**Videovoice: Community Assessment in Post-Katrina New Orleans**

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This study describes a videovoice project implemented in post-Katrina New Orleans during a pivotal time in city rebuilding and revitalization. Videovoice is a health advocacy, promotion, and research method through which people get behind video cameras to research issues of concern, communicate their knowledge, and advocate for change. Using videovoice method, a community–academic–filmmaker partnership engaged 10 Central City neighbors, who took part in an 18-week training and community assessment. The resulting 22-min film premiered before more than 200 city leaders and residents, reached more than 4,000 YouTube viewers during its first 2 months online, and was shared through the distribution of 1,000 DVDs. Viewing further helped mobilize the community for action on three priority issues: affordable housing, education, and economic development. Challenges in using videovoice, including privacy issues and cost considerations in a resource-poor community, are discussed. Despite such challenges, this method may provide community–academic partnerships with the opportunity to equitably engage in research, produce independent media, and mobilize for action.

Keywords: community-based participatory research; visual methods; photovoice; videovoice; community assessment; media advocacy; video; new media; partnership; community health; empowerment

Since Hurricane Katrina in 2005, those who have returned home to New Orleans face the ongoing stress of piecing their homes, community, and city back together (Greater New Orleans Community Data Center, 2008). Despite these challenges, New Orleans remains a richly historic and culturally unique place with a strong sense of community solidarity (Springgate, 2007). Today, with diverse neighborhoods repopulating (Plyer, 2008a) and the development of the city master plan under way (Louisiana Recovery Authority [LRA], 2008), there is a critical need for community assessment and mobilization to act and advocate for rebuilding neighborhoods in a manner that supports community health and well-being. The New Orleans Videovoice project was a community-based participatory research (CBPR) project and documentary film response to growing demands from communities for voice, leadership, and action based on their needs while reflecting their assets. Following a brief

**Authors’ Note:** The authors would like to thank our partners, without whom this project would not have been possible: Jackie Alexander, Reverend Samson “Skip” Alexander, Darrel Barnes, Michele Burton-Oatis, Brittany Butler, Lily Keber, Craig McGoullough, Michael Oatis, Jeremiah Sherman, and Anthony Wilson.

We are very grateful for support from the W. K. Kellogg Foundation, Robert Wood Johnson Clinical Scholars Program at the University of California–Los Angeles, and the University of California–Berkeley Doctor of Public Health Program. For their invaluable institutional support, we thank REACH NOLA, the VideoVoice Collective, and Back House Productions. We also thank the Ashe Cultural Arts Center, the Human Rights Center of the University of California, RAND Health, and the Zeitgeist Multi-Disciplinary Arts Center.

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review of Katrina and its aftermath, we introduce the program goals and the processes of forging and building the videovoice partnership. We then describe our use of videovoice method, present our community assessment findings, and discuss the implications of this practice for research and action.

**BACKGROUND**

Before Katrina, more than a third of New Orleans residents were living in poverty and one in five adults in Louisiana were uninsured (Kaiser Family Foundation, 2004). The city’s two-thirds African American population faced extreme health disparities; Blacks were significantly more likely than Whites to suffer from heart disease, diabetes, and asthma, among other conditions (United States Bureau of the Census, 2004). When Katrina hit and the levees broke, 1,500 people died and New Orleans lost 850 schools, 200,000 homes, 18,700 businesses, and 220,000 jobs (LRA, 2006). During the weeks and then months after the disaster, the Red Cross reported that they provided shelter to more than 3.8 million people (American Red Cross, 2007). Millions more fled to other shelters, hotels, or alternative homes across all 50 states and a number of foreign countries (Drury, Scheeringa, & Zeanah, 2008).

Damage, morbidity, and mortality due to Katrina and its aftermath were disproportionately endured by African American communities, renters, unemployed persons, and the poor (Logan, 2006). Among these affected populations, the prevalence of mental illness more than doubled and suicides tripled from pre-Katrina levels (Kessler, Galea, Jones, & Parker, 2006). Despite these challenges, New Orleans communities are returning (Flyer, 2008a) and residents are engaging in the redevelopment process (LRA, 2008) to build healthier neighborhoods.

