Grass-Roots to Grass-Tops

**Building Capacity to Address
Racism as a Social Determinant of Health**

Interim Report on the Photovoice Pilot in Oxnard, CA

July 2020

Page intentionally left blank.

Grass-Roots to Grass-Tops:
Building Capacity to Address Racism as a Social Determinant of Health

Interim Report on the Photovoice Pilot in Oxnard, California

Written and Prepared by

R. Bong Vergara

Prepared for

Ventura County Behavioral Health Department

June 2020 - Report #062020-BHD-PVOX

Page intentionally left blank.

Acknowledgments

Table of Contents

Executive Summary

Background

This is a report of the action-research project, called *Photovoice Oxnard*, that was piloted in FY 2019-20 by BRITE Youth Services to study racism as a determinant of health in Oxnard. The history behind this pilot photovoice project began with conversations in early 2017 that centered around training local youth of color in health equity advocacy and innovation. In July 2017, this author submitted to Ventura County Behavioral Health Department (VCBH) the original research proposal for a photovoice project on racism as social determinant of health (SDOH) upon the request of key members of VCBH leadership and staff who were growing concerned about the long-standing and unexamined role of racism on local population health.

That research proposal responded to an explicit strategic and programmatic need by VCBH to engage local youth in racial health disparity reduction in behavioral health. Our strategic rationale for gathering local empirical data on racism as SDOH was to (a) inform VCBH's health equity focus with local evidence and innovation insight, (b) infuse community input into VCBH's aspiration for a race-conscious substance abuse prevention program, (c) strengthen VCBH's health promotion plan for racial and ethnic minorities, and (d) meet prevention innovation obligations with state health agencies.

The most comprehensive meta-analysis on racism and human health by Paradise, Ben, Denson, Elias, Priest, and Pieterse (2015) that linked racism and mental health, racism and a diverse range of health outcomes (e.g., obesity, stress, and post-traumatic stress disorder), and racism to long-term effects on health provided encouragement that there was solid science behind our endeavor; this Paradise et al. study was the strongest evidence, yet, of racism as a determinant of health. The stronger association with mental health suggested that racism impacts parts of the brain that regulate anxiety, depression, and psychosis (Berger & Samyai 2015; Paradise et al. 2015).

That the COVID-19 outbreak revealed the racism in how public policy and healthcare institutions made decisions on which groups could or could not receive the healthcare they need, provided further opportunity to mainstream the idea that there exists power relations in society that protected some groups more than others from illness and death. To understand necropolitics – the politics of morbidity and mortality -- is also to understand racism as SDOH (and vice versa). The literature review on racism as SDOH unpacks the invisible but unmistakable hand of systemic racism on population health.

Objectives

The reasons for the *Photovoice Oxnard* pilot in FY 2019-20 were to (a) lower risk of failure by limiting program complexity in a controlled-but-live implementation, (b) confirm or disprove planned objectives and hypotheses, (c) uncover process improvements to meet local conditions, (d) build stakeholder buy-in and support, and (e) establish traction in the target local communities. We tested three key components of the research design, namely, the participant outreach, data collection, and action-planning plans. We also analyzed the qualitative data collected to validate that the photovoice approach could provide the empirical data on racism as a social determinant in Oxnard.

The FY2019-20 pilot was the culmination of three previous attempts at a pilot implementation in FY 2018-2019. A review by VCBH staff and the research team of photovoice activities led to a consensus on a fourth and hybrid pilot implementation model for FY 2019-20 that, on one hand, contracted out the pilot implementation component to a community-based organization (CBO) with access to youth participants ("community researchers") and, on the other hand, contracted capacity-building technical assistance (TA) to a team of research consultants led by this author. The limited scope of this fourth pilot focused on a trial run of the recruitment, data collection, and action-planning plans since these were the most critical components to validate under local conditions.

Work Accomplished

The FY 2019-20 pilot was comprised of three sequential pilot projects for *PhotoVoice Oxnard*, namely the Participant Recruitment and Retention Pilot, Data Collection Pilot, and Action-Planning Pilot; these were completed and supported by a capacity-building TA mission led by this author. An analysis of photovoice qualitative data included in this report validates photovoice as a relevant approach for understanding local experiences with racism as SDOH.

Participant recruitment and retention pilot. BRITE Youth Services, the CBO partner, leveraged its access to local community agencies, schools, and nonprofits to identify, recruit, and secure youth community researchers for the study. They used a convenient sampling technique. As was laid out in the pilot workplan (see Appendix D: Pilot Implementation Work Plan), at least one in-person orientation meeting was held with prospective community researchers to explain the purpose and elements of the pilot photovoice study. BRITE Youth Services successfully recruited the target number of community researchers (N=15, all senior high school students, five males, ten females) from Channel Islands High School, in coordination with Upward Bound.

Data collection pilot. The data collection objectives of the FY2019-20 pilot were to mobilize 15 community researchers to photograph instances of racism impacting physical and mental health. Weekly themes were assigned to engage community researchers in a critical discussion of their photos using the SHOWeD tool. BRITE Youth Services used a list of photovoice themes provided by the TA team to structure the weekly photo discussion, as laid out in the pilot workplan (see Appendix D: Pilot Implementation Work Plan). Qualitative data were extracted from the notes on weekly discussion. The total number of photos collected and annotated was 48 and 23, respectively; qualitative data were also extracted from photo annotations.

Action-planning pilot. The action-planning objectives of the FY2019-20 pilot were to mobilize community researchers to present their program and policy innovations to relevant local decision-makers and to hold an exhibit of annotated photos. BRITE Youth Services followed a series of action-planning activities laid out in the pilot workplan provided by the TA team (see Appendix D: Pilot Implementation Work Plan). Two policy advocacy meetings between community researchers and a City of Oxnard councilmember were completed, with one meeting in process of being scheduled. These decision-makers responded positively to the policy recommendations offered by community researchers. A strategic delay is in place for the photo exhibit, which will be hosted on BRITE Youth Services's website and used to structure community dialogue on racism as a public health risk over the summer and fall quarters.

Recommendations

The capacity and participant retention needs identified in the three pilots should be addressed ahead of a full research implementation using the following recommendations:

1. Address the need for monetary and/or non-monetary incentives for participants
2. Engage in a concerted recruitment effort to secure participation from non-Hispanic racial and ethnic communities about which VCBH needs data (i.e., Asians, Blacks, and Pacific Islanders)
3. Shorten the data collection phase to six weeks; add a two-week planning and preparation phase
4. Make targeted revisions to the technical assistance model
5. Actively engage non-public funders to contribute their fair share of the funding burden

Introduction

Grass-Roots to Grass-Tops: Building Local Capacity to Address Racism as a Social Determinant of Health ("Grassroots to Grass-tops") is a report on the implementation of *Photovoice Oxnard*, an action-research pilot study held from July 2019 to June 2020, in partnership with BRITE Youth Services and Upward Bound, to explore how youth understand racism as a social determinant of health (SDOH). Using students as community researchers, *Photovoice Oxnard* explored racism as SDOH in Oxnard.

Grass-Roots to Grass-Tops provides the background, history, and context for the FY2019-20 pilot implementation for *Photovoice Oxnard* and the capacity-building technical assistance (TA) mission for it. This report's purpose is to describe the pilot's core components (i.e., retention pilot, data collection pilot, action-planning pilot), the specific knowledge or actions that influenced the local implementation of the photovoice project (e.g., community researcher retention, stakeholder engagement); its processes, methods, and techniques used to conduct the pilot (e.g., design fidelity, facilitation of photovoice discussion, data collection, action-planning); the soundness of the program theory and research design to deliver the local need for empirical data (i.e., the extent to which photovoice is a good tool for appraising local understanding of racism as a SDOH); and other implementation strategies (e.g., community researcher training, policy advocacy, data management).

Grass-Roots to Grass-Tops begins with a review of the current literature on racism as SDOH in response to an explicit need by Ventura County Health Agency Behavioral Health Department (VCBH) to ground the research design and bolster the empirical and theoretical evidence behind a race-conscious health equity program and policy orientation for VCBH. To write it, the author reviewed literature on SDOH linking substance abuse and mental health with racism, published between 2015 and 2020 in academic journals, universities, public agencies, and news media.

From the literature review, we move to a discussion of the strategic and practical motivation for a local photovoice project, the decision to conduct a fourth pilot in FY 2019-20, the scoping process for that pilot, and the 'train-the-trainer' model for the TA mission. The section after that shows the rating rubric for the three components of the pilot, namely the recruitment pilot, data collection pilot, and action-planning pilot. The rating rubric lays bare the four qualitative metrics used to evaluate the conduct of these component pilots. An analysis of the qualitative data collected that anchors the late sections suggests potential practice and policy implications should VCBH pursue a full implementation of *Photovoice Oxnard*. *Grass-Roots to Grass-Tops* concludes with key recommendations and the potential significance of the pilot study.

Background

VCBH commissioned a research proposal on July 2017 for a photovoice project on racism as a social determinant of health to address a long-standing and unexamined role of racism on population health in Oxnard, CA. VCBH's other rationale for gathering local empirical data on racism as SDOH was to (a) inform its health equity focus, (b) give direction to a race-conscious substance abuse prevention program, (c) strengthen its health promotion plan for racial minorities, and (d) meet its prevention innovation obligations with state agencies.

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work and age (WHO, 2008). They are termed 'determinants' because they exert significant influence on human health. They are termed 'social' because they exist in the social world and are not confined within the boundaries of the healthcare system; in addition, these determinants are socially constructed – they are ideas invented by us, imbued with our values and biases, and transmitted across generations through our social interactions. The rising interest in SDOH stems from local, state, national, and international health organizations, governments, civil society, and academic disciplines that have long-held that healthcare, public health, social welfare, and social justice are inextricably linked (Green & Zook, 2019; Koh et al., 2010; Krieger et al., 2010).

Social determinants occur at multiple levels: They occur at the personal level as aspects of our identity -- our age, education, employment, gender identity; they also occur at the group level – our nationality, neighborhood conditions, race, ethnicity, sexual orientation, zip code, and other aspects of our social environment; and finally, they are system-level forces that affect us because of the institutions and the economic and political systems that define what happens around us – e.g., our macroeconomic policies, health policies, educational institutions, and criminal justice system. As such, SDOH as a concept is neither an inherently positive, nor an inherently negative determinant of health because none of these aspects of our social environment are necessarily negative or positive in value (Alderwick & Gottlieb, 2019; National Academies of Sciences, Engineering, and Medicine [NASEM] 2017).

However, viewing SDOH as a concept that is neutral to human health would not be an accurate view. Think of race – it is an aspect of our personal and group identity with neither an inherently positive nor negative value, unless one were to live in a society, or work in an institution that values one race more than others. The same is true for gender, sexual orientation, immigrant status, religion, ability, and one's zip code; they, too, are neither inherently positive nor negative in value, unless one were to live in a community where one characteristic is more protected from harm than others. The unequal treatment we

experience because of these aspects of our identity leads to stressors that impact our physical and emotional health, social functioning, and life outcomes.

In fact, psychosocial risk factors (e.g., social support, self-esteem, chronic stress, isolation) and community and social characteristics (e.g., income inequality, social capital, civic involvement, level of trust) are widely viewed as SDOH, as well (Ansari et al. 2003). This is because all aspects of a person's identity are often linked to some form of inequality or marginality, even oppression (Green & Zook, 2019; NASEM, 2017; Crenshaw et al., 1995). Think again of race – on one hand, it is an inextricable part of our identity and, on the other, it is linked to a form of oppression – racism -- that affects our life outcome and health. Thus, SDOH is a concept that is underpinned by issues of poverty, classism, sexism, racism, and xenophobia, which shape the distribution of power, opportunity, and resources across communities, and drive the disproportionate burden of disease for racial, ethnic, and cultural minorities.

SDOH is a concept that is distinct from two related concepts with which it is often confused: *social risk factors* and *social needs*. In a nutshell, SDOH is the domain for these two terms, and while social risk factors are negative conditions that require both health and non-health system actors to be addressed, social needs are needs that could be health or non-health related that are defined by the consumer and that could be addressed by individual medical and social service providers.

Social risk factors are circumstances and conditions that are documented to negatively impact physical and mental health. The four social risk factors with the most evidence behind them as negative health risks are occupational stress, unemployment, and retirement; social cohesion and social capital, and religious belief; social support and networks; and socioeconomic status (Green & Zook, 2019; Sallis et al., 2015). Since social risk factors occur outside of the health care system, they cannot be addressed by health providers, health coverage payers, and other stakeholders of the health system, alone; addressing them requires community and policy stakeholders to eliminate background social inequalities, like institutional racism, homelessness, and gender discrimination (NASEM 2017). Finally, social needs are the individual-level needs of consumers that the individual consumer, herself, defines; these needs often require wrap-around or social services (Green & Zook, 2019; NASEM 2017; Sallis et al., 2015).

Racism as SDOH

To drive effective health promotion, we need to understand that optimal health is the balance of physical, emotional, social, spiritual, and intellectual health dimensions (O'Donnell 2009; O'Donnell 2017). The physical health dimension has to do with the condition of the physical body, while the emotional health dimension, with the ability to cope with emotional stress and stimuli. The social health

dimension relates to the ability to form and maintain nurturing relationships, while spiritual health is related to having purpose, love, hope, peace, and compassion. Finally, the intellectual health dimension relates to having the necessary cognitive skills to drive professional achievements and cultural pursuits (O'Donnell 2017).

To achieve optimal health is, therefore, also to mitigate how racism colors physical, emotional, social, spiritual, and intellectual health. Abrams et al. (2020) argue that the idea of *intersectionality* is key in generating new knowledge that is useful in advancing health equity. In the pages that follow, this author will show that understanding and tackling racism as SDOH requires an accounting of how forms of oppression impact the corresponding aspects of human identity. What will become clear is how understanding racism as SDOH requires an understanding of racism's proxies: nativism on immigrant status, sexism on gender identity, homophobia on sexual orientation, and classism on social class status.

Racism and human health. The most comprehensive meta-analysis on racism and human health by Paradise, Ben, Denson, Elias, Priest, and Pieterse (2015) linked racism and mental health, racism and a diverse range of health outcomes (e.g., obesity, stress, and post-traumatic stress disorder), and racism to long-term effects on health. This Paradise et al. study was the strongest evidence, yet, of racism as a determinant of health. Paradise et al. screened 333 articles from 293 unique studies published between 1983 and 2013 in academic journals (78.4%); other evidence reviewed were theses/dissertations (20.7%) from the U.S. (81.4%), the U.K. (2.7%), Australia (2.7%), Canada (2.1%), The Netherlands (1.8%), Finland (1.5%), Israel (1.2%), Norway (1.2%), Spain (0.9%), Portugal (0.9%), New Zealand (0.6%) and Barbados (0.6%). The total sample across all studies consisted of 309,687 community researchers; approximately 270 articles reviewed studied groups in the U.S., including African Americans (37.1%), European Americans (29.6%), Hispanic/Latino/a Americans (18.6%), and Asian Americans (9.4%) (p14).

