

A HOUSE IS NOT A PHONE: MOBILE PHONES AND THE PLIGHT OF HOMELESS
LGBT YOUTH

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ABSTRACT

Christopher Jasinski: A House is Not A Phone: Mobile Phones And the Plight of Homeless LGBT Youth
(Under the direction of Brian Southwell)

With the advent of new media technologies, eHealth applications have become a growing and promising form for health campaigns. These programs have provided an opportunity to engage LGBT populations and other disenfranchised communities in order to understand their health and information needs, and improve overall wellbeing of these groups. Using a mixed-methods analysis of a pilot mobile phone program in the Washington, D.C. area, this study seeks to understand how mobile technology aids homeless LGBT youth in navigating their daily lives, and how such technology might help improve health outcomes for these individuals.

To all homeless LGBT youth. You are important and you have not been forgotten.

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LIST OF ABBREVIATIONS

LGBT Lesbian, gay, bisexual, and transgender

MSM Men who have sex with men

CHAPTER 1: INTRODUCTION

In 2015 the non-profit LGBT Technology Partnership & Institute launched a program entitled Connect4Life. This pilot program pairs homeless LGBT youth with free mobile devices and cellphone service plans, which include unlimited voice and text messaging as well as unlimited data usage. The purpose of this program is to “improve health and safety outcomes for homeless LGBT youth, advance our understanding of resiliency among this overlooked and underserved population, and create a community of practice that brings together youth service agencies and the tech industry to tackle LGBT youth homelessness in a creative new way” (LGBT Tech, 2014).

Using media system dependency theory, this study seeks to understand how mobile technology aids homeless LGBT youth in navigating their daily lives, and how such technology might help improve health outcomes for these individuals by promoting subjective experiences of security.

While these mobile lifelines have the potential to connect participants to critical social services and improve their safety and well-being, considerable effort is required to maintain the device and any social ties to which the device might connect individual to. Therefore, it is of both practical and theoretical importance to understand where these individuals might go to charge and care for their device, how they go about sharing information regarding device ownership (if at all), and how ownership of a device might impact the structure and content of social networks and social ties.

As nonprofit organizations, advocacy groups and government entities seek to weigh and set priorities. As policymakers, academics and practitioners ideate to solve ongoing social issues pertaining to LGBT communities specifically or disenfranchised communities broadly, research endeavors require a touch of creativity to overcome barriers relating to community access and method of inquiry. With regard to research, for disenfranchised communities this often means an appreciation of the limits of traditional methods: certain survey modes when literacy is low, Internet access is limited, sparse phone and home ownership; seeking a ‘representative’ sample when group or population make-up is unclear or unknown.

The exploratory study detailed here provides a unique opportunity to understand the intersection of health, technology and disenfranchised communities for scholars in the fields of media studies, public health, gender and sexuality studies, and beyond. For LGBT communities in particular, the barriers that remain when addressing social acceptability of gender and sexual identity point to a limit of representative quantitative data collection, at least for the time being. As an example, divergent answers to questions such as self-identification highlight the continued stigma the LGBT community faces in every day life (Mayer et al, 2008), and consequently result in varied descriptive measures of population size.

Additionally, it is important to understand the limits and/or shortcomings of previous investigations. There has been considerable inconsistency of results, changes in the group or community’s make-up, stigma associated with investigating certain communities and possible funding limitations associated with such endeavors. There is also the reality that research on disenfranchised groups is often conducted by individuals of status or demographic makeup that greatly differs from subjects of inquiry. What follows is a brief summary of the current status of

the LGBT community in the United States, and descriptions of some of the ongoing work to engage this community.

CHAPTER 2: BACKGROUND

Over the past several decades, LGBT communities and their allies have worked for greater social and political equality.¹ These efforts have included: securing marriage equality, establishing anti-discrimination laws, and expanding available LGBT-specific health services. The aim of these collective efforts is to help improve the status and experiences of LGBT individuals in society.

LGBT identity has been described as an evolving form, “increasingly distanced from the need for a physical social space, in the meditation and evocation of its messages, politics, and textures” (Cooper and Pullen, 2010). This trajectory of transition is situated within a larger historical LGBT movement for equality and visibility. In the United States, this has included arduous battles for rights and representation, including catalysts such as the Stone Wall Riots of 1969, the AIDS crisis, and the murder of Matthew Shepherd, the It Gets Better Campaign and the movement towards national marriage equality.

In the United States, more individuals are “coming out” proudly and publicly—and increasingly are doing so at a younger age (Hamer, 2003). Openly gay and lesbian individuals have served in Congress; LGBT characters and actors have permeated popular media; and policies have changed to provide sexual minorities with equal protections, such as the repeal of “Don't Ask, Don't Tell.” And while many Americans may not appreciate the extent of LGBT

¹ The use of the acronym LGBT in this paper is not meant to ignore the distinct experiences of lesbian, gay, bisexual and transgender individuals; nor is it to paint these communities as homogenous. Rather, the acronym's use is a practical one as the goal of the Connect4Life program is to serve the homeless population of these communities broadly.

history in America today, it is hard to imagine an individual that will grow up without knowing a lesbian, gay, bisexual, or transgender person (Gross, 2001: 263).

Members of the LGBT community, however, continue to face social and institutional barriers that impact their health and wellness. The LGBT community encounters disproportionate stigma and discrimination, which often results in poor self-esteem, mental health and overall wellbeing (Makadon, Mayer, Potter and Goldhammer, 2007). LGBT individuals are fired from their jobs, rejected by their families and forced out of their homes, or face such tremendous hardship they attempt to take their own life. Regardless of shifting cultural norms, political support and public policy, the health and wellbeing of the LGBT community both present and future is of considerable concern (Healthy People 2020).

The health and wellbeing of LGBT community members is further complicated because physical spaces where LGBT community members often live and congregate are reorienting. The urban “Gayborhoods” of yesteryear are transforming towards more thinly-spread suburban and rural regions, in areas not particularly tolerant, and often times openly hostile, to the LGBT community (Ghaziani, 2015). With the growth of the Internet, sexual minorities in the United States have often been able to find community and asylum through various technological affordances. For example, during a time in which scholars and public intellectuals were just starting to investigate the intersections of identity and the Internet, Jennifer Egan wrote a piece for *The New York Times* about a gay male youth seeking his sexual identity, and ultimately others like him, on the Internet. The boy, Jeffrey, described the discovery of his “self” and community on the Web saying:

“The Internet is the thing that has kept me sane...I live constantly in fear. I can’t be my true self. My mom complains: ‘I can see you becoming more detached

from us. You're always spending time on the computer.' But the Internet is my refuge" (Egan, 2000).

This anecdote speaks to some of the larger affordances that digital technologies, particularly the Internet and mobile devices, provide to minority communities and disenfranchised individuals.

State and federal governments, non-profit organizations and private entities alike are increasingly investing in digital technologies as a means of tackling complex social issues. Mobile technology in particular holds promise as a health intervention for disenfranchised communities, not just those that identify within the LGBT community. For example, in 2015 Twitter announced a \$3 million commitment to a project called NeighborNest, a computer lab that provides low-income and homeless San Francisco residents access to computers, as well as technical education and training (Crowell, 2015). The year before, the National Institutes of Health proclaimed a commitment of \$11 million to investigate the use of social media broadly in preventing, treating and understanding substance abuse (NIH, 2014).

The U.S. government has initiated a program entitled Lifeline to provide discounted mobile phone service to low-income and homeless Americans (FCC, 2015). This program is not without complications. To qualify you must be enrolled in a state or federal subsidy program (e.g. SNAP) making it hard for youth, especially LGBT homeless youth who find themselves abruptly on the street. Still, mobile technology adoption and usage rates by this population are rather high. It is estimated that 62% of the homeless youth population has a cellphone (Rice, 2011).

