



## **New Jersey State Nutrition, Physical Activity, and Obesity Profile**

Obesity has important consequences on our nation's health and economy. It is linked to a number of chronic diseases, including coronary heart disease, stroke, diabetes, and some cancers (NIH Clinical Guidelines, 1998). Among adults, the medical costs associated with obesity are estimated at 147 billion dollars (Finkelstein, 2009). Many American communities are characterized by unhealthy options when it comes to diet and physical activity. We need public health approaches that make healthy options available, accessible, and affordable for all Americans.

# New Jersey - State Nutrition, Physical Activity, and Obesity Profile

CDC's Division of Nutrition and Physical, and Obesity (DNPAO) supports the nation's capacity to address public health in all policies and establish successful and sustainable interventions to support healthy eating and active living. The Division provides support (i.e., implementation and evaluation guidance, technical assistance, training, surveillance and applied research, translation and dissemination, and partnership development) to states, communities and national partners to implement policy, system, and environmental strategies. The goal is to improve dietary quality, increase physical activity and reduce obesity across multiple settings—such as child care facilities, workplaces, hospitals and medical care facilities, schools, and communities.

## State Population of New Jersey

- Estimated Total Population 2010<sup>(1)</sup>  
= 8,791,894
- Adults age 18 and over<sup>(2)</sup>  
= 76.5% of the total population in 2010
- Youth under 18 years of age<sup>(1)</sup>  
= 23.5% of the total population in 2010

<sup>(1)</sup> U.S. Census Bureau. State and County QuickFacts. 2011. Available online at <http://quickfacts.census.gov/qfd/index.html>

<sup>(2)</sup> Calculated estimated = 100% minus percent of the total population under 18 years old, using State and County QuickFacts, 2010 data from the U.S. Census.

## Adult Overweight and Obesity

### Overweight and Obesity<sup>(3)</sup>

- 60.7% were overweight, with a Body Mass Index of 25 or greater.
- 23.8% were obese, with a Body Mass Index of 30 or greater.

### Dietary Behaviors<sup>(4)</sup>

- 36.6% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 26.2% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

### Physical Activity<sup>(5)</sup>

- 44.5% of adults achieved at least 300 minutes a week of moderate-intensity aerobic physical activity or 150 minutes a week of vigorous-intensity aerobic activity (or an equivalent combination).
- 26.2% of New Jersey's adults reported that during the past month, they had not participated in any physical activity.

#### Source of Adult Obesity Data:

<sup>(3)</sup> CDC. Behavioral Risk Factor Surveillance System: Prevalence and Trend Data—Overweight and Obesity, U.S. Obesity Trends, Trends by State 2010. Available online at [http://nccd.cdc.gov/NPAO\\_DTM/](http://nccd.cdc.gov/NPAO_DTM/)

#### Source of Adult Fruit and Vegetable Data:

<sup>(4)</sup> CDC. *MMWR* September 2010 State—Specific Trends in Fruit and Vegetable Consumption Among Adults United States, 2000–2009. Available online at <http://www.cdc.gov/mmwr/pdf/wk/mm5935.pdf>

#### Source of Adult Physical Activity Data:

<sup>(5)</sup> CDC. BRFSS Behavioral Risk Factor Surveillance System: Prevalence and Trend Data—Physical Activity, U.S. Physical Activity Trends by State 2009–2010. Available online at [http://nccd.cdc.gov/NPAO\\_DTM/](http://nccd.cdc.gov/NPAO_DTM/)

## Adolescent Overweight and Obesity

### Overweight and Obesity<sup>(6)</sup>

- 14.2% were overweight ( $\geq 85^{\text{th}}$  and  $< 95^{\text{th}}$  percentiles for BMI by age and sex, based on reference data)
- 10.3% were obese ( $\geq 95^{\text{th}}$  percentile BMI by age and sex, based on reference data)

### Unhealthy Dietary Behaviors<sup>(6)</sup>

- **Fruit consumption:** 66.3% ate fruits or drank 100% fruit juice less than 2 times per day during the 7 days before the survey (100% fruit juice or fruit).
- **Vegetable consumption:** 87.8% ate vegetables less than 3 times per day during the 7 days before the survey (green salad; potatoes, excluding French fries, fried potatoes, or potato chips; carrots; or other vegetables).
- **Sugar-sweetened beverage consumption:** 19.9% drank a can, bottle, or glass of soda or pop (not including diet soda or diet pop) at least one time per day during the 7 days before the survey.

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## Physical Activity<sup>(6)</sup>

- **Achieved recommended level of activity:** Only 21.3% were physically active\* for a total of at least 60 minutes per day on each of the 7 days prior to the survey.
- **Participated in daily physical education:** Data not available.

## Physical Inactivity<sup>(6)</sup>

- **No activity:** 18.3% did not participate in at least 60 minutes of physical activity on any day during the 7 days prior to the survey.
- **Television viewing time:** 32.6% watched television 3 or more hours per day on an average school day.

## The 2010 New Jersey School Health Profiles assessed the school environment, indicating that among high schools<sup>(7)</sup>

- 47.3% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 16.0% always offered fruits or non-fried vegetables in vending machines and school stores, canteens, or snack bars, and during celebrations whenever foods and beverages were offered.
- 71.6% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations. All school-related locations were defined as in school buildings; on school grounds, including on the outside of the school building, on playing fields, or other areas of the campus; on school buses or other vehicles used to transport students; and in school publications.

