

# Rhode Island's Plan for Healthy Eating and Active Living

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## Responding to the Obesity Epidemic

The prevalence of obesity in the United States has risen at an epidemic rate during the past 20 years. In the past decade, the percentage of obese U.S. adults has nearly doubled. In Rhode Island, the obesity rate increased by 66% between 1990 and 2003. Being obese increases the risk of developing coronary heart disease, stroke, type 2 diabetes, and some forms of cancer. Coronary heart disease, cancer, and stroke are the top three leading causes of death in the U.S.

In 2001, the Rhode Island Department of Health (HEALTH) was one of the first six states to receive funding from the U.S. Centers for Disease Control and Prevention to respond to this epidemic. HEALTH established the **Initiative for a Healthy Weight (IHW)** to build the state's capacity to reverse this epidemic.

### Initiative for a Healthy Weight

#### **Vision**

A Rhode Island where safe and healthy communities support healthy eating and active living.

#### **Mission**

The mission of the Initiative for a Healthy Weight (IHW) is to prevent obesity among all Rhode Islanders. IHW coordinates, supports, and implements activities to promote lifelong healthy eating and active living through partnerships, community capacity building, policy and environmental changes, and targeted interventions.

#### **Goal**

Lead Rhode Island in achieving the objectives set forth in *Rhode Island's Plan for Healthy Eating and Active Living*.

#### **Strategies**

- Build and sustain partnerships for communication, coordination and collaboration.
- Build community capacity through technical assistance, training, and resource development.
- Develop and support policy and environmental improvement initiatives for healthy communities.
- Implement CDC-supported targeted interventions in selected populations.

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From 2002 to 2004, a diverse group of over one hundred Rhode Islanders, representing communities, schools, worksites, and the health care system, worked with the Initiative for a Healthy Weight staff to develop recommendations for obesity prevention. These recommendations were used to develop *Rhode Island's Plan for Healthy Eating and Active Living*. This plan addresses the obesity epidemic by focusing on four targeted behaviors: nutrition, breastfeeding, physical activity, and screen time.

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## Long Term Objectives

- I. By 2012, reduce the proportion of adults who are overweight or obese (BMI > 25) to \_\_\_\_\_%.

### **CURRENT STATUS**

*56% of Rhode Island adults are overweight or obese (BMI > 25) (BRFSS, 2004).*

- II. By 2012, reduce the proportion of adolescents and children who are overweight or at risk of overweight (BMI > the 85th percentile CDC Growth Charts) to \_\_\_\_\_%.

### **CURRENT STATUS**

*27% of adolescents, ages 12-17, are overweight or at risk for overweight (RI HIS, 2001).*

*50% of children, ages 6-11, are overweight or at risk for overweight (RI HIS, 2001).*

*42% of WIC preschoolers, ages 2-5, are overweight or at risk of overweight (RI WIC Program, 2003).*

- III. By 2012, eliminate racial and ethnic disparities in overweight and obesity.
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## Intermediate Objectives

- 1 Improve the nutritional quality of diets and decrease excessive caloric intake.
    - a By 2010, \_\_\_% of adults, adolescents and children will eat five or more servings of fruits and vegetables per day.
    - b By 2010, decrease the average daily consumption of sugar-sweetened beverages among adolescents and children to \_\_\_ ounces per day.
    - c By 2010, \_\_\_% of adults, adolescents and children will meet the recommended daily intake for total and saturated fat.
  - 2 Increase the proportion of mothers who breastfeed their babies.
    - a By 2010, 75% of mothers will breastfeed their babies in the early postpartum period.
    - b By 2010, 50% of mothers will breastfeed their babies for at least six months.
    - c By 2010, 25% of mothers will breastfeed their babies for at least twelve months.
  - 3 Increase the proportion of adults, adolescents and children who engage in regular physical activity.
    - a By 2010, \_\_\_% of adults will engage in moderate physical activity for at least 30 minutes daily.
    - b By 2010, \_\_\_% of adolescents and children will engage in moderate physical activity for at least 60 minutes daily.
  - 4 By 2010, \_\_\_% of adolescents and children will spend two or fewer hours per day in front of a screen (TV, video, videogames).
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## Nutrition Short Term Objectives

