

## ★ If we can do it, anyone can! Sharing success stories through media

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Figure 1 Pirlangimpi health centre team, including authors



### Abstract

'Ngawa Kurumutamuwi' (We Are Strong) was a three month program delivered in Pirlangimpi, Tiwi Islands, from September to November 2014. It aimed to promote smoking cessation, weight loss, and increased fitness through exercise activities, smoking cessation counselling, nutrition groups, and store nutrition interventions. The program was championed by local community members and supported by a variety of local and other stakeholders including the National Heart Foundation, Northern Territory (NT) Department of Sports, Racing & Recreation, NT Department of Health, Tiwi Islands Shire, and the local community store. Many positive outcomes resulted – smoking cessation commenced, waistlines reduced, and fitness improved.

Local staff was proud of the program's success, and wished to share some individual stories in an engaging way. They wanted to disseminate and promote a key community-initiated slogan, "if we can do it, anyone can". By doing so they hoped to inspire Pirlangimpi residents and other Indigenous people in remote communities to be able to address similar lifestyle issues.

A low budget video was developed to facilitate this process to fellow community members and to disseminate the success story of a community led healthy lifestyle program. Several program participants told their positive stories about weight loss, smoking and fitness. The video highlights that a key cause of the program's success is community ownership. A script was developed by a local Aboriginal Health Worker (AHW) and a Darwin-based Public Health Nutritionist student. Filming occurred over five days in several locations throughout the community. Staff used a Nikon D7100 camera and Adobe Premiere Pro software to produce a five minute video including interviews with five program participants. The video also included footage from exercise and education activities that were part of the program. During production of the video, local and non-local staff learnt new audio-visual production skills. This video was disseminated through a community screening in December 2014, emails, and online databases. Preliminary evaluation of the video indicates it was engaging,

inspirational tool for lifestyle change, and successfully communicated project outcomes clearly. If we can share healthy lifestyle program successes through low budget media, anyone can.

## Background

The film was developed to promote a community directed program Ngawa Kurumatamuwi, "We Are Strong". The program aimed to reduce the prevalence of chronic disease in Pirlangimpi community by facilitating weight loss, increasing physical fitness and reducing smoking in program participants. Pirlangimpi community committed to running this program based on the previous success of 'The Biggest Loser' weight loss competition which was a community initiated program run in 2013. The program was run by community members with the support of Department of Health (DoH) outreach team. The "We Are Strong" program had wider aims than 'The Biggest Loser' and was able to expand on its objectives with the assistance of other stakeholders such as the National Heart Foundation and Alcohol and Other Drugs team. "We Are Strong" and other programs and activities are being conducted in remote settings to increase and improve the health and wellbeing of community members. However limited literature was found to support that program facilitators are sharing their results in an engaging way. Due to this, local health workers (LHW) in communities often miss the opportunity to understand program outcomes. Instead, evaluation is disseminated through reports or journal articles which heavily rely on literacy skills to understand.<sup>1</sup> In addition, Aboriginal workers and program participants are less likely to read through extensive literature when coming up with project ideas or motivational tools.<sup>1</sup>

Communicating program outcomes in an engaging way such as with the use of Information Computer Technologies (ICT's) can be more effective, especially when sharing with remote community members.<sup>2</sup> ICT's refer to television, video, audio, computers and the internet. A literature review was written summarising the description, evaluation methods and outcomes from twenty one different health promotion initiatives conducted in Aboriginal communities of Australia which shows that only one program included the use of ICT's.<sup>3</sup> This program's focus was to increase awareness of domestic violence and included the use of film to showcase programs impacts and outcomes.<sup>4</sup> From this study new programs were established and new relationships with other stakeholder's were also developed.<sup>4</sup>

"Film is used as a creative process for community storytelling, capturing an Indigenous worldview for a range of audiences, therefore, filming is culturally applicable research technique for both building theory and engaging the study from an Indigenous Paradigm."<sup>4</sup>

This supports the use of ICT in community setting. As minimal studies from this review used ICT's, it is shown that program evaluation may in fact not be disseminated in an accessible way for Aboriginal community based workers and program participants. Therefore, there is a large gap of program evaluation presented in an engaging way.

