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**Exploring “Home” Through Residents’ Lenses: Assisted Living Facility Residents Identify Homelike
Characteristics Using Photovoice**

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It is estimated that over 900,000 older adults currently reside in assisted living facilities (Shippee, 2009) and this number is expected to increase to seven million by 2020 (Spitzer, Neuman, & Holden, 2004). Historically, nursing homes have been the answer for adults who have experienced significant cognitive and physical decline since these homes offer intensive services to patients managing chronic medical conditions and offer assistance with activities of daily living (ADLs). However, within the last decade, assisted living facilities have become an alternative for individuals who are still capable of independent living with little to moderate care. These facilities, also known as personal care homes, have been differentiated from nursing homes by their home-like design, personalized services, and resident independence and privacy (Street, Burge, Quadagno, & Barrett, 2007). Despite these positive attributes, depression, anxiety, and loneliness, as well as, other negative psychological and physical reactions have been associated with moving to and residing in assisted living facilities (Walker, Curry, & Hogstel, 2007).

Residents move into assisted living facilities with expectations to live there long-term. However, tenure decisions typically rest with an administrator who also determines acceptance into the facility and model of services (Stone & Reinhard, 2007). Residential relocation to assisted living facilities can be challenging for migrating seniors who must simultaneously cope with an increasing inability to complete ADLs fully and learn to incorporate institutional policies into their understanding of home. Additionally, a number of factors may influence a new resident's ability to adapt to this new environment. Moving into an assisted living facility also has implications for an individual's sense of personal agency since residents' identities may become delimited to their functionality or health status, such as being identified as a wanderer (Morgan, Eckert, Piggee, & Frankowski, 2006).

Age, perceived choice in when and where to relocate, beliefs about people in the new environment, and perceived ability to remain connected to established personal relationships are important influences in late life residential changes (Cutchin, Owen, & Chang, 2003). Additionally, adults who have aged in

previous places of residence for extended times have stronger attachments to those dwellings than other places. Although they will eventually adapt to residential care facilities, transition and relocation are stressful because of emotional and autobiographical connections (Cutchin, Chang, & Owen, 2005). In a recent study, researchers found that among a sample of 35 older adults, transition to the assisted living did not significantly affect it feeling like home, but positive in-house social relationships and favorable perceptions of food quality were most salient (Street, et al., 2007).

It is important to study residential environments for aging adults because home is the place where older residents spend much of their time. Home settings provide continuity and normalcy for adults who are experiencing loss and declined functionality and homes have increasingly become the context for long-term professional care and informal caregiving, as in the case of assisted living facilities (Gitlin, 2003). According to Cutchin (2003), assisted living facilities and other service-types of residential settings, “become an important center of older persons’ lives as significant activity and meaning are generated there” (p. 1084).

Feeling at Home

At assisted living facilities, providing a homelike setting for social engagement is a programmatic goal. In such planned environments, the décor and choice of objects to create warmth are often not decided by residents and may represent discontinuity for migrating adults who are relocating to, transitioning in, and re-creating “home” in the new environment. Therefore, it is important to assess home dimensions through the subjective lens of the resident. In particular, feeling at home in these types of facilities means the aging adult experiences “autonomy, self-identity, close social relationships, mutual respect, comfort, involvement, and security” (Cutchin, et al., 2003, p. S235). Further, the nature of furnishings, décor, space, and aesthetics can enhance or detract from the wellbeing of the resident (Cutler, 2007). The literature is rich with descriptions of positive characteristics of environments that feel home-like, promote healthy aging, and alleviate illness (Iwarsson et al., 2007). Positive subjective experiences and

place characteristics that contribute to resident well being have been identified as physical, psychological, and social attributes of a nurturing home environment (Gunter, 2000; Lewinson, 2011). Therefore, the focus of this study is to understand resident perceptions of the assisted living facility as home.

