PERSPECTIVES

Social media, digital video and health promotion in a culturally and linguistically diverse Australia

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SUMMARY

Participatory processes are effective for digital video production that promotes health and wellbeing with communities from diverse cultural and linguistic backgrounds, including migrants and refugees. Social media platforms YouTube, Vimeo, Flickr and others demonstrate potential for extending and enhancing this production approach. However, differences within and between communities in terms of their quality of participation online suggest that social media risk becoming exclusive online environments and a barrier to health and wellbeing promotion. This article examines the literature and recent research and practice in Australia to identify opportunities and challenges when using social media with communities from diverse cultural and linguistic backgrounds. It proposes a hybrid approach for digital video production that integrates ‘online’ and ‘offline’ participation and engages with the differences between migrants and refugees to support more inclusive health and wellbeing promotion using digital technology.

Key words: digital video; social media; health promotion; cultural and linguistic diversity

INTRODUCTION

This article explores the relationship between ‘offline’ and ‘online’ participation for communities from culturally and linguistically diverse backgrounds when producing and interactively with health and wellbeing digital videos. It identifies key themes and techniques for participatory processes, and recommends strategies for future research and practice that support more inclusive approaches to using digital technology when promoting health and wellbeing.

Social media have created new opportunities for using digital video to promote health and wellbeing in Australia with refugee and migrant communities from diverse cultural and linguistic backgrounds. Digital video, once limited to DVDs, broadcast television and other ‘one-way’ communication channels, can now be downloaded, shared, re-mixed and uploaded through YouTube, Vimeo, Facebook and other interactive platforms that support users to create their own messages, stories and networked forms of communication (Burgess and Green, 2009; Department of Health, 2010).

Not everyone experiences the same quality of participation in social media and Internet technology (ACMA, 2007; O’Mara et al., 2010), however. Culture and language, educational level, age, English language proficiency, socio-economic background, communication preferences, familiarity with technology and other factors shape participation online (Lo Bianco et al., 2010; O’Mara et al., 2010). For some, the use of the Internet can be limited, particularly for those such as the Sudanese who have arrived as refugees (Worthington, 2001) with limited economic resources. Social media risk becoming exclusive online environments for
participating in the development and sharing of health and wellbeing digital videos.

There are differences within and between communities in relation to their experiences of health and wellbeing. The Dictionary of Race, Ethnicity and Culture (Westin, 2003, p. 176) defines migrants as people who have chosen to move from one country or area within a country to another, often for a long period of time. Refugees have been forced to leave their homelands for a variety of reasons such as war, conflict, persecution, poverty, famine or fear for safety (Harris and Zwar, 2005). Their different personal and social contexts, access to economic resources, levels of English proficiency and reasons for leaving the homeland suggest the need for more dynamic and relevant promotion that address specific health and wellbeing issues using accessible and preferred modes of communication.

Participatory processes are effective for developing health and wellbeing digital videos that: are in the preferred language and cultural context of participants (Brunette, 2005; Chiu, 2009); strengthen and enhance peer-led self-empowerment programs (Kreuter et al., 2003) and, bring together health workers, community members and other key stakeholders in a coordinated approach to improving community health education that is a reflective, critical and transformative experience for participants (Chavez et al., 2004; Chiu, 2009). Further targeted research and evaluation will help determine the applicability of these offline processes for supporting online participation, yet they demonstrate potential for the use in future online promotion projects.

A hybrid mode of digital video production, one that integrates offline and online participation and engages with the differences between refugees and migrants and their personal and social contexts, may provide a more inclusive and tailored approach to promoting health and wellbeing using social media. While requiring robust piloting in the field, this strategy builds on the principles of participatory processes, and incorporates the findings from recent research conducted with communities from culturally and linguistically diverse backgrounds in Australia and their experiences with new and emerging forms of digital technology.

