Digital stories as a tool for health promotion and youth engagement

Sarah Fletcher, PhD, ¹⁻³ Jennifer Mullett, PhD^{1,4,5}

ABSTRACT

OBJECTIVES: To provide opportunities for intergenerational knowledge sharing for healthy lifestyles; to facilitate youth and Elder mentorship; and to increase the self-esteem of youth by celebrating identity, cultural practices and community connection through the creation and sharing of digital stories.

PARTICIPANTS: A youth research team (8 youth) aged 13–25, youth participants (60 core participants and 170 workshop participants) and Elders (14) from First Nations communities.

SETTING: The project was conducted with participants from several communities on Vancouver Island through on-site workshops and presentations.

INTERVENTION: Youth and Elders were invited to a 3-day digital story workshop consisting of knowledge-sharing sessions by Elders and digital story training by the youth research team. Workshop attendees returned to their communities to develop stories. The group re-convened at the university to create digital stories focused on community connections, family histories and healthy lifestyles. During the following year the research team delivered instructional sessions in communities on the digital story process.

OUTCOMES: The youth involved reported increased pride in community as well as new or enhanced relationships with Elders.

CONCLUSIONS: The digital stories method facilitated intergenerational interactions and engaged community members in creating a digital representation of healthy lifestyles. The process itself is an intervention, as it affords critical reflection on historical, cultural and spiritual ideas of health and what it means to be healthy in an Aboriginal community. It is a particularly relevant health promotion tool in First Nations communities with strong oral history traditions.

KEY WORDS: Health promotion; community based participatory research; indigenous population group; adolescent; digital story

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s the Aboriginal population in Canada continues to grow much faster than the non-Aboriginal population, so do disparities in health. Research demonstrates longstanding gaps in health status between Aboriginal and non-Aboriginal populations in Canada. Situated within a socio-economic and political history of colonization, historical trauma and marginalization, Aboriginal youth in Canada continue to face a multitude of challenges that can negatively affect their overall health and well-being. However, connection to traditional culture has been identified as a strong predictor of improved health and well-being for Aboriginal youth. Research has related increases in social and cultural connection with reduced mental illness and other harmful outcomes.

Digital storytelling workshops and the resulting outputs are a promising positive youth development approach, ¹⁰ as arts-based methods can be engaging processes in the development of health interventions. ^{11–13} In this context, the digital stories method can also highlight community connection and cultural continuity, two factors associated with resiliency and reduced negative health outcomes for First Nations individuals and communities. ¹⁴ The Assembly of First Nations has recommended that prevention strategies in First Nations communities adopt a health promotion and social determinants model that respects the unique language, culture and geography of each community. This report also recommended that prevention strategies involve youth in high school. ¹⁵

In consideration of these recommendations, a project called Prevention and Preservation was developed that built on the strengths and successes of a diabetes-awareness strategy called "Digital Harvesting". The original project engaged 17 youth ("harvesters") aged 16–29 and 6 Elders in creating videos about the effects of colonization on eating habits, and gathering, harvesting and eating traditional foods. A participatory evaluation of the Digital Harvest project (funded by Health Canada) indicated positive changes in participants' knowledge and behaviours related to nutrition and health. In addition, the process of creating digital stories had broad, unforeseen positive impacts, such as increased community engagement, intergenerational knowledge sharing, self-esteem, greater pride in First Nations heritage, changes in eating habits and increased computer skills. 16

Author Affiliations

- 1. Centre for Healthy Communities Research, Vancouver Island University, Nanaimo, BC
- 2. The Resilience by Design Innovation Lab, School of Humanitarian Studies, Royal Roads University, Victoria, BC
- 3. Department of Anthropology, University of Victoria, Victoria, BC
- 4. Department of Health and Human Services, Vancouver Island University, Victoria, BC
- 5. Department Human and Social Development, University of Victoria, Victoria, BC Correspondence: Sarah Fletcher, PhD, 3147 Quadra Street, Victoria, BC V8X 1E9, Tel: 250-818-0471, E-mail: sfletch@uvic.ca; sarah.fletcher@gmail.com

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The process of creating the stories in the diabetes awareness project supported the goals of health promotion – healthy people in healthy communities - and encouraged intergenerational interactions. This project demonstrated the potential of digital stories to have significant intervention possibilities at the community level.

