

Dietary Habits and Living Arrangements Among Adults with Intellectual Disabilities

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Presenter Disclosures

Sumithra Murthy

- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
 - No relationships to disclose

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Background

- Dietary habits, physical activity and obesity are strong modifiable risk factors for chronic diseases such as cardiovascular diseases, diabetes and some cancers.
- People with ID often have poor dietary habits.
- Living environment exerts a powerful influence on dietary habits and choices, especially in adults with ID.
- Supervision, amount of care/support, nutritional guidance and freedom of choice in different living arrangements affect the dietary intake.

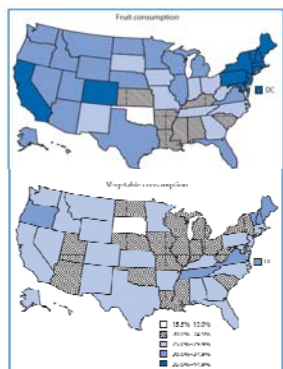
Elinder et al 2010; Draheim et al., 2007; Rimmer & Yamaki, 2006;

Background

- Considerable research in dietary intake differences between adults with ID living in large institutional settings and community settings done.
- Limited research is done on the dietary behavior differences among the different community settings such as living independently, living with family and living in group home settings.

Melville et al 2008; Rimmer et al 2004

State-Specific Trends in Fruit and Vegetable Consumption Among Adults — United States, 2000–2009



Source: Behavioral Risk Factor Surveillance System, 2009

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Research Questions

1. What is the prevalence of the dietary risk behaviors in adults with intellectual disabilities?
2. Do the dietary behaviors among adults with intellectual disabilities vary with the living arrangements?

Methods

- Cross-sectional design: Baseline data (N=1,619) of the Longitudinal Health and Intellectual Disability Study
- Survey Instrument: Longitudinal Health and Intellectual Disability Survey (LHIDS)
- Data collection: Mixed modes (paper or online)



Survey Instrument

- LHIDS was adapted from Behavioral Risk Factors Surveillance Survey (BRFSS) and National Health Interview Survey (NHIS)
- Three sections:
 - ▣ Health & Function (health status, chronic health conditions, physical function, health care access)
 - ▣ Health Behaviors (physical activity, weight control & dietary habits, smoking, alcohol, oral hygiene, social participation)
 - ▣ Sociodemographics (characteristics, employment/day services)

Measures

- Dietary risk behaviors
 - ▣ Inadequate fruit & vegetable intake: <3 servings per day
 - ▣ High cholesterol/fat intake: ≥3 servings per day
 - ▣ Fast Food consumption: ≥1 time per week
 - ▣ Unhealthy snacking (e.g., potato chips, corn chips, pretzels): ≥1 time a day
 - ▣ Sweetened soda drinking: ≥1 can (12 oz) per day
 - ▣ Table salt addition to food: Most or all of the time

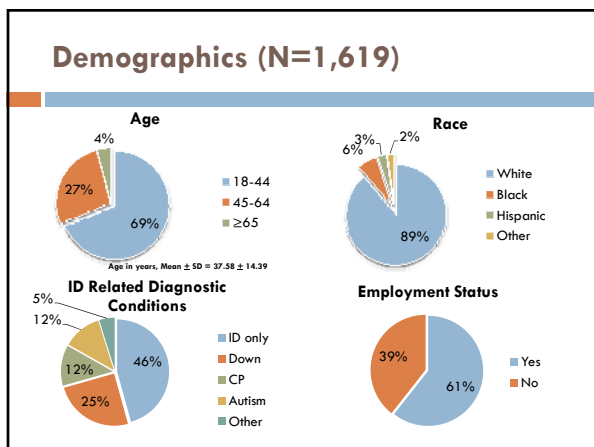
Measures

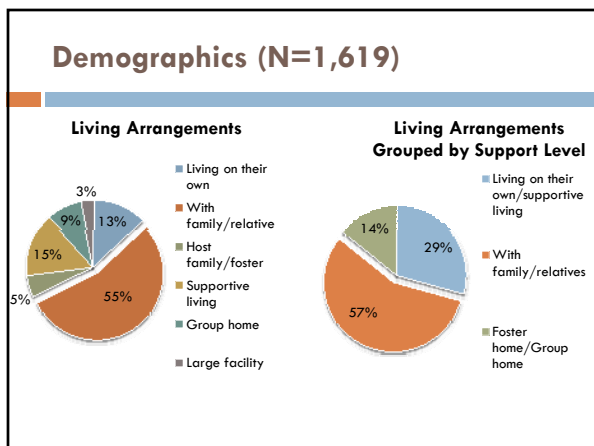
- Living Arrangements by Support Level:
 - ▣ Living independently (living on their own/supportive living)
 - ▣ Living with family/relatives/guardian
 - ▣ Living in a foster home/group home