This article acknowledges that there are fundamental differences between digital video and social media and the ‘photo-novella/photo-voice’ approach to health and wellbeing promotion. First, the pre-production, principal photography and post-production processes used in the filmmaking industry are generally the basis for the construction of digital video (Chavez et al., 2004; Chiu, 2009). This is markedly different from the photo-novella/photovoice content construction process in which Duffy (Duffy, 2010), Wang et al. (Wang et al., 1998) and Jurkowski et al. (Jurkowski et al., 2009) have noted participants record still images of their daily lives and community contexts. In the second instance, interaction with digital video content through social media is mediated by online technology (re-tweets, posts, remixing). This is not the same as face-to-face discussion or viewing of content as a group in ‘real world’ communal spaces. Also, the printing of photos for physical posters (Duffy, 2010) and scrapbooks (Jurkowski et al., 2009) is quite different from digital videos uploaded and screened on YouTube or social media. Finally, in a technical sense, video contains audio and moving images. Photo-novella/photovoice use still images only. These differences in viewing and production influence the nature of participation and style of media content when seeking to understand lived experiences of community members for health and wellbeing promotion.

HEALTH AND WELLBEING PROMOTION, DIGITAL VIDEO AND COMMUNITIES FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

An acknowledged issue by public health providers is that existing models for health promotion are quite limited in relation to those from culturally and linguistically diverse backgrounds (Prasad-Ildes and Ramirez, 2006). Generic health promotion programs and campaigns do not effectively engage diverse communities and the differences between refugee and migrants suggesting a need for: more specific and culturally relevant communication strategies (Kreuter et al., 2003); multilingual health information on a range of platforms (Workman et al., 2003); and, engagement with social contexts influencing health and wellbeing (Nazroo and Williams, 2005; Bowling, 2009). For example, in Australia, refugees from the Sudanese community have low levels of English proficiency
due to their refugee experience as well as having a heritage of multilingual oral, rather than written, language traditions (Borland and Mphande, 2006), and are less able to access social and economic resources. They also experience specific health issues such as mental illness as a result of trauma and resettlement (Tiong et al., 2006), and rapidly increasing incidence of lifestyle diseases, such as diabetes. In contrast, Samoan migrants are reasonably networked within the community, can readily access education, employment and community services, yet have a high incidence of mental health issues, obesity, diabetes and incidence of cardiovascular disease, such as stroke (McGarvey and Seiden, 2010). These differences indicate the need for tailored, dynamic approaches to promotion with culturally and linguistically diverse communities that consider and engage with social contexts of health and wellbeing.

Digital video production can address this problem and its strength lies in the use of participatory filmmaking techniques. Participants can be involved meaningfully in the design, production and dissemination of content, and in supporting empowerment through peer-led community health education (Ferrari et al., 2009; Gray et al., 2010). Chavez et al. (Chavez et al., 2004) identifies six major steps during community-based digital video production: engaging stakeholders; soliciting funding and informed consent; creation of shared ownership; building cross-cultural collaborations; writing the script together; and, combining all elements of production through editing and music selection. Chiu (Chiu, 2009) extends this by arguing that the pre-production and post-production planning used in the filmmaking industry can be used to action a health promotion project empowering migrant and minority ethnic communities. In turn, participation can be structured through script discussions, skills workshops, production planning and post production. This process is supported by health workers, artists and professionals. By bringing these participants together, it can improve interaction between various health organizations and other key stakeholders, which has been identified as an important factor in supporting those of refugee and migrant backgrounds with chronic conditions such as diabetes (Piette et al., 2003).

Gubrium links the production of digital video and participation of community members within the ‘digital storytelling’ technique, and that participatory video can be a way for people to tell stories about their everyday lives and identify and prioritize local health issues (Gubrium, 2009). Hunter et al. (Hunter et al., 2009) found that digital video and other information communication technology expanded the range of options for health promotion practitioners by engaging those communities in the development and production of resources. They argue that these activities can powerfully influence personal and group agency, and their effects can be amplified through incorporating performance as part of the creative and health-promoting process, including storytelling initiatives. Researchers also suggest that using entertainment has proven more successful than traditional means of education, such as the presentation of basic facts (Brown, 2004; Farr et al., 2005) for HIV/AIDS. Similarly, health promotion that draws on traditional modes of storytelling through narratives has been found to be highly effective in diabetes education with groups from culturally and linguistically diverse backgrounds in Great Britain (Greenhalgh et al., 2005). The NSW Refugee Health Service and Parramatta Chest Clinic in Australia adopted a similar approach in Breathing Space: Stories of overcoming TB for refugee communities in Australia (Breathing Space: Stories of overcoming TB for refugee communities in Australia, 2009), a digital video project that tells the story of three people in Dinka, Karen, Burmese, Arabic, Juba Arabic and English.

