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Hidden Heroines: Lone Mothers Assessing Community Health Using Photovoice

Lynne R. Duffy, RN, PhD

Between 2005 and 2007, a small group of lone mothers in Moncton, New Brunswick, carried out participatory action research within a university–community agency partnership. Applying the method of photovoice, the women took pictures within their community context on topics that they considered important to their health, health promotion, and quality of life. Eight themes that emerged from the process were represented with pictures and captions and presented in numerous public venues and conferences. Themes included finances, stress, support, personal development, violence and abuse, place, and transportation. The visual images and accompanying captions bring to the public arena the voices of those who are often most affected by public policy but have little, if any, input into its creation. Nurses and other health professionals can play a critical role in working toward gender and economic justice, while accompanying marginalized populations in ways that respect their beliefs, perceptions, and experiences.

Keywords: *photovoice; participatory action research; lone mothers; community health; social justice*

Lone or single mothers, identified as one of the most vulnerable groups in society, have generally less income than partnered or single women without families (MacLean, Glynn, & Ansara, 2004; Vissandjee, Desmeules, Cao, & Abdool, 2004). Income and related social status are considered critical determinants of health and health disparities (Phipps, 2003; Public Health Agency of Canada [PHAC], 2003). Individuals with very low income may go without basic necessities

and be limited in social activities, while having few choices over their lives (Canadian Institute for Health Information, 2004; McIntyre et al., 2003). Vissandjee et al. (2004) found that studies of socioeconomic status (SES) and morbidity and mortality implicate the former as key to the health status differential between men and women. It is estimated that 51.6% of lone-woman-headed households live in poverty (Canadian Research Institute for the Advancement of Women [CRIA], 2005), whereas in New Brunswick, 44% of lone-woman-headed families need an additional \$3,500 annually to even reach the poverty line (New Brunswick Advisory Council on the Status of Women, 2006). The Canadian Women's Foundation (2004) reported that low-income children have twice the chance of having sensory, mobility, and neurological problems, whereas the infant mortality rate for the lowest income group in Canada is twice that of the highest income group. CRIA's (2006) national consultation found that the depth of women's poverty has increased over the past decade along with the attenuation of social programs.

Analyzing data from the Canadian Community Health Survey of 2000-2001, Vissandjee et al. (2004) found that women's self-rating of poor health was positively associated with lower levels of education and income, whereas women with partners had the lowest risk. MacLean et al. (2004) noted that "single mothers

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were significantly more likely than partnered mothers to be poor and to experience financial stress and food insecurity,” (p. 3) with single, unemployed mothers twice as likely to report a high level of distress. Single mothers have consistently higher rates of depression (25.4%) than partnered mothers (6.8%) in all regions of Canada (Cairney, Thorpe, Rietschlin, & Avison, 1999).

The Context and Priority Population

The city of Moncton, in the southeast of New Brunswick, is considered the geographical center of the three maritime provinces of Canada. In 2006, with a total population of 126,424, there were 4,845 lone-woman-headed families compared with 970 headed by lone men. Although the population has increased 6.5% since 2001, the number of lone-woman-headed and lone-man-headed households has nearly doubled (Statistics Canada, 2007). The latest income figures have not been released, but in 2001, the median annual income for all lone-parent families was \$24,331, \$28,489 less than families with two parents. Women in full-time jobs annually earned, on average, \$13,287 less than men, and there were 3,265 more women than men in Moncton (Statistics Canada, 2001).

Health Promotion and Public Policy

Public policies do not always reflect or respond to the realities of women’s lives, with assessment and interventions often done for, not with, communities, whereas health promotion principles emphasize community participation for improved health outcomes. Jewkes and Murcott (cited in Minkler & Wallerstein, 2003) asserted, “With health viewed as a resource originating from people within their social context rather than from the health care system, participation is seen as critical to reduce dependency on health professionals . . . and to enhance health in its own right” (p. 32). Health cannot be separated from the social context of people’s lives. With the slow progress in lessening health disparities, Baker, White, and Lichtveld (2001) stressed the importance of moving toward more community-based approaches and the need for more practical, solution-focused outcomes for healthier public policy.

