

Childhood Overweight and Obesity:

Updated Data and Three-Year Trends for Rhode Island



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**Blue Cross
Blue Shield**
of Rhode Island

Rhode Island KIDS COUNT is grateful to
Blue Cross & Blue Shield of Rhode Island
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Childhood Overweight and Obesity

- In the U.S. one in five children are 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.

RI Childhood BMI Data was Limited

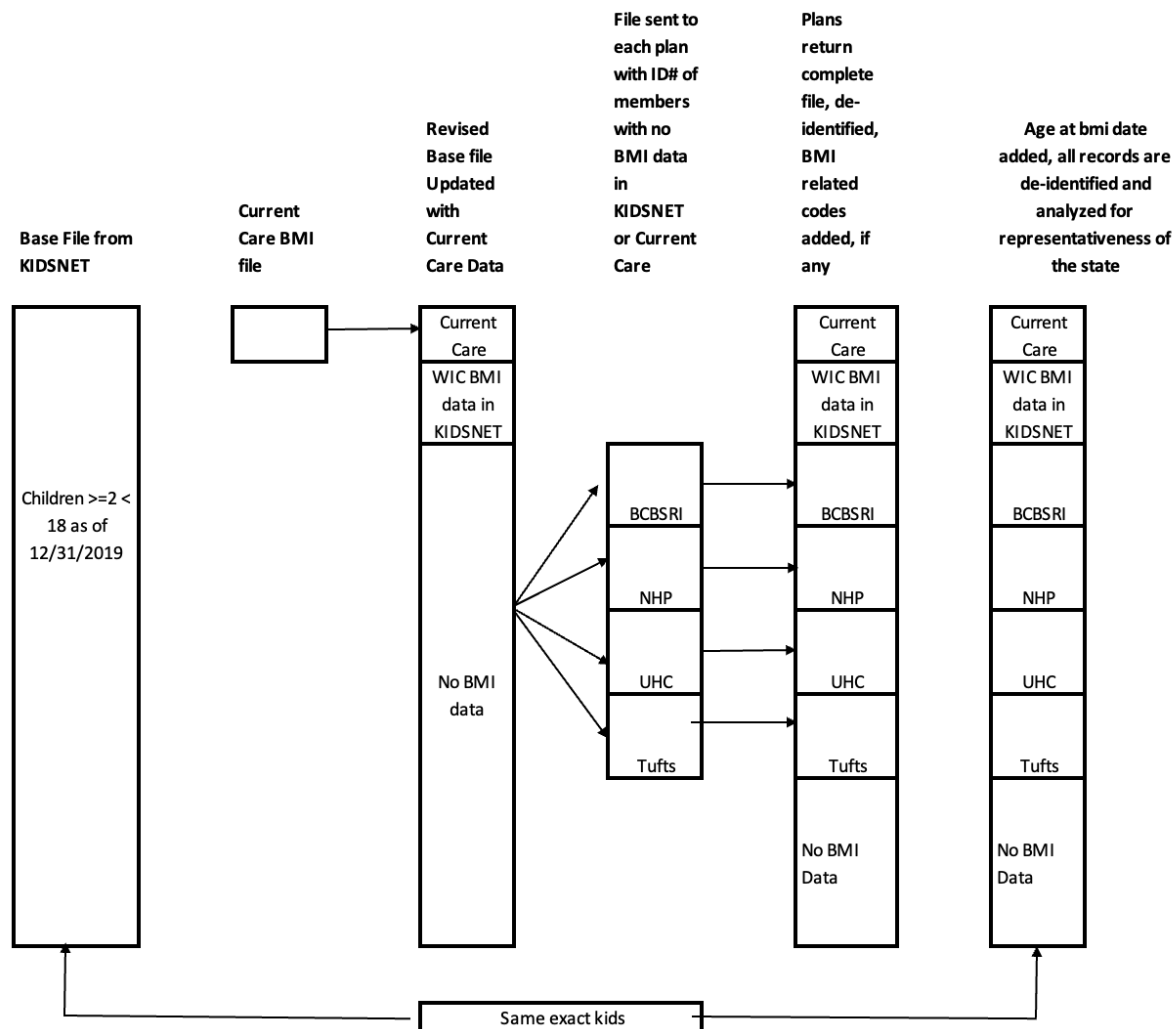
Self-Reported

- *Youth Risk Behavior Survey (YRBS)*

Clinical

- Providence Community Health Center Analysis
- Children participating in Head Start
- Children participating in WIC

