KENT COUNTY

CHILDHOOD OBESITY SURVEILLANCE REPORT

2017-2022

KENT COUNTY Health Department

heal

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EXECUTIVE SUMMARY

PURPOSE

The goal of this report is to record and compare childhood obesity prevalence in Kent County annually. This report informs community members and people who work with children about the trends in childhood overweight and obesity prevalence yearly.

After reviewing this information, readers will be empowered to make informed decisions that help prevent and reduce obesity among the children in their lives—and throughout Kent County.

FUTURE REPORTS

The Kent County Health Department (KCHD) will release updated reports every three years to track changes in childhood obesity rates across the county over time.

DISCLAIMER

The data in this report reflects patient visits to Corewell Health facilities (formerly Spectrum Health) and may not fully represent the broader Kent County population.

WHY CHILDHOOD OBESITY MATTERS

EARLY PREVENTION FOR A HEALTHIER FUTURE

Childhood obesity is defined as having a Body Mass Index (BMI) at or above the 95th percentile for children of the same age and sex. BMI is calculated using height and weight.[6,9,12]

Unlike adults, where a fixed BMI value defines obesity, children (ages 2 to 20) are compared to peers of the same age and sex due to changing growth patterns. The percentile is found using a BMI for-age percentile chart, as seen in Appendix 3 on pages 24 and 25.[11,6,9]

Children with obesity are more likely to remain obese into adulthood. This increases their risk for serious health conditions, including heart disease, stroke, type 2 diabetes, and certain types of cancer.[19]

Beyond physical health, obesity can also affect a child's mental and emotional well-being, including self-esteem and social challenges.[19]

Preventing or reversing obesity early through healthy eating, regular physical activity, and supportive environments can greatly reduce these risks and help children grow into healthier adults with a better quality of life.[7,9,19]

LIMITATIONS OF BMI MEASUREMENTS

BMI percentiles do not distinguish between fat, muscle, or bone, so a high BMI may not be caused by excess body fat alone. These percentiles also overlook fat distribution, especially harmful abdominal (visceral) fat, and ignore factors like diet, activity level, or underlying health conditions.[3]

CHILDHOOD OBESITY IN KENT COUNTY

Obesity continues to be a growing public health concern in Kent County. Both the 2014 and 2017 Kent County Community Health Needs Assessments (CHNA) identified obesity as a top health priority. Based on the information collected for this report, in Kent County, 40.0% of children aged 4 to 17 years were identified as overweight or obese.

According to the National Institute for Healthcare Management (NIHCM), in Michigan, 32.6% of children ages 0 to 17 are overweight or obese, compared to a national average of 31.3%.[20]

KCHD CHNA Web Page

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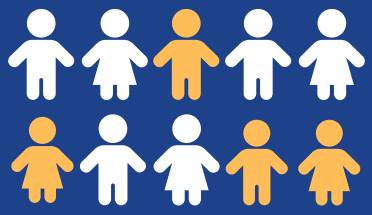
patients are overweight or obese in Kent County



*Data courtesy of Corewell Health

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DATA COLLECTION METHODS

DATA SOURCE

Previous medical records from Corewell Health patients who had a well-child visit between the years 2017-2022.

PEOPLE INCLUDED IN THIS REPORT

To be included in this report, participants had to meet all of the below criteria:

Resident of Kent County → **Child aged 4-17 years** → **Had a well-child visit at Corewell Health between 2017-2022**

HEAL TASKFORCE

The Healthy Eating Active Living (HEAL) Taskforce members aided in the connection of the Taskforce to Corewell Health to obtain the data used in this report.

The HEAL Taskforce is a group in Kent County focused on helping children and families live healthier lives. They work together with schools, doctors, community groups, and others to make it easier for people to eat healthy foods and get enough exercise.

The HEAL Taskforce looks at local health data to understand where help is needed most. They use this information to create plans and programs that support healthy habits, especially in areas where people might not have easy access to healthy food or places to be active.

For example, they have worked on projects like:

- Encouraging schools to offer healthier snacks and meals
- Promoting physical activity through community events and programs
- Making healthy food more available in neighborhoods that need it