There are important intersections between the larger constructs of homelessness, mobile technology and sexual minorities. Looking within the homeless American population, there is a

substantial opportunity for these mobile phone programs to serve as a lifeline to the LGBT community. The lesbian, gay, bisexual, and transgender community makes up roughly 3.5% of the American population (Gates, 2011). As a direct result of the hardships and displacement LGBT Americans face, particularly young LGBT people, LGBT youth make up roughly 20-40% of the homeless population in American (USICH).

Recognizing the sizeable homeless LGBT youth population and the difficulties they face finding proper support and care, The LGBT Technology Partnership & Institute, a non-profit devoted to providing programmatic and research support to LGBT communities, initiated a program entitled Connect4Life. The LGBT Technology Partnership & Institute and a coalition of other non-profits and private organizations, including The Trevor Project and Blue Labs, fund this program. Connect4Life provides youth in need with a mobile phone and mobile phone service with the goal of improving these individual's situation: improving their health and wellbeing, seeking employment opportunities, and securing stable housing.

As a part of the project, program participants respond to a monthly web-based survey that is sent to their mobile device. The survey includes questions about feelings of safety, device usage and the reliability of their device. This survey helps track overall program progress as well as the health and wellbeing of program participants.

The Connect4Life program exists at a promising juncture of changing cultural norms regarding LGBT people in the U.S., varying demographics and rapid technological change. These combined shifts provide an opportunity to cross a chasm between the present situation for homeless LGBT youth, and their health and information needs. To appreciate this context, it is important to review the literature on media dependency, the health of the LGBT community, and the larger discussions of health applications of mobile technology.

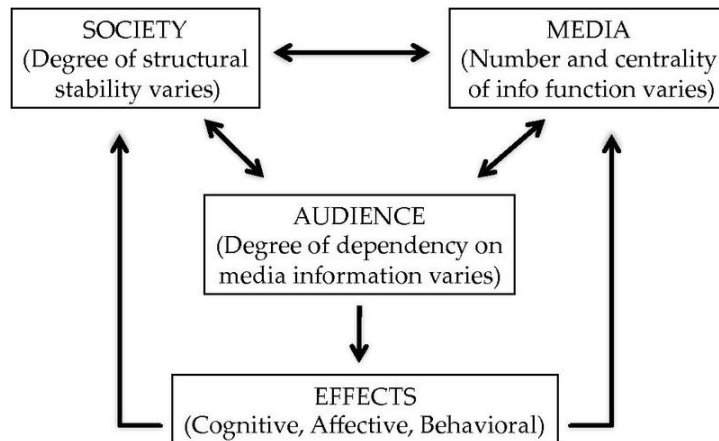
Connect4Life program is an opportunity to cut through this “red tape” and provide a disenfranchised community with an intervention that serves their unique needs. By doing so, the Connect4Life is a critical case for furthering our knowledge about the health and wellbeing of homeless LGBT youth and the efficacy of mobile media interventions.

CHAPTER 3: LITERATURE REVIEW

The section that follows covers the relevant literature regarding media dependency theory, mobile technology and eHealth applications, and LGBT health.

Media System Dependency Theory

This study owes its conceptual genesis to the field of *media dependency* (for a larger discussion of the construct and its history see Ball-Rokeach and DeFleur, 1976; Ball-Rokeach, 1985; Ball-Rokeach, 1998). Media systems dependency theory posits that the capacity of individuals to “attain their goals is contingent upon the information resources of the media system – those resources being the capacities to (a) create and gather, (b) process, and (c) disseminate information” (Ball-Rokeach 1985: 487). This ecological media studies framework works to understand: what factors make media so important; what causes some to become dependent on media. In all, the more a person depends on media to meet certain needs, the more important media will be in a person’s life, and therefore the stronger effects media will have on a person.



(Ball-Rokeach and DeFleur, 1976)

Dependency is defined as a “relationship in which the satisfaction of needs or the attainment of goals by one party is contingent upon the resources of another party” (Ball-Rokeach and DeFluer, 1976:6). Further, the dependency relationship is predicated on conditions of the centrality of the media system or architecture, and the presence of change and/or conflict in a society.

A media dependency framework is useful for a study regarding homeless LGBT youth and mobile phones because it forces us to simultaneously take into account the *audience* (homeless LGBT individual), *media* (mobile phone) and the larger *social system*. Additionally, it affords us an appreciation of the unique status of a homeless LGBT individual and the social system that might reinforce their social status and health. It also provides an evaluative lens regarding the impact of media on the individual. Working off the literature of *media dependency* and *social identity*, Morton and Duck (2000) found an association between users’ media dependency and safe sex attitudes to be more pronounced for men who identified strongly with the gay community.

Although this study is situated within the *media dependency* framework, it also takes to task one of its central premises. Ball-Rokeach articulated the framework’s use of the term “needs” over “goals,” writing that:

“Needs connote both rational and irrational motives, conscious and unconscious motives, and real and false interests. Goals, on the other hand, connote a problem-solving motivation more appropriate to theory of media behavior based upon the dependency relation. Individuals may not consciously articulate their media-dependency relation, but they have the capacity to articulate the goals giving rise to their media behavior “(1985:494).

In the case of mobile phone use by homeless LGBT youth, particularly within the Connect4Life program, there is limited face validity to Ball-Rokeach's claim that "goal" truly is more appropriate to the theory of media dependency. The individuals in the Connect4Life program did not seek out phones to solve a problem, although these devices might very well have the capacity to do so. Instead, they were provided mobile devices as conduits for improved health outcomes resulting from their disenfranchised social status, which one might consider being a "problem." And yet, it is easy to imagine the ways in which these individuals are still dependent on their phones: for contact with peers and contact with social services as a means of survival. The degree to which homeless LGBT youth are dependent and how this dependency operates is what this study seeks to address.

Mobile Media Dependency & Social Networks

From ethnographic work to contemporary computational methods, social network analysis has been a longstanding area of inquiry in social science and the literature pertaining to this area continues to grow. This research is important, as we know social networks to be a place for the exchange of resources and a means for individuals to look out for one another (Gans 1962; Stack 1984).

Social network studies often seek to measure or assess social capital, which denotes the resources available in a network based on trust, shared norms, and reciprocity (Coleman, 1988; Putnam 2000). Doing so often means investigating and describing the various social ties within the network of interest. These ties have been described as supportive, which denotes ties that help individuals "get by," and bridging, which helps individuals to "get ahead" (Briggs, 1998). Others have described ties as either bonding, which connect similar individuals, and bridging, which connect different dissimilar individuals (Putnam, 2000).

In an investigation of the social networks of public housing residents in the Boston area, Curley (2010) introduced a new coding schema for social ties. Supportive ties are those that provided emotional or instrumental support (i.e. food). Draining are those that bring down an individual emotionally or drain resources; and leveraging ties, are those that work to promote upward mobility (i.e. job contacts). This schema ignores the “strength” and cross-cutting ability of ties, to focus more on the ability of a tie to connect an individual to resources or potential (Curley, 2010).

For low-income communities, however, the consequences of the dynamics of localized social networks can make for insular systems that impede opportunity for upward mobility (Briggs 1998, Portes and Landolt, 1996; Wilson, 1987). In order to improve the status of low-income individuals, policymakers often interpret the issue of insular social networks to mean that the dispersion and/or diversification of networks, via mixed-housing projects or relocation, will result in broad success (Curley, 2009). The success of such policy measures has yet to reach discernable consensus. This may be, as one scholar has argued, a product of these initiatives focusing on neighborhoods and not people, ultimately ignoring the resiliency of social networks (Garshick Kleit, 2010).

