4-27-2018

A Journey Through Homelessness: a Photovoice Project With Youth Experiencing Homelessness in Minnesota

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A JOURNEY THROUGH HOMELESSNESS:

A PHOTOVOICE PROJECT WITH YOUTH EXPERIENCING HOMELESSNESS

IN MINNESOTA

BONNIE D. PAULSEN

Submitted in partial fulfillment of
the requirement for the degree of
Doctor of Nursing Practice

AUGSBURG UNIVERSITY
MINNEAPOLIS, MINNESOTA

2018

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Doctor of Nursing Practice Program
Scholarly Project Approval Form

This is to certify that **Bonnie Paulsen** has successfully presented her scholarly doctoral project entitled **"A Journey through Homelessness: A Photovoice Project with Youth Experiencing Homelessness in Minnesota"** and fulfilled the requirements for the Doctor of Nursing Practice degree.

Date of presentation: April 27, 2018.

Committee Members' Signatures:

Major Advisor: _Deborah Schulmacher, DNP, RN_ Date _April 27, 2018_

Faculty Member: _Joyce L. Miller DNP, RN_ Date _April 27, 2018_

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Dedication

As I thought about who I would like to dedicate this work and my degree, my first thought was to all the women in my life who have supported me in becoming who I am. From my mother, aunts, sisters, sisters-in-law, daughters-in-law, nieces, friends, co-workers, and faculty-all have helped me along the way and are dear to my heart. But after more reflection I realized it was my husband Jim who truly was the support that made this journey attainable, and I couldn't have done it without him by my side.

So, this is for you James Leander Paulsen.

Acknowledgments

The completion of this project and degree is due to the support, contributions, and encouragement of many, and it is difficult to know where to begin. My family has been on an educational journey with me from my Associate Degree to this Doctor of Nursing Practice, and I want to let them know that I am grateful for their support and encouragement as I have walked this road. Thank you for believing in me.

I also could not have done this project and degree without the support of the faculty of Augsburg University. Dr. Deb Schuhmacher's advice, support, and encouragement has helped me through the inception of my project to the writing of this document. I also want to acknowledge the other faculty that touched my life and academic journey over these past three years, Dr. Joyce Miller, Dr. Kris McHale, Dr. Katie Clark, Dr. Cheryl Leuning, Dr. Katherine Baumgartner, and Dr. Lisa Van Getson. Whether it was in a classroom or during an immersion, they assisted in increasing my knowledge of what caring, culture, and health means.

I also need to thank the City of Bloomington and staff at Bloomington Public Health. The support of my supervisor and managers while I was going through these last three years has been immensely helpful. They gave me encouragement and helped cover work responsibilities when I needed to be gone.

But most importantly of all, I need to thank the staff and youth at the Midwest drop-in center who have allowed me to step into their lives and supported and worked with me as I got to know them, what youth experiencing homelessness are all about, and their participation in my project. For that I will be forever truly grateful.

Abstract

The purpose of this project was to conduct a photovoice project with youth experiencing homelessness who frequent a drop-in center in the Midwest. Youth experiencing homelessness are a marginalized population whose numbers continue to grow. Photovoice is a method by which marginalized populations have an opportunity to express their lived experiences through photographs and what those photographs mean to them. Four youth from the drop-in center in the Midwest participated in the photovoice project. The youths were given cameras and instructions to take photographs of three broad areas: what homelessness means to them, their dreams for their futures and how has drop-in center helped them on their journey through homelessness. Their photographs and narratives are explained in this paper. The photographs were categorized into three themes: Caring Connections, Where Will I Sleep, and Dreams for the Future. Margaret Newman's Health as Expanding Consciousness Theory and the concepts of health, nursing, human, and environment provided a framework and guided this project. A conceptual model was developed to represent the journey of the youths' lives. Increased authentic connections using photovoice may change policy decisions, help communities deliver equitable services, and empower the participants of the photovoice project. Increased use of photovoice for community needs assessments, evaluation of programs, and a way to inform communities about issues should be considered.

        Keywords: photovoice, youth experiencing homelessness, homelessness, Margaret Newman, Health as Expanding Consciousness

A Journey Through Homelessness:

A Photovoice Project with Youth Experiencing Homelessness in Minnesota

Chapter One: Introduction

The number of youth experiencing homelessness is growing. It is estimated that anywhere from 1.5 to 2 million youth are homeless on any given night (Edidin, Ganinm, Hunter, & Karnik, 2012; Washington, 2011). In Minnesota, that number is estimated at 6,000 youth who are experiencing homelessness (Wilder Foundation Research, 2015). These youths are very vulnerable and experience multiple risks that put their futures in jeopardy. Photovoice is a tool that can be used to hear the voices of marginalized populations, such as youth experiencing homelessness. Photovoice is a way to engage in participatory action research and is very flexible (Wang & Burris, 1994; Wang & Burris, 1997; Wang, Cash, & Powers, 2000). This flexibility allows photovoice to be used in different situations to address issues that arise in communities. Pictures and stories are a qualitative creative expression of thoughts, feelings, and needs that may tell one's story better than the written word. Newman's (1999) Health as Expanding Consciousness theory is the guiding framework for this project and her four paradigms of health, nursing, human, and environment provide support for the photovoice project. Consequently, a photovoice project was conducted to gather the lived experience of youth experiencing homelessness at a drop-in center in the Midwest by exploring what homelessness means to them.

Background

Youth experiencing homelessness has changed over time. In the early 1900s, youth who left their family homes were called Runaways. Children off on an adventure

was romanticized as in the adventures of Tom Sawyer and Huck Finn (Nicolis &

Delvenne, 2014). This romanticized view then shifted to the 1960s where youth who ran

away were considered to be rebelling against society. The perspective of rebellious youth

(hippie culture) in the 1960s was considered but a brief period of growth and exploration

for youth. By the 1970s, runaways were viewed as a social problem, and the need to

address runaways and youth experiencing homelessness took on another focus (Nicolis &

Delvenne, 2014). Youth under age 17 who are not housed in a stable environment are

considered not age appropriate to be independent. Youth who run away are considered

vulnerable children and family ties are ruptured. This rupturing of family ties has a

significant effect on individuals, families, and society (Lacoursiere & Fontenot, 2012).

Youth experiencing homelessness have very complex lives and multiple issues to handle.

"Given the complexity of the problem, a multidisciplinary approach is needed."

(Lacoursiere & Fontenot, 2012, p. 416).

There are multiple causes of homelessness in youth. These include poverty,

substance abuse, mental health issues of the child or parents, and physical and sexual

abuse (Edindin et al., 2012; Nicolis & Delvenne 2014; Wilder Foundation Research,

2015). Most of the research around youth experiencing homelessness looks to identify

the causes of youth homelessness, ways to intervene while they are on the streets or

unstably housed, or how to provide resources. Little research focuses on the resiliency of

youths and their hopes and dreams for the future.

Youth Experiencing Homelessness

There are many different names that are used to identify youth who are

experiencing homelessness. Some of the terms used are runaways, homeless youth,

throwaways, street-involved youth, unaccompanied minor, and system youth

(Interagency Working Group on Youth Programs, n.d.). This paper will use two terms when working with and discussing the youth who participate in the photovoice project at the drop-in center in the Midwest. The two terms I have chosen to use are youth and youth experiencing homelessness. A difficulty in identifying youth experiencing homelessness is because of the different terms the youths themselves use. Youth may consider sleeping on family or friend's couches as not being homeless but as couch surfing. Another term used is sleeping rough, this may mean sleeping under overpasses, in abandoned buildings, or in cars or other places not identified for human habitation (Yoonsook, Narendorf, Santa Maria, & Bezette-Flores, 2015).

Youth experiencing homelessness are disproportionately from racially and ethnically diverse populations. In a study by the Wilder Foundation Research in Minnesota (2015), 37% of youth experiencing homelessness identified as African American as compared to 6% of the general population. This disproportion was also true for Latino (11% versus 5%), American Indian (16% versus 1%), and sexual minority youth: lesbian, gay, bisexual, transgender, and questioning (20-40% versus 3-5%) (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013). At the drop-in center in the Midwest, 82% of those who used the drop-in center were identified from diverse populations (Oasis for Youth, 2015).

The youth are at risk for multiple health and developmental concerns that homelessness only exacerbates. Adolescence and young adulthood are an important developmental time in youths physical and mental health and their movement into adulthood. The lack of a stable living arrangement and connection to a caring adult can affect decisions they make and influence the rest of their lives. Youths' health concerns

are well documented (Lynch et al., 2015). Supporting youth towards better living situations and connections can assure better health and wellbeing for youth.

Youth experiencing homelessness, like their housed counterparts, have access to technology, and they use it to connect for gathering information from the Internet, social connections, and services (Bender et al., 2015). Many youths have cell phones but may have difficulty keeping the phones charged or paying for the monthly service fees. Some youth while not stably housed with families of origin continue to stay in contact with parents and siblings, using technology to make those connections (Rice, Lee, & Taitt, 2011).

Youth bring multiple issues to the table, providing adequate youth-focused services can be challenging for shelters. Youth often do not utilize adult shelters as they prefer not to be housed with adult homeless individuals. "Youth also noted that they felt more comfortable around people their own age and desired services where they encountered other young people like themselves" (Yoonsook et al., 2015, p. 29). The rules and regulations of many shelters do not work well for youth experiencing homelessness, which can be another barrier to shelter utilization (Yoonsook et al., 2015). Youth want services that are non-judgmental, confidential, respectful, and want to build a trusting relationship. Staff or case managers who work with youth need to provide trauma-informed care, be a caring adult and willing to build a relationship, provide culturally client-centered care, and focus on the strengths that the youth have (Yoonsook et al., 2015).

Drop-In Center

The drop-in center located in the Midwest addresses and responds to youth experiencing homelessness or at risk of homelessness. With support from a local church, the center opened its doors in 2010. In that first year, there were 90 visits from youth. This number has grown to over 2,000 visits in 2015 (Oasis for Youth, 2015). The center is staffed by volunteers, but with the growth in numbers of youth using the center, case management staff have been hired to provide the professional services that support youth and a connection to a caring adult. Besides the executive director and program manager, the organization has one lead case manager and three other case managers who provide connections to resources and services for youth (Oasis for Youth, 2015). These case managers also go into the community and schools to provide outreach activities. The school-based outreach assures connections with school staff who support youths in their academic journey. The center recently partnered with a large retail mall to provide additional supports for youth employed there (Oasis for Youth, 2015).

The services the drop-in center provides are directed at youth who are ages 16-24 and who live, work, or attend school in the local communities, although youths from other communities are not turned away (Drop-in Center, 2018). Services include a free clothes closet, food resources and snacks, a once-a-week visit to the food shelf, laundry and shower facilities, and transportation assistance through bus tokens. Technology resources such as a computer lab, Internet access, and the ability to plug in electronic devices are also present (Drop-in Center, 2018).

Case managers may assist with a job-search or resume development. On-site services, such as legal assistance provided by the Youth Law Project, mental health

counseling provided by Headway, and health, wellness, and parenting support from a

public health nurse from a local agency are also available (Drop-in Center, 2018).

Referrals to local government services and system navigation, shelter and housing

programs, and rental assistance may also be made. The case managers set goals with the

youth to pursue, such as educational, employment, or housing support. The most

valuable service is the connections to caring adults (Oasis for Youth, 2015; Drop-in

Center, 2018).

This Midwest drop-in center collects data about the utilization of its services and

who they are serving. Data from the center's Oasis for Youth 2015 annual report showed

that 55% of youth who came to the center were female, 45% were male, and most youths

were of diverse backgrounds. The youth of color currently make up 82% of those who

used the drop-in center (Oasis for Youth, 2015). There are 35% of youth who are

parenting children (Oasis for Youth, 2015). Of the youth who participate with center

case managers, 78% are considered unstable in their housing situation with only 22% of

the youth in safe housing (Oasis for Youth, 2015).

A local public health agency has been working with the drop-in center since 2014

providing health, wellness, and parenting support to the youth. Since 2014 I am the

Public Health Administrator for this public health agency. In January 2015, a new public

health program called the Pregnancy Free Club was initiated. This targeted program

focuses on reproductive health concerns, primarily on pregnancy prevention and sexually

transmitted infections (STIs). A public health nurse is available once a week and youth

who meet with the nurse receive small incentives. Pregnancy options and information are

provided with referrals given as needed. Healthy relationships and negotiation skills are

discussed. The connection to health information and resources from a non-judgmental caring adult is an asset to the drop-in center and the youth who access services there.

