

Information for Action # 2015-05

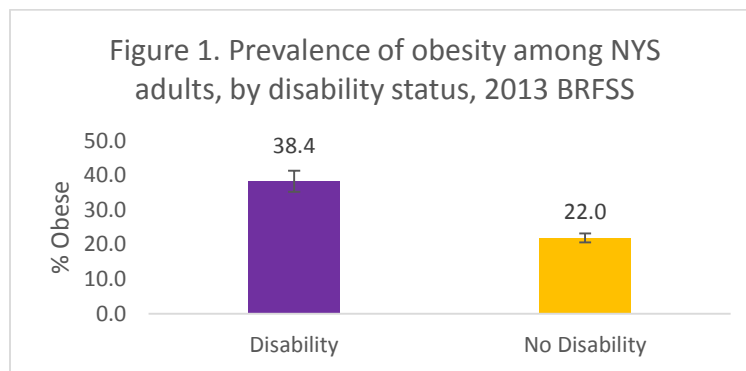
Strategies to reduce obesity must be inclusive of persons with disability

Obesity and overweight are currently the second leading cause of preventable death in the United States and may soon overtake tobacco as the leading preventable cause of death.¹ According to the 2013 New York State Behavioral Risk Factor Surveillance System (NYS BRFSS):

- **Persons with disability are significantly more likely to be obese than persons without disability (See Figure 1).**

To advance the recognition of existing health disparities, persons with disability are a population of focus throughout the NYS Department of Health (NYSDOH) Prevention Agenda 2013-2017. An objective is to reduce obesity among persons with disability by 10%, to 31.4%, by 2017. Prevention Agenda strategies to reduce obesity include: 1) investing in proven community-based programs to increase physical activity and improve nutrition; 2) increasing retail availability of affordable healthy foods and access to healthy food in a variety of settings; and, 3) establishing joint use agreements and adopting complete street policies. For more information on the 2013-2017 Prevention Agenda, please visit: www.health.ny.gov/prevention/prevention_agenda/2013-2017/

The NYSDOH Disability and Health Program was part of a National Expert Panel convened by the Center on Disability at the Public Health Institute (PHI) to develop the *Guidelines on Disability Inclusion in Physical Activity, Nutrition and Obesity Programs* and an Implementation Manual to assist public health practitioners in tailoring these interventions for adults with disability.²



Data Source: 2013 Behavioral Risk Factor Surveillance System.

Obesity is defined as having a body mass index of 30.0 or higher.

Disability is defined as answering “yes” to one of the following questions, “Are you limited in any way in any activities because of physical, mental, or emotional problems?” OR “Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?”

PUBLIC HEALTH OPPORTUNITY

To meet the Prevention Agenda 2017 target, public health professionals should: 1) implement Prevention Agenda strategies to create healthier community environments; and 2) follow the PHI guidelines on inclusion to ensure obesity-related programs and policies meet the needs of people with disability. To learn more about inclusion, visit:

<http://committoinclusion.org/>

Contact:

For more information about the data included and their specific implications for action, please send an e-mail to DCCIPIFA@health.ny.gov with IFA # 2015-05 in the subject line.

References:

1. Jia, H. and Lubetkin, E.I. Trends in quality-adjusted life-years lost contributed by smoking and obesity. *Am J Prev Med* 2010;38(2):138-144.
2. Kraus, L.E. and Jans, L. (2014). Implementation manual for guidelines for disability inclusion in physical activity, nutrition, and obesity programs and policies. Center on Disability at the Public Health Institute, Oakland, CA.