Developing health and wellbeing content that more effectively engages with the needs and agendas of communities from culturally and linguistically diverse backgrounds, including a consideration of differences between refugee and migrant experiences, and that counters a homogenous approach that is in English language and based on Western values and assumptions, is a significant consideration during the digital video production process. In the USA, Brunette (Brunette, 2005) identifies the importance of using familiar language and avoiding straight English translation in the development of educational and training materials on safety and health for Hispanic workers in the construction industry. Content must also include: the use of a language translator and speaker with in-depth
knowledge; use lots of clear, realistic illustrations, photos and graphics; pilot tests with workers; and, the embedding of continuous evaluation throughout a project. Audio–visual materials help address literacy challenges for refugees, such as those from Sudanese background in Australia where many communities largely have oral rather than written language traditions (Borland and Mphande, 2006). Von Hofe and Colagiuri (Von Hofe and Colagiuri, 2002), in the context of diabetes education, note the challenge of developing a variety of video resources for diabetes awareness programs for different community groups. Both Brunette and Von Hofe reflect the assertion by Kreuter et al (Kreuter et al., 2003) that there is a need for diverse forms of health and wellbeing promotion, particularly in relation to the self-management of chronic diseases.

Digital video projects in Australia reflect differences between communities in terms of their backgrounds as migrants or refugees. The Australian Department of Immigration and Citizenship's Australia—a New Home: Settlement Information for Newly-arrived African Refugees (Australia—a New Home: Settlement Information for Newly-arrived African Refugees, 2007) focuses on immediate arrival issues relevant to refugees, including torture and trauma services, language support and employment, in languages such as Amharic, Dinka, Swahili, Sudanese and Tigrinya. Beyond Blue and iseec-learn produced Universal Stories of Healing from Depression: with people from Sudan, Burma and Afghanistan (Universal Stories of Healing from Depression: with people from Sudan, Burma and Afghanistan, 2011) to raise awareness of depression in refugee communities. The digital videos are in English and the languages of Dari (Afghanistan), Karen (Burma) and Sudanese Arabic (Sudan) and were developed with people from Afghanistan, Burma and Sudan, and aim to reflect the culture, values and traditions of those communities. Other digital video projects in Australia are geared towards migrants from a range of backgrounds. Everybody’s Business: A Resource in HIV/AIDS for Multicultural Australia (Everybody’s Business: A Resource in HIV/AIDS for Multicultural Australia, 2007), Aged Care and Cultural Diversity (Aged Care and Cultural Diversity, 2010) and Taking the First Step Together: Gambler’s Help in Your Community (Taking the First Step Together: Gambler’s Help in Your Community, 2009) use techniques such as story telling and preferred languages, and while are inclusive of refugees recently arrived the work is more focused on issues facing a broader range of communities including those settled longer in Australia, and experiences across family generations. Many of these digital video projects are primarily available on DVD and represent an opportunity for transition to online environments.

The digital video production process can become a critical and transformative space for participants. Chiu (Chiu, 2009) describes the story and ‘storying’ of production as being at the centre of the connection between theory and practice, and a dynamic activity that supports links within and across communities. This can also help challenge ‘broadcast media’ patterns and be more empowering through the sharing of multiple narratives and lives through technology. In the educational context, Harris’ work with young Sudanese women from refugee backgrounds in Australia on a series of digital videos, utilized a ‘performative ethnography’ to challenge conventional stories told of and about the pedagogies of belonging and becoming (Harris, 2010). Harris argues they offer a territory of possibilities for learning, building on Kincheloe and McLaren’s argument to ‘see more critically, think at a more critical level, and to recognize the forces that subtly shape their lives’(Kincheloe and McLaren, 2005).

