

Overweight and Obesity in People with Disabilities

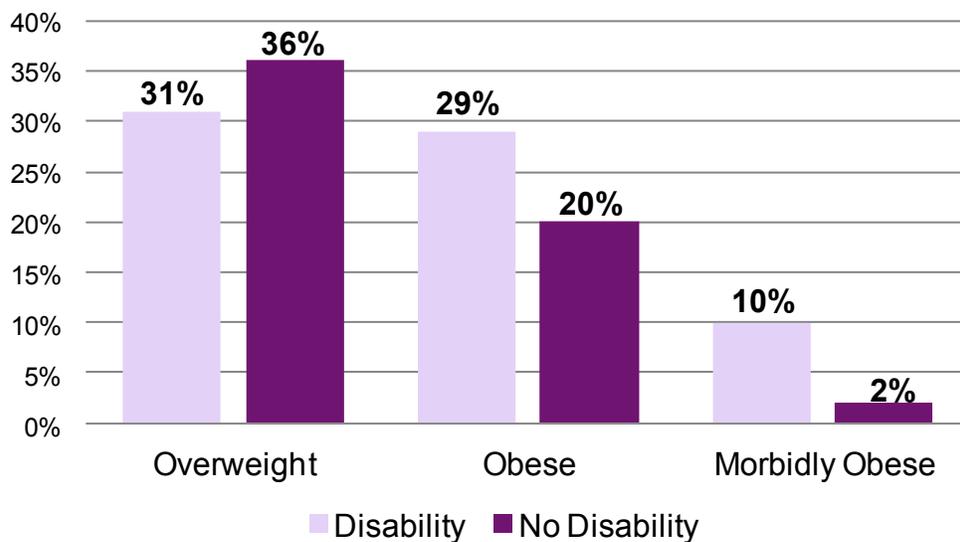
Overweight and obesity are both terms that describe people's body weight. People who fit these definitions may be less healthy for their height than others. Behavior, environment, and genetic factors can affect whether a person is overweight or obese. We examined obesity and overweight among Oregon adults with and without disabilities using the most recent data from a telephone survey, the Behavioral Risk Factor Surveillance System (2011). We identified the percent of the adult disability population that is overweight or obese.

Here is what we've learned in Oregon

We found that adults with disabilities are more likely than adults without disabilities to be obese but are less likely to be overweight. We also found that figures in Oregon are similar to the United States overall.

- 31% of Oregon adults with disabilities are overweight and 37% of Oregon adults without disabilities are overweight
- 29% of adults with disabilities in Oregon are obese and 20% of Oregon adults without disabilities are obese
- 10% of Oregon adults with disabilities are morbidly obese and 2% of Oregon adults without disabilities are morbidly obese

Overweight and Obesity in Oregon



Here are some general guidelines about adult BMI numbers

A BMI between 25 and 29.9 is considered overweight

A BMI of 30 or higher is considered obese

A BMI of 40 or higher is considered morbidly obese

Created by the Oregon Office
on Disability and Health
www.oodh.org

There are costs associated with excess body weight

People who are obese have an extra \$1,429 in medical costs compared to people of healthy weight. This also may mean that people who are morbidly obese have even larger costs than those who are obese². Annual health care costs of adult obesity in the United States were estimated at \$147 billion dollars for 2008¹. Annual health care costs of obesity that are related to disability were estimated at \$44 billion¹.

There may be specific challenges for adults with disability

People with disabilities can find it more difficult to eat healthy, control their weight, and be physically active. These difficulties may be due to the following:

- Few healthy food choices
- Difficulty with chewing or swallowing food, or the taste or texture of food
- Medications that contribute to weight gain, weight loss, and changes in appetite
- Physical limitations that reduce a person's ability to exercise
- Pain
- Low energy
- Inaccessible environments (for example: sidewalks, parks, and exercise equipment) that limit exercise
- Reduced resources (for example: money, transportation, and social support from family, friends, neighbors, and community members)

Health outcomes associated with obesity and overweight include the following:

- Heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- High blood pressure
- High total cholesterol or high levels of triglycerides
- Stroke
- Liver and gallbladder disease
- Sleep problems (apnea) and respiratory problems
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)

What can we do?

We and the national experts recommend a three-pronged approach to implement appropriate interventions:

1. We need to increase the physical accessibility of medical facilities. This requires legal and regulatory reform. Reform could start with implementation of the Americans with Disabilities Act Accessibility Guidelines (ADAAG <http://www.access-board.gov/ada/>) at the community level.
2. We need to improve the appropriateness of health care for people with disabilities. For this to be successful, we need to ensure that health providers receive sufficient training about disability. Training should include proper disability etiquette and education about the unique health needs of people with disabilities.
3. To help people with disabilities lose weight, be physically active, and manage disease, we must increase access and support. This includes the development of physically accessible exercise facilities, increasing access to healthy food, and including people with disabilities in health promotion messaging.

References:

1. CDC report, Disability and Obesity
2. CDC MMWR report, State Specific Obesity Prevalence
3. RTC on Measurement and Interdependence in Community Living (MICL) at the University of Kansas