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# Photovoice: A Research Method and Intervention to Engage Older Adults

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## Abstract

The purpose of the current article is to describe the use of photovoice with individuals from vulnerable population groups. Ten African American men and women ages 66 to 72 with heart failure from three different low income public housing facilities were recruited for participation in a qualitative photovoice project. Participants were given 5 weeks to take photographs of images that represented facilitators of and barriers to engaging in self-care behaviors. Each week, participants met

as a group to discuss the photographs and their meanings to other participants.

The photovoice method was empowering to participants, easy to use, and shown to be appropriate within African American older adults with heart failure. The photovoice method assisted in providing the opportunity for this vulnerable population to share their personal beliefs and perspectives. Use of this method assisted in identification of themes that represented facilitators of and barriers to engaging in self-care and was effective in meeting the specific aims of the research project. Findings from the current study support photovoice as a valuable method to use with vulnerable individuals with chronic conditions. [*Journal of Gerontological Nursing*, 44(7), 43–49.]

Vulnerable populations are at risk for health disparities and/or poor health outcomes due to discrimination and prejudice related to demographic characteristics, most notably ethnicity, race, gender, sexual orientation, age, or economic status (Agency for Healthcare Research and Quality, 2017). It is recognized that variations exist among racial groups in terms of vulnerability. Health-related research has led to significant advances in health care among these groups. However, vulnerable populations have historically been excluded from research studies and at times exploited by researchers. This mistreatment has led individuals from these groups to mistrust researchers and often decline participation in research studies (Freimuth et al., 2001; Luebbert & Perez, 2016; Schmotzer, 2012). Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage,” (U.S. Department of Health and Human Services, 2008, p. 28). Today, to reduce health disparities, federal mandates require inclusion of vulnerable populations in research (National Institutes of Health, 2011). Despite intentionality for inclusion, recruiting vulnerable individuals into research studies remains challenging. Vulnerable individuals might refuse participation in research for a variety of reasons, including distrust, unfamiliarity with the purpose of research, and not feeling valued in the research process. Access to vulnerable individuals may be complicated depending on the population of interest. For example, individuals may be spread throughout a community, making it difficult to locate potentially interested participants.

One example of a vulnerable population is community-dwelling African American older adults with heart failure (HF). HF is a chronic, rapidly accelerating clinical syndrome that currently has no cure (National Heart, Lung, and Blood Institute, n.d.). HF is caused by a variety of cardiovascular diseases that produce cardiac structural changes (Jessup et al., 2009). It is estimated that 6.5 million Americans have HF, with approximately 960,000 new cases each year (Benjamin et al., 2017). African American individuals experience significant disparities regarding cardiac health, including HF. African American individuals have greater levels of atherosclerotic risk factors (Loehr, Rosamond, Change, Folsom, & Chambless, 2008), higher rates of HF at younger ages (Roger et al., 2011), and the highest risk of developing HF compared to other ethnic groups in the United States (Bahrami et al., 2008).

Conducting research that includes African American older adults with HF is imperative to reducing this health disparity; however, there are many challenges to recruiting members of this vulnerable group into research studies. One way to overcome these challenges may be through use of photovoice, which is a qualitative research method that has been used successfully with diverse vulnerable populations, including older adults, adolescents, and ethnic minority groups (Fitzpatrick et al., 2009; Haglund,

Belknap, Garcia, Woda, & O'Hara, 2016; Harley, 2015; Teti, Conserve, Zhang, & Gerkovich, 2016). The photovoice method of research is built upon Freire's (1970, 1973) theoretical literature on education for critical consciousness. Freire enabled individuals to think critically about social influences in their everyday lives. In the photovoice method, participants are given cameras and asked to take photographs that visually represent their experiences (Wang & Burris, 1994). Photovoice is a means of exploration, and photographs offer visual documentation of what needs to be changed, strengthened, and/or maintained. Taking photographs facilitates critical dialogue (i.e., participant discussion and reflection) by enabling discussion that otherwise may have been difficult.

The purpose of the current article is to present photovoice as a research method and intervention that is effective with older adults. Drawing from the researchers' experiences conducting the first published photovoice study to focus on African American individuals with HF (Woda, Belknap, Haglund, Sebern, & Lawrence, 2015; Woda, Haglund, Belknap, & Sebern, 2015), researchers will discuss recruitment of older adults and implementation of the photovoice method. Examples from the previous study will be used to demonstrate how the photovoice method increased community cohesiveness and empowered participants to action as personal and community advocates.

