

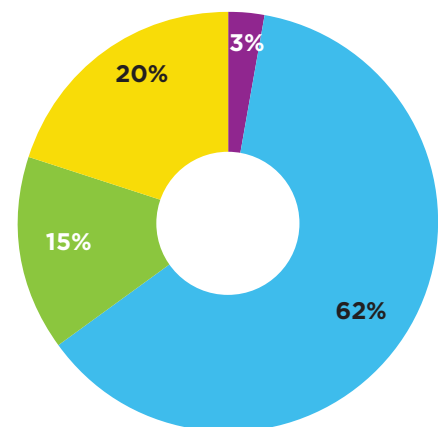
CHILDHOOD OVERWEIGHT AND OBESITY: New Data for Rhode Island

The prevalence of obesity is rising in the U.S. and in Rhode Island with one in five children considered obese.¹ 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.^{2,3}

Despite the persistence and severity of childhood overweight and obesity, clinical data is difficult to obtain for policy planning, population health, or programmatic purposes. While height, weight, and calculated BMI are some of the most frequently collected information at pediatric visits, there are very few national or state-level data sets that capture this clinical data. Most national and state-level data on childhood obesity come from self-reported survey data which can differ from clinical data.

Between 2016 and 2018, 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 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 is the first clinical/claims-based statewide data set of childhood overweight and obesity in Rhode Island.

**RHODE ISLAND CHILDREN
BY WEIGHT STATUS, AGES 2 TO 17, 2016**



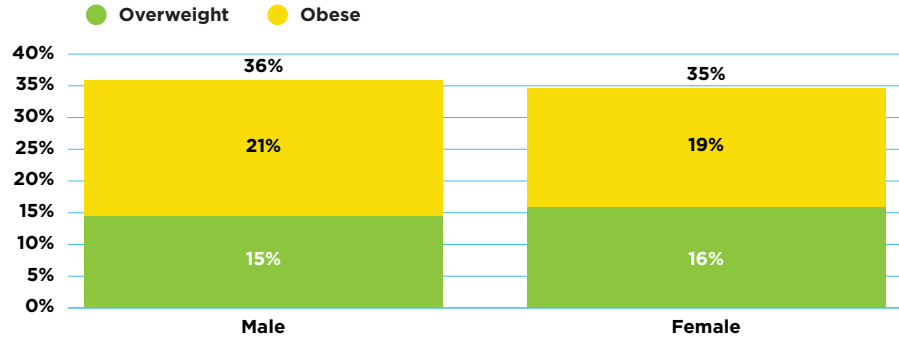
- Underweight
- Healthy weight
- Overweight
- Obese

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. (2018). Healthy weight. www.cdc.gov

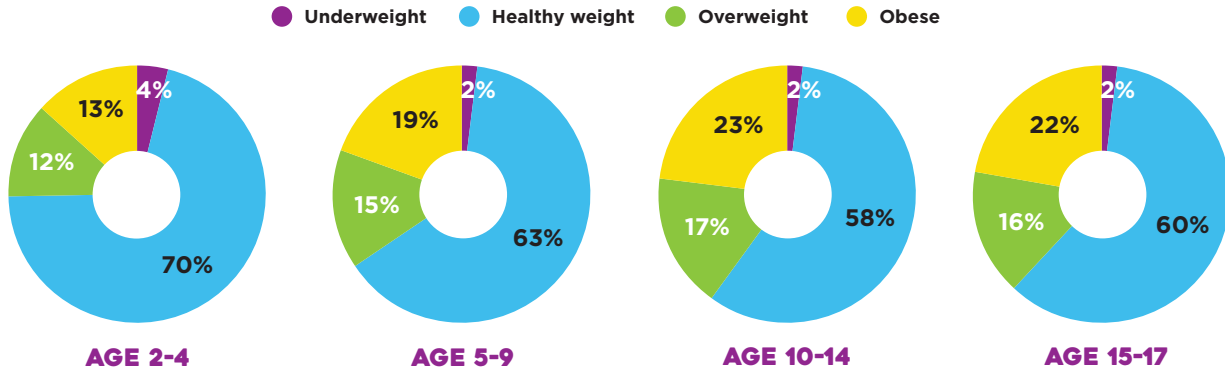
GENDER

Rhode Island boys have higher rates of obesity than girls in every age group and among all races and ethnicities except for non-Hispanic Black girls who have slightly higher rates of obesity than non-Hispanic Black boys.⁴