The most frequently reported mental health outcome encountered in the meta-analysis were depression (37.2% of articles), self-esteem (24.3%), psychological stress (21.3%), distress (18.3%), anxiety (14.4%), life satisfaction (8.4%), negative affect (7.5%), control and/or mastery (5.7%), posttraumatic stress disorder (4.8%), somatization (3.9%), internalizing (3.6%), suicidal ideation, planning and/or attempts (3.6%), general mental health (3.6%), paranoia and psychoticism (3.6%), wellbeing (3.0%), and positive affect (1.2%). As for physical health outcomes covered by the articles that were reviewed, these included blood pressure and hypertension (7.2%), overweight-related outcomes (Body Mass Index, overweight, obesity, Waist Circumference, Waist-Hip Ratio) (5.1%), heart conditions and illnesses (2.4%), diabetes (2.1%), and cholesterol (1.2%) (p14).

Miscellaneous physical health outcomes were reported in 6.0% of articles, including angina back problems, arthritis, asthma, bodily pain, brittle bones, cancer, constipation, diarrhea, ear infection, exhaustion, fever, headache, gastrointestinal infection and disease, general/overall physical health, kidney and liver, gallbladder problems, major paralysis, muscular problems, nausea, neurological conditions, number of childhood illnesses, osteoporosis, Parkinson's disease, physical disability, physical functioning and role-physical, physical health-related quality of life, respiratory infection, rheumatism, scabies, sickle cell disease, sickle cell trait, skin infection, sleeping problems, sore throat, stomachache, stroke, and trouble breathing (p14).

Paradise et al. found a stronger relationship between racism and mental health than with physical health. The stronger association between racism and mental health was viewed to suggest that racism impacts parts of the brain that regulate anxiety, depression, and psychosis (Berger & Samyai 2015; Paradise et al. 2015). The activation of the prefrontal cortex, amygdala, and thalamus in response to social rejection appears to be similar to the activation of these same regions in response to physical pain, suggesting that racism-related vigilance and rumination could be health risk factors, in and of themselves (Paradise et al. 2015).

While there was evidence that age, sex, education level, and birthplace may weaken the link between racism and negative health outcomes over time, the evidence was mixed and inconclusive (Berger & Samyai 2015; Paradise et al. 2015). The link between racism and poor mental health appeared to be stronger among APIs and Latinos compared with Blacks and Native Americans (Paradise et al. 2015), suggesting that Blacks and Native Americans may have developed stronger resilience to racism (Shigemoto et al. 2015; Paradise et al. 2015). They noted that the difference among these groups may be due to the lack of a standardized measure for exposure to racism; they also noted that the *Schedule of Racist Events* was the most commonly used measure in the articles reviewed (Paradise et al. 2015).

Racism and COVID-19. The COVID-19 outbreak highlighted the impact of racism on communities of color: Asian Americans and Blacks, in particular, were facing increased discrimination (Tavernise & Oppel, 2020); Blacks are experiencing a higher COVID-19 mortality rate of 33% compared to only 13% for the general population (Stafford, Hoyer, & Morrison, 2020); and undocumented immigrants were deprived government aid despite paying taxes and serving as essential workers (Singh & Koran, 2020). These experiences with and exposure to racism-related stress were found to cause damage to physical and mental health (Comas-Díaz, Hall, & Neville, 2019; French et al., 2020).

The COVID-19 outbreak revealed the role of racism in shaping public policy and rule-making in healthcare institutions that often determined which groups could or could not be allowed to be exposed to

the virus, and which individuals could or could not receive the healthcare they needed. The outbreak provided an opportunity to mainstream the idea that there exist power relations in society that protected some groups more than others from illness and death. That idea was necropolitics -- the politics of morbidity and mortality (Mbembe & Meintjes, 2003). Its practical usefulness is the reminder that even in deeply unequal societies, disenfranchised and marginalized groups have the tools of science, policy, and politics to promote anti-racism system change. To understand necropolitics, then, is also to understand racism as SDOH, and vice versa.

   The role of acculturation in the consumption of mental health services. Lopez (2020) studied the relationships among acculturation, socioeconomic status, and mental health need in Latino and Asian Americans using the National Latino and Asian American Study. Lopez found a high perception of need for mental health services among 1.5-, 2.5-, and third-generation Asian Americans and Latinos, suggesting that acculturation and SES factors (i.e., education and employment) played some role in facilitating access to mental health services.

   The acculturation experience of immigrant Latinx was hypothesized elsewhere to be nuanced according to age. Booth et al. (2020) studied the acculturation stress experience of Latino youth in a small, non-majority Latino community using in-depth interviews and focus group discussions. They found that being bilingual helped Latino youth manage their acculturation stress, especially in an emerging Latino community, suggesting that bilingualism was both central to Latino youth identity and essential as a program design tool when developing youth development interventions for Latinos.

   Among adults, traditional culture likely has a role, too, in conditioning mental health service use. Andrade et al. (2020) conducted a systematic review on the effects of racial/ethnic discrimination on the mental, physical, and health behaviors of Latinos. They found that while there was no relationship between perceived discrimination, mental health, and health behaviors, greater feeling of ethnic pride and belonging weakened the negative impact of perceived discrimination on mental health, suggesting that culture-specific interventions for mental health and perceived discrimination may be effective for Latinos.

   There were early indications in the literature that toxic traditional male culture played a role in mental health, but this was primarily theoretical and little empirical evidence existed. So, Acosta et al. (2020) studied the link between *machismo* – or masculine pride -- on depression and anxiety among 190 male Mexican migrant farmworkers. They found that men who subscribed to *machismo* were more negatively affected by the fear of deportation and discrimination, thereby, increasing their emotional stress and depressive symptoms, compared with men who did not observe traditional *machismo* as much,

suggesting that the effect of *machismo* on depression increased in Mexican men who espoused *machismo* and were exposed to stressful situations that were incongruent with their sense of masculine pride.

If heterosexual identity played a role, some posited that perhaps so, too, would a homosexual culture negatively influence mental health. Allen and Leslie (2020) sought to explore this. They analyzed data from the Social Justice Sexuality Project ($N = 950$) to find out if any difference existed in mental and physical health between U.S-born and immigrant Latinx LGBTQ adults. They found that immigrant Latinx LGBT adults had better physical health but poorer mental health than U.S.-born Latinx LGBTQ adults, suggesting that to improve or protect the physical and mental health of the Latinx LGBTQ population required ways to reshape their American experience and account for level of acculturation.

Second-hand discrimination. While it was more widely understood how direct exposure to discrimination negatively affected the mental health of racial and ethnic minorities, what was not equally well understood was whether indirect exposure to racism affected health, as well. Moody (2020) used data from the Nashville Stress and Health Study to study the distribution of vicarious discrimination among 627 Black adults. Moody found that having socioeconomic and racial minority status in a white neighborhood led to more reports of vicarious discrimination, suggesting that racism, whether experienced directly or indirectly, was a mental health risk factor for racial and ethnic minorities.

Similarly, Hswen et al. (2020) found evidence of online racism being a significant source of emotional stress. Hswen et al. used Twitter to track negative sentiment towards Latinos and its relationship with Latino mental health at the population level. Hswen et al. gathered tweets targeting and mentioning Mexican(s) and Hispanic(s) over a 20-week period during the 2016 U.S. presidential election and found that of the 2,809,641 tweets they collected, 687,291 tweets were negative. Among 8,314 Latinos who were surveyed for their mental well-being, 33.5% responded to be worried daily. Furthermore, negative tweets were found to forecast daily worry among Latinos by one week, suggesting that exposure to racism online was a source of emotional stress and that this relationship was strong enough to be predictive in nature.

The opioid crisis and racism. That the opioid crisis was most often associated with a white demographic has meant more funding, legislation, and political power to fight the epidemic. Wilson (2020) showed that Executive Order 13784 by the Trump Administration mobilized the Department of Justice, the Office of National Drug Control Policy, and the Department of Health and Human Services to fight the opioid epidemic by increasing penalties and providing rehabilitation support for opioid *abusers*; and providing funding, legislation, and protections for opioid *users*. The unequal treatment of drug abuse

under Executive Order 13784 mirrored the unequal treatment of people of color who face incarceration and stigma for substance abuse.

James and Jordan (2018) studied opioid use at the national scale and found that while opioid use was higher for whites than for Blacks, the increase in deaths from opioid use had been higher among Blacks (43%) than for whites (22%) since 2013. They argued that the lack of public awareness of Black overdose deaths was consistent with a history of framing drug addiction in people of color as deserving of criminal punishment and underserving of medical treatment. They advocated for culturally targeted faith-based substance abuse prevention and treatment programming that considered the criminal justice system, as well as, a racial impact assessment process for drug policy proposals.

From a more macro level, Goedel et al. (2020) studied whether county-level capacity to provide methadone and buprenorphine varied depending on the racial or ethnic identity of the consumer base. They found that of the 3,142 counties in the U.S. for which they had data, those with highly segregated African American and Hispanic/Latino communities tended to provide methadone, while those with highly segregated white communities tended to provide buprenorphine, suggesting that racial and ethnic identity served as barriers for accessing both methadone and buprenorphine.

Racial and gender discrimination as risk factors for substance abuse. Using data from the 2015–2018 National Survey on Drug Use and Health, Schuler et al. (2020) studied disparities in cigarette smoking, heavy episodic drinking (HED), and marijuana use by gender and race/ethnicity (White, Black, Hispanic, and other race/multiracial) and found significant disparities for lesbian/gay and bisexual women, particularly Black and Hispanic LGB women, suggesting that "the experience of discrimination at the intersection of multiple minority identities" was a substance use risk factor.

Similarly, Veldhuis et al. (2020) used intersectionality to study the link between sexual identity and heavy drinking in a sample of cisgender interviewed in Wave 3 of the Chicago Health and Life of Women (CHLEW) study. They found that single and bisexual Latinx had the highest rates of heavy drinking, followed by African American single sexual minority women (SMW), suggesting that alcohol abuse was influenced by the interaction of sexual and racial/ethnic identities, and that SMW from racial/ethnic groups were more likely than heterosexual white women to be heavy drinkers because of the impact of intersectionality.

Smith et al. (2020) studied four subtypes of adolescent girls ($N = 1,174$) engaged in delinquent behavior to a develop a psychological profile for the subtypes, which were based on the severity of victimization experiences and mental health concerns. They found that Black and Latino girls tended to

report higher levels of victimization experiences and delinquent behavior, thereby, having worse life outcomes in young adulthood. Their finding suggested that race-conscious and trauma-informed screening, prevention, and intervention services were vital in meeting the needs of at-risk adolescent girls.

Furthermore, Haeny et al. (2020) studied whether world assumptions, i.e., whether core beliefs about safety and predictability of the world, had a role in linking racial and gender discrimination, internalizing (i.e., depression, anxiety, and stress), and substance abuse among students of color. They found evidence of a role across groups and discrimination types. Xie et al. (2020) also found evidence for a link between class discrimination and risk behavior in African-American youth, suggesting that substance abuse prevention and intervention programs could be more effective if they were to take into account the relationship between discrimination and risk behaviors.

Lastly, Carr et al. (2020) compared white veterans suffering from alcohol use disorder (AUD) with veterans from racial/ethnic groups suffering with AUD. They found that Black and Latino veterans with lifetime AUD faced a higher disease burden than white veterans with AUD, suggesting the importance of race-conscious assessment and treatment programming for AUD.

Stress, PTSD, delinquency, and racism. Mendez et al. (2020) surveyed 266 detained youth on their experience with racial discrimination to test the race-based traumatic stress model that linked PTSD with experiences of racial discrimination. They found a significant connection between being previously racially discriminated and youth delinquency, and that this relationship was strong enough to be predictive in nature.

In a related study on the link between trauma and extremist behavior, Windisch et al. (2020) conducted in-depth life-history interviews with 91 former white supremacists using the Adverse Childhood Experiences questionnaire and found that 63% had four or more adverse experiences during the first eighteen years of their lives, a noteworthy finding because when compared to a high risk sample and the U.S. general population, the rates were 55% and 16%, respectively. In addition, they found that a history of adversity early in life conditioned misconduct, maladaptive behavior, poor coping, and extremism later in the life-course, suggesting that extremism could be the total effect of childhood trauma, abuse, and "multiple adverse experiences during childhood."

Farber et al. (2020) studied whether the link between school/workplace microaggressions and internalizing symptoms (i.e., depression, anxiety, and stress) were stronger among people who were individualists or collectivists. They studied 549 non-White college students from two U.S. universities and found that the link between microaggressions and internalizing symptoms was stronger in more

individualistic students, suggesting that students of color who were socially isolated were at a relatively greater risk of depression, anxiety, and stress as a result of school/workplace microaggressions.

Blume (2020) studied factors that reduced the negative impact of microaggressions in a sample of 207 young adults of color and found that problem-solving-oriented coping skills and strategies ("active coping") reduced the negative mental health impact of microaggressions. She found that microaggressions led to increased depression and anxiety when active coping was low, and conversely, microaggressions led to decreased depression, anxiety, and drug use when active coping was high, suggesting that active coping skills and strategies, like problem-solving, help-seeking, positive reframing, and humor were adaptive ways of coping with microaggressions.

Gonzalez et al. (2020) studied whether the COPE inventory (Coping Orientation to Problems Experienced) was appropriate and relevant for Latinx youth from immigrant families. They interviewed 175 Latinx adolescents and found that the COPE inventory was not a good fit, and furthermore that what coping strategies that were more collectivist resonated better with Latinx youth, suggesting that more relationship- and culture-based approaches to coping could be more appropriate for Latinx.

Care and protective factors for Black, Indigenous, and People of Color. An important protective factor against racial trauma is cultural identity, or a positive sense of self as a member of a certain culture that has overcome past adversities (Ahmed, Kia-Keating, & Tsai, 2011). Validating "one's experience of marginalization, …resilience, and…agency" (Wadsworth, Ahlkvist, McDonald, & Tilghman-Osborne, 2018, p. 1027), could promote positive coping with periods of high stress, like COVID-19 (Sabrina & Sheila, 2020).

Loock et al. (2020) proposed *social pediatrics* as a way to address social determinants that impacted child and youth health -- such as income, housing, and education -- within the family in which the child of the same ethnicity grew and developed. They argued that social pediatrics was effective in cultivating and sustaining engagement of youth with their families, thereby, preventing homelessness and social isolation. Loock et al. further discussed evidence that social pediatrics positively influenced adult life outcomes by promoting in youth the values of perseverance, resilience, continued participation in school, and problem-solving skills in addressing interpersonal conflicts.

