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Using Photovoice to Explore Mental Health and Rural Homelessness in Beaufort County, NC, USA

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Abstract

The objective of this study is to explore the intersection of mental health and homelessness in rural Beaufort County, North Carolina, USA, focusing on the social and emotional well-being (SEWB) of people experiencing homelessness (PEH) and their service providers. The research, which was conducted from 2018 to 2020 using the photovoice method, gathered data from 18 PEH and four service providers before and during the COVID-19 pandemic, uncovering the unique challenges faced by rural PEH. The study identifies key external (inadequate infrastructure, food insecurity, systemic marginalization) and internal barriers (stigma, invisibility, alienation) impacting SEWB. The article recommends policies that address these barriers promote inclusive planning, improve infrastructure, and deliver tailored services to foster social inclusion and resilience in rural communities.

Keywords: rural homelessness, mental health, photovoice, social and emotional well-being

Utiliser photovoix pour explorer la santé mentale et l'itinérance rurale dans le comté de Beaufort, Caroline du Nord, États-Unis

Résumé

L'objectif de cette étude est d'explorer l'intersection de la santé mentale et de l'itinérance dans le comté rural de Beaufort, en Caroline du Nord, aux États-Unis, en se concentrant sur le bien-être social et émotionnel (SEWB) des personnes sans abri (PEH) et de leurs prestataires de services. La recherche, menée de 2018 à 2020 à l'aide de la méthode photovoix, a rassemblé des données auprès de 18 PEH et de quatre prestataires de services avant et pendant la pandémie de COVID-19, révélant les défis uniques auxquels sont confrontés les PEH rurales. L'étude identifie les principaux obstacles externes (infrastructures inadéquates, insécurité alimentaire, marginalisation systémique) et internes (stigmatisation, invisibilité, aliénation) qui ont un impact sur le SEWB. L'article recommande que les politiques qui s'attaquent à ces obstacles favorisent une planification inclusive, améliorent les infrastructures et fournissent des services sur mesure pour favoriser l'inclusion sociale et la résilience dans les communautés rurales.

Mots-clés : sans-abri en milieu rural, santé mentale, photovoix, bien-être social et émotionnel

1.0 Introduction

Rural homelessness is a critical yet underexplored issue in the United States, particularly in places like Beaufort County, North Carolina (NC). The United States Department of Agriculture (USDA) classifies Beaufort County, located on Pamlico Sound in NC's Coastal Plain region, as rural, defining it as areas outside towns and cities with low population density (Cromartie et al., 2008; USDA, 2023). In 2020, Beaufort County had a population of 44,652 spread over 962.85 square miles (2,493.8 km²) (United States Census Bureau, 2023). Although 25% of the homeless population lives in rural areas (Morse, 2015), research and policy mainly focus on urban homelessness, leaving gaps in understanding the challenges faced by people experiencing homelessness (PEH) in rural contexts, where economic disadvantages, isolation, and limited services worsen the issue (Freedman et al., 2014; Spissinger, 2019).

Rural homelessness often remains invisible due to a lack of comprehensive data and its complexity (Parr & Philo, 2003). Communities such as Beaufort County face unique obstacles, including high poverty rates and limited social infrastructure, complicating efforts to address homelessness. Economic shifts, a lack of affordable housing, and the phasing out of pandemic-era eviction prevention programs have led to a significant rise in cases of homelessness in these areas, which often go unreported (United States Department of Housing and Urban Development (HUD), 2023). Federal and state funding mechanisms often prioritize urban centers, making it difficult for rural communities to secure necessary resources (Cromartie et al., 2008; HUD, 2023).

Targeted research on rural homelessness is urgently needed to understand the unique mental health challenges faced by PEH. Gorman's (2010) theory of Social and Emotional Well-Being (SEWB) emphasizes that both external factors (e.g., socio-economic disadvantage) and internal factors (e.g., stigma) significantly impact SEWB in rural settings with sparse support networks (Gorman, 2010).

This study addresses this gap by exploring the mental health needs of PEH in Beaufort County, examining how external barriers (e.g., inadequate infrastructure, food insecurity, systemic marginalization) and internal barriers (e.g., stigma, invisibility, alienation) affect SEWB. The research aims to deepen the understanding of rural homelessness and inform policy interventions tailored to these communities' mental health needs.

2.0 Scholarly Context

2.1 Complexities of Rural Homelessness

Research on rural homelessness presents a complex and inconsistent picture, with prevalence rates varying from 10% to 33%, suggesting it may be a more pressing issue than urban homelessness (Byrne et al., 2020; Spissinger, 2019). This variability is due to differential practices in reporting homelessness and diverse lived experiences (Parr & Philo, 2003). Despite its significant impact, rural homelessness often receives limited attention in social policy discussions, influenced by cultural attitudes toward homelessness in rural communities. The lack of familiarity with available services diminishes demand, perpetuating the perception that homelessness is a minor issue in rural areas (Parr & Philo, 2003). Additionally, federal programs, such as the Homelessness Prevention and Rapid Re-housing

Program (HPRP), have often overlooked rural communities due to funding mechanisms that favour more populated regions (HUD, 2011; National Low Income Housing Coalition, 2019). This underinvestment in infrastructure exacerbates homelessness by limiting access to housing and services, with the additional challenge of geographic isolation compounding these issues (Freedman et al., 2014; Spissinger, 2019).

