

A Picture is Worth 1,000 Words: Challenging Stigma through PhotoVoice

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Health centers providing services to people experiencing homelessness have tremendous potential to directly influence the underlying societal inequities that contribute to health disparities of underserved populations. Stigma against marginalized populations causes numerous negative outcomes that affect mental and physical well-being, comfort accessing services or support, and access to opportunities for growthⁱ. The National Health Care for the Homeless (HCH) Council (the Council) developed a PhotoVoice Learning Collaborative to address the stigma of homelessness. This three-year project included eight health centers that collaboratively developed national and local photography exhibits to increase awareness and knowledge about the experience of homelessness and provide an opportunity to share local consumers' stories. This brief will describe the project development, structure, and outcomes, as well as lessons learned for organizations who want to create their own PhotoVoice projects.

Background

Most of society's understanding of homelessness comes from the media, social circles, and limited personal exposure, which often portrays an incomplete and stereotypical image of homelessnessⁱⁱ. Providing a platform for individuals whose voices are not often heard to share their own experiences of homelessness creates an authentic story that can illuminate the real causes and solutions to homelessness. For almost a decade, the Council and the National Consumer Advisory Board¹ have promoted storytelling to share the realities of homelessness.

In 2016, the Council held its annual Leadership Summit focused on the biggest issues facing health centers serving people without homes. The members (administrators and clinicians working at HCH health centers, consumers using services at health centers, and community advocates) determined that stigma against people experiencing homelessness was one of the largest barriers to providing quality services and ending homelessness. Staff considered various approaches to challenge stigma, including a community-based qualitative method known as PhotoVoice.

PhotoVoice is “a process in which people – usually those with limited power due to poverty, race, culture, or other circumstances – use video and/or photo images to capture aspects of their environment and experiences and share them with others. The pictures can then be used, usually with captions composed by the photographers, to

¹ The National Consumer Advisory Board (NCAB) is a committee of people who have experienced homelessness and receive services at HCH projects across the country who uplift a collaborative consumer voice on national issues. NCAB is a standing committee of the National Health Care for the Homeless Council.

bring the realities of the photographers' lives home to the public and policy makers.ⁱⁱⁱ" The concept was developed in 1992 by a researcher documenting the experiences of rural women in China, and since that time has been used in numerous countries by marginalized groups whose experiences are largely ignored by society and the media.

The Council developed a PhotoVoice Learning Collaborative (LC) to present an opportunity for people who have lived or are living without

homes to reduce the stigma of homelessness through visual storytelling. Council staff supported local health centers in recruiting participants to take photographs to demonstrate their experience of homelessness and to exhibit these photographs to members of their communities, including policy makers. The goal of this work was to help local participants put their experiences into a social context to reduce feelings of shame or guilt, while also allowing the community and decision-makers a chance to gain a personal perspective on the realities of homelessness.



Learning Collaborative (LC) Structure

To form the LC, the Council collected applications from interested health centers and other organizations serving people experiencing homelessness. Of the 17 applications received, Council staff accepted the following nine organizations as LC participants:

- Circle the City, Phoenix, AZ*
- Daily Planet Health Services, Richmond, VA
- Errera Community Care Center, West Haven, CT
- Health Care Without Walls, Wellesley, MA
- HealthRight 360, San Francisco, CA
- Heritage Health, Coeur d'Alene, ID
- Lutheran Metropolitan Ministries, Cleveland, OH
- Terry Reilly Health Center, Boise, ID
- Yakima Neighborhood Health Services, Yakima WA*

*Due to staff turnover, Yakima Neighborhood Health Services replaced Circle the City in Year 2.

To support this work, the LC held regular calls to provide support and trainings. Site coordinators were required to attend all trainings and check-in calls; photographers were invited to attend trainings and calls as their interest and availability allowed. The Council also utilized Samepage, a collaboration software for online team project management, to provide easy access to exchange resources and ask for guidance.

