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Human Services
Research Institute

Overweight and Obesity among Adults with Intellectual Disability

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Background

- ▶ Available research suggests that adolescents and adults with intellectual disability have higher prevalence of overweight and obesity than the general community.
- ▶ The present study is the first US study to report BMI-based data for a large (over 8,000) twenty-state sample of adult ID/DD service users with intellectual disabilities.

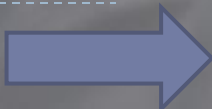
National Core Indicators (NCI) (adult users of state ID/DD services)

- ▶ Collaboration between :
 - ▶ *National Association of State Directors of Developmental Disabilities Services (NASDDDS)*
 - ▶ *Human Services Research Institute (HSRI).*
 - ▶ www.nationalcoreindicators.org
- ▶ NCI data gathered **annually** with a common instrumentation package:
 - ▶ Data on **weight** and **height** collected for the first time in 2008-09 enabled **BMI** to be calculated
- ▶ Data collected on a **random sample** of each state's service users (minimum 400).

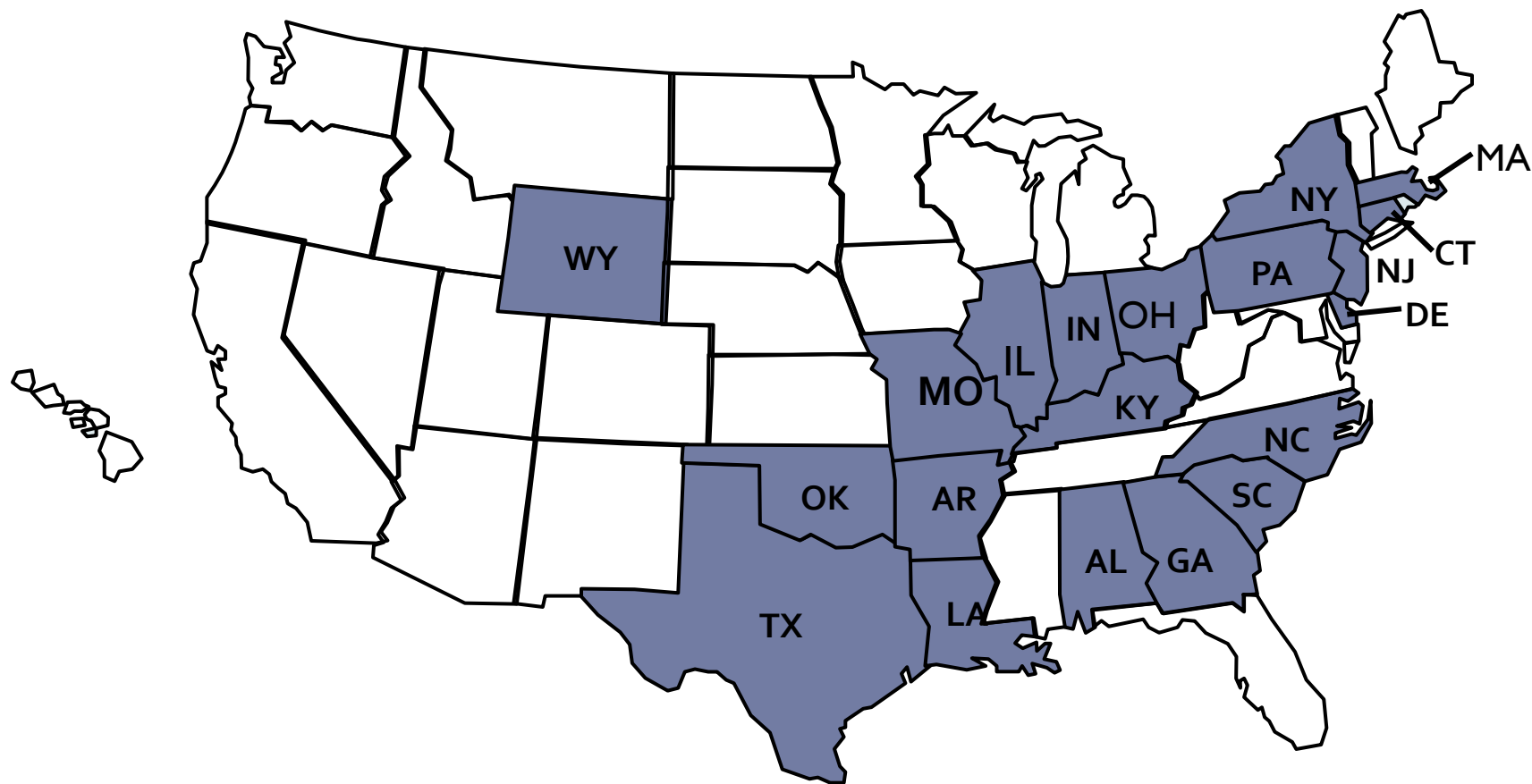


BMI Status

- ▶ ***underweight*, BMI < 18.50**
 - ▶ ***normal weight*, $18.50 \leq \text{BMI} < 25.00$**
 - ▶ ***overweight*, $25.00 \leq \text{BMI} < 30.00$**
 - ▶ ***obese*, BMI ≥ 30.00**
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- ▶ **Compared 8,911 NCI participants (age 20+) from 20 states with 2007-08 U.S. general population comparison data (age 20+) from:**
 - ▶ **Flegal K.M., Carroll, M.D., & Ogden C.L., & Curtin L.R. (2010). Prevalence and trends in obesity among US adults, 1999-2008. JAMA, 303(3), 235-241.**