Such networks are often based on mutual solidarity, reciprocal assistance, and a sharing of goods (Stack, 1974). Others have recognized the important safety net tight social networks provide for low-income individuals (Edin and Lein, 1997; Value, 2002). Yet, conditions of poverty that are reality for such individuals can have an adverse impact on social ties, regardless of solidarity or reciprocity. For example, Liebow (1967) and Rainwater (1970) pinpointed feelings of suspicion, mistrust and ambivalence within networks of low-income, urban males. Curley (2009) has summed the tension between the benefits and costs of social networks for low-

income individuals as “supportive but simultaneously insular, negative, and discourage upward mobility (p.228).

It is important to note here that a social tie as supportive, draining or leveraging is not static. A peer might at one point provide food in exchange for their neighbor watching their home while they are at work, making them a supportive tie. Yet, if that person loses their job and instead relies on their neighbor for food, they have now become a draining tie due to the non-reciprocal nature of the resource exchange. Garshick Kleit (2010) has taken issue in the way Curley described and operationalized draining and leveraging ties compared to bridging and weak ties. That discussion is for another time. Relevant to this thesis is Garshick Kleit’s point regarding the need to distinguish two areas of social network inquiry. One area looks at the content of ties, while the other looks at the structure (Garshick Kleit, 2010).

The intent of this thesis is not to make a case regarding what the social network of homeless LGBT youth looks like. Rather, this project aims to explore the broad functional impact of newly introduced mobile devices on preexisting or recently established social ties of program participants—with particular attention paid to the structure and content of their social network. There are several benefits of such an exploration: first, it provides a basis for future research that may better capture what such networks look like. Second, it helps researchers, policymakers, and advocacy groups to understand how mobile devices may improve (or not) the situation of homeless LGBT youth through the alteration, diversification or strengthening of social ties.

The Health of the LGBT Community in the U.S.

Efforts to engage and understand the LGBT community and address its specific needs by government agencies, research institutions, and non-profit and advocacy organizations have

proven to be a mixed bag of success. The typical LGBT person is between the ages of 30 and 49, white and has received a high school education or less (Pew, 2013). The larger LGBT community, though, is rich in diversity along racial, ethnic, religious and socioeconomic lines. Research and outreach programs often fail to recognize this diversity, creating programs that serve a homogenous community or assume the sexuality of the user (Rozbroj, Lyons, Pitts, Mitchell, Christensen, 2014). Further, the social stigma the community faces manifests itself in inadequate study and poor data by policymakers, researchers and scholars alike.

To start, reports vary considerably in estimates of how many Americans identify as lesbian, gay, bisexual or transgender. This is often a matter of whether surveyors rely on respondent self-identification or measure sexual behavior more broadly. When surveys include questions of self-identification by asking if respondents consider themselves as homosexual or heterosexual, estimates of the LGBT population have ranged between 2-3% (Gates, 2011; Ward et. al, 2014). When the question has been altered to ask about general attraction to the same sex, estimates of the LGBT population range from 10-20% (Coffman et. al, 2013). In large-scale efforts by the U.S. government to measure the demographics of the LGBT community, varied political environments and state laws, such as conservative marriage and employment discrimination laws, have made it difficult to establish baseline measures (Pew, 2014). This results in a dilemma where organizations that do not have the funds to conduct proprietary research rely on secondary data that is either inadequate or inaccurate.

There has been a recent paradigmatic shift in the scholarly understanding of the varied times at which individuals come to terms with their sexual and gender identity. As one scholar has noted, gay identity is increasingly an adolescent concern (Hamer, 2003). Recent reports place the age of self-labeling between 14-17 years for females and 12-17 for males (D'Augelli &

Hershberger, 1993). These same individuals report engaging in their first same-sex experience during that same stage of life (females 15-17 years; males 13-16 years) (Sears, 1991). It is not until a few years later, however, that these individuals disclose their sexual identity to peers or family. Females disclose between 16-19 years old and males disclose between 16-20 (D'Augelli & Hershberger, 1993; Sears, 1991). Further family value variations significantly predict individual differences with coming out experiences (Newman & Muzzonigro, 1993).

Members of the LGBT community face numerous and complex form of discrimination at the individual and societal level. LGBT individuals often face rejection from family and friends, face physical and verbal violence, and are discriminated against in the workplace (LGBT Technology Partnership & Institute, 2014). For example, homosexuals report feelings of discrimination in their day-to-day life at higher rates than their heterosexual counterparts, putting them at higher risk for stress-sensitive psychiatric disorders (Mays and Cochran, 2001).

Despite documentation of these serious health concerns, there is a paucity of literature regarding the LGBT community in the larger scholarly agenda, limiting our ontological understanding of LGBT health (Boehmer, 2002). In a review of the public health literature, one investigation found approximately 0.1% of studies between 1980-1999 were focused or concerned with LGBT health issues (Boehmer, 2002). Another study notes that just .5% of National Institutes of Health funded research were concerned with LGBT people between 1989 and 2011 (NIH, 2014). Further, when LGBT health was examined, studies focused on homosexuality as a mental disorder or on HIV/AIDS, representing homosexuality's historic classification as such a disorder until 1973. The studies that were conducted most often focused on sexually transmitted diseases, followed by illicit drug use, mental health, other sexual health matters, and alcohol use (Coulter et. al, 2014). As a result, scholarly understanding of LGBT

people outside of a sexual health or “deviance” framework is quite limited and not representative of reality. The LGBT community is situated within the shadow of the AIDS epidemic, and in many ways these studies further stigmatize the communities they seek to help.

Homelessness & the LGBT Community

Increasingly, scholarship has investigated the intersection of homelessness and the LGBT identity. The North American homeless population is rather complex and stratified in its own right. People who have been recently displaced interact with other homeless people to talk about job opportunity, and other information and resources to help them get off the street (Snow and Anderson, 1993). In contrast, people who have been homeless for a comparatively longer period of time engage in more storytelling interactions that include sharing their personal history and future plans (Snow and Anderson, 1993). Overall, homeless people tend to have numerous weak ties but a few strong ties (Granovetter, 1973). According to Miller, these interactions serve one of the primary functions of communication amongst homeless people, which is to “define who they are and define what it means to be homeless” (in Ray, 1996: 84). Relationships between homeless individuals have been described as providing “support that is accommodative but not curative” (in Ray, 1996: 86).

Homeless youth, particularly sexual minorities, face unique hardship. In a survey of 208 homeless youth in New York City and Toronto, Kidd (2007) found perceptions of stigma to be significantly related to sexual orientation. Non-heterosexual youth reported a greater degree of guilt and self-blame of stigma related to their sexual orientation than their heterosexual peers. This perceived stigma then affects the wellbeing of the individual through low self-esteem, feelings of loneliness, suicidal ideation, and feeling trapped (helpless, hopeless) (Kidd, 2004).

In interviews with homeless youth, gay and bisexual participants reported prominent feelings of isolation after having experienced rejection when they revealed their sexual identity to family and friends (Kidd and Kral, 2002). In many cases, homeless gay youth are forced out of homes because of their sexual orientation. They are also more likely to engage in survival sex (prostitution) (69%) and attempt suicide (76%) (Kruks, 1991). These same respondents also reported feeling that they deserved such isolation for being gay (Kidd and Kral 2002). Feelings of distress and loneliness were mitigated by fellow gay street youth.

