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Sharing Your Experience Through Storytelling: PhotoVoice Opportunity Informational Session

Presented by the NCUIH Project Firstline IPC Team

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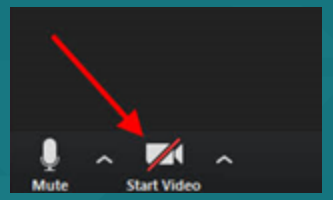
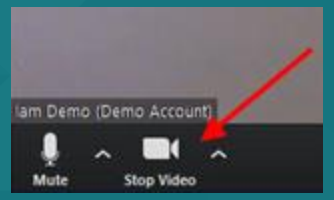
Recording

Please note that today's session will be recorded for educational and quality improvement purposes.

Please turn on your video to help us engage with you.





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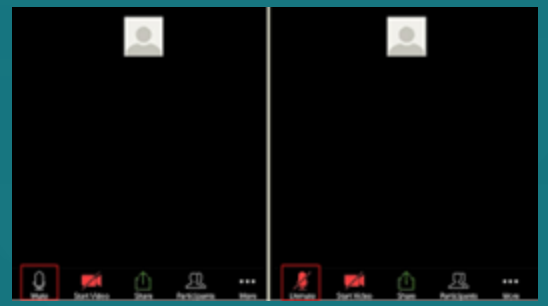
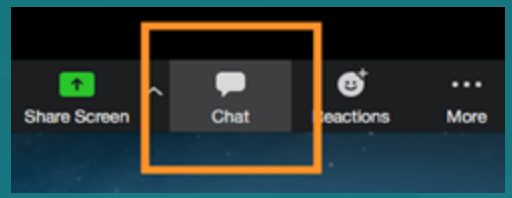


Please enter your name, organization, and tribal affiliations (if any) in the chat.



Presenters and Project Leads

Zoë Harris, MPH

NCUIH Public Health Associate

Zoë is a citizen of the Mashpee Wampanoag Tribe and has worked with her own tribal community as well as urban Native populations in Boston and Chicago on topics of education, health promotion, and language preservation.

Alyssa Longee, MPH, BSN, RN

NCUIH Public Health Program Manager

Alyssa is Fort Peck Assiniboine & Sioux and has worked at NCUIH for over two years. She is a Registered Nurse and brings forth vast combined healthcare experience including administrative, research, and direct clinical settings.

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Welcome!

Agenda

1. Project Overview
2. What Do I Have To Do?
3. Ethical Review
4. Benefits
5. Helpful Documents and Tips
6. Open Floor
7. Closing

Objectives

1. To understand the importance of the NCUIH PhotoVoice Project for themselves and for their UIO.
2. To share the measures that have been taken to protect staff, patients, clients, and community members.
3. To clarify the required commitment and benefits offered to UIO workers who want to participate in the project.
4. To answer miscellaneous questions about the application and project process.

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ABOUT

NCUIH

NATIONAL COUNCIL of URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is a national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is a national organization advocating for the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA)

LAND ACKNOWLEDGEMENT

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The National Council of Urban Indian Health (NCUIH) recognizes its presence and work within a larger framework of historical and contemporary relationships with Tribes and communities across the United States. NCUIH acknowledges that our national office and nearby activities are situated on the traditional homelands of many Native nations. Some of the communities in the surrounding area include the Piscataway, Pamunkey, Nentego, Mattaponi, Chickahominy, Monacan, and Powhatan peoples. These lands have deep historical, cultural, and spiritual significance to Native peoples. NCUIH acknowledges that it operates near numerous Tribal Nations and urban Native communities across the country. Our work touches the lives of Native people from diverse Tribal backgrounds, and we are committed to honoring and respecting the unique cultural and historical connections that exist within these communities.

NCUIH is dedicated to promoting the health, well-being, and self-determination of urban Native American communities across the United States. We take our role of supporting these communities seriously and pledge to continue working towards a future of health equity, cultural preservation, and mutual respect.

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Project Overview

Why Infection, Prevention, and Control?

Infectious disease affects us all

The American Indian/Alaska Native population is disproportionately affected by infectious disease

Why Healthcare Workers?

Increased Risk

Insufficient Resources

Systems-Level Change

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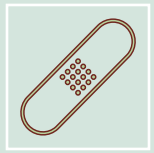
Why Urban Indian Organizations?

