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Planting Healthy Roots: Using Documentary Film to Evaluate and Disseminate Community-Based Participatory Research

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Abstract

The study purpose was twofold: (1) to evaluate a documentary film featuring the formation and implementation of a farmers' market and (2) to assess whether the film affected awareness regarding food access issues in a food desert community with high rates of obesity. The coalition

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model of filmmaking, a model consistent with a community-based participatory research (CBPR) approach, and personal stories, community profiles, and expert interviews were used to develop a documentary film (*Planting Healthy Roots*). Evaluation demonstrated high levels of approval and satisfaction with the film and CBPR essence of the film. The documentary film aligned with a CBPR approach to document, evaluate, and disseminate research processes and outcomes.

Keywords

Community-based participatory research; program evaluation; multimedia

Introduction

Community-based participatory research (CBPR) is an orientation to research that engages members of communities as active participants in research aimed to improve their overall health.¹⁻⁷ By working closely with individuals in a community, CBPR yields information that is not only valid but authentic to the target population, reflecting the actual experiences of the community. This, in turn, leads to direct effects that can potentially impact the overall health of the community and address health disparities.^{4,7,8} Strategies to engage communities in research using CBPR have ranged from the traditional (e.g., advisory councils, stakeholder involvement, town hall meetings) to more creative (e.g., story and narrative, health communication, technology).⁹⁻¹² Creative strategies encompassing the use of story and media have had a profound influence on the success of public health initiatives.¹³

The methods for delivering health messages are multifaceted and include written materials, counseling, videos, and web-based applications.¹⁴⁻¹⁶ Video interventions appear to be especially effective when the ultimate goal is to influence health behaviors among specific groups of individuals and communities.¹⁶ Specifically, there has been increasing interest in the use of documentary films to inform and motivate audiences and to measure changes in health behavior and health outcomes. Successful documentary films use compelling stories to influence positive individual and environmental changes. Documentary films, such as “All My Babies” (George Stoney, 1953); “Ro-Revus Talks About Worms” (University of South Carolina, 1971); “Abstinence Comes to Albuquerque” (Charles Stuart, 2006); “Food, Inc.” (Robert Kenner, 2008); and “Super-Size Me” (Morgan Spurlock, 2004) have all used story and media as a means to influence change. The power of moving images to raise consciousness among viewers leading to changes in thinking and/or behavior is another motivating factor for documentary filmmakers who strive for their stories to achieve positive social impact.

Over the past two decades, the “coalition model” of filmmaking has emerged wherein film and community engagement and activism are combined.¹⁷⁻²¹ This model integrates the filmmakers and issue stakeholders who work closely through each step of the evolution of the film, from conceptualization to evaluation. Following this model, documentary filmmakers and issue stakeholders create their “coalition” as the film narrative is being conceptualized – balancing process and action.⁵ This approach is highly consistent with

CBPR. Multidisciplinary approaches to documentary filmmaking, using the coalition model and specifically working with local communities, may be a promising strategy to promote community engagement in the evaluation of CBPR.²²

In the current exemplar, the coalition model of filmmaking was used to evaluate and disseminate a farmers' market intervention. The *Right Choice, Fresh Start Farmers' Market* is a project of the South Carolina Cancer Prevention and Control Research Network (SC-CPCRN) at the University of South Carolina in collaboration with a federally-qualified health center (FQHC) and the surrounding community in Orangeburg County, a rural region of South Carolina with prominent health disparities, including a high rate of obesity (43.7% obese).^{23–26} CBPR was used to initiate the farmers' market to address chronic disease disparities, including those linked to obesity, and food insecurity concerns in this community. The farmers' market opened in 2011 as a seasonal market operating from June to October, and remains open. Details of the farmers' market formation, implementation, and context are described elsewhere.^{23–26}

Using a CBPR approach, members of the SC-CPCRN research team working with two student filmmakers, the *Right Choice, Fresh Start Farmers' Market* advisory council (hereafter advisory council), vendors (i.e. farmers), and customers of the farmers' market created a documentary film about the farmers' market – *Planting Healthy Roots: A Look at the Right Choice, Fresh Start Farmers' Market* (Available at: <https://www.youtube.com/watch?v=viPtYFwzD6I>) – to stimulate positive behavior change and facilitate community engagement.²⁷ The documentary film was designed to promote the farmers' market as well as evaluate and disseminate the intervention. The purpose of this study was to evaluate the viewers' satisfaction of the film and to assess whether the film affected viewers' awareness regarding food access issues and healthy foods.

