
Our Community in Focus: The Use of Photovoice for Youth-Driven Substance Abuse Assessment and Health Promotion

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The successful development and implementation of prevention curricula requires seeking strategies that combine the strengths of researchers and community members. Because young people are considered to be the experts in their own lives, it is important to determine effective ways to engage them in substance abuse assessment and prevention initiatives. The community-based participatory action research methodology of photovoice is one way to engage youth in assessment of this public health issue. "Our Community in Focus" was a project that used the photovoice methodology to engage high school youth in a community-based assessment of adolescent substance use and abuse. Through the photovoice method, youth were able to reflect their community's strengths and concerns with regards to adolescent substance abuse, as they took photographs to answer the question "What contributes to adolescents' decisions to use or not to use alcohol and other drugs?" The youth and the community were highly receptive to the project and its methodology, and photographs taken by photovoice participants presented a compelling argument for action.

Keywords: *adolescents; youth; substance abuse; alcohol and other drugs (AOD); prevention; community coalition; Communities That Care; photovoice; community-based participatory action research; community assessment*

Existing research on substance abuse prevention curricula for youth confirm the need to seek strategies that combine the strengths of researchers with community expertise (Bosworth, 1998; Gosin, Dustman, Drapeau, & Harthun, 2003; Israel, Schulz, Parker, & Becker, 1998). Because youth are considered to be the experts in their own lives, it is important to determine effective ways to engage them in substance abuse prevention efforts. Participatory action research (PAR) is one collaborative method that allows communities to integrate the knowledge of researchers and community members, including youth. Typically, the PAR approach examines ecological (social, political, economic, cultural, and gender) factors that influence how a problem plays itself out in a community at large. The goal is an increased understanding of the issue, greater community buy-in, and the development of mutually agreed on solutions. For these reasons, PAR is highly recommended for assessment and evaluation that is essential to effective prevention programming (Gosin et al., 2003).

The following is the description of a community-based project called "Our Community in Focus." The project used the PAR method of photovoice to engage youth in the substance abuse assessment efforts of a local community coalition. This article is directed toward community coalition members, youth workers, educators, prevention specialists, and public health practitioners interested in using the photovoice method for youth-driven community assessment of adolescent alcohol and other drug (AOD) use. For this reason, the article is focused on the process of implementing a

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photovoice project for adolescent AOD assessment, with a brief presentation of the selected findings. Also discussed is the impact of the project on the local coalition-based efforts to mobilize the community around adolescent AOD prevention issues and how this type of project may be effective in other communities.

► **BACKGROUND AND LITERATURE REVIEW**

Prevention Science and Community Coalitions

Only two decades ago, we lacked clear evidence that adolescent problem behaviors such as alcohol and other drug use could be prevented. Early prevention efforts were proven to be largely ineffective, as evaluations of such programs showed little evidence in support of successful prevention and reduction of adolescent AOD use (Moskowitz, 1989). During the 1980s and 1990s, researchers advocated taking a public health approach to AOD prevention. This approach suggests that the prevention of problem behaviors requires identification of factors that interrupt the process of healthy youth development (risk factors) and the promotion of factors required for positive development (protective factors; Gorman-Smith et al., 1996; Hawkins, Catalano, & Miller, 1992; Hill, Hawkins, Catalano, Abbott, & Guo, 2005; Kraemer et al., 1997; National Research Council and Institute of Medicine, 2009).

The identification of risk and protective factors for adolescent problem behaviors has led to the development of many effective prevention programs and policies. The newer challenge has become transferring this knowledge from public health researchers into the hands of those who work with young people and communities

(Brooke-Weiss, Haggerty, Fagan, Hawkins, & Cady, 2008). Communities That Care (CTC) is a coalition-based prevention operating system that provides the structure for community-involved assessment, planning, managing, and evaluating prevention activities at the community level (Hawkins & Catalano, 1992). The CTC system endorses the use of community-specific data on risk and protective factors to guide the selection of science-based prevention programs. The CTC system promotes youth involvement and invites youth to take leadership positions within the coalition. It is difficult however to secure "buy-in" from youth in CTC communities. The project described in this article used the PAR method of photovoice to engage youth in their community's assessment of local risk and protective factors for adolescent AOD use.