In July of 2016, I started volunteering at the Midwest drop-in center. This volunteer opportunity allowed me to develop relationships with the staff and youth who frequent the drop-in center and gain knowledge about youths experiencing homelessness and their lives and issues. Conducting a photovoice project with the youth who frequent the drop-in center will inform the drop-in center about the value of their services, will inform the local community about homelessness through the eyes of the youth, and will allow the youths to express their hope for their future.

Photovoice projects have been in use for many years. This practice first introduced by Wang and Burris (1994), was initially called a Photo Novella which evolved into photovoice. Photovoice projects are done throughout the world today. These projects are usually conducted to gain knowledge in three areas: to assist in community needs assessments, to evaluate an existing program, and to share knowledge of the participants to communities and funders about an issue (Wang & Burris, 1994, Wang & Burris, 1997).

Significance of the Project

The photovoice project will inform those with whom this project will be shared by providing a worldview of homelessness from the youths' perspective through their photographs and quotes. These photographs and quotes will be shared with staff at the drop-in center who make decisions about support services, with staff from the local public health agency, and with the Local Public Health Association (LPHA). This sharing of the photovoice project will assist in increased knowledge about photovoice.

Youth who are experiencing homelessness are a hidden and marginalized population often not asked to share their thoughts. The quotes and the photographs are a powerful, authentic voice about their thoughts of homelessness, their dreams for the future, and their journey through homelessness. It will also educate staff who work at the drop-in center about photovoice projects. The quotes connected with the photographs give voice to the participants and help inform those who work with youth and those who support programs that serve this marginalized populations. The sharing of this project will increase the knowledge about photovoice by those who work in the public health field. Increased knowledge about photovoice may encourage other public health staff and agencies to choose a photovoice project when working with at-risk communities and assist in gaining an authentic voice from those communities.

Nursing Theoretical Foundation

Margaret Newman's theory, Health as Expanding Consciousness (HEC), was influenced by Martha Roger's Theory of Unitary Human Beings. Rogers stated human beings are a four-dimensional energy field identified by patterns and characteristics specific to the whole (as cited in Newman, 1999). Newman (1999) stated all humans are connected to the energy of the universe, and this connection and interaction allows humans to be constantly evolving their consciousness and who they are. Newman stated the need to see health as a pattern of the whole person not just the absence of disease, but for some people, their health incorporates pathology along with wellness. She further explained that this dichotomy of health and pathology are a part of the whole person, that person's energy field, and that person's state of wellness. Understanding and recognizing

this pattern of health as well as disease allows the person's expansion of consciousness (Newman, 1999).

Newman (1999) also utilizes Prigogine's theory of dissipative structures to discuss the change in consciousness and human's expansion of consciousness. Prigogine's theory is explained as "Living systems are open systems, i.e., systems undergoing irreversible nonlinear transformation…" (as cited in Newman, 1999, p. 37). Living systems that exchange energy with the environment are forever changed. Newman stated human beings exposed to a major change in life causes chaos in their energy fields. As a person's consciousness expands to absorb this change, the individual reorganizes at a higher level of functioning (Newman, 1999).

Newman's ("Health as Expanding Consciousness," 2011) theoretical paradigms include health, nursing, human, and environment:

- Health and illness are viewed as one-health.

- Nursing is viewed as a partnership with another human being and the caring experience. This connection helps to expand both the nurse and client's consciousness.

- Human is unitary and cannot be divided into parts. The person does not possess consciousness-the person is consciousness with an overall pattern of expanding consciousness.

- The environment is described as the universe of open systems. (p. 3)

These four nursing paradigms guided this project at the drop-in center in the Midwest.

Newman's ("Health as Expanding Consciousness," 2011) theoretical assumptions are that health encompasses pathologies in some people more than in others. As more

pathology is represented in the whole person, the less well a person becomes. The

removal of the pathology does not change the pattern of the person; the person continues

to be whole. If the pathology or illness cannot be removed (healed in Western medicine),

then the pattern of the whole incorporates that pathology in the health of the whole-as

someone incorporates a chronic disease. This addition of the wellness with the pathology

becomes the person's pattern, expanding the person's consciousness to incorporate both.

Newman ("Health as Expanding Consciousness," 2011) defines an illness or an

issue that someone has in life as a pathology. It is these pathologies incorporated into the

pattern of the whole person that makes up a person's health. It is important to look at the

lives of the youth as a pattern of the whole. Their journey through homelessness is part

of that pattern of health for them, and as they learn new ways of being, they move from

the chaos of homelessness to an expanded consciousness of being. The youths and their

families are the human aspect of Newman's theory. The youths are unitary beings who

cannot be divided into parts and need to be accepted as they are. Their experience with

their families and life before becoming homeless have been incorporated into the pattern

of their whole. The environments the youths grew up in had a profound effect on their

consciousness and of who they are, where they have come from, and where they are

going. This connection to their environment brings experiences into the pattern of the

whole for them. This incorporation of experiences from their environment, their life

experiences, and their family's influences can affect their health.

Newman ("Health as Expanding Consciousness," 2011) states that health is not

just the absence of disease but is important to consider when meeting new human

connections. In this project, the nurse and the youth connect in a nurse-client

relationship. Newman explained the nurse-client relationship as a three-step process: they meet, they share consciousness, and they move apart. In this process the client and nurse work together to work toward health of the whole person, which might still include pathology, recognizing that health is not just the absence of disease.

This chapter reviewed issues surrounding youth who are experiencing homelessness, how youth are viewed by society, and how this project may inform those who work with the youth. The Midwest drop-in center, utilized by many youths, provided a way to connect with youth who are experiencing homelessness and engage them in the photovoice project. Newman's HEC theoretical paradigms of human, health, environment, and nurse were used to guide this project. Chapter Two will review the literature on homelessness, health, consciousness, resiliency, empowerment, and the value of photovoice projects.

Chapter Two: Literature Support

Youth experiencing homelessness are on a journey through homelessness and are resilient but are also at risk for many health and social impacts to their lives. There has been a paradigm shift in thinking of youths who are at risk as a problem to looking at them as an asset for communities (Damon, 2004). Through a review of the literature, many of the issues that affect youth will be discussed. Youth's health is especially a concern at this time in their lives. Adolescence is a time of great physical and emotional growth and maturing into adulthood. This chapter will discuss homelessness, health implications for youth, and consciousness, resiliency, and empowerment of youth experiencing homelessness. Photovoice and the value and use of this activity will also be discussed.

Homelessness

The McKinney-Vento Homeless Assistance Act (2002) defines homeless individuals as persons who lack a fixed, regular nighttime residence or who inhabit a place that is not designed for human accommodations such as a car, abandoned buildings, or public spaces like bus or train stations. This definition looks at all individuals who are homeless, but youth experiencing homelessness are often put into other categories which will be discussed later.

Youth Experiencing Homelessness

Youth are often considered at-risk. The general definition for at-risk youth is those whose outcome for a successful transition to adulthood fail because of school failure, economic dependency on society, incarceration, or death. The factor most often

associated with children and youth being considered at-risk is coming from or living in poverty (Child Trends, 2006).

Youths who are experiencing homelessness are a very transient population making it difficult to identify who they are and to get an accurate number of youths who are homeless (Connolly & Joly, 2012; Yoonsook et al., 2015). In the United States, Washington (2011) estimated there were 1.5 million youth who are homeless, Lacoursiere and Fontenot (2012) estimated 2.8 million youth, and Edidnin et al. (2012) estimated there were 1.6-2 million youth. Thrane and Chen (2012) estimated that 6% of United States youth run away, and Nicolis and Delvenne (2014) estimated that 12% of youth run away by age 18 in the United States.

Youth experiencing homelessness are described and categorized in different ways. The Wilder Foundation Research (2015) report, *Homelessness in Minnesota*, categorized youth into three segments:

> children who are age 17 and under who are homeless with their parents; minors
>
> who are age 17 and under and who are homeless and on their own; and young
>
> adults age 18 through age 24 who are homeless and on their own. (p. 42)

Nicolis and Delvenne (2014) divided youth into three classes or categories as well and estimated what percent of youth fit into each category: "temporary runaways or adolescents who run away seeking adventure…(estimated at 20% of youth)" (p. 139); "delinquent alienated runaways" (p. 139) who run from negative home experiences (estimated at 75% of youth); and "abused or neglected adolescents who have been told to leave or are abandoned" (p. 139) by their adult caretakers (estimated at 5% of youth). Beharry (2012) used the term "situational runaways" (p. 154) to describe youth who

leave home but return after a few nights. The website, Youth Engaged 4 Change, used

still other terms and definitions for youth experiencing homelessness:

- Throwaway youth: Youth who have been asked, told, or forced to leave home by

  parents or caregivers with no alternate care arranged.

- Runaway youth: Youth who have left home without parental/caregiver permission

  and stay away for one or more nights. A runaway episode has been defined as

  being away from home overnight for youth under 14 (or older and mentally

  incompetent) and for two or more nights for youth 15 and older. Research

  suggests that the experience of youth running away from home is often episodic

  rather than chronic with youth running away for short periods of time and

  returning home, in some cases multiple times.

- Street youth: Youth who have spent at least some time living on the streets

  without a parent or caregiver.

- Systems youth: Youth who become homeless after aging out of foster care or

  exiting the juvenile justice system. (Interagency Working Group on Youth

  Programs, n.d., related terms section, para. 1)

Youth do not always identify themselves as homeless. If youths are staying with

other family or friends, they may not think of themselves as homeless, only "couch-

surfing or on the road" (Kumar et al., 2015, p. 305). If youths do end up sleeping outside

of a more permanent structure such as an abandoned building, they may state they were

sleeping rough, and if they sleep in a tent, they might identify themselves as camping.

Being labeled homeless is stigmatizing, and many youths would not identify with that

label (Yoonsook et al., 2015). The multiple ways youth are defined and categorized can make it difficult to identify and compare across studies.

The issues that youths face are multiple and complex. Identified in most of the research are physical violence by a parent or step-parent toward a child; physical violence by a child toward parent; personal characteristics of the mother (mental health or substance abuse issues); a traumatic childhood that involved abuse and neglect by caregivers, especially mothers; and sexual abuse of child (Lynch et al., 2015; Nicolis & Delvenne, 2014). While some youth choose to leave home because of the issues noted, some youth are asked to leave the home where they live with their parents or guardians. These youths are called throwaways as their families have rejected them. Youth who chose to leave home to escape the physical or sexual abuse often trade the abuse of home to the trauma and abuse of the streets (Schmid, Bourgois, & Auerswald, 2010).

Health Implications for Youth Experiencing Homelessness

Youths are at a stage in their lives that is identified to have great physical, mental, educational, and emotional maturational periods as they move toward adulthood. This life stage includes the ages of 12 to 24 which is the start of puberty and where much growth occurs physically and mentally. For youths, to be homeless during this stage of their life puts them at risk for a host of physical and mental health issues which are difficult to address with this transient population. The list of issues can be daunting but includes malnutrition, mental and psychosocial health issues, substance abuse, sexually transmitted infections, respiratory and infectious diseases, physical abuse, and pregnancy (Beharry, 2012).

Access to a medical home, a clinic, or a health care provider that one can return to repeatedly for care has shown to increase an individual's health. This access allows for preventive check-ups and immunizations that can help prevent infectious diseases. Without access to a medical home and a care provider, youth may not be able to access medications for treatment of infections or chronic diseases such as asthma.

The stress of living on the streets puts youths' future health into jeopardy. Food insecurity and malnutrition are a given with youth experiencing homelessness. Mental health issues related to the trauma of being on the streets can often result in undiagnosed affective disorders, post-traumatic stress disorder (PTSD), depression, and sometimes suicide (Kozloff et al., 2013; Nicolis & Devenne, 2014). Many youths, both male and female, use survival sex to get food, money, and shelter. Survival sex is defined as performing any sexual act for payment, which could be money, food, or shelter. This activity can lead to STIs, which may affect their future reproductive health (chlamydia) and their lives (HIV/AIDS) (Beharry, 2012). Females are also five times more likely to become pregnant as their ability to have access to contraception and use of condoms is difficult to negotiate (Schmid et al., 2010). It is difficult to be homeless, but to be homeless, a teen, and parenting an infant can be challenging. Respiratory infections related to poor and crowded living conditions such as asthma, tuberculosis, and influenza are some of the infections to which youths are more likely to be exposed (Beharry, 2012). Substance use and abuse are often prevalent in youth who are experiencing homelessness. Alcohol, tobacco, and marijuana are often cited, but the use of harder street drugs is also an issue. Youth are 11 times more likely to die than their housed counterparts from ill health and violence. (Beharry, 2012).