2.2 Intersection of Rural Homelessness with Broader Community Development Goals

Rural homelessness presents both a social issue and a community development challenge, requiring an integrated approach to economic development, infrastructure improvement, and social inclusion strategies. Defining "rural" areas in the United States is complex, with varying definitions by federal and state agencies based on factors like population size, density, and geographic isolation (Cromartie et al., 2008). These inconsistencies affect policy and resource allocation, leading to gaps in funding and services for rural homelessness. For example, a county classified as "rural" by one agency may not qualify for federal assistance because it is considered "urban" by another.

Initiatives that promote local economic development, such as workforce training programs, are essential in rural communities. These programs equip PEH with skills like carpentry and digital literacy, creating jobs and reducing future displacement by addressing the root causes of homelessness (Ott & Montgomery, 2015). Food insecurity is another critical issue, with food deserts and limited transportation access compounding the challenges for rural homeless populations (Ver Ploeg et al., 2009). Solutions require a multifaceted approach, including local food cooperatives, mobile grocery units, and community gardens, supported by community-based research and local governance to build sustainable resilience (Freedman et al., 2014).

2.3 Community Development and Rural Policy Approaches

Effectively addressing rural homelessness requires community development strategies and policies that empower local collaborators to create meaningful change. Community-based approaches that involve local governments, organizations, and residents can tackle specific challenges by fostering ownership and collaboration (Simanjuntak et al., 2023). Examples include mobile service units, multi-use community centers, and partnerships to enhance service delivery (Buck-McFadyen, 2022). Innovative funding models, such as public-private partnerships and community-led financing, help build affordable housing, improve infrastructure, and create jobs (Cromartie et al., 2008). Flexible funding programs, community land trusts, and cooperative housing ensure affordable housing availability and community control over assets (Blanchard, 2007; Ver Ploeg et al., 2009).

Effective responses to rural homelessness require community development strategies that empower local collaborators (Simanjuntak et al., 2023). Policies encouraging community-led initiatives and partnerships can address rural homelessness's unique challenges (Freedman et al., 2014; Simanjuntak et al., 2023). Local examples, like community centers and cooperative housing models, demonstrate how involving local governments, organizations, and residents can create tailored interventions and promote social inclusion.

2.4 Belonging and Exclusion

The literature highlights the complex nature of rural homelessness and its impact on SEWB. Research reveals that adverse experiences, such as childhood abuse and societal estrangement, reduce resilience and worsen SEWB (Johnson et al., 2018). For older adults, homelessness combined with aging vulnerabilities intensifies demoralization and social isolation (Mabhala et al., 2017). Rural-specific structural barriers, like housing discrimination and limited services, further complicate these challenges (Coombs et al., 2022).

Effective interventions must address both material needs and psychological well-being, emphasizing trauma-informed care and comprehensive support services (Johnson et al., 2018; Coombs et al., 2022). This includes providing safe environments that foster resilience and social inclusion. Addressing rural homelessness requires understanding intersecting factors like childhood trauma, aging, and social barriers. A holistic approach involving policy reform, community collaboration, and local empowerment is essential to develop sustainable solutions and promote well-being (Mabhala et al., 2017; Simanjuntak et al., 2023).

3.0 Methods

This study used qualitative methodologies to explore the mental health needs and experiences of PEH through participatory approaches like photovoice, interviews, and group discussions. Involving service providers and multiple data sources enhanced the validity and depth of findings by centering diverse perspectives and voices in the research process.

3.1 Recruitment Strategy

Participants were recruited using a combination of purposive, convenience, and snowball sampling methods. The recruitment process began with a “by-name” list, a data source maintained by local shelters and updated with the consent of PEH in the community. Service providers facilitated initial connections with potential participants through introductions, while the School of Social Work field office coordinated outreach, identifying and connecting service providers who participated in the study.

Purposive sampling was utilized to prioritize participants engaged with local shelters, soup kitchens, and community organizations, ensuring we captured a range of perspectives among those most affected by homelessness (Palinkas et al., 2015). Convenience sampling was applied by engaging participants who were already present during our outreach activities for immediate engagement, allowing for efficient data collection in a challenging environment (Etikan et al., 2016). Snowball sampling further enriched our participant pool by encouraging initial participants and service providers to refer others who met the study criteria, thereby reaching individuals who might have been otherwise overlooked (Noy, 2008). This approach ensured a diverse sample, enhancing the robustness and inclusivity of our findings.

3.2 Participants and Data Collection

The study involved 18 PEH and four service providers. Participants were asked to take photographs that represented situations, objects, and experiences reflecting their feelings and needs regarding homelessness. The prompt for the photography exercise asked participants to capture elements that illustrated their mental health

needs and the realities of homelessness in their community. The exact wording was: "Please take photographs that represent situations, objects, and experiences that reflect your feelings and needs regarding homelessness in your community." Participants were encouraged to focus on elements that illustrated their mental health needs and the realities they face daily. Additional guidance emphasized capturing both challenges and sources of support, allowing a balanced representation of their lived experiences.

Data collection included ten group discussions: seven with PEH before the COVID-19 pandemic and three online with service providers. The SHOWeD method encouraged critical reflection on photographs, probing participants' observations, connections, and potential actions (Wang & Burris, 1997). When data collection paused in March 2020 due to the pandemic, the study adapted virtual platforms for continued engagement. Participants used the photovoice method to assign titles and narratives to their photographs, which were recorded verbatim and explored in group sessions to identify key themes. Semi-structured interviews with 18 PEH and four service providers further explored experiences, mental health needs, community support, and policy impacts. The interview questions are provided in Table 1 to give a clearer understanding of the interview structure and content.

