## A QUANTITATIVE CROSS SECTION STUDY TO DETERMINE THE PREVALENCE OF FOOD INSECURITY AND ITS IMPACT UPON HEALTH OUTCOMES AMONGST PEOPLE LIVING WITH HIV IN SYDNEY

Coutelas J<sup>1</sup>, Langton A<sup>2</sup>, Moxham R<sup>2</sup>, Hirst S<sup>2</sup>, Houtzager L<sup>3</sup>, Rider A<sup>1</sup>, Yusuf C<sup>4</sup>

<sup>1</sup>HIV Outreach Team Darlinghurst NSW, <sup>2</sup>Positive Central, <sup>3</sup>Redfern Health Centre NSW, <sup>4</sup>Albion Centre NSW, Liverpool HIV Clinic NSW

**Background:** The aim of this study was to determine the prevalence, demographics and location of food insecurity amongst people living with HIV at six health sites in Sydney, Australia and to identify the factors relating to food insecurity.

**Methods:** This was a quantitative cross sectional study recruiting people living with HIV receiving HIV care from six sites across the Sydney metropolitan area. The United States Department of Agriculture Abbreviated 6-item Subset Food Insecurity Tool was used to assess food insecurity and a demographic questionnaire was completed. Bivariate analysis was conducted to investigate differences between variables. Descriptive and frequency statistics were used to collate the demographic questionnaire and determine the prevalence of food insecurity. All tests performed were two sided with a p-value of less than 0.05, or 95% confidence interval (CI) not overlapping, indicating a statistically significant association.

**Results:** Of the 162 participants 47% (n=76) reported food insecurity. The percentage of food insecurity was found to be higher amongst the females (61%, n=8 out of 13), unemployed (65%), receiving a government pension (63%), with a lower perceived health status (68%), a lower CD4 T cell count (60%), a detectable or unknown viral load (67%), and missed taking their antiretroviral therapy either in the last week or month (64%). All of the 6 participants who were Australian aboriginal were food insecure.

**Conclusions:** The study finds evidence of associations between food insecurity, education and employment status resulting in lower immune function and poorer health outcomes for people living with HIV in Sydney.