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A Qualitative Examination of Surviving Homeless in Alaska

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Walden University

College of Health Sciences

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Reynaldo Espera

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Walden University

2016

Abstract

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by

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MS, Walden University, 2008

BS, University of Alaska Anchorage, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health Community Health Education

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August 2016

Abstract

The homeless population in Anchorage, Alaska faces many unique challenges. Over the past several winters, a number of homeless individuals have succumbed to the effects of exposure despite available cold weather services. This study investigated individual experiences within the homeless population of Anchorage, Alaska during times of inclement winter weather. Self-determination theory was used to explore motivations of behaviors of the population and to uncover the reasons why this population does not use cold weather services offered by the Municipality of Anchorage. The research questions addressed participant awareness of available cold weather services, survival strategies during inclement winter weather, and barriers to cold weather service use. This phenomenological study examined those lived experiences. Purposeful sampling was used to recruit eligible individuals ($n = 14$) at a local soup kitchen, and participants engaged in semistructured interviews. Data analysis procedures used McCormack's lenses and horizontalization to reveal emerging themes. Key findings included a lack of knowledge of emergency services, various survival strategies, and self-imposed barriers to services. The implications of these emerging revelations may positively influence public health providers to modify education delivery methods and interventions used to reach the homeless population in Anchorage, Alaska, with the ultimate goal of preventing wintertime mortalities.

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Dedication

I would like to dedicate this work to my wife, Hannah Grace. If it were not for her, well, I simply cannot imagine anything without her. She is the lens allowing me to see life and happiness. She has been along for my doctoral ride from the very beginning; she would pick me up when I was down, she would tell me to stop when I needed a break, and she was always, always there for me. I love you Hannah.

Part of this dedication goes to the brave individuals who allowed me a brief glimpse into their lives. I do this for you.

Finally, dedication is made to my Lord and Savior, Jesus Christ. The more I learn about You, the more I want to know about You. “For we know that if the earthly tent which is our house is torn down, we have a building from God, a house not made with hands, eternal in the heavens.” II Corinthians 5:1

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I would like to acknowledge my parents, sisters, and brother for being there when I needed their support.

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Chapter 1: Introduction to the Study

Introduction

Homelessness is a significant public health issue in Anchorage, Alaska. Like other major cities in the United States (U. S.), the study of and services provided to this population have evolved. Terminology from research in Anchorage in the late 1970s includes phrases such as *skid row population* and *street people* to identify those for analysis (Huelsman, 1983; Kelso, 1978). Presently, the Municipality of Anchorage Department of Health and Human Services (MOA DHHS, 2014) conducts a survey of the homeless population on a specific day called a point-in-time (PIT). On January 29, 2013, the PIT indicated that there were 676 homeless persons in emergency shelters and 52 persons unsheltered (MOA DHHS, 2013). According to the Alaska Justice Forum (University of Alaska, Anchorage [UAA], 2009), a PIT for the entire State of Alaska put the total homeless population count at 4,583. The Alaska Justice Forum (UAA, 2009) went on to report that Alaska was ranked 10th highest of all states for homelessness by percentage of the total population in 2008.

The homeless population in Anchorage, Alaska faces unique survival challenges. One challenge is extremes in weather; for example, summertime high temperatures can reach 80 degrees Fahrenheit, and wintertime low temperatures can reach negative 25. Other climatic challenges are wind chill, snowfall, rainfall, a summer solstice with up to 22 hours of continuous daylight, and a winter solstice with up to 22 hours of continuous darkness. These extremes in climate patterns, specifically during times of inclement winter weather, challenge the homeless population on a daily basis (Berko, Ingram, Saha,

& Parker, 2014; Centers for Disease Control and Prevention [CDC], 2015). These extremes during winter months also present challenges to the stakeholders providing services to this population.

There are a number of stakeholders charged by the public to offer services to the homeless population in Anchorage, Alaska. Alaska qualifies for funding from the federal government based on legislation from the McKinney-Vento Homeless Assistance Act of 1987 (Jozefowicz-Simbeni & Israel, 2006; National Coalition for the Homeless [NCH], 2010). This legislation provides funding for homeless shelter programs (NCH, 2010). The U. S. Department of Housing and Urban Development (USDHUD; 2015) implements this legislation through various programs to aid the homeless in Alaska. These federal programs offered to the homeless population offer both short-term or emergency and long-term assistance (Alaska Housing Finance Corporation, 2014). The MOA is another major stakeholder providing services for the homeless population. Services from the MOA, Department of Health and Human Services (DHHS; 2014) range from short-term emergency shelter to long-term housing assistance. One program the MOA currently has in place is the “Cold Weather Plan” (MOA DHHS, 2012, p. 1). This plan designates community partners as temporary cold shelters for the homeless when winter weather meets specific criteria (MOA DHHS, 2012).

Even with these programs and interventions in place, the homeless population in Anchorage has experienced an increase in mortality rates from exposure during times of inclement winter weather (McBride, 2014; Shedlock, 2015; Theriault-Boots, 2013). This study’s purpose was to examine motivations as to why members of the homeless

population do or do not use services, what their subsistence strategies are, and awareness of available cold weather services. Through dissemination of study findings, service providers may be informed on methods to increase the effectiveness of services. These changes may help to increase the efficacy of cold weather services provided to this vulnerable population, potentially decreasing mortality rates from exposure during times of inclement winter weather.

The remainder of this chapter provides contextual information on homelessness in Anchorage and the services provided to homeless individuals, which are addressed in the background section. Questions concerning the increase in mortality in spite of services provided to the population are addressed in the problem statement. The phenomenon studied was the homeless population's survival during specific winter events. For this study, I incorporated self-determination theory (SDT) to develop research questions and used qualitative phenomenological methods in my research design. Terms specific to this study are defined, and assumptions and limitations pertaining to the population and study parameters are outlined. Lastly, the significance of the study to the people of Alaska is highlighted.

Background

In recent years, public health officials have increased their efforts to track the number of homeless deaths in the United States (NCH, 2010; USDHUD, 2007). There have also been efforts in research to study specific cause-and-effect relationships and influences as they affect the homeless population's mortality. For example, research into cause-and-effect relationship outcomes in the homeless population has focused on

weather and climatic influences on mortality outcomes of the homeless. Leading this area of research is the NCH (2010). The NCH (2010) reported the following:

People experiencing homelessness have a much higher risk relative to the general population of developing exposure-related conditions such as hypothermia and frostbite. These conditions can be immediately life threatening and may also increase the risk of dying from unrelated conditions in the future. Increased homeless services, especially additional shelter availability, are necessary to accommodate the amplified need in the winter. (p. 5)

The report presented findings from stakeholders in 40 states representing 94 respondents (NCH, 2010). The findings included 700 annual mortalities from hypothermia in the homeless population in the United States (NCH, 2010).

Numerous studies highlight the effects of extreme weather events in specific geographic locations. Cusack, van Loon, Kralik, Arbon, and Gilbert (2013) researched the impacts of weather extremes on the homeless population in Adelaide, Australia. In this study, the authors found that extremes in cold weather were more detrimental to health outcomes of the homeless than warm weather (Cusack et al., 2013). Other geographic locations in which studies have been conducted on the homeless population and weather effects include Paris, France (Rouquette et al., 2011) and Long Beach, California (Pepper & Jocoy, 2013).

Further review of the literature revealed studies examining the effects of weather extremes on the general population of cities. Research by Astrom, Forsberg, Edvinsson, and Rocklov (2013) examined temperature extremes (hot and cold) and their effects on

the population of Stockholm, Sweden from 1901 through 2009. The authors' findings support a relationship between higher risks of mortalities during cold weather extremes in the general population. O'Neill and Ebi (2009) examined data from Medicare participants in a number of U. S. cities and found groups susceptible to extremes in weather patterns.

Multiple studies have examined survival strategies used by the homeless population (DeVerteuil, 2011; Evans & Forsyth, 2004; Hein, 2011; Nguyen, Liu, Hernandez, & Stinson, 2012; Snow & Mulcahy, 2001). Some research has suggested differences in survival strategies based on gender (Evans & Forsyth, 2004), while other research has examined the effect of geographic location on the homeless population and survival strategies (DeVerteuil, 2011). DeVerteuil (2011) examined homeless population survival strategies at 16 different geographic locations in Los Angeles County, California. Snow and Mulcahy (2001) studied survival strategies for the homeless population in the context of the intersection of urban physical space and homeless space. Survival strategies of the homeless population involve subsistence practices used when individuals are forced to relinquish their space when it is in violation of the sociospatial limits of the community in which they live (Snow & Mulcahy, 2001). Physical and psychological survival strategies have been studied in homeless adolescent males (Hein, 2011), as have gender role conflict and decision-making strategies in adult homeless males (Nguyen et al., 2012).

Several studies have examined barriers to health care and methods of improving access to health care for the homeless population (Lamb & Joels, 2014; McInnes, Li, &

Hogan, 2013; Wise & Phillips, 2013; Zlotnick, Zerger, & Wolfe, 2013). Lamb and Joels (2014) examined barriers to health care and found that economic inequalities caused worse health outcomes in the poorest populations. McInnes et al. (2013) reported finding physical and psychological barriers ranging from lack of reliable communication methods to feeling stigmatized. Daiski (2007) delved further into the homeless population by examining perspectives of the homeless population in terms of health and health needs.

Although the aforementioned research addressed homelessness and homeless issues, this population's level of awareness of services and motivators in the decision-making process have not been assessed or studied. Within the literature addressing the homeless population, the study of lived experience is filled with examples of specific chronic or acute processes; questions as to why homeless individuals make specific decisions or about their level of awareness of services remain unanswered and need to be addressed. What is not represented within the literature is exploration of specific aspects of the lived experience for this population during times of inclement winter weather.

Problem Statement

Winter survival of the homeless population in Anchorage, Alaska is a complex issue. Increased mortality rates due to exposure have brought the question of homeless survival during times of inclement winter weather in Anchorage to the attention of stakeholders charged with the safety of this population. In this study, the problem addressed was a lack of understanding as to why this population has increased mortality rates due to exposure during times of inclement winter weather in spite of preventive services offered by various stakeholders in Anchorage. In order to understand how this

population survives during times of inclement winter weather, factors such as the population's knowledge of cold weather services and survival strategies as well as barriers to the provided services were explored. This study adds to the existing body of knowledge by examining the lived experience of the homeless population of Anchorage, Alaska.

Purpose of the Study

The purpose of this phenomenological study was to investigate individual experiences within the homeless population of Anchorage, Alaska during times of inclement winter weather. Learning about these experiences from the population may lead to insight regarding motivations driving individuals' decisions of whether or not to use emergency services. Data garnered included individual in-depth interviews at a local soup kitchen.

Research Questions

The following questions were used in this phenomenological study:

1. What is the awareness of cold weather services provided to the homeless population in Anchorage, Alaska?
2. What survival strategies do the homeless population use during times of inclement winter weather in Anchorage, Alaska?
3. What barriers prevent the homeless population from using cold weather services in Anchorage, Alaska?

Conceptual Framework

The phenomenon of interest in this study was the mortalities of the homeless population in Anchorage, Alaska during times of inclement winter weather. It was unclear why this population had experienced an increase in mortalities from exposure during times of inclement winter weather in spite of services being available.

The conceptual framework used to guide this study was self-determination theory (Deci & Ryan, 2008). Through the SDT lens, specific motivational factors were examined in the decision-making process of the population under study. A study on different types of motivation outlined by Deci and Ryan (2008) provided a platform on which research questions were developed to understand motivating factors of the population, thus highlighting predictors of behaviors. SDT related to the qualitative phenomenological nature of this study by focusing on types of motivation and well-being outcomes (Deci & Ryan, 2008). SDT provided a platform for research question and instrument development to understand the lived experience of the population.

Nature of the Study

A qualitative phenomenological method was used to study the lived experience of the homeless population in Anchorage, Alaska during times of inclement winter weather. Through phenomenological methodologies, descriptions and experiences from study participants are revealed to researchers (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). The verbalization of descriptions and experiences provided data as to why the population had increased mortality rates from exposure in recent years during times of inclement winter weather in Anchorage, Alaska. Phenomenological studies examine the

lived experience of the individual (Converse, 2012); the methodology to gather data is interviewing. Further analysis of the collected information incorporated the computer software NVivo 11.

Definitions

Homeless: “An individual or family with a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground” (USDHUD, 2015, p. 2).

Inclement winter weather: Temperatures below 45 degrees Fahrenheit by ambient or wind chill measure taken by the National Weather Service (MOA DHHS, 2012).

Stakeholders: Organizations responsible for the health and welfare of the population.

Assumptions

For the purposes of this study, it was assumed that the members of the homeless population who were interviewed were homeless and responded honestly during interviews. Further, the descriptions and experiences provided by the interviewees were considered valid. There was no method to confirm or dispute the validity of the presented lived experience by the homeless population. Any new assumptions resulting from the research were added.

Scope and Delimitations

The research problem addressed why the homeless population in Anchorage, Alaska has experienced an increase in mortalities during times of inclement winter

weather. The focus was gaining knowledge of survival during times of inclement winter weather for this population. The motivations that drive decision-making behaviors in this population during inclement winter weather were examined.

The study restricted itself to the homeless population within the MOA. The requirement for homelessness is as follows:

An individual or family with a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground. (USDHUD, 2015, p. 2)

The recruitment of participants was conducted at service providers for the homeless population. The validity of the given statements from the population were strengthened via verbal agreement from the participants indicating their intent to provide honest information to the best of their knowledge.

The use of the MOA and its homeless population was convenient in terms of location. This study confined itself to selection of a sample of the homeless in the Anchorage area. The delimitation to work only with the homeless within the Anchorage area was an attempt to isolate findings to one area and separate results from other research.

Limitations

Limitations address potential weaknesses in a study. This study used a phenomenological design to examine the lived experience of the homeless population in Anchorage, Alaska. The findings from this study describe the lived experience of the

participants within the MOA; these findings may only be applicable to homeless populations residing in geographically similar locations and with similar cultural and socioeconomic characteristics. Based on the specificity of the study population's geographic location, the findings from this study are not applicable to the homeless population residing in geographic locations without similar climate characteristics. Additionally, any new limitations arising resultant of the research were included.

Significance

This study advances knowledge of the homeless population's motivation for decision making and the effectiveness of service dissemination to the homeless population in Anchorage, Alaska. In the exploration of the lived experience of the homeless population using SDT as a framework and phenomenological qualitative methods, themes emerged from the study to best answer the research questions. Recognition of themes resultant from the study may help stakeholders update and implement efficient methods of information dissemination for the population. Themes from the study revealed motivational behaviors during times of inclement winter weather from the population. These themes can guide stakeholders to create interventions and policies to help the population make healthy decisions at times of inclement winter weather.

The positive social change resulting from the design and implementation of this study may lead to the homeless population being more informed regarding services provided, as well as to service providers gaining a richer understanding of the motivations and decision-making process of the population. Specifically, the

implications for community health education through this study involve educating the homeless population on available services and discovering what homeless individuals do during specific weather events; this experience may guide further education on services within this population, as well as identify areas needing improvement for current stakeholders. The ultimate result may be stopping deaths from exposure in the homeless population of Anchorage, Alaska.

Summary

The homeless population in Anchorage, Alaska faces several unique survival challenges. Of these challenges, one of the most preventable causes of mortality in recent years has been death from exposure. The prevention of mortalities within the homeless population in Anchorage, Alaska falls under the auspices of a number of stakeholders. These stakeholders include state, local, and other organizations. What is not understood is why the homeless population experiences an increase of mortalities due to exposure during times of inclement winter weather in spite of the services provided. To understand this problem best, a qualitative phenomenological methodology using SDT as the framework guided the research process. The following chapter presents findings from a review of the relevant literature conducted via web-based search using appropriate terminology. A theoretical framework is introduced, and a review of emergent themes from the literature is presented.

Chapter 2: Literature Review

Introduction

The purpose of this phenomenological study was to investigate individual experiences within the homeless population of Anchorage, Alaska during times of inclement winter weather. In recent years, the homeless population in Anchorage, Alaska, like the homeless populations of other large metropolitan locations, has experienced an increase in mortality during times of inclement winter weather (Cusack et al., 2013; Hassi, Ryttonen, Kotaniemi, & Rintamaki, 2005; Rouquette et al., 2011; Theriault-Boots, 2013). This increase has occurred in spite of the numerous social service interventions available to this population (Alaska Coalition on Housing & Homelessness [ACHH], 2014; MOA DHHS, 2014). In order to halt or decrease incidences of mortality, reasons for underutilization of these services by the population were explored. With greater knowledge of the lived experience of this population, changes in service delivery to this population may be implemented with the ultimate goal of reduction in mortalities during inclement winter weather. The literature search revealed several themes associated with the homeless; however, no specific articles addressed the lived experience during winter months. Upon further review of the literature, the following themes emerged from the literature search: history of the homeless, stakeholder involvement in care of the homeless, barriers to services, and the effect of inclement winter weather. A gap in the research was revealed, along with the potential roles each of these topics in adding to the validity of this gap in the research.

Based on the review of the literature, the rest of this chapter outlines emergent themes from the research presented as topics for review. Each theme holds significance to help identify the gap in the research by presenting knowledge about this population and highlighting deficits in knowledge about this population.

Literature Search Strategy

A broad search of the Walden EBSCO library database included subject areas of health sciences, human services, and psychology. Health science databases included MEDLINE, CINAHL, ProQuest Nursing & Allied Health Source, PubMed and ScienceDirect. Human services databases included SocINDEX and PsycARTICLES. Psychology databases included PsycARTICLES and Sage Premier. Websites used to research literature included the MOA, State of Alaska, CDC, and USDHUD. To expand my academic search further, I went to the local university library and used their educational resources. The search of these databases began by presenting questions to the search engines such as “how do the homeless survive during winter,” “what do the homeless know about cold weather services,” and “how do the homeless population make decisions?” After this generalized search, the following keywords were used to narrow the search: *homeless, cold weather, survival strategies, knowledge, barriers to service, awareness of services, cold weather policies, decision-making, behavior, motivation, and homelessness*. I did not restrict the search to specific timeframes, publications, languages, or locations.

Homeless Mortality

Upon review of the literature based on specified search parameters, several themes emerged. The first set of emerging themes consisted of *mortality* and *homeless*. The research provided an abundance of findings from cities around the world concerning mortality in the homeless population and causes of mortalities (Baggett et al., 2013; Beijer, Andreasson, Ågren, & Fugelstad, 2011; Buyuk, Uzin, Eke, & Cetin, 2008; Guirguis-Younger, Runnels, Aubry, & Turnbull, 2006; Nusselder et al., 2013; O'Connell, Mattison, Judge, Strupp-Allen, & Koh, 2005; Page, Thurston, & Mahoney, 2012; Raghavendra, Joseph, & Kadur, 2012; Rayburn, Pals, & Wright, 2012; Rocklöv & Forsberg, 2008; Slockers et al., 2014). After narrowing the focus of the literature search to mortalities within the homeless and other vulnerable populations, subthemes or themes describing causes of mortalities included but were not limited to temperature, climate, or changes in weather patterns (Barnett, Tong, & Clements, 2010; Conlon, Rajkovich, White-Newsome, Larsen, & O'Neill, 2011; Hassi et al., 2005; Laaidi et al., 2013; Pepper & Jocoy, 2013; Ramin & Svoboda, 2009; Sampson et al., 2013). All of this research presents data addressing the numbers of mortalities in conjunction with potentially exacerbating influences on mortality within this population. The review of literature has established cold weather as a contributor to mortality within this population (Cusack et al., 2013; Hassi, 2005; Rouquette et al., 2011); what the research fails to provide is examination of the lived experience, which may demonstrate the population's motivation of whether or not to use resources during times of inclement winter weather.

The Population

A literature search conducted on the homeless population in Anchorage, Alaska presented limited results. In contrast to the literature pertaining to homelessness and homeless mortalities in various cities around the world, research conducted in Anchorage was negligible (Ma et al., 2013; Nusselder et al., 2013; Pendrey, Carey, & Stanley, 2014; Raghavendra et al., 2012). Historical and current data available for the homeless population in Anchorage are available from the MOA and State of Alaska stakeholders. These data are primarily quantitative, with little to no qualitative data (MOA DHHS, 2013; UAA, 2009). Awareness of this population's plight was made available to me through electronic and social media. Local newspapers and news channels have been the primary source of epidemiologic data during the most recent times of crisis for this population (Andrews, 2014; McBride, 2014; Shedlock, 2015; Theriault-Boots, 2013, 2014).