## Recruitment Process

The purpose of the exemplar study (Woda, Belknap, et al., 2015; Woda, Haglund, et al., 2015) was to explore self-care behaviors among low-income, urban, community-dwelling African American adults from the participants' point of view. Participants were community-dwelling African American older adults with HF. Recruitment occurred within low-income public housing facilities in a large midwestern city. Using settings of clustered community-dwelling older adults provided better access to multiple individuals with HF, compared to accessing individuals living in homes scattered throughout a community. These public housing facilities also enhanced participation by maximizing convenience for participants. Community rooms in the buildings provided private meeting places, which meant that traveling was not required and participants did not have to go out in inclement weather. Furthermore, sessions were held in a place participants knew and considered to be "their turf," which eased participation. Holding the sessions in a familiar environment allowed participants to view the process as the collaboration it was intended to be, in which participants and researchers were partners in the exploration of this critical issue.

Institutional Review Board approval was obtained from the appropriate university. Access to public housing buildings was a three-part process. Initial discussion with the housing authority directors occurred to gain permission to enter the public housing buildings. After permission was granted to enter the buildings, the primary investigator (PI; A.W.) contacted the independent case management company that worked with residents in the public housing buildings. The case management company approved the study, which allowed researchers to speak with the onsite case managers to identify potential participants.

To initiate recruitment, approved flyers were placed in communal areas. However, after several weeks of no contact from potential participants, case managers stated that many of the residents were unable to read and recommended face-to-face encounters between the PI, research assistant (RA), and residents. The PI attended lunch hours, building meetings, free food distributions, and monthly health

clinics during which she assisted with taking blood pressures and weights. At each of these meetings, case managers announced the PI's presence and that interested volunteers with HF were invited to participate in a research study. After the PI had been present at several meetings, individuals began to express interest in participating in the study. Potential participants with HF who expressed an interest in participating met privately with the PI in their apartments. At these meetings, the PI discussed the study procedure and obtained informed consent from the participant to participate in the study. In the exemplar study, each site had a naturally occurring "champion." Once this champion consented to be in the study, he/she told others about it and informally assisted with recruiting for the study. A champion existed in each of the three study sites. Although having a champion was unanticipated by the researchers, it greatly facilitated the study. A total of 10 (4, 4, and 2 participants from the respective buildings) self-identified African American men and women ages 66 to 72 with HF were recruited from three different low-income public housing facilities.

Initial recruitment of participants was more difficult than anticipated. Whereas the housing community was readily identified, recruitment without personal interaction from the study team (i.e., using posters, flyers, and word of mouth from staff of the housing facility) was unsuccessful. Recruitment was more successful after repeated face-to-face encounters which included personal interactions with the PI. Future researchers who want to work with African American older adults should be prepared to spend time building relationships during the recruitment process.

## Photovoice Process

When obtaining consent, the PI asked each participant to list several dates and times that would be acceptable for a group meeting. Group meetings were scheduled in a conference room in each housing building based on participants' availability. The next meeting time was confirmed each week and the PI called participants the day before the meeting to remind them. Participants met in small groups for 2 hours per week for 6 weeks. During Week 1, cameras were issued, and the PI showed participants how to use them. Participants were instructed on how to obtain consent from adults and children they wanted to photograph. In each of the subsequent 5 weeks, participants were given photograph assignments, including photographing images that represented what they did to take care of themselves, what made it easier to take care of themselves, and barriers they experienced to caring for themselves and their HF.

At each group meeting, participants' photographs were downloaded onto the PI's computer before the group discussions began. If photographs contained human subjects, the PI confirmed that a signed consent form was present before sharing with the group. Photographs were projected on a wall for all participants to see. Participants were asked to describe why they took the photograph and what it meant to them. The SHOWeD (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?) method was introduced to the group and was intended to facilitate photograph reflection and discussion (Streng et al., 2004). The SHOWeD acronym was referenced each week as a resource to use for discussion; however, it was difficult for all participants to use. Participants reported that they did not believe the discussion points of SHOWeD assisted in the discussion of their photographs. Although SHOWeD was rarely used in its entirety, discussion was prompted by questions such as: "What does this mean to you?", "How does this affect your health and your heart?", and "Does this make it easier

or more difficult for you to take care of your health and your heart?" These questions were used to stimulate discussion when needed. Questions were also used to clarify participant statements such as "My daughter provides me with support" or "I don't know how to do that." A follow-up question such as "What kind of support does your daughter provide?" or "What do you know about that?" was posed. Participants had the opportunity to discuss each photograph that was displayed. Participants took a total of 99 photographs, which proved to be effective visual props to facilitate dialogue about self-care behaviors within the group. The number of photographs per participant ranged from two to 34 photographs. Open-ended questions during discussion sessions promoted individual reflection, group collaboration, and group discussion. Participants needed minimal prompting from the PI or RA.