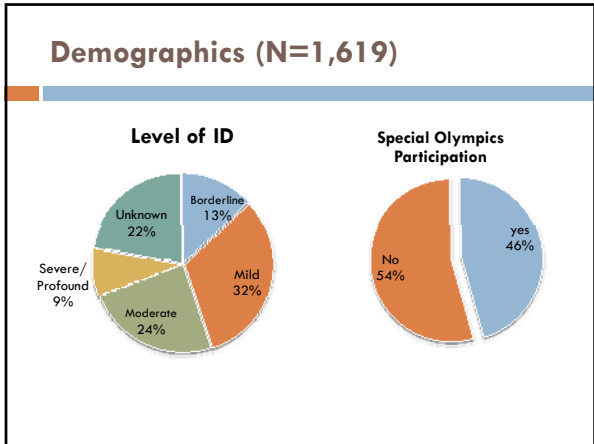
Data Analysis

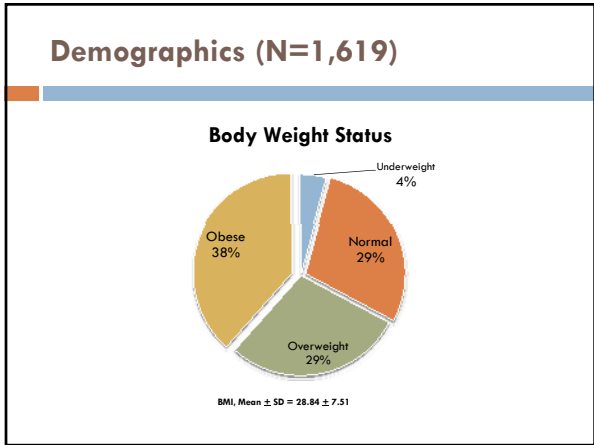
- Research question 1
 - ▣ The prevalence of the dietary risk behaviors
Frequencies
- Research question 2
 - ▣ Dietary Risk Behavior by Living Arrangements
{Chi Square test}

