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Gig Work, Workforce Participation, and Weight Outcome Among People with Obesity-Related Disabilities

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Abstract

Approximately 40.5% of U.S. adults aged 20 and older are obese, which poses significant challenges for personal health, social interaction, and employment for those with obesity-related disabilities who may struggle to join the workforce [4]. While conventional fitness programs can support weight loss, many individuals are unable to access them due to socioeconomic, motivational, or environmental barriers [5,6]. Gig economy platforms, such as ridesharing, delivery, and micro tasking, offer flexible job options that may provide income and incidental physical activity for people [15,16]. Previous studies have shown that gig work, through consistent involvement, may enhance workforce participation and benefit weight management and other health outcomes [15,16]. However, there are limited attempts to explore the relationship between gig work, workforce participation, and weight management for people with obesity-related disabilities. The narrative literature review focused on gig work connected with workforce participation and weight management for adults with obesity-related disabilities. Theoretical perspectives, such as occupational physical activity and incidental exercise [34], behavioral change frameworks, such as social cognitive theory [35], and the theory of planned behavior [36], were utilized in the study. A narrative search of literature from PubMed, Scopus, Web of Science, Google Scholar, and other platforms for publications between 1991 and 2025 identified 55 relevant studies and reports. Results show that gig work involving active tasks can lead to moderate-to-vigorous physical

activity (MVPA), potentially aid weight reduction, and enhance the participation of some individuals with obesity-related disabilities in the workforce. There is a need to promote gig work to enhance workforce participation and weight management for people with obesity-related disabilities.

Keywords: Disability, Gig work; Obesity; Weight loss; Workforce participation

INTRODUCTION

Obesity is one of the factors that reduces the workforce participation rates in the United States [1]. Workforce participation rates refer to the number of people in employment or seeking employment [2]. Obesity remains a major public health issue, especially affecting adults of working age [3]. About 40.5% of adults are classified as obese, which poses significant challenges for personal health, social interaction, and minimal employment opportunities for those who may struggle to join the workforce [3,4]. The Centers for Disease Control and Prevention (2024) defines obesity as a body mass index of 30.0 or higher, recognizing body mass index (BMI) as a screening measure rather than a diagnostic tool. Obesity is associated with increased absenteeism and productivity loss due to higher risks of injury amongst employed adults, which may restrict workforce entry for other people with obesity, particularly in physically demanding work sectors, such as construction [1].

The Americans with Disabilities Act (ADA) provides equal employment opportunities for people with disabilities by prohibiting discrimination against them in various employment facets. However, obesity, which is one of the factors associated with disabilities, is limiting the participation of people in the workforce [1]. The annual obesity cost per affected employee in the United States is about $6,472 [2], which places a financial burden on taxpayers. While conventional fitness programs can support weight loss for those who are obese, many are unable to access them due to socioeconomic, health, motivational, or environmental barriers [5,6]. Gig work is considered an avenue for people with obesity to reduce weight, gain healthy weight, and participate in the workforce due to its potential to promote moderate-to-vigorous physical activity [7,8]. Gig work is task-based work, often temporary and flexible work that is facilitated using digital platforms that match independent workers with clients for on-demand services. [9].

Gig work, also known as platform labor or the on-demand economy, refers to tasks that are freelance or contract worker-based, where the worker performs isolated "gigs" such as ridesharing, delivery, or freelance work through apps such as Uber, DoorDash, and Upwork [10]. Unlike traditional employment, it focuses on the autonomy of scheduling but does not offer the standard benefits such as health insurance or paid leave [11]. Although not all people with obesity have disabilities or can participate in gig work, some do. Obesity can lead to disability when its physical, medical, or psychological effects limit a person's ability to perform daily activities or work. The CDC reports indicate that 40.5% of adults with a disability are obese, compared to 30.3% of adults without disabilities

[3]. Certain obesity-related disabilities may allow participation in food delivery work with limitations only, based on severity. For example, people with obesity and moderate osteoarthritis may be given the option of working if walking, albeit painful, is still possible and there is no impairment of driving ability [3].