The Prevention and Preservation project built on the momentum of the Digital Harvest project, extending the breadth of the intervention's intention to provide greater opportunities for intergenerational interaction; create peer mentorship opportunities; and increase the self-esteem of youth by celebrating identity, cultural practices and community connection. Training in digital story creation was offered to youth and Elders in rural and urban Aboriginal communities on Vancouver Island. Rather than prescribing a specific focus for the digital stories, participants were given the opportunity to create stories that reflected their interests in their communities. This resulted in the development and promotion of a broader understanding of health that emphasized the value of connection - to the land, ancestors, culture, community and nature. This approach emphasized the importance of focusing on social determinants, including decolonizing strategies and flexible approaches.9

Participatory action research was used to engage youth researchers and community participants in planning, designing and evaluating community workshops. 17-19 The intervention began by training youth in the creation of digital stories and building the leadership and facilitation skills of a youth research team. A flexible approach was necessary to accommodate the diverse needs and ambitions of the youth, and, their accessibility to technology, transportation and local support.

Ethical approval for the project was obtained from the Ethical Review Boards at both Vancouver Island University and Island Health. Participants in the project were recruited through friendship centres and Band offices across Vancouver Island with the assistance of the Aboriginal youth researchers, local networks, an advisory board and our Elder advisor. Members of the youth research team participated in training sessions on ethics in research and the importance of consent. Written consent was obtained from all workshop participants (youth and Elders) with emphasis on the ways in which they wanted their stories shared, in alignment with OCAP principles (Ownership, Control, Access, Possession). Communities and individuals maintained full ownership of the stories they produced. As the project progressed, the youth took on leadership roles in providing digital story training to interested communities (many of whom had representatives - youth, Elders, chaperones - involved in the first weekend workshop). The ministories that were created in this second set of workshops remained solely within the communities in which they were created (no copies were kept by the Prevention and Preservation Project).

PARTICIPANTS, SETTING AND INTERVENTION

First Nations youth and Elders from communities on Vancouver Island were invited to workshops on digital stories. The youth research team included three youth from the diabetes awareness project who were involved in its participatory evaluation, 16,17 as well as several new team members. These youth worked with facilitators and researchers from the Centre for Healthy Communities Research (CHCR) to plan and prepare the first workshop. The first Prevention and Preservation workshop was held over three days, in Tofino, British Columbia. The youth research team members were trained as facilitators and hosted the 22 youth (aged 13-25), 6 chaperones (most of whom were also community Elders) and 4 Elders/knowledge keepers. Project coordinators and other community partners also attended.

The youth team shared stories they had created, led teambuilding activities and coordinated the movement of participants through a series of mini workshops led by the four Elders on ecology, traditional food preparation, cleansing rituals and medicinal plants. After the participants had learned from the Elders, the youth taught them how to create short mini stories with the use of digital cameras, audio recorders and story boards. Afterwards, the participants were given digital cameras to take photographs in their home communities. In a follow-up workshop at Vancouver Island University's computer laboratory, the photographs were transformed into digital stories. The youth research team and university media students helped participants create their stories in iMovie. Broadly focused on healthy lifestyles and connection to community, a range of topics were covered. The stories and more details on the Prevention and Preservation project can be found at www.healthycommunitiesresearch.org.

An iterative, participatory evaluation process produced feedback from all workshop participants. Reflection processes with the research team during weekly teleconferences ensured that the design of the workshops, and the content and focus of the digital story training were continually adapted to keep pace with the increased confidence of the youth.

With the availability of iMovie for iPad and the introduction of iPad minis, the production process became more mobile just as the project progressed to a training and dissemination focus. Three additional youth were trained in presentation and facilitation skills. A First Nations facilitation expert set the training in the context of Aboriginal oral history and storytelling traditions. Follow-up and further training were achieved through on-line webinars facilitated by the CHCR, but all team members contributed to the development of a format for a "travelling" training session to enable the youth researchers to teach other youth in isolated communities. While the project continued to emphasize the themes of healthy living and community connection, it evolved to focus on training and dissemination of the process of story-making. Short digital stories or "mini-stories" using six to eight images with voice-over can be produced within a short time frame, making this an ideal method for outreach work in communities.18

OUTCOMES

From 2012 to 2014, the project held 18 digital story training workshops in communities from Victoria to Ahousat on Vancouver Island. These workshops provided instruction in the method of digital story development and led to the creation of 13 digital stories and over 60 mini-stories. For the most part, the themes of the stories continued to include aspects of healthy living and community connection, but some of the workshops were designed to support community and school groups who were interested in creating stories of their own specific community-determined foci. There were 60 core participants in the initial workshops and approximately 170 youth in addition who were involved in

making mini-stories. There were four organizers – two facilitators and two technical experts – who rotated their time on the presentation schedule. Team members also participated in conference presentations sharing the stories and the methodology across Canada and internationally.