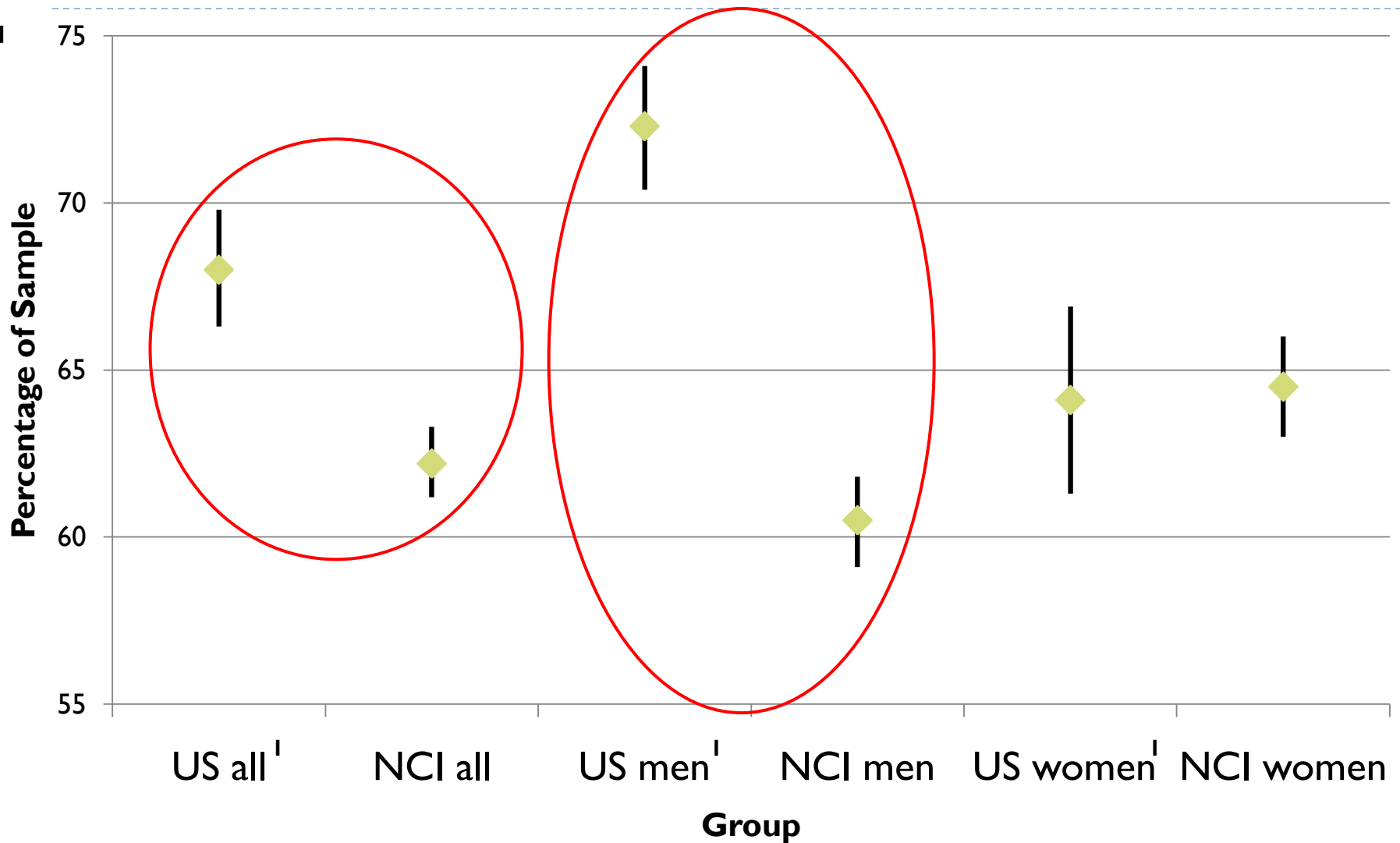


NCI: 20 Participating States 2008-09



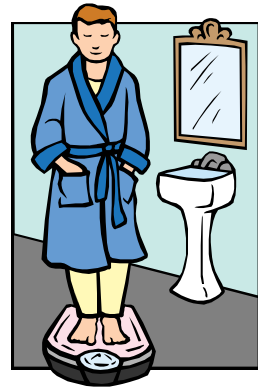
% Overweight and Obese (BMI ≥ 25.0):

