

# **Learning Lens: Using Photovoice as a health disparities teaching tool**

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## **Framework**

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This newly-developed graduate health disparities course is taught in a university located in an area where, according to 2009 data from the Philadelphia Department of Public Health, significant health problems exist including high rates of low-weight births, infant mortality, cancer, obesity, diabetes and childhood asthma. The course focuses on social determinants of health, defined by the World Health Organization (WHO) as “the conditions in which people are born, grow, live, work and age that can contribute to or detract from the health of individuals and communities.” According to Thomas LaViest, author of the course text, *Minority Health*, health disparities can be understood as “differences in the incidence, prevalence, mortality and burden of disease and other adverse health conditions that exist among specific population groups.” This applied assignment grew out of the desire to integrate activities that engaged students with “real world” information.

## **Making It Work**

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Images teach and raise consciousness. They are present and multivoiced. Thus, to help students contextualize factors affecting health in the community, photovoice (voicing our individual and collective experience) was selected as a means of developing a more refined understanding of the community in which the university is situated.

Photovoice is a camera-based, qualitative method that elevates picture taking by using images for substantive purposes such as social action. According to Wang and Burris (1997), photovoice has three main goals:

- To enable people to record and reflect their community’s strengths and concerns;
- To promote critical dialogue and knowledge about personal and community issues through large and small group discussions of photographs; and
- To reach policy makers.

Photovoice can be used in isolation or integrated among approaches in community-based participatory research (CBPR). Essentially, CBPR involves participation, cooperation and mutual respect among researchers and community members. A core component of CBPR is engagement with the community for the co-creation of knowledge, understanding and information (Minkler & Wallerstein, 2003). With respect to photovoice, images help achieve the aforementioned. Three steps are essential: selecting images that reflect community assets/needs, contextualizing the meanings of images and codifying themes (Wang & Burris, 1997). This process gives photovoice potency.

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Photovoice can be inexpensive as only the use of common cameras (i.e. cell phone, disposable) is required. However, it is important to have a means to develop film or upload images onto a computer. Photovoice can be a means to engage various populations (i.e. middle-school children, adults) irrespective of socioeconomic status. Additionally, an array of topics can be examined using it. For example, Wang and Burris (1997) used photovoice to examine the concerns of rural women in China. Whitney (2006) highlighted the educational concerns of high school students with disabilities. The Kaiser Permanente Community Health Initiative implemented photovoice in support of nutritional improvements, physical activity and reductions in obesity (Kramer et al., 2010). Get Healthy Philly employed photovoice to examine tobacco issues (<http://www.smokefreephilly.org/photovoices>) and Witness to Hunger (<http://www.witnessestohunger.org>) uses it to raise awareness about childhood hunger and related issues. Supplemental resources needed to fully implement photovoice are contingent upon the topic. Students in my course had access to various maps, vital statistics, local health survey data, property data and the like.

### **Process**

Students were instructed to keep the community perspective at the forefront. That is, they were to function as if the community in which the university is embedded was *their* community. They examined health-based data about the community (i.e. rates of obesity, amount of daily exercise). From there, they identified a health disparity of interest for the assignment. In addition to brainstorming, examining additional information (i.e. journal articles, environmental factors) and working as a team to develop an oral presentation, students also captured “data” (images) with cameras to inform the assignment. Using the SHOWeD technique (Wang, 1999), students discussed photos of the local community—the built environment, food stores, recreational areas, available services/organizations—in order to develop a collective understanding of what each image represented. The technique outlines the following questions: What do you *See* here? What is really *Happening* here? How does this relate to *Our* lives? *Why* does this situation, concern or strength *exist*? What can we *Do* about it? Once this process was completed, students were able to connect the significance of the images to the health disparity.

### **Results**

Students synthesized information—essentially using collectively selected photographs as data points—and crafted language for a resolution to potentially inform policy change. They developed and made an oral presentation, which articulated their narrative about the health disparity, community assets, next steps and recommendations. As an added perspective, they also engaged with a community representative during the presentation. Finally, the students submitted an abstract for a professional conference. The abstract was accepted and two students recently gave a presentation about the assignment at a national health conference.

In practice, evaluation is contingent upon course aims and the structure of the photovoice assignments. However, assessing written reflections about experiences with the SHOWeD technique, for example, is a possible evaluation tool. In sum, engaging photovoice as an active lens through which to learn about health disparities affords students:

- Opportunities to understand health disparities in a local context by creating, examining and using “real world” data;

- The chance to bring their own expressiveness to bear;
- The occasion, as emerging health professionals, to develop recommendations that address the identified disparity with practical solutions; and
- The chance to gain familiarity with a tool they can use in the future to engage with community members as well as to help give voice to community concerns.

## **Future Implications**

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Going forward, engaging additional community members is a primary goal. Broadening the use of photovoice into a complete research project would enhance learning and more directly benefit the community. Also, including a community representative as an “advisor” to the team (or teams) of students as they complete the project would afford the opportunity to work with and learn from the community. Finally, with the proliferation of iPads, it is possible to integrate video technology as a supplement to still images and an enhancement to the narrative about community concerns.

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