How *We* See Oakland: Low-income Women and Mothers Explore Economic Hardship in Oakland, California Through Photovoice

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Economic disadvantage may be one of the most powerful predictors of poor health in the United States. Studies consistently show that less wealth and limited income are linked to worse adult health, cardiovascular disease, diabetes, obesity, and premature mortality.[1-15] These economic predictors are particularly serious when we consider the consequences of economic adversity on the health of children who do not have the ability to choose their economic circumstances. Children living in poverty are seven times more likely to have poor overall health than children living in higher-income households.[16,17] Lower-income children experience higher rates of asthma, obesity, heart disease, ear infections, gastrointestinal problems, and elevated blood lead levels.[17-27] Recent advances in the literature strongly suggest that differences in adult health begin early in life – during childhood and even before birth – and accumulate over lifetimes and across generations.[28-33]

Economic disadvantage influences lifelong health through multiple pathways. Having greater economic resources affects health by increasing people's access to conditions that help prevent illness in the first place, such as enabling families to live in safer homes and neighborhoods, to have access to quality, reliable health care, to eat healthier foods, to stay physically active, and to build resilience and avoid health-harming stress.[9,34-42] Physiologically, chronic toxic stress plays a fundamental role (via neuroendocrine and immune processes) linking income and wealth with overall health status.[43-49] The constant "wear and tear" (or allostatic load) from excessive stress may alter one's gene expression (epigenetics) without altering actual DNA sequences.[28,29,49] This may result in long-term damage to multiple body organs and systems, increasing one's susceptibility to disease development.[30,49-56] These processes remind us that health is not simply a product of having access to medical care, but a consequence of the complex conditions where people live, learn, work, and play.

Despite the growing body of quantitative evidence linking unfavorable socioeconomic conditions with poor health among vulnerable populations, an individual's income and physiology alone may not completely explain these trends.[57-59] In 1986, Haan et al. found that residency within a poverty area is itself a health disadvantage, even after taking into account well-known risk factors (age, sex, race, income, unemployment, health-related behaviors, lack of medical care, depression).[57] Perhaps beyond measures of income, there may be something about the suffering people experience because they lack control, power, and hope to change the circumstances of where they live.[13,59-65] If we are to close health gaps, we need to also take a subjective look at the socioeconomic demands that people living in low-income areas are exposed to through the perspective of residents living in these communities.

Qualitative methods can aid in this exploratory work, in particular photovoice. Photovoice is a community-based participatory research (CBPR) method that blends a grassroots approach to photography with social action.[66] Originally developed and implemented by researchers Caroline Wang and Mary Ann Burris, photovoice builds on the fields of documentary photography and photonovellas by placing cameras in the hands of community residents so that they can "record and catalyze change in their communities, rather than stand as passive subjects of other people's intentions and images [of them]."[66] In other words, participants record, discuss, and relate to others in their community the everyday realities of their lives through their own eyes and

experiences. In this way, photovoice becomes a powerful and effective tool for obtaining a deeper understanding of individual lived experiences and environmental processes not normally captured in traditional forms of assessment.[66-71] At the same time, photovoice gives voice to its residents. It opens up opportunities for them to act as "advocates for their own community," and gives them power to speak through their photography.[66]

In 2012-2013, we undertook a photovoice pilot study called "How *We* See Oakland" with low-income women and mothers from East Oakland in Alameda County, California (with a neighborhood population of a little over 90,000).[72] In the 1940s and '50s, East Oakland was a thriving middle-class community of urban Oakland.[73] But since then, an exodus of manufacturing and commerce, the elimination of high-wage jobs, and the decades of disinvestment that followed left a disenfranchised community behind plagued with high crime, violence, drugs, and poor health.[73-78]

East Oakland residents have disproportionately high rates of chronic disease – asthma, diabetes, obesity, mental disorder, emergency room visits, assaults, and teen birth rates are two to three times higher than county rates.[72,75,78] This is highly correlated to the poor social and economic well-being of the neighborhood, where almost half (48%) of residents live in poverty (with household annual incomes of less than $30,000).[72,75,78] The unemployment rate is twice that of downtown Oakland.[75,78] And about 4 out of 10 students drop out of high school.[75] The murder rate is five times higher than the national average.[76,78] Similarly, the physical environment of East Oakland is heavily populated by liquor stores, check-cashing agencies, hair and nail shops, and fast food restaurants.[78] People living in East Oakland are dying more than 10-years earlier than people living a few miles away in wealthier neighborhoods such as Piedmont and the Oakland Hills.[78,79] Every year, one out of three newborns start life in poverty in this county.[79] These children who grow up on the bottom rungs of the socioeconomic ladder die younger and are chronically sicker throughout their lifetimes than those who are born to the rungs above them. To confront these trends, we approached East Oakland residents to see and hear directly from them their narratives, challenges, and resiliencies of living in a low-income community.

In this article, we draw from our experiences in engaging ten women from East Oakland with their insights about everyday economic hardships through a photovoice approach and present the major findings that emerged.

METHODS

Study Site, Recruitment, and Participants

Our study was conducted through a joint collaboration of Alameda County Public Health Department (ACPHD) and the UC Berkeley-UCSF Joint Medical Program (JMP). Informational flyers describing the photovoice project were developed and distributed to all of the local family health programs administered through ACPHD. Case managers and health workers gave flyers out to their client panels at county clinics and home visits, and posted flyers in WIC centers, child care centers, and other community-based family health organizations such as Brighter Beginnings and First 5 Alameda County.

Interested clients telephoned the project coordinator to establish eligibility for project participation. We used purposive sampling to invite interested individuals who met the following

criteria: (a) female between the ages of 19-40 years old, (b) current or previous residency in or near East Oakland, (c) current or previous use of an Alameda County public assistance program, and (d) English-speaking. A pilot group of ten participants were recruited for this project, divided into two cohorts of five members. Two of the authors served as project coordinator and group discussion facilitators.

Over a 4-month period between November 2012-December 2012 and February 2013-April 2013, two series of photovoice sessions were conducted in the Castlemont neighborhood of East Oakland. Each series consisted of four 2-hour sessions. All but one session were held in the Castlemont neighborhood at a local community-based youth organization called Youth UpRising. To accommodate participants' parenting and work schedules, each session was held in the morning with childcare and snacks/lunch provided.

Participants ranged in age from 19 to 39, with 100% identifying as African American. Seventy-percent of participants were new mothers, identifying themselves as single-parent, primary caregivers. Three participants did not have children, but each spoke to their experiences growing up in Oakland. Most participants came from neighborhoods in or near East Oakland, and were previous or current clients of Alameda County public assistance programs, particularly ACPHD's Improving Pregnancy Outcomes Program, WIC, and Brighter Beginnings.

Human Subjects
This project was approved by the UC Berkeley Institutional Review Board (2012-05-4359). Informed consent was obtained. Participants were compensated $25 for each session attended.

