

# Case study: healthy public policy

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## Tackling inequity through a *Photovoice* project on the social determinants of health

*Translating Photovoice evidence to community action*

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**Abstract:** St. Jamestown is the most densely populated vertical immigrant-receiving urban neighbourhood in Canada. The *Photovoice* project engaged and empowered immigrant residents of St. Jamestown to influence public policy and secure improved local services for promoting health and well-being. Twenty-seven residents used photography and storytelling to record neighbourhood characteristics and their implications on residents' health and well-being. Eight participants presented recommendations actionable at neighbourhood level to the councillor and worked with the city to carry out the recommendations made that were recognized as important for neighbourhood residents' health and well-being. The results indicate *Photovoice* can be used to generate dialogue on community concerns and priorities and promote community action. (Global Health Promotion, 2011; 18(1): pp. 16–19)

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### Context

St. Jamestown (SJT) is an established immigrant-receiving area of great ethno-racial diversity in downtown Toronto. It is the most densely populated area in Canada with 64,636 people/km<sup>2</sup> living in 18 aging high-rise rental apartment buildings. The St. Jamestown Initiative is one of the few community-based research (CBR) projects that engages community residents to understand their perspective on how social determinants of health (social, physical and economical attributes) at neighbourhood level can affect immigrant residents' health and well-being. The initiative also focuses on developing strategies that help newcomer communities influence public policy, secure improved local services, and enhance existing community strengths that promote health and well-being.

### Evidence supporting the intervention

The *Photovoice* project was conducted between May and December 2007. In this study, immigrant residents' perspectives on neighbourhood factors and their implications on health and well-being were gathered through photography and storytelling (1). Health was defined using the World Health Organization's definition, and neighbourhood was very loosely defined (2). Participants were recruited through a collaborating grassroots organization in the neighbourhood, and through word of mouth. Thirty participants were recruited; however, three participants dropped out of the study in the first four weeks.

The final group consisted of 16 female and 11 male participants representing a broad range of ethnic backgrounds, including Tamil, Chinese, Filipino,

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Somali, Kenyan, Arab, Tibetan, Bangladeshi, Nepali, Pakistani and West Indian. Their ages ranged from 18 to 68 years and their residency in SJT ranged from 6 months to 26 years. Most participants had either a high school or university education from their home countries.

Two half-day workshops were organized, one in the beginning and one towards the end of the project period. The first workshop explained the project, the expected roles and contributions of participants, and the expected outcomes of the work. Participants were given four weeks to take pictures. They were required to take at least eight photos to continue in the project. The photos were then developed and shared with respective participants. Each participant was asked to select and write a one-page story on the three photographs that best represented how they felt about the SJT neighbourhood and its relationship to health and well-being. Two participants who were not comfortable with writing were provided with support. Through this process, 150 photos and 77 stories were collected.

In the second workshop, participants shared their experiences and work with each other. They also discussed ways to move their work forward. The group decided to organize a Community Forum and Exposition to share their work with the community and others. To this end, four participants from the project were nominated by the group to join a resident action group along with four other residents nominated through a similar process from another project. The resident action group and two researchers met regularly over several months to prepare for the event.

Data analysis was two-fold. For the purpose of presenting findings to the public and to policy-makers, the researchers worked with the group to capture the authors' key messages regarding each photo. Using as many of the participants' own words as possible, short captions from the photo-stories were created. These captions were reviewed by each member of the working group until all members agreed that participants' messages were adequately represented. Through this process 77 photos with captions were finalized.

For the report, data was analyzed through content analysis, first case-by-case and then compared across all the photo-stories to identify important themes. The 77 photo-stories were read, analyzed and discussed by two researchers to determine how

the information should be categorized. Through this process, 197 concepts were identified and classified under five main themes and sub-themes. The draft report was reviewed by several members of the working group and changes were made based on their inputs.

The results indicate that the themes captured in participants' photo-stories cover a diverse range of topics which may require inter-sectoral and cross-government actions. The findings are categorized under: (i) physical issues such as overcrowding, housing conditions, open space, public facilities; (ii) environmental issues such as noise, pollution, and garbage; (iii) social issues such as meeting spaces, isolation, neighbourliness; and (iv) economic issues such as employment, recognition of foreign qualifications, and health services accessibility. The categories include both positive and negative factors associated with health.

## How the evidence was used

In March 2008, the Community Forum and Exposition was attended by over 300 people from within and outside the neighbourhood. In September 2008, the resident action group displayed their research photos at Toronto's City Hall Rotunda. The two successful events encouraged the group to move forward with their goal of translating their research findings into community action. The group decided that they would like to present the research findings and recommendations to the city Councillor's office. A meeting was arranged in November with the help of the researchers.