Photovoice as a Means for Youth Involvement

Photovoice is a process through which people can identify, represent, and change their community through a specific photographic technique (Wang & Burris, 1997). The process entrusts cameras to persons "who seldom have access to those who make decisions over their lives" (Wang, Burris, & Ping, 1996), and it enables them to act as recorders and catalysts for change in their own community. The method of photovoice is built on the fundamental philosophies inherent in documentary photography, feminist research theory, and Freirian empowerment. Each of these philosophies advocates for conversations around issues that affect their communities and thereby have strong implications for community health (Wallerstein & Bernstein, 1988; Wang & Burris, 1994, 1997). Photovoice encourages community participation at all phases of data collection, analysis, and dissemination.

The method of photovoice is highly flexible and has been used in geographically and culturally diverse groups. Published articles demonstrate the use of photovoice to address disparities in health promotion among people with intellectual disabilities (Jurkowski & Paul-Ward, 2007), to encourage local participation in community health assessment in a rural Appalachian county (Downey, Ireson, & Scutchfield, 2009), and to gain insight into the life experiences of people living with HIV/AIDS (Rhodes, Hergenrather, Wilkin, & Jolly, 2008). The method has also been widely used with adolescents across many cultural groups, to capture their perspective on a variety of public health issues (Goodhart et al., 2006; Moss, 1999a, 1999b; Necheles et al., 2007; Strack, Magill, & McDonagh, 2004).

The Our Community in Focus project took place in an upper-middle-income community in western Washington

State. We chose photovoice as a means for youth-driven community assessment to (a) increase dialogue between youth and adult community members about adolescent AOD use, (b) enhance data for inclusion in the community assessment report, and (c) to leave the existing community coalition with an exhibit to be used as a gathering point for discussions and actions around the issue of adolescent AOD use. To our knowledge, this was the first use of photovoice solely focused on youth involvement in substance abuse assessment.

► METHOD

Setting

The participating community was an upper-middle-income suburban community located in western Washington State. According to the U.S. Census Bureau (2000), the population of the community in the year 2000 was slightly more than 20,000, of which 16% were non-White. The median household income was approximately \$90,000, compared to the county median of \$53,000.

High levels of substance abuse among community youth contrast sharply to indicators of community “success.” Local school district data show that high school students in the study community have consistently registered the top SAT scores for the state’s public high schools, and their matriculation rate has been more than 90%. By the 12th grade, however, high school students in the study community accounted for some of the highest rates of alcohol use in the state. Thirty-day use of alcohol and “positive” attitudes toward the consumption of alcohol and marijuana registered far above Washington State averages (Washington State Department of Health, 2004–2006).

Since 2005, the local Youth and Family Services agency has worked in partnership with the local CTC coalition to promote community engagement and action around the issue of adolescent AOD use. The local CTC community mobilization process consists of five phases: (a) engaging key leaders, (b) forming a community board, (c) conducting a community risk assessment, (d) creating a comprehensive youth development plan, and (e) establishing, institutionalizing, and evaluating the youth development plan. Youth and Family Services and the CTC coalition approved the Our Community in Focus project as an aspect of their ongoing community assessment efforts. They provided funding and meeting space; in addition, they provided publicity for the final photo exhibit. The research methods were approved by the University of Washington Institutional Review Board.

Recruitment

A method called purposive sampling (Patton, 1990) was used to recruit students who represented the “typical” high school experience in the community. Purposive sampling is an appropriate recruitment method when a researcher’s major concern is not the generalizability of findings but rather the patterns and problems that occur in the particular context of the community or population under study (Erlandson, Harris, Skipper, & Allen, 1993). Students were notified of the photovoice project through an e-mail list owned by the local Youth and Family Services Youth Development Program. Eligibility criteria required that students be residing in the community in School Grades 10, 11, or 12 and be willing and able to attend each of the photovoice training and data analysis sessions. We focused on recruiting students in Grades 10 through 12 because Healthy Youth Survey statistics suggest that alcohol and other drug use increases significantly between the 10th and 12th grades (Washington State Department of Health, 2004–2006).

Those who were eligible and expressed interest were encouraged to participate and were asked to attend an informational session. Dates for the subsequent photovoice sessions were set in advance, and participants committed to attending all six sessions. The project was limited to a maximum of 12 students. As a token of appreciation for participating in the photovoice project, students received formally documented community service hours and a \$10 i-Tunes gift card. All participating students less than 18 years old signed a Participant Assent Form, while a parent or guardian signed a Parental Consent Form. Students aged 18 and older signed a Participant Consent Form. The Assent and Consent Forms stated that results from the project may be published and that publications of photographs and other project-related information will contain no personal identifiers.

