

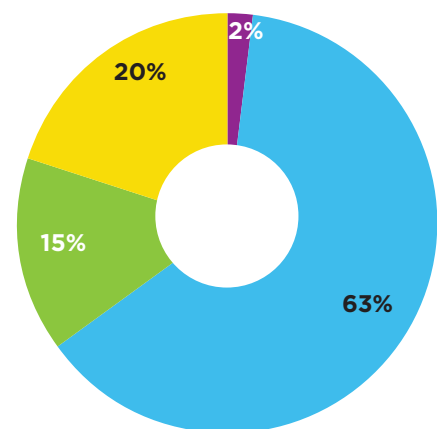
# CHILDHOOD OVERWEIGHT AND OBESITY: Updated Data for Rhode Island

**C**hildhood obesity is a serious problem in the U.S. with one in five children considered obese, putting 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, and sleep apnea, as well as psychological problems such as anxiety and depression.<sup>1,2,3</sup>

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.

From 2016-2022 Rhode Island KIDS COUNT, the Rhode Island Department of Health's Center for Health Data and Analysis, Brown University School of Public Health, 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 dataset of childhood overweight and obesity in Rhode Island. This Policy Brief presents updated data from 2020 collected and analyzed from 2020 to 2022 and represents the first data showing the impact of the COVID-19 pandemic on childhood overweight and obesity.

**RHODE ISLAND CHILDREN  
BY WEIGHT STATUS, AGES 2 TO 17, 2020**



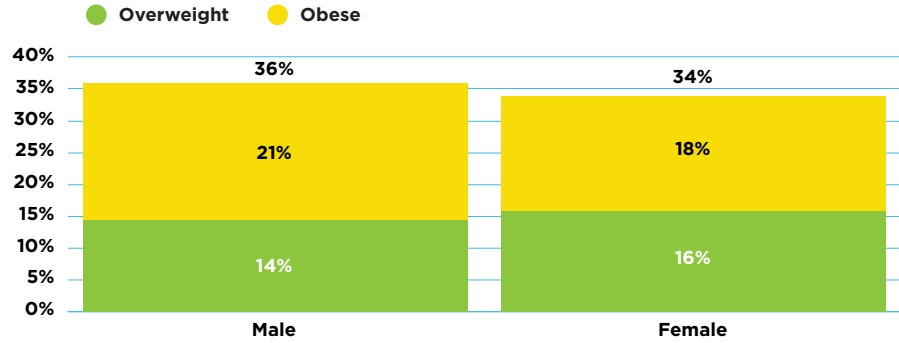
2% ● Underweight  
63% ● Healthy weight  
15% ● Overweight  
20% ● Obese

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). *About child & teen BMI*. Retrieved August 16, 2022, from [www.cdc.gov](http://www.cdc.gov)

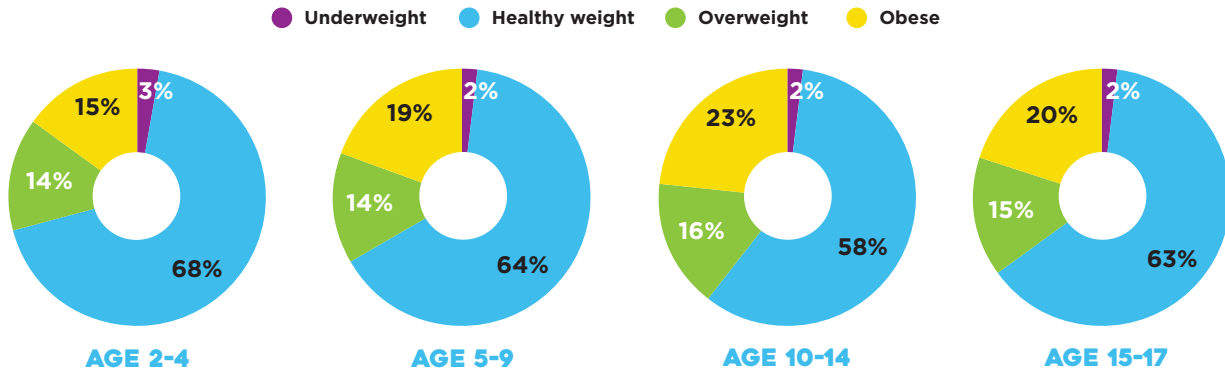
## GENDER

Rhode Island boys have higher rates of obesity than girls among all races and ethnicities except for non-Hispanic Black girls who have slightly higher rates of obesity than non-Hispanic Black boys.<sup>4</sup>