In review of the limited resources addressing homelessness in Anchorage, the literature revealed five homeless mortalities over the past three winters. These mortalities coincided with inclement winter weather events meeting the guidelines for initiation of the MOA DHHS (2012) cold weather plan for the homeless. The most recent mortal event was in January 2015 (Shedlock, 2015) in a homeless camp roughly one-half mile from one of the area's largest hospitals.

Further review of the literature revealed research studies examining specific causes of mortalities in local homeless populations. Cities such as Stockholm, Sweden have studied mortality and causes of mortality in the homeless with specific links to

alcohol and drug abuse (Beijer et al., 2011). Researchers out of Istanbul, Turkey examined retrospective data on the local homeless population and were able to determine natural versus unnatural causes of death (Buyuk et al., 2008). Alcohol and drug use, previous mental health treatment, accidents, and disease have all been studied within this population and are well documented on a global scale (Beijer et al., 2011; Buyuk et al., 2008; Nusselder et al., 2013; Page et al., 2012; Raghavendra et al., 2012). The data suggest that these high-risk behaviors or medical diagnoses are prevalent within the homeless population and present a cause-and-effect relationship with the health status of the population. The findings from this literature provide statistics to quantify causes of death in the population. What the research lacks is exploration into the motivation of this population as to why or why not inclement weather services are used. Do preexisting medical and nonmedical conditions influence service use during the outlined weather events? Through qualitative research, I explored what specific factors may or may not motivate this population to use public health services during specific weather events. The lack of scholarly research in this focus area within the homeless population illuminates a gap in the research.

Literature sources presented findings from early 2008 and late 2009, when Anchorage experienced a surge in homeless mortalities (Demer, 2009; SitNews, 2010). The 12 homeless deaths over the summer of 2009 resulted in the MOA and the Alaska State Senator asking for and receiving federal oversight to aid Anchorage's homeless problems (SitNews, 2010). The review of the literature revealed a lack of in-depth research into the study of the homeless population and mortality in Anchorage.

Organizational Response to Homeless

Review of the literature on organizational responses to the homeless revealed what services exist and who is responsible for providing services to this population. The leading organization charged with providing services for the homeless population of Anchorage is the MOA DHHS. Research revealed that the only available documentation from the early 2000s consisted of plans and programs from the MOA for addressing the homeless issue in the Anchorage area. The MOA addressed the issues of Anchorage's homeless population by releasing the "Municipality of Anchorage Ten-Year Plan on Homelessness" in 2005. As a follow-up to the initial plan addressing homelessness, the municipality issued the "Overview of Homeless in Anchorage, Alaska" (MOA DHHS, 2009). This literature outlines how a department within the municipality and the mayor's office planned to address the homeless issue in Anchorage and track services provided to the population. A definition of *homeless* was provided by the authors of the report from 2009, which was the same definition provided by USDHUD (2015):

An individual or family with a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground. (USDHUD, 2015, p. 2)

Literature from the early 2000s outlined a plan by the MOA and its intention to address homeless issues in Anchorage. The plan included procedures such as listing services for the homeless, collaborating on projects, and gathering demographic data on the population (Anchorage Coalition to End Homelessness, 2005). Over the years, this

plan and other similar plans have gone through changes and updates as the political and social climate of Anchorage has changed.

Research has been conducted on homeless populations directed at unmet healthcare needs, use of free clinics, and overall patterns of service utilization in Toronto, Canada (Hwang, 2000); in Champaign, Illinois (Notaro et al., 2013); in areas of central Texas (Schiefelbein, Olson, & Moxham, 2014); and nationally (Baggett, O'Connell, Singer, & Rigotti, 2010). These examples in the research demonstrate the importance of each topic under study and highlight the lack of research on the homeless population in Anchorage, Alaska.

Literature from the MOA DHHS (2013) supports underutilization of services by this population during times of cold weather plan activation. Underutilization of services is well researched in many subpopulation of the homeless (Chen, Huang, Yeh, & Chien, 2015; Kozloff et al., 2013; Krausz et al., 2013; Tyler, Akinyemi, & Kort-Butler, 2012; Verlinde et al., 2010). Very little research is available (Cheung & Hwang, 2004; Pepper & Jocoy, 2013) suggesting additional systematic research into the lived experience of the population during specific weather events in order to understand service use by this population.

Governmental agencies are not the only organizations involved in providing care and services to the homeless population. Anchorage has a number of community members and agencies participating in providing services for this population. These organizations range from faith-based groups to local support groups (ACHH, 2014).

Services Available to the Homeless in Anchorage

There are a number of services offered to the homeless population. For the purpose of this study, the services were categorized as acute services or chronic services. *Acute services* are those meeting the immediate needs of the individual. *Chronic services* are those services addressing long-term needs.

Acute services meet the daily or immediate needs of the individual. These services include regular meals, emergency shelter, and emergency health services (American Red Cross of Alaska, 2015; Anchorage Gospel Rescue Mission, 2015; Anchorage Neighborhood Housing Services, 2015; Beans Café, 2015; Brother Francis Shelter, 2015; Habitat for Humanity, 2015). The literature revealed several emergency food services available to the homeless in Anchorage (Homeless Shelter Directory, 2015). The food services available allow this population to have meals that are ready to eat and food stuffs they can consume later (Beans Café, 2015; Downtown Soup Kitchen, 2015; Food Bank of Alaska, 2015). The MOA DHHS (2012) implemented its “Cold Weather Plan for Homeless Persons” in 2010. This cold weather intervention is implemented when ambient or wind chill measures, as determined by the National Weather Service, meet criteria expressed in the policy. The protocols developed under the policy initiate a cascade of events once the predetermined weather conditions are met (MOA DHHS, 2012). The goal of the program is to take as many of the members of the homeless population off the streets of Anchorage as possible and provide for additional temporary housing if primary shelters reach capacity (MOA DHHS, 2012).

Pursuant to the MOA DHHS Policy 10-001, “Temporary Cold Weather Shelters” (2012, p. 1), the original policy was amended in 2012 to expand the eligibility and recruitment of more temporary housing facilities upon the initiation of the cold weather plan. Anchorage’s cold weather plan aligns with similar cold weather plans in cities like Boston, Massachusetts (O’Connell et al., 2005; O’Connell et al., 2010) and Toronto, Canada (Gough, Tam, Mohsin, & Allen, 2014).

Chronic services address the long-term needs of the population. These services include the comprehensive path to permanent housing, primary health care, employment, and education (Foster, LeFauve, Kresky-Wolff, & Rickards, 2010; O’Toole et al., 2010; Rota-Bartelink & Lipmann, 2007; Runkle-Davis, Brock-Martin, Karmaus, & Svendsen, 2012). The stakeholders in Anchorage providing these types of services are the MOA DHHS (2014), State of Alaska, Department of Education, USDHUD (2015), and ACHH (2014).

Barriers to Service Utilization

One question this study answers is why the population does not use available services, especially in situations that place this already vulnerable population at higher risk of mortality. Does the homeless population in Anchorage face different barriers to services than homeless populations living in other geographic locations? One example of a recurring theme in the literature search regarding barriers to health care utilization by this population is lack of stakeholder understanding of the health needs of the population (Wise & Phillips, 2013). Additional themes emerging from the literature on perceived barriers to service utilization originated from research studying subpopulations within the

homeless population. These subpopulations include but are not limited to those seeking mental health services (Krausz et al., 2013); substance abuse services (Brubaker, Amatea, Torres-Rivera, Miller, & Nabors, 2013); adolescent services (Baer, Garrett, Beadnell, Wells, & Peterson, 2007; Tyler et al., 2012); and obstetric services (Winetrobe et al., 2013). The broader themes recognized from the literature as barriers can be categorized as psychosocial and physical.

The literature suggests that psychosocial barriers originate from interactions between individual members of the population and service providers. The lack of stakeholder understanding of the health needs of the population also presents itself as a psychosocial barrier (Wise & Phillips, 2013). One aspect possibly influencing the relationship between the population and service providers is lack of understanding of the life cycle of the population (Kryda & Compton, 2008). Various studies have examined age groups of the homeless; however, no research framework exists to address each age group separately. A one-size-fits-all approach to developing understanding through research produces nongeneralizable results. However, research targeting homeless children found that they shared common psychosocial barriers with their adult counterparts (Moore, McArthur, & Noble-Carr, 2011). Research presented findings of children vocalizing issues related to being treated with respect, as well as a need to be listened to and included in the decision-making process of families (Moore et al., 2011), which were consistent with study findings in their adult counterparts (Brubaker et al., 2013). Psychosocial barriers to service utilization for homeless adults and adolescent substance users have been identified through research addressing stigma (Rayburn &

Guittar, 2013) in adults and examination of motivational interventions in the previously mentioned adolescent group (Tyler et al., 2012).

Studies have shown a barrier to service is formed when the relationship between service user and service provider is perceived as negative (Brubaker et al., 2013; Hoffman & Coffey, 2008; Jacob, Arnold, Hunleth, Greiner, & James, 2014; Kryda & Compton, 2008; Wise & Phillips, 2013). The concept of the relationship between providers and the homeless population has also been explored in the literature by examining the population's *well-being* and its influence on service use (Christian, Clapham, Thomas, & Abrams, 2012) and the extent to which the population identifies with provided services (Christian, Clapham, & Abrams, 2011). The relationship between the population and services has many complicated aspects; one aspect is decreased service use by the population due to negative experiences when using services.

Physical barriers to service use begin with the transient nature of homelessness (Crawley et al., 2013; O'Connell et al., 2010; Wong & Piliavin, 2001). Services provided by the various stakeholders are available in predominantly fixed locations (Marr, DeVerteuil, & Snow, 2009) and reportedly, only under specific conditions will additional transportation to services be provided (MOA DHHS, 2012; O'Connell et al., 2010). Additional physical barriers to service use include deficient methods of transportation and the distance between the population and the service facilities (Crawley et al., 2013; Hwang & Henderson, 2010; Jacob et al., 2014). Other causes associated with physical barriers include limitations in services provided (Jacob et al., 2014); specific admission criteria for services (Brubaker et al., 2013; Dwyer, Bowpitt, Sundin, & Weinstein, 2014);

financial (Hwang & Henderson, 2010); and lack of knowledge about and availability of services. These barriers and others like them, potentially keep the individual from seeking services thus creating physical barriers.

Effects of Inclement Winter Weather

The meteorological impact on the homeless population represented in the literature as *climatic influences* (Ramin & Svoboda, 2009; Sampson et al., 2013) and *extremes in temperatures* (Cusack et al., 2013; Gough et al., 2014; Sampson et al., 2013). A repeated theme in the literature suggested one method to track effects of *extremes in temperatures* on the homeless population was by examining research on activation of cold weather alerts in various geographic regions (Gough et al., 2014; Pepper & Jocoy, 2013) or by examining Emergency Department (ED) surveillance data (Hughes et al., 2014; Rouquette et al., 2011).

Both of these themes allowed for a limited understanding of the relationship between inclement winter weather and the homeless population. Data outlining trends in cold weather system activation, while helpful, presented no data on effects of the activation on the population. Questions such as, “do these activations result in decreased mortalities for the homeless population” or “do these activations increase the numbers of homeless in shelters” were not addressed. Emergency Department data were used as a surveillance method on the homeless population (Hughes et al., 2014). The literature established the relationship between ED use and the homeless population. For the purpose of this study, I examined the literature for research further exploring the ED/cold weather/homeless correlation. The majority of the research using ED data surveillance

methods compare weather conditions to corresponding visits to the ED. Rouquette et al. (2011) proposed addendums to current ED monitoring systems in France to help study cold weather effects on the homeless population. Other research examined mortality rates during times of cold weather in various cities and in some cases highlighted vulnerable populations but did not specify homeless (Gómez-Acebo, Dierssen-Sotos, & Llorca, 2010; Hassi et al., 2005; Sampson et al., 2013). While both of the recognized themes from the literature suggested means to research winter weather and homeless populations, there is little data specifying research of this nature in the homeless population.

The homeless population is at an increased risk of developing cold exposure related health disorders (NCH, 2010). A health disorder associated with cold exposure is hypothermia (O'Connell, Petrella, & Regan, 2004). Hypothermia is diagnosed as the body's core temperature below 96.0 degrees Fahrenheit. Hypothermia is categorized as mild, moderate, or severe depending on the body's core temperature reading (Reamy & Derby, 2007). Each category of hypothermia presents with definable symptoms and characteristics. A person is mildly hypothermic when their core temperature is 89.6-96.0 degrees Fahrenheit. The person's clinical manifestations are tachycardia, tachypnea, shivering, impaired judgment, and slurred speech (O'Connell, Petrella, & Regan, 2007). A person is moderately hypothermic when their core temperature is 82.4-89.6 degrees Fahrenheit. Moderate hypothermic symptoms are a decrease in pulse and reflexes, and high levels of confusion and disorientation (O'Connell et al., 2007). Severe hypothermia results when the body's core temperature is below 82.4 degrees Fahrenheit. The

symptoms are hypotension, bradycardia, cardiac dysrhythmias, and coma (O'Connell et al., 2007). As the core temperature decreases, the body's ability to compensate for the heat loss diminishes, and eventually the heart ceases beating (Reamy & Derby, 2007). The progressive nature of hypothermia makes the homeless population especially vulnerable to this condition.

Mortalities resulting from hypothermia in the United States between the years 1979-2002 averaged 700 annually (CDC Morbidity & Mortality Weekly Report [MMWR], 2005). In 2002 Alaska was the state with the highest overall deaths from hypothermia (CDC MMWR, 2005). Further investigation into the literature revealed little context detailing mortalities from hypothermia in the homeless population in Anchorage. This lack of local data collection on the homeless population is dissimilar to other cities' surveillance and documentation of homeless mortality data. Cities such as New York, San Francisco, Seattle, and Boston produced reports documenting homeless mortalities (NCH, 2010).

Survival Strategies

Examination of the literature revealed survival strategies based on research specifically aimed at subpopulations within the larger homeless population (Bender, Thompson, McManus, Lantry, & Flynn, 2007; DeVerteuil, 2011; Evans & Forsyth, 2004; Ferguson, Bender, Thompson, Xie, & Pollio, 2011; Hein, 2011; Huey & Berndt, 2008; McBride, 2012; Nguyen et al., 2012; Smeaton, 2009; Walls & Bell, 2011). The subpopulations examined by the research included, but were not limited to, a generalized categorization of: gender, age, and geography. The literature reported gender

representation as male or female (Evans & Forsyth, 2004; Hein, 2011; Huey & Berndt, 2008; Nguyen et al., 2012). Research that focused on age groups within the population incorporated terms highlighting specific age categories. The language used to describe the chronologic categories of the population were children (Smeaton, 2009); adolescents (Hein, 2011); youth and young adults (Bender et al., 2007; Walls & Bell, 2011); and adults (Salem et al., 2014). A generic phrase *homeless population* or simply the term *homeless* were used to describe the subjects of research that examined street survival strategies in both genders and in a wide range of ages (McBride, 2012). A review of the literature revealed a broad variety of survival strategies in the homeless population. Survival strategies included, but were not limited to, seeking part-time employment (McBride, 2014); developing street smarts and peer networks (Bender et al., 2007); geographic strategies (DeVerteuil, 2011); and criminal activities, confinement to jail or drug rehab facilities, and police work (Evans & Forsyth, 2004). The literature did not disclose research aimed at survival strategies specific to winter weather.

Theoretical Foundation

Self-determination theory (SDT) was the theoretical foundation for this research. This theory is a macrotheory of human motivation with origins dating in the 1970s and initially described in the mid1980s (Deci & Ryan, 2008). This theory has provided a guide for researchers to examine individual intrinsic growth propensities, as well as three innate and specific psychological requirements: competence, autonomy, and relatedness (Ryan & Deci, 2000; Vallerand, Pelletier, & Koestner, 2008). These propensities and requirements created the basis of studying an individual's self-motivation (Ryan & Deci,

2000). Self-determination theory offered two differing motivational platforms, *autonomous* and *controlled*. Autonomous motivation included intrinsic motivators or motivation based on inherent gratification and specific types of extrinsic motivators (Ryan & Deci, 2000). According to Deci and Ryan (2008), controlled motivation is driven by external factors such as rewards or punishment and “introjection regulation” (p. 182) such as shame, self-esteem, or ego. Self-determination theory has provided a format allowing researchers to investigate motivations at specific times in an individual’s life and to gain insight to the lived experience on how personal motivation is established, maintained, forestalled, or manipulated (Deci & Ryan, 2008; Ryan & Deci, 2000).

Self-determination theory has been used to examine motivation in a number of different populations. Researchers have studied what or how individual motivations eventuate in behavior across a variety of disciplines (Deci & Ryan, 2008). The literature review revealed the multidimensional perspective of individual motivation as presented by SDT, which is applicable in education, health, medication adherence, solitary behavior, well-being across the lifespan, and other topics (Bidee et al., 2012; Chua & Koestner, 2008; Ferrand, Martinent, & Durmaz, 2014; Fortier, Duda, Guerin, & Teixeira, 2012; Kálcza-Jánosi, Williams, Niemic, & Szamosközi, 2014; Kennedy, Goggin, & Nollen, 2004; Link, 2008; Patrick & Williams, 2012; Teixeira, Carraça, Markland, Silva, & Ryan, 2012; Vansteenkiste, Claes, Soenens, & Verstuyf, 2013; Weinstein & Ryan, 2011). Self-determination theory explored motivation to help with predicting compliance measures in different medication compliance studies (Kálcza-Jánosi et al., 2014; Kennedy et al., 2004; Patrick & Williams, 2012). Self-determination theory has been

applied to additional health behavior topics such as smoking cessation, substance abuse, and weight loss (Kennedy et al., 2004). The full range of SDT revealed in the literature has demonstrated previous and current application of the theory.

Studies revealed an overall generalizability of SDT across various disciplines, which demonstrates SDT's applicability to the current study. The aim of this study was to explore motivations of a specific population at a specific time. Self-determination theory is unique in its examination of autonomous and controlled motivations in individuals. By looking at these and other types of motivations, researchers can help explain the origin of motivation in individuals and thus potentially predict behaviors. Motivation energizes behavior; therefore, by exploring what motivates a person, behavior can be predicted and outcomes influenced (Patrick & Williams, 2012).

Self-determination theory provided a framework to guide exploration into the genesis of motivation in the homeless population in Anchorage during times of inclement winter weather. Specifically, when the population faces a life or death situation, what focus of motivation dominates? The research questions addressed in this study provided methods to examine the motivation process in the population. This research builds on the existing theory by applying SDT to an acute setting in a vulnerable population.

Summary and Conclusion

As evidenced by the literature review, the homeless population in Anchorage, Alaska faces similar challenges as other homeless populations in similar climates (Barnett et al., 2010; Conlon et al., 2011; Hassi et al., 2005; Ramin & Svoboda, 2009; Rouquette et al., 2011). The review of literature also revealed themes and sub-themes

within the topic of homelessness. A narrowing of topic search within these themes highlighted current knowledge on the homeless in terms of history of homeless services, stakeholders involved in care, barriers to services, survival strategies, and the effect of inclement winter weather (American Red Cross of Alaska, 2015; Anchorage Gospel Rescue Mission, 2015; Anchorage Neighborhood Housing Services, 2015; Beans Café, 2015; Brother Francis Shelter, 2015; Brubaker et al., 2013; Gómez-Acebo et al., 2010; Habitat for Humanity, 2015; Hassi et al., 2005; Hoffman & Coffey, 2008; Jacob et al., 2014; Jozefowicz-Simbeni & Israel, 2006; Kryda & Compton, 2008; Sampson et al., 2013; Wise & Phillips, 2013). These studies utilized qualitative and quantitative methods to gather knowledge on the population yet failed to address the lived experience of the population during times of inclement winter weather.

This study examined the lived experience of the population by asking three research questions in an open-ended format to gain insight on survival strategies, barriers to service, and knowledge of available services. The description from the population developed themes, which provided a framework to add to the current body of knowledge where deficient research is present. Chapter 3 will provide the methodological details for the study.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological study was to investigate individual experiences within the homeless population of Anchorage, Alaska during times of inclement winter weather. It is important to learn about these experiences from the population in order to gain insight into the motivations driving individuals' behaviors of whether or not to use emergency services. Data gathered included individual in-depth interviews at a local soup kitchen.

Chapter 3 provides a description of the selected qualitative research methodology (phenomenology) and all appropriate steps taken by me in order to study the phenomena of interest. This chapter contains details on various aspects of qualitative phenomenology research, including the role of the researcher, specifics of methodology, researcher-created instruments, recruitment procedures, data collection, and data analysis plan.

