A Homeless Health and Wellness Study
Qualitative Data for a SNAP-Ed Curriculum Adaptation

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Background
- The homeless population is faced with increased health risks, which may be partially related to poor nutritional resources.
- Data suggests that many homeless individuals tend to eat an energy-dense, low nutrient diet made up of low cost, convenience foods.1
- Homeless individuals may experience inadequate or imbalanced nutrition due to their reliance on food supplies that are high in calories, sugars, fats and salt.2
- Nutrition and physical activity education in homeless shelters is limited.3

This research effort is a partnership between Utah State University (USU) Extension, Brigham Young University (BYU), a local homeless, transitional housing shelter, and Utah’s SNAP-Ed program to provide wellness education to this unique population.

Objective
Formative research was conducted to identify barriers and facilitators to making healthy food and physical activity choices among people experiencing or transitioning out of homelessness in Utah. The information obtained will be used to modify an adult nutrition education curriculum, Create Better Health, for this specific population.

Study Design, Settings and Participants
- Semi-structured interviews were conducted with administration and staff of a homeless shelter, as well as current residents.
- Staff and administration were identified by the shelter director and contacted by email to participate in the interview process.
- Residents were selected by the residential manager based on availability and their willingness to participate.
- Interview questions were written specifically to each person interviewed based on their role at the shelter.
- Each interview was approximately sixty minutes long and conducted by trained research assistants. Interviews were held in person at the shelter and recorded.
- Questions included topics of interest for nutrition classes, the structure of transitional housing units, challenges to healthy eating and physical activity, what influences food choices, and local healthy food access.
- Staff were compensated with a $15.00 Amazon gift card and residents received a $30.00 cash incentive.

Data Analysis
Researchers used a content analysis approach, as described by Harris et al Am Diet Assoc. 20092 and organizational approach by Banna J et al, 20174 and Hsieh & Shannon, 20055, as follows:

1. Each member of the research team read all transcripts, like a novel to help develop categories for coding. Considering broad categories in which qualitative data could be grouped. Keeping the goal in mind of using the transcripts to help in developing a wellness program.
2. Each member of the research team used the coding categories developed in stage 1 to then code each transcript –separating ideas in the transcript into categories. Listing codes in an Excel spreadsheet.
3. The BYU team pooled data across team members’ Excel spreadsheets. As an analysis group, discrepancies were discussed to reconcile any differences.
4. Compare coded, reconciled data to current Create Better Health to determine what aspects researchers need to consider in curriculum adaptation.

Results

Table 1: Interview participant demographics (n=9)

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<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>STAFF</td>
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</tr>
<tr>
<td>RESIDENT</td>
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</tbody>
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Identified themes

How residents are obtaining food
- Soup kitchen
- SNAP benefits
- Personal funds
- Community donations to shelter

Barriers to eating nutritious food
- Lack of resources to prepare meals
- Limited food storage space
- Food theft
- Transportation

Physical limitations
- Physical disabilities
- Sedentary habits
- Addictions

Barriers to facilitation of program
- Attention span of residents
- Low-self efficacy
- Reduced ownership of personal wellness

Enabling factors
- Supportive setting
- Shared foods
- Other life skills classes offered on location

Implementation needs
- Location other than living space for classes
- Engaging lesson plan
- Incentive for attendance

Conclusions

- Formative evaluation is essential to developing effective programming to improve behaviors of specific populations, including those transitioning out of homelessness. Improving dietary and physical activity behaviors may help individuals build a foundation of wellness.

- The data obtained through interviewing staff and residents at a homeless resource center helped identify specialized needs of this unique population. This findings provide exclusive insight to tailoring a research-based curriculum to meet the transitional housing clients’ needs and provide them with an opportunity to build a foundation of wellness.

References


Acknowledgements

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Link to USU Create Better Health SNAP-Ed curriculum

Create Better Health is included in the SNAP-Ed Toolkit as a research-based intervention. Follow the QR code for materials.

Questions and comments for this presentation may be sent to kristi.stronge@usu.edu