Limiting hours, use of supportive devices such as knee braces, and a choice for afternoon and day shifts may make it easier for some people with obesity-related disabilities to participate [3]. Fat people with mild obstructive sleep apnea can safely enter gig work only if the disease is well-controlled and usually requires continuous positive airway pressure (CPAP) therapy. Untreated sleep apnea poses a significant risk due to excessive daytime sleepiness and reduced alertness while driving [12]. Untreated severe sleep apnea carries the risk of falling asleep while driving and is unsafe for any occupation that requires driving [12].

Some obesity-related disabilities generally make food delivery work unsafe. Severe obesity with significant impairment in mobility, especially when requiring the use of assistive devices to walk, substantially limits the capacity to safely perform repeated vehicle exits and short-distance ambulation [13]. In such cases, it is usually not recommended to use gig food delivery. Additionally, advanced diabetic neuropathy, which affects sensitivity in the feet that triggers proprioception, increases the risk of carrying out driving errors and causes them to fall while delivering [13]. Those who suffer from severe obesity and cardiovascular disease or a history of stroke may also be unable to participate safely because they have limited stamina and a higher risk due to the driving or lifting activities. People with severe shortness of breath, which affects the ability to walk short distances or respond to emergencies further, are not encouraged to participate in food delivery occasioned by gig work [14].

Gig work, such as delivery, could enhance workforce participation for individuals with obesity-related disabilities and reduce their weight [15,16]. However, there is a limited attempt to explore the connection between gig work, workforce participation, and weight outcomes in individuals with obesity-related disabilities [4]. This emphasizes the need for alternative strategies to the gym to address the rising obesity rates and increase workforce participation among individuals with obesity-related disabilities. The research question is: How can the gig work enhance workforce participation and support for weight loss for individuals with obesity-related disabilities?

The study explores the relationship between gig work, workforce participation, and weight outcomes for people with obesity-related disabilities. The purpose of the study is to enhance workforce participation and reduce obesity, especially among those with obesity-related disabilities and medically allowed to engage in gig work. The study may provide useful information on how gig work may provide employment opportunities for individuals with obesity-related disabilities, enhance their workforce participation, and support weight management.

METHOD

A narrative literature search was conducted to identify reviews and empirical studies on gig work, workforce participation, and weight outcomes for people with obesity-related disabilities. The search was conducted across PubMed, Web of Science, Scopus, Google Scholar, and other search platforms. Keywords included gig economy, platform work, rideshare, delivery worker, microtask, disability, such as physical disability or mobility impairment, obesity, weight loss, BMI, physical activity, exercise, Moderate-to-Vigorous Physical Activity (MVPA), and incidental activity. The included studies were published between 1991 and 2025 and identified 55 relevant studies and reports, in English, and consisted of peer-reviewed empirical research, systematic reviews, and government reports focusing on adults with disabilities, obesity, workforce participation, and gig work. Exclusions applied to non-English publications and opinion pieces or blogs lacking empirical data. Data was extracted from the key findings of previous studies conducted.

LITERATURE REVIEW

To address the research question, the literature on the meaning of gig work and gig economy platforms as workforce inclusion tools was explored. It also examined the relationship between gig work, physical activity, and weight loss. Efforts were also made to explore people with obesity-related disabilities who may participate in gig work. Additionally, people with obesity-related disabilities and workforce participation were explored. Some theoretical constructions were examined and serve as building blocks for the conceptual framework for the study.

Gig Work

Gig work is a platform that serves as a hub that acts as an intermediary for matching the available supply and demand algorithmically and defining workers as independent contractors [17]. Digital platforms help to facilitate gig work in terms of both geolocation, ratings systems, and real-time pricing, facilitating a way of creating marketplaces for services on a mass scale [18]. Workers enjoy viability and extra income, especially young adults (millennials & Gen Z) who want work-life balance but are faced with income insecurity and algorithmic management (control over how tasks are assigned) [19]. The model covers sectors such as transportation (36% of gig jobs), food delivery (25%), and professional services (20%) [20]. Gig work increases mobility in the labor market and accounts for 10-15% of the US GDP in the platforms, which are valued at $4 trillion worldwide by 2025 [21]. It is an absorber of underemployed workers after COVID-19. About 59 million Americans (36% workforce) are doing gigs [22].