The framework used to conceptualize this study was Bell, Greene, Fisher, and Baum's (2001) Eclectic Environment-Behavior Model. According to the model, favorable resident perceptions of a home environment is based on whether design characteristics of the physical dwelling are congruent with socio-demographic needs of the inhabitant (Bell, et al., 2001). When characteristics of the built environment are congruent with resident needs, such as the absence of stairs for a person with mobility challenges, the resident may have a more favorable assessment of the home. However, if navigating the environment is challenging, such incongruent person-place situations may create intense stress reactions and the resident must identify and employ effective coping strategies to improve the home environment (Bell, et al., 2001).

Photovoice is a community-based participatory action methodology that was derived from health promotion principles and is grounded in empowerment, critical consciousness, and feminist theories (Malloy, 2007; Wang, 1999; Wang, Morrel-Samuels, Hutchison, Bell, & Pestronk, 2004). Techniques used in Photovoice produce images that teach, influence policy, and engage community members in policy changes for community improvement (Wang, 1999). This methodology is useful for exploring person-place relationships because it allows individuals to reflect perspectives about their surroundings and to record visual life stories through photography (McIntyre, 2003). In addition to enabling individuals to become aware of environmental concerns, Photovoice also brings awareness of community strengths and resources. This methodology has been used in previous studies to investigate person-place relationships (Lockett, Willis, & Edwards, 2005; McIntyre, 2003; Sutherland & Cheng, 2009), health and wellness issues (Chaudhury, Mahmood, Michael, Campo, & Hay, 2012; Haque & Eng, 2011; Newman, 2010). In these earlier studies, residents were asked to photograph aspects of their residential communities to bring

awareness of environmental problems and stimulate change. The purpose of the current study was to give older adults, who often have little control over housing decisions, opportunities to share perspectives about an assisted living home and engage in critical dialogue about potential improvements that could enhance housing experiences. In particular, residents were asked: What characteristics of the assisted living environment contributed to it feeling like a “home?” What characteristics interfered with the facility feeling like “home?” How can the assisted living facility be improved to feel more like “home?”

Method

Resident Recruitment

The Internal Review Board at Georgia State University provided approval for this research. Ten residents were recruited at a large assisted living facility in Metropolitan Atlanta. For this purposive sample, fliers were placed in the facility’s activity room informing potential participants about the study. Additionally, the research team recruited residents during scheduled in-house activities and a few residents were identified by the activities director. Initially, thirteen residents signed up for participation, but three people dropped from the study due to health concerns and disinterest.

Data Collection

Observations: In the initial phase of the study, the research team observed residents in the assisted living facility over a three-month period. The culture of the assisted living facility and resident engagement in the environment was recorded in field notes. These data were shared among the research team to learn about interactions among residents and staff at the assisted living facility and to identify data collection challenges with potential participants for the study.

Pre-screening interviews. Pre-screening interviews were conducted to identify potential residential conflicts in a shared environment that could compromise the integrity of the Photovoice technique. Additionally, interviews provided an opportunity for the research team to collect demographic

data and to orientate residents to the study. Additionally, participants were asked to share thoughts about previous homes and transition experiences while moving to the assisted living facility. These pre-screening interviews lasted from 28 to 64 minutes and residents received remuneration for their time.

Photovoice technique. After completing pre-screening interviews, participants were instructed to take photographs of objects and places that made the assisted living facility feel like a home. Four graduate students assisted participants who required help operating digital cameras. The first author printed the images and invited residents to share images with other study participants in a focus group.

During the first focus group session, participants chose three photographs that most represented home at the facility and described to the group how these images related to the concept of home. The first author guided the focus group using the ORID discussion strategy and questions (Stanfield, 2000) which consists of: **Objectifying:** What's in the picture? What's not in the picture? **Reflecting:** How do you feel about the image? How does the image reflect the topic? **Interpreting images:** What are similarities/ differences across participant images? What story is being told here? **Deciding on a course of action:** What concerns should be addressed? What is the action plan? By the end of the first focus group, respondents used their collective photographs to tell a story of home at the facility and identified characteristics of the environment that detracted from a sense of homeliness, which became a new theme for the next focus group.

