

# The Digest

Public Health Nutrition Practice Group

■ The American Dietetic Association

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## *Homeless People:* How can we meet their food needs?

Food security is a basic right of all human beings. From the beginning, we have known that referring people to a food shelf would not eliminate hunger, but only temporarily relieve it. Access to food of high nutritional value, which is also culturally acceptable, is the most basic step for achieving and maintaining health.

### *Factors Which Affect Food Selection/Adequacy*

In our need to provide food, shelter and other basic needs of homeless individuals, we often fail to factor in the many aspects which strongly influence an individual's willingness to accept and eat offered foods. Cultural food practices strongly influence food selection and acceptance. Even if food is available, if it is not familiar (in terms of taste and food preparation method) it may remain uneaten. Culture, beliefs, assumptions, customs and values all impact food choices.

### *A good example of this is the following scenario:*

Everyone wants to help somebody less fortunate ... however the lives and cultures of volunteers and workers and those of the recipients are

vastly different --- the middle class American culture and the culture of poverty. Not to mention the fact that the majority of the volunteers are often white and many of the recipients are from minority groups. Conflicting expectations and attitudes are a natural result.

### *The scene at a hot meal site...*

Some might interpret this scene as being the "poor and homeless" who have assembled to eat and who are being served by the middle class. They think that "the poor" should be grateful to eat whatever they are served, right? "The poor" should recognize and appreciate the

hospitality of those making such a big effort to provide food.

### *In reality...*

People who attend hot meal sites are aware that they have no choice. They are dependent on someone else for one of life's basic needs --- food. Being served a nice meal doesn't seem like a privilege; it's another part of living from hand to mouth. Foods thought to be a nice treat may not be familiar to people who have struggled all their lives just to get some basic food on the table, or who are from a different ethnic group.

### *The voice of the hungry person ...*

Voicing a complaint about the food being served is a cry for dignity --- another way of saying "I have a choice, I am not so hungry that I have to eat what someone else has decided I should eat". Most people want a say in what they will eat and how much they will eat. When a person

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## Homeless Nutrition

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periodically or over a long period is denied adequate and/or preferred food, irrational choices often result. A person with only \$10 for food, needing to last 2 weeks, may use the full amount on a pizza knowing the money won't last 2 weeks anyway. This may look like bad planning to someone with greater resources, while the person at the end of his food dollars sees this as taking control and then waiting for the hunger to come. At least he used the money for something he or she likes instead of less expensive items that do not satisfy. Studies of food purchasing and food waste comparing low- and no-income people with middle class people have shown that the lower income people make much better use of their food dollars than the more affluent.

### Nutritional Needs of Homeless Individuals

Better understanding of some of the cultural practices which influence food acceptance can help us plan better strategies for addressing the nutritional needs of homeless individuals more successfully. Public health providers working in settings serving special population groups (homeless, HIV, public housing, etc.) often are required to wear many different hats during the course of a single day. This is especially true when resources

are extremely limited, as is frequently the case. Simply doing the job for which we were trained is no longer enough or even acceptable in most settings.

A major public health concern for homeless people is whether or not they are getting enough to eat, and what the nutritional quality of their diet is. This is further compounded by the special nutritional needs of women, especially pregnant women, infants and children. A review of several recent studies on this issue indicate that the diets of homeless individuals overall are often nutritionally inadequate. Studies on homeless women and children indicate all subjects were consuming less than half the RDA for: iron, zinc, magnesium and folacin on a

daily basis. In addition, the adults were consuming less than 50% of the RDA for calcium. Similarly

homeless males had diets low in: calcium, zinc, B-6 and energy (overall calories). At the same time, these diets were found to be frequently high in fat, cholesterol and sodium which can contribute or compound chronic diseases such as heart disease, high blood pressure, diabetes and obesity. In an attempt to provide sufficient calories, and fill a person, foods such as gravy, butter/margarine and other high fat foods are added

to foods in feeding programs. In addition, these foods still fail to provide the missing vitamins and minerals. Diets which are inadequate in essential nutrients such as vitamins and minerals, put the homeless individual at risk for an increased incidence of illness and chronic conditions. Pregnant women, children and individuals with compromised health status are especially vulnerable.

Though homeless people receive their food from many sources, including shelters, drop-in centers, fast food restaurants and garbage bins; shelters and drop-in centers are the primary places where food choices can be influenced and nutritional quality controlled.

In order to determine the individual

nutritional needs of this population in a consistent manner, a screening tool was developed

### Food Security Requires:

#### ❖ Knowledge

#### ❖ Access

#### ❖ Choices

to provide a quick overview and a place to begin counseling. If needs for shelter, urgent health care or other needs have not been met, nutrition counseling will not be successful. (See camera-ready copy in this issue).

### Meeting Nutritional Adequacy with Limited Resources:

Imagine the following scenarios:

- A 2 month old infant

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with only enough formula for 2 more bottles and no money to buy any more ---

- A pregnant woman, living on the streets, and having nothing to eat for 3 days ---
- A mother with 3 children who never has enough food stamps or money to last through the month ---
- A child who is anemic and underweight and won't eat at the only times meals are available at your shelter ---

Access to food of high nutritional value is the most basic step for achieving and maintaining health. Assessing the individual situation and then determining which food programs might be of most benefit is the first step. Since food stamps do not provide enough money for adequate food for a month, participating in other programs means preserving scarce cash for rent and other needs or the difference between meeting basic food needs or not.