CHILDHOOD OBESITY BY REGION OF THE COUNTY | ZIP CODE

FIGURE 1

PERCENT OF COREWELL HEALTH WELL-CHILD VISITS BY PATIENT ZIP CODE WITH OBESITY BMI CATEGORY, 2017-2022

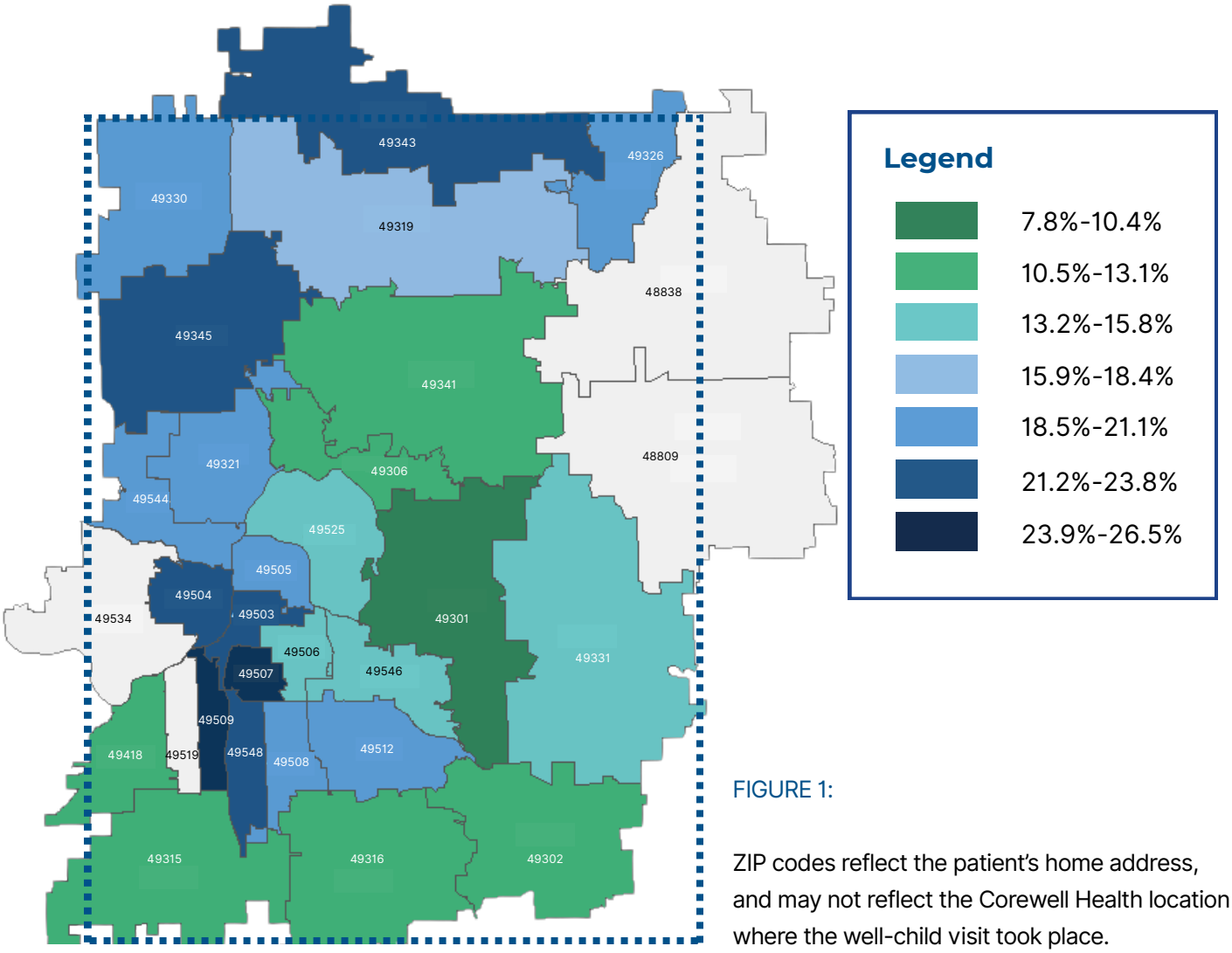

FIGURE 1:

ZIP codes reflect the patient's home address, and may not reflect the Corewell Health location where the well-child visit took place.

Other areas, like ZIP Codes 49507 and 49509 in Grand Rapids and Wyoming, had the highest percentage of visits where patients were identified as obese. Areas around the City of Kentwood such as ZIP Code 49548 also had higher rates of obesity.

Some areas east of Grand Rapids, including ZIP Code 49301 in Ada and going northeast toward ZIP Code 49341 in Rockford, and towns near the south edge of the county, including ZIP Codes 49418 in Grandville, 49315 in Byron Center, 49316 in Caledonia, and 49302 in Alto had the lowest percentage of doctor visits where patients were identified as being obese.

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CHILDHOOD OBESITY RATES

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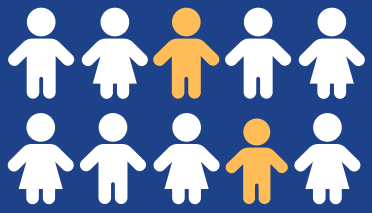
patients are obese in Kent County

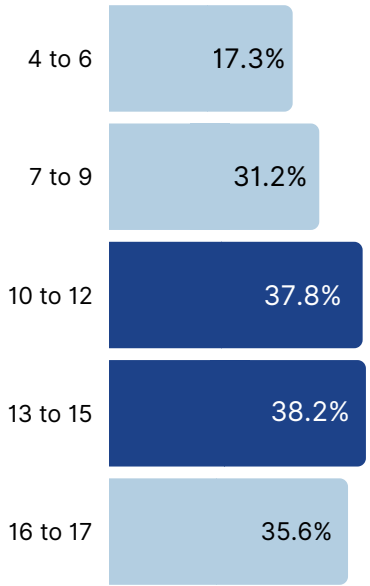


*Data courtesy of Corewell Health

CHILDHOOD OBESITY BY AGE GROUP

GRAPH 1

PERCENTAGE OF PATIENTS BY AGE GROUP IN THE OVERWEIGHT OR OBESE BMI CATEGORY, 2017-2022



GRAPH 1:

Those in the 10 to 12 year age group (37.8%) and those in the 13 to 15 year age group (38.2%) had the highest combined percentage of overweight and obese BMI categories.

The lowest percentage of overweight and obese BMI categories was in the 4 to 6 year age group (17.3%), followed by the 7 to 9 year age group (31.2%).