Research that focuses on youth looks to address the many health and social issues within this population. Research about the causes of homelessness has identified many, but poverty, substance abuse, mental health issues of the child or parents, and physical and sexual abuse have been linked in causing homelessness for youth (Edinin et al., 2011; Lacoursiere & Fontenot, 2012). Other research has looked at interventions that will support youth while they are on the streets or unstably housed, such as connection to resources and providing food or shelter among others (Coser et al., 2014). Less research has focused on the resiliency of youths and their hopes and dreams for the future.

In the 9-evidence-based guiding principles (Homeless Youth Collaborative on Developmental Evaluation, 2014) of working with youth experiencing homelessness, the first principle is that youth are on a continuous journey through life. The experience of homelessness is part of their life's journey, and homelessness is viewed to be a temporary situation for them. The point of interaction with youths is about helping them realize the connection of their past, their current present situation, and what the future holds for them (Homeless Youth Collaborative on Developmental Evaluation, 2014).

Malnutrition

Homelessness can be a time of hunger and food insecurity for youth. Malnutrition can affect both physical and brain development (Beharry, 2012). Youth frequently eat at fast food places, shelter kitchens, or food available at convenience stores. Much of the food at these places is usually high in fat, sugar, and salt content. Beharry (2012) estimated that 50% of homeless youth are obese. The symptoms of malnutrition that youth may present with are fatigue and inability to focus. These symptoms may affect the youth's ability to maintain presence and attention at work or

school (Edidin et al., 2012). Youths should be assessed for malnutrition whenever they come to a clinic to seek treatment of any kind.

Respiratory Illness and Infectious Diseases

There are many identified health problems associated with crowded living conditions. Respiratory and communicable diseases such as asthma, tuberculosis, influenza, pneumonia, hepatitis A, lice, and scabies are some (Beharry, 2012). Youth living in shelters are exposed to dust, smoke, and mold which can trigger asthma attacks. Close living arrangements allow airborne diseases to travel from person to person (Beharry, 2012). Crowded living conditions can have a negative effect on the youth's health.

Sexually Transmitted Infections

Youth experiencing homelessness are more likely to engage in sexual activity for multiple reasons. Many youths may have been abused in their home situation and left home to get away from the abuse. Leaving home, however, continues to increase the threat of abuse. Once on the street, youth are at further risk of being sexually abused, trafficked, or engaged in survival sex in exchange for food, shelter, clothing, or drugs. The voluntary or forced sexual activity of youths exposes them to more abuse and diseases (Beharry, 2012; Edidin et al., 2012). Many youths today are utilizing social media to connect for survival sex and finding it a safer option than being on the street. Many youths continue to have cell phones and utilize social media sites such as Craigslist, chat room, and MySpace (Holger et al., 2013).

Rates for STI in youth range from 8% to 40% according to Feldman and Middleman (as cited in Beharry, 2012). HIV ranges from 3%-30 % higher in youths than

in their housed counterparts. Some of the STIs can cause permanent or chronic

conditions, such as herpes, chlamydia (sterility), and syphilis if not treated in a timely

manner. STI and blood borne pathogen (BBP) diseases acquired during adolescence can

have long-term consequences in this population (Kumar et al., 2015; Washington, 2011).

Pregnancy

Female youths experiencing homelessness are at risk for pregnancy during their

time on the street. According to Schmid et al. (2010), youth experiencing homelessness

are five times more likely to become pregnant than housed youth. Thrane and Chen

(2012) also cited multiple sources stating an estimated 7-12% of youth in shelters are

pregnant but that 33%-48% of youths experience pregnancy during their time on the

streets. In the Midwestern drop-in center's 2015 annual site report, 35% of homeless

youth are parenting children (Oasis for Youth, 2015). Pregnancy in early adolescence

puts the healthy development of the mother at risk and can also have a detrimental effect

on the developing fetus. All teen pregnancies can be difficult but when homeless, youth

are especially at risk during pregnancy.

Mental Health

Psychiatric disorders in youths are estimated to be twice the rate of their housed

peers (Beharry, 2012). Kozloff et al. (2013) stated that 89% of youth have a psychiatric

disorder. This rate is four times the rate of their housed counterparts. As with physical

health concerns, mental health concerns put youths at increased risk for unhealthy

outcomes.

Youths may experience violence in their homes and on the streets. Exposure to

violence influences their mental health. One-third of youth meet the criteria for PTSD

(Beharry, 2012). Depression, attention-deficit/hyperactivity disorder (ADHD), and

bipolar disorder are also issues in youth experiencing homelessness. Feldman and

Middleman (as cited in Beharry, 2012) stated that "40%-80% of homeless youth reported

suicide ideation and as many as two-thirds of such youth have attempted suicide" (p.

156). Given the stress that youths are under and the violence they are exposed to, the

mental health services are inadequate to address the need in this population.

Substance Abuse

Substance use rates of 70%-90% are noted among homeless youth (Beharry,

2012). Youths may be asked to leave their homes because of their use of illegal

substances. Youths' substance use may also be a form of self-medication related to

undiagnosed mental health issues or the stress of living on the streets. Alcohol and

tobacco are the most used substances, but other street drugs such as heroin or crack are

also frequently used (Beharry, 2012).

Educational Attainment

Youth are at risk of not being successful in school. Thrane and Chen (2012)

identified that half of runaways ages 12-24 report dropping out of school. This drop out

rate is nearly five times the rate of housed counterparts. Only 20-30% of youth graduate

from high school (Edidin et al., 2012). This low graduation rate may keep youth from

stable employment.

Educational attainment is the ability to graduate from high school or further levels

of education. Graduation is a predictor of youth being able to support themselves in the

future and move out of poverty and homelessness. The loss of a permanent residence,

multiple moves with multiple schools, and missing large parts of the school year related

to homelessness puts youths behind their housed counterparts. The loss of education also

affects youth's connection to caring adults and positive peer relationships. When youths'

connection to family support, socialization with peers, and educational institutions are

broken, they may lose the ability to finish school (Washington, 2011).

<div align="center">**Consciousness**</div>

Newman's (1999) HEC Theory and Friere's Critical Conscious Theory share the

concept of consciousness (Carlson, Engebretson, & Chamberlin, 2006). Both Newman

and Freire discussed the change in a person's consciousness as a gathering or awareness

of new ideas and experiences. The adding to one's consciousness is the expansion that

occurs as one goes through life and becomes a pattern of the whole of one's self.

Newman stated that one's consciousness is not only the information in one's thoughts,

feelings, and environment, but ideas one can state, one's subconscious, one's body's

systems, and in one's soul. Freire also discusses consciousness and identifies three levels

of consciousness, with critical consciousness being the highest level a person can attain.

The increasing awareness of one's environment connected to decisions made can

influence the increased consciousness a person has, and further empowers individuals.

(Carlson et al., 2006). The connection of the youth's inner resources of resiliency, hope,

and empowerment builds upon their expanding consciousness.

Resiliency of Youth Experiencing Homelessness

Although much of the research around youth focuses on the many detrimental

issues this population faces, not much research discusses youths' look towards the future

and their resiliency in the face of many negative life experiences. In the "9-evidenced-

based guiding principles" (Homeless Youth Collaborative on Developmental Evaluation,

2014), the first principle is that youths are on life's journey, and though this journey now incorporates homelessness, that is not their outlook for the future. The connection with youths is to help them recognize their skills, their dreams for the future, and their next steps in life's journey. Resiliency research states that for youths to be able to overcome difficult life circumstances they need to have three factors that help at-risk youth to succeed in changing their life trajectory: a connection to a caring adult, high expectations, and opportunities for meaningful participation (Pittman, Irby, Tolman, Yohalem, & Ferber, 2003).

Herth (1998) described hope or hopefulness as a characteristic that allows individuals to cope with multiple losses and still move forward with goals for the future and to look beyond the difficult times. Schmale and Erikson (as cited in Herth, 1998) described hope as an attribute developed in childhood, stating that as a children's needs are met, they become hopeful. Subsequently, if children's needs are not met, they may develop hopelessness. According to Herth, there is some thought that hope and hopelessness are a learned attribute. The children studied in Herth's project gained hope through having needs met or were helped to develop "hope-engendering strategies" (p. 1057). Hope can be built in children through "connectedness to a significant other, inner resources, cognitive strategies, energy and hope objects" (p. 1057). The connection to a caring adult or significant other in building hope in youth is in both the resiliency research from Rew and Horner (2003) and Herth's (1998) study. At the drop-in center, connections between the case managers and the youth may build both hope and resiliency in the youth. These connections and increased hope and resiliency may assist in youth in moving out of homelessness.

Empowerment

Youth development and empowerment are a paradigm shift in working with youth. The paradigm shift from viewing youths experiencing homelessness as a problem to viewing them as an asset is more recent. This paradigm shift focuses on developing positive youth through youth empowerment. Youth empowerment is not only looking at what to prevent but what to build or promote in youth (Kim, Crutchfield, Williams, & Hepler, 1998). Youth empowerment encourages youth participation in the community and youth are to be looked at as resources and assets for communities. Rew and Horner's (2003) study focused on the personal strengths of youth and identified two strengths: resources and self-improvement. Resources are knowledge of the environment, connection to a community of peers, and internal motivators for self-improvement. Self-improvement shows a continuing desire to enact healthier behaviors, gain emotional maturity, and master skills for the future. Both Rew and Horner (2003) and Kim et al. (1998) looked at how youth can move beyond homelessness through youth empowerment. Working with a caring adult in building strengths and skills and connecting to their community, this building of strengths and skills assists youths' in moving towards productive adulthood (Kim et al., 1998; Rew & Horner, 2003). While youth continue to be exposed to ongoing and stressful life circumstances, many are starting to look beyond their current situation and move forward into a journey out of homelessness.

Photovoice

Photovoice has been utilized in multiple situations and places. It is a project that develops participants' voices through taking of photographs and telling stories about the

photograph. Photovoice has been identified as flexible, participatory action research and can be utilized to address multiple issues (Wang & Burris, 1997). Wang (1999) stated that photovoice is rooted in critical conscious theory, feminist theory, and non-traditional documentary photography. These theories that underpin the photovoice process give strength to photovoice's flexibility. Photovoice can be changed to fit the needs of the community contemplating a photovoice project. Wang (1999) explained that photovoice projects are effective ways to communicate based on five concepts: (a) images teach, (b) pictures can influence policy, (c) people in the community ought to participate in choosing the images that shape public policy, (d) policymakers should be involved in the project, and (e) photovoice emphasizes individual and community action (pp. 186-187).

Photovoice projects with youths are a way to enter their world and become a co-partner with the youth through Newman's (1999) nurse-client connection. Youths are the experts of their lives and experiences and are best positioned to explore issues of homelessness and their wellbeing (Maratos, Huynh, Tan, Lui, & Jarus, 2016). This photovoice project, with youth as co-partners, is a way to identify and utilize the youths' knowledge about their lives and the community where they live, hopes for the future, and how the Midwest drop-in center can help to achieve that future.

This chapter reviewed the literature that discusses about homelessness in youth. This includes the estimated number of youth who are considered homeless, the societal issues that cause homelessness in youth, and health issues youth experience. The health of youth is of great concern as many of these youth are in a time for both physical growth and mental maturation. The chapter also discussed photovoice uses, expanded consciousness, and resiliency and empowerment in youth. Chapter Three will describe

how the photovoice project was conducted, Newman's (1999) HEC theory as a

framework for the project, how the nursing theory supported the photovoice project, and

the conceptual model developed for this project.

Chapter Three: Description of Project

Photovoice projects are considered participatory action research (PAR) methods. PAR relies on participant's participation and action, and this is about the development of new knowledge where participant and project coordinator are considered co-partners in the project. This PAR method engages people in communities to share their knowledge about their lives and has been used in multiple settings with many different populations (Wang & Burris, 1994; Wang & Burris, 1997; Wang et al., 2000). A photovoice project was conducted with youth experiencing homelessness who utilize a drop-in center in the Midwest. This chapter will describe the project, the theoretical framework, the conceptual model that represents the project, and the implications for advancing nursing practice with homeless populations.

Description of Project

A drop-in center located in the Midwest that assists youths in their journey through homelessness opened their doors in 2010. Initially staffed by volunteers, an executive director and case management staff have been added. The case managers meet and connect with the youth who come to the drop-in center but also go out into the community and schools to connect with youth there. The public health agency where I work provides a nurse on a weekly basis to connect with the youth about parenting and other health issues. It was this connection that triggered my interest in utilizing a photovoice project with the youth at the drop-in center.