Urban Indian Organizations (UIOs) have a unique workforce



IPC practices for niche settings (ex. sweat lodges and powwows)

Facilitators and barriers to success following COVID-19

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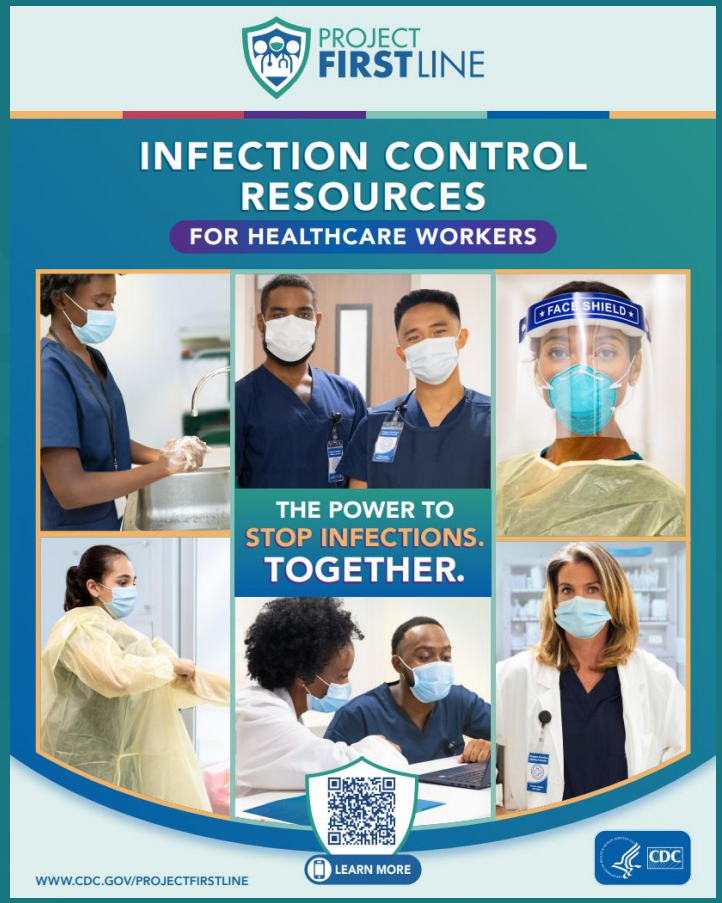
About Project Firstline

Acknowledgment

Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (Centers for Disease Control and Prevention) to provide infection control training and education to frontline healthcare workers and public health personnel.[1]

NCUIH is proud to partner with Project Firstline, as supported through Cooperative Agreement Centers for Disease Control and Prevention-RFA-OT18-1802 as well as Centers for Disease Control and Prevention-RFA–CK20-2003. Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this program do not necessarily represent the policies of Centers for Disease Control and Prevention or HHS and should not be considered an endorsement by the Federal Government.



Project Firstline provides innovative and accessible infection control education for frontline healthcare workers so that they can protect their patients, their coworkers, and themselves from infectious disease threats in healthcare.[1]

As a collaborative, Project Firstline brings together more than 75 healthcare, academic, and public health partners to reach a wide range of healthcare audiences and settings across the country.[1]

1. Centers for Disease Control and Prevention. About Project Firstline. Updated September 14, 2022. Accessed May 16, 2023. https://www.cdc.gov/infectioncontrol/projectfirstline/about.html.
2. Centers for Disease Control and Prevention. Infection Control Resources for Healthcare Workers. Updated September 30, 2022. Accessed May 16, 2023. https://www.cdc.gov/infectioncontrol/pdf/projectfirstline/PFL_Brand_Poster_Noninteractive-508.pdf.

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Alignment with CDC Project Firstline

Listen to Healthcare Workers

Appreciate Healthcare Workers

Meet Workers Where They Are

Recognize Low Bandwidth

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PhotoVoice 101

PhotoVoice is when participants use videos or photography to capture various aspects of their experience and environment

(Wang & Burris)

- Images teach
- Pictures can influence policy
- Community members should shape policy
- Influential stakeholders must be at the table
- Emphasis on individual and community action

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PhotoVoice 101

PhotoVoice is when participants use videos or photography to capture various aspects of their experience and environment

(Wang & Burris)

To help those who are often unheard gain a voice.

To encourage critical consciousness.