Research Design and Rationale

The following questions guided this phenomenological study:

1. What is the awareness of cold weather services provided to the homeless population in Anchorage, Alaska?
2. What survival strategies do the homeless population use during times of inclement winter weather in Anchorage, Alaska?
3. What barriers prevent the homeless population from using cold weather services in Anchorage, Alaska?

The phenomenon for the study is the lived experience of the homeless population of Anchorage, Alaska during times of inclement winter weather.

The research method for this study was qualitative phenomenology. Qualitative methods have been used extensively in the past to study various aspects of the homeless population (Farquhar, Parker, Schulz, & Israel, 2006; Huey, Hryniewicz, & Fthenos, 2014; Mayock, Corr, & O'Sullivan, 2013; Rodriguez, Applebaum, Stephenson-Hunter, Tinio, & Shapiro, 2013; Tyler & Melander, 2011). Qualitative research and more specifically phenomenological qualitative research are appropriate when the aim of a study is to explore a lived experience when very little is known or understood about the specific lived experience within a population (Biederman, Nichols, & Lindsey, 2013; Creswell, 2009). In the case of this study, I explored the lived experience of a population during specific weather events.

Qualitative phenomenology was chosen for this study based on my desire to explore the lived experience (phenomenon) of a population. Phenomenology allows researchers to extract a descriptive profile of the experience from a population based on individual reporting (Creswell, 2013; Moustakas, 1994). This research tradition has been used within the homeless population to study experiences in the following situations: interactions between the population and professionals (Arslan, 2013); drug addiction (Garner & Ratschen, 2013); sexual decision making (Cooper & Gordon, 2015; Kennedy et al., 2015); and individuals with Lyme disease (Ali, Vitulano, Lee, Weiss, & Colson, 2014), allowing for its selection as the research method. Further support of phenomenology for this study came from Gee, Loewenthal, and Cayne (2013), who

suggested that in order to gain knowledge about a phenomenon, a researcher must explore individual experiences. Through exploration of lived experience via implementation of phenomenology, participants can give meanings and/or descriptions of the experience to enable the development of knowledge of that experience.

Role of the Researcher

The role of the researcher in qualitative studies was described by Patton (2002) as follows: The “researcher is the instrument” (p. 14). In this study, I assumed the role of what Patton (2002) called a *nonparticipatory instrument*. My role consisted of study synthesis, creation of data gathering tools, collection and assimilation of gathered data, and proper use of qualitative methodology etiquette throughout the life of the study.

There was no relationship between any of the participants of the study and myself. The only contact between participants and myself occurred during the data collection period.

I managed any biases or power relationships with bracketing and a reflective journal. In order to control for bias, I first acknowledged and became aware of personal values, interests, perceptions, thoughts, and judgments (Chan, Fung, & Chien, 2013). Any foreknowledge and suppositions I consciously or unconsciously held could have limited the understanding of the participant perspective. I used two methods to create continued awareness of any preconceived notions held toward all aspects of the study. In the first method, bracketing, a researcher identifies personal beliefs, cultural factors, and experiences that could influence interpretations and views of the collected data (Chan et al., 2013; Darawsheh, 2014; Fischer, 2009; Tufford & Newman, 2012). The second

method, a reflective journal, allowed for a continued reflexive practice throughout the research study. The reflective journal provided a medium for me to maintain awareness of levels of involvement, limits of knowledge, how the research was being conducted, and how the research process influenced outcomes (Clancy, 2013; Nadin & Cassell, 2006; Wall, Glenn, Mitchinson, & Poole, 2004). By implementing bracketing via a reflective journal, I managed bias continually throughout the life of the study.

Ethical issues surrounding this study were addressed during the Internal Review Board (IRB) proceedings prior to the data collection process. There was no conflict of interest based on the study population and other participants. The use of incentives was not implemented for this study.

Methodology

The population under study for this project was the homeless population living within the Municipality of Anchorage, Alaska.

The selected sampling strategy for this study was purposeful sampling. Patton (2002) highlighted this sampling method as “selecting information rich cases” (p. 230). Purposeful sampling is represented in the homeless literature as a viable sampling method based on the transient nature of the population and members’ unique perspective on the phenomena studied (Robinson, 2014; Saddichha, Linden, & Krausz, 2014; Suri, 2011; van Wijk, 2014). This sampling strategy was appropriate for this study based on the relevance of the conceptual framework, as well as the ability to generate rich information and results (Abrams, 2010). The rationale of this study was to garner knowledge and gain insight as to the lived experience of the population during specific weather events.

This sampling strategy provided a format for participant selection and potential participation in order to meet the needs and rationale of the study.

Participant selection was based on the criterion found in the definition of *homeless* as outlined by USDHUD (2015):

An individual or family with a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground. (USDHUD, 2015, p. 2)

Participants were selected from a preselected site (local soup kitchen) frequented by this population. Participants were asked to voluntarily read the provided definition and agree that they met the criteria prior to inclusion in the study.

The sample size for this study was determined based on the availability of potential participants, number of actual participants, and evidence of data saturation and redundancy. There are no clear guidelines for sample sizes in qualitative research (Patton, 2002). In order to meet the criteria for a phenomenological study, sample sizes range from small to large. To purposefully become informed on the phenomena, the anticipated sample size was 10-15 participants from the preselected site. This range for participants was based on recommendations from Creswell (2013) and Patton (2002) regarding reaching saturation and being recognized as a qualitative study. This number of participants was practical and realistic (Robinson, 2014). The number of participants

ensured the ability to provide comprehensive and extensive results for the research inquiries, thus attaining redundancy and data saturation (Griffith, 2013).

Participants were identified using a numerical coding system on the interview document and subsequent voice recording instrument. The numerical coding system was transferable from the initial meeting/interview through data analysis and presentation of results. Contact was made with the potential participants at the preselected site. A simple introduction and explanation of the study preceded the presentation of written inclusion criteria for the study. Recruitment for participation began by meeting with the selection site management to gain permission to conduct onsite interviews and references indicating potential candidates for participation. The final eligibility requirement depended on whether the potential participant met the agreed-upon criteria for homelessness. Exclusion criteria included those participants taking part in the pilot study testing the validity of the questionnaire.

There are many explanations in the literature addressing the relationship between saturation and sample size (Creswell, 2013; Griffith, 2013; Patton, 2002; Suri, 2011). For this study, the relationship between saturation and sample size was directly related to what Griffith (2013) described as “comprehensiveness and completeness of resulting research question answers” (p. 1109). This explanation was an appropriate use for this study based on the purpose of the study and desired outcomes. Saturation was met when the responses from the participants were repeated with no new findings.

The instrument for data collection was an interview protocol based on examples from Creswell (2013), Thomas and Pollio (2002), and Kvale and Brinkmann (2008). The

interview protocol consisted of two parts; the first section consisted of logistical information, and the second section consisted of research questions. The type of interview was semistructured and open ended. This type of interview provided a framework to allow participants the freedom to express and describe experiences in detail (Banner, 2010; Turner, 2010). The questions developed for the instrument were based on the study's research questions, purpose, and goal (Creswell, 2013). The questions were further developed in order to elicit descriptions of the phenomena from the participants. The narrative of the situation from the perspective of the participant resulted in sharing the lived experience through the research questions (Englander, 2012).

One method of establishing validity of instruments in qualitative studies is using a pilot study (Kim, 2010; Sampson, 2004; van Teijlingen & Hundley, 2002). For the study, a pilot study was used to assess the pertinence of the questionnaire. Steps were taken according to the procedure outlined by van Teijlingen and Hundley (2002) to improve validity of the study. Recruitment, participation, and data collection procedures for the pilot study mirrored those of the main study.

The data collection instrument was a semistructured questionnaire (Appendix A). The sufficiency of the instrument was established through research question development based on the study's purpose and goal. Further establishment of sufficiency lay in my incorporation of the four guiding principles of motivational interviewing during data collection (Mehta, Cameron, & Battistella, 2014; Patrick & Williams, 2012). This framework of interviewing in conjunction with question development created an instrument capable of eliciting the lived experience from the participant.

Recruitment of participants was conducted between the hours of 8:00 a.m. and 3:00 p.m. This span of time covered breakfast and lunch services at a local soup kitchen. The potential participants were approached and asked if they would like to participate in a student research project. If an individual was amenable to the proposition, the consent form was presented and reviewed with the potential participant. If consent was obtained and eligibility criteria were met for inclusion in the study, the interview began if the participant was agreeable. I scheduled meetings with the participants if it made them more comfortable. The interview location within the facility was predetermined via the organizational agreement between the facility and me. The interview area was established in a location that served to protect the identity of the participant. Once the interview meeting time was agreed upon, the data were collected by audio recording of the interview and field notes taken by me. Once approval was received to conduct onsite interviews at the local soup kitchen, the schedule of data collection events was determined. The duration of each event was dependent on the interviewee's level of comfort, availability, and willingness to complete the interview process. There was no preset minimum or maximum period for interviews. Saturation of data and sample sizes were unable to be met at the first site. After Internal Review Board approval, I added an additional site to the study and additional recruitment events took place to meet predetermined sample sizes or data saturation. Once the interview concluded, I asked the respondent to review responses to help ensure the credibility of the study. Additionally, I offered the respondent an opportunity to ask questions.

Data Analysis Plan

In phenomenological studies, the goal is to discover the meaning of what is being experienced through exploration of the experience (Lin, 2013). To help understand the meaning of the experience, data analysis was focused on words and patterns of words used by participants (Dibley, 2011). After all the interviews were complete, I transcribed the audio file interviews verbatim. Additional field notes were also included in each transcript of the interviews. Once transcribed, the data were entered into NVivo 11 software to assist in organizing the data and maintaining accessibility during analysis. I subjected the transcribed interviews and notes to intensive and repetitive reading and review. To focus on the words, my analysis incorporated McCormack's lenses as a guide. Dibley (2011) described McCormack's lenses as a framework to analyze narrative data in order to discover themes from the original data. McCormack's lenses allowed me to examine the data through four different lenses (language, narrative process, context, and moment). The resulting analysis revealed a richer description of the lived experience. Along with McCormack's lenses, I used horizontalization to recognize themes from the data.

Horizontalization was used to examine the repeated/similar responses into meaning-units that in turn evolved into thematic clusters (Miguel & Kim, 2015; Moustakas, 1994; Zhang, Yan, Barriball, While, & Liu, 2015). Data analysis through horizontalization allows for recognition of statements, insurance of the equal value of statements, and discovery of new experiences or foundations of an experience (Gilstrap, 2007; Nickson & Henriksen, 2014).

Issues of Trustworthiness

Several strategies were used to establish the credibility of the study. The first strategy was the use of bracketing via a reflective journal in order to acknowledge researcher bias (Darawsheh, 2014; Houghton, Casey, Shaw, & Murphy, 2013; Jootun, McGhee, & Marland, 2009). The second strategy, engagement, required me to spend enough time within the community of the study population to build a relationship based on trust and understanding (Cope, 2014; Houghton et al., 2013; Koch, 2006). The third strategy included repeating answers back to the participants at the completion of each question and a final review of their responses after completion of all questions.

The appropriate strategy to ensure transferability was to obtain thick descriptions from the participants. The initial strategy was to build rapport with the participants through engagement by spending time in the community (Cope, 2014). In order to obtain the desired thick descriptions, I included context from field notes, examples of quotations from the participants, and research methods in the analysis (Houghton et al., 2013; Koch, 2006).

Dependability of this study was established through an audit trail. The audit trail posttranscription was available through NVivo 11; this software program provided a platform demonstrating the recorded decision-making process during analysis of the collected data (Houghton et al., 2013). Dependability through the audit trail strategy provided a means for another researcher to follow what Houghton et al. (2013) and Cope (2014) called “decision trails” (p. 89) in order to reach similar conclusions without contradictory findings.

To control for researcher subjectivity and confirmability, I wrote in a reflective journal. Through this journal, self-reflection was an on-going process throughout the life of the study; the journal helped me to maintain an awareness of personal values and views (Darawsheh, 2014; Jootun et al., 2009). This strategy established the confirmability of the study findings originating from the participants and were not resultant of my input (Cope, 2014). Confirmability was established through *member checking* in which the participants and I reviewed gathered data for accuracy.

Ethical Procedures

Access to participants began with confirmation of a letter of cooperation with Site 1 in Anchorage, Alaska (Appendix B). Beans Café is a local soup kitchen with a long history of service to vulnerable populations in Anchorage. I made contact with the appropriate individuals at the facility and presented the letter and explanation of the study. Once an agreement was made and permission to conduct interviews in the facility was given, a consent document was presented to potential participants for review and agreement (Appendix C).

The primary recruitment process began when I engaged the population by approaching users of the facility, inquiring of their interest in participating in the study. I practiced respect for persons when approaching potential participants by allowing time for decision making and without pressure to participate. The voluntary nature of inclusion into the study was emphasized from the initial contact with potential participants. Respect towards individuals and cultures was maintained throughout the life of the study.

Data collection initially began on-site at Beans Café. To increase participation, an additional data collection site (Site 2) was added after data collection began. The interview process was conducted in a manner to protect the privacy of the participant. Refusal to continue participation or ability to withdraw from the study was reiterated at different points during the interview. I paid attention to the participant's body language and physical state during the interview to ensure the participant's safety and well-being. An additional method to ensure the participant's safety was prior to initiation of the interview or pilot study procedures, resources were made available in the form of a list of offered social services (Appendix D).

The data collected were anonymous; the only participant identifier existed on the consent documentation and did not correlate with the research data. Anonymity was insured through the participant coding system developed for the study. The first participant was coded P1, the second participant P2, and so on. Pseudonyms were later assigned to each participant during the data analysis phase.

Protection of confidential information, including consent, gathered field data, audio recordings, and notes, are locked in a cabinet at the researcher's home. The personal computer used for data analysis has been password protected as well as the NVivo 11 software program installed on the computer. I am the only individual with access to the confidential data.

Summary

Phenomenological methods were used to explore the lived experience of the homeless population in Anchorage, Alaska. The methods described in this chapter

outlined processes confirmed in the literature as appropriate to the purpose of the study and what the study wished to uncover. Ethical considerations were addressed along with the protection of disseminated data and potential findings. The following chapter presents findings after approval of methods by committee members and Walden University, IRB.

Chapter 4: Results

Introduction

This chapter presents findings from semistructured interviews with homeless individuals concerning survival during the winter in Anchorage, Alaska. The purpose of this phenomenological study was to investigate individual experiences within the homeless population of Anchorage, Alaska during times of inclement winter weather.

The research questions addressed in this phenomenological study were the following:

1. What is the awareness of cold weather services provided to the homeless population in Anchorage, Alaska?
2. What survival strategies do the homeless population use during times of inclement winter weather in Anchorage, Alaska?
3. What barriers prevent the homeless population from using cold weather services in Anchorage, Alaska?

Research exists on the complicated nature of homelessness and the homeless; however, most of the literature, past and present, focuses on social, political, and health issues faced by this population (Baggett et al., 2013; Beijer et al., 2011; Cusack et al., 2013; Page et al., 2012). The current body of knowledge examines the effect cold weather has on the homeless population (Gough et al., 2014; Pepper & Jocoy, 2013; Sampson et al., 2013). The research to date lacks investigation into why the homeless perish when there are mechanisms in place to prevent these mortalities. The homeless population's experience during times of inclement winter weather could add depth and

understanding not yet realized for this population. In this study, I explored the lived experience through narrative phenomenological methods, which provided a focus on a population previously unexplored.

I used a phenomenological research study design for this study to explore the lived experience of the homeless population's survival during the winter in Anchorage, Alaska. This type of research design provided a platform to explore rich, descriptive profiles of individuals' lived experience as they shared their perceptions of the phenomenon (Creswell, 2013; Finlay, 2009; Moustakas, 1994).

This chapter describes the pilot study, setting, demographics, data collection, data analysis, trustworthiness, and results. The following chapter addresses the interpretation of the presented findings.

Pilot Study

I conducted a pilot study for this project to determine the appropriateness of the developed instrument and to increase the validity of this study. Kim (2010) called pilot studies "small scale methodological tests" (p. 191) that are used to determine whether research tools are appropriate (van Teijlingen & Hundley, 2002). The research tool/questionnaire developed for this study was pilot tested on three participants. The findings from the pilot study revealed that the questionnaire was too long, that some of the terms used in the questionnaire were inappropriate for the population, and that I read the questions too quickly. Based on this information, I adjusted the questionnaire and interview methods.

Setting

I conducted this study in Anchorage, Alaska between December 31, 2015, and March 15, 2016, at two separate homeless support facilities. This study originally was limited to one data collection site; however, after many attempts of recruitment at Site 1, I realized that participation at this site was problematic. At that time, I pursued an additional site, and after approval from Walden University's IRB, I added a second site to the study.

Site 1 has a cafeteria-style layout with a large dining area filled with several rows of portable lunchroom-type tables (Appendix E). Site 1 offers the homeless population two meals per day (breakfast and lunch) every day of the year, along with a limited number of select services. These services include general mail collection and delivery, necessities, referrals for a variety of social/economic supports, and housing specialists.

Site 2 has a cafeteria-style layout similar to Site 1 and provides weekday lunch service. Site 2 offers additional services such as morning showers and clothes-washing facilities. Clients sign up for showers, and while they shower, they have the option of having their clothes washed. Site 2 offers a hot beverage service before daily lunch service.

Demographics

Individual demographics relevant to this study were limited to the persons using homeless facilities within the MOA, who agreed that they met the following criteria for homelessness: A homeless person is an individual without permanent housing, who may live on the streets or stay in a shelter, mission, single-room facility, abandoned building

or vehicle, or any unstable or nonpermanent situation. The criteria for inclusion in this study were based on the USDHUD (2015) definition of homelessness. I created language-appropriate inclusion criteria and read these criteria to each of the participants during the recruitment phase of data collection.

Table 1 provides the pseudonyms used for the participants, as well as data on gender, age, length of time homeless in Anchorage, place of origin, and ethnicity or nationality. The sample consisted of 14 total interviewees, 12 males and two females.

Table 1

Demographic Information

Pseudonym	Gender	Age	Length of time being homeless in Anchorage	Place of origin	Ethnicity/Nationality
Peter	M	49	11 years	Hawaii	Hawaiian
Thaddeus	M	60	40 years	Alaska	German/Norwegian
Mark	M	35	1 year	Alaska	Caucasian
Luke	M	49	7 years	Alaska	No response
Simon	M	54	No response	Alaska	Eskimo/Tlingit
Andrew	M	36	16 years	Idaho	Caucasian
Philip	M	32	14 years	Alaska	Yupik
Mary	F	25	3.5 years	Alaska	Athabascan, Aleut, Haida, Tsimshian, & Hawaiian
Ruth	F	Elder	11 years	Alaska	Inupiat, Russian, Swedish, White, & Tarheel Indian
John	M	Elder	12 years	Alaska	White, Russian, & Yupik
Bartholomew	M	51	5 months	Washington	Alaska Native
Thomas	M	25	8 years	Alaska	Inupiat/Puerto Rican
James	M	51	4 months	Alaska	Athabascan
Matthew	M	No response	4.5 years	Pennsylvania	Pennsylvania Dutch

Data Collection

The total number of participants for the study was 17, $n = 3$ for the pilot study and $n = 14$ for the main study. The pilot study consisted of two males and one female. The main study consisted of 12 males and two females. I gathered data at two sites.

At Site 2, once potential participants met the criteria for inclusion, the interviews took place at a prearranged onsite location to aid with privacy; the interviews lasted from 6 to 19 minutes in length. The interviews took place during the facility's regular business hours of 9:30 a.m. to 2:00 p.m. I used Appendix A to guide the interviews in a face-to-face setting using semistructured, open-ended techniques.

I noted my impressions at the completion of each interview by reflective journaling to document my experience of the interview. At the completion of each site visit, I listened to each recording several times. I then transcribed each recording verbatim into a Word document. I uploaded the transcriptions into NVivo 11 for organization and further analysis. Variations in data collection consisted of the addition of the second data collection site.

Participant Selection

I based participant selection on purposeful sampling strategies. This strategy allowed me to approach potential participants and select persons experienced with the studied phenomena (Patton, 2002). I conducted the pilot study ($n = 3$) at Site 1. After successful recruitment and completion of the pilot study, Site 1's use continued for recruitment of potential participants into the main study. Repeated visits to Site 1 failed to recruit any participants. I took steps to gain access to a second data collection site.