For the final group meeting, all photographs that were taken were printed as 4x6-inch photographs. Printed photographs were spread out on a table. Participants were asked to group similar images together. They were then asked to give a name, topic, or theme to the group of images. Discussion among participants occurred until consensus on a topic or theme was reached. Several themes were assigned to a group of photographs if there was not a consensus among participants. A detailed description of data analysis procedures and results from the exemplar study can be found in previously published articles (Woda, Belknap, et al., 2015; Woda, Haglund, et al., 2015).



Figure 1. Participants discussing photographs and grouping similar images together.

## Photovoice: A Research Method and Intervention

The photovoice method worked well to accomplish the aim of the current research study. This method is also a powerful intervention due to its ease of implementation, transfer of power to participants, and ability to raise consciousness about important topics and bring together a community of individuals empowered to advocate for themselves and others.

### Easily Implemented

Wang and Burris (1997) suggest that almost anyone can be taught to use a camera. An individual does not need to be able to read or write in the dominant language to select a scene and take a photograph (Wang & Burris, 1997). As such, photovoice can be a powerful tool for individuals of diverse cultural backgrounds, who are vulnerable or stigmatized, and who are unable to read or write.

The 10 participants in the exemplar study needed minimal instructions to use the digital cameras. Each participant had used a similar camera in the past. Participants verbalized that they took several photographs, viewed them on the camera, and then deleted those they did not want to share with the

researcher or other participants. In addition, cameras were used by two participants to take photographs for personal use that were downloaded and removed prior to returning the cameras to the PI.

### Empowering Participants

In the photovoice method, the researcher transfers power to participants by allowing participants to control the subject matter they wish to document. This transfer of power acknowledges that participants are the experts and authorities on their health and communities. Shifting the power from those most often in control (i.e., researchers) to a disempowered, and thereby vulnerable, group (i.e., older adults with HF) is a common objective of the photovoice method and Freire's (1970, 1973) work. In the current study, the photovoice method was used to help establish an environment for individuals with HF to share their knowledge, perspectives, and expertise with researchers.

The photovoice method assisted in providing the opportunity for this vulnerable population to share their personal beliefs and perspectives.

Using photovoice encouraged participants to present their lived experience through images, language, and context. Ultimately, group discussions provided participants an opportunity to reflect on the personal and community facilitators of and barriers to engaging in HF self-care behaviors. Participants made statements such as "I am glad you're letting me tell my story," "I am happy someone asked me this stuff," and "This is important information to share." One participant took a photograph of herself, stating that she was "happy to help others".



Figure 2. Participant's photograph of herself.

At the conclusion of the current study, the PI returned to each of the housing buildings to display the photographs taken by participants. Several photographs were enlarged and placed on a poster board with the themes participants had assigned them. These photographs were displayed for other residents within the public housing building to view. During this viewing, the PI provided a teaching session on HF. The teaching session included signs and symptoms and risk factors of HF, as well as information on how to prevent and manage HF. A question and answer session also occurred. Participants from the study were present during the presentation. Many stood near their photographs and shared stories and tips for living with HF with the residents of the building.

### Promoting Consciousness

Promoting consciousness through group discussion is one goal of the photovoice method (Wang & Burris, 1997). Participants in the current study discussed facilitators of and barriers to engaging in HF

self-care behaviors. One example that highlights how the current project promoted knowledge includes participant discussions about medication adherence. While discussing photographs of medications, participants shared tips for medication adherence, such as “I use a pill box,” “I put them out on my table every morning,” and “My daughter calls to remind me every day.” During this discussion, participants could share their knowledge regarding the importance of medication adherence.

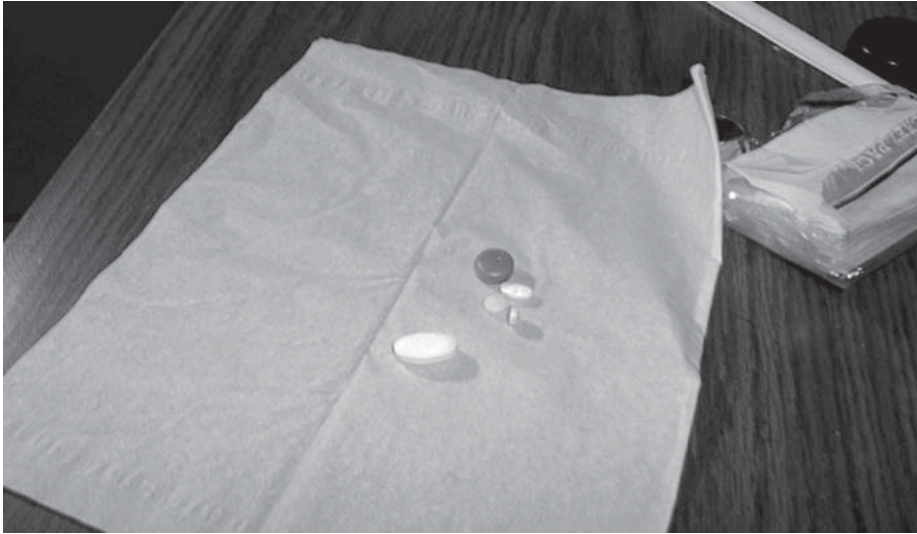


Figure 3. Participant's photograph of medication.

