



# Understanding Health Behaviors and Outcomes among Individuals with Intellectual Disabilities: Current Issues and Future Directions

Webinar, June 2010

# University of Illinois at Chicago

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- Department of Disability and Human Development
- Rehabilitation Research and Training Center on Aging with Developmental Disabilities (RRTCADD)

“The RRTCADD seeks to enhance the health, function, and full community participation of adults with intellectual and developmental disabilities across the lifespan”

# Research Team

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# Outline of Webinar

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- Examining trends regarding the health status and health behaviors of adults with intellectual disabilities (ID)
- Health problems in adults with ID
- Longitudinal Health and Intellectual Disability Study: Taking action to address health needs
  - Ways in which Easter Seals can collaborate

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# Health Problems in Adults with ID

Kelly Hsieh, Ph.D.

# What do we know?

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## Mortality

- Individuals with ID have a higher mortality rates greater variety of health care needs compared to their peers in the general population. (US DHSS 2002).

## Health Care Utilization

- Adults with ID do not access medical providers as often as the general population; nor do they receive equal rates of health promotion or preventive services (Krahn et al 2006)

# What do we know?

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## Morbidity

- Individuals with ID have a greater variety of health care needs compared to their peers in the general population (US DHSS 2002).
- Adults with ID are at a high risk for CVD due to elevated blood lipids, high rates of hypertension, and obesity (Beange et al., 1995; Draheim et al 2002; Traci et al., 2002)
- Poor dental health and increased incidence of gum disease near 2 times higher than in the general population (Horwitz et al. 2000)

# What do we know?

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## Morbidity

- Poor bone health in adults with ID due to use of anticonvulsants, low sunlight exposure, poor dietary intake of calcium/Vit. D, and hormonal changes (Santos-Teachout et al., 2002).
- Gastrointestinal problems, including diarrhea and constipation, in adults with ID living in the community (Traci et al., 2002) and in institutional settings (Bohmer et al., 2001).

# What do we know?

## Nutritional Status

- Adults with ID have shown a bimodal distribution of body weights outside the normal range: over- and under-nutrition. (Humphries et al 2009).
- Both underweight and overweight are more prevalent among adults with ID.

# What do we know?

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## Health Risks

- Adults with ID are more likely to lead sedentary lifestyles (Draheim et al., 2002; Haverkamp et al., 2004; McGuire et al., 2007; Robertson et al., 2000; Seekins et al., 2005).
- Poor dietary habits such as consumption of less fruits and vegetables.

# What do we know?

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## Residential Setting

- Adults with ID are more likely to lead sedentary lifestyles (Draheim et al., 2002; Haverkamp et al., 2004; McGuire et al., 2007; Robertson et al., 2000; Seekins et al., 2005).
- Poor dietary habits such as consumption of less fruits and vegetables.