Although these studies help to provide a more accurate understanding of homeless sexual minority youth, they may still reinforce stereotypes of sexual minorities and homeless youth by focusing on prostitution and HIV/AIDS. A holistic research approach that focuses on individual experiences might serve to better enfranchise this community and better address their broader health and wellbeing. For example, exploratory research may be a more effective method for understanding homeless LGBT youth experience. As Miller put it, “Once individuals fall into homelessness, the bureaucratic red tape characteristic of much organizational communication hampers the homeless from marshaling the resources they need (in Ray, 1996: 91). The *LGBT Communities, Media Use and Mobile Health Applications*

With the advent of new media technologies, eHealth applications have become a growing and promising form for health campaigns (Noar, 2012). These applications can be particularly useful for engaging LGBT population as LGBT people are often dependent on the Internet and mobile technology to meet their individual and social needs, particularly when offline resources are limited (Daniels and Gray, 2014).

Mediated applications can help augment partner detection of new HIV and syphilis diagnoses among men who have sex with men, as well as connect individuals to risk-reduction

counseling and voluntary testing information (Hightow-Weidman, Beagle, Pike, Kuruc, Leone, Mobley, Foust, Gay, 2014). In a survey of 1,770 HIV-negative and untested men who have sex with men (MSM), findings indicated that the Internet was crucial to promoting STI testing to untested men who have sex with men (Holt, Rawstorne, Wilkinson, Worth, Bittman and Kippax, 2011).

There is still much work to be done to understand the limits and full potential of eHealth applications, and mobile technologies more broadly. As one scholar put it, the literature on mobile phones has been limited in scope, highlighting the “capacity for these technologies to reinforce the bonds among existing social ties,” yet we are seeing “the ability for location-aware media to help build and connect with new ties” (Sutko and de Souza e Silva, 2011: 819).

At the same time, some studies suggest that mobile devices and the programs they contain can often lead to additional labor in such a context that they might not be the best solution. In a study of individuals “leaving” Grindr, the gay geo-social networking application, Brubaker, Annanay and Crawford found users were “leaving” as a result of the consumption of time resulting from application use, the various behaviors the application entailed, the nature of interpersonal interactions and expectations, and the concerning nature of the medium (2014). Additionally, some users described the application as a distraction, and one that failed to meet its goal of meeting the “right” person (Brubaker, Annanay and Crawford, 2014). In the case of homeless LGBT youth, it is easy to imagine the considerable effort required to charge and maintain their device.

Media technologies can certainly provide spaces for the LGBT community to congregate and communicate. In a study of gay men’s use of social networking sites, one scholar concluded, “While there is much speculation that gay identity is becoming less stigmatized, gay men still

indicated a desire not only for gay-specific media, but gay-specific online gathering places where sex is not deviant but instead a central focus and sexual networking becomes synonymous with social networking” (Gudelunas, 2012). In essence, the stigma the LGBT community faces in physical spaces is often recreated or rearticulated in mediated environments.

In addition to these user-level reservations, many mediated health initiatives fail to be LGBT-inclusive. A study by Rozbroj, Lyons, Pitts, Mitchell and Christensen (2014) looked at previous health initiatives on their use of inclusive language and content, and whether they addressed mental health stressors for lesbians and gay men, such as stigma related to their sexual orientation, “coming out”, and LGB-specific relationship issues. The authors of this study found that therapies seldom addressed such concerns and often (58% of the time) assumed the heterosexuality of the user (Rozbroj, Lyons, Pitts, Mitchell, Christensen, 2014).

With previous data and comprehensive studies lacking, this study is meant to be one step in a longer journey toward understanding the homeless LGBT youth population, their needs, and possible opportunities for researchers and practitioners to address these needs—particularly in the context of mobile health interventions. eHealth applications are promising, but they are not a panacea because previous efforts have often ignored or excluded important populations and have failed to take into account the work required to use and maintain devices.

Research Questions

This thesis investigates the use of mobile phones by homeless LGBT youth in the Connect4Life program, and how these devices impact self-reported perceptions of safety and wellbeing, as well as use and access to community resources. The goal of this project is to better inform scholars and practitioners about the homeless LGBT population: their health, experiences

and information needs. Additionally, it works to examine how mobile technologies might serve as a conduit for improved health outcomes within the homeless LGBT youth population.

Overall, the mixed-methodological approach of this study works to privilege the experiences of the individual in order to provide a more nuanced view of the experiences of homeless LGBT youth and ultimately inform future research. As a result, this thesis is another step in broadening the scope of LGBT media studies, which often times is limited to questions around sexual behavior and HIV/AIDS, so that we can begin to better understand LGBT experiences, meet this community's larger needs, and build a more inclusive and robust body of scholarly research.

Guiding this project are the following research questions:

RQ1: How dependent are participants upon their mobile devices?

RQ2: What role do these devices serve in the lives of homeless LGBT youth?

RQ3: What is the process by which LGBT youth seek, discover and interact with health information and relevant social services through their mobile devices?

RQ4: How does the affordance of mobile technology affect participants' subjective experiences (i.e., feelings of safety, connectedness)?

RQ5: How do homeless LGBT youth go about maintaining their mobile devices (e.g. charging the device, keeping it safe)?

RQ6: In what way does the owning of a mobile device impact a participant's social network, either in content or structure?

CHAPTER 4: METHOD

To address the research questions above, this exploratory study utilized a mixed methods design. Mixed-methods focus on collecting, analyzing, and integrating quantitative and qualitative data in a single or series of studies (Creswell, 2006). The basis for mixed methods investigations in general, and this study in particular, is to supplement the limits of quantitative and qualitative methods alone and to provide more comprehensive evidence. This study analyzed secondary survey data and combined with in-depth interviews with homeless LGBT youth.

A mixed-method design reinforces a degree of measurement triangulation, whereby the confidence and consistency of the findings from the survey portion of this project were improved upon by the interviews, while also allowing for various aspects of program participant status and experience to be investigated within one study (Thompson, Cusella, & Southwell, 2014). The structure of this particular project lends itself to such practice because the interview participants were drawn from the same population of program participants. This also helped to avoid certain sampling and integration issues mixed-method designs often face (Creswell, 2015). A detailed description of each method, sample and their limitations are described in greater detail below.

The Connect4Life program started in August of 2015 with twenty-two participants. These individuals were recruited and enrolled through one of several youth service providers that partnered with the LGBT Technology Partnership & Institute. These service providers identified individuals in need that they thought would benefit from the Connect 4 Life program. The enrollment process then started with each participant answering an initial enrollment

questionnaire (Appendix A) that asked basic demographic questions (e.x. how long they have been homeless, education level, employment status) as well as questions about feelings of safety and use of community programs and resources. Once enrolled, a standard set of questions was sent to participants via a web-based survey at the beginning of each month, which they were informed about during the enrollment process (Appendix B).

A data usage agreement was established between the author of this study and the LGBT Technology Partnership & Institute. The author's Institutional Review Board approved data usage, storage, analysis and interview protocol. The author of this study had limited access to the survey data collected. For example, the author did not have access to identifiable information such as participant name, mailing number and street, IMED (phone serial number), and usage rates. The program manager from LGBT Technology Partnership & Institute maintains control of the database that holds the enrollment and monthly survey data, and held the right to revoke access or lock down the database at any point during the data collection process. The LGBT Technology Partnership & Institute facilitated access to the survey data and program participants in large part.

At the time of writing, the Connect4Life program is still ongoing, but as of February, 2015, seventeen of the twenty-two original participants are no longer involved with the program (program "dropouts"). While surveys are typically designed to be systematic and structured, with data being subject to statistical analysis and results being representative of a larger population (Hansen and Machin, 2013), the small size of the program, and the even smaller size of complete survey records, prevents the use of advanced statistical analysis of results. Still, these results provide the best available insight to date regarding the potential applications and efficacy of mobile phones as a health intervention for homeless LGBT youth.