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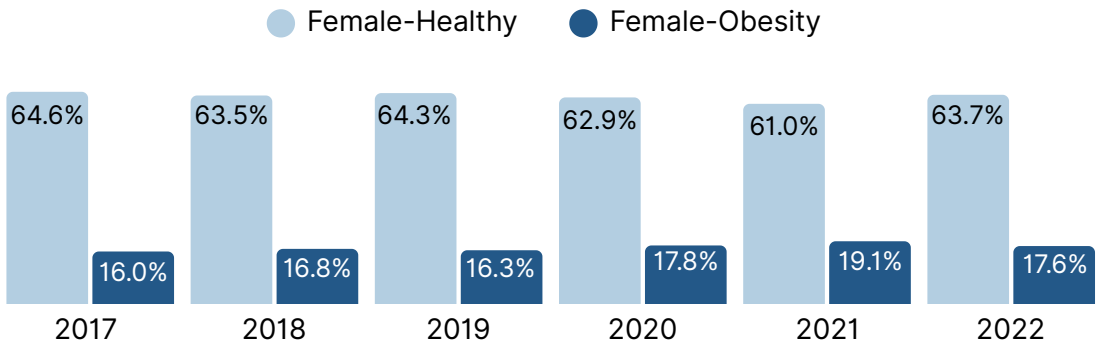
CHILDHOOD OBESITY BY SEX

FEMALE PATIENTS

GRAPH 2

PERCENT OF FEMALE PATIENTS WITH A HEALTHY OR OBESE BMI CATEGORY BY YEAR

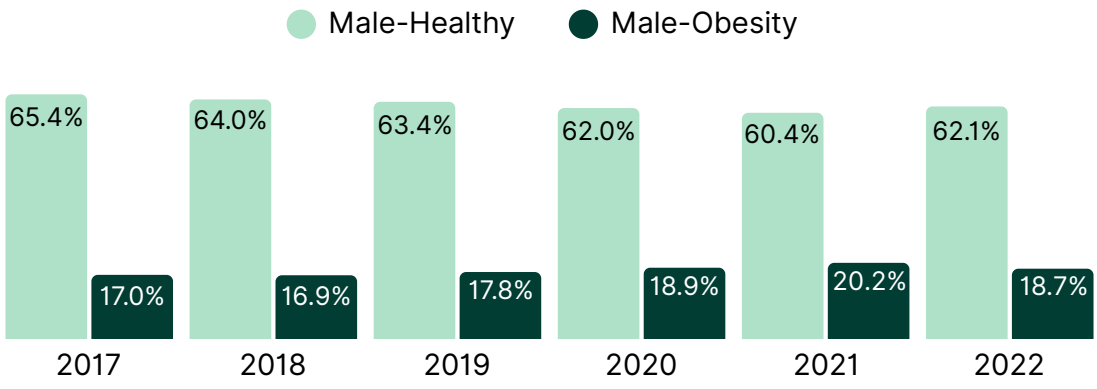


** This graph does not include the underweight or overweight BMI categories*

MALE PATIENTS

GRAPH 3

PERCENT OF MALE PATIENTS WITH A HEALTHY OR OBESE BMI CATEGORY BY YEAR



** This graph does not include the underweight or overweight BMI categories*

GRAPHS 3 AND 4:

For both males and females, the proportion of healthy patients decreased slightly from 2017-2021 while the proportion of obese patients increased slightly

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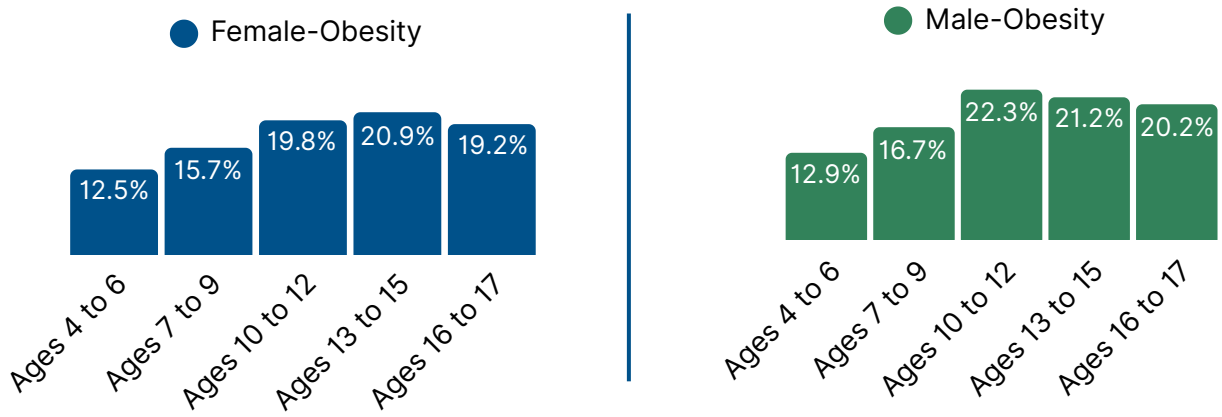
CHILDHOOD OBESITY BY SEX SEPERATED BY AGE GROUPS

Childhood obesity classifications are separated by sex and age. Various factors, such as growth patterns and developmental differences, can influence a child's BMI during early years.[9]

GRAPHS 4 AND 5

PERCENT OF MALE AND FEMALE PATIENTS WITH AN OBESE BMI CATEGORY SEPERATED BY AGE GROUP, 2017-2022



GRAPHS 4 AND 5:

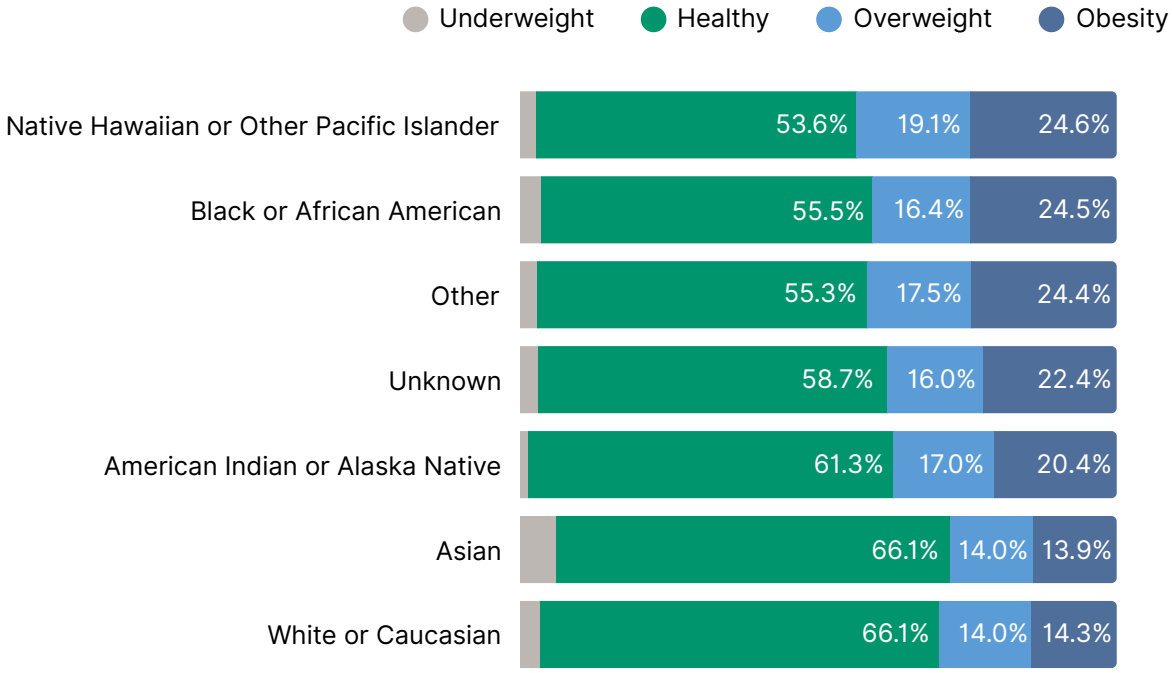
Both male and female patients had similar trends in obesity prevalence through the age groups. The age groups with the highest prevalence of obesity in females was ages 10 to 12 (19.8%) and ages 13 to 15 years (20.9%). For males ages 10 to 12 years (22.3%) and ages 13 to 15 (21.2%) had the highest prevalence of patients with an obese BMI.

RACE AND ETHNICITY

While childhood obesity is increasing across all racial, ethnic, and socioeconomic groups in the U.S., it is more prevalent among non-white populations.[5, 16]

GRAPH 6

PERCENTAGE OF PATIENTS WITHIN EACH BMI CATEGORY BY RACE, 2017-2022



GRAPH 6:

Patients of White or Asian race had a similar distribution by BMI category, with approximately two-thirds (67%) of children with healthy BMI and 30% with overweight or obese BMI.

Black and Native Hawaiian patients had a similar distribution by BMI category, with approximately 55% of patients with Healthy BMI and 40% with overweight or obese BMI.

Children who are African American or American Indian are more likely to be obese than their White and Asian peers.

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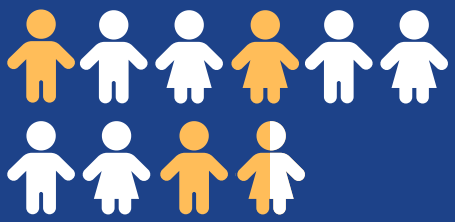
RACE AND ETHNICITY



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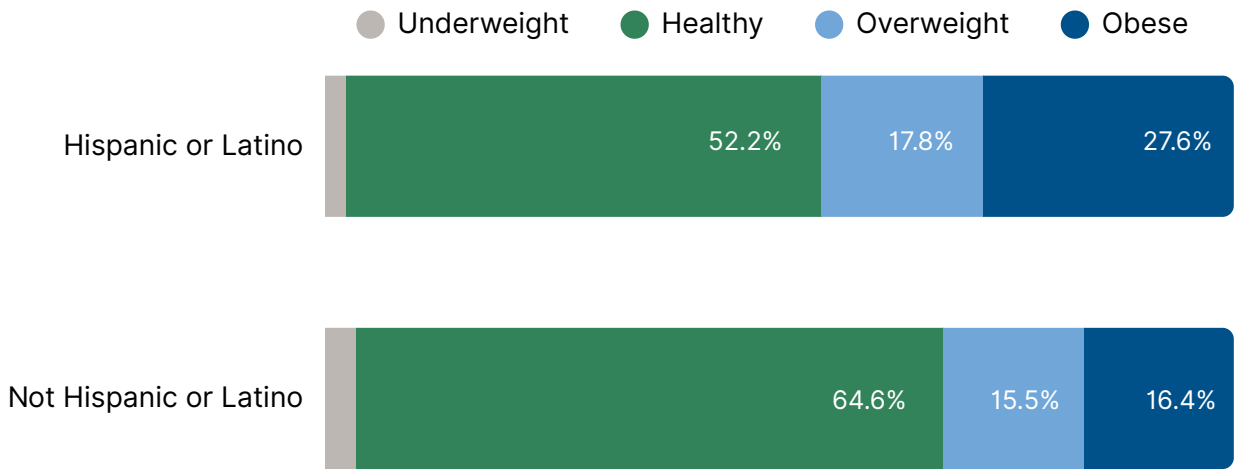
Hispanic patients are overweight or obese in Kent County

*Data courtesy of Corewell Health

GRAPH 7

PERCENTAGE OF PATIENTS WITHIN EACH BMI CATEGORY BY HISPANIC OR LATINO ETHNICITY, 2017-2022



GRAPH 7:

A higher percentage of patients with Hispanic ethnicity had an overweight BMI (17.8%) or obese BMI (27.6%) compared to non-Hispanic children.