# Obesity

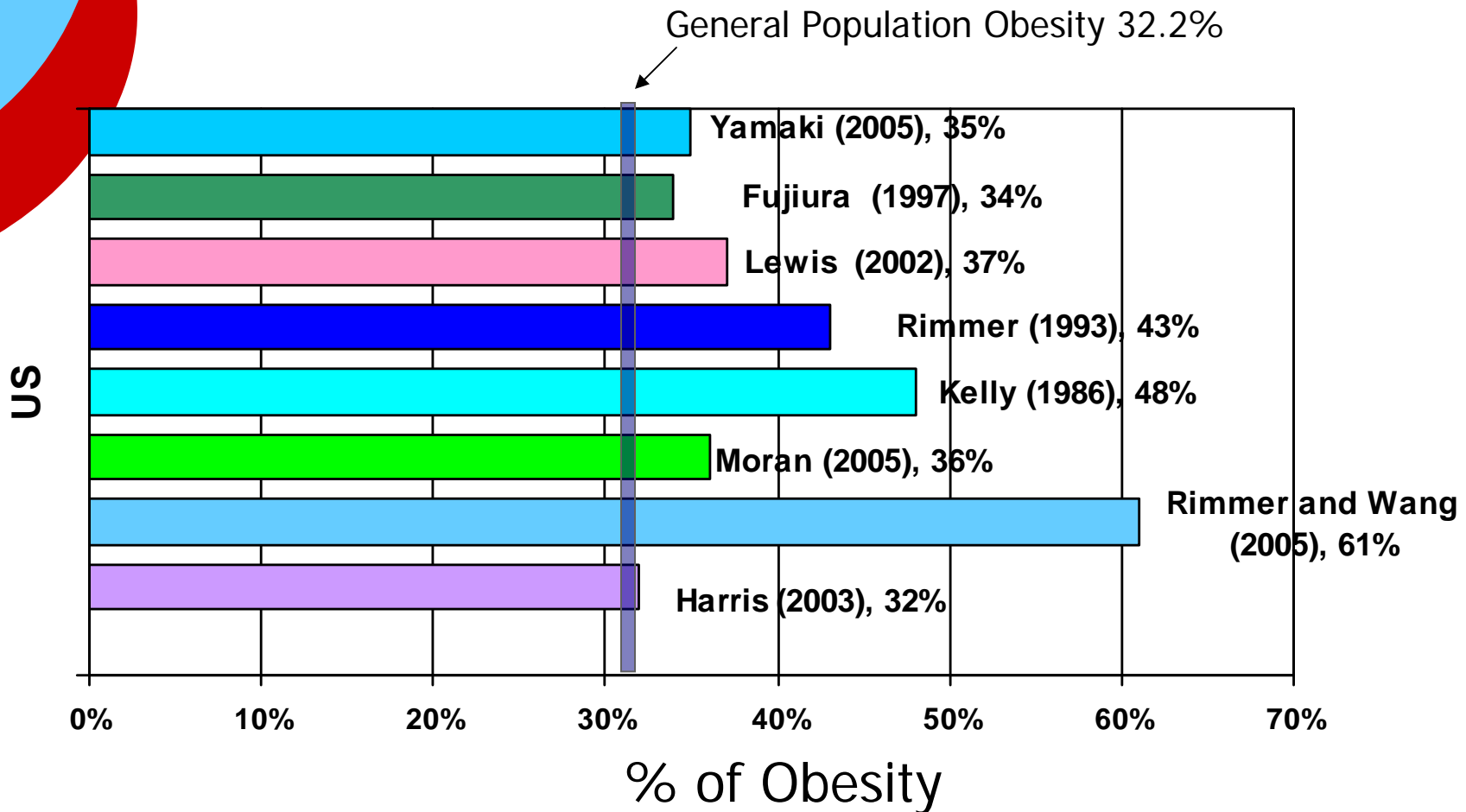
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James H. Rimmer, Ph.D.

