



Using Photovoice to Engage Minority Consumers in the Implementation of Health Interventions

Problem: On average, people living with serious mental illness (SMI; e.g., schizophrenia) die 25 years earlier than the general population largely due to preventable medical conditions (e.g., cardiovascular disease), poor health care, and modifiable risk factors (e.g., obesity, smoking). Racial and ethnic minorities with SMI appear to be at even higher risk for excess morbidity and mortality than non-Hispanic whites with SMI. Despite these disparities, there is limited attention paid to the implementation of promising health interventions (e.g., lifestyle interventions) to benefit underserved minorities with SMI in community settings, such as housing agencies, resulting in advances in research and practice not reaching these vulnerable populations.

Strategies: Participatory research methods have emerged as a useful strategy to reduce the gap between research and practice by increasing community members' engagement in the development, planning, and implementation of health interventions to address health inequities. These methods emphasize community engagement, co-learning, mutual benefit, and equitable partnerships between researchers and community members. Photovoice, a participatory action research method developed by Caroline C. Wang and Mary Ann Burris, empowers people with cameras to document their everyday lives and inform social action. Photovoice uses photographs taken by people in their communities and the stories behind the photographs to promote critical dialogue about important issues and to reach policy makers and decision makers who can influence positive social change. The New York State Center of Excellence for Cultural Competence (CECC) at the New York State Psychiatric Institute in partnership with two housing agencies - Pathways to Housing and Broadways Housing Communities - conducted the Health and Wellness Photovoice Project in Northern Manhattan to engage residents at these agencies in a dialogue about their physical health and generate community-based knowledge and strategies to inform the development and implementation of culturally and ecologically valid health interventions in housing agencies.



Results and Implications: Results of this project are generating insights as to residents' preferences for health interventions. For example, peer-based approaches were preferred over professional-led programs as peers were considered a credible source of support and inspiration. Residents also discussed how they wanted help in developing skills and motivation in order to engage in healthy eating habits and increase their physical activity. Moreover, residents stressed the important role that supportive relationships with friends, families, and providers play in their physical health and wellness. Findings from this participatory project illustrate through photographs and narratives that physical health and wellness is central to residents' recovery, particularly as their housing situation stabilizes and they begin to focus on other aspects of their lives. The CECC is currently developing a project manual and training presentation to help other organizations develop their own photovoice initiatives as an approach for engaging community members in community needs assessments and participatory project evaluations. In all, our photovoice project supports the use of participatory research methods to engage community partners in reducing the gap between research and practice by informing the development and implementation of health interventions to address health disparities and improve the quality of life in minority communities.

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