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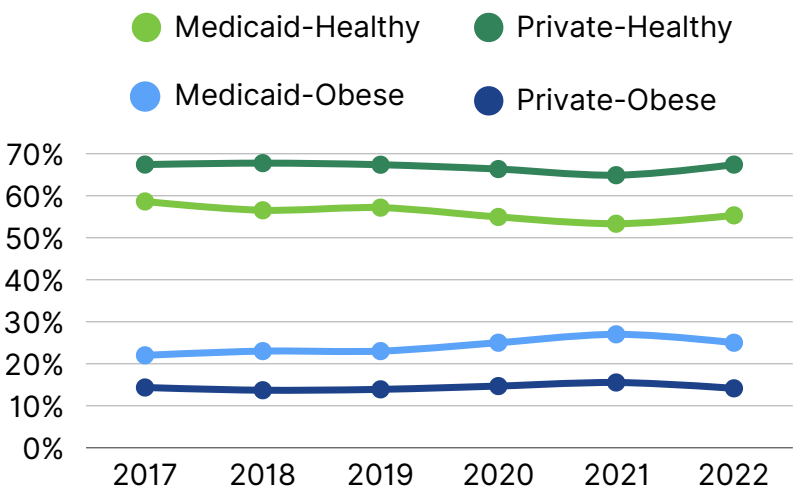
INSURANCE STATUS

The type of health insurance a person has can affect how easy it is to stay healthy.[17]

GRAPH 8

PERCENTAGE OF PATIENTS WITHIN THE HEALTHY AND OBESE BMI CATEGORY BY INSURANCE TYPE AND YEAR



GRAPH 8:

Throughout 2017-2022, there was a greater prevalence of obese BMI among patients with Medicaid (public) insurance compared to private insurance. Between 2017 and 2021, the prevalence of healthy BMI decreased less for patients with private insurance (2.5%), compared to patients with Medicaid (public) insurance (5.3%).

Medicaid helps many families, but it can be harder to find doctors or get into special programs.

People with private insurance often have better access to doctors, nutrition advice, and programs that help with exercise and weight management.[17, 23]

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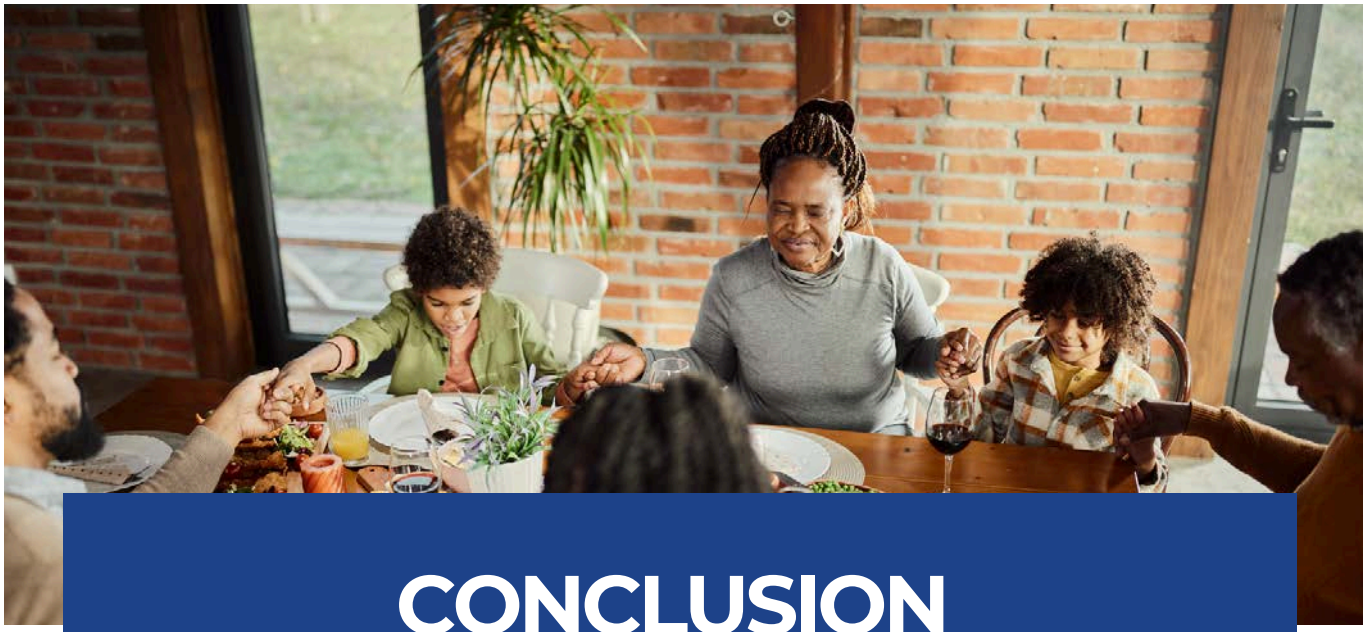

CONCLUSION

Between 2017 and 2022, data from Corewell Health well-child visits in Kent County showed an overall increase in the number of children who were overweight or obese. However, a slight improvement was observed in 2022.