**Project Genesis and Goals**

This videovoice project was conceived and implemented by a community–academic–filmmaker partnership initiated by REACH NOLA, a New Orleans organization established in the wake of Hurricane Katrina to enhance community engagement in health research and practice. Our project commenced during the development of the city’s master plan, a time in which Central City community partners sought to influence the local agenda, discourse, and action. While searching for an apt approach, REACH NOLA community partners attended a photovoice event in 2007 and, impressed by the project’s outcomes, realized the value that could be added if they were to engage outside experts who might facilitate a similar but video-based project with their existing CBPR partnership. Community partners agreed that video was the appropriate medium for capturing New Orleans’ unique culture, particularly music, dance, and storytelling. Moreover, community partners pointed out that enhancing participants’ video production skills could better prepare them to find quality jobs in New Orleans, particularly given the city’s burgeoning and government-subsidized film industry. Community and academic partners joined together to search for outside experts and found the VideoVoice Collective, a San Francisco–based collective specializing in videovoice for public health, through professional networks. Once formed, the core founding group was composed of six partners, including two community, two academic, and two filmmaker partners.

During the initial weeks and months of discussion, a videovoice partnership was forged. Consistent with the work of Parker et al. (2005), the partnership was guided by CBPR principles emphasizing collaboration and equitable participation by community, academic, and filmmaker partners during all stages of the research

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process. Recommended policies and procedures for enhancing high-level collaboration were followed to help maximize community ownership and shared decision making in project development research implementation, data ownership, authorship, financial arrangements (Israel, Eng, Schultz, & Parker, 2005), development and dissemination of findings (Parker et al., 2005), and ethics and safety (Wang & Pies, 2004). As a part of this process, our partnership collaboratively designed the program plan, timeline, and budget and developed the following project goals: (a) to engage a broad array of community members, including our partnership, neighborhood residents, and local decision makers, in dialogue around needs and assets and (b) to mobilize and act on identified public health and related needs and assets. Together, we developed a participatory evaluation plan to monitor processes, such as adherence to principles of CBPR and videovoice project implementation, and to assess intended proximal outcomes. To facilitate equitable and efficient project administration, the partnership established a leadership committee, composed of two lead community partners who had already proven major assets in the REACH NOLA community–academic partnership, one filmmaker partner, and one academic partner. This committee led and participated in all project activities.

**Videovoice**

The videovoice method developed and used in this study is a research and advocacy approach through which people, who are usually the subjects or consumers of mainstream media, get behind video cameras to research issues of concern, communicate their knowledge, and advocate for change. A new method, videovoice builds on earlier work on photovoice (Catalani & Minkler, 2010; Strack & Magill, 2004; Wang & Burris, 1997; Wilson, Minkler, Dasho, Wallerstein, & Martin, 2006) as well as participatory media and participatory video by Chavez et al. (2004) and others (Benkler, 2006; Chandra & Batada, 2006; Freudenthaal et al., 2006; Jenkins, Thorburn, & Seawell, 2003; Lunch, 2004; Rheingold, 2002).

Since the development of photovoice in the mid-1990s by Caroline Wang and her colleagues (Wang & Pies, 1994; Wang & Burris, 1997, 1998, 1999), photovoice has received growing attention in health promotion and related fields (Catalani & Minkler, 2010). Consistent with the principles of CBPR, photovoice is a collaborative approach to photography that involves community members in taking and discussing photographs as a means of community assessment and of catalyzing personal and community change (Wang et al., 1998).

Like photovoice, videovoice is action oriented and facilitates the use of media as “an advocacy tool to reach policy makers, health planners, community leaders, and other people who can be mobilized to make change” (Wang & Pies, 2004, p. 96). As visual methods, both photovoice and videovoice yield multimedia products that can be disseminated beyond the scope of traditional academic publications (Catalani et al., 2009; Wang, Cash, & Powers, 2000). Unlike photovoice, videovoice is able to capture movement, audio, and sequential narrative (Catalani, 2009).

Participatory media practices use media (e.g., video, blogs, podcasts, still images, and digital storytelling) to engage and mobilize diverse communities in the production of knowledge and culture around the world (Benkler, 2006; Chavez et al., 2004; Jenkins et al., 2003; Rheingold, 2002). Among these practices, there is a substantial gray literature arguing that participatory video production has been used in many parts of the world to facilitate empowerment, community self-sufficiency, and vertical and horizontal communication (Lunch, 2004; White, 2003). Participatory video practitioners argue that video can be a particularly powerful medium for dissemination through theaters, television broadcast, and popular online sharing tools such as YouTube and Witness HUB for Human Rights (Burgess & Green, 2009; Gabriel, Caldwell, Federlein, Gregory, & Wolfson, 2008; White, 2003).

