

# Childhood Overweight and Obesity:

## Updated Data and Trends for Rhode Island



Kaitlyn Rabb, Policy Analyst  
Rhode Island KIDS COUNT



**Blue Cross  
Blue Shield**  
of Rhode Island

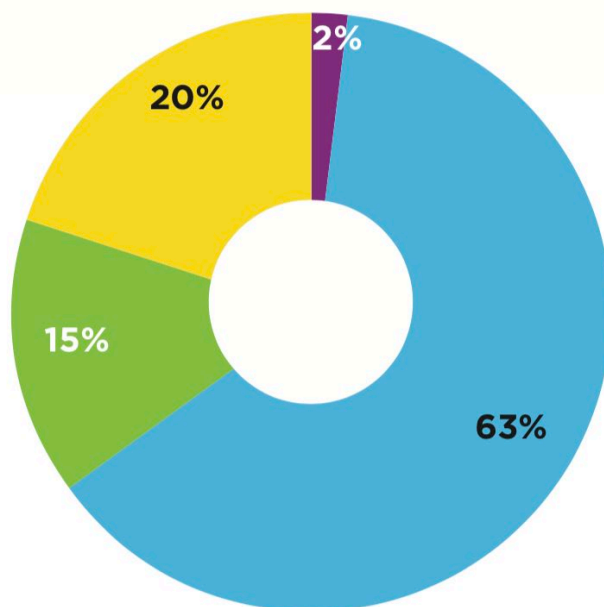
Rhode Island KIDS COUNT is grateful to  
Blue Cross & Blue Shield of Rhode Island  
for its support of this data project and publication.

# Childhood Overweight and Obesity

- In the U.S. and in Rhode Island, one in five children is considered obese.
- Children and adolescents who are overweight or obese are at risk of many health problems, including type 2 diabetes, cardiovascular disease, asthma, joint problems, sleep apnea, and other acute and chronic health problems.
- They may also experience social and psychological problems, including depression, bullying, and social marginalization.
- Obese children and youth are also more likely to repeat a grade, be absent from school, and have reduced academic performance than their peers.