To bring about change that will improve conditions and enhance lives by reaching and influencing policy makers

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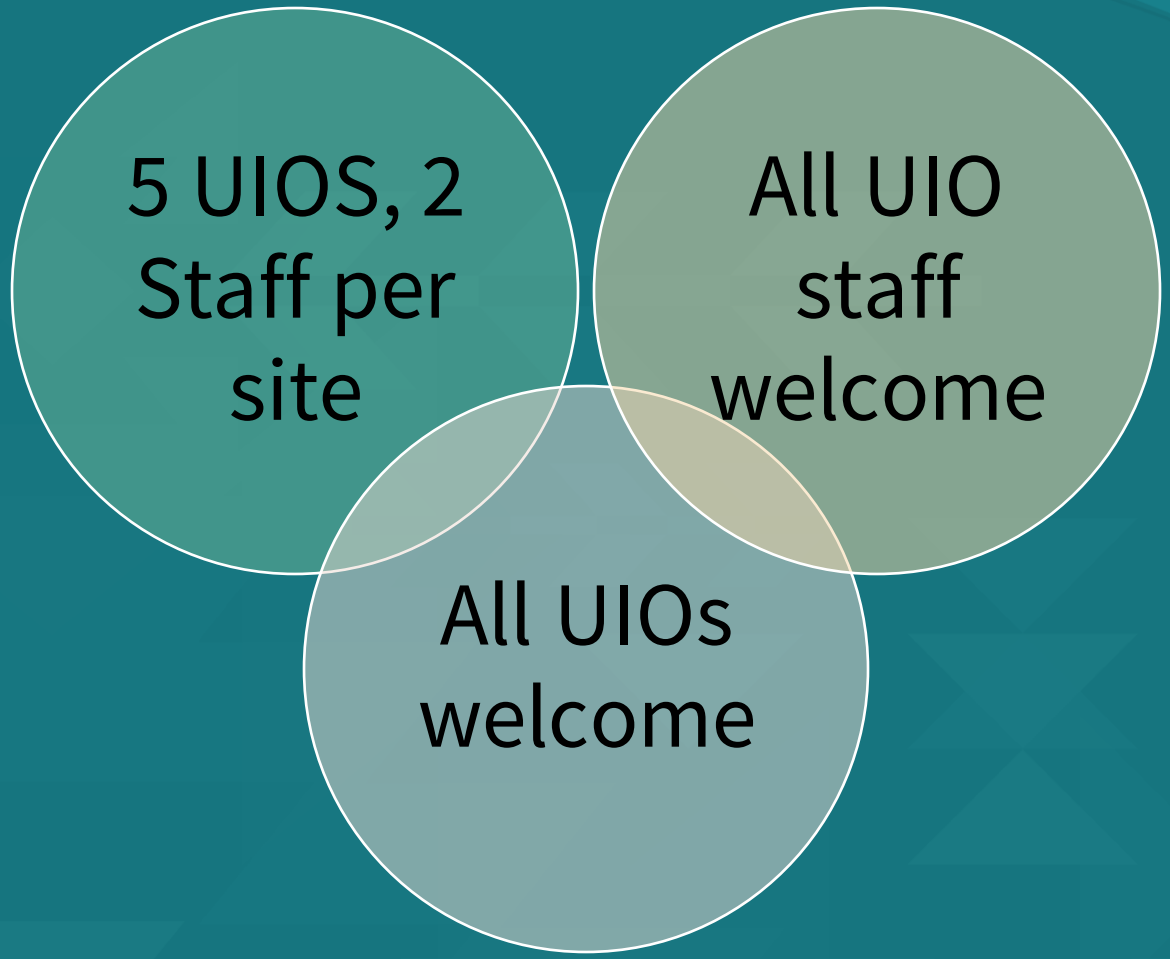
Mission Statement and Target Population

The National Council of Urban Indian Health (NCUIH) Project Firstline team will aim to highlight and amplify members of the Urban Indian Organization (UIO) health workforce to share insights on their experiences through a catalog of images that spark dialogue among stakeholders about the settings and contexts that HCWs enter every day to meet the unique needs relevant to infection prevention and control.