Understanding Racism as a Local SDOH

With a working understanding of some of the most recent literature on racism as SDOH, we can now turn our focus on how VCBH worked with community partners in gathering local data on how community members understood racism as SDOH in Oxnard.

As mentioned elsewhere, this author submitted to VCBH the original research proposal for a photovoice project on racism as SDOH in 2017 because key members of VCBH leadership and staff grew concerned about the unexamined local role of racism on population health. Since action-oriented community efforts involved an understanding the dynamic interaction among the behavioral, clinical, policy, systems, occupational, and environmental determinants of health, VCBH needed to shift from an abstract to an empirical understanding of racism as a determinant of health. VCBH was also committed to an inclusive, participatory, and race-conscious way of facilitating this shift in understanding local racism to model a multi-stakeholder approach of promoting health policy innovation, stakeholder engagement, and community empowerment, especially in local racial/ethnic minority communities. These required a well-developed social justice lens, which led to theoretical framework defined by social work.

Theoretical framework. One key part of the theoretical framework for the research design behind *Photovoice Oxnard* was the ecological perspective, a social work analytic framework linking biopsychosocial wellbeing with the quality of interpersonal relations in individual- and community-level interactions with social groups, institutions, and policy bodies. It is often applied to inform the analysis of nested social networks as assets, and race-based discrimination as dysfunctional interpersonal relations that impact mental, emotional, and physical health of racial, ethnic, and cultural minorities.

Another part of the theoretical framework was critical race theory (CRT), a theory about the centrality of race in life outcomes and social, economic, and political life experiences. CRT links racial inequality to the racist ideology of white people that socially constructs the meaning of race and the difference among the races to maintain white privilege and promote white legal, social, and economic interests in the labor market and political system (Crenshaw et al., 1995). In addition, Freire's critical pedagogy and Mbembe's necropolitics were used to cultivate higher levels of questioning, reasoning, and consciousness-raising; these were used to develop and organize the progressively complex photovoice themes used to structure how participants discussed their weekly photo assignments. The critical theory of necropolitics – the politics of morbidity and mortality -- brought analytic tools to reclaim agency for people relegated as disposable and marginal by racist ideology. Coined by the political scientist Achille Mbembe, necropolitics argues that deciding who may live and who must die is the ultimate assertion of state power (Mbembe & Meintjes 2017).

These critical perspectives guided the targeting of factors at multiple levels of the social ecology to explore racism as a SDOH. The research design was also informed by secondary data analysis of empirical data including (a) reports on photovoice, (b) a 2010 systematic review of 37 peer-reviewed articles on photovoice, and (c) a 2015 meta-analysis report on 333 articles linking racism to human health.

Photovoice. VCBH wanted a participatory research design that (a) enabled VCBH consumers to record and reflect their community's experience with race as a social determinant of health; (b) promoted community-wide critical dialogue on race as SDOH through real but constructive dialogue; and (c) led to innovation in race-conscious health equity programming and policy for APIs, Blacks, Latinos, and Native Americans. Thus, the methodology this author chose was action-research method, called *photovoice*.

Photovoice is a process by which people can identify, represent, and enhance their community through a specific photography technique often applied in public health promotion. Observing, measuring, and understanding a community's experience with racism can be extremely challenging, especially in cases when that community is wary of outsiders, underserved, or marginalized.
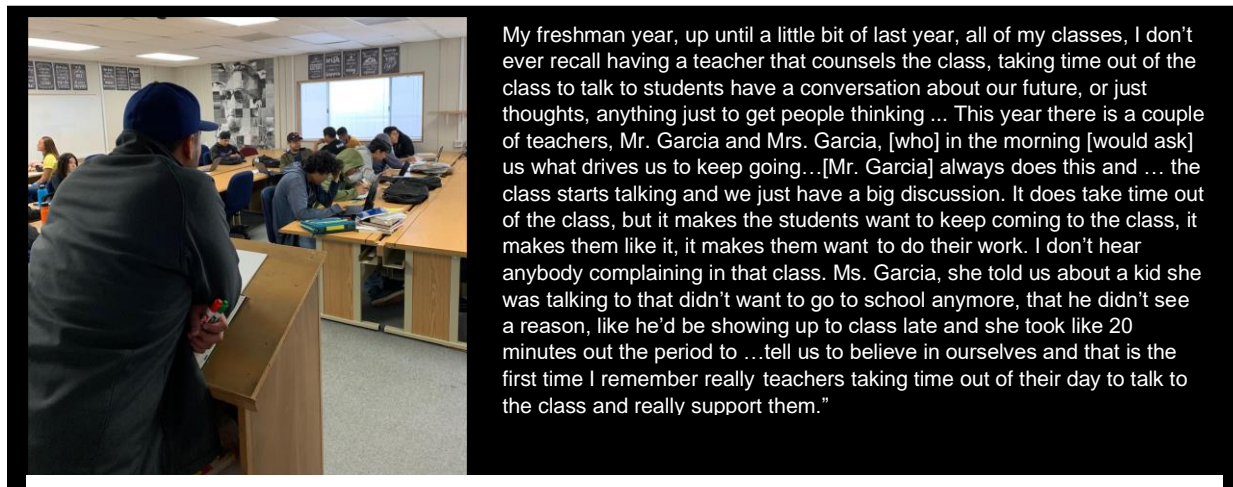

Figure 1. This is an example of a photo from the photovoice pilot. This one is annotated by the community researcher who took the picture, so that we know the message behind the photo that is grounded in the community researcher's direct personal experience. The message is that students feel valued for who they are and encouraged to pursue their dreams by only a handful of teachers who inspire them, thereby reducing the stress of their educational experience.

Conventional research approaches often result in skewed and inaccurate information, which could lead to a poor and distorted understanding of a community's reality. Furthermore, conventional attempts at action-oriented research or social change may face barriers in meaningfully engaging community stakeholders and informants, bringing the long-term sustainability of system change into question.

Without a powerful emotional picture of a community and its constituents, policymakers may misrepresent or fail to consider many of its most important aspects when making relevant decisions. Photovoice is a participatory research methodology introduced by Wang and Burris (1997) to provide a process for communities to identify, represent, and enhance their community through photography. Photovoice builds on earlier participatory research in healthcare and public health promotion (Wang & Burris, 1997). A systematic review of 37 peer-reviewed articles on photovoice in the study of population health (Catalani & Minkler, 2010) found that photovoice was strongly associated with action-oriented health promotion projects.

Photovoice is based on the provision of cameras and training to individual community members who are allowed to capture visual representations of their everyday lives so that researchers working with the community might gain insight into previously invisible needs and assets, experiences and beliefs, thus, helping the community to better engage in critical dialogue around the problems and opportunities it faces. Photovoice (a) enables people to photographically record and reflect community strengths and concerns, (b) promotes critical dialogue through large and small group discussion of photographs, and (c) empowers community stakeholders to reach policy- and decision-makers in an innovative way.

Photovoice has been used by African-American men to reveal their perception of racism (Ornelas et al., 2009), young adolescents engaging in social action and community building (Wilson et al., 2007; Necheles et al., 2007); groups assessing youth perceptions of alcohol and drug use (Brazg et al., 2011). Photovoice is proven to be one of the most promising strategies for engaging both citizens and policymakers in health improvement efforts (Kramer et al., 2010). The health and public health literature show that 96% of projects with an action phase engaged the broader community and policy makers through photovoice, e.g., organized public photo exhibitions (Catalani & Minkler, 2009).

Research design. The research design was exploratory in nature, intended to explore how the youth understood racism as a determinant of mental and physical health in Oxnard, a city with a high concentration of racial and ethnic minorities, primarily APIs, Blacks, Latinos, and Native Americans. There were two distinct but integrated phases to the research design: The first was a data collection phase during which eight weekly sessions with study community researchers occurred to discuss photos about racism as SDOH; the second was an action-planning phase during which four weekly sessions were spent engaging decision-makers on race-conscious system change, as well as, cultivating community dialogue via a photo exhibit based on findings from the data collection phase. The design originally combined qualitative (i.e., photovoice and in-depth interviews) and quantitative (i.e., *Schedule of Racist Events*

survey) methods. However, the *Schedule of Racist Events* survey was dropped from the pilot implementation due to cost issues.
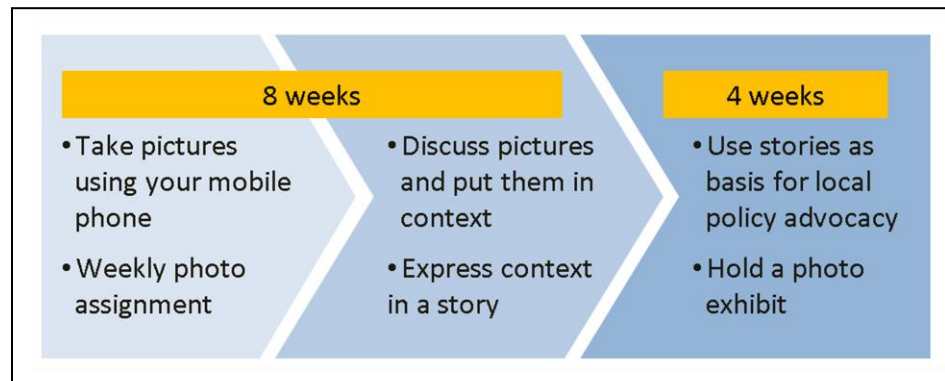

Figure 2. Phases of Photovoice Oxnard: Data Collection (8 weeks) and Action-Planning (4 weeks)

Photovoice Oxnard was originally to occur from October 1, 2017 to September 30, 2018 in Oxnard, California. The study was to target Oxnard, CA because the city is home to zip codes 93030 and 93033, which are ranked at the top of the *2017 SocioNeeds Index* as having 87.7% and 95.5% of their populations with socioeconomic need correlated with preventable hospitalization and premature death, respectively. In 2016, the percent of families falling below the poverty line in 93030 and 93033 were approximately 15% and 17%, respectively, compared to a poverty rate of approximately 8% for Ventura County. *Health Matters in Ventura County* finds that most of the population in 93030 and 93033 is approximately 52% and 56% non-white, respectively.

Hypotheses. The major hypothesis to be tested was whether the awareness of racism as a SDOH in Oxnard would lead to critical dialogue and pragmatic innovation in race-conscious health equity advocacy among community researchers. This hypothesis depended on the ability of photovoice and in-depth interviews to link direct, personal, lived experience with discrimination and social rejection with racism-related vigilance, rumination, and other biopsychosocial stress responses shown in the research literature as significant health risk factors. Related hypotheses were also specified in advance:

H1: Photovoice and in-depth interviews will enable local youth to discuss their direct, personal lived experience with discrimination and social rejection.

H2: Photovoice and in-depth interviews will enable local youth to discuss their racism-related vigilance, rumination, and other biopsychosocial stress responses as significant health risk factors.

H3: The awareness of racism as a determinant of health in Oxnard and at VCBH will lead to critical dialogue on health equity in Oxnard and at the VCBH.

H4: The awareness of racism as a determinant of health in Oxnard and at VCBH will lead to pragmatic innovation in race-conscious health equity in Oxnard and at the VCBH.

Given these hypotheses, an implementation of the data collection and action-planning phases of the study would be leveraged to drive toward these objectives:

O1: Promote reflection on racism as determinant of health. This objective enables community researchers to record and reflect on their community's experience with race as SDOH.

O2: Promote critical dialogue on race as SDOH. This objective promotes community-wide critical dialogue on race as SDOH through discussion and an exhibit of photos derived from the photovoice process.

O3: Promote program and policy innovation in addressing racism as SDOH. This objective promotes innovation in race-conscious health equity programming and policymaking.

Stakeholder Outreach and Engagement Process

To build public- and private-sector stakeholder support for the research design, a formal stakeholder outreach and engagement (O&E) process was done in coordination with and under the guidance of key leaders of VCBH (See Figure 3). A sequence of 'meet-and-greet' meetings with VCBH and Ventura County Health Agency leaders staff members, local health equity leaders, and service providers were held from August 2017 to May 2018. O&E activities were conducted for stakeholders internal to VCBH between August 2017 and January 2018, the same for stakeholders in the community at large between February and May 2018. The two key outcomes of that O&E process were: an improved awareness of the photovoice project among local stakeholders and a dialogue on a pilot implementation to further build stakeholder support (See Figures 3 and 4 for the timetable of implementation steps, and Appendix A for one of the O&E strategies used to build internal and external stakeholder support).
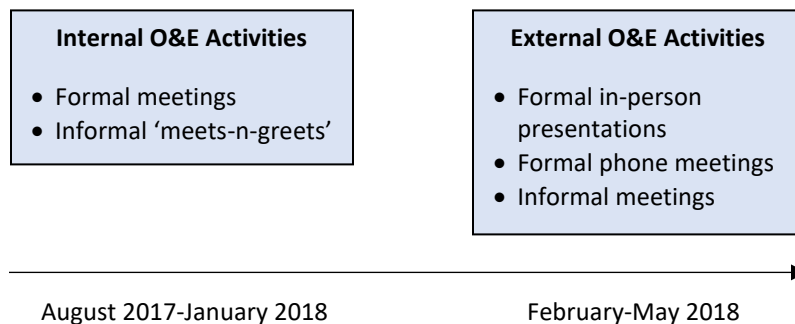

Figure 3. A timetable of outreach and engagement (O&E) activities for internal and external stakeholders.

Pilot and Technical Assistance Scoping Process

Figure 4 illustrates the timetable for the pilot scoping process. In March 2018, a series of follow-up discussions between the researcher and VCBH leaders led to a decision to implement a pilot study, based, in large part, on stakeholder input from the stakeholder O&E phase. A pilot is a small-scale preliminary trial run of a program.