Some studies have been performed with Aboriginal people to gain understanding of the outcomes associated with the use of digital media.<sup>1</sup> These studies have found that the involvement of ICT's have been engaging and empowering for community members and participants.<sup>2</sup> Lack of evaluation and dissemination planning can result in other professionals and community workers not being aware of what works within a community setting. In addition, community members may find it less rewarding when participating in programs if they are unable to see the benefits due to lack of dissemination of results in an engaging way.

Notably, qualitative research methods which use ICT's can be time consuming and require technical skills and knowledge. It also requires creativity, planning and appropriate media tools. ICT's are well accessed by Aboriginal and Torres Strait Islander (ATSI) audiences and under-utilised in health evaluation. In 2011, 63% of ATSI's reported that they had internet connection at home, of which 85% had broadband, 11% used internet off their mobile phones and 4% used dial up.<sup>5</sup> In 2008, 90% of ATSI children had used a computer in which 18% accessed it from a neighbour's, friends or relative's house. In addition, 69% of children used the internet.<sup>6</sup> Therefore the use of internet as well as computer technologies is increasing and shows that the use of social media could also be effective in the dissemination of project results.

It has been highlighted that practical methods of engagement are more effective amongst ATSI people, especially as a means of learning and communication. Therefore, a movie of the "We Are

Strong” project was made to promote project outcomes, healthy lifestyles and inspire other Aboriginal community members to make change.

## Approach

### Frameworks

The "We Are Strong" program addresses all action areas of the Ottawa Charter for Health Promotion. Within the scope of the movie project, three action areas were addressed which include:

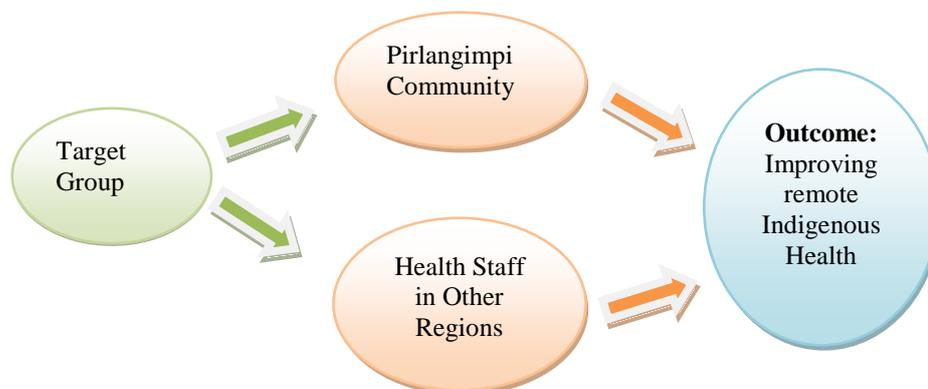
- strengthening community action
- developing personal skills
- reorientating health services.

These action areas were achieved throughout the project, as the video development process was empowering and has given community members ownership. The project has developed community based workers' skills in using media tools. Lastly, the project focuses on health promotion and disease prevention, which reorientates the current health services which have a predominantly clinical focus.

### Target group

As shown in figure three, the video had two key target groups, with a single goal of inspiring lifestyle change and healthy lifestyle programs to improve indigenous health.

Figure 2 Target group and outcomes for the "We Are Strong" movie



### Opportunities and capacities

There was adequate capacity within the team to commence a small-scale video production project. Relationships were well established between the nutritionist, health workers, and the local community. The nutritionist had access to video equipment, and editing software support, and local health workers were enthusiastic to see the project initiated.