Means and 95% CI, US vs NCI

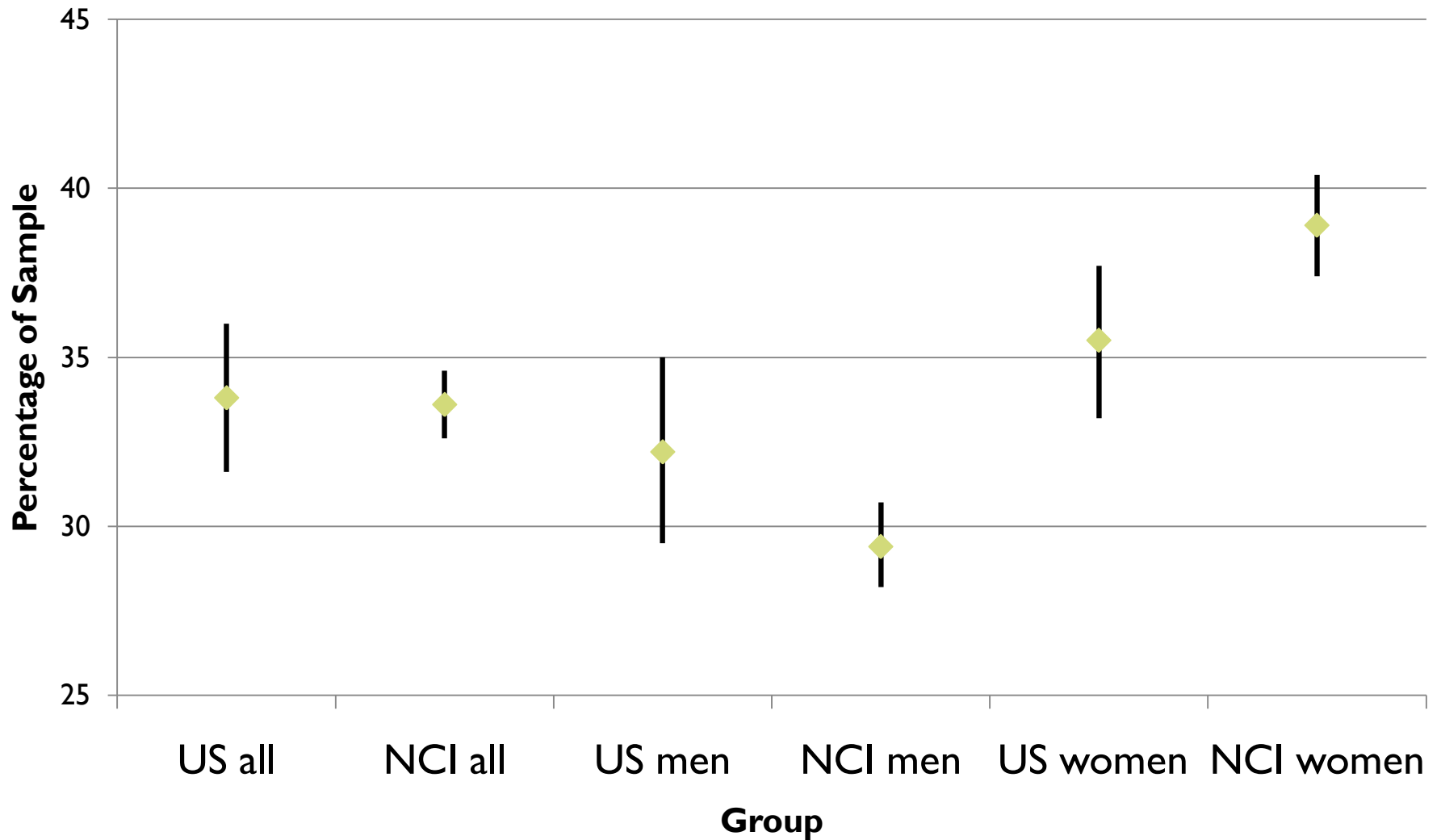


Overweight and Obesity (BMI ≥ 25.0)

- ▶ NCI sample vs. U.S. general population
- ▶ All people
 - ▶ NCI (62.2%) significantly **less** than US (68.0%)
- ▶ Men
 - ▶ NCI (60.5%) significantly **less** than US (72.30%)
- ▶ Women
 - ▶ NCI (64.5%) not significantly different from US (64.1%)