The core reasons for the *Photovoice Oxnard* pilot were to (a) lower risk of failure by limiting program complexity in a controlled-but-live implementation, (b) confirm or disprove planned objectives and hypotheses, (c) uncover process improvements to meet local conditions, (d) build stakeholder buy-in and support, and (e) establish traction in the target local communities. The limited scope of the planned pilot focused on a trial run of the recruitment, data collection, and action-planning plans since these were the most critical components to validate under local conditions.
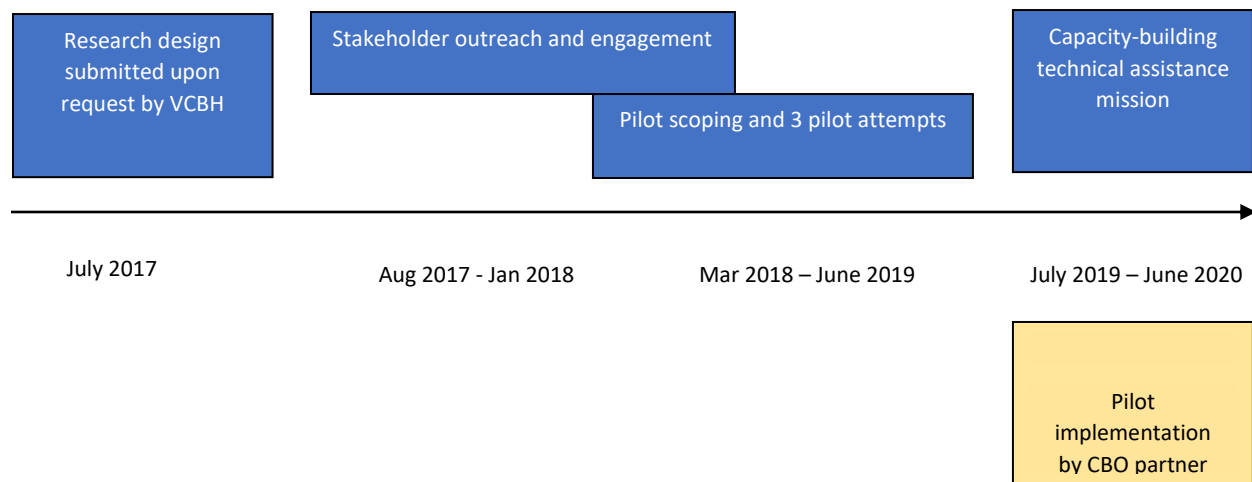

Figure 4. A timetable of the research design, stakeholder outreach and engagement, pilot and TA scoping, and pilot implementation steps.

Three attempts at a pilot implementation occurred in FY 2018-2019, with progressively less scientifically rigorous sampling techniques (i.e., this researcher cycled from simple random, to purposive sampling, and finally, to snowball sampling technique) to improve our ability to secure participants. All three attempts failed. The 12-week action-research period proved too long for prospective community researchers without any monetary incentive; in addition, key members of the research team did not have the right local relationships with CBOs with which to drive community researcher engagement.

Pilot Implementation Model

A review by VCBH staff and the research team of FY 2018-19 photovoice activities led to a consensus on an experimental hybrid pilot implementation model for FY 2019-20. In this hybrid model, the pilot implementation component was contracted out to BRITE Youth Services, a community-based organization (CBO) with access to youth participants, and the capacity-building technical assistance (TA) was contracted to research support team. Thus, the hybrid model was a 'train-the-trainer' model applied to a pilot implementation of photovoice (See Figure 5).
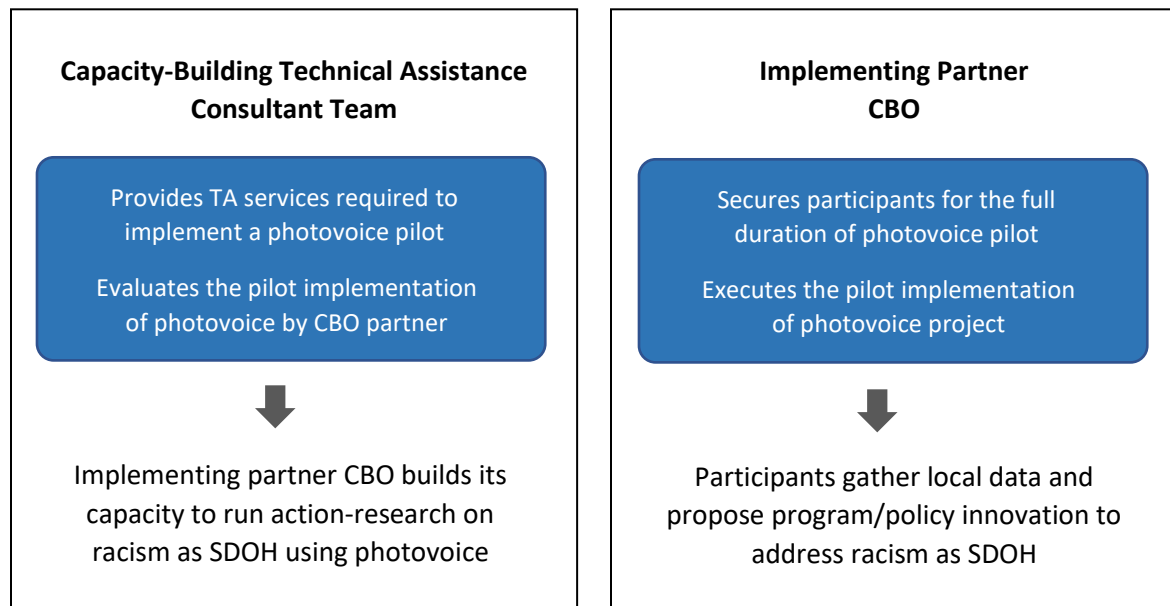
Capacity-Building Technical Assistance Consultant Team	**Implementing Partner CBO**
Provides TA services required to implement a photovoice pilot Evaluates the pilot implementation of photovoice by CBO partner	Secures participants for the full duration of photovoice pilot Executes the pilot implementation of photovoice project
⬇	⬇
Implementing partner CBO builds its capacity to run action-research on racism as SDOH using photovoice	Participants gather local data and propose program/policy innovation to address racism as SDOH

Figure 5. Hybrid 'train-the-trainer' model applied to a pilot implementation of photovoice.

Technical Assistance Mission

The premise for the capacity-building TA mission for FY 2019-20 was to test the 'train-the-trainer' pilot implementation model. The TA mission was to deliver prevention research support for investigating health disparities and drug use risk. As such, the TA mission consisted of two tasks:

1. Presenting a formal research design for documenting local contributors to substance use risk and health risk using photovoice.
2. Delivering research support training and data analysis of the photovoice pilot project

The first task included TA activities that gathered, synthesized, and articulated current research linking personal, lived experience with perceptions of substance abuse and mental health risk, e.g., conducting a literature review; synthesizing published work on substance abuse, health outcomes among racial/ethnic groups; and summarizing of the methods used in documenting local racism. The second task included strategic guidance activities, like trainings on recruitment and sampling, data tracking and data quality evaluation (i.e., data collection and design fidelity), and reviewing photographs and extracting qualitative data from them (e.g., use of the SHOWeD tool; see Appendix B: SHOWeD Tool).
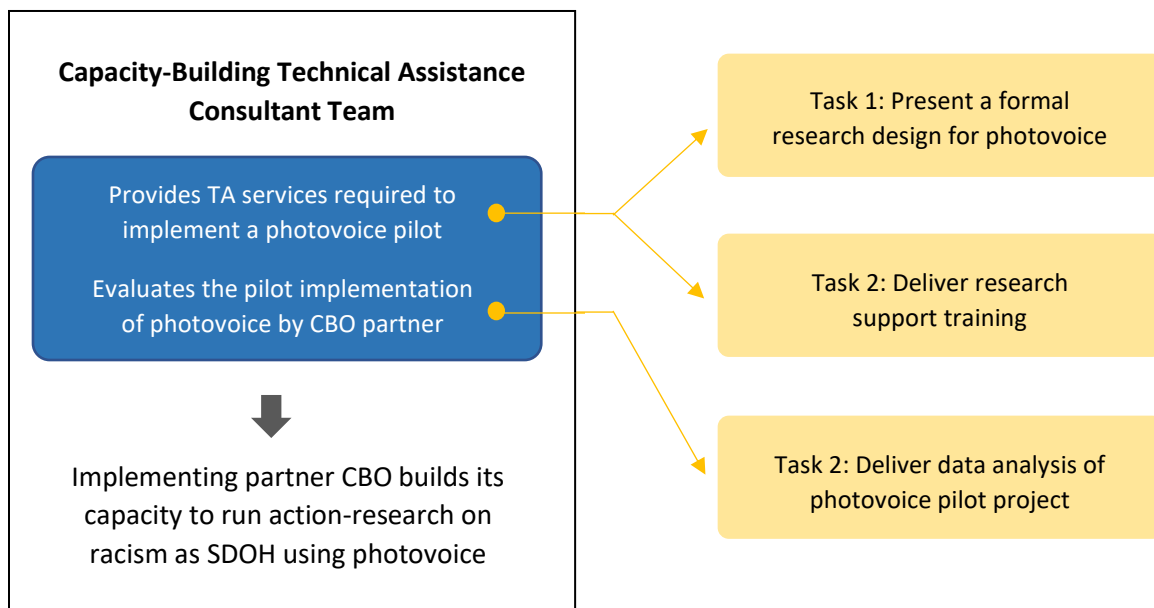

Figure 6. Capacity-building technical assistance mission for the pilot implementation of photovoice.

On September 29, 2019, the TA team held an in-person workshop for the leadership and program staff of BRITE Youth Services, the CBO implementing partner (See Appendices C and D). The workshop was an 8-module orientation on *Photovoice Oxnard*. It included modules on the research design, the literature on racism as SDOH, the two components of the study (i.e., data collection phase and action-planning phase), the weekly work plan, how to maintain design fidelity, photography, and a simulation of a photovoice discussion on racism as SDOH. The point of the simulation was to enable staff to (a) feel the discomfort of thinking about racism's impact on health so they would not inadvertently transfer their discomfort to research community researchers; (b) discern situations or conditions or experiences in their own community that is relevant to a critical dialogue of racism's impact on health; and (c) speak to decision-makers and policymakers about potential system-change recommendations

based on their own stories. BRITE Youth Services staff members were assigned a theme – "Signs of health access influenced by race in Oxnard" -- for their photo assignment to model design fidelity. CBO staff were to use the themes to probe their experiences and biases about racism as SDOH.

SHOWeD tool. The simulation included an application of the SHOWeD tool (see Appendix B: SHOWeD Tool). Wang and Burris integrated the SHOWeD tool to cultivate progressively more critical analysis of community experiences captured in photos. The explicit purpose of the analytic tool was to identify and critically assess the root causes of a social problem and build consensus on a system change solution (Wang & Burris 1997).

Pilot Qualitative Metrics

Rating Rubric with Qualitative Metrics

A rating rubric was developed by the researcher to objectively evaluate the (a) type and amount of TA services to be delivered and (b) capacity baseline ahead of a potential full implementation. The rating rubric was applied to three sequential pilot projects for *PhotoVoice Oxnard*, namely the Participant Recruitment and Retention Pilot, Data Collection Pilot, and Action-Planning Pilot.

Key Dimension	Needs Minimal Improvement	Needs Targeted Improvement	Generally Needs Improvement
Stakeholder Engagement • Community researcher engagement • Decision-maker engagement • Team member engagement	Exemplary execution and comprehensive understanding of the different levels of stakeholder engagement targets relevant to action-research.	Good overall capacity to execute the different levels of stakeholder engagement targets relevant to action-research.	Practical capacity for stakeholder engagement could be enhanced by broader formal training.
Data Management • Organization • Data collection • Data storage • Curation/archiving • Metadata standards	Exemplary execution and comprehensive understanding of the different aspects of data management.	Good overall capacity to execute the different aspects of data management.	Practical capacity for data management could be enhanced by broader formal training.
Program Management • Design fidelity • Communication • Monitoring • Coordination • Scheduling • Leadership	Exemplary execution and comprehensive understanding of the different aspects of program management.	Good overall capacity to execute the different aspects of program management.	Practical capacity for program management could be enhanced by broader formal training.
Overall Resource Management • Use of trainings • Use of TA access	Exemplary resource management and optimal use of available TA services.	Good overall resource management and use of available TA services.	Practical capacity for resource management and applying TA services could be enhanced by broader formal training.

Pilots Targeted
by Technical Assistance

Elements of the TA mission, particularly the 'train-the-trainer' pilot model, were tested by a sequential series of three smaller pilots – those for recruitment, data collection, and action-planning. The practical objective of the pilot series was to find which parts of the research design would survive implementation. Our aim was to refine each element so that each could be fit for its local purpose. The natural and expected tension between design fidelity and ad-hoc changes revealed future TA and training needs, e.g., time management, data management, and program management. The overall result of these tests is that there is practical capacity to implement photovoice that could be enhanced with more targeted training in program data management, stakeholder engagement, and data collection and management.

Participant Recruitment and Retention Pilot

Context and objectives. Three attempts in FY 2018-2019 to recruit community researchers, even with progressively less scientifically rigorous sampling techniques, failed because the 12-week research period proved too long for prospective community researchers without any monetary incentive. The objectives of this community researcher recruitment and retention pilot were to recruit a maximum of 15 community researchers and retain at least seven for the 12-week study period.

Summary process for the pilot. The CBO partner leveraged its established access to local community agencies, schools, and nonprofits to identify, recruit, and secure community researchers for the study. They used a convenient sampling technique. As was laid out in the pilot workplan (see Appendix D: Pilot Implementation Work Plan), at least one in-person orientation meeting was held with prospective youth participants to explain the purpose and elements of the pilot study.

Success factors. Below are the key success factors: strong support from VCBH and CBO leadership were deployed for the pilot study; BRITE Youth Services, the CBO partner, had previous experience with a version of photovoice; CBO partner's long-standing local relations with community stakeholder groups were leveraged; and program team was excited about the purpose of the pilot study.

Challenge(s). An unanticipated challenge was responding to multiple disruptions arising from the students' school schedule and a local wildfire outbreak. The known and anticipated challenges included securing the participation of a diverse mix of youth and keeping them motivated to engage in qualitative research. As a result of these challenges, only five of the 15 community researchers stayed until the end of the data collection phase; of those five, only three remained for the action-planning phase.

Measurement of outcomes. This pilot on participant recruitment and retention was managed as smoothly as could be possible despite both anticipated and unforeseen challenges. The rating rubric below assesses the end-period for each key dimension.

Key Dimension	Needs Targeted Improvement	Generally Needs Improvement	Lessons Learned
Stakeholder Engagement • Community researcher engagement • Decision-maker engagement • Team member engagement	Good overall capacity to execute the different levels of stakeholder engagement targets relevant to action-research.	N/A	Leverage school programs designed for student enrichment and community engagement. CBO partner's relationship with and selection of Upward Bound to recruit students led to 12 students from Channel Islands High School in the beginning of data collection phase. Ten were female and two were male.
Data Management • Organization • Data collection • Data storage • Curation/archiving • Metadata standards	N/A	Practical capacity for data management could be enhanced by broader formal training.	Maintain a roster of CBOs for community researcher recruitment and track efforts in engaging these CBOs; review and/or compare which engagement strategies are most effective. Keep a record of community researchers in a dedicated community researcher file. Plan ahead of time on how to organize the shared Google drive.
Program Management • Design fidelity • Communication • Monitoring • Coordination • Scheduling • Leadership	N/A	Practical capacity for program management could be enhanced by broader formal training.	Closer observance to the plan for the recruitment phase needs to be better emphasized. A mechanism beyond ad hoc email/SMS/video conference check-ins needs to be in place to ensure closer collaboration with the TA team when issues or questions arise.
Overall Resource Management • Use of trainings • Use of TA access	N/A	Practical capacity for resource management and applying available TA services could be enhanced by broader formal training.	Same as above.

