

# *A focus group to explore people with learning disabilities perspectives on healthy eating*

## **WHY DID WE DO THIS?**

The Learning Disability population is known to have a higher proportion of people who are overweight and obese than the general population, The Valuing People White Paper (DH, 2001) discussed the need to provide additional help with diets for people with Learning Disability.

## **What did we do?**

We (Sussex Partnership Brighton & Hove CLDT) recruited willing participants from the local Speak Out. We ran two groups; the first exploring conceptualisation of “five a day” the second explored “diet” and comprehension of nutritional information on food packaging. 7 people in first group, 5 in second thought to be representative of a range of abilities within the population of people with learning disabilities.

## **What did we find?**

We used thematic analysis to identify the key themes across the two focus groups, these were: **CHOICE/ AUTONOMY AND THE INFLUENCE OF OTHERS**—Many members had little autonomy over their diet (e.g. little if any involvement in grocery shopping/food preparation). The exception was eating out (e.g. in restaurant etc) where people expressed more autonomy over food choice. Participants discussed constraints on their diet imposed by a medical condition/s (e.g. PKU) and disabilities (e.g. not being able to physically feed oneself).

**LACK OF INFORMATION/AWARENESS AROUND HEALTHY EATING**— When asked to name “healthy foods” people gave very concrete examples (e.g. fruit or “light” versions of food) and were unable to elaborate on their reasoning demonstrating cyclical logic (i.e. “it’s healthy because it’s healthy”). One person was able to discuss the link between eating fruit and vegetables and having a healthy heart.

**METHODS OF ATTAINING INFORMATION ON HEALTHY EATING**—There was little support to suggest that participants used food packaging to inform them of the nutritional value of food. One member demonstrated that she looked at the sell-by-date, another was able to read aloud the nutritional information but was unable to demonstrate that she could interpret it to make an informed decision. Two people were unable to demonstrate that they understood what product the food packaging was for.

**VIEWS ON OWN DIET AND DIET MODIFICATION**—People were only familiar with the term diet with regard to dieting (i.e. restricting ones diet). Two members discussed modifying their diet at one point in their lives to lose weight, both discussed methods such as restricting certain food groups (crisps and sweets). Of the 4 members of group 1 who rated their current diet; 2 described their diet as okay and two described it as healthy.

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## **What do we need to now?**

We need to invest in larger scale research projects to demonstrate that the issues raised in this study generalise to the whole of the LD population.

We need to educate carers as to how they can assist people with LD to achieve a healthy diet.

We need to explore new methods by which we can empower people with LD to make informed decisions about their diet.