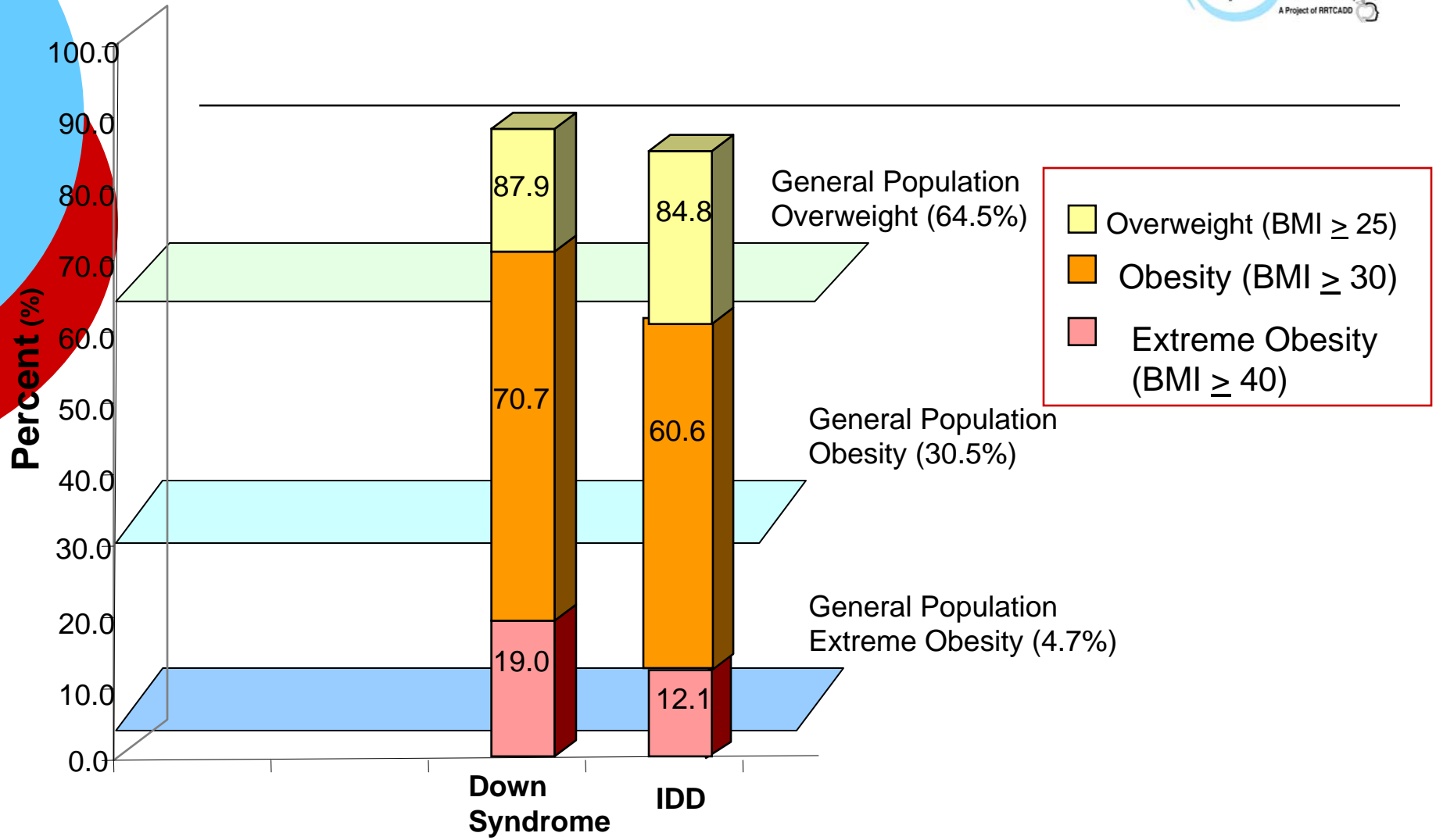
# Prevalence of Obesity among US Adults with ID



(Rimmer & Yamaki, MRDD Res. Rev 2006;12:22-27)