% Obese (BMI \geq 30.0): Means and 95% CI, US vs NCI



Obesity (BMI \geq 30.0)

- ▶ NCI sample vs. U.S. general population
 - ▶ **No significant differences in obesity prevalence**

- ▶ All people
 - ▶ NCI (33.6%) US (33.8%)

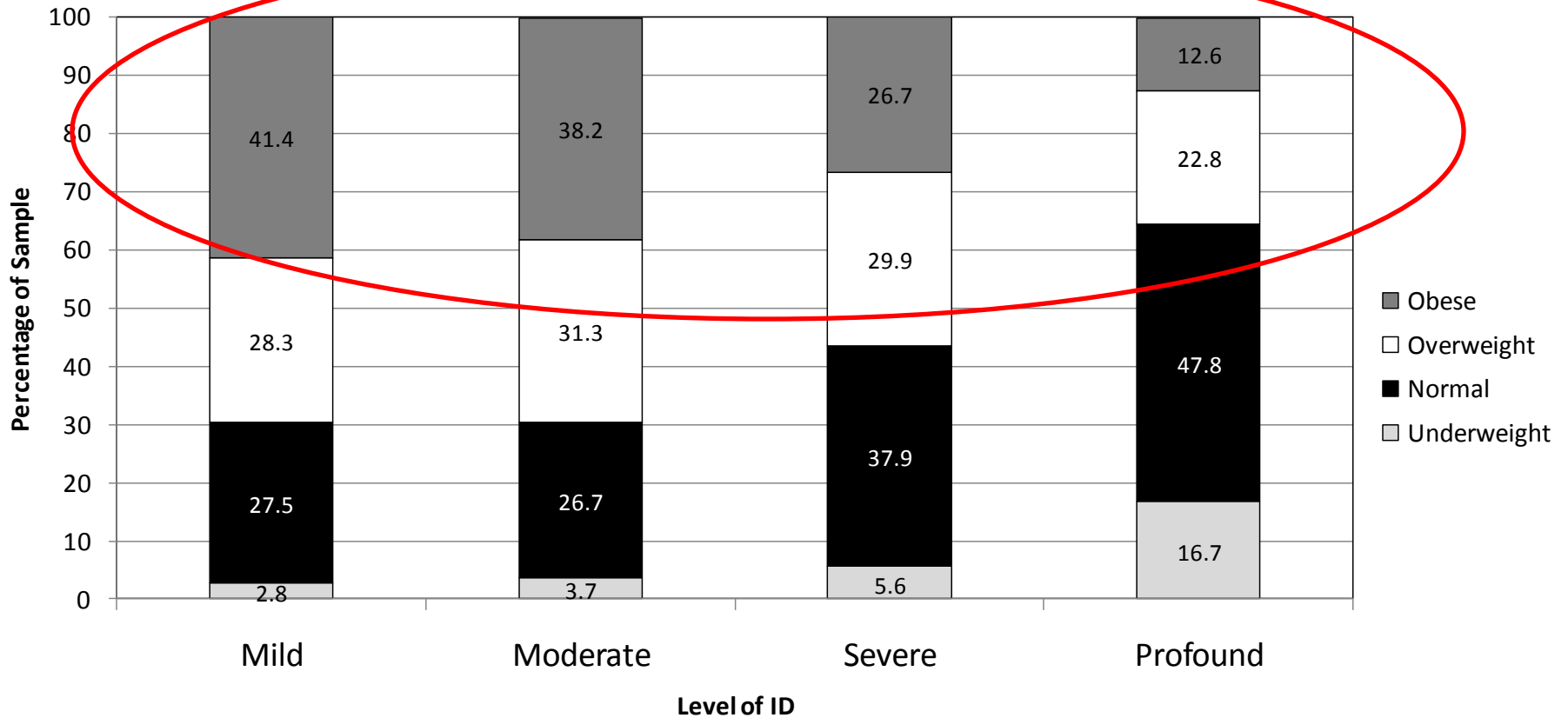
- ▶ Men
 - ▶ NCI (29.4%) US (32.2%)