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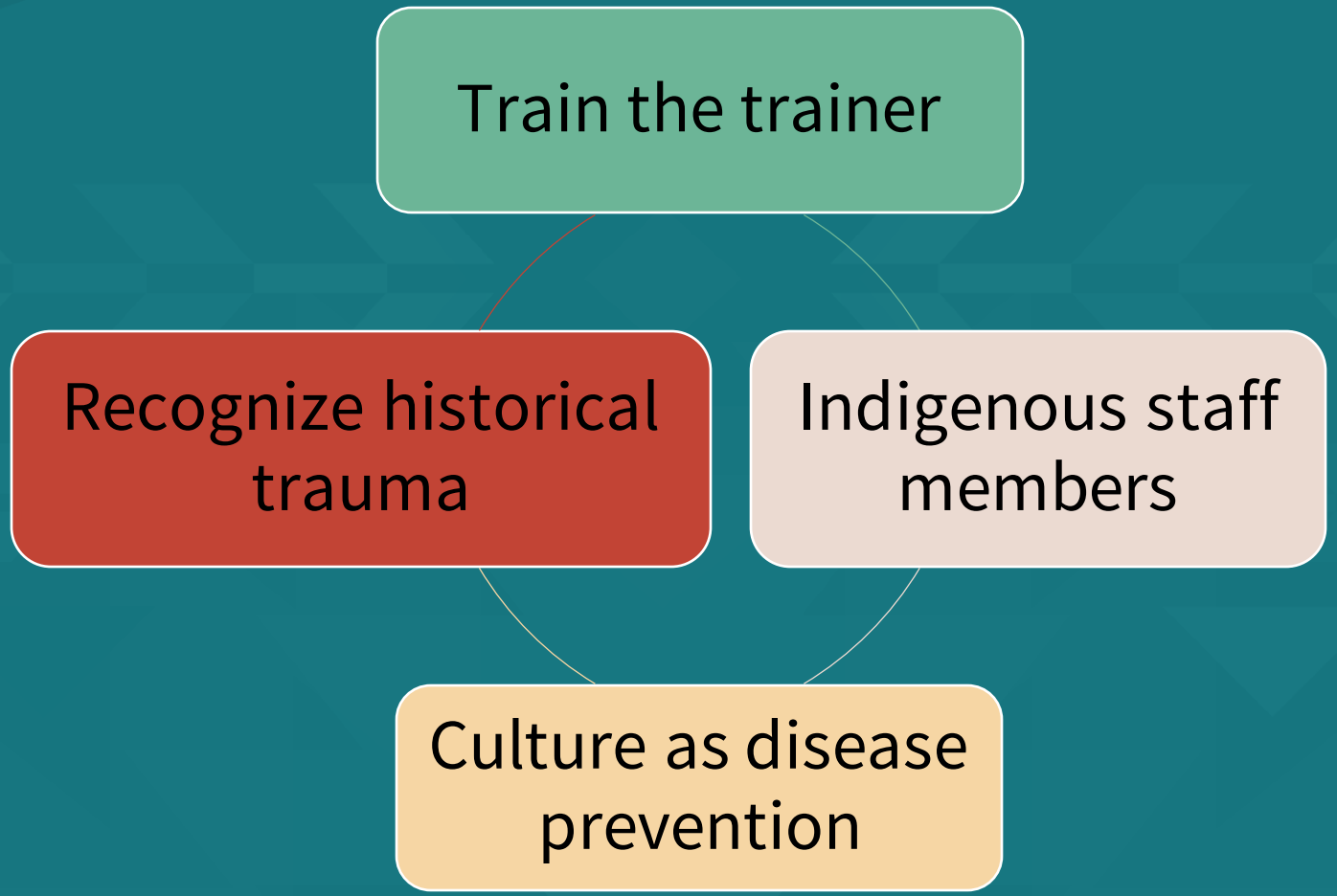
Project Goals

Participants will send NCUIH a photovoice journal, including a self-curated collection of photos describing their needs and challenges they face.

Increased opportunity for UIO staff to reflect and share their day-to day experiences implementing and executing IPC practices at their facilities.

Increased knowledge from synthesizing themes from the photos and experiences shared by UIOs to inform future programming, case studies and technical assistance

Integration of Indigenous Knowledge



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“What Do I Have To Do?”

Participant Commitments

Focus Groups/Interview	Questionnaire	Photography*	Self-evaluation*	Final Exhibition
Introductory Meeting	Introductory Meeting	Self-directed	Self-directed	Community gathering
Check-In #1	Check-In #1			
Check In #2	Check In #2			
Final Meeting	Final Meeting			
Total Time: 5 hours	**Total Time: 1 hour**	**Total Time: Variable**	**Total Time: Variable**	**Total Time: 2 hours**

All meetings will take place virtually.