In-depth interviews were conducted with four of the five participants still actively involved with the program. The fifth program participant was in the hospital during the time of this study. Interviews occurred between February 8, 2015 and February 12, 2015 in person or over the phone and lasted ten to thirty minutes. The interviews followed a semi-structured process outlined by Kvale and Brinkmann (2014). Interview participants were asked questions about how they cared for and maintained the security of their device, what they used it for, and what they have seen as the benefits, drawbacks and broad impact device ownership has resulted in (Appendix C) to better understand the individual experiences homeless LGBT youth.

Though there are no clear guidelines for appropriate research incentives involving homeless youth populations, qualitative findings from a study addressing the ethics of research incentives found that homeless youth reported incentives over \$5.00-10.00 value to be coercive (Ensign, 2006). Following this study's guidance, participants received compensation for their time in the form of a \$10.00 cash card. The interviews took place in a private room in the social service provider's building or over the phone. Participants were provided with an informed consent waiver prior to the interview and/or asked for verbal confirmation with their comfort with the interview being recorded.

CHAPTER 5: FINDINGS

The average age of participants at enrollment was 23.39 years and they had been homeless for 1.795 years. Enrollees were mostly: transgender, gay, Black/African American, had a high-school education or less, were currently enrolled in school and were not employed but currently seeking employment (Table 1).

More than half the participants (54.55%) felt extremely safe in the last 30 days prior to enrollment. In the same timeframe, participants had stayed in an average of 3 different places; in the previous year, an average of 6 different places, and spent an average of fifty hours in the last month at a community center (Table 1).

The enrollment survey included an open-ended question asking participants to explain why a mobile phone and access to the Internet such a device permits would be important to them. Participant responses revolved broadly around information access and contact with important social networks (ex. medical providers, family). Specifically, the information they aspired to have access to dealt with improving their current situation: seeking employment opportunities, scholarships, and schoolwork. The desire or aspiration to contact others with their new device reflected similar desires, but was more directed at security and checking-in:

“Because I have a few close friends and family that try to contact me but can't find me. I miss a lot of important information (*sic*) from family friends. I'm transgender and if I'm out, I won't have a way to call anybody.” –P, 23, Transgender

“Primarily for finding a job and getting back to school. I have a lot of work to do to get back into school, whether looking up scholarships or

calling the school to talk about paying off the balance.” –S, 20,
Transgender, Black/African American

Table 1

Connect4Life Participant Demographics

	Enrollment Participants (n=22)	Active Participants (n=5)	Dropouts (n=17)
<u>Variable</u>	<u>Avg.</u>	<u>Avg.</u>	<u>Avg.</u>
Age	23.39	23	21.2
Length of Homelessness (Years)	1.795	2.6	1.559
Placements (Month)	3	3.65	—
Placement (Year)	6	—	—
Time at Community Center (Hours)	50.762	64.4	—
<u>Variable</u>	<u>n(%)</u>	<u>n(%)</u>	<u>n(%)</u>
Gender			
Male	6 (27.3)	1	5
Female	4 (18.2)	1	3
Trans	9 (40.91)	1	8
Gender Non-Conforming	3 (13.64)	2	1
Sexual Orientation			
Heterosexual	7 (31.82)	0	1
Gay	9 (40.91)	1	3
Lesbian	2 (9.09)	1	1
Bisexual	2 (9.09)	1	1
Pansexual	1 (4.55)	1	0
Unsure	1 (4.55)	1	0
Ethnicity			
Black/African American	16 (72.73)	4	12
Latino/Hispanic	4 (18.18)	1	3
White	1 (4.55)	0	1
Native American	1 (4.55)	0	1
Education			
Less than High School	7 (16.56)	1	6
High School	8 (36.36)	2	6
Some College	4 (18.18)	2	2
Vocational Program/College	1 (4.55)	0	1
N/A	2 (9.09)	0	2
Employment			
Yes	4 (18.19)		
No	18 (81.82)		
Currently Seeking			
Yes	14 (77.78)		
No	3 (37.5)		
N.R.	1 (5.56)		
Safety			
(Not Safe At All)	1 0		—
2	0		—
3	5 (22.73)		—
4	5 (22.73)	4.15 (avg.)	—
(Extremely Safe)	5 12 (54.55)		—

The five fully active participants were almost evenly spread regarding sexual orientation and gender identity (Table 1). With regard to ethnicity, most of the active participants were Black/African American (n=4). The average age of participants was 23 years (SD=2.161), had received a high school education or higher (n=3), and had been homeless for 2.6 years (SD=2.104).

The participants that stopped participating in the program, “dropouts”, were mostly: male, Black/African American and heterosexual (Table 1). 5 male, 3 female, 8 trans (Male-to-Female), 1 gender non-conforming. The average age of program dropouts was 21.2 (SD=2.274), had received a high school education or less (n=12), and had been homeless for 1.559 years.

The monthly survey asked participants to rate the connectivity of their device (1=poor; 5= excellent). After the data were cleaned and duplicate entries deleted, participant scores were averaged. Device-specific responses regarding device connectivity indicated a highly reliable device (Table 1). The survey then asked participants about their device usage (reverse coded, 1=very often; 5= never). Self-reported usage data indicated relatively low usage, though these numbers do not reflect or measure time spent on the phone, texting and other forms of usage. The device was most used for mental health (3.35), searching and applying for employment (3.45) and public assistance (3.55). Participants reported feeling rather safe in the last thirty days with the average reporting of safety was 4.15 (1= not safe; 5= extremely safe).

Given the enrollment open responses where individuals anticipated connecting with friends or family, it might be expected that social media use would be higher, and given the number of placements in the last thirty days, perhaps housing would be more typical. The reported feelings of safety remained high, indicating that the phone played a small role if any

role in these feelings—or that feelings of safety should not be the primary concern of the Connect 4 Life program (RQ4).

Table 2		
<i>Monthly Survey Results: August to December, 2015 (n=5)</i>		
Variable		<u>Avg.</u>
Reliability	Phone	4.20
	Internet	4.20
	Text	4.10
	Apps	3.45
Usage	Mental Health	3.35
	Employment (Searching, Applying)	3.45
	Public Assistance	3.55
	Housing	3.60
	Medical/Dental Care	4.15
	Social Media	4.25

Interviews

Interviews with participants indicated a rather nuanced relationship with and use of their devices. The phone was useful to youth for a variety of tasks, many of which were covered in the survey. Participants used their devices to contact and check-in with friends and family, which they otherwise might not have had the ability to do, complete schoolwork, apply for jobs and housing, and seek medical treatment.

Participants, however, were neither particularly attached to nor dependent on their devices (RQ1). In fact, most of the youth did not feel the need to always bring their device with them as they traveled, and if they did and the device’s battery died, they were not particularly concerned. Rather, the device provided a degree of stability in these youth’s lives that helped them be less dependent on other people and resources, while helping to supplant other failed technologies, and be able to seek help in cases of emergency. As one respondent put it, not

having to worry about a monthly bill freed up time to do focus on finding housing and other things:

“Cause I didn't have any work and you know, I don't really have a place to call home, so just having the bill that's already going to be paid and I can continue to try to get help to seek help to try and find housing and I can still focus on school and I don't find it necessary technology to do it on. I don't have to be very dependent on other people.” ~1²

This reflects the larger role of the device in these participants' lives. The phone can best be described as a tool that provided additional avenues for support: it served as a conduit through which individuals could access health services and information, employment and housing information and resources—the frequency of which may not be important, but rather the ability to do so (*RQ2*; *RQ3*). Further, the device was able to supplant other technologies when they failed or could not be replaced (i.e. laptops):

“I see the benefits from having it the way I could keep in...communicate with the jobs I do have or apply at, they have their contact for me, or any social things related to the appointment history or any doctor's appointments or things like that.”— 4

“Like, right now I use it for school, for college, 'cause when I need to turn assignments in, uh, I broke my computer charger so it's hard for me to work on the computer so I use the phone, which means I'd use the Internet, 'cause it's on the website. I use the app that's on the phone already that I can type my papers. I just do it on the phone.” — 1

² To prevent participants from being identified by their comments due to the small sample numbers are used to denote participants.

