Making Movies, Building Community
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Abstract

Residents of Montgomery County, Missouri are partnering with University of Missouri faculty to research rural economic and historical factors that affect health insurance availability, including cost drivers and barriers. A team of academics, health care professionals and citizens are examining the history of the health system and economy in this rural county of 12,000, halfway between St. Louis and Columbia. This project presents an opportunity to understand the tremendous transition in rural health in the last century and how the changing rural economy affects coverage. The vehicle of community-directed documentary filmmaking is being used (1) to engage the community in its own self-analysis and exploration of this complex issue; (2) provide the community with a medium for communication; and (3) share project results. This document provides information on community-directed filmmaking as a community development tool and on the Montgomery County pilot project.

Key words: community development tool; community video; film; health; participatory research
COMMUNITY VIDEO AS A COMMUNITY DEVELOPMENT TOOL

Movie production, once limited to Hollywood professionals or home movie amateurs, has become increasingly common in the last decade with the advent of improved, high quality, consumer-level video cameras and affordable digital video editing programs. Children across the country are making videos as part of classroom projects, and college students are producing documentary-style movies as part of course requirements. News organizations have long recognized the power of the visual image and are now using streaming video and video clips on websites. Many professional organizations are recognizing the importance of video and are exploring multi-media options for sharing information.

Making a movie locally can stimulate excitement and discussion in a community about a wide range of topics from environmental issues to economic development to local heritage. The University of Missouri Community Policy Analysis Center is exploring the use of community produced video (also called community-directed filmmaking or participatory video) to assist communities in researching and documenting local issues in informational, high quality, and entertaining videos. Videos can be used to help community members answer their questions about local issues, make local decisions or record local history and culture (Shaw and Robinson, 1997). Video production is a particularly effective way to include the voices of local residents who might not traditionally participate in community meetings, focus groups, or in the conventional community decision-making process (Ambrosi & Thede, 1991). The process allows residents to prepare their thoughts and articulate them in a way that is safe for them. Residents can share their perspectives in video taped interviews from their own homes or workplaces. Or, they may comment and reflect on others’ perspectives when shown in video clips.

While one tangible end product of each project is a high quality documentary movie style production that can be shown locally and shared with outside entities, the overall impact of a community video project can be much deeper and longer lasting. Through the process, residents increase their knowledge about the local area and build a common understanding about the issue at hand. The process allows team members to build a strong network and might include individuals who typically would not be involved, thus providing voices in the dialogue not typically included (Ambrosi & Thede, 1991). Making a movie feels fresh, exciting and new to people, making the task of addressing the issue at hand more palatable. Rather than another meeting about downtown renovation, for example, the group can review 10 minutes of film footage on the history of the downtown buildings. In the ensuing discussion, they might talk about the businesses that have come and gone, and the economic conditions that have made it so. This can be a refreshing approach to tired, but nonetheless vital, subjects.

Video production is very flexible and can accommodate a number of differing types of projects, especially youth projects. School-aged youth might produce videos as part of a larger community development plan or after school project. Through video production, youth can learn about local environmental, historical, political, economic issues and share with the broader community their unique perspectives as the youngest generation. It brings them into the development process and gives them a voice in shaping the future direction of the community (Menter, Roa, Beccera, Roa & Celemin, 2006). Through the process, youth learn technical computer skills, communication and story-telling, effective collaboration and teambuilding strategies and at the same time educate the community about important issues.
Technical issues

Consumer-level digital video recording equipment and editing software has become increasingly more affordable. A suitable small consumer level camcorder can cost as little as $500. A suitable low-end professional level camera can be purchased for as little as $3,000. The cost of digital video editing software can vary (from approximately $300-$1,500) and depends on the computer system chosen. There are viable options both for PC and for Apple computers. With very little equipment, a good quality video can be produced.

The more important issue, however, is time. Video production is a time consuming undertaking both because it takes time to learn to use the equipment and software and because it takes time to craft the focus of the movie, build the community partnerships and create an inclusive process for directing and producing the movie. For more information on the technical aspects of video production, please contact Amy Lake directly at lakea@missouri.edu.