# Results

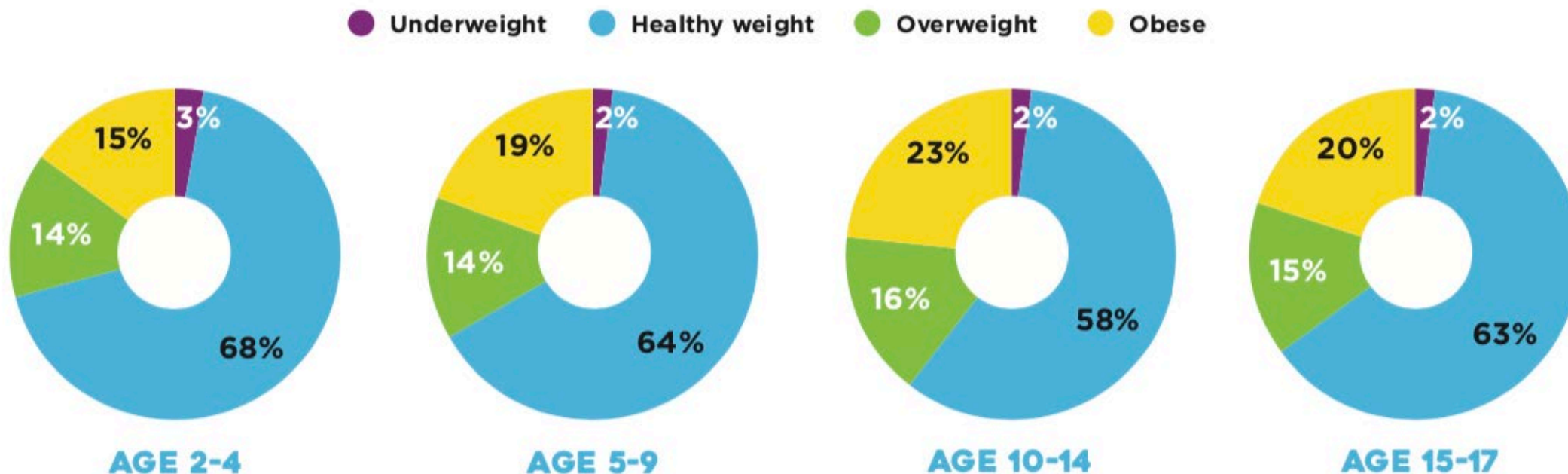
**RHODE ISLAND CHILDREN  
BY WEIGHT STATUS, AGES 2 TO 17, 2020**



2% Underweight  
63% Healthy weight  
15% Overweight  
20% Obese

**35% of Rhode Island  
children are overweight  
or obese**

# Age



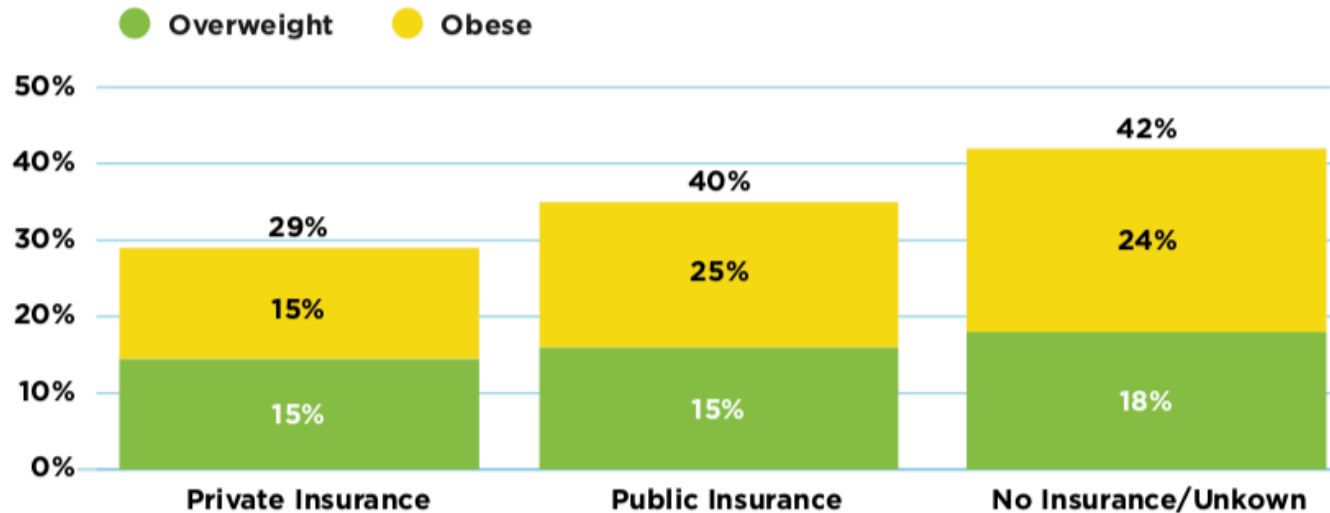
Overweight and obesity start as early as age two. Twenty-nine percent of Rhode Island children ages two to four are overweight or obese. Children ages 10-14 have the highest rate of childhood overweight and obesity (39%).

# Gender

Rhode Island boys have higher rates of obesity than girls among all races and ethnicities, except for non-Hispanic Black girls who have slightly higher rates of obesity than non-Hispanic Black boys.



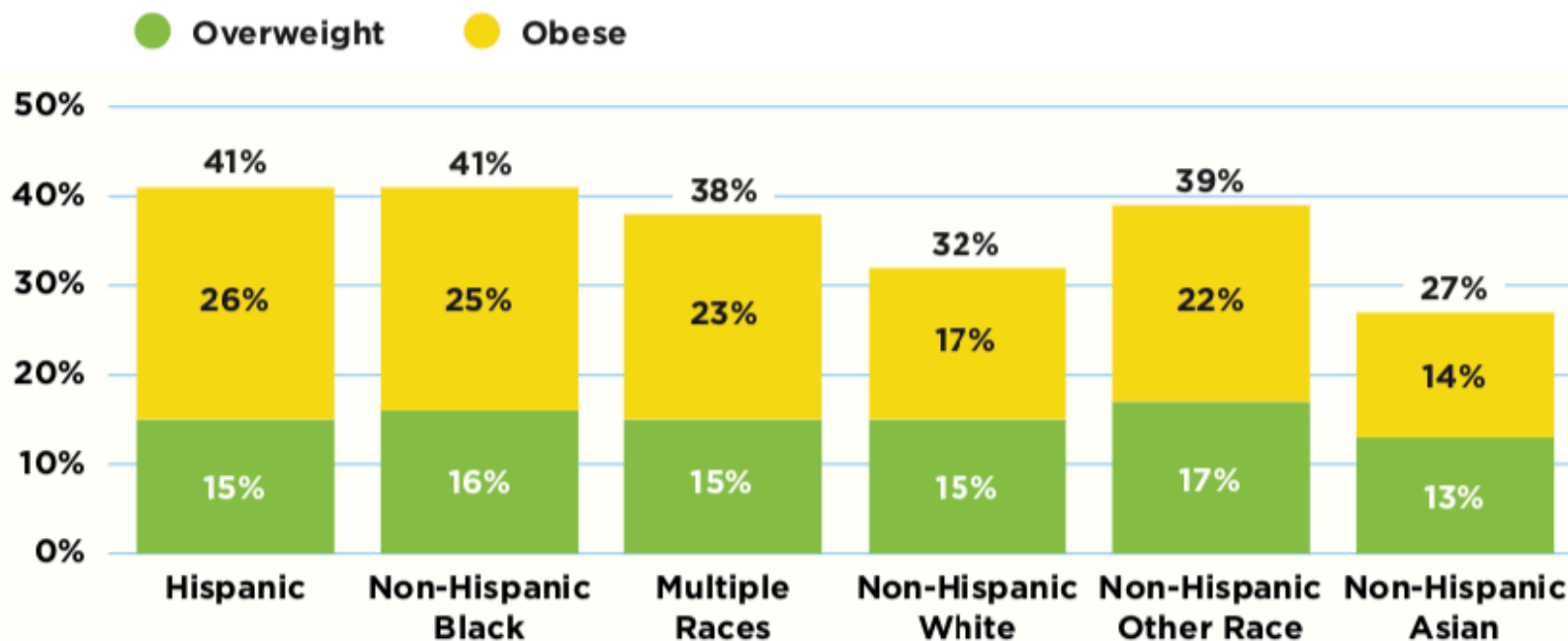
# Insurance Status



Twenty-five percent of Rhode Island children covered by public health insurance are obese compared to 15% of children with private health insurance.

