

# Disability Campaign.org

## Disability and Obesity

Obesity is on the rise, putting many Americans at risk of serious health conditions, including type 2 diabetes, heart disease, high blood pressure, stroke and cancer. According to the CDC, 1 in 3 adults in the U.S. are obese, having an excessive accumulation of fat in their bodies. Unfortunately, people with disabilities have an *increased* risk of becoming obese due to various reasons, including lack of mobility, medication side effects, and mental health issues.

### What is Obesity?

When a person is **overweight**, it means he or she has more body weight than is considered normal or healthy for his or her age or build. But when a person is diagnosed with the condition of **obesity**, that means he or she carries an **excess amount of body fat** with a **BMI of over 30**.

An adult's weight category is determined using the **Body Mass Index (BMI)**, which measures the ratio of weight to height. This number correlates with the amount of body fat in adults.

The Centers for Disease Control and Prevention (CDC), however, make mention that in people with disabilities, BMI may not be the best measurement for calculating fat. For example, BMI may underestimate the amount of fat in a person with a spinal cord injury, as he or she may have less lean muscle mass

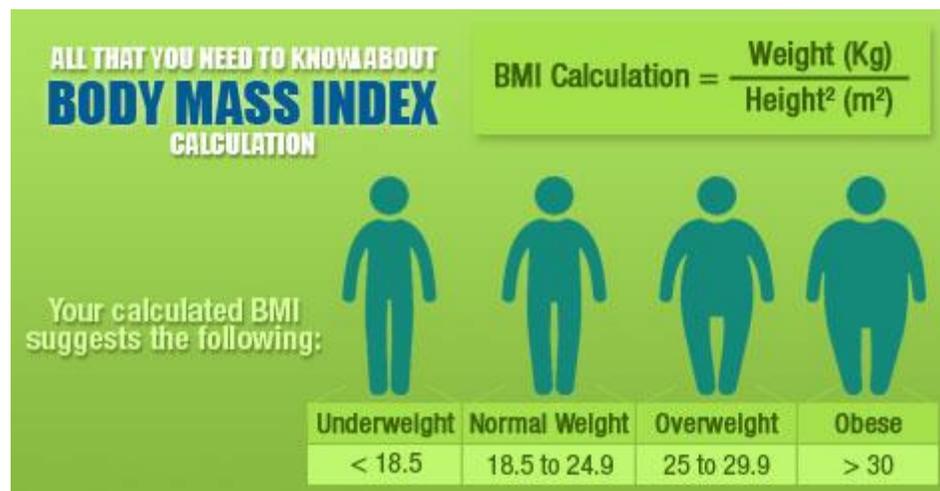
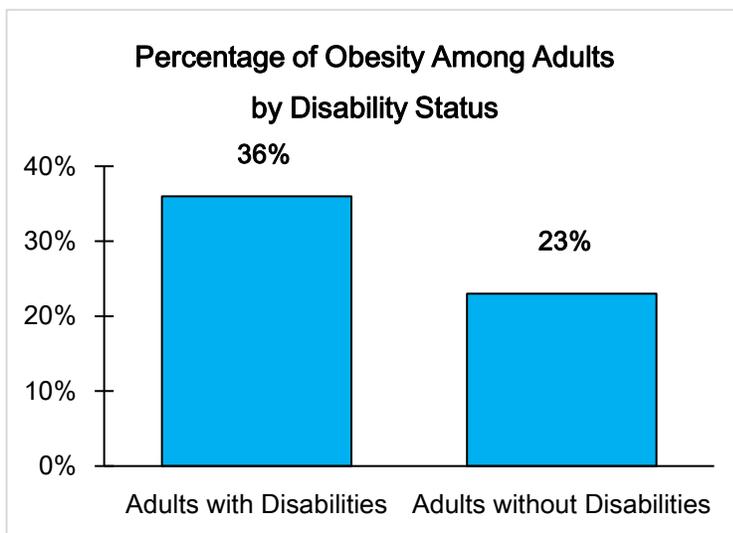


Image: [www.aarogya.com](http://www.aarogya.com)

than a walking adult. Some researchers and doctors prefer measuring a person's waist, neck, or other regions of the body where excess fat may build up.

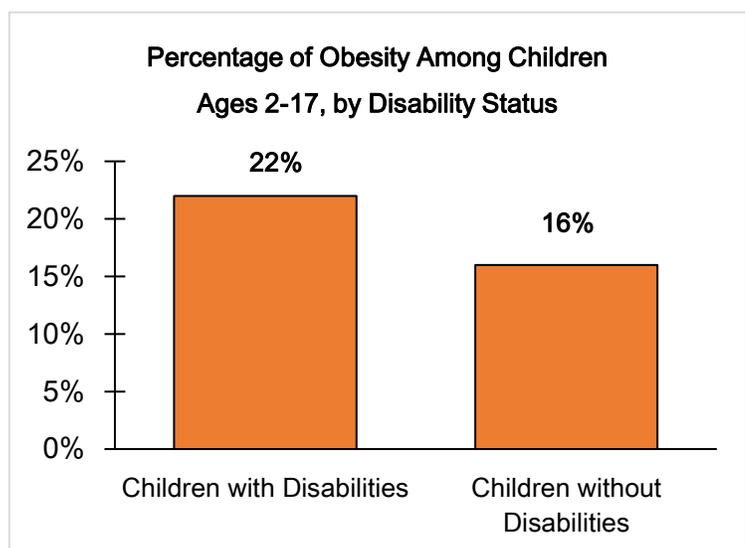
In **children**, obesity is defined slightly differently. Your child's physician will take into account his or her sex and age, and then record weight and growth on a growth chart. The CDC defines overweightness as a BMI at or above the 85<sup>th</sup> percentile and lower than the 95<sup>th</sup> percentile. Obesity is defined as having a BMI at or above the 95<sup>th</sup> percentile.