Grant and Luxford (Grant and Luxford, 2009) describe how the use of digital video becomes a decolonizing strategy when the focus of critique is placed on the health professional, rather than on a parent from a potentially vulnerable group. They argue that digital video, played on DVDs, enables a researcher to understand the gap between what health professionals say they do, and what they actually perform in their job.

THE INTERNET, SOCIAL MEDIA AND DIGITAL VIDEO

In Australia, overall usage patterns of various kinds of digital technology suggest an increasing reliance on the Internet for the communication of information, including health and wellbeing promotion (Bernhardt, 2000; Cline and Haynes, 2001; Blanchard et al., 2007), and that digital technology can and does play an important role in health promotion and in mediating the social
determinants of health (Blanchard et al., 2007; Department of Innovation, Industry and Regional Development, 2008; Commonwealth of Australia, 2009).

The Victoria State government is seeking to build on the participatory capacity of YouTube and other social media as a way of fostering improved engagement with people and communities. Their primer for social media (Department of Premier and Cabinet, 2010) argues that new web tools enable users to communicate well beyond their immediate social circle. The Australian Government 2.0 Taskforce report argues similarly, and recommends a multi-part approach to using digital video, including the creation of a video solution that will provide YouTube style functionality to agencies from a system run within government (Government 2.0 Taskforce, 2009). It also suggests that ‘communities of interest’, such as those created through YouTube and other social media, are able to develop quickly to find people with local knowledge or technical expertise to build understanding of issues and solve problems as they emerge, and help navigate vast amounts of information on the Internet and identify its most useful parts.

The concept of ‘participation’ and its link to process and content creation are what make YouTube and other social media online relevant to previous ‘offline’ digital video productions for health and wellbeing promotion involving refugee and migrant communities from culturally and linguistically diverse backgrounds. Burgess and Green (Burgess and Green, 2009) describe YouTube as participatory culture in which the platform is used in everyday life by participants. In this online environment, users do not merely watch videos but interact with each other by commenting, sharing links, remixing and uploading content. Burgess and Green argue that there has been an expansion in the participatory possibilities of video through increased access to cameras and editing capacity, and dramatic growth of online video-sharing for distribution.

Online interactivity and participation demonstrate potential for the production of health and wellbeing digital video content in a variety of languages and forms. In a broad sense, it is possible for users and online communities from culturally and linguistically diverse backgrounds to engage with digital videos online in a similar way as participatory digital video production ‘offline’, namely that participants are: actively engaged in their production, sharing and dissemination (Chavez et al., 2004; Chiu, 2009); developing content in a preferred language and featuring people they identify with (Von Hofe, 2002; Kreuter et al., 2003; Brunette, 2005); and, are involved in building a critical space in which feedback, concerns and dialogue can be generated between community members, health service providers and other key stakeholders (Chiu, 2009; Grant and Luxford, 2009) through blogs, posts and other online communication. For refugees, where the Internet is affordable and accessible, this online participation can support: increased social connectedness with friends, family and community members locally and abroad (Blanchard et al., 2007; Sturgess and Phillips, 2009; Wilding, 2009); awareness of health and wellbeing services and information through public access terminals in libraries, schools and municipal buildings (Wilding, 2009); and, help reduce the stress of the settlement process (Hsin-Chun Tsai, 2006). For migrants settled longer with stronger social support networks, better access to economic resources and higher levels of technology literacy, they may benefit in similar ways, but primarily through quite different opportunities. These include: sourcing alternative forms of health and wellbeing information not directly available from social networks or in other forms such as television, radio or print media (Chen and Choi, 2011); having the flexibility to choose language of preference for receiving professional help (Unlu et al., 2010); reaching those with a ‘high threshold’ for seeking help or less likely to seek support for health and wellbeing through traditional means (Unlu et al., 2010); and, supporting post-war ‘Baby Boomer’ migrants with the capacity to use online platforms to self manage the health needs of their elderly parents (ECCV, 2009). From an Australian policy and practice perspective, here lie the opportunities for extending and enhancing existing practice.

