



NUI Galway
OÉ Gaillimh

Dietary Habits and related Health and Wellbeing in the Homeless Population



HPRC

Health Promotion Research Centre

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Aims & Objectives

Aim: To examine the dietary habits, access and barriers to healthy food among the homeless population in Galway, from the perspective of those experiencing homelessness and from service providers.

Objectives:

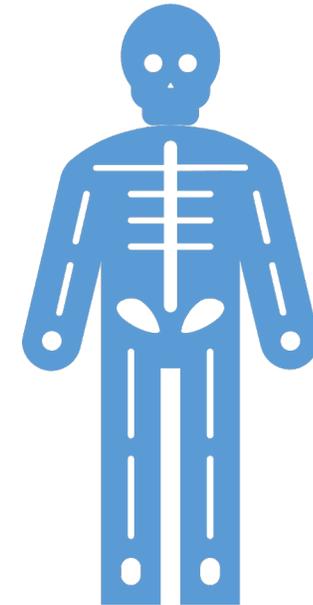
- To identify dietary habits or practices among people living in homelessness
- To explore the experience, potential barriers and opportunities to eating healthy food
- To explore level of access to healthy food and the perceived impact on wellbeing in the homeless population.

Background and Rationale

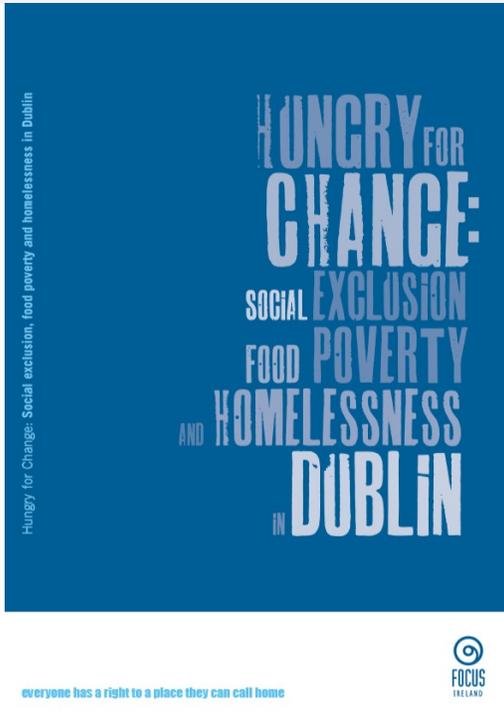
- Despite the prevalence of global homelessness, there is very little research examining the nutritional status of people who are homeless
- Transient nature of this population and the consequent difficulties that may arise during data collection
- Availability of cheap, energy-dense and nutrient-poor food = a change in status from primarily underweight to obese
- Hunger-obesity or food-security obesity paradox which refers to a chronic state of both obesity and hunger (Koh et al, 2012; Dhurandhar, 2016; Dinour, et al, 2007; Scheier, 2005).
- Over 10,000 people experiencing homeless in Ireland - an increase of 50% since November 2016 (DHPLG, November 2016; 2019)

Implications of the Hunger-Obesity Paradox

- Prevalence of obesity among homeless (US) is 32.3% (Koh et al., 2012).
- Obesity among homeless youth is 50% (Hatsu et al., 2018; Smith & Richards, 2008)
- In Ireland, 90% exhibited abdominal obesity (Scott et al., 2013)
- Morbidity and mortality rates among homeless are 3-5 times higher than the general population (Jones et al., 2009).
- Other non-communicable diseases such as diabetes and cardiovascular disease have also been shown to be higher in the homeless population (Arnaud, Fagot-Campagna, Reach, Basin, & Laporte, 2010; Jones et al., 2009).



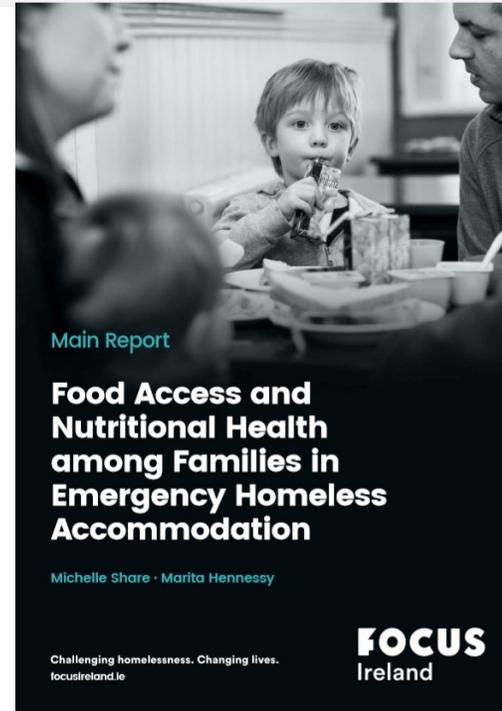
Research on Diet in the Homeless Population – Focus Ireland