### Engagement

The video project gave community members the opportunity to share their personal goals and achievements from the “We Are Strong” program. It also aimed to inspire other groups and communities to do the same. Local health practitioners were also engaged by assisting with filming equipment, planning processes and participating in the film.

### Ethics and equity

The “We Are Strong” movie project was ethical and equitable. The program was not published in an academic journal therefore ethics approval was not required. However talent release forms were completed by all participants prior to capturing footage, as per departmental procedures. All

participants in the film had the talent release form explained by the student or an Aboriginal health practitioner (AHP) who spoke the local language. A memo was also sent to Corporate Communications (Department of Health) to gain approval to share the film wider than the community, including on the internet.

The project has been equitable as it:

- gives marginalised remote Aboriginal populations access to positive health stories
- promoted confidentiality, i.e. participants were able to remain uninvolved if desiring to
- showed respect to adult participants by individually asking if they'd like to be involved
- allowed all participants involved to be invited to the 'premiere viewing' of the film
- increases health equity as the movie works towards improving Indigenous health outcomes.

## Methods

The overall timeframe of the movie project was 7 weeks. Two weeks were spent planning, 1.5 weeks was spent implementing the program (capturing footage and creating the movie) and 2 weeks was used to finalise the project report and create evaluation methods.

The following technical equipment was used during the project, some of which is seen in figure 4.

- Manfrotto PRO Tripod
- Nikon D7100 camera
- Lapel microphone
- Voice recorder
- Adobe Premiere Pro video editing software
- Computer

Figure 3 Community Members being interviewed for the movie by project staff



## Project plan

The overall goal for the movie project was to qualitatively evaluate the 'We Are Strong' program, by collating the stories of at least five participants and creating an inspirational video by December 2014. Objectives, strategies, and evaluation methods were planned prior to program commencement. These are shown in Table 1 below:

**Table 1 Objectives and strategies for the video project**

Objectives	Strategies
<b>Objective 1:</b> To create a video that includes the stories of five participants from the "We are Strong" program, to inspire health changes, by December 2014.	1.1 To become familiar with and to understand how to use Windows Movie Maker and other media tools by the end of October 2014.
	1.2 To design an interview with no more than 4 questions to be used with participants, by the end of October 2014.
	1.3 To speak with local workers from Pirlangimpi as well as Nutritionist and other community members to know who to approach/include as participants in the movie by the end of October 2014.
	1.4 To conduct interviews and take footage during physical activity and nutrition sessions by the 7th of November 2014.
	1.5 To create and edit the video using Microsoft Windows Movie Maker by the 27th of November.
<b>Objective 2:</b> To build the capacity of local health workers from Pirlangimpi in video skills and equipment use with the support of the outreach team by November 2014.	2.1 To involve local health workers with the movie project by discussing the project plan and finalising it together by the 24 <sup>th</sup> of October 2014.
	2.2 To show local workers how to use the media tools including camera, tripod and microphone by the 24th of November 2014.
	2.3 To create an easy to read "how to" guide in order to use the media tools by December 2014.
<b>Objective 3:</b> To create a plan on how to share the video with program participants, community members and other stakeholders by the end of November 2014.	3.1 To investigate video sharing facilities in Pirlangimpi by November 2014.
	3.2 To speak to the local health workers and community members to discuss how they would like the video to be shared by the 7th of November 2014.
	3.3 To investigate the use of social media such as Facebook to share the project outcomes and individual stories to Pirlangimpi and other communities.
	3.4 To showcase the video at the grand finale of the "We are Strong" program in December 2014 to inspire others.
	3.5 To present the video and project outcomes to the Public Healthcare Outreach team by the end of November 2014.
	3.6 Sharing the video and other project outcomes to other health professionals through QIPPS, SharePoint and online where possible by February 2014.

