

CAOT Position Statement: Obesity and healthy occupation (2015)

The Canadian Association of Occupational Therapists (CAOT) believes that people with obesity should have access to evidence-informed, interprofessional and collaborative health services through their lifespan. Occupational therapists have the skills, knowledge and expertise to contribute to practice, policy, research and education in the areas of obesity prevention, treatment and management. Occupational therapy is an essential component of interprofessional services that promote health and well-being through engagement in meaningful and health-building occupations.

Recommendations for occupational therapists

1. Consider obesity within the chronic disease/illness paradigm or as a health condition across the obesity spectrum.
2. Advocate for funding, resources and services to address obesity and obesity-related health concerns across the age and health continuum.
3. Address stigma related to obesity through research, education and reflective practice.
4. Build capacity and design services related to the prevention, treatment and management of obesity in professional education.

CAOT Initiatives

To enable occupational therapists to develop and deliver best practices, CAOT will:

1. Develop and disseminate evidence related to the understanding of health status, cultural, social and political issues related to obesity and opportunities for occupation focused on prevention, treatment, and management of obesity.
2. Develop and disseminate evidence related to the impact of occupational therapy services for people with obesity.
3. Identify strategies to facilitate access to occupational therapy services that will provide opportunities for engagement in meaningful and health-building occupations for people with obesity.
4. Advocate for the occupational therapy representation in areas of obesity research, policy, advocacy, and health care teams.

5. Facilitate collaboration among occupational therapists to increase the profile of the profession in research, policy and advocacy in the prevention, treatment and management of obesity.
6. Collaborate with other disciplines in the areas of research, policy development, education and clinical practice related to the prevention, treatment and management of obesity.

Background information

1. The location and methods of how we work, learn, live and play are key determinants of health (Public Health Agency of Canada, 2013). The occupations of everyday life contribute to the experience of health and well being for individuals and populations. Occupational therapists are charged with the task of enabling individuals, groups and communities to engage in occupations that will enhance or improve their health. Persons with obesity are at risk for occupational deprivation in the areas of self-care, productivity and leisure (Forhan, Law, Taylor, & Vrkljan, 2012; Forhan, Law, Vrkljan, & Taylor, 2010; Forhan, Law, Vrkljan, & Taylor, 2011). Therefore, it appears logical that persons at risk of developing obesity or persons with obesity would benefit from access to occupational therapy services.
2. Obesity is a chronic disease for which treatment options include lifestyle modification, pharmacotherapy and surgery (Lau et al., 2007). Occupational therapists are, as in other areas of chronic disease prevention and management, key members of the healthcare team for persons with obesity. It is not necessary for occupational therapists to develop new skills to meet the needs of people with obesity. Rather, occupational therapists need to be informed about obesity, obesity treatment, and participation experiences in order to determine, clarify and advocate for the application of occupational therapy in the area of obesity prevention, treatment and management.
3. Meaningful and health-building occupations, in the context of obesity prevention, refer to participation in physical activity, the intake of a nutritionally balanced diet, and engagement in healthy lifestyle behaviours. This requires that people have the skills to participate in physical activ-

ity and to make healthy food and lifestyle choices and that they also have access to such occupations. Populations at highest risk of developing obesity are those most likely to receive occupational therapy services. These include persons with disabilities associated with physical health conditions (Weil et al., 2002) and mental illness (Allison et al., 2009), people with low socioeconomic status, people living in rural areas and people with minority status (Public Health Agency of Canada & The Canadian Institute for Health Information, 2011). Within these practice areas, occupational therapists have the opportunity to enable clients to make healthy lifestyle choices that support the prevention of obesity.