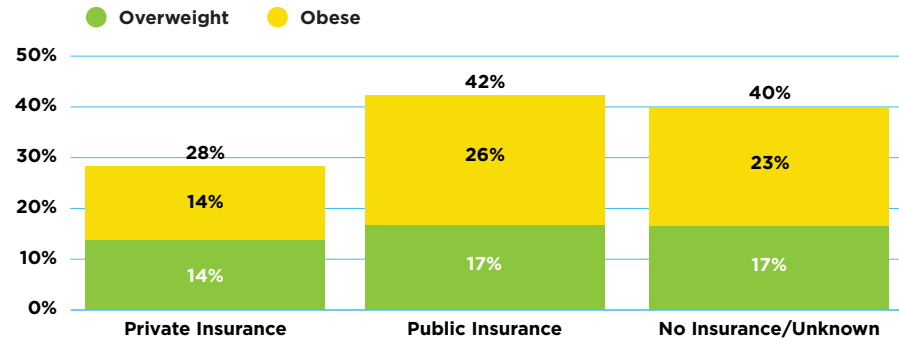
AGE

Overweight and obesity start as early as age two. Twenty-six percent of Rhode Island children ages two to four are overweight or obese. 38% of children between ages five and 17 are either overweight or obese.⁵



INSURANCE STATUS

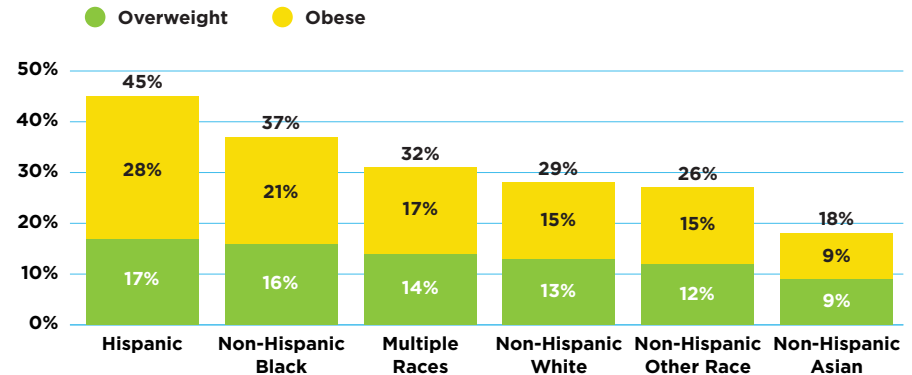
Twenty-six percent of Rhode Island children covered by public insurance are obese compared to 14% of children with private health insurance.⁶



RACE AND ETHNICITY

In Rhode Island, Hispanic children have the highest rates of overweight and obesity at 17% overweight and 28% obese. Thirty percent of Hispanic boys are obese.⁷

The percent of overweight American Indian/Alaska Native children are statistically unreliable and cannot be reported. Twenty-three percent of American Indian/Alaska Native children are obese.⁸



Source for all data: 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, 2016. Some percentages may not add to 100% due to rounding.