Accessing programs such as WIC and FareShare can stretch the dollars to ensure both shelter and food needs are met. Once access to food is secure, nutritional value and special needs can be addressed more concretely. Dealing with issues of weight gain, special dietary issues of pregnancy, under weight in children, anemia, diabetes, hypertension and overweight then become reasonable.

### ***Now Imagine the Health Care Provider Has:***

- Certified, or made an immediate referral for the infant to WIC and the mother has vouchers for infant formula which can be obtained immediately.
- Referred the pregnant woman to a shelter for emergency housing, with a schedule of the meals and a WIC appointment the next day to receive special vouchers for supplemental foods for a homeless pregnant woman.
- Scheduled a MAC (Mothers and Children Commodity Foods Program) appointment for the child, provided directions to the mother for a summer food site for free weekday lunches for all 3 children all summer, and provided information to the mother on how to enroll in FareShare.
- Provided strategies to the mother for dealing with meal and snack times, including non-perishable, child-size foods and a list of foods high in iron.

As you can see from these examples, simply providing the food or information might not be enough. Often times, it takes more exploration of the individuals concerns or needs to resolve the problem. Shelters and food sites which are suitable for children can provide additional issues. Portion sizes, food preparation and presentation all play a strong role in food acceptance.

Simply certifying a child or pregnant woman for WIC is only the first step. If the woman is lactose intolerant and does not drink milk, then those vouchers will be wasted. If no resources are available for storing foods needing refrigeration, then providing vouchers for larger amounts of cheese, milk and eggs might be a problem and the food is not used. Bringing about changes in food availability to homeless people requires a variety of approaches, from behind-the-scenes to very direct advocacy. Simply talking about food and diet will not achieve this change.

"Eating Well Without A Refrigerator", the camera-ready copy in this issue of the newsletter as well as the "Nutrition Screening Tool for Homeless," have been provided to assist you in providing nutrition counseling to this population.

Looking at this list, these items seem pretty simplistic. However, if a little thought is put into combining foods, nutritional needs can be met. Although hot foods often play an important role in food satiety and feelings of comfort, it is not necessary to have a "hot" meal to meet needs.

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# Nutrition Screen for the Homeless

**For each statement below, circle YES for those that apply and NO for those that do not.**

1. I don't always have the money to buy the food I need. Yes No
2. I eat less than 2 times a day. Yes No
3. I eat meat and other proteins like beef, poultry, peanut butter, dried beans, etc. less than once a day. Yes No
4. I eat breads, cereals, rice, pasta, etc. less than 2 times a day. Yes No
5. I eat fruits or vegetables or drink juice less than 2 times a day. Yes No
6. I drink/eat milk products like milk, cheese, yogurt, etc. less than 2 times a day. Yes No
7. I do not have any place to cook or to keep my foods cold. Yes No
8. I have 3 or more drinks of beer, liquor or wine almost every day. Yes No
9. I smoke cigarettes, cigars, or chew tobacco everyday. Yes No
10. I often do not feel like eating, food shopping or cooking. Yes No
11. I have tooth or mouth problems that make it hard for me to eat. Yes No
12. I have one or more of the following: *(check all that apply)*  
☐ Diarrhea      ☐ Nausea      ☐ Heartburn      ☐ Bloating  
☐ Vomiting      ☐ No/Poor Appetite      ☐ Feel Tired
13. I have been told that I have anemia. Yes No
14. I have to watch what I eat because of a health problem like: *(check all that apply)*  
☐ Diabetes      ☐ High Blood Pressure      ☐ Kidney/Liver Problems      ☐ HIV
15. I get about \$\_\_\_\_\_ of money a month to spend.
16. I spend about \$\_\_\_\_\_ on housing/shelter every month.
17. I spend about \$\_\_\_\_\_ on food every month.
18. I receive food from the following food programs: *(check all that apply)*  
☐ Food Stamps      ☐ Soup Kitchen  
☐ Food Pantry/Food Bank      ☐ WIC  
☐ Fare Share      ☐ Summer Food Program  
☐ MAC (Mothers and Children Commodity Food Program)  
☐ Other (s): \_\_\_\_\_





# Eating Well Without a Refrigerator

No Place To Cook? Try ....



**Breads**, bagels, tortillas, rolls

**Cereals** - especially single serve packets which transport easily and are more acceptable to a child (dry cereals, oatmeal)

**Crackers** - all types including peanut butter crackers

**Pasta**



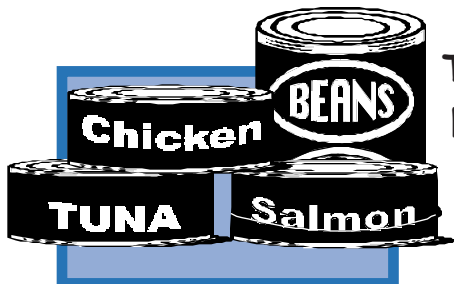
**Milk** - canned, evaporated, single serve fresh, or aseptic (Parmalat)

**Cheese** - hard cheeses which keep well (Cheddar, Swiss, etc.)

**Yogurt/Pudding cups** (single-serve, non-refrigerated type)

**Cottage cheese** (small or single serve size)

**Hard-cooked eggs**



**Tuna/chicken** (canned, single portion)

**Sardines, salmon** (canned)

**Peanuts, peanut butter**

**Beans, canned** (baked beans, pinto, kidney, black, etc.)

**Fruits and Veggies**

Fresh

Canned

100% fruit juice

Dried fruits

Fruit cups (single serve)



**Dried Soups** (cup-a-soup, noodle soups, bean soups)

**Graham crackers**, plain cookies

**Jell-o cups**

**Instant breakfast**