Photovoice Sessions and Data Collection
In the first session, participants viewed a slide presentation about photovoice to learn about its concept and application towards promoting community health. After the slide presentation, attendees were given the opportunity to ask questions before deciding whether to participate. All women who attended signed informed consent forms. In an effort to establish group trust and develop rapport, participants were asked to bring in a personal photograph to share with the group. Sitting in a circle, each participant and facilitator shared aloud her photograph and accompanying story.

Following this, session facilitators transitioned to leading a discussion around the use of cameras and the ethics of taking pictures of people in the community. Facilitators posed the following questions: What responsibilities do you have as a photographer? How do you approach people in the community when you want to take his or her picture? What types of situations or images would you want to avoid capturing in a photograph? How do you keep yourself safe when taking photos in your community? These questions worked to raise participant awareness of the risks of taking photographs in the community, and to discuss ways to minimize these risks. Each participant received an easy-to-use, non-disposable digital camera (Samsung W190). To end the session, we engaged the women in practice scenarios where participants partnered up and role-played using the camera and acknowledgement forms they would be required to use to gain written permission before taking a person's photograph.

Each participant was asked to bring their cameras back to the next session (held one- to two-weeks later) for uploading and printing of photographs at the beginning of the session. Participants were asked to photograph people, places, and things that convey their perspectives on how economic conditions in their neighborhoods are affecting their and their family's health, including problems and strengths.

For the following two photovoice sessions, all participants returned to group bringing back their cameras with new photographs for uploading and any signed permission forms. At the beginning of the second and third photovoice sessions, each participant was instructed to choose a set of three photographs they wanted to share with their group for the day. Those sets of three photographs were color-printed and handed out to each participant along with a "freewrite" form. This "freewrite" form consisted of questions adapted from Wang and Burris and included the guiding outline referred to as **SHOWeD**: What economic conditions do you **See** here? What's really **Happening** here? How does this economic condition affect **Our** health? **Why** is this economic condition a problem, concern or strength? What can we **Do** to improve this economic condition in our lives and our community?[66] Participants took turns presenting their photographs and narratives guided by the SHOWeD framework. Once all participants presented, facilitators initiated a focus group discussion around the common themes and ideas that emerged from the day's shared narratives.

For the fourth session, the group reviewed all of the common themes and ideas from sessions two and three for further exploration and discussion. The facilitators then guided a group brainstorming session around policy and advocacy ideas. Participants identified a set of recommendations to present to the local health department to seek action or assistance with. At the end of the last session, each participant was presented a Certificate of Completion, and given their camera to keep.

With permission, we audiotaped all of the sessions. Facilitators also requested and received permission to photograph sessions.

Data Management and Analysis

Audio recordings of the photovoice sessions were transcribed by a professional transcriptionist. Transcripts were then reviewed and finalized by the project coordinator. All identifying information was deleted.

Thematic analysis guided the qualitative analysis portion of the study, involving familiarization with the data, open coding within and across transcripts, and review of codes for prominent themes after all of the data was collected. Related concepts were grouped into categories. For example, we grouped concepts such as Limited Access to Financial Education and Being Forced out by Banks into the thematic category Lack of Economic Opportunities. Coding was performed utilizing hyperRESEARCH^{TM}3.5.2 software (ResearchWare, Inc., 1998-2013.).

One follow-up focus group was conducted 8-months subsequent to the completion of photovoice sessions. This session served as an opportunity for participant collaboration and member checking regarding emerging qualitative analyses. Preliminary themes were shared and discussed with participants during this session, and feedback was solicited.

RESULTS

Through the photovoice process, participants presented a total of 57 photographs. In discussing these photographs, participants articulated numerous challenges of managing individual and family life under conditions of economic hardship. Issues ranged from personal experiences growing up or raising families in low-income areas, to larger societal and systemic issues that entrap communities from upward movement. These issues were grouped into five major themes that we heard repeated by both series of participants, as follows: community neglect and lack of pride, challenges raising children in low-income areas, lack of economic opportunities, struggling to navigate public assistance programs, and overwhelming stress leading to poor mental and physical health. Ideas and solutions proposed by participants for each theme are also presented in their respective sub-sections.

Theme 1: Community Neglect and Lack of Pride.

The first theme, community neglect and lack of pride, emerged as the most prominently photographed issue (44%). Poverty in low-income communities often manifests as physical signs of neglect or indifference. Several photographs depicted these physical signs of poverty in residents' neighborhoods as trash on sidewalks, empty lots, neglected and rundown properties, cracked streets, dead trees, graffiti, and metal bars around properties. One participant photographed a persistent pile of sidewalk trash that she and her child pass in their community (figure 1).

Figure 1. "Disgrace in the neighborhood."

Our neighborhood is a dump. There's trash items thrown up and down the streets of Oakland. People don't seem to care where they throw their trash. This is a trash pile that my daughter and I pass everyday to school. Old tires, car parts, and even a baby seat. My

> daughter might see this and think that this is how neighborhoods are – that it's okay to not care and to dump garbage on the streets. It affects our health. It makes us sick. People need to be more aware that they live in a community and that how it looks is a reflection of us.

Participants explained how the quality of their physical environment and neighborhood then becomes a reflection of the residents living in the community. Residents who live in low-income neighborhoods that are run-down, dirty, and unsafe are themselves unattractive, unwelcoming, and dangerous. While, residents who live in higher-income neighborhoods are better people.

> "The nicer your neighborhood looks, I think it will bring better people… If I go to a neighborhood and there's trash on the ground and I'm walking and I eat my last bag of chips, I'm encouraged to just throw it on the ground; but if I'm in a nicer neighborhood, I will look for a garbage can or put it in my pocket…With a nicer neighborhood comes better conditions of living."

> "Facilitator: Why is having a cleaner environment or neighborhood important to you? Participant: Because it makes your community look nice. When you have nice things, you'll take more pride in it. You don't want to destroy it as much and you want to preserve it."

Feelings of shame, lack of control, and frustration from acknowledging these were "normal" conditions for participants growing up here, contrasted with attempts to maintain optimism that their environment would ever improve. Many participants described how people have lost pride and concern for community well-being, worsening conditions for future generations.

> "It shows that people don't care [about the community]…As long as I been ripping and running the streets, I haven't ever really seen a clean street in East Oakland."

> "They don't take responsibility… They expect others to do it for them because they feel like the road is made for them to do that...we want to blame the government or the government is not taking care of us…or we're getting sicker because they're not taking care of us…but it's really us who's not taking care of us. It's really us who's not taking care of our community. We're treating our community as if it was a garbage can."

A broader issue of *where* one lives matters, that "you're a product of your environment", arose from participant discussions when they compared their home environment with those of other neighborhoods. One participant photographed a playground in a suburban community and compared it with the playgrounds in East Oakland. She alludes to the playgrounds in East Oakland as barriers to sharing pride in community assets, as well as barriers to bonding and building trust (figure 2).

Figure 2. "Make that change."

This is a picture of the park that my cousin and I walked through. Many families gather there to enjoy the beautiful day. The sitting area is clean. You don't see any cigarettes, any drugs, any condom wrappers – you don't see any of that. Instead, you see a very clean environment that children can play around; they don't have to run into something that could hurt them. This park helps communities by bringing families and everyone together. Families don't want to go into nasty, disgusting areas and send their child to play in it. If we take responsibility by cleaning up after ourselves, …our families can similarly come together and be more united. Right now, our families are divided, but if we have a clean area to go to then maybe that can bring us together.