The highest rates of childhood obesity were seen in ZIP codes 49507 (City of Grand Rapids), 49345 (Sparta), and 49343 (Sand Lake). In contrast, ZIP code 49301 (Ada) had the highest proportion of visits where children had a healthy BMI.

ZIP codes along the southern edge of the county generally had more children with a healthy BMI, while those in the northwest had higher proportions of children who were overweight or obese.

Between 2017 and 2022, there was no significant difference in the prevalence of healthy or obese BMI classifications between male and female patients overall. Obesity was most prevalent among ages 10 and older for both male and female patients.

Children identified as White or Asian had the lowest rates of obesity among patients seen at Corewell Health facilities. Children identified as Black or Native Hawaiian had approximately 55% maintaining a healthy BMI and about 40% classified as overweight or obese.

Children covered by Medicaid were more likely to be overweight or obese than those with private insurance.

NEXT STEPS

The Healthy Eating Active Living (HEAL) Taskforce is working to reduce childhood obesity by studying the problem, encouraging communities to support healthy eating and exercise and supporting best practices.

Kent County partners are addressing obesity through strategic efforts that influence how communities build and support healthy living. These efforts include plans such as:

GRAND VALLEY METRO COUNCIL'S COMPLETE STREETS PLANNING

This project aims to improve walkability in the City of Grand Rapids by creating safe, accessible transportation networks for everyone through the Complete Streets program.

THE CITY OF GRAND RAPIDS PLAN FOR EQUITABLE ACCESS TO QUALITY PARKS

This project increases access, and reduces barriers, to outdoor recreation for more residents.

THE KENT COUNTY FOOD POLICY PLAN

Developed by the Kent County Food Policy Council, this initiative brings together residents, organizations, agencies, and businesses to advocate for a stronger local food system. 'Good food' is defined as accessible, equitable, fair, healthy, diverse, and sustainable.

Kent County is committed to partnering with agencies and organizations that share our goal of making sustained progress in the fight against childhood obesity.

RECOMMENDATIONS

FOR COMMUNITY MEMBERS

Recommendations approved by Dr. Kristin Oldenberg MD, FACOG

1 SUPPORT HEALTHY EATING AND ACTIVE LIVING HABITS[1,8,25]

Ensure children have a diet rich in fruits and vegetables, whole grains, and lean proteins, while limiting intake of refined sugars and processed foods.

Limit juice intake for children younger than 12 months.

Ensure that children engage in 60 minutes of physical activity daily.

Limit recreational screen time to no longer than 1 hour a day.

2 PROMOTE ACCESS TO HEALTHY FOODS

Support community gardens, farmers markets, and mobile healthy food programs in areas that are underserved; include healthy items eligible for nutrition assistance programs.

Offer healthy snacks at gatherings, recreation or sporting events, vending machines, schools, and in businesses throughout the community.

3 SUPPORT SAFE SPACES TO PLAY

Advocate for and engage in local efforts like park cleanups, walking clubs, or neighborhood safety patrols.

4 JOIN A LOCAL GROUP

Discover ways to get involved with existing groups that are dedicated to improving access to healthy foods and increasing physical activity in local children.

5 GET INVOLVED IN LOCAL DECISION MAKING

Attend city council or school board meetings to advocate for healthy eating and active living policies.

Support local leaders who focus on improving childrens' health.

6 BE A HEALTHY ROLE MODEL

Encourage children in your life to try new foods—especially foods with whole grains, fruits, and vegetables. This can be modeled during family dinner time.

Encourage and participate in fun ways to be physically active.

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REFERENCES

The references section lists all the sources cited throughout this report. It provides full details of articles, websites, and other materials used to support the content—ensuring transparency, credibility, and integrity.

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APPENDICES

APPENDIX 1. DEFINITIONS

BODY MASS INDEX (BMI)[11]

BMI is a calculation used to estimate a person's body fat percentage based on their weight and height by using the following calculation:

BMI = Weight (kg) / Height (m)^2

CHILDHOOD OBESITY [6,11,12]

Childhood obesity is defined as having a BMI at or above the 95th percentile for children of the same age and sex. BMI is calculated using height and weight, then compared to CDC growth charts (see Appendix 3, pages 24 and 25).

Unlike adults where a fixed BMI value defines obesity, children (2 to 20 years old) are compared to peers of the same age and sex due to changing growth patterns.

CHILDHOOD PERCENTILE CATEGORIES[12]

The commonly used childhood BMI Percentile Categories for children 2 to 20 years include:

UNDERWEIGHT: Below the 5th percentile
HEALTHY WEIGHT: 5th to 85th percentile
OVERWEIGHT: 85th to 95th percentile
OBESE: At or above the 95th percentile

The obesity classes are further broken down into 3 categories:

CLASS 1 OBESITY: greater than or equal to the 95th percentile but less than 120% of the 95th percentile
CLASS 2 OBESITY: 120%–140% of the 95th percentile
CLASS 3 OBESITY: greater than 140% of the 95th percentile

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APPENDIX 1. DEFINITIONS

COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) brings people together to improve the health of the community. It examines the health-related needs of Kent County residents and identifies which issues should be prioritized. These findings form the foundation for a Community Health Improvement Plan (CHIP), a strategic roadmap to address the county's most pressing health concerns.