Childhood BMI Data Workgroup Project



Evaluated for Representative Sample

Table 1. Comparison of BMI project sample to ACS estimates

	A		B		C		D	
	ACS 2015-2019 (ages 0-17)		Full project sample (ages 2-17)		Project sample with BMI data (ages 2-17)		Project sample without BMI data (ages 2-17)	
	Count	%	Count	%	Count	%	Count	%
Total	207,344	100	232,966	100	80,192	100	152,804	100
Gender								
Female	101,234	49	113,878	49	39,474	49	74,404	49
Male	106,110	51	118,833	51	40,711	51	78,122	51
Missing	-		285		-		278	
Age*								
5-9	55,977	37	52,661	35	20,687	38	49,942	32
10-14	59,233	39	59,805	40	21,410	39	61,731	40
15-17	37,462	25	35,946	24	12,285	23	44,042	28
Race								
Black	18,509	9	17,298	10	5,769	8	1,529	11
White	148,003	71	124,767	71	51,922	73	72,845	69
Other**	40,832	20	34,573	20	13,139	19	21,434	20
Missing	-		56,358		9,362		46,996	
Hispanic								
No	154,996	75	122,490	70	50,563	70	71,927	71
Yes	52,348	25	51,600	30	21,620	30	29,980	29
Unknown	-		58,906		8,009		50,897	
Core City								
No	137,743	66	135,389	60	48,504	62	86,885	59
Yes	69,601	34	89,634	40	29,615	38	60,019	41
Missing	-		7,973		2,073		5,900	

All comparisons statistically significant, $p < .001$ except for gender.