The addition of the second data collection site yielded successful recruitment results ($n = 14$). I read the definition of homelessness to eligible participants as part of the consent process, and all verbally agreed that they met the criteria. During the consent procedure, I informed the potential participant that there would be no incentive offered to participate and that I would use no personal identifiers, and I provided a list of available social services (Appendix D) should any negative reactions result from participation. At the time of consent, I informed the individuals that the only identifier used was a letter and number; for the data analysis section, pseudonyms replaced the numeric and alphabetic designations. The participants then agreed to the interview being recorded on a Sony IC recorder model ICD-PX333.

Data Analysis

NVivo 11 qualitative software from QRS International was used to aid in analysis of the data. I began by reading the transcriptions but found that if I listened to the recording while reading the transcription, I was able to experience the interview in more depth. I did repeated listening/reading exercises three times, during which I incorporated McCormack's lenses approach to my narrative data. McCormack's lenses uses a four-lens approach allowing the researcher to consider the data from one of four lenses or viewpoints (Dibley, 2011). The four lenses outlined by McCormack are the following:

1. The lens of language.
2. The lens of narrative processes.
3. The lens of context.
4. The lens of moments.

Upon uploading the transcribed interviews into NVivo 11, I used the software to code for categories within the data. Interview questions elicited responses from the participants to share their experiences related to the broader research questions. I analyzed the interview data by hand and by using the software to eliminate or support codes arising from the data. After analysis, themes and subcategories emerged.

Themes

The following section addresses the themes emerging from the analyzed data in response to the research questions. During analysis, through reading the transcript, listening to the interview, or doing both while viewing the data via NVivo 11, I often stopped to reflect on what I had learned about homelessness from the participants. I did this to prevent personal beliefs from influencing how I interpreted the data. Listening to and reading the interviews while coding with NVivo 11 aided me in finding consistencies within the data addressing and answering my research questions. Table 2 provides a brief overview of the themes emerging from the research questions.

Table 2

Themes Emerging From Data Collection

Research question	Inquiry	Themes
What is the awareness of cold weather services provided to the homeless population in Anchorage, Alaska?	Describe how you become aware of available services.	Street education—most learned from word of mouth from other members of the homeless population. Lack of awareness of services.
What survival strategies does the homeless population use during times of inclement winter weather in Anchorage, Alaska?	Describe what it is like surviving the winter being homeless.	Using pre-existing personal resources and benefits. Maintaining a campsite. Differing motivations to use or not use available services. Weather impact on decision making.
What barriers prevent the homeless population from using cold weather services in Anchorage, Alaska?	Describe barriers that prevent use of available services.	Physical—distance between service providers, lack of transportation, etc. Administrative—time limits on length of stay, eligibility criteria, etc. Self-imposed—personal decisions not to participate in available resources. Perceptions of service environment.

Research Questions

Data collected during the interview process answered the three research questions. The following sections address answers from the data in response to each of the three research questions.

Research Question 1

Research Question 1 addressed the level of awareness within the homeless population regarding cold weather services provided to the homeless population in Anchorage, Alaska. In order to determine the knowledge or awareness of services provided to the homeless population, I asked how study participants found out about services and what the phrase “cold weather services to the homeless” meant to them. Two subthemes emerged from these questions: street education and lack of awareness.

Street education. At points during the interview, I asked how each participant learned about the specific homeless services discussed during that stage of the interview. The responses varied from a familial history of homelessness to previous experiences volunteering at homeless facilities to hearing from other homeless individuals and just being on the street.

Five participants said that word of mouth from other homeless individuals steered them toward homeless services. Two participants gave no response; one had never heard of the phrase “cold weather services” in relation to the homeless population.

Peter: When they was at the old place, that’s how I know, I’ve been here since ‘05 and they moved from the old place.

Mary: I didn't find out about them until my dad, my father ... (broke eye contact, looked down at the ground and started to turn away; I decided not to pursue this question further.)

Luke: Actually, it was before they had this kitchen, they had another one right over across from the carpenters union; yeah I'm a carpenter Local 1281. I know it was there, but everyone used to eat outside to set up tables and everything. I'd go over there and volunteer to help pick up tables and store them away and what not.

Andrew: From just being on the street and just learning as I went. Education, yeah, there is nothing that can be done about homelessness, it is going to happen, and that is just a fact of today's life. Homelessness is going to happen and always going to be a problem, so we know this, so why not set up a procedure so that those people that are, have spent most their lives comfortable and don't understand life on the street, set up a system where when those people get screwed and stuck on the street have nowhere else to go or what to do, a person that has been there a while can pop in and show them how to survive.

James: Friends of mine, I made a lot of friends and that's a good thing too, I made a lot of friends down this way.

Philip: When I was first here in Anchorage, I didn't know about Anchorage, you know, I was fairly new to it, but I just kind of gravitated towards it (homeless service facilities), it just happened.

Ruth: They (other homeless individuals) were going to it (homeless facilities) and we found out how and that's how I met a lot of people too when I first became homeless.

Lack of awareness. Once a level of the awareness of homeless services was established, the individual addressed the phrase “cold weather services to the homeless” and its meaning. The responses elicited varied from exacting knowledge to no meaning.

Eight participants responded that they were unaware of the phrase. I omitted this question in three participants' interviews, as they were anxious to leave.

Andrew: Um, “cold weather services to the homeless” as far as I seen the cold weather services um the, the shelters around here they if it's a certain temperature, 32 or lower I do believe it is, they have what is called “cold weather management system” which is they have to let you in until they are at capacity then they have to make arrangements for another spot to be open for more people if they are at capacity and no other spot can be arranged then there's just nothing that can be done. But yeah they do have cold weather procedures, it's just a matter of them following them.

Philip: Cold weather services for the homeless, what it means is protection against the cold and that's pretty much what it is, what it sounds like to me.

Ruth: It does to me cause I worry about them so I don't freeze, I've had a couple of friends that have done that in the past year and couple years and they need to build more shelters for the homeless, there's a lot of empty

buildings and they still don't think of adult homeless people cause they got too many deaths in the last year or two.

Research Question 2

Research Question 2 investigated survival strategies this population used during inclement winter weather. I asked the individuals how they obtained shelter, food, water, and clothing. Four subthemes emerged from the survival strategy questions: resources, camps versus no-camps, motivation for services, and weather. Additionally, fear for safety from the weather emerged as a theme from the subtheme weather.

Resources. When asked about main sources for food, water, and clothing, three primary resources (Site 1, Site 2, and Site 3) emerged from the data. Sites 1 and 2 are data collection facilities for this study. All participants have used one or all of these resources at one time or another during their homeless experience. Some participants had financial assistance from food stamps and the State of Alaska Permanent Fund Dividend (PFD), Native Corporation shareholder dividends, and/or retirement benefits. The PFD is an annual profit sharing program from the State of Alaska based on mineral royalties (State of Alaska, Department of Revenue, 2016). Eligible Alaskans have received an average annual payout of \$1,122.04 since the program began in 1982.

Five participants relied on Site 1 and Site 2 for food, water, and clothing. Two participants were nonspecific and stated they obtained food, water, and clothing from wherever they were able to find it. Two participants relied on Site 2 and had food stamps; one additional participant had social security and disability benefits.

James: Well I can get water here at Site 2 or at Site 1 other than that sometimes I caught myself eating ice or snow. Right here I get my corporation check. Just food stamps for now; I'm happy for that.

Matthew: Right now, I'm surviving off Site 2. I make sure I go through seconds to make sure I have something for supper and on the weekends I try to sneak through three times so I can have some to cover me for Friday and try to get three sandwiches so I have something for Saturday breakfast and for Saturday supper. I go to Site 4 and I try to take a little sandwich or something for breakfast on Sunday and then I eat at the, I don't know the name of the blue church about the shelter... So yeah I eat supper there but this is my life saver here (Site 2).

Simon: My primary source of food has been Site 2 five days a week and sometimes I go to Site 4 for Saturday and other than that, that's it, no food stamps, no income.

Andrew: For food and water during the winter I rely on Site 2 and Site 1 mainly those are my two main supports for water I can pretty much go anywhere. Food wise I'm at point where I have to rely on Site 2 or Site 1.

Camps versus no-camps. The next line of questioning about survival strategies focused on shelter. Two questions addressed shelter: Where did you sleep last night? Where have you slept the most since the beginning of this year? During the interview process, I did not question about the location of campsites. The majority of the homeless campsites within the MOA are illegal; therefore, participants with campsites were

hesitant to reveal locations. One individual provided locations and described the interaction between homeowner and homeless campsite.

Responses from ten participants, who did not use camps, included sleeping in a doorway, a parking garage, under evergreen trees, two stayed at Site 1, one had transitional housing, and four specified wherever they could sleep, they would sleep.

Thaddaeus: I have a tent there and stuff to cook on tarps and stuff to keep out the weather in case it rains.

Matthew: An abandoned Conex (an 8-foot wide by 8.5 foot high by 40-foot long shipping container).

Simon: Well I had camped out there by the Coastal Trail but the high tide ran me out. Then I camped over there by Westchester Lagoon in the trees a couple hundred feet off the road and any path. A homeowner notified the police; I got eviction notice 12/12 so I moved my camp on Christmas. Then after I moved my camp over by Gambell as it turns into Ingra across from XXXXX there's a big field over there and I was a couple hundred feet off the bike path and some other homeowner had walked their dog back there and I followed the paw prints cause it had fresh snow and it was like concrete so I followed the paw prints up to this house and the person had slashed my tent with a knife so I had my tent on pallets and sleeping bags and had a tarp and they ripped it all up except the sleeping bags.

John: At my camp, it's a four-man tent but it's kind of collapsed a little bit, anyway I have quilts and blankets and sleeping bags, get as comfortable as I can.

Motivation for services. I asked the participants why they used the services at the three sites highlighted by the population as places for food, water, clothing, and shelter. Important to this phenomenon was discovery of the intrinsic and extrinsic motivations to use services experienced by this population during the winter months in Anchorage, Alaska.

Once I started inquiring about motivation, five participants became visibly uncomfortable and the line of questioning stopped. Four participants referred to personal preferences as influencing their motivation to use resources. The responses included preferring one site as opposed to another site, to be by themselves, personal safety from other individual's behaviors, and the influence of friends' behaviors on their decision making. Two participants mentioned being self-aware of body odor and the need to use the shower and clothes-washing resources in order to establish normalcy.

Thaddaeus: Just to get out of the weather and stuff.

Andrew: It's cold out and you need cold weather gear even if it's 20 above zero you're going to get cold so you have to have the cold weather gear and if you don't have a place you are able to get those then you just aren't going to make it.

Philip: I have nowhere else to go.

Weather. The weather in Anchorage, Alaska was an important variable influencing the survival strategies of the homeless population. Determining the role winter weather had in the lives of the homeless population of Anchorage began by asking how the population monitored the weather and if the individual had ever been in a situation when they feared for their safety from the weather.

Monitor the weather. I asked the participants how they monitor the weather. I did not ask two participants this question due to anxiety surrounding their fear for safety and survival answers.

Bartholomew: Basically, just looking up in the sky.

Thomas: Yeah I monitor the weather with I have a cell phone so I just call 844, it tells me the weather wherever you are at the time date or just be like our elders and pay attention to the clouds.

Matthew: No, I think this winter has been one of the warmest winter there's been since I been homeless for the last three years, this has been the warmest winter I think.

Peter: No I don't, day-by-day it comes it goes, it goes I mean nice hot sunny day, winter rainy I mean what can I do? I got no control.

Thaddaeus: (Laughs out loud and points up to the sky.)

Mark: I mean there really isn't anyway to monitor it either it's cold or it's not, (laughing). It's winter time I mean, I been here my whole life so it's not, you know what I mean, it's icy but it's mild compare to what it has been.

Simon: It's just another day, there's nothing I can do to change it so you have to learn to roll with the punches.

Andrew: I mainly pay attention to how the wind is blowing and how the clouds look if the wind is blowing really really hard then I dress in extra layers because the wind is going to make you colder. Alaska wind is different than anywhere else, it's a heavy moisture penetrating wind it doesn't kind of hit the clothes and bounce off it hits and sticks.

Philip: Yeah, I just watch the news when I can, listen to the radio and usually just look up.

Mary: No, I don't, one day it comes up all sunny and another day it's like winter, I don't keep track of the weather, my boyfriend does, I don't.

John: Well I got a radio or talk to one of the people on the streets, we got lots of old timers out here and they can monitor the weather pretty accurately.

Ruth: You can tell what it is by the feelings of it and the looks of it.

Fear for safety from the weather and survival mode. After questioning about the weather and whether or not monitoring took place, I asked if they had ever been in a situation when they feared for their safety from the weather. Three participants Mark, Simon, and Philip, stated no; one mentioned a survival mindset, not fear for safety. The remaining 11 participants provided examples of when they feared for their safety.

Survival mode emerged from the survival strategies line of questioning. One of the interviewees coined the term "survival mode" to describe how the individual responded when faced with life-threatening weather. This mindset revealed a description

of actions taken once the person realized they feared for their safety due to being vulnerable to winter weather.

James: Kind of sort of but that's when I pray, I pray a lot. When I was, in fact, it was about three weeks ago, I was sleeping underneath a diesel truck and I woke up at three, a quarter to four in the morning, I couldn't believe it and I still had two bottles yeah.

Thaddaeus: Well I don't know, I kind of ... it (the weather) keeps you alert, let's put it that way.

Luke: Yeah. It wasn't really the wintertime it was the spring. I was laying in my tent on a side of hill and come spring the snow melts and I'm laying in my tent and I wake up and I'm curled up all underneath my sleeping bag and right underneath me I'm laying in a bed of cold ice water because everything melted right into my tent right there. Underneath me was a block of ice inside here, inside with everything was wet on this side. I woke up and I was feeling so terrible I used my bus pass to get to the hospital and they said they are glad you made it here now because you had severe, severe hypothermia. I was shaking all over on the bus but I was cold.

Peter: Oh every time you know, you hear of people dying out here in the snow. It's because they drink, they pass out, they don't get up and they freeze, hypothermia takes over and the core drops.

Bartholomew: I stayed outside and I had to keep walking around to stay warm.

That was right when I got out of treatment and it wasn't a very fun night.

It was snowing, maybe about ten degrees, twenty, somewhere in that range and the shelter was full and it was too far to walk to go down to the Site 3 (Appendix E) and I'm pretty sure that would have been full by the time I would have got there. Just walking around town the downtown area when Site 1 opened I went there and I was so tired and they don't allow ya to sleep in there they kept poking at me "wake-up, wake-up". It was like come on man have a little mercy.

Thomas: One experience I went to my wife's house out in XXXXX and it was

like around this time (of the year). Quit eating around 9 o'clock stepped outside and I looked up and it was just pitch black and the stars and all I looked up and I looked back down and I looked at the houses and I was like I'm lost you know. I'm lost and I'm like these are houses and peoples private property so I'm like that's out of the question so I got to keep pushing so I'm there I'm panicking cause I'm all like okay I'm lost so survival mode hits in so I started doing my pushups and starting doing my jumping jacks and squats so my body is warm as I'm walking but I over worked out and started sweating so when I walked I was getting a breeze and I was freezing as I was walking so when I started panicking I started getting really cold and I started crying and it was the crying that helped me cause I curled up and made my body hot. Yeah I got through the night, it

was hard, I just ended up getting to the tree that I went to the pine cones were all off but I put them all over me but that was the most scared, scared time I had cause I got lost and didn't know where I was.

Matthew: When it was really wet and raining the rain starts to freeze on your clothes that's the roughest time I had. Toughest it out, kept on going inside the parking garages try to get as much as warm as you can and they come kick you out and then you walk around a couple blocks and do it again, but like I said that was my roughest but now I got a place I got four walls a floor and ceiling so that's not the best but it keeps me warm with my two little thin blankets and the clothes I have on my back I'm still staying alive.

Mark: I was out there in XXXX and I was thinking who was I last talking to, my cousin and I we had a great time together and then she got all up in arms and kicked me out of her apartment and so I slept in the doorway and I would wake up and my feet froze so I had to do a tap dance.

Andrew: It was a really warm day about this time of year where it's starting to warm up starting to become spring and I was out running around in shorts and tank top and what not and I got caught in a storm where it went from about 30 above to about 20 below in like a half hour and then it was freezing rain and what not and I ended up breaking into an abandoned house to save my own life and I ended up getting arrested. I'm alive; I'll take that charge (laughing).

Mary: Like the other day, it was snowing and it was so friggen cold, I couldn't feel my feet yeah, I don't like that. I got up really fast and warmed my feet up somehow.

John: Well I got caught in a snow storm and the temperature drops so I, I didn't want to go the shelter cause I got my own camp. Go over there an bundle up make a little fire. Yeah I was downtown and trying to get home. Nothing too bad but it was a storm, I've known this since I was a kid, the weather, being born on the Yukon, it's cold down there, I come from the cold country.

Ruth: I was walking by myself downtown and all of a sudden we had like a snow storm, downtown here in Anchorage the whole city was blacked out and I was trying to cross the street and I almost got hit by a car because there was no lights, nothing, they didn't see me. I went down to shelter and told them, even though I was 30 days out I told them, well they knew the situation, I was by myself.

Research Question 3

Research Question 3 examined barriers preventing the population from using homeless services in Anchorage, Alaska. I asked the participants to identify barriers to services. The barriers recognized in the data primarily focused on physical, administrative, and self-imposed. Perceptions of service environments is an additional theme that emerged from the data.

Physical barriers. Five participants identified transportation as a barrier to services. Eight participants identified other barriers to services than transportation.

Luke: I just gotta go out and beg for a couple dollars to catch a bus (he is in a wheelchair).

Time limit on stays. Time limit on stays was another barrier to services; specifically the term used by the population was *30 in, 60 out*. The 30 in, 60 out was in reference to the cyclic time appropriation each person was given; 30 days in a facility then 60 days out of the facility until they were allowed back if there were no other arrangements.

Bartholomew: Yeah I've been kind of conserving my days at Site 3 cause I'm trying to make this one orientation at the job center but they only allow ya 30 days and then 60 days out.

Thomas: It means you can only be in there for 30 days and then you are out, that's how they recycle people.

Matthew: You are only allowed to stay at Site 3 for 30 days and then you are kicked out for 60. You have 30 days under their roof and if you don't file an extension you have 60 days that you are outside. But if you file for an extension when your 30 days is up then they will continue your stay, Site 1 does the same system.

Philip: And that means when your 30 days is up you are out for another 30 days.

Mary: Yeah like you can stay there for 30 days and when you're 30 days in, you're 30 days out and you can't be in there for 30 days after that.

Ruth: Yeah when you do 30 days already they don't care what the weather is, they boot you out for 30 days.

Administrative barriers. I categorized administrative barriers for the purpose of this study as the rules upon which the clients must follow during their stay or on admission to any shelter in Anchorage. I asked the participants if a facility denied their access to services. Eight participants reported no denials; three participants reported denied entry due to the facility being at capacity. Three participants reported access denial based on their behaviors. Other administrative barriers were punitive actions when individuals broke facility rules.

Thaddaeus: Yeah when they get to capacity and stuff.

John: I think I was denied at Site 1 once for 30 days out.

Mark: I was kicked out for a while from Site 1, just fighting.

Luke: Like I mentioned earlier with the intoxication it was like okay, I think you had too much to drink we can't let you in.

Matthew: Well January I slept in Site 1 for two days and they kicked me out for 60 days. I picked up something I shouldn't have picked up off the ground.

Self-imposed barriers. Eleven participants reported no self-imposed barriers to gaining access to services. Three participants presented self-imposed barriers to services.

Matthew: Being lazy, I guess being stupid, not to find out where all these people, I'm waiting right now till I turn 55 cause PRC told me when I turn 55 I get into a different category (of qualifying for services).

Luke: Well I, I'd have to be honest and say I'm a drinker and so the only barrier is that Site 3 I have to BRAC in at absolute zero and that's the only barrier that I got. I mean if I was out there in Tudor or out there by Walmart and I needed a place to sleep I'd have to find a doorway to sleep in, somewhere out of the wind because it's not the barriers, it's the barriers that I built, I built the stopping on that.

Simon: I would never go down there (Site 1) personally it's, for me, it's too toxic of an environment with the behavior and the attitude of the people that work there cause they weren't like being examples and I wasn't interested in bed bugs and being told what to do and how to do it and I don't like sleeping 6 inches away from someone and being in a flop house situation I like mine, holding on to whatever little dignity I have and so I was too proud to go down to any of those places.

