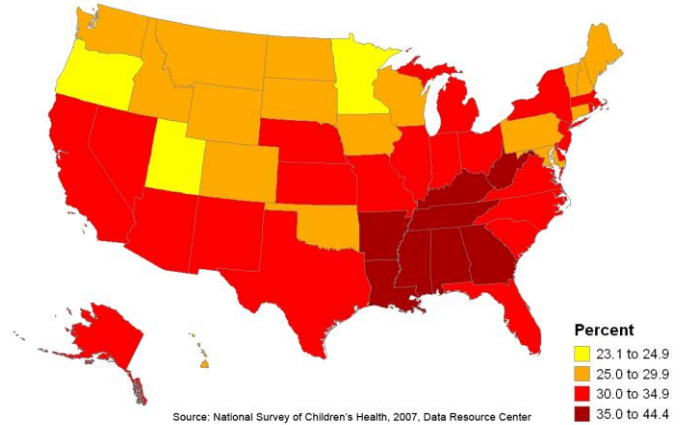


RHODE ISLAND STATE FACT SHEET

KEY POINTS

- Rhode Island ranks 23 in overall prevalence with 30.1% of children considered either overweight or obese.
- The Rhode Island prevalence of overweight and obese children has risen since 2003.
- According to the 2008 Pediatric Nutrition Surveillance System (PedNSS), which assesses weight status of children from low-income families participating in WIC, 32.9% of low-income children age 2-5 are overweight or obese in Rhode Island.

Percent of Children Ages 10-17 Classified as Overweight or Obese, by State: 2007



OVERALL PREVALENCE ¹ :	RI	National	Change in Rhode Island since 2003 ²
Percentage of children ages 10- 17 years who are overweight or obese	30.1%	31.6%	↑
State Rank for overweight or obese children (1 is best)	23		Rank in 2003: 15
RISK FACTORS			
Percentage of children ages 6-17 years who participate in 4 or more days of vigorous physical activity per week	60.3%	64.3%	↑
Percentage of children ages 1-5 who engage in 4 or more hours of screen time per weekday (includes TV, videos, etc.)	8.4%	12.8%	
Percentage of children ages 6-17 who engage in 4 or more hours of screen time per weekday (includes TV, videos, video games, etc.)	7.5%	10.8%	↑
DISPARITIES—ACROSS AND WITHIN STATES			
% Overweight or Obese by Family Income			
<100% Federal Poverty Level ³	48.2%	44.8%	↑
>400% FPL	21.7%	22.2%	↓
State Rank on Income Disparity Ratio (This figure represents calculated disparity ratios and ranks these ratios – A rank of 1 is best, 35 is worst) ⁴	28		
% Overweight or Obese by Type of Insurance			
Public Insurance	36.2%	43.2%	↑
Private Insurance	26.2%	27.3%	↑
State Rank on Insurance Disparity Ratio (This figure represents calculated disparity ratios and ranks these ratios – A rank of 1 is best, 50 is worst)	17		
% Overweight or Obese by Race			
Black, non-Hispanic	NA ⁵	41.1%	NA
White, non-Hispanic	NA	26.8%	NA
State rank on Race Disparity Ratio (This figure represents calculated disparity ratios and ranks these ratios – A rank of 1 is best, 22 is worst)	NA		
% Overweight or Obese by Hispanic Origin			
Hispanic (<i>footnote on definition</i>) ⁶	52.9%	41.0%	↑
Non-Hispanic	25.2%	29.6%	↓
State Rank on Hispanic Origin Disparity Ratio (This figure represents calculated disparity ratios and ranks these ratios – A rank of 1 is best, 19 is worst)	18		

What is RHODE ISLAND doing about obesity?

KEY POLICY and GRANT INITIATIVES available in RHODE ISLAND:

- *Action for Healthy Kids* has a Rhode Island coalition geared towards advocating for the prevention of childhood obesity and the spread of innovations that promote healthy communities.

The table below is derived from the 2009 edition of *F as in Fat*, published by Trust for America's Health. The summary below is intended for comparing a state's activities as of 2008 with others and provides information on state-specific policies as well as the number of states implementing a particular policy. For more information on recommended policy strategies, go to: www.reversechildhoodobesity.org.

ECONOMIC INDICATORS	RI	National
Estimated adult obesity-attributable medical expenditures, 1998-2000 (in 2003 dollars)	\$305 M	\$75 Billion
OBESITY-RELATED STATE INITIATIVES		
Snack and/or soda tax	YES	29 states + DC
Menu labeling law	NO	2 states
<i>Complete the Streets</i> policy	YES	9 states
OBESITY-RELATED SCHOOL STANDARDS		
Nutritional standards for school meals and snacks that go beyond existing USDA requirements.	YES	19 states
Nutritional standards for competitive food products sold a la carte, in vending machines, school stores or at bake sales	YES	27 states
Limited access to competitive food	NO	28 states
BMI or health information collected	YES	21 states
CHILD CARE CENTER LICENSING REGULATIONS		
Meals and snacks should follow meal requirements	NO	29 states
Meals and snacks should be consistent with Dietary Guidelines for Americans	NO	2 states
Have policy prohibiting or limiting foods of low nutritional value	NO	12 states
Have policy on vending machines	NO	4 states
Require vigorous or moderate physical activity	NO	8 states

TECHNICAL NOTES

The 2007 National Survey of Children's Health (NSCH) provides parent-reported information on the health and well-being of children in each state and nationwide. Overweight and obesity are calculated from the child's height and weight as reported by the parent or guardian. Children with BMI between the 85th and 95th percentiles are classified as overweight; those with a BMI at or above the 95th percentile are classified as obese. For more information on survey methods and analysis, visit:

ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slait/nsch07/2_Methodology_Report/NSCH_Design_and_Operations_052109.pdf

1. Data Source: 2007 National Survey of Children's Health. Data analysis provided by the Child and Adolescent Health Measurement Initiative, Data Resource Center. <http://www.childhealthdata.org/>
2. Compares data, where available, between 2003 and 2007. This column does not take into account the significance of the change since 2003.
3. Federal Poverty level is defined by 2007 data according to HHS poverty guidelines. The 2007 definition defines 100% of poverty as \$20,650 per year for a family of four.
4. Disparity Ratios estimate the magnitude of differences between rates of overweight/obesity for any two groups of children within each state. They are calculated by dividing the rate for the more vulnerable/minority group by the rate for the less vulnerable/majority group. States are ranked by lowest to highest disparity ratios, such that a lower number ranking indicates a lower level of disparity between the groups in that state.
5. NA – Not Available. Estimates with a relative standard error greater than 30%, or based on an un-weighted sample of fewer than 25 children, are considered unreliable and are not reported. State rankings on disparity ratios include only those states with reliable estimates for both groups
6. Hispanic here is defined as ethnicity and compares those who self-identify as Hispanic with all individuals who do not self-identify as Hispanic