4. The medical, functional and social consequences of obesity are consistent with other chronic health conditions that result in disability (Alley & Chang, 2007; Forhan & Gill, 2013b; Taylor, Forhan, Vigod, McIntyre, & Morrison, 2013). With the current prevalence of obesity and the role that occupational therapy plays in the management of chronic conditions, it is highly probable that occupational therapists come into contact with persons with obesity in their clinical practice. In a survey of 830 occupational therapists across Canada, 83% agreed that they have worked with clients who have obesity (Forhan, Garroway, & MacDonald). Less than 50% of therapists surveyed believed that occupational therapists know the needs of clients who have obesity. As well, occupational therapists responding to the survey indicated that, in addition to helping persons with obesity participate in occupations identified as meaningful by them, it was important for occupational therapists to be better informed about the causes and consequences of obesity.
5. In the context of treatment for obesity, occupations promoting health include, in addition to physical activity and healthy eating, access to services that meet the biopsychosocial needs of persons with obesity. Conceptual discussions (Hammell, 2011) and empirical evidence (Forhan et al., 2010) advocate and provide support for occupational therapy resources and interventions that enable clients to live their lives while they are trying to manage their weight and health. This involves facilitating the skills needed to manage the demands of obesity treatment (managing caloric intake, physical exercise, and pre and post bariatric surgery management and psycho-social adjustment) while continuing to engage in daily occupations.
6. Providing access to opportunities for participation in the occupations of everyday living for persons living with obesity can be addressed by occupational therapists. Barriers that restrict the quantity and quality of participation and that can be addressed by occupational therapy interventions include the following factors: physical;

social; attitudinal and built environment. More research is needed to gain knowledge about the impact of occupational therapy interventions on the prevention, treatment and management of obesity (Forhan & Gill, 2013a).

7. A report on health policies and trends authored by the Canadian Policy Research Networks (CPRN) for the Canadian Association of Occupational Therapists (CAOT) identified obesity as an area of high priority (Farfard, Pierre, & Pollack, 2007). Gaps in knowledge and research in the area of obesity include areas of interest to occupational therapy services such as promoting the development of environments to enable participation in everyday occupations and physical activity. This may be done by developing partnerships with policy makers, industry and non-governmental organizations to address the "personal health and societal challenges posed by obesity" (Farfard et al., 2007, p. 27). Occupational therapists need to be aware of the current state of knowledge about obesity and its implications for occupational performance in order to be effective in mitigating the causes and consequences of obesity.
8. Occupational therapy may enable participation in occupations that contribute to the prevention and treatment of obesity as well as to occupations that are meaningful to persons living with obesity. Obesity is a multidimensional condition that requires lifelong management. For some individuals, the functional and health implications may be temporary; for others, however, it is a chronic health condition that requires accommodation. Remediation may result in weight reduction but not always to the extent of altering a body size outside of the classification of obesity. Therefore, outcomes associated with occupational therapy interventions should focus more on those associated with health, activity performance and engagement and less on weight loss.

Glossary of Terms

Enabling (verb) **Enablement** (noun): Focused on occupation, is the core competency of occupational therapy what occupational therapists actually do and draws on an interwoven spectrum of key and related enablement skills, which are value-based, collaborative, attentive to power inequities and diversity, and charged with visions of possibility for individual and/or social change (Townsend & Polatajko, 2013).

Enabling occupation: Refers to enabling people to choose, organize, and perform those occupations they find useful and meaningful in their environment (Canadian Association of Occupational Therapists, 2002, p. 180).

Obesity: Defined as having a body mass index (BMI) determined by weight in kilograms divided by the square of height in meters (kg/m^2) of 30 kg/m^2 or more. Obesity

is subdivided into types of obesity as follows: class I (BMI 30-34.9); class II (BMI 35-39.9); class III (BMI 40 or more). Obesity in children is defined as a BMI at or above the 95th percentile for children of the same age and sex (World Health Organization, 2000).

Obesity Stage: A five-point ordinal classification system that considers comorbidity and functional status that classifies the severity of obesity and is used to guide treatment interventions (Sharma & Kushner, 2009).

Occupations: Groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture; everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure) and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy (Canadian Association of Occupational Therapists, 2002); a set of activities that is performed with some consistency and regularity; bring structure and are given meaning by individuals and a culture (adapted from Polatajko et al., 2004).

Occupational Therapy: The art and science of enabling engagement in everyday living through occupation; enables people to perform the occupations that foster health and well-being; enable a just and inclusive society so that all people may participate to their potential in the daily occupations in life.