Council Inputs for the LC

	Year 1	Year 2	Year 3
Check-In Calls	5 bi-monthly calls	5 bi-monthly calls	9 monthly calls
Trainings	Introductory project information Lessons from past PhotoVoice projects Community outreach and engagement strategies Creating a local exhibit	Journaling techniques Photography composition and techniques Lessons from participant experiences Exhibit survey data collection and review	Formal trainings were replaced with regular group check-in calls to address issues as needed.
Staff Support	Caroline Gumpenberger, Director of Education Katherine Cavanaugh, Consumer Advocate Brett Poe, Research Associate Hannah Sadler, Technical Education Coordinator		Brandon De La Cruz replaced Hannah Sadler.
Resources * <i>Provided through HRSA funding</i>	Disposable cameras Journals Samepage	Digital cameras Journals Samepage	Replacements were provided as needed Samepage

Health Center and Participant Responsibilities

Participating health centers were required to assign one site coordinator who was responsible for managing project activities. The site coordinator was responsible for recruiting and supporting participant photographers, distributing materials to photographers, collecting photographs and narratives, and coordinating a local exhibit in their community. Site coordinators primarily recruited photographers through programs and services at their sites, such as behavioral

health programs or health education classes. Site coordinators engaged participating photographers with the lived experience of homelessness by facilitating regular group meetings. These meetings provided photographers the opportunities to discuss ideas and techniques and review and critique one another’s work. Participating in critiques was important for photographers, as they were able to learn how their stories were viewed by others, whether their work was impactful to a subjective audience, the strengths of their



work, and opportunities for improvement. Photographers were also able to share their experiences as project participants in group meetings, including barriers to participation and helpful strategies to overcome those barriers. If photographers were unable to attend the live trainings hosted by Council staff, site coordinators provided training materials and recordings to photographers during their regular meetings. In cases where regular group meetings were not feasible or did not best fit the needs and availability of participants, site coordinators held one-on-one meetings. At Yakima Neighborhood Health Services, photographers were further supported by case managers, who were informed of the project and integrated opportunities for photography into services.



Boots by Yvonne

While photographers were welcome to use their personal phones or cameras throughout the project, the Council provided cameras and journals for sites to support photographers who did not have access to or preferred not to use their own supplies. In Year 1, the Council provided each site with eight disposable cameras to provide sites with a larger number of cameras in a cost-effective manner. However, disposable cameras presented some challenges for both site coordinators and photographers. Photographers were limited in the number of photographs they were able to take with each camera, and they were unable to immediately review photographs to assess whether any adjustments should be made to a photo. Likewise, site coordinators bore the burden of having the film from the disposable cameras developed before they were able to review the pictures with photographers. In some cases, film development was not a service available locally, requiring cameras to be mailed to a film processing vendor to be developed. Site coordinators therefore requested digital cameras in order to overcome these challenges. Council staff secured low-cost digital cameras and memory cards and were able to provide two digital cameras to each site in Year 2. The digital cameras and memory cards proved to be more efficient, as sites were able to reuse memory cards and did not require as many replacement supplies in Year 3.



Temporary Home by Jen

While participating organizations were asked to commit to the entire three-year project, photographers were given flexibility in the length of their participation with no minimum or maximum participation

timeframe. Photographers were encouraged to take photographs in their own time and of any subject they felt demonstrated the theme of the project: “What would you like others to know about your experience?” They were also welcomed to provide optional accompanying captions and narratives. Submitted narratives ranged from one- to two-sentence captions to others consisting of several paragraphs and even poems. These strategies were used to create a low-barrier project that promoted participation and

Food Pantry with Dead and Dying Plants – Ady



could be easily incorporated into photographers' lives.

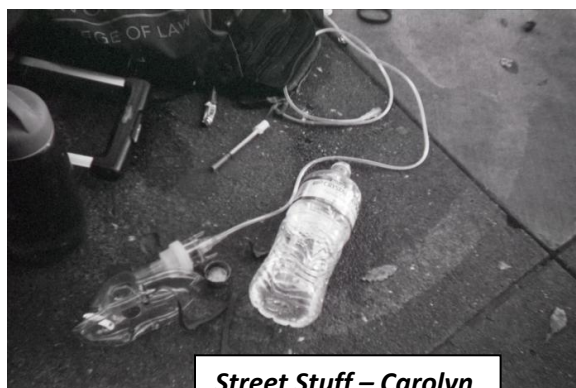
Evaluation Tool Development and Data Collection Methods

