CHILDHOOD OVERWEIGHT AND OBESITY:

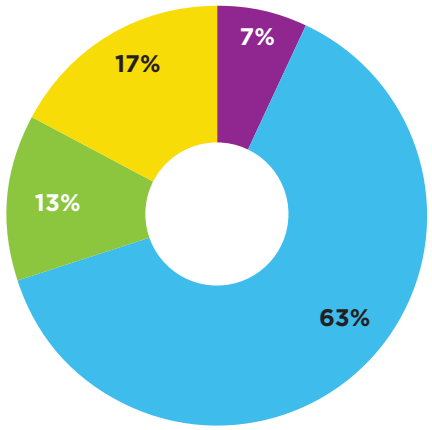
Updated Data for Rhode Island

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.

From 2016-2019 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 was the first clinical/claims-based statewide data set of childhood overweight and obesity in Rhode Island. This Policy Brief presents updated data from 2018 collected and analyzed from 2018 to 2020.

RHODE ISLAND CHILDREN BY WEIGHT STATUS, AGES 2 TO 17, 2018



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.

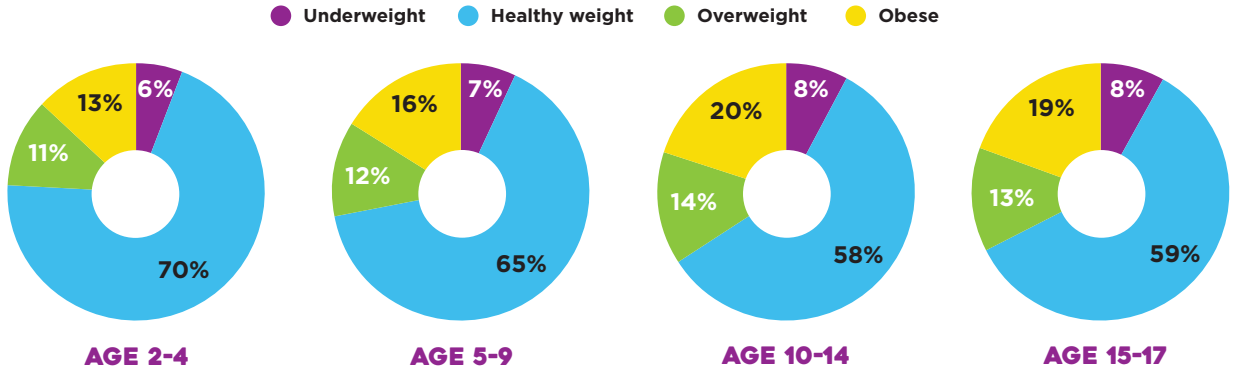
Source: Centers for Disease Control and Prevention. (2020). *Healthy weight*. www.cdc.gov

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]

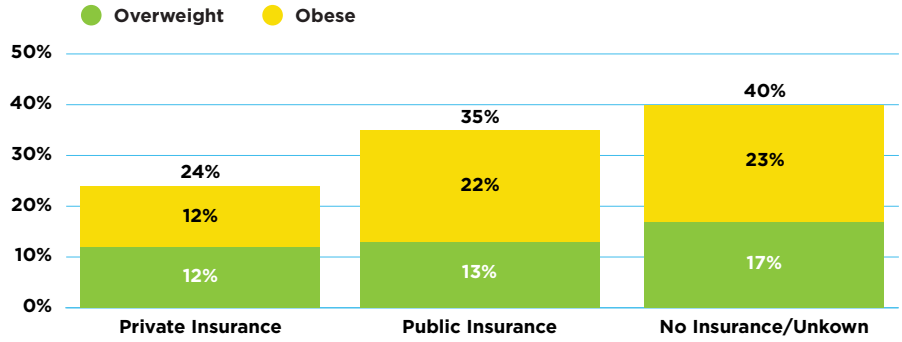
AGE

Overweight and obesity start as early as age two. Twenty-four percent of Rhode Island children ages two to four are overweight or obese. 31% of children between ages five and 17 are either overweight or obese.[5]



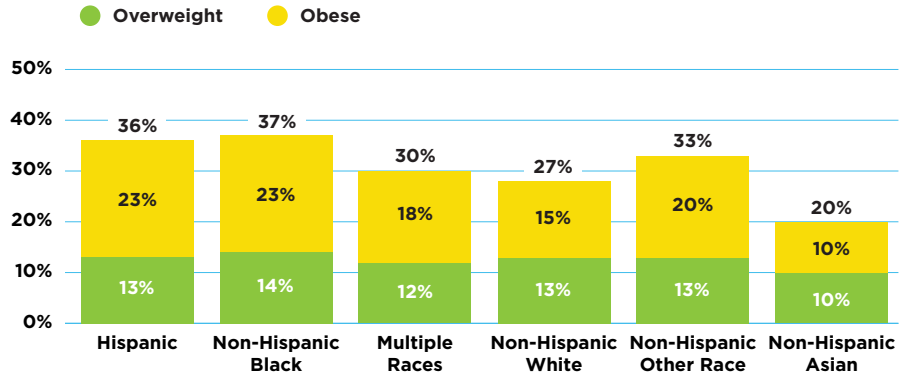
INSURANCE STATUS

Twenty-two percent of Rhode Island children covered by public insurance are obese compared to 12% of children with private health insurance.[6]



RACE AND ETHNICITY

There are notable racial and ethnic disparities: over a third of Hispanic (36%) and non-Hispanic Black (37%) children in Rhode Island are overweight or obese. Non-Hispanic Black girls and Hispanic boys have the highest rates of obesity at 26% and 24% respectively.



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, 2018. Some percentages may not add to 100% due to rounding.