Perceptions of service environments. I did not ask the participants to evaluate or comment on experiences they had while using homeless services. The interviews revealed a barrier to services in the form of perceived differences in the environments between the three main providers of homeless services in Anchorage, Alaska. Participants reported reasons why they selected one site over another when prompted. Four participants provided insight into their experiences.

Bartholomew: I like Site 3 and it's quieter, they breathalyze you so there's not a bunch of yelling and drunk people like at Site 1.

Peter: These guys (Site 2) have helped me more than anywhere else you know. I don't know what other services there is but I utilize Site 2 a lot. This is a great program. Not only do they feed you, they shower you, they wash your clothes. You cold in the morning, you can come over here and have tea and coffee, so yeah this is a God blessed center.

Luke: You see that is the difference between Site 1 and Site 2. Here is a very religious self-loving people who actually hold the scriptures of reality you know. Christ himself was homeless but down at Site 1 they don't treat people with welcoming arms saying hello, come in, you know they treat people like you had too much to think, you had too much to drink.

Simon: The cold weather service is Site 2 where people have to come to where some people are bussed, take a shower wash their laundry during the morning, and they have a place to get comfortable, get relaxed, get cleaned up. At lunch time we open for a few hours where they have a safe place to come to get something fulfilling to eat, other people go down to Site 1 but again it's like toxic and a lot of people aren't motivated to do things, they get to be victims in their own head with no motivation.

Evidence of Trustworthiness

I addressed this study's credibility in order to contribute to the existing body of knowledge on homelessness and the homeless population. An in-depth investigation into the lived experience of the participant via high-quality methods of data collection and

analysis and verification of reported findings established the credibility of this phenomenological study.

Credibility

Three strategies used to verify the credibility of this study were bracketing via a reflective journal, engagement, and repeating answers to participants to verify accuracy. At the start of the data collection procedure, I wrote in a reflective journal to ensure my bias did not skew the data collection methods and subsequent analysis and reporting. Engagement with the population for the study occurred throughout the data collection process. I spent two observation days on-site prior to attempting data collection. Finally, once data collection began I addressed any questions the participant had about the interview questions and the answers provided.

Transferability

In order to ensure transferability, the study participants provided the necessary thick descriptions of experiences. These thick descriptions resulted from a combination of verbatim transcriptions of interviews, field notes, and my reflective journal. Direct quotes provided participant-rich descriptions and the journal activity afforded a means of self-evaluation during analysis.

Dependability

An audit trail ensured dependability for this study. I used NVivo 11 software from QRS International as an analytic tool, and a means for independent examination of all data uploaded into the software. This software provided an electronic pathway for similar conclusions without contradictory findings. Additionally dependability of the

study increased by the use of audio recordings for data collection. With this technology, the gathered data were highly accurate and allowed for repeated listening of data. Each interviewee gave permission to record the interviews.

Confirmability

I created and wrote in a reflective journal to validate confirmability. The self-reflective use of this practice during the life of the study provided a means for me to practice self-awareness of personal values and worldview in general.

Summary

This study's purpose was to examine the lived experience of the homeless population in Anchorage, Alaska during inclement winter weather. This chapter provided an examination of data collection methods, management of data, and analysis of gathered data. I used purposeful sampling techniques and followed appropriate research guidelines during recruitment.

The responses from the sample ($n = 14$) examined how the homeless population of Anchorage, Alaska survived during inclement winter weather. Three research questions addressed this phenomenon. The first question delved into awareness within the homeless population of homeless services to the population. All of the homeless persons interviewed had some knowledge of homeless services provided to the population. While a majority did not recognize the phrase "cold weather services to the homeless" many of the participants used such services.

The second research question examined survival strategies during inclement winter weather. The majority of the participants outlined plans using facilities for food,

water, and clothing. Data that were more exacting emerged when participants were questioned about fearing for safety from the weather. The participants raised issues regarding shelters, along with experiences outlining differences in philosophies in terms of maintaining a campsite versus not having a campsite. Lastly, specific survival techniques were revealed when participants were faced with the imminent threat to their health from the weather.

The final research question examined barriers to cold weather services. Some barriers presented were consistent with barriers faced by homeless populations in different areas of the United States. The self-imposed barriers admitted by individuals were unique in nature.

The last section of this chapter addressed the trustworthiness of the study. I addressed the measures of trustworthiness: credibility, transferability, dependability, and confirmability in conjunction with strategies outlined in Chapter 3. The following chapter, Chapter 5, will provide interpretation of the study's findings along with social change implications and limitations of the study.

Chapter 5: Interpretation of Findings

Introduction

The purpose of this study was to investigate individual experiences within the homeless population of Anchorage, Alaska during times of inclement winter weather. During the winters of January 2012 to March 2014, mortalities from hypothermia increased in this vulnerable population despite social services offered by the Municipality of Anchorage and other local area groups (McBride, 2014; Shedlock, 2015; Theriault-Boots, 2013). Previous studies have identified a number of factors leading to the cause of mortalities in this population (NCH, 2010; USDHUD, 2007). One method to reduce the preventable occurrence of mortality in the homeless population is investigation of the awareness and motivation of behaviors this population exhibits during winter months. Important to the reduction of mortalities is understanding how the homeless population perceives social services during the winter months in Anchorage, Alaska. Another approach to reducing accidental deaths in the homeless population during the winter months is promoting heightened awareness of weather and cold weather services available to the population.

This study was based on the following research questions:

1. What is the awareness of cold weather services provided to the homeless population in Anchorage, Alaska?
2. What survival strategies does the homeless population use during times of inclement winter weather in Anchorage, Alaska?

3. What barriers prevent the homeless population from using cold weather services in Anchorage, Alaska?

I used a phenomenological methodology for this study via semistructured face-to-face interviews with 14 homeless individuals. Phenomenological methodologies allow a platform to explore the lived experience of individuals through interview methods (Birks, Chapman, & Francis, 2007). I listened to the audio recorded interviews on at least three occasions, transcribed them verbatim to Word documents, and uploaded to NVivo 11 for further analysis.

This chapter provides interpretation of the themes that emerged during data analysis, which were presented in Chapter 4. After the conclusion of my interpretation, I address limitations, recommendations, and social change implications of my study.

Interpretation of Findings

Demographics

The sample size for this study was 14 individuals, comprised of 12 males and two females (see Table 1). The majority of the participants were of American Indian/Alaska Native ethnicity. The length of time spent homeless in Anchorage, Alaska ranged from a couple of months to 40 years; ages of those interviewed ranged from 25 years old to greater than 60 years old. In the 2014 Annual Homeless Assessment Report (AHAR) to Congress, the USDHUD found that almost 25% of homeless people were under 18 years of age, 10% were between 18 and 24 years of age, and 66% were over 25 years of age (USDHUD, 2014). For my study, I excluded minors (under 18 years of age) based on ethical concerns and had no interviewees between 18 and 24 years of age. All of my

interviewees were in the upper percentile of homeless age groups that is consistent with national data (USDHUD, 2014).

Research Question 1

Research Question 1 addressed the level of awareness within the homeless population regarding cold weather services provided to the homeless population in Anchorage, Alaska. In order to determine the knowledge or awareness of services provided to the homeless population, I asked how each participant found out about services and what the phrase “cold weather services to the homeless” meant to him or her. Two subthemes emerged from these questions: street education and lack of awareness.

Street education. The findings revealed that the majority of those interviewed learned about or were made aware of the service available to the homeless population from other homeless individuals ($n = 5$). One participant used the term *street education* to describe the situation in which a homeless individual learns during interactions with other homeless persons about how to survive on the street. This study did not address the mechanisms through which these individuals became homeless; what the findings demonstrated in the case of two individuals was that their awareness to services was based on their life experiences prior to becoming homeless. The entry into the homeless experience for each individual influenced the mechanism through which each person became aware of available services.

Lack of awareness. Based on analysis of the findings, the majority of the homeless population in Anchorage, Alaska maintain a basic knowledge of services for

food, clothing, and shelter. The awareness of the provided services varied by interviewee and was based on individual experience with homelessness. The knowledge or awareness of services this population maintains is important in the overall survival of the homeless individual. Research has examined utilization patterns of services (Bharel et al., 2013; Hwang et al., 2013) and homeless service delivery in specific contexts (Wong, Park, & Nemon, 2006). The research has failed to address how homeless individuals become aware or are made aware of what services are available. All of the participants in my study expressed awareness of services to meet the needs of daily living. How this awareness became a reality for each individual varied, with one interviewee describing learning from father and the majority of the respondents learning about services from “street education” or word of mouth from other homeless individuals ($n = 5$). When asked specifically about “cold weather services to the homeless,” eight of the participants lacked awareness of the term and *cold weather services*. One respondent reported awareness of a procedure called “cold weather management system,” which is in reference to the MOA’s “Cold Weather Plan for the Homeless Person” (MOA DHHS, 2012). This sole respondent reported awareness of the events outlined by the plan from the MOA when temperatures met specific criteria.

These findings represent awareness of a basic need to survive; the homeless population of Anchorage, Alaska has knowledge of subsistence activities to meet daily needs for food, clothing, and shelter. However, the majority of the homeless population interviewed did not reveal awareness of specific cold weather services from volunteer or

public services. Additionally, a general lack of awareness of emergency cold weather services existed among the interviewees.

Research Question 2

Research Question 2 addressed survival strategies that this population uses during inclement winter weather. I asked the individuals how they obtained shelter, food, water, and clothing. Four subthemes emerged from the survival strategy questions: resources, camps versus no-camps, motivation for services, and weather. Fear for their safety emerged from the subtheme weather.

Resources. The participants reported three main distribution sites meeting their daily living needs. Each site offered similar services, and all participants expressed strategies for using each site based on an operating schedule and differences in offered services. Site 1 reportedly provided three meals a day, every day of the year. Site 2 operated Monday through Friday, offering a lunch service along with shower and clothes-washing facilities. Site 3 offered limited meal service and clothing daily as well as emergency shelter for individuals of both genders over the age of 18. Several of the participants ($n = 5$) relied solely on Sites 1 and 2 for food, water, and clothing. During the course of the interviews, only two of the six homeless emergency shelters listed in USDHUD's 2014 Continuum of Care (CoC) Homeless Assistance Programs Housing Inventory Report for Anchorage's CoC were mentioned by participants. Anchorage's emergency shelter program (ESP) is similar to services offered in other cities in the United States (Harris, 2010; Wong et al., 2006). The findings from this study are similar to and support other research (Harris, 2010; Smith, Robinson, & AtkinRead, 2006) when

awareness of emergency services is addressed within the homeless population. This study differs from previous research in the effort to reveal how the homeless population learned of ESP, instead of acknowledging the established lack of awareness of ESP services.

Three of the participants reported financial assistance in the form of food stamps, Native Corporation shareholder dividends, and union retirement benefits. Additionally, the State of Alaska has provided eligible residents an annual stipend based on the state-owned Alaska Permanent Fund earnings. This stipend is called the Alaska Permanent Fund Dividend (PFD); Alaskans began collecting this dividend in 1982, with the lowest amount of \$331.00 in 1984 and the highest amount of \$2,072.00 in 2015 (State of Alaska, Department of Revenue, 2016). When asked about additional resources, none of the participants mentioned receiving this annual stipend from the State of Alaska. In discussions of resources during the interviews, having health insurance or means of acquiring health insurance did not come up. McBride (2012) found members of the homeless population having health insurance coverage. The McBride data revealed a single participant's pathway to temporary insurance coverage. In contrast, the findings from my study demonstrated a majority of the participants reporting specific ethnicities making them eligible for free health care from the Indian Health Service facility in Anchorage.

Camps versus no-camps. Participants reporting having a campsite were limited to two individuals ($n = 2$). Both of these persons reported having a current tent campsite for shelter. Campsite use by homeless populations is a current survival strategy used in

other urban and rural locations within the United States (Hilton & DeJong, 2010). Based on the interview data, these campsites can be in the same location for a length of time or moved based on the individual's need. In one case, a participant reported having to move because of natural variables and then later moving because a homeowner vandalized his dwelling. This was the only reported incidence of violence against a homeless individual and is consistent with what Snow and Mulcahy (2001) categorized as a method of homeless social control termed *displacement*. Displacement involves a variety of methods used to dislodge a homeless person (Snow & Mulcahy, 2001); in this case, partial demolition of the homeless person's shelter and personal belongings to instigate relocation.

Ten of the interviewees reported not having a specific place to sleep outside of emergency shelters. From the analysis, the majority of the participants can be categorized as "rough homeless." "Rough homeless" or "rough sleepers" find shelter and sleeping accommodations wherever they are able and may or may not use homeless shelters (O'Connell, 2010; O'Connell, Mattison, Judge, Allen, & Koh, 2005).

Motivation for services. One of the goals of this study was to explore the lived experience of what motivates behaviors in individuals. Specifically, what motivates the homeless individual during the winter in Anchorage, Alaska to behave a certain way in a specific circumstance? For this study, I used Deci and Ryan's (2008) self-determination theory as the conceptual framework to explore the motivation of the homeless population in Anchorage, Alaska. SDT has been used in past research as a lens to study homeless populations (Dennis, McCallion, & Ferretti, 2012; Usborne, Lydon, & Taylor, 2009).

Instead of speaking to the homeless population, Dennis et al. (2012) examined the homeless population by interviewing service providers. Usborne et al. (2009) interviewed homeless youth for their study. For my study, I extended the use of SDT in the homeless population similarly to Usborne et al. by attempting to learn what motivates these individuals through examination of survival strategies and experiences during specific life-threatening events.

Having *motivation*, according to Ryan and Deci (2000), is being inspired to do something. When I asked the participants why they used a certain service, the replies ranged from the straightforward “I was hungry” to “I have no idea, that’s a question I always ask myself.” Other explanations as to why services were used included location of services while some participants reported having preferences as to where to get services. The extrinsic motivation to fill biological and physiological needs of food, water, and shelter was predominant.

Weather. Alaska winters present the state’s homeless population with a variety of survival challenges. Cold weather is well documented as a variable influencing health outcomes in homeless populations (Cusack et al., 2013; Gambatese et al., 2013; Pepper & Jocoy, 2013; Rouquette et al., 2011). Based on the findings and further analysis using SDT, extrinsic motivation was again revealed to drive behaviors within this population when participants were asked about the weather. I asked the interviewees how they monitored the weather. The overarching philosophy on the weather held by the majority of the sample was best summed up by the following comment: “You have to roll with the punches.” One participant reported actively monitoring the weather, while others relied

on atmospheric visual cues as predictors. The overall reported attitude toward weather monitoring revealed that participants felt that they could not control the weather; they could only learn to live with and in spite of it.

Fear for their safety. Delving into motivations for survival strategies led to the exploration of experiences in which members of the population may have feared for their safety from the weather. An overwhelming majority of participants ($n = 11$) shared experiences during which they had feared for their safety from the weather. Of the sample, four participants ($n = 4$) reported having slept outside the previous night. The sharing of this personal experience supports current research highlighting the dangers vulnerable populations face from the weather (Cusack et al., 2013; Gambatese et al., 2013; Hassi et al., 2005; O'Connell et al., 2005; Pepper & Jocoy, 2013; Ramin & Svoboda, 2009). The analysis of responses revealed the weather as a serious threat to the health and well-being of this population. When further prompted to expand on individual experiences, the minority reported seeking out or using homeless services. The acute nature of this type of lived experience lends itself to SDT motivation based on self-preservation behaviors. SDT explains extrinsic forms of motivation leading to autonomous behaviors; findings from the data presented examples of individuals walking around all night in a snowstorm or waking up every couple of hours to ambulate in order to promote circulation to extremities. The motivations of these individuals led to positive outcomes consistent with current research (Bidee et al., 2012; Fortier et al., 2012; Hagger

et al., 2014). These behaviors consist of going into what one participant termed “survival mode.”

Research Question 3

Research Question 3 addressed barriers to services. The barriers reported by the sample population were consistent with barriers in the current body of literature. The barriers identified included but were not limited to transportation, administrative criteria, and staff-client relationships (Brubaker et al., 2013; Hoffman & Coffey, 2008; Kryda & Compton, 2007; Stein, Anderson, & Gelberg, 2007; Whelan et al., 2010). Five of the participants identified transportation as a barrier to service. The participants also revealed that in the past this population was provided means of transportation in the form of bus passes. At the time of the interviews, participants reported that this service was no longer available.

Time limit on stays. Another theme revealed under barriers was limits on the time an individual was allowed to stay at a shelter. The three sites mentioned in this study offer shelter to the homeless population. Sites 1 and 3 offer shelter to both genders, while Site 2 only accepts female boarders. When I asked the participants where they had slept the most since the beginning of the year, there were a number of replies. Six participants ($n = 6$) reported housing in emergency shelters, while seven participants ($n = 7$) provided details on time limits on stays at the different sites. The term “30 in, 60 out” was referenced several times for Sites 1 and 3; no participants reported being sheltered at Site 2. Further explanation of the terms provided the following definitions: “30 in” refers to how many days one is allowed to stay, and “60 out” indicates the number of days one

has to stay out until one can return. The data provided methods individuals could implement to extend their 30-day stay. The specificity of this rule affects the population; some of the participants reported saving up their days (of the “30 in”) to use at different times.

Administrative barriers. Time limit on stays is an administrative barrier; the repeated nature of the theme during analysis highlighted its importance to the well-being of the population. Other administrative barriers surfacing during analysis were restrictive admission criteria ($n = 3$) and breaking of in-house rules once admission was gained to the facility ($n = 3$). Eight of the participants reported never being denied access to a facility.

Self-imposed barriers. Self-imposed barriers were reported by the participants ($n = 4$). The remaining participants ($n = 11$) reported no such barriers and would use one or all of the sites for daily subsistence needs. The three reporting self-imposed behaviors as barriers did so by the following: one of the participants reported his personal drinking habits as a barrier; another admitted his own laziness in acquiring services; the third reported never using a specific site due to its “toxic environment.” The final responder reported no longer utilizing a site due to a previous bad experience at the facility. This category of a barrier has similarities to those reported in the body of literature addressing barriers to health care to the homeless population (Patton, 1988). What makes this reporting unique is the admittance of drug use and lazy behaviors resulting in realized consequences and open acceptance of the consequences. The revelation of an

individual's life history and how that history influences behaviors within the population is noteworthy.

Perceptions of service environments. The final barrier revealed in my analysis were the different perceptions participants had of the environments in the three sites providing services to the population. The current body of literature focused on barriers to healthcare services within the homeless population (Nickasch & Marnocha, 2009; Wen, Hudak, & Hwang, 2007). Some examples of barriers from the literature addressed the negative relationship between provider and person (Nickasch & Marnocha, 2009) and other competing needs (Stein et al., 2007). I was unable to find any research specifically aimed at how the environment of a facility effected its service delivery. Four participants ($n = 4$) of the sample provided details as to why each preferred one site to another. Based on the analysis, Site 2 and its religion-based philosophy reportedly had the most positive environment and was the most preferred homeless facility by the sample.

Limitations of the Study

The limitations to this study were as follows: sample size, limited data collection sites, potential for bias, and sampling method. The total sample of 14 participants is not a realistic representation of the entire homeless population in Anchorage, Alaska. The second limitation was the incorporation of only two (Sites 1 & 2) of the three primary homeless service facilities. The two facilities used for data collection are in close proximity while the third facility is on the other side of town; the users of Site 3 may have shared a different experience. The sampling method used for this study, purposeful sampling, is not random sampling; therefore, this sampling method does not allow for

generalizations of the findings to the entire homeless population in Anchorage, Alaska. Bias, specifically recall-bias, could have been present in the self-reporting nature of the interview process used to gather data from the participants.

Recommendations

Through this study, I sought to explore how the homeless population survived during the winter months in Anchorage, Alaska. The findings from this study offer a view in the actual words and experiences of the homeless population's survival during the winter months. This study's findings expand the current body of knowledge of the homeless population's perceptions of available services aimed at their survival during the winter months in Anchorage, Alaska. Incorporating the SDT, I assessed the population's awareness of available services; this revealed a limited scope of knowledge of services, especially emergency services available to this population.

To increase the knowledge of emergency services available to this population, service providers and stakeholders need to take steps to develop the population's education on these important and available services. The solution for this recommendation could be as simple as the creation of a program where flyers are distributed at service facilities 24 hours prior to weather events that require the activation of cold weather emergency programs.