Data Collection Pilot

Context and objectives. Making sure photovoice community researchers understand weekly photo assignments is a process of explaining and doing. The objectives of this data collection pilot were to mobilize 15 community researchers to take photos of assigned themes and engage them in critical discussion using the SHOWeD tool weekly.

Summary process for the pilot. BRITE Youth Services, the CBO partner used a list of photovoice themes to structure the weekly photo assignments and discussion, as laid out in the pilot workplan that was provided by the TA team (see Appendix E: Pilot Implementation Work Plan).

Success factors. The success factors included the CBO partner having had previous experience with a version of photovoice and the program team having been provided a list of photovoice themes by the TA team (see Appendix F: Weekly Photovoice Themes).

Challenge(s). The key known challenge keeping community researchers motivated to engage in qualitative research. As mentioned in the recruitment pilot, a new challenge was responding to multiple disruptions from the school holiday schedule and local wildfire outbreak. As a result of these challenges, only five of the 15 community researchers stayed until the end of the data collection phase. The attrition rate for the data collection phase (Attrition rate = (Number of leaves ÷ number of original participants) x 100) was 67%.

Measurement of outcomes. This pilot on data collection yielded positive results despite both anticipated and unforeseen challenges, primarily those that were school-related (i.e., students were graduating and had hectic schedules). The rubric below summarizes the end-period assessment for each key dimension.

Key Dimension	Needs Targeted Improvement	Generally Needs Improvement	Lessons Learned
Stakeholder Engagement • Community researcher engagement • Decision-maker engagement • Team member engagement	Good overall capacity to execute the different levels of stakeholder engagement targets relevant to action-research.	N/A	More dedicated training and simulation on the use of the SHOWeD tool could deepen weekly discussion. It could also make it easier on facilitators to draw students out to speak critically about the photos that they take.

Data Management • Organization • Data collection • Data storage • Curation/archiving • Metadata standards	N/A	Practical capacity for data management could be enhanced by broader formal training.	Standardizing the collection of qualitative data for completeness, accuracy, and validity deserves a dedicated training. Being on the same page on the preparation of metadata both the study and data levels will enhance data management and data analysis.
Program Management • Design fidelity • Communication • Monitoring • Coordination • Scheduling • Leadership	N/A	Practical capacity for program management could be enhanced by broader formal training.	More deliberate and consistent use of the SHOWeD tool could make it easier on facilitators to draw students out to speak critically about the photos that they take.
Overall Resource Management • Use of trainings • Use of TA access	N/A	Practical capacity for resource management and applying available TA services could be enhanced by broader formal training.	A proactive reporting process and a mechanism beyond ad hoc email/SMS/video conference check-ins needs to be in place to ensure closer collaboration with the TA team when issues or questions arise.

Other highlights on this pilot:

- Total number of photos collected: 48
- Total number of photos annotated: 23
- Uneven use of the SHOWeD tool is a threat to validity
- Limited effectiveness of virtual check-ins; regular phone/email/video/text check-ins were observed
- Extremely limited metadata standards for preserving information at the study and data levels

Action-Planning Pilot

Context and objectives. The action-planning phase synthesizes solutions to documented manifestation of racism as SDOH into concrete, actionable program, and policy innovations. Making sure community researchers engage in action-planning is a process that requires explaining and doing. The objectives of this action-planning pilot were to mobilize community researchers to present their program and policy innovations to relevant local decision-makers and to hold an exhibit of annotated photos.

Summary process for the pilot. The CBO partner followed a series of action-planning activities provided by the TA team and laid out in the pilot workplan (see Appendix E: Pilot Work Plan).

Success factors. The success factors included the strong support from VCBH and BRITE Youth Services leadership for the pilot study, the CBO partner having had previous experience with a version of photovoice, and the CBO's long-standing local relations with local government stakeholders.

Challenge(s). The key known challenge keeping community researchers motivated to engage in qualitative research. As mentioned in the recruitment pilot, new challenges included multiple disruptions from the school holiday schedule, the COVID-19 outbreak, and a local lockdown ordinance. As a result of these challenges, only three of the five remaining community researchers took part in the action-planning phase. The attrition rate for the action-planning phase (Attrition rate = (Number of leaves ÷ number of participants) x 100) was 40%.

Measurement of outcomes. This pilot on action-planning was managed as smoothly as could be possible despite both anticipated and unforeseen challenges, primarily those that were school-related and pandemic-related (i.e., COVID-19 and the lockdown ordinance negatively impacted participation).

Key Dimension	Needs Targeted Improvement	Generally Needs Improvement	Lessons Learned
Stakeholder Engagement • Community researcher engagement • Decision-maker engagement • Team member engagement	Good overall capacity to execute the different levels of stakeholder engagement targets relevant to action-research.	N/A	There is no way to prepare for the disruptions from a pandemic and a complete shutdown of all sectors of society. That CBO staff persevered and made multiple attempts to bring back students is testament to the fitness of the CBO team for the project.
Data Management • Organization • Data collection • Data storage • Curation/archiving • Metadata standards	N/A	Practical capacity for data management could be enhanced by broader formal training.	Standardizing the collection of qualitative data for completeness, accuracy, and validity deserves a dedicated training. Being on the same page on the preparation of metadata both the study and data levels will enhance data management and data analysis.
Program Management • Design fidelity			COVID-19, school-related disruptions, and the

• Communication • Monitoring • Coordination • Scheduling • Leadership	N/A	Practical capacity for program management could be enhanced by broader formal training.	lockdown derailed well-laid plans for policy advocacy training and other activities for this phase. More capacity to deliver the policy advocacy training, including use of PMP tool and scripting of talking points is essential.
Overall Resource Management • Use of trainings • Use of TA access	N/A	Practical capacity for resource management and applying available TA services could be enhanced by broader formal training.	A proactive reporting process and a mechanism beyond ad hoc email/SMS/video conference check-ins needs to be in place to ensure closer collaboration with the TA team when issues or questions arise.

Other highlights for this pilot:

- Multiple delays due to COVID-19 lockdown
- Lateness in schoolyear negatively impacted scheduling with students
- 3 Precision Messaging Process (PMP) talking points (see Appendix H), 3 advocacy scripts (see Appendix I), 2 completed decision-maker meetings, 1 meeting in process
- Incredibly positive decision-maker response to policy recommendations offered by community researchers; both decision-makers committing their support for the policy recommendation, including drafting the policy language
- Strategic delay in photo exhibit; to be hosted on community org website
- Plan to use exhibit to structure community dialogue on racism as a public health risk

Unfunded activity:

- Ongoing 30-week program management training for CBO program manager

Analysis of Selected Photovoice Qualitative Data

Data Analysis

An analysis of qualitative data was conducted to validate that the photovoice approach would generate the local empirical data that VCBH needed on racism as SDOH. Between 10-15 community researchers from Channel Islands High School, recruited by BRITE Youth Services through Upward Bound, collected a total of 45 photos, 20 of which were annotated or partially annotated. There were three sources of qualitative data: video recordings of weekly group discussion, notes from weekly group discussion, and annotations of photos taken. Discussion notes and photo annotations were used as qualitative data for analysis.

A systematic coding of qualitative data in an inductive-deductive analysis process was used. Themes were extracted using two rounds of analysis: the first round was based on predefined themes informed by the literature review on racism as SDOH, and the second, on a closer reading of the qualitative data in context. Themes that emerged consistently between the two rounds, occurred most frequently in both rounds, and could lead to significant social impact were selected. Those themes, together with their artifact photos and quotes, are presented in Table 1.

The reference to system change implications in Table 1 is intended to show what strategic program and policy innovations could potentially be supported by local empirical data were VCBH to pursue a full implementation of the photovoice on racism as SDOH project. The qualitative data analysis validates that the photovoice approach could provide the empirical data on racism as a social determinant in Oxnard.

Table 1. Major Themes Derived from an Analysis of Photovoice

Major Theme	Artifact Photo	Artifact Quote	System Change Implication
Chronic stress and necropolitics		"A public high school located in South Oxnard, which is surrounded by working class immigrant communities, is barely starting to remodel their structures. I wanted to take this picture because these scaffolds have been put up for about 2 years and we haven't seen any change…In my 5th period class, we talked about grievances at our school. Almost every single discussion, a student brought up how they are fixing the front office and not our school buildings. When is this going to become a priority?"	In advancing its race-conscious prevention practice, VCBH should consider the link between school/workplace microaggressions and internalizing symptoms (i.e., depression, anxiety, and stress). Also, relationship- and culture-based approaches to coping could be more appropriate for Latinx (Gonzales, 2020).
		"My freshman year, up until a little bit of last year, all of my classes, I don't ever recall having a teacher that counsels the class, taking time out of the class to talk to students have a conversation about our future, or just thoughts, anything just to get people thinking. … This year there is a couple of teachers, Mr. Garcia and Mrs. Garcia, [who] in the morning [would ask] us what drives us to keep going…[Mr. Garcia] always does this and … the class starts talking and we just have a big discussion. It does take time out of the class, but it makes the students want to keep coming to the class, it makes them like it, it makes them want to do their work. I don't hear anybody complaining in that class. Ms. Garcia, she told us about a kid she was talking to that didn't want to go to school anymore, that he didn't see a reason, like he'd be showing up to class late and she took like 20 minutes out the period to …tell us to believe in ourselves and that is the first time I remember really teachers taking time out of their day to talk to the class and really support them."	

Table 1. Major Themes Derived from an Analysis of Photovoice

Major Theme	Artifact Photo	Artifact Quote	System Change Implication
Community-defined health interventions and health equity		"This is a picture of a tea bag being used as a home remedy for eye sty… In our culture, a lot of treatments are with herbs."	There is a public health benefit for VCBH to leverage the value of (a) acculturation as a mediator for health service consumption and (b) culture-specific interventions for addressing primary care and behavioral health issues in immigrant communities. Refer to relevant work by Acosta et al. (2020), Andrade et al. (2020), Booth et al. (2020), Lopez (2020).
Psychosocial stress and health-related QOL		"It got so bad during the [Thomas fire] that kids couldn't concentrate but they wouldn't cancel school. One student protested this and brought news reporters to the school to challenge this… We were anxious, scared, overwhelmed to evacuate from the Thomas Fire, so the return of the winds brought these feelings back again…The fire looks pretty but it's deadly."	In pursuing program and policy innovation to address racism as SDOH, VCBH should also pay equal attention to racism's proxies in gender identity (sexism), sexual orientation (homophobia), immigrant status (nativism), and socioeconomic status (classism).

Table 1. Major Themes Derived from an Analysis of Photovoice Data

Major Theme	Artifact Photo	Artifact Quote	System Change Implication
Indirect exposure racial and ethnic discrimination leads to emotional stress		"I know about a man who speaks only Mixteco who was injured in the fields, went to the hospital where they amputated his finger, and he doesn't know why because the language barrier…And his employer wanted to fire him for not being able to work after his injury. Luckily, he has community support to help fight for his rights. They helped him translate and fill out his paperwork for the healthcare, which was all in English. They helped him hire an attorney so he could fight his employer."	Race-based discrimination, whether experienced directly or indirectly, is a mental health risk factor for racial and ethnic minorities. VCBH needs to pay attention to two related phenomena of second-hand discrimination (Moody 2020) and online racism (Hswen et al., 2020)
Unequal access to quality information		"Why does VCBH have [informational brochures on prescription drugs] mostly in English if the population to be informed is mostly non-English speaking?… I feel like if they knew all of this info, they wouldn't leave their meds out in the kitchen cabinet."	Implicit bias against racial and ethnic minorities impact the functioning and policies of government agencies and health institutions VCBH may need to explore conducting a racial impact assessment of its opioid abuse programs to guard against implicit bias by health agencies documented by James and Jordan (2018), Goedel et al. (2020), and Wilson (2020)

Table 1. Major Themes Derived from an Analysis of Photovoice

Major Theme	Artifact Photo	Artifact Quote	System Change Implication
Schools and the politics of mortality and morbidity		"We're not seeing the emotional impact on you and your community. Your bodily reaction – tensing up, etc. Not seeing the emotional distress of the homeless population...When you think about homeless people, do you think transient? Criminal?... We don't know their story and some of us are afraid to ask...There's a police car but they're not helping him."	Implicit bias against racial and ethnic minorities impact the functioning and policies of government agencies and educational institutions VCBH may need to explore convening an inter-agency dialogue on developing a racial impact assessment process to guard against systemic and institutional racism
Chronic stress and help-seeking behavior		"This location is next to the school, right across the street from the school, 10 feet away from the fire department. This is a walking path that Channel Islands students have to take to get home. I took the picture to demonstrate that homelessness is a real problem surrounding CIHS. The homeless man living near a heavily used path by students looks like he's been living there for a while...Many students don't really process the problem in front of them because they've grown used to it."	It could be worthwhile for VCBH to appraise social pediatrics as an intervention tool given its documented effectiveness in cultivating and sustaining engagement of youth with their families, thereby, preventing homelessness and social isolation. Similarly, VCBH should consider formally exploring clinical care and protective factors for Black, Indigenous, and People of Color (BIPOC) and EBIs against racial trauma.

Recommendations

Research Design

The capacity and retention needs identified in the three pilots could be addressed ahead of a full research implementation with the following recommendations:

Address the need for incentives. To improve participation (recruitment and retention), VCBH and its community partners should consider the use of appropriate non-coercive monetary and non-monetary incentives. The recruitment and retention pilot taught us that having at least a month of lead time to develop and implement a recruitment process is important. More attention needs to be paid to this dimension so that appropriate incentives could be identified and deployed during full implementation.

Monetary and Non-Monetary Incentives

Incentives are often used when the benefit of being part of a study is not apparent or is non-existent.

Example
Participants are offered:
- A gift card
- A discount coupon
- Cash

Participants could receive a monetary reward in exchange for their time.

- Receipt of monetary reward could only be a recruitment incentive and should not be framed as a benefit of being part of the study.

- The amount of the monetary incentive should be reasonable, based on the inconvenience of being part of a study and not on any potential exposure to risk.

- The amount, method, and timing of a monetary reward's disbursement must not present undue influence for initial or continued participation.

Example
Students are offered course credits for their participation in the study provided there are alternate, equitable ways to earn these credits if students decide not to keep participating in the study.

Participants could receive a non-monetary reward in exchange for their time.

- Receipt of non-monetary reward could only be a recruitment incentive and should not be framed as a benefit of being part of the study.

- The magnitude of the non-monetary reward should be reasonable, based on the inconvenience of being part of a study and not on any potential exposure to risk.

- The magnitude, method, and timing of a non-monetary reward's disbursement must not present undue influence for initial or continued participation.