## Evaluation results

The video clearly demonstrates positive outcomes of the program with individuals proudly sharing their achievements in smoking cessation, dietary improvements and increasing levels of fitness. The "We Are Strong" video evaluation tool successfully completed all three project objectives, including video creation, capacity building and dissemination planning. The following includes an evaluation of the processes involved in producing the film.

### Objective 1: Video Creation

The video was finalised on the 20th of November 2014 and included the stories of 6 community members and also included narration by a local health worker. When shown at a community viewing in Pirlangimpi in December 2015, there was overwhelmingly positive feedback. All community members interviewed felt the film was inspirational, with one choosing to recommence attending Boot Camp. All felt it would help other Aboriginal people to make lifestyle changes, and program participants felt encouraged to "work even harder" at staying healthy.

#### 1.1 Student's confidence in the use of media tools

Student reported that her confidence in the use of media tools including camera, tripod, microphone, voice recorder and video editing program increased and reported that she would feel capable of completing a project like this again.

#### 1.2 Movie editing software

Instead of using Windows Movie Maker (WMM), Adobe Premiere Po was used to create the film. This was a result of being offered support by the Interactive Communications Development Unit (ICDU). The ICDU allowed the student to work with their team for a three day period where they provided

software training, and then allowed her to independently create the movie. By using Adobe Premiere Pro software, additional highlights to the movie such as name tags and other audio-visual effects were applied to the movie. These effects would not have been possible with Windows Movie Maker.

### **1.3 Design of interview questions**

A series of questions were created for the interviews with participants. Interview questions were revised by Nutritionist as well as Community Based Workers for suitability. Participants reported that they were comfortable with the interview questions, as evidenced by their clear responses during the filming.

### **1.4 Participants to approach**

As part of the planning process it was important to research which community members should be included in the film. Therefore, face to face as well as phone meetings were held with AHP's to devise a list of possible interviewees. Meetings were also held to discuss the movie plan with local staff as well as the narration of the film. These meetings were very beneficial as it ensured narration would be written in a context most suitable for an Aboriginal audience.

### **1.5 Filming**

At the conclusion of the filming process, a total of six participants shared their stories and one participant was filmed as the narrator of the film which exceeded the target of five. In addition, all footage of interviews, nutrition session, exercise activities and community location were completed by the set date.

### **1.6 Editing**

It took three days to edit and finalise the film. On the second day in the ICDU, a draft video was completed. It was viewed by three experts in media, who gave positive feedback and were very surprised by the high quality of the footage as well as the quality of the draft copy produced by the student. The movie was also viewed by the nutritionist and each professional gave feedback on how to improve the film.

## **Objective 2: Capacity Building**

AHP's were able to gain skills in setting up the tripod, microphone use, and camera settings. Initially AHP's were unsure about the use of the equipment however mid-way through the project the AHP's were independently setting the equipment up in preparation for interviews. Increased confidence in video skills was expressed by AHP's in post-program interviews.

### **2.1 Planning**

Working with local staff helped to engage with community members at a greater level. On the first visit many AHP's were away for training however collaboration on the project plan was still able to occur through phone calls, email and on the second visit.

### **2.2 AHP's confidence in media tools**

AHP's reported that they had some pre-knowledge and some confidence of media tools. After going through the media tools together and allowing time for AHP's to practise with them, they reported an increase in knowledge and confidence in the use of the microphone, tripod, voice recorder, camera and headphones.

