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Paper: Participatory video: Youth engagement with health promoting information

Abstract: Using Participatory Video, this community-based study explored the efficacy of a health promotion program which engaged Indigenous youth in developing culturally relevant smoking prevention/cessation messages in the form of YouTube videos. This facilitated sharing of youth stories and perceptions, critical consideration of health information communication, and development of leadership skills.

Résumé:

1. Introduction
In the last decades researchers have become more aware of health promotion as a “process of enabling people to increase control over, and to improve, their health” (World Health Organization, 2013). This emphasis on personal responsibility for and engagement with improving health and wellbeing has led to increased attention to the effective communication of health information to target consumer populations, and to the ways in which health information is “made valuable in people’s lives” (Souden et al., 2010, 2). Focus on personal involvement in health improvement has also led to critical recognition of the profound cultural variations in how people understand and experience health and health promoting messages (Stewart et al., 2008).

This paper is contextualized by ongoing concerns about high smoking rates among Aboriginal youth (First Nations Centre, 2005; Retnakaran et al., 2005), particularly among those living in remote communities (Health and Social Services, 2009). Given the strong support in the literature for youth smoking prevention programs, we explored a tobacco prevention/cessation intervention which is both culturally appropriate for First Nations young people (Aboriginal Cancer Care Unit, 2008; Briggs, Lindorff, and Ivers, 2003; Canadian Tobacco Control Research Initiative, 2002) and responsive to youth preferences for information delivery (Patten et al., 2009).

Research suggests that (1) visual and social media interventions can effectively engage Aboriginal youth with health information in unique and provocative ways (Craig, 2012; Tanjasiri, 2011; Montgomery, 2012; Stewart et al., 2008); and (2) health literacy among Indigenous youth can be enhanced through involvement in creating videos and the storytelling that occurs through this medium (Stewart et al., 2008). This community-based participatory study therefore explored the efficacy of a smoking prevention/cessation program which engaged Dene youth in developing and sharing culturally relevant social media containing antismoking messaging and in the form of YouTube style videos (short videos with user-generated content). We sought to foster critical thinking about the effective communication of health information to peers and to the community; encourage
youth engagement with health messaging through participation in all aspects of filmmaking, including script development, directing, filming, and editing; and build confidence and leadership skills through the development of thought-provoking, entertaining, youth-focused videos. We aimed to give ‘voice’ to the stories and perceptions of youth, and to allow the digital images and narratives to engage peers, community members and leaders, and decision-makers in dialogue about tobacco prevention/cessation.

2. Theoretical framework
This community-based study draws on social constructivist and critical theoretical perspectives (Israel et al., 1998; Talja et al., 2005). It is grounded in participatory research approaches, which fundamentally recognize “the value of engaging in the research process (rather than including only as subjects for the research) those who are intended to be the beneficiaries, users, and stakeholders of the research” (Cargo and Mercer, 2008, 326).

3. Research methods
Participatory Video (Lunch and Lunch, 2006; White, 2003) was used to engage Aboriginal youth in developing health promoting messaging for their peers and communities. Working together with community collaborators, we recruited sixteen youth (ages 7-16) from two Dene communities. Youth attending a holistic community-based activity program for children and youth were invited to participate; snowball sampling also occurred. Participants participated in a presentation by a Tobacco Health Promotion Specialist, engaged in training activities facilitated by an Aboriginal filmmaker (video production and editing), and then scripted, directed, filmed and edited two short videos. Editing instruction and support was made available to participants. A dedicated onsite project coordinator was hired from the community and played a critical role in encouraging youth participation, guiding project progress and supervising participants. The project took place during July and August, with most film production activities occurring over a three week period. The project coordinator spent time in both communities, working separately with two groups of eight youth to identify narratives and engage in video production activities. Ongoing support and guidance was provided throughout the project: we spent 16 days in the communities during the 8 week project period and maintained close contact with the project coordinator and community collaborators.

Youth informally interviewed one another about tobacco knowledge, experiences and behavioural intentions at project onset; we gathered post-project information from individual and group discussions. Semi-structured interviews were conducted at study initiation and conclusion with five community partners. Interviews explored project impact and efficacy. All data was recorded and transcribed verbatim. Analysis, facilitated by NVivo10™, incorporated conventional content analysis (Hsieh & Shannon, 2005), and grounded theory’s constant-comparative and concept-development approach based on emergent themes (Glaser and Strauss, 1967).

Community dissemination of videos is a key element of Participatory Video approaches. Videos were showcased at two well-attended ‘Pizza and Movie’ nights; plans are in place for further community showings. DVDs were distributed to participants, community members and leaders, decision-makers, and academics. Videos were also posted to YouTube.
4. Results
Through the process of video production youth engaged with smoking prevention/cessation messages. Video storylines were developed by the participants, with youth from one community drawing on ideas rooted in popular culture, while those in the second community found inspiration in a story told by the Tobacco Health Promotion Specialist. Two very different videos were produced and showcased in the community. Interviews with youth and community partners suggest that the videos made an impact on viewers: “Every time I watch I get tears in my eye” (community partner); and “[Viewers will] think twice about smoking” (youth).

Participants learned new skills and were empowered by the process. One community collaborator, for example, specifically noted the empowering elements of storytelling: “It’s not necessarily what the story is, it’s just about being able to tell the story and that [the youth] actually have a voice.” Findings highlight how involvement with health information communication reinforced anti-tobacco messages for the participants and their communities, as well as the importance of a non-smoking peer group.

Data analysis suggests that videos allowed youth to express their thoughts about tobacco use in ways relevant to youth and Aboriginal culture. Participants were familiar with YouTube style videos and were enthusiastic about producing a video that would be made available via this popular forum. Expressing their views through this medium and being heard by others in their communities proved to be an effective approach for engaging Aboriginal youth with antismoking information. It also fostered self-efficacy: several participants subsequently applied to a youth program at an international film festival and workshop. Although results do not allow us to evaluate long term impact of participation on smoking choices, results support previous work suggesting that active and creative engagement with Participatory Video projects has potential to empower participants and influence both participates and viewers (Bery, 2003).

5. Implications and significance
This project makes both practical and methodological contributions. As youth explored smoking within the context of their communities they learned about tobacco use and about communicating positive health information, thus gaining health literacy with respect to this topic. Results suggest that visual methods and social media were effective tools for engaging youth and communities with health information. Results provide a foundation for future study of these methods and social media as a means of involving youth in producing and disseminating health promoting messages. Formal pre- and post-project evaluation with participants will strengthen findings.

Use of visual approaches has been identified as a “nascent methodological trend” (Hartel et al., 2012, 1) in the field of Information Science; however, to our knowledge, videos have been used primarily as a means for capturing data (for example, Case, 2012; Lundh, 2010). This study moves notions of visual approaches forward by demonstrating that Participatory Video may be an effective approach for facilitating engagement with and use of information, enhancing health literacy, and as a tool for positive social impact.

6. Relationship to conference themes
This paper contributes directly to a number of conference themes. Participatory Video was used as a means of capturing the ideas and stories of Indigenous youth as they developed health promoting messaging for their peers and communities. This method allowed the voices of Northern Aboriginal young people to be heard not only by their peers, but also by community members and leaders, decision-makers and academics – thus demonstrating the use of visual methods and social media as a means of amplifying the voices of marginalized populations. Finally, the overwhelmingly positive response of the community to the videos suggests that digital storytelling can effectively bridge the divide between researchers and communities, and potentially between research and practice.

References