Methods

Process of the filmmaking

Filmmaking took place throughout the operation of the farmers' market in 2011. The main objectives of the film were to promote use of the farmers' market and to encourage other communities to pursue implementation of a farmers' market. A secondary objective of the film was to evaluate the community-engaged or CBPR process of planning and implementing the farmers' market as a part of the SC-CPCRN.

The overall methodology of filmmaking was consistent with the coalition model and CBPR. Narrative and storytelling were integral health communication components of the approach to conceptualizing and producing the film.²⁸ Two student filmmakers at the University of South Carolina worked with researchers (primarily HMB and DAF) to develop an initial concept for the film and the evolving narrative to tell the story of the farmers' market. The filmmakers filmed one-on-one and group interviews, participated in the advisory council meetings, and attended the farmers' market. Personal stories, community profiles, and expert interviews were used to showcase the farmers' market and to describe the formation and implementation of the farmers' market. Researchers and filmmakers identified individuals to participate in the filming process. Participants in the film included members of the advisory

council, members of the larger community, public health and health care professionals, staff and patients of the FQHC, farmers, customers at the farmers' market, and research team members. Prior to participation in the film, all participants provided informed consent (or assent for participants <18 years) indicating voluntary participation in the making of the film and permission to appear in the film. The content of the interviews and live action material focused on the perceptions of current health status and conditions in the community, need for the farmers' market, potential of the farmers' market to achieve the stated goals of increasing access to healthy fruits and vegetables as well as increasing the economic opportunity of small-scale farmers, perceived response of the community to the farmers' market, and general discussion of the farmers' market and its potential impact on the community. The filming process was an interactive and iterative process. Filmmakers, researchers (HMB and DAF), and the advisory council met regularly to discuss the filming, editing, and producing the film beginning in March 2011. Footage filming took place from April through August 2011; editing took place during the production phase (August to September 2011), with rough cuts and scenes shared with the advisory council as the project evolved (September to October 2011). Throughout the filmmaking process, the filmmakers maintained written notes to document the process, including interactions with community members (e.g., the number of contacts, nature of the contact, timing of the contact) and the filming, editing, and production process (e.g., how choices were made to use some footage and not use other footage, the development of the story to be told) to assess whether research methods were implemented as planned and whether expected output was actually produced. Before the film was released, a private screening was conducted with members of the advisory council to confirm that the messages of the film reflected their experiences. With the advisory council's approval, the film was formally released through two community film screenings in the town in which the farmers' market is held (Orangeburg County) as well as a community film forum, DVD distribution, and the Internet (YouTube). All processes of the filmmaking and evaluation of the film were reviewed and approved by the University of South Carolina Institutional Review Board.

The film: Planting Healthy Roots: A Look at the 'Right Choice, Fresh Start' Farmers Market

The final film, entitled "*Planting Healthy Roots: A Look at the 'Right Choice, Fresh Start' Farmers Market*," started with a brief introduction of the farmers' market, including reasons for introducing the farmers' market in the community, health problems and opportunities in the community, and the role of farmers and their economic well-being. The opening sequence shaped the storyline of the film, which was then told by a cast of characters, including customers of the farmers' market, staff and patients of the FQHC, farmers, farmers' market staff, and researchers. The film also included still and live action shots of the farmers' market, surrounding community, and farm footage to complement the storyline. The runtime of the film was 18 minutes. The film was widely disseminated using multiple modes.

Community film screenings

The film was presented to the Orangeburg County community through two public film screenings in community locations in October 2011 for feedback and to ascertain information on the impact of the film, such as behavioral intention. After viewing the film,

the filmmakers, including the student filmmakers, researchers, and “stars” of the film, including community members, had an open question and answer session and discussion with the attendees of the community film screenings.

A total of 68 people attended the two community film screenings in October 2011. Attendees were asked to voluntarily complete a brief paper-and-pen survey before viewing the film and after the viewing and discussion. In the pre-viewing survey, attendees were asked demographic characteristics (e.g., age, sex, and residential area), awareness of the farmers’ market, use or intention to use the farmers’ market, attitudes toward a farmers’ market, responsibility of food shopping, fruits and vegetables intake, perception of fruits and vegetables, and perceived food access in their community. In the post-viewing survey, attendees were asked the same items with the as addition of their reaction to the film, including the content and quality of the film and its influences on their farmers’ market perception.