Another participant photographed how metal bars placed throughout her community originally intended to prevent crime actually resulted in enabling greater social distrust (figure 3).

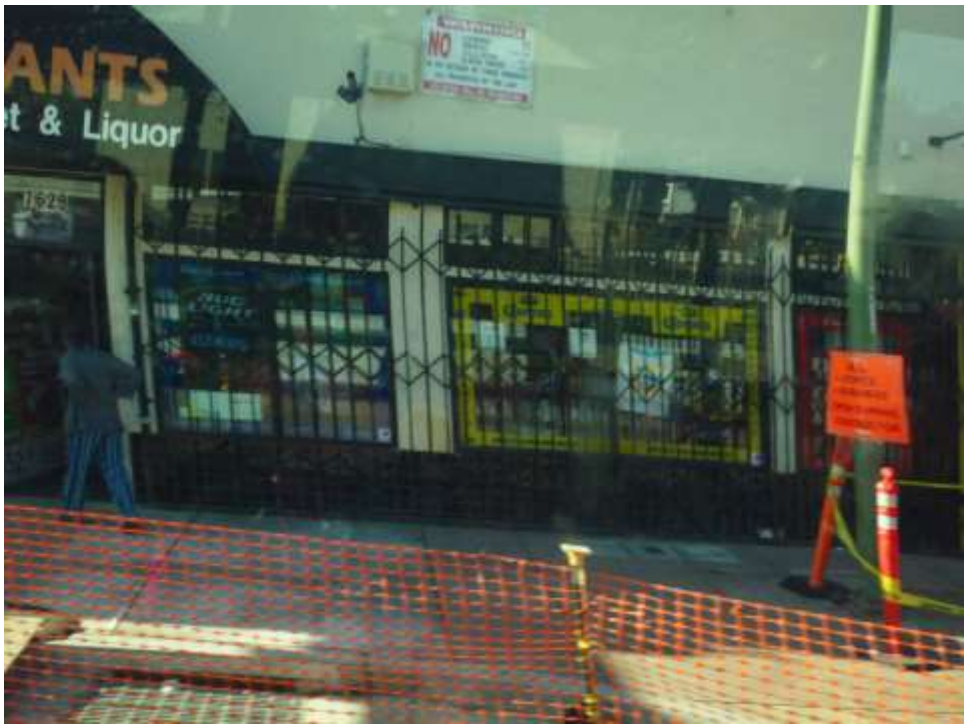

Figure 3. "We are putting everyone behind bars."

> I see that everything is behind bars... The liquor stores got bars on it, the churches got bars on them, the stores, the schools, shoot, even my house got bars on it. It's like we're locked up everywhere. But why is that? Why do we have to be enclosed behind bars and everything? We're supposed to feel safe, but do we really feel safe? Not really. People can still break in. We're trying to protect people in a way, but we end up keeping ourselves enclosed. If we can learn to trust each other and not always enclose ourselves, then maybe things will be better. It starts with us.

The trash, graffiti, and bars are tangible, observable signs of poverty, neglect, and indifference from not only the perspective of individuals living outside of the community, but also from the perspective of individuals living *within* the community. A less tangible sign of poverty noted by participants are the poorly, and possibly deliberately placed chain stores, liquor and smoke shops, sex stores, and funeral homes throughout low-income communities (figure 4). Participants recalled when there were once positive resources like community/youth centers, grocery stores, and small businesses in their communities, but negative resources have now replaced most of these positive resources. Participants asserted that modern urban planning in low-income communities sets residents up for failure (figure 4).

> "We need free centers for kids to get them out of trouble. How do we keep our children from being drug dealers or from selling things that are illegal if we're not giving them or setting them up to succeed? Instead you're setting them up to fail by making these things they want to do so hard. You're closing a lot of these [community] centers and replacing them with liquor stores…for economic reasons...They give you no option."

"I got to walk over the railroad tracks, under the freeway pass. I got to go on a mission just to get to a Lucky's. And then if I want to go to Safeway, I got to walk past 20 different liquor stores, plus a couple of smoke shops."

"Sex sells. All the businesses [get] shut down except for the sex store. You go to the strip and the only thing opened is the doughnut shop, the nail shop, and the sex store, and everything else is closed."

Figure 4. "It's a hard knock life for us."

This is a charter school on the corner of a 3-way intersection in a hostile and violent neighborhood. It's dirty. It's unhealthy. It should be cleaned up. Kids are breathing and inhaling elements of all kinds and forms. More important, children should not have to bypass trash, debris, and bed mattresses on the ground to get through the front door of their school. There should not be a liquor store directly next door to the school where it can provide everything adolescents don't need…

Despite living in what seems like demolished, broken-down and neglected neighborhoods, participants also pointed out opportunities for positive change (figure 5). Involving community residents in local improvement projects will not only help transform unused spaces into higher-quality venues, it will also help foster social capital. Furthermore, participants acknowledged the need to approach city leaders about urban planning issues. They suggested ideas for building community gardens in the empty lots, placing more garbage cans, organizing a neighborhood trash clean-up, getting rid of unnecessary businesses (ie, liquor stores), and bringing back community/youth centers. These recommendations were voiced to ACPHD at the last session of each series.

Figure 5. "Unused space."

I can envision a community garden here – a garden for healthy eating. Maybe even a park? This can become something if we utilize this space wisely. It can impact everyone in positive ways. We have so many of these unused spaces in Oakland – none of them are being used. If we let people know that we have these spaces and lots of them, maybe we can tell our government leaders what to do with this space. Let's put some resources back into the community.

"There are vacant lots that are empty when it could be used for something more positive. It's what we call a brownfield. There's nothing there. It shows that this is a low-budget community, a low-income neighborhood. Most people would see this as a bad neighborhood. It could be used for illegal activity or it could be turned into something positive to make it look more like a community. We need to clean it up, build a small community center for kids."

"We want to petition for changes. In order to do that, we need to talk to council members from the sanitation/environmental department and get their permission… We want to make sure we're talking to the right people to get things done. Right now, we don't know if the property belongs to the city or to the state…There shouldn't be that many liquor stores within so many miles away from each other. We need to find out who has the authority to change that. Zoning? City planners?"

Theme 2: Challenges Raising Children in Low-income Areas.

Participants provided insight of the challenges of growing up in a low-income community, and the pressures of raising a family under conditions of economic hardship.

Personal Experiences Growing Up in Low-income Neighborhoods

One of the most critical ways in which surrounding economic conditions have impacted participants is through causing instability. Participants describe instability within family structures, instability with role models, and instability with self-identity. Several participants attributed a lack of parental guidance and community role models to mistakes they made growing up. Absent father figures and parents who abused drugs left many participants to seek guidance from alternative sources (mainly peers or the television) to establish a sense of identity and belonging. Youth tend to follow peer or popular role models who seemed present in their lives, but who may not instill good values and morals appreciated by the larger community. These values and morals, bad or good, get passed onto future generations.