In 2013, participants from the first Prevention and Preservation workshop in Nanaimo were honoured at the International Aboriginal Film Festival with an award for the stories they had created. Some of the workshop participants remain in contact through social media and continue to reflect on the positive experiences they had in the digital story training workshops and on the healthy lifestyle changes that the teachings from the Elders' workshops encouraged.

The mobile media van made the training accessible to rural community members who would not otherwise have been able to attend training workshops. The youth research team continued to take on more leadership roles in the delivery of workshops and presentations. Youth leadership and community members' freedom to determine their own themes resulted in stories that visually portrayed a unique holistic view of health and health promotion, one that emphasized the essentiality of ties to the land, to ancestors, to family, to community, to culture and to traditions.

Through the hiring and training of youth research team members, the project also sought to de-mystify the university. The media van assisted by "taking the university to the community" while research team members were supported in their presentations at conferences and meetings.

The geographic dispersion of the youth research team (with team members living in rural and urban communities across Vancouver Island) was both a challenge and an asset, as the team delivered workshops in communities that were equally as dispersed. It was challenging to get the team together in person; training and weekly meetings through webinars and conference calls helped. A social media messenger tool emerged as a key group communication tool. Several of the youth research team members were still in high school, which limited their availability for presentations and training during the week. This meant that the majority of our larger workshop-based activities and research team training activities were held on weekends. Because of limited private and public transit options, project coordinators frequently managed complex transportation logistics. However, taking the research team to communities rather than bringing communities together in central locations significantly increased the reach and accessibility of the initiative. Sacrificed by this solution were the relationships that developed between participants from different communities in the earlier, larger workshops.

The evaluations of the workshops and training presentations demonstrated widespread positive impacts of the project. At the initial screening of the first 13 digital stories, a participant explained: "The new oral tradition is through digital means... It allows you to take history and adapt it to engage youth." One youth said: "[it] gives Aboriginal youth a voice. It is a safe way to tell our stories." Several youth participants emphasized that the process was a "great self-esteem builder". Through creating and sharing their stories, the youth felt greater pride in their heritage and the cultural knowledge of the Elders. One participant said it gave her the opportunity to interview her 80-year-old father, learn his cultural stories and share them with others. "I hope I can

do this kind of work for the rest of my life. Sharing stories and culture through modern technology is beneficial for future generations."

Several of the Elders have since created their own stories, demonstrating that digital stories are a tool that is relevant and accessible across generations. In one community, stories were created on respect for Elders. Another Elder created her story of traditional medicines and teas. One Elder, who attended a workshop as a chaperone, is currently creating children's stories in traditional language using the digital story method.

Aside from being fun and engaging, the youth emphasized that the process of working on stories with other youth had given them a sense of belonging while also giving them a voice. Several of the youth who attended the initial Prevention and Preservation workshop stated that the project "had changed their whole life". One youth said in her story: "Since that weekend [the workshop] I feel like I am living, where before I was only existing". After observing the engagement of the youth in the process of creating stories some communities have successfully lobbied for equipment to make more stories with their classes and youth groups.

Iterative evaluation sessions with the youth research team members indicated the value of the facilitation skills training and workshop planning experience for capacity building and skills development. Opportunities to do community and academic presentations have led to some of the youth being hired to do digital story facilitation in schools and other community venues.

DISCUSSION

Digital stories can be an innovative health promotion tool in any community. However, our research and the process of the Prevention and Preservation project suggest that digital stories may be particularly relevant tools for health promotion in communities with strong oral history traditions, where life-learning resides in stories 13,16 and in communities working to enhance community connection and/or intergenerational knowledge exchange. Iseke has also emphasized the value of the process of digital storytelling for strengthening community relationships, particularly in indigenous communities. 20

Through the methodology of participatory action research, a non-prescriptive approach, a broad, holistic concept emerged of what it means to be healthy, incorporating personal wellness in body, mind and spirit, family support and community connection. The flexibility of our focus and process allowed the youth to create stories that were relevant to their own experiences and communities, capturing youth voices in a way that more structured approaches to digital storytelling and explicit health promotion themes may not have facilitated. The importance of one's history, ancestors and ancestral lands were featured as key health-promoting factors. The accessibility of digital products and the engaging nature of the digital story method makes digital stories a valuable tool for working with youth or other marginalized groups in communities. 21

The process of making digital stories created opportunities for the youth involved in the intervention to reflect on their own experiences. Paulo Friere²² introduced the use of "objects for reflection" as tools to encourage dialogue and critical thinking. He described his conception of "conscientization" as the process of facilitating reflection and encouraging "thinking about thinking".

The process of the intervention and use of the digital story method supported this type of critical thinking,²³ giving youth the opportunity to think deeply about a topic or theme.