An initial meeting in June 2016 was held with the executive director to discuss the photovoice project and its goals. Permission to move the project forward was received after this meeting (see Appendix A & B). As agreed upon with the executive director, I

began volunteering at the drop-in center in July 2016. This volunteer opportunity was to make a connection with staff who run the drop-in center and to connect with youth who frequently come and utilize the services. Although staff knew I was hoping to do a photovoice project with the youth, that was not the focus with staff and youth when I first started volunteering at the drop-in center. After six months of volunteering, the photovoice project was discussed with case managers to educate them on photovoice and the timeline I was hoping to follow. The case managers stated they were supportive and were willing to help move the photovoice project forward by assisting in recruitment and connecting with youth as needed.

Project Implementation

An initial step in the project was applying to Augsburg University's Internal Review Board (IRB) for permission to go forward with the project. The approval was given in April of 2017 (see Appendix C). Because youth who attend the drop-in center range in age from 16-24, two consent forms, one for those over age 18 (see Appendix D) and one for those under age 18 (see Appendix E) were developed. The underage youths needed the permission of a guardian before being eligible for participation. Both consent forms were approved by Augsburg University's IRB. In the end, none of the youth who signed up to do the project was under age 18.

While waiting for the IRB approval, a meeting was held with the case managers in February of 2017 regarding the proposed photovoice project. The case managers were willing to help recruit youth and answer questions about the project. To assist in recruitment, I developed a flyer for recruitment (see Appendix F) which was posted at the drop-in center in May 2017 following the IRB approval. At the same time, the case

managers put a sign-up sheet for youth who were interested and began to recruit youth.

As part of the recruitment, the case managers were told the youth would receive a $20

gift card for participation in the photovoice project. The card would be given after the

collection of the photographs and interviews. Nine youth initially signed up to participate

in the photovoice project.

Of the nine youth who signed up to participate in the project, seven of the youth

met with me either individually or in a small group. Two of the nine youth were not able

to be reached to set up a meeting date to discuss the project, sign the consent form, and

receive a camera. In late May 2017, the consent form was reviewed with seven of the

youth who all signed on to do the project. In the meeting, I reviewed what the pictures

should be about and outlined three possible topics: what homelessness meant to them,

what are their dreams for their future, and how the drop-in center has helped them on

life's journey. The youth were also given a handout discussing some parameters around

picture taking (see Appendix G). The youth each received a camera with some

instructions on how to use the camera, exchanged contact information, and were asked to

meet with me again in two weeks.

After the May meeting, I was able to connect with four out of the seven youth

who had previously agreed to participate in the project. Because of the transitory life of

the youth who come to the drop-in center, it took until the middle of June before the four

interviews were conducted and the youth's photographs were collected. The next two

months, from the middle of June 2017 until the middle of August 2017, were spent trying

to connect with the other three participants. One of these participants stated all her

belongings had been stolen and she no longer had the camera. A replacement camera

was offered, but she stated she was no longer interested in participating in the project.

Another participant found a job and a place to live and was focused on her next steps in

life. While it took some time to connect, she also said she no longer wanted to

participate. The third missing participant would set up meeting times, but never showed

up at the agreed upon time. In August the decision was made not to contact this

participant any longer.

The four youth who finished taking photographs met with me to review their

pictures and be interviewed. As part of the consent, all the youth were asked if it was

okay to tape the interviews. All agreed to be taped and appeared to be comfortable with

that process. Taping the interviews was extremely helpful in getting accurate statements

of what the photographs meant to the participants. The interviews were transcribed, and

the participant statements were matched to the photographs they were describing.

Theoretical Framework

Newman's ("Health as Expanding Consciousness," 2011) HEC is the nursing

theory supporting this project. Newman's theoretical concepts of human, health,

environment, and nurse come together to support the photovoice project and the youth's

journey of homelessness. Newman's concepts in her Theory of HEC and Paolo Freire's

Critical Consciousness Theory (Carlson et al., 2006) come together to support the

photovoice project with youth. Positive youth development focusing on concepts of

hope, resiliency, and empowerment in youth also support the work with youth.

The first theoretical concept from Newman ("Health as Expanding

Consciousness," 2011) is the concept of human. Newman defined human as a unitary

being that cannot be divided into parts. She explained that the person does not possess

consciousness but is consciousness, and as such is connected to the energy of the universe. As a person grows and has experiences, whether good or bad, the interaction with the universe allows the person's consciousness to grow or expand to incorporate new experiences and knowledge. This consciousness is a pattern of a person's whole lived experiences and will continue as more of life experiences expand the person's consciousness. Youths experiencing homelessness and their families are humans with unique experience that influence their lives. The connection of these youths and their families together is a part of the consciousness of youth.

Newman's ("Health as Expanding Consciousness," 2011) second theoretical concept is that of health. For Newman, health is a pattern of the whole person and not just the absence of disease. When a person becomes ill, he or she incorporates the knowledge of the pathology into his or her consciousness. It becomes part of the individual or part of his or her wholeness. Someone with an acute illness may only bring the acute disease into his or her being for a short time, but someone with a chronic disease, such as diabetes, keeps diabetes in his or her consciousness and is a part of the person forever. This incorporation of the chronic disease of diabetes does not mean the person is ill, just that the chronic disease or pathology becomes part of a person's consciousness or health. The more pathology a person incorporates into consciousness, the less well a person becomes. This incorporation of pathology, along with wellness, makes up a person's consciousness, energy fields, and state of wellness (Newman, 1999). The pathology of homelessness is incorporated into the youths' lives and influences their physical and mental well-being. Homelessness becomes a part of their consciousness.

Newman's ("Health as Expanding Consciousness," 2011) third theoretical concept is that of environment. She described the environment as a universe of open systems. Newman stated that people are connected to the environment in which they live. This interaction and connection with the environment are evolving and unique to each person and his or her environment ("Health as Expanding Consciousness," 2011). For youths experiencing homelessness, that environment involves their families, their life experiences that brought them to this place, the communities they live or lived in, and where they are now. Youths are connected to their environments through the many causes of homelessness. For example, the causes of homelessness involve families; communities; substance abuse; emotional, physical, and sexual abuse; and poverty. The chaos of youths early environments can lead to their current life circumstances, where they are experiencing homelessness and the potential pathologies related to homelessness in youth. Through photovoice, youths can share their thoughts on their environment. Youths experiencing homelessness are the experts on their lives, and the photographs are a way to look at how they see and experience their environment.

Nursing is Newman's ("Health as Expanding Consciousness," 2011) fourth theoretical concept. She viewed nursing as a partnership with a client sharing a caring experience. This connection expands both the client's and the nurse's consciousness. Newman described nursing as a three-step process where the nurse and the client meet, share consciousness, and move apart. The nurse and client work together towards the person's health, working to make the person whole, even though the wholeness or wellness may include an ongoing pathology, remembering that health is not just the absence of disease, but incorporates both pathology and wellness (Newman, 1999). In

photovoice, the youth and I as project coordinator have come together to become co-creators of the photovoice project. This connection has expanded our consciousness and incorporated the photovoice process and the information from working together, which has become a part of the pattern of the whole for all the participants and myself.

Photovoice is supported by other theories. The Critical Conscious Theory, based on Paulo Freire's participatory educational theory, is the one most connected to Newman's Theory (Carlson et al., 2006). Freire stated that there are three levels of consciousness, with critical consciousness being the highest. In critical consciousness, individuals become aware that it is their assumptions that shapes the interpretations of their reality (Carlson et al., 2006). Through this awareness, they take on responsibility for choices that maintain or change their reality. Freire also talked about the philosophy of empowerment, defining empowerment as the ability to gain control of one's life through decisions and to become stronger. (Carlson et al., 2006). Using photovoice to hear the voice of the participants provides an avenue to influence decisions (Carlson et al., 2006).

Positive youth development of resiliency, hope, and empowerment relate to the work of youth experiencing homelessness. Building resiliency, hope, and empowering youths allows them to make decisions about their lives and gives them control and the ability to move forward. Resiliency in youth is said to be built through connections to a caring adult, something that may have been missing from youths' lives, and working with them to create high expectations and opportunities for meaningful participation (Pittman et al., 2003). Hope is a characteristic that enables youths to move forward with their lives even when faced with difficult circumstances (Herth, 1998). The connection with caring

individuals, opportunities for growth, and building strengths will all assist youths on their

journey through homelessness.

Conceptual Model

This project is represented in a conceptual model (see Figure 1) that gives a visual

representation of the project, the concepts from Newman's HEC theory, and of the youth

experiencing homelessness in their life. Newman's four concepts of human, health,

environment, and nurse are present in the model. These four concepts give a way to view

this project through the eyes of the youth (human) and nurse. The shape of the model is a

nautilus shell which provides an observable path of the youths' journey through life. The

youths, starting out at the center of the nautilus shell (see Figure 1), journey through their

life and experiences they have on their journey, with a consequent movement towards

expanded consciousness.

The youths, in the center of the nautilus shell (see Figure 1), represent the human

concept from Newman's HEC theory. Their journey through life begins at the center of

the shell, and they move through the environments in which they live. The exposure to

their families and the physical environments influence their consciousness and the

trajectory of their life's journey. The segments of the nautilus shell (see Figure 1)

represents the different life experiences the youths encounter with not only their families

but also the communities in which they live and their environments where they grow into

adulthood. The chaos of their lives can change the direction of their life's journey.

Caring connections to an adult, whether that person is a family member, a friend, a

teacher, or a case manager, can assist the youths in moving through their current living

situation. There is a recognition that not all the concepts will happen in the way depicted

in the model. Some youth may gain hopefulness earlier, or experience chaos earlier. The youths may have a caring connection to someone while they are young; some others may have caring connections only later in their life's journey. Viewing youth in a positive light and giving of hope and empowerment (see Figure 1) from a caring connection can encourage positive life choices and a way through and out of homelessness. The connection of coming together through photovoice, interacting and moving towards expanded consciousness occurs for both youth and nurse in this project.

Expanded consciousness according to both Newman (2009) and Friere (Carlson et al., 2006) is a gathering of new thought, ideas, and experiences that change the way in which we view our world. The collective experiences we have becomes a part of our whole pattern and expands our consciousness to a new level. According to Newman (2009), these new thoughts may be something we are aware of but can also be something that we might not be aware. The thoughts may become part of our subconsciousness and influence our lives. While I am hopeful the youths' experience with this photovoice project expanded their worldviews and consciousness, I know that this experience has influenced my consciousness. Not only has the knowledge gained from the study of youth experiencing homelessness expanded my consciousness, but my exposure and volunteer work with the youth, the case managers, and other volunteers at the drop-in center have been added to my consciousness. In a similar fashion to Prigogine's (Newman, 2009, p. 38) model, I moved from a level of normalness into a period of disorganization and fluctuation. Moving through this educational and photovoice experience pushed me beyond comfortable limits. I am slowly moving into a higher, new reorganization, or expanded consciousness. The ability to gain new knowledge is an

important skill for anyone's life. The ability to move into and through new chaotic

experiences expands our ability to move forward in the world.

Conceptual Model
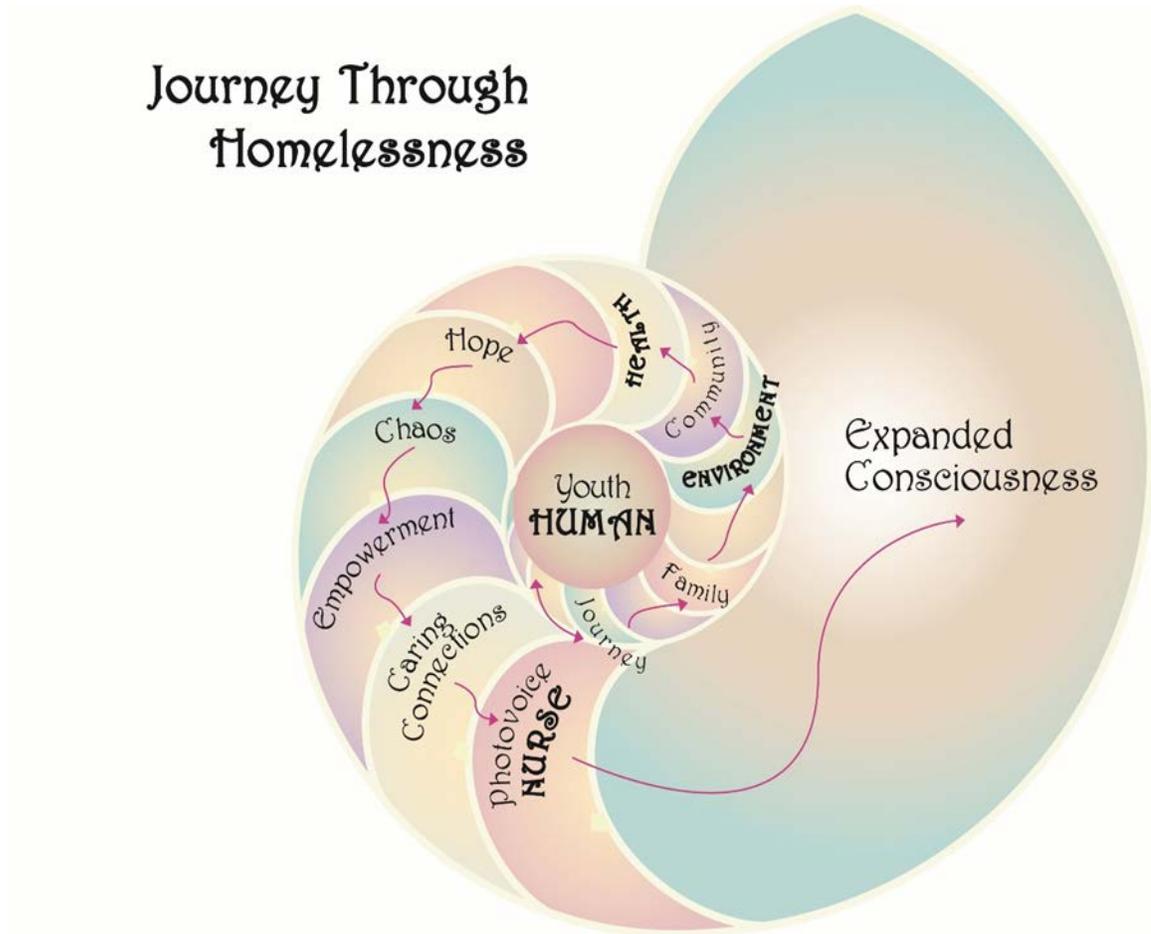
Figure 1. Conceptual Model