> "It goes back to how you were raised. If you were raised by a teenage mom… if your mom was drinking, you're going to follow her footsteps because that's what we do. We follow the role models that are set in front of us. I saw a five-year-old go to get his mom some weed from a dealer. He said, 'This is what my mom needs so I have to go get it for her.' Next thing you know, that five-year-old is smoking a blunt because the role-ship has changed. It used to be I did it, but my child was not aware…But now, mamas are smoking with daughters, sons are smoking with their sons. It's cool because you want to be a friend, but there needs to be a parent... the dope raises them"

> "Those [TV] commercials target low-economy people like us because a majority of them feel that a lot of low-economy people are instead of trying to teach their kids how to read and write numbers and colors; they just sit down and watch TV…As a kid, I watched TV, you know, and you see the girls shaking their butts and all that kind of stuff and I started to think, 'Oh, I want to do that. Oh, that's cool.'…So you are thinking it's cool but nobody is telling you it's wrong because what [my drug-abusing parents were] doing ain't no better than what they doing on TV. As I grew up, I was a stripper."

Concern about the impact of limited parental guidance and inappropriate role models on childrens' lives was especially strong among participants who were currently parents (figure 6). Single-parent participants hoped to foster values that may help their children become an asset to their community.

> "Where we live at, it's not easy to instill things into your children, so I always made sure that my son had a diverse upbringing… It's because I raised my son like that- he had a hard time growing up here. He got beat up for being different, you know. Since it was a lot of angry kids around, and I'm assuming that their parents would fight in front of them and do drugs and all of that, they would call my son 'faggot' for being happy- for being a happy kid, for not cursing, for not wanting to do drugs at 10 and 11-years-old… I'm feeling satisfied with what I've instilled in my children. So if I died today, I would not be upset."

Figure 6. "Fatherless."

Though this baby is comfortably sleeping now, each night he looks up at a picture of his father. Right now, he has no father figure in his life- the classic stereotype of a fatherless child. There are too many fatherless and motherless children. We need more parenting programs for young parents in our communities, and we still need to raise our children to become more selfless despite not having parental models.

Another commonly shared concern was how growing up in low-income neighborhoods often corrupted the innocence of children and hastened maturity. Participants recalled being very observant as children living in low-income neighborhoods. They often saw things that probably should not have been seen (drugs, prostitution, violence). As a result, children are forced to grow up even faster, to prepare for life conditions ahead, often believing that there are no better options.

> "I remember when I was a little girl, I grew up in a bad environment. My environment was not great. My mom was a drug dealer, my daddy was a drug dealer. I had cousins and aunties in and out of the door, short skirts, prostitutes, seeing pimps coming into the house. I didn't have no positive environment and I'm a kid seeing all this… Alcoholism, all kinds of stuff, junkies, everything, homeless people sleeping on our floor. I'll wake up…and you got this homeless man, maybe him and his girlfriend on the couch."

> "There's a lot of those who become teen mothers who can't get a job, didn't graduate high school, no thought about college, don't know what to do with themselves, so what do they do? They meet this dude. 'Oh, he loves me. He cares about me.' …You'll get everything you want that you thought you would never get from a man… then when he feels he's done doing that for you, now you got to pay him back… now he's going to talk to you, 'You're going out here to make this money.' And if you tell him, 'No, I'm not

> doing that,' and that's when you get beat up and you have no option and you get kidnapped and you got took from your own area... It happens everyday. I've seen it. I've been a part of it… I've lived that life before. It's not a healthy life. It's like when you are young... You act like you're grown. You try to be grown. But you are not grown. And when things like that happen, that's when reality hits you… and you don't know what to do at this point. You don't know where to turn, where to go… You're getting beat up. It has a lot to do with no dads, absentee fathers."

From these discussions, participants pointed to the importance of having appropriate role models during one's youth to shape personal identity and to build one's resilience as a child living in low-income neighborhoods. Recommendations for setting up mentorship programs were suggested.

> "We should have a big brother, big sister… We need to instill values of men [who will] trust in them, like being respectful, taking care of your stuff, being independent. You have to take care of yourself. Don't look for other people to take care of you. We need warriors out here."

Parents Raising Children in Low-income Neighborhoods

Parent participants noted the profound impact of economic hardship on parenting. Some main concerns that emerged included difficulties seeking work with limited economic resources, balancing work and family demands, and prioritizing children's needs over self-needs. Parent participants described a chronic struggle to make decisions on conflicting demands.

One conflicting demand was the desire to seek work but not having the economic resources to do so. Work is a commonly established strategy for reducing family poverty. However, many parent participants noted that only parents who have enough financial flexibility could afford to work. Low-income working parents need to have enough financial resources to cover the cost of childcare and transportation (gasoline for the car, bus/train fare). In low-income settings, unfortunately, affordable childcare and transportation are scarce and inaccessible.

> "Childcare is expensive. Childcare can take all of your money…It's almost like you work to put your child into daycare…but you don't got the money to even get the rest of [the family necessities]…[agreement from group]. So why am I working?"

All parent participants wanted to work, but also strove to put their children first. Caregiving is often seen as a mother's responsibility. However, in single-parent households with limited father support, it's often up to these mothers to work to support their families. The tension of balancing working multiple low-wage jobs with spending time with the children and family becomes difficult for many low-income mothers to navigate. Income inadequacy was a dominant issue, regardless of whether mothers were receiving benefits or working.

> "The cost of living out here doesn't equate to the amount of wages that they pay you…The minimum wage and everything is so far behind. And of course, the cost of living keeps rising. A lot of people feel like they don't have options other than to work two or three jobs, which means that they're neglecting their kids and missing that time

> with their kids because they have to…And that always trickles down to putting more stresses on you and you can't stop to deal with them, like the mental health. You have to keep pushing, you know, taking away from the time of your children, your partner."

The effect of living off an inadequate income often meant prioritizing childrens' needs over self-needs. Parent participants described sacrificing everyday necessities like food and health to ensure their child's need (food, clothing, learning and play) were met.

> "The reasons why she has to work two jobs…well you have to make money to live… You have to feed your body… Two jobs, maybe three, just to make it… That's not going to do nothing but buy a little meat packet to feed two people… If you got kids, that would be all of my baby's food. I would be starving."

Concerns about parents' abilities to be financially supportive parents to their children caused guilt and disappointment. Participants were frustrated with not having enough money to pay for supervised play and activities for their children (ie, karate lessons), but at the same time, could not justify allowing their children to play in the dangerous neighborhood playgrounds in their communities where they could be exposed to violence, drugs, and prostitution. Instead, parents often kept their children at home as an alternative, further limiting their child's opportunity for getting out of the house.

> "My son, he likes karate…we're walking…and he sees a kid taking [karate] class... And he says, 'Ma, I want to try.' But son, it's $250. If I had it, you would be there. But I don't have it. But if you can hang in there, God will make it happen and one day you will be in that class. But right now, I'm going to lie to you... Stuff like that should be free for single parents who really need it."