Leaders, policymakers, community groups, and other stakeholders are encouraged to use the CHNA as a data-driven guide for their efforts. This process ensures that health plans are grounded in evidence and focused on the real needs of people where they live, learn, work, and play.

RACE VS ETHNICITY[4,5]

Race and ethnicity are commonly used terms to categorize populations based on shared characteristics.

Race usually refers to physical traits like skin color or how someone looks. Ethnicity is more about culture; things like language, family background, religion, traditions, and food.

Race and ethnicity are social constructs—meaning they are shaped by social and cultural factors, not biological differences. Although socially constructed, these categories can still reveal important differences in health and healthcare. That's why they are useful in identifying and addressing disparities, such as those seen in childhood obesity.

REFINED SUGARS

Refined or "added" sugar is sugar that comes from plants but has been changed or "processed" in a way that makes it easier to add to other processed foods (sugary drinks, candy, cereals, desserts, etc.). Added sugars are frequently used as preservatives or to enhance flavor

PROCESSED FOODS

Processed foods are foods that have been been changed in any way from how they would be found in nature. It is important to understand that not all food processing techniques are harmful. In general, choosing products that are lower in fat, sugar, and salt content is a helpful way to avoid some of the negative health effects of consuming processed food.

APPENDICES

APPENDIX 1. DEFINITIONS

WELL-CHILD VISIT

A well-child visit is a yearly check-up with a doctor to make sure a child is growing and developing in a healthy way. This is different from a sick visit, or a visit for illness.

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APPENDICES

APPENDIX 2. DEMOGRAPHIC TABLES

Table 1. Total Participants

Variable	Frequency (n)
Final dataset	83,996

Table 2. Sex

Sex	Percentage (%)
Male	50.8%
Female	49.2%

Table 3. Age Categories

Age Category	Percentage (%)
4 to 6 years	33.6%
7 to 9 years	21.7%
10 to 12 years	16.5%
13 to 15 years	15.7%
16 to 17 years	12.5%

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Table 4. Race

Race	Percentage (%)
White	58.9%
Black or African American	15.8%
Other	13.9%
Unknown	7.1%
Asian	3.8%
American Indian or Alaska Native	0.2%
Native Hawaiian or Other Pacific Islander	0.2%

Table 5. Hispanic Ethnicity

Hispanic Ethnicity	Percentage (%)
Hispanic or Latino	13.5%
Not Hispanic or Latino	83.4%
Patient refused, missing or unknown	2.4%

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Table 4. Race

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Black or African American	15.8%
Other	13.9%
Unknown	7.1%
Asian	3.8%
American Indian or Alaskan Native	0.2%
Native Hawaiian or Other Pacific Islander	0.2%

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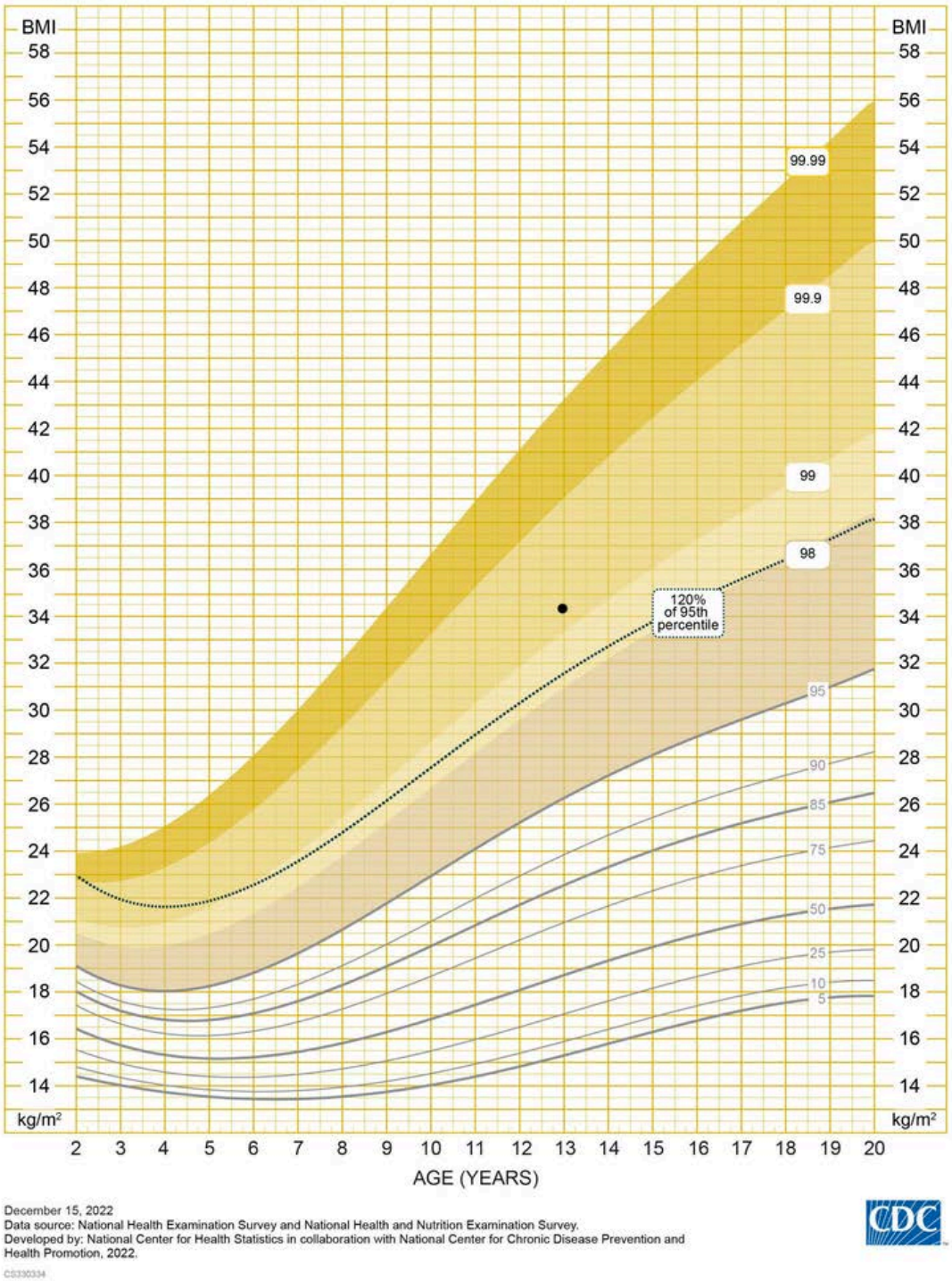
APPENDIX 2. DEMOGRAPHIC TABLES

