New Jersey has the 23rd highest of overweight youths (ages 10-17) at 31.0 percent, according to a new report by Trust for America’s Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). Finding ways to help fight child obesity in our communities is a vitally important step for the health of our children. One such program to get kids up and moving is the Walk New Jersey Point-to-Point Challenge a program designed to encourage youth and adults to “virtually” walk from High Point, New Jersey to Cape May Point. For six weeks, students in several NJ schools participated in the Challenge. Approximately 1000 children between the ages of 8 and 12 years, from 10 New Jersey schools, participated in a study to determine the effects of using a pedometer on the physical activity of students during their school day by tracking their steps. The six-week study was a joint effort of the Department of Health and Senior Services and Rutgers’ Family and Community Health Sciences Department.

Students in the Lower Township Elementary School, Dennis Township Elementary School, and Avalon Elementary School were part of the study in Cape May County. The sixth grade class in Lower Township Elementary Sandman School walked a total of 3,179,705 steps or 1,589 miles. As a class they exceeded their goal by virtually walking NJ Point to Point once each week and from Cape May, NJ to Key West, FL by the end of the six week period. The average student in the Lower Township 6th grade class walked a total of 138,248 steps during the course of the study.

Students in the Dennis Township Elementary School 6th grade class walked a total of 2,313,183 steps or 1,157 miles. This class also exceeded their goal by walking NJ Point to Point once each week and from Cape May, NJ to West Palm Beach, FL by the end of the six week period. Each student in the Dennis Township class had an average of 128,787 steps for the length of the study.

Students in the Avalon Elementary School 5th and 6th grade combined class walked a total of 1,687,980 steps or 844 miles. The average walked at Avalon Elementary was 129,844 steps. As a class they walked from Cape May, NJ to Chicago, Illinois!

To complement the walking program, the teachers of the participating classes were provided with a program called “Fit Bits,” designed to get children out of their seats and moving with 10-15-minute-long physical activities. These activities reinforce basic nutrition concepts, social skills and increased activity.
The “Country Origin of Labeling” legislation, also known as “COOL”, has finally been implemented in the United States. The program took effect on September 30, 2008. The commodities that are covered by COOL include fresh meats (e.g. beef, pork, lamb, goat meat; whole muscle cuts and ground meat, not organs), chicken (excluding turkey and eggs), fish, wild and farm-raised fish and shellfish, macadamia nuts, pecans, ginseng, and perishable agricultural commodities (i.e. produce). Retailers and suppliers, as defined in the Act, which are invoicing more than $230,000 per year, will be subject to the labeling requirements. Smaller retail establishments, such as butcher shops, exporters, restaurants, food service, salad bars, and delicatessens are exempt.

This new rule does not affect farmers directly, however, retailers may require more labeling beyond the legislation. For instance, adding stickers, banding, tagging of individual fruit, bunches, containers, and bags will continue and expand. When stickers are used on individual items, the United States Department of Agriculture (USDA) encourages retailers to supplement stickers with point-of-purchase placards and other signage to more clearly indicate information to consumers, since stickers can easily fall off individual items or may be missed in packing. The act will allow for produce from different countries to be commingled in a store display but, there must be a sign designating which countries the produce are coming from. For example, if a store had a display of tomatoes, it is possible the tomatoes could be from the U.S. and Mexico mixed together, and the store would have to post “Product of the U.S. and Mexico”.

Products that are grown and processed along with fruits and vegetables, raised and slaughtered for livestock in the U.S. can be labeled “Product of the U.S.”. Meat products that are raised in another country and processed in the U.S. will have to be labeled Product of Country “X” and U.S. The ground meat industry will have a 60-day threshold; if the origin of the meat is from 2 or more countries then all countries must be listed on the label. Therefore, if a processor is grinding U.S. meat and runs out of domestic product, and then decides to use Australian meat within 60 days, they must list both countries.