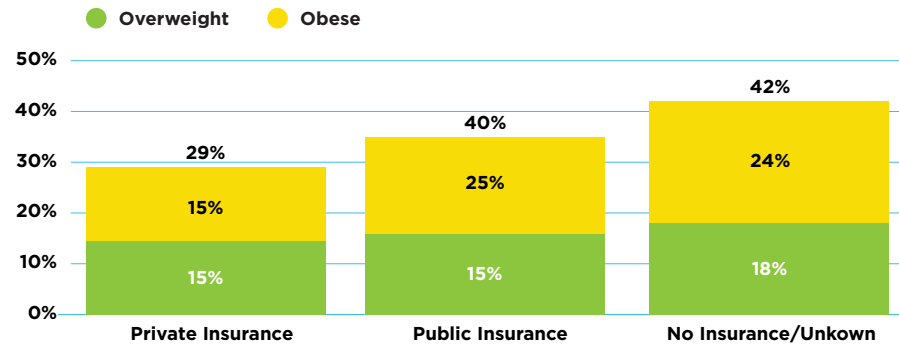
## AGE

Overweight and obesity start as early as age two. Twenty-nine percent of Rhode Island children ages two to four are overweight or obese. Children ages 10-14 have the highest rate of childhood overweight and obesity (39%).<sup>5</sup>



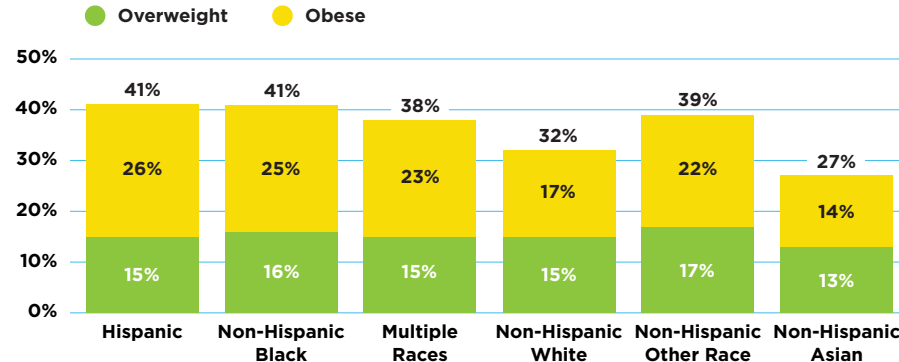
## INSURANCE STATUS

Twenty-five percent of Rhode Island children covered by public insurance are obese compared to 15% of children with private health insurance.<sup>6</sup>



## RACE AND ETHNICITY

There are notable racial and ethnic disparities: 41% of Hispanic and 41% of non-Hispanic Black children in Rhode Island are overweight or obese. Non-Hispanic Black girls and Hispanic boys have the highest rates of obesity at 26% and 27% respectively.



Source for all data: Brown University School of Public Health analysis of 2020 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. Some percentages may not total or add to 100% due to rounding.