> "They just shot this lady up the street from my house. Okay, now I really know me and my son are not walking to San Antonio Park. Maybe we can just ride the bike in the backyard or something and hopefully nobody comes running into my backyard... You got people driving by trying to kill this person and your kids end up being right there and getting shot."

In face of these challenges, however, participants acknowledged the need for external support from the larger community to lessen some of the pressures of parenting with limited resources. The saying "it takes a village to raise a child" was reiterated throughout the photovoice process by the participants, indicating the importance of mobilizing the community to inspire and instill good values into the next generation of children. Recommendations for improving community resources (free childcare, establishing youth centers) were proposed to ACPHD.

> "It takes a village to raise a child. Even when you're an adult, you still don't know everything. You still get taught by those older and wiser, learning to be responsible for those younger… I don't want [my child] to live the same life."

> "This is my son… [It's] important to me because I'm raising a man. His father isn't there...Right now, I have to live with [my son], but when he gets older, you guys are

gonna have to live with him, you know. He's gonna be in the community, so we need to raise a positive child."

"[We should get] free daycare for kids for parents who can't afford it…so [that the parents can] try to find a better job."

"Young girls who love to dance and young boys who like karate…Stuff like [kids' classes] should be free for single parents who really need it…[agreement from group] YMCA…Play structures for the kids...Gym for the kids…and mentors…like a big brother, big sister."

Theme 3: Lack of Economic Opportunities.

Low-income communities show heavy signs of economic breakdown. Small businesses are short-lived. There are limited financial resources for residents (financial education, financial services). Furthermore, accessible educational and economic opportunities are aimed at sustaining a low-wage workforce. Consequently, low-income residents see no way of "moving up" the social ladder.

Small businesses in low-income communities do not last long because of pressures from the banks to foreclose, and the challenges of crime and vandalism (figure 7). As a result, potential revenues and tax dollars get lost to other cities and communities.

"Businesses don't make it or they decide to move out. They're forced out by high interest rates from banks… We can lose these businesses to other cities. Our city can lose tax dollar money… The closing of small businesses equals less jobs for people that may not qualify for traditional jobs."

"People break into a property so [business owners] got to fix it. I think sometimes you just lose hope. There was this beauty supply place and… he was like the last one to have his own business. He was like, 'I can't take it. The good stuff just keep getting taken so why should I try to help when all they do is steal from me?...He was the last business standing right there on that little strip, and he had lost so many thousands of dollars. He said, 'I can't do it.'"

Figure 7. "Ghost town, wasted potential."

> Two out of three businesses are closed. There used to be a barbeque place and a bookstore. They both closed down. All of them are barred up. Small, local businesses are failing due to a lack of local support and an increase in crime on small businesses *except* for the smoke shops and liquor stores. This is unacceptable. I have known some previous business owners when they tried to open up small businesses in their community. They tell me they get broken into within the first week. I've seen them cry. I've seen all kinds of things done to these small businesses. But they don't touch the smoke shops. It is counterproductive to our general health… We aren't seeing successful businesses from local merchants of our ethnicity succeeding. Our children will have no hope. Our kids will feel like shopping and seeing smoke shops and liquor stores everywhere as normal. We need to go to community meetings and demand that there be no more liquor stores in our neighborhood, or at least demand healthier ways to support local businesses.

In addition, the limited financial resources available keep low-income residents from building financial independence. Lack of financial education to encourage residents to open up small businesses, and lack of accessible, sound financial agencies are two examples of financial exclusion low-income residents experience in their communities. One participant shared of her difficulty opening up bank accounts, and had to resort to working with local high-interest check-cashing agencies located in her community. These highly accessible predatory agencies prevent residents from keeping their own, earned money (figure 8).

Figure 8. "Stealing money."

> This is a check-cashing place in a low-income neighborhood in Oakland. Here, money is being taken from the locals. They take so much money to cash your check, knowing that some don't or can't get bank accounts. They take like $10 for every $100...You give your check and end up paying even more back. It keeps you down. There need to be ways for us to keep our money and to get bank accounts.

Participants repeatedly emphasized the lack of good educational opportunities. Accessible educational institutions (ie, trade schools) often target low-income residents and tend to prepare their students for low-wage jobs, rather than to build basic skills for higher-wage jobs. As a result, many participants felt stuck with no upward mobility. Limited upward mobility also point to more systemic issues around public assistance and benefits (see theme 4).

> "They have things that you can go to- university and schools. I'm trying to go to school to get a better job. They got these kinds of colleges, like Everest and Carrington. They target us, the lower-income people because we are more anxious and more ready to get fast money. But, you know, I'm in debt and they say they help you find jobs. I found every job on my own… They don't even give you the updated skills… Teachers don't say nothing. They let you talk and let you pass with an A. Those types of places, they have low expectations. They're trying to attain people for low-wage jobs."

> "I think it's also hard for minorities to open businesses. Lack of knowledge, it's not really out there- like this is how you start a business. It just seems like it's so confusing. We don't know. No one is giving us that type of information… I feel like a foreigner can get a loan a lot quicker than a black person who has been here…because they look at us for a

second and think that we're going to fail from the start. They don't want to give you the chance."

Participants made recommendations for more programs that support self-entrepreneurship and financial education in low-income areas. In addition, suggestions to involve youth early in the process of learning financial independence were made.

> "We need more programs that support small businesses to stay open, to teach them and fund them. We need programs that better educate business owners about financing."

> "Go to the city…have [city leaders] talk to people here who want to start businesses but the banks won't let them take out loans…You can start something with these buildings over here that just go tore down…instead of building these $2000 condos for a month and knowing none of us going to be able to afford or file for them."

> "We can turn 'blighted' places and empty lots into community gardens which will help the youth not only be able to eat healthier alternatives, it also teaches the economics of owning their own small businesses because they can harvest and grow it and reap their harvest and then sell it at community's farmers markets. They'll also learn about their health. They'll also learn about how to be self-sustaining and not to spend so much money… That's something that's missing nowadays, you know, us teaching our youth how to be self-sufficient… Us being in lower-class neighborhoods, you don't know any self-sufficiency."

Theme 4: Struggling to Navigate Public Assistance Programs.

The experiences of economic hardship are not isolated from complex social and cultural processes that exist beyond individual or community control. Often, government public assistance programs (benefits) are implemented to boost opportunity for low-income residents. Many people in disadvantaged areas tend to be highly reliant on public services for themselves and their families. In reality, however, participants describe a broken public assistance system that is unreliable (benefits constantly being cut or reduced), difficult to navigate and negotiate (complex forms and waitlists), and leads to undesired dependency.

> "They cut DentiCal. You want us to work. My teeth are yellow. I talked to this one employer and I'm trying to look presentable, but my teeth are all knocked out. Why would you want to cut DentiCal, something that has to do with health?"

> "A lot of people are on WIC or food stamps not because they choose to be, but because it's their last thing they can do for their child or for them to eat… But, if you have three kids and you had a man who told you he was going to help you and support you and he leaves and you're left with the three kids, now you need to work. But who's going to watch your kids? So now you get on Section 8. But then they tell you, you can't make this much or else you'll lose your Section 8. So then you don't take that job. I have food stamps. It's a system. Once you get in, you're caught."