“Yes, basically like I said, been able to get in contact with people in case of emergency, or if I’m outside in the cold being able to get in contact with someone.” — 2

The device did put considerable constraints on the individuals. At a superficial level, the design of the device given to participants limited the phones utility and the ease with which participants could use it: “By the phone being small, I can’t use the whole application for it, I have to use the computer.” — 4; “I mean it’s small, so I’m already straining my eyes trying to see it and make sure I get it.” — 1.

Phone ownership has become almost a social expectation that seems to transcend socioeconomic status. For these participants, even when they had a device of their own, there was some judgment from peers for having an older device or one that was not specifically an iPhone. Said differently, there exists a social proofing for those that do not have a smartphone, and more particularly a particularly popular device. This impact goes beyond social connotations, as popular devices seem to impact available infrastructure, which in this case meant a reduction in available charging opportunities (RQ5).

“It’s hard to find a charger sometimes. Like, I went to a Super Bowl party. Everyone had an Apple phone.” — 1

“Sometime, it’s the port. Other people have iPhones, so they have the iPhone port, the little...its this weird design and it doesn’t fit my phone, so that’s the most common one I see around...” — 3

For the Connect4Life participants, having an older phone meant limited utility to which they then supplanted the service with their own device. But these devices were still difficult in that peers did not have the wires to help charge them, and more publicly available charging stations

were fitted for iPhones. And though participants did not see the inability to charge as an issue, there were opportunities for such an issue to make youth hard to reach or cause mental distress, particularly anxiety: “If the battery starts to die out I usually need my phone in case of emergencies because if—somehow I started having anxiety attacks, I have to contact someone and let them know what’s going on.” — 3

These usage responses from the survey combined with interviews with participant’s results also indicate that the ownership of a mobile device is not enough to alter, diversify or strengthen existing social ties (RQ6). The program participants often had the opportunity to contact individuals on a more consistent basis than before. Evidence from this study, however, suggest that consistent communication opportunities were not enough to bring about significant change in the content or structure of participants social networks, or even their habits of social interaction (RQ6)

CHAPTER 6: DISCUSSION AND IMPLICATIONS

The results of this study show that the Connect4Life program is functioning as intended for at least a small number of participants. Connect4Life was meant to improve health and safety outcomes for homeless LGBT youth. The program identified youth in need and connected them with a device and service at no cost. To these individuals, a phone meant an opportunity to connect with family and friends, and access important health, education and employment information. A large portion of program participants did not stay enrolled in the program (“dropouts”), though the program might be working in providing access to services. In practice, however, it is not clear that provision of a phone drastically affected everyday social life for participants; instead, the the phone seemed to most often serve their need to connect with mental health services, employment information and public assistance.

While any effort to improve the lives of disenfranchised communities should be welcomed and celebrated, it would be a disservice to these communities if we continue to presume that mobile technology is a perfect, “magic bullet” social solution. In fact, this project and previous literature suggest quite the opposite. The mobile phones in the Connect4Life program did not somehow transcend existing cultural barriers or individual circumstance. Participants’ education, income, age, and homelessness often resulted in programmatic constraints from issues with replacing the device to issues with consistent charging. This reality shows how mobile interventions both highlight and reinforce individuals’ disenfranchised status.

During the early years of the Internet, work by James Katz and colleagues identified a group of users referred to as “dropouts.” This line of work found that individuals that discontinued use, the dropouts, were younger, poorer, and less educated in comparison to other users (Katz and Aspden, 1998a; Katz and Aspden, 1998b; Katz and Rice, 2002; Rice and Katz, 2003). The most cited reasons these individuals provided for their cessation were the loss of institutional access, a lack of interest, and problems with use (Katz and Aspden, 1998b). In similar studies on mobile phones, dropouts said they gave up the technology because it was too complicated (78.4%), they had lost access (74.7%), the technology was too distracting (58.3%), it was not useful (52.7%), and it was too expensive (44.0%) (Rice and Katz, 2003). The complexity, distraction, and limited utility of the devices to dropouts might make sense given that these individuals were often taught how to use devices in more informal ways (outside of formal educational settings) (Katz and Aspden, 1998b). On average, the Connect4Life dropouts were younger and less educated than those who continued using the technology, similar to those in Rice and Katz’s study. The Connect4Life dropouts had also been homeless for less time than the individuals still actively participating in the program.

The active Connect4Life program participants used their devices primarily as a means to access employment and other reference systems. These individuals did not, however, mainly use the device for every day social connection, nor did they use it for personal safety. Participants also did not particularly value the device as an important resource for ensuring personal safety. In some ways, the importance that participants ascribed to the device and Internet during program enrollment was put into practice, particularly with regard to improving their current situation.

Yet, the results of this study contrast with the participants' desire at enrollment to contact others for the purposes of security and checking-in. When we look at Connect4Life participant device use and compare it to other groups—even within the same program—we start to understand the efficacy, however limited, of the mobile devices to improve health outcomes. For the Connect4Life program, these results indicate that mobile phones alone have not been enough to provide social connection, basic shelter or ensure significant changes in individual circumstance. Instead, these devices provide *aspirational* resources for job, education and housing seeking. The capacity for these devices to go from *seeking* to *securing* employment, educational opportunities and shelter is not entirely clear.

Perhaps the dropouts stopped participating in the Connect4Life program because they had lost access as a result of losing or damaging their device. Provided these individuals have particularly limited income, it would be expensive to replace a lost, stolen or damaged device. There is also the chance that the Connect4Life dropouts did not see the phone program as relevant to their situation. But, if we consider the degree of education the dropouts had, there is a chance that the way in which they were taught how to use the device played a role.

Looking towards future efforts, the evidence from the Connect4Life program suggests that we cannot rely on mobile devices alone to improve the health and circumstances of homeless LGBT youth. For one, we need to be purposeful in our technological support, providing devices that are best equipped to help participants and serve program objectives. For example, this includes distributing devices with QWERTY keyboards, as well as Internet, loaded applications, and other advanced capabilities. As devices continue to advance and include more health-focused components, such as Apple's HealthKit, devices with such functions might be particularly useful in helping improve the health of disenfranchised groups.

Devices provided to homeless LGBT youth must also be chosen with some consideration of present technological infrastructure and community-specific technological social norms. For example, providing devices that are most popular in the region of the community being served would do much to ensure programmatic success. As the Connect4Life program shows, such devices would provide greater charging opportunities. And since an estimated 62% of homeless youth already own mobile phones (Rice, 2011), a popular device would help reduce the chance of stigma associated with ownership of a “less than” device.

When conducting mobile media programs, project managers should continuously monitor and critically consider overall device usage, including time spent talking on the phone, number of emails sent, number of applications currently being used, etc. Project managers should also work to involve program participants in a broad range of social programs, among them vocational workshops and community organizations. Rice and Katz found that individuals that talked on the phone more, sent more emails and belonged to more community organizations were least likely to become dropouts (2003). This is not to suggest that the privacy of communities being served should be sacrificed for the sake of data collection and impact evaluation. Rather, it is important to have an ongoing sense of device use to better adjust program resources, and perhaps check-in or intervene in cases where participants fall below a certain usage threshold. Future work to identify such a threshold and other important device usage behaviors would be particularly useful.