The Research Question

Participants were asked to take photographs that would illustrate their response to the following question: “In your community, what influences local adolescents’ decisions to use or not to use alcohol and other drugs?” This research question arose from previous assessment work done by the local CTC coalition. At the first photovoice session, the photovoice coordinator presented the risk-focused prevention strategy developed and incorporated into the CTC framework (Hawkins et al., 1992). Participants were asked to frame their phototaking around the four domains of risk and protective factors as defined in the literature (Table 1).

TABLE 1
Risk and Protective Factors for Adolescent Substance Abuse (Hawkins et al., 1992)

	<i>Individual/Peer</i>	<i>Family</i>	<i>School</i>	<i>Community (Environmental)</i>
Risk factor	Early aggressive behavior; alienation or rebelliousness; antisocial behavior; associate with peers who are using drugs; favorable attitudes toward drugs; early first use of drugs	History of alcoholism; poor family management; parental drug use and positive attitudes toward use	Academic failures; low commitment to school	Economic and social deprivation; low neighborhood attachment; transition and mobility; community laws and norms favorable toward drug use; availability
Protective factor	Self-control; academic competence; social skills; religiosity; resilience	Parental monitoring; family attachment; healthy beliefs and standards for behavior; family opportunities and rewards for prosocial involvement	Anti-drug use policies; school opportunities and rewards for prosocial involvement	Strong neighborhood attachment; community opportunities and rewards for prosocial involvement

The Photovoice Sessions

Following the informational session, six 2-hr photovoice sessions were conducted over a 10-week period. Sessions were held at the local community center and were facilitated by the photovoice coordinator, who previously held the position of Youth Development Coordinator for the local Youth and Family Services. At the introductory photovoice session, each participant was given a disposable camera. Almost all students had personal access to a digital camera and chose to use their personal cameras instead of the disposables. The goals and activities of each session are summarized in Table 2.

The SHOWed method was used to encourage participants' discussion and contextualization of the photographs (Wang, Wu, Zhan, & Carovano, 1998). The method uses five questions to facilitate discussion: What do you see happening here? What is really *h*appening here? How does this relate to *o*ur lives? *W*hy does this situation, concern, or strength exist? How could this image educate the community, policy makers, etc.? What can we *d*o about it? The purpose of the SHOWed questions is to identify the problem or asset being examined through photovoice, critically discuss the roots of the situation, and develop strategies for change.

Photovoice participants and the photovoice coordinator took handwritten notes during discussions. The photographer discussed each of her or his photographs within the context of the SHOWed questions and also

formally wrote down answers to each of the SHOWed questions. Finally, participants created captions that described the significance of each photograph in relation to contributing factors to adolescent AOD use and the risk-focused prevention strategy. Transcripts of data are a combination of notes taken during discussions, formal handwritten responses to the SHOWed questions, and final captions used to describe photographs.

Data Analysis

Data were analyzed using a three-stage participatory group analysis developed by Wang and colleagues (Wang & Burris, 1997; Wang et al., 1998). The three stages are (a) selecting photographs that most accurately reflect the participants' concerns, (b) contextualizing the photographs, and (c) codifying issues, themes, or theories that emerge.

Selecting topics for photographs. Most of the first photovoice session was devoted to exploring ideas for potential photographs. The photovoice coordinator gave a short presentation about the four domains of risk and protective factors (Hawkins et al., 1992). Participants were then asked to brainstorm any additional factors they believed fell under the domains and led to adolescent AOD use and nonuse. Table 3 represents the factors brainstormed by the participants during the first photovoice session. Many of the factors mentioned by

TABLE 2
Description of Photovoice Sessions

Topics Covered, Data Collected, and Analysis Performed at Photovoice Sessions^a

Session 1/Week 1: Introduction to Photovoice and Research Ethics

- Photovoice coordinator gives PowerPoint presentation about introduction to public health, prevention research, and risk-focused prevention strategy
- Discuss rules and ethics for Our Community in Focus project (i.e., no photos of people, etc.)
- Brainstorm reasons that adolescents decide to use or not to use alcohol and other drugs
- Give photograph assignment: “Take photographs of what you think contributes to adolescent AOD use and nonuse in your community.”
- Brainstorm ideas for photographs
- Distribute disposable cameras to participants

Session 2/Week 2: Generating Data and Shared Meanings

- Participants bring photographs to photovoice workshop in format that allows them to be uploaded onto a laptop
- Photographs are projected from laptop onto screen with LCD projector
- Participants take turns discussing their photographs using the SHOWed method
- Participants take notes about each other’s photographs and descriptions
- Participants give notes to photovoice coordinator at the end of the session
- Participants given additional cameras, if needed
- Participants leave workshop and have 2 weeks to take another set of photographs

