

Obesity Among Chronically Homeless Adults: Is It a Problem?¹

Overview:

- In a study of 436 chronically homeless persons, the majority (57 percent) were overweight or obese.
- Obesity disproportionately impacted chronically homeless women, who had an obesity rate over 50 percent.
- Data from this study allude to a connection between obesity and food source, to include soup kitchens and food banks.

Study:

While some research exists on the relationships between obesity and both food insecurity and poverty, minimal research exists on obesity within the chronically homeless population. The researchers in this study sought to examine the relationship between obesity and several variables including sociodemographics, income, insurance, housing, health, food source, and usage of health services. The researchers pushed against the assumption that homeless people are underweight, an assumption without empirical backing.

The researchers utilized data from the Collaborative Initiative to Help End Chronic Homelessness (CICH), which was implemented in 11 cities to provide permanent housing and primary and mental health care to chronically homeless adults. For CICH, chronically homeless meant "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for one year or more or has had at least four episodes of homelessness in the past three years" and a disabling condition "included a physical and/or psychiatric disability." Researchers looked at 436 chronically homeless adults who had provided height and weight information in through CICH to examine the prevalence of obesity.

Findings:

The data analysis showed that the majority (57.3 percent) of chronically homeless adults in the study were overweight, with an average BMI of 27.3 percent. Obesity disproportionately impacted chronically homeless women, who had an obesity rate over 50 percent compared to 26.6 percent for chronically homeless men. Of the sample, over half reported eating from a soup kitchen, nearly one quarter from a food pantry, and nearly one third from a mobile food van in the preceding month.

Researchers found no differences in the variables for income, insurance, or food source, but they did find slightly higher obesity among those who had stayed in a hotel or boarding home. Those

NVTAC Insights:

HVRP staff members are likely to work with veterans experiencing chronic homelessness, and many of them may encounter the same health, weight, and food insecurity challenges outlined in this study. Although it is outside the scope of this study, providers working on the ground level know that individuals who are struggling with hunger, obesity, or poor health related to poor nutrition may also struggle to obtain and maintain a job.

To operationalize the findings of this study in your program, case managers can discuss food plans with veterans enrolled in HVRP to ensure they not only have access to food, but that they are consuming food with high nutritional value whenever possible. Case managers can ask about and help eligible veterans connect to the Supplemental Nutrition Assistance Program (SNAP). Using online and free meal planning/nutrition tools can help veterans make good food choices once they move into housing or when visiting soup kitchens and mobile food resources. Some libraries and community centers offer these courses free of charge. Your HVRP team can also use this research to help solicit donations of healthy-option non-perishables to give out to chronically homeless veterans.

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who were obese were more likely to report higher blood pressure or a heart condition, but all other health factors were consistent among underweight, overweight, and obese respondents. Participants who were obese were more likely to discuss exercise with health care providers, but reported a lower level of exercise.

¹ Tsai, J., and Rosenheck, R. (2013). Obesity Among Chronically Homeless Adults: Is It a Problem? *Public Health Reports*, 128, 29-36. Accessed July 12, 2017.