During Year 1 of the LC, participating site coordinators provided input on possible data collection tools and methods to get feedback on the exhibit and its effectiveness in improving public perception and reducing the stigma of homelessness. Options included a pre- and post-evaluation of attitudes toward homelessness provided to viewers before and after experiencing the exhibits; however, it was determined that anonymity, longitudinal tracking of responses, and completion rates would suffer. Therefore, a self-reflective approach was developed to provide a retroactive assessment of the impact of the exhibit. Key areas of the data collection tool include viewer demographics, experience related to homelessness, impact, and discussion. Surveys developed using SurveyMonkey were distributed in Years 1 and 2 via the use of an electronic Quick Response (QR) Code available to be scanned at the national exhibit during the Council's Annual National Conference. Hard copies of the survey were also available. Due to impact of the 2020 coronavirus pandemic, the national exhibit was not held in Year 3.

During Years 2 and 3, a selection of participating sites hosted their own local exhibits and collected reviewer responses (three sites at the time of this report). Over the three-year period, 115 responses were recorded. Electronic surveys were only utilized during the conference events, and only nine of the 115 were submitted electronically. Hard copy surveys appear to be preferred for both local and national events.



Woman – Gary



Street Stuff – Carolyn

Results: Exhibit Impact

Aggregate data of collected quantitative variables are presented collectively and by exhibit location in Table 1 below. Data from local site exhibits has been de-identified.

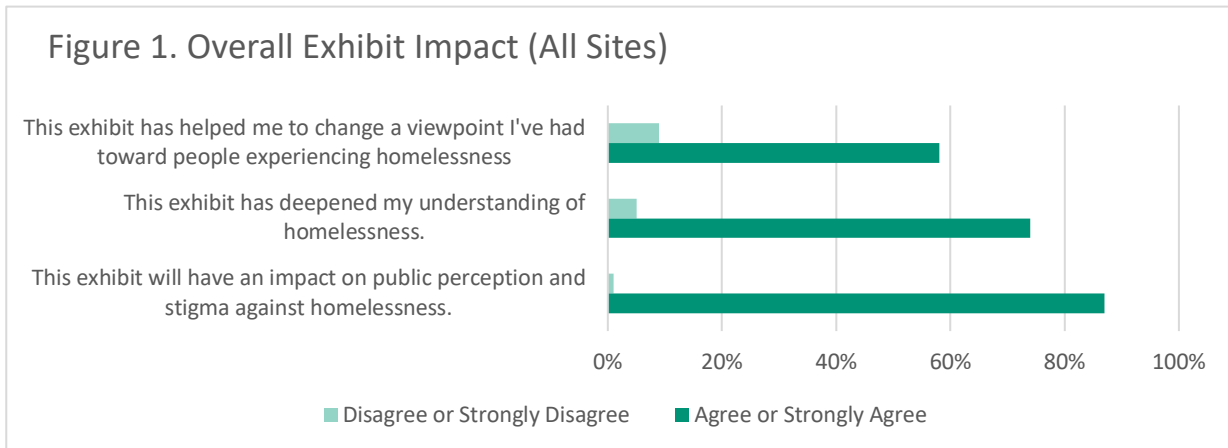
Table 1. Exhibit Viewer Results		(n=39)	Local Exhibits (n=76)			(n=115)
DEMOGRAPHICS	Variables	National Exhibit	Site 1 (n=12)	Site 2 (n= 41)	Site 3 (n= 23)	Total
Gender	Male	23%	17%	29%	35%	27%
	Female	74%	83%	68%	65%	71%
	Other	3%	0%	0%	0%	1%
	Prefer Not to Answer	0%	0%	2%	0%	1%
Ethnicity	Hispanic/Latino	18%	17%	10%	13%	14%
	Not Hispanic/Latino	74%	83%	85%	74%	79%
	Prefer Not to Answer	8%	0%	5%	13%	7%
Race	Asian	5%	8%	12%	0%	7%
	Black	28%	0%	15%	0%	15%
	Native American	3%	0%	0%	13%	3%
	White	59%	83%	66%	74%	67%
	Two or More Races	3%	8%	2%	9%	4%
	Prefer Not to Answer	3%	0%	5%	4%	3%
Age	Under 18	0%	0%	2%	0%	1%
	18-24	0%	0%	12%	0%	4%
	25-34	23%	8%	20%	17%	19%
	35-44	26%	33%	17%	13%	21%
	45-54	26%	25%	24%	26%	25%
	55-64	21%	33%	12%	13%	17%
	65 and older	5%	0%	10%	30%	11%
	Prefer Not to Answer	0%	0%	2%	0%	1%
EXPERIENCE	Variables	%	%	%	%	%
Yes, I have experienced homelessness or been unstably housed		36%	33%	10%	48%	29%
Yes, I have a friend or family member who has experienced homelessness or has been unstably housed.		69%	67%	46%	78%	63%