Another recommendation is conducting more research into what the participants termed "street education." This study's findings demonstrated a lack of communication between the homeless population and services provided. How the homeless population learned and/or became aware of services is shared primarily by word of mouth between

members within the population. Questions addressing how the homeless learn about available services need to be researched further in order to develop effective education delivery programs for the homeless population.

Future research should include defining “emergency” from the perspective of the homeless population as this has the potential to discover the population’s motivation for behaviors and further address providing services to meet the needs of the population. Additional recommendations are continued research into the behaviors and motivations of the homeless population in other cold weather climates to see if this study’s findings differ.

Implications for Social Change

Based on the findings from this study, the potential impact for positive social change is the expansion of education and communication between service providers and the homeless population regarding available services. In Anchorage, Alaska, a further potential impact for positive social change is the reduction of wintertime mortalities within the homeless population. Furthermore, the enhanced awareness of services could potentially lead members of the homeless population on a path out of homelessness. Implementing an improved education and communication system between the service providers and the homeless population is replicable globally.

The knowledge acquired from this study has the potential to influence policy makers at federal, state, and local levels to implement interventions aimed at the homeless populations to increase education and awareness of services provided. In a

recent news story, the mayor of Anchorage is reportedly earmarking \$425,000.00 for homeless programs in Anchorage, Alaska (Maxwell, 2016).

The dissemination of my study's findings will be through traditional mail and social media formats, as well as presentations and publication in peer-reviewed journals. Finally, as I promised the participants, I will post a copy of my study at the two data gathering sites for the participants to review. It is my hope by sharing my study to bring the issue of homeless education and their limited awareness of available services to policy makers and the public.

Conclusion

Research Question 1 addressed levels of awareness of services within the homeless population. The findings from my data analysis revealed a limited knowledge of services and an alarmingly limited knowledge of emergency services provided for the homeless population in Anchorage, Alaska. These findings may have a direct relationship to the primary means through which the population learns about homeless services described as "street education." Increasing knowledge of available services for the homeless population needs to start with the service providers communicating with the homeless population.

Research Question 2 explored survival strategies used by the participants. A variety of survival strategies emerged in the analysis; several strategies were current with other strategies found in the existing body of literature. I found some of the participants kept long-term camps with shelters in addition to using emergency shelters; this is an interesting paradox when addressing who is considered homeless.

Research Question 3 examined barriers to services that this population faces. Many of the barriers to services faced by the homeless population in Anchorage, Alaska are similar to barriers to services faced by other homeless populations. The one barrier not consistent with the existing body of literature was the self-imposed barrier.

I used the self-determination theory as the conceptual framework to guide my study. SDT is a conceptual framework examining motivations of behaviors. This framework guided me to answer the “why” questions in my study. By using this conceptual framework, I was able to create a questionnaire to provoke responses aimed at sharing motivation of behaviors in a specific context.

Finally, Chapter 5 addressed interpretations of the findings, limitations, recommendations, and implications for social change. The findings from this study contribute to what is currently known about the homeless population by exposing deficits in knowledge about emergency services, limitations of knowledge on other available services, and a breakdown in communication between service providers and the population. In Anchorage, Alaska, these findings have the potential to aid public health stakeholders to modify the delivery of services to the homeless population in order to decrease wintertime mortalities.

References

- Abrams, L. S. (2010). Sampling “hard to reach” populations in qualitative research: The case of incarcerated youth. *Qualitative Social Work, 9*(4), 536–550.
doi:10.1177/1473325010367821
- Alaska Coalition on Housing & Homelessness. (2014). *Sheltered homeless persons in Anchorage*. Retrieved from <http://www.alaskahousing-homeless.org/sites/default/files/AHAR%202014%20Anchorage.pdf>
- Alaska Housing Finance Corporation. (2014). *AHFC, Anchorage, Alaska*. Retrieved from <http://www.ahfc.us/>
- Ali, A., Vitulano, L., Lee, R., Weiss, T. R., & Colson, E. R. (2014). Experiences of patients identifying with chronic Lyme disease in the healthcare system: A qualitative study. *BioMed Central Family Practice, 15*(1), 1–17.
doi:10.1186/1471-2296-15-79
- American Red Cross of Alaska. (2015). *Programs & services*. Retrieved from <http://www.redcross.org/ak/anchorage/programs-services>
- Anchorage Coalition to End Homelessness. (2005). *Plan on homelessness*. Retrieved from http://www.anchoragehomeless.org/files/Ten%20Year%20Plan%20Exec%20Summary_0.pdf
- Anchorage Gospel Rescue Mission. (2015). *Programs*. Retrieved from <https://www.anchoragerescue.org>

- Anchorage Neighborhood Housing Services. (2015). *Direct entry: Anchorage neighborhood housing services*. Retrieved from <http://community-wealth.org/content/anchorage-neighborhood-housing-services-inc-anhs>
- Andrews, L. (2014). *Anchorage police investigate homeless woman's death*. Retrieved from <http://www.adn.com>
- Arslan, S. (2013). The experiences of professionals working with homeless people in a clinical setting: A qualitative study. *Housing, Care and Support, 16*(3). doi:10.1108/HCS-08-2013-0010
- Åström, D. O., Forsberg, B., Edvinsson, S., & Rocklöv, J. (2013). Acute fatal effects of short-lasting extreme temperatures in Stockholm, Sweden: Evidence across a century of change. *Epidemiology, 24*(6), 820–829. doi:10.1097/01.ede.0000434530.62353.0b
- Baer, J. S., Garrett, S. B., Beadnell, B., Wells, E. A., & Peterson, P. L. (2007). Brief motivational intervention with homeless adolescents: Evaluating effects on substance use and service utilization. *Psychology of Addictive Behaviors, 21*(4), 582–586. doi:10.1037/0893-164X.21.4.582
- Baggett, T. P., Hwang, S. W., O'Connell, J. J., Porneala, B. C., Stringfellow, E. J., Orav, E. J., & Rigotti, N. A. (2013). Mortality among homeless adults in Boston: Shifts in causes of death over a 15-year period. *Journal of American Medical Association Internal Medicine, 173*(3), 189–195. doi:10.1001/jamainternmed.2013.1604

- Baggett, T. P., O'Connell, J. J., Singer, D. E., & Rigotti, N. A. (2010). The unmet health care needs of homeless adults: A national study. *American Journal of Public Health, 100*(7), 1326-1333. doi: 10.2105/AJPH.2009.180109
- Banner, D. (2010). Qualitative interviewing: Preparation for practice. *Canadian Journal of Cardiovascular Nursing, 20*(3), 27–30. Retrieved from <https://www.ccn.ca/>
- Barnett, A. G., Tong, S., & Clements, A. C. A. (2010). What measure of temperature is the best predictor of mortality? *Environmental Research, 110*(6), 604–611. doi:10.1016/j.envres.2010.05.006
- Beans Cafe. (2015). *Bean's cafe services*. Retrieved from <https://www.beanscafe.org/our-story/services>
- Beijer, U., Andreasson, S., Ågren, G., & Fugelstad, A. (2011). Mortality and causes of death among homeless women and men in Stockholm. *Scandinavian Journal of Public Health, 39*(2), 121–127. doi:10.1177/1403494810393554
- Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child and Youth Care Forum, 36*(1), 25–42. doi:10.1007/s10566-006-9029-4
- Berko, J., Ingram, D., Saha, S., & Parker, J. (2014). *Deaths attributed to heat, cold, and other weather events in the United States, 2006-2010*. Retrieved from <http://www.cdc.gov/nchs/data/nhsr/nhsr076.pdf>
- Bharel, M., Lin, W. C., Zhang, J., O'Connell, E., Taube, R., & Clark, R. E. (2013). Health care utilization patterns of homeless individuals in Boston: Preparing for

- Medicaid expansion under the Affordable Care Act. *American Journal of Public Health*, 103(Suppl. 2), S311-S317. doi:10.2105/AJPH.2013.301421
- Bidee, J., Vantilborgh, T., Pepermans, R., Huybrechts, G., Willems, J., Jegers, M., & Hofmans, J. (2012). Autonomous motivation stimulates volunteers' work effort: A self-determination theory approach to volunteerism. *International Journal of Voluntary and Nonprofit Organizations*, 24(1), 32–47. doi:10.1007/s11266-012-9269-x
- Biederman, D. J., Nichols, T. R., & Lindsey, E. W. (2013). Homeless women's experiences of social support from service providers. *Journal of Public Mental Health*, 12(3), 136–145. doi:10.1108/JPMH-11-2012-0021
- Birks, M. J., Chapman, Y., & Francis, K. (2007). Breaching the wall: Interviewing people from other cultures. *Journal of Transcultural Nursing*, 18(2), 150-156. doi:10.1177/1043659606298617
- Brother Francis Shelter. (2015). *Brother Francis shelter*. Retrieved from <http://www.cssalaska.org/html/programs/brother-francis-shelter.php>
- Brubaker, M. D., Amatea, E. A., Torres-Rivera, E., Miller, M. D., & Nabors, L. (2013). Barriers and supports to substance abuse service use among homeless adults. *Journal of Addictions & Offender Counseling*, 34(2), 81–98. doi:10.1002/j.2161-1874.2013.00017.x
- Buyuk, Y., Uzun, I., Eke, M., & Cetin, G. (2008). Homeless deaths in Istanbul, Turkey. *Journal of Forensic & Legal Medicine*, 15(5), 318–321. doi:10.1016/j.flm.2007.12.004

- Centers for Disease Control & Prevention. (2015). *Hypothermia-related deaths — Wisconsin, 2014, and United States, 2003–2013*. Retrieved from <http://www.cdc.gov/media/mmwrnews/2015/0219.html>
- Centers for Disease Control & Prevention Morbidity & Mortality Weekly Report. (2005). *Hypothermia-related deaths---United States, 2003--2004* (No. 54) (pp. 173–175). Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5407a4.htm>
- Chan, Z. C. Y., Fung, Y., & Chien, W. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process? *Qualitative Report*, 18(30), 1–9. Retrieved from <http://www.nova.edu/ssss/QR/QR18/chan59.pdf>
- Chen, I. M., Huang, C. L. C., Yeh, B. J., & Chien, Y. L. (2015). Health service utilization of heroin abusers: A retrospective cohort study. *Journal of Addictive Behaviors*, 45, 281–286. doi:10.1016/j.addbeh.2015.01.042
- Cheung, A. M., & Hwang, S. W. (2004). Risk of death among homeless women: A cohort study and review of the literature. *Canadian Medical Association Journal*, 170(8), 1243–1247. doi:10.1503/cmaj.1031167
- Christian, J., Clapham, D., & Abrams, D. (2011). Exploring homeless people's use of outreach services: Applying a social psychological perspective. *Housing Studies*, 26(5), 681–699. doi:10.1080/02673037.2011.581910
- Christian, J., Clapham, D., Thomas, S., & Abrams, D. (2012). The relationship between well-being, future planning and intentions to utilise intervention programmes: What can be learned from homeless service users? *International Journal of Housing Policy*, 12(2), 159–182. doi:10.1080/14616718.2012.681578

- Chua, S. N., & Koestner, R. (2008). A self-determination theory perspective on the role of autonomy in solitary behavior. *Journal of Social Psychology, 148*(5), 645–648. doi: 10.3200/SOCP.148.5.645-648
- Clancy, M. (2013). Is reflexivity the key to minimizing problems of interpretation in phenomenological research? *Nurse Researcher, 20*(6), 12–16. doi:10.7748/nr2013.07.20.6.12.e1209
- Conlon, K. C., Rajkovich, N. B., White-Newsome, J. L., Larsen, L., & O'Neill, M. S. (2011). Preventing cold-related morbidity and mortality in a changing climate. *Maturitas, 69*(3), 197–202. doi:10.1016/j.maturitas.2011.04.004
- Converse, M. (2012). Philosophy of phenomenology: How understanding aids research. *Nurse Researcher, 20*(1), 28–32. doi:10.7748/nr2012.09.20.1.28.c9305
- Cooper, A., & Gordon, B. (2015). Young New Zealand women's sexual decision making in casual sex situations: A qualitative study. *Canadian Journal of Human Sexuality, 24*(1), 69–76. doi:10.3138/cjhs.24.1-A7
- Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum, 41*(1), 89–91. doi:10.1188/14.ONF.89-91
- Crawley, J., Kane, D., Atkinson-Plato, L., Hamilton, M., Dobson, K., & Watson, J. (2013). Needs of the hidden homeless – no longer hidden: A pilot study. *Public Health, 127*(7), 674–680. doi:10.1016/j.puhe.2013.04.006
- Creswell, J. W. (2009). *Research design: qualitative, quantitative and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.

- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among the five approaches* (3rd ed.). Los Angeles, CA: Sage Publications.
- Cusack, L., van Loon, A., Kralik, D., Arbon, P., & Gilbert, S. (2013). Extreme weather-related health needs of people who are homeless. *Australian Journal of Primary Health, 19*(3), 250–255. doi:10.1071/PY12048
- Daiski, I. (2007). Perspectives of homeless people on their health and health needs priorities. *Journal of Advanced Nursing, 58*(3), 273–281. doi:10.1111/j.1365-2648.2007.04234.x
- Darawsheh, W. (2014). Reflexivity in research: Promoting rigour, reliability and validity in qualitative research. *International Journal of Therapy & Rehabilitation, 21*(12), 560–568. doi:10.12968/ijtr.2014.21.12.560
- Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology, 49*(3), 182–185. doi:10.1037/a0012801
- Demer, L. (2009). *What's killing the homeless in Anchorage?* Retrieved from <http://www.adn.com/print/article/20090822/whats-killing-homeless-anchorage>
- Dennis, C. B., McCallion, P., & Ferretti, L. A. (2012). Understanding implementation of best practices for working with the older homeless through the lens of Self-Determination Theory. *Journal of Gerontological Social Work, 55*(4), 352-366. doi:10.1080/01634372.2011.640742

- DeVerteuil, G. (2011). Survive but not thrive? Geographical strategies for avoiding absolute homelessness among immigrant communities. *Social & Cultural Geography*, 12(8), 929–945. doi:10.1080/14649365.2011.624279
- Dibley, L. (2011). Analysing narrative data using McCormack's lenses. *Nurse Researcher*, 18(3), 13-19. doi:10.7748/nr2011.04.18.3.13.c8458
- Downtown Soup Kitchen. (2015). *Downtown soup kitchen*. Retrieved from <http://www.downtownsoupkitchen.org/>
- Dwyer, P., Bowpitt, G., Sundin, E., & Weinstein, M. (2014). Rights, responsibilities and refusals: Homelessness policy and the exclusion of single homeless people with complex needs. *Critical Social Policy*, 35(1), 3-23. doi:10.1177/0261018314546311
- Englander, M. (2012). The interview: Data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology*, 43(1), 13–35. doi:10.1163/156916212X632943
- Evans, R. D., & Forsyth, C. J. (2004). Risk factors, endurance of victimization, and survival strategies: The impact of the structural location of men and women on their experiences within homeless milieus. *Sociological Spectrum*, 24(4), 479–505. doi:10.1080/02732170390260413
- Farquhar, S. A., Parker, E. A., Schulz, A. J., & Israel, B. A. (2006). Application of qualitative methods in program planning for health promotion interventions. *Health Promotion Practice*, 7(2), 234–242. doi:10.1177/1524839905278915

- Ferguson, K. M., Bender, K., Thompson, S., Xie, B., & Pollio, D. (2011). Correlates of street-survival behaviors in homeless young adults in four U.S. cities. *American Journal of Orthopsychiatry*, *81*(3), 401–409. doi:10.1111/j.1939-0025.2011.01108.x
- Ferrand, C., Martinent, G., & Durmaz, N. (2014). Psychological need satisfaction and well-being in adults aged 80 years and older living in residential homes: Using a self-determination theory perspective. *Journal of Aging Studies*, *30*, 104–111. doi:10.1016/j.jaging.2014.04.004
- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, *3*(1), 6-25. Retrieved from http://www.psyking.net/HTMLobj-3824/Debating_Phenomenological_Research_Methods.pdf
- Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, *19*(4/5), 583–590. doi:10.1080/10503300902798375
- Food Bank of Alaska. (2015). *Mobile food pantry*. Retrieved from <http://www.foodbankofalaska.org/viewPage.php?ID=73>
- Fortier, M., Duda, J., Guerin, E., & Teixeira, P. (2012). Promoting physical activity: Development and testing of self-determination theory-based interventions. *International Journal of Behavioral Nutrition & Physical Activity*, *9*(20), 1–14. doi:10.1186/1479-5868-9-20
- Foster, S., LeFauve, C., Kresky-Wolff, M., & Rickards, L. (2010). Services and supports for individuals with co-occurring disorders and long-term homelessness. *Journal*

of Behavioral Health Services & Research, 37(2), 239–251. doi:10.1007/s11414-009-9190-2

Gambatese, M., Marder, D., Begier, E., Gutkovich, A., Mos, R., Griffin, A., Zimmerman, R., & Madsen, A. (2013). Programmatic impact of 5 years of mortality surveillance of New York City homeless populations. *American Journal of Public Health*, 103(Suppl. 2), S193-S198. doi:10.2105/AJPH.2012.301196

Garner, L., & Ratschen, E. (2013). Tobacco smoking, associated risk behaviors, and experience with quitting: A qualitative study with homeless smokers addicted to drugs and alcohol. *BioMed Central Public Health*, 13(1), 31–46. doi:10.1186/1471-2458-13-951

Gee, J., Loewenthal, D., & Cayne, J. (2013). Phenomenological research: The case of empirical phenomenological analysis and the possibility of reverie. *Counselling Psychology Review*, 28(3), 52–62. Retrieved from <http://www.bps.org.uk/publications/journals/journals>

Gilstrap, D. L. (2007). Phenomenological reduction and emergent design: Complementary methods for leadership narrative interpretation and metanarrative development. *International Journal of Qualitative Methods*, 6(1), 1–12. Retrieved from <http://ijq.sagepub.com/>

Gómez-Acebo, I., Dierssen-Sotos, T., & Llorca, J. (2010). Effect of cold temperatures on mortality in Cantabria (Northern Spain): A case-crossover study. *Public Health*, 124(7), 398–403. doi:10.1016/j.puhe.2010.03.025

- Gough, W. A., Tam, B. Y., Mohsin, T., & Allen, S. M. J. (2014). Extreme cold weather alerts in Toronto, Ontario, Canada and the impact of a changing climate. *Urban Climate*, 8, 21–29. doi:10.1016/j.uclim.2014.02.006
- Griffith, D. A. (2013). Establishing qualitative geographic sample size in the presence of spatial autocorrelation. *Annals of the Association of American Geographers*, 103(5), 1107–1122. doi:10.1080/00045608.2013.776884
- Guirguis-Younger, M., Runnels, V., Aubry, T., & Turnbull, J. (2006). Carrying out a social autopsy of deaths of persons who are homeless. *Evaluation & Program Planning*, 29, 44–54. doi:10.1016/j.evalprogplan.2005.11.001
- Habitat for Humanity. (2015). *Building houses, building hope*. Retrieved from <http://www.hfhanchorage.org/>
- Hagger, M. S., Hardcastle, S. J., Chater, A., Mallett, C., Pal, S., & Chatzisarantis, N. L. D. (2014). Autonomous and controlled motivational regulations for multiple health-related behaviors: Between- and within-participants analyses. *Health Psychology & Behavioural Medicine*, 2(1), 565-601. doi:10.1080/21642850.2014.912945
- Harris, B. (2010). You can't really call this home: Perspectives on service delivery from Salvation Army shelter users and service providers. *North American Association of Christians in Social Work*. Retrieved from www.nacsw.org
- Hassi, J. (2005). Cold extremes and impacts on health. In Kirch, W., Menne, B., & Bertollini, R. (Eds.), *Extreme Weather Events and Public Health Responses*, 59-

67. Springer Berlin Heidelberg. Retrieved from

http://link.springer.com/chapter/10.1007/3-540-28862-7_6

Hassi, J., Rytönen, M., Kotaniemi, J., & Rintamäki, H. (2005). Impacts of cold climate on human heat balance, performance and health in circumpolar areas.