Leadership Commitments

Trust	Trust your employees
Respect	Respect employee boundaries and group confidentiality
Communicate	Reach out to NCUIH staff with questions
Learn	Be open to learning and listening
Reflect	Think about policy implications

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Benefits

Compensation up to $250

Authorship opportunities

Camera ($100 value)

Policy and program input

Technical training

Community building

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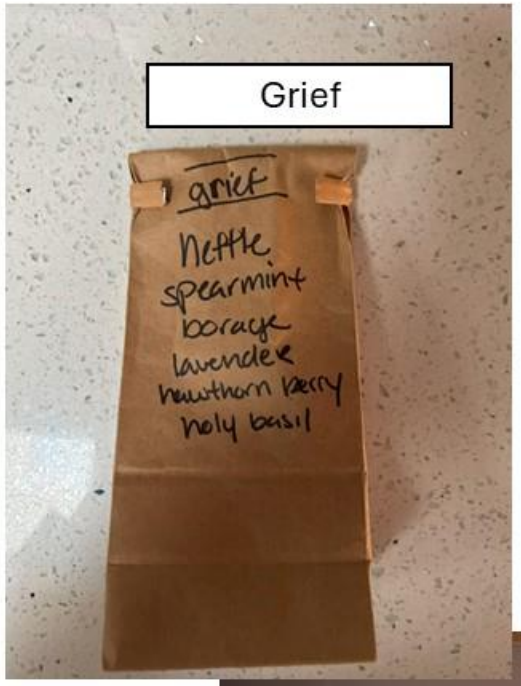
Best Friend

Centered

Adventure

Traditions and Generations

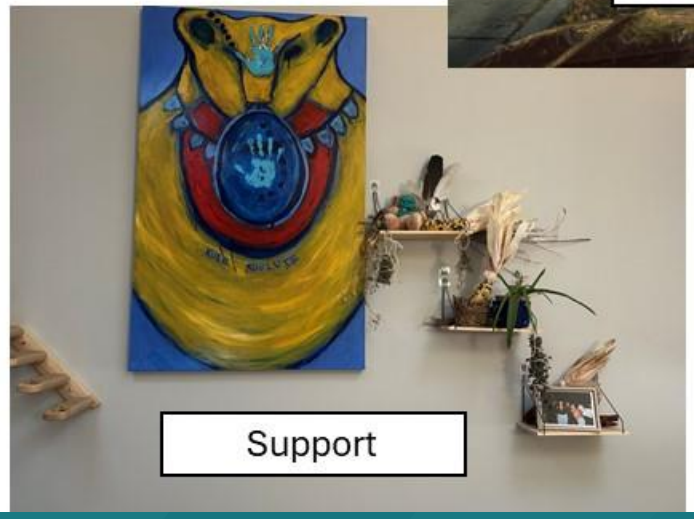
Self-Standing


Grief
grief
Nettle
spearmint
borage
lavender
hawthorn berry
holy basil

Storytelling

Change

Connection


Support

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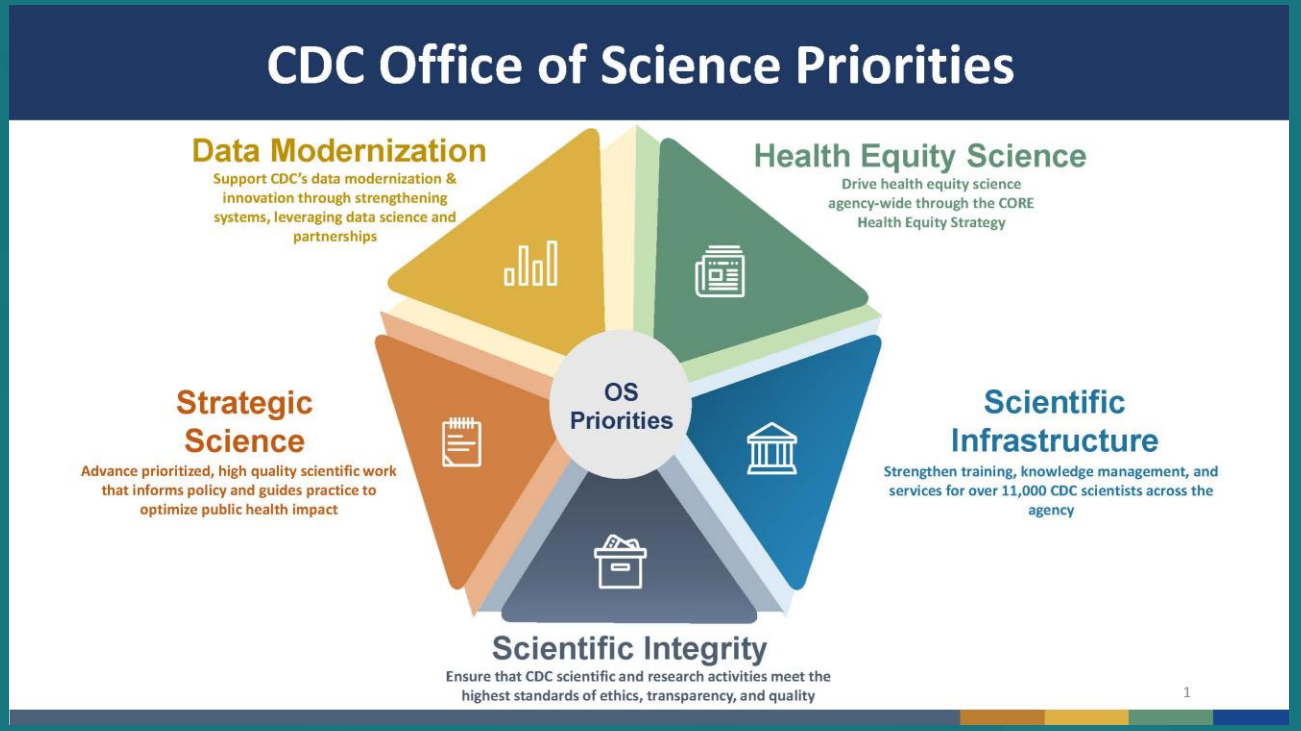
Ethical Review

