

Running head: THE MEANING OF FAST FOOD

1

The Meaning of Fast Food to Those Experiencing Homelessness: A Phenomenology

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Abstract

The following study was conducted to evaluate and better understand the attitudes and perceptions those experiencing homelessness have toward fast food. While previous research has studied those experiencing homelessness and their consumption of fast food, little to no research has been done to qualitatively assess what they think about fast food. This study was a qualitative phenomenology conducted through interviews with nineteen adults currently experiencing homelessness in a medium-sized city in the Mid-Atlantic U.S. Some insights those experiencing homelessness had toward fast food focused on the topics of health, cost, availability, necessity, and experience. Implications of this study include a better understanding of those experiencing homelessness and opportunities to improve the quality of life for those experiencing homelessness, especially in the area of nutrition and daily diet.

The Meaning of Fast Food to Those Experiencing Homelessness:

A Phenomenology

While much quantitative research has been done on the nutrition of those experiencing homelessness, little has been done in the way of qualitative research (Davis, Holleman, Weller, & Jadhav, 2008; Oliveira & Goldberg, 2002). It is important, not only to have quantitative data showing that a problem exists, but also to understand the perspective of the target population, in this case those experiencing homelessness. For this research study the desire was to better understand the perceptions those experiencing homelessness have specifically toward fast food. Those experiencing homelessness are human beings equipped with feelings, perspectives, and perceptions. To help those currently experiencing homelessness, in this case help them improve their health within the context of nutrition, their perceptions need to be understood and considered.

Literature Review

Homelessness

Homelessness is a word that can be used to describe a variety of situations, and its definition can vary depending on the situation. Overall, it is generally understood that those experiencing homelessness are in an insecure housing situation or require housing of some kind. The Public Service Health Act defines one who is experiencing homelessness as follows: “A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation” (as cited in National Health Care for the Homeless Council, 2016, para. 2). The defining measure whether or not someone is homeless rests on their housing situation, in fact “A

recognition of the instability of an individual's living arrangements is critical to the definition of homelessness" (National Health Care for the Homeless Council, 2016, para. 3).

Statistics. Recent statistics concerning those experiencing homelessness help convey a better understanding of who they are as a population and as individuals. In 2015, over 564,708 people were homeless in the United States (Henry, de Sousa, & Cohen, 2015). Of these 564,708, 36% were from families, while 64% were individuals not part of a collective family group. In addition, over 95,000 had experienced homelessness for an extended period of time, more than several months. While many of those experiencing homelessness were housed in temporary housing of some kind, such as a shelter, 31% lived on the street, without housing or shelter of any kind.

Reasons. There are many reasons why people become homeless. Inadequate income, or income that is not sufficient to reach an individual or family's needs, is one of the most prominent reasons homelessness occurs (National Health Care for the Homeless Council, 2015). People need sufficient income to cover not only their housing, but also other expenses related to housing such as their utility bills. In addition, people also have other needs that require money, including but not limited to, health or medical needs, food, and transportation. Since such people are unable to cover such expenses they may turn to one of several options, including homelessness. There are various reasons why the income of those experiencing homelessness' is insufficient. These reasons can include unaffordable housing, joblessness, substance abuse, poverty, mental health, and minimally-paying jobs (National Health Care for the Homeless Council, 2015).

Demographics. While there is the possibility that almost anyone could experience homelessness, there are certain populations that have a higher likelihood of experiencing homelessness. Population characteristics making one more vulnerable to experience homelessness can be divided by sex, marriage status, military status and ethnicity. Concerning sex, men, especially single men, make up a much larger percentage of the homeless population than women, including single women. In fact, according to one study across major cities in the United States, 51% of those experiencing homelessness were single males (National Coalition for the Homeless, 2007). In general, those experiencing homelessness are single males, though in rural areas this is not the case, with over 23% of those experiencing homelessness being part of a family (National Coalition for the Homeless, 2007). Ethnicity is yet another demographic that reveals populations that have higher rates of homelessness. According to the National Coalition for the Homeless (2009b), compared to the national population, those of minorities, African-Americans, Hispanics and Native Americans, are overrepresented in the homeless population while those who are Caucasian are underrepresented. In addition, another population that is more apt to experience homelessness is veterans, those who have been a part of the United States armed forces. Past surveys and research indicate that approximately 40% of males experiencing homelessness are veterans (National Coalition for the Homeless, 2007; United States Conference of Mayors, 2014). Another population that is particularly susceptible to experiencing homelessness is the mentally ill. According to one report, approximately 28% of those experiencing homelessness are severely mentally ill (United States Conference of Mayors, 2014).

