

Beyond Income: Health Difficulties and Food Hardship in Homelessness

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Background

- Food insecurity is a persistent U.S. public health crisis, affecting roughly **47.5M Americans** (USDA 2025), with risks concentrated among the **~800K experiencing homelessness**, up 18% in 2024 (HUD 2024). It is consistently linked to chronic illness, depression, anxiety, and stress (Gundersen & Ziliak 2015; Easton et al. 2022; Loftus et al. 2021).
- Many unhoused individuals work informal or gig jobs (Duke et al. 2025), yet employment does not reliably translate to stable food access (O'Campo et al. 2017).
- For unhoused adults, the food–health relationship is **bidirectional**: physical and mental health constrain mobility, meal preparation, and navigation of food assistance, while food insecurity in turn worsens health (Chang & Chatterjee 2022; Lee et al. 2021).
- Food insecurity and homelessness are deeply intertwined, yet food hardship among unhoused adults **cannot be explained by income alone** (Bowen et al. 2019; Hamilton et al. 2024).
- We extend this literature by testing whether **physical and mental health difficulties** predict food insecurity among unhoused adults, **net of income and employment**.

Among unhoused adults, do physical and mental health difficulties remain stronger predictors of food insecurity than income and employment?

Data & Sample

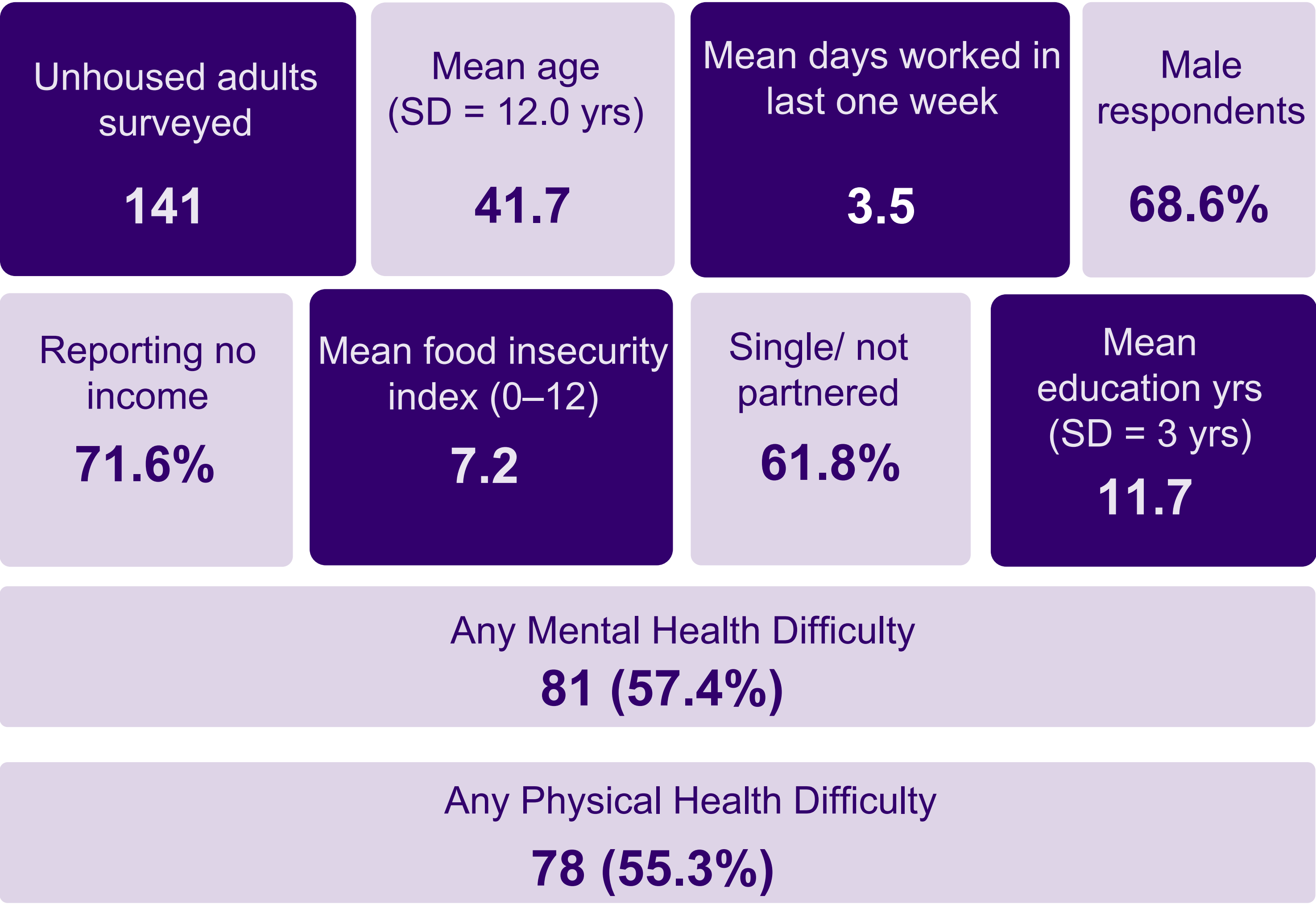
> **Source:** Sound Data Project, UW Dept. of Sociology, Spring 2023 (Williams et al. 2025)

> **Sample:** Sample: N = 141 unhoused adults, King County, Seattle; RDS weights applied for population-representative estimates

> **Recruitment:** Respondent-Driven Sampling (RDS). Peer-referral chains with custom QR-coded coupons; designed for hard-to-reach populations (Heckathorn 1997)