For the second focus group, participants took additional photos relating to the emerged theme and participated in the ORID discussion process about the new topic. Respondents also identified key personnel at the facility whose involvement would be integral to making changes at the facility and decided on a visual project to share ideas with in-house resident council members and administration at the facility. Finally, residents reflected on their experiences participating in the study. To improve trustworthiness, member checking was conducted by focus group facilitators using active listening skills, often reflecting participants' statements to ensure accuracy of data collection and interpretation.

Results

Participant Profile

Participants ranged from ages 54 to 94. Females (n=6) outnumbered males (n=4) in the study. The length of stay at the facility was between 3 weeks to 16 months. Reasons for moving to the facility varied, but all respondents struggled with medical conditions (diabetes, depression, early-stage Alzheimer's disease, brain aneurysm, mobility, etc.). Therefore, these older adults made decisions, along with family members, to move into the residential care facility. All participants identified as Black or African-American.

“Home” at the Assisted Living Facility

Three dominant themes about “home” at the assisted living facility emerged in the focus groups: physical, psychological, and social characteristics. Physical characteristics included having an appreciation for cleanliness, decorations, and furniture accommodations. Psychological characteristics included having an ability to bring personal histories into the space through beloved items and cherished furniture. Social characteristics included having an ability to meet new people and to engage in positive interactions with staff members at the facility. A critical dialogue about facility activities emerged as a fourth dominant theme discussed in the second focus group. These themes and the resultant suggestions for program enhancements are explained in turn below.

Physical characteristics: “*It’s nice here.*” Residents appreciated the clean and inviting atmosphere of the assisted living facility. They reported feeling impressed by the cleanliness of common spaces and attention paid to their private rooms, when needed. For example, one participant described, “It’s always clean here. They always clean. I would say most times, it’s immaculate.” The orderliness of the space was an improvement from previous places of residence for some residents. For other residents, the cleanliness and order reminded them of previous homes and conjured fond memories. Even holiday decorations were reminiscent of past-times spent with relatives. Pointing to a photo she took of Christmas

decorations in the front lobby, one resident remarked with a smile, “I come from a big family. This reminded me of Christmastime; the Christmas tree, awnings, double doors, and lighting remind me of the last time we celebrated Christmas with family.”

Psychological characteristics: *“Our history is placed here.”* Most of the photographs contained items with emotional connections to previous homes. Residents at the facility personalized private spaces with furniture and photographs that represented life histories. Photographs depicted images of beds, chest of drawers, and armoires brought from previous homes along with family pictures adorning resident bedroom walls. One participant stated, “I love pictures. Many of these pictures are pictures of my family, my sisters. I’ve taken pictures since I’ve been here. I put them here to remind me of home.” These objects incited story-telling from participants about important relationships and previously-held roles in the “old days.” Other important items included framed certificates, dolls, chairs, lamps, plants, and linens that relocated with residents as they downsized from previous homes to an assigned room at the facility. Each of these cherished objects represented important dimensions of home for participants.

Social characteristics: *“I enjoy the people here.”* Residents reported positive interactions with staff and other residents. They felt respected by the administrator and activities director. Additionally, participants developed relationships with many residents there. For example, one resident described, “All of the people here, I know exactly... I know her and her. That makes it home.” Another resident spent most of his life traveling, so he enjoyed meeting new people. He remarked about the people at the facility, “Well, you meet people like when sailing on a ship. One port you go in you meet Italian people. One port, you might meet Portuguese. In here, you meet a lot of different people.”

Inhibiting “Home”

Despite favorable assessments of the social interactions at the assisted living facility, miscommunication and poorly planned activities were identified as a problem by focus group participants.

In particular, residents were discouraged from engaging in planned events because of what they perceived as poor dissemination of information about and scheduling of activities by staff. Respondents took activity-related photographs and reported that activity planning problems inhibited feeling at home in the assisted living facility.

