OBESITY AND OCCUPATIONAL THERAPY
POSITION PAPER

Obesity is a significant and wide-ranging health and social problem in the United States. Occupational therapy is a health care profession that is qualified to provide interventions with individuals, groups, and society to effect change to promote optimum health. Occupational therapy services are often used directly and indirectly to influence weight management and related health concerns through attention to lifestyle and engagement in fulfilling activities. The purpose of this paper is to explain to persons within and outside of the profession the role of occupational therapists and occupational therapy assistants in addressing the impact of obesity on people’s ability to engage in daily activities.

Overview of Domain and Process of Occupational Therapy

Since its founding, occupational therapy has been a healing profession whose practitioners “focus on assisting people to engage in daily life activities that they find meaningful and purposeful” (American Occupational Therapy Association [AOTA], 2002, p. 610). Occupational therapy practitioners apply their knowledge about engagement in occupation—that is, “everyday life activity” (ibid.)—to help clients who may be experiencing disease, impairment, disability, dissatisfaction, or adverse circumstances to participate in their daily life in a manner that supports their health and well-being. By working with clients from this perspective, occupational therapy practitioners use everyday life activities therapeutically to improve the health and quality of life of consumers and to prevent future disease or illness. AOTA and its members are committed to improving individual quality of life; promoting community health; and supporting primary, secondary, and tertiary prevention for the management of obesity (AOTA, 2006a). This paper illustrates the growing dangers of the obesity epidemic on health and describes the specific and effective services provided by occupational therapy practitioners in a variety of practice settings for clients at risk for or experiencing the negative health effects of obesity throughout the life span. It also explains how the occupational therapy profession provides expertise and leadership in working with the problem of obesity in our society as it affects individuals, families, groups, and populations across the life span.

Background on the Issue of Obesity

Being overweight (defined as having a body mass index [BMI] of 25 to 30) or obese reduces the likelihood of a person’s participation in physical activity, including leisure time activity (Trost, Owen, Bauman, Sallis, & Brown, 2002). Although only 9% of Americans believe that they have a weight problem (Lee & Oliver, 2002), an all-time high 30.9% of Americans today are considered clinically obese, defined by having a BMI of over 30 (Centers for Disease Control and Prevention [CDC], 2004). The prevalence of severe obesity (defined as being 100 pounds overweight or more) is rising substantially faster than obesity (Sturm, 2003). Risk for obesity is elevated for individuals who have disabilities, fewer years of education, or poorer economic or job status, as well as for Latino and African American women (CDC, 2006; Cousins et al., 1992;)

1 Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. Occupational therapy assistants deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2004).

2 When the term occupational therapy practitioner is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006b).
Friedman & Brownell, 1996; Wardle, Waller, & Jarvis, 2002). A number of studies have demonstrated that obesity appears correlated with increased risk of both acute and chronic diseases, including type II diabetes, sleep apnea, chronic low back pain, hypertension, breast cancer, prostate cancer, colon cancer, cardiovascular disease, stroke, gall bladder disease, joint problems, activity limitations, reduced generalized health ratings, psychological issues, discrimination, and an increased mortality rate (Expert Panel on the Identification, Evaluation, and Treatment of Overweight in Adults, 1998). The related medical costs are estimated at $99.2 billion annually (Bungum, Satterwhite, Jackson, & Morrow, 2003). Equally troubling is that nearly one-third of children 6 to 19 years of age are considered at risk for overweight or are overweight (as defined in children as being at or above the 85th percentile of the sex-specific BMI-for-age growth chart), putting them at risk for a variety of these health-related concerns (Center for Health and Health Care in Schools, 2005). Societal issues—such as overexposure to junk food marketing; lack of safety in outdoor activities in lower income areas; steadily increasing food portion sizes; and the growing popularity of sedentary activities, including viewing television, playing seated video games, and using the computer—have contributed to the astonishing rise of overweight and obesity in childhood (Miller, Rosenbloom, & Silverstein, 2004). The prevalence of obesity in adults and overweight in children suggests no decline and remains a major public health concern (Hedley et al., 2004).

Job absenteeism, due directly or indirectly to obesity-related illness, results in costs as high as $25 billion per year (Bungum et al., 2003). In addition, obesity has been called the “last acceptable form of prejudice” (Chambliss, Finley, & Blair, 2004), often resulting in reduced education, housing, and employment opportunities (Puhl & Brownell, 2001); decreased access and use of healthcare and wellness services (Wallis, 2004); and restricted social participation due to negative portrayal in popular media (Greenberg, Eastin, Hofschire, Lachlan, & Brownell, 2003; Moloney, 2000). Such negative consequences can have a devastating impact on individuals throughout their life span, limiting their opportunities for or access to participation in their desired occupations.