Future programs should also consider providing multiple means of technological access, such as laptops and tablets. It is necessary in order to best match technology with task, such as typing, searching and printing on a larger device like a laptop instead of a mobile phone. But most important, we must ensure that a strong social services network in the form of technological

literacy programs, employment advisors, healthcare professionals help supplement these technologies.

Looking only at how the Connect4Life participants used their mobile devices does little to inform collective knowledge about homeless LGBT youth. Understanding the personal experiences of participants, the meaning they ascribed to their devices, as well as the benefits and constraints mobile phone ownership brings, provides important context to inform future efforts.

Ball-Rokeach's has argued that "goal" is the more appropriate term to use within and to better conceptualize the media dependency framework, saying: "Individuals may not consciously articulate their media-dependency relation, but they have the capacity to articulate the goals giving rise to their media behavior" (1985:494). Such an articulation was confirmed by Connect4Life participants, particularly in their description of the device as helping them get to "where they need to go." "I've been able to contact people I need to talk to that's gonna help me get where I need to go. And it's helping me get to the next level in my life," ~1. These goals help us to understand how media dependency operates, and the processes and circumstances that underlie such a relationship.

Perhaps, however, it would be beneficial to consider the needs of subjects of study more directly. In the case of homeless youth these needs are housing/shelter, medical services, human contact, and safety. When we compare use of technology, such as laptops versus mobile phones, we see the importance of simultaneously considering needs and goals when one participant had the goal of completing schoolwork and filling out employment applications. The laptop was unable to be used due to the lost charger, and so the individual became particularly dependent on the mobile device for this. The motivation underlying this practice was the need to find

employment to help improve the individual's current situation/circumstances. The dependency on the mobile device was stimulated by the obsolescence of the laptop. Thus, we can see how the relationship between needs, goals and media becomes complicated, and focusing or conceptualizing solely on "needs" or "goals" would miss larger insights.

Limitations

As an exploratory endeavor, however, this project is not meant to be necessarily representative of the homeless LGBT youth population nor explanatory of their experiences. The representativeness of this study to other homeless LGBT youth populations is limited due to the small sample size. This makes it difficult to make statistically significant comparisons between sub-groups, measure associations or predict certain outcomes. Further, data from self-reported measures of device usage provide some indication of individual mobile phone habits, but measures of time spent talking on the phone, texting, using the Internet and applications would provide a more precise benchmark from which to speculate and evaluate the program.

The results of this study are also a small snapshot of the Connect 4 Life program after six months. A more longitudinal investigation would provide more robust findings. Lastly, program dropouts were not surveyed or interviewed making much of the conclusions pertaining to this group speculative. These limits, however, underscore the importance of the investigation this thesis initiates: the need for comparative points and the need for multi-method studies.

CHAPTER 7: CONCLUSION

The survey data in this study allowed small trends regarding use and device quality to be identified. The interviews then provided important context to these trends and insight into how the program was working “on the ground.” Such an integration of the structured and unstructured data made a mixed methods design particularly useful. Without such a design, much of the important findings would have been missed: how participants were using their phone for particular tasks, difficulties with the phone and its use, caring for and charging the device. This design was also important because of the small size of program participants, at enrollment and beyond, which limited the utility of quantitative or qualitative analysis alone.

The reality that five of the twenty-two original participants are still enrolled in the program might lead one to question the programs efficacy. But for a public health initiative, moving the needle for five individuals that might not otherwise have been helped is important. If we were to devalue such a program and its results due to its size, research like this would not be conducted, its findings would be left unearthed, and the community in need would remain disenfranchised. If the question is one of efficacy or magnitude, studies like this provide insight into what is working, what needs to be improved upon, and what is still missing. This is particularly important if we consider the budgets of public health research and initiatives. A smaller-scale program like Connect4Life might help reduce waste by providing a benchmark of conclusions to work from before investing large sums of money in expanding programs or initiating larger ones.

As mentioned earlier, the lack of available program data regarding dropouts make any claims about this group speculative. Still, what we know about the LGBT population and technological dropouts tell us that the dropouts in the Connect4Life program might be unique to the LGBT population, but not necessarily to users of mobile technologies. Facing issues with acceptance and safety in their home and community, many LGBT individuals move to other areas more accepting of LGBT individuals. For example, the LGBT Technology Partnership & Institute is rolling out the second iteration of the Connect4Life program in the Metro Atlanta because this area is where many LGBT individuals living in the Southeastern United States move for a better experience (personal communication, 2016).

Preliminary research from the LGBT Tech Partnership & Institute found that less than half of homeless LGBT youth in the Atlanta, Georgia area are still in contact with parents and relatives (personal communication, 2016). In the case of the Connect4life dropouts, perhaps they ended their participation in the program due to the available ecosystem of LGBT-specific programs, resources and protections made other opportunities available to them. In doing so, they no longer needed the phone provided by Connect4Life. On the other hand, perhaps these individuals moved to Washington, D.C. expecting a better experience, did not find what they were looking for, and then moved somewhere else.

Media Dependency Theory is a useful framework to understand what factors make media so important and what causes some to become dependent on media. In the decades since this theory was first proposed scholars have worked to build out this framework, to better detail the individual level and societal level dependency relations. At the individual (micro) level, this has included proposing a typology of goal-orientations (Ball-Rokeach, 1985; 1998). At the societal (macro) level this has included describing the interaction between the media system and the

economic, political and other systems (Ball-Rokeach, 1985; 1998). But perhaps due to the data and case studies we have used to flesh out this framework we have overlooked important variables. Media dependency theory seems to speak of a uniform social system that ignores important idiosyncrasies of individual and social group experiences.

This study shows us how an individual or group's social status might impact their media dependency relation by preventing or complicating their participation in the media ecosystem. For homeless LGBT youth, there are unique circumstances involving their ability to afford media and larger usage habits. Due to their limited income, Connect4Life youth might not have otherwise had any sort of media dependency relation with their mobile phone if they were not provided a phone.

In this way, motivations did not bring them to media. Participants' social status attracted an organization's attention that then provided them with media as a means of improving their circumstances. Their disenfranchised status also made them have a particular time budget, which impacted how they used their phone. For example, these individuals were using mobile phones to apply for jobs, housing and scholarship instead of playing games or interacting with peers. This study, then, contributes to Media Dependency Theory by illuminating the need to investigate important sociocultural contexts that underlie the presence of a media dependency relation—at the macro- and micro-level.

Future directions for research include looking at other disenfranchised groups to understand their relationship with media. This will help us better appreciate unique group experiences, and make for a more comprehensive theoretical framework. Future efforts would also benefit from directly investigating program dropouts in order to understand their motivations for ending program participation and mobile phone usage. For similar mobile phone

programs, it would be useful to establish measurement best practices for program evaluation.

This includes looking at comprehensive usage data, larger group comparisons, and considering groups in other geographic areas—in the United States as well as other countries.

APPENDIX A: LGBT TECHNOLOGY PARTNERSHIP & INSTITUTE INITIAL ENROLLMENT SURVEY QUESTIONNAIRE

Connect4Life Program Pilot Survey Indicators

Additional Enrollment Demographic Questions

(Note: All demographic information should have the following option: Choose Not to Respond.)

