

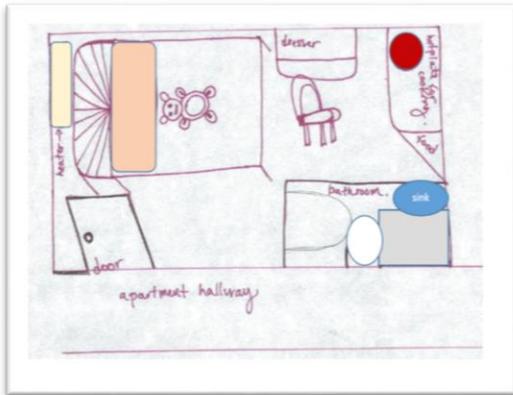
APPENDIX 2

Guidelines for Visual Mapping Activity, Initial PHA Interview (Question #4)

Introduce the activity:

Explain that drawing and mapping can help us delve into topics in a more meaningful way than describing them verbally. This drawing activity is meant to help the interviewer visualize the participant's space so she can ask relevant questions, and also to get at the details of how health and housing interact. Make sure the participant knows that *the goal is not to produce a perfect drawing, but to help us talk about the space*. [Note that this activity can be done with a diverse range of living situations, including sleeping out. We are interested in the participant's living space, wherever that may be.]

[Show the participant this example of a simple map of someone's living space]:



[Ask]: Can you tell me a bit about your living space before we begin drawing? How big is it? How many rooms does it have? Where do you spend most of your time, or which parts of the space do you think affect you most in terms of physical, mental, and emotional health?

Let the participant think or talk this through, then give her/him the drawing materials and have him/her sketch out the main space(s) s/he wants to discuss. This might take more than one piece of paper, and that's fine. However, keep in mind that if a person has a larger space, the time might be better spent only mapping the portions that are relevant to the interview (i.e., the ones that impact on health either positively or negatively). Try to spend no more than 10 minutes on this activity.

Once the participant has drawn the outline of the space, the interviewer can ask about items within the space: furniture, doors, windows, appliances, closets, stairs, etc. Prompt with the questions below, if applicable. Use this colour scheme for consistency of analysis later on:

- black for outline and labelling. If labels are not being used, make sure the items/space are described verbally in detail so the analyst is clear on what is being discussed when going through the interview transcript (e.g., "That blue rectangle you're pointing to on the right - that represents the fridge? Ok, good.")

- red and orange for things that negatively affect health
- yellow for neutral things
- green and blue for things that positively affect health
- purple for things they would *like* to have (these can be added now, or toward the end of the interview in Topic I, “Looking Forward”).

Prompts:

- Can you show me aspects of the space that help you to stay healthy (physically, mentally, or emotionally)?
- Can you show me things that help you feel more at home? Are there any areas or things that help you feel comfortable or make the space homey for you?
- Can you show me any aspects that might make it difficult for you to stay healthy or comfortable (e.g., not enough light, heating, etc.)?
- Are there any other aspects of the space that you might consider to be bad for you or risky?
- *[If participant is living rough/on the street/in the shelter system]: How does your living situation change seasonally? How do you deal with that? [The interviewer can offer more paper if the participant changes situations seasonally and would like to draw both.]*

Some participants will be comfortable with drawing, and will embrace this activity with little guidance. Others might need more assistance. Break the activity into small, manageable chunks if necessary by asking things like “Ok, where are the doors to this room? Let’s draw that. Where are the windows? Do you have a table in this room? Ok, let’s draw it.” Interviewers can help with the drawing itself if people don’t feel comfortable or if they have trouble with fine motor skills. In order to make the participant as comfortable as possible, reassure that the accuracy of the drawing is not as important as the discussion that arises from it.

When the participant feels the drawing is complete, ask:

- Are any important items/aspects missing from the drawing? *[Remember that the drawing will be re-visited near the end of the interview, so if other things come up, they can be added then.]*
- Is there anything else you’d like to say about the drawing or about the living space?

Attending to the ethics of visual art in research:

- Even though participants might have agreed to let us use their drawings for findings dissemination/knowledge translation when they gave informed consent, they may feel differently after completing the task and seeing the finished product. Be sure to ask again, after the interview is over and the drawing is complete, whether or not they are still comfortable with having their drawing used for these purposes. Re-assure them that no identifiers will be used in relation to their drawings.

- There is always the possibility, especially in smaller communities, that someone might recognize participants or their families/roommates by certain aspects of the drawings, even when no names or other obvious identifiers are attached. Therefore, if a participant shares their living space with others, we can only use the drawing of that space for analysis. We cannot share it publicly for KTE purposes. Ensure the participant knows that this is the case. If the participant draws only the space that s/he occupies (e.g., the bedroom or private bathroom within a shared house), we can use this for KTE with the participant's permission.
- Ownership: participants are free to have their drawing back after the follow-up interview (we need to be able to keep it and show it to them one year after this initial interview to see how things might have changed). Let the participant know that we will have the drawing at the follow-up interview in one year, and they will be able to keep it at that point (this assumes that the participant has consented to the researchers using the drawing for analysis and/or KTE purposes)