Table 1: *Interview Questions*

Semi-structured interview questions
How did you choose this picture?
Tell me about the day or night you took this picture.
What about that day was interesting?
Where did you go?
What did you do?
Who did you hang out with?
What did you think about?
What did you worry about?
Can you describe a day in your life and the challenges you face?
Can you describe a day in your life and the successes you celebrate?
What kinds of support or services do you find most helpful or lacking?
Why is this important to you?

3.3 Rationale for Including Service Providers

Including service providers adds reliability by correlating with the lived experiences shared by PEH. As individuals who engage with PEH, service providers offer independent accounts that help confirm the consistency and trustworthiness of the data, reducing the risk of biases or inaccuracies that may arise from relying solely on self-reported data from PEH (Creswell & Poth, 2018). Their perspectives provide a form of methodological triangulation, which strengthens the study's validity by using multiple data sources to examine the same phenomenon (Patton, 2015).

Service providers offer valuable perspectives on homelessness, highlighting systemic barriers, service gaps, and policy impacts that PEH may not recognize (Denzin & Lincoln, 2018). Their input aligns with qualitative research traditions, enhancing internal validity by ensuring findings reflect a comprehensive understanding from multiple viewpoints (Morse, 2015). By integrating insights from PEH and service providers, the study offers a robust representation of homelessness, cross-checking information, identifying common themes, and uncovering contradictions (Flick, 2018; Guba & Lincoln, 1994). This approach ensures a nuanced understanding of rural homelessness, enhancing the credibility and depth of the findings (Maxwell, 2013).

3.4 *Group Discussions Facilitated Using the SHOWeD Method*

Group discussions were crucial for adding depth and context to participants' experiences as captured through their photographs. These discussions fostered a participatory environment for reflection and dialogue.

The discussions used the SHOWeD method, a participatory technique by Wang and Burris (1997) that encourages critical reflection on photographs through guided questions: What do you SEE? What is really HAPPENING? How does this relate to OUR lives? WHY does this problem exist? How can we be EMPOWERED? What can we DO? This approach enabled participants to analyze their experiences, identify systemic issues, and suggest community interventions. The description of this method is illustrated in Table 2.

Table 2: *The SHOWeD Acronym Explained*

Component Question		Description
S	What do you SEE here?	Observation and focus on critical scenes.
H	What is really HAPPENING here?	Events or actions taking place.
O	How does this relate to OUR lives?	Representation of collective perspectives.
W	WHY does this problem exist?	Inquiry into reasons and underlying causes.
E	How can we be EMPOWERED by this?	Empowerment and progress towards goals.
D	What can we DO about it?	Steps taken or actions based on insights.

3.5 *Ethical Considerations*

To maintain ethical standards, verbal informed consent was obtained from all participants before interviews and discussions, appropriate given the sensitive nature of topics and varying literacy levels. Participants received a clear explanation of the study's purpose, participation nature, and their rights, including withdrawal without penalty. Consent was audio-recorded, ensuring participants understood and agreed to participate voluntarily while maintaining confidentiality. This approach protected participants' rights and ensured awareness of the study's aims and procedures.

throughout. The Institutional Review Board (IRB) at East Carolina University approved the study, which received Human Subjects Exempt status.

3.6 Member Checking for Validity and Reliability

To enhance validity and reliability, member checking was a core study component, involving feedback during group discussions and follow-up conversations. Participants reviewed themes and interpretations from their photographs and narratives, confirming accuracy, providing insights, or challenging interpretations (Lincoln & Guba, 1985). Member checking occurred both in groups, where participants discussed themes, and individually, through one-on-one conversations with clarifying questions such as, "Does this summary reflect your experience?" This iterative process ensured the findings accurately represented participants' perspectives, enhancing the study's credibility.

3.7 Data Analysis

We conducted data analysis using NVivo, a qualitative research software that facilitated the organization, coding, and thematic analysis of the data. NVivo allowed us to conduct a thorough thematic analysis and facilitated axial coding, linking related concepts to explore deeper connections between internal and external factors affecting participants' SEWB. NVivo's features also supported the integration of visual data (photographs) with narrative data (interviews and group discussions), enhancing the comprehensiveness of our analysis.

The research team, comprising the principal investigator, graduate research assistants, a service provider, and a PEH, adopted a feminist epistemological approach, utilizing standpoint theory (Etengoff, 2020; Harding, 2004). Standpoint theory, which posits that marginalized groups have unique insights into social realities due to their specific positions, was crucial to interpreting the participants' narratives and photographs (Etengoff, 2020; Harding, 2004).

The analysis began with the transcription of interviews and group discussions, followed by memo writing to capture emergent themes. Participants and researchers collaboratively identified common themes, which were sorted and synthesized. Thematic analysis was used to search for patterns, with codes assigned to segments of data to identify underlying concepts (Clarke & Braun, 2017). Axial coding was employed to link codes together and explore their relationships (Patton, 2015). This process facilitated the identification of connections between different themes, such as internal and external factors affecting PEH's SEWB.

3.8 Art Exhibits

Art exhibits played a crucial role in extending the study's impact beyond academia by engaging the community in discussions on homelessness and mental health. The exhibits, organized in collaboration with local museums and a community theater, aimed to raise awareness, influence policy, and support fundraising by showcasing photographs from PEH and service providers. These exhibits, curated by art interns and social work students, emphasized inclusivity and featured contributions from community members, including PEH, who shared personal stories and engaged directly with policymakers (Wang & Burris, 1997). Venues were chosen for accessibility, and virtual components ensured continued engagement during the pandemic. Feedback from 78 attendees, collected through anonymous forms, reflected

empathy, disillusionment with current systems, and a call for more resilient support services. Analyzed using NVivo, this feedback indicated a strong demand for systemic change and more equitable policies to address homelessness and social exploitation.