DVD distribution

The film was reproduced in DVD format and distributed to the Orangeburg County community, including the advisory council, media outlets serving the area, and research and community groups across the country (e.g., nine other Cancer Prevention and Control Research Networks and the Centers for Disease Control and Prevention). In addition, emails were distributed through various listservs of potentially interested people to inform of the opportunity to access the film. Those who wanted to access to the film were required to complete an online survey that asked characteristics of their organization, perceived food access in their community, reasons for their interests in the film, prior experiences with farmers’ market, and their plan to use the film. Once the survey was completed, the person could access the film by receiving a DVD. The DVD was distributed to 371 people all over the U.S. (42 states and Washington D.C.) and internationally (Canada, Mexico, New Zealand, United Kingdom, Bahamas, and Australia). Three months after DVD distribution started, a post-survey was emailed to the recipients of the DVD. They were asked about the quality and utilization of the DVD and their thoughts and suggestions about the DVD.

Additional dissemination efforts

Additional forms of dissemination occurred without formal evaluation. The film was uploaded onto YouTube and the link to the film was posted on the project-related websites for viewing and educational use.²⁹ Film screenings also occurred on the campus of the University of South Carolina and as part of the Community Film Forum at the Nickelodeon Theatre, an independent theatre, in Columbia, South Carolina. In addition, the film was shown as part of the 6th Annual American Public Health Association (APHA) Public Health Education & Health Promotion Film Festival of the Annual Meeting of the APHA in San Francisco, California and at the International Community Psychology conference in Barcelona, Spain. The film won the Best Film Award by the Society for Community Research and Action in 2013.

Statistical analysis

Descriptive statistics were used to describe demographic characteristics of the community film screening attendees, their awareness and utilization of the farmers' market, food shopping, fruit and vegetable intake, and satisfaction with the film. For items that were included in both pre- and post- tests, including attendees' or DVD recipients' attitudes toward a farmers' market and food access in the community, perception of fruit and vegetable, intention to utilize the farmers' market, and satisfaction with the film, were compared before and after viewing the film. Satisfaction with the film was measured using a four-point Likert-type scale (1 = least satisfied; 2 = less satisfied; 3 = more satisfied; 4 = most satisfied) and the composite score was used to compare the satisfaction before and after viewing the film. Attendees' or DVD recipients' plan to use the DVD, actual use of the DVD, and comments to improve the DVD were reviewed and summarized. The student t-test and chi-square test were used as appropriate with significance level at $p < 0.05$. All analyses were performed using SAS statistical software (version 9.4, SAS Institute Inc., Cary, North Carolina).

Results

Community film screenings

Of 68 attendees at two community film screenings, 55 people completed the pre-survey, and 46 people completed the post-survey. Completion of the surveys was voluntary. Attendees were mainly from the community where the farmers' market was located (75%), middle-aged (age range: 40–71 years old; mean age: 57.6 years old), and male (52%). Ninety-three percent of attendees had shopped at a farmers' market; 65% had heard of the *Right Choice, Fresh Start Farmers' Market*, and 50% had shopped at the *Right Choice, Fresh Start Farmers' Market* (Table 1). The five most important attributes when deciding to shop at a farmers' market were freshness and quality of produce, presence of locally grown produce, food safety, and price of products (data not shown).

More than half of attendees (55%) considered a lack of access to adequate food shopping in their community was a “minor problem” or was “not really a problem” before viewing the film. After viewing the film, those who considered a lack of food access as a “very serious” problem nearly tripled (12% before the viewing; 30% after the viewing, Table 2). Attendees who thought that fruits and vegetables were too expensive decreased (43% before the viewing; 34% after the viewing) and attendees' perceived benefit of fruits and vegetables for heart disease prevention became stronger after the viewing (percent of strongly agree: 75% before the viewing; 84% after the viewing). Over 90% of attendees expected that having a farmers' market in their community will lead to positive changes before the viewing and the expectations were not changed after the viewing (Table 3). Attendees were satisfied with the film, in general. Across all evaluation items of the film, over 80% attendees were satisfied with various aspects of the film. Attendees were most satisfied with the overall story of the film and were least satisfied with background music and written text included in the film (Table 4).

DVD distribution

The DVD recipients or their organizations collaborated with or served various populations and groups often reporting more than one target group. The recipients reported working with all age groups (adults 82.0%; older adults 60.1%; youth 67.0%; children 51.5%; college students 56.8%), communities (77.7%), colleges or universities (63.8%), and community health centers (52.3%). Most had worked with economically challenged and/or disadvantaged populations (74.3%) and medically underserved populations (51.2%). About one-third had served or collaborated with farmers (34.6%). Among the various parts of the food system, DVD recipients or their organizations mostly represented food and nutrition education (59.0%) and food consumer/eater (26.9%).