*Data not shown for ages 2-4 because the ACS only provides ages 0-4

**Other includes children classified as American Indian/Alaskan Native, Asian, Hawaiian, multi-race, and other.

Analysis from Hassenfeld Child Health Innovation Institute

Rhode Island KIDS COUNT

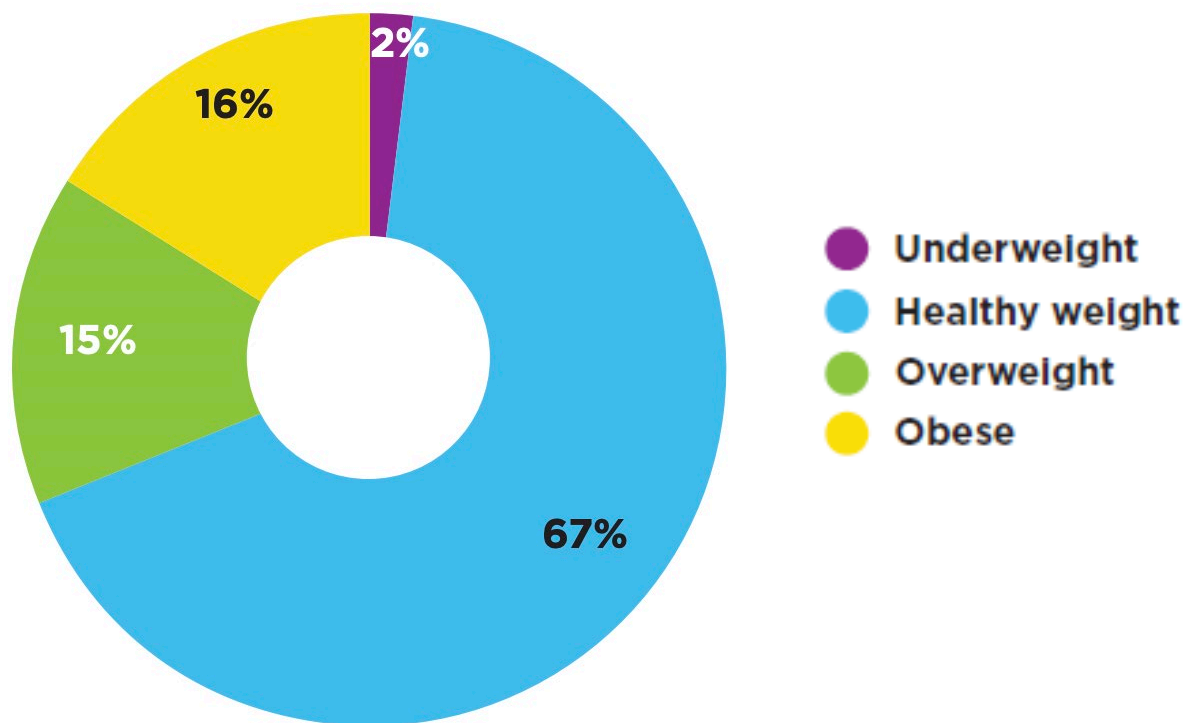
June 2021

CHILDHOOD OVERWEIGHT AND OBESITY:

Updated Data for Rhode Island

Results

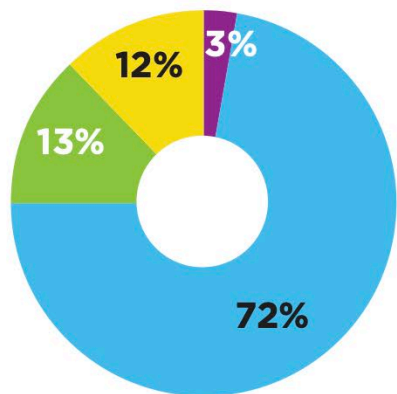
31% of Rhode Island children
are overweight or obese



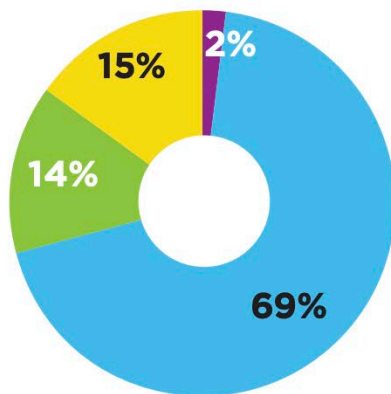
Age

- Overweight and obesity start as early as age two. 25% of Rhode Island children ages 2-4 are overweight or obese.
- 33% of children between ages 5-17 are either overweight or obese.

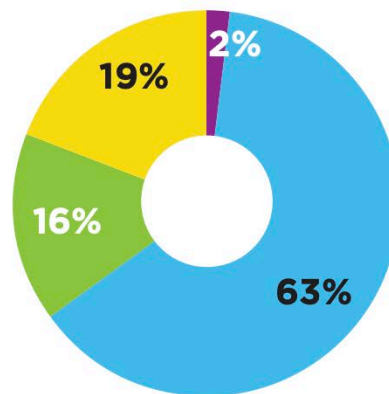
● Underweight
 ● Healthy weight
 ● Overweight
 ● Obese