### Sources of Adolescent Obesity, Fruit and Vegetable, Sugar-sweetened Beverages, and Physical Activity Data:

\* Physical activity defined as "any kind of physical activity that increases your heart rate and makes you breathe hard some of the time."

<sup>(6)</sup> CDC, Division of Adolescent and School Health. The 2009 Youth Risk Behavior Survey. Available online at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

<sup>(7)</sup> CDC, Division of Adolescent and School Health. The 2010 School Health Profiles. Available online at <http://www.cdc.gov/healthyyouth/profiles/index.htm>

## Child Overweight and Obesity

### Breastfeeding<sup>(8)</sup>

Increasing breastfeeding initiation, duration, and exclusivity is a priority strategy in CDC's efforts to decrease the rate of childhood obesity throughout the United States.

- 75.3% of infants were Ever Breastfed.
- 45.9% of infants were Breastfed for at least 6 months.

### Body Mass Index<sup>(9)\*</sup>

Among New Jersey's children aged 2 years to less than 5 years \*

- 17.0% were overweight (85<sup>th</sup> to < 95<sup>th</sup> percentile BMI-for-Age).
- 17.3% were obese ( $\geq$  95<sup>th</sup> percentile BMI-for-Age).

### Sources of Breastfeeding Data:

<sup>(8)</sup> CDC. Division of Nutrition, Physical Activity, and Obesity Breastfeeding Report Card 2011. Centers for Disease Control and Prevention National Immunization Survey, Provisional Data, 2008births. Available online at <http://www.cdc.gov/breastfeeding/data/reportcard2.htm>

### Sources of Child Obesity Data:

<sup>(9)</sup> CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS). [http://www.cdc.gov/pednss/pednss\\_tables/tables\\_health\\_indicators.htm](http://www.cdc.gov/pednss/pednss_tables/tables_health_indicators.htm)

\* BMI data only includes low-income children from the PedNSS sample and do not represent all children.

\* BMI data is based on 2000 CDC growth chart percentiles for BMI-for-age for children 2 years of age and older.

## New Jersey's Response to Obesity

### Shaping New Jersey Partnership!

Convened under the state's Nutrition, Physical Activity, and Obesity Program, the Shaping NJ statewide partnership has attracted more than 80 agency and organizational members for the purpose of developing and implementing a state-specific plan to prevent and control obesity and other chronic diseases through healthful eating and physical activity. The state plan has been approved and work will begin in July 2010 on more than 20 policy and environmental change strategies listed on the partnership's website at [www.state.nj.us/health/fhs/shapingnj/partnerlist.shtml](http://www.state.nj.us/health/fhs/shapingnj/partnerlist.shtml). (continued on next page)

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✦ The partnership will accomplish its work by dividing into seven workgroups, with two administrative workgroups, one focusing specifically on partnership development and sustainability, and a second taking responsible for evaluating the partnership

## ✦ **New Jersey Baby-Friendly Hospital Initiative**

Implementing the Baby-Friendly Hospital Initiative throughout New Jersey—with intensive technical assistance for hospitals serving high-risk mothers. The state Office of Nutrition and Fitness will conduct statewide training on the Baby Friendly Hospital Initiative for all 54 maternity hospitals in New Jersey, as well as on breastfeeding policy and practices with pediatric and other providers whose private practices are located near target hospitals.

## ✦ **Child care Licensing Requirements**

Changing licensing requirements for child care centers to improve the quality of care delivered with respect to nutrition, physical activity and TV viewing. A concurrent effort will train providers in all 21 New Jersey counties—especially those in large centers serving high-risk families, to prepare them to implement high-quality child care policies and practice in their centers.

## ✦ **Healthy Community Development Awards for 2010-2011**

The New Jersey Department of Health and Senior Services in cooperation with the New Jersey Council on Physical Fitness and Sports has awarded 17 project grants around the state to implement community, hospital, school, recreation, and health department-based programs to promote healthy eating and physical activity. Examples include:

- Creating a community garden for Hispanic and low-income youth and families living in the City of Lambertville
- Establishing a teaching garden at the Lafayette Learning Center in collaboration with Grow It Green in Morristown
- Creating school gardens to promote fruit and vegetable consumption and physical activity for students of the Ethel Jacobsen Elementary School in Surf City and the Frances Desmares Elementary School in Flemington

- Creating a fitness trail for all community residents of Oxford Township School District
- Developing two walking tracks for the community served by Woodbridge Township Public Schools
- Conducting walkability audits and a walking school bus program at several Montessori and elementary school locations throughout the state
- Installing bike racks at several key recreational facilities in the Township of Maplewood to support bicycle use for short trips between the towns of Maplewood, Milburn, and South Orange
- Developing a nutrition and exercise task force at two colleges: New Jersey City University and Saint Peter's University
- Establishing "A Walk in Time" public awareness walking project among architectural and historic sites in East Orange In collaboration with the East Orange General Hospital
- Developing a Health Advocacy Service-learning Initiative aimed at helping high school-aged youth recognize common barriers to healthy behaviors within their own as well as their communities' lives.

## **Contact Information**

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## **References**

NIH. Clinical Guidelines Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. 1998. Available online at [http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_gdlns.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm)  
Finkelstein, EA, Trogon, JG, Cohen, JW, and Dietz, W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. Health Affairs 2009; 28(5): w822-w831.