Facilitate a concerted community outreach and engagement effort. Leverage VCBH's regional convening authority to secure and strengthen participation from other racial and ethnic communities about which we need data on racism as SDOH (i.e., Asians, Blacks, Samoans, and other Pacific Islanders).
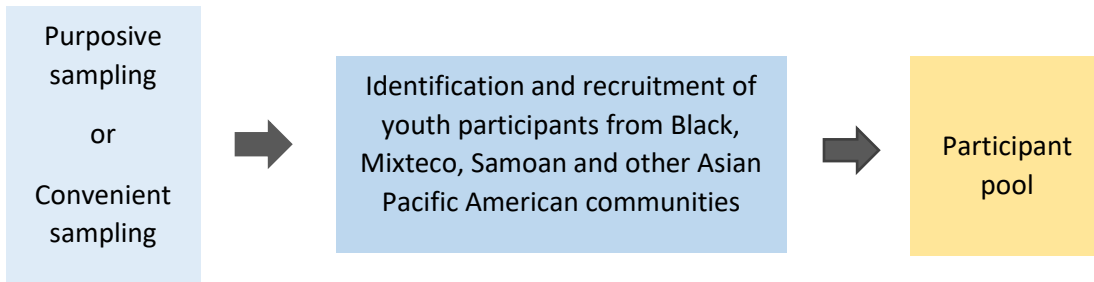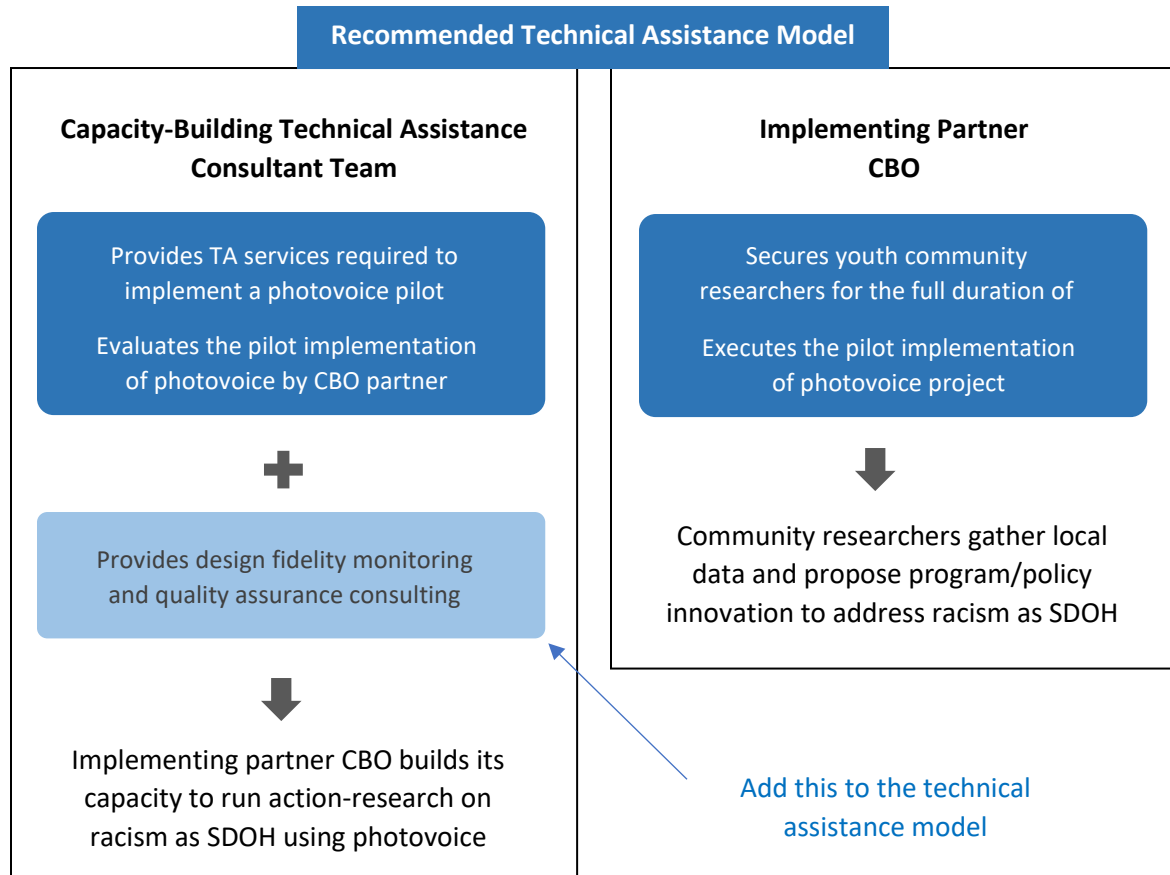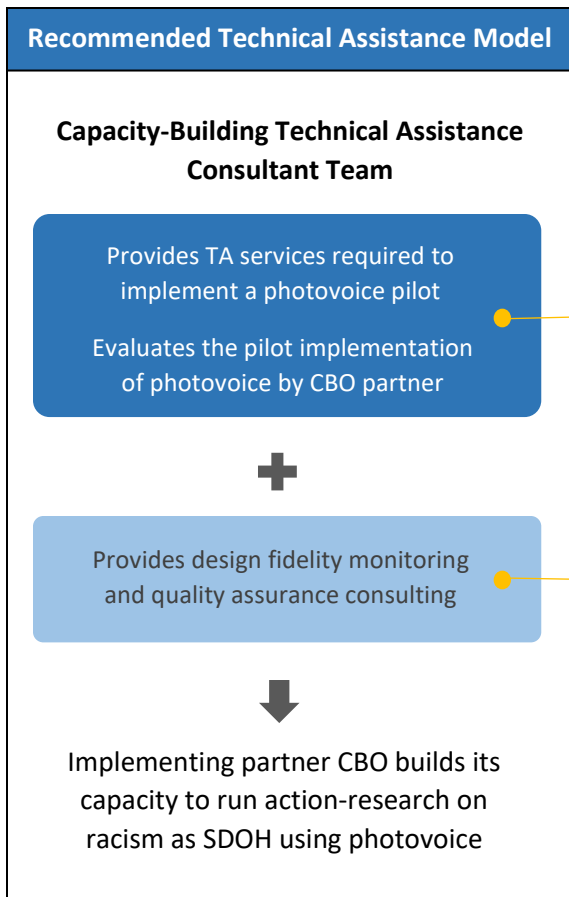

Revise the nature and duration of phases. Shorten the data collection phase to six weeks and add a two-week planning and preparation phase for intensive training. Compressing the data collection will proactively address most disruptions related to school schedule issues. Adding more time to planning and preparation, to establish a formal phase, proactively addresses capacity and training issues.
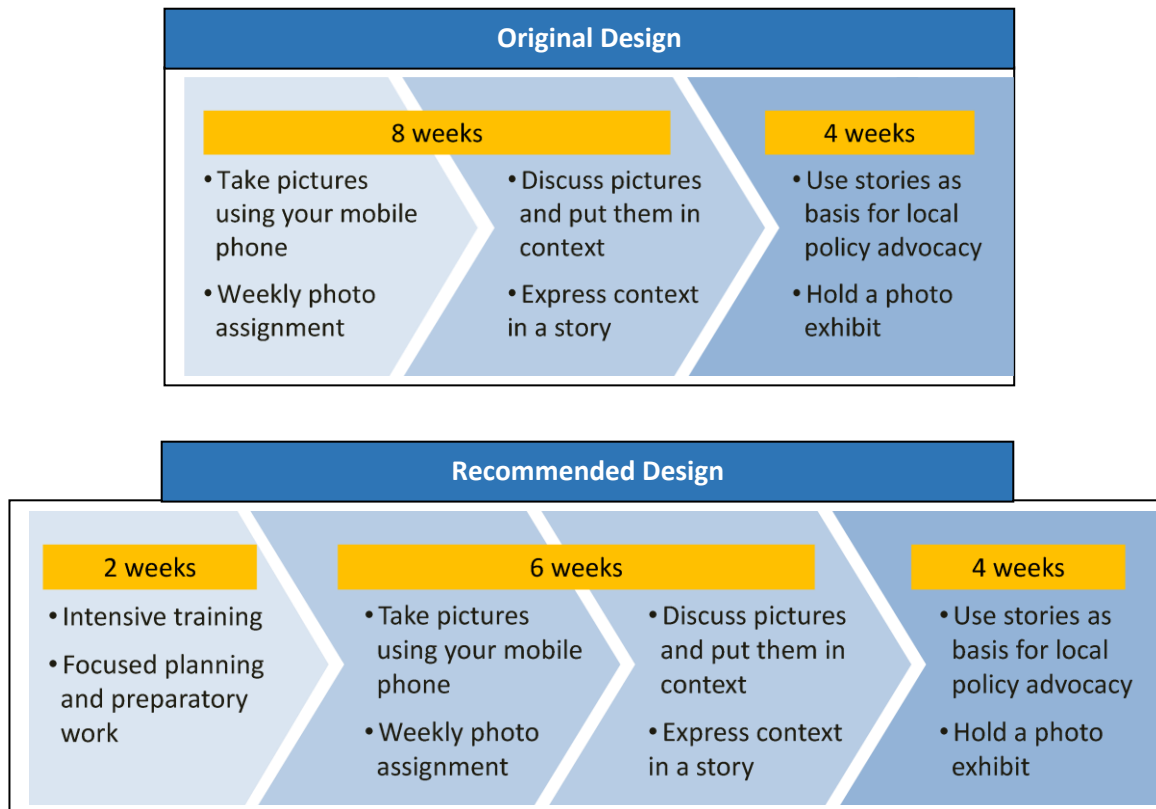
Technical Assistance Model

Make targeted revisions to the TA mission. The challenges identified in the three pilots could be partially attributed to the TA model (see original TA model on pages 30-31). This author recommends this revision to the TA delivery model:

Recommended Technical Assistance Model

Capacity-Building Technical Assistance Consultant Team

Provides TA services required to implement a photovoice pilot

Evaluates the pilot implementation of photovoice by CBO partner

+

Provides design fidelity monitoring and quality assurance consulting

⬇

Implementing partner CBO builds its capacity to run action-research on racism as SDOH using photovoice

Implementing Partner CBO

Secures youth community researchers for the full duration of

Executes the pilot implementation of photovoice project

⬇

Community researchers gather local data and propose program/policy innovation to address racism as SDOH

Add this to the technical assistance model

Recommended Technical Assistance Model

Capacity-Building Technical Assistance Consultant Team

Provides TA services required to implement a photovoice pilot

Evaluates the pilot implementation of photovoice by CBO partner

Build CBO capacity to develop a formal research design for photovoice

Deliver research support training

Build CBO capacity for data analysis of photovoice project

+

Provides design fidelity monitoring and quality assurance consulting

Supports design fidelity and quality assurance monitoring

Via site visits, video conferencing, phone calls, emails, use of a shared online document storage drive/workspace (e.g., Google drive, Slack), or some combination, TA/research consultant facilitates quality assurance activities, including:
- program management and monitoring activities
- data-driven decision-making and
- program evaluation

Supports development of implementation resources and tools

Via site visits, video conferencing, phone calls, emails, use of a shared online document storage drive/workspace (e.g., Google drive, Slack), or some combination, TA/research consultant facilitates tool-making activities for:
- program management
- program monitoring
- performance tracking
- internal communication and team coordination
- planning/scheduling and
- program evaluation

Implementing partner CBO builds its capacity to run action-research on racism as SDOH using photovoice

Funding Model

Galvanize multi-stakeholder funding support. VCBH should consider how to actively engage non-public funders to contribute their fair share of the funding burden. There is a strong case for considering and enabling a multi-stakeholder funding effort with other direct and indirect beneficiaries of a critical dialogue on anti-racism system change.

An Integrated Funding Initiative to End Racism as SDOH

Pools monetary contributions into a larger expression of mutual support and solidarity scaled for countywide health equity impact

Builds a funder network that leverages technology to draw support from outside the county

Establishes a mechanism with which to nurture and sustain race-conscious program and policy innovations over the long-haul

Crowdfunding Initiative

Health Equity Pledge Fund

Current State	Target State	Benefit
VCBH relies solely on federal funding to finance the project; this is not strategic, and it does not optimize the opportunity.	VCBH is leveraging the multi-phase project design to secure phase-specific funding pledges from the private and philanthropic sectors.	Developing an innovative multi-stakeholder funding effort could be, in and of itself, a significant advancement of prevention practice, behavioral health, and health equity.
VCBH is building social value from which the private and philanthropic sectors benefit because of their social responsibility and community benefit obligations.	VCBH can extract some of the value it creates by actively engaging non-public funders to contribute their fair share of the funding burden.	

Significance

Practical insight from this pilot implementation of photovoice has the potential to guide the full implementation of a photovoice project, strengthen the institutional commitment at VCBH in gathering local empirical data on racism as SDOH, and build critical stakeholder dialogue on health equity efforts in and with the City of Oxnard.

1. By scaffolding the local implementation of a full photovoice project on racism as SDOH with a pilot, VCBH increases the likelihood that it will collect high quality qualitative data from a full implementation of the study. Equipped with local data on racism's impact on area population health, VCBH could better engage local communities and funding institutions in program and policy innovations that propel its health equity initiatives forward.

2. By building local CBO capacity for action-research on racism as SDOH using photovoice, VCBH simultaneously builds momentum for a local fact-finding effort on racism as SDOH and reinforces institutional commitment within VCBH for race-conscious program and policy innovation that advance prevention practice.

3. By building critical dialogue among public and social sector stakeholders on racism as SDOH, VCBH conditions more meaningful multi-stakeholder engagement in its health equity efforts in and with the City of Oxnard. Given the current environment, VCBH could very well use photovoice to draw interest and resources from the philanthropic and private sectors.

4. By deepening stakeholder buy-in for a race-conscious solution-focused frame for substance abuse prevention and health promotion, VCBH could engage area youth in its regional mission.

That the action-planning component of *PhotoVoice Oxnard* is about data-driven policy advocacy provides area youth a natural platform for system change work – a golden opportunity for area youth who found their political voice from the growing #BlackLivesMatter protest movement to build 'grass-root to grass-top' consensus on anti-racism program and policy innovation, and an opportunity for VCBH to scale its impact into racial, ethnic, and cultural minority communities it seeks to better serve.

References

Abrams, J., Tabaac, A., Jung, S., & Else-Quest, N. (2020). Considerations for Employing Intersectionality in Qualitative Health Research. *Social Science & Medicine*, 113138.

Acosta, L. M., Andrews III, A. R., Acosta Canchila, M. N., & Ramos, A. K. (2020). Testing Traditional Machismo and the Gender Role Strain Theory with Mexican Migrant Farmworkers. *Hispanic Journal of Behavioral Sciences*, 0739986320915649.