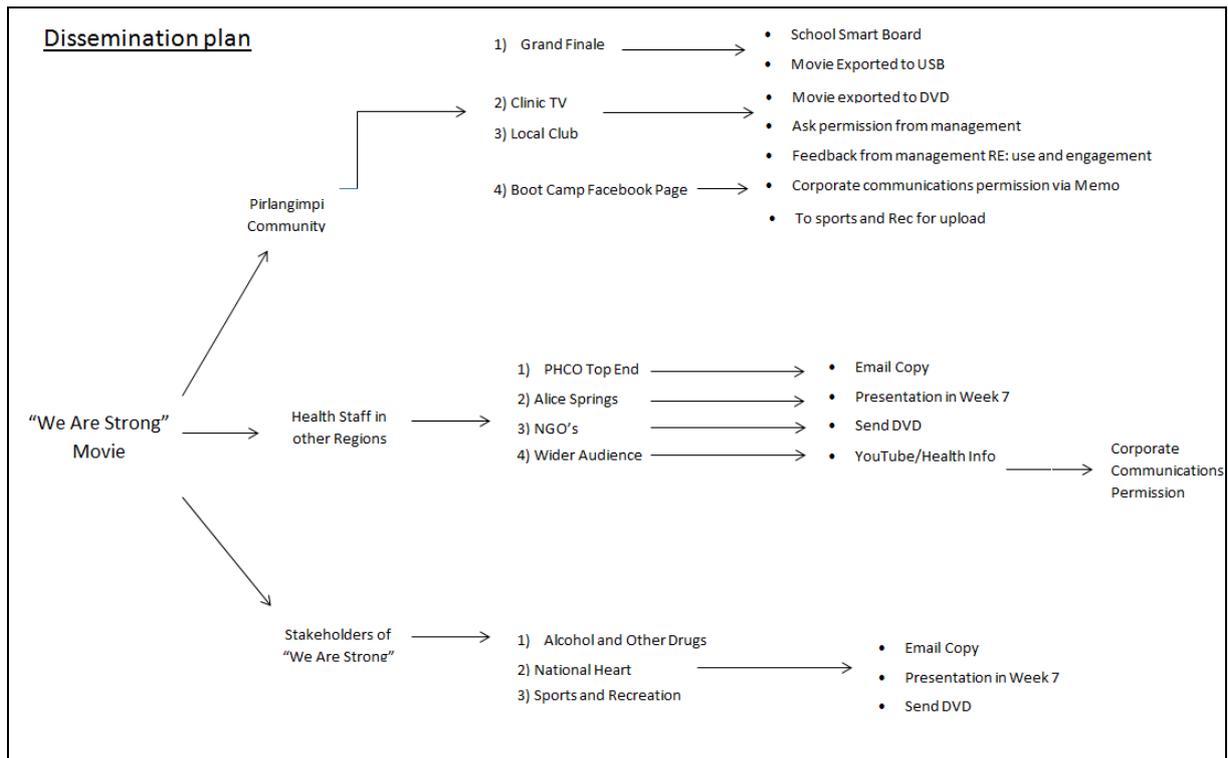
### **2.3 "How to guide"**

A "how to guide" to facilitate the use of Adobe Premiere Pro as well as to facilitate the use of media tools was not created. Using the same media tools (camera, tripod, voice recorder and microphone) is not feasible long-term, as they were not all departmental items. In addition, if PHCO staff were to utilise the technologies available from the ICDU, media staff would give a short tutorial. Therefore the "how to guide" was not written.

## **Objective 3: Dissemination Planning**

The plan included sharing the movie with the Pirlangimpi community, health staff in other regions as well as stakeholders of "We Are Strong". The dissemination plan clearly outlines the potential methods of sharing (see figure 5). It also acknowledges that permission by corporate communications is still being sought out and without this approval the dissemination of the movie may be limited.

Figure 4 Dissemination plan for video to be shared to community members and health staff



### 3.1 Investigation of video sharing facilities

Multiple video sharing facilities were found in Pirlangimpi to share the video. These included:

- the waiting room of the local clinic
- local crèche
- local club
- primary school.

All of these locations have been used to share the video with the community, which was well received. Technical support was required to ensure the video was in the correct format to be viewed on different devices.

### 3.2 Investigate use of social media

Figure 5 Pirlangimpi Boot Camp Facebook page



The process of using social media and other distributing methods online was investigated through the media and Corporate Communications Department, Department of Health. Permission to add the movie to YouTube as well as SharePoint and QIPPS is currently being requested.