Gig Economy Platforms as Workforce Inclusion Tools

Gig economy work allows flexibility in scheduling and task selection, which may reduce traditional employment barriers for individuals with obesity-related disabilities [23,24]. Platforms that offer active tasks (e.g., bicycle or walking delivery) have the potential to combine employment with incidental physical activity. The rise of the gig economy has reshaped current labor markets, allowing millions to participate in flexible, technology-based jobs. Platforms like Uber, Lyft, Spark, Grubhub, DoorDash, Instacart, and TaskRabbit connect workers with consumers through digital apps, providing earnings based on tasks and flexible schedules [25,24]. Unlike traditional jobs, gig work allows individuals to choose when, where, and how much to work, which is especially beneficial for those with obesity-related disabilities or manageable health issues who require adaptable or controlled environments [23,25].

Flexibility is often cited as a key benefit of gig work for individuals with disabilities. Traditional jobs typically involve fixed schedules, limited accommodations, and commuting obstacles that can hinder those with mobility or health issues [37]. Gig platforms offer opportunities by allowing workers to select tasks that align with their abilities and adjust their workload according to their health conditions and time availability [38]. Digital labor platforms, such as gig work, can reduce entry barriers for marginalized workers. For example, the Federal Reserve Bank of Boston (2023) noted that gig employment offers "income-generation opportunities for individuals facing constraints such as disability, caregiving responsibilities, or limited transportation.

A study by the World Bank (2023) highlighted that platform-mediated work allows individuals with disabilities to engage in the labor force on their own terms, bypassing structural workplace barriers and strict attendance policies. Gig work serves as a transitional or supplementary employment option, helping individuals stay connected to the labor force, build work histories, and achieve financial independence [38]. The gig economy contributes to the participation of people with disabilities, including those with obesity, in the workforce, from 22.7%, and helps close the gap between them and those without disabilities, who currently make up 63.9% [38].

Although gig economic work offers certain benefits, it also presents notable barriers to workforce inclusion. For instance, app interfaces that are not compatible with assistive technologies can hinder participation for those with visual or cognitive impairments [24]. Additionally, gig workers often face income instability, lack health insurance, and do not have long-term job security, risks that are especially critical for individuals with chronic health issues [23]. In roles involving physical activity, such as courier or food delivery, occupational hazards like fatigue, traffic accidents, and assaults have been reported.

A survey of 1,650 New York City delivery workers revealed that 22% experienced injuries and 21% experienced assaults, highlighting physical and mental health risks linked to platform-based jobs [26]. The average median hourly earnings of $15-20 before deducting expenses on gas, phone bill, maintenance of vehicle or bike, and mileage are below minimum wage [27].

To reduce or eliminate these barriers, research recommends that policymakers and platform developers improve accessibility, provide voluntary health coverage, and enhance protection for workers, making gig work a more inclusive and sustainable option [26].

Relationship between Gig Work, Physical Activity, and Weight Loss

The link between gig work and physical activity is a relatively recent research focus. Despite that, studies suggest that engaging in specific gig roles, particularly those involving transportation, delivery, and manual tasks, can significantly increase daily energy expenditure, enhance physical activity levels, and contribute to weight management [28]. These benefits are significant for people with obesity-related disabilities, who frequently encounter obstacles to regular exercise and economic barriers in traditional jobs [28]. Many roles in the gig economy naturally involve physical activity that contributes to MVPA. For instance, delivery drivers, rideshare drivers, and couriers often spend considerable time walking, cycling, or transporting parcels [7,25].

A recent study on bike-based delivery workers in major U.S. cities found that couriers averaged over 150 minutes of MVPA weekly, aligning with the CDC's adult physical activity recommendations. Furthermore, using bicycles or scooters for platform-based food delivery can significantly boost daily step counts, with one study reporting up to 12,000 steps per day for active couriers [29,26]. For individuals with mild or mobility-limited disabilities, flexible and intermittent physical activities offer more accessible alternatives to traditional gym routines. Gig work enables participants to incorporate movement into their work, thereby promoting health behavior changes indirectly through economic activity.