4.0 Findings

This study's sample comprises 22 individuals, including eighteen (n=18) PEH and four (n=4) service providers. In this section, ten participants' photographs and narratives are presented as illustrative examples of interconnecting themes. These examples include the contributions of seven (n=7) PEH and three (n=3) service providers. However, data from all 22 participants were analyzed and integrated into the overarching themes and findings of this study. Table 3 is a summary of participant demographic characteristics.

Table 3. *Participant Demographic Characteristics*

Category	Service Providers		Total N=22
	PEH N=18	N=4	
Gender			
Male	8	1	9
Female	9	3	12
Non-Binary	1	0	1
Race			
Black	15	3	18
White	2	1	3
Hispanic or Latino	1	0	1
Age			
18-30 years	1	0	1
31-40 years	5	1	6
41-50 years	6	2	8
51-60 years	4	2	6
Over 60	2	0	2
Education			
Less than High School	1	0	1
High School	11	0	11
Bachelors	2	1	3
Masters	0	3	3
Unknown	0	0	0

This study identifies the barriers faced by PEH as falling into two categories: external and internal. External barriers include inadequate shelter, food insecurity, disinvestment in public spaces, and compromised safety. Internal barriers encompass experiences of being ignored, invisibility within society, stigma associated with homelessness, feelings of alienation, and self-determination. These

barriers are linked, reflecting how systemic issues contribute to both tangible and psychological challenges for homeless individuals.

4.1 External Factors

Drawing upon Gorman’s (2010) definition, external factors are understood as elements beyond an individual’s immediate control that influence SEWB. These include socioeconomic disadvantages, social disconnection caused by infrastructure decline, systemic marginalization, and environmental factors. Systemic marginalization, for example, is the exclusion of certain groups from decision-making processes and development opportunities that could benefit them, often favouring more privileged demographics. These external factors impact SEWB by limiting access to resources, opportunities, and social connections, shaping overall well-being outcomes.

4.1.1. Environmental Challenges and Infrastructure

Findings from PEH. Eleven of the 18 PEH participants highlighted significant environmental challenges resulting from Hurricane Florence’s 2018 landfall in North Carolina, which caused extensive rainfall, flooding, casualties, and severe economic losses. Participants discussed their heightened exposure to natural disasters due to inadequate access to emergency services or shelter, reflecting broader issues of environmental justice and community resilience. They shared concerns about disaster preparedness, the lack of community solidarity, and the ongoing difficulties related to recovery. These experiences align with the literature emphasizing the intersection of rural homelessness and environmental vulnerabilities, as noted by Simanjuntak et al. (2023), who highlight how environmental stressors are exacerbated by inadequate infrastructure, affecting rural homeless populations.

Findings from service providers. The four service providers highlighted the environmental challenges of Hurricane Florence, worsened by systemic inequities and inadequate infrastructure. Using photos like “The Flood” (see Figure 1), they discussed the intersection of environmental vulnerabilities and socio-economic marginalization. The SHOWeD discussion revealed damage, systemic neglect, and proposed steps for equitable policy advocacy and community engagement. This discussion aligns with Simanjuntak et al. (2023), emphasizing the need for equitable disaster preparedness and infrastructure development to support marginalized communities. The narrative accompanying The Flood from a service provider brings to light this point:

We’re right where the fresh and the saltwater meet. So, if we get the right conditions... The storm surge took out everything on this side. It’s not fair that...It seems to be an agenda in which you get rid of your infrastructure and just have it for a few people, which means the top five percent. But you need more than the top 5 percent to engage and have a good community because everything has to start from the bottom (personal communication, service provider one, October 9, 2020).

Figure 1: “The Flood.”



Note: A service provider's photograph depicts the effects of a storm surge on the soup kitchen. (personal communication, service provider one, October 9, 2020).

Combined insights from PEH and service providers. Insights from both PEH and service providers highlighted rural communities' vulnerabilities to natural disasters and broader social issues, such as wealth disparity and systemic neglect. Echoing Parr and Philo (2003) and Buck-McFadyen (2022), they called for inclusive growth and community resilience, aligning with Freedman et al. (2014) on community-led initiatives to enhance social well-being and promote environmental justice.

4.1.2 Food Insecurity and Infrastructure

Findings from PEH. Ten of the 18 PEH participants expressed frustration with the misuse of community food pantries provided by local residents. They reported that individuals sometimes take more than necessary and sell the items for personal gain rather than using the support as intended. PEH participants expressed concerns about inadequate infrastructure to support PEH, recommending controlled distribution methods and engagement programs for more effective assistance. This aligns with Ver Ploeg et al. (2009), who found rural food insecurity is worsened by limited access to healthy options and poor distribution. Participants also advocated for structured programs during the transition to secure housing, supporting Buck-McFadyen (2022) and Freedman et al. (2014) on community-led strategies and local resource management to enhance social well-being. The narrative accompanying the photograph titled "Empty Little Pantry" in Figure 2 represents this issue:

They take it all. I mean, they really do. Some of them, they're on drugs real bad... It gets me mad when I see them doing stuff like that, but I just don't say nothing to them, you know? ...They can change it around and don't put it out there, and you go in there and ask for it. That way, they can just give you what you need to have instead of you going in there and taking everything out. That's what they should do (personal communication, PEH one, May 22, 2019).