Implications for Advanced Nursing Practice

Photovoice is a PAR method used to gather information from participants. As a

method of participation, its strength is its flexibility and the ability to give marginalized

populations-such as youths experiencing homelessness-a way to give voice to their

thoughts on their environment and their lives. Photovoice is a way to gather information

from program participants and share this information with those who make decisions

about funding. Building upon the strength of photovoice projects can be a way to give voice and grassroots representation through documentary photography to participants and project coordinators who become co-creators of knowledge. As Wang (1999) stated, images teach, and pictures can influence policy.

Photovoice projects can be used to gain knowledge in three areas for public health agencies and for nurses to showcase the importance of services to the marginalized populations that public health provides. Public health is often challenged to prove what they do matters to those who fund their work. These three areas public health agencies need to conduct often are community needs assessments, evaluate existing programs, and share the knowledge of programs to participants, communities, and funders (Wang & Burris, 1994, Wang & Burris, 1997).   The use of photovoice projects in these areas could provide value and knowledge in advancing public health services and meet ongoing needs of program participants and communities.

This chapter described the photovoice project that was conducted with youth experiencing homelessness who frequent the drop-in center in the Midwest. It also discussed Margaret Newman's (1999) HEC theory and Friere' Critical Consciousness Theory in support of the photovoice project. The conceptual model, in the shape of a nautilus shell to represent the journey of youth through homelessness, is also shown and discussed in this chapter. Chapter Four will describe the results of the photographs taken by the youth, discuss the evaluation of the photovoice project conducted with youth experiencing homelessness, and my reflections on the project.

Chapter Four: Evaluation and Personal Reflection of the Practice Project

Evaluation of the photovoice project conducted at a drop-in center in the Midwest involved several aspects. Related in this chapter is the process of evaluation used to put the photographs into themes. The youth participants were asked to look at all the photographs, both theirs and other participants, and offer their thoughts on what the photographs meant. A final evaluation questionnaire about the photovoice project was also requested of the youth. The shared knowledge (both the youths and myself) gained in conducting this photovoice project can inform those who may conduct photovoice projects and address youth issues in the future. This chapter will discuss the evaluation process, the joining of quotes to the photographs, potential changes that might have enhanced the project, and my reflections on the project.

Evaluation Process

To identify the best way to evaluate the photovoice project, I reviewed articles of other photovoice projects, qualitative research evaluation techniques, and participatory action research projects. This research around evaluation helped inform how best to evaluate the photovoice project conducted with the youth who utilize the Midwest drop-in center.

With any project when addressing evaluation, it is important to review what reliability and validity mean and how they will be addressed in the evaluation of a project. Validity means that any project or test measures what it states it will measure (Purdue Science Department of Statistics, n.d.), or according to Holly (2014), being "authentic, truthful and accurate" (p. 129) about the results. Face validity is described as "the degree to which a test appears to measure what it purports to measure" (Purdue

Science Department of Statistics, n.d., p. 3). Reliability refers to the dependability

(Purdue Science Department of Statistics, n.d.) or how consistent (Holly, 2014) the

results are. Another way to state reliability is if the results could be replicated in other

tests or projects. Mertens (2009) stated the terms of validity and reliability work well for

quantitative studies, but that qualitative studies may be better served using dependability

and credibility in a transformative evaluation. Guba and Lincoln (as cited in Mertens,

2009) stated the concept of credibility is the qualitative concept of validity. Mertens

(2009) explained that the way the participants of a project perceive the way the researcher

relays the message or quotes provides validity of the project.

Peer debriefing is a way to provide credibility for the project and supports the way

in which the data is coded and put into themes. Mertens (2009) explained that the concept

of reliability for qualitative data is dependability. The example given to show

dependability is how the project was performed and the collection of the data. In a

photovoice project, the pictures and the quotes are the data. To provide dependability, the

youth were all given the same instructions for picture taking, and the pictures and the

quotes were collected from the participants in the same way.

The photovoice articles reviewed as a part of this project were similar in how they

discussed their evaluation and how they came to understand the themes around the

pictures and quotes. Wang and Burris (1997) had a three-step process that was like the

other studies. Wang and Burris's first step was to review the photographs and have

participants select the ones they wanted to share. Wang and Burris along with other

projects used the SHOWeD process when discussing the pictures with participants. This

process is a root cause questioning process of What do we See here, What's really

Happening, How does this relate to **O**ur lives, **W**hy does this problem exist and What can we **D**o about it. The third step in the process was codifying the data (pictures and quotes) into issues or themes. This three-step process is similar to what was conducted for this photovoice project.

Project Process

After recruitment, the participants were oriented to the project in the same way. A review of the consent form occurred, and they were also given a copy of their signed consent form and a handout on what the project would be looking for (see Appendix G). The youth who participated in the photovoice project were asked to take pictures around three topics: what does homelessness mean to you, what are your dreams for your future, and how has the drop-in center helped you. To assure that all the participants would feel comfortable about the project and what was expected of them, I answered any questions and instructions were given on how to use the cameras.

When the youths had collected their photographs, I met with them to review their photographs and collect their thoughts through an interview that was recorded to assure collection of the quotes would be authentic. The participant photographs were brought up on a laptop, and I started by asking the first question in the SHOWeD process-what am I seeing here (Wang, 1998). After this question, the participants began to speak, and because all the participants fully described their photos with little or no prompting from me, the rest of the SHOWeD questions were not followed up on as I did not want to interrupt the participants and what they wanted to say and share. After the collection of the photographs and the interviews, I transcribed the interviews and put quotes or

descriptions of the photographs from the participants with the photographs. In this

process, themes began to be identified.

After the photographs were connected to the quotes from the participants, I

attempted to meet with the youth again to do two final evaluations. I was only able to

connect with three of the four participants. I asked the participants to respond to five

open-ended questions about the photovoice project (see Appendix H). The youths were

also asked to share their thoughts on what all the photographs' meaning was to them, not

only their own. Sharing and discussing their photographs can give insight into the youths'

lived experiences and thoughts and how to help them move forward.

The evaluation questions (see Appendix H) gave some insight on the photovoice

project. When the youths were asked what they liked about the photovoice project, they

all said they liked the project, further sharing, "I liked the interacting of it, picking photos

and explaining what the photos meant to me" (participant #4), and "What I liked about

the photovoice project is that I was able to express myself and again remind the outside

world how it is to struggle and live life" (participant #2). Participant #3 stated, "If I had

to be precise, it was taking pictures and trying to figure a meaning for them." When asked

if they could change anything in the process or disliked about the photovoice project, all

said there was nothing they disliked about the process or the project. Another evaluation

question asked was if there had been meaning in being a part of the photovoice project

and the youths responded they felt the project was meaningful. Participant #2 said, "It

meant a lot to me that I could do the project and have that experience, it kind of felt

relieving that I could tell my story." Participant #4 responded, "Of course there was a lot

of that (meaningful), just going back from living on the street and being able to say I got

an apartment, just by having Oasis here. I wouldn't be here if Oasis wasn't here."

Participant #3 added,

> Yeah, shows what people see every day, and sometimes people see different
>
> things, if you look at most of the pictures I took, you probably see poverty or
>
> homelessness or great memories, or something, you know you never thought that
>
> you see before through someone else's eyes, basically when people take pictures
>
> it's like you are seeing their world through their eyes.

When asked where we should share the project the participants thought sharing in the

news or newspaper, at the local mall, or other places that youth who are experiencing

homelessness are or with kids in foster care. For the evaluation question on what might

have been done differently, participant #3 thought it would have been good to have all the

participants together to review the pictures-to hear them talk about their pictures.

Project Themes

The main themes identified in the process of reflection on the photographs and

interviews with the youth were Caring Connections, Where will I Sleep, and Dreams for

the Future. The photographs and quotes from the youth are put together into these three

areas. Each photograph has an original quote from the participant who took that

photograph. Additional narrative is used to explain and highlight the photographs.

Caring Connections

Caring connections to adults and peers is found in literature as a basic need for

youth. This concept of a connection to a caring adult is mentioned in the literature

(Herth, 1998; Kim et al., 2003; Pittman et al., 2003; Rew and Horner, 2003). The youths

are at a developmental stage in their lives where it is important to have that caring

connection. This importance came through in the pictures as well as in their interviews.

The caring connections were identified in connections with peers and with the adults at

the drop-in center in the Midwest. Past connections with family and schools were still

discussed and showed up in the photographs the youth shared. While there may have

been difficulties with families, some youths continue to stay connected to their past.

Figures 2 through 7 looks at youths' connections to their past lives and their connection

to the drop-in center where they receive services and connect with case managers and

volunteers. For Figure 2, participant #3 and #4 said this photograph meant "home," but

participant #2 said it meant "urban poverty." For Figure 3, the words "friendship" came

from participants #2 and #3 while participant #4 said "support." The participants used

words "home" and "caring" to describe Figure 4. When looking at Figures 6 and 7, the

participants used the words "safe place, happiness, peace, a place you can count on and

friends."

Figure 2: Picture of Building

Participant #1: I am seeing a lot of things from the past. I used to live down there. Me and my brother used to kick it I was I lived there with my sister and her kids, I mean I look back at it and dang time has really went by, this building in Minneapolis, lots of families in that building.

Figure 3: Picture of Two Hands

Participant #2: This picture meant like friendship to me. And then support like this is all about friendship. My best friend, she also comes to Oasis for Youth. We were hanging out and I thought it would be a good idea to capture that. it was one of those in the moment things, let me take a picture of this. Friends being there for you for support. It's nice to be independent but to have that backbone.

Figure 4: Picture of Door
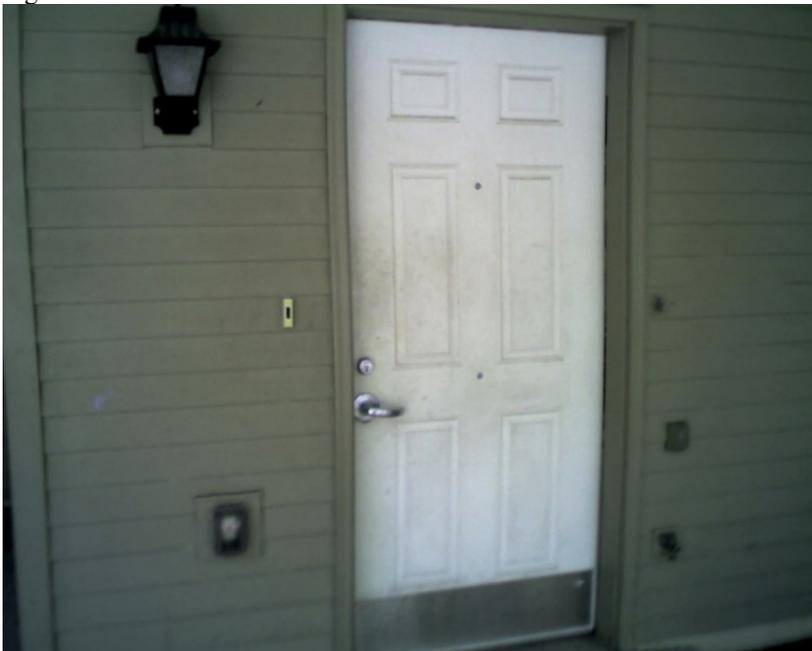
Participant #2: That's where I um I am living right now, I took a picture of the front door, this is not my personal home this is the home of the people who accepted me to being there. Umm, they picked me when I was homeless, so that kinda just means a lot to me.

