

AOTA's Societal Statement on Obesity

Obesity is the result of complex social, behavioral, cultural, environmental, physiological, and genetic factors, and impacts participation in life. In the United States, two thirds or 68% of adults and 17% of children and adolescents are overweight. Diet and lifestyle, two critical influences, are affected by where we live, work, and play (U.S. Department of Health and Human Services [USDHHS], 2010c; Centers for Disease Control and Prevention [CDC], 2010a).

Obesity is the leading modifiable risk factor contributing to early mortality; type II diabetes; cardiovascular disease; metabolic syndrome; breast, prostate, and colon cancer; gallbladder and liver disease; sleep apnea; gynecological problems; musculoskeletal disorders; and associated limitations in physical activity. Adult obesity is associated with reduced quality of life, social stigmatization, isolation, and discrimination (CDC, 2010b).

Functional ability is not defined by the diagnosis of obesity; disability is determined by the client's ability or inability to successfully participate in daily life (World Health Organization, 2001). Identifying the client's positive attributes and functional limitations is a precursor to developing any intervention for obesity (Lollar & Simeonsson, 2005). Occupational therapy practitioners may structure interventions for the prevention and management of obesity across the lifecourse (Mosley, Jedlicka, LeQuieu, & Taylor, 2008).

Consistent with the first goal of *Healthy People 2020* (USDHHS, 2010a, 2010b, 2010c, 2010d), the American Occupational Therapy Association (AOTA) supports preventing disability associated with obesity through primary, secondary, and tertiary prevention. AOTA is firmly dedicated to serving the needs for community health, increasing life expectancy, and improving the quality of life for all people.

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