CDC STARS Review

- Ethical approval by the CDC STARS on 1/22/24
- Materials review:
  - Goals/purpose
  - Objectives
  - Methods
  - Data Collection
  - Consent and photo release forms
  - Self-evaluation/journal templates
  - Focus group and interview guides
  - Questionnaires



Data Considerations

No CDC access to data

Password-protected folder

If you don’t want it shared, it won’t be

You can change your mind

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Patient Protections

(No) Pictures	Clients/Patients/ PHI	Community Members	Declined Photo Release
HIPPA	Screening by NCUIH Staff	Discussions with individual staff	Recommend staff who participate review HIPPA training

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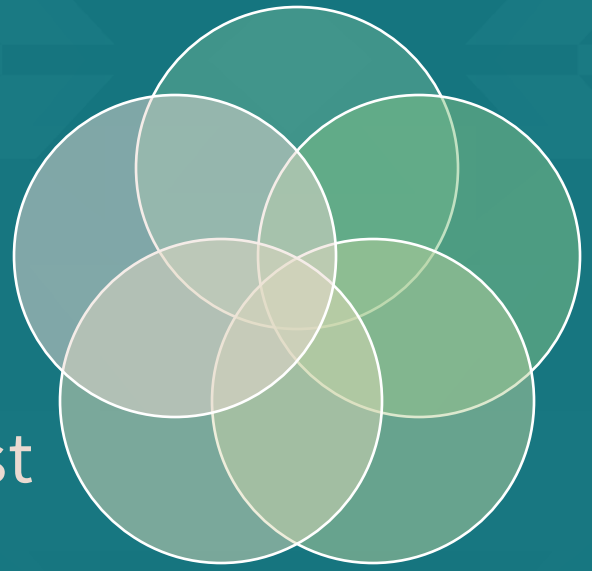
Dedication from NCUIH Staff

Journals

Process evaluation

Reflexivity statements



Researching past PhotoVoice projects

Human Subjects Training

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Provided Materials

- Consent Forms
- Photo Release Forms
- Reminder Sheets
- Emails
- Flyers
- Language and FAQ

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FAQs

1. What will be done to protect privacy?
   - ❖ *Consent, confidentiality, data transparency, and effective communication strategies have been put in place to protect privacy. There is also an open-door policy for comments and concerns.*
2. Who will have access to the raw data/photos?
   - ❖ *Only NCUIH project leads who work directly with analyzing the data will have access to raw data.*
3. What if we don't want anything shared or change our mind?
   - ❖ *You may withdraw from the project or change your mind on sharing data at any time except for data that have already been published or circulated.*
4. Do the photos and text have to be perfect or free of errors?
   - ❖ *No. We want to encapsulate your actual experience. Real life is complex and messy, this work can and should reflect that.*
5. What if we can’t or prefer not to attend group focus sessions?
   - ❖ *Participants also have the option to meet separately with NCUIH project leads as an alternative.*

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Next Steps

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Next Steps

1. Talk to your manager, CEO, or potential staff
2. Reach out with questions
3. Fill out an application
4. Wait for confirmation email
5. Applications close April 5th or once filled

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Application Questions

General Information

- Name
- Email
- Phone number
- Tribal/Indigenous affiliation*
- UIO you represent
- Job title

UIO-Specific Questions

- Patient advisory committee
- Past NCUIH collaborations
- CEO/ED contact information

Participation Interest

- What is your personal experience with infection prevention and control at your UIO?
- Why do you want to participate in this project?