Beyond physical movement, gig work can promote psychological processes that indirectly aid in weight management. Earning income through self-managed work has been associated with higher self-efficacy, greater autonomy, and improved mental health, all of which are linked to healthier lifestyle choices. The autonomy provided by gig work enables people to organize their day, striking a balance between rest, physical activity, and meal planning. Additionally, the social and geographic interactions involved in delivery or rideshare jobs can reduce sedentary isolation, a known risk factor for obesity and mental health issues. Digital platforms utilize behavioral tracking technologies, such as route mapping, performance dashboards, and calorie estimates, to support cyclists. These tools enhance awareness of physical effort and encourage ongoing activity [30]. In view of this, gig platforms indirectly act as self-monitoring tools, a key element of behavioral weight-loss strategies.

Another indirect way to do gig work that might support weight loss is by improving socioeconomic conditions. For instance, for individuals with obesity-related disabilities, unemployment and poverty often cause food insecurity and limited access to healthcare. Gig work can provide an additional income, enabling people to afford healthier foods, gym memberships, or community wellness programs. Studies show that even small increases in income can notably improve diet quality and lower obesity risk over time [31]. Nonetheless, behaviors such as consuming more calories and inactivity due to fatigue may negate these advantages [32].

For individuals managing obesity-related disability, gig work offers two main benefits: financial integration and incidental physical activity. The flexible nature of gig work enables people to perform structured, low- to moderate-intensity physical activities suited to their abilities. Additionally, combining gig activities with adaptive exercise routines, such as walking or driving mobility-based rideshare services, could improve long-term energy balance and help maintain weight [31]. These insights underscore the importance of collaborative public health efforts that involve gig platforms, disability organizations, and healthcare providers to facilitate accessible work opportunities that support physical health objectives.

People with Obesity-Related Disabilities who may Participate in Gig Work

Not everyone with obesity related disabilities can participate in gig work. Nevertheless, some people with obesity related disabilities can still work with the gig food delivery companies, especially under the condition that the disability is not severe to moderate and does not seriously hinder their mobility, wakefulness, and walking for short distances. Mild to moderate obesity, in the absence of significant functional limitations, is not uncommon among gig drivers and is usually not a reason for exclusion from employment when those drivers can safely drive and ambulate short distances. Additionally, people with obesity and mild fatty liver diseases may still be able to carry on performing food delivery tasks with no symptoms and stable or improving laboratory findings. In such instances, gig work is usually possible because the condition typically does not cause pain and often results in severe exhaustion or physical limitations [33].

Obesity, associated with controlled high blood pressure, may also be allowed at work if blood pressure is well controlled with medication and lifestyle measures, and provided there is no dizziness, syncope, or intolerance of exertion. As part of this, making sure to rest as frequently as possible and take pacing breaks is recommended to prevent cardiovascular strain [14]. Those who have mild joint pain due to obesity, especially in the knees or the lower back, may also do food delivery work if they can tolerate pain with rest and if the pain is not so debilitating that they cannot walk well for short distances. In these cases, work hours can be limited, stairs can be avoided, and parking at locations near the delivery can be provided to reduce the physical strain [3].

People with obesity and well-controlled type 2 diabetes can also participate in gig delivery work if they do not have complications such as severe neuropathy, vision impairment, or hypoglycemic episodes [13]. Careful scheduling of, taking regular meals, and watching glucose is important to be safe and continue to work [13]. Additionally, people who have obesity-related depression or anxiety, which is stable and well-controlled, might be suitable candidates for gig delivery work, especially since it does not require much social interaction and allows flexible scheduling. When mental health ailments do not affect concentration, judgment, or the safety of driving, then it is usually suitable to participate [39].

[8] provided qualitative evidence that gig work offers flexibility and meaningful work opportunities for people with disabilities, though challenges such as income instability and lack of protection persist. On the challenges of gig work, [26]found in a survey of 1,650 New York City courier workers that 22% reported injuries and 21% experienced assault, underscoring occupational hazards. [40] highlighted the risks of prolonged sedentary behavior among Uber and other app-based drivers, urging gig platforms to promote active breaks to counter obesity risk. Risks such as injury, fatigue, and occupational hazards require careful management and mitigation.