International Journal of Circumpolar Health, 64(5).

doi:10.3402/ijch.v64i5.18027

Hein, L. C. (2011). Survival strategies of male homeless adolescents. *Journal of the*

American Psychiatric Nurses Association, 17(4), 274–282.

doi:10.1177/1078390311407913

Hilton, T., & DeJong, C. (2010). Homeless in God's country: Coping strategies and felt experiences of the rural homeless. *Journal of Ethnographic & Qualitative*

Research, 5, 12-30. Retrieved from

http://879628752990735837.weebly.com/uploads/1/5/1/2/15120506/homeless_and_coping_cited_this_one.pdf

Hoffman, L., & Coffey, B. (2008). Dignity and indignation: How people experiencing homelessness view services and providers. *Social Science Journal*, 45(2), 207–

222. doi:10.1016/j.soscij.2008.03.001

Homeless Shelter Directory. (2015). *Anchorage Alaska homeless shelters & services for the needy*. Retrieved from [http://www.homelessshelterdirectory.org/cgi-](http://www.homelessshelterdirectory.org/cgi-bin/id/city.cgi?city=Anchorage&state=AK)

[bin/id/city.cgi?city=Anchorage&state=AK](http://www.homelessshelterdirectory.org/cgi-bin/id/city.cgi?city=Anchorage&state=AK)

- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Researcher*, 20(4), 12–17.
doi:10.7748/nr2013.03.20.4.12.e326
- Huelsman, M. (1983). Violence on Anchorage's 4th avenue from the perspective of street people. *Alaska Medicine*, 25(2), 39–44. Retrieved from
<https://www.muni.org/Departments/health/Documents/Violence%20on%204th%20Ave.pdf>
- Huey, L., & Berndt, E. (2008). You've gotta learn how to play the game: Homeless women's use of gender performance as a tool for preventing victimization. *Sociological Review*, 56(2), 177–194. doi:10.1111/j.1467-954X.2008.00783.x
- Huey, L., Hryniewicz, D., & Fthenos, G. (2014). I had a lot of anger and that's what kind of led me to cutting myself: Employing a social stress framework to explain why some homeless women self-injure. *Health Sociology Review*, 23(2), 148–158.
doi:10.5172/hesr.2014.23.2.148
- Hughes, H. E., Morbey, R., Hughes, T. C., Locker, T. E., Shannon, T., Carmichael, C., & Elliot, A. J. (2014). Using an emergency department syndromic surveillance system to investigate the impact of extreme cold weather events. *Public Health*, 128(7), 628–635. doi:10.1016/j.puhe.2014.05.007
- Hwang, S.W. (2000). Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association*, 283(16), 2152–2157.
doi:10.1001/jama.283.16.2152

- Hwang, S. W., Chambers, C., Chiu, S., Katic, M., Kiss, A., Redelmeier, D. A., & Levinson, W. (2013). A comprehensive assessment of health care utilization among homeless adults under a system of universal health insurance. *American Journal of Public Health, 103*(Suppl. 2), S294-S301.
doi:10.2105/AJPH.2013.301369
- Hwang, S., & Henderson, M. (2010). *Health care utilization in homeless people: Translating research into policy and practice*. Agency for Healthcare Research and Quality Working Paper 10002. Retrieved from http://meps.ahrq.gov/mepsweb/data_files/publications/workingpapers/wp_10002.pdf
- Jacob, R., Arnold, L. D., Hunleth, J., Greiner, K. A., & James, A. S. (2014). Daily hassles' role in health seeking behavior among low-income populations. *American Journal of Health Behavior, 38*(2), 297–306.
doi:10.5993/AJHB.38.2.15
- Jootun, D., McGhee, G., & Marland, G. (2009). Reflexivity: Promoting rigour in qualitative research. *Nursing Standard, 23*(23), 42–46.
doi:10.7748/ns2009.02.23.23.42.c6800
- Jozefowicz-Simbeni, D. M. H., & Israel, N. (2006). Services to homeless students and families: The McKinney-Vento act and its implications for school social work practice. *Children & Schools, 28*(1), 37–44. doi:10.1093/cs/28.1.37
- Kálcza-Jánosi, K., Williams, G. C., Niemic, C., & Szamosközi, I. (2014). Validation study of the self-determination theory: Motivation measures for diabetes.

- Adaptation to the Hungarian population in Transylvania, Romania. *Transylvanian Journal of Psychology*, 15(2), 157–179. Retrieved from EBSCOhost.com
- Kelso, D. (1978). *A descriptive analysis of the downtown Anchorage Skid Row population*. Retrieved from <https://www.muni.org/Departments/health/Documents/Skid%20Row%20%28Kelso%29%20Report%204-1978.pdf>
- Kennedy, D. P., Brown, R. A., Morrison, P., Vie, L., Ryan, G. W., & Tucker, J. S. (2015). Risk evaluations and condom use decisions of homeless youth: A multi-level qualitative investigation. *BioMed Central Public Health*, 15(1), 62. doi:10.1186/s12889-015-1419-9
- Kennedy, S., Goggin, K., & Nollen, N. (2004). Adherence to HIV medications: Utility of the theory of self-determination. *Cognitive Therapy & Research*, 28(5), 611–628. doi:10.1023/b:cotr.0000045568.95219.e2
- Kim, Y. (2010). The pilot study in qualitative inquiry. *Qualitative Social Work*, 10(2), 190-206. doi:1077.1473325010362001
- Knox, S., & Burkard, A. W. (2009). Qualitative research interviews. *Psychotherapy Research*, 19(4-5), 566–575. doi:10.1080/10503300802702105
- Koch, T. (2006). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, 53(1), 91–100. doi:10.1111/j.1365-2648.2006.03681.x
- Kozloff, N., Cheung, A. H., Ross, L. E., Winer, H., Ierfino, D., Bullock, H., & Bennett, K. J. (2013). Factors influencing service use among homeless youths with co-

occurring disorders. *Psychiatric Services*, 64(9), 925–928.

doi:10.1176/appi.ps.201200257

Krausz, R. M., Clarkson, A. F., Strehlau, V., Torchalla, I., Li, K., & Schuetz, C. G.

(2013). Mental disorder, service use, and barriers to care among 500 homeless people in 3 different urban settings. *Social Psychiatry and Psychiatric Epidemiology*, 48(8), 1235–1243. doi:10.1007/s00127-012-0649-8

doi:10.1007/s00127-012-0649-8

Kryda, A. D., & Compton, M. T. (2008). Mistrust of outreach workers and lack of confidence in available services among individuals who are chronically street homeless. *Community Mental Health Journal*, 45(2), 144–150.

doi:10.1007/s10597-008-9163-6

Kvale, S., & Brinkmann, S. (2008). *InterViews: Learning the Craft of Qualitative Research Interviewing* (2nd ed.). Los Angeles, CA: Sage Publications.

Laaidi, K., Economopoulou, A., Wagner, V., Pascal, M., Empereur-Bissonnet, P., Verrier, A., & Beaudeau, P. (2013). Cold spells and health: Prevention and warning. *Public Health*, 127(5), 492–499. doi:10.1016/j.puhe.2013.02.011

Lamb, V., & Joels, C. (2014). Improving access to health care for homeless people.

Nursing Standard, 29(6), 45–51. doi:10.7748/ns.29.6.45.e9140

Lin, C. (2013). Revealing the “essence” of things: Using phenomenology in LIS research.

Qualitative and Quantitative Methods in Libraries, 4, 469-478. Retrieved from

http://www.qqml.net/papers/December_2013_Issue/2413QQML_Journal_2013_ChiShiouLin_4_469_478.pdf

- Link, S. (2008). Self-determination theory. *Research Starters Education*. Retrieved from <http://dswleads.com/Ebsco/Self%20Determination%20Theory.pdf>
- Ma, W., Yang, C., Chu, C., Li, T., Tan, J., & Kan, H. (2013). The impact of the 2008 cold spell on mortality in Shanghai, China. *International Journal of Biometeorology*, *57*(1), 179–184. doi:10.1007/s00484-012-0545-7
- Marr, M. D., DeVerteuil, G., & Snow, D. (2009). Towards a contextual approach to the place–homeless survival nexus: An exploratory case study of Los Angeles county. *Cities*, *26*(6), 307–317. doi:10.1016/j.cities.2009.07.008
- Maxwell, L. (2016). *Mayor Berkowitz lays out how to spend \$14 million surplus*. Retrieved from <http://www.ktva.com/mayor-berkowitz-lays-out-how-to-spend-14-million-surplus-462/>
- Mayock, P., Corr, M. L., & O’Sullivan, E. (2013). Moving on, not out: When young people remain homeless. *Journal of Youth Studies*, *16*(4), 441–459. doi:10.1080/13676261.2012.725837
- McBride, R. G. (2012). Survival on the streets: Experiences of the homeless population and constructive suggestions for assistance. *Journal of Multicultural Counseling and Development*, *40*(1), 49–61. doi:10.1111/j.2161-1912.2012.00005.x
- McBride, R. (2014). *A cold death: KTVA Anchorage CBS 11*. Retrieved from <http://www.ktva.com/a-cold-death>
- McInnes, D. K., Li, A. E., & Hogan, T. P. (2013). Opportunities for engaging low-income, vulnerable populations in health care: A systematic review of homeless

persons' access to and use of information technologies. *American Journal of Public Health*, 103(Suppl. 2), e11–e24. doi:10.2105/AJPH.2013.301623

Mehta, S., Cameron, K., & Battistella, M. (2014). Motivational interviewing: Application to end stage renal disease patients. *Canadian Association of Nephrology Nurses & Technologists Journal*, 24(4), 19–24. Retrieved from <http://www.thefreelibrary.com/Motivational+interviewing%3A+application+to+end+stage+renal+disease...-a0398953611>

Miguel, A. M. S., & Kim, M. M. (2015). Successful Latina scientists and engineers their lived mentoring experiences and career development. *Journal of Career Development*, 42(2), 133–148. doi:10.1177/0894845314542248

Moore, T., McArthur, M., & Noble-Carr, D. (2011). Lessons learned from children who have experienced homelessness: What services need to know. *Children & Society*, 25(2), 115-126. doi:10.1111/j.1099-0860.2009.00270.x

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.

Municipality of Anchorage, Department of Health & Human Services. (2009). *Overview of homelessness in Anchorage, Alaska*. Retrieved from <https://www.muni.org/Departments/health/Documents/Overview%20of%20Homelessness%20in%20Anchorage.pdf>

Municipality of Anchorage, Department of Health & Human Services. (2012). *Cold weather plan for homeless persons*. Retrieved from http://www.muni.org/Departments/health/2-2012_3_.pdf

Municipality of Anchorage, Department of Health & Human Services. (2013).

Anchorage project homeless connect 11th event: Anchorage, Alaska. Retrieved from

<http://www.muni.org/Departments/health/DirectServices/Documents/AKHMIS/Anchorage%20Profile%20Report%20-%20January%202013.pdf>

Municipality of Anchorage, Department of Health & Human Services. (2014). *Homeless leadership team and Anchorage coalition on homelessness activities fact sheet.*

Retrieved from

<http://www.muni.org/Departments/health/Documents/Work%20Group%205%20HLT-ACH%20Fact%20Sheet.pdf>

Nadin, S., & Cassell, C. (2006). The use of a research diary as a tool for reflexive practice. *Qualitative Research in Accounting & Management*, 3(3), 208–217. doi:10.1108/11766090610705407

National Coalition for the Homeless. (2010). *Winter homeless services: Bringing our neighbors in from the cold.* Retrieved from http://nationalhomeless.org/wp-content/uploads/2014/02/Winter_weather_report.pdf

Nguyen, C. M., Liu, W. M., Hernandez, J. O., & Stinson, R. (2012). Problem-solving appraisal, gender role conflict, help-seeking behavior, and psychological distress among men who are homeless. *Psychology of Men & Masculinity*, 13(3), 270–282. doi:10.1037/a0025523

- Nickasch, B., & Marnocha, S. K. (2008). Healthcare experiences of the homeless. *Journal of the American Academy of Nurse Practitioners, 21*(1), 39-46.
doi:10.1111/j.1745-7599.2008.00371.x
- Nickson, L. M., & Henriksen, J. (2014). Leaders and recruiters from the next generation: A phenomenological study. *Qualitative Report, 19*(35), 1–13. Retrieved from <http://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1018&context=tqr>
- Notaro, S. J., Khan, M., Kim, C., Nasaruddin, M., & Desai, K. (2013). Analysis of the health status of the homeless clients utilizing a free clinic. *Journal of Community Health, 38*(1), 172-177. doi:10.1007/s10900-012-9598-0
- Nusselder, W. J., Sloekers, M. T., Krol, L., Sloekers, C. T., Looman, C. W. N., & van Beeck, E. F. (2013). Mortality and life expectancy in homeless men and women in Rotterdam: 2001–2010. *Public Library of Science ONE, 8*(10), e73979.
doi:10.1371/journal.pone.0073979
- O’Connell, J., Mattison, S., Judge, C., Strupp-Allen, J., & Koh, H. (2005). A public health approach to reducing morbidity and mortality. *Journal of Public Health Management and Practice, 11*(4), 311-316. doi:10.1097/00124784-200507000-00009
- O’Connell, J. J., Oppenheimer, S. C., Judge, C. M., Taube, R. L., Blanchfield, B. B., Swain, S. E., & Koh, H. K. (2010). The Boston health care for the homeless program: A public health framework. *American Journal of Public Health, 100*(8), 1400–1408. doi:10.2105/AJPH.2009.173609

- O'Connell, J., Petrella, D., & Regan, R. (2004). Accidental hypothermia & frostbite: Cold-related conditions. *Health Care of Homeless Persons Part II*, 189–197. Retrieved from https://www.bhchp.org/sites/default/files/BHCHPManual/pdf_files/Part2_PDF/Hypothermia.pdf
- O'Connell, J., Petrella, D., & Regan, R. (2007). Exposure-related conditions: Symptoms and prevention strategies. *Healing Hands*, 11(6), 1–6. Retrieved from <https://www.nhchc.org/wp-content/uploads/2012/01/Dec2007HealingHands.pdf>
- O'Neill, M. S., & Ebi, K. L. (2009). Temperature extremes and health: Impacts of climate variability and change in the United States. *Journal of Occupational and Environmental Medicine*, 51(1), 13–25. doi:10.1097/JOM.0b013e318173e122
- O'Toole, T. P., Buckel, L., Bourgault, C., Blumen, J., Redihan, S. G., Jiang, L., & Friedmann, P. (2010). Applying the chronic care model to homeless veterans: Effect of a population approach to primary care on utilization and clinical outcomes. *American Journal of Public Health*, 100(12), 2493–2499. doi:10.2105/AJPH
- Page, S. A., Thurston, W. E., & Mahoney, C. E. (2012). Causes of death among an urban homeless population considered by the medical examiner. *Journal of Social Work in End-of-Life & Palliative Care*, 8(3), 265–271. doi:10.1080/15524256.2012.708111
- Patrick, H., & Williams, G. (2012). Self-determination theory: Its application to health behavior and complementarity with motivational interviewing. *International*

Journal of Behavioral Nutrition & Physical Activity, 9(1), 18–29.

doi:10.1186/1479-5868-9-18

- Patton, L. T. (1988). The rural homeless. Institute of Medicine Committee on Healthcare for Homeless People. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK218242/>
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oak, CA: Sage Publications.
- Pendrey, C. G. A., Carey, M., & Stanley, J. (2014). Impacts of extreme weather on the health and well-being of people who are homeless. *Australian Journal of Primary Health*, 20(1), 2–3. doi:10.1071/PY13136
- Pepper, D. A., & Jocoy, C. L. (2013). A climatological analysis of emergency homeless shelter openings in Long Beach, California, USA. *Applied Geography*, 37, 168–175. doi:10.1016/j.apgeog.2012.10.010
- Raghavendra, Y. P., Joseph, N., & Kadur, K. (2012). Mortality among homeless and unclaimed bodies in Mangalore city- An insight. *Journal of Forensic & Legal Medicine*, 19(6), 321–323. doi:10.1016/j.jflm.2012.02.007
- Ramin, B., & Svoboda, T. (2009). Health of the homeless and climate change. *Journal of Urban Health*, 86(4), 654–664. doi:10.1007/s11524-009-9354-7
- Rayburn, R. L., & Guittar, N. A. (2013). This is where you are supposed to be: How homeless individuals cope with stigma. *Sociological Spectrum*, 33(2), 159–174. doi:10.1080/02732173.2013.732876

- Rayburn, R. L., Pals, H., & Wright, J. D. (2012). Death, drugs, and disaster: Mortality among New Orleans' homeless. *Care Management Journals*, *13*(1), 8–18.
doi:10.1891/1521-0987.13.1.8
- Reamy, B., & Derby, R. (2007). Cold injuries: The growing impact of hypothermia and frostbite. *Family Practice Recertification*, *29*(10), 21–26. Retrieved from <http://www.jfponline.com>
- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology*, *11*(1), 25–41.
doi:10.1080/14780887.2013.801543
- Rocklöv, J., & Forsberg, B. (2008). The effect of temperature on mortality in Stockholm 1998—2003: A study of lag structures and heatwave effects. *Scandinavian Journal of Public Health*, *36*(5), 516–523. doi:10.1177/1403494807088458
- Rodriguez, J., Applebaum, J., Stephenson-Hunter, C., Tinio, A., & Shapiro, A. (2013). Cooking, healthy eating, fitness and fun (cheffs): Qualitative evaluation of a nutrition education program for children living at urban family homeless shelters. *American Journal of Public Health*, *103*(Suppl. 2), S361–S367.
doi:10.2105/AJPH.2013.301558
- Rota-Bartelink, A. & Lipmann, B. (2007). Supporting the long-term residential care needs of older homeless people with severe alcohol-related brain injury in Australia: The wicking project. *Care Management Journals*, *8*(3), 141–148.
doi:10.1891/152109807781753763

- Rouquette, A., Mandereau-Bruno, L., Baffert, E., Laaidi, K., Josseran, L., & Isnard, H. (2011). Winter surveillance of cold exposure effects on health among the homeless population in the Paris area: Data from the coordinated health surveillance of emergency department network. *Revue D'épidémiologie Et De Santé Publique*, *59*(6), 359–368. doi:10.1016/j.respe.2011.05.006
- Runkle-Davis J., Brock-Martin, A., Karmaus, W., & Svendsen, E. R. (2012). Secondary surge capacity: A framework for understanding long-term access to primary care for medically vulnerable populations in disaster recovery. *American Journal of Public Health*, *102*(12), e24-e32. doi:10.2105/AJPH.2012.301027
- Ryan, R., & Deci, E. (2000). Intrinsic & extrinsic motivations: Classic definitions & new directions. *Contemporary Educational Psychology*, *25*(1), 54–67. doi:10.1006/ceps.1999.1020
- Saddichha, S., Linden, I., & Krausz, M. R. (2014). Physical and mental health issues among homeless youth in British Columbia, Canada: Are they different from older homeless adults? *Journal of the Canadian Academy of Child & Adolescent Psychiatry*, *23*(3), 200–206. Retrieved from <http://homelesshub.ca/resource/physical-and-mental-health-issues-among-homeless-youth-british-columbia-canada-are-they>
- Salem, B. E., Nyamathi, A., Brecht, M. L., Phillips, L. R., Menten, J. C., Sarkisian, C., & Stein, J. A. (2014). Constructing and identifying predictors of frailty among homeless adults- A latent variable structural equations model approach. *Archives*

of Gerontology and Geriatrics, 58(2), 248-256.

doi:10.1016/j.archger.2013.09.005

Sampson, H. (2004). Navigating the waves: The usefulness of a pilot in qualitative research. *Qualitative Research*, 4(3), 383-402. doi:10.1177/1468794104047236

Sampson, N. R., Gronlund, C. J., Buxton, M. A., Catalano, L., White-Newsome, J. L., Conlon, K. C., & Parker, E. A. (2013). Staying cool in a changing climate: Reaching vulnerable populations during heat events. *Global Environmental Change*, 23(2), 475–484. doi:10.1016/j.gloenvcha.2012.12.011

Schiefelbein, E. L., Olson, J. A., & Moxham, J. D. (2014). Patterns of health care utilization among vulnerable populations in central Texas using data from a regional health information exchange. *Journal of Health Care for the Poor & Underserved*, 25(1), 37-51. doi:10.1353/hpu.2014.0020

Shedlock, J. (2015). Woman found dead in east Anchorage homeless camp. *Alaska Dispatch News*. Retrieved from <http://www.adn.com/print/article/20150209/woman-found-dead-east-anchorage-homeless-camp>

SitNews. (2010). *Federal experts to help with Anchorage homelessness*. Retrieved from http://www.sitnews.us/1110news/110110/110110_homeless.html

Slockers, M. T., Nusselder, W. J., Looman, C. W. N., Slockers, C. J. T., Krol, L., & van Beeck, E. F. (2014). The effect of local policy actions on mortality among homeless people: A before–after study. *European Journal of Public Health*, 25(2), 290-292. doi:10.1093/eurpub/cku155