Participatory Action Research

Participatory action research (PAR), also known as community-based participatory research (CBPR), is “a collaborative approach . . . that equitably involves all partners in the research process and recognizes the unique strengths that each brings . . . with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities” (Green et al., cited in Minkler & Wallerstein, 2003, p. 4). This process attempts to reduce power differences between researcher and participants while assisting people to recognize and appreciate their own strengths and abilities. Researchers and public health practitioners recognize the increasing importance of PAR or CBPR because there are many complex health and social problems that have not responded to more traditional forms of research (Hart & Bond, 1995; Israel, Eng, Schulz, & Parker, 2005; Minkler & Wallerstein, 2003; Williamson & Prosser, 2002). Minkler and Wallerstein (2003) highlighted the “growing demands for truly collaborative research . . . [that is] community based, rather than community placed” (p. 3). Within a PAR approach, different methods can be used in both qualitative and quantitative paradigms. Whatever method is used, there are basic and common principles that involve a democratic, participatory, respectful, nonhierarchical, and life-enhancing process for individuals and communities (Koch, Selim, & Kralik, 2002), with research moving from listening and understanding to social change (Wuest & Merritt-Gray, 1997).

Community–University Partnership

An important component of this study was the formation of a university–community partnership. The community partner, Support to Single Parents, Inc. (SSP), is a registered, nonprofit organization formed in 1982 (SSP, 2007). Its mission is to improve the quality of life for lone parents and their families through a community development approach. Possibilities of working together were discussed with the executive director and partnership guidelines developed. The SSP Board of Directors gave their approval for the study with ethical approval obtained from the university ethics review board.

STUDY PURPOSES

The overall purpose of the study was to carry out a participatory community health assessment around the perspectives and experiences of lone mothers. More specific, based on the method of photovoice, the purpose was to (a) enable lone mothers to record, reflect, and act on their community concerns and strengths

that especially influence health and well-being; (b) promote critical dialogue and knowledge about important community issues of lone mothers through group discussion and photographs; and (c) reach policy makers and others who might be sensitized and mobilized for change around areas of concern.

► PHOTOVOICE BACKGROUND

Photovoice, developed by Caroline Wang and Mary Ann Burris, is an innovative participatory tool based on health promotion principles and the theoretical literature on education for critical consciousness, feminist theory, and a community-based approach to documentary photography (Wang, 1999; Wang, Morrel-Samuels, Hutchinson, Bell, & Pestronk, 2004). Principles in these foundations are both complementary and, at times, overlapping in that each recognizes marginalization, inequity, and the danger that research can increase powerlessness (Lopéz, Eng, Robinson, & Wang, 2005). Key concepts from health promotion include empowerment, reflexivity, sustainability, equity, enhanced wellness, and holistic practice. Paulo Freire's work on empowerment education with oppressed communities in Brazil stresses the importance of structured dialogue around common community themes, lived experiences, praxis (cyclical process of action and reflection), and increasing critical consciousness leading to transformation and liberation (Freire, 1970; Wallerstein & Bernstein, 1988; Wallerstein & Sanchez-Merki, 1994). With Freire not specifically addressing gender oppression, feminist theory stresses the importance of women's subjective experiences, respect of diversity, partnership in research, and issues of power, representation, and voice in relation to gender (Speziale & Carpenter, 2007; Wang, 1999; Wang & Pies, 2004). Documentary photography has shown that the power of images can lead to social or policy change and that grassroots and participatory approaches can enhance personal voice (Wang & Pies, 2004).

