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Understanding housing and health through the lens of transitional housing members in a high-incarceration Baltimore City neighborhood: The GROUP Ministries Photovoice Project to promote community redevelopment

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ABSTRACT

In this study we used photovoice to better understand transitional housing residents' perceptions of housing and health at the individual and community levels. Discussion sessions were recorded, transcribed, and analyzed through a modified constant comparison approach. The results demonstrate that participants had a rich understanding of the complex connections between housing, neighborhood, and health that were intimately tied to the spatial concentration of incarceration in their community. The men identified social and physical sources of stress that manifest in a community-wide sense of hopelessness; however, utilization of community social networks and social capital provide opportunities for addressing these issues locally.

1. Introduction

Within the past decade, public health consensus on the relationships between housing, neighborhoods (i.e., poverty), and numerous health outcomes has evolved (Zenk et al., 2006; Ross et al., 2000; Diez Roux et al., 2001; Boardman et al., 2001). Housing and neighborhood conditions, including the social and physical environments, are identified as critical contributors to health disparities documented in the United States (Williams and Collins, 2001; LaVeist et al., 2011). Physical and social structures inherent to individual houses and neighborhoods can be distinguished by their psychological (e.g., interpersonal relationships, security), social (e.g., social networks, crime), and physical/material (e.g., location, structure, hazardous exposures, and pests) elements (Rauh et al., 2008). Each of these elements may impact health; however, apart from a few well-studied examples, little systematic research documents the links between poverty, environment, and health (Rauh et al., 2008; Dunn, 2000).

1.1. The role of incarceration on housing, neighborhoods, and health

One important social determinant of health is the contribution of incarceration to the deterioration of inner city neighborhoods. In 2010, over 1.6 million persons lived in federal or state prisons, almost 749,000 individuals in jails, and over 4.8 million persons were under community supervision (probation or parole) (Glaze, 2011; Guerino et al., 2011). African Americans were disproportionately incarcerated, with black non-Hispanic males imprisoned at seven times the rate of their white, non-Hispanic peers (3074 versus 459 per 100,000 respectively) (Guerino et al., 2011). The commonalities between communities these individuals come from are not random; a community's representation in the criminal justice system is predicted by poverty, unemployment, family disruption, and racial isolation, even when adjusting for the community's rate of crime (Sampson and Loeffler, 2010). Thus, the resulting systematic removal and re-entry of residents to and from the criminal justice system may impact housing and health at both individual and population levels (Moore, 1996; Freudenberg, 2001; Rhine, 2009; Roman and Travis, 2006).

Particularly, the high rate of recidivism among non-violent offenders negatively impacts community stability and structure. The cycling of residents to and from their communities after serving short prison terms adversely impacts their ability to find

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stable housing and consistent employment (Roberts, 2004; Clear et al., 2001; Freudenberg, 2001; Golembeski and Fullilove, 2005; Johnson and Raphael, 2009). Education, job training, and substance abuse programs are limited within prison systems, leaving resource-poor community programs and providers to manage the re-entry population's medical, social, and economic needs (Johnson and Raphael, 2009). It has been argued that when communities accept larger numbers of returning prisoners than can be accommodated by existing (but disrupted) social networks, community norms are affected, disorder increases, and crime rates rise (Wilson, 1987). This social disorganization and related stresses have consequences on both individual and community health (Latkin and Currey, 2003; Latkin et al., 2007).

1.2. Purpose of this study

Little is known about community perceptions of housing, neighborhoods, and health in these areas. To illuminate how community members understand the factors influencing their health and to identify community priorities, it is important to explore perceptions of the community members themselves. Through photovoice, this study attempts to realize these emic perspectives, those of community "insiders." Additionally, this effort aims to promote awareness, critical dialogue, and action in support of a community-led redevelopment effort in an area of high spatial concentration of incarceration.

2. Methods

2.1. Photovoice

In this investigation, we used photovoice to explore how men affected by incarceration and/or substance abuse in an impoverished inner-city Baltimore neighborhood understood the relationship between housing and health at the individual and community level. We asked men to consider: (1) How does housing (or a lack thereof) affect *your* health and well-being? (2) How does housing (or a lack thereof) affect the health and well-being of *your community*?