Hickey & Downey, 2003

Documents the experience of people who are in emergency and hostel style accommodation

5,581 people were reported to be homeless in 2002 (DEHLG, 2003)



Share & Hennessy, 2017

This study provided a methodological basis for this piece of research

It documents the experience of parents and families in emergency accommodation

Both Dublin-based studies highlight a lack of cooking and storage facilities, low fruit and veg consumption, high intake of pre-prepared meals, takeaways and processed food, weight gain and a sense of powerlessness over food choices



Methodology

- A qualitative approach using semi-structured interviews
- Study sample
 - Service users that were homeless and availing of sheltered and emergency accommodation or sleeping rough
 - Healthcare and social service providers working with members of the homeless population were also recruited for this study
- Data were analysed using thematic analysis under the guidance of Braun & Clarke, 2006. NVivo 11 was used to manage the data.
- Data from service users and service providers were analysed separately.



Results

A cohort of 12 service users (9 men and 3 women) and 5 service providers (3 men and 2 women) (n=17)

Themes - *service users*:

- Loss of control over diet
- Not eating well
- Perceived impact on physical and emotional wellbeing
- Daily obstacles to eating well
- Meeting basic dietary needs

Themes - *service providers*:

- Food choice varies by service
- Food skills
- Lack of control over diet
- Daily obstacles to eating well
- Poor physical and emotional wellbeing

“I don’t really have an option to like prepare my own meals. I’d love the chance to do that myself like but...they don’t really have anything other than boiling water to offer” – Service user in emergency accommodation

“You could put a box of biscuits out on the table and you go into the office and you come back out and it’s gone so one person has taken it and it’s up in the room”- Service provider in hostel accommodation

“For Christmas day.... to even be able to cook dinners...families would say, “We sat in this hotel room on Christmas day and we didn’t even have a dinner”” – Service provider for families in emergency accommodation

“I can’t cook it for you.... but she (daughter)...didn’t understand” – Service user in emergency accommodation

Loss of control over diet

“So access to a kitchen is...there is no access. Some of them have self contained rooms, self...yeah catering rooms but there is not that many of them so most of our clients don't have access to a kitchen so it means eating out a lot” – Service provider for families in emergency accommodation

“I'm living just around the corner from Supermarket X and I...bought a half pan of bread, ham and cheese, coleslaw and...butter and I went home that night and I think I must have had about six sandwiches but then I had to bin...whatever was left” – Service user in emergency accommodation

“I think.... the big B&Bs...it wouldn't be hard for them to do a kiddies' meal or an adult's meal, d'you know, one pot cooking”- Service user in emergency accommodation

“We've only so much we can do because as well as providing food, we're also providing the laundry service”- Chef in homeless day centre

Daily Obstacles to Eating Well

"I lost loads of weight and I was depressed constantly. I was suicidal"- Service provider in emergency accommodation

"Just before Christmas I was only six and a half stone and em so I actually bought nutritional...drinks...to kind of try and build myself up again"- Service user in Emergency Accommodation

"From a practitioners' point of view.... we can see high levels of obesity, high cholesterol levels, raised blood sugar" – GP that works with the homeless population

"Cause people who have went into self-catering...even the children...you can see the children are so much happier"- Nurse that works with the homeless population

Perceived Impact on Physical and Emotional Wellbeing

Dietary patterns

Dietary data:

- High prevalence of fast food, takeaway and convenience food
- Low intake of vegetables
- Poor diet was linked to changes in weight and alterations in lipid profile and blood sugars
- Food insecurity was linked to depressive symptoms and stress.

Recommendations

1. Facilitate service users in their use of cooking, preparation and storage facilities
2. Cheap, easy recipes that can be made with limited cooking facilities are needed
3. Affordable meals should be available to those residing in accommodation that is not fully catered
4. Nutrition education and training initiatives are needed for service providers
5. Research on the impact of diet on physical wellbeing in the homeless population, particularly in relation to obesity and metabolic health is needed
6. Consider a social determinants approach to improving diet and food environments

Thank you!



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