PREVALENCE OF OVERWEIGHT AND OBESITY IN RHODE ISLAND CHILDREN AGES 2 TO 17, 2016

Core Cities

OVERWEIGHT

17%

OBESE

26%

COMBINED

43%

Remainder of State

OVERWEIGHT

14%

OBESE

16%

COMBINED

31%

Rhode Island

OVERWEIGHT

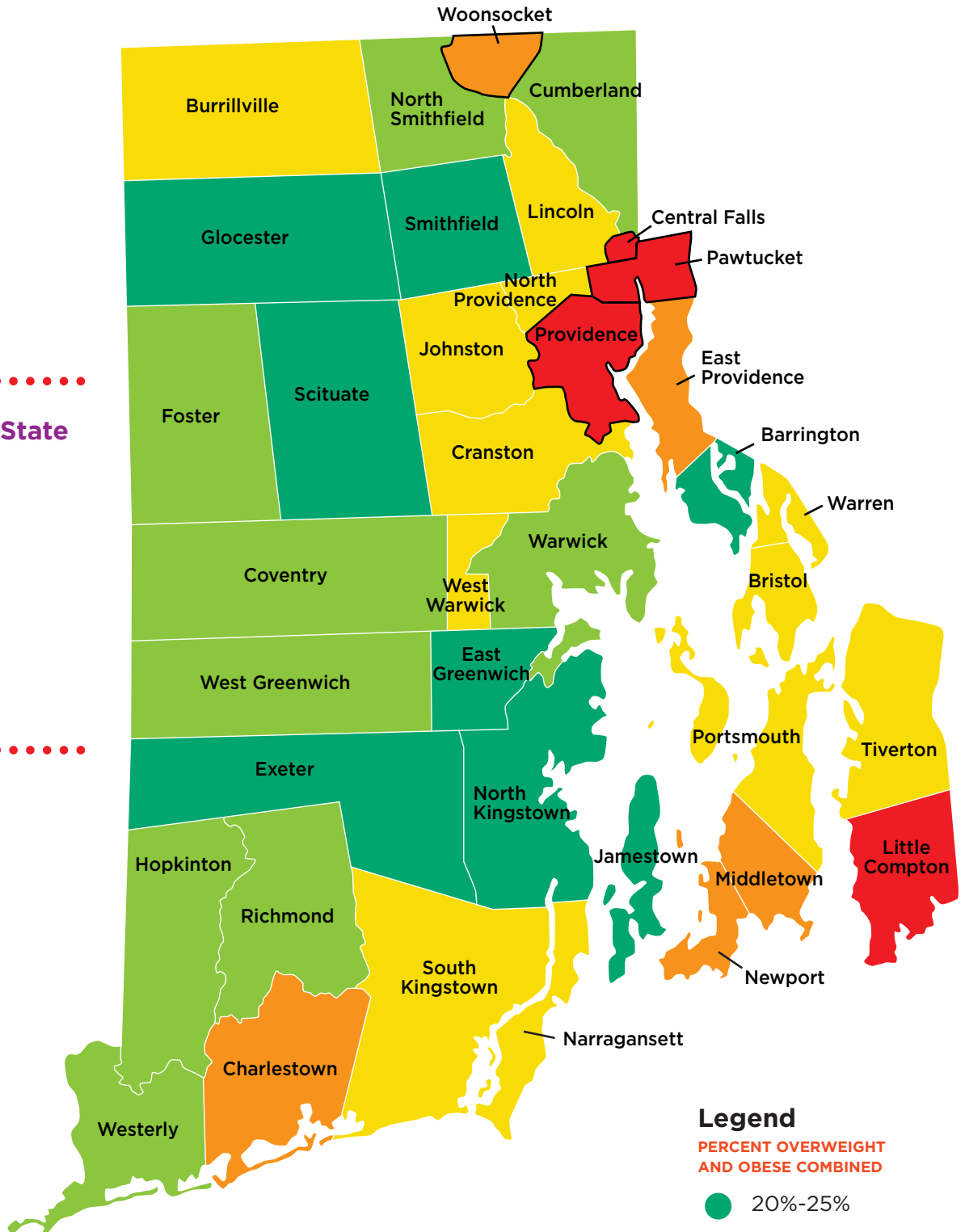
15%

OBESE

20%

COMBINED

35%



Legend

PERCENT OVERWEIGHT
AND OBESITY COMBINED

- 20%-25%
- 26%-30%
- 31%-35%
- 36%-40%
- 40%+
- Core City

Note: The overweight, obesity, and combined percentages for New Shoreham are statistically unreliable and cannot be reported, therefore, New Shoreham is not shown on the map.

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, 2016.

	OVERWEIGHT	OBESE		OVERWEIGHT	OBESE		OVERWEIGHT	OBESE
Barrington	13%	7%	Hopkinton	14%	14%	Portsmouth	10%^	23%
Bristol	18%	15%	Jamestown	*	17%^	Providence	17%	26%
Burrillville	16%	16%	Johnston	16%	19%	Richmond	13%	16%
Central Falls	19%	29%	Lincoln	16%	17%	Scituate	14%	12%
Charlestown	17%	19%	Little Compton	24%^	32%^	Smithfield	12%	12%
Coventry	12%	15%	Middletown	12%	25%	South Kingstown	18%	16%
Cranston	14%	19%	Narragansett	16%	19%	Tiverton	13%	20%
Cumberland	15%	16%	New Shoreham	*	*	Warren	18%	17%
East Greenwich	13%	9%	Newport	15%	21%	Warwick	15%	15%
East Providence	15%	21%	North Kingstown	9%	12%	West Greenwich	12%	16%
Exeter	10%	12%	North Providence	17%	18%	West Warwick	14%	20%
Foster	15%	13%	North Smithfield	16%	13%	Westerly	12%	16%
Glocester	14%	11%	Pawtucket	17%	26%	Woonsocket	14%	25%

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, 2016.

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 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 and the Rhode Island Department of Education should continue to ask questions about nutrition and physical activity in youth surveys, including the *Youth Risk Behavior Survey*, and *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 and programs to support children's' healthy weight.

REFERENCES

¹ Centers for Disease Control and Prevention. (2018). *Childhood overweight and obesity*. Retrieved March 25, 2019, from www.cdc.gov

² Centers for Disease Control and Prevention. (2016). *Childhood obesity causes and consequences*. Retrieved January 23, 2019, 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 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, 2016.

ACKNOWLEDGEMENTS

Rhode Island KIDS COUNT would like to thank Carolyn Belisle, Blue Cross & Blue Shield of Rhode Island; Ellen Amore, Rhode Island Department of Health, Center for Health Data and Analysis; Patrick Vivier, Michelle Rogers, Hassenfeld Child Health Innovation Institute; Marti Rosenberg, Office of the Health Insurance Commissioner; Libby Bunzli, Melissa Lauer, Rhode Island Executive Office of Health and Human Services; and Jim Beasley for their support of the Childhood BMI Data Project and this publication.



Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross Blue Shield Association.

We are very grateful to Blue Cross & Blue Shield of Rhode Island for its support of this data project and publication.