

Nutrition status of people experiencing homelessness residing in temporary accommodation in London

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Background

London has the highest proportion of people experiencing homelessness (PEH) living in temporary accommodation in the UK¹. PEH have poorer health outcomes, dietary inequalities, and die younger than the general population². Despite this little is known about nutrition status amongst PEH. This study aimed to examine the dietary health inequalities experienced by PEH living in temporary accommodation in London, primarily assessing malnutrition.

Methods

This was a prospective cross-sectional study in 18 hostels in London. Participants were recruited through researcher engagement with hostel staff who distributed flyers and posters with residents. Demographic information was gathered including age, gender, ethnicity and hostel of residence. The primary outcome was malnutrition risk assessed by the Malnutrition Universal Screening Tool (MUST) other outcomes included body composition, dietary intake and quality³, mental health and food insecurity⁴. Ethical approval was obtained from UCL Ethics Committee (16191/006).

Results

200 participants were recruited between July-December 2023. The majority were male (84.5%), were of White ethnicity (61%), with a mean (SD) age of 45.7 years (11.6), and a BMI of 23.4 kg/m² (4.7). Median MUST was high (2 [(interquartile range [IQR] 0.0, 3.0)], and 60% had risk of malnutrition. Median mental health was moderate (6 [3.0, 10.0]), with 55% having moderate to severe depression/anxiety. Median food security was low (4.5 [(0.0, 8.0)], with 44% experiencing very low food security. Median dietary quality was low (8.0 [6.0, 9.0]) with lower intakes of energy, fibre, and micronutrients, and higher intakes of free sugars compared with UK dietary recommendations and intakes.

Discussion

This is the first study to show that PEH living in temporary residence had high risk of malnutrition and experienced dietary inequalities related to poor dietary quality and severe food insecurity. Previous studies examining meal provision corroborate findings implicating low energy intakes amongst PEH compared with the general population⁵. Although longer term, wider-reaching studies are required to examine nutrition status amongst rough-sleepers over time, there is an urgent need for change including; improved food environments, dietary quality of donated foods, nutrition screening and access to nutrition support for PEH in temporary accommodation.

Conclusion

Findings could help inform local and national policymakers, health services and food aid charities to set nutrition standards for temporary accommodation to promote the dietary health of PEH.

References

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