In photovoice, cameras are provided for people who are often marginalized in community health and social decision making, yet whose lives are greatly affected by those decisions. The cameras encourage recording of important issues and lead to discussion and reflection on the meaning of the images. The images and the accompanying stories developed through group dialogue assist in sharing people's expertise for change. VOICE is an acronym for Voicing Our Individual and Collective Experience. The focus is on what is important to community members and moves beyond traditional assessment by "inviting people to become advocates for their own and their community's wellbeing" (Wang & Burris, 1997, p. 373).

Photovoice has been used for asset mapping and evaluation and is especially suited for participatory needs assessment (Wang, 2003; Wang, Ling, & Ling, 1996). It fits well as a method of PAR in that it provides a process for participatory data collection and analysis as well as using the findings to bring about social change through action. This method has been used successfully with a variety of populations around the world, from women living amid violence in Northern Ireland (McIntyre, 2003), illiterate female farmers in China (Wang & Burris, 1994; Wang, Yi, Tao, & Carovano, 1998), women with learning disabilities (Booth & Booth, 2003), Aboriginal women in Northern Canada (Moffitt & Robinson Vollman, 2004), to several projects with youth (Strack, Magill, & McDonagh, 2004; Streng et al., 2004).

The use of photography as a learning and research tool is increasing in health promotion and is easily incorporated into community programs (Kelly, Eldonna, Schwartz, Kuckleman, & Veal, 2006). Such approaches can assist practitioners in getting to know and understand the community, to build trusting and respectful relationships, and to provide a safe space for dialogue on community-generated problems and solutions (Wang, Cash, & Powers, 2000). Wang (1999) stressed that "images can influence our definition of the situation regarding the social, cultural, and economic conditions that affect women's health" (p. 186) and that policies emerging from local expertise will be more effective in developing appropriate and healthy public policy.

► METHOD

Sampling and Recruitment

Purposeful, convenience sampling was used. Inclusion criteria were that participants be lone mothers (defined as single, separated, divorced, or widowed), have at least one dependent child, are 18 years or older, live in Moncton, and speak English. Following an agency presentation, a poster and brochures were placed at Support to Single Parents and staff discussed the project with potential clients during February and March 2005. Two information sessions were held at the agency for those who expressed an interest and where seven participants signed consent forms (see Table 1). These women had been or were still attending sessions at the agency and had lived in Moncton for various lengths of time, from several years to lifelong, whereas four had also lived in other places in Canada for various amounts of time. The women were not paid for participation, but transportation costs, on-site child care, and snacks were provided for each session. They were able to keep the camera at the end of the study.

TABLE 1
Participant Demographics

	<i>Age</i>	<i>Children</i>	<i>Education Range</i>	<i>Employment</i>	<i>Average Monthly Income Range (in dollars)</i>
1.	40	2	1 year college	unemployed 6 years	1,001-1,500
2.	47	2	university	unemployed	just separated, no income
3.	28	1	Grades 8-12	temporary/contract	501-1,000
4.	45	1	university	self-employed	1,001-1,500
5.	25	2	Grades 8-12 & other training	full-time employed	1,501-2,000
6.	46	3	Grades 8-12	unemployed	501-1,000
7.	41	2	GED & college	part-time employed	501-1,000

TABLE 2
Photovoice Analysis: Contextualizing

S	What do you See here?
H	What is really Happening here?
O	How does this relate to Our lives ?
W	Why does this situation, concern, strength exist?
e	
D	What can we Do about it?

Source: Wang (1999).

Process and Procedures

Photovoice is not a linear process; rather, it evolves through cycles of reflection, evaluation, and action. We began in April 2005 with a training session around the use and care of cameras as well as ethics, safety, and power issues of community photography. Based on the work of Freeman Patterson (2004), we examined different ways of viewing the world through our eyes and a camera lens as well as barriers to seeing, such as fatigue, perceptions, and biases. Project cameras for each participant were simple, low cost, and used 35 mm film of 25 to 27 images.