Patterns. Homelessness can be categorized into three patterns: chronic, intermittent, and transitional. Chronic homelessness is considered to be “an episode of homelessness lasting more than a year or four episodes of homelessness in the previous 2 years” (Fazel, Geddes, & Kushel, 2014, para. 3). Though in some ways similar, intermittent homelessness is that of periods of homelessness interchanged with periods of not being homeless (Fazel et al., 2014). In contrast, transitional homelessness is much more temporary, and is usually a consequence of some sudden crisis (Fazel et al., 2014). Research suggests that experiencing homelessness for an extended period of time increases one's health risk (Fazel et al., 2014).

Health. Research suggests that homelessness has a negative impact on health. This negative health impact is a result of not only unhealthy choices, but also unhealthy necessities. One unhealthy choice is that of tobacco use. Research has shown that those experiencing homelessness are about four times more likely to smoke and are generally less likely to quit smoking (Fazel et al., 2014). Smoking leads to higher risk for certain health issues, including lung cancer, COPD, and cardiovascular and pulmonary issues. In addition, unintentional injury or illness such as hyperthermia, frostbite, and poisoning occur more often in those experiencing homelessness (National Coalition for the Homeless, 2009). Those experiencing homelessness also use acute healthcare facilities, such as the emergency room and the hospital at a greater rate than the general population, while using healthcare services, like a doctor's office, at a lower rate (National Health Care for the Homeless Council, 2011). This unbalanced use of medical resources is at least partially attributed to the fact that those experiencing homelessness often lack health

insurance, and they are less likely to seek healthcare unless the issue becomes more serious or even life threatening (National Coalition for the Homeless, 2009). In addition, when experiencing homelessness, it is more difficult to treat current or ongoing illnesses due to lack of access to, or room to store necessary medication (National Health Care for the Homeless Council, 2011). Overall, those experiencing homelessness are at risk for a variety of health issues, both acute and chronic, including but not limited to diabetes, heart disease, pulmonary disease, and even obesity (Oliveira & Goldberger, 2002; Fazel et al., 2014).

Nutrition. Another major reason that those experiencing homelessness are at risk to experience health issues, especially chronic health issues, is due to their diet. Several studies have been done on the nutritional status of those experiencing homelessness. Based upon past research those experiencing homelessness often consume more than the suggested amount of fat, sugar and carbohydrates, while not consuming enough vegetables, fruit, and dairy products (Davis et al., 2008; Oliveira & Goldberg, 2002). Consuming such an energy-dense diet often results in those experiencing homelessness lacking several minerals and vitamins in their diet, including iodine, Vitamin A, zinc, Vitamin C, iron and even calcium, as well as consuming levels of sodium and phosphorus above recommended levels (Evans & Dowler, 1999; Sprake, Russell, & Barker, 2014). Such an unbalanced diet can result in many health issues, including hypertension, diabetes, osteoporosis, heart disease, and being overweight or obese.

Hunger-Obesity Paradox. Research suggests that those experiencing homelessness are at elevated risk for becoming obese or overweight when compared to

the overall United States population (Baker, Schootman, Barnidge & Kelly, 2006). This concept is striking to the medical and public health community, as those experiencing homelessness are often stereotyped as being hungry and even underweight (Koh, Hoy, O'Connell, & Montgomery, 2012). This inversion is referred to as the hunger-obesity paradox. The reason for this paradox is due to one simple fact: those experiencing homelessness, as stated above, tend to consume an energy-dense diet lacking in appropriate servings of fruits and vegetables (Davis et al., 2008; Oliveira & Goldberg, 2002). When one is operating on a low income or is financially limited, the result is trying to avoid hunger by buying and consuming foods that are inexpensive and taste good but are also high in fat and simple carbohydrates, with limited nutrient value (Koh et al., 2012). Consumption of such foods with low-nutrient content can then lead to high rates of obesity in those experiencing homelessness (Koh et al., 2012).