### 3.3 Investigate community's dissemination ideas and desires

Community members shared that they would like to see the film in the community and if possible on the Pirlangimpi Boot Camp Facebook Page, YouTube and ABC TV. Television airing was discussed with the ICDU as a possibility, however cannot be pursued until departmental approval is received.

### 3.4 Showcase movie at grand finale

On 4 December 2014, the movie was shown in Pirlangimpi to participants, their family and friends. It was re-played continuously, and participants were very proud to share their stories on the big screen. All participants were provided with a DVD copy of the video.

### 3.5 Showcase movie to health outreach team

A final presentation about the "We Are Strong" movie project was given to staff from the health outreach team in November. Feedback forms were completed following this session, as well as by other health professionals who were sent the video via email or post. A total of 20 health professionals returned their feedback forms and from the results 90% reported that the movie was very effective and effective for promoting change. A total of 75% reported they were very likely or likely to use the video for health promotion and 100% found the movie to be engaging. Finally, 80% found the program to be very effective and effective for communicating program outcomes.

## Barriers and enablers

There were multiple barriers and enablers throughout the movie project, as shown below.

Table 2 Barriers and enablers of the project

Enablers	Barriers
<ul style="list-style-type: none"> <li>• Nutritionist's strong relationships within community setting</li> <li>• Assistance from the ICDU with the technicalities of video creation and sharing.</li> <li>• Support and teamwork from local staff</li> <li>• Good ratio of both male and females in the film (three males and three females)</li> </ul>	<ul style="list-style-type: none"> <li>• Technical issues with inexperienced users (e.g. flat batteries, imperfect sound quality)</li> <li>• Not all participants with valuable stories were willing to be filmed</li> <li>• Unable to take footage of all program activities as many sessions were held outside of filming period</li> </ul>

## Recommendations

For other practitioners or health workers who would like to create a film as part of project evaluation, detailed planning of the video is essential. This should include the following:

- number of interviews
- sequence of footage
- types of contextual footage needed
- length of film
- narration and script
- stakeholders to involve.

In addition, developing basic technical skills would be recommended. This could include panning, framing interviewees appropriately, lens focus and sound quality checks. From our learnings, basic levels of these skills can be quickly learned and a simple film can be developed inexpensively.

Gaining Departmental approval prior to conducting a movie project is also recommended in order to have solid understanding of the possible forms of dissemination. Finally, if wanting to optimally build capacity of local Aboriginal workers in community more time needs to be allocated for training and the feasibility of media tools also needs to be considered.

A key policy recommendation is that evaluation of community programs should always include an engaging method of outcome sharing, such as video or a pictorial summary.

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## Presenters

**Bethany Miles** is a public health nutritionist/dietitian with the NT Department of Health, and has been part of the outreach team servicing the Tiwi Islands and Belyuen for the last two years. This has involved working on projects such as building and implementing store nutrition policies with local boards, antenatal cooking programs, adult healthy lifestyle programs, and anaemia prevention initiatives. Prior to this she worked for two years as a dietitian in the private industry. This involved nutrition education and health coaching with chronic disease clients in fourteen Top End communities,

as well as working clinically in hospital and Aged Care settings. Her upbringing was in the Kimberleys and Darwin, and she graduated from the Bachelor of Nutrition and Dietetics (Hons) at Flinders University in 2010.

**Elleni Vassilakoglou** is a new graduate nutritionist/dietitian working as a nutrition educator with Healthy Living NT. She is a born-and-bred local Territorian, is passionate about Aboriginal and Torres Strait Islander health and has a strong interest in cardiovascular disease. Elleni completed her training with Flinders University in 2014 and was able to undertake all her placements within the Darwin reign. This allowed her to expand her cultural awareness within Aboriginal communities and be exposed to various diseases at Royal Darwin Hospital.