Limited activities. At the facility, residents were able to engage in social activities that included bingo, group exercise classes, cookouts, book club discussions, and other planned events. Additionally, residents had access to a hair salon and computer stations that were available for resident use. Occasionally, the facility van transported residents on trips to attractions throughout Atlanta to engage in shopping or local entertainment. Despite residents' appreciation for the scheduled activities, concerns emerged about activity limitations. Complaints seemed to be based on place incongruence with autobiographical histories, particularly things residents used to do at previous homes. For example, one resident emphatically exclaimed, "This is not home for me really. It's a place I'm staying, but it is not home and it don't feel like a home. My home is where I can do things." Another resident recalled an activity that she was able to engage in at her previous residence, but not at the assisted living facility. She fondly recalled, "Go fishing! I was way down in the country where I could go fishing. That's when I was home."

The inability to get out of the facility more frequently to enjoy a variety of community venues was a common complaint. One person exclaimed, "Every week it's the same thing- Bible study!" In particular, scheduling transportation was identified as a problem. Residents were confused about the availability of the facility vehicle. "The bus driver is the only transportation we have, so if he takes someone to the doctor, he doesn't know how long it will take. So, we can't plan activities." Focus group participants were also uncertain about what qualified as an acceptable use of the facility vehicle (doctor appointments, leisure/shopping trips, etc.). Residents wanted to broaden the scope of activities and include events like going to the park or attending a play or concert; hobbies they enjoyed before moving to the assisted living

facility. They felt cut off from these recreational activities that complimented diverse personalities. They described feeling trapped in the facility. Two residents were especially disturbed by this situation. One person stated, "Most of these assisted living places are close to shopping centers. You don't have to buy anything... but it's nice to go somewhere." Another chimed in, "Yeah, I say let me go out!"

Limited communication. Participants expressed concerns about the methods used to communicate information about upcoming activities. Often staff used printed calendars to notify residents of activities. Signs about events were also posted near the elevator and in the activity room. However, residents believed this one-dimensional approach to communicating events was short-sighted. First, some residents do not visit the activity room because they are not aware of scheduled events. Second, reading was difficult for residents with medical conditions that interfered with understanding printed material. A respondent explained, "I can't see it because my brain aneurysm makes it difficult. So, I can't see it." Third, many focus group members were unaware a calendar of events ever existed.

Enhancing "Home"

To improve communication about and notification of in-house activities, residents suggested using table tents at mealtimes, making announcements over an intercom, and slipping informational sheets under resident doors. They would also like staff to increase the frequency of notifying residents about upcoming activities. With regard to activity variety in-house, residents believed they should be involved by sharing their unique talents and hobbies with other residents. Performing in talent shows, giving painting lessons, and reading historical perspectives were mentioned as potential activities that residents could plan through the residents' council. Additionally, participants recommended staff make more of an effort to incorporate visiting friends and relatives in planned activities. These extended family members could teach residents new crafts or participate in talent shows and events.

To meet the diverse needs of a resident body with multiple medical conditions and interests, community visits should be planned on two tracks. For the first track, essential visits to clinics and doctors' appointments can be scheduled regularly using the facility's van. However, a second track of planning could incorporate partnerships with other community organizations that can transport residents to special events and venues, such as to an opera, movie, concert, shopping mall, or fishing trip. This type of off-schedule programming would satisfy varying resident interests, keep them connected to life-long hobbies, and re-integrate them into a wider community context outside of the facility.

Discussion

Photovoice is a powerful tool to engage older adults in critical dialogue about home environments. In this study, residents identified characteristics of an assisted living facility that contributed to and detracted from feeling at home. Facility aesthetics, such as cleanliness and décor incited favorable reminiscence of previous homes for residents. However, inadequate planning and communication about meaningful activities inhibited a sense of homeliness.