In Australia, organizations such as the Centre for Culture, Ethnicity and Health (CEH) and the Centre for Multicultural Youth (CMY) are already exploring the participatory potential of social media and health and wellbeing digital videos. The Transmission project’s You Don’t Wanna Mess With Me (You Don’t Wanna Mess With Me, 2009) was an innovative creative arts/digital technology health promotion project including short films about Hepatitis C which
feature young people of Vietnamese, Pacific Island and other communities from culturally and linguistically diverse backgrounds, and street art and hip-hop-inspired animation and has been made available on YouTube (http://www.youtube.com/watch?v=gqMUH5yQwhI&feature=player_embedded). CMY’s Home Lands (Home Lands, 2011), a 3-year project currently in development that aims to connect young Karen and Sudanese people in Melbourne of a refugee background with young people in their homelands and other diaspora communities via digital technology such as a collaborative website, and digital videos made available on the video sharing site Vimeo (http://homelands.net.au/?page_id=533). These projects demonstrate the use of participatory techniques during principal filming and initial production of the digital videos. However, they are limited by their scope, duration and evaluation methods in relation to understanding participant experiences online during and beyond filming the videos. ‘Home Lands’ is yet to be completed, and currently there is no in-depth evaluation data available from the Transmissions project concerning the extent and effectiveness of participation in social media to interact with the digital videos.

This gap in knowledge on these projects indicates the potential for targeted research and evaluation to explore the nature of online participation in this context, and how previous ‘offline’ modes of participation can inform, complement and build strategies for supporting online participation with health and wellbeing digital videos, particularly given the challenges some communities face when using the Internet and social media, and particular issues facing those from refugee backgrounds as opposed to migrants settled longer in Australia.

QUALITY OF PARTICIPATION ONLINE FOR HEALTH AND WELLBEING PROMOTION USING DIGITAL VIDEO

Existing literature presents a complex picture of how communities from diverse cultural and linguistic backgrounds in Australia participate online. Some evidence suggests there are significant barriers to engaging with digital technology. People of non-English speaking background have been reported as under-represented in terms of Internet connectivity and use of digital technology (University of Adelaide, 2006). Affordability and familiarity with technology are issues (Rahman, 2005; O’Mara et al., 2010), and the literacy is an important consideration when accessing health and wellbeing information online (Birru et al., 2004; Mackert et al., 2009). Using technology is particularly challenging for those with limited English language acquisition and illiteracy in their first languages including recently arrived refugees (Borland and Mphande, 2006). Norman and Skinner (Norman and Skinner, 2006) argue, ‘Technologies such as the World Wide Web are still text dominant, despite the potential use of sound and visual images on websites. Basic reading and writing skills are essential in order to make meaning from text-laden resources’. This is particularly relevant to social media such as YouTube which require the ability to read, write and interact with text through: commands, comments, menus, tabs, tagging/describing content, file names, use of a keyboard and other aspects of the platform. Refugees with disrupted educational backgrounds and limited English proficiency are particularly disadvantaged in this technology space. Access to social media without mediation can be difficult (Lo Bianco et al., 2010). In turn, the process of mediation places technical and, in some cases, financial burdens on community-based mediators, and some have argued that current forms of technology do not provide solutions for new and emerging communities (Lo Bianco et al., 2010). With regards to older migrants from Greek and Italian communities, researchers in South Australia have found there is little interest in learning how to use new and emerging online technology, and a preference for receiving information in print or directly from another person (Goodall et al., 2010).

Other research, however, has found that communities from diverse cultural and linguistic backgrounds are regularly accessing and using the Internet. Ewing and Thomas argue that whether people are born in Australia or overseas has little effect on Internet use, and that people born overseas are slightly more likely than those born in Australia to use the Internet (84.2–79.7%) (Ewing and Thomas, 2010). Ogbu suggests that youth quickly adapted to using digital technology and many adults learned digital technology skills from younger members of their community (Ogbu and Mihyo, 2000).
Blanchard et al. (Blanchard et al., 2007) argue that the low cost of the Internet, compared with telephone or face-to-face contact, is important to many young people and is particularly important for newly arrived refugees and migrant young people because the Internet is often seen as their only link to their home country and the family and friends they may have left behind (Blanchard et al., 2007, p. 25). VICNET, while noting specific challenges to the use and access of the Internet, also found that for some languages such as Chinese, Spanish and Serbian, uptake was proportionately higher, and that regardless of the language spoken the Internet is similar to uptake in the wider population (VICNET, 2007).