Session 3/Week 4: Generating Data and Shared Meanings

- Same as session 2

Session 4/Week 6: Coding Scheme Completed

- Participants bring photographs to photovoice workshop in format that allows them to be uploaded onto a laptop
- Photographs are projected from laptop onto screen with LCD projector
- Participants take turns discussing their photographs using the SHOWed method
- Participants take notes about each others’ photographs and descriptions
- Coordinator explains the concept of coding
- Participants begin to think about what themes arose in photographs taken

Session 5/Week 8: Coding

- Participants receive printed copy of all photographs discussed, along with notes taken from participant discussions about photographs during previous sessions (compiled by photovoice coordinator)
- Participants use coding matrix to determine appropriate codes for photographs taken

Session 6/Week 10: Photo Selection for Public Presentation

- Coding process is completed
- Photographs are chosen by participants for the final exhibit
- Participants volunteer to mount photographs for the exhibit (on their own time)
- Photographs are thematically grouped and mounted on large display boards
- Participants discuss final messages they want to convey to the community
- Participants give feedback and debrief about their experience with the photovoice project

a. Typically photography lessons are included in photovoice projects. Instead, education around the public health concepts of risk and protective factors were the focus of the introductory session.

TABLE 3
Youths' Perception of Factors Contributing to Use and Nonuse

<i>Domain</i>	<i>What Contributes to Youth Using AOD?</i>	<i>What Prevents Youth From Using AOD?</i>
Individual/peer	<ul style="list-style-type: none"> • It's cool to use • It's fun to use • Kids are using younger and younger • Everyone's doing it 	<ul style="list-style-type: none"> • Personal consequences: sports teams, sports performance, getting sick/injured • Friends don't use
Family	<ul style="list-style-type: none"> • Parents use • There is a lot of alcohol in our houses • Adults drink socially and show us it's okay; older siblings use 	<ul style="list-style-type: none"> • Religious values are present in family • Adults in family don't drink a lot • There is no alcohol in my house
School	<ul style="list-style-type: none"> • School spirit = drinking • Student leaders at school drink • School is stressful, so kids drink 	<ul style="list-style-type: none"> • Athletic code sometimes gets kids in trouble
Community	<ul style="list-style-type: none"> • Everyone's doing it • No real consequences 	<ul style="list-style-type: none"> • Consequences with police • Bad reputation in the community

NOTE: AOD = alcohol and other drugs.

participants correlate with the risk and protective factors suggested in the literature about risk and protective factors.

After brainstorming what leads to adolescent AOD use and nonuse, participants discussed examples of the kind of photographs they could take to capture the contributing factors that the brainstorming had identified. Because participants were prohibited from taking photographs that identified people, this idea-sharing helped to determine what kinds of photographs they should take. Participants took numerous digital photographs between the first, second, and third photovoice sessions. Photographs were shared at the second, third, and fourth sessions.

Each participant shared an average of four photographs at the second through fourth photovoice sessions. The photographs were loaded onto a laptop computer and projected during sessions, and the participants discussed their photos' relevance and why they had chosen to present it.

Contextualizing the photographs. During the discussion, participants were asked to use the five SHOWed questions to guide their presentation of each photograph. The process of contextualizing photographs occurred organically during the photovoice sessions and allowed for unrestricted discussion of issues and concerns related to substance use. Because participants were required not to take photographs of people, many of their photographs were abstract and therefore contextualization was essential.

Coding. The final two photovoice sessions were devoted to coding the photographs. Participants and the photovoice coordinator developed concept codes based on the four domains of the risk and protective factors (individual/peer, family, school, community). The codes combined the contributing factors brainstormed by the participants (Table 3) and the list of risk and protective factors taken from the literature and presented in the first photovoice session.

All photographs that were presented during the second, third, and fourth sessions were printed out and given in a packet to each participant at the fifth session. Participants assigned each photograph a code or a series of codes and were encouraged to create new codes if none of those existing were appropriate. After each participant coded the photographs, the group came together to discuss their coding procedures and outcomes. A significant number of the photographs were coded similarly, and the group reached consensus on the final codes for each photograph, with some photographs receiving more than one code.