Figure 2: “Empty Little Pantry.”



Note: A photograph taken by a PEH participant of an empty community pantry. (personal communication, PEH one, May 22, 2019).

SHOWeD discussion. During the group discussion with seven of the 18 PEH participants, challenges around the misuse of community resources, particularly food pantries, were central. In the "SEE" phase, participants noted that pantries are often emptied by those taking more than needed, causing frustration and unmet needs. The "HAPPENING" prompt highlighted a lack of oversight and equitable distribution, pointing to systemic issues. Additionally, participants mentioned having no grocery stores nearby to supplement food pantries. This supports Ver Ploeg et al. (2009), who found that rural food insecurity is exacerbated by limited access, poor distribution, and neglect. Participants suggested more controlled distribution to prevent misappropriation, aligning with Ver Ploeg et al.'s call for stronger infrastructure and targeted community support.

4.1.3 Compromised Safety and Lack of Public Space

Findings from PEH. Fifteen of the 18 PEH participants in the study expressed a recurring theme of neglect and struggle faced by PEH. The participants highlighted the challenges associated with both a lack of public spaces that are safe and welcoming and societal attitudes that contribute to their marginalization. One participant's narrative illustrates this neglect through a personal encounter with law enforcement, which reflects a broader societal tendency to overlook the daily struggles of PEH. Despite attempting to convey their desperate circumstances, the participant was met with indifference, highlighting a disregard for the needs of PEH. The photograph in Figure 3 and accompanying quote, titled "Homeless Living Room," sheds light on the critical need to address the immediate material needs of PEH and societal attitudes that contribute to their marginalization.

Figure 3: “Homeless Living Room.”



Note: A photograph of an unkempt public space taken. (personal communication, PEH two, March 11, 2019).

The following account offers a glimpse into the daily struggles faced by PEH when navigating unsafe and unwelcoming public spaces:

I kept walking back and forth. I tried to get warm. I sat down, and I had a little thin coat on. So, I explained to the officer everything that was going on with me, but he didn't really care. He was just telling me to come up out (of) that building and stuff like that. But I sat in there until about 2 o'clock in the morning when he came. I was sitting right there in the chair and fell asleep. And I was tired. A lot of these people, if they're walking around all day long and don't got nothing to do... and you can give them something to do to keep them from doing stupid stuff and crazy stuff (personal communication, PEH two, March 11, 2019).

SHOWeD discussion. During the discussion on public space and safety, seven PEH participants reflected on law enforcement. In the “HAPPENING” phase, they noted PEH are often treated as nuisances rather than people needing help. The “WHY” phase identified societal tendencies to criminalize homelessness, and the DO phase proposed creating safe spaces and programs for community integration.

4.1.4 Systematic Marginalization

Findings from PEH. Ten of the 18 PEH participants expressed frustration with local governance, perceiving a deliberate effort by local authorities to conceal the community's challenges from public view. They believed that this concealment was aimed at attracting wealthier groups, particularly retirees, at the expense of addressing the hardships faced by less affluent residents. Participants reported that opportunities for community development were overlooked or dismissed, suggesting that efforts to promote growth and progress were stifled. The photograph titled "It's by Design They Are Keeping Us Down" reinforces this sentiment, illustrating the belief that local

progress is being suppressed intentionally, with community industries and development opportunities being driven away. This contributed to a deepening sense of neglect and displacement among less affluent residents.

One participant shared their perspective:

They don't because they're not exposed to it. That's the problem. Our town has kept it well hidden. 'We don't have a problem'. We do, but they don't want you to know that because the people they're trying to bring here as being a retiree town, they want people with money. And the sad part is... This town could do so much, but they drove away all... anything anyone could do here, they drove it away. If you look at all the places that they had and all of the places that are here now, you'll see one thing. They're driving out industry. Anything that promotes progress (personal communication, PEH three, March 17, 2019).

During discussions, 10 PEH participants observed that local authorities concealed community struggles to attract wealthier retirees, prioritizing economic strategies that favoured affluent newcomers while neglecting existing residents. They noted these short-term strategies failed to promote inclusive development, perpetuating inequality. Participants emphasized that understanding these dynamics could empower communities to demand transparency and advocate for equitable policies. They proposed forming coalitions, attending town meetings, and supporting policies for inclusive development and local business growth.

Findings from service providers. Three service providers criticized local governance for attracting wealthier retirees by concealing community challenges and reducing resources for vulnerable populations like PEH. They noted a neglect of PEH, discussed economic strategies favouring the affluent, and called for sustainable development, advocacy, transparency, inclusive policies, community engagement, and equitable growth to address these issues. They noted the lack of social service agencies in new development plans of the county as well.

Discussions from both PEH and service providers reveal economic and social divisions where less wealthy residents' needs are overshadowed by efforts to attract affluent newcomers, undermining broader community development. This aligns with Simanjuntak et al. (2023) and Buck-McFadyen (2022), who argue rural homelessness is exacerbated by exclusion from decision-making and development opportunities. The insights call for inclusive policies addressing all community members' needs, advocating for equitable and sustainable development, as depicted in Figure 4, "It's by Design They Are Keeping Us Down."

Figure 4: “It’s by Design They are Keeping Us Down.”



Note: A photograph of an abandoned restaurant. (personal communication, PEH three, March 17, 2019).