To maximize the chances of success, it was decided to present selected research findings that warranted city and community level action. The researchers helped the group to prepare a PowerPoint presentation with five specific recommendations. The meeting was a great success: it was attended by the city Councillor and 15 self-invited municipal representatives from a broad range of departments providing services to the SJT neighbourhood. An important outcome from the presentation was the relationships developed with program managers and with the councillor's constituency assistant.

The recommendations made to the city authorities were modest and related to day-to-day living issues affecting all age groups in the neighbourhood. Bicycle theft due to improperly maintained bicycle

racks was identified as a common problem (Figure 1). Since biking is the main mode of transport for many residents in this neighbourhood, safe bicycle storage is a daily stressor for many residents. In the summer of 2009, the action group worked with city authorities to take an inventory of all bicycle racks, arrange the removal of broken bicycles from existing racks, and install new racks in the neighbourhood. The decision of city authorities to remove broken and abandoned bicycles from the neighbourhood was directly related to the *Photovoice* research findings. However, research alone might not have been effective in bringing action if it had not been coupled with a wide display of neighbourhood pictures and strong advocacy work by the resident action group.

Garbage and litter was another burning issue highlighted throughout the *Photovoice* project. However, the action group wanted to determine the knowledge, attitude and practices (KAP) of residents to help them to ask relevant authorities for specific interventions that might promote recycling in the neighbourhood. The action group requested that the initiative support be a neighbourhood student as an intern and help him to carry out a KAP baseline study. The city is currently working

with building management and residents to introduce recycling facilities in apartments. The KAP report of the student is being used by the city as baseline measure to monitor progress over time.

### Lessons learned

*Photovoice* can be effectively used to enter research-resistant communities, engage disadvantaged populations, and establish trust in a community. The technique helps to identify important community issues and pursue action and further research, and the process helps disadvantaged residents improve their leadership skills and resident empowerment level (3). By placing power and ownership in the hands of participants, a balance of power between researchers and the participants is created. We found this ownership motivated participants to stay committed to their work and the project. The successful dissemination of research findings and realization of the recommendations are testimony to this ownership. The methodology also helped to successfully create a working partnership between residents and the city government. Presenting in the councillor's office generated city stakeholders' interest in the group and their neighbourhood.



Bicycles are a primary mode of transportation in St. Jamestown. Our neighbourhood needs to have special bicycle rooms or sheds in each building. Maybe even a monitor to prevent stealing.



The action group worked with city authorities to arrange the removal of broken bicycles from existing racks, and install new racks in the neighbourhood.

**Figure 1.** Example of the Photovoice bicycle project

*Source:* The photograph on the left (illustrating broken parked bicycles) was taken by Ms. Yan Mei Zhang, a Chinese newcomer resident of St. James Town (summer of 2007). The photograph on the right (new bicycle rack) was taken by Mr. Sailaivasan Vettivelu, a resident and member of the St. James Town Residents Action Group (summer of 2009). He is a university student.

Although the resident action group worked as volunteers, they require some incentive(s) and long-term support to get established. It is important that projects allocate a substantial budget for community and leadership development and are flexible with their time.

The group was successful in advocating for changes which required intervention at the city level; however, the bigger issues identified in photo-stories such as employment opportunities, recognition of foreign qualifications, building maintenance, and health care accessibility remain a problem. The action group has not yet been able to develop relations with the media – a powerful method to draw the attention of the general public and authorities.

The initiative used successful strategies to engage a diverse group of residents; however, building management authorities were not engaged in the project. It would have been easier to share the research

findings regarding building maintenance issues with the managers if their support had been gained at the outset. In neighbourhoods where multiple land ownership exists, such as in SJT, it is important to engage all stakeholders from the very beginning of a project, otherwise it can be challenging to implement community action.

#### References

1. Wang C, Cash JL and Powers LS. Who knows the streets as well as the homeless? Promoting personal and community action through photovoice. *Health Promot Pract.* 2000; 1(1): 81–89.
2. Haque N, Moriarty E and Anderson E. Community voices: tackling inequity through a community based initiative on the social determinants of health. Toronto: Wellesley Institute; 2008.
3. Wang CC, Morrel-Samuels S, Hutchison PM, Bell L and Pestronk RM. Flint photovoice: community building among youths, adults, and policymakers. *Am J Pub Health.* 2004; 94(6): 911–913.