A strong sense of feeling trapped or caught in a cycle permeated much of the discussions, but participants also identified that it was not just government assistance programs contributing to this cycle, it was also larger socioeconomic issues at play, particularly classism and social status. Participants acknowledged that a large inequity between the "haves" and "have-nots" existed, and that low-income communities do not have the power to participate in society in the same way wealthier communities can.

> "Even stronger than racism now is socioeconomism- class, you know. There's a lot of prejudice and poverty and it's really underhanded now. It's so much about class now: the rich and the poor. So much disparity."

> "It wouldn't be like the haves and the have-nots. That was going on in 1776 and before that. We're in 2013 and we still have the haves and have-nots- we just call them the upper class and lower class… 'If you work harder, you can get it,' but that's not the actuality of it for us."

> "It's a lack of power. I feel like the people who are in power- I feel like they help themselves because it's like once they get there, 'Well, shoot, forget the community.' We try to 'rah, rah, rah' but we don't have the power. We can try to reform, but we need somebody who is up there right now, who is the power, who is in government, to take a hand and take one of us."

Unable to have control or power over the public system, as well as over larger societal issues of status, participants described feeling vulnerable and hopeless because there was no longer an American dream that seemed attainable. Being powerless and hopeless inflicts emotional and physiologic stress, increasing risk of mental and physical disease (figure 9).

Figure 9. "At a friend."

> This is me. I was looking up at the sun- standing, hoping, wishing for something good, something positive to happen. That's my stress. I was crying because I went through a lot of things. I was praying- give me some sort of sign, or job, or something. Let me clean

someone's house. Give me something to do. I don't have a job. What am I going to do next for myself, for my son, for my family? It is easy to think about the things that I could do, but shouldn't because it's bad. But it's hard because we don't have money and we need more help.

"It seems like you can't attain the American dream that everybody wants. It almost seems unattainable now…especially for us."

Recommendations for re-gaining some sense of power were made including improving navigation of government resources and increasing opportunities for civic engagement and community mobilization.

"We don't come and advocate for our own legislation, so therefore [outsiders] can destroy our communities as they want. I live all through East Oakland and I've seen them eliminate all of the grocery stores. If you don't sit there and go and advocate, then they feel like they can do 'whatever we want.' It's all about the knowledge, empowerment, and doing something… All we do is protest...Protest is good. But when it comes to implementing and getting things done, it's not."

"I think we have to re-program our brains. It's been so long that we've thought 'me against you' and 'us against them.' We have to have programs and exercises to show that 'you are my sister. You are my brother.' It doesn't matter because we've all been oppressed. You can't level out oppression over oppression. In the end, you're still feeling pain. We're all hurt. We're all in pain. We could use that instead of our differences. We use that 'we're all in pain' to unify and uprise and detach from all of these shackles."

"The government should try to put more individuals from the community which they're trying to serve into positions that lead into those government programs so that they can have a better understanding. They can make training programs and they can make community college programs that are short-term, that can get people certified and maybe even a degree and then they can have placements in these programs. Not just people with statistical data but with no knowledge of the community in which they serve."

Theme 5: Overwhelming Stress, and Poor Mental and Physical Health.
The cumulative restrictions of poverty (living in neglected physical environments, childhood adversities and family instability, lack of upward mobility, dealing with a broken public system) led participants to develop various coping mechanisms for addressing these economic hardships. However, most coping mechanisms were strategies for negotiation and survival rather than for resolution, and included doing without (as alluded to in theme 2), and doing things on one's own (seeking fast money alternatives). The persistent financial strain and the toll of constantly coping become significant sources of stress. Overwhelming stress influences one's mental and physical health and well-being.

Without the traditional support systems often seen in other communities (friends, neighbors, and families), many participants described the need to do things on one's own and seek alternative ways of acquiring "fast money" and financial resources. Often, the only option is informal work

to earn extra money. Many families are forced to "hustle." Examples of hustles include doing hair, caregiving, selling drugs, and prostitution. Holding two to three unstable low-wage jobs (with high lay-off rates) and working long hours became less appealing to many families who were exposed to these "fast money" hustles. Participants recalled that it was easier to stay in certain hustles (dealing drugs, prostitution) over the long-term, than to use it over the short-term for earning supplemental income. Those who "stayed in it" found false happiness.

> "You're basically just trying to survive... I need to eat. My child needs her vaccines…My child needs shelter. My child needs daycare. You do what you have to do. You hustle. We do what we been doing."

> "The three essential things the government should provide for people is shelter, food, and education. You say, 'Go to church.' That's your spiritual food; however, I'm still hungry. Your kid's still crying. When you have to do what you go to do, why do you think so many women are using their bodies to get money? This is what we have. Guys are obsessed with this. So you know what. He's looking. He's got $500…I need that… You got five kids and welfare is getting cut off, EBT is like 'pssh.' Then you got men who are saying, 'Just lay on your back and close your eyes and you can get this money'… Before you know it, you doing that because you have no other options, you feel."

> "For some kids, they let other people influence them into thinking life is a cool lifestyle. As far as they see, most people don't want to get out of [hustling]… You're really thinking that that person is happy… so you feel you want the same happiness. In reality, it's miserableness."

The restrictions of living poor in a low-income community, combined with a lack of control, power, and hope, all contribute to overwhelming stress. It becomes unmanageable. Participants described feeling mentally unstable, to the point where one's mind is in conflict and fighting with itself. Sadness and hopelessness build to a breaking point, when people look to drinking, drugs, and unhealthy behaviors (ie, eating fast food, smoking) to kill the pain.

> "You have stress because you're dealing with more than your own problems. You're stressing for more than one. You're so busy that you forget to eat. At that point, you become malnutritioned and you're not eating and you can't go to sleep… It causes you to, that one thing you never expect…you go for that cigarette. And once you smoke that cigarette, now you got this other stress on you because that's a habit that's hard to break… I'm so stressed out. Your mind is conflicted with itself, it's fighting with itself… because the economy is bad, you gotta fight with yourself."

> "Being around this makes me depressed. Not having a way out. Not feeling like my community is united or equal… We should be able to depend on each other, depend on the environment around us to bring us back... We feel like we get poured down on everything we try to do. They're shutting down the community centers… Kids nowadays need that. Why are they smoking weed? Because you are taking away their resources and turning them into liquor stores."

> "It's a generation of numbing. With not having things to do, feeling like you don't have...You're numbing yourself at the end of the day. Drinking to numb yourself... Crack cocaine, you're numbing yourself… It's like you're going through life as a zombie because of everything around you- you feel like you need to be numb to even go through life… You can't run from the problem because once the high leaves, it's still there."

In addition to the mental health effects, the body also physically breaks down from exhaustion, dehydration, and fatigue. Self-reported risk of heart disease (hypertension), diabetes, and obesity were noted by participants.