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Open Floor

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Closing

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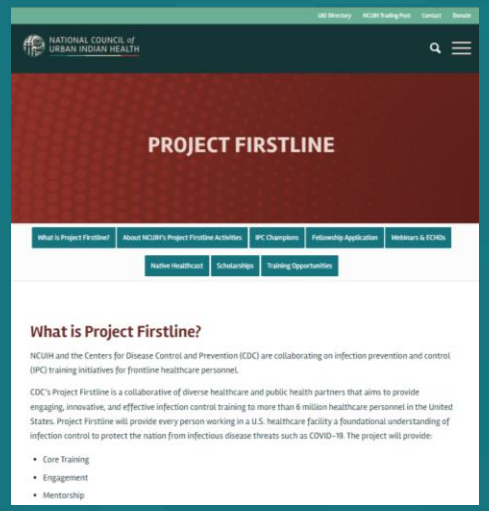
Reminders

Thank you all for attending today's session!

Visit ncuih.org/community-health/project-firstline/ to learn more!



Email our team at IPC@ncuih.org with any questions or comments!

Watch our video reminding healthcare warriors about hand cleaning protocols!

Listen to the *NCUIH Native Healthcast* podcast!

https://www.buzzsprout.com/1954774

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Reminders

Thank you all for attending today's session!

Have you checked out our infographics?

Download it so you can print it our for your UIO!

https://ncuih.org/public-health/infection-prevention-control/#ipcassistance

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Upcoming Events

4/9/24: Building a Culture-Inclusive Workforce: Elders Bridging the Workforce Gap

eCR Application Link:

- 2023-2024 Application for eCR (Year 3/Additional Funding) (jotform.com)

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One-On-One Technical Assistance Available

https://ncuih.org/training/one-on-one/

The Technical Assistance and Research Center (TARC) provides individualized technical assistance, training, and support to member UIOs. Individual support includes:

- Community and staff training
- Consultation on research/evaluation
- Consultation on program planning and implementation
- Documenting local best practices
- Grant application review
- Local partnership development
- Locating archival data to support community work
- Policies, procedures, and operational needs

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Examples of PhotoVoice Projects

1. Bennett, B., Maar, M., Manitowabi, D., Moeke-Pickering, T., Trudeau-Peltier, D., & Trudeau, S. (2019). The Gaataa'aabing Visual Research Method: A Culturally Safe Anishinaabek Transformation of Photovoice. *International Journal of Qualitative Methods*, *18*. https://doi.org/10.1177/1609406919851635

2. Ekwonye, A. U., Malek, A., Chonyi, T., Nguyen, S., Ponce-Diaz, V., Lau Haller, L., Farah, I., & Hearst, M. (2022). "Pandemic Fatigue! It's Been Going On since March 2020": A Photovoice Study of the Experiences of BIPOC Older Adults and Frontline Healthcare Workers during the Pandemic. *Healthcare 2022, Vol. 10, Page 1967*, *10*(10), 1967. https://doi.org/10.3390/HEALTHCARE10101967

3. Logan, R. I. (2018). Not a duty but an opportunity: Exploring the lived experiences of community health workers in Indiana through photovoice. *Qualitative Research in Medicine and Healthcare*, *2*(3). https://doi.org/10.4081/qrmh.2018.7816

4. Thompson, N. L., Miller, N. C., & Cameron, A. F. (2016). The Indigenization of Photovoice Methodology. *International Review of Qualitative Research*, *9*(3), 296–322. https://doi.org/10.1525/irqr.2016.9.3.296