Exemptions apply to processed food items sold at retail businesses which would include prepared food and salad bars. The definition of a processed food item includes a covered commodity that has had its character altered, or a product that has been combined with at least one other covered commodity or other food components (e.g., chocolate, breading, or tomato sauce). Cooking a product also is considered changing the character of a covered product (e.g., frying, broiling, grilling, boiling, steaming, baking, roasting), curing (e.g., salt curing, sugar curing, drying), smoking (hot or cold), and restructuring.

The Act may seem to be lenient for some and too restrictive for others. Nevertheless, the fact is that there is now a rule that will distinguish domestic products from foreign which is a plus. It remains to be seen whether this requirement will lead to a direct increase in farm gate prices. With a “buy local” movement popular with consumers there could be a spark towards a larger demand for U.S., and more specifically New Jersey products.
Good nutrition is essential for all children to achieve their physical and developmental potential. Children with developmental disabilities are at an increased nutritional risk.

The most common developmental disabilities are Learning Disabilities, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder (including Asperger Syndrome), Sensory Processing Disorder, and Mental Retardation.

There are many nutritional implications for children with developmental disabilities including:

- Delayed growth, underweight, or overweight
- Altered energy and nutrient needs
- Feeding and digestive problems
- Medication-nutrient interactions
- Inadequate or excessive eating
- Multiple food dislikes
- Mealtime tantrums
- Inflexibility and a reluctance to try new things
- Allergies or food intolerances
- Lack of peer and social opportunities for physical activity
- Inability to make independent decisions and purchases
- Insufficient nutrition knowledge

Sensory Processing Disorder has specific nutritional implications:

- Sensory over-responsive children may be bothered by food textures, temperatures, or environmental noise.
- Sensory under-responsive children may be unaware of body sensations such as hunger or overstuffing their mouths.
- Sensory-seeking children prefer foods with strong flavors.

By working closely with your child’s healthcare team, including a Registered Dietitian experienced in pediatric nutrition, You can help to improve his/her nutritional status and eating behaviors. Be aware of the sensory preferences of your child. If he will eat one type of crunchy fruit, expand within this category if possible. If he loves strawberry fruit chews, expose him to real strawberries. If he’ll eat anything with ketchup on it, start by letting him dip new items in ketchup and fade this behavior later. If he’ll only eat chicken nuggets, make fresh oven-baked ones to stretch his comfort zone while staying with something familiar.

Successful strategies for all children include:

- Involve your child with planning, shopping, and preparing family meals.
- Praise all attempts at trying a new food, no matter how small. Touching, smelling, or putting a new food to his lips are considered progress.
- Keep introducing a new food over and over. It may take 10 or more times to accept a new food.
- Offer food in different forms. For example, a vegetable can be fresh, crunchy and cold or cooked, soft and warm.
- Start with small portions and gradually increase them.
- Mix a preferred food with a new food.
- Serve foods separately if the child prefers.
- Never force a child to taste a food.

For children with reading or communication disabilities, label cabinets, shelves, and containers with pictures of actual food items to make finding food easier. These adaptations to the child’s environment will increase his functional life skills as well as his nutritional status.

As you attempt to shape and reinforce appropriate eating and other behaviors, avoid offering food as a reward or withholding food as a punishment. In addition to verbal praise, identify what motivates your child. Use rewards such as stickers, DVDs, or special outings to reinforce desired behavior. Try to keep the eating environment relaxed and social. Children who associate food with positive emotional experiences tend to be better eaters.

Note: For additional help with your child’s specific nutritional needs, consult a nutrition professional. Locate one in your area by visiting the American Dietetic Association’s website at [www.eatright.org](http://www.eatright.org).

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Planning Healthy Meetings in the Workplace

Joanne Kinsey, MS, CFCS, Family & Community Health Sciences Educator, Atlantic & Ocean Counties

Food and beverages have become an important part of meetings in the workplace. Keeping the food choices simple, nutritious and within the budget makes the task a challenge for the meeting planner. The planner should also be sure to ask the participants if they have food allergies or dietary restrictions before planning the meeting menu. With so much to keep in mind, what are the best food choices that complement a successful meeting?