Fast Food

One common source of food for those experiencing homelessness is fast food. There are several factors that contribute to the consumption of fast food among those who are homeless. For one thing, it is cheap, for another, it is accessible. Additionally, those experiencing homelessness often live either at a shelter or on the street. As a result, many people experiencing homelessness do not have access to a kitchen or kitchen appliances such as a stove or refrigerator, especially since many homeless shelters do not even allow perishables to be stored on the property (Huckabay, Reynolds, Fisher, Odell & Dyo, 2016).

Definition. The Merriam-Webster dictionary (2016) defines fast-food as “of, relating to, or specializing in food that can be prepared and served quickly” and “designed for ready availability, use, or consumption and with little consideration given to quality or significance” (“1” & “2”). This quickness of service and convenience has high appeal for the American people with 80% reporting consuming fast food at least monthly and 50% consuming fast food weekly (Dugan, 2013). In fact, in a single day 50 million people in the United States are served fast food (North America Heart & Ohio Medical Group, 2016). This is not surprising since McDonalds, which is considered the biggest fast food provider in the United States, has approximately 16,000 locations throughout the United States and is estimated to serve seventy-five burgers in just one second, serving 1 billion pounds of beef per year (Lieberman & Frolich, 2015; Lubin & Badkar, 2012).

Nutritional Content. Research has shown that fast food is not a healthy food option. More specifically, fast food is not a good source of fruits, vegetables, and complex carbohydrates, while providing excessive amounts of sugar, simple carbohydrates, and fat to one’s diet (Kitpatrick et al., 2013). Fast food’s poor nutritional status is largely due to fast food’s emphasis on red meat, carbohydrates, starches (e.g., potatoes, sugar), and fried foods.

Nutritionally, there are several issues with fast food. These issues include high levels of sodium and fat, especially saturated fat, as well as decreased availability of fruits and vegetables, which provide many necessary micronutrients (Jaworowska, Blackham, Davies, & Stevenson, 2013). As a result, regular consumption of fast food at least two times a week is associated with an increased risk for general poor health and being

overweight or obese (Jiao, Moudon, Kim, Hurvitz & Drewnowski, 2015). General poor health and unhealthy weight in turn lead to more specific health risks, which is not surprising considering fast food's high fat content and energy density.

Fast Food Consumption

Much quantitative research has been conducted concerning those experiencing homelessness, while the amount of qualitative data and research pertaining to those experiencing homelessness is limited. In fact, there is a good understanding of the demographics of those experiencing homelessness, as well as their diet, housing situation, and health, as indicated above. In addition, much research has been conducted concerning fast food and its effects on health. There is a gap in the literature, however, pertaining to how those experiencing homelessness perceive fast food. More specifically, little to no research has been conducted concerning the qualitative meaning people who are homeless attribute toward fast food. Therefore, the proposed research will be a qualitative research study, a phenomenology, regarding the meaning people experiencing homelessness place on their shared experience with fast food.

This research study was conducted in a medium-sized city in the Mid-Atlantic U.S by the researcher, a Public Health undergraduate student, for her Honors Thesis. The purpose of this research study was to better understand those currently experiencing homelessness and the meaning they convey toward fast food.

Method

Design

While quantitative studies have been conducted concerning those who are homeless and their consumption of fast food, there is little to no research or knowledge of the qualitative meaning people who are homeless attribute toward fast food. Their perspective is often not considered, but rather their consumption of fast food and its effects on their bodies is studied. However, people experiencing homelessness also have their own perceptions and put meaning to experiences, in this case fast food, just like anyone else.