PILOT PROJECT
“Montgomery is My Home” A Community-Directed Filmmaking Project

Residents of Montgomery County, Missouri are partnering with University of Missouri faculty to research rural economic and historical factors that affect health insurance availability, including cost drivers and barriers. A team of academics, health care professionals and citizens are examining the history of the health system and economy in this rural county of 12,000, halfway between St. Louis and Columbia. This pilot project presents an opportunity to better understand the tremendous transitions that have occurred in rural health over the past century and how the changing rural economy affects coverage through the experience of Montgomery County. The vehicle of community-directed documentary filmmaking will be used (1) to engage the community in its own self-analysis and exploration of this complex issue; (2) provide the community with a medium for communication; and (3) share project results. The title of the film, “Montgomery Is My Home,” comes from an interview with a lifelong resident of the Montgomery County, Missouri, who is both a key informant for the pilot project and member of the community advisory panel.

Problem

According to the 2000 Census, 59 million people, 21% of the US population, live in rural areas. Rural America has undergone dramatic economic shifts in recent decades that have direct bearing on health insurance availability. Although economic structure and history affect health insurance, they are rarely fully explored, particularly in the context of rural communities. Few studies link community-level rural and economic development with health policy, despite their complementary natures. Finally, small rural areas may feel detached from academic health insurance research and powerless to articulate or address local health insurance challenges.

Barriers to private and employer-based insurance in Montgomery County are linked to the local economic structure. Of 316 firms in Montgomery, 208 have fewer than 5 employees. Only three have more than 100 employees (US Census, 2004). And, there are 1,064 farm operators in the county (US Department of Agriculture, National Agricultural Statistics Service, 2002). Farmers and small business face some of the highest insurance premiums, even though
Missouri has the third least expensive insurance for small business ($7,639) in the US, behind Montana and Iowa. Still, only 1/3 of Missouri small firms purchase insurance (Missouri Department of Economic Development, 2006).

The dominance of small employers in rural areas is poised to grow as rural communities increasingly turn to economic development strategies based on an entrepreneurship model. Historically, local economic development efforts to recruit large business to Montgomery have not been fruitful. Montgomery is now recruiting medium sized business and encouraging entrepreneurship instead—with the support of institutions like University of Missouri Extension, Kauffman Foundation of Kansas City, and the Rural Policy Research Institute. Although entrepreneurship, along with small and medium-sized business development, offers great economic growth potential to rural areas, it is directly at odds with a health insurance market that favors large employers.

While access to health insurance is often identified as a top priority in rural health assessments, rural leaders rarely choose to address it through local interventions. They often feel that only national and state policy can truly address the structural barriers they face, and so they focus on issues they can directly influence instead. Of 16 rural community health needs assessments facilitated by the project leader from 2001-04, 11 identified barriers to health insurance as a priority. None chose to address it through local action.

Montgomery County leaders and citizens are fully aware that state and national policy are the keys to improving access to insurance. Nonetheless, they have chosen to engage in a communitywide exploration of health insurance—the 2nd highest priority in the 2005 Montgomery community health needs assessment (Montgomery County Health Department, 2005)—because it is such a vital factor affecting the future development of the county. While it can be challenging at times to get policymakers to listen to local community voices, the fact that the information being presented in the film has been developed and presented by community residents may lend credibility to the findings (Attwood and May, 1998).

Goal

The project goal is to research rural economic and historical factors that affect health insurance availability through the mechanism of community-directed filmmaking and to provide a vehicle—film—for communicating the community’s findings to key leaders and other stakeholders.

Methodology and key components

Participatory research, qualitative and quantitative data collection and analysis will be integrated into the process of community-directed filmmaking. Digital format is being used. The key components are listed below:

1. Focus on rural, economic and historical barriers. These factors affect coverage for 21% of the US but are not well understood.

2. Qualified research team
The team includes a 10-member community advisory panel (Montgomery health and economic development professionals, historian and citizens) and 5 academic partners from University of Missouri and Stephens College. Academic partners have expertise in rural health, rural economics, community development and filmmaking.

3. Strong collaboration / past success
The team has been working together since Sept. 2005 and has produced two 15-minute films from footage filmed from January 2006-March 2007.

4. Iterative, community-driven approach
Research and film production are designed as iterative processes: (1) gather secondary and primary data (2) summarize data in rough cut videos (3) share videos with advisory panel / local public; (4) identify next step and begin process again.

5. Innovative use of community-directed film production
The use of documentary film production as a participatory research approach has raised local interest, potentially generating greater participation and knowledge of the issues among community members.

6. Relevant national / state health, rural and economic development policy
The relationship between local issues and state/national policy (Medicaid/ Medicare origin in 1965, SCHIP, Medicare Part D, Missouri’s 2005 Medicaid cuts, rural economic development) will be explored.