



Rhode Island *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.

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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 Rhode Island

- Estimated Total Population 2010⁽¹⁾
= 1,052,567
- Adults age 18 and over⁽²⁾
= 78.7% of the total population in 2010
- Youth under 18 years of age⁽¹⁾
= 21.3% of the total population in 2010

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

⁽²⁾ 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⁽³⁾

- 62.9% were overweight, with a Body Mass Index of 25 or greater.
- 25.5% were obese, with a Body Mass Index of 30 or greater.

Dietary Behaviors⁽⁴⁾

- 36.7% of adults reported having consumed fruits at the recommended level of 2 or more times per day.
- 25.9% of adults reported having consumed vegetables at the recommended level of 3 or more times per day.

Physical Activity⁽⁵⁾

- 43.7% 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).

- 24.9% of Rhode Island's adults reported that during the past month, they had not participated in any physical activity.

Source of Adult Obesity Data:

⁽³⁾ 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://www.cdc.gov/brfss/>

Source of Adult Fruit and Vegetable Data:

⁽⁴⁾ 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:

⁽⁵⁾ 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://www.cdc.gov/brfss/>

Adolescent Overweight and Obesity

Overweight and Obesity⁽⁶⁾

- 16.7% were overweight ($\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentiles for BMI by age and sex, based on reference data)
- 10.4% were obese ($\geq 95^{\text{th}}$ percentile BMI by age and sex, based on reference data)

Unhealthy Dietary Behaviors⁽⁶⁾

- **Fruit consumption:** 65.1% 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:** 87.1% 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:** 21.2% 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.

Physical Activity⁽⁶⁾

- **Achieved recommended level of activity:** Only 23.8% 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:** 22.2% of adolescents attended daily physical education classes in an average week (when they were in school).

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Physical Inactivity⁽⁶⁾

- **No activity:** 13.3% 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:** 29.1% watched television 3 or more hours per day on an average school day.

The 2010 Rhode Island School Health Profiles assessed the school environment, indicating that among high schools⁽⁷⁾

- 72.6% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 14.7% 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.
- 72.4% 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.”

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

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

Child Overweight and Obesity

Breastfeeding⁽⁸⁾

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.

- 70.4% of infants were Ever Breastfed.
- 30.8% of infants were Breastfed for at least 6 months.

Body Mass Index^{(9)*}

Among Rhode Island’s children aged 2 years to less than 5 years *

- 16.3% were overweight (85th to < 95th percentile BMI-for-Age).
- 15.5% were obese (\geq 95th percentile BMI-for-Age).

Sources of Breastfeeding Data:

⁽⁸⁾ 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:

⁽⁹⁾ 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

* 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.

Rhode Island’s Response to Obesity

Initiative for a Healthy Weight (IHW)

Rhode Island was one of the first six states to receive CDC funding to develop a coordinated obesity prevention infrastructure. The Department of Health started the Initiative for a Healthy Weight (IHW) program to lead the state in making it easier for Rhode Islanders to eat well and Move More.

Eat Smart Move More Rhode Island: A Plan for Action 2010-2015

In 2006 the Healthy Eating and Active Living Collaborative (HEAL) and the RI Department of Health’s (HEALTH) Initiative for a Healthy Weight (IHW) developed RI’s Plan for Healthy Eating and Active Living (State Plan). The State Plan served as a starting point to develop Eat Smart Move More RI: A Plan for Action 2010-2015, a set of 12 objectives and strategies selected for their potential public health impact, evidence of effectiveness, sustainability, feasibility, and collaborative nature. The Action Plan addresses the following settings: built environment, child care, communities, healthcare and insurance, schools, worksites, and infrastructure. Become more familiar with the plan by visiting www.health.ri.gov/publications/actionplans/2010InitiativeForHealthyWeight.pdf

Rhode Island - State Nutrition, Physical Activity, and Obesity Profile

WE CAN! Community Campaign

The RI Initiative for Healthy Weight (IHW) is promoting WE CAN!, a childhood obesity prevention program developed by the National Institutes of Health, as an evidence-based social and behavioral program for community centers, health care providers, and youth-serving agencies. National partners will conduct training that will walk We Can partners through the process of becoming a We Can community. The training will be open to district health and wellness subcommittee members, minority health promotion centers, community health centers, and other community partners. The program will offer technical assistance as well as mini-grants for start-up costs.

Great Outdoors Pursuit

IHW is working to increase participation by school children and their families in the Great Outdoors Pursuit, a campaign based on the nationwide No Child Left Inside Campaign. The Great Outdoors Pursuit, developed by the RI Department of Environmental Management, encourages children and families to engage in a variety of outdoor activities including biking, hiking, rock climbing, kayaking, and more at Rhode Island state parks.

Healthy Places by Design and The Safe and Active Commuting Program

The Rhode Island Department of Health has adopted a Healthy Communities Plan to help municipalities incorporate policies and strategies for walking and biking for transportation, recreation and access to healthy foods in their comprehensive plan.

IHW is providing funding and expert consultation to communities to improve the walkability and bikeability of neighborhoods; promote bicycle and pedestrian safety among children and adults; encourage walking and bicycling to school and work; and provide community and partner programs with resources (i.e., helmets) and safety literature.

Childcare Nutrition and Physical Activity

IHW is developing a plan with Health Policy Promotion Council (HPPC) Partners to improve childcare nutrition and physical activity state policies and support childcare providers in making healthy changes.

Breastfeeding-Friendly Workplace Awards

IHW will continue to work closely with the state WIC program and the RI Breastfeeding Coalition to increase the number of worksites that implement policies, programs, and environments supportive of breastfeeding mothers who have returned to work by providing the incentive of an award for having met the standard for a Breastfeeding-Friendly Workplace.

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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

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.