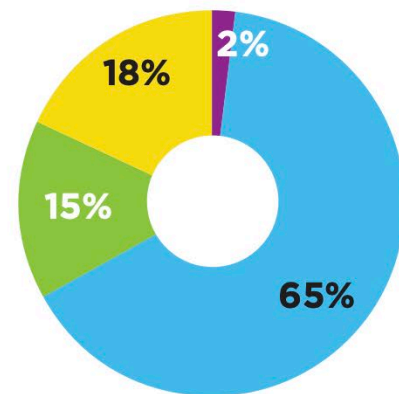
AGE 2-4



AGE 5-9



AGE 10-14



AGE 15-17

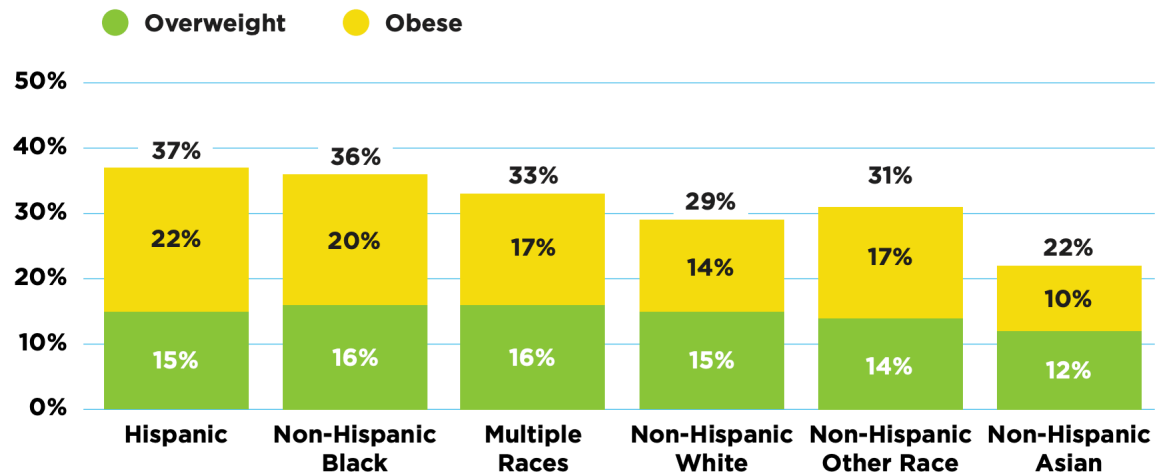
Gender

- Rhode Island boys have higher rates of obesity than girls in every age group.



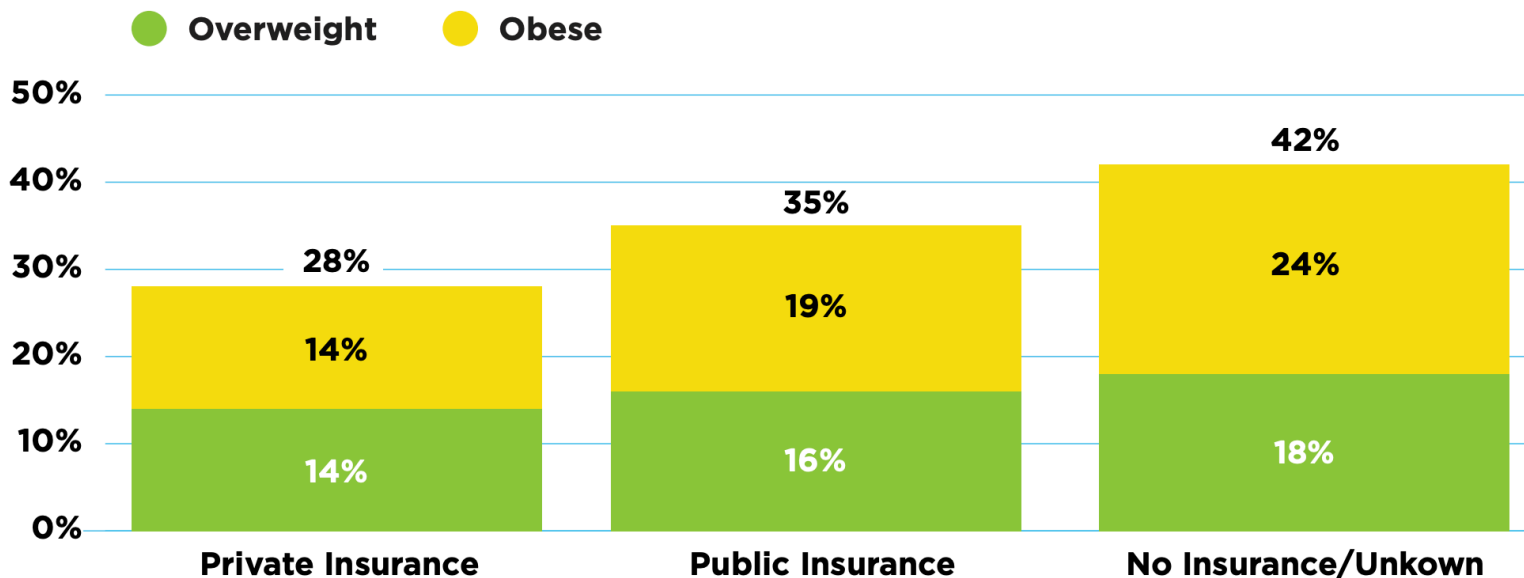
Race and Ethnicity

- Over a third of Hispanic (37%) and non-Hispanic Black (36%) children in Rhode Island are overweight or obese.
- Non-Hispanic Black girls (26%) and Hispanic boys (24%) have the highest rates of obesity in the state.



