expenditure level for fruit and vegetable purchases
- **Concerns from the floor**
  - *What supportive behavior is needed to reinforce these policies?*
  - *Health education on how to cook/prepare fruits and veggies?*
  - *No programs in NJ to certify home economics teachers (home-economics only available as an elective)*
  - *Consider cost, origin and quality*
  - *Need food security indicators*

### **Workgroup: Sugar-Sweetened Beverages/Energy-Dense Foods**

- **Behavior** - Reduction in consumption of sugar-sweetened beverages and energy-dense foods
- **Target** - Low income children ages 2 -11, before and after school, and their families in minority, urban communities (Hispanic and African American)
- **Settings** - Schools and Communities
- **Strategies**
  - Expand Children's Food and Beverage Advertising Initiative
  - Restrict availability of less healthy foods and beverages in public service venues
- **Concerns from the floor**
  - *Why is the target age group 2-11, what about 0-2? Kids are getting bottles with soda and cool-aid.*

- *Use positive language*
- *Back up messages with education*
- *Balance public health interest vs. business interests*
- *Many soda companies are part of discussion and solution*
- *Consider food supply in the context of rising health insurance costs*

### **Workgroup: Physical Activity**

- **Behavior** - Adults and adolescents engage in recommended physical activity levels
- **Target** - Adolescent girls 12 - 18 yrs old, minority low-income women
- **Settings** - Schools and Communities
- **Strategies**
  - Increase opportunities for physical activity - both outdoors and in
  - Locate public spaces within easy walking distance of where people live
  - Enhance safety (traffic and crime hazards) in areas where target women and girls are or could be physically active
  - Increase the amount of physical activity in PE Programs in schools
  - Increase the amount of high quality physical activity (includes time, variety, engagement, class size, etc.) at school.
- **Concerns from the floor**
  - *Why are we focusing on girls, when a recent study just reported that obesity has leveled off except in the largest, boys age 6 - 19 are getting bigger?*
  - *Need focus groups for adolescence, if we build it, will they come?*

### **Workgroup: TV Viewing**

- **Behavior** - No screen viewing for children 0 - 2 years; fewer than 2 hours per day for older children and adolescents
- **Target** - Children in child and after-school care settings, kids 6th through 12th grades alone at home after school.
- **Settings** - Childcare and afterschool programs, community
- **Strategies**
  - Modify childcare licensing requirements
  - Help parents and communities provide healthy and active alternatives to screen-time
- **Concerns from the floor**
  - *Need to consider all screen time - facebook, twitter, etc...*
  - *Is there any way to collect data on advertising from these sites?*

## The Workgroups' Combined Vision

As part of their deliberations, workgroup members envisioned what they hoped to see in New Jersey by 2020. Combining the vision statement of each workgroup results in the following vision:

*"All of our hospitals will support babies' best start by helping mothers to breastfeed exclusively during their babies' first six months, and new mothers will not routinely receive formula when they leave the hospital. When mothers return to work, they will find the support and space they need there and throughout the community to continue exclusive breastfeeding.*

*All of our residents will have easy access--at school, in their neighborhoods and throughout the community-- to nutritious and affordable food and drink, especially fruits and vegetables. The abundant choices of healthy food and drink will enable everyone to eat enough fruits and vegetables each day to meet the requirements for health and discourage consumption of less healthy foods, including sugary drinks and high-calorie foods with little nutritional value.*

*Every day, every child in child or after-school care will eat healthy food, including fruits and vegetables, and engage in lots of physically active play. No child will watch TV in those settings.*

*Every community and every school will offer abundant opportunities for everyone to engage in safe, affordable physical activity that appeals to diverse levels and tastes and at levels recommended for health. In particular, communities will provide such opportunities for women and girls and children home alone after school. Physical activity will be a daily routine for all New Jersey residents throughout their lives. Schools will teach this healthy habit starting with kindergartners."*

## Key Partnership Tasks Going Forward

Meeting participants signaled several key tasks for the Partnership for the following three months:

- Testing the proposed strategies through focus groups to discover how people in the community respond to them and whether the strategies will help them engage in more healthy behaviors.
- Developing plans to support strategy implementation in:
  - Communications
  - Advocacy
  - Partner engagement
  - Sustainability

Members of the Partnership's Executive and Sustainability Committee will advise on these key functions.

- Continuing to engage the leadership, members and constituents of all organizational partners in support of Shaping NJ's vision and plan.

During spring 2010 workgroups will also continue to meet to identify and refine the Partnership's top priority strategies for implementation.

The Center for State Health Policy at Rutgers University will be evaluating Partnership activities. Evaluation design is underway. The Partnership's Surveillance and Evaluation workgroup provides guidance to the evaluation.

***ShapingNJ*** partners will produce a final set of recommendations in May 2010. ONF will submit a state plan for the CDC's approval in June 2010. Implementation will begin in July 2010.

The Partnership is staffed by the Office of Fitness and Nutrition (ONF) at the New Jersey Department of Health and Senior Services. Funding support comes from the U.S. Centers for Disease Control and Prevention (CDC).

Heroux 2-2-10