# Race and Ethnicity

There are noticeable racial and ethnic disparities -- 41% of Hispanic and 41% of non-Hispanic Black children in Rhode Island are overweight or obese. Non-Hispanic Black girls and Hispanic boys have the highest rates of obesity at 26% and 27% respectively.





# Rhode Island Cities and Towns

	OVERWEIGHT	OBESE		OVERWEIGHT	OBESE		OVERWEIGHT	OBESE
Barrington	14%	8%	Hopkinton	13%	19%	Portsmouth	9%	10%
Bristol	16%	17%	Jamestown	12%	10%	Providence	14%	22%
Burrillville	18%	18%	Johnston	16%	23%	Richmond	14%	12%
Central Falls	19%	34%	Lincoln	17%	18%	Scituate	15%	14%
Charlestown	16%	13%	Little Compton	*	*	Smithfield	15%	14%
Coventry	12%	16%	Middletown	12%	14%	South Kingstown	14%	12%
Cranston	16%	20%	Narragansett	15%	12%	Tiverton	14%	19%
Cumberland	16%	19%	New Shoreham	*	*	Warren	17%	20%
East Greenwich	12%	9%	Newport	13%	21%	Warwick	16%	18%
East Providence	17%	21%	North Kingstown	11%	12%	West Greenwich	14%	13%
Exeter	11%	12%	North Providence	20%	23%	West Warwick	14%	22%
Foster	17%	13%	North Smithfield	17%	15%	Westerly	14%	18%
Glocester	17%	14%	Pawtucket	17%	26%	Woonsocket	17%	31%

Source: Brown University School of Public Health analysis of 2020 BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health.

Note: \* The data are statistically unreliable and rates are not reported.