- Smeaton, E. (2009). Off the radar and at risk: Children on the streets in the UK. *Housing, Care and Support, 12*(3), 22–27. doi:10.1108/14608790200900019
- Smith, L., Robinson, B., & AtkinRead, L. (2006). *Forgotten people: Men on their own*. Retrieved from <https://www.mentalhealth.org.nz/assets/ResourceFinder/ForgottenPeople-men-on-their-own.pdf>
- Snow, D. A., & Mulcahy, M. (2001). Space, politics, and the survival strategies of the homeless. *American Behavioral Scientist, 45*(1), 149–169. doi:10.1177/00027640121956962
- State of Alaska, Department of Revenue, Permanent Fund Dividend. (2016). *Historical timeline*. Retrieved from <https://pfd.alaska.gov/Division-Info/Historical-Timeline>
- Stein, J. A., Andersen, R., & Gelberg, L. (2007). Applying the Gelberg-Andersen behavioral model for vulnerable populations to health services utilization in homeless women. *Journal of Health Psychology, 12*(5), 791-804. doi:10.1177/1359105307080612
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal, 11*(2), 63–75. doi:10.3316/QRJ1102063
- Teixeira, P. J., Carraça, E. V., Markland, D., Silva, M. N., & Ryan, R. M. (2012). Exercise, physical activity, and self-determination theory: A systematic review. *International Journal of Behavioral Nutrition & Physical Activity, 9*(1), 78–107. doi:10.1186/1479-5868-9-78

- Theriault-Boots, M. (2013). Woman found dead in tent Saturday, second outdoor death in 48 hours. *Alaska Dispatch News*. Retrieved from <http://www.adn.com/anchorage/article/woman-found-dead-tent-saturday-second-outdoor-death-48-hours/2013/12/30/>
- Theriault-Boots, M. (2014). Body found under Anchorage overpass, no foul play suspected. *Alaska Dispatch News*. Retrieved from <http://www.adn.com/article/20141116/body-found-under-anchorage-overpass-no-foul-play-suspected>
- Thomas, S., & Pollio, H. (2002). *Listening to patients: A phenomenological approach to nursing research and practice* (1st ed.). New York, New York: Springer Publishing Company.
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80–96. doi:10.1177/1473325010368316
- Tuohy, D., Cooney, A., Dowling, M., Murphy, & K., Sixsmith, J. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher, 20*(6), 17–20. doi:10.7748/nr2013.07.20.6.17.e315
- Turner, D. (2010). Qualitative interview design: A practical guide for novice investigators. *Qualitative Report, 15*(3), 754–760. Retrieved from <http://www.nova.edu/ssss/QR/QR15-3/qid.pdf>
- Tyler, K. A., Akinyemi, S. L., & Kort-Butler, L. A. (2012). Correlates of service utilization among homeless youth. *Children & Youth Services Review, 34*(7), 1344–1350. doi:10.1016/j.childyouth.2012.03.010

- Tyler, K. A., & Melander, L. A. (2011). A qualitative study of the formation and composition of social networks among homeless youth. *Journal of Research on Adolescence, 21*(4), 802–817. doi:10.1111/j.1532-7795.2011.00739.x
- U. S. Department of Housing & Urban Development. (2007). *The annual homeless assessment report to Congress*. Retrieved from <http://www.huduser.org/Publications/pdf/ahar.pdf>
- U. S. Department of Housing & Urban Development. (2014). *The 2014 annual homeless assessment report (AHAR) to Congress*. Retrieved from <http://www.huduser.org/Publications/pdf/ahar.pdf>
- U. S. Department of Housing & Urban Development. (2015). *HUD.gov*. Retrieved from <https://portal.hud.gov/hudportal/HUD>
- University of Alaska, Anchorage. (2009). A look at homelessness in Alaska. *Alaska Justice Forum, 26*(2), 2–5. Retrieved from http://justice.uaa.alaska.edu/forum/26/2summer2009/b_homelessness.html
- Usborne, E., Lydon, J. E., & Taylor, D. M. (2009). Goals and social relationships: Windows into the motivation and well-being of “street kids”. *Journal of Applied Social Psychology, 39*(5), 1057-1082. doi:10.1111/j.1559-1816.2009.00472.x
- Vallerand, R. J., Pelletier, L. G., & Koestner, R. (2008). Reflections on self-determination theory. *Canadian Psychology, 49*(3), 257–262. doi:10.1037/a0012804
- Vansteenkiste, M., Claes, L., Soenens, B., & Verstuyf, J. (2013). Motivational dynamics among eating-disordered patients with and without nonsuicidal self-injury: A self-

- determination theory approach. *European Eating Disorders Review*, 21(3), 209–214. doi:10.1002/erv.2215
- van Teijlingen, E., & Hundley, V. (2002). The importance of pilot studies. *Nursing Standard*, 16(40), 33-36. Retrieved from <http://journals.rcni.com/doi/pdfplus/10.7748/ns2002.06.16.40.33.c3214>
- van Wijk, E. (2014). Recruitment and retention of vulnerable populations: Lessons learned from a longitudinal qualitative study. *Qualitative Report*, 19(56), 1–21. Retrieved from <http://www.nova.edu/ssss/QR/QR19/vanwijk56.pdf>
- Verlinde, E., Verdée, T., van de Walle, M., Art, B., De Maeseneer, J., & Willems, S. (2010). Unique health care utilization patterns in a homeless population in Ghent. *BioMed Central Health Services Research*, 10(1), 242. doi:10.1186/1472-6963-10-242
- Wall, C., Glenn, S., Mitchinson, S., & Poole, H. (2004). Using a reflective diary to develop bracketing skills during a phenomenological investigation. *Nurse Researcher*, 11(4), 20–29. Retrieved from <http://journals.rcni.com/doi/abs/10.7748/nr2004.07.11.4.20.c6212>
- Walls, N. E., & Bell, S. (2011). Correlates of engaging in survival sex among homeless youth and young adults. *Journal of Sex Research*, 48(5), 423–436. doi:10.1080/00224499.2010.501916
- Wen, C. K., Hudak, P. M., & Hwang, S. W. (2007). Homeless people's perceptions of welcomeness and unwelcomeness in healthcare encounters. *Journal of General Internal Medicine*, 22(7), 1011-1017. doi:10.1007/s11606-007-0183-7

- Weinstein, N., & Ryan, R. M. (2011). A self-determination theory approach to understanding stress incursion and responses. *Stress & Health: Journal of the International Society for the Investigation of Stress*, 27(1), 4–17.
doi:10.1002/smi.1368
- Whelan, C., Chambers, C., Chan, M., Thomas, S., Ramos, G., & Hwang, S.W. (2010). Why do homeless people use mobile health unit in a country with universal health care. *Journal of Primary Care & Community Health*, 1(2), 78-82.
doi:10.1177/2150131910372233
- Winetrobe, H., Rhoades, H., Barman-Adhikari, A., Cederbaum, J., Rice, E., & Milburn, N. (2013). Pregnancy attitudes, contraceptive service utilization, and other factors associated with Los Angeles homeless youths' use of effective contraception and withdrawal. *Journal of Pediatric and Adolescent Gynecology*, 26(6), 314–322.
doi:10.1016/j.jpag.2013.06.007
- Wise, C., & Phillips, K. (2013). Hearing the silent voices: Narratives of health care and homelessness. *Issues in Mental Health Nursing*, 34(5), 359–367.
doi:10.3109/01612840.2012.757402
- Wong, Y. I., Park, J., & Nemon, H. (2006). *Homeless service delivery in the context of continuum of care*. Retrieved from http://repository.upenn.edu/spp_papers/37/
- Wong, Y. L. I., & Piliavin, I. (2001). Stressors, resources, and distress among homeless persons: A longitudinal analysis. *Social Science & Medicine*, 52(7), 1029–1042.
doi:10.1016/S0277-9536(00)00209-4

- Zhang, W., Yan, T. T., Barriball, K. L., While, A. E., & Liu, X. H. (2015). Post-traumatic growth in mothers of children with autism: A phenomenological study. *Autism, 19*(1), 29–37. doi:10.1177/1362361313509732
- Zlotnick, C., Zerger, S., & Wolfe, P. B. (2013). Health care for the homeless: What we have learned in the past 30 years and what's next. *American Journal of Public Health, 103*(Suppl 2), S199-S205. doi:10.2105/AJPH.2013.301586

Appendix A: Interview Protocol

Date and Time: _____

Location: _____

Interviewee: _____

Consent Documentation: _____

Introduction:

Hello, my name is Reynaldo Espera; I am a public health student from Walden University working on a degree in public health. The project I am working on is a study of how the homeless population survives during times of inclement winter weather here in Anchorage. I want to learn how homeless individuals survive during the winter by asking a few questions, listening to, and recording the responses. (Content questions are numbered, potential prompt question are italicized.)

1. Tell me a little bit about yourself:
 - a. *Where are you from?*
 - i. *Circumstance around being in Alaska*
 - b. *Gender*
 - c. *Age*
 - d. *Do you consider yourself homeless?*
 - e. *How long have you been homeless in Anchorage?*
 - i. *How long have you been in Anchorage?*
 - ii. *Is being in Anchorage a part of you being homeless?*
 - iii. *Why do you stay in Anchorage?*
 - f. *Relatives/Family/Friends*
 - i. *Do you have any family in the Anchorage or Alaska?*
 - ii. *Are you able to call on them or other family members for assistance?*
 - iii. *Do you have family members/relatives who are homeless?*
 - iv. *Do you have or make close friends who are homeless?*
 1. *What is that relationship like?*
 - a. *Do you help each other out in your day-to-day living?*
 - g. *Marital status?*
 - i. *Y/N Yes location of spouse/relative/children*
 - h. *Nationality*
 - i. *Health Status*
 - i. *Chronic or worrisome health issues?*
 - j. *Employment current/seasonal*

- i. *If unemployed situation around job loss*
 - k. *How do you make a living?*
 - l. *Where do you spend the majority of your time?*
 - m. *Does this location change during the winter?*
 - n. *Criminal background?*
2. Describe for me what it is like surviving the winter in Anchorage:
- a. *How many winters have you experienced being homeless in Anchorage?*
 - b. *Have you ever considered leaving Anchorage due to winter weather?*
 - c. *Do you monitor the weather during the winter?*
 - d. *Does the winter season in Anchorage change your daily activities?*
 - i. *How*
 - ii. *When do you notice change?*
 - iii. *What adjustments do you make to your life style during the winter?*
 - e. *During the winter how do you follow/get weather reports?*
 - i. *Is the weather report important to you?*
 - ii. *If so why?*
 - iii. *If not why?*
 - f. *What do you do when the weather turns inclement?*
 - i. *Heavy snowfall*
 - ii. *High winds*
 - iii. *Combination high wind/life threatening wind chill*
 - g. *When the weather turns inclement do you try to get warmer clothing or shelter, how are you able to do this?*
 - i. *Clothing*
 - ii. *Shelter*
 - iii. *Food*
 - iv. *Transportation*
3. Tell me what you know about services provided during winter by the Municipality of Anchorage:
- a. *What services would you like to see offered to the homeless population in Anchorage?*
 - b. *How did you learn of the services provided to you?*
 - c. *Did you know the MOA has a cold weather plan in place for the homeless population when specific weather conditions are met?*
 - d. *Do you any details or services outlined in this plan?*
 - e. *How did you become aware of this plan?*
 - f. *Have you ever taken advantage of this plan?*
 - i. *Details*

1. *When, Where, Specific uses by the individual, how many times, how long the services were utilized, what site was utilized, describe health status at this time, during and after, outcome of utilization of services.*

4. How do you make decisions on whether or not to use emergency services during winter?
 - a. *What would motivate you to utilize ES?*
 - i. *Heavy snow fall*
 - ii. *Temperatures below normal*
 - iii. *High winds*
 - iv. *Health issues*
 - v. *Lack of food & water*
 - vi. *Isolation*
 - vii. *Extreme weather alert*
 - b. *Have you ever been in a life-threatening situation when you feared for your safety from the weather?*
 - i. *Please describe the situation*
 - ii. *Did you utilize emergency services*
 - iii. *Why or why not*
 - c. *Does the availability of emergency services influence your behaviors during the winter*
 - i. *Why or why not*
 - ii. *How do your behaviors change*
 - d. *What would influence your whether to utilize emergency services:*
 - i. *Knowing you are freezing to death*
 - ii. *Knowing if you utilized emergency services you would be dry and warm*

Description of participant -

Conclusion:

Thank you for your participation. Do you have any questions?

Appendix B: Letter of Cooperation

Beans Cafe
1101 East 3rd Avenue
Anchorage, Alaska
99510

October 12, 2015

Dear Mr. Espera

Based on my review of your research proposal, I give permission for you to conduct the study entitled “A Qualitative Examination of Surviving Homeless in Alaska” within the Beans Cafe. As part of this study, I authorize you to approach our clientele and through introductions inquire into their willingness to participate in your study. I authorize your data collection via recorded interviews after consent has been obtained. I authorize you to review the collected data with the participant to assure accurate data collection. I would like to receive a copy of your findings via email upon completion and approval of your study by Walden University. Individuals’ participation will be voluntary and at their own discretion.

We understand that our organization’s responsibilities include: Provide as the situations allows, an area for privacy for which the interview can be conducted. Our organization will not provide any resources or supervision during your time spent at Beans Café. We do require you to check in with client services upon arrival at our facility at the start and completion of each day spent gathering data. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization’s policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student’s supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

Tracy Saakvitne, Supervisor

Beans Café
1101 East 3rd Avenue
Anchorage, Alaska
99510
907-274-9595

Appendix C: Consent Form

You are invited to take part in a research study of the homeless population in Anchorage, Alaska. The researcher is inviting homeless peoples in Anchorage, Alaska to be in the study to help learn how this population survives during the winter. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Reynaldo Espera who is a doctoral student at Walden University.

Background Information:

The purpose of this study is to learn how the homeless population in Anchorage, Alaska survives during times of inclement winter weather. I have lived in Anchorage for over a decade now and have noticed over the last several winters, more and more of the homeless population have perished from exposure during the winter months. I want to learn the reasons why this is happening in spite of the available services to this population. Alaskan’s should not be freezing to death; therefore I want to learn from the population’s experience how survival needs are managed during these weather events.

Procedures:

If you agree to be in this study, you will be asked to:

- Read statement defining criteria for inclusion into the study and agree/disagree
- Participate in an interview, which should last no longer than 30 minutes
- Answer open-ended questions

Inclusion criteria of homelessness:

Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution (HUD, 2015).

Exclusion criteria:

Individuals will please exclude themselves if they meet the following criteria; Under 18 years of age, pregnant, subordinate of the interviewer, student of the interviewer, client or potential client of the interviewer or individuals who might be less than fluent in English.

Here are some sample questions:

- When it is winter here in Anchorage, how do you decide to use or not to use emergency services?
- Can you describe for me the process of using these services?

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at Beans Cafe will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop participating in the study at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as becoming upset remembering incidents of cold weather in this study would not pose risk to your safety or wellbeing.

The reason why I am pursuing this study is to help service providers better understand how this population survives during times of inclement winter weather. Specifically, by interviewing members of the population and learning of the lived experiences during times of inclement winter weather, service delivery or implementation provided for this population may be improved.

Payment:

No payment incentive will be offered.

Privacy:

Any information you provide will be kept anonymous. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure by password protected computer files, with access only to this researcher and dissertation committee members. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher, Reynaldo Espera, at alaskastudy@gmail.com. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is 12-21-15-0057042 and it expires on 12/20/2016.

The researcher will give you a copy of this form to keep.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below, I understand that I am agreeing to the terms described above.

Printed Name of Participant

Date of consent

Participant's Signature

Researcher's Signature

Appendix D: List of Social Service Resources: Anchorage, Alaska

American Red Cross of Alaska
235 E 8th Avenue
Anchorage, Alaska 99501
907-646-5400

Beans Café
1101 E 3rd Avenue
Anchorage, Alaska 99501
907-274-9595

Brother Francis Shelter
1021 E 3rd Avenue
Anchorage, Alaska 99501
907-277-1731

Chalet Alley
Shelter for mother & children in abusive situations
907-764-7879

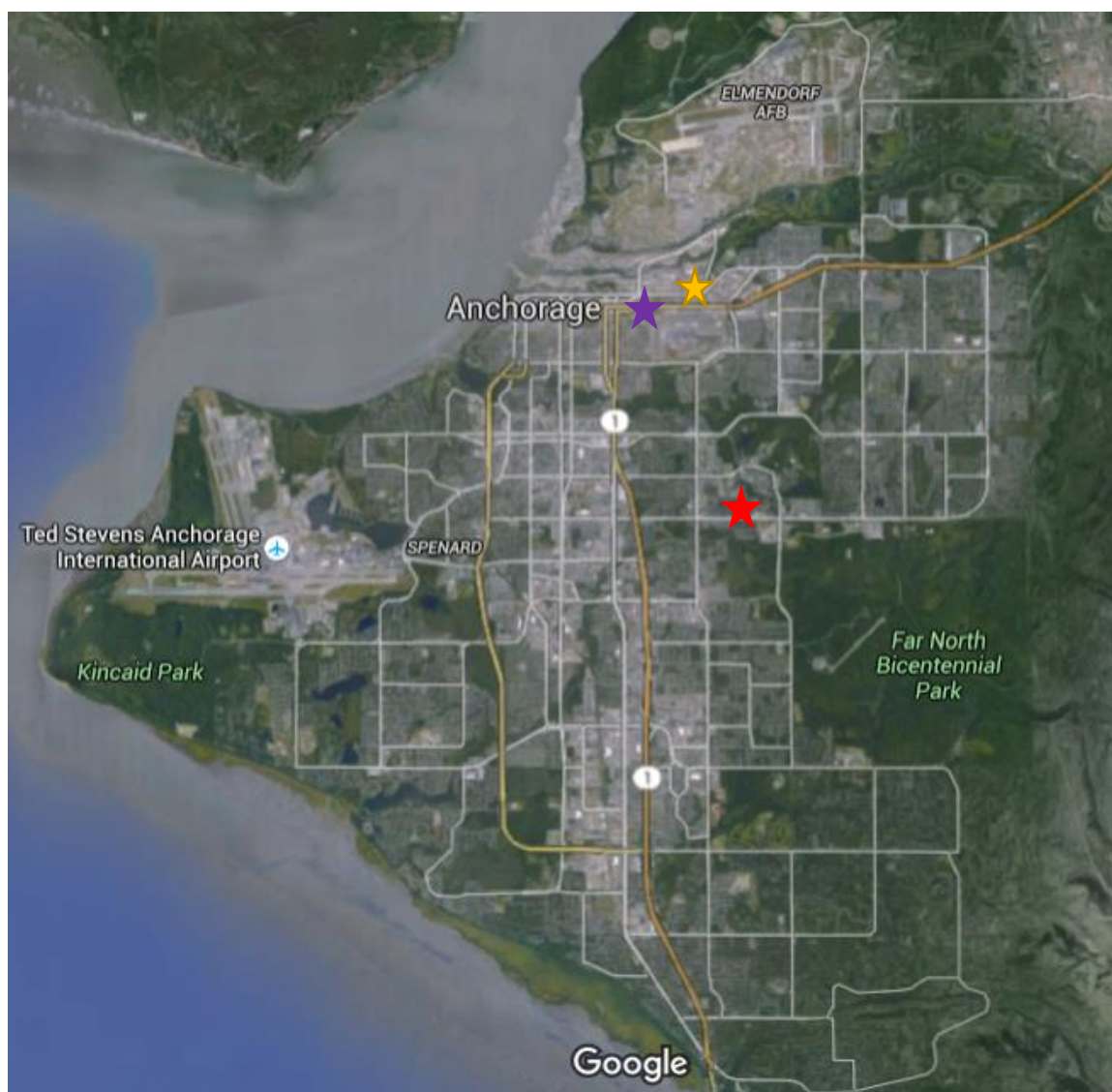
Clare House (for pregnant women)
420 W 54th Avenue
Anchorage, Alaska 99501
907-563-4545

Covenant House (for teens)
609 F Street
Anchorage, Alaska 99501
907-272-1255

Crossover House Homeless Project
1000 4th Avenue
Anchorage, Alaska 99501
907-258-4512

South Central Counseling Center Crossover House
610 E 5th Avenue
Anchorage, Alaska 99501
907-274-0352

Appendix E: Anchorage Map



★ = Site 1

★ = Site 2

★ = Site 3