### **SETTING: SCHOOLS**

- 1.1 By \_\_\_\_\_, \_\_\_% of school meal programs will meet the *Dietary Guidelines for Americans 2005* for all meals.
- 1.2 By \_\_\_\_\_, \_\_\_% of schools will provide the recommended time for students to eat breakfast and lunch.
- 1.3 By \_\_\_\_\_, \_\_\_% of schools will increase the amount of fruits and vegetables in school meal programs, stores or vending machines.
- 1.4 By \_\_\_\_\_, \_\_\_% of school districts will adopt nutritional standards for all food served or sold on the premises.
- 1.5 By \_\_\_\_\_, \_\_\_% of schools will provide skill-based, behavior-focused nutrition education aligned with Rhode Island standards.
- 1.6 By \_\_\_\_\_, \_\_\_% of schools will offer before- or after-school programs that provide healthy food and nutritional information about energy balance.
- 1.7 By \_\_\_\_\_, \_\_\_% of childcare programs will provide meals consistent with the *Dietary Guidelines for Americans 2005*.
- 1.8 By \_\_\_\_\_, \_\_\_% of childcare programs will adopt nutritional guidelines for all foods served on the premises.
- 1.9 By \_\_\_\_\_, \_\_\_% of childcare programs will provide nutrition education for parents and children.
- 1.10 By \_\_\_\_\_, \_\_\_% of schools will provide nutrition education programs and continuing education opportunities for staff.
- 1.11 By \_\_\_\_\_, \_\_\_% of schools will provide nutrition education programs for families.

### **SETTING: COMMUNITIES**

- 1.12 By \_\_\_\_\_, \_\_\_% of community-based organizations will provide hands-on, healthy eating learning opportunities.
- 1.13 By \_\_\_\_\_, \_\_\_% of communities will have farmers' markets or community garden programs.
- 1.14 By \_\_\_\_\_, \_\_\_% of underserved communities will have markets that provide low-cost, high-quality fruits and vegetables.
- 1.15 By \_\_\_\_\_, \_\_\_% of full-service and fast food restaurants will provide healthy food options.
- 1.16 By \_\_\_\_\_, \_\_\_% of full-service and fast food restaurants will provide full-disclosure nutrition information at point of purchase.

### **SETTING: WORKSITES**

- 1.17 By \_\_\_\_\_, \_\_\_% of worksites will provide healthy food options for employees.
- 1.18 By \_\_\_\_\_, \_\_\_% of worksite cafeterias will provide full-disclosure nutrition information at point of purchase.
- 1.19 By \_\_\_\_\_, \_\_\_% of worksites will implement fruit and vegetable initiatives.

### **SETTING: HEALTH CARE**

- 1.20 By \_\_\_\_\_, \_\_\_% of health care providers will routinely track Body Mass Index and follow evidence-based guidelines for nutrition counseling and referral.
- 1.21 By \_\_\_\_\_, \_\_\_% of health insurance plans will cover nutrition counseling and weight management services.

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## Breastfeeding Short Term Objectives

### **SETTING: SCHOOLS**

- 2.1 By \_\_\_\_\_, \_\_\_% of schools will incorporate breastfeeding education into the core curriculum.
- 2.2 By \_\_\_\_\_, \_\_\_% of childcare programs will have policies and environments that support breastfeeding mothers.
- 2.3 By \_\_\_\_\_, \_\_\_% of childcare program staff will provide basic breastfeeding support and referral.