Demographics





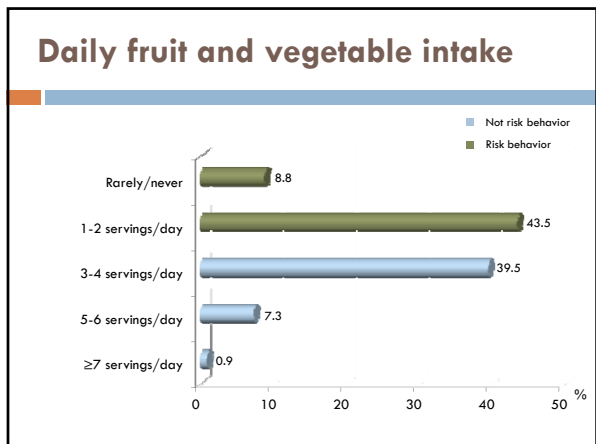


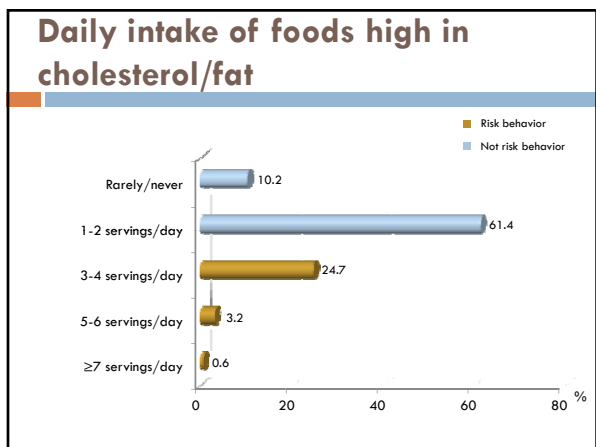


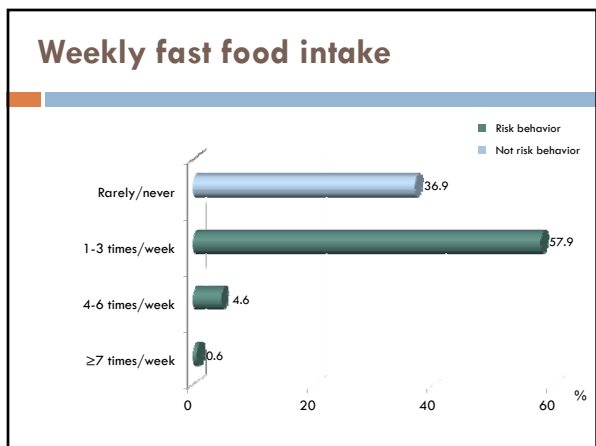
Results

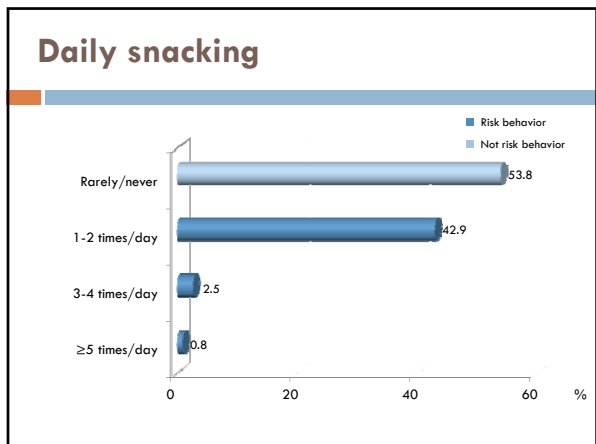
Results

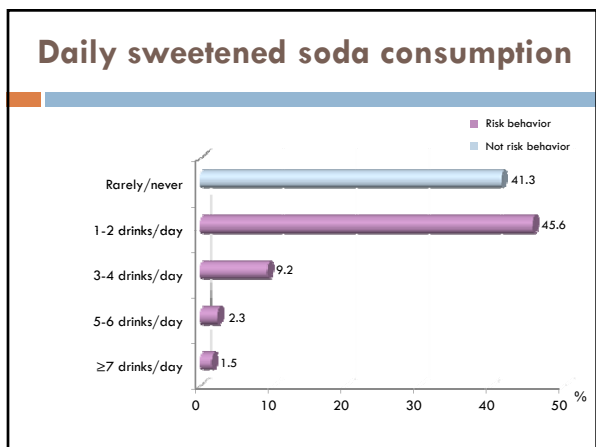
RQ #1
What is the prevalence of the dietary risk behaviors in adults with ID?