As the participatory research process is necessarily flexible, it incurs challenges of rigour and validity.²⁴ In this case, the flexibility established validity, as the community members displayed definitions of health and health promotion that were relevant to their communities. However, some participants did not complete their story in the one-day session at the university and the technical quality of the story suffered, or the story remained incomplete. Other youth, more technically savvy, spent time at home adding special effects to make improvements to their stories. Maintaining rigour was more difficult as the processes had to be continually adapted to meet the changing needs of the youth. For example, despite efforts to provide the youth research team with opportunities to take on increased leadership roles and decisionmaking power, the geographic dispersion of participants, the number of communities engaged in the project and the additional responsibilities of many of the youth (work, child care, school) interfered with this goal. The workshops were generally more successful and well-attended in communities where Elders or adult champions took a lead role in the coordination of events. In addition, processes had to be adapted in each community according to the wishes of the Elder who invited the team there. Attempts to apply an identical process across each community would have been disrespectful.

The standards of participation were also compromised by the youth's interests. While fully participating in digital story creation, presentations, training sessions and workshops, youth researchers were often less interested in planning and analysis. Because of logistical difficulties and the shift in focus of the youth research team to facilitation skills and training sessions, three researchers carried out the analysis of the story themes using the principle of triangulation for reliability.²⁵ Full participation in the process was once more compromised.

Allowing a broad focus for the stories resulted in a visual representation of the scope of determinants that must be included in understandings of health that are truly holistic. However, the quality of the stories created in a limited time frame of two to three hours was often improved when a narrower focus was suggested.

The success of this project was mainly due to the digital stories being well aligned with oral history traditions in First Nations communities across Canada. 10

There are a growing number of excellent examples of the use of digital stories as a tool for the preservation of traditional knowledge in First Nations and Inuit communities across Canada (see examples at www.oralhistory.ca, and the Prairie Women's Health Centre of Excellence http://www.pwhce.ca/program_aboriginal_digitalStories. htm). There are also a number of examples of the use of digital storytelling as a community or civic engagement multiplier, or as cultural engagement more generally (with youth or otherwise). ^{26,27}

While the digital story method is engaging, the process of providing community-based researchers, youth or otherwise, with the training and support that allows community members to facilitate the creation of stories deepens the opportunities for reflection and engagement in the intervention. Providing youth researchers with arts-based methods training allows a broader understanding of health to emerge and provides opportunities to

develop the capacities of youth in ways that are both engaging and relevant for future positive outcomes in communities. The digital storytelling process was an experiential and effective way to create positive change, and it connected youth and Elders in discussions about healthy living.

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RÉSUMÉ

OBJECTIFS : Offrir des occasions de partage intergénérationnel des connaissances pour favoriser les modes de vie sains; faciliter le mentorat entre les jeunes et les Aînés; et accroître l'estime de soi des jeunes en célébrant l'identité, les pratiques culturelles et les liens communautaires par la création et le partage de récits numériques.

PARTICIPANTS: Une équipe de 8 jeunes chercheurs âgés de 13 à 25 ans, des jeunes participants (60 participants de base et 170 participants aux ateliers) ainsi que 14 Aînés des communautés des Premières nations.

LIEU : Le projet a été mené avec des participants de plusieurs communautés de l'île de Vancouver au moyen d'ateliers et de présentations donnés sur place.

INTERVENTION : Des jeunes et des Aînés ont été invités à un atelier de narration numérique de trois jours comprenant des séances de partage des

connaissances par les Aînés et une formation sur la narration numérique par l'équipe de jeunes chercheurs. Les participants de l'atelier sont ensuite retournés dans leurs communautés pour préparer des récits. Le groupe s'est retrouvé à l'université pour créer des récits numériques portant sur les liens communautaires, les chroniques familiales et les modes de vie sains. Au cours de l'année suivante, l'équipe de chercheurs a donné des séances de formation dans les communautés sur le processus de narration numérique.

RÉSULTATS: Les jeunes participants ont fait état d'une fierté accrue pour leur communauté ainsi que de liens nouveaux ou renforcés avec les Aînés.

CONCLUSIONS : La méthode de narration numérique a facilité les échanges intergénérationnels et encouragé les membres de la communauté à créer une représentation numérique des modes de vie sains. Le processus en tant que tel est une intervention, car il permet une réflexion critique sur les notions historiques, culturelles et spirituelles de la santé et sur ce que signifie être en bonne santé dans une communauté autochtone. C'est un outil de promotion de la santé particulièrement pertinent dans les communautés des Premières nations ayant de vigoureuses traditions orales.

MOTS CLÉS : promotion de la santé; recherche participative communautaire; groupe de population autochtone; adolescent; récit numérique