### **SETTING: COMMUNITIES**

- 2.4 By \_\_\_\_\_, \_\_\_% of communities will provide breast pump distribution programs.
- 2.5 By \_\_\_\_\_, \_\_\_% of communities will provide peer support programs for breastfeeding mothers.

### **SETTING: WORKSITES**

- 2.6 By \_\_\_\_\_, \_\_\_% of worksites will have policies, programs or environments that support breastfeeding mothers.
- 2.7 By \_\_\_\_\_, \_\_\_% of employers will provide benefit plans with enhanced maternity leave and lactation benefits.

### **SETTING: HEALTH CARE**

- 2.8 By \_\_\_\_\_, \_\_\_% of hospitals and maternity care facilities will adopt evidence-based maternity care practices.
  - 2.9 By \_\_\_\_\_, \_\_\_% of health care providers will provide evidence-based breastfeeding counseling and referral during preconceptual, prenatal, and postpartum visits.
  - 2.10 By \_\_\_\_\_, \_\_\_% of health care facilities will have policies restricting the marketing and distribution of infant formula on the premises.
  - 2.11 By \_\_\_\_\_, \_\_\_% of health insurance plans will cover breastfeeding support services and equipment.
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## Physical Activity Short Term Objectives

### **SETTING: SCHOOLS**

- 3.1 By \_\_\_\_\_, \_\_\_% of schools will provide daily structured physical education aligned with Rhode Island standards.
- 3.2 By \_\_\_\_\_, \_\_\_% of elementary schools will provide daily recess.
- 3.3 By \_\_\_\_\_, \_\_\_% of before- and after-school programs will include physical activity.
- 3.4 By \_\_\_\_\_, \_\_\_% of childcare programs will include physical activity.
- 3.5 By \_\_\_\_\_, \_\_\_% of schools will provide staff with opportunities to be physically active.
- 3.6 By \_\_\_\_\_, \_\_\_% of schools will provide families with opportunities to be physically active.
- 3.7 By \_\_\_\_\_, \_\_\_% schools will have Safe Routes to School programs.

### **SETTING: COMMUNITIES**

- 3.8 By \_\_\_\_\_, \_\_\_% of community-based organizations will provide opportunities for physical activity.
- 3.9 By \_\_\_\_\_, \_\_\_% of communities will have new or revitalized parks, trails, or recreational facilities.
- 3.10 By \_\_\_\_\_, \_\_\_% of communities' comprehensive plans will include objectives that support bicycling and walking.
- 3.11 By \_\_\_\_\_, \_\_\_% of communities' land management systems will support physical activity.

### **SETTING: WORKSITES**

- 3.12 By \_\_\_\_\_, \_\_\_% of worksites will provide employees with opportunities to be physically active.
- 3.13 By \_\_\_\_\_, \_\_\_% of worksites will have on-site facilities or environmental supports for physical activity.

### **SETTING: HEALTH CARE**

- 3.14 By \_\_\_\_\_, \_\_\_% of health care providers will routinely track Body Mass Index and follow evidence-based guidelines for physical activity counseling and referral.
  - 3.15 By \_\_\_\_\_, \_\_\_% of health insurance plans will cover physical activity programs.
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## Screen Time Short Term Objectives

### ***SETTING: SCHOOLS***

- 4.1 By \_\_\_\_\_, \_\_\_% of schools will incorporate screen time education into the core curriculum.
- 4.2 By \_\_\_\_\_, \_\_\_% of before- and after-school programs will limit screen time.
- 4.3 By \_\_\_\_\_, \_\_\_% of childcare programs will limit screen time.

### ***SETTING: COMMUNITIES***

- 4.4 By \_\_\_\_\_, \_\_\_% of community-based organizations will limit screen time.

### ***SETTING: WORKSITES***

- 4.5 By \_\_\_\_\_, \_\_\_% of worksites will provide information about screen time.

### ***SETTING: HEALTH CARE***

- 4.6 By \_\_\_\_\_, \_\_\_% of health care providers will provide screen time counseling.
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