The current study sought to understand the experience and meaning that those experiencing homelessness have toward fast food through a qualitative study, called a phenomenology. A phenomenology focuses on a group of people's shared experiences and how they perceive and interpret those experiences (Creswell, 2007). A phenomenon is basically a shared experience that all the members of a population share, and, therefore, the purpose of a phenomenology is to collectively describe and understand the population's perspective of the phenomenon. In this case the population was those experiencing homelessness, and the shared experience was fast food. Conducting the current study as a phenomenology was appropriate since the goal was to discover the meaning that those experiencing homelessness attribute toward fast food.

Like most research, phenomenological research has several components to it including data collection and analysis. Several methods can be used to collect data in a phenomenology, but for the purpose of this study, the researcher chose to use in-person

interviews. In a phenomenological interview, participants are asked broad and open-ended questions pertaining to the phenomenon, and are not guided or led unnecessarily to produce specific answers. Such a question might be phrased as follows: “what feelings do you experience when thinking about your parents?” In a phenomenology, data are gathered until saturation is reached. Saturation simply means that no new information is being discovered or voiced throughout participants’ interviews (Creswell, 2007). When saturation is reached can vary from study to study (Creswell, 2007). For this research, the goal was to reach saturation after about 15-20 participant interviews.

Participants

The target population of this study was those currently experiencing homelessness. Due to time and location constraints, participants were recruited in just one city in the Mid-Atlantic U.S. As of the beginning of 2016, about 237 people were currently experiencing homelessness in the area, and only a few dwelt on the streets (Trent, 2016). Participants were included in the study if they were currently experiencing homelessness, were at least 18 years of age, and were able to speak English.

The participants for this study came from a wide variety of backgrounds and there was much variety in age and sex. Nineteen participants were interviewed before saturation was reached. Of those nineteen there was an almost even balance of gender with nine male participants and ten female participants (See Table 1). The range of participants’ ages varied from 29 to 76 years of age (See Table 1 and Figure 1). In addition, participants were of various ethnicities including African-American, Caucasian, and Hispanic. Participants’ backgrounds were also varied with some growing up in the

South, some from Northwest USA, and some from places like New England. A few had jobs, especially the younger males. In addition, the length of their homeless experience varied from a few months to several years.

Table 1

Participants Demographics

Identity	Age	Gender
#1	30	M
#2	56	F
#3	62	M
#4	52	M
#5	55	F
#6	49	M
#7	53	F
#8	64	F
#9	76	F
#10	29	F
#11	31	M
#12	56	F
#13	31	M
#14	40	F
#15	55	M
#16	54	F
#17	35	F
#18	64	M
#19	27	M

