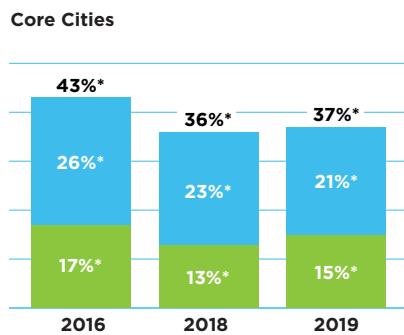
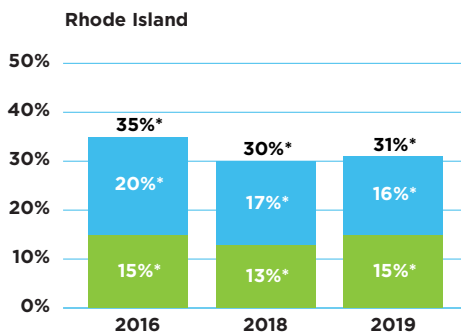


CHILDHOOD OVERWEIGHT AND OBESITY: Trends in Rhode Island

From 2016-2020 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 four health insurance plans collaborated on a project to collect accurate childhood overweight and obesity data at the state and city/town level that could also be analyzed by race/ethnicity, age, gender, and health insurance status. The result of this unique collaboration was the first clinical/claims-based statewide data set of childhood overweight and obesity in Rhode Island. This Policy Brief presents data from 2016-2019 and examines trends including a statistically significant decrease in childhood overweight and obesity during that period.

● Overweight ● Obese



Children whose body mass index (BMI) is in the 95th percentile for gender and age are considered to be obese, and children with a BMI between the 85th and 95th percentiles are considered to be overweight or at risk for obesity.

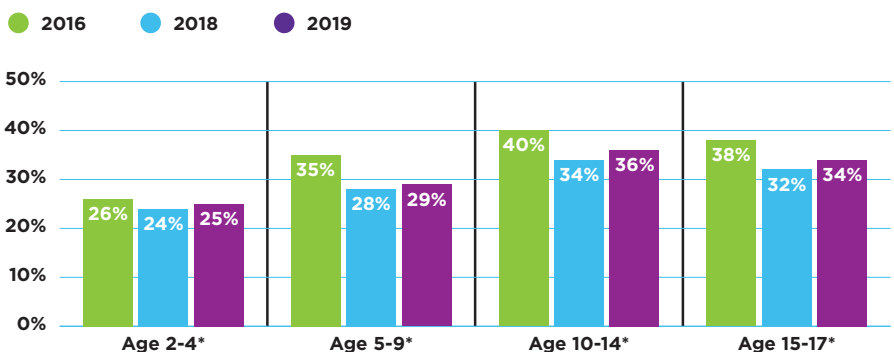
Source: Centers for Disease Control and Prevention. (2021). *Healthy weight*. www.cdc.gov

* Statistically significant trend, p<0.5

AGE

From 2016-2019, there was a statistically significant decrease in the percentage of children who were overweight or obese in all age groups.

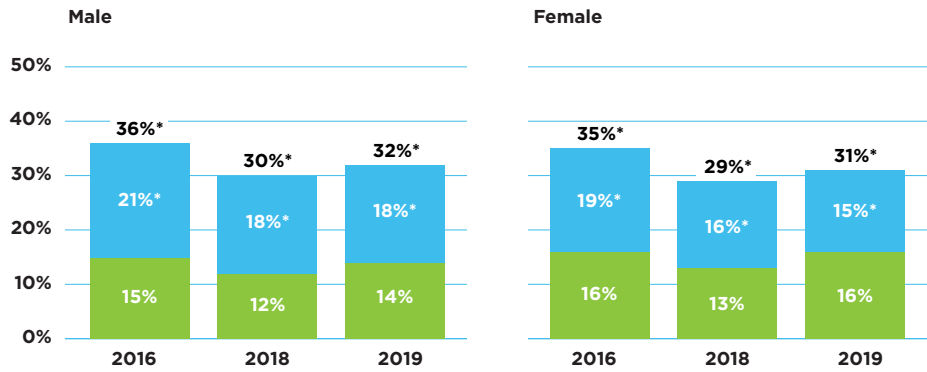
* Statistically significant trend, p<0.5



GENDER

From 2016-2019, Rhode Island boys had higher rates of obesity than Rhode Island girls.

● Overweight ● Obese

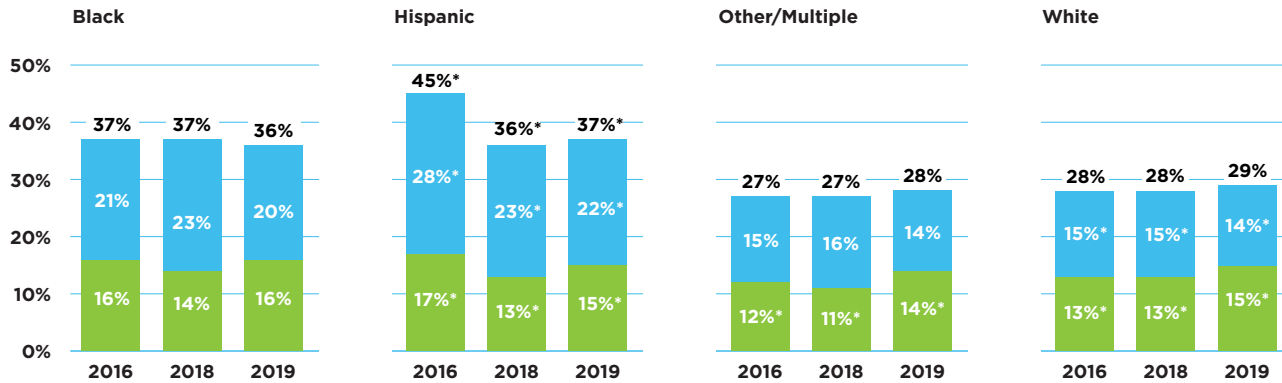


* Statistically significant trend, p<0.5

RACE & ETHNICITY

There are notable differences by race and ethnicity. Black and Hispanic children had higher rates of overweight and obesity from 2016-2019.