4.2 Internal Factors

Adapting the concept from Gorman (2010), internal factors are defined as personal attributes that affect an individual's SEWB. These encompass one's motivations, beliefs, values, and the extent of their social connections. Internal factors, in contrast to external factors, are more difficult to delineate. They are pivotal in molding one's perspective and conduct, as well as their reaction to environmental situations, which in turn influences their overall well-being. The findings reflect experiences of being ignored, the invisibility within society, the stigma associated with homelessness, feelings of alienation, and self-determination.

4.2.1 Stigma

Findings from PEH. Insights from seven of the 18 PEH at a women's shelter highlight the gap between public perceptions and the realities of homelessness. This disconnect perpetuates stigma, further marginalizing those affected and obscuring their true needs. One participant explained, "They've just come into the title of homeless...they're the homeless," capturing the depersonalization often attached to PEH. This depersonalization creates an awareness gap, leading to misallocated resources that fail to address the community's actual needs, as illustrated by the photograph "Who Took All the Numbers?"

Figure 5: “Who Took All the Numbers?”



Note: A photograph of a flyer for a domestic violence shelter. (personal communication, PEH four, March 13, 2019).

During the group discussion, five PEH participants used the "SEE" component of the SHOWeD method to describe how society labels PEH, leading to their stigmatization. This process, they noted, contributes to an awareness gap, resulting in donations and resources being misallocated. In the "HAPPENING" and "WHY" phases, participants identified stigma and depersonalization as key factors in limiting effective support. They proposed practical actions, including educational initiatives, community workshops, partnerships with local organizations, and feedback mechanisms, to improve resource allocation and better address their needs.

Findings from service providers. In the group discussion, four service providers recognized the stigma surrounding homelessness and its impact on PEH. One shared a story of young girls facing poverty and trafficking, noting they were depersonalized as "the homeless," rather than being seen as "somebody's daughter or sister." This reflects the disconnect between public perceptions and the real, human experiences behind homelessness. A minister highlighted that while spiritual support is crucial, it is insufficient for meeting the comprehensive needs of PEH, pointing to the limitations of current community resources. In the HAPPENING phase, they noted how stigmatization leads to misallocated donations and inadequate support. In the WHY phase, they identified stigma and depersonalization as core barriers to empathy and understanding, leading to misdirected resources. The EMPOWERMENT phase focused on raising awareness to inspire more informed support systems, proposing educational initiatives and community collaboration. In the DO phase, they suggested actions like community workshops, partnerships between organizations, and creating feedback loops for PEH to voice their needs.

A licensed clinical social worker presented a photograph in Figure 6 titled "Prone." This image captures the word's dual meaning: both an adjective indicating a tendency or inclination and a verb describing a physical position of lying face down. The participant explained that victims and survivors of human trafficking are "prone" not only to being forced into unwanted spaces by unwanted people but also to circumstances beyond their control. The social worker emphasized that those aging out of foster care, with no place to go or reliable support systems, are particularly vulnerable to being trafficked, reflecting the compounded risks that stem from both internal and external factors.

Figure 6: "Prone."



Note: An image of a couch in a counsellor's office. (personal communication, service provider two, October 12, 2020).

This service provider also discussed the barriers to accessing mental health services:

As a psychologist, people most often think of my work as involving 'traditional' therapy, where clients come into an office, sit on a couch, and talk. But what happens when girls and young women cannot get to the couch? When they quite literally have no transportation, no insurance, no idea where to even start with navigating the complexities of getting into the mental healthcare system, or when they just emotionally are not yet in a space to be able to sit and talk about the layers upon layers of trauma they have lived? What happens when their parents, romantic partners, or traffickers actively prevent them from obtaining services? Or when they are still being sexually exploited on couches around our city every night? (personal communication, service provider two, October 12, 2020).

The findings on stigma are consistent with the literature, demonstrating how societal attitudes worsen challenges for PEH in rural areas. The depersonalization noted by participants aligns with Johnson et al. (2018), who argue that stigma leads to a decline in SEWB. Similarly, Coombs et al., (2022) highlight the need for trauma-informed care in rural settings. Service providers' experiences with human trafficking survivors show how stigma extends to other vulnerable populations, emphasizing the need for a strategic, informed approach. Consistent with Gorman's (2010) theory, stigma and alienation impact SEWB, emphasizing the necessity for community strategies that address both internal and external barriers.

4.2.2 Invisibility

Findings from PEH. Nine of the 18 PEH participants expressed feelings of invisibility, aligning with Gorman's (2010) SEWB theory, which highlights how marginalized groups often feel overlooked and devalued. The narrative and photograph titled "Homeless Power" illustrate this sense of invisibility, showing how those experiencing homelessness feel unseen. One participant described seeking warmth from a laundromat vent, illustrating how the basic needs of those without shelter remain invisible to the public. This narrative demonstrates how PEH find solace in overlooked places, reinforcing their marginalized status, consistent with Gorman's theory that societal neglect and inadequate resources diminish individuals' belonging and self-worth.

The photograph in Figure 7, "Homeless Power," showing an electrical socket, further symbolizes this invisibility, depicting a vital yet unnoticed resource for those without permanent shelter. This use of often invisible aspects of the urban landscape highlights their marginalized position. This observation aligns with Freedman et al. (2014), who argue that structural and social barriers in rural settings, such as limited access to services and social exclusion, compound the challenges faced by homeless individuals, reducing their visibility and agency within the community.

Figure 7: “Homeless Power.”