The DVD recipients reported wanting to receive the DVD because of their work in the area of healthy eating; they worked for or were planning a farmers' market; and/or they wanted to use it to educate their students or community partners. Recipients reported using the DVD as a *'consciousness-raising tool'* with their organizations, community partners, and/or students. They used it to facilitate discussion of having a farmers' market, a community garden, and/or initiating work with community health centers or local farmers. They often used the film to educate students and/or community members and shared it with their colleagues and other interested people.

About 85% of DVD recipients considered a lack of access to adequate food shopping in their community to be a serious problem before receiving and viewing the DVD but considered it less serious of a problem after the viewing (Table 2). Over 80% of DVD recipients were satisfied with all DVD components. The elements of the film for which the respondents were most satisfied were sound or volume; image or picture quality; and number of speakers/people who appeared. Respondents were least satisfied with background music and footage of the local community (Table 4). In open-ended questions, respondents mentioned liking the idea of partnering with the FQHC for the farmers' market and community involvement from farmers to farmers' market users shown in the DVD. To improve the film, respondents recommended inclusion of detailed information about the farmers' market development and operation process for replication of the project in other areas; more information about the context of the community where the farmers' market was located (e.g., health issues in the community); background information regarding how and why the idea of the farmers' market was first conceived; outcomes of the farmers' market (e.g., how the customers' intake of fruits and vegetables changed); and challenges.

Discussion

The purpose of this study was to examine the quality of the film as well as the potential impact of the film on behavior. The evaluation of community film screenings and DVD distribution revealed high levels of satisfaction with the film overall, and importantly, increased beliefs in the severity of food access challenges among community members were achieved. Community film screenings yielded positive results across our evaluation indicators. The DVD distribution indicated several suggestions for improvement, many of which were beyond the scope of the film and available through companion resources

published after the film was completed (e.g., *Building Farmacies: A Guide for Implementing a Farmers' Market at a Community Health Center*).²³

It should be noted that the original intent of the documentary film was as a component of the farmers' market's process evaluation; however, over time, the community assumed ownership of the film and the messages therein viewing the film as an important marketing tool to increase use of the farmers' market. Interest has been expressed in producing a second film now that the farmers' market has been in place for the past four growing seasons. This demonstrates the appeal of educational technology in the form of film to a broader audience than may be expected for traditional evaluation results.

Documentary films are a strategy that can be employed across a variety of health promotion campaigns to increase awareness, build knowledge and decrease stigma. Cancer prevention campaigns that aim to increase awareness and promote positive behavior changes have found this strategy useful in reaching a large audience.³⁰ Mental illness campaigns have found that utilizing documentary films has been successful in changing overall attitudes and stigmas regarding mental health issues.³¹ Another example of the benefit of documentary films is their essential role in educating providers of healthcare. In one study, this strategy was found to be particularly beneficial as a means of providing education to clinicians regarding the needs of family caregivers of patients with brain tumors.³² While documentary films are used for a variety of public health topics, this study is the first to use a documentary film as a mechanism to decrease chronic disease prevalence in rural areas by promoting the use of farmers' markets to provide healthy foods.

The study has notable strengths, such as the application of CBPR and active engagement of stakeholders in an iterative process of developing the film. In addition, the flexibility of the approach allowed for the community to utilize the final product consistent with their interests not restricted to the initial vision of the use of the film. The evaluation of the film through community film screenings and DVD distribution allowed us to understand elements of quality as well as potential impact of the film to a larger audience. The study also has limitations. Formal evaluation was conducted for only the community film screenings and DVD distribution and not for all film dissemination activities. The pre-test/post-test design allowed us to assess before and after viewing changes but not actual changes in behavior over time. Individual responses were not tracked. The overall sample size was relatively small for the community film screenings. This study contributed to the use of visual methodology in CBPR and offers opportunities for future research.

Conclusion

Results support the use of documentary film as tool in CBPR. The coalition model of filmmaking, consistent with CBPR, was a beneficial approach to produce a documentary film describing the implementation of the *Right Choice, Fresh Start Farmers' Market*. The iterative process of developing and producing the film resulted in high levels of satisfaction and increased interest in the process as well as product. In addition to serving as an appropriate evaluation tool, the film allowed for active engagement of stakeholders and as a

marketing tool to promote the farmers' market. The documentary film aligned with the CBPR approach to document, evaluate, and disseminate research processes and outcomes.