Finally, photographs deemed to be representative of major themes identified by the participants were selected for a community-wide photo exhibit. Photographs were displayed with an accompanying description written by the photographer (see Figure 1). Some participants wanted to include their thoughts about photographs taken by other participants; thus, some of the photographs were accompanied by more than one description. The photography exhibit represented the youths' assessment of adolescent AOD use in their community.

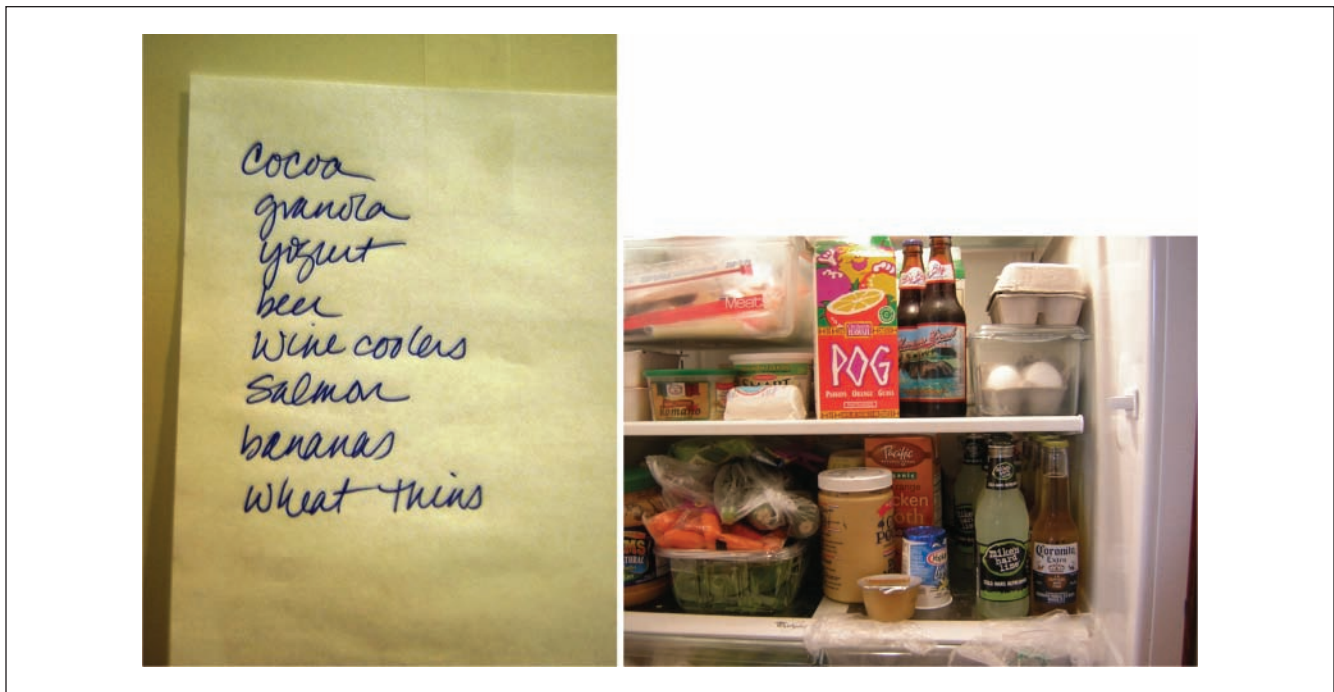


FIGURE 1 “This is my mom’s grocery list and my refrigerator. It’s almost impossible to get to anything in the fridge without having to move the alcohol out of the way. The fact that there is so much alcohol in the house gives kids the idea that it is normal and okay.”

► RESULTS

Ten students enrolled, of which nine completed all six required sessions of this study. Of the nine participating students, two were in the 12th grade, six were in the 11th grade, and one student was in the 10th grade. Three were male and six were female. All students attended the community’s public high school. Because of confidentiality requirements agreed to in the consent and assent forms, it was not possible to gain information about the rates of AOD use among the photovoice participants.

Photovoice participants presented and discussed a total of 50 photographs during the photovoice sessions. During the coding process, they devised a list of 20 codes. For the final exhibit, the participants decided on 30 photographs and nine accompanying themes that they believed best represented the issue. Only two of the nine themes created by the participants referred to teens’ decisions *not* to use AOD. The participants took many more photographs of what they believe leads to use of AOD. Brief descriptions of the nine themes chosen by the participants are listed below. Themes are organized by the four domains of the risk and protective factors (Table 4).