Figure 5: Picture of School

Participant #3: What you are seeing here right now is Kennedy High School, this right here the very high school that forged me into the man I am today thanks to my parents. I have a lot of great memories there, a lot of good things when I was there, lot of good teachers, playing sports, breaking three records of the Minnesota State High School league, floor hockey, so I think this place is a part of me more than I think. It is just a place, but it is a part of me and I miss it all the time.

Figure 6: Picture of Oasis Sign-1

Participant #2: Oasis sign, okay so, this picture means a lot to me, actually, I have been coming to the drop-in center since 2012. Umm I've grown here with some people, I have watched people leave, watched people come. The drop-in center is like my second home, they have helped me so much whether it was getting clothes, food, transportation, or just letting me know what the next gig is, like a job interview, who is hiring. They have been there for me, they are like my second family. They have helped me with everything that I have today.

Figure 7: Picture of Oasis sign-2

Participant #3: The reason I took this picture is to show people that the drop-in center is always open, and that it is a beautiful place, they take care of you they give you food, they give you clothes, they help with everything you need help with. I think a lot of people who really want to get on their own could benefit a lot from coming here. It so helpful, you know, beautiful people, no one judges you can do whatever you want, we play around we can talk serious. Everyone you play around and we have a lot of fun, I think this place is like home for some people.

All the youth spoke positively about the help and assistance that the drop-in center gave them. While all spoke positively about the center, only two took pictures of the center and then just the signs outside of the center (see Figures 6 & 7). There was concern about not having permission to take pictures inside of the center.

Two participants talking about the drop-in center shared the following:

The drop-in center has helped me in so many ways, umm, it helped me since I came here. I think I kind of grew on the drop-in center and I think the drop-in center has a couple of things in store for me. So I am going to stay with the drop-in center until I age out. Hang out, transportation, resources, food shelf, clothing, socks." (participant #1)

The drop-in center helped, cause they are, they had actually some of their people that work here, actually worked where I am at now, so they helped get me in, so I

had to go through all of the paperwork and everything, and it has been a lot more

helpful than a lot of other places. Cause I have been through homeless shelters

and what not and they really do much to help you get out of the system. The drop-

in center, like, with them it's like getting showers, food, clothing, housing, lot of

it is paperwork and phone calls which is difficult to get pictures of that kind of

stuff. (participant #4)

Where Will I Sleep?

The second theme that became prominent from the photographs and interviews

with the youths was where they had slept and where they continue to see other youths

sleep. While there may be many other concerns that youth need to deal with, this theme

of a sleeping place was the one that came from three out of the four participants. In the

literature, youth often find themselves either couch surfing (Kumar et al., 2015) or

staying with friends and family. They may also find themselves sleeping rough, meaning

they are sleeping outside in places not meant for human habitation. If they are sleeping in

tents, they may only be camping and not identify themselves as homeless. In Figures 8

through 14, these photographs look at the alternative places the participants discussed

sleeping not designed for human accommodations such as a car, abandoned buildings, or

public spaces like buses or train stations. The three participants who reviewed all the

pictures commented on Figures 8, 10, 11, and 14. Participant #4 stated Figure 8 was

"camping" while participant #2 stated "rough." For Figure 10, participant #2 identified

this picture as "scary, insomnia" while participant #4 said "naptime." For Figure 11,

participant #2 said, "hard times, sleeping on a train" and participant #3 said, "waiting for

light rail." Figure 14 brought responses of "sleeping in a bus shelter" from participant #2

and "poverty" from participant #3.

Figure 8: Picture of Grassy Area

Participant #1: When I first moved from my house I camped out there. we (brother and I) had a tent and sleeping bags, we did this just for the summer. After that in the winter, we went hotel to hotel.

Figure 9: Picture of a Car-Partial

Participant #2: I meant to take a picture of the whole car. I took a picture of the car-Umm that's where I used to sleep. I still have some friends out there still in the same situation. That car is where everything happens. Oh yeah, there was plenty of time when me and my boyfriend did have a car, it was a tiny little Subaru. There was plenty of times when yeah it was rough; I will never forget how rough it was.

Figure #10: Picture of Playground Equipment

Participant #2: I took a picture of a park and there were times when I had to sleep there also.

Figure 11: Picture of Lite Rail Tracks

Participant #4: And that one is the Lite rail platform at 46th and Hiawatha. I used to sleep on the trains and stuff if it was raining out and they were still running. As long as when I exited and entered I get it updated on their little computer system. Than yeah basically I can ride for 24 hours.   Oh yeah, definitely, especially overnights. I couldn't tell you how many people we got. kind of sad really, but…

Figure 12: Pictures of Cars on Street

Participant #4: That is the start of the park. The police don't really bother you, actually unless somebody tells on you. But then they only want to check on you and then they will leave you alone, they want to make sure you are alive.

Figure #13: Picture of Tree and Grass

Participant #4: I used to just find trees and any place that had shade, like here and stuff, basically anything that I could use to sleep under. I had a sleeping bag at times, but mostly no, because sleeping bags are bulky and those are difficult to ride bikes with and difficult to do that at the same time. Usually, I had a rolled plastic fold up rectangle and I used that I tied up between two trees and used as a shelter for when it rains. Doesn't usually help when the ground gets wet. Yeah, this is one of my main ones, and nobody was around in the middle of the night and there were enough trees you don't necessarily get soaked when it rains.

Figure 14: Picture of Metal Bench

Participant #4: Then the last one was bus shelters, cause people sleeping on those, too.

Dreams for the Future

The youths did not have strong ideas of what they wanted from their future and did not have specific photographs tied to a future. Their ideas for their future were more vague. Three of the four did not mention further school. Only one was signed up to go to an emergency medical technician class that was starting in the fall. The youths were more philosophical related to their future. Figures 15 through 18 looked at some hopes or thoughts about the future. When asked about Figure 15, participant #2 said "goals" and participant #4 said "wishing." Figure 16 brought statements of "journey" from participant #2 and "railroad to happiness" from participant #4. Figure 18 brought the terms "home" from participant #2, "new friends" from participant #4 and, "college" from participant #3.

Figure 15: Picture of a Car in a Parking Lot

Participant #3: I would like to have a car in the future along with my own place, cause I am not settled right now. Cause good things to come to those who wait.

Figure 16: Picture of Train Tracks

Participant #2: I thought it was a cool picture of the railroad tracks. I did have like a quote, you know how kind of like the road to success, it's never too late to get to where you need to go. Staying positive, I believe in good karma. We all gotta stick together. All I have to say is it is not easy to go through (being homeless) but there is always an outcome and it depends on how you make it. Just keep hope alive and do what you gotta do. And pray.

Figure 17: Picture of a Bus Stop Sign

Participant #2: I took a picture of the bus stop because whether you are on foot, walking, on the train, or even if you are in your own vehicle, do what you have to do to get where you need to go. Like me, I am very humble, I don't mind taking the bus, or there were times when I would have to sleep on a train. If I had an interview, I would always make sure I would get there.

Figure 18: Picture of a Brick Building

Participant #4: This is the front view of my new apartment building that the drop-in center has helped me get. Yes, without them (the case managers at the drop-in center), I would probably still be out on the street.

Critical Reflection

Doing this photovoice project presented me personally with significant rewards, but also with challenges. Working with the youth who frequent the Midwest drop-in center has been an amazing experience. Getting to know the issues that youth face every day continues to expand my knowledge about youth homelessness and also my recognition of their resiliency. What became apparent in the youth interviews and observation of the work that goes on at the drop-in center were the caring connections between the youth, the staff or case managers, and the volunteers. The other reflection on the youth is one of positiveness. While the services of food, clothing, and other needs may draw youths to the drop-in center, they usually are moving towards school, jobs, or getting a place of their own, a home. The youths truly are on a journey through homelessness and any help they can receive is needed. Having volunteered at the drop-in center put me face to face with the youth. Although sometimes the youths were having a bad day, mostly they were friendly and enjoyable to be around. This attitude shows the positiveness of the youth.

Looking back on the project, there would be some changes I would have made. These changes may or may not have worked, as youths are a transient population and finding them on a routine basis can be challenging. If I had to do it over again, I would like to have the youth meet as a group at least a couple of times. At the start of the photovoice project, I would have liked the youths together to discuss where they would like to focus the project, during the time they were taking the photographs to review how things are going, and a final sharing of photographs with the group. Though I shared all the pictures used in this paper with the youths, listening to their interaction and reaction

to the other youth's photographs would have added a dimension to the project that is not there. At the initiation of the project, I gave the youths three areas or questions on which to focus their photographs. These questions were broad to give them a choice in what they might want to share with me. If I had been able to pull the youths together at the beginning of the project, I would have asked them to decide on a topic or question they wanted to share with the community. However, I believe this focus came forward in their theme of Where do I Sleep. I was not expecting that focus to appear, but it did.

This photovoice project has been a work in progress, and it brought both concerns of whether I would be able to finish and the feeling this has turned into a great project. I continue to think there is great value in the photovoice process and results. The art and information that is gathered in photovoice projects can inform those who participate but also the communities in which it is conducted. In retrospect, I believe this has been a great project that will inform those who participated in the photovoice project as well as those on the periphery of the project. Those would include drop-in center staff, the drop-in center's board, the local public health staff, and other public health agencies in Minnesota. While I believe making some changes in how the project was done would add value, overall, I feel the project was a success in that it contains new knowledge that will inform those with whom it will be shared.

Chapter Four discussed the evaluation process and critical reflections about the photovoice project. For qualitative projects such as this photovoice project, the data are the photographs and quotes collected from the participants. The evaluation included the process of putting the data into themes and asking the participants to review the photographs. Critical reflections about the project and what could have been done

differently were also discussed. Chapter Five will discuss future possibilities for sharing

this project and implications of this project for advancing nursing practice.

Chapter Five: Conclusions, Implications and Plans for the Future

Photovoice projects are a way to gain an authentic connection to a population to hear their thoughts and concerns around issues that influence their lives. This photovoice project offers the voices of the youths to be heard for their future and for nursing practice to understand. Photovoice's flexibility allows for its use in many communities and populations. The possibilities are endless and photovoice is a tool public health agencies should consider using. Chapter Five will discuss the conclusions of the project, future plans for potential photovoice projects, and implications for nursing practice.

Future Plans

There are plans to share this photovoice project. Planned presentations to the staff at the Midwest drop-in center, the board of the drop-in center, the staff of the local public health agency, and the Local Public Health Association are scheduled. This project has also been accepted as a poster presentation at the International Association of Human Caring Conference in May 2018. There may be an opportunity to display the photographs of the photovoice project at both the drop-in center and in the atrium of the local city plaza. These presentations and sharing of the photographs and quotes may bring other opportunities to share this project in the future.

Although this project has been finalized, it may spark interest in further photovoice projects from the drop-in center or the local public health agency. The value of an authentic connection between the youth and me was valuable in understanding a small piece of the youths' lives. The youths involved may gain empowerment by having their photographs displayed and the messages they shared with their photographs and

quotes. The photographs may also inform those who make decisions about funding and the value of the work of the drop-in center.

In the public health arena, there was a photovoice project used to evaluate a federal grant program that funded family home visiting. Public health agencies could duplicate that photovoice project. This could show the transferability of photovoice and show the use of photovoice in an evaluation situation. The use of photovoice could be an important tool for public health agencies to utilize to showcase the services they provide and the populations they serve.

Implications for Advancing Nursing Practice

Photovoice is a PAR method which needs participants' involvement to move a photovoice project forward. Public health agencies joining with communities as co-creators of photovoice projects can connect participants with local public health staff and gain an authentic connection between the participants and staff. This connection can gain the trust of the community which can further increase willingness to work together on other projects that address the community's health. The focus of addressing the needs of a community with the needs identified by the community is becoming more important as public health practice moves forward. This trusting connection may facilitate the needs of the community in collecting data in a unique way-through photography and art.

This photovoice project was conducted with youth experiencing homelessness who utilized a drop-in center in the Midwest. Youth experiencing homelessness numbers are growing. This population is disproportionately from diverse communities and at risk in many health and developmental areas. Even with these challenges, youths have been shown to be resilient and hopeful, and they can be considered an asset to the communities

in which they live. Youth consider themselves on a journey through homelessness.