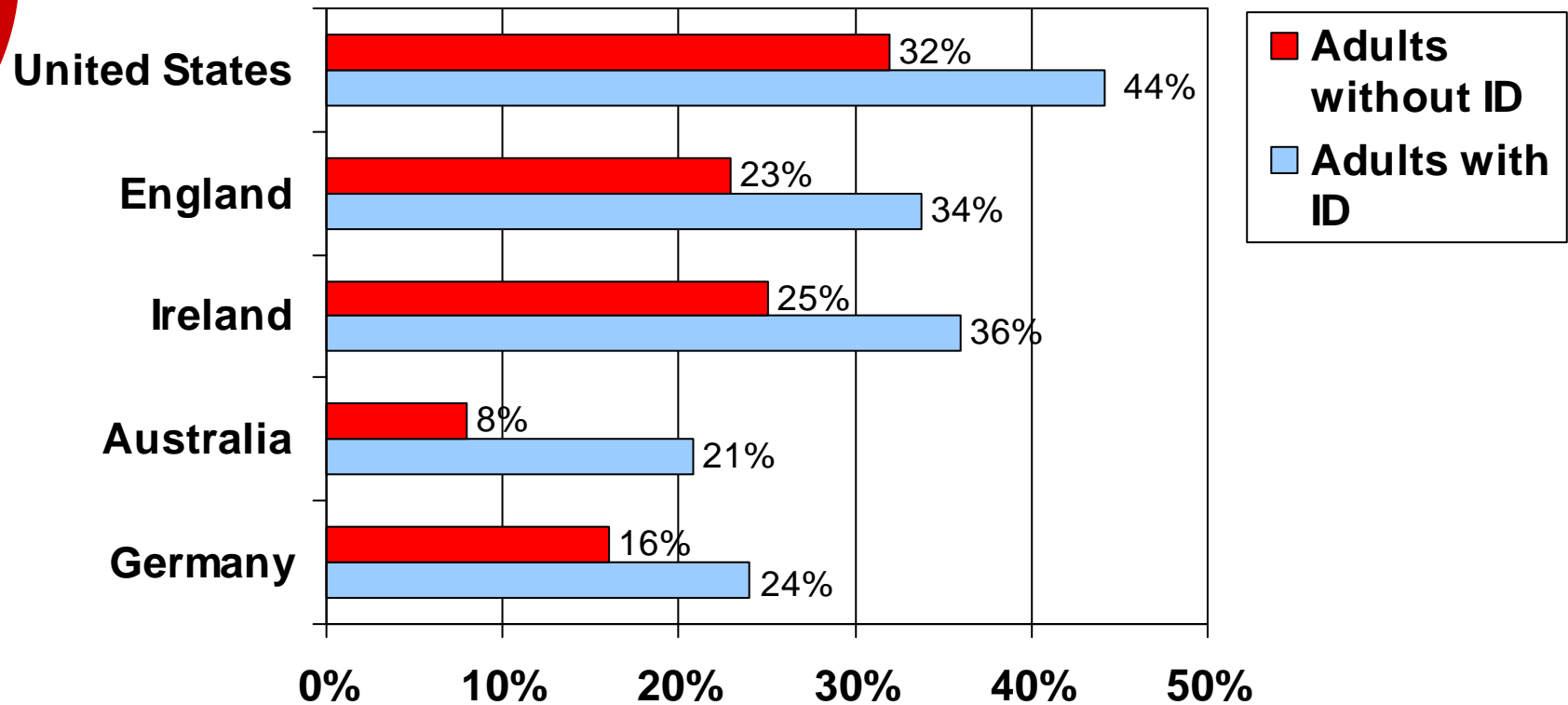


# Prevalence of Overweight, Obesity, Extreme Obesity in Adults with Down Syndrome and ID (non-DS)

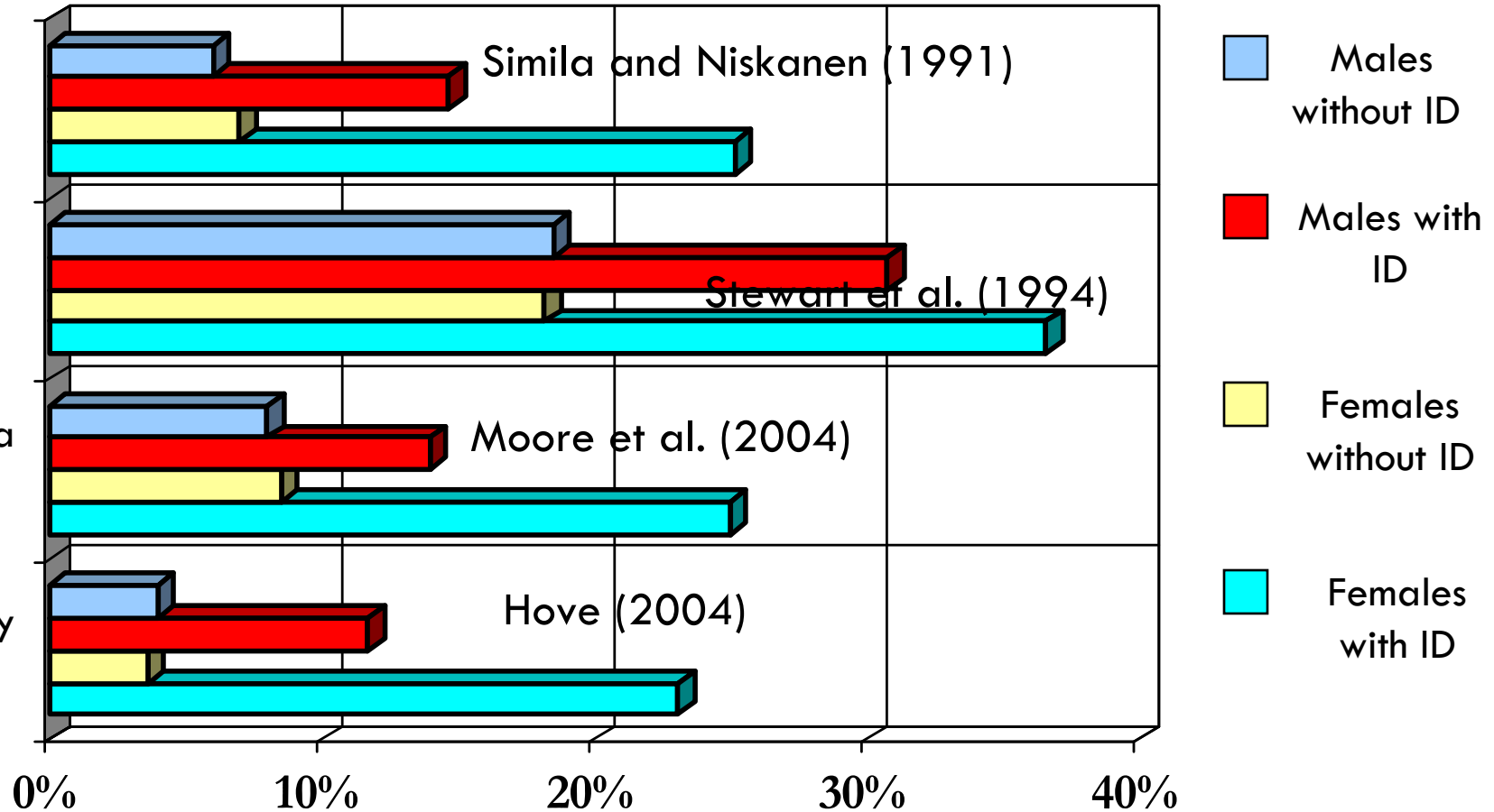