> **Administration:** Face-to-face iPad interviews by trained UW undergraduates, supervised by PhD students and faculty

Figure 1. Descriptive Statistics



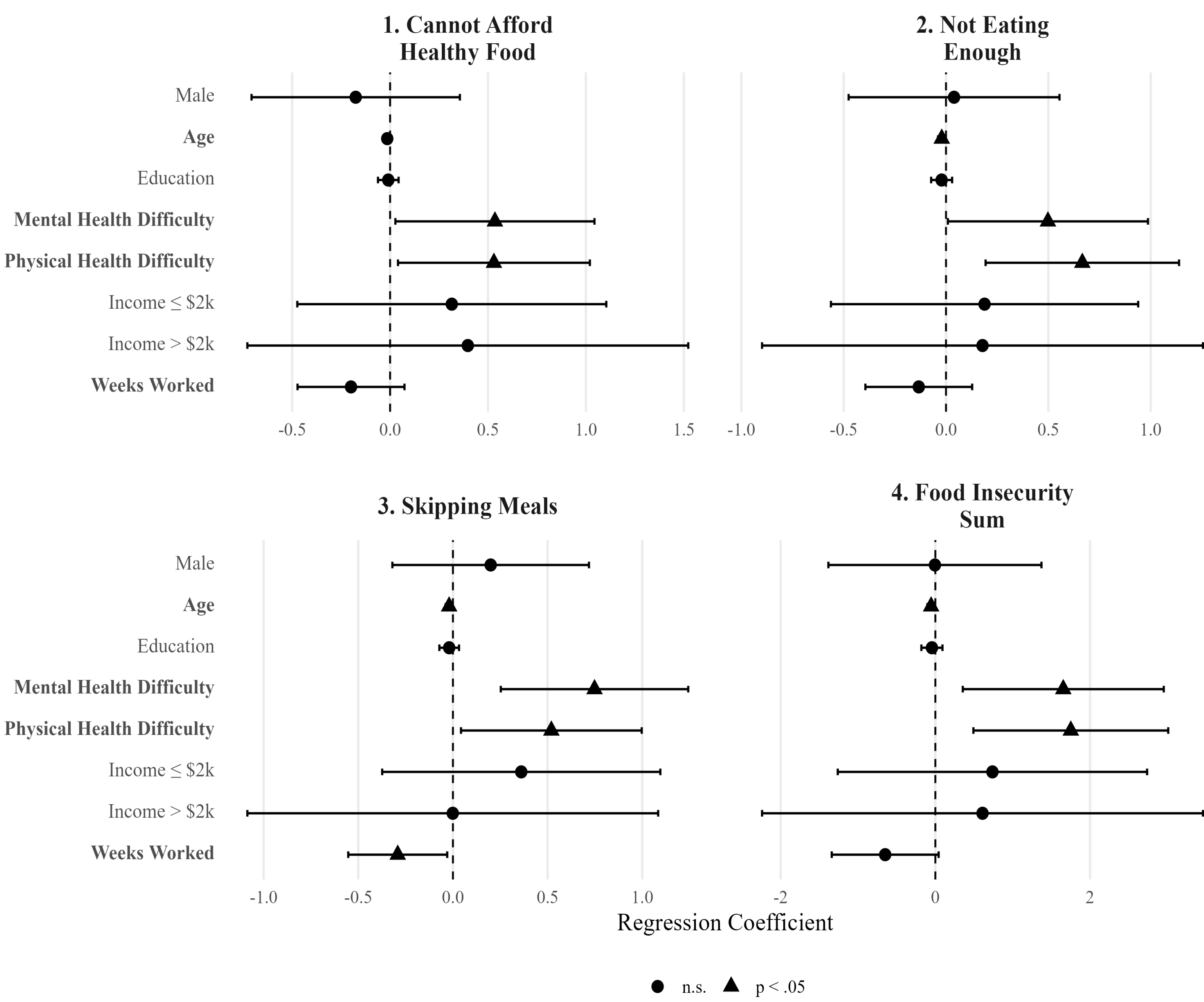
Analytic Models

Outcome	Key Predictors	Control & Method
Food insecurity composite index (0–12) - Sum of 3 past-30-day food hardship items: 1. Could not afford healthy food 2. Didn't eat enough due to cost 3. Skipped a meal due to lack of money - Models estimated for each item and the composite	Mental health difficulty Diagnosed with depression, anxiety, bipolar disorder, or eating disorder	Controls - Gender - Age - Education (years) - Income group: none / ≤\$2k / >\$2k - Weeks worked (past 4 weeks)
	Physical health difficulty Difficulty walking, climbing stairs, kneeling, or lifting 10+ lbs	Method - OLS regression with RDS weights - Four outcomes modeled separately

Results

► Finding 1: Health difficulties are robust predictors of food insecurity	► Finding 2: Economic indicators do not differentiate food outcomes
Mental health difficulty ($\beta = 1.654, p < .05$) and physical health difficulty ($\beta = 1.751, p < .01$) are associated with higher food insecurity, net of income and employment.	Income group is not significant, and weeks worked is not consistently associated with food hardship.

Figure 2. Predictors of Food Insecurity Outcomes



Discussion

- Health, not income or employment, is the key factor shaping food access** as physical and mental difficulties remain robust predictors after controls.
- Physical limitations** restrict travel to food programs and meal preparation.
- Mental health burdens** hinder planning, decision-making, and navigation of assistance.
- These findings **reframe food insecurity in this population as a health-related challenge**, not a purely economic one.

Policy implication:

- Reducing food insecurity among unhoused adults requires integrated health and food support.
- Income-based interventions alone are insufficient.