Data Collection and Analysis

Analysis and data collection are concurrent activities with analysis involving a three-step process of critical reflection and dialogue: (a) selecting—choosing own photographs that have the most significant personal meaning; (b) contextualizing—describing the meaning of chosen images to other group members using the acronym SHOWeD (see Table 2), followed by group discussion; and (c) codifying—identifying issues, themes, or theories that

emerge. The use of photovoice, with participation and critical reflection of participants, encourages people to seek their own meaning without being forced into a pre-set theoretical framework (Wang, 1999).

The initial photo assignment, provided by the university researcher (UR), was general with the instruction given to photograph people, places, and things that represent their everyday lives. In 2 weeks, the films were returned to the agency for developing by the UR. At our monthly meetings, one set of prints was given to the participants with duplicates kept secure at the university. The women decided which pictures were retained and could withdraw any of them at any time. All images were also saved on a CD at the time of printing and kept secure. Each session was audiotaped and transcribed. As well as signing a group confidentiality form, participants had a community consent form if they took photos of people or their private properties that could be identified.

At every session, lasting approximately 2½ hours, each person would show and discuss at least two of their most significant photographs (selecting and contextualizing). Emerging issues and themes were recorded by the university researcher/facilitator, and at the end of the discussions, these were placed on a flip chart (codifying). Group members determined congruence to their discussion, adding or deleting as needed, and chose from the final list a new topic for the subsequent photo shoot and received a new film. This process was repeated at each session. After 5 months of meeting and photographing, the members agreed that enough information and photographs had been collected. Agency staff was not involved in the analysis and discussions except for occasional visits from the executive director, who was also kept informed of the process on a regular basis.

► FINDINGS AND DISCUSSION

Throughout the fall of 2005, we met more frequently to review transcripts, decide on the most important themes or issues, and choose photos to best represent the participants. Captions were taken from the transcripts, adapting as needed through further discussion, and thematic posters were developed. The women chose to make eight themes public: finances, place, stress, public services, transportation, support, personal development, and abuse and violence. Although they did not know about social determinants of health (PHAC, 2003), their issues and themes clearly correspond to several widely accepted contextual and personal factors that affect health status and health promotion. While developing the posters, we found that it was not always easy to separate their determinants of health, as they are often mutually reinforcing and intimately connected. Following are examples of their words or a description of a photo with the caption.

Finances were central to their lives and certainly affected their health and well-being. Having a low income greatly influences self-esteem and makes every day stressful, with difficult choices needed for the multitude of decisions they confront for themselves and their children.

It is so easy to take everyday things in life for granted; healthy food, clean clothes, travel, activities, to name a few. However, many of us live with limited resources and daily must make difficult choices on how scarce resources are spent—even when we know they are a compromise to our family's level of health and wellness.

Place referred to both living accommodations and workplaces. Finding appropriate housing in safe neighborhoods is extremely difficult when income is limited. If people complain about their living conditions to public housing employees, they are told to move somewhere else, which, of course, they can't afford to do—a prime example of how income influences choices. A newspaper clipping was included on the immediate shutdown of a local arena due to mold, and we compared that to life in public housing.

Public services included two main areas: the difficulty in finding and accessing needed services and how people are treated when they do go. "It's sad to say, but the services that are supposed to be helping us the most are often the ones not doing it. Warm greetings, caring, and respect should go along with the services." "Services are in place, but what's behind those services can lead to anger. They tell me they couldn't really help me. . . .



"We are what we eat: 2 liters of pop, 69 cents; 2 liters of milk, \$3.00. It is so important to put good things into our life if we and our children are to grow to our potential. You can't run a car without the proper fuel and the same goes for our bodies."



"Who or what gets immediate attention? Social events or living conditions?"

Where do you turn when the sexual abuse ghosts are still haunting you?" "Everything is maxed out. Every public service has a waiting list unless you are in a dire crisis. Then they put you down further by asking why you didn't come earlier."