Rimmer JH, Wang E. Arch Phy Med Rehabil 2006;86:1461-1464

# International Research on Obesity Prevalence in Adults with ID

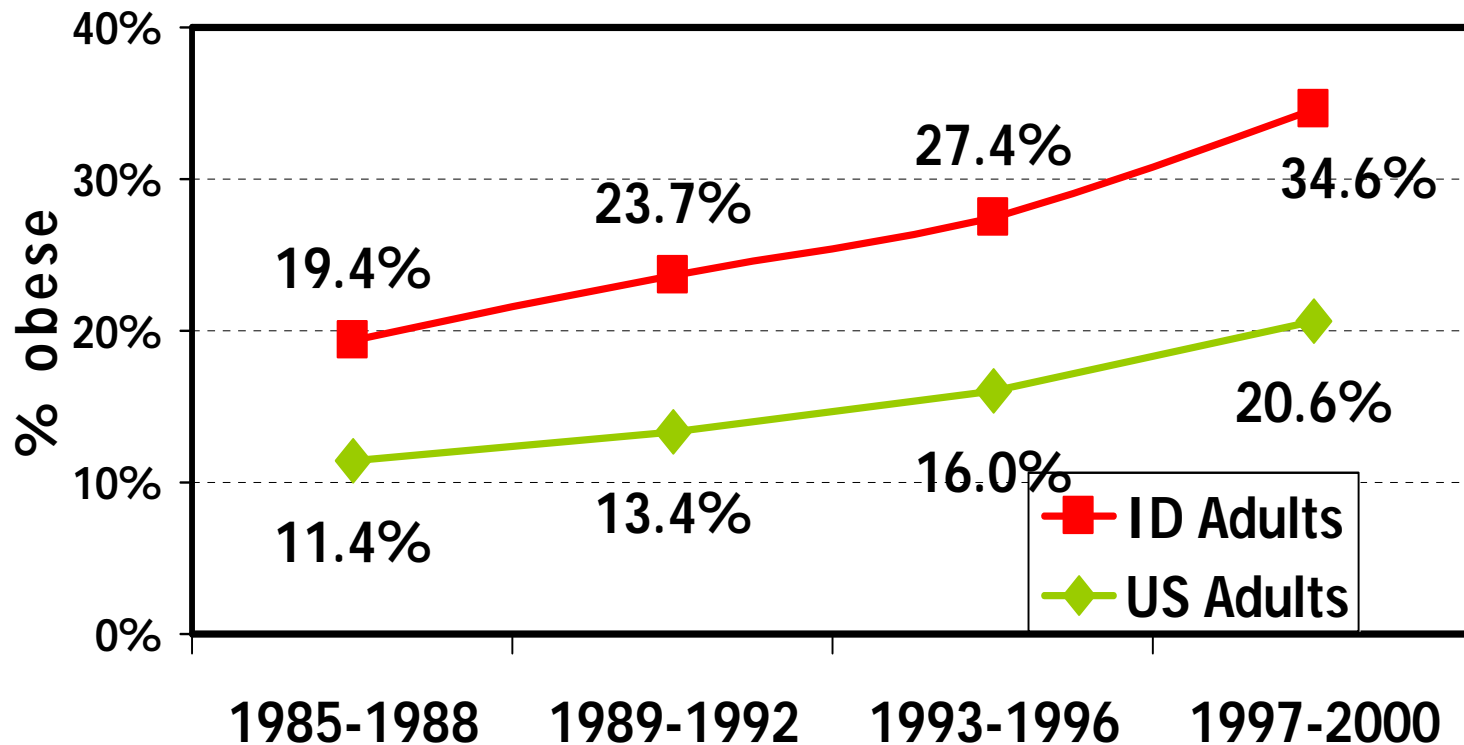