Recent qualitative and exploratory research (O’Mara et al., 2010) found that participants from Sudanese, Vietnamese and Samoan backgrounds in Victoria, of different age groups and with different levels of educational background and exposure to English, use digital technology in their communications around health and wellbeing in ways that are meaningful, positive and useful in their day to day lives. Younger participants with higher levels of education and with good English language skills were found to be the most proficient and enthusiastic users of various new and emerging digital technology, using more of the functions possible with new technologies, such as those provided by social media and sophisticated forms of text messaging on mobile phones. Middle-aged and older tertiary-educated community members with sufficient financial resources to have Internet and computer access also embraced digital technology, but tend to use more basic functionality. This research found a strong interrelationship between age, level of education and English language proficiency and the use of various kinds of technology. The aged, women and those with limited and/or disrupted formal education are relatively disadvantaged in accessing health information through the various technologies due to their poor computer literacy, limited print literacy and numeracy and limited time to develop technological literacy (e.g. women engaged in child rearing).

The evidence from the field reinforces the diversity within and across communities from diverse cultural and linguistic backgrounds, particularly the limitations to engagement with technology for recently arrived refugees and older migrants, but also how higher levels of education, English language proficiency and affordability facilitate interaction with online platforms. Their varying degrees of participation with the Internet suggest the need for tailored, dynamic and nuanced social media strategies, and not a generic approach, that engage with these differences and address barriers experienced by particular sub-groups from these communities when using technology to support inclusive health and wellbeing promotion using digital video online.

RECOMMENDATIONS FOR RESEARCH AND PRACTICE

Five major themes can be distilled from previous research concerning effective participatory processes involving communities from culturally and linguistically diverse backgrounds when developing health and wellbeing digital videos:

- use of filmmaking production stages to action and structure participation (Chavez et al., 2004; Chiu, 2009) in a way that supports empowerment and brings together community members, health workers and artists to improve interactions between key stakeholders (Piette et al., 2003);
- use of narrative and storytelling techniques for identifying health issues (Gubrium, 2009), expanding options for health promotion (Hunter et al., 2009) and more effectively engaging with communities (Greenhalgh et al., 2005);
- use of language, communication style and cultural context preferred by participants, and continuous evaluation during audio–visual content creation (Brunette, 2005; Chiu, 2009);
- engagement with social contexts influencing health and wellbeing (Wilkinson and Marmot, 2003; Bowling, 2009), including differences between refugee and migrant experiences (Harris and Zwar, 2005); and
- use of the production process to become a critical and transformative space for participants that support links within communities (Chiu, 2009) and challenges conventional narratives of being and becoming (Harris, 2010).

These themes can be used as a basis for conducting in depth research, a hybrid mode of practice and developing evaluation methods...
during projects to understand the experience of communities and their use of social media, and the relationship between offline participatory processes and emerging online modes of participation.

Targeted research can benefit practice by generating findings in two significant ways. Systematic and thematic analyses of online materials for related projects and the comments, viewing statistics, subscribers and other user generated data available online through YouTube, Vimeo and other platforms will help identify the extent, function and capacity of participation using social media to interact with health and wellbeing digital videos and bring together and improve interactions between stakeholders, including consideration of the use of language, modes of storytelling, cultural context and preferred forms of communication. These data would also provide a basis for developing a thorough and searchable collection of digital videos available online that details: approaches to using social media; health and wellbeing issues covered by existing projects and their relevance to communities in terms of social contexts and differing refugee and migrant experiences; and, gaps that can be addressed in future work—for example, promotion on specific trauma and mental health issues resulting from the refugee experience and pressures of settlement, and/or chronic conditions and lifestyle needs of migrants. Combining these data with a review and integration of existing digital video resources available offline and only on DVD would further strengthen and boost the capacity of this database to respond to the need for diverse and varied forms of health and wellbeing promotion online.