References

- Alley, D. E., & Chang, V. W. (2007). The changing relationship of obesity and disability, 1998-2004. *JAMA*, *298*, 2020-2027.
- Allison, D. B., Newcomer, J. W., Dunn, A. L., Blumenthal, J. A., Fabricatore, A. N., Daumit, G. L., . . . Alpert, J. E. (2009). Obesity among those with mental disorders: a National Institute of Mental Health meeting report. *Am J Prev Med*, *36*, 341-350. doi: 10.1016/j.amepre.2008.11.020
- Canadian Association of Occupational Therapists. (2002). *Enabling Occupation: An Occupational Therapy Perspective* (Revised ed.). Ottawa: CAOT Publications ACE.
- Pierre, N., Pollack, N., & Farfard, P. (2007). Health policies and trends for selected target groups in Canada. An overview report for the Canadian Association of Occupational Therapists (CAOT). Canadian Policy Research Networks (CPRN) Research Report: <https://www.caot.ca/pdfs/health%20policy.pdf>
- Forhan, M. A., Garroway, D., & MacDonald, J. *Results from a national survey of occupational therapists in Canada regarding clients with obesity*. Unpublished manuscript.
- Forhan, M. A., & Gill, S. (2013a). Cross-border contributions to obesity research and interventions: a review of Canadian and American occupational therapy contributions. *Occup Ther Health Care*, *27*, 129-141. doi: 10.3109/07380577.2013.785642
- Forhan, M. A., & Gill, S. (2013b). Obesity, functional mobility and quality of life. *Best Practice & Research Clinical Endocrinology & Metabolism*, *27*, 129-137.
- Forhan, M. A., Law, M. C., Taylor, V. H., & Vrkljan, B. H. (2012). Participation in daily activities for adults with class III obesity. *OTJR: Occupation, Participation and Health*, *32*, 70-78.
- Forhan, M. A., Law, M. C., Vrkljan, B. H., & Taylor, V. H. (2010). The experience of participation in everyday occupations for adults with obesity. *Can J Occup Ther*, *77*, 210-218.
- Forhan, M. A., Law, M. C., Vrkljan, B. H., & Taylor, V. H. (2011). Participation profile of adults with class III obesity. *OTJR: Occupation, Participation and Health*, *31*, 135-142.
- Hammell, K. W. (2011). Resisting theoretical imperialism in the disciplines of occupational science and occupational therapy. *The British Journal of Occupational Therapy*, *74*, 27-33. doi: 10.4276/030802211x12947686093602
- Lau, D., Douketis, J., Morrison, K., Hramiak, I., Sharma, A., Ur, E., & for members of the Obesity Canada Clinical Practice Guidelines Expert Panel. (2007). 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children (summary). *CMAJ*, *176*, S1-S13.
- Polatajko, H. J., Davis, J. A., Hobson, S. J., Landry, J. E., Mandich, A., Street, S. L., . . . Yee, S. (2004). Meeting the responsibility that comes with the privilege: introducing a taxonomic code for understanding occupation. *Can J Occup Ther*, *71*, 261-268.
- Public Health Agency of Canada. (2013). What Makes Canadians Healthy or Unhealthy? Retrieved Aug. 18, 2014, from <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#unhealthy>
- Public Health Agency of Canada, & The Canadian Institute for Health Information. (2011). Obesity in Canada: A joint report from the Public Health Agency of Canada and the Canadian Institute for Health Information (pp. 62). Ottawa, ON: The authors.
- Sharma, A. M., & Kushner, R. F. (2009). A proposed clinical staging system for obesity. *Int J Obes*, *33*, 289-295. doi: 10.1038/ijo.2009.2
- Taylor, V. H., Forhan, M., Vigod, S. N., McIntyre, R. S., & Morrison, K. M. (2013). The impact of obesity on quality of life. *Best Pract Res Clin Endocrinol Metab*, *27*, 139-146. doi: 10.1016/j.beem.2013.04.004
- Townsend, E. A., & Polatajko, H. J. (2013). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation* (2nd ed.). Ottawa, ON: CAOT Publications ACE.
- Weil, E., Wachterman, M., McCarthy, E. P., Davis, R. B., O'Day, B., Iezzoni, L. I., & Wee, C. C. (2002). Obesity among adults with disabling conditions. *JAMA*, *288*, 1265-1268.
- World Health Organization. (2000). Obesity: preventing and managing the global epidemic. Report of a WHO consultation. *World Health Organ Tech Rep Ser*, *894*, 1-253.

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