Ahmed, S. R., Kia-Keating, M., & Tsai, K. H. (2011). A structural model of racial discrimination, acculturative stress, and cultural resources among Arab American adolescents. *American Journal of Community Psychology*, *48*, 181–192. https://doi.org/10.1007/s10464-011-9424-3

Alderwick, H., & Gottlieb, L. M. (2019). Meanings and misunderstandings: a social determinants of health lexicon for health care systems. *The Milbank Quarterly*, *97*(2), 407.

Allen, S. H., & Leslie, L. A. (2020). Considering queer heterogeneity: Do immigrant Latinx sexual and gender minorities have poorer health outcomes than their US-born counterparts?. *Journal of Gay & Lesbian Social Services*, 1-23.

Andrade, N., Ford, A. D., & Alvarez, C. (2020). Discrimination and Latino Health: A Systematic Review of Risk and Resilience. *Hispanic Health Care International*, 1540415320921489.

Ansari, Z., Carson, N.J., Ackland, M.J., Vaughn, L. & Serraglio, A. (2003). A public health model of the social determinants of health. *International Journal of Public Health,48(4), 242-251.*

Bardol, O., Grot, S., Oh, H., Poulet, E., Zeroug-Vial, H., Brunelin, J., & Leaune, E. (2020). Perceived ethnic discrimination as a risk factor for psychotic symptoms: a systematic review and meta-analysis. *Psychological Medicine*, *50*(7), 1077-1089.

Berger M, Sarnyai Z. (2015) More than skin deep: Stress neurobiology and mental health consequences of racial discrimination. Stress. 18(1):1–10. doi: 10.3109/10253890.2014.989204 PMID: 25407297

Blume, A. K. (2020). Examining the Effects of Aspects of Resiliency and Vulnerability on the Relationship Between Experiencing Microaggressions and Mental Health Among Persons of Color (Doctoral dissertation).

Booth, J., Huerta, C., & Thomas, B. (2020). The role of bilingualism in Latino youth experiences of acculturation stress when living in an emerging Latino community. *Qualitative Social Work*, 1473325020923012.

Brazg, T., Bekemeier, B., Spigner, C. & Huebner, C.E. (2011). Our community in focus: The use of photovoice for youth-driven substance abuse assessment and health promotion. *Health Promotion Practice, 12(4), 502-511.*

Carr, M. M., Potenza, M. N., Serowik, K. L., & Pietrzak, R. H. (2020). Race, Ethnicity, and Clinical Features of Alcohol Use Disorder Among US Military Veterans: Results From the National Health and Resilience in Veterans Study. *The American Journal on Addictions*.

Castrucci, B., & Auerbach, J. (2019). Meeting individual social needs falls short of addressing social determinants of health. *Health Affairs Blog*, *10*.

Catalani, C. & Minkler, M. (2009). Photovoice: A review of the literature in health and public health. *Health Education and Behavior, 37(3), 424-451.*

Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (1995). Critical race theory. *The Key Writings that formed the Movement. New York.*

Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist*, *74*, 1–5. https://doi.org/10.1037/amp0000442

Farber, R., Wedell, E., Herchenroeder, L., Dickter, C. L., Pearson, M. R., & Bravo, A. J. (2020). Microaggressions and Psychological Health Among College Students: A Moderated Mediation Model of Rumination and Social Structure Beliefs. *Journal of Racial and Ethnic Health Disparities*.

Figueroa, A. O. (2020). The Historical Trauma and Resilience of People of Indigenous Mexican Ancestry Living in the United States: A Scoping Literature Review.

French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *Counseling Psychologist*, *48*, 14–46. https://doi.org/10.1177/0011000019843506

Goedel, W. C., Shapiro, A., Cerdá, M., Tsai, J. W., Hadland, S. E., & Marshall, B. D. (2020). Association of Racial/Ethnic Segregation With Treatment Capacity for Opioid Use Disorder in Counties in the United States. *JAMA Network Open*, *3*(4), e203711-e203711.

Gonzalez, L. M., Mejia, Y., Kulish, A., Stein, G. L., Kiang, L., Fitzgerald, D., & Cavanaugh, A. (2020). Alternate Approaches to Coping in Latinx Adolescents From Immigrant Families. *Journal of Adolescent Research*, 0743558420914083.

Green, K., & Zook, M. (2019). When talking about social determinants, precision matters. *Health Affairs Blog*.

Haeny, A. M., Woerner, J., Ahuja, M., Hicks, T. A., Overstreet, C., Amstadter, A., & Sartor, C. E. (2020). The impact of world assumptions on the association between discrimination and internalizing and substance use outcomes. *Journal of Health Psychology*, 1359105320931185.

Hswen, Y., Qin, Q., Williams, D. R., Viswanath, K., Brownstein, J. S., & Subramanian, S. V. (2020). The Relationship Between Jim Crow Laws and Social Capital From 1997-2014: A 3-Level Multilevel Hierarchical Analysis Across Time, County And State. *Social Science & Medicine*, 113142.

James, K., & Jordan, A. (2018). The opioid crisis in black communities. *The Journal of Law, Medicine & Ethics*, *46*(2), 404-421.

Koh, H.K., Oppenheimer, S.C., Massin-Short, S.B., Emmons, K.M., Geller, A.C. & Viswanath, K. (2010). Translating research evidence into practice to reduce health disparities: A social determinants approach. *American Journal of Public Health, 100(S1), S72-S80.*

Kramer, L., Schwartz, P., Cheadle, A., Borton, J.E., Wright, M., Chase, C. & Lindley, C. (2010). Promoting policy and environmental change using photovoice in the Kaiser Permanente community health initiative. *Health Promotion Practice, 11(3), 332-339.*

Krieger, N., Alegria, M., Alameida-Filho, N., Barbosa da Silva, J., Barreto, M.L., Beckfield, J., Berkman, L., Birn, A., Duncan, B.B., Franco, S., Garica, D.A., Gruskin, S., James, S.A., Laurell, A.C., Schmidt, M.I., & Walters, K.L. (2010). Who, and what, causes health inequities? Reflections on emerging debates from an exploratory Latin American/North American workshop. *The Journal of Epidemiology and Community Health, 64(9), 747-749.*

Loock, C., Moore, E., Vo, D., Friesen, R. G., Warf, C., & Lynam, J. (2020). Social Pediatrics: A Model to Confront Family Poverty, Adversity, and Housing Instability and Foster Healthy Child and Adolescent Development and Resilience. In *Clinical Care for Homeless, Runaway and Refugee Youth* (pp. 117-141). Springer, Cham.

Lopez, A. A. (2020). *Likelihood of Using Mental Health Services among Asians and Latinos in the US: An Acculturative Approach* (Doctoral dissertation).

Luo, J. (2020). *Asian American Mental Health: Effects of Racism-related Stress and Emotional Regulation* (Doctoral dissertation).

Mbembé, J. A., & Meintjes, L. (2003). Necropolitics. *Public culture*, *15*(1), 11-40.

Mendez, L., Mozley, M. M., & Kerig, P. K. (2020). Beyond Trauma Exposure: Discrimination and Posttraumatic Stress, Internalizing, and Externalizing Problems Among Detained Youth. *Journal of Interpersonal Violence*, 0886260520926314.

Moody, M. (2020). Is Secondhand Discrimination Harmful for the Mental Health of Black Americans? Findings from a Community Epidemiological Study.

National Academies of Sciences, Engineering, and Medicine. (2017). *Accounting for social risk factors in Medicare payment*. National Academies Press.

Necheles, J.W., Chung, E.Q., Hawes-Dawson, J., Ryan, G.W., Williams, L.B., Holmes, H.N.,Wells, K.B., Vaina, M.E., Schuster, M.A. (2007). The teen photovoice project: A pilot study to promote health through advocacy. Progress in Community Health Partnerships, 1(3), 221-229.

O'Donnell, M. P. (2009). Definition of health promotion 2.0: embracing passion, enhancing motivation, recognizing dynamic balance, and creating opportunities.

O'Donnell, M. P. (2017). Health Promotion in the workplace (5th ed.). Art & Science of Health Promotion Institute. https://www.artsciencehpi.com/books/health-promotion-workplace-5th-edition

Ornelas, I.J., Amell, J., Tran, A.N., Royster, M., Armstrong-Brown, J. & Eng, E. (2009). Understanding African-American men's perceptions of racism, male gender socialization, and social capital through photovoice. *Qualitative Health Research, 19(4), 552-565.*

Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A. (2015) Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. PLoS ONE 10(9): e0138511. doi:10.1371/journal.pone.0138511

Pascoe EA, Richman LS. (2009) Perceived Discrimination and Health: A Meta-Analytic Review. Psychological Bulletin. 135(4):531–54. doi: 10.1037/a0016059 PMID: 19586161

Robertson, H., & Travaglia, J. (2020). The necropolitics of COVID-19: will the COVID-19 pandemic reshape national healthcare systems?. *Impact of Social Sciences Blog*.

Sabrina, R. L., & Sheila, M. (2020). The Outbreak That Was Always Here: Racial Trauma in the Context of COVID-19 and Implications for Mental Health Providers. *Psychological trauma: theory, research, practice and policy*.

Sallis, J. F., Owen, N., & Fisher, E. (2015). Ecological models of health behavior. *Health behavior: Theory, research, and practice*, 5(43-64).

Schuler, M. S., Prince, D. M., Breslau, J., & Collins, R. L. (2020). Substance Use Disparities at the Intersection of Sexual Identity and Race/Ethnicity: Results from the 2015–2018 National Survey on Drug Use and Health. *LGBT Health*.

Singh, M., & Koran, M. (2020, April18). 'The virus doesn't discriminate but governments do': Latinos disproportionately hit by coronavirus. *The Guardian*. Retrieved from https://www.theguardian.com/us-news/2020/apr/18/the-virus-doesnt-discriminate-but-governments-do-latinos-disproportionately-hit-by-coronavirus

Shigemoto Y, Thoen MA, Robitschek C, Ashton MW. (2015) Assessing Measurement Invariance of the Personal Growth Initiative Scale-II Among Hispanics, African Americans, and European Americans. J Couns Psychol. doi: 10.1037/cou0000075

Smith, D. M., Blake, J. J., Luo, W., Keith, V. M., & Gilreath, T. (2020). Subtypes of Girls Who Engage in Serious Delinquency and Their Young Adult Outcomes. *Psychology of Women Quarterly*, 0361684320918243.

Stafford, K., Hoyer, M., & Morrison, A. (2020). Racial toll of virus grows even starker as more data emerges.

Tavernise, S., & Oppel Jr, R. A. (2020). Spit on, yelled at, attacked: Chinese-Americans fear for their safety. *The New York Times*, *23*.

Veldhuis, C. B., Hughes, T. L., Drabble, L. A., Wilsnack, S. C., & Matthews, A. K. (2020). Do relationships provide the same levels of protection against heavy drinking for lesbian and bisexual women? An intersectional approach. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. https://doi.org/10.1037/sgd0000383

Villalobos, B. T., Rodriguez, J. H., & Funes, C. M. (2020). Prejudice Regarding Latinx-Americans. In *Prejudice, Stigma, Privilege, and Oppression* (pp. 77-90). Springer, Cham.

Wadsworth, M. E., Ahlkvist, J. A., McDonald, A., & Tilghman-Osborne, E. M. (2018). Future directions in research and intervention with youths in poverty. *Journal of Clinical Child and Adolescent Psychology*, *47*, 1023–1038. https://doi.org/10.1080/15374416.2018.1485108

Wang, C. & Burris, M.A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behavior, 24(3), 369-387.*

Wilson, H. L. (2020). Underlying Racism within the Opioid Epidemic. *Brigham Young University Prelaw Review*, *34*(1), 7.

Wilson, N., Dasho, S., Martin, A.C., Wallerstein, N., Wang, C.C. & Minkler, M. (2007). Engaging young adolescents in social action through photovoice: The youth empowerment strategies (YES!) project. *Journal of Early Adolescence, 27(2), 241-261.*

Windisch, S., Simi, P., Blee, K., & DeMichele, M. (2020). Measuring the Extent and Nature of Adverse Childhood Experiences (ACE) among Former White Supremacists. *Terrorism and Political Violence*, 1-22.

World Health Organization, Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Commission on Social Determinants of Health final report. https://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=365271ACE2052888542881700EEDCA8B?sequence=1. Published 2008. Accessed June 15, 2020.

Xie, T. H., Ahuja, M., McCutcheon, V. V., & Bucholz, K. K. (2020). Associations between racial and socioeconomic discrimination and risk behaviors among African-American adolescents and young adults: a latent class analysis. *Social psychiatry and psychiatric epidemiology*.

Appendices

Appendix A: Stakeholder Engagement Presentation
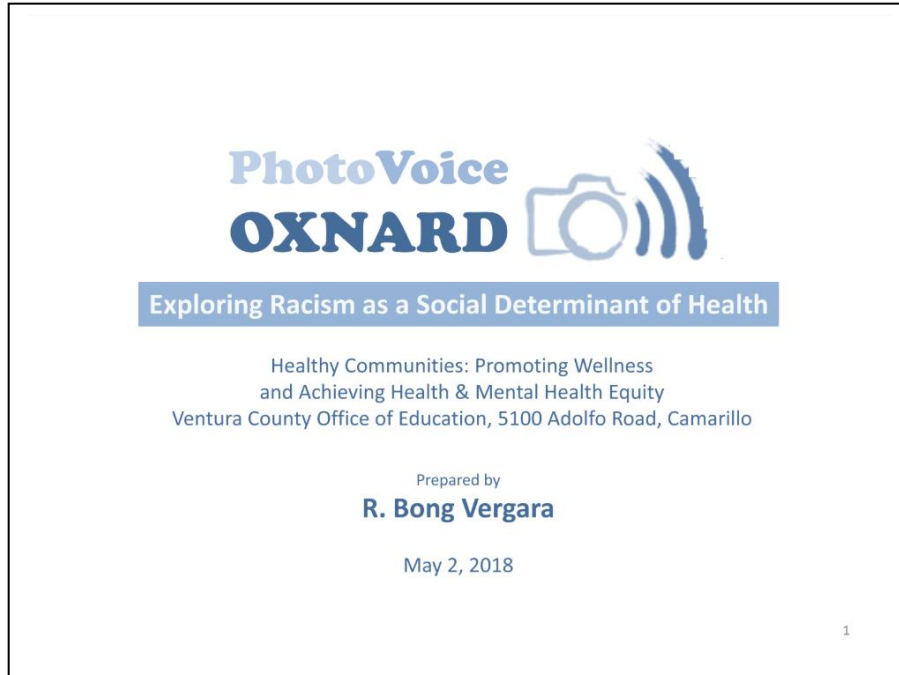
Click to access **Stakeholder Engagement Presentation**

Appendix B: SHOWeD Tool

In the table below, this author lists the questions that comprise the SHOWeD tool and disentangles them into their respective target outcome and target process.