Photovoice is a PAR method that assists in collecting the authentic voice of the

participants of a project. This project collected photographs related to three areas or

questions. After collection of the photographs and quotes, three themes were identified

or chosen. These themes were Caring Connections, Where will I Sleep, and Dreams of

the Future. This project was supported by Margaret Newman's (1999) HEC theory,

Freire's Critical Conscious Theory (Carlson, et al., 2006), and positive youth

development which discusses resiliency and empowerment. Newman's four concepts of

human, health, environment, and nurse further guided this project. A conceptual model

of the project was developed to visually represent the concepts from HEC and other

youth-related concepts. These concepts from Newman and life issues connect to where

the youths are from and the journey they are on to expanded consciousness. This project

has been presented to staff at the drop-in center and the staff at the local public health

agency. Future plans are to share with the Local Public Health Association (LPHA), the

board of the drop-in center, and at the International Association of Human Caring

(IAHC) Conference. While this project will inform those who see it, it may also affect

the youth who participated in the project. In partnership, this project has given youths

experiencing homelessness, who are a marginalized population, a voice and they will feel

valued and empowered from this experience. For the future, this project will encourage

photovoice projects from other public health agencies with the recognition and value of

the authentic connection with participants. This authentic connection, utilizing

photovoice, will give voice to marginalized populations.

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Appendix A

Permission Letter from Oasis Director for Project

Augsburg College
Internal Review Board

Dear Augsburg College,

As the Executive Director of Oasis for Youth, I am writing this letter of support for the Photo-voice project Bonnie Paulsen is planning to doing as part of her Doctor of Nursing Practice degree.

She is planning on doing a Photo-Voice project with the youth who come to the drop in center at Oasis. Bonnie has met with myself and with staff to discuss the project and how to move it forward. Photo-voice projects are known to help encourage marginalized populations to speak out about their lives, communities and the organizations that support them. She has also been volunteering at Oasis to become familiar with our program, staff and youth.

I look forward to working with her as she does this project and I also look forward to seeing the final results.

Sincerely,
Nicole Mills,
Executive Director
Oasis for Youth.

Appendix B

Permission Letter from Oasis for Use of Oasis Name

TWIMC:

I give permission to Bonnie Paulson to utilize our name in her research project.

Mrs. Paulson is a valued member of our community and we are happy to have worked with her on this

project. If you have any further questions, please contact me at nmills@oasisforyouth.org or 952-512-2062.

Appendix C

Institutional Review Board Permission Letter

Institutional Review Board
Augsburg College
2211 Riverside Ave.
Minneapolis MN 55454

April 7, 2017

To: Bonnie Paulsen

I am pleased to inform you that the IRB has approved your application for a one-year extension for**: "A Journey Through Homelessness: A Photovoice Project with Homeless Youth in Minnesota".**

Your IRB approval number that should be noted in your written project and in any major documents alluding to the research project is:**2017-7-02**

Your IRB extension approval expires one year from the date above. The IRB would like to stress that subjects who go through the consent process are considered enrolled participants and are counted toward the total number of subjects, even if they have no further participation in the study. If you desire an increase in the number of approved subjects, you will need to make a formal request to the IRB.

As the principal investigator of this classroom project, you are required to inform the IRB of any proposed changes in your research that will affect human subjects. Changes may not be initiated until written IRB approval is received. Unanticipated problems and adverse events should be reported to the IRB as they occur.

Please inform the IRB of any changes in your address or e-mail.

I wish you success with your project. If you have any questions please be in touch.

Sincerely,
Milda
Milda K. Hedblom, J. D., Ph.D.
Augsburg College IRB Chair

Appendix D
Adult Consent Form

Photo-voice Project-Adult
Consent Form

You are invited to participate in a photo-voice project that will focus on your journey through homelessness. Photo-voice allows you to take pictures to share your thoughts around your next steps into your future. Please read this form and ask any questions you may have before agreeing to participate in the study.

This project is for a Doctor of Nursing Practice degree from the Department of Nursing, Augsburg College. The principal investigator (PI) is Bonnie Paulsen. Dr. Deb Schuhmacher, DNP, RN, Assistant Professor is the advisor for this project. Oasis for Youth has agreed to allow Bonnie to recruit youth from the drop in center located in Bloomington Minnesota. Bonnie Paulsen has been volunteering at Oasis since July 2016.

PROCEDURES
If you agree to participate in this study, you will be asked to do the following actions on your part.
1. Participate in an initial meeting to discuss photo-voice and what is needed for this project. This meeting will take about an hour.
2. Take pictures of your thoughts. This could take anywhere from 1-2 hours.
3. Share pictures with Bonnie and participate in an interview with her. The interview will be taped to allow for accurate interpretation of statements by you. This interview will take 1-2 hours.
4. The taped interviews will be destroyed after the final paper and project has been accepted by Augsburg College and the degree has been granted. The expected date this is to happen is by December 2018.
5. The transcripts, photos and paper will be used for graduation purposes and may also be shared in printed form, as a poster session, or conference break out session.

MONETARY COMPSENATION
If you agree to participate in the project and complete all of the required activities you will receive a $20 gift card to Wal-mart as a thank you gift for participating in the project.

RISKS AND BENEFITS OF PARTICIPATIN IN THIS PROJECT
There are no direct benefits for participating in this project.

CONFIDENTIALITY
The records of this study will be kept confidential, unless required by law. All data will be kept in a locked file and only the investigator and her advisor, Dr. Schuhmacher will have access to the data. The results will be disseminated in a final paper and presented to the faculty in the Nursing department at Augsburg College. The paper will be placed in the Lindell Library and a copy will be given to Oasis for Youth. The results may also be published in a professional journal or at local, regional, national or international conferences via a poster or oral presentation. In any form of dissemination, PI will not

include any information that will make it possible to identify you. If granted permission, direct quotes will be used, but a pseudonym, rather than your actual name will be used. All other identifying information will be changed to protect your identity. Despite these precautions, absolute anonymity cannot be guaranteed due to the small number to be interviewed. PI will be transcribing the audio recordings. Transcriptions and audio recordings will be kept in a locked file and only the advisor and PI will have access to them. The audio recordings will be destroyed after the final paper work has been done for the degree.

VOLUNTARY NATURE OF THE STUDY
You may ask any questions you have now. If you have questions later, you may contact me, Bonnie Paulsen, at 651-755-6907 or paulsenb@augsburg.edu. You may also contact my advisor, Dr. Deb Schuhmacher at 612-330-1611 or schuhmac@augsburg.edu. If you have any questions about your rights as a research subject or want to discuss problems or complaints about the project, send an e-mail to IRB@augsburg.edu. You will be given a copy of this form to keep for your records.

STATEMENT OF CONSENT
I have read the above information or have had it read to me. I have received answers to questions asked and I consent to participate in the study.
_____ I understand that I am free to withdraw from this study at any time.
_____ I understand that I may skip any questions that make me feel uncomfortable or may put me at risk.

Participant Printed Name_____Date_____

Participant Signature_____Date_____

Investigator Printed Name_____ Date_____

Investigator Signature_____Date_____

I consent to be audio-taped
Participant Signature_____Date_____

I consent to allow use of my direct quotations.
Participant Signature_____Date_____

I consent to allow the use of my pictures.
Participant Signature_____Date_____

Adapted from Augsburg University's IRB consent sample.

Appendix E
Youth Consent Form

Photo-voice Project-Youth

Consent Form

You are invited to participate in a photo-voice project that will focus on your journey through homelessness. Photo-voice allows you to take pictures to share your thoughts around your next steps into your future. Please read this form and ask any questions you may have before agreeing to participate in the study.

This project is for a Doctor of Nursing Practice degree from the Department of Nursing, Augsburg College. The principal investigator (PI) is Bonnie Paulsen. Dr. Deb Schuhmacher, DNP, RN, Assistant Professor is the advisor for this project. Oasis for Youth has agreed to allow Bonnie to recruit youth from the drop in center located in Bloomington Minnesota. Bonnie Paulsen has been volunteering at Oasis since July 2016.

PROCEDURES

If you agree to participate in this study you will be asked to do the following actions on your part.

1. Participate in an initial meeting to discuss photo-voice and what is needed for this project. This meeting will take about an hour.
2. Take pictures of your thoughts. This could take anywhere from 1-2 hours.
3. Share pictures with Bonnie and participate in an interview with her. The interview will be taped to allow for accurate interpretation of statements by you. This interview will take 1-2 hours.
4. The taped interviews will be destroyed after the final paper and project has been accepted by Augsburg College and the degree has been granted. The expected date this is to happen is by December 2018.
5. The transcripts, photos and paper will be used for graduation purposes and may also be shared in printed form, as a poster session, or conference break out session.

MONETARY COMPSENATION

If you agree to participate in the project and complete all of the required activities you will receive a $20 gift card to Wal-mart as a thank you gift for participating in the project.

RISKS AND BENEFITS OF PARTICIPATIN IN THIS PROJECT

There are no direct benefits for participating in this project.

CONFIDENTIALITY

The records of this study will be kept confidential, unless required by law. All data will be kept in a locked file and only the investigator and her advisor, Dr. Schuhmacher will

have access to the data. The results will be disseminated in a final paper and presented to the faculty in the Nursing department at Augsburg College. The paper will be placed in the Lindell Library and a copy will be given to Oasis for Youth. The results may also be published in a professional journal or at local, regional, national or international conferences via a poster or oral presentation. In any form of dissemination, PI will not include any information that will make it possible to identify you. If granted permission, direct quotes will be used, but a pseudonym, rather than your actual name will be used. All other identifying information will be changed to protect your identity. Despite these precautions, absolute anonymity cannot be guaranteed due to the small number to be interviewed. PI will be transcribing the audio recordings. Transcriptions and audio recordings will be kept in a locked file and only the advisor and PI will have access to them. The audio recordings will be destroyed after the final paper work has been done for the degree.

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You may ask any questions you have now. If you have questions later, you may contact me, Bonnie Paulsen, at 651-755-6907 or paulsenb@augsburg.edu. You may also contact my advisor, Dr. Deb Schuhmacher at 612-330-1611 or schuhmac@augsburg.edu. If you have any questions about your rights as a research subject or want to discuss problems or complaints about the project, send an e-mail to IRB@augsburg.edu. You will be given a copy of this form to keep for your records.

STATEMENT OF CONSENT

I have read the above information or have had it read to me. I have received answers to questions asked and I consent to participate in the study.

_____ I understand that I am free to withdraw from this study at any time.

_____ I understand that I may skip any questions that make me feel uncomfortable or may put me at risk.

Parental Consent: If you are under the age of 18, a parent or legal guardian must sign consent for you to participate in this project.

I give my permission for _____to participate in the photo-voice project being conducted by Bonnie Paulsen for an academic degree from Augsburg College.

Participant Printed Name_____Date_____

Parent/Guardian Printed Name_____ Date_____

Parent/Guardian Signature_____Date_____

I consent to be audio-taped

Participant Signature_____Date_____

I consent to allow use of my direct quotations.

Participant Signature_____Date_____

I consent to allow the use of my pictures.

Participant Signature_____Date_____

Adapted from Augsburg University's IRB consent sample.

Appendix F

Recruitment Flyer

Developed by Bonnie Paulsen

Appendix G

Handout for Youth

Photovoice Project
- Take 20-25 pictures

- Theme: Journey focused

  o Where have you come from? What does homelessness

     mean to you?

  o Where are you going? What are your dreams for the

     future?

  o How has Oasis helped you?

- No identifying pictures of people, faces, clothes

- No pictures sexual in nature

- Goal is to have five pictures with narratives or captions

Developed by Bonnie Paulsen

Appendix H
Evaluation Questions

A Journey Through Homelessness

Photovoice Project Evaluation Questions

1. What did you like about the Photovoice Project?

2. What did you dislike about the Photovoice Project?

3. Was there anything meaningful about the Photovoice project for you?

4. If you could change anything about the Photovoice process, what would it be?

5. Where would you like to see the final products share or displayed?

Adapted from *A Report on the Photovoice Project,* (2008) by Bonnie Paulsen
https://www.aucd.org/docs/A%20Report%20on%20the%20Photovoice%20Projectx.pdf

A Journey Through Homelessness:
A Photovoice Project with Youth Experiencing
Homelessness in Minnesota
Bonnie Paulsen, MSN, RN
April 27, 2018
Submitted in partial fulfillment of the requirement for the degree of Doctor
of Nursing Practice.

