

Assessing the impact of a bespoke nutrition and lifestyle intervention programme on individuals living in emergency accommodation

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Case study

John was living in shared hostel accommodation. Despite having access to cooking facilities by way of a shared kitchen he was reluctant to utilise it. He expressed concerns around food theft, hygiene and cramped conditions in the shared facilities. Instead he depended on high fat sandwiches from local day centres and pot noodles made in his room using his kettle. He had very limited fruit and vegetable intake and as such his diet was lacking vitamins, minerals and fibre.

Aim

To develop a specialist nutrition and lifestyle intervention programme aimed at individuals who are living in or preparing to move from emergency accommodation into permanent accommodation

Objectives

- Assess the health profile of the population to inform development of the programme
- Identify critical factor for successful engagement
- Assess impact on participants health

The iBalance programme



Initial Assessment

- Diet history & quality
- Barriers to healthy eating
- BMI & WC
- Diabetes risk score
- Lipids
- Micro-nutrient Status

The iBalance programme

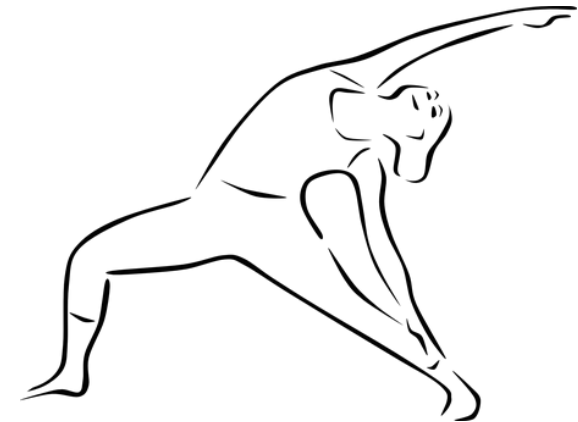
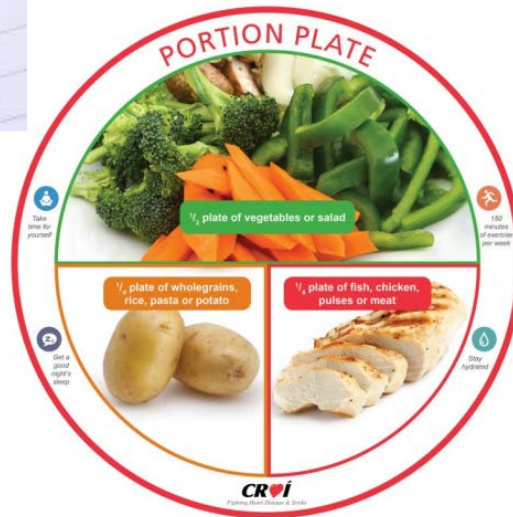
7 weekly sessions (1.5hours)



PUT A TRAFFIC LIGHT ON EVERY FOOD

All measures per 100g	LOW A healthier choice	MED OK most of the time	HIGH Just occasionally
Sugars	5g or less	5.1g - 22.5g	More than 22.5g
Fat	3g or less	3.1g - 17.5g	More than 17.5g
Saturates	1.5g or less	1.6g - 5g	More than 5g
Salt	0.3g or less	0.31g - 1.5g	More than 1.5g

= 6g or more fibre per 100g



Health Profile (n=14)



Smokers
71%



**Physical
Inactivity**
64%



**Overweight/
Obese**
85%



**High
cholesterol**
33%



**Sub-optimal
vitamin D
levels**
100%



**Pre-diabetes
range**
33.3%



**High/
Very high
diabetes risk**
58%

Medical History

- Type 2 Diabetes -14%
- CVD - 21%
- Family Hx - 50%

Outcomes

50% programme completion rate



Adherence to Mediterranean diet from 4 to 7 units



Mean weight loss was 1kg

Barriers identified included:

Constant availability of high calories food, lack of knowledge, cooking skills, confidence and belief, boredom, stress, anxiety, depression, lack of choice over meals and food choice.

Case study

Client A- This man was living in shared hostel accommodation. Despite having access to cooking facilities by way of a shared kitchen he was reluctant to utilise it. He expressed concerns around food theft, hygiene and cramped conditions in the shared facilities. Instead he depended on high fat sandwiches from local day centres and pot noodles made in his room using his kettle. He had very limited fruit and vegetable intake and as such his diet was lacking vitamins, minerals and fibre.

Despite his circumstances, during the programme he made several changes to his diet such as buying tins of fruit (that have a long shelf life) as well as fresh fruit to snack on. He also started to make cous-cous in his room instead of pot noodles adding in some chopped tomato, cucumbers and peppers for extra nutrients. By the end of the programme he was planning to buy a mini fridge for his room so that he could store perishable items such as milk, yoghurt and cooked meats.

Conclusion