Question	Target outcome*	Target process*
"S": What do you **see** here?	Data collection: access factual knowledge	To cultivate objective level questioning, i.e., ask factual questions about specific elements contained in the photo
"H": What is really **happening** here?	Data collection: access conceptual knowledge and discernable meaning	To cultivate interpretive level questioning, i.e., ask questions about the meaning of or truth about specific elements contained in the photo
"O": How does this relate to **our lives**?	Data collection: access practical knowledge and personal perspective, including feelings	To cultivate reflective level questioning, i.e., ask questions about what feelings are inspired by specific elements contained in the photo
"W": Why does this concern, situation, or strength exist?	Consciousness-raising: access metacognitive knowledge and nudge critical thinking	To cultivate critical analysis and conscientization, i.e., ask questions that link the personal with the political or ask questions that link the micro with the macro
"e": How can we become **empowered** through our new understanding?	Consciousness-raising: access metacognitive knowledge and scaffold action-planning	To cultivate solution-making and complex problem-solving, i.e., ask questions that challenges the individual to synthesize information and creatively arrive at possible actionable solutions or possible innovation
"D": What can we **do** *about it*?	Action-planning: access metacognitive knowledge and scaffold transformation of beliefs, thoughts, biases, blind spots	To cultivate decisional level questioning, i.e., ask questions about how we plan on integrating what we learned into our worldview so that we could change how we feel about, think of, or behave toward a certain phenomenon

* This writer's own perspective.

Appendix D: Project Orientation Slide Deck

Click to access **Project Orientation Slide Deck**

Appendix E: Pilot Implementation Work Plan

Photovoice Oxnard Pilot Implementation (Phase 1) Work Plan			
Study Period: Sept 1, 2019 - June 30, 2020			
Stage and Activities	**Timetable**	**Dates**	**Success Metric**
Hold Week 1/8. Provide each navigator two copies of the project fact sheet, one copy to sign and return, and one copy for reference, to ensure each participant understands the purpose of the project and what could terminate involvement at any time. Review fact sheet through dialogue and Q&A.	Week 4	Oct 7-13	Fact sheet dissemination and discussion complete by Oct 13.
Develop a schedule of weekly navigator meetings.	Week 4		Meeting schedule on file by Oct 13
Facilitators engage navigators in a brainstorming exercise to develop a list of photo assignments for future sessions, all of which related to their role as navigators.	Week 4		Navigator input on list of draft assignment themes on file by Oct 13
Hold Week 2/8. First photo discussion session; discuss using SHOWED framework. Video tape discussion. Prints of the photos are returned to the navigators in sealed envelopes. Navigators select the photos they want to share and discuss with the group in accordance to the scope of the photo assignment. The group chooses one or two photographs from all the photos to serve as the focus for the group discussion. Confirm next photo assignment.	Week 5	Oct 14-20	Discussion session is completed. Video recording on file; navigator photos on file.
Hold Week 3/8. Second photo discussion session; discuss using SHOWED framework. Video tape discussion. Prints of the photos are returned to the navigators in sealed envelopes. Navigators select the photos they want to share and discuss with the group in accordance to the scope of the photo assignment. The group	Week 6	Oct 21-27	Discussion session is completed. Video recording on file; navigator photos on

Click to access **Pilot Implementation Work Plan**

Appendix F: Weekly Photovoice Themes

Examples Photovoice Assignment Themes
Signs of health access influenced by race in Oxnard
Signs of health despite racial health disparities in Oxnard
Health outcomes influenced by toxic racism and race-based discrimination
Things that link environmental degradation and race-based discrimination
Things that link gender- and race-based discrimination
Signs of systemic oppression based on race in my community in Oxnard
Signs of empowerment for my community in Oxnard
Things that my community does to address race-based discrimination in Oxnard
Things that my community could work with BHD on to address race-based discrimination in Oxnard
Strategies my community uses to get people involved in addressing racism
Strategies my community uses to get people involved in addressing racial health disparities
Things my community could focus on changing to address racial health disparities
Things my community could focus on changing in collaboration with BHD to reduce health disparities based on race and/or gender
Things my community could focus on changing in collaboration with policy-makers to reduce health disparities based on race and/or gender

Appendix G: Policy Advocacy Training Slide Decks

Module 1 Slide Deck, 3/20, 5/20, 6/20

Module 2 Slide Deck, 3/26, 5/20, 6/20

Appendix H: PMP Artifact

Community researchers of the action-planning phase were taught Precision Messaging Process (PMP), a four-step process for writing an 'elevator speech' about their social change issue. Below is a PMP by one of the community researchers:

"Every essential worker deserves our utmost respect by feeling protected at work.

After a year of collecting information through a photovoice project, we are more aware of the safety measures farm workers need to perform to the best of their ability during hazardous conditions. We must raise awareness, create a petition, and mobilize the community support so that as many council members as possible vote with you.

In our online search for city health ordinances we couldn't find any policies that specifically target farm workers. In the current environment we all know that farm workers are essential workers and that they deserve all the support we can give them to protect their health while they are at work. Given these we ask you to pass a workplace health policy that protects the health of farm workers while they are at work. A key provision should provide farm workers with protective gear for hazardous conditions such as specific eye protection, face masks, and appropriate clothing. This policy will prevent local farm workers from being exposed to any environmental and other health risks, enforce state workplace safety rules, and prevent labor shortages resulting from farm workers and other essential workers getting sick at work.

We would like to work with you in drafting and introducing this policy before the end of this legislative cycle. Given who makes up the population in the city getting this policy introduced and passed will benefit not only your constituents and other communities.

In an environment of more frequent wildfires and disease outbreaks like COVID-19, it is important to protect the health of all essential workers including immigrant farm workers to prevent unnecessary illness, the spread of contagious diseases, and labor shortages. Every essential worker deserves our utmost respect by feeling protected at work."

Appendix I: Advocacy Script Artifacts

Community researchers of the action-planning phase were taught a three-step process for writing an advocacy script that they would use to structure a team presentation of their policy recommendation when meeting with a decision-maker. These are redacted advocacy scripts by two of the community researchers; note the sophistication with which they frame their policy recommendation:

Advocacy Script #1

[SPEAKER 1] Good morning, ███████████████████. My name is ███████████ and with me are members of the PhotoVoice Oxnard study. They are ███████████, ███████████, ██████ and ███████████. Thank you for meeting with us and taking time off your day to listen to us and our findings from this past year.

I live in ███████████ and I currently am a graduating senior at Channel Islands High School (CIHS), part of Oxnard Union High School District. I am very fortunate to have been provided with an excellent education that prepared me for the future. Alongside my education, I try to keep myself involved with my community through a program called BRITE.

Recently, I have become very concerned about the impact of city policies on the health and well-being of field workers.

I am part of a leadership and research project by BRITE Youth Services that spent the last year discussing ways to address social determinants of health and how these impact field workers in Oxnard. We are eager to share our findings with you as your allies for solutions. We value our growth as leaders as a result of our project and we hope you will add to it with your interest to dialogue.

[PAUSE]

Every essential worker deserves our utmost respect by feeling protected at work.

After a year of collecting information through a photovoice project, we are more aware of the safety measures farm workers need in order to perform to the best of their ability during hazardous conditions.

In our online search for city health ordinances in Oxnard, we couldn't find any policies that specifically target farm workers. In the current environment, we all know that farm workers are essential workers and that they deserve all the support we can give them to protect their health while they are at work.

Given these we would like to work with you on a **workplace health policy that protects the health of farm workers while they are at work** (*emphasis mine*). A key provision should provide farm workers with protective gear, such as specific eye protection, face masks, and appropriate clothing. This policy should prevent local farm workers from being exposed to any environmental and other health risks, enforce existing state workplace safety rules, and prevent labor shortages resulting from farm workers and other essential workers getting sick at work.

[SPEAKER 2] We would like to work with you in drafting and introducing this policy before the end of this legislative cycle or at the beginning of the next. We commit to raising awareness, creating a petition, and mobilizing community support so that as many council members as possible understand the value

of voting with you. Given who makes up the population in our city, getting this policy introduced and passed will benefit your constituents and other communities.

Before we go on, we'd like to pause and answer any questions you may have.
[SPEAKER 3] I would like to share a picture with you. To do that, ██████ and I will share our screen.

Our team took this picture about a guy in the fields next to Oxnard High School. There was a lot of wind kicking up dust and ashes due to the fires around him. The individual is a farmworker, and he is wearing regular clothing with the least amount of protection, unaware of the harms. There is also a huge container that holds pesticides which can be toxic and dangerous if they have direct contact with it. These farmworkers do not have the right equipment for hazardous conditions or have any knowledge on how to deal with toxic chemicals.

This affects their health, but they seem not to be aware of it. They are sacrificing their health to put food on the table and a roof over their heads. Furthermore, it affects the people around them since these pesticides can travel in the air, by inhaling these toxic chemicals people are being exposed to them. These farmworkers are our parents, aunts, and uncles and they are at risk of getting sick.

Most of the farm workers we know do not have employment-related health insurance. Illness often leads to emotional distress for them and their families, as now they not only have to worry about paying for their basic needs such as housing, food, and gas, but they also have to pay for medical care that they may not be able to afford.

[SPEAKER 4] This picture leads me to feel that bosses don't care about their workers. When workers go to work, they should expect to be given the basic protections from harm. Employer disregard of farm workers makes me feel sympathetic to the workers and angry toward employers. Placing workers in these hazardous situations makes me feel angry that we are not all treated with respect as the essential workers that they are.

It also creates extra stress and anxiety not only for the farmworkers but also for us as siblings. We worry that they are getting sicker and sicker without knowing that one day they could end up in the hospital, and they may not have health insurance which is another thing to worry about. Also, if they are the only income-earners to the household, what is going to happen when they are not able to work? Who is going to take care of us?

[SPEAKER 5] In an environment of more frequent wildfires and disease outbreaks like COVID-19, it is important to protect the health of all essential workers including immigrant farm workers to prevent unnecessary illness, the spread of contagious diseases, and labor shortages. Every essential worker deserves our utmost respect by feeling protected at work.

Thank you again for meeting with us. Should you need to contact us you can reach us at

███████████████████

Advocacy Script #2

[SPEAKER 1] My name is ████████████ and I am part of the BRITE youth services and Upward Bound PhotoVoice research project. With me today are other student members of the project and staff at BRITE youth services. We are here to share what we learned from our research project this year and discuss a policy recommendation that resulted from our research project.

[SPEAKER 1] Every student has the right to be safe at school. In my four years at Channel Islands High School, there were 3 natural disasters and 3 man-made disasters that impacted my learning and my sense of safety and security as a student. From our year-long photovoice research we now better understand the needs and demands of some local high school and college students when there is a man-made or natural disaster.
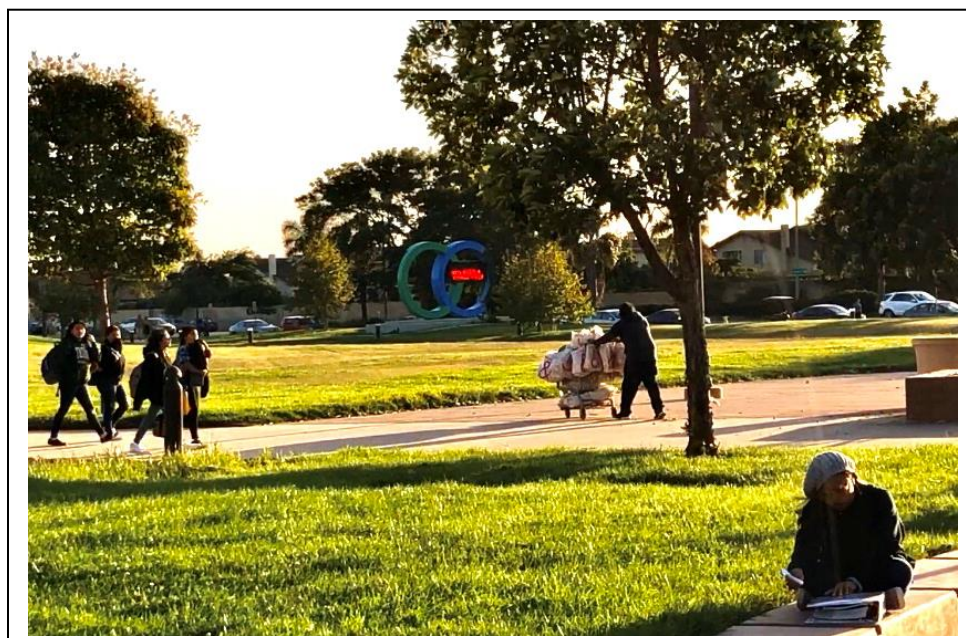
[SPEAKER 2] In this picture we are seeing a transient man walking through Oxnard College during the peak of the Maria fire of November 2019, passing by students who are part of my high school dance team. Meanwhile, there is a female student studying for possibly midterms or exams. I took this picture because even during times of crisis, things are still normalized.

The contrast is that even during the time of crisis, it is still normal to see the homeless man and students on campus. Since we are in a lower class community, seeing a homeless man on our college campus is not concerning. For us it is normalized but for others in other areas it may not be that way. Because we are exposed to homelessness, poverty, and possibly substance abuse, it makes us feel empathetic and motivated.

[SPEAKER 3] Seeing this picture makes me feel unsafe because of the homeless man that is present. Although because there are more students in the frame, I wouldn't feel completely unsafe. I remember

feeling worried when having to attend school when there was a local fire because I was able to see the ashes falling from the smoky sky. This anxiety and stress started to fill up my entire body because I could see my classmates struggling to breathe, some were reaching out for their inhalers, majority of them were coughing, I was scared.

This experience had a negative impact on our mental health because instead of focusing on school, we were all too busy worrying about the natural disaster. As students, we all felt hopeless, because the school district had allowed a week to pass, allowing students to attend school in these circumstances, and just told us to bring a mask. One friend of mine started panicking and crying because she was worried about her parents who were working in the fields.

[SPEAKER 4] During the Maria 2019 fires, apart from no resources being offered, what concerned us the most was the lack of distance learning policy so that students are not constantly put in a position to choose between their health and their education. As student leaders, we are committed to building student support for the policy we are recommending to you, passing a student petition, and passing a parent and teacher petition.

Our "safe learning" policy recommendation is that you pass a student learning policy that allows students to learn safely by attending their classes remotely, especially in the case of a local fire or a disaster near or around campus. It is critical for student learning and safety that there be a policy allowing students to attend their classes remotely. To support you, my friends and I will reach out to student groups, teachers, and parents to build community support for our "safe learning" policy recommendation. Every student has the right to be safe at school. We would like to answer any questions you may have.

[SPEAKER 1] We plan to share a draft of our student, parent, teacher petitions to the staff of BRITE youth services so that the next group of students for the Photovoice project would be able to carry this campaign forward. We will share the petition with your staff. Thank you for your time.

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

June 2020 - Report #062020-BHD-PVOX