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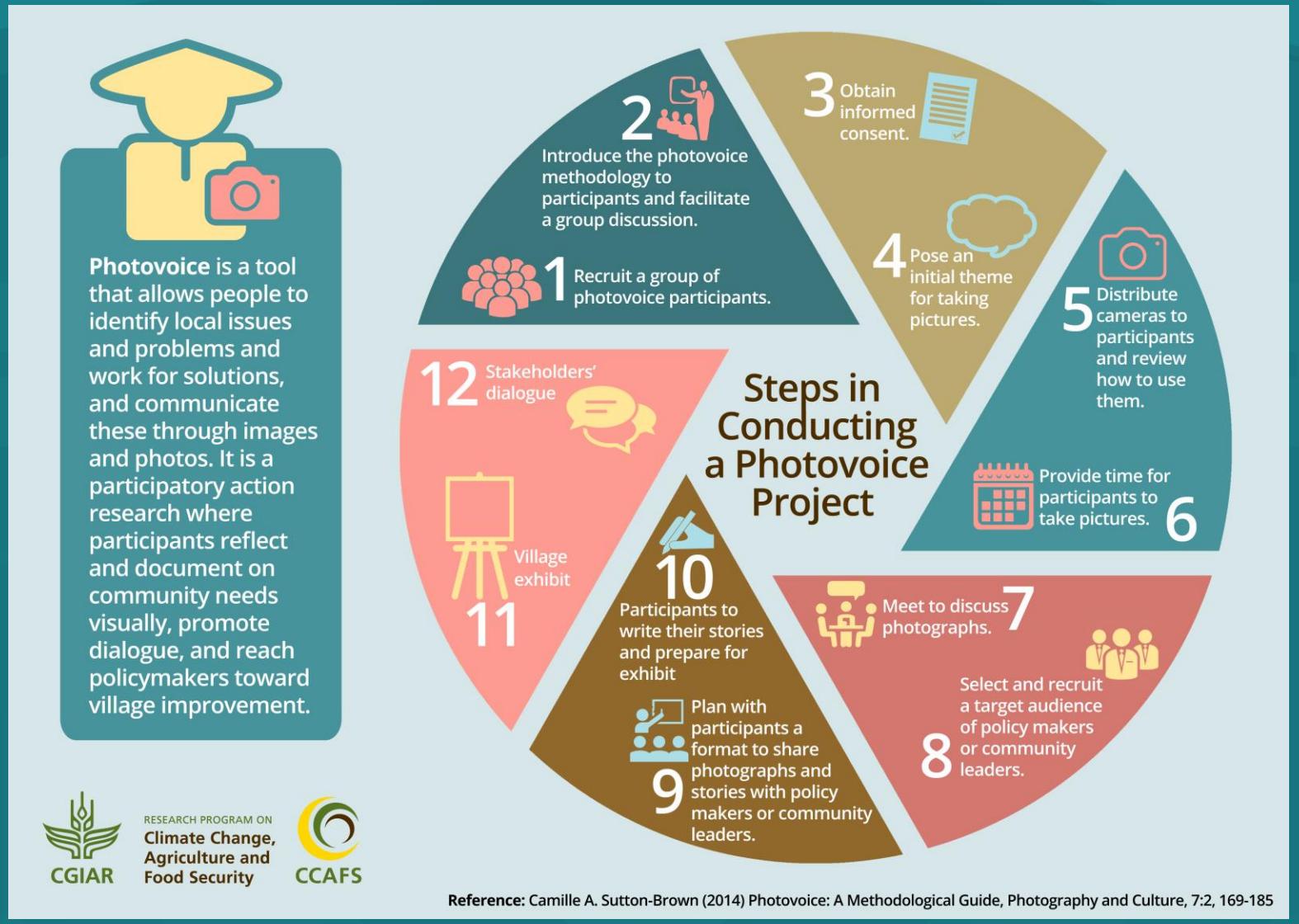
PhotoVoice Steps



Reference: Camille A. Sutton-Brown (2014) Photovoice: A Methodological Guide, Photography and Culture, 7:2, 169-185

Logic Model

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Photovoice Project

Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes
Up to 10 UIO staff members, 2 per site	Recruitment	Narrative Needs Assessment	By April 2024, 10 UIO staff members have been recruited for the Photovoice project	Up to ten (10) UIO participants will send to NCUIH a photovoice journal, including a self-curated collection of photos describing their needs and challenges they face. Photos should be accompanied by narrative explanations contextualizing these images as an illustration of their needs.
Training Facilitator(s)	Kickoff Meeting with all participants	Recommendation List	By August 2024, 3 group meetings will have occurred	Increased opportunity for UIO staff to reflect and share their day-to day experiences implementing and executing IPC practices at their facilities.
Consent Forms	Monthly Check-in Meetings/Focus Groups	Photo Archive including at least 5 which can be used for promotional activity	By August 2024, at least 5 photos per participant should have been taken	Increased knowledge from synthesizing themes from the photos and experiences shared by UIOs to inform future programming, case studies and technical assistance
Template for PhotoVoice Journals	Final Focus Group	Published Article/Report (aspiring goal)		
Cameras	Final Exhibition			
Data Collection Tools				
Additional Incentive - $250 each				
Asana Tracking				

Contextual Factors: Photovoice is a methodology that is designed to provide the technical vehicle to provide on-the-ground contextual illustration of needs in a narrative modality. These photos should capture the strengths and successes of their program, as well as the needs and barriers.