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## **Rhode Island KIDS COUNT releases new *Policy Brief:* *Childhood Overweight and Obesity:* *Updated Data for Rhode Island***

*Newest data shows decline in childhood overweight and obesity in Rhode Island, but continued disparities by race and ethnicity*

**Providence, RI (May 19, 2020):** Rhode Island KIDS COUNT released its newest publication, *Childhood Overweight and Obesity: Updated Data for Rhode Island*, at a virtual policy roundtable on Tuesday May 19, 2020 from 2:00 p.m. – 3:30 p.m.

Featured speakers included Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT; Kim Keck, President and CEO of Blue Cross & Blue Shield of Rhode Island; Ellen Amore, Center for Health Data and Analysis, Rhode Island Department of Health; Patrick Vivier, Hassenfeld Child Health Innovation Institute; Karin Wetherill, Rhode Island Healthy Schools Coalition; and Jazmine Wray, Newport Health Equity Zone. Rhode Island KIDS COUNT Policy Analyst Katie Orona shared findings from the *Policy Brief*.

### **Childhood Obesity: A serious health issue; A need for better data**

Childhood overweight and obesity is a serious problem that puts children at risk for poor health. Children and adolescents who are overweight or obese are at immediate and/or long-term risk of many health problems, including type 2 diabetes, cardiovascular disease, asthma, joint problems, sleep apnea, and other acute and chronic health problems.

Despite the persistence and severity of childhood overweight and obesity, accurate data is difficult to obtain. Most data on childhood obesity come from self-reported survey data, which can differ from clinical data. Although height, weight, and BMI are often collected by pediatricians, there are very few national or state-level clinical data sets.

From 2016 to 2019, Rhode Island KIDS COUNT, the Rhode Island Department of Health's Center for Health Data and Analysis, the Hassenfeld Child Health Innovation Institute, the State Innovation Model, and three health insurance plans – Blue Cross & Blue Shield of Rhode Island, UnitedHealthcare, and Neighborhood Health Plan of Rhode Island collaborated on a project to collect the most accurate childhood overweight and obesity data at the state and city/town level that could also be analyzed by race/ethnicity, age, gender, and insurance status.

**The result of this unique collaboration was the first clinical/claims-based statewide data set of childhood overweight and obesity. This *Policy Brief* presents updated data from 2018 collected and analyzed from 2018 to 2020.**

“Childhood obesity and overweight is a serious health issue both nationally and in Rhode Island. We are very excited that through this important work with our partners, Rhode Island has an updated clinical/claims-based statewide data set on childhood overweight and obesity that will help to inform policy, practice and prevention efforts,” said Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT.

**Rates analyzed by gender, age, insurance status, and race/ethnicity**

The data show that in Rhode Island:

- Among Rhode Island children ages two to 17, 17% are obese and 13% are overweight.
- Thirty percent of Rhode Island children ages two to 17 are either overweight or obese, compared to 35% in 2016.
- Rhode Island boys have higher rates of obesity than girls in every age group.
- Overweight and obesity start as early as age two. Twenty-four percent of Rhode Island children ages two to four are overweight or obese. Thirty-one percent of children between ages five and 17 are either overweight or obese.
- Twenty-two percent of Rhode Island children covered by public insurance are obese compared to 12% of children with private health insurance.
- There are notable racial and ethnic disparities: over a third of Hispanic (36%) and non-Hispanic Black (37%) children in Rhode Island are overweight or obese. Non-Hispanic Black girls and Hispanic boys have the highest rates of obesity at 26% and 24% respectively.

**Rates by Rhode Island city and town**

	OVERWEIGHT	OBESE		OVERWEIGHT	OBESE		OVERWEIGHT	OBESE
Barrington	12%	8%	Hopkinton	12%	11%	Portsmouth	9%	9%
Bristol	11%	12%	Jamestown	8% ^	8% ^	Providence	12%	20%
Burrillville	15%	17%	Johnston	13%	18%	Richmond	11%	11%
Central Falls	18%	34%	Lincoln	14%	16%	Scituate	10%	11%
Charlestown	13%	12%	Little Compton	*	*	Smithfield	11%	13%
Coventry	12%	13%	Middletown	12%	12%	South Kingstown	14%	13%
Cranston	12%	16%	Narragansett	15%	14%	Tiverton	10%	14%
Cumberland	15%	16%	New Shoreham	*	*	Warren	14%	18%
East Greenwich	11%	7%	Newport	12%	15%	Warwick	14%	15%
East Providence	15%	19%	North Kingstown	9.2%	11.0%	West Greenwich	15%	10%
Exeter	11%	9%	North Providence	19%	17%	West Warwick	12%	18%
Foster	13%	10%	North Smithfield	15%	15%	Westerly	11%	18%
Glocester	12%	11%	Pawtucket	15%	27%	Woonsocket	15%	27%

Source: Hassenfeld Child Health Innovation Institute analysis of 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, and United Healthcare collected by the Department of Health, 2018.

Note: ^ The data are statistically unstable and rates or percentages should be interpreted with caution.

\* The data are statistically unreliable and rates are not reported and should not be calculated.

## **Recommendations**

The *Policy Brief* provides key recommendations to support collection and analysis of children's BMI data:

- The BMI data collection project should continue on an annual basis to collect, analyze, and distribute the data from KIDSNET, Current Care, and contributing health plans in place of a more permanent solution to track BMI data by state, city, town, race, ethnicity, age, gender, and insurance status.
- The General Assembly should consider legislative options that would provide an opt-out rather than an opt-in consent model for collecting children's health data to be used on a de-identified, population-based scale in CurrentCare.
- Health care providers and insurers should continue to regularly collect children's height, weight, and BMI data and provide guidance and referrals at annual well-child visits.
- The State should provide the authority and capacity for the Department of Health to work with providers, insurers, and electronic health record vendors on a solution to systematically report BMI data to KIDSNET and/or CurrentCare.
- The Rhode Island Department of Health should continue to ask questions about nutrition and physical activity in youth surveys, including the *Youth Risk Behavior Survey* and the Department of Education should reinstate these questions in *SurveyWorks!*
- State agencies, health care providers, hospitals, insurers, schools, and community agencies should monitor trends in clinical, claims, and self-reported data on overweight and obesity among children to identify opportunities for intervention, programs, and policies to support children's' healthy weight.

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*Rhode Island KIDS COUNT is a statewide children's policy organization that works to improve the health, economic well-being, safety, education and development of Rhode Island children.*