Secondly, qualitative research conducted ‘offline’ with participants from health and wellbeing projects using digital video and social media can explore ease of use, preferences and limitations related to particular tools and functions of social media. This is likely to generate findings about the experiences of refugees with limited English proficiency, access to economic resources and social networks concerning: the impact of low bandwidth and/or expensive Internet connections for accessing data heavy digital videos; how English proficiency and low literacy levels influence the use of complex online interfaces, commands and functions; and, the benefits and limitations of using the Internet through more affordable sites such as libraries, schools, community centres and other access points. Research will identify the relevance of particular functions and capability of social media for migrants and/or refugees with higher quality participation online, including emerging trends such as: increased access to the Internet and digital imaging through mobile devices; use of place-based information through augmented reality technology; and, game-based learning (Johnson et al., 2011). It may also yield insight from a participant perspective concerning preferences relating to participating offline, online or both when involved on health and wellbeing digital video projects. Both analyses of online materials and qualitative research will help describe the extent to which online participation supports empowerment and the critical and transformative experiences described in previous practice and research concerning participatory processes in digital video production.

Current and future practice stands to benefit from drawing on the five major themes of participatory processes identified in this article, and by engaging with evidence that suggests varying degrees of participation online by communities from culturally and linguistically diverse backgrounds.

 Sending the Right Message (O’Mara et al., 2010) recognizes the complexity of online participation and in practical settings argues for a differentiated approach to the design and development of digital technology supported health and wellbeing promotion strategies. This takes into account the targeted audiences within the community and their likely educational background and language and literacy knowledge. It emphasizes: the continued importance of technology literacy programs; supporting visual, oral and face-to-face communication in preferred languages; easy access to and use of content across a range of platforms, including highly visual and online interfaces; and, working with bilingual educators and community organizations to develop campaigns.

This approach, while focused more broadly on a range of digital technology platforms, is a useful basis in developing inclusive, dynamic and community-specific approaches to using technology; however, it is limited for supporting participation in social media and digital video. It demonstrates gaps in knowledge concerning: effective participatory techniques for digital video production; the specific functionality, tools and capability of social media; and,
targeted engagement with refugee and migrant experiences in relation to social contexts of health and wellbeing.

These gaps and evidence from research suggest the need for a ‘hybrid’ mode of production driven by offline and online participation from community members, health workers and other key stakeholders, including the use and access of digital videos across older and newer forms of technology.

While this proposed strategy requires robust testing and development, the following principles for promotion integrate offline and online production methods to support inclusive online participation for using social media when developing health and wellbeing digital videos:

- Structured participation-based actioned through script discussions, skills workshops, production planning and post production in real world and online environments, including use of the Internet during face-to-face sessions.
- Tailored training based on likely educational background, language and literacy of participants for the use of both social media and digital video production (including specific programs for women, the elderly and hard to reach community members and differentiation based refugee and migrant experiences).
- Participant feedback, communication and interaction supported through face-to-face meetings and social media.
- Content designed according to the differences in social contexts of health and wellbeing for refugee and migrants, and developed in preferred language, cultural context and communication style of participants and made available across a range of technology platforms, including a heavy use of visual-based interfaces.
- Engagement of bilingual educators/facilitators and community organizations in the design, development and promotion of a hybrid mode of production.
- Continuous evaluation gathered online and offline to determine: quality of participation online before, during and after production; ease of use, preferences and limitations related to particular tools and functions of social media; and, limitations and innovations in participation using a hybrid approach to developing digital videos with communities.

Strategies such as this hybrid mode of production represent the opportunity to develop innovative solutions to health and wellbeing promotion beyond the ‘hegemonic hype’ that surrounds the benefits of new and emerging technology (Evans, 2004), and to strategically engage with and build on a history of participatory processes with communities from diverse cultural and linguistic backgrounds for more effective and inclusive forms of technology-supported health and wellbeing promotion.

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