

**Submission Id: 4875**

**Title**

*I-CREAtE: Engaging Families to Build Healthy Communities – a Photovoice presentation*

**Priority 1 (Research Category)**

Community based participatory research

**Presenters**

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**Abstract**

Context: During the pandemic, the stress of COVID-19 combined with pre-existing adversity put significant strain on the resilience of families and communities exposed to adverse childhood experiences and/or adverse community environments. I-CREAtE (Innovations for Community Resilience, Equity and Advocacy) is a community based participatory action research program whose focus is to explore, advocate, and act on initiatives to enhance family and community equity and resilience. Objectives: To explore solutions identified by families experiencing adversity on how to enhance resilience and to improve the lives of other families in the communities in which they live. Study Design and Analysis: Part of a larger multiple case study entitled “Engaging Families to Build Healthy Communities” this study used photovoice to explore families’ perceptions of their own resilience by asking them to take photos that illustrated the strengths and weaknesses in their family and community, and to use these photos to reflect on solutions to improve family resilience in their community. Data was analyzed using thematic analysis, and participants were supported to provide a narrative highlighting important components of their photographs. Findings were disseminated using an arts-based montage in multiple settings. Setting and Population: This study took place in Kingston, Frontenac, Lennox and Addington counties in Ontario, Canada. Nine families were recruited who self-identified as experiencing different forms of adversity. Instrument: Tablets were provided to families to capture photographs, followed by semi-structured interviews. Results: Families identified many sources of strength, including municipal services (libraries, community centers), formal and informal support networks, access to nature, and personal and intrafamilial characteristics, which had all contributed to their resilience in the face of significant adversity. Families articulated ways in which their communities could enhance the resilience of others through policy-level approaches, as well as community based mutual aid activities. Conclusions: The photovoice approach puts the narrative in the hands of the

participant as the story-teller of their own experience, enabling the voices of some traditionally marginalized families to be heard throughout the community to inform program and policy makers as well as peers.