Insurance Status

- 19% of Rhode Island children covered by public insurance are obese compared to 14% of children with private health insurance.



Prevalence of Overweight and Obesity in Rhode Island Children Ages 2 to 17, 2019

Core Cities

OVERWEIGHT

15%

OBESE

21%

COMBINED

36%

Remainder of State

OVERWEIGHT

15%

OBESE

13%

COMBINED

28%

Rhode Island

OVERWEIGHT

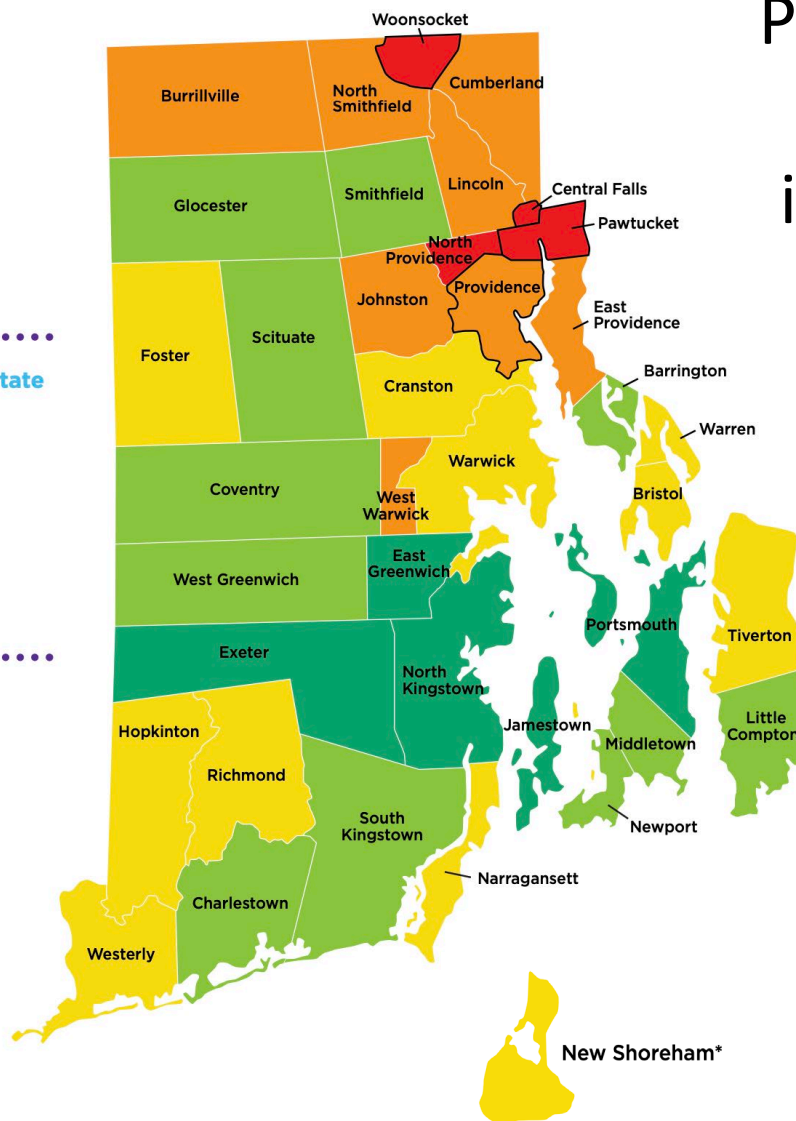
15%

OBESE

16%

COMBINED

31%



Legend

PERCENT OVERWEIGHT
AND OBESE COMBINED

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

Rhode Island Children Ages 2 to 17, Overweight and Obesity, by City/Town

	OVERWEIGHT	OBESE		OVERWEIGHT	OBESE		OVERWEIGHT	OBESE
Barrington	14%	8%	Hopkinton	18%	10%	Portsmouth	8%	8%
Bristol	14%	15%	Jamestown	9%^	9%	Providence	14%	19%
