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## **Rhode Island KIDS COUNT Releases New Report *Child and Adolescent Obesity in Rhode Island***

*The consequences of childhood and adolescent obesity are vast, complex, and can be long lasting*

*New district-level information presented on positive health habits of Rhode Island students*

*New city/town-level information presented on environmental and social measures relating to obesity*

Providence, RI (November 6, 2014) – Rhode Island KIDS COUNT released its newest *Issue Brief* – ***Child and Adolescent Obesity in Rhode Island*** – at a policy roundtable attended by policy makers, health leaders, state agencies, and community members. The event was held today, from 1:00 p.m. – 2:30 p.m. at Rhode Island KIDS COUNT, One Union Station, in Providence. Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT and Peter Andruszkiewicz, President and CEO of Blue Cross & Blue Shield of Rhode Island (BCBSRI), provided welcoming remarks. Rhode Island KIDS COUNT Policy Analyst Jim Beasley presented the findings; and Michael Fine, MD, Director of the Rhode Island Department of Health provided perspective.

Obesity is medically defined as the presence of excess body fat. Often, this excess body fat is estimated using the Body Mass Index (BMI), which is a ratio of weight to height. Children and youth with a BMI at or above the 95<sup>th</sup> percentile for their age and sex are considered obese. Children and youth with a BMI between the 85<sup>th</sup> and 95<sup>th</sup> percentiles for their age and sex are considered overweight.

The consequences arising from childhood obesity are serious, complex, and can be long lasting. Obesity is associated with many health problems, including type 2 diabetes, cardiovascular disease, sleep apnea, asthma, other acute and chronic health problems; and an increased susceptibility for social and psychological problems. And if a child is overweight or obese, it is likely to persist as he or she transitions to adolescence and adulthood.

Elizabeth Burke Bryant said, “We’re pleased to present the best available data on the prevalence and risk factors that contribute to childhood and adolescent obesity. The consequences of obesity are serious and long-lasting, but can be avoided with proper prevention and intervention. The new information in this *Issue Brief* can help policymakers, elected officials, and community leaders make informed decisions for improved health outcomes.”

The *Issue Brief* was developed with BCBSRI’s support. “Our children are the future of Rhode Island and we are proud to partner with KIDS COUNT to address the critical issue of childhood obesity,” said Peter Andruszkiewicz, President and CEO of BCBSRI. “The data in this *Issue Brief* brings to light the magnitude of this epidemic and can help drive real action to combat childhood obesity.”

### Obesity Among Rhode Island Children and Adolescents: Available Data

Over the past four decades, the prevalence of childhood obesity in America has tripled, and today nearly one in three U.S. children ages 2-19 is obese (17%) or overweight (15%).

Childhood and adolescent obesity continues to be an issue, both across the country and in Rhode Island:

	'02-'03	'04-'05	'06-'07	'08-'09	'10-'11	'12-'13
Kindergarten*	17%	20%	19%	16%	17%	NC
7th Grade*	NA	NA	17%	19%	17%	NC
High School**	10%	13%	11%	10%	11%	11%

NA – Data not available NC – Data no longer collected

- **Children Participating in WIC:** In Rhode Island in 2013, 22,185 children ages one to four were enrolled in WIC, with 11% being obese (2,521). There has been a 13% decline in number of children ages one to four participating in WIC who are obese since 2011.
- **Children Enrolled in Head Start:** In Rhode Island during the 2012-2013 school year, 20% (545) of children enrolled in Head Start were obese, and 15% (425) were overweight, higher than national rates.
- **High School Students:** Rhode Island’s overall high school obesity and overweight rate has not significantly changed (improved or worsened) since 2001. Between 2011-2013, 11% of Rhode Island High School students reported being obese, and 16% reported being overweight. Rhode Island ranks well (7<sup>th</sup> best among 42 ranked states) for adolescent obesity, but not as well (37<sup>th</sup>) for overweight among adolescents.

“We are encouraged that childhood obesity rates are leveling off, and declining in some areas,” said Elizabeth Burke Bryant, Executive Director of Rhode Island KIDS COUNT. “Prevention efforts and thoughtful policy changes have begun to have a positive impact. This includes new federally mandated WIC food standards, ongoing preventive healthcare at Head Start locations, and strengthened nutritional standards for school meals and other food and beverages sold at schools.”

### Factors Contributing to Obesity

A multitude of factors – as well as the complex interactions of factors – affect child and adolescent obesity.

These factors include:

- **individual** (*excess calorie consumption, physical inactivity, family history, etc.*),
- **sociocultural** (*cultural norms, socioeconomic factors, chronic stress, etc.*), and
- **environmental** (*school policies, access to healthy affordable foods, outdoor space, community safety, etc.*)

Positive health habits that can reduce obesity include less than two hours of screen time per day; the consumption of healthy, balanced meals; and physical activity for an hour or more each day. In this *Issue Brief*, information is presented on positive health habits by grade level and school district. Please see page 7 for specific district-level information on these measures.

Children’s eating habits and physical activities are affected by their community’s built environment, which is defined as the neighborhoods, roads, buildings, food sources, and recreational facilities in which people

live, work, are educated, eat, and play. In this *Issue Brief*, selected environmental and social measures relating to obesity are reported by Rhode Island cities and towns, including:

- Percent of outdoor public recreation space,
- Percent of residents living in a food desert,
- Number of fast food and convenience stores per square mile, and more.

Please see page 9 for specific city and town-level information on these measures.

### **Recommendations**

The *Issue Brief* offers recommendations as to how families, health care providers and systems, schools, child care and after-school programs, and communities can work together to prevent and reduce child and adolescent obesity in Rhode Island. It also recommends that state agencies continue current youth surveys that serve as sources of important district- and state-level trend data relating to overweight and obesity in order to inform policy change and measure progress in reducing child and adolescent obesity in Rhode Island.

The full list of the *Recommendations* can be found on pages 10-11 of the *Issue Brief*.

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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.*

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