## Core Cities

OVERWEIGHT

15%

OBESE

25%

COMBINED

40%

## Remainder of State

OVERWEIGHT

15%

OBESE

17%

COMBINED

32%

## Rhode Island

OVERWEIGHT

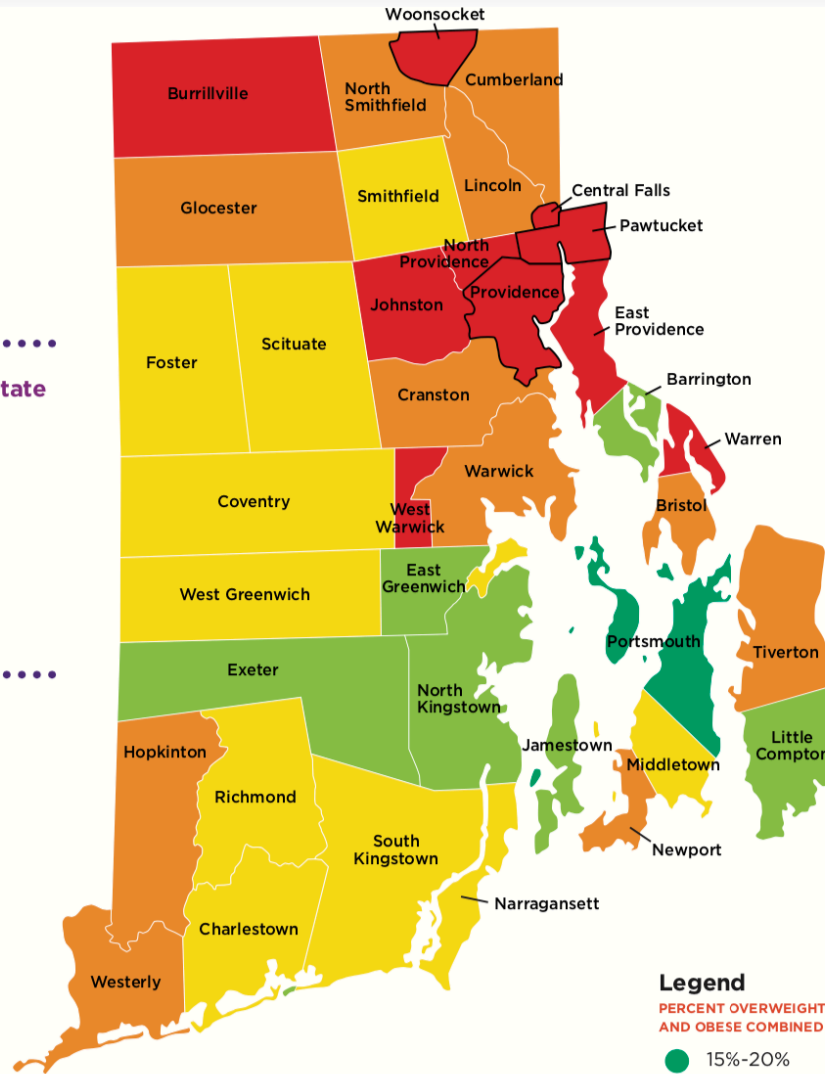
15%

OBESE

20%

COMBINED

35%



## Legend

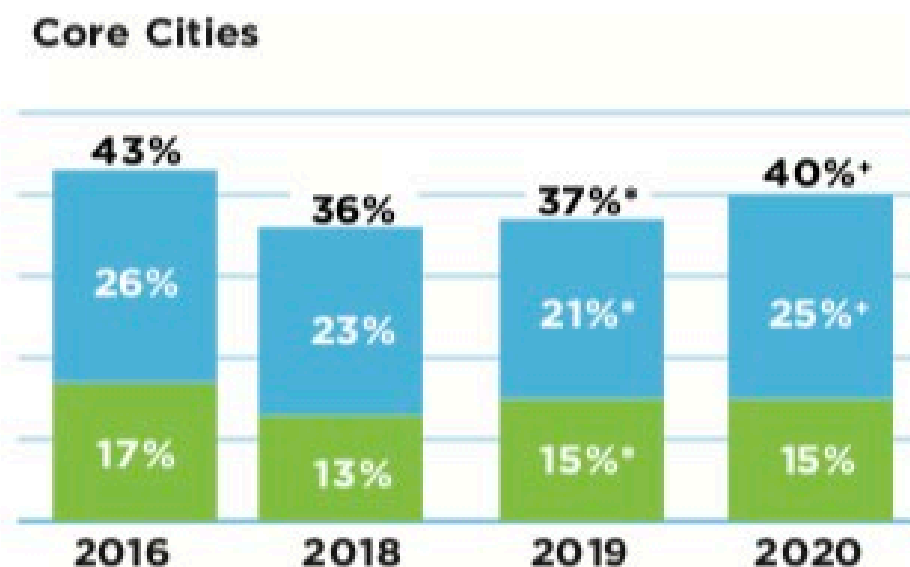
PERCENT OVERWEIGHT  
AND OBESE COMBINED

- 15%-20%
- 21%-25%
- 26%-30%
- 31%-35%

Notes: Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

# Trends Before and After Onset of COVID-19

Overweight Obese



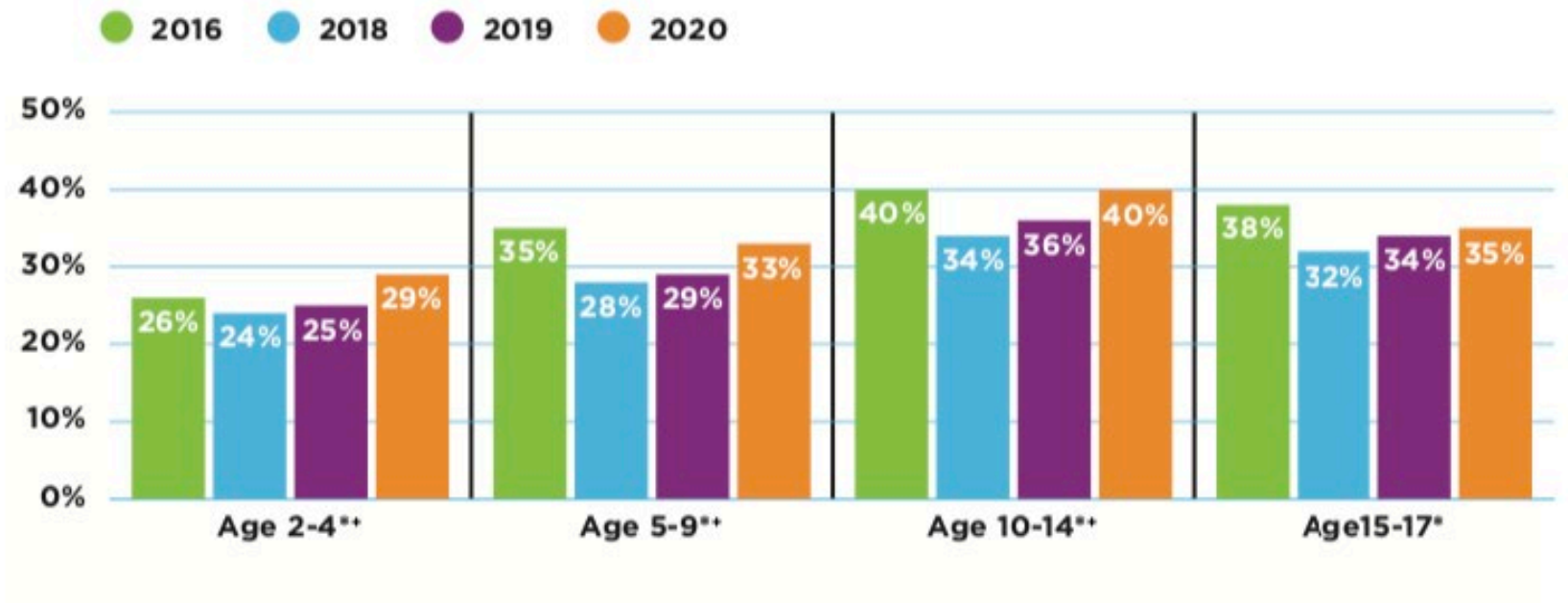
\*Statistically significant trend (2016-2019),  $p < .05$