Full-time or high-volume gig work may have negative consequences for claiming disability benefits; it can be interpreted as showing the continued ability to work, which may discourage some people with obesity-related disabilities from participating in it. Part-time or limited gig work or barring would be in a better position to support disability issues if there is documentation of medical evidence of being disabled with a better showing of disabled functioning [41]. Therefore, viable gig economy platform design, accessibility, and health support are crucial for maximizing full benefits for individuals with obesity-related disabilities engaged in the business [42,43].

People with Obesity-Related Disabilities and Workforce Participation

Adults with disabilities experience a disproportionately high rate of obesity and lower participation in the workforce [38,3]. Obesity-related disabilities, such as mobility issues, limit traditional employment opportunities, emphasizing the need for flexible and accessible work options. Obesity remains a primary health concern in the U.S. According to recent data from the National Center for Health Statistics, 40.5% of U.S. adults are classified as obese [3]. Adults with disabilities are more affected by obesity than those without. The CDC reports indicate that 40.5% of adults with a disability are obese, compared to 30.3% of adults without disabilities [3]. This gap is also linked to higher rates of conditions, such as diabetes and heart disease, among adults with disabilities [3].

Multiple factors explain the higher obesity rates among people with disabilities. Physical and functional limitations can reduce opportunities for safe walking or exercising, while specific disabilities may lead to more sedentary lifestyles or mobility issues. Environmental barriers, including inaccessible gyms and a lack of adaptive equipment, as well as economic hurdles, such as lower income and challenges

accessing healthy foods due to transportation issues, food deserts, or limited cooking skills, also increase the risk. Largely, physiological, environmental, and social factors together contribute to this increased risk of obesity among individuals with disabilities [6].

Labor market indicators show notably lower employment rates among people with disabilities. The employment-to-population ratio is 22.7% for people with disabilities, as opposed to 65.5% for those without, indicating lower labor market participation for individuals with disabilities, including the obese [38]. Workforce participation rates for people with disabilities, including the obese, aged 16 plus, is 24.5%, and continue to lag far behind people without disabilities, aged 16 plus, 68.1% in the United States. These data emphasize persistent disparities in employment access and inclusion for adults with disabilities, including the obese. Research and policy analyses identify common barriers that limit workforce participation: physical accessibility issues (inaccessible workplaces and transit), employer bias and discrimination, lack of flexible work arrangements or suitable accommodations, health-related functional limitations, lower educational levels for some subgroups, and misaligned incentives from disability benefits systems [38,3,37,44]. Episodic health issues and comorbidities, including obesity-related conditions, can also interfere with steady employment [38,37].

Obesity can contribute to disability, such as mobility issues and joint problems, and hinder employment due to reduced functional capacity, higher absenteeism, and stigma from employers [4]. On the other hand, unemployment and underemployment can worsen obesity risk factors by decreasing income for healthy foods, limiting access to health resources, and increasing stress [5]. This creates a bidirectional relationship: obesity raises the chances of disability and job exclusion, while unemployment and related social factors also raise obesity risk. Research shows that tackling the obesity–disability–employment link requires coordinated efforts across sectors, including enhancing physical and digital accessibility at workplaces and transit, expanding supported and flexible employment options like gig work, remote and task-based roles, providing access to adaptive physical activity programs and nutritious food, and adjusting disability-benefit rules to prevent penalties for those re-entering the workforce [4,5].

Theoretical Perspectives and Conceptual Framework

The study utilized theoretical perspectives, such as occupational physical activity and incidental exercise [34], as well as behavioral change theories, such as Social Cognitive Theory [35] and the Theory of Planned Behavior [36].

Theoretical Perspectives

a. Occupational Physical Activity and Incidental Exercise Theory [34]

[34] point out that physical activity extends beyond formal gym workouts and includes everyday work-related and incidental activities. These can involve walking during deliveries, cleaning, caregiving, or

other job tasks. This perspective underscores how occupational roles can serve as meaningful sources of physical activity, contributing to overall energy expenditure and weight control. Given this information, it suggests that gig jobs, such as food delivery, offer opportunities for moderate physical activity woven into daily routines. This approach is especially beneficial for individuals with obesity-related disabilities who may encounter obstacles to participating in traditional structured exercise.

