

# Rhode Island

State Nutrition, Physical Activity, and Obesity Profile



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National Center for Chronic Disease Prevention and Health Promotion  
Division of Nutrition, Physical Activity, and Obesity





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Many American communities lack environments that could support healthy diets and regular physical activity. Healthy dietary and physical activity practices can lower the risk for heart disease, type 2 diabetes, and some cancers.<sup>1,2</sup>

In addition, excess calorie intake and physical inactivity contribute to obesity, which is associated with some of the leading preventable chronic diseases, including heart disease, stroke, type 2 diabetes, and some cancers. Among adults, the medical costs associated with obesity are an estimated \$147 billion.<sup>1,2,3</sup>

Public health approaches can help make healthy options available, accessible, and affordable. The Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity, and Obesity (DNPAO) supports the nation to establish sustainable programs to improve dietary quality, increase physical activity, and reduce obesity and overweight. DNPAO funds and works with state health departments through a cooperative agreement ([State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program](#)).

This profile highlights data on dietary quality, physical activity, and obesity in Rhode Island and select activities funded with this cooperative agreement. For more information about CDC's work to support healthy eating and physical activity, please see the [DNPAO website](#).

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## Population Statistics

Estimated Population of Rhode Island: 1,056,298<sup>4</sup>

## Adult Statistics

### Dietary Behaviors<sup>5</sup>

- 35.3% of adults reported consuming fruit less than one time daily.
- 21.4% of adults reported consuming vegetables less than one time daily.

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

- 49.1% of adults achieved the equivalent of at least 150 minutes of moderate intensity physical activity per week.

### Overweight and Obesity<sup>5</sup>

- 35.5% of adults were overweight.
- 27.0% of adults had obesity.

## Adolescent Statistics

### Dietary Behaviors<sup>5</sup>

- 38.1% of adolescents reported consuming fruit less than one time daily.

- 36.1% of adolescents reported consuming vegetables less than one time daily.

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

- 23.2% of adolescents were physically active at least 60 minutes per day on all 7 days in the past week.

### Overweight and Obesity<sup>5</sup>

- 16.2% of adolescents were overweight.
- 10.7% of adolescents had obesity.

## Child Statistics

### Breastfeeding<sup>5</sup>

- 74.1% of infants were ever breastfed.
- 41.3% of infants were breastfed for at least 6 months.

### Overweight and Obesity<sup>5</sup>

- 16.7% of children aged 2 to 4 years in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program were overweight.
- 16.7% of children aged 2 to 4 years in WIC had obesity.

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## State Activities

Rhode Island worked on the following select activities during the first 2 years of the State Public Health Actions program.

- Provided best practices and facilitated data exchange among the following four groups to increase the number of farmers' markets that accept federal nutrition benefits: the Special Supplemental Nutrition Program for Women, Infants, and Children, Supplemental Nutrition Assistance Program, Rhode Island Food Policy Council and Farm Fresh Rhode Island.
- Provided technical assistance to more than 15 child care facilities to help them comply with federal and state lactation accommodation laws.
- Provided funding to selected communities to implement activities focused on creating safe places for walking and biking. Community activities include enhancing Walking School Bus Programs and developing a pedestrian and biking safety communications campaign.



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## References

1. US Department of Health and Human Services. National Institutes of Health. Managing Overweight and Obesity in Adults: Systematic Evidence Review from the Obesity Expert Panel, 2013.
2. World Cancer Research Fund / American Institute for Cancer Research. Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective. Washington DC: AICR, 2007
3. Finkelstein, EA, Trogon, JG, Cohen, JW, Dietz, W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs*. 2009;28(5):w822-w831.
4. US Census Bureau. State and County QuickFacts 2015 website. <http://www.census.gov/quickfacts/chart/PST045215/00>. Accessed February 22, 2016.
5. Centers for Disease Control and Prevention. Nutrition, Physical Activity and Obesity Data, Trends and Maps website. [https://nccd.cdc.gov/NPAO\\_DTM/](https://nccd.cdc.gov/NPAO_DTM/). Accessed February 22, 2016.