Of particular interest, and likely a factor in perception and impact of the exhibits, a majority of viewers across all exhibit settings said they have either experienced or have a friend or family member who has experienced homelessness. Cumulatively, only 32 percent answered 'No' to both questions. It is important to note this when considering the expressed impact of the exhibit from respondents. (Also see: Challenges and Strategies for Collecting Data).

Respondents retroactively evaluated a perceived change in the following areas: 1) personal viewpoints toward homelessness, 2) deepened understanding of homelessness, and 3) an assessment of the overall potential impact of the exhibit. Results of all impact variables are shown in Table 2 below.

Table 2. Exhibit Viewer Impact		(n=39)	Local Exhibits (n=76)			(n=115)
IMPACT	Variables	National Exhibit	Site 1 (n=12)	Site 2 (n=41)	Site 3 (n=23)	Total
This exhibit has helped me to change a viewpoint I've had toward people experiencing homelessness	Strongly Agree	23%	25%	22%	39%	26%
	Agree	41%	33%	24%	30%	32%
	Unsure, but probably agree	21%	17%	34%	17%	24%
	Unsure, but probably disagree	3%	17%	7%	4%	6%
	Disagree	8%	8%	2%	0%	4%
	Strongly Disagree	5%	0%	7%	4%	5%
This exhibit has deepened my understanding of homelessness.	Strongly Agree	46%	33%	27%	35%	36%
	Agree	38%	50%	37%	35%	38%
	Unsure, but probably agree	8%	8%	22%	17%	15%
	Unsure, but probably disagree	3%	8%	10%	0%	5%
	Disagree	3%	0%	2%	4%	3%
	Strongly Disagree	3%	0%	0%	4%	2%
This exhibit will have an impact on public perception and stigma against homelessness.	Strongly Agree	54%	58%	61%	39%	54%
	Agree	44%	33%	22%	35%	33%
	Unsure, but probably agree	3%	8%	12%	17%	10%
	Unsure, but probably disagree	0%	0%	2%	0%	1%
	Disagree	0%	0%	0%	0%	0%
	Strongly Disagree	0%	0%	0%	4%	1%

Overall, impact was widely perceived as strong, with most viewers responding that there was a change in perception. Of those that said that there was no change across all three questions (n=6), nearly all had also indicated a previous experience with homelessness. With “unsure” responses removed, the overall impact of the exhibits across exhibit locations can be more clearly demonstrated in Figure 1.



During national exhibits displayed at the annual conference, open-ended journals were available for viewers to record unprompted responses. Most responses indicated appreciation for reminders of the human stories behind the issues surrounding homelessness as well as multiple entries of praise and gratitude to individual exhibit contributors for sharing their stories.

Challenges and Strategies for Collecting Data

Key Challenges	Key Strategies and Innovations
Survey length and completion rate.	Sites offered feedback that stated early hard copies of surveys were lengthy and burdensome for participants to complete and requested changes be made to the formatting for easier distribution and collection of responses. Subsequent local exhibits saw increased responses from viewers.
Location of Exhibits.	<p>One consideration related to the demonstrated impact of the exhibits is the pre-existing likelihood of a sympathetic audience to issues related to homelessness. (i.e., the audience at the National HCH Conference or events held and promoted by HCH health centers). This could impact in either of two ways: skewed data in favor of the project, or a demonstrated lack of change in perception due to pre- or post-points of view not being collected. Sites that partnered with broader community partners saw more diverse respondents.</p> <p>Future strategies should include considering community-based promotions of exhibits and including questions that identify pre-existing perceptions of homelessness.</p>
Data loss.	A fourth site executed a local exhibit in Year 2; however, due to scanning errors, survey data could not be matched across respondents. Reformatting to more digestible hard copies as described above helped to alleviate this issue for subsequent exhibits. Additional strategies in place included access to mobile survey completion and data entry access to site coordinators.