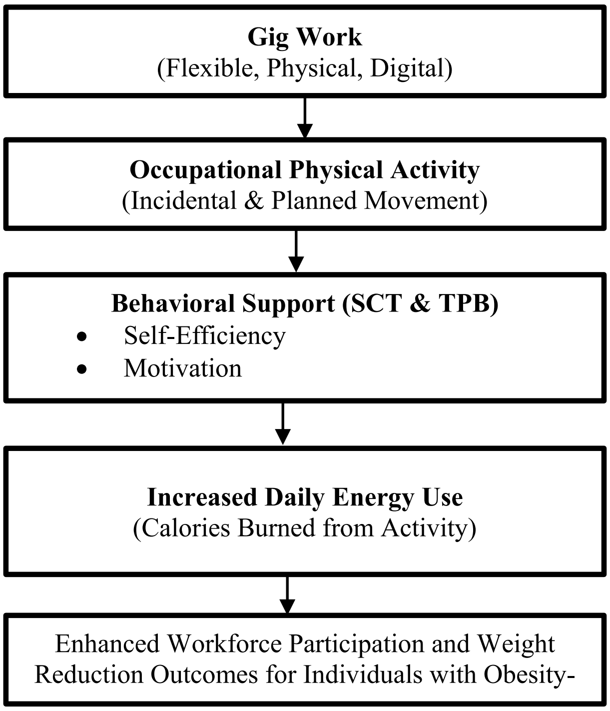
b. Social Cognitive Theory [35]

Bandura's Social Cognitive Theory (SCT) suggests that behavior change results from a complex interaction between personal factors, behaviors, and environmental influences. Its main components include self-efficacy (confidence in one's ability to perform a task), outcome expectations (belief that specific actions will produce desired results), and observational learning (learning by watching others succeed). In the context of this study, SCT indicates that participating in the gig economy may boost self-efficacy among people with obesity-related disabilities by giving them control over their schedules, helping them meet income targets, and enabling physical activity through work activities. Additionally, watching others with similar conditions successfully manage both gig work and health aims can boost motivation and support ongoing behavioral change.

c. Theory of Planned Behavior [36]

The Theory of Planned Behavior (TPB) states that behavior is driven by behavioral intention, which is influenced by attitude toward behavior, subjective norms, and perceived behavioral control. In this study's context, individuals' intention to engage in physically active gig work may increase if they see it as beneficial for both health and income (positive attitude), get encouragement from peers or platforms (subjective norm), and feel capable and supported (high perceived behavioral control) through adaptive job designs and supportive technologies. The gig economy platform serves as an environmental context, providing accessible and flexible job opportunities that incorporate movement and self-paced work for people with obesity-related disabilities. The occupational physical activity theory explains how work-related movement contributes to energy expenditure and weight reduction. Social cognitive theory demonstrates how self-efficacy and observational learning foster confidence and persistence, while the theory of planned behavior clarifies how attitudes, norms, and perceived control shape individuals' intentions. Together, these lead to increased workforce participation and sustainable weight loss outcomes.

Conceptual Framework



Empirical Evidence

The reviewed empirical studies collectively demonstrate the multifaceted relationship between gig work, physical activity, weight reduction, and workforce participation.[45] utilized a cohort design with 87,796 adults from Danish National Health Survey data to explore obesity's effects on employment status, revealing that obesity significantly increased the risk of unemployment and sickness, with hazard ratios of 1.18 and 1.27 for obese and severely obese individuals, respectively. This shows that weight management through gig work may enhance the participation of people with obesity-related disabilities in the workforce. As obesity contributes to employment instability, it becomes a potential driver for participation in gig work, where flexible engagement is possible. Complementing this,[7] found in a quantitative study of 120 adult commuters that walking or cycling for commuting purposes increased daily MVPA by 20–30 minutes, leading to an additional 400 kilocalories of energy expenditure.

[29] demonstrated through a meta-analysis of 98 randomized controlled trials that engaging in ≥150 minutes per week of aerobic exercise, such as walking, resulted in 2.5–4.5 kg weight loss and reductions in waist circumference, indicating the effectiveness of planned physical activity in obesity management. In the context of gig workers' mental and social well-being,[46] showed that motivation for walking from car to restaurant, and customers' houses significantly improved quality of life and well-being among 347 gig workers ($\beta = 0.261$, $p < .001$). Further evidence from[47] suggests that worksite physical

activity programs, such as gig work, may reduce BMI and body composition metrics. [48] found that multiple job holding in gig-like structures promoted workers' health. reviewed 18 studies and showed that behavioral weight-loss interventions combining diet and adapted physical activity, such as walking, led to modest weight loss (1.5–5.0 kg) and increased physical activity over 12–24 weeks.