**METHOD**

**In Harmony: New Orleans Videovoice Project**

**Setting.** The project took place from September 2007 to August 2008 in the Central City neighborhood of New Orleans. Before Katrina, Central City was home to more than 19,000 people, 87% of whom were African American and half (49%) of whom lived below the poverty level (United States Bureau of the Census, 1999). Despite extensive storm damage, however, an estimated 78% of the neighborhood population had returned as of June 2008 (Plyer, 2008a).

**Recruitment.** The project’s leadership committee recruited a second round of prospective community partners through flyers; announcements at local social service, arts, religious, and health organizations; and by word of mouth. Potential partners were advised that they would receive a stipend of $200 for taking part in the CBPR project, access to video production equipment, several copies of the final film, a video camera on
completion of the project, and access to all project footage and data. Community partners from our leadership committee determined the remuneration amount and other supports, agreeing that these were appropriate, within our budget constraints, and that technical training was the primary benefit of participation. A group of eight additional community members was initially recruited and all eight joined the partnership, bringing the full videovoice team to 16 (10 community partners, 2 academic partners, 2 filmmaker partners, and 2 additional support staff). Among the total of 10 community partners, most (80%) were African American, the majority (70%) were male, and annual household income ranged from less than $2,000 to more than $50,000. Community team member ages ranged from 28 to 78, and their educational attainment ranged from high school to graduate school. For the partnership as a whole, half (50%) of the members were African American, more than half (56%) were male, and the average age was 44.

All partners participated in the development of a combination convenience and purposeful sampling strategy to collect in-depth interviews with community leaders and residents from diverse backgrounds. Community partners recruited participants using their social networks and based on this strategy.

Training. Our project training structure was determined equitably by all founding partners and the leadership committee managed administrative details, such as curriculum development, selection of training location, and financial management. The initial weeklong training and orientation included an introduction to the videovoice process, project objectives and timeline, community health concerns, ethics and safety in video production, and video equipment operation. During the subsequent 12 weeks, partners systematically collected footage and attended weekly discussion and training sessions. During the next 6 weeks, partners analyzed, transcribed, and edited footage and attended weekly discussion and training sessions. As discussed in more detail below, each of these videotaped sessions was highly interactive and lasted approximately 2 hr. Partners’ engagement in training, research, and project management represented a significant time commitment. Concerned about overtaxing community partners (Minkler, 2005), our leadership committee initially planned for 8 weeks of training. However, community partners repeatedly advocated for more training and more intense involvement, particularly to gain more editing skills and more control over the editing process. To respect their request, we initiated additional optional video editing sessions. Although these were voluntary, all community partners participated in this extended training and three became the principal technical editors (a role previously planned for filmmaker partners).

Data collection. Our data collection process was developed in partnership with all founding partners, and the
leadership committee managed administrative details, such as setting weekly meeting agendas, adherence to human subjects protocol, data storage and protection, and internal project monitoring and evaluation. Community assessment findings were based on the triangulation of several kinds of data: participants’ environmental footage, in-depth interviews, and discussion sessions. Triangulation of data sources allowed us to confirm or disconfirm our findings. For example, we found that poor housing conditions were observed in environmental footage collected throughout the neighborhood, identified as one of the most important issues facing residents across interviews, and emerged during discussion sessions as one of the most consistent life experiences of community partners.

Community partners captured more than 25 hr of environmental footage depicting neighborhood assets and needs. Initially, the team set out to “tell the story of Central City, New Orleans,” gathering a wide-ranging collection of images of everyday sights and sounds as well as special events that community partners experienced as meaningful to their community. This environmental footage captured dimensions of Central City that interviews alone could not, such as direct observations of behavior, place, and events. Footage of events thus captured rich depictions of music, dance, and the use of neighborhood spaces.