+Statistically significant trend (2019-2020),  $p < .05$

# Trends by Age

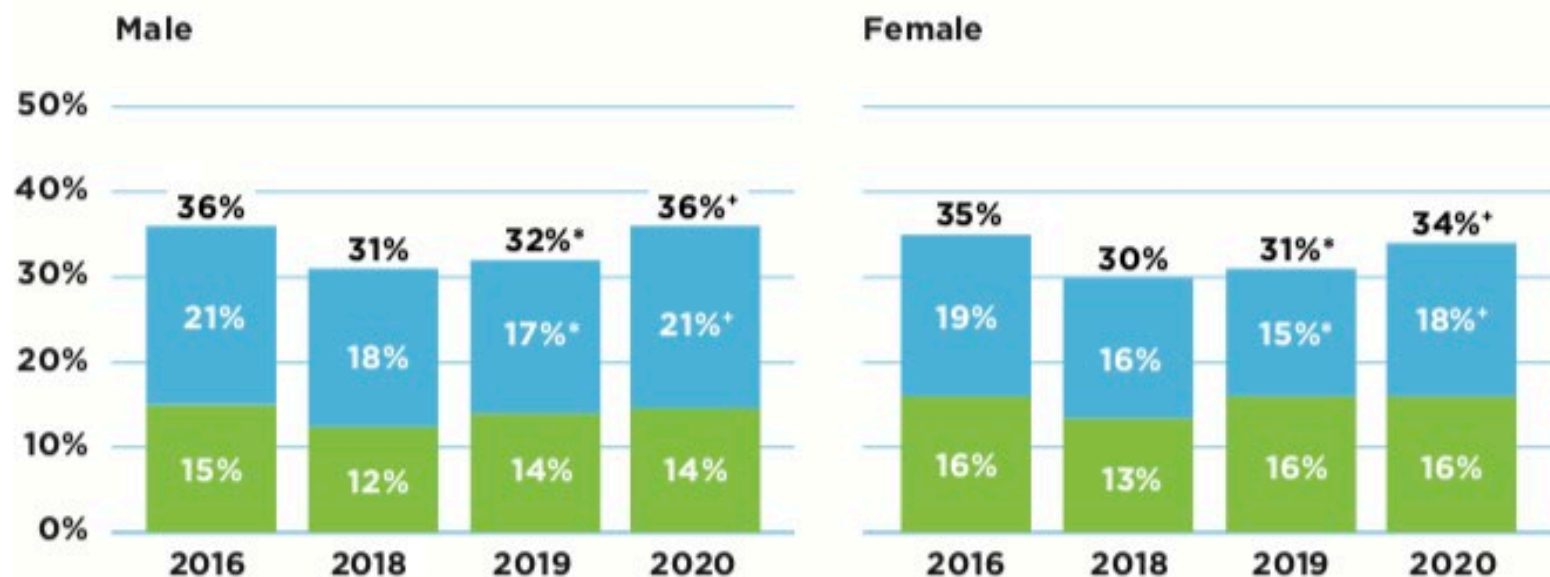
For all age groups except 15 to 17-year-olds, there was a decrease in overweight and obesity from 2016-2019, followed by an increase from 2019-2020 after the onset of the pandemic.

For the oldest age group, there was a decrease from 2016-2019 and no change since 2019.