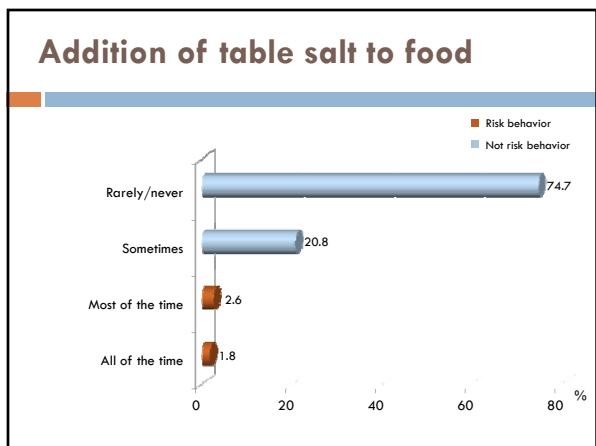


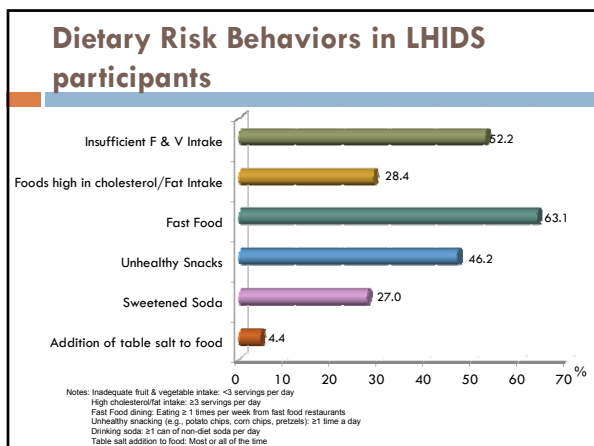








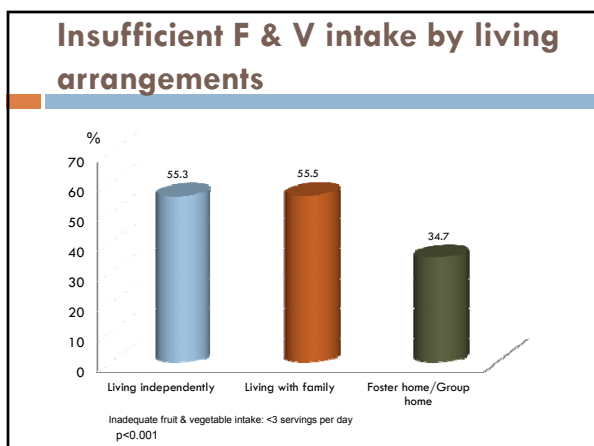




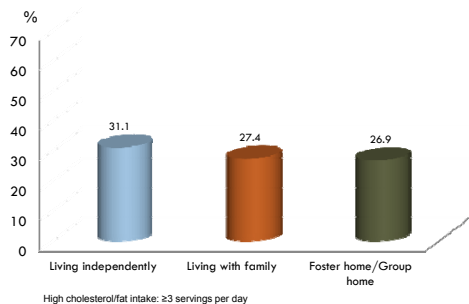
Results

RQ #2

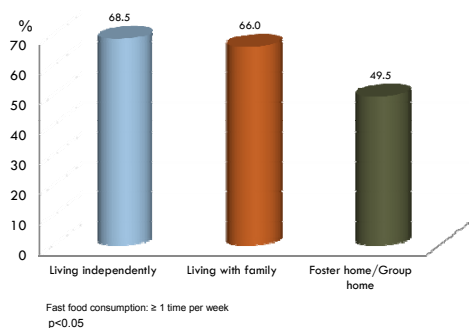
Do the dietary behaviors among adults with ID vary with the living arrangements?



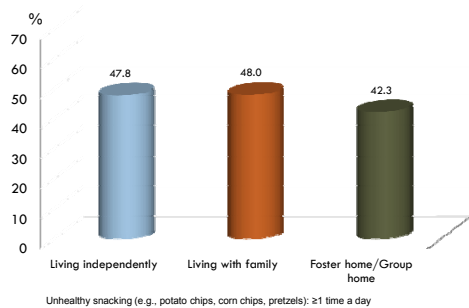
High cholesterol/fatty foods intake by living arrangements



Fast food consumption by living arrangements



Snacking by living arrangements



Sweetened soda drinking by living arrangements

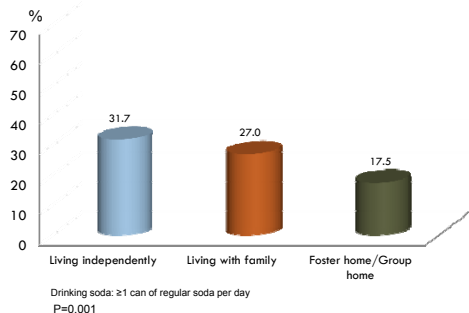
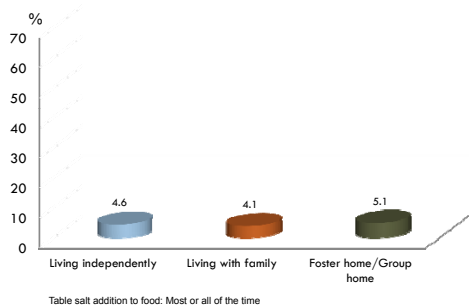


Table salt addition to food by living arrangements



Conclusion

- Adults with ID who lived independently or with family, as compared to those who lived in a foster/group home, were more likely to have
 - an inadequate daily intake of fruits and vegetables,
 - more sweetened soda consumption,
 - more fast food intake

Limitations

- Record bias
- Limited racial diversity in the sample population
- Cross-sectional survey

Recommendations

- Programs promoting health by targeting healthy dietary habits and choices are needed, especially those who live independently or with family
 - Education of adults with ID and their caregivers on dietary practices
 - Provision of support to adults with ID and their caregivers
 - Assessment of needs
 - Dietary planning
 - Follow-up

Website and Contact Information

- RRTC on Aging with Intellectual/ Developmental Disabilities: Lifespan Health and Function: <http://www.rrtcadd.org>
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