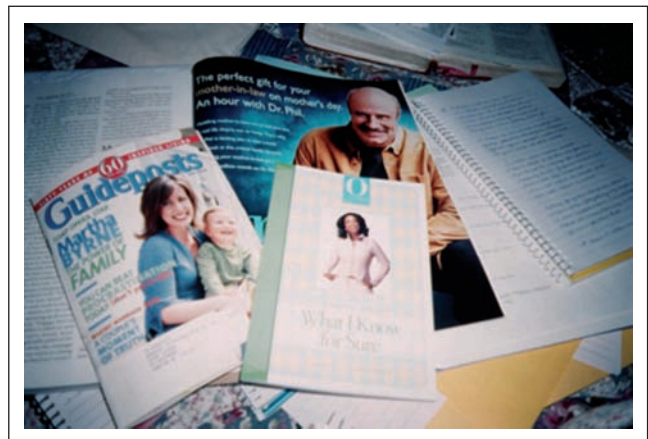
“More than often when seeking help by telephone, you feel there is no communication. Once again, you are left alone. You can spend a whole day, or longer, waiting and waiting for someone to return a call.”

Transportation was a major issue for all the women with photos of cars, taxis, buses, gas stations, and train tracks. If they owned a vehicle, they worried about high gas prices and cost of repairs. Some needed a car in order to work, and others without vehicles lamented the limited routes and costs of public transport resulting in walking home in darkness. They noted that the bus service seemed to be in place for tourists and shoppers, not people working late hours. Some had passes for their children to attend the new sports arena, but it was not on a bus route and they couldn't afford to send them by taxi.

A second poster, “The Road to Health?” related to transportation and depicted the route to the Community Health and Wellness building that houses public health, sexual health, mental health, and addiction services. A few years ago, these services were relocated to the edge of town, apparently without considering transportation. Accessing the building involves



“People on low income know all about living on the edge. It is not something we're excited to advertise though, especially when the bank account is going low.”



“Lifelong learning: Learning at all ages and stages empowers us as we explore the person within.”

walking a long circuitous route, especially difficult in winter and with children, or taking an illegal and dangerous “short cut” across train tracks.

Stress levels and periods of depression are often related to the other themes, especially finances. Support was seen as critical at various times. It is unfortunate that, for some, their families were not always emotionally or physically there for them when needed, including refusal to acknowledge abuse experiences. When extended family wasn't available, some found support and caring in friendships, their children, or new partners. One woman attended a conference on

the Women's Charter and sensed an international connection with other women. She brought back photos of a quilt with the caption, "Women's struggle for equality is a global struggle."

Personal development was viewed as necessary for growth and, yet, the challenges are great for finding the time, energy, and other resources to participate in health promotion and learning activities. Television and the popular press have considerable influence in these situations.

Abuse and violence seemed to be a major issue in most of the women's lives yet did not emerge until near the end of data collection. It is possible that it took time to feel safe enough in the group, and taking pictures of family and intimate partner violence, whether past or present, is difficult. Once the topic emerged, it was felt important enough to include, and we developed creative ways to display it. One poster has a cracked mirror to represent "Shattered Lives" and blank photograph sheets that were labeled "The Pictures That Aren't: Too Personal, Too Painful." A second poster included several analogies including a severed tree. The caption read, "The roots of the tree remind me that abuse is like having your self exposed without giving consent . . . yet roots also represent growth and therefore the hope of returning to a place of safety, comfort, and productivity."

► DISSEMINATION AND ACTION

Following a group presentation to the partner agency board, we planned an open house for February 14, 2006, a date representing caring—something the women want their community to be. Mayor Lorne Mitton of Moncton officially opened the 3-day event with many visitors and good media coverage. The participants always had the choice of what to participate in and to what degree and, over time, have become more comfortable with public speaking or, at least if not comfortable, able to move past any anxiety. Over the next year, I as the university researcher and, often, some or all four women presented at various public venues and conferences. We have received radio, newspaper, and television (regional and national) coverage.