DISCUSSION

The narrative review underscores the intricate link between gig work, workforce participation, and people with obesity-related disabilities. Adults with disabilities encounter numerous obstacles, such as physical constraints, bias from employers, and poor workplace accommodation, to secure and maintain employment [44]. Obesity further exacerbates these issues by limiting mobility, decreasing endurance, and elevating the risk of chronic illnesses that can hinder full-time employment. These align with previous research highlighting the combined impact of disability and obesity as significant factors contributing to exclusion from the labor market [49,50].

The review highlights the growing role of gig economy platforms, such as Uber, DoorDash, and TaskRabbit etc., in promoting workforce inclusion. For many people with obesity related disabilities, these platforms offer advantages, such as flexible schedules, MVPA, and greater control over work hours, enabling more active participation in the labor market. Nevertheless, they also face challenges, including the lack of employer-sponsored health insurance, irregular schedules, job insecurity, and the absence of formal accommodation systems [51,26,24]. Therefore, while gig work can foster inclusion, it also leaves workers vulnerable to employment instability.

Gig work has the potential to promote physical activity and support weight management. Participating in active gig roles, such as delivery or mobility services, can increase daily MVPA and reduce sedentary periods. These effects can lead to healthier weight maintenance, better overall health, and promote workforce participation for people with obesity related disabilities. Nevertheless, the level of benefit varies based on the specific tasks involved, the length of the work shifts, and how well workers manage their health [52].

Gig-based food delivery platforms, including DoorDash, Uber Eats, and Grubhub, have been characterized as flexible forms of employment. However, despite this flexibility, food delivery work does need a baseline level of physical, cognitive, and functional capacity, which may limit some people with obesity-related disabilities from participating in it. In many cases, delivery drivers are usually expected to sit and drive for long periods of time, frequently enter and exit a vehicle, which many of them may not be able to do. Nonetheless, some delivery drivers walk for short distances between parking areas, restaurants, customers' homes, carry loads that are always light to moderate at about 5 to 20 pounds, and can be alert and safe while operating a motor vehicle, which is good for many people with mild or moderate obesity-related disabilities [53].

As gig workers are treated as independent contractors and not employees, the formal protections that workers have under the Americans with Disabilities Act (ADA) generally do not apply. Nevertheless, people can practice positive self-accommodations, such as working shorter shifts, opting for low-traffic delivery hours, refusing apartment or heavy-stair orders, working from delivery-parking-friendly zones, using wheeled bags for deliveries, taking frequent rest breaks, and foregoing heavy grocery orders to enhance their participation in gig work [54]. In view of the above, it can be said that gig work and related interventions can provide workforce participation or employment and weight management benefits for people with obesity-related disabilities, it also poses unique risks that require supportive structures and tailored policy responses.

Findings

Gig work can lead to MVPA for individuals with mild or moderate obesity-related disabilities, thereby resulting in weight management. Physical activity levels might increase for certain individuals with obesity-related disabilities involved in active gig work, which may lead to quick and excessive weight loss when compared with those with less physical activity. Obesity greatly limits employment participation in several organizations among people with disabilities. However, gig economy platforms offer new avenues for participation for individuals with obesity-related disabilities in the workforce.

Gig work also comes with some challenges, such as injuries, accidents, job insecurity, sedentary lifestyles if one sits for too long, accessibility issues, income fluctuations, and limited health coverage and social benefits, which may discourage individuals with obesity-related disabilities from seeking employment in gig organizations. To reduce these challenges, [55] emphasized that good policies and personalized technologies should be encouraged to enhance gig workers' well-being and promote the participation of people with obesity-related disabilities in it.