> "I was in the hospital yesterday, and they had to give me IVs. I was suffering from stress, dehydration, and exhaustion and breastfeeding and not eating, rushing, rushing, rushing... I'm working two jobs and I do two gigs. Plus, I'm trying to go to school, plus the situation I have with my significant other and the baby… I kept saying, 'I'm going to make a doctor's appointment the next day or the next day,' because I don't have time. Your body will break down physically... even if your mental status is saying I'm not tired."

> "The community goes into your health. It goes into kids actually playing and not being in the house watching TV, eating Cheetos… The obesity rates for children is crazy. Diabetes and everything. My mom used to say, 'Go outside!' We couldn't sit there and watch TV all-day. She would kick us out and give TV a break. Get outside. Run around. Be active. But now, you can't take your kids to the park with the shootings and the violence going on… I keep mine in the house. Go watch TV and play some video games… You can die from a gunshot wound or you can die from obesity…which one do you want?"

Within these discussions also emerged identification of strengths and resiliencies that enable individuals to regain some control and identity. Residents who took responsibility for their decisions (good and bad) gained self-love, self-esteem, and let the environment around them affect them less.

> "It was my choice... It was up to me to do all the dumb stuff I did, go to jail, fight…That was all on me... Then one day, I finally woke up and said, 'I don't want to do that no more. I don't like going to jail. I don't want to just beat up on people.'… It's up to you to change... A lot of people are willing to blame other people."

> "Your environment usually affects how you are. For instance, if you have nothing but liquor stores, smoke shops, hookers at the corner, drugs, prostitution- that's your environment. But, you have to step outside your environment…to want to do better and see that 'you know what, I don't have to try to be the drug girl or the drug boy because that's what I see all the time.' …No, I want to try to get an education and do better to get out of my environment, to change my future."

> "We are more than our addresses. We're young and sometimes we do have to live in impoverished neighborhoods because we're just starting out... Something you have to

> deal with is that I am not my address. I am not my address… I think above and beyond it."

Moving From Issues to Social Action
In response to some of the solutions and ideas proposed by the photovoice participants, several social action efforts resulted from this pilot project.

Photovoice Exhibition Event – June 10, 2013 (Oakland, CA)
Through the photovoice process, participants not only discovered the power of photo evidence, but also became empowered themselves to speak up about economic issues occurring in their community. What was once an initially shy group of women who did not know each other, and in fact had difficulty making it to the first sessions, now became a team of women engaged and motivated to speak in public through their photographs.

A county-wide photovoice exhibition event was suggested by participants as a "creative way for city and government officials to hear our voices, and to make it visual so that everyone can relate- from government to the underserved."

> "I want them to hear and see what we're hearing and seeing, by sharing our photos and our experiences with them. [This is] a different outlet and possibly may be able to bring about real change in our communities… I hope that people who don't usually sit in meetings or who may not be audio learners, will be able to look at the photos and remember it, and be the change because they feel they are relating more."

Involving local city leaders was a priority for participants. To accommodate their busy schedules, a decision was made by the participants to host the photovoice exhibition event in downtown Oakland rather than locally in East Oakland. Plans to follow-up with mini-exhibitions in local venues were also made.

In preparation for the event, three workshops on public speaking and working with the media were facilitated by the photovoice facilitators and ACPHD staff. Participants met together to practice presentation skills, provide peer-feedback, and develop confidence in public speaking.

Participants invited friends and family, community residents, local city officials (including the ACPHD Director and Health Officer, the ACPHD Deputy Director), local community advocates representing over 20 organizations (including the Federal Reserve Bank of San Francisco, Alameda County Social Services Agency, California Newsreel, The California Endowment, Oakland Unified School District), and partners from academic institutions (including UC Berkeley School of Public Health, UCSF, UC Berkeley-UCSF Joint Medical Program). In total, over 80 guests participated in the photovoice exhibition event.

The venue for the photovoice exhibition event was a brightly lit, glass-bordered conference space on the 7th floor of The California Endowment at the heart of downtown Oakland. Canvases of ten participant-chosen photographs (and accompanying captions) were printed and displayed on easels around the periphery of the exhibit space with a pair of chairs in front of each display.

And two white-linen tables featured 12 other participant-chosen photographs and narratives printed on posterboard.

The event consisted of an open reception where photovoice alums stood next to their photograph displays and answered questions about their narrative (figure 10). A formal presentation co-led by the photovoice facilitators and alums followed, where alums helped to present preliminary themes that emerged from the project (figure 11). Alums then led discussions about each of these themes with attendees divided up into groups (figure 12). To complete the event, flowers and certificates of gratitude were presented to each alum by the ACPHD Director-Health Officer.

Figure 10. Open reception of exhibits and alums answering questions

Figure 11. Photovoice alums present preliminary themes to audience

Figure 12. Photovoice alums lead group discussions around themes

The photovoice project energized community residents and local community advocates. A guest book at the photovoice exhibition event captured some of the enthusiasm with the following testimonies:

> "Thank you for highlighting/exposing the ordinary and making it be more clearly seen. We/I get used to the blight but it communicates a message about priorities and lack of value. Let's partner to change that."
>
> "I am deeply moved and happy to hear that the stories behind these woman are hopeful and filled with determination to make things better for themselves, their children and their communities. Very powerful!"
>
> "These photographers/speakers/participants and their creations are tremendously inspiring. The staff and student who have worked to showcase their voices and photos have created a lovely event while formatting further thought, discussion, and action. Well-done all around- I look forward to learning of many actions rippling from sparks of awareness created today."

Participants also interviewed with the media. Press releases and media articles were run on the work the photovoice alums completed (figure 13).

Figure 13. Two local media outlets (The Oakland Tribune and Youth Radio [photo of camera on far right is a stock photo used by Youth Radio]) showcasing the work of photovoice alums

At the end of the event, the photovoice facilitators debriefed with the presenting alums. Alums reflected on how the event was "beyond belief" that they could formally reach out to local city leaders and motivate them with their narratives. Many alums also remarked on how they discovered their own voice through their interactions with community leaders at this event. Several of them enthusiastically inquired about continuing to be involved in next steps.

Mini-photovoice Exhibits Throughout Oakland

Since the June exhibition, three sets of the canvas prints were distributed for a 3-month span to various local venues throughout Oakland (a local non-profit check-cashing agency in East Oakland, a café in downtown Oakland, and Youth UpRising), including several locations suggested by participants. One mini-discussion forum with community residents at each venue was conducted and led by photovoice alums. Rotations of the photos to other local venues suggested by participants are in preparation (including the Oakland Public Library, the Federal Reserve Bank of San Francisco, and a local community center in Oakland).

Other Public Presentations

Over the past year, several opportunities for photovoice alums to present their photovoice work and narratives arose. Alums presented preliminary work at the Alameda County Community Asset Network (AC CAN) Stakeholder Convening meeting, the Alameda County Building Blocks for Health Equity Collaborative meeting, a UC Berkeley graduate school class on urban planning, and a summer Youth UpRising session where high school kids were learning to do their own photovoice project. After each successive presentation, participant confidence progressively grew. Furthermore, each alum brought their child with them to witness their parents giving presentations and answering questions, and to also inspire them. For many alums, this was their first exposure to presenting in public, to being on the UC Berkeley campus, and to collaborating with community partners.