Presentation Objectives

- Discuss the photovoice project conducted with youth

- Describe the photovoice process

- Describe youth experiencing homelessness

- Sharing of the photographs and quotes from participants

- Discuss the application of Margaret Newman's Theory
  Health as Expanding Consciousness (HEC)

- Describe the conceptual model for this project

- Discuss the significance of the project

- Discuss where the project will be shared

A Journey Through Homelessness:
A Photovoice Project with Youth Experiencing Homelessness
in Minnesota

- Conducted at a drop-in center that serves youth experiencing homelessness in the Midwest

- IRB permission was given in April of 2017

- Recruitment occurred through the month of May 2017 with the help of the Case Managers, posting of a flyer and sign-up sheet.

- Nine youth signed up, seven signed consent forms and received a camera and instructions; four youth provided photographs and interviews

- Photographs and interviews were collected through the summer

- Photographs were grouped into three themes: Caring Connections, Where will I sleep, and Dreams for the Future

Photovoice Project

- What is Photovoice?
  - Participatory Action Research Project
  - Three uses to gain knowledge:
    - Assist in Community Needs Assessments
    - Evaluate existing programs
    - Share knowledge of participants to communities and funders
  - Flexible
  - Participation is grassroots to representation; gives voice to a marginalized population; allows us to see life through their eyes

- Communicates based on these concepts:
  - Images teach
  - Pictures can influence policy
  - People in the community ought to participate in choosing the images that shape public policy
  - Photovoice emphasizes individual and community
    - Wang, C. (1999). Photovoice: A participatory action research strategy applied to women's health. Journal of Women's Health. Vol. 8 (2), 185-192

Youth Experiencing Homelessness

- Numbers are growing: Estimation of 1.5 to 2 million youth

- Vulnerable and Marginalized, disproportionately from racial and ethnically diverse populations

- Multiple and complex health concerns

- Multiple causes of homelessness in youth: poverty, substance abuse, mental health issues, physical and sexual abuse

- Youth are on a journey

- Positive Youth Development, giving of hope and empowerment

Wilder Research (2015).; Homeless Youth Collaborative on Developmental Evaluation (2014).

Caring Connections

- **Participant #1:** I am seeing a lot of things from the past. I used to live down there. Me and my brother used to kick it. I lived there with my sister and her kids, I mean I look back at it and dang time has really went by, this building in Minneapolis, lots of families in that building.

- **Participant #2:** This picture meant like friendship to me. And then support like this is all about friendship. My best friend, she also comes to Oasis for Youth. We were hanging out and I thought it would be a good idea to capture that. it was one of those in the moment things, let me take a picture of this. Friends being there for you for support. It's nice to be independent, but to have that backbone.

Caring Connections

- **Participant #2:** That's where I um I am living right now, I took a picture of the front door, this is not my personal home this is the home of the people who accepted me to being there. Umm they picked me when I was homeless, so that kinda just means a lot to me.

Participant #3: School...I have a lot of great memories there, a lot of good things when I was there, lot of good teachers, playing sports, breaking three records of the Minnesota State High School league, floor hockey, so I think this place is a part of me more than I think. It is just a place, but it is a part of me and I miss it all the time.

Caring Connections

- **Participant #2:** Oasis sign, okay so, this picture means a lot to me, actually, I have been coming to the drop-in center since 2012. Umm I've grown here with some people, I have watched people leave, watched people come. The drop-in center is like my second home, they have helped me so much whether it was getting clothes, food, transportation, or just letting me know what the next gig is, like a job interview, who is hiring. They have been there for me, they are like my second family. They have helped me with everything that I have today.

- **Participant #1:** The drop-in center has helped me in so many ways, umm, it helped me since I came here. I think I kind of grew on the drop-in center and I think the drop-in center has a couple of things in store for me. So I am going to stay with the drop-in center until I age out. Hang out, transportation, resources, food shelf, clothing, socks.

Caring Connections

- **Participant #3:** The reason I took this picture is to show people that the drop-in center is always open, and that it is a beautiful place, they take care of you they give you food, they give you clothes, they help with everything you need help with. I think a lot of people who really want to get on their own could benefit a lot from coming here. It so helpful, you know, beautiful people, no one judges you can do whatever you want, we play around we can talk serious. Everyone you play around and we have a lot of fun, I think this place is like home for some people.

- **Participant #4:** The drop-in center helped, cause they ...actually worked where I am at now, so they helped get me in, so I had to go through all of the paperwork and everything, and it has been a lot more helpful than a lot of other places. Cause I have been through homeless shelters and what not and they really don't do much to help you get out of the system. The drop-in center, like, with them it's like getting showers, food, clothing, housing, lot of it is paperwork and phone calls which is difficult to get pictures of that kind of stuff.

Where Will I Sleep?

Participant #1: When I first moved from my house I camped out there. We (brother and I) had a tent and sleeping bags, we did this just for the summer. After that in the winter we went hotel to hotel.

Participant #2: I meant to take a picture of the whole car. I took a picture of the car-Umm that's where I used to sleep. I still have some friends out there still in the same situation. That car is where everything happens. Oh yeah, there was plenty of time when me and my boyfriend did have a car, it was a tiny little Subaru. There was plenty of times when yeah it was rough, I will never forget how rough it was.

Where Will I Sleep?

- **Participant #2:** I took a picture of a park and there were times when I had to sleep there also.

- **Participant #4:** I used to sleep on the trains and stuff if it was raining out and they were still running. As long as when I exited and entered I get it updated on their little computer system. Than yeah basically I can ride for 24 hours. Oh yeah, definitely, especially overnights. I couldn't tell you how many people we got. kind of sad really, but...

Where Will I Sleep?

- **Participant #4:** That is the start of the park. The police don't really bother you, actually unless somebody tells on you. But then they only want to check on you and then they will leave you alone, they want to make sure you are alive.

·

- **Participant #4:** Then the last one was bus shelters, cause people sleeping on those, too

Where Will I sleep?

- **Participant #4:** I used to just find trees and any place that had shade, like here and stuff, basically anything that I could use to sleep under...Usually I had a rolled plastic fold up rectangle and I used that I tied up between two trees and used as a shelter for when it rains...Yeah, this is one of my main ones, and nobody was around in the middle of the night...

Dreams for the Future

- **Participant #3:** I would like to have a car in the future along with my own place, cause I am not settled right now. Cause good things to come to those who wait.

- **Participant #2:** I thought it was a cool picture of the railroad tracks. I did have like a quote, you know how kind of like the road to success, it's never too late to get to where you need to go. Staying positive, I believe in good karma. We all gotta stick together. All I have to say is it is not easy to go through (being homeless) but there is always an outcome and it depends on how you make it. Just keep hope alive and do what you gotta do. And pray.

Dreams for the Future

- **Participant #2:** I took a picture of the bus stop, because whether you are on foot, walking, on the train, or even if you are in your own vehicle, do what you have to do to get where you need to go.

- **Participant #4:** This is the front view of my new apartment building...Yes, without them (the case managers at the drop-in center), I would probably still be out on the street.


Margaret Newman
Health as Expanding Consciousness

- **Human:** Humans are unitary beings and cannot be divided into parts; we don't have consciousness we are consciousness

- **Health:** Health and illness are viewed as one-health.

- **Environment:** Universe of open systems; Interaction between each person and their environment is evolving and unique

- **Nursing:** Viewed as a partnership between the client and nurse; a three step process where the nurse and client meet, share consciousness and move apart.

  - Newman, M. (1999) *Health as Expanding Consciousness*

Relationships between concepts of Photovoice Project and Health as Expanding Consciousness

- Critical Consciousness and Expanding Consciousness

- Shared environment: family, community

- Homelessness as a pathology but incorporated in youth's life journey. This is the youth's health, wellness and energy fields

- Co-Creators (youth and nurse) of knowledge or Expanded Consciousness
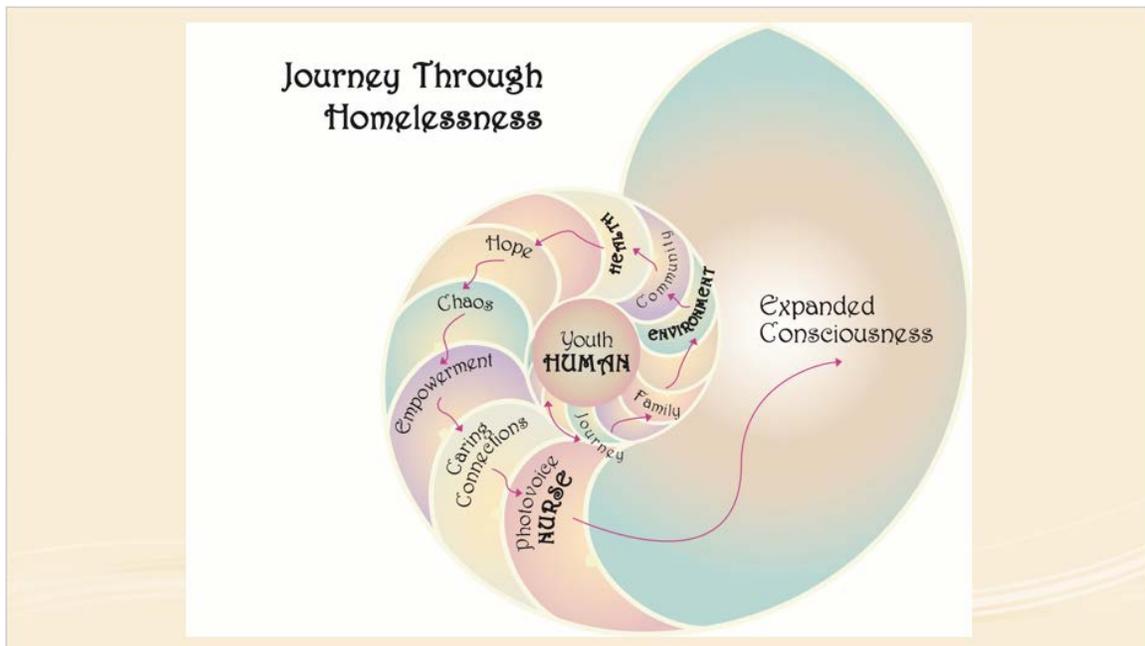
Project Significance

- Inform by providing a worldview of homelessness from the youth's perspective
- Sharing of the authentic voice of youth experiencing homelessness
- Inform those working with youth on value of the services they provide
- Increase knowledge and use of photovoice by public health practioner as a way to have authentic connections with communities

Project shared

- Presentations
  - Bloomington Public Health Staff-Lunch and Learn, March28, 2018
  - Oasis for Youth Staff, April 5, 2018
  - Local Public Health Association, April 19, 2018
  - Community Services Team Meeting, May 9, 2018
  - International Association for Human Caring Conference, accepted for poster presentation, May 31, 2018
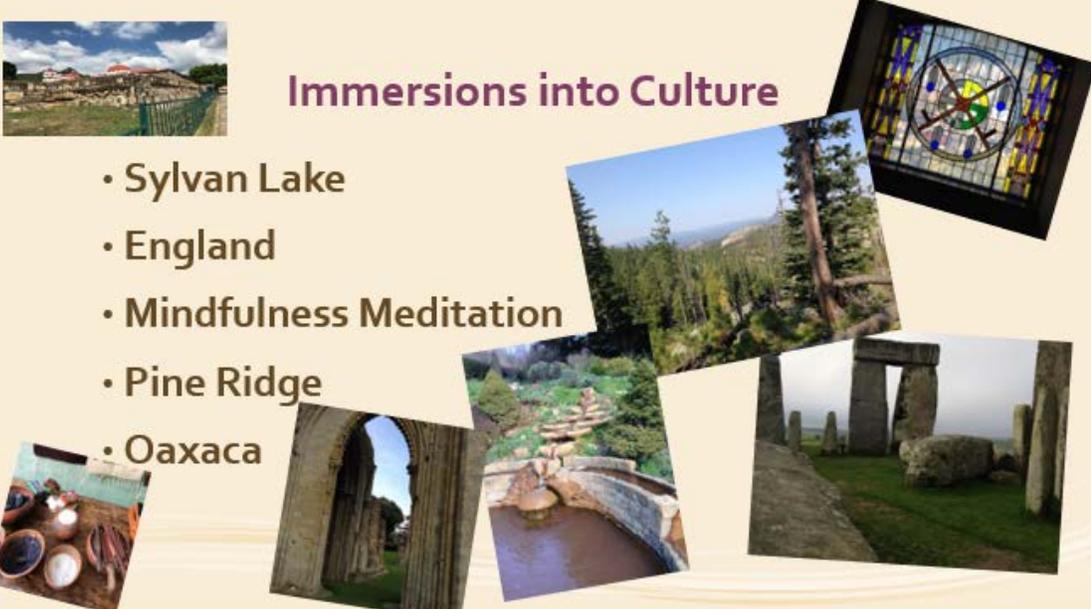
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