Findings from the Our Community in Focus photovoice project support and expand on many of the

issues deemed important by the literature and the local CTC coalition’s community assessment. Along with emphasizing similar risk factors (e.g., favorable attitudes toward youth, parental positive attitudes toward use, availability), youth explained the importance of factors that do not appear to have been included in the literature or in the local community assessment. One example of this is the participants’ discussion of the Internet social networking utility Facebook. Participants described how posting photographs and talking with friends online through Facebook may be a contributing factor for increased rates of adolescent AOD use in the community. One participant commented, “Every weekend people post their drinking pictures on Facebook. So on Sunday night you can sit for hours and look at everyone’s drinking pictures. If you don’t drink, it’s really hard because the ‘cool’ people post their pictures, and if you don’t have any [pictures of yourself drinking] it’s easy to think that you’re not cool.”

► DISCUSSION

Photovoice, as a method to engage high school youth in community-based assessment and planning efforts, had

TABLE 4
Themes Derived From Photographs Taken

<i>Domain</i>	<i>Theme</i>	<i>Example of Photograph Taken</i>
Individual/peer	Drinking is fun/cool	Photograph of beer cans laid out in the shape of a “smiley face”
Family	Religion (protective factor)	Photograph of the outside of a local church
	Parents and adults in the community have positive/normative attitudes toward alcohol use	Photograph of parents’ liquor cabinet and wine glasses
School	Teenagers have access to alcohol in their homes	Photographs of parent’s wine cellar
	High school spirit = culture of drinking	Photograph of the school’s sports arena, which is called “The Jungle”
	School policy, administration, and culture condone drinking	Photograph of letterman jacket and cheerleading uniform
Individual/peer, family, school, community	Teens drink to relieve pressure from school-related stress	Photographs of textbooks and calendars filled with school assignments
	Drinking is everywhere, from Facebook to textbooks	Photograph of a Facebook conversation about students being reprimanded for drinking at a school dance
	Consequences (protective factor)	Photographs of police vehicles and ambulances

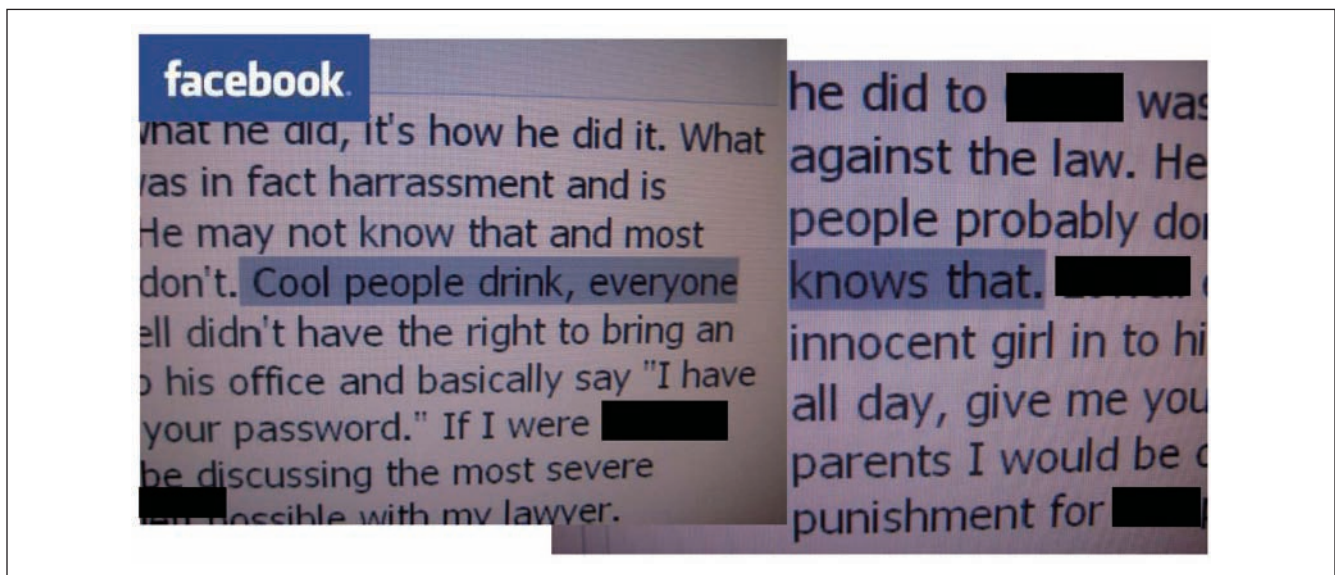


FIGURE 2 “This is a photograph of a real conversation that happened on Facebook after some kids got caught for drinking on Homecoming. Here, we see someone who thinks that drinking is the ‘cool’ thing to do. He posted this on Facebook for everyone to see.”

immediate positive implications for the substance abuse prevention efforts in the community under study. The Our Community in Focus project resulted in: (a) increased dialogue between youth and adult community members about adolescent AOD use, (b) enhanced data for inclusion in the community assessment, and (c) a traveling

exhibit of the data that is now owned by the community and the youth participants. The following is a discussion of these implications and how they have positively affected the community-based prevention efforts already under way by the local Youth and Family Services and the CTC coalition.