Once we completed environmental footage collection, partners conducted 37 videotaped in-depth interviews with community participants. With some overlap between categories, interviews included 21 current and former neighborhood residents, 10 local decision makers such as directors of neighborhood organizations and public services, and all 16 members of our partnership. The interviews, which lasted approximately 30 min, used a semistructured guide that focused on community assets and needs. The participant consent process informed community members of the risks of participation, such as loss of privacy, and benefits, such as an opportunity to share experiences and ideas. We also discussed the purpose and use of video footage, explaining that some footage would appear in a final video about the Central City neighborhood, based on the viewpoints and ideas of people who live and work there. We explained that all video footage would be included in a community video archive, available to any resident to use or view. Finally, potential participants were informed that video would be shared at community and online screenings, and all were invited to attend these screenings.

Just as environmental footage told unique parts of the Central City story that words could not, our interviews captured special dimensions of the neighborhood’s story, such as personal and family histories, the meanings that neighborhood conditions held for individuals, and community members’ solutions for change. All interviews were transcribed and reviewed by all members of the leadership committee and all community partners engaged in the participatory analysis and editing process, a process described in the following section.

During weekly follow-up sessions, community partners selected 2 to 5 minutes of their environmental footage and, once this data collection stage was complete, similarly brief samples of their interview footage to share with the group. Initially, community partners were given no special instructions about which footage to select. After the primary themes emerged, however, partnership members encouraged each other to share footage that was relevant to these themes. Following each short screening, community or filmmaker partners facilitated discussion about the clips. Questions based on the mnemonic SHOWeD (Shaffer, 1983) were used to facilitate the discussions and involved asking the group the following: (a) What do you See here? (b) What’s really Happening here? (c) How does this relate to Our lives? (d) Why does this problem, concern, or strength Exist? and (e) what can we Do about it? Although these questions were used to initiate discussion, community and filmmaker partners often took discussion into entirely new directions, engaging each other in debate and offering their own questions. For example, community partners typically asked the group questions about how race and racism influenced what we observed in footage, frequently leading to discussion about historical roots and current experiences of institutional, interpersonal, and internalized racism (Jones, 2000). During the second part of each meeting, filmmaker partners led a colearning training by screening additional clips of footage and then eliciting questions and suggestions from participants regarding their viewability, expression, and communication. Critical discussion provided the opportunity for partners to build relationships, establish trust, and to engage in honest dialogue that partners agreed was rare for such a diverse group.

Data analysis and interpretation. A participatory visual analysis process was used iteratively throughout the data collection process. Participatory analysis engages community and academic partners in a three-stage process: selecting, contextualizing, and codifying (Wang & Burris, 1997). Selecting involved choosing those clips of footage that most accurately reflected community needs and assets; contextualizing involved engaging in critical discussion using the aforementioned SHOWeD technique, and participants’ own questions, to uncover the meaning of video footage; and codifying involved identifying those issues, themes, and theories that emerge in
the footage and SHOWeD discussions. One academic, all filmmaker, and all community partners engaged in this process. This iterative approach informed purposeful selection of additional interviews and environmental footage, with the objective of reaching saturation and testing rival hypotheses. For example, in assessing the diversity of opinion presented by interviewees, partners identified several groups that might present a differing opinion on the emergent themes, including neighborhood police officers and former residents who were still unable to return to their homes after the storm. In the next round of interviews, partners recruited interviewees with these experiences.

Once data/footage collection concluded, we began the iterative process of participatory video editing and discussion. Although filmmaker partners were originally tasked with implementing the technical aspects of editing while eliciting instruction and feedback from community partners, strong interest in technical editing was expressed by some community partners and led to their becoming principal film editors, with the trained filmmaker partners serving as technical mentors. During this process, three community partners used Final Cut™ professional editing software to assemble rough and then refined versions of the film with feedback from all partners. The final product of this process—a three-part film highlighting the three key themes that had emerged during the participatory analysis—was then shared with the broader community at two community screenings planned and facilitated by all members of the videovoice partnership. The screenings were designed, in part, to solicit residents’ feedback and interpretations of the data, as well as their thoughts about other themes not captured in the video. As discussed later, the approximately 200 people present at the screenings shared their reactions through both verbal discussion and a follow-up written evaluation. Because the audience included many of those interviewed for the film, as well as both residents and social service providers who were not interviewed, the feedback provided at the two events provided an important source of “member checking” regarding the film’s content, quality, and accuracy.