# International Research on Obesity Prevalence in Persons with ID



# Obesity Trends in ID (US)

## Increasing Trend of Obesity

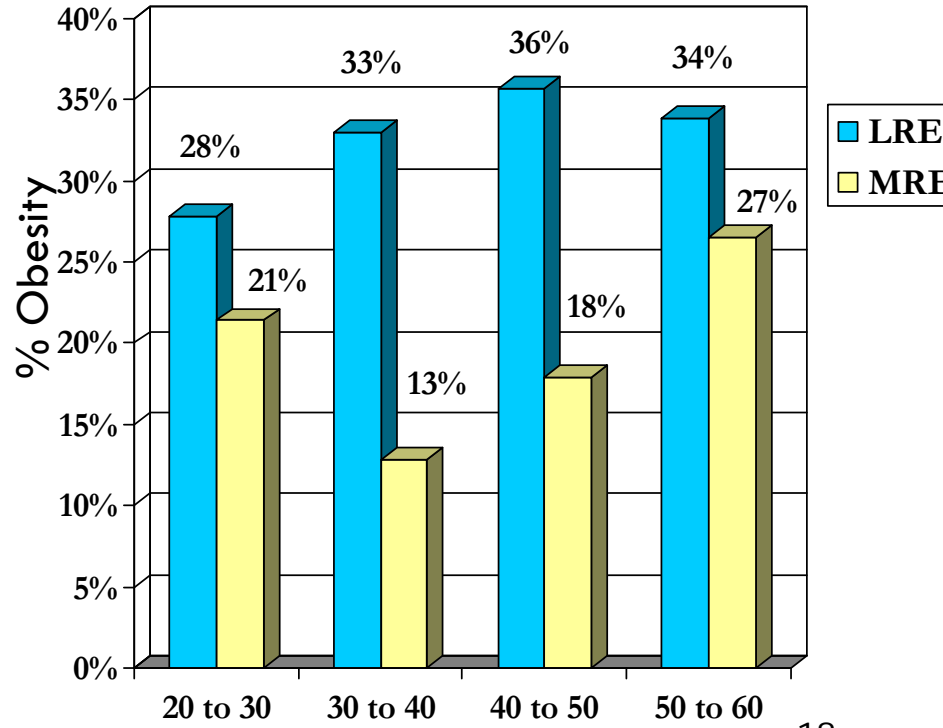
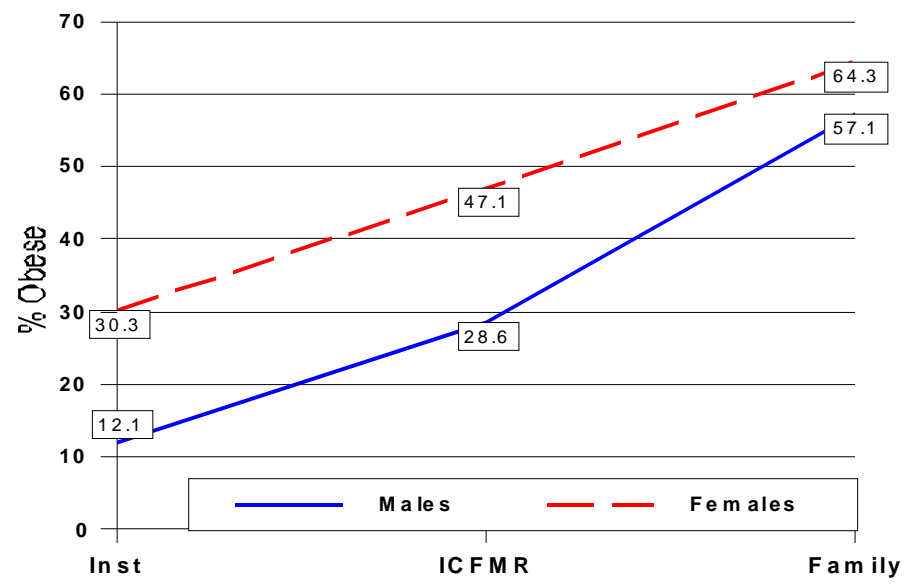