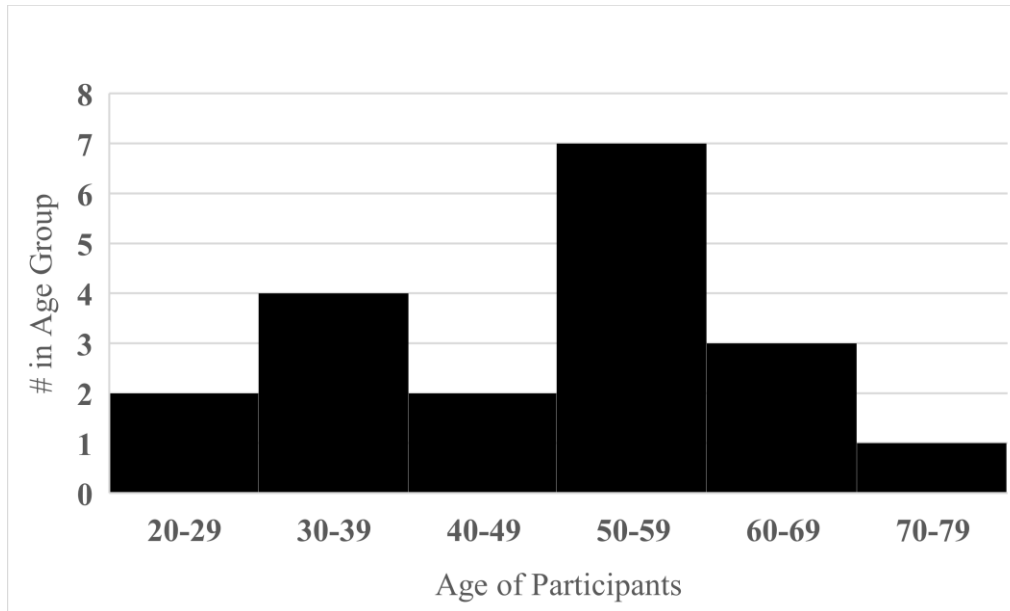


Figure 1. Age of Participants

Recruitment

IRB. As is appropriate for such a study the first step in conducting the study was to gain approval from the Institutional Review Board at Liberty University to conduct the proposed study. Once permission to conduct the study was granted, research began.

Location. The next step was to contact and confirm locations where participants could be contacted and interviews held. It was necessary to find locations where those currently experiencing homelessness could be recruited as participants in the study and interviewed. Four various locations throughout the area were contacted with only one of those locations willing and able to participate in the study. The selected location was a Salvation Army facility. This facility currently serves as a homeless shelter open to both male and female, allowing families to stay together, as well as providing meals to those currently experiencing homelessness (Salvation Army, n.d.). The facility not only

provided the opportunity to recruit participants, but also permitted the use of one of their rooms as a safe and discreet location to conduct interviews with participants.

Participants. Once the Salvation Army facility had agreed to collaborate as a location in the study and details were worked out, the recruitment of individuals began. During an evening meal, at the Salvation Army, the researcher made a verbal announcement to those utilizing the services of the shelter, including introducing herself and giving a brief synopsis of what the research was about, as well as what the interview entailed. An invitation to participate was extended to all who were eighteen or older and currently experiencing homelessness. Posters briefly explaining the study along with the researcher's contact information were also posted in several locations throughout the facility. Participants were also offered an incentive if they participated in the study, a five dollar Walmart gift card. Those wishing to participate were told to sign up for a thirty-minute time slot on any of the days that the researcher was available. Those who did not sign up but wished to participate were given the opportunity as time allowed.

Data Collection

Once recruitment had been completed, data collection began. A series of three questions had been previously developed by the researcher for use in the interviews. These questions are as follows: (1) Can you share with me what has been your experience with fast food? (2) What do you think about fast food? and (3) Can you describe a situation that you experienced that included fast food? Later a fourth question, (4) Why do you or do not eat fast food?, was included as well. Data were collected through a series of interviews from nineteen individuals currently experiencing homelessness.

Before formally beginning the interview, the researcher first introduced herself, went over the purpose of the study and the consent form, and collected some demographic data related to the participants. The interview began once the consent form was read and signed by both parties. These interviews took anywhere from two to fifteen minutes, and consisted of the researcher asking the participants the previously-mentioned questions. Every interview was recorded using an audio recorder, and later transcribed verbatim by the researcher, excluding personal identifying information. The participants had been made aware that they would be recorded and had agreed to be verbally recorded as part of them signing the consent form at the beginning of the interview.

Data Analysis

The last step in the research study was to analyze the collected data for broad overarching themes that were apparent throughout participants' interviews. The nineteen interviews had been collected into one document, which the researcher then intensely read and reread, engrossing self in the transcripts (Crabtree & Miller, 1999). Afterwards the researcher identified substantial statements and grouped these statements categorically by subject (Creswell, 2007). These categories were then further analyzed and interpreted as major themes, which more specifically explained the interactions of those experiencing homelessness with fast food (Creswell, 2007). Overall five major themes were identified. When finalized, these themes were meant to collectively describe the meaning that those experiencing homelessness put toward fast food.

Results

Themes

There were five themes that emerged from the data that the researcher felt best described the participants' qualitative feelings toward and perceptions of fast food based on study interviews. These five themes are as follows: health, cost, availability, experience, and necessity (See Table 2).

Table 2

Identified Thematic Elements

Theme	Description
Health	Participant feels that fast food negatively affects their health.
Cost	Participant feels that while fast food is relatively inexpensive it is also draining on their economic resources.
Availability	Participant feels that the fast food is readily accessible to them.
Necessity	Participant feels that fast food is their only option.
Experiences	Participant bases their perception of fast food on their past experiences including the taste and atmosphere.