Videovoice Findings: Qualitative Themes

Three core interconnected themes—housing, economic development, and education—emerged though the videovoice process and were highlighted in the final film. Although several other subthemes emerged, for example, racism in the aftermath of Katrina and lack of access to health care, none of these reached the level of saturation. Rather, these additional areas of concern were captured in discussions of the three core themes (as when residents talked about racism in housing, or failure to rebuild the neighborhood’s major hospital in conjunction with redevelopment efforts).

Below we describe each of the core themes that together emerged as the centerpiece of our study. Team members’ images of each of the three themes can be found in our multimedia publication (Catalani et al., 2009) and also on www.YouTube.com/VideoVoiceCollective. Among the most prominent images, however, were houses in stark disrepair 2 years after the flood, poorly constructed schools in dilapidated condition, and businesses along the neighborhood’s primary commercial street consisting primarily of liquor outlets and social services or charitable organizations.

Housing. Residents who were interviewed repeatedly remarked that Central City is facing an affordablehousing crisis. Unlike other New Orleans neighborhoods, most pre-Katrina residents of Central City were renters. Four of the largest low-income housing developments in New Orleans were located in Central City and although they were only minimally damaged by the storm, the New Orleans City Council voted to demolish all of them.

Residents stressed that although homeownership is critical for both families and neighborhood rebuilding, the city’s housing development plan was deeply flawed. The average price of the city’s proposed low-density, low-income homes ($140,000) was far too high for the vast majority of Central City residents, whose incomes before the storm averaged just $12,048 (United States Bureau of the Census, 1999).

Many neighbors we interviewed expressed frustration with the slow pace of planning and rebuilding, noting that 3 years after the storm, much of the neighborhood remained in shambles. As a community leader remarked,

There are so many abandoned properties and there are so many needs that this city still has. And yet our government says, “Oh we have a plan, we have a 17-point plan to fix 16 neighborhoods.” Then [the Executive Director for Recovery Management] says that our money will come at the end. Well, when is the end? 2019?

Neighbors shared a strong sense of disenchantment with their government officials and many agreed that community members needed to take matters into their own hands to see change.

Education. The residents we interviewed insisted that understanding the current crisis in education required
a critical examination of the neighborhood’s history. A neighborhood historian explained, “As a result of integration, a lot of the White kids that went to public schools left. When they left, so did the funds.” Those who went to school in the neighborhood felt that they received an inferior education and that they “were not as adequately prepared . . . as the White students.” Although some neighbors came from middle-class families and had well-educated parents, many others explained that their parents had received only a few years of education and illiteracy was common.

Today, the majority of neighborhood schools and child care facilities remain closed and in various states of disrepair. “There are a lot of families that want to come back,” explained a local child care organizer, “but the cost and lack of facilities being available is really a big problem.” A former schoolteacher described the conditions of those schools that are open, saying, “You have to see what these kids go through everyday: the sickening lunches, the lack of parental involvement, the lack of equal opportunity.” Many agreed that one of the challenges facing schools today is that the skills, expectations, and conditions of parents have changed. Overwhelmingly, community members agreed that education should be a top priority for local leaders and policy makers. Neighbors identified several key areas for intervention, the majority centered on creating mechanisms and social service support for parents to become more involved in their children’s education.

**Economic development.** Our findings revealed residents’ understanding that the neighborhood economy had changed drastically over the years. The main thoroughfare, Dryades Street, was the downtown shopping street for Blacks before the 1960s. With the integration of Black and White businesses, the stores on Dryades were unable to compete with those in White neighborhoods. Today, many neighbors describe the main street as “desolate” and “run down.” Neighbors found it challenging to get their basic needs for goods and services met at reasonable prices. For example, with no full-service supermarket in the area, most residents only have access to corner stores and delis that many felt offer low-quality foods at high prices.

Many of those interviewed agreed that rebuilding a healthy neighborhood economy must involve the redevelopment of this main street. One local business owner pointed out, “If you can get this commercial strip happening again with businesses, this can be an anchor for the entire community.”

Neighbors explained that the return of businesses to Central City requires infrastructure development by the city, including repair of the neighborhood’s crumbling roads, regular street cleaning and garbage pick-up, and, most importantly, repairing the levees. Again, community members were unanimously disenchanted with government leadership on this issue. “Nobody can save us but us,” one neighbor insisted.