Limitations of the Study

While this review consolidates emerging evidence, its scope is limited by the small number of empirical studies focusing on the intersection of gig work, workforce participation, and obesity-related disabilities. Additionally, many of the studies reviewed are cross-sectional, which limits the ability to draw comprehensive conclusions. Regional differences, such as between urban and rural areas, laws, and gender, and their implications on gig work for people with obesity related disabilities, were not explained, which may affect how generalizable the findings are. More so, the study did not identify the percentage of people with obesity-related disabilities who are currently participating in the workforce through gig work and experiencing weight reduction.

CONCLUSION

The increasing overlap between public health, labor economics, and digital innovation highlights gig economy platforms as promising avenues for both employment and wellness support for some people with obesity-related disabilities. The reviewed literature indicates that gig work, especially roles involving active transportation and flexible hours, can boost workforce participation among marginalized individuals with obesity-related disabilities who often face barriers in traditional employment [23,37]. At the same time, physically active gig jobs, such as delivery and mobility services, help increase daily physical activity, supporting MVPA levels that meet CDC weight management guidelines [7,25] and reduce obesity [8].

The combination of economic opportunity and physical activity offers a novel approach to advancing health equity, known as earning while moving. However, the advantages of the gig economy are not universal. Gig workers with disabilities often face barriers such as accessibility issues, income fluctuations, and limited health coverage [24]. While some gig tasks promote physical activity, others are highly sedentary and offer little physiological benefit. To unlock the full inclusive and health-enhancing potential of gig work, deliberate policies, platform modifications, and collaboration among public health groups, disability organizations, and gig businesses are essential.

Participation in the gig economy provides a dual benefit by boosting economic empowerment and physical engagement for adults with obesity-related disabilities. By connecting digital access, physical ability, and employment opportunities, gig work can significantly contribute to workforce inclusion and diversity, and help reduce obesity at the population level, provided that appropriate medical, structural, and policy reforms support it. Furthermore, gig work can improve the participation of individuals with obesity-related disabilities in the workforce. Many people with obesity-related disabilities can engage in work in food delivery gigs, especially if their conditions only involve tiredness, mild pain, or metabolic disorders not impairing alertness, driving, or short-distance walking. Careful self-assessment and medical management, as well as task modification, are the keys to adequate safety and sustainability in gig-based food delivery employment [3].

Recommendations

The following recommendations are offered to support policy and gig platform development to promote workforce participation and weight management for people with obesity-related disabilities:

1. Gig platforms should adopt universal design principles to ensure interfaces work with screen readers, voice commands, and adaptive technologies. Policymakers at the federal and state levels should promote or mandate portable health and disability insurance options for independent contractors, safeguarding gig workers with chronic illnesses. Gig companies like DoorDash, Uber Eats,

etc. could introduce health incentives, such as bonuses for deliveries or steps taken, to align business practices with public health objectives.

2. There is a need to promote collaboration between disability employment agencies and gig platforms, which can help identify job-matching strategies tailored to workers' physical capabilities and preferences. Providing instruction on safe delivery techniques, managing fatigue, and adaptive physical methods can reduce the risk of musculoskeletal injuries in workers with obesity-related disabilities. Increasing availability of online skills training (such as remote data entry and digital marketing) may promote greater inclusion in the gig economy for individuals with various disabilities, including those with obesity and limited physical mobility.

3. There is a need to incorporate activity-tracking tools. Embedding wearable technology into gig apps can enhance self-monitoring and promote awareness of physical activity [30].

4. Public health departments and non-profits could collaborate with gig companies to provide wellness education, health screenings, and nutritional resources to gig workers with disabilities.

5. There is a need to create evidence-based occupational health guidelines for gig workers to improve workload management, lower injury risks, and support long-term participation.

Suggestions for Future Research Directions

The following recommendations are proposed for future research:

1. Future research should focus on the long-term impacts of gig work on body mass index (BMI), mental health, and economic stability for people with disabilities.

2. Future research should analyze active versus sedentary gig roles in rural and urban areas, and gender, which may help identify which forms of digital work better support weight management and physical activity across regions and gender.

3. Future research should explore how gender, socioeconomic status, and disability intersect to enhance understanding of how gigs function differently and impact diverse subpopulations.

Declarations

The following are the declarations for this study:

Ethical Approval and Consent to Participate

Ethical approval and consent to participate are not applicable in this study.

Consent for Publication

Consent for publication is not applicable in this study.

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