Overall, participants reported the photovoice project to be a good experience. Participants stated that they enjoyed being part of the study, describing it as “fun” and “interesting.” In addition, participants reported a better understanding of HF treatment and how to overcome some of the barriers presented through group discussion. One participant stated she would participate in anything that would help her learn how to take care of herself better. Others described the study as “a learning experience” and “educational.” Several participants asked the PI to contact them for future studies. One probable reason the participants found the photovoice method enjoyable was because this method promoted social interaction; participants gathered with a group of their peers and discussed how they participated in self-care.

## Implications for Geriatric Nursing

Photovoice is an engaging and beneficial research method for researchers and participants, a trait that is critical for conducting research. Geriatric nurses may use the photovoice method to identify obstacles to self-care and as a means of educating older clients. The photovoice method empowers individuals to explore and identify issues using photographs and critical dialogue, leading to increased knowledge and public awareness about the topic at hand (Foster-Fishman, Nowell, Deacon, Nievar, & McCann, 2005; Wang & Burris, 1994). Increased consciousness spurs future plans to be created and acted on (Freire, 1973).

As supported by the current study, use of photovoice with vulnerable individuals has been previously shown to provide an opportunity for reflection, critical thinking, and action, increasing participant empowerment and stimulating higher levels of critical consciousness (Carlson, Engebretson, &



Chamberlain, 2006; Woda, Belknap, et al., 2015; Woda, Haglund, et al., 2015). Empowerment was identified as a benefit in 44% to 60% of studies that used photovoice (Catalani & Minkler, 2010). Photographs allow participants to tell a story from their perspective, which then allows participants to advocate for their own well-being (Wang & Burris, 1997). Participants in the current study were empowered to share their personal experience with HF at the photograph-viewing session, during which they discussed their photographs with attendees. Participants were able to share their stories and knowledge about managing HF.

Participation is also a way for older adults to feel valued, included, powerful, and competent. Congruent with previous research studies, participants using photovoice in the exemplar study felt empowered by the realization that they had opinions and these opinions were valued by others (Woda, Belknap, et al., 2015; Woda, Haglund, et al., 2015). Other participants have reported photovoice to be an enjoyable, beneficial, and meaningful experience (Foster-Fishman et al., 2005; Necheles et al., 2007; Strack, Magill, & McDonagh, 2004; Streng et al., 2004; Wang & Burris, 1997; Wilson et al., 2007). Participants enjoyed working with each other in a group and having support from their peers when managing a chronic illness. As seen with the current participants, use of cameras to tell a story promotes a sense of pride and ownership (Wang & Burris, 1997), and encourages participants to claim authority over their lives (Rhodes, Hergenrather, Wilkin, & Jolly, 2008).

Finally, photovoice is a unique, effective means for nurses to gather information or insight into the lives of their patients. In addition, photovoice is a way to identify data that might not be identified in any other way. For example, in the exemplar study, all photographs taken were within participants' immediate environments (i.e., in their apartments or public housing buildings and immediate surrounding areas). Because photographs were taken within their apartments, the researcher was able to visualize and gain understanding of facilitators of and barriers to HF self-care within participants' immediate environments. For example, photographs identified the environmental diet challenges participants faced, including the fast food restaurants within walking distance of participants, the food items with which participants were provided monthly free of charge (most of which were high in sodium), and the convenient access to vending machines within their buildings. These factors were identified as barriers to following HF diet recommendations. Photographs of these items promoted discussion regarding challenges of following the HF diet that were present within participants' immediate environment. Geriatric nurses may use the photovoice method to identify obstacles to self-care and as an educational method for older adults.

## Conclusion

The photovoice method was empowering to participants, easy to use, and shown to be appropriate for use with older adults. The photovoice method assisted in providing opportunity for this vulnerable population to share their personal beliefs and perspectives. This method assisted in identification of themes that represented facilitators of and barriers to engaging in self-care and was effective in meeting the specific aims of the study (Woda, Belknap, et al., 2015; Woda, Haglund, et al., 2015). In addition, the photovoice method identified environmental factors influencing self-care behaviors and aspects of participants' lives that may not have been uncovered or discussed using a different method.

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