Dialogue

The new information presented in the final exhibition intrigued both youth and adults, and resulted in an open dialogue between youth and adults present at the exhibition. An open discussion across generations may lead to the identification of mutually agreed on strategies that would better address the sociocultural influences that appear to be pervasive in the peer, family, school and community environments.

Data

Our Community in Focus aimed to contribute information to the previously developed community assessment and action plan. Before the start of the Our Community in Focus project, the local CTC coalition developed a 5-year strategic plan that broadly laid out the coalition's next steps in addressing the issue of adolescent AOD use. Along with various social marketing and environmental strategies, the plan included the implementation of tested and effective prevention programs at the family, school, and community level. The selection of specific strategies and programs was based on the coalition's assessment of the problem and was developed around the selected risk and protective factors deemed most important by the coalition. The coalition plans to use the 5-year strategic plan to develop a more detailed 1-year action plan each year.

The new data gathered through the photovoice project may be taken into consideration in the development of future 1-year action plans (i.e., which specific risk and protective factors will be addressed, and which programs and strategies will be implemented over the year). Examples of potential effective interventions and strategies that would be a likely outcome of incorporating the photovoice findings and process into future action plans include the following:

- Involving a significant number of youth in the coalition's planning
- Implementing tested and effective prevention programs that specifically address school policy as one of the outcomes addressed by the program
- Encouraging intergenerational dialogue about the issue and its potential solutions
- Providing parent education regarding teen AOD use—focusing on the position of parents as role models

The Exhibit

Along with using the photovoice data as a platform for dialogue and innovative planning, the community-based and youth-centered nature of this photovoice

project left the community with a tangible product to be used for community mobilization purposes. The photovoice data were first presented to the community by the photovoice coordinator and participating youth. Presentations of the data included the community-wide exhibition and a presentation at the local Parent Teacher Student Association meeting. As one aim of the photovoice method is to engage local leaders and policy makers through the photovoice exhibit, the local CTC coalition, along with other city and school officials, were invited to the exhibit via personal e-mails and phone calls by the student participants and the photovoice coordinator. All active members of the coalition, the school's Alcohol and Drug Intervention Specialist, the Youth and Family Services Director, the City Attorney, and representatives from the local police department were present at the photovoice exhibit.

The presentations included the printed photographs mounted on large display boards, and a PowerPoint presentation given by the coordinator and the youth participants. After the first two presentations, ownership of the PowerPoint presentation and mounted photographs were handed over to the local Youth and Family Services agency, the CTC coalition, and the participating youth. The result has been the wide dissemination of these assessment findings to the community. The tangible product of the photo exhibit and PowerPoint presentation allow for a sustainable community-based effort to share information and mobilize the community toward action.

► CONCLUSIONS

Our Community in Focus sought to gather qualitative information from high school youth about the problem of adolescent AOD use. In the process of gathering information from youth, a more in-depth community assessment was developed. Findings from the Our Community in Focus photovoice project indicate that youth in this community perceive positive or condoning messages about adolescent AOD use at the individual/peer, family, school, and community levels; that alcohol is easily accessed; and that adolescent AOD use is pervasive for them. By including the youth perspective in the assessment effort, the community was able to gather new and important information that will influence decisions about the most effective response to the elevated incidence of adolescent AOD use, and was able to mobilize multiple generations around the issue.

The success of the Our Community in Focus photovoice project suggests that other communities with coalitions in place might find the photovoice method a

valuable tool in community assessment and in assessing youth perceptions of AOD use in their communities. More specifically, it seems that the use of photovoice has the potential to effectively (a) bring to light important information regarding the youths' perspective on a public health concern; (b) engage youth as key informants and advocates for AOD prevention; (c) creatively provide information to engage community members at all levels; and (d) affect the implementation of policies and prevention programs at the individual, family, school, and community levels.