Lessons Learned

The three-year nature of the LC posed challenges with staff turnover and organizational commitment, yet many organizations stayed engaged with the project. Staff had anticipated these challenges and structured the LC with the flexibility to support health centers that were struggling with participants or competing organizational priorities. Site coordinators used and shared a variety of methods to keep participants engaged, including group meetings for sharing if patients were not comfortable journaling, walking the neighborhood with participants as they collected photographs, and allowing patients to contribute to the project for as little or as long as they felt comfortable. Based on feedback from participants, The Council adapted as well with its transition from disposable to digital cameras.

During monthly meetings, organizations shared challenges and received advice from their peers or Council staff. Additionally, the Samepage platform enabled members to seek immediate guidance from the entire group.

Some health centers struggled with participant recruitment even before the novel coronavirus began impacting daily life. The timing of the project was noted as a barrier for recruitment, as most health centers were recruiting in the fall and taking photographs during the winter. It was suggested that participants may be more willing to engage over spring or summer months.

Because of these observations from participant and health center site engagement, future PhotoVoice developers may consider project periods of one year or less. Despite challenges, participating health centers created thoughtful exhibits that built or deepened local partnerships. Daily Planet Health Services leveraged an existing



Daily Planet staff present at City Hall.

partnership with a local university to create a long-standing exhibit. During its run, four other organizations approached them about additional exhibits, including the local Office of Community Wealth, which hosted an exhibit at Richmond City Hall. Yakima Neighborhood Health Services held an exhibit during National Health Center Week that was attended by several public officials with whom they do not often interact, including one who wanted to display the exhibit at a community event.

Cumulative recommendations for future PhotoVoice projects are below.

Recommendations for PhotoVoice Projects

- Develop a one-year project with the same participants to build community while not burdening participants.
- Create a variety of ways for individuals to consider what they want to share and how to visually tell their story (i.e. journals, discussion, neighborhood walks, photo review, etc.).
- Determine what resources you will need for the project (i.e. staff time, cameras, journals, meeting space) and ensure they are in the organization's budget.
- Digital cameras allow more flexibility for participants and site coordinators to review and select photos for submission.
- Consider taking photographs in the spring or summertime when participants are more available for meetings and able to take photos outside.
- Reflect on what community or academic partnerships you have or would like to develop and create ways to engage those partners with PhotoVoice.
- If collecting data as part of your project, be sure to provide a variety of options for data entry based on what is most accessible for your audience.
- Consider a pre/post evaluation for exhibits to better evaluate the impact of the project. Self-reflective evaluations as they were written in this project did not capture viewers' previous perceptions of homelessness, only previous experiences.



A Bed to Myself – Mike



Untitled – Carl



The Transisiton – Carl



Camped Out – Brandy

ⁱ Goldbach, J., Amara, H., Vega, W., and Walter, M. (December 2015). *The Grand Challenge of Promoting Equality by Addressing Social Stigma*. American Academy of Social Work and Social Welfare. https://www.researchgate.net/profile/Hortensia_Amaro/publication/291820699_The_Grand_Challenge_of_Promoting_Equality_by_Addressing_Social_Stigma/links/56a63bc108ae2c689d39e192/The-Grand-Challenge-of-Promoting-Equality-by-Addressing-Social-Stigma.pdf

ⁱⁱ Devereux, E. (December 2015). *Thinking Outside the Charity Box: Media Coverage Of Homelessness*. *European Journal of Homelessness*, 9(2). Pages 261-273. https://www.researchgate.net/profile/Eoin_Devereux/publication/290428341_Thinking_Outside_The_Charity_Box_Media_Coverage_of_Homelessness/links/569a999e08ae6169e55cf42f.pdf

ⁱⁱⁱ Center for Community Health and Development. (Updated 2020). *Community Tool Box. Chapter 3: Section 20: Implementing PhotoVoice in Your Community*. <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/photovoice/main>

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