# Trends by Gender

● Overweight ● Obese

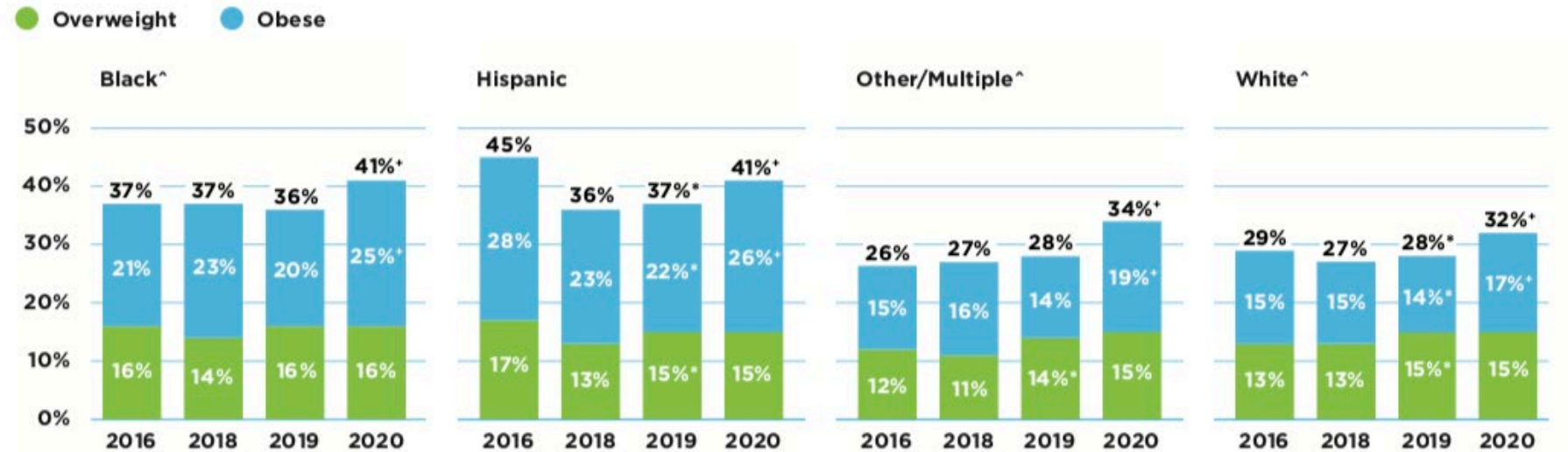


For both boys and girls, there was a decrease in obesity rates from 2016-2019, followed by an increase from 2019-2020. There was no change in the percentage of overweight for either boys or girls.

# Trends by Race and Ethnicity

From 2016-2019 there was a decrease in the percentage of Hispanic children who were overweight or obese, followed by an increase from 37% to 41%.

Since the onset of the COVID-19 pandemic, obesity rates for Black, other/multiple race, and white children all increased.



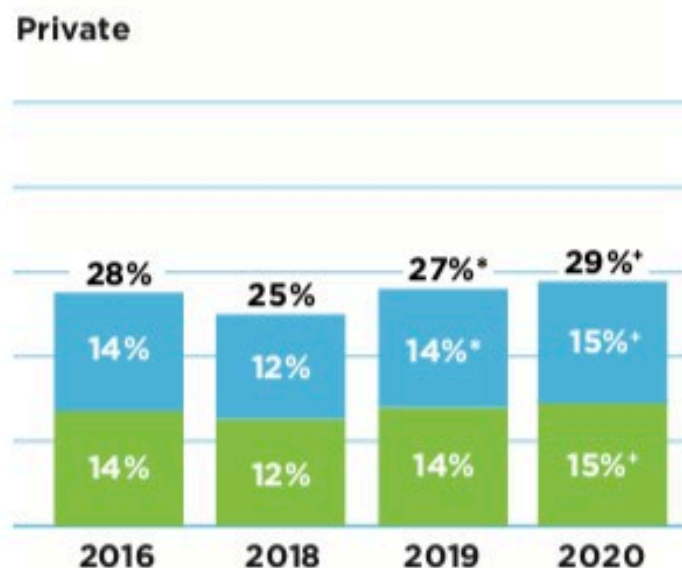
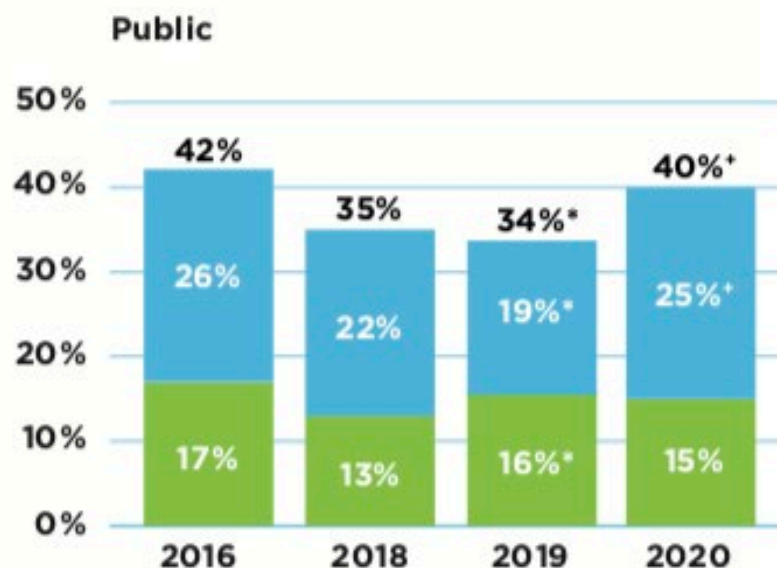
\*Statistically significant trend (2016-2019),  $p < .05$

\*Statistically significant trend (2019-2020),  $p < .05$

<sup>^</sup> Race categories are non-Hispanic.

# Trends by Insurance Status

● Overweight ● Obese



Before the onset of the pandemic, both overweight and obesity rates for children with public health insurance decreased. Rates for these children increased from 34% in 2019 to 40% in 2020.

