

Homelessness, Hunger, Food Insecurity and Health - A Pilot Study at the Lotus House Women's Shelter, Miami, Florida (Lotus House)

Lotus House – Who We Are, Who We Serve

Lotus House shelters up to 500 women and children nightly. Historically, Lotus House guests are: 75% Black; 20% Latina; 95% have histories of domestic violence and/or other serious traumas; 95% have unmet medical and/or mental health needs at entry; all are well below the poverty line, many with no income and high special needs. Designed as a prototype for the future, Lotus House is distinguished by its “children first” focus, therapeutic children’s wellness center, neighborhood women’s and pediatrics clinic, and mission of healing, strengthening, and teaching so that families can successfully transition to independent living. Wraparound services, with intensive child and family therapeutic supports, attend to physical, medical, dental, mental health, child care, educational, and job training needs and are anchored in empirically validated, best practices that undergo a quality assurance process of evaluation and feedback. The current project on the intersections between hunger, food insecurity, health and homelessness is a needed addition to research projects already under way that inform mental health and child wellbeing.

Justification and Research Questions. Having sheltered thousands of women and children in need at Lotus House over the past decade, we know anecdotally that hunger and food insecurity are normative in the lives of women and children experiencing homelessness. To quantify and deepen our understanding of the intersection of homelessness, hunger, food insecurity and health, we undertook a pilot study of the prevalence of hunger and food insecurity in the month leading up to entry of women and children into Lotus House, the impact that lack of resources had on their nutritional intake (i.e., consumption of high fat, sugary and starchy processed foods instead of freshly prepared foods, fruits and vegetables) prior to their stay with Lotus House, and their overall health status as measured by waist size and weight. The pilot study also served as a baseline against which to measure change. It was guided by the following research questions:

- 1) To what extent were hunger and food insecurity experienced by women and children in the month prior to being sheltered?
- 2) How did lack of resources affect the nutritional intake of women and children prior to being sheltered?
- 3) How close was their typical diet to that recommended by the USDA?
- 4) What was their health status as reflected by waist size and percentages of under and overweight?

Methods and Instruments. With the collaboration FIU faculty, Drs. Cristina Palacios and Catherine Coccia, in nutrition and dietetics, a third party evaluator, Dr. Emily Arcia, and other volunteers, Lotus House developed a questionnaire adapted from established instruments¹ as well as a procedure for data collection. Lotus House program participants were recruited through public announcements made at lunch and dinner times over the space of a week in July, 2018. Women who agreed to participate were surveyed in English, Spanish, or Creole, and had their height, weight, and waist circumference taken by trained volunteers from Jessie Trice Community Health Systems, Inc. With maternal consent and child assent, children were also measured. A copy of the instrument is available upon request.

Results. Approximately half of adult program participants along with their children participated. Among

¹ Food Security -FSQ 2011-12. National Health and Nutrition Survey (NHANES) 2013.

BMI calculators for children, teens, adults. Center for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. Baby Infant Growth Cart Calculator, “The WHO Child Growth Standards”. The World Health Organization. <http://www.who.int/childgrowth/standards/en/>.

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these 110 women, regarding their experiences during the month prior to entering the Lotus House, 58% reported running out of food before having the money to buy more, 62% reported eating less than they wanted (with 31% not eating for an entire day), and 63% reported regularly eating foods they deemed “not good for them” because of lack of money. Thirty eight percent (38%) did not have a kitchen at any time during that month, making it very difficult to maintain proper nutrition. About 60% of the women reported consuming chips, soda, fast food, and candy frequently, and 70% reported consuming quantities of fruits, vegetables, grains, proteins, and dairy products were markedly lower than recommended USDA guidelines for proper nutrition. For instance, only 16% of women reported including vegetables in a typical dinner. Their typical diets were high fat, high starch, high sugar and high salt with an emphasis on processed and fast foods typically low in nutritional content.

As measured by their BMI, 77% and 32% of women and children respectively were overweight; 48% and 24% respectively in the obese range. And, 68% of women had waist sizes 35” or larger, measures that indicate high levels of visceral fat. Approximately 15% of children were underweight. Women’s request for additions to their meal options at Lotus House indicated a strong lack of understanding of healthy eating and a marked preference for high fat, high sugar diets in accordance with prior eating patterns.

Conclusion and Solutions. Results of this brief study confirmed that hunger and food insecurity among homeless women and children in the month prior to entering the shelter were common, women’s dietary practices and preferences were constrained by lack of financial resources and access to good nutrition, and the majority were overweight, subsisting on high fat, high starch and sugary, processed and fast foods.

At Lotus House, we aim to address the problem of hunger, food insecurity and malnutrition in our sheltered women and children by consistently offering freshly prepared, nutritious meals low in fat, salt, sugar and starch and rich in fresh vegetables, fruit and unprocessed foods. Programming activities have been designed to support healthier nutritional habits by combining education and good nutrition, both in the regular service of healthful food choices and special activities, e.g., making fresh fruit and vegetable smoothies and healthful children’s snacks. Programming activities also include arranging regular in-house health fairs and screenings, annual health and wellness checkups, and nutritional counseling.

As a final note, resource constrained environments serving the poor, such as shelters and soup kitchens, often fail to provide healthful food service, with few offerings of fresh fruit and vegetables, whole grains and adequate protein. Lacking the financial resources to provide more healthful diets, the food served in shelters and soup kitchens frequently perpetuate malnutrition, add to the problem of obesity, and fail to serve as a model and teaching opportunity for healthy eating. Given that up to 40% of food is wasted nationwide and approximately 1,356 shelters and more soup kitchens in the U.S. are struggling to provide healthful meals to impoverished children and families, new models and pathways for utilizing food waste and food production are desperately needed nationally. Lotus House is researching and developing a scalable model for improved food access and nutritional content for sheltered women, youth and children. We aim to identify and create new, innovative food sources and sustainable pathways to procure food that might otherwise be wasted in our community. We are in search of volunteers and community partners in this initiative. If you can help, please contact us. Donations gratefully accepted at www.lotushouse.org.² Thank you!

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² Donations to Sundari Foundation, Inc. dba Lotus House are deductible to the full extent allowable under IRC 501c3 (tax id# 81-0652266). A copy of the official registration and financial information (CH17660) filed with the State of Florida may be obtained from the Division of Consumer Services by calling toll free 800-436-7352 within the state. Registration does not imply endorsement, approval or recommendation by the state.