- ▶ Women
 - ▶ NCI (38.9%) US (35.5%)

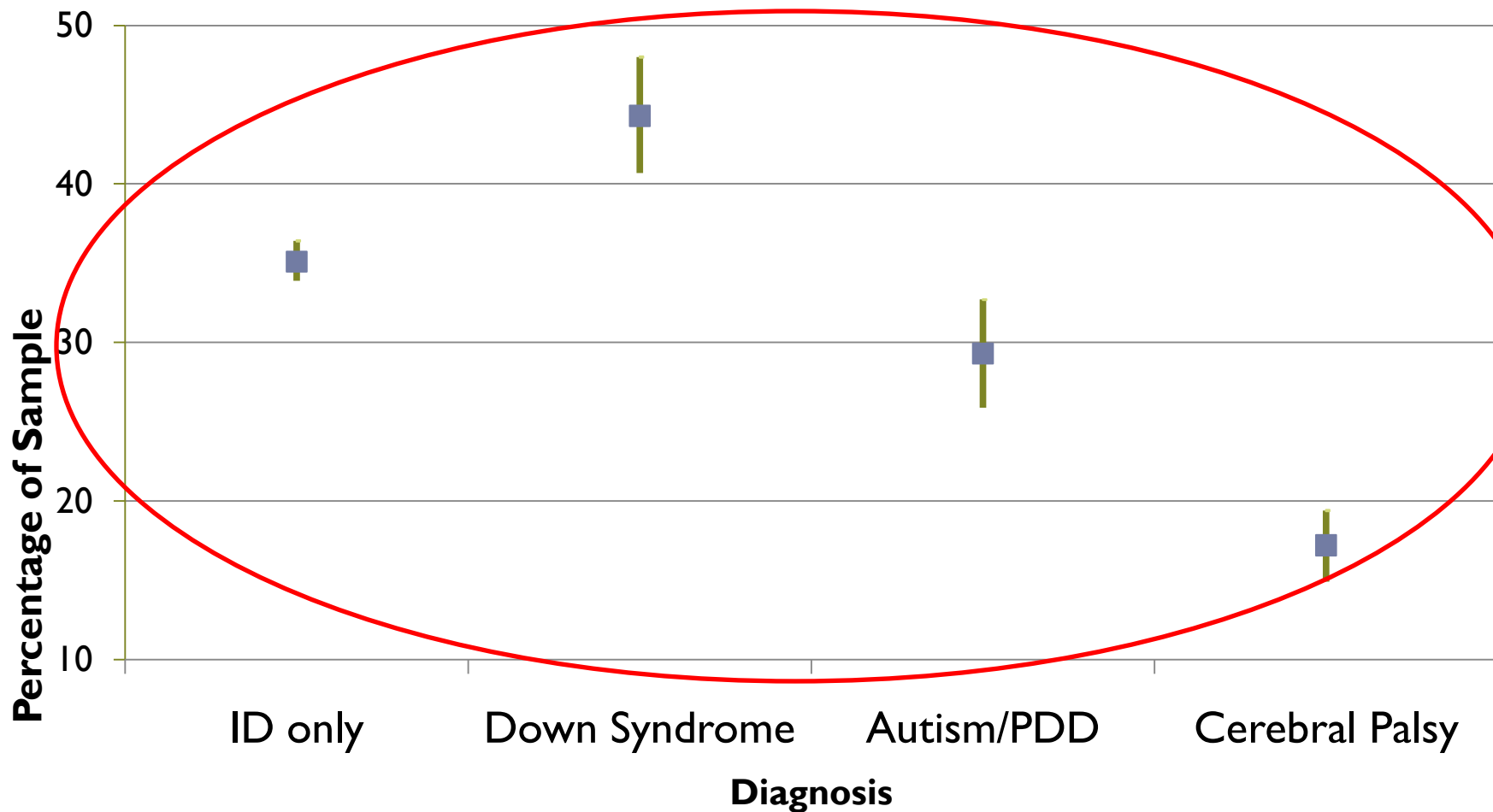


Obesity (BMI ≥ 30.0) by Level of ID

Mild & Moderate > Severe > Profound



% Obese by Diagnosis and 95% CI (BMI ≥ 30.0)