Overweight and obesity rates for children with private health insurance also increased from 2019 to 2020, but not as dramatically.



## Core Cities

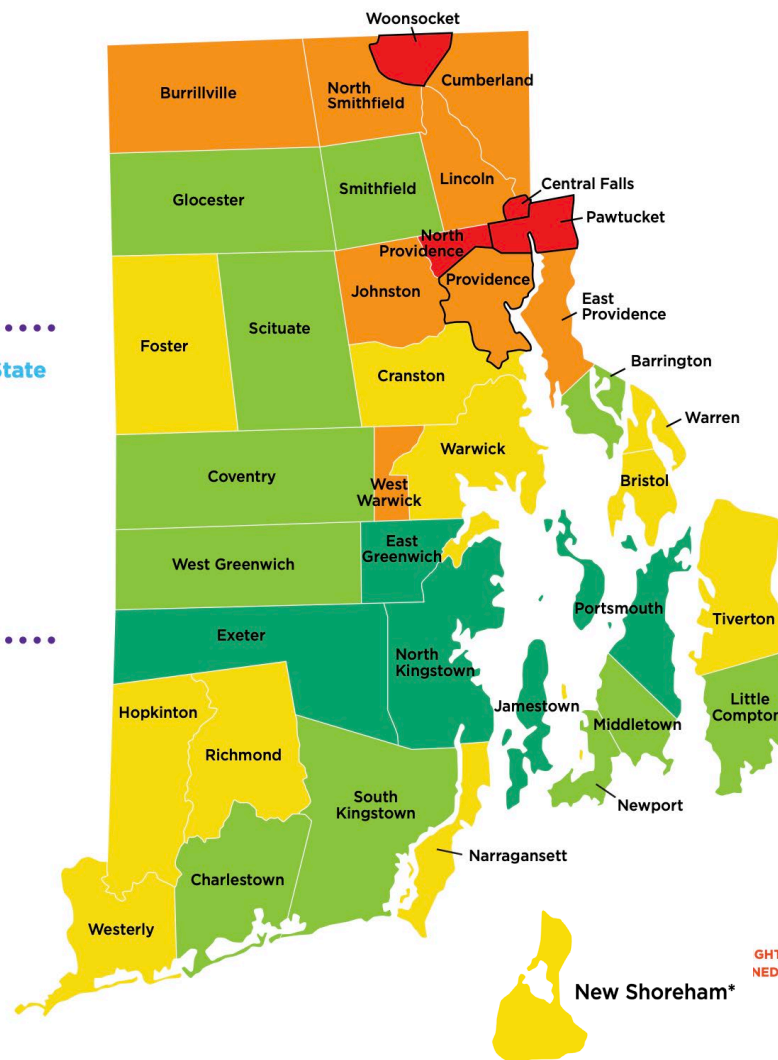
OVERWEIGHT  
15%  
OBESSE  
21%  
COMBINED  
36%

## Remainder of State

OVERWEIGHT  
15%  
OBESSE  
13%  
COMBINED  
28%

## Rhode Island

OVERWEIGHT  
15%  
OBESSE  
16%  
COMBINED  
31%



## Legend

PERCENT OVERWEIGHT  
AND OBESSE COMBINED

- 15%-20%
- 21%-25%
- 26%-30%
- 31%-35%
- 36%+

○ Core City

## PREVALENCE OF OVERWEIGHT AND OBESITY IN RHODE ISLAND CHILDREN AGES 2 TO 17, 2020

## Core Cities

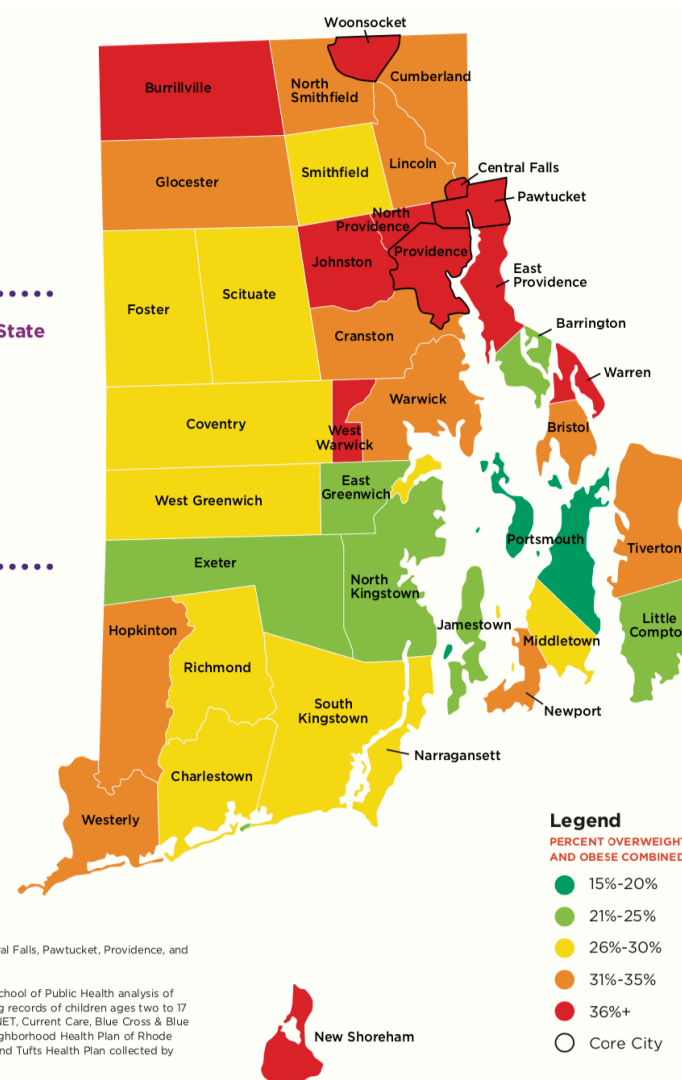
OVERWEIGHT  
15%  
OBESSE  
25%  
COMBINED  
40%