Yamaki K. Ment Retard 2005;43:1-10

# What is the impact of the environment on the health status and health behaviors of adults with ID?

Rimmer et al. *Ment Ret.*  
1995; 16:489-499

Moran et al. *Obes. Res.*  
2005; 13:342-349



# Sociological/Demographic Shifts

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- Emphasis on community living
  - More exposure to “health risks” than segregated living environment.
- Respect on “making choices” and “taking risks”
  - Ability to make educated decisions.
- Increased longevity
  - More risk of age-related chronic and secondary conditions.
- Greater interest in health promotion

# Gaps in Health Promotion Research

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- Good proximal outcomes (short-term change in health behavior) but limited data on distal outcomes (i.e., health and function biomarkers).
- Lack of clear and consistent data on various secondary conditions and their effects on overall health and function.
- No systematic framework for capturing and organizing national data sets on various health behaviors (i.e., physical activity, nutrition).
- Lack of standardized, objective instruments to measure health behaviors (i.e., PA, diet), secondary conditions, and environmental factors.

# Gaps: Person-environment factors and their potential impact on secondary conditions in adults with ID

## PERSONAL FACTORS

- Primary impairment
- Level of severity
- Motor skills
- Co-morbidities
- Obesity
- Aging
- Physical activity
- Dietary habits
- Tobacco use
- Medications
- Drug use
- Personal Hygiene
- Oral Hygiene
- Sexual Activity and abuse

## ENVIRONMENTAL FACTORS

- Stressful life changes
- Living arrangements
- Changes in living arrangements
- Turnover of personal assistants
- Exposure to toxins
- Service and support quality
- Assistive aids
- Transportation

## LIMITATION DUE TO SECONDARY CONDITIONS

- Communication difficulties
- Weight problems
- Physical conditioning problems
- Fatigue
- Equipment related injuries
- Gastrointestinal problems
- Urinary tract infections
- Arthritis
- Pain
- Depression
- Sleep disturbance
- Mobility problems
- Injuries to self
- Care-related injuries
- Respiratory Problems

# Contact Information

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<http://www.rrtcadd.org/>