For two local conferences, the women took the initiative and presented the project on their own. In the spring of 2006, again their idea, they carried out an informal survey of public transit among friends and coworkers. With these data and information from our discussions, we prepared a report with suggestions for a more accessible public transport system especially for low-income families. Together, we presented this, along with showing our transportation poster, to the general manager of Moncton's Codiac Transit System.

The report was taken to their board and we have been invited to provide evaluation of major transit improvements. Although some changes in the system were in response to our suggestions for safety and scheduling improvements, there is still a need to address costs for low-income families. The participants know that I will support further follow-up on this, but in action research, the decision to act must come from the stakeholders (Speziale & Carpenter, 2007).

► STRENGTHS AND LIMITATIONS

Along with the ability to view a grassroots perspective of community health and lived experiences, several strengths of photovoice include the length of time in the field and the ability to develop long-term relationships with a group of participants. As well, participants have supported each other and continue to meet outside the project; this, in itself, is an important determinant of health. One challenge is keeping participants in the process over time, as it is a considerable commitment and this may limit who participates in the first place. After 5 months of data collection, one participant moved away and two returned to school, leaving four working on the project for more than 2 years.

Although 7 participants can be considered a small number, Wang (1999) recommends 7 to 10 per discussion group, and qualitative studies look for participants who have the experience in question—in this case, women who are raising children alone and their perspectives on individual and community health. The experience is expected to be subjective, in-depth, and allowing for multiple realities (Speziale & Carpenter, 2007). This number allowed time for all to have the opportunity to speak and for meaningful dialogue to take place. The depth of the discussion provided rich data that were used to create powerful captions and stories. Many women were meeting while their children were in school and only had 2½ hours to be away from home. The study was supported by minimal funding and it was the first time for this researcher to carry out a PAR along with full-time work expectations. Another possible limitation is that with only one agency as a community partner, other women were excluded and that may have changed the dynamics and possibly the demographics. However, other lone mothers and people on low income who viewed the posters seemed to relate to the issues and themes.

It is not always easy to carry out the focused analysis using the process of SHOWeD. Discussions can go in many directions as burning issues arise and connections are made. At times, one or two people might dominate the discussion and space would need to be made

for quieter ones to participate. Experience and skill with group facilitation are needed to balance the process while ensuring that everyone has a chance to speak. It is also important to have quality audio-recording equipment that can capture group discussions as the transcripts provide reference for the captions and later actions.

Pictures as evidence constitute an image at one point in time and are influenced by the observer's worldview. This worldview affects decisions on what is photographed and how. Harper (2003) wrote about the importance of "making visual statements by knowing how the camera interprets social reality" (p. 173). This is more of a concern when outsiders take pictures of others in their context. With photovoice, participants as core-searchers investigate their own lives and ideally choose the form of public representation. What is left out of a photo shoot may be as important as what is included, but the choices of the participants are respected and they decide what is significant. Although the power of documentary photography is well known as a way of bringing issues into public view, and an image is said to be worth a thousand words, presenting only photographs leaves the interpretation completely up to the viewer. Because photovoice combines both picture and story, there is less chance of misinterpretation, and the process allows the possibility of moving beyond awareness as participants become catalysts for social change, including healthier public policy. A major strength is that the process enables people with no research background to become active partners in an inquiry. This could be considered a high level of participation in health that is not easily attained in everyday practice. Because lay people are involved, the findings are more likely understandable by a broad cross-section of people and, therefore, have the potential to reach a wider audience than more traditional forms of dissemination aimed at other professionals.