**Dissemination of Results and Follow-Up Evaluative Action**

**Community premiere screenings.** As noted earlier, approximately 200 people attended two community premieres of our final film, titled *In Harmony*, and follow-up discussion. The first premiere was, in part, a celebration of the film’s completion, with New Orleans–style food and refreshments served in a festive atmosphere. Our community filmmakers each received an award and a video camera in acknowledgement of their efforts.

After each screening, community leaders from our group facilitated an action-oriented discussion on issues raised by the film. Post-screening questionnaires revealed that the vast majority of respondents (83%, \(n = 79\)) felt that the film brought up issues they cared about. In addition to affirming the film’s core concerns, residents commented on its effectiveness in handling issues of race and racism in the aftermath of Katrina. In the group discussion following the first showing, an elderly woman indeed remarked that this was the first time she had witnessed so frank a discussion of racism in a mixed audience. The post-screening discussions were also important, however, in revealing what many saw as a key missed area of concern: the involvement and perspectives of local youth. Although this had been precluded by our IRB, partnership members responded to the audience, telling them that we would make the next videovoice filmmaking with youth with the objective of capturing youth voices and concerns.

Finally, and consistent with CBPR’s commitment to using study findings as a basis for subsequent action (Minkler & Wallerstein, 2008), we used the community screenings in part as an opportunity to learn whether other community members might wish to become engaged in follow-up activity. Most respondents (80%, \(n = 67\)) indicated that they were interested in joining with others to take action on the issues raised, and most (69%, \(n = 58\)), including a number of youth present, reported that they would be interested in participating in the next videovoice filmmaking project. As noted below, this high level of interest translated into action as several new videos, including one by and for youth, subsequently were developed and used to catalyze
dialogue and change. Among these encouraging outcomes, there was indeed only one downside of the community screenings. Although many leaders from local social service and health organizations came and participated, including some with decision-making authority in these arenas, no government policy makers were in attendance, despite their having been invited by multiple people and through multiple channels. Our final two dissemination methods were important, therefore, as additional means of potentially reaching this key audience.

YouTube and sharing online. The final film was divided into several short, issue-based films and shared online through YouTube (www.youtube.com/VideoVoice Collective) in November 2008. Within 2 months, these films had received a total of more than 4,400 views from across the North America, Europe, South America, Asia, Northern Africa, and the Middle East.

DVD distribution. The film and extras on the making of In Harmony were also distributed via DVD. Every project participant received at least one personal copy plus additional copies to share with family, friends, and local leaders. Partners also shared the DVD with targeted community leaders and policy makers in recognition of their influence in the highlighted issues. As of December 2008, we had strategically distributed more than 1,000 DVDs.

Sustainability and Future Plans

A detailed evaluation of the project and its longer term outcomes is beyond the scope of this article and will be discussed in a subsequent article exploring the project’s broader impacts. Although the longer term outcomes of our videovoice project cannot yet be assessed, several intermediate outcomes and sustainability indicators should be highlighted. First, and in keeping with our desire to transfer skills to the community, four local partners went on to gain employment that used their newfound video skills and several continued to initiate new projects without the aid of outside partners. Second, one of these individuals, a former teacher, became the full-time director of a new organization: the New Orleans Videovoice Project. Responding to concerns raised at the community showings, she further made sure that the second video produced was conducted with and by youth. Finally, a key partner at REACH NOLA was able to designate funds from a major foundation grant to support the sustainability of community-led videovoice projects. Currently, the partners are in the final stages of a third video in collaboration with a community clinic and focusing on African American history in their neighborhood.

> DISCUSSION

The New Orleans VideoVoice Project built a partnership between community members, filmmakers, and academic researchers to obtain rich qualitative insight into community needs and assets in an area of the United States that struggles with substantial disparities. In the aftermath of Katrina, the videovoice method enabled partners to connect with each other, engage neighbors, and capture the history, current reality, and future issues that most concerned them. The final film products were used to mobilize for action and advocacy during a pivotal time in city planning and development.