Start by choosing foods that are low-fat, low in sugar, low in sodium and low in calories. Remember to read food labels to understand the ingredients in foods and keep portion sizes reasonable. Keep in mind that a typical serving size of fruits and vegetables is 1/2 cup. Fruit and vegetable trays are colorful and healthy options, especially when served with low-fat or fat-free dip. Salsa or bean dip can add extra nutrition to a crunchy fresh vegetable snack.

Consider serving whole grain products in place of pastries or donuts at breakfast meetings. When serving bagels or muffins, serve the smaller size or cut into quarters to create a bite sized snack that is easy to eat. Low-fat yogurt and fat-free milk are nutritious additions to the breakfast meeting menu.

Slice cheese thinly or cut into small chunks for easy serving and eating. When serving crackers be sure to choose whole grain, or serve low-fat popcorn for a satisfying snack that many people enjoy anytime of the day. Raisins, dried cranberries or other dried fruit are easy to serve and provide a burst of natural sugar during the day.

Cold water is a refreshing drink at a meeting. If the budget allows serve small bottles of water for a simple beverage solution. One hundred percent fruit juice mixed with club soda also makes a light and refreshing drink that offers some nutrition at the same time.

If you are choosing cooked foods for a simple meal look for those prepared by low-fat cooking methods such as broiling, roasting, grilling, steaming, or baking. Always be sure to include one vegetarian dish to the menu. Meals should be uncomplicated and provide good nutrition at the same time.

Remember to schedule a stretch break into the meeting agenda. Everyone appreciates a few minutes of stretching and standing after sitting at a meeting for a long period of time.

Planning a meeting that gets the job done and provides a nutritious boost for the employees can be accomplished by following a few simple tips:
- Keep the food choices low in fat, sodium, and calories.
- Choose foods that are easy to serve and easy to eat.
- Keep portions reasonable in size.
- Consider beverages that are refreshing without adding extra calories.

Make healthy food choices for employees today and the return in investment will be a healthier workforce in the days that follow.

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Feeding Your Family: Positive Parenting Required

Marilou Rochford, M.A., CFLE, Family & Community Health Sciences Educator, Cape May County

Feeding and positive parenting are linked. Feeding your child requires parenting skills that include a careful blend of consistency with patience, tolerance, and understanding. Setting boundaries can help. It is not about forcing your child to eat just because “I said so,” nor is it allowing children to graze food as they please. Let these five tips serve as a guide.

1. Eat together. Model eating slowly and make meal times pleasant. Regular family meals improve communication and encourage better eating habits.

2. Remember that parents decide what, where, and when to eat. The child decides whether to eat and how much.

3. Include your children in family meal planning. Make it fun. Let them choose a different color vegetable for each day of the week, or chose one day where they can select their favorite fruit for dessert.

4. Plan for snacks at specific times during the day, and put a stop to continuous snacking. It often leads to overeating. Sit to eat a snack rather than eat on the run. “Plan” is the key word.

5. Plan healthy snacks that are low in added sugars and low in fat. Try carrot sticks with low-fat ranch dressing or graham crackers and milk.

Be a good role model. Children learn best by example. For example: If you drink milk, your child will follow your example. If you drink soda, so will your child. Children are more apt to be active if they see their parents physically active. If you play a sport, go for a walk, or ride your bike regularly, chances are they will too. If you sit for hours playing computer games, they probably will too.

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Physical Activity: Do it your way, but do it!
Alexandra Grenci, MS, RD, LDN, CDE, Family and Community Health Sciences Educator, Hunterdon County

Part 1: Understanding the New Physical Activity Guidelines for Americans

In 2008 the new Physical Activity Guidelines for Americans (The Guidelines) were released by the U.S. Department of Health and Human Services. These guidelines are a result of a comprehensive review of the research on the benefits of physical activity for all groups of people, including children/adolescents, adults, older adults, persons with disabilities, pregnant and postpartum women, and people with certain chronic diseases. The Guidelines underscore the important health benefits of being physically active over the course of a person’s entire lifetime. Let’s take a closer look at the important messages of the Physical Activity Guidelines for Americans.