Burrillville	19%	14%	Johnston	16%	17%	Richmond	17%	10%
Central Falls	20%	30%	Lincoln	17%	15%	Scituate	15%	10%
Charlestown	12%	11%	Little Compton	15%^	10%^	Smithfield	15%	10%
Coventry	13%	12%	Middletown	9%	12%	South Kingstown	13%	9%
Cranston	14%	15%	Narragansett	17%	13%	Tiverton	12%	15%
Cumberland	16%	15%	New Shoreham	*	*	Warren	15%	15%
East Greenwich	12%	8%	Newport	12%	14%	Warwick	16%	14%
East Providence	17%	18%	North Kingstown	11%	9%	West Greenwich	11%	12%
Exeter	12%	8%	North Providence	20%	16%	West Warwick	16%	17%
Foster	16%	12%	North Smithfield	16%	14%	Westerly	14%	12%
Glocester	16%	10%	Pawtucket	17%	22%	Woonsocket	17%	24%

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.



Rhode Island KIDS COUNT

June 2021

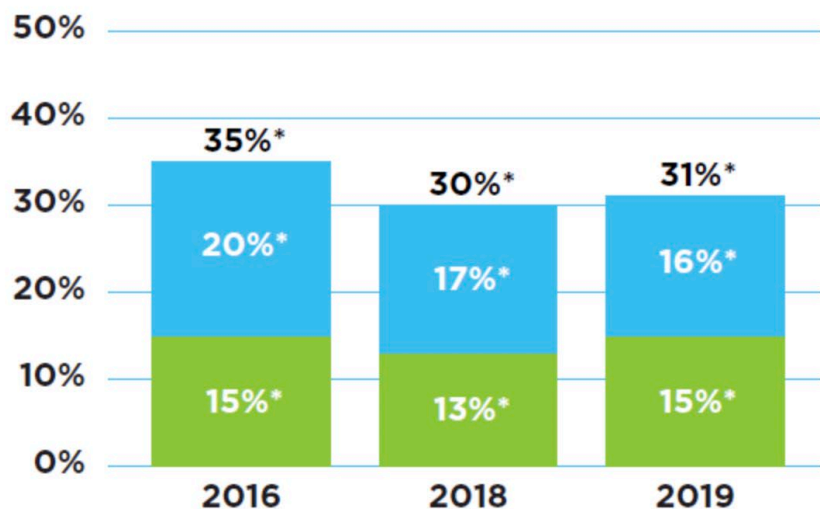
CHILDHOOD OVERWEIGHT AND OBESITY:

Trends in Rhode Island

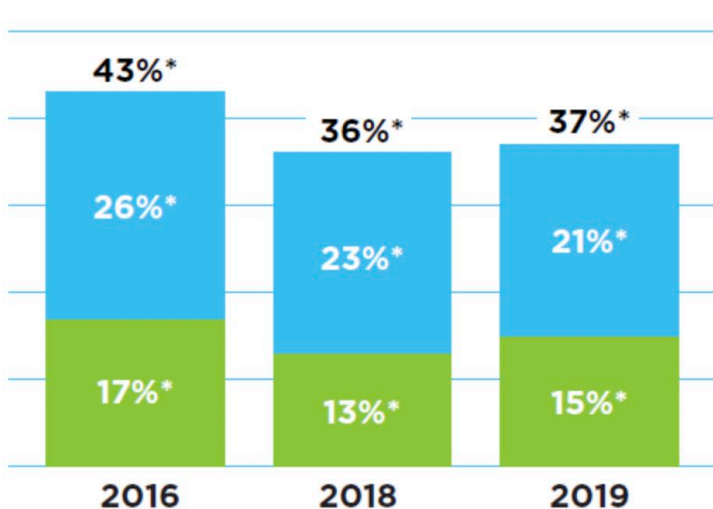
Overall Trend

● Overweight ● Obese

Rhode Island



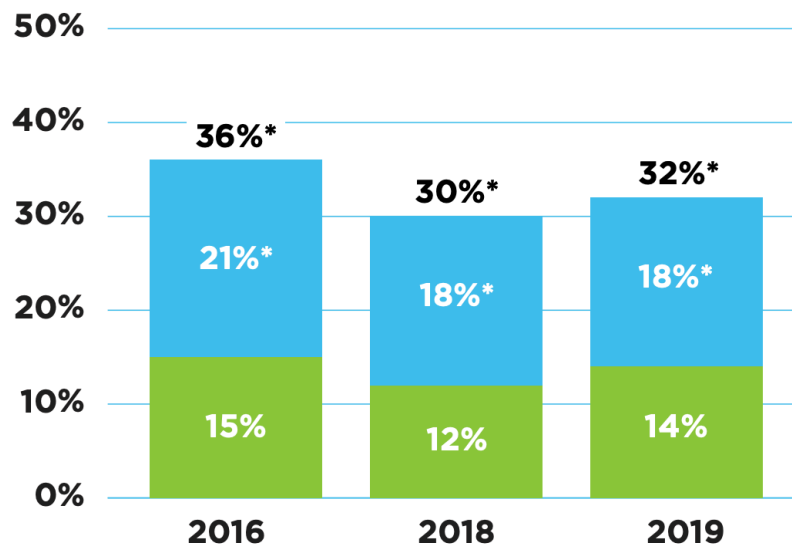
Core Cities



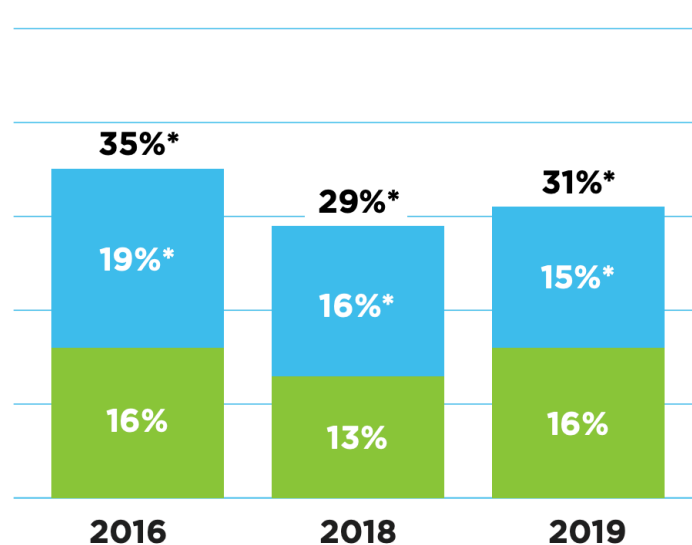
Gender

● Overweight ● Obese

Male

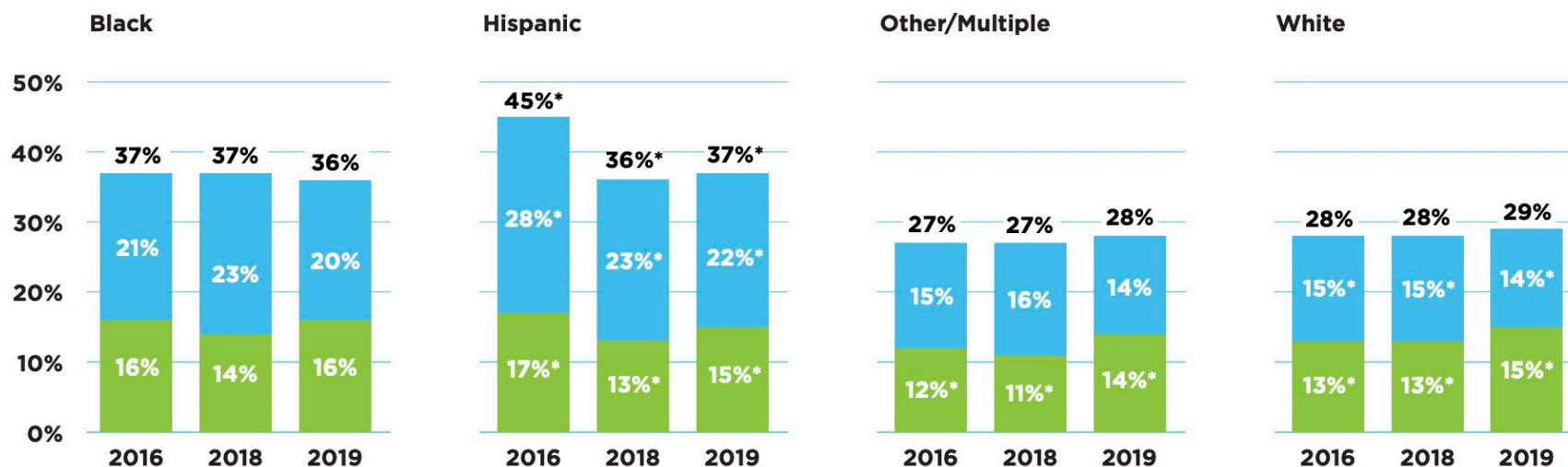


Female



Race & Ethnicity

Overweight Obese

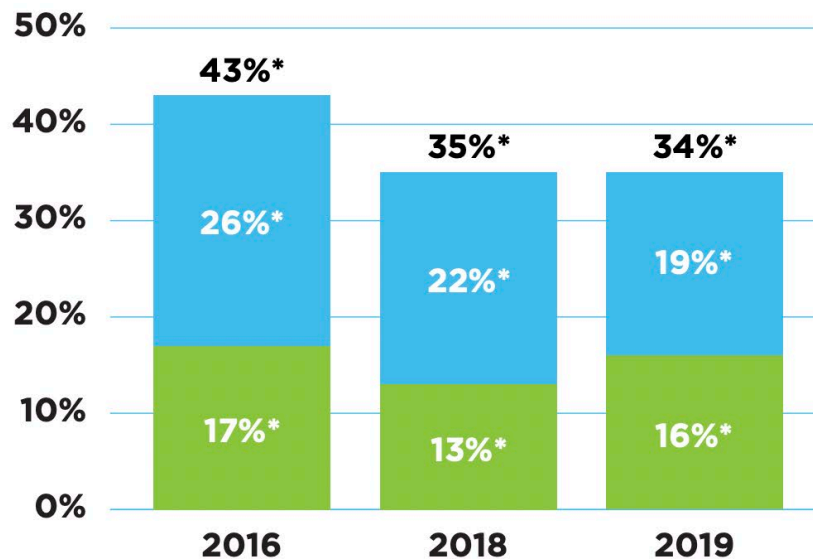


* Statistically significant trend, $p < 0.5$

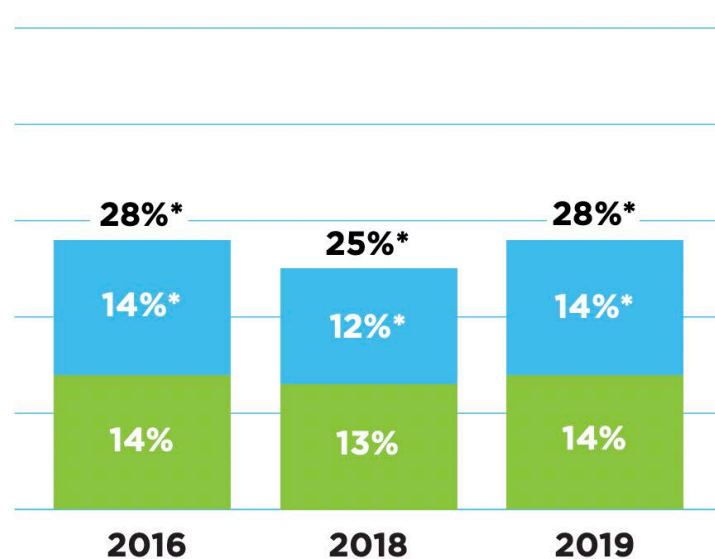
Insurance Status

● Overweight ● Obese

Public



Private



Impact of COVID-19 on Childhood Obesity

- The COVID-19 pandemic is expected to result in an increase in childhood overweight and obesity.
- School closures due to the pandemic often meant children did not always have access to regular meals provided by the Federal School Breakfast and Lunch Programs.
- Many students, particularly remote and hybrid learners, did not have as many opportunities for physical activity. Most before and after school programs offering physical activity were suspended for much of the year and even recess was often less active.

Recommendations

- 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 Rhode Island Department of Health should continue to ask questions about nutrition and physical activity in the *Youth Risk Behavior Survey* and the Rhode Island Department of Education should reinstate these questions in *SurveyWorks!*

Recommendations

- 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 deidentified, population-based scale in CurrentCare.
- 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.

Recommendations

- 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 until a more permanent solution to track BMI data by state, city, town, race, ethnicity, age, gender, and insurance status.
- The impact of the COVID-19 pandemic is expected to result in an increase in child overweight and obesity. 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 and programs to support children's healthy weight.