Health. One of the identified major themes was fast food's negative impact on health. Based upon the interviews participants perceived fast food's negative impact and possible relationship was true pertaining both to chronic disease and illness as well as acute disease and illness. In terms of chronic disease a few participants felt that fast food negatively affected their ongoing chronic health issues. For instance, one participant

stated, “With my health problems I should not eat no [*sic*] fast food.... I got COPD and asthma to take my breath away” (Personal Communication, 2016). Others indicated that their chronic health issues such as diabetes may have partially resulted from their like for and consumption of fast food. In fact, one participant stated, “I got Type 2 Diabetes. So, I have to watch what I eat, and part of the reason I am there is because I like to eat fast food” (Personal Communication, 2016). Other participants mentioned their experiences with food poisoning or general malaise from consuming fast food. One participant described an experience she had after consuming fast food chicken: “Later that night I was sick as a dog. I think I had food poisoning...I mean I was throwing up, diarrhea, the whole bit” (Personal Communication, 2016). Many others indicated their understanding that fast food can negatively affect their health by commenting on how it can influence their cholesterol and blood pressure, how it makes them hyper, its influence on their weight, and how it can be genetically modified. One went even as far to say, “I just don’t think it is real food. I don’t think the meat is real, and if it is it has got [*sic*] genetic whatever modified something in it” (Personal Communication, 2016). About cholesterol and sodium, another participant pointed out “a lot of your fast food has a lot of cholesterol. Any of your fried foods, those have cholesterol. Even Chick-fil-A sandwiches, stuff like that is loaded with cholesterol. And it’s loaded with sodium and stuff that is not good for you” (Personal Communication, 2016).

Cost. Another evident theme was that concerning cost. While the overall perception was that fast food is relatively inexpensive, many participants also mentioned how it can be draining or not even an option on their limited monetary resources. For

instance, one participant concisely stated “I am on a very, very limited income, and I can’t even get a dollar meal,” while another simply said, “It costs a lot to eat out” (Personal Communication, 2016). One gentleman described what he used to get every single morning at McDonalds. It was a basic meal but it still cost him five dollars every day and in his words, “You figure it out now, I am doing that every day, thirty days out of the month, that’s a whole lot of money to spend on fast food” (Personal Communication, 2016). Or as another participant said, “I have seen guys go eat three burgers five days a week and that’s a lot of money” (Personal Communication, 2016). While some did admit that over time consistent consumption of fast food can be costly, many also mentioned its affordability and cheapness. The affordability of fast food is best summed up in the words of one of the participants “Uh yeah, it’s inexpensive...it’s easy, fast, cheap, relatively...It’s bad for you, but it’s cheap, especially right now that is the name of the game . It’s hard to find cheap options that are readily available, quickly available” (Personal Communication, 2016). One participant concerned with both health and cost pointed out that in her experience, “they [fast food restaurants] make healthy choices so much more expensive” (Personal Communication, 2016).

Availability. Another theme that was prominent throughout the interviews was that of availability, meaning that participants felt that fast food was readily accessible to them. In particular, fast food locations are open almost all the time, seven days a week and sometimes even twenty-four hours a day. In addition, they are conveniently located all over, particularly in places where those experiencing homelessness can walk too. One participant pointed out, “You can just go out...Your McDonalds is at your disposal, Taco

Bell, Red Robin, whatever” (Personal Communication, 2016). On the other hand, fast food is also convenient. For as one participant said, “when you don’t like cooking and you have been doing stuff all day, you know you want something fast” (Personal Communication, 2016). In fact, another participant said that for themselves personally, “convenience is the main thing” (Personal Communication, 2016). One participant said “If I am in a hurry then it is easier to go buy McDonalds or Wendy’s then it is to try to figure out a way to sustain myself for that same amount of money by going to the store.” (Personal Communication, 2016).