How do we define physical activity?
Physical activity is any type of exercise or movement that uses energy (calories). Physical activity can take many forms, including formal types, such as working out at the gym, running, biking, lifting weights, and also activities of daily living (ADL's), such as walking the dog, gardening, house work, or walking up the stairs.

What are the health benefits of physical activity?
Strong evidence exists for adults that adequate physical activity lowers the risk of early death, heart disease, stroke, type 2 diabetes, high blood pressure, high blood cholesterol and other high blood lipids, colon and breast cancer. It helps to prevent weight gain, and promotes weight loss when combined with a healthy diet. Other benefits of physical activity in adults include fall prevention, reduced depression, and improved overall fitness and cognitive function. In children and adolescents, physical activity improves heart, lung, muscle, and bone health and fitness, as well as helps to promote a healthy body weight.

How much physical activity does a person need to be healthy?
The Guidelines recommend that adults get a total of at least 2hrs and 30 minutes per week of moderate level activity, or 1 hour and 15 minutes of vigorous activity, or a mix of both. Activities should include both aerobic (increases heart rate) and muscle strengthening. Children/adolescents need at least 60 minutes/day of physical activity, most being moderate or vigorous aerobic intensity, but should include muscle and bone strengthening types too.

If all of this seems daunting, the good news is that physical activity can be broken up into small units of at least 10 minutes at a time and still count towards the total.

Even though physical activity is beneficial for most people, it’s important to start slowly and increase gradually. Always check with your physician before beginning any physical activity program.

In Part Two of this article, we’ll focus on strategies and practical tips to ramp up your physical activity program, as well as ways to stay motivated! For more information about the new Physical Activity Guidelines, please visit www.health.gov/paguidelines.

What are examples of moderate and vigorous physical activity?
According to the Guidelines, the way to gauge the intensity level of an activity is by using the following guide: if you can talk while doing the activity, but can’t sing, the activity is a moderate-intensity activity. If you can only say a few words without stopping to catch your breath, it is a vigorous level activity. It’s OK to include both levels in your workouts.

Moderate-Level Activities
• Ballroom and line dancing
• Biking on level ground or with few hills
• Canoeing
• General gardening (raking, trimming shrubs)
• Sports where you catch and throw (baseball, softball, volleyball)
• Tennis (doubles)
• Using your manual wheelchair
• Using hand cyclers—also called ergometers
• Walking briskly
• Water aerobics

Vigorous-Level Activities
• Aerobic or fast dancing
• Biking faster than 10 miles per hour
• Heavy gardening (digging, hoeing)
• Hiking uphill
• Jumping rope
• Martial arts (such as karate)
• Race walking, jogging, or running
• Sports with a lot of running (basketball, hockey, soccer)
• Swimming fast or swimming laps
• Tennis (singles)

New Recommendations for Weight Gain during Pregnancy

Carol Byrd-Bredbenner, PhD, RD, FADA., Professor/Extension Specialist in Nutrition

Pregnancy is a very special time. Most expecting parents try to do everything possible to maximize the likelihood of having a healthy newborn. The new weight gain recommendations can help them achieve this goal. A woman’s weight gain during pregnancy and her prepregnancy weight strongly affect her infant’s birth weight. Birth weight plays a critical role in determining a baby’s overall health. Compared to normal birth weight infants, those with low birth weights are more likely to have medical complications and may develop more body fat and less muscle in childhood. High birth weight babies may be injured at birth or require a cesarean section.