### The Statistics



According to the CDC's 2008 Behavioral Risk Factor Surveillance System, 36% of adults with disabilities are obese, whereas 23% of adults without disabilities are obese. Furthermore, obesity rates for adults with disabilities are a staggering 58% higher than adults without disabilities

Among children, 22% of those with disabilities are obese, while only 16% of children without disabilities are obese. The 2003-2008 National Health and Nutrition Examination Survey estimates obesity rates for children with disabilities are 38% higher than for children without disabilities.



## Obesity Risk Factors

- Physical limitations that reduce your ability to exercise
- Pain or inflammation of joints
- Breathing difficulties caused by conditions such as asthma, COPD, or pulmonary hypertension
- Digestive problems, including difficulties chewing, swallowing food, or digesting certain foods due to allergies or a health condition
- Fatigue and/or lack of energy
- Eating disorders and mental illness
- Lack of motivation or resources, including support from family or caregivers, money, or transportation
- Lack of accessible environment (accessible gym equipment, parks, etc.)
- Medications that contribute to weight gain or changes in appetite
- Limited access to healthy food choices, such as in the workplace or at school
- Stress due to the care and management of existing health conditions
- Health disorders with obesity as a clinical feature, such as Prader-Willi syndrome, or those like Down syndrome and autism that place patients at increased risk for obesity

## Complications Resulting from Obesity

According to the CDC, obesity puts you at risk of developing a number of other health conditions, including:

- Cancer (endometrial, breast, and colon)
- Coronary heart disease
- Gynecological problems, such as abnormal period and infertility
- High blood pressure
- Lipid disorders (for example, high total cholesterol)
- Liver and Gallbladder Disease
- Osteoarthritis
- Sleep apnea and other respiratory problems
- Stroke
- Type 2 Diabetes



## What you can do to keep a healthy weight

If you're within normal weight, keep the aforementioned risks in mind and discuss them with your doctor. This may help you maintain your healthy weight in the long run. If, however, you are overweight or obese, it's important you begin taking steps that will help you lose weight and, in turn, improve your overall wellbeing. Below are five general steps you can take in formulating and executing a food and exercise regimen that meets your health needs.

1. **Talk to your physician.** Disability and chronic health conditions vary, and each will manifest itself differently from one to another. This is why it is very important that you speak with your physician on how you can keep a healthy weight based on your specific



health needs. There is not a single diet or exercise regimen that works for everyone. Your physician may also encourage you to see a nutritionist, physical therapist, and/or counselor depending on the severity of your weight and/or existing health conditions.

2. **Talk to your family and/or caregiver.** Because genetics play a role in weight and obesity, it's likely that someone in your household also struggles with keeping a healthy weight. What's more, caregivers of people with disabilities are also at risk of being overweight. If you are not the one preparing meals or shopping for them, talk to your relative or caregiver about integrating healthier food habits at home. This includes shopping wisely for more nutritious food options, getting rid of junk food at home, and addressing meal times and eating frequency. In addition, if your health professional has recommended any exercises at home, your family and/or caregivers may need to know how they can help you accomplish these exercises — be it by helping you with stretches or by driving you to a local accessible gym, for example.

**3. Talk to your school, and/or workplace.** If your child's weight is an issue, talk to the school administrators and teachers about the changes that need to take place in your child's diet and/or exercise regimen. Include healthy eating, nutrition, and physical exercise goals in your child's Individualized Education Plan (IEP). Make sure the teachers and school personnel know how they can include your child in any physical classroom activities or recess games. If, however, it is you who struggles with your weight, after making healthier choices at home, make sure those choices follow you at work. Talk to your coworkers and ask if they can help you stay accountable. Perhaps one of them may want to join you in your weight-loss efforts! You can also try speaking with your HR department; some workplaces have worksite nutrition and physical activity programs that can help you stay motivated and informed.

**4. Believe in yourself and find people who will support your progress.** You can do this! Keep a positive attitude. Remember, ultimately this about getting you healthier and improving your overall wellbeing. Also, don't try to do this alone. Having people who will support your progress and cheer you on is very important. If you don't receive adequate support at home or from friends, join a weight-loss support group online or in person, or join a support group for people with your disability or health condition.



5. **Think of this as a long-term effort, not a temporary solution.** Yes, you need to address your weight challenges now, but if you have a disabling condition, the risk of obesity will likely follow you. It's important that these diet and exercise changes become *lifestyle* changes that will accompany you through the ups and downs of disability and chronic illness. The unexpected may hit: you may require a surgery that leaves you bedridden for a long time, your health condition may worsen, a new prescription could lead to an increase in appetite, or you could experience a season of depression that affects your weight. Though you may not be able to control your circumstances, creating new eating and exercise habits now will put you on a better path, so that when hardships come, you'll better address any potential weight challenges.

## References

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