Weight loss of as little as 5%–10% of initial body weight can result in significant improvements in measures of blood pressure, cholesterol levels, and glycemic control, as well as other improved health outcomes (Expert Panel, 1998; Fabricatore & Wadden, 2003; Manson, Skerrett, Greenland, & VanItallie, 2004). However, although long-term and appropriate weight loss has been shown to improve health conditions, short-term loss and rebounding with increased weight gain, inappropriate dieting methods, or extreme weight loss may have damaging effects. In the Archives of Internal Medicine, Manson (2004) affirmed that the typical methods used by consumers who wish to lose weight consist of adhering to a short-term calorie-restricted diet, engaging in a “regular, not intense” or “irregularly active” exercise program, and/or a “quick fix” of fad diets or weight-loss drugs, followed by a return to unhealthy eating habits and a sedentary lifestyle (Heshka et al., 2003; Lowe, Miller-Kovach, Frye, & Phelan, 1999; Manson et. al., 2004; Mokdad et al., 2001; Moloney, 2000; Puhn, 1996; Smith & Fremouw, 1987; Willet, 2001). With millions of Americans of all ages struggling—and failing—to achieve and maintain a healthy lifestyle using current methods for weight management, it is clear that health care consumers need to implement successful approaches to attaining effective and sustainable changes in lifestyle that influence weight and, more importantly, produce related improvements in overall health.
Occupational Therapy Role

Through their knowledge of psychosocial, physical, environmental, and spiritual factors, as well as cultural traditions and perspectives that influence performance, occupational therapy practitioners help consumers develop and implement an individualized, structured approach for lifestyle change. A randomized trial published in *JAMA* (Heshka et al., 2003) indicated that weight loss is more effectively achieved when a health care consumer is assisted through a structured program than when the client relies on self-help methods. Using their analysis and understanding of performance patterns related to daily life activities (Clark, 2000; Quiroga, 1995; Wilcock, 1998; Yerxa, 2002), occupational therapy practitioners provide interventions that are meaningful and effective and motivate participation by the client to modify daily life habits, roles, and patterns that contribute to the chronic condition of obesity.

When assessing needs, setting goals, and developing and implementing interventions, the occupational therapy practitioner works closely with the client in designing specific plans or programs to meet individual goals and desires in whatever areas of occupation(s) are affected by obesity. Occupational therapy intervention may focus on prevention, remediation/restoration, adaptation/compensation, and maintenance programs in either long-term or short-term settings.

Occupational therapy programs incorporate the client’s personal preferences, circumstances, context, and needs into a customized healthy living regimen that takes into account any pre-existing medical conditions. These structured programs provide clients with an alternative that contrasts with the shortcomings of involvement in short-term programs, time-limited visits to spas and health centers, the feelings of deprivation associated with dieting, resistance to engaging in physical activity that one does not enjoy, and the lack of effectiveness of programs that do not emphasize participation in a variety of health-promoting elements beyond diet and exercise. Through education, strategies, and intervention planning, occupational therapy practitioners can help their clients build habits, which include engagement in health-promoting activities that allow them to maintain targeted changes that influence their weight within the complex dynamic of their everyday lives.

Occupational therapy interventions in the area of obesity may include, but are not limited to, the following: community programs of health promotion through lifestyle change; education programs; facilitating the development of new habits and routines; Lifestyle Redesign® programs; recommendation of home modifications; adaptations/equipment; compensatory training in ADL and IADL; wellness programs for children, teens, and adults; play and physical education in the schools; safe patient handling programs in hospitals and skilled nursing facilities; and postsurgical acute care interventions. Occupational therapy practitioners are trained in the areas of adaptive equipment evaluation, home modification planning, task modification solutions, durable medical equipment considerations, compensatory strategies, caregiver training, and client resource development and advocacy (Foti, 2004, 2005). Therefore, occupational therapy practitioners also make an important contribution to the interdisciplinary practice of *bariatrics* (the medical investigation, prevention, and interventions for individuals with obesity that include diet and nutrition, exercise, behavior modification, lifestyle changes, and appropriate medications).
These and other occupational therapy services addressing obesity and related conditions may be covered by major health care payers, including Medicare, Medicaid, and private health insurance.

Conclusion
Occupational therapy addresses the prevention and concerns of obesity through a holistic and client-centered approach to lifestyle via participation in activities that promote health. Occupational therapy interventions not only facilitate weight loss, but also enable clients to make a number of changes to performance in multiple areas of life, including incorporating appropriate productive and social activity as well as physical activity, to address obesity, thus improving health outcomes and maintaining long-term wellness.

References


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