Note: Photograph of an unnoticed aspect of the urban landscape. (personal communication, PEH five, March 19, 2019)

The invisibility experienced by PEH is captured in an interview excerpt highlighting displacement and daily challenges. Images of worn shoes and a laundromat—though not shown here—symbolize the exhaustion from constant movement and the transient refuge laundromats provide. One participant described having nowhere to go during the day:

You know, you got to be out at 7 o'clock in the morning, but you can't go back in there until 11 o'clock at night. That's a long time. And you got to walk all day long if you ain't got nowhere to go (personal communication, PEH five, March 19, 2019).

This reflection highlights the physical and psychological exhaustion of displacement, aligning with Johnson et al. (2018), who noted how prolonged homelessness and social exclusion erode resilience and isolate individuals from community support networks. Another participant described using the laundromat for warmth:

I was standing over there yesterday waiting for the job to open. Me and him standing over there, and it was warm too. That air was coming out with a good feeling. I told him that I didn't need anything but a pillow and blanket. I was gonna go to sleep (personal communication, PEH five March 19, 2019).

This quote connects the photograph of the electrical socket to survival strategies for those without stable housing, reflecting the small comforts found amid homelessness. Mabhala et al. (2017) explains that a lack of stable shelter amplifies feelings of social exclusion and invisibility, compounding these challenges.

During the group discussion, nine participants used the "SEE" component to observe that PEH often seek warmth and shelter in overlooked spaces, such as laundromat vents, reflecting their invisibility to the public. In the "HAPPENING" phase, they discussed the daily displacement experienced by homeless individuals who must leave

shelters early and cannot return until late, lacking daytime rest places. The "OUR" phase connected these patterns of displacement and invisibility to broader societal issues, showing how PEH are marginalized and denied basic dignities and comforts.

Findings from service providers. Three service providers discussed how systemic neglect, inadequate resources, and societal indifference make PEH invisible. They noted that PEH often rely on hidden or neglected infrastructure, leading to marginalization. Service providers stressed that understanding these issues can "EMPOWER" communities to advocate for accessible shelters and support systems. For the "DO" phase, they proposed inclusive programs, equitable service access, and public awareness efforts to foster a compassionate community that addresses all members' needs.

4.2.3 Alienation

Findings from PEH. Fifteen of the 18 PEH participants expressed feeling "like an outsider" or not belonging in their town. This sense of exclusion is evident in their reflections, as shown in the quote and photograph titled "Outdoor Dining." The image and narrative convey a lack of empathy from the broader community, contributing to feelings of alienation and invisibility. One participant discussed the absence of comfortable public spaces for PEH for those transitioning to stable housing. Reflecting on a seating area outside a café providing free lunches, the participant noted, "There's a bench, but you're right in the full-on sun. There aren't many places for folks to hang out. I think that's to keep the riffraff away, or us poor people" (personal communication, PEH six May 14, 2019).

These insights align with Gorman's (2010) position that social exclusion and the absence of support networks can exacerbate feelings of isolation and alienation among marginalized groups. The findings also resonate with research by Freedman et al. (2014) and Simanjuntak et al. (2023), which emphasize the importance of inclusive community planning and the need to create welcoming public spaces that foster social connections and a sense of belonging. Furthermore, Parr and Philo (2003) argue that policies and public spaces that neglect the needs of marginalized groups contribute to their exclusion, reinforcing social divides.

Figure 8: "Outdoor Dining."



Note: A photograph of an outdoor seating area. (personal communication, PEH participant six, May 14, 2019).

4.2.4 Self-determination

Findings from PEH. Discussions about Hurricane Florence revealed both resilience and ongoing struggles for dignity among PEH. Participants reflected on tangible damages, such as the destruction of a shelter's kitchen, and less visible challenges, including internal battles for dignity and self-worth. They emphasized the importance of being seen beyond the label of "homeless" and recognized as part of a shared human experience. One participant expressed frustration with local authorities' dismissive attitudes towards homelessness and addiction, stating:

We had this one guy on the county board... so negative, saying 'we don't have a problem' and 'they need to be locked up.' He thinks people choose drugs on their own. You don't do drugs on your own (personal communication, PEH seven, April 13, 2019).

This quote challenges stigma, advocating for compassionate understanding. The desire for recognition and empathy rather than blame, aligning with Gorman's (2010) theory that internal factors, like agency and self-determination, are crucial to SEWB.

PEH participants noted that recognition of their experiences fosters self-worth and solidarity, which are essential for recovery. Participants argued that recovery should involve not just rebuilding physical structures but also restoring community and personal identity. This holistic approach aligns with Johnson et al. (2018), emphasizing the need to address both material and psychological aspects of homelessness to promote resilience and recovery. Participants criticized local governance for prioritizing economic interests over social equity and felt their voices were often silenced, yet they continued to advocate for inclusive practices that acknowledge their needs and contributions, demonstrating resilience and a strong sense of agency.

Integration of self-determination into recovery aligns with scholarly work, such as Simanjuntak et al. (2023) and Freedman et al. (2014), which argue for empowering individuals to reclaim their agency and identity as a foundational component of sustainable recovery efforts. The following photograph in Figure 9 "Read the Fine Print", was taken by a PEH participant outside of the county's Department of Health and Human Services and accompanies this discussion.

Figure 9: "Read the Fine Print!"



Note: A photograph taken by a PEH outside the county Department of Health and Human Services. (personal communication, PEH eight, February 5, 2020).

Findings from service providers. Four service providers shared insights into the impact of Hurricane Florence, reflecting on both the visible destruction and the less visible, internal challenges faced by PEH. They emphasized the importance of emotional resilience and community solidarity in response to the crisis. One service provider stated:

We've seen the depths to which our community can sink and rise; the floodwaters may have taken our shelter, but not our spirit. People's generosity in the face of others' anonymity has been the real surprise — showing that 'homeless' does not mean 'less human' (personal communication, service provider three, October 9, 2020).