By starting pregnancy at a normal weight, moms give infants a better chance for healthy growth and development. Babies born to women who begin pregnancy considerably above or below normal weight are more likely to have health problems. For instance, women who start pregnancy underweight tend to have underweight and premature newborns. The babies of mothers who begin pregnancy with excess body fat have a greater risk of birth defects, such as those affecting the brain and spinal cord. Obese women also are more likely to experience high blood pressure and gestational diabetes during pregnancy. Both obese and underweight women can improve their own health and that of future children by attaining a normal weight before becoming pregnant. Women should not try to lose weight after becoming pregnant.

The most recent guidelines for weight gain during pregnancy were released by the Institute of Medicine in 2009. These guidelines were based on research showing that women who gained the recommended weight had a better chance of protecting their own health and delivering healthy babies. The weight gain goals for pregnant women vary by pre-pregnancy Body Mass Index (BMI). BMI is based on height and weight and is closely related to body fat content. (To calculate your BMI, visit www.nhlbisupport.com/bmi). Weight gain goals for women of normal, underweight, overweight, and obese BMIs are shown in the table below. The goals are given as ranges to allow for differences within each BMI group. For optimal health, women who are pregnant with twins should gain more weight. Those pregnant with triplets or more need to work with their health care professional to set appropriate weight gain goals.

The rate at which a woman gains weight during pregnancy is important, too. During the first 12 weeks (trimester), pregnant women should gain about 1 to 4 pounds. After that, a woman who started out underweight or at a normal weight should gain about 1 pound each week. Overweight and obese women should gain about one-half pound weekly. During the first trimester, most of the weight a woman gains is due to her enlarging breasts and uterus. In the second trimester, weight gain is divided between mother and baby. In the third trimester, almost all of the weight gain is accounted for by the baby. Low weight gain in either of the last 2 trimesters increases the chances the developing offspring will grow too little. Low weight gain in the last trimester raises the risk of giving birth prematurely.

Pregnancy is one of the most nutritionally demanding stages of the life cycle. Always discuss your specific nutrition, weight, or other health concerns with a member of your healthcare team. To learn more about healthy eating during pregnancy, visit the special section of the MyPyramid.gov website designed especially for moms-to-be.

### New Recommendations for Weight Gain During Pregnancy*

<table>
<thead>
<tr>
<th>Pre-Pregnancy BMI</th>
<th>BMI</th>
<th>Total Weight Gain</th>
<th>Rate of Weekly Weight Gain during the 2nd &amp; 3rd Trimester**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>less than 18.5</td>
<td>28 to 40 pounds</td>
<td>1 to 1.3 pounds</td>
</tr>
<tr>
<td>Normal weight</td>
<td>18.5 to 24.9</td>
<td>25 to 35 pounds</td>
<td>0.8 to 1 pounds</td>
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<tr>
<td>Overweight</td>
<td>25 to 29.9</td>
<td>15 to 25 pounds</td>
<td>0.5 to 0.7 pounds</td>
</tr>
<tr>
<td>Obese</td>
<td>30 or higher</td>
<td>11 to 20 pounds</td>
<td>0.4 to 0.6 pounds</td>
</tr>
</tbody>
</table>

*The values in this table are for women carrying one baby. Weight gain recommendations for twins are: 37 to 54 pounds for normal weight, 31 to 50 pounds for overweight, and 25 to 42 pounds for obese women.

**Assumes a weight gain of 1.1 to 4.4 pounds in the 1st Trimester.

Source: iom.edu
Challenge Yourself to Health and Wealth

Barbara O’Neill, Ph.D., CFP®, Extension Specialist in Financial Resource Management

The Small Steps to Health and Wealth™ Challenge is an interactive health and financial education activity where individuals or teams accumulate points for practicing recommended daily health and financial behaviors. The Challenge is part of Small Steps to Health and Wealth™ or SSHW (see http://njaes.rutgers.edu/sshw/), an award-winning national program developed by Rutgers Cooperative Extension faculty members Dr. Barbara O’Neill and Dr. Karen Ensle.