Necessity. Another theme that emerged was that of necessity. Many participants expressed that at times fast food was their only available food source due to many factors, including the Salvation Army facility not serving lunch and not having access to a kitchen. As one participant put it, “some days you don’t have anything else to eat,” while another one stated, “It [fast food] will fill you up and tie [*sic*] you over until you can get some cooking” (Personal Communication, 2016). One especially poignant comment by an older gentleman was as follows, “There are times you can’t cook. You feel like you don’t got a choice, when your stomach wants bad [*sic*]” (Personal Communication, 2016). In addition, not only is fast food easily accessible often other resources for meals are unavailable to those experiencing homelessness. As one person said “I really love to cook, but right now I can’t so, you know, every once in a while, I go to McDonalds or Arby’s and get something” (Personal Communication, 2016). Many, especially the older participants, expressed sadness that fast food was at times their only option for food, since they enjoyed cooking and would gladly utilize a kitchen if one were available. For

example, one participant said, “If I was in my house or apartment or whatever, I would be cooking my own food I wouldn’t be eating all that food. I eat fast food because here [Salvation Army facility] you only get breakfast and supper” (Personal Communication, 2016).

Experience. The last theme that emerged was that of experience. In this theme participants based their perceptions of fast food, whether good or bad, on their past experiences including taste, service, and atmosphere. In regards to service, there were many differing opinions and perceptions concerning service at fast food restaurants. Some felt that service was bad at fast food restaurants, and they had memories of being discriminated against in one way or another. For instance, one person related, “one time I went to McDonalds and they dropped my patty on the floor and picked it up and put it on the bun” (Personal Communication, 2016). Another complained about the slowness of service, stating, “I used to get it [McDonalds] quite a bit, and there was a time where they were extremely slow...You can order and it take [sic] you fifteen minutes to get your food. Oh yeah, they used to be really bad.” (Personal Communication, 2016). Other complaints included finding metal in French fries and similar incidents to the ones related above. Others found the service at fast food places to be decent, though, as one related in addition to their positive experiences, “I have had bad experiences too, where people forget whole things or get half the order” (Personal Communication, 2016).

Similar to service there were varying opinions and perceptions concerning the taste of fast food and atmosphere at such restaurants. Some people really liked it, while others did not enjoy the taste of fast food and only ate it out of necessity. Those who

really liked the taste of fast food shared how much they enjoyed it but also issued caution due to its cost and effects on health. Positive comments included broad statements such as “I really enjoy it” and “It’s good” (Personal Communication, 2016). Others expressed distaste for fast food and suggested the only reason to eat it was out of necessity. As one participant stated, “I think it is pretty awful, almost all of it” (Personal Communication, 2016). One somewhat unexpected thing related to the theme of experience was atmosphere. One participant in particular was emphatic about how the atmosphere contributed to eating fast food, stating, “I can have money to eat when I just don’t want to be around people and be left alone. I mean I come to a place like this [Salvation Army facility], I am not going to want to eat here. I want some time to myself. I want some peace and quiet. Eating a sandwich or a bag of chips or something. Just, you know, a little bit of quiet time” (Personal Communication, 2016). A few others, since they had worked at fast food restaurants in the past or would meet friends there alluded to the comfort and closeness or comradery they felt at fast food restaurants.

Discussion

The current study sought to determine the experience and meaning that those experiencing homelessness put toward fast food. In order to truly help a population of people, the medical and health field must first understand their perceptions and attitudes. The hope is that the results of this study will help professionals make a difference in helping those experiencing homelessness. When professionals better understand the target population’s perceptions and build on the expressed thoughts and concepts

presented in this study, they can more effectively help those experiencing homelessness, especially in the area of nutrition.

Limitations

Several limitations are present in this study. Two of them deal with the design and setting of the study. First of all, due to it being a qualitative study, the methodology and procedures make it hard to generalize the results to the whole population of those experiencing homelessness in general. In addition, the participants in this study were to the best of the researcher's knowledge in temporary housing at the Salvation Army facility, which also provided them some meals, thus making it hard to generalize the study to the homeless population in general.