Table 6. Insurance Category

Insurance Category	Percentage (%)
Private	60.3%
Medicaid	35.6%
Tricare	2.0%
Other or Missing	2.1%

APPENDICES

APPENDIX 3. BMI PERCENTILE CHART (FEMALE)[6]



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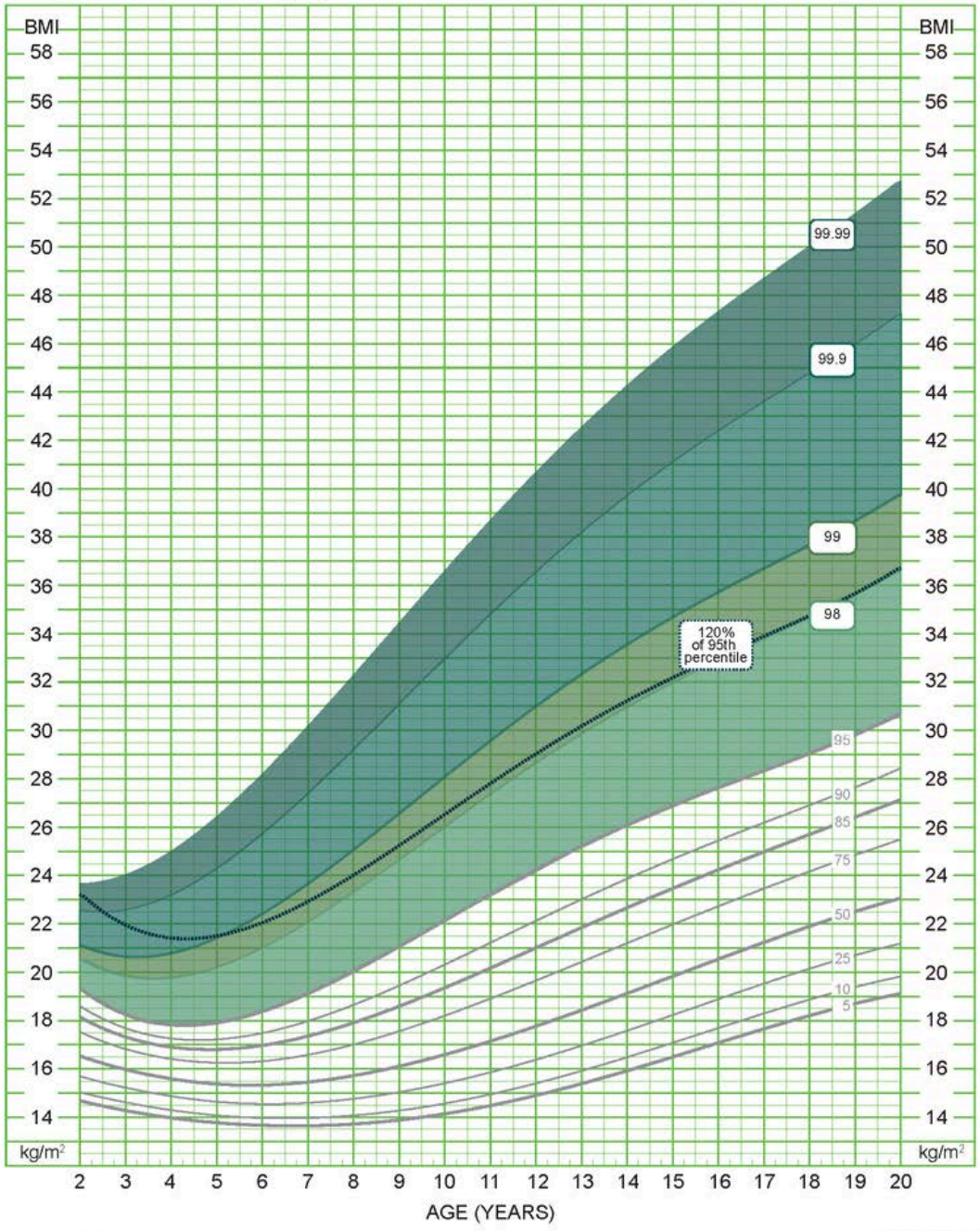
APPENDIX 3. BMI PERCENTILE CHART (MALE)[6]



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ACKNOWLEDGEMENTS

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KENT COUNTY Health Department

For more information about the Kent County HEAL Taskforce, visit:

kentcountyhealthconnect.org/heal/about

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