REFERENCES

- Bosworth, K. (1998). Assessment of drug abuse prevention curricula developed at the local level. *Journal of Drug Education, 28*(4), 307-325.
- Brooke-Weiss, B., Haggerty, K., Fagan, A., Hawkins, J. D., & Cady, R. (2008). Creating community change to improve youth development: The Communities That Care system. *The Prevention Researcher, 15*(2), 21-24.
- Downey, L. H., Ireson, C. L., & Scutchfield, F. D. (2009). The use of photovoice as a method of facilitating deliberation. *Health Promotion Practice, 10*, 419-427.
- Erlandson, D., Harris, E., Skipper, B., & Allen, S. (1993). *Doing naturalistic inquiry: A guide to methods*. Newbury Park, CA: Sage.
- Goodhart, F. W., Hsu, J., Baek, J. H., Coleman, A. L., Maresca, F. M., & Miller, M. B. (2006). A view through a different lens: Photovoice as a tool for student advocacy. *Journal of American College Health, 55*, 53-56.
- Gorman-Smith, D., Tolan, P. H., Zelli, A., & Huesmann, L. R. (1996). The relation of family functioning to violence among inner-city youths. *Journal of Family Psychology, 10*, 115-129.
- Gosin, M. N., Dustman, P. A., Drapeau, A. E., & Harthun, M. L. (2003). Participatory action research: Creating an effective prevention curriculum for adolescents in the Southwestern US. *Health Education Research, 18*, 363-379.
- Hawkins, J. D., & Catalano, R. F. (1992). *Communities that care: Action for drug abuse prevention*. San Francisco: Jossey-Bass.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*, 64-105.
- Hill, K. G., Hawkins, J. D., Catalano, R. F., Abbott, R. D., & Guo, J. (2005). Family influences on the risk of daily smoking initiation. *Journal of Adolescent Health, 37*, 202-210.
- Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health, 19*, 173-202.
- Jurkowski, J. M., & Paul-Ward, A. (2007). Photovoice with vulnerable populations: Addressing disparities in health promotion among people with intellectual disabilities. *Health Promotion Practice, 8*, 358-365.
- Kraemer, H. C., Kazdin, A. E., Offord, D. R., Kessler, R. C., Jensen, P. S., & Kupfer, D. J. (1997). Coming to terms with the terms of risk. *Archives of General Psychiatry, 54*, 337-343.
- Moskowitz, J. M. (1989). The primary prevention of alcohol problems: A critical review of the research literature. *Journal of Studies on Alcohol, 50*, 54-88.
- Moss, T. (1999a). Photovoice. *Children First, 3*(26), 28-29.
- Moss, T. (1999b). Photovoice. *Children First, 3*(27), 3-35.
- National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Academies Press.
- Necheles, J. W., Chung, E. Q., Hawes-Dawson, J., Ryan, G. W., Williams, L. B., Holmes, H. N., et al. (2007). The Teen Photovoice Project: A pilot study to promote health through advocacy. *Progress in Community Health Partnerships: Research, Education, and Action, 1*(3), 221-229.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage Publications, Inc.
- Rhodes, S. D., Hergenrather, K. C., Wilkin, A. M., & Jolly, C. (2008). Visions and voices: Indigent persons living with HIV in the Southern United States use photovoice to create knowledge, develop partnerships, and take action. *Health Promotion Practice, 9*, 159-169.
- Strack, R. W., Magill, C., & McDonagh, K. (2004). Engaging youth through photovoice. *Health Promotion Practice, 5*, 49-58.
- U.S. Census Bureau. (2000). *American FactFinder fact sheet: King County, WA*. Available from <http://quickfacts.census.gov>
- Wallerstein, N., & Bernstein, E. (1988). Empowerment education: Freire's ideas adapted to health education. *Health Education Quarterly, 15*, 379-394.
- Wang, C., & Burris, M. A. (1994). Empowerment through photo novella: Portraits of participation. *Health Education Quarterly, 21*, 171-186.
- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior, 24*, 369-387.
- Wang, C., Burris, M., & Ping, X. (1996). Chinese village women as visual anthropologists: A participatory approach to reaching policymakers. *Social Science & Medicine, 42*, 1391-1400.
- Wang, C., Wu, K. Y., Zhan, W. T., & Carovano, K. (1998). Photovoice as a participatory health promotion strategy. *Health Promotion International, 13*, 75-86.
- Washington State Department of Health. (2004-2006). Washington State Healthy Youth Survey. Retrieved from <https://fortress.wa.gov/doh/hys/ASPX/HYSreports.aspx>