Two other limitations have to do with the researcher. One limitation was the bias that every researcher has, at least to a certain extent. As a result, though the researcher did her best to be unbiased and not let the research be affected by her perspective, some bias is likely in such a study. The researcher did take time before conducting the study to think about and address her individual prejudices, preconceptions, and biases concerning fast food and those concerning homelessness. Due to the researcher being a student in the public health field and interested in nutrition, she has definitive feelings and knowledge concerning consumption of fast food and how it affects health. As a result, this was one area that the researcher examined beforehand. She also phrased pre-planned interview questions so as to remove as much bias from the wording as possible. There were times, however, that the researcher used wording or phrasing that at least somewhat betrayed her bias concerning fast food. Regarding analysis, coding the data, and identifying

themes, again the researcher was at risk for allowing her personal biases to cloud her mind. To hopefully safeguard against personal bias to a small extent, the academic advisor was allowed access to the coding and data, for a brief review. In addition, the researcher's skill is another limitation. While this research study was created and conducted with care by the researcher with assistance from her academic advisor, this was the first time the researcher had conducted qualitative research on such a level. Due to the researcher's lack of experience, this research is likely lower quality than if a more skilled researcher would have conducted the research. Mistakes that the researcher could have made includes not broaching questions in a sufficiently open manner and misphrasing or asking questions in a way that could be somewhat leading, though unintentionally.

Future Research

There are several possibilities for future research, building on the results of this study. First, now that a baseline has been set as far as some perceptions of those experiencing homelessness toward fast food, the next step could be to conduct a quantitative study of some type that further examines the recognized themes and helps to see if they can be generalized to the homeless population in general. Another interesting opportunity would be to conduct another study similar to the one conducted, but with those experiencing homelessness who are not housed. A third idea for future research would be to conduct the same research study this time with low-income individuals, middle class individuals, or both. This would also provide a point of reference and help

show how the perceptions of those experiencing homelessness differ from those who are not homeless.

Recommendations

The results of this research regarding those experiencing homelessness and their perceptions of fast food have some important applications. Not only is it important to consider the perceptions and attitudes that those experiencing homelessness have toward fast food in general, it is also interesting and practical to see how the major identified themes are interrelated and what implications that has for those experiencing homelessness. Many of the study participants indicated that availability, and sometimes necessity, were major reasons they consumed fast food. Along with that is the theme of cost. Though some indicated that fast food was too costly for them, many considered fast food to be an affordable option that when combined with availability made it appealing to them. When combined with at least decent taste, the appeal of fast food is yet stronger. This is just one example of how the various identified themes are interconnected, and together paint a larger picture of those experiencing homelessness and how they relate to fast food. As the interviews showed, overall those experiencing homelessness perceive fast food to be a cheap food source, as well as the most readily available and even possibly the only available source of food, making consumption of fast food a necessity. Despite all this, in this study, several participants indicated that they were aware of the health issues that consuming fast food can cause. For some of them this meant not consuming as much or being careful what they order at fast food restaurants. For others, despite the health risks they feel they have no choice, especially since the healthier

options often seem to be the more expensive options, or they do not know what healthy options are available. In addition, those experiencing homelessness also have their past experiences involving fast food quality of service and product to consider.

Implications

Overall this research has produced some insightful data, and the question must be asked how this research can be applied to the area of public health and helping those experiencing homelessness. What can shelters do to provide opportunity to store food, including fruits and vegetables, and allow individual food preparation? Secondly, something needs to be done to better educate those experiencing homelessness on options at fast food restaurants that are both healthy and affordable. The most practical application of this research, however, is simply to better understand those experiencing homelessness, helping professionals better understand their feelings and see things from their perspective.

Conclusion

This study revealed several themes or perceptions that those experiencing homelessness have toward fast food. These perceptions include the unhealthiness of fast food, the cost of fast food, the availability and even necessity of fast food, and positive and negative experiences in quality and service of fast food. These perceptions must be considered and can help us better understand those experiencing homelessness, especially pertaining to fast food. In the future, this research can be used to help those experiencing homelessness move toward better health and better choices, improving their quality of life.

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