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Speaking time 3-5 minutes

**Nutrition, Physical Activity and Obesity
Prevention Meeting: From Planning to Action
RWJ Center for Health and Wellness, Hamilton
May 11, 2010
11:30**

I. Acknowledgements/Thank You

- Thank you for joining us today for this important transition from planning obesity prevention strategies to implementing them.
- Thank the representatives of the 75 public and private sector partners who put in so many hours of hard work to develop the strategies for the state obesity prevention plan.
- Thank Celeste if she attends, for her leadership.

II. Introduction

- Given the tough economic environment, reducing obesity can only be accomplished through strategic partnerships and coordination across the state.
- NJ is one of 25 states that received CDC grants to develop statewide Nutrition, Physical Activity and Obesity Prevention initiatives
- The *ShapingNJ* partnership has demonstrated that people and organizations can come together to develop strategies to alleviate the obesity epidemic in New Jersey.
- Today we are taking another step forward in combating obesity and ensuring that organizational policies and community environments support all New Jersey residents to lead healthier lives.
- You are moving from planning to action and recommitting New Jersey's resources and your organizations to these goals.

III. Obesity Statistics

- Obesity is at epidemic levels in NJ and nationally.
- NJ has the 10th lowest rate of adult obesity in the nation at 23.4%.
- NJ has the 23rd highest rate of overweight youths (ages 10-17) at 31%
- Of 40 states that report obesity data among low-income children 2-5 years old, NJ has one of the highest reported rates at 17.9% (NJ Pediatric Nutrition Surveillance System, 2008)
- In 2004, a DHSS/DOE survey of 6th grade students in New Jersey found that 20% of youth were obese and 18% were overweight.
- Generally, higher obesity levels are observed among low socioeconomic districts and among all racial/ethnic minority groups.

The Burden of Obesity

- Leading experts indicate that this generation of children may be the first in our nation's history to have shorter life expectancies than their parents.

- Currently, obesity-related health conditions cost US \$147 billion per year in direct medical costs. (Health Affairs, 2009)
- By 2030, according to a study cited by the Robert Wood Johnson Foundation, health care costs attributable to obesity and overweight could range from \$860 billion to \$956 billion.
 - This would account for 15.8 to 17.6 percent of total health care costs, or one of every six dollars spent on health care.
- Diabetes, for example, is responsible for about 20% of Medicaid costs nationally.
- Inpatient/outpatient health costs due to obesity are increasing at a rate of 36% every year.
- Prescription costs for obesity-related illnesses are climbing annually at a rate of 77%.

Best Practices including NJ

- NY City has an ordinance that requires restaurants to post calorie counts
- January 2010 – NJ Law signed requiring food chains with 20 or more locations nationally to provide calorie counts of food items and beverages – **takes effect in 2011.**
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- 19 states—including NJ—have nutritional standards for school lunches, breakfasts and snacks that are stricter than current USDA requirements.
- 27 states—including NJ—have nutritional standards for competitive foods sold a la carte, in vending machines, in school stores or in school bake sales.

IV. NJ Efforts to Combat Obesity

- **Safe Routes to School** - assists communities with programs to encourage walking and bicycling to school while enhancing the safety of these trips (NJDOT).
- In 2010, the NJDOT implemented a new "**Complete Streets**" policy for all state roadways and is working with local and regional jurisdictions to adopt similar policies to account for needs of all roadway users (pedestrians, cyclists, etc.).
- NJ is one of 22 states to receive funding from CDC to assist school districts and schools implement a **Coordinated School Health Program** to promote physical activity, nutrition, and tobacco-use prevention among students (NJDOE and NJDHSS).
- The **new 2009 WIC food package** encourages WIC participants to: fully breastfeed their babies; eat more fruits and vegetables; increase whole grain and fiber consumption; lower saturated fat in the diet; and drink less sweetened beverages and juice (DHSS).
- In 2006, DHSS published the NJ Obesity Prevention Action Plan.
- In 2007, DHSS created the Office of Nutrition and Fitness (ONF) to take the lead in addressing NJ obesity prevention efforts.
- In 2008, the CDC awarded DHSS a 5-year, \$4.1 million grant to carry out the Nutrition, Physical Activity and Obesity Prevention Program.

- In February 2010, CDC allocated (through CPPW-STI “stimulus”) nearly \$800,000 for a 2-year obesity prevention initiative.
- Today, you are presenting the obesity prevention strategies that your workgroups have developed and that your organizations are endorsing.
- Now that you have completed the planning process, you will consider the immediate action steps to begin implementing the strategies.
- And you will consider the strengths each partner can bring to this effort over the next three years of implementation.

V. Closing

- Obese residents are at grave risk of lifelong, chronic health problems like heart disease, asthma, arthritis and cancer.
- To reverse the obesity epidemic, all parts of society must work together – government, schools, parents, healthcare professionals, business and communities.
- We will continue to reach out to enlist additional strategic partners throughout New Jersey.
- Given the economic crisis, halting obesity can only be accomplished through partnership and coordination.
- We will continue to build *Shaping NJ* as a strong and effective partnership.
- Working together, we can reach our goal of a New Jersey where physical activity, good nutrition, and healthy weight are part of everyone’s everyday lives.