Implications

Assisted living facilities are often touted for attention to homelike design, which helps relocating older adults settle into a comfortable residential environment. Although participants in this study appreciated aesthetic conditions of the facility, residents expressed a need for revamping activity planning. To achieve a sense of “home” residents needed to continue engaging in meaningful hobbies and to enjoy venue variety in the community into which they relocated. This finding is consistent with previous research that found residents feeling “at home” is influenced by the frequency and type of activities offered (Cutchin, Marshall, & Aldrich, 2010). Participants in the current study wanted to participate more frequently in planned activities at the assisted living facility. These findings suggest it is important for social workers and practitioners to make activities more meaningful for residents by planning according to residents’ unique personalities. Practitioners can integrate resident hobbies, talents, and strengths into programming to help relocated older adults feel at home. Since the “meaningfulness” of activities will depend on the unique and shared autobiographical histories of residents, it will be important for practitioners in these facilities to continue to elicit feedback about important changes or enhancements that can be made regularly to maintain a sense of home. In particular, residents want to be involved with activity planning and schedules. Residents also want practitioners to communicate activities more effectively, keeping residents’ cognitive

and physical limitations in mind. This type of integration into the facility's programming allows residents to place a personal stamp on communal space and to reduce person-place incongruences.

Photovoice methodology facilitates a group examination of person-place concerns. Critical dialogue, through the use of photography, visualizes problems, brings awareness of the problem's effects on residents, and empowers them to identify solutions for change. Despite the strength of this methodology, a few limitations to the study must be acknowledged. First, allowing facility staff to identify potential participants was a limitation in the study. Bias may have been introduced in this recruitment strategy by the possibility of staff selecting only residents who were not likely to identify facility concerns. However, the research team attempted to minimize this type of bias by engaging in an observation phase to interact with potential participants. Additionally, completing pre-screening interviews was helpful for selecting participants for focus group participation. Second, as is typical of qualitative inquiry, this study drew a small, purposive sample, so findings cannot be generalized to all assisted living facilities. Capturing rich data through the use of participant-generated photography and focus group processing allowed identification of relevant themes for this cohort of residents. Readers may identify similarities in other assisted living facilities for transferability of the findings. Nevertheless, future studies should seek to continue inquiry on this topic using larger, more diverse samples to widen transferability.

Third, a drawback to Photovoice methodology, which has been identified in an earlier study (Prins, 2010), is that participation in a critical evaluation of dwellings exposes residents' private perceptions to authoritative decision-makers. Through giving voice to programmatic issues, residents could be branded as complainers or they might feel responsible for creating hostility, controversy, or within-group tensions (Prins, 2010). Residents were reluctant to be the voices of concern, especially in an environment where potential reprisal by administrators could affect participants and other residents. To protect anonymity of participants' opinions, residents agreed the focus group facilitators would present a final PowerPoint presentation to the

newly-formed resident council and activities coordinator. This group decision to disseminate findings in this manner did not seem characteristic of an empowered group. Despite being assured that administrators were aware of the study and sought resident feedback, participants remained particularly hesitant about how study findings would be received by other residents at the facility. Therefore, the PowerPoint presentation became an opportunity to continue enhancing trustworthiness of study findings through repeated member checking with focus group members and triangulating with feedback data from a larger body of assisted living facility residents. Thirty four residents were in attendance and many shared opinions and experiences that were congruent with participants' descriptions of home.

Fourth, completing the study with a PowerPoint presentation in the final phase in the methodology makes it difficult to determine how the research influenced subsequent policy or program enhancements at this facility. Although the presentation was well received with affirmative nods and comments by the larger resident council and appreciation from the activities coordinator, information was taken into advisement but immediate policy changes were not discussed. This finding was consistent with an earlier study investigating health issues in rural area of Guatemala, where researchers found that although Photovoice is an empowering tool to engage participants in critical dialogue and to create awareness of problems, the technique may not necessary lead to participants taking immediate action (Cooper & Yarbrough, 2010). Future Photovoice studies should include follow-up interviews or focus groups with residents, practitioners, and administrators to identify policy changes that were made to alleviate participant concerns.

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