This statement highlights both the external impacts of the disaster and the internal strength and solidarity that emerged, aligning with Gorman's theory that emotional resilience and a sense of identity are crucial in overcoming adversity. Another service provider described the community's efforts to rebuild:

When the power went out, there were no sump pumps... so we just had to deal with it. The church was great about getting things up to speed, and we received many donations from folks. It was amazing how the city came together, even for people they didn't know (personal communication, service provider one, May 9, 2019).

This quote demonstrates self-determination and proactive efforts to overcome the challenges brought by the disaster, leveraging community support and resilience. Service providers emphasized that fostering agency and self-determination is vital for holistic recovery, aligning with literature like Simanjuntak et al. (2023) and Freedman et al. (2014), which advocate for empowering individuals to reclaim their identity as key to sustainable recovery. This approach integrates Gorman's SEWB theory with community-based strategies, contributing to a more resilient, inclusive recovery, as illustrated by the photograph titled "You Are Worthy."

Figure 10: "You Are Worthy."



Note: A photograph of a sign outside of a service provider's agency (personal communication, service provider three, October 9, 2020).

5.0 Recommendations and Discussion

The policy recommendations that emerge from this study are based on the rich data collected from PEH and service providers through interviews and group discussions using the SHOWeD method. These discussions identified areas of concern, including environmental challenges, infrastructure inadequacies, and socio-economic marginalization.

Inclusive Emergency Response and Infrastructure Development. Group discussions highlighted the urgent need for inclusive disaster preparedness and infrastructure development plans, as seen by both PEH and service providers. Using the SHOWeD method, participants expressed that current policies fail to protect the most vulnerable members of rural communities during crises like Hurricane Florence.

PEH participants discussed their increased exposure to natural disasters due to inadequate shelters and emergency services. Eleven of the 18 participants emphasized the need for comprehensive emergency plans tailored to their specific vulnerabilities, suggesting multi-use community facilities that serve as both resource hubs and emergency shelters. Service providers noted that current rebuilding efforts often favour affluent areas, neglecting marginalized communities.

These recommendations align with Simanjuntak et al. (2023), who highlight the risks faced by rural homeless populations during natural disasters due to limited infrastructure and services. The literature emphasizes inclusive planning that integrates social equity and environmental resilience to protect marginalized groups (Freedman et al., 2014). Ver Ploeg et al. (2009) and Johnson et al. (2018) further support context-sensitive interventions and comprehensive strategies to enhance community resilience and reduce disaster disparities.

Community engagement and policy advocacy. Participants stressed the need for engaging both PEH and service providers in local governance and decision-making to ensure policies reflect all community members' needs. Discussions revealed a disconnect between current policies and the realities of rural homelessness. In the "OUR" and "EMPOWERMENT" phases, both groups expressed frustration at being excluded from policy discussions affecting their lives and advocated for greater transparency, inclusivity, and collaboration. Service providers highlighted forming coalitions with local authorities to improve equity in resource allocation.

Equitable Resource Distribution. The data highlights a critical need for equitable resource distribution, particularly in access to food, shelter, and essential services. Both PEH and service providers noted that current systems often fail to meet the needs of the most vulnerable, leading to further marginalization and social exclusion. Ten of the 18 PEH participants expressed frustration over the misuse of community resources, and service providers emphasized the need for managed distribution systems and targeted support programs.

These insights align with Ver Ploeg et al. (2009), who found that rural food insecurity is exacerbated by ineffective distribution methods. The literature suggests community-driven initiatives, such as cooperative food buying programs and mobile food pantries, can improve local engagement and resource management (Freedman et al., 2014; Simanjuntak et al., 2023).

The findings call for a shift toward more equitable, participatory, and comprehensive policy frameworks that empower marginalized populations to actively contribute to community development and resilience-building efforts.

6.0 Conclusion and Limitations of Study

While this study offers valuable insights into rural homelessness and suggests actionable policy changes, several limitations must be acknowledged. The small sample size, typical in rural research, may limit the generalizability of the findings. Future studies should include larger, more diverse samples, including underrepresented groups like immigrants, to capture a broader range of experiences and needs. This would help ensure that policy recommendations are comprehensive and applicable across different rural contexts (Buck-McFadyen, 2022; Parr & Philo, 2003).

Logistical challenges, such as geographic isolation and limited access to resources, also impacted data collection. Using digital tools, like remote interviews and online surveys, and leveraging local networks, such as rural health clinics and community centers, could improve data collection and reach. This aligns with recommendations for inclusive data collection and decision-making processes (Freedman et al., 2014; Simanjuntak et al., 2023).

To address issues like food insecurity and misuse of community resources, future research should examine more controlled distribution methods and structured community programs. Community-led approaches, like cooperative food buying programs and partnerships with local farmers, could promote local engagement, improve access to nutritious food, and foster resilience in rural settings (Freedman et al., 2014; Ver Ploeg et al., 2009).

Involving community members in planning shelter and resource center projects ensures initiatives are responsive to local needs. Public-private partnerships could provide innovative funding strategies, aligning with literature calls for multi-sector solutions to rural homelessness (Freedman et al., 2014; Wallerstein & Duran, 2010).

By addressing these limitations and pursuing research grounded in this study's findings, collaborators can take informed action to tackle rural homelessness, building more resilient and equitable rural communities.

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