

# Childhood Obesity

## OCCUPATIONAL PERFORMANCE

Children who are overweight or obese may be challenged in the following areas of occupation:

### Social Participation

- Difficulty in making and keeping friends due to weight bias
- At risk for bullying and/or social isolation
- At risk for mental health disorders such as anxiety and depression
- May struggle with limited self-esteem and poor body image

### ADL

- Difficulty in choosing and preparing healthy meals

### Education

- At risk for decreased endurance and capacity on playground and in physical education
- Potential decrease in academic performance due to social stresses

### Work

At risk for experiencing physical and/or social barriers at workplace, such as after-school jobs or internships

### Play/Leisure

- Possible imbalance between sedentary and physical activities
- Too much screen time (computers, television) leading to isolation and weight gain

### Sleep/Rest

- Excessive rest and sleep due to depression and/or low energy levels
- Poor sleep patterns at night could lead to decreased energy and academic performance

## OCCUPATIONAL THERAPY PRACTITIONERS

use meaningful activities to help children and youth participate in what they need and want to do in order to promote physical and mental health and well-being. Occupational therapy practitioners focus on participation in the following areas: education, play and leisure, social participation, activities of daily living (ADLs; e.g., eating, dressing, hygiene), instrumental ADLs (e.g., preparing meals, shopping), sleep and rest, and work. These are the usual occupations of childhood. Task analysis is used to identify factors (sensory, motor, social-emotional, and cognitive) that may limit successful participation across a variety of settings. Activities and accommodations are used in intervention to promote successful performance in school, home, and community settings.

## ABOUT CHILDHOOD OBESITY

Childhood obesity is defined as a condition in which excessive body fat negatively affects a child's overall health or well-being across all environments, including home, school, and the community. Obesity is further defined as an individual with a body mass index at or above the 95th percentile for children of the same age and gender. The most common causes are genetic factors or family history of obesity; decreased participation in physical activities; unhealthy eating patterns or behaviors; and, in rare cases, medical conditions.

## Who's at risk of becoming overweight or obese?

### 1. Children who live in impoverished areas with limited access to:

- Safe Parks
- Nutritional foods such as fresh produce
- Local recreational centers
- After-school clubs such as gardening
- Affordable fees for team sports and equipment
- Information for youth and family regarding nutrition

### 2. Children with developmental disabilities are 40% more likely to develop obesity due to *secondary conditions* (pain, social isolation, de-conditioning) and/or *predisposing factors* (genetic syndromes such as Prader-Willie, medications that increase weight gain). They also may have limited access to:

- Accessible playgrounds and parks
- Trained staff to adapt programs for inclusion
- Equipment and assistive devices that allow for participation

## How does obesity impact physical health?

Children who are overweight or obese are at risk for developing the following health conditions: asthma, type 2 diabetes, cardiovascular disease, high blood pressure, high cholesterol, and fatty liver disease. They may also be at risk of:

- Decreased joint flexibility and orthopedic problems leading to limitations in physical play.
- Sleep apnea and inability to develop proper sleep patterns, which may limit energy levels and attention at school.

## How does obesity impact social and emotional health?

Children who are overweight are at risk of **weight bias** (or weight stigma), which refers to negative judgements of an obese person based on social attitudes or stereotypes (e.g., lazy, poor self-control). Weight bias from adults and peers may result in negative remarks about appearance, verbal teasing, name calling, social exclusion, and physical bullying, leading to:

- Poor self-esteem and body image
- Feelings of loneliness and isolation
- Difficulty in making friends
- Withdrawal

# Occupational Therapy's Role in Addressing Childhood Obesity

**OCCUPATIONAL THERAPY PRACTITIONERS** can play important roles in addressing childhood obesity in a variety of settings, including in schools and communities and at home. In each setting, intervention may focus on a number of areas, including *culturally appropriate healthy food preparation and meals, enjoyable physical and social activities, and strategies for decreasing weight bias/stigma and bullying*. Messages should focus on “health and a healthy lifestyle” rather than weight loss. Services can help children identify personal character strengths (e.g., creativity, humor, thoughtfulness) and build on them. Occupational therapy practitioners can play a critical role in working with school teachers, nutritionists, and other professionals to enhance healthy lifestyles in all children and youth.

## LEVELS OF INTERVENTION

**Promotion:** Whole population approaches fostering mental and physical health at the universal level (e.g., school-wide efforts to promote healthy lunches and opportunities for physical activity).

**Prevention:** Targeted, culturally appropriate interventions focusing on at-risk groups such as children living in poverty or those with disabilities (e.g., small-group after-school clubs emphasizing nutritious food preparation and enjoyable physical activities).

**Intensive:** Interventions designed for those who are overweight or obese (e.g., individualized programs to foster healthy habits and routines, including enjoyable activities and nutritious meals).

**Home:** Work with families to promote health meal choices and routines consistent with their culture. Encourage designated family dinner time. Promote family participation in enjoyable physical activity such as riding bikes or walking. Develop graduated physical programming so that family members can participate.

**School:** Promote anti-bullying programs that teach respect for differences. Teach children to use respectful language, such as phrases like “above average weight” rather than offensive words like “chunky,” “obese,” or “fat.” Join or help develop wellness committees that promote health and positive lifestyle behaviors for children of all body sizes—with the overall message being “healthy at any weight.” Work with school officials and administration to decrease availability of vending machines that offer foods containing high calories and sugars. Create a gardening program in the school. Help infuse physical activity throughout the school day. Promote after-school clubs such as performing arts and sports to increase physical activity and social participation. Pair the AOTA Backpack Awareness campaign with a school walking program. Work from a strengths-based perspective to increase positive growth and self-esteem.

**Community:** Encourage inexpensive community activities such as Walking Networks, Cycling Networks, Public Open Spaces, and Recreational facilities. Encourage participation in non-competitive sports teams to increase self-esteem, confidence, socialization, and friendships.

## CHECK THIS OUT!

- A site “dedicated to ending the increase in childhood obesity and helping all kids and their families lead healthy, active lives.”  
[www.clintonfoundation.org](http://www.clintonfoundation.org)
- Definitions, statistics, useful resources, and state obesity programming.  
[www.cdc.gov/obesity](http://www.cdc.gov/obesity)
- Obesity Prevention Program  
[www.just-for-kids.org](http://www.just-for-kids.org)
- Obesity Prevention Program  
[www.moveitloseitlivehealthy.com](http://www.moveitloseitlivehealthy.com)
- Yale Rudd Center for Food Policy & Nutrition provides a toolkit for health care providers on preventing weight bias in clinical practice.  
[www.yaleruddcenter.org/resources/bias\\_toolkit/index.html](http://www.yaleruddcenter.org/resources/bias_toolkit/index.html)
- Institute of Medicine 2011 Report on Early Childhood Obesity Program  
[www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx](http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx)

## Ways to Reduce Weight Bias

- 1) increase awareness of personal attitudes regarding weight,
- 2) use sensitive language when referring to weight,
- 3) intervene to decrease weight-biased teasing,
- 4) find role models to assist with confidence and self-esteem building, and
- 5) emphasize overall health instead of thinness. Refer to the sidebar regarding the Yale Rudd Center for Food Policy & Nutrition.

## FOR MORE INFORMATION

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