Photovoice is a community-based participatory research (CBPR) method; community members use designated cameras to visually document their lived experiences. Photovoice is an exploratory research methodology grounded in the principles of empowerment education (Freire, 1970, 1973), critical theory (Morrow and Brown, 1994), constructivism (Patton, 1990), health promotion (Green et al., 1999), and documentary photography (Sontag, 1977; Wang and Burris, 1994). Using photography, participants define their concerns and identify their priorities. The three goals of photovoice are: (1) to help participants record and reflect on the strengths and problems in their community, (2) to promote critical dialogue about important issues in the community through photography and discussion, and (3) to engage policy makers in positive social change through public forums and photography displays (Wang, 1999). We hoped to learn about how urban transitional housing members understand the relationship between housing and health so that we might ultimately improve awareness of community redevelopment efforts among community members and policy makers.

2.2. Setting, partnership, and participants

GROUP Ministries (GM) is a nonprofit organization in the Greater Rosemont community of West Baltimore, Maryland. Greater Rosemont is home to over 19,000 city residents, the majority of whom are African American (97.1%) and women (54.4%). It has been severely affected by above average rates of unemployment (15.8% in 2010), poverty (21.1%), and violence (e.g., non-fatal shooting rate and homicide rate approximately twice that of the city overall) (Baltimore City Health Department, 2011). The Greater Rosemont community accepts among the largest numbers of returning prisoners in Baltimore, with 12.1 prisoners returning per 1000 residents in 2001 (LaVigne et al., 2003).

GROUP Ministries seeks to address individual and structural risk for the re-entry population and former substance abusers of the Greater Rosemont community, utilizing two strategies: (1) the short-term behavioral modification interventions that are commonly employed in attempts to improve outcomes, and (2) the long-term structural efforts targeting housing and employment stability. This dual approach to re-entry programming aims to maximize positive outcomes for the individuals enrolled in GM programs and for the Rosemont community at large.

At the structural level, GM recognizes the need to change Greater Rosemont community's programs, laws, and policies related to housing and employment for community members with criminal records. Through grant funding, community networking, and partnership, GM now leads an effort to obtain vacant properties, renovate them through job training and local employment, and return them to community members at a low cost. GM hopes that this process will establish a network that expands employment opportunities for local community members through maintenance and repair contracting.

GM has worked with researchers at the Johns Hopkins University in various capacities for over 5 years. In 2009, the partnership was awarded a grant by the Substance Abuse and Mental Health Service Administration (SAMHSA) to evaluate if positive changes in structural risk (housing and employment) are associated with reductions in HIV risk behaviors and substance use among community members returning from incarceration (Grieb et al., in press). The photovoice project grew from this partnership.

All of the men residing in the GM transitional houses were invited to participate in this project through a written and oral invitation. Nine of thirteen (69%) men participated (Table 1). The men had varying levels of previous experience using cameras, and none had heard of photovoice. Although all of the men were residents at a GROUP Ministries house, they were not directly involved with the organization's redevelopment efforts.

2.3. Ethical considerations

Intensive ethical consideration was provided from the outset of this project through ongoing dialogue with GROUP Ministries' leaders, photovoice participants, and academic partners. During these discussions, all team members reviewed specific ethical concerns related to CBPR in general and photovoice in particular (Flicker et al., 2007; Wang and Redwood-Jones, 2001). GROUP Ministries' leaders approved of all research protocols, and human subjects approval for the study was obtained from the Johns Hopkins School of Medicine Institutional Review Board (IRB). Participants were provided training in photovoice ethics and were given a reference sheet for continual review that included information regarding their rights as research participants as well as their ethical responsibilities to their fellow community members who may be photographed. Participants were also provided a consent form for use in the community; this form described the study, requested written consent of community members photographed, and provided space to provide addresses so that the individuals photographed could receive a copy of the photograph (Wang and Redwood-Jones. 2001). Few participants felt comfortable engaging potential subjects in the consent process, and as