The SSHW Challenge focuses on personal behavior and encourages adoption of recommended health/nutrition and financial management practices. It can be used by individuals or groups and is ideal for worksites, military bases, school and college classes, and organizations that meet regularly. In the case of group participation, individuals can organize a team, report point totals weekly to a team captain, and receive ongoing support and recognition. Organizations or work sites that run a SSHW Challenge may want to organize a celebration at the conclusion of the program and/or award prizes as an incentive to participate.

Originally developed to last 6 weeks, the SSHW Challenge can be shortened or lengthened as desired. In fact, individuals could decide to “challenge” themselves indefinitely to improve their health and financial practices by printing out new weekly tracking forms or creating a Microsoft Excel® computer spreadsheet to track their progress.

It has been well documented that, when people monitor their behavior and measure their progress, they are often inspired to do better and successful results (e.g., weight loss, increased savings) follow. In SSHW Challenge team competitions, participants are “on their honor” to report their activities accurately. If they cheat on the reporting of their points, they are only cheating themselves by not following recommended practices.

The SSHW Challenge is based on the performance of ten recommended practices on a daily basis: five that involve health and nutrition and five that involve financial management. Ten points are given for performing each one. The five daily health and nutrition practices are: eat a total of at least 4 cups of fruits and vegetables; get at least 30 minutes of exercise; drink water or unsweetened beverages instead of sugar-sweetened beverages; walk 10,000 or more steps with a pedometer; and learn something new about health and nutrition.

The five daily financial management practices included in the SSHW Challenge are:

• Save a $1 bill (or more) and/or pocket change
• Invest $5 or more per day (including automated retirement savings plan deposits)
• Track money spent throughout the day
• Eat lunch prepared at home
• Learn something new about personal finance

The latter activity, for both health and personal finances, can be accomplished by visiting Web sites, attending seminars, or by reading, listening to, or viewing media reports.

For further information, visit the Web site http://njaes.rutgers.edu/sshw/challenge/. There, you’ll find a summary of a pilot test of the SSHW Challenge as well enrollment and tracking forms and frequently asked questions. Plans are currently underway to place the SSHW Challenge online for worldwide use.

Want to have better health and increased wealth?
Consider taking the Small Steps to Health and Wealth™ Challenge!
Feeding Your Family: Positive Parenting Required

Remember, feeding and positive parenting are linked. You teach your child something positive and encourage him/her to be self-reliant when you:

• Discontinue the “Clean Your Plate” Club and “Just one More Bite” Society.
• Put an end to telling kids to eat everything before they can have dessert.
• Turn off the television and video games at mealtime. Mealtime is a chance to connect with one another, and share your ideas. The TV is distracting and interferes with family communication.
• Turn off cell phones at mealtime. Calls and text messages interrupt family time.
• Never discipline a child by withholding food. It creates fear in a child and it upsets healthy eating.
• Never use food as a reward.
• Say “No” to snacking at the computer, in front of the TV, or when playing video games.

Feeding and parenting go hand in hand. Seize the chance to set your child on the road to healthy habits that can last a lifetime. Children copy what you do, so remember to set a good example.


Walk New Jersey Point-to-Point Challenge

The students’ parents received a newsletter called Wellness Buddies with emphasis on nutrition and physical activity. Upon completion of the walking program and study, a grand finale celebration was held for each class with students receiving a certificate, pedometer, tote bag and t-shirt.

Results of the program indicate the majority of the students felt that wearing a pedometer made them more aware of their physical activity during the school day and motivated them to move more. The majority of students reported that they would be more active as a result of this study.

Walk NJ Point to Point Challenge is part of the statewide wellness initiative Get Moving–Get Healthy New Jersey that aims to help New Jersey residents eat healthier and increase their physical activity in an effort to reduce the risk of obesity. This online walking program allows participants to choose their own goals and to keep track of their progress through an online activity log. To get started visit www.getmovinggethealthynj.rutgers.edu