

# Obesity and Disability

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Obesity increases the risk of many health conditions, including heart disease, type 2 diabetes, cancers, high blood pressure, lipid disorders, stroke and more. While obesity affects more than one-third of all adult Americans, people with disabilities are more likely to be overweight or obese and often have fewer tools for controlling weight at their disposal.

- 20% of children age 10 through 17 with special health care needs are obese versus 15% of children without special health care needs.<sup>1</sup>
- Children and adults with mobility limitations and intellectual or learning disabilities are at greatest risk for obesity.<sup>2</sup>
- Obesity rates for adults with disabilities are 58% higher than for adults without disabilities<sup>3</sup>

## *Link between disability and obesity*

Looking at the link from different directions, almost 20% of overweight adults and roughly 30% of obese adults also have a disability, while roughly 36% of people with disabilities are also obese.<sup>3</sup> Of adolescents with special health care needs, more than 35% were either overweight or obese.<sup>4</sup> The same report found that adolescents with special health care needs who are also obese were more likely not to participate in sports or do daily physical activities, watch two or more hours of TV per day, have a TV in their bedrooms, live in unsafe neighborhoods, and experience limitations in attending school, making friends and participating in activities.

To determine obesity in adults, weight and height are used to calculate body mass index (BMI). Adults whose BMI is between 25 and 29.9 are considered overweight, and those whose BMI is 30 or higher are considered obese. For children of the same age and sex, the CDC defines overweight as a BMI at or above the 85th percentile and obesity as a BMI at or above the 95th percentile. However, many researchers believe that for people with disabilities, BMI is not always the best way to measure overweight and obesity because it can underestimate fat in people with less lean muscle mass (<http://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html>). Some researchers prefer to use waist measurement to determine whether people with disabilities are overweight or obese.

## *Why are people with disabilities more likely to be overweight or obese?*

There are many reasons why people with disabilities may have a higher incidence of overweight and obesity, including the following:

- They might have fewer healthy food choices.
- Some medications affect appetite and contribute to weight gain.
- Physical limitations, pain or lack of energy can exercise more difficult.

- Some people with disabilities do not have access to accessible environments, such as sidewalks, parks and exercise equipment that encourage exercise.
- Chewing or swallowing challenges.
- Social and financial support might be lacking, such as for transportation or gym costs.
- Poor eating habits
- Lack of exercise
- Depression or low self esteem

Higher obesity rates among young people with disabilities may lead to a greater number of secondary health conditions (heart disease, diabetes, arthritis, depression, high blood pressure) and poorer prognosis of good health in adulthood. According to the American Academy of Child and Adolescent Psychiatry, “Child and adolescent obesity is also associated with increased risk of emotional problems.” Research dollars and other resources must reflect the health challenges that affect underserved populations, including adults and children with disabilities and their families.

### *Costs*

A recent CDC Vital Sign (<http://cdc.gov/vitalsigns/>) report, titled, *State Specific Obesity Prevalence Among Adults – United States, 2009* (<http://www.cdc.gov/vitalsigns/>), points out that people who are obese incurred \$1,429 per person extra in medical care compared to people of normal weight. Annual health care costs of obesity for all adults in the United States were estimated to be as high a \$147 billion dollars for 2008.

### *The way forward*

In 2010, Surgeon General Dr. Regina Benjamin, issued *The Surgeon General’s Vision for a Health and Fit Nation 2010* (<http://www.surgeongeneral.gov/library> . Regular physical activity can promote important health benefits for children and adults with disabilities. Obesity is complex, and reducing its incidence in people with disabilities demands action at many different levels – research, support for healthy eating, improved accessibility to exercise and sports, and programs that make it easier for people with disabilities to make healthier choices.

### *Resources:*

Health Living (<http://ncbddd/disabilityandhealth/healthyliving.html>)

Health Weight (<http://www.cdc.gov/healthyweight>)

CDC Vital Signs (<http://www.cdc.gov/vitalsigns>) A report titled, “State Specific Obesity Prevalence Among Adults – United States, 2009

U.S. HHS *The Surgeon General’s Call to Action, To Improve the health and Wellness of Persons with Disabilities.* Washington, DC: HHS, 2005

American Academy of Child and Adolescent Psychiatry. “Obesity in Children and Teens . . . Facts for Families.” Washington, DC: AACAP, May 2008, Number 79.

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<sup>1</sup> Child and Adolescent Health Measurement Initiative. National Survey of Children’s Health, 2007. Data Resource Center on Child and Adolescent Health website. <http://www.nschdata.org>.

<sup>2</sup> Bandini L.G., Curtin C., Hamad C., Tybor D.J., Must A., Prevalence of overweight in children with developmental disorders in the continuous national health and nutrition examination survey (NHANES) 1999-2002. *Journal of Pediatrics*; 146; 738-43.

<sup>3</sup> Behavioral Risk Factor Surveillance System Survey (BRFSS) data. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2008.

<sup>4</sup> 2007 National Survey of Children’s Health, **Child and Adolescent Health Measurement Initiative**, Oregon Health & Science University Department of Pediatrics, School of Medicine, Portland, OR.



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April 2011