The participatory approach to research and video production helped further the process and outcomes of our project in several ways. First and consistent with Israel et al. (2005), an approach that emphasized equity between academic and community partners improved our ability to work with diverse partners in an African American community where several partners initially expressed resistance to working with outside researchers and White collaborators. Second, community participation during all stages of the research process enabled our partnership to identify assets and needs that were verified as being relevant to community members and local leaders. Third, our approach resulted in products that communicated clearly to a range of audiences, regardless of their background education and familiarity with scholarly research. Finally, a CBPR approach necessitated the establishment of equitable relationships with many community partners and organizations, laying the groundwork for action and sustainability.

Videovoice brings participatory media theories and practices (Benkler, 2006; Chavez et al., 2004; Jenkins et al., 2003; Rheingold, 2002) to bear in creating a unique CBPR approach. We found that media production, with its emphasis on storytelling and multimedia communication, facilitated the engagement of community partners—many of whom may have been less comfortable with, skilled in, or enthusiastic about text or numeric data. In this article, we were able to supplement the substantial gray literature on participatory video practices with a peer-reviewed publication, designed to educate and excite new professional and academic audiences about the potential of such an approach.

This study reveals that videovoice has several potential similarities to photovoice as well as to Chavez et al.’s (2004) early participatory video work. First, photovoice
Limitations and Challenges

This study has several limitations. First, although we attempted to include a diverse range of people and places, our findings are not generalizable. Rather, and in keeping with the purpose of this small exploratory study, the project helped identify some of the needs and assets that were relevant to Central City community members involved in the project, and which might help inform advocacy and action.

Second, internal validity was threatened by incomplete data collection. Data collection may have been incomplete because, although participants appeared to speak openly and honestly with the community members that interviewed them, interviewee responses were likely affected by the knowledge that family, friends, and strangers might view them and their testimony on video. Several techniques helped address threats to internal validity, including the use of triangulation (Denzin, 1970), the involvement of multiple stakeholders at all stages of the research process, and the verification of findings and translations with community members during film screenings.

Third, there are several ethical challenges inherent to visual methodologies (Gross et al., 1988; Wang & Redwood-Jones, 2001) that our partnership attempted to address but that could not be completely removed. As Wang and Redwood-Jones (2001) describe, these ethical challenges include protection (a) of individual rights to privacy; (b) from the disclosure of facts about an individual that are true but embarrassing; (c) from the media that distort the truth about an individual’s intentions, character, or actions; (d) from the media that devalues income from an individual who appears in it; (e) from partner and participant safety; and (f) from placing the burden of organizing for change on the poor and marginalized of society; and (g) from representing these communities as weak and powerless. We attempted to address these concerns through partnered discussion, planning, and implementation of a video ethics and safety workshop, informed consent procedures, and participatory and inclusive editing practices.

Finally, and like other forms of participatory video, this initial use of videovoice proved resource and time intensive. However, our project budget (approximately $45,000) and timeline (11 months) were comparatively more economical and less time intensive than many more traditional approaches to CBPR, as described by Israel et al. (2003) and others.

Access to and use of video equipment has grown rapidly during recent years. However, as McKnight (1985) and Wang and Redwood-Jones (2001) point out, there are still concerns that the use of technical devices may further outsider dominance within marginalized communities. These concerns reminded us to prioritize building community capacity to independently produce films. As noted earlier, our project resulted in paid employment, additional community-based video productions, and the founding of a community-owned videovoice organization.

CONCLUSIONS

The New Orleans Videovoice Project experience suggests that videovoice has potential as a means of community assessment and mobilizing diverse communities to action. With roots in CBPR and participatory media, videovoice method may enable the formation of unique partnerships between academic researchers, filmmakers, and community members.

Our videovoice project appeared to succeed in large part by ensuring that all partners had the opportunity to participate in all stages of the research and filmmaking process, including the more technically challenging stages such as video editing. We found that both research and action were improved by building trusting relationships that invited open discussion from community members and local organizations.

Although videovoice is not without its challenges, it offers exciting possibilities as a tool for enhancing
community voice, leadership, and action. New applications of this method are needed, however, to fully understand and document the capacity, limitations, and best practices of this approach. Finally, longer term studies are needed to determine whether, over time, community action catalyzed by a videovoice project can help produce measurable changes in relevant health and social policies, and ultimately in health status and behavior. Some of the methodological procedures described in this article will, we hope, be usefully adapted in such future efforts.

NOTE

1. Among authors, this included C. Catalani (academic), A. Veneziale (filmmaker), L. Campbell (community), and S. Herbst (community).

REFERENCES