## Remainder of State

OVERWEIGHT  
15%  
OBESSE  
17%  
COMBINED  
32%

## Rhode Island

OVERWEIGHT  
15%  
OBESSE  
20%  
COMBINED  
35%



## Legend

PERCENT OVERWEIGHT  
AND OBESSE COMBINED

- 15%-20%
  - 21%-25%
  - 26%-30%
  - 31%-35%
  - 36%+
- Core City

Notes: Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Source: Brown University School of Public Health analysis of 2020 BMI clinical and billing records of children ages two to 17 in Rhode Island from KIDSNET, Current Care, Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, United Healthcare, and Tufts Health Plan collected by the Department of Health.



## PREVALENCE OF COMBINED OVERWEIGHT AND OBESITY IN RHODE ISLAND CHILDREN AGES 2-17, 2016-2020

CITY/TOWN	2016	2018	2019	2020	TRENDS FROM 2016-2019	CHANGE FROM 2019-2020
Barrington	20%	20%	22%	22%		
Bristol	33%	23%	29%	33%	▼	▲
Burrillville	32%	32%	33%	36%		
Central Falls	48%	51%	50%	52%		
Charlestown	36%	24%	23%	29%	▼	▲
Coventry	27%	25%	25%	28%		▲
Cranston	33%	28%	30%	35%	▼	▲
Cumberland	30%	31%	31%	35%		▲
East Greenwich	22%	18%	20%	21%		
East Providence	36%	34%	34%	38%		▲
Exeter	22%	20%	20%	23%		
Foster	28%	23%	28%	30%		
Glocester	25%	23%	25%	31%		▲
Hopkinton	29%	22%	28%	32%		
Jamestown	25%	16%	18%	21%		
Johnston	35%	31%	33%	39%		▲
Lincoln	32%	30%	32%	35%		
Little Compton	57%	19% <sup>^</sup>	24%	24%	▼	
Middletown	37%	24%	21%	26%	▼	▲
Narragansett	35%	28%	29%	27%		

Johnston	35%	31%	33%	39%		▲
Lincoln	32%	30%	32%	35%		
Little Compton	57%	19%^	24%	24%	▼	
Middletown	37%	24%	21%	26%	▼	▲
Narragansett	35%	28%	29%	27%		
New Shoreham	40%	20%^	26%^	39%		
Newport	36%	27%	25%	34%	▼	▲
North Kingstown	21%	20%	20%	24%		▲
North Providence	35%	36%	36%	43%		▲
North Smithfield	29%	30%	31%	32%		
Pawtucket	42%	42%	39%	43%	▼	▲
Portsmouth	33%	18%	16%	19%	▼	
Providence	43%	32%	33%	36%	▼	▲
Richmond	30%	22%	26%	26%		
Scituate	25%	22%	24%	29%		▲
Smithfield	24%	24%	25%	29%		▲
South Kingstown	34%	27%	23%	27%	▼	▲
Tiverton	34%	24%	26%	33%	▼	▲
Warren	35%	32%	30%	37%		▲
Warwick	30%	29%	30%	34%		▲
West Greenwich	28%	24%	22%	26%		
West Warwick	34%	30%	32%	36%		▲

# Recommendations for Data Collection

- Continue to collect data to monitor and track childhood overweight and obesity.
  - Health care providers and insurers should continue to regularly collect children's height, weight, and BMI data and provide guidance at annual well child visits.
  - Monitor implementation of new opt-out vs opt-in legislation for de-identified children's health data to ensure childhood overweight and obesity data is available.
  - Ensure that youth surveys like the *YRBS* and *SurveyWorks* include questions about nutrition and physical activity.

# Recommendations for Reducing Childhood Overweight and Obesity

- Improve access to nutritious and affordable foods
- Ensure access to healthy meals and foods through schools
- Increase options for physical activity in school and in the community and improve options for safe and inclusive recreational spaces
- Promote culturally appropriate and respectful approaches to address and reduce disparities