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**DIETARY HABITS, FOOD SECURITY AND RELATED HEALTH AND WELLBEING IN
THE HOMELESS POPULATION**

Divya Ravikumar, Dr Colette Kelly

OBJECTIVES

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



Divya Ravikumar

CASE

The increasing availability of cheap, energy-dense food has led to a change in the status of the homeless population from primarily underweight to obese, [1] with an increased risk of cardiovascular disease, [2] diabetes, [3] and other metabolic factors. [4] This has resulted in the hunger-obesity or food-security obesity paradox which refers to a chronic state of both obesity and hunger. [1] Food insecurity has been associated with an increased risk of acute hospital and emergency services among the homeless population when compared to the general population. [5] Financial barriers and difficulty accessing cooking facilities are major obstacles to healthy dietary practices, with diets dominated by takeaway and convenience foods. [6] Limited research is available on diet specific to the homeless population and this study set out to explore dietary practices, barriers to consuming healthy food and wellbeing among this population group.

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MATERIALS-METHODS

Study Design and Sample

The study sample included service users that were homeless in Galway and availing of sheltered and emergency accommodation or sleeping rough. Healthcare and social service providers working with members of the homeless population in Galway were also recruited for this study. A cohort of 12 service users (9 men and 3 women) and 5 service providers (3 men and 2 women) were recruited through Galway homeless services (n=17). Face to face semi-structured interviews were used to collect data.

Data Analysis

Data were analysed using thematic analysis and NVivo 12 was used to manage the data.

RESULTS

The data analysis process yielded the following themes from service user interviews:

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

The data analysis process yielded the following themes from service provider interviews:

Food choice varies by service

- Food skills
- Lack of control over diet
- Daily obstacles to eating well
- Poor physical and emotional wellbeing.

The findings highlighted a high prevalence of fast food, takeaway and convenience food and a low intake of vegetables within the homeless population. Weight gain in adults and weight increases of between 12.7-15.9kg in children were reported. Health care practitioners reported physical changes related to diet and unhealthy food choices in the homeless population. Obesity was highlighted as a major issue within in this population, specifically increased levels of abdominal adiposity, as well as abnormal blood test results. Food insecurity was linked to depressive symptoms and stress. Limited or no access to cooking and storage facilities, poor food knowledge and food skills and the cost of buying food from outside establishments were identified as barriers to healthy eating in this study.

DISCUSSION

Findings showed that people experiencing homelessness had limited control over food choice, cost, facilities, skills, quality and quantity of food in services, resulting in poor diet and inability to meet nutritional needs. This supports previous research, [7] which shows that being in services can result in reduced opportunities to learn food skills and limited access to adequate cooking and storage facilities can hinder healthy eating. [6,7,8] Diet was dominated by foods that were energy-dense and nutrient poor. The negative impact on both physical and emotional health was clear.

CONCLUSIONS

High energy, low nutrient density foods are frequently consumed within this population. These data highlight the impact of food insecurity on physical and emotional wellbeing in the homeless population. The interacting determinants of diet in the homeless population can be mapped onto the social determinants of health requiring multiple actions, including stakeholder and policy changes in order to improve dietary habits and related wellbeing in the homeless population and to address diet-related inequalities.

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