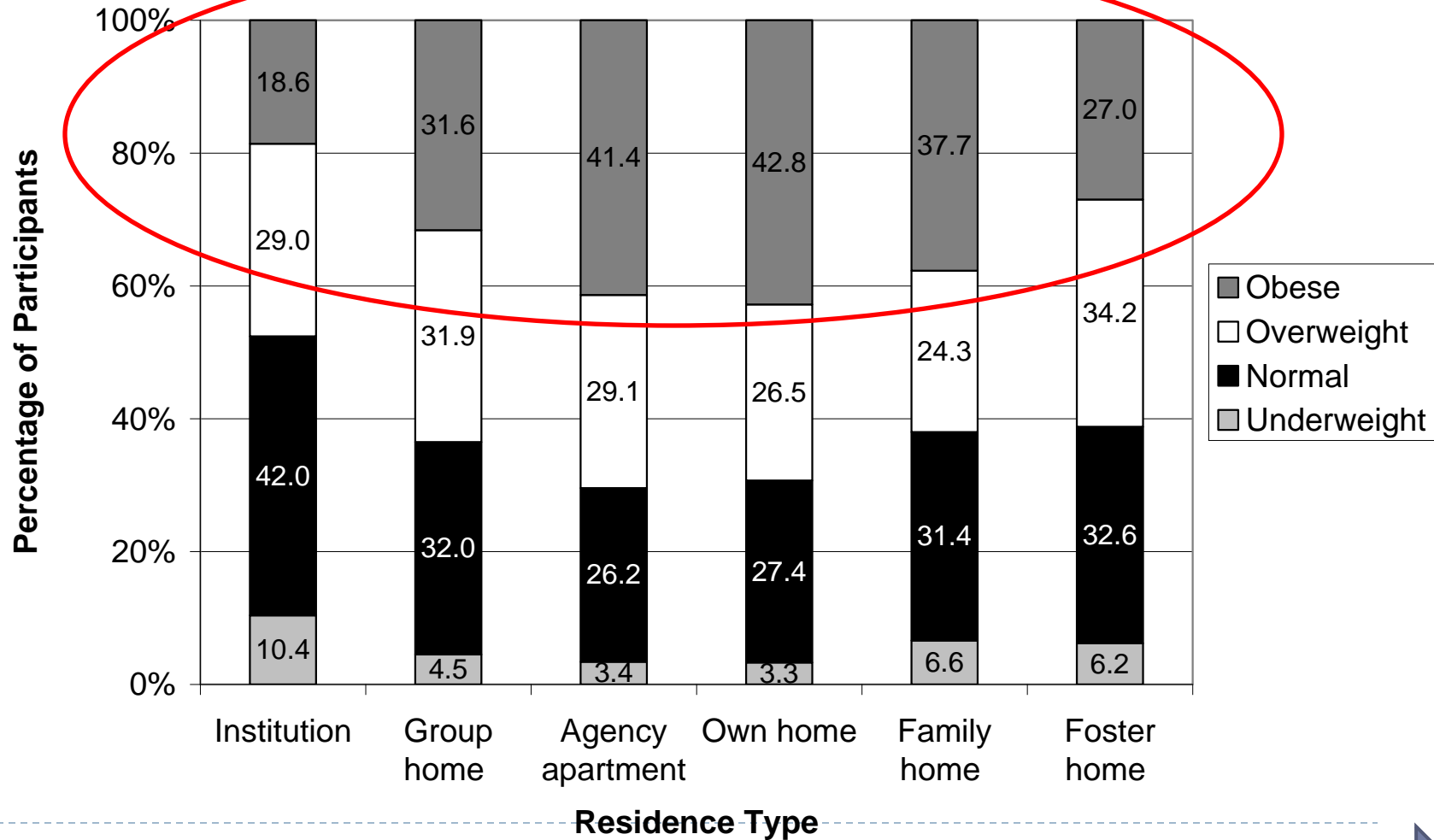
% Obesity By Diagnosis



Adults with Down syndrome had the highest prevalence of obesity and individuals with cerebral palsy had the lowest.