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Table 1

Descriptive characteristics of attendees of the community film screenings

f(%) or f ±standard deviation

	Pre-test (n=55)	Post-test (n=46)
Sex ¹⁾		
Male	25 (48.1)	18 (39.1)
Female	27 (51.9)	28 (60.9)
Age ²⁾	58.04 ±15.05	57.17±16.63
Live in Orangeburg, SC ¹⁾		
Yes	39 (75.0)	34 (73.9)
No	13 (25.0)	12 (26.1)
Ever shopped at any Farmers Market ³⁾		
Yes	51 (92.7)	
No	4 (7.3)	
Ever shopped at the Right Choice, Fresh Start Farmers' Market ³⁾		
Yes	27 (50.0)	
No	27 (50.0)	
Ever heard of the Right Choice, Fresh Start Farmers' Market ³⁾		
Yes	35 (64.8)	
No	19 (35.2)	

¹⁾ Non-response: 3 for pre-test

²⁾ Non-response: 8 for pre-test; 5 for post-test

³⁾ Asked only for pre-test

Perceived severity of a lack of access to adequate food shopping in the community before and after the viewing the film

Table 2

	Community film screening		DVD evaluation		P
	Pre-test (n=55)	Post-test (n=46)	Pre-test (n=114)	Post-test (n=114)	
Very serious problem	6 (11.8)	13 (30.2)	46 (40.4%)	33 (28.9%)	<0.001
Somewhat serious problem	16 (31.4)	9 (20.9)	51 (44.7%)	48 (42.1%)	
Minor problem	14 (27.5)	12 (27.9)	11 (9.6%)	27 (23.7%)	
Not really a problem	15 (29.4)	9 (20.9)	6 (5.3%)	6 (5.3%)	

Table 3

Perception of fruits and vegetables and expectation of farmers' market (community film screening)

	<i>f</i> (%)	
	Pre-test (n=55)	Post-test (n=46)
Perception of fruits and vegetables		
It takes too much time to prepare fruits and vegetables		
Strongly agree	2 (3.9)	2 (4.5)
Agree	3 (5.9)	4 (9.1)
Disagree	23 (45.1)	20 (45.5)
Strongly disagree	23 (45.1)	18 (40.9)
Fresh fruits and vegetables are too expensive		
Strongly agree	4 (8.2)	2 (4.9)
Agree	17 (34.7)	12 (29.3)
Disagree	15 (30.6)	17 (41.3)
Strongly disagree	13 (26.5)	10 (24.4)
Eating fruits and vegetables is helpful to prevent cancer		
Strongly agree	35 (70.0)	35 (79.6)
Agree	14 (28.0)	8 (18.2)
Disagree	1 (2.0)	1 (2.3)
Strongly disagree	0 (0.0)	0 (0.0)
Eating fruits and vegetables is helpful to lower my chances of getting heart disease.		
Strongly agree	36 (75.0)	38 (84.4)
Agree	11 (22.9)	6 (13.3)
Disagree	1 (2.1)	1 (2.2)
Strongly disagree	0 (0.0)	0 (0.0)
Expected impact of having a farmers' market on the community		
Eating more fruits and vegetables?		
Yes	47 (92.2)	43 (93.5)
No	0 (0.0)	1 (2.2)
Maybe	4 (7.8)	2 (4.5)
Better access to affordable fruits and vegetables?		
Yes	49 (96.1)	44 (95.7)
No	0 (0.0)	0 (0.0)
Maybe	2 (3.9)	2 (4.4)
More options for local farmers to sell fruits and vegetables?		
Yes	48 (96.0)	43 (97.7)
No	2 (4.0)	0 (0.0)
Maybe	0 (0.0)	1 (2.3)
Healthier people living in the community?		
Yes	46 (92.0)	41 (91.1)
No	0 (0.0)	0 (0.0)

	<i>f</i> (%)	
	Pre-test (n=55)	Post-test (n=46)
Maybe	4 (8.0)	4 (8.9)

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Table 4

Satisfaction of the film after viewing

	Community film screening		DVD distribution	
	<i>f</i>	Mean±SD	<i>f</i>	Mean±SD
Overall Story	43	3.65±0.48	110	3.34±0.69
Number of speakers/people who appeared	42	3.43±0.55	111	3.36±0.60
Transition from one scene to the next	42	3.31±0.72	111	3.20±0.66
Footage of the local community	42	3.33±0.69	111	3.25±0.69
Text or words included in the film	41	3.17±0.89	108	3.18±0.71
Background music	42	3.07±0.95	108	3.15±0.76
Image or picture quality	41	3.37±0.83	111	3.32±0.59
Sound or volume	42	3.21±0.81	110	3.32±0.57

* Satisfaction was measured using a 4-point Likert-type scale. 1 = least satisfied; 2 = less satisfied; 3 = more satisfied; 4 = most satisfied

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