1. Estimated number of placements within the last month [enter numerical response]
2. Estimated number of placements within the last year [enter numerical response]
3. What type of places have you stayed within the last year? [check all that apply]:
 - Shelter
 - Foster Care
 - Group Home/Residential
 - Dorm/Campus
 - Transitional Housing
 - Family/Friend Home or Apartment
 - Other

(Must match with question in survey)
4. Length of time you have been homeless:
 - Years [enter numerical response]
 - Months [enter numerical response]
5. Education Level
 - Less than a High School Diploma
 - High School Diploma\GED
 - Some College/Vocational Coursework
 - College/Vocational Degree
 - Graduate Degree
 - Professional Degree (Medical, Law, PhD)
6. Are you currently employed? [Yes/No]
7. If employed [Part Time or Full Time]
8. If NOT employed, are you actively looking for work right now? [Yes/No]
9. How safe have you felt over the last 30 days
Scale 1 through 5

1 = Extremely Unsafe - 5 = Extremely Safe

10. Are you currently enrolled in school or an educational program e.g. GED prep? [yes/no]
11. If yes, what type? [enter]
12. If No, are you looking to apply or finish your requirements?
13. How often do you spend time at [name of program they are within the last 30 days? [enter numerical response] hours
14. Do you currently spend time at any other community center or program? [yes/no]
15. If yes, how often do you spend time at this community center or program within the last 30 days? [enter numerical response] hours
16. Service Provider - Please read the following to each participant and allow them to type their initials into the box below:

Thank you for filling out the form Connect4Life program activation form. You will receive complimentary service on this device for the next 10 months, all we ask is for you to respond to our survey that you will receive from this number (INSERT PHONE NUMBER) once per month. If you complete all 10 surveys, we will provide you with two (2) additional months of service complimentary and only ask that you complete the survey again for those additional two months. If you complete all 12 months of surveys, we will work to provide you a brand new phone to take to the service provider of your choice. The information provided in the surveys will be used to help others around the country and around the world. Your privacy is important to us and your information will not be shared with third parties. Research produced from the Connect4Life program will not contain any information that will identify you.

The Connect4Life program is provided to you to make sure you're connected with youth service providers (like the one helping you fill out this form), potential employers, friends, family and other supportive individuals in your life. The goal of Connect4Life is to remove the pressure of a phone bill so you can focus money on finding steady employment, finishing school and getting to a place that in a year where you're more comfortable to pay the bill on your own.

You are responsible for the phone and all actions taken on the phone. The Connect4Life program, the program partners, cell phone providers, service providers and the LGBT Technology Partnership & Institute cannot be held liable for anything that happens while this phone is assigned to you.

If you have a problem with the phone, please contact your youth service provider to get in touch with LGBT Tech. The phone cannot be taken into the wireless provider without a representative or authorization from an LGBT Tech staff member.

[Initials Box] By initialing, you understand the terms outlined above.

[Initials Box] By initialing, the youth service provider acknowledges that the youth has read and/or completely understands the terms outlined above.

APPENDIX B: LGBT TECHNOLOGY PARTNERSHIP & INSTITUTE MONTHLY PARTICIPANT SURVEY & PRE-INTERVIEW QUESTIONNAIRE

Survey Questions

(Note: Scales will be attributed to EACH question.)

Connectivity/Service

Please report how reliable the following services on your device have been over the last 30 days:

Scale 1 through 5

1 = Poor 5 = Excellent

- Phone
- Text
- Internet
- Apps

Usage

How often do you use your phone for the following activities:

Scale 1 through 5

1 = Often - 5 = Never

- Engaging on Social Media e.g. Facebook, Instagram, Twitter, etc.
- Searching or Applying for Employment
- Searching or Applying for Housing
- Searching or Scheduling Medical and/or Dental Care
- Searching or Scheduling Mental Health Services
- Applying or Checking in w/ Public Assistance

Placements/Stability

How many different places have you stayed overnight within the last 30 days: [enter numerical response]

What type of places have you stayed within the last 30 days [check all that apply]:

- Shelter
- Foster Care
- Group Home/Residential
- Dorm/Campus

- Transitional Housing
- Family/Friend Home or Apartment
- Other
- (Must match with question in demographics)

Wellbeing/Safety

How safe have you felt over the last 30 days

Scale 1 through 5

1 = Extremely Unsafe - 5 = Extremely Safe

Engagement in the Community

Employment/Workforce

Are you currently employed? [Yes/No]

If employed [Part Time or Full Time]

If NOT employed. Are you actively looking for work [Yes/No]

School

Are you currently enrolled in school or an educational program e.g. GED prep?
[yes/no]

If Yes, where? [enter]

If No, are you looking to apply or finish your requirements? [yes/no]

Community Centers/Programs

How often do you spend time at [name of organization where they received their phone] within the last 30 days? [enter numerical response] hours

Do you currently spend time at any other community center or program? [yes/no]

If yes, how often have you spent time at this community center or program within the last 30 days? [enter number] hours

APPENDIX C: PROGRAM PARTICIPANT IN-DEPTH INTERVIEW GUIDE

Introduction

Thank you for participating in this study on program participants' perceptions of mobile devices. (*Researcher Introducers Himself*).

Before we begin the interview, I would like you to please read and complete the consent form (Appendix X). *Give consent form to participant—attached to clipboard with pen—wait for participant to complete form.*

Interview Warm Up (5 Minutes)

Thank you. *Hand participant paper survey* (Appendix B). This survey will ask you a few questions about your device. It asks some questions about quality of connection, your personal usage, and similar questions. If you wouldn't mind taking a few moments to answer these questions. *Wait for participant to complete survey*

Now I am just going to ask you a few additional questions about your experience in the program, the device, and how you use it. If at any point you want to take a break, stop the interview or not answer a question just let me know.

Just so I can review it later, I am going to record the interview, is that okay with you?

Do you have any questions before we start? *If not, continue with interview.*

Grand Tour Question (5-10 Minutes)

Generally speaking, how would you describe your experience in the mobile phone program?

Device Maintenance (5-10 Minutes)

Where or how do you go about charging your device?

Do you take your device with you wherever you go? Why or why not?

Do you ever feel the need to hide your device or not tell others about it?

Device Impact // Probes (5-10 Minutes)

Okay, now I would like to ask you some questions about your responses to the questionnaire.

When asked about safety you said (insert response):

- Can you share more as to why you answered that way?
- Did you phone play a role in your response?

When asked about the reliability of your device you said (insert response):

- Can you share more as to why you answered that way?

Your responses about usage indicate (low/med/high) usage, why might that be?

Recommendations (5-10 Minutes)

Is there anything you wish would be different about the program?

Is there anything you wish was different about the device?

Interview Close

Thank you for your help. I have asked you all of the questions I have.

Is there anything you think we might have left out, or is there anything you would like to add or share?

Turn off recording device

END

APPENDIX D: PARTICIPANT INTERVIEW CONTACT EMAIL

Dear _____,

My name is **NAME** and I am a graduate student at **UNIVERSITY**. I have been working with the LGBT Technology Partnership & Institute on a program evaluation for the Connect4Life Program. This evaluation is a part of a larger project I am working on regarding the relationship between the health of LGBT communities and mobile phones.

Chris Wood thought you might be able to help me on this project. Particularly, he thought there might be an opportunity to work together on some participant interviews with enrollees in your mobile phone program.

If possible, I would appreciate you forwarding my information to Connect4Life program participants to see if they might be able to help me. Interviews would last somewhere between twenty minutes and an hour. For their time, I am able to provide those I interview with a small thank you—a **\$10.00 gift card**.

If you would like to talk in greater detail, feel free to email me at **email** or call me at **phone number**.

Best Wishes,

NAME
CONTACT INFO

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