% BMI Category by Residence type: All participants



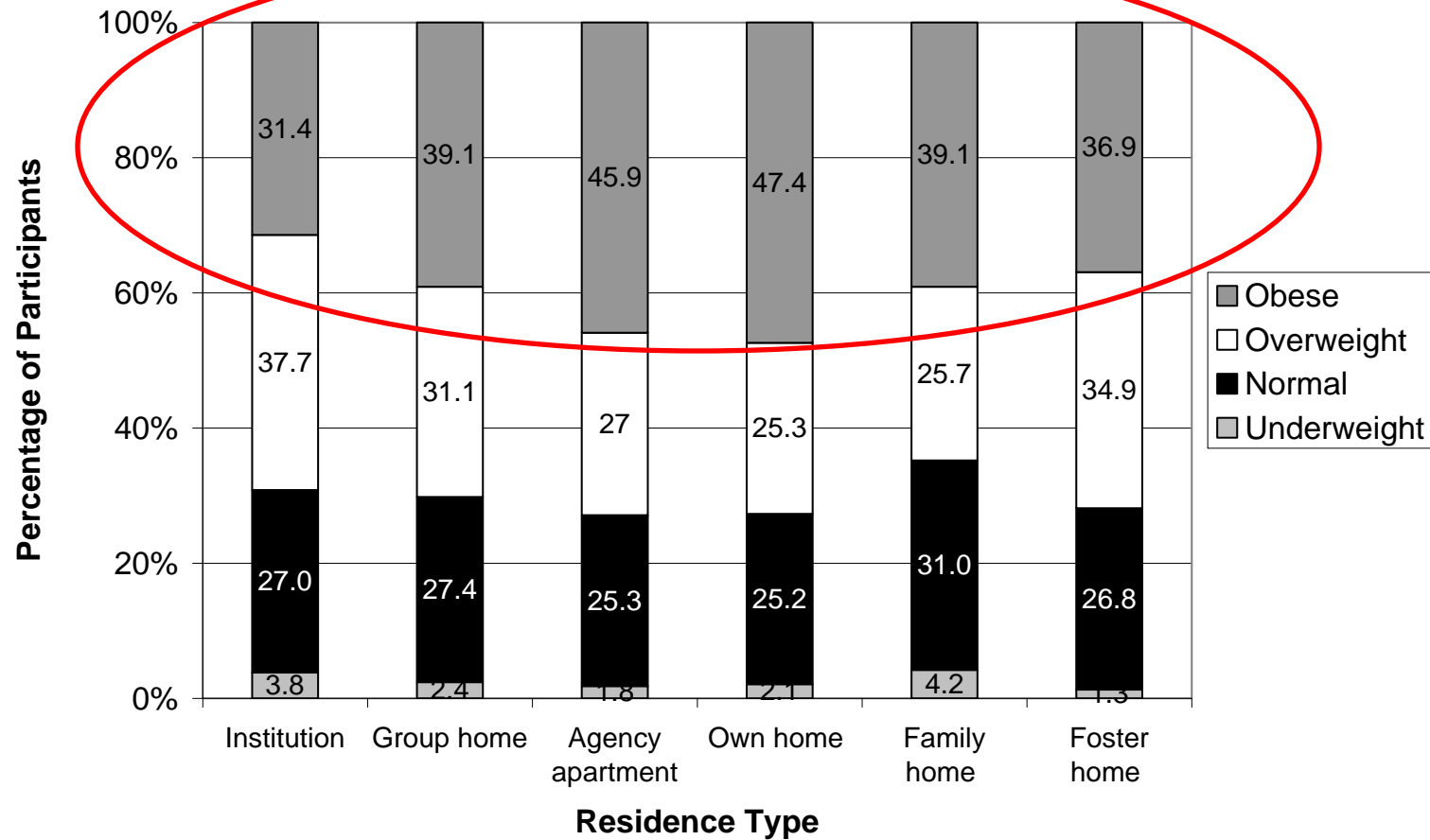
% Obesity by Residence type



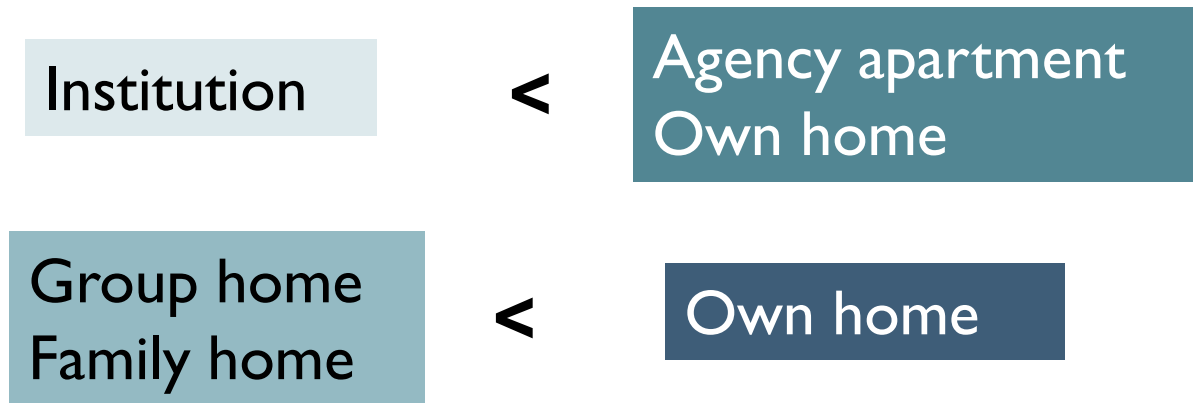
- Institution residents had the lowest prevalence of obesity and people living in their own home had the highest .
- However there were substantial differences in personal characteristics, such as level of intellectual disability, between living arrangements.



% BMI Category by Residence Type: Mild ID only



% Obesity by Residence Type: Mild ID only



- Although differences between living arrangements in obesity prevalence remain, the differences are much smaller when level of intellectual disability is controlled.
 - For example, among people with severe ID there were ***no significant differences*** between living arrangements in obesity prevalence.
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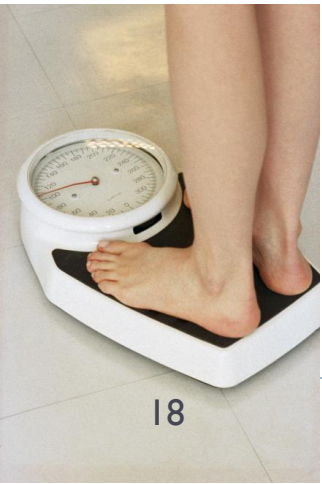
Conclusions

- ▶ **Overweight and obesity are serious health issues for American adults with and without ID.**
- ▶ **Adults with ID mostly did not differ from the general US adult population in prevalence of *obesity*.**
 - ▶ **For *overweight and obesity combined* fewer adults with ID were affected than the general population**
- ▶ **There was a higher prevalence of obesity among women with ID than among men with ID.**
- ▶ **Level of ID was strongly related to obesity prevalence; individuals with milder ID were more likely to be obese.**



Conclusions

- ▶ Obesity prevalence differed by living arrangement, with *institution* residents having the lowest prevalence and people living in their *own home* the highest.
- ▶ When level of ID was taken into account, these differences between living arrangements were reduced, but some remained significant especially for individuals with milder disability.



Conclusions

- ▶ We have shown elsewhere that smaller, less regulated settings, such as living in one's own home, are consistently associated with desirable outcomes:
 - ▶ greater wellbeing
 - ▶ greater choice
 - ▶ less loneliness
- ▶ whereas institutions are associated with poorer outcomes.
- ▶ Finding effective ways for people to maintain a healthy weight while living in **community settings of their choice** presents a challenge for all Americans, both those with and without ID.

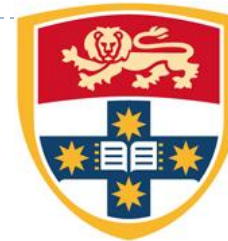


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