► IMPACT

What is important in dissemination is whether the viewer can relate, understand, or connect with both the image and the caption. Whenever the posters have been publicly displayed at the community level or at research conferences, people are talking about them to each other. We have found that, of the hundreds of people who have viewed them and provided feedback, most are able to either relate to the issues or arrive at a new understanding and greater sensitivity to a different way of life from their experiences. Those not living the life of a low-income lone mother have expressed outrage or sadness or felt overwhelmed with the emotions aroused in the viewing. Comments after a public

exhibit included the following: "powerful and inspiring exhibit," "great work—it made me cry because of the powerful message," "thought provoking," "excellent insights," "I find I am not alone," "an eye-opening gift," "photos and captions speak," and "thank you for having the courage to share." It is hoped that many will respond like this woman, who wrote after we assisted with a community training, "[I] was inspired to think about actions that could bring about change towards a healthier community."

As the university researcher/facilitator, my learning was incredible; the women taught me many things about what is important in life and I realized how little I knew of how lone mothers on limited income provide for their families or the challenges they face. As the women examined their lives and their barriers, they began to appreciate the good things they had while gaining hope for a better future. This was an important turning point in the process and in their growth. One reported, "We realized there will always be challenges and obstacles but learned that our attitude helps us to enjoy each moment and to overcome each obstacle one by one." They were not content with, or accepting of, their economic and social oppression but, in the midst, were still able to notice and appreciate positive things in their lives. Continually amazed at their level of social analysis, strength, resilience, and growth, I came to realize that, instead of just reading about that elusive concept *empowerment*, I was actually watching it develop.

Through our formative evaluation, the women were asked how the project affected their lives, and their comments included the following: "Doing this research is the first time I felt I belonged," "My confidence has gone up and I am able to talk in public with little or no anxiety," "I was on social assistance when I started and now I'm employed," "In part, photovoice gave me back my voice and was a step toward an increase in my self worth," and "After leaving an abusive relationship, I didn't believe in or trust myself, always being told that women weren't worth hearing from. I questioned whether I should be there—in the public. Now I'm doing what I want to do and have stopped worrying about the past." PAR should make a difference in the lives of the participants or they should benefit in some way (Green et al., 2003); from the women's responses, it appears that this has occurred to some extent in this project, especially at the personal level.

► CONCLUSIONS

Riley and Manias (2004) wrote that "one of the major ways in which we understand the world is through vision. Increasingly, our everyday world [in the West]

is dominated by visual technology, and reliance on other sensory systems is declining” (p. 398). Seeing is important in health care, and photographic research is one way we can better “see” the world of our clients and then help policy makers understand what is important to individuals and communities. We have done considerable work in bringing these visual images and voices to the public arena in our city and beyond, realizing that awareness is only the beginning of change and that much needs to be done at many levels to achieve economic and gender equity for improved health. Further studies and programs using participatory approaches are needed to involve more people in social and policy change.

Photovoice is a grassroots and novel approach that helps uncover the often hidden and unhealthy aspects of our respective settings. It also can identify strengths and assets of those who struggle daily to do more than survive. One photograph of a local monument was titled “Hidden Heroes.” The caption read, “People facing daily struggles are rarely recognized for their bravery. But like public heroes and heroines, instead of giving up, we continue to persevere for what we believe in.”

As health professionals and as members of society, we need to be better at recognizing and acknowledging these hidden heroes and heroines who not only receive little attention but, worse, are the recipients of disrespect in many of our systems that are meant to help. We need to understand their beliefs and aspirations and how they manage to care for themselves and their families in a market-based economy. We need to understand and question the local and global root causes of inequality and injustice in our respective communities. Unless we are able to reduce inequalities and ensure that everyone has an adequate standard of living over their lifetimes, people will continue to be at high risk for early morbidity and mortality (Heslop, Davey-Smith, MacLeod, & Hart, 2001). It is critical that “pro-active poverty elimination . . . be based on recognizing the interconnected barriers that make certain groups of women more vulnerable than others. . . . Only when social and economic policies are informed by marginalized women’s experiences will these policies be able to respond” (CRIAW, 2006, p. 1). We need to ask who is missing in health and social decision making and ensure that they are invited to the table. And last, we need to use our voices and the voices of our clients or community members to help move our societies to a place where all are respected within a context of economic and gender justice.

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