● Overweight ● Obese

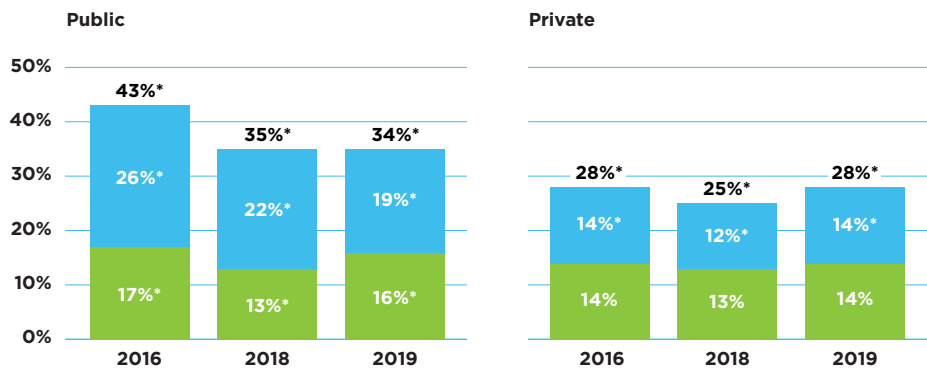


* Statistically significant trend, p<0.5

INSURANCE STATUS

Although rates of overweight and obesity among Rhode Island children with public insurance have decreased from 2016-2019, children with public insurance continue to have much higher rates of overweight and obesity than children with private insurance.

● Overweight ● Obese



* Statistically significant trend, p<0.5

Data Sources: 2016 and 2018 data: Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages 2 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 & 2019. 2019 data: Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages 2 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, 2020.

PREVALENCE OF COMBINED OVERWEIGHT AND OBESITY IN RHODE ISLAND CHILDREN AGES 2-17, 2016-2019

CITY/TOWN	2016	2018	2019	STATISTICALLY SIGNIFICANT TREND
Barrington	20%	20%	22%	
Bristol	33%	23%	29%	▼
Burrillville	32%	32%	33%	
Central Falls	48%	51%	50%	
Charlestown	36%	25%	23%	▼
Coventry	27%	25%	25%	
Cranston	33%	28%	30%	▼
Cumberland	31%	31%	31%	
East Greenwich	22%	18%	20%	
East Providence	36%	34%	35%	
Exeter	22%	20%	20%	
Foster	28%	23%	28%	
Glocester	25%	23%	25%	
Hopkinton	29%	22%	28%	
Jamestown	25%	16%	18%	
Johnston	35%	31%	34%	
Lincoln	32%	30%	32%	
Little Compton	57%	19% [^]	24%	▼
Middletown	37%	24%	21%	▼
Narragansett	35%	28%	29%	
New Shoreham	40%	20% [^]	26% [^]	
Newport	36%	27%	25%	▼
North Kingstown	21%	20%	20%	
North Providence	35%	36%	36%	
North Smithfield	29%	29%	31%	
Pawtucket	42%	42%	39%	▼
Portsmouth	33%	18%	16%	▼
Providence	43%	32%	33%	▼
Richmond	30%	22%	26%	
Scituate	23%	22%	24%	
Smithfield	24%	24%	25%	
South Kingstown	34%	27%	23%	▼
Tiverton	34%	24%	26%	▼
Warren	35%	32%	30%	
Warwick	30%	29%	30%	
West Greenwich	28%	25%	23%	
West Warwick	35%	30%	32%	
Westerly	28%	29%	27%	
Woonsocket	39%	41%	41%	

Sources of Data for Table/Methodology: 2016 and 2018 data: Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages 2 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 & 2019.

2019 data: Hassenfeld Child Health Innovation Institute analysis of BMI clinical and billing records of children ages 2 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, 2020.

[^]The data are statistically unstable and the rates or percentages should be interpreted with caution

▼ Statistically significant trend, $p < 0.5$

IMPACT OF COVID-19 PANDEMIC ON CHILDHOOD OBESITY

The COVID-19 pandemic is expected to result in an increase in childhood overweight and obesity. Key reasons for this include:

- 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. Schools participating in the Recess Rocks in RI program, sponsored by Blue Cross & Blue Shield of RI in collaboration with Playworks New England and the RI Health Schools Coalition, were supported with a Game Guide, which provided COVID-safe strategies for scheduling, playground space, and games.
- School-organized sports were suspended and now are taking place in a limited fashion.

Source: Lifespan. (2021). *Children and weight gain: An epidemic during a pandemic*. <https://www.lifespan.org/lifespan-living/children-and-weight-gain-epidemic-during-pandemic>

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 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!*
- 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.

REFERENCES

¹ Centers for Disease Control and Prevention. (2021). *Childhood overweight and obesity*. Retrieved June 15, 2021, from www.cdc.gov

² Centers for Disease Control and Prevention. (2021). *Childhood obesity causes and consequences*. Retrieved June 15, 2021, from www.cdc.gov

³ Glickman, D., Parker, L., Sim, L., Del Valle Cook, H., & Miller, E. A. (2012). *Accelerating progress in obesity prevention: Solving the weight of the nation*. Washington, DC: Institute of Medicine of the National Academies.

^{4,5,6,7,8} 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, United Healthcare, and Tufts Health Plan collected by the Department of Health, 2020.

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