Involvement in Other Community Committees
This past year, ACPHD has also helped to identify other opportunities to involve our photovoice alums for improving the Oakland community. We helped several photovoice alums with filling out their applications over the phone (several women did not have easy access to a computer), reviewing their resumes, and writing letters of recommendation. One photovoice alum currently serves on the Oakland Sustainable Neighborhood Initiative (OSNI)'s International Boulevard Community Planning Leaders Program with the goal of planning how to use redevelopment funds to meet unmet needs in the East Oakland community. Two photovoice alums serve on the Brighter Beginning's Leaders for Change leadership training program aimed at building individual social action skills. Two photovoice alums also are now active members of the Family Independence Initiative (FII) in Oakland, which helps to create a network of support for social and economic mobility.

ACPHD and UC Berkeley-UCSF Joint Medical Program have plans for establishing a photovoice action committee, and inviting photovoice alums to be a part of this committee. They will be working alongside a few local community partners, academicians, and potentially a city official. Plans for the formation of this committee is estimated to be in early 2015.

Use of Photographs and Narratives in Policy Work at ACPHD
The photovoice photographs, narratives, and preliminary themes may be valuable for future use in local economic and community development-policy work occurring through ACPHD. ACPHD has started to use some of the photos in the development of financial education tools for clients in their Family Health Service programs.

DISCUSSION
This qualitative study provides an initial exploration into the everyday challenges and demands that economic hardships present for individuals and families living in low-income communities such as East Oakland. Through photovoice, participants are able to visually show their narratives and initiate discussion around the issues that are most relevant and critical to them.

Issues such as living in neglected physical environments, encountering childhood adversities and family instability, lacking upward mobility, and dealing with a broken public system, all reveal the challenges individuals and families have to deal and cope with on a day-to-day basis. The fundamental experience of having no options or losing hope permeates through most participants' narratives. For many, these financial stressors become too overwhelming, reach a breaking point, and deleteriously manifest as mental instability (depression, anxiety, attitude) and physical body breakdown (fatigue, exhaustion, dehydration, headaches, high blood pressure). People turn to high-risk behaviors (illicit drug use, smoking, drinking, fast food consumption, violence) to numb the suffering. Overall, these major qualitative themes reaffirm the quantitative evidence that exists on poverty and health. Additionally, they represent a brief explanation of *why* poverty matters in the lives of low-income residents. Further exploration and discussion of these qualitative themes may be necessary for sustainable and effective community-economic development work.

Despite this heavy hand of poverty on family life, several potential foci for intervention also emerged. The importance of increasing community cohesion-mobilization (through local

physical-environment improvement projects, mentorship programs, community centers, self-entrepreneurship programs) as a proposed solution for several issues noted by participants, indicates its large potential for addressing multiple levels of economic hardship that exist in low-income communities. In addition, individual empowerment and civic engagement may be potential avenues where previously hopeless individuals can re-gain purpose and control over their lives. As evidenced through the various efforts of engagement by photovoice alums, their sense of self-esteem grew stronger. Photovoice alums developed an avid interest in getting more involved in their community, and began partnering with local community advocates whom they had never worked with previously.

Marmot explores how ill health may not entirely relate to a lack of money or material conditions (ie, income); it also relates to a lack of social participation and control over one's life (or rather income's ability to help one participate in an acceptable and fulfilling way).[59] Through this photovoice project, our participants have not only raised awareness about their neighborhood's economic conditions, perhaps they have also commenced their journey moving up the social ladder.

Limitations

While this pilot study offers many strengths, we note several limitations.

First, as in many qualitative studies, the study population is small and thus, may not be representative or generalizable. In addition, the participants represented a self-selected group of women who had the resources and motivation to participate in this study, and thus may not accurately represent other low-income African-American populations. Participants were also recruited through ACPHD family health service programs and community health centers, which may represent a group of women who are more likely to seek health resources and support than the general population. However, even among this group of participants, we heard incredible narratives of economic and health inequities.

Second, the photovoice methodology is not intended to be exhaustive nor statistically examined. Rather, photovoice provides a framework for enabling participants to drive the research process: they select the photos, they tell the stories, and they discuss common issues and themes that arose from the narratives and photos shared (which become the initial codes). As a participatory method, photovoice may represent a unique, but incomparable form of qualitative research.

Third, our project did not explore the qualitative thoughts of men and fathers, or the thoughts of children living in these low-income neighborhoods. It may be valuable to learn about the stigma low-income children face (ie, teasing or bullying at school, opportunities to participate in school trips and holidays). Photovoice may be a helpful medium.

Fourth, it is difficult to determine the effectiveness of this project's work on policy change. Policy work is slow (over months to years), and requires both quantitative and qualitative data to construct a persuasive argument. Therefore, it may be difficult to isolate the impact this project has on improving policies or programs. However, the potential for first-hand photovoice narratives and visual evidence to capture the initial attention of policymakers becomes a valuable tool for advocacy work.

CONCLUSION

The "How *We* See Oakland" photovoice project offered a powerful and effective way for obtaining a deeper understanding of the environmental processes and lived experiences of young East Oakland women and mothers. Our project revealed health and well-being are modified by not just material economic disadvantage (ie, wages), they are also dependent on residency within a low-income area and the experiences and interactions that occur there. Experiences of being perceived as unwelcoming and dangerous because of the run-down physical environment one lives in, experiences of feeling guilt and disappointment for being unable to better provide for one's children (ie, extracurricular activities and play time), and experiences of having no options or of losing hope- these are a few subjective reasons linking economic disadvantage to toxic stress and health. The scale to which low-income residency experiences and limited income each contributes to health is yet to be determined. Expanded qualitative research with a larger study population (including men, fathers, and children) may be warranted.

Our experiences also showed the value of photovoice. For our participants, photovoice became more than a participatory assessment of economic and community issues at hand. For them, it brought about a deeper awareness of issues of helplessness, lack of power and control. For them, photovoice became an invitation to act as advocates and leaders of change. Too often, low-income women and mothers are disempowered and overlooked for their abilities to make positive changes in the community. Photovoice enabled our participants and community collaborators (ie, ACPHD) to direct knowledge gained to mobilize community awareness and policy change.

We conclude with a note written by a photovoice participant on the project exhibition guest book:

"This is a spoken word written for children in inner cities:

You ask why I am not all I can be, walk down my street and see what I see,
Memorials of young people whose lives will never be
Because they were shot in the head with no mercy.
Blood on the concrete from the night before,
I pray dear lord, no more!
I am bombarded with liquor stores all in my hood.
Advertisement of alcohol telling me it's all good.
As I walk home from school I am in thought
As I watch young girls souls being bought.
My brother's job is selling crack,
He's in jail right now but he'll be back.
Mom's working hard trying to keep a roof over our heads.
Where is my father, is he dead?
My teacher is young and inexperienced. Can't reach or teach me.
I will drop out of school and not realize education is the key!
You ask why I am not all I can be.
Walk down my street – see what I see!"

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