PREVALENCE OF OVERWEIGHT AND OBESITY IN RHODE ISLAND CHILDREN AGES 2 TO 17, 2018

Core Cities

OVERWEIGHT
13%

OBESE
23%

COMBINED
36%

Remainder of State

OVERWEIGHT
13%

OBESE
14%

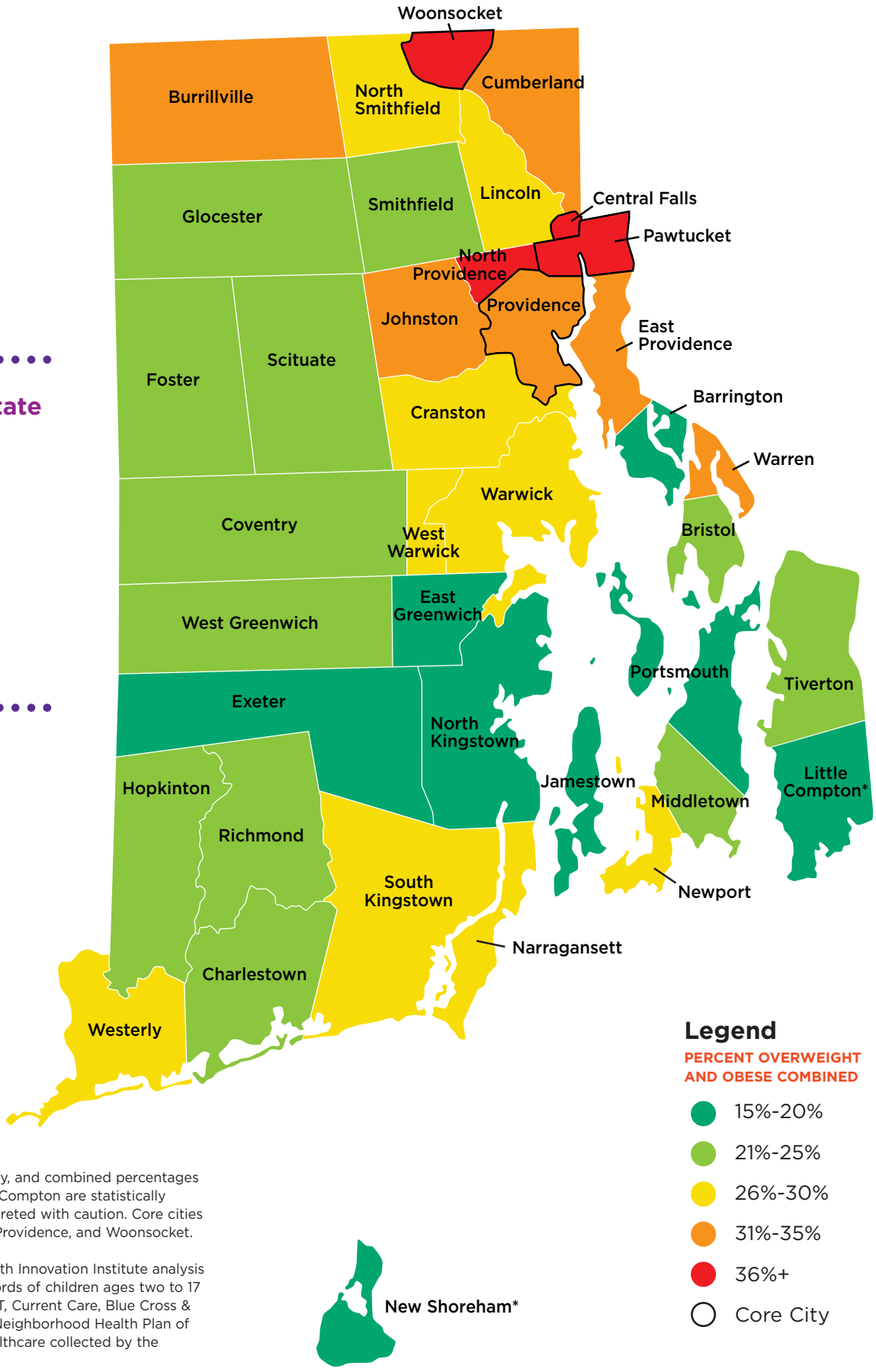
COMBINED
27%

Rhode Island

OVERWEIGHT
13%

OBESE
17%

COMBINED
30%



Notes: The overweight, obesity, and combined percentages for New Shoreham and Little Compton are statistically unstable and should be interpreted with caution. Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

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, 2018.

	OVERWEIGHT	OBESE
Barrington	12%	8%
Bristol	11%	12%
Burrillville	15%	17%
Central Falls	18%	34%
Charlestown	13%	12%
Coventry	12%	13%
Cranston	12%	16%
Cumberland	15%	16%
East Greenwich	11%	7%
East Providence	15%	19%
Exeter	11%	9%
Foster	13%	10%
Glocester	12%	11%

	OVERWEIGHT	OBESE
Hopkinton	12%	11%
Jamestown	8%^	8%^
Johnston	13%	18%
Lincoln	14%	16%
Little Compton	*	*
Middletown	12%	12%
Narragansett	15%	14%
New Shoreham	*	*
Newport	12%	15%
North Kingstown	9.2%	11.0%
North Providence	19%	17%
North Smithfield	15%	15%
Pawtucket	15%	27%

	OVERWEIGHT	OBESE
Portsmouth	9%	9%
Providence	12%	20%
Richmond	11%	11%
Scituate	10%	11%
Smithfield	11%	13%
South Kingstown	14%	13%
Tiverton	10%	14%
Warren	14%	18%
Warwick	14%	15%
West Greenwich	15%	10%
West Warwick	12%	18%
Westerly	11%	18%
Woonsocket	15%	27%

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, 2018.

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 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!*
- 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. (2019). *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, 2018.

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.