# PREVALENCE OF OVERWEIGHT AND OBESITY IN RHODE ISLAND CHILDREN AGES 2 TO 17, 2020

## Core Cities

OVERWEIGHT

15%

OBESSE

25%

COMBINED

40%

## Remainder of State

OVERWEIGHT

15%

OBESSE

17%

COMBINED

32%

## Rhode Island

OVERWEIGHT

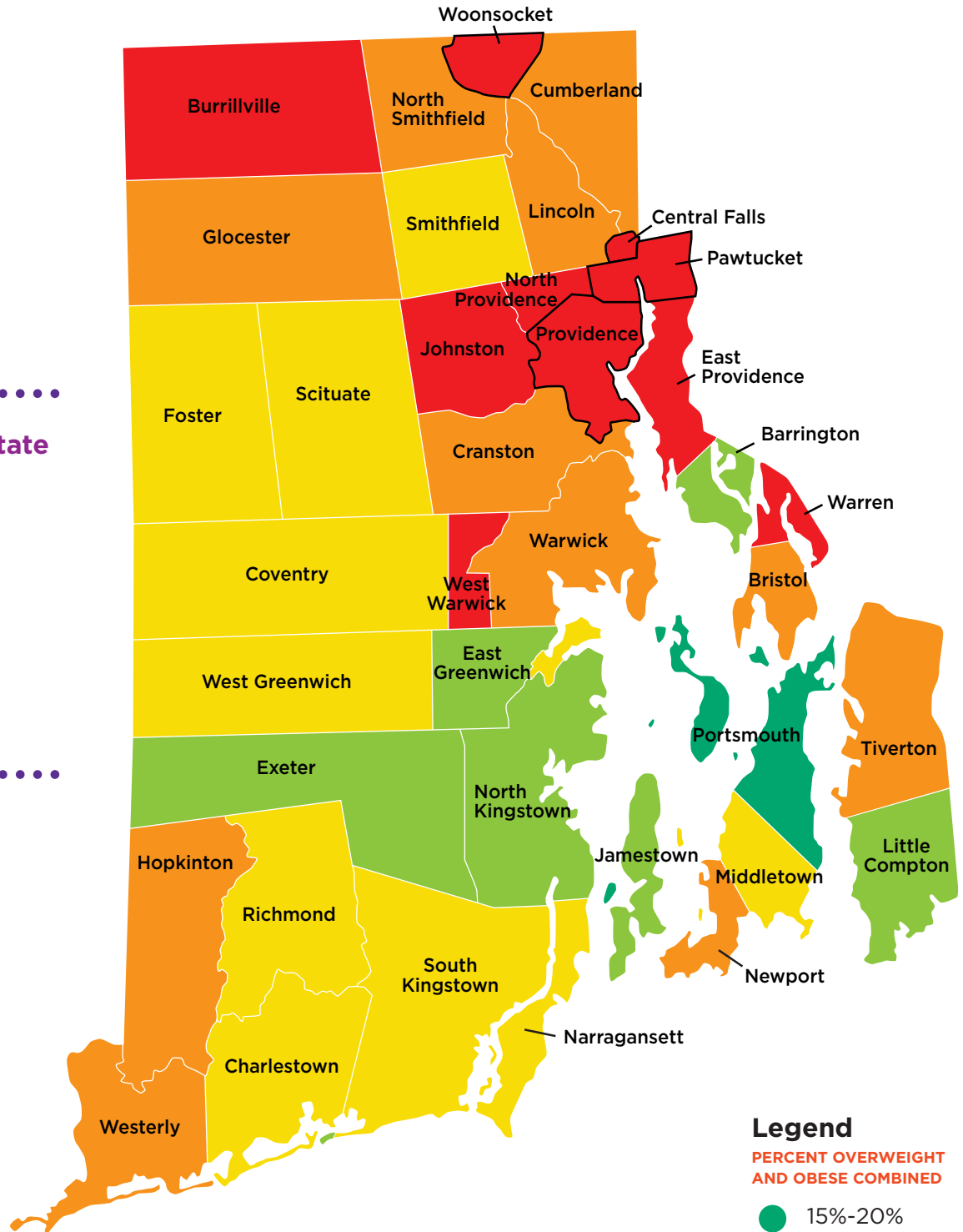
15%

OBESSE

20%

COMBINED

35%



## Legend

PERCENT OVERWEIGHT  
AND OBESSE COMBINED

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

Notes: Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

Source: Brown University School of Public Health analysis of 2020 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.



	OVERWEIGHT	OBESE		OVERWEIGHT	OBESE		OVERWEIGHT	OBESE
Barrington	14%	8%	Hopkinton	13%	19%	Portsmouth	9%	10%
Bristol	16%	17%	Jamestown	12%	10%	Providence	14%	22%
Burrillville	18%	18%	Johnston	16%	23%	Richmond	14%	12%
Central Falls	19%	34%	Lincoln	17%	18%	Scituate	15%	14%
Charlestown	16%	13%	Little Compton	*	*	Smithfield	15%	14%
Coventry	12%	16%	Middletown	12%	14%	South Kingstown	14%	12%
Cranston	16%	20%	Narragansett	15%	12%	Tiverton	14%	19%
Cumberland	16%	19%	New Shoreham	*	*	Warren	17%	20%
East Greenwich	12%	9%	Newport	13%	21%	Warwick	16%	18%
East Providence	17%	21%	North Kingstown	11%	12%	West Greenwich	14%	13%
Exeter	11%	12%	North Providence	20%	23%	West Warwick	14%	22%
Foster	17%	13%	North Smithfield	17%	15%	Westerly	14%	18%
Glocester	17%	14%	Pawtucket	17%	26%	Woonsocket	17%	31%

Source: Brown University School of Public Health analysis of 2020 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.

Note: \* The data are statistically unreliable and rates are not reported.

## RECOMMENDATIONS FOR DATA COLLECTION

- 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 recently passed legislation providing 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. Implementation of this law should be carefully monitored to ensure that the data needed to track childhood overweight and obesity is available.
- 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.
- 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 youth surveys, including the *Youth Risk Behavior Survey* and the Department of Education should reinstate these questions in *SurveyWorks!*
- Since the onset of the COVID-19 pandemic, we have seen an increase in childhood 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

<sup>1</sup> Centers for Disease Control and Prevention. (2022). *Childhood overweight and obesity*. Retrieved August 16, 2022, from [www.cdc.gov](http://www.cdc.gov)

<sup>2</sup> Centers for Disease Control and Prevention. (2022). *Childhood obesity causes and consequences*. Retrieved August 16, 2022, from [www.cdc.gov](http://www.cdc.gov)

<sup>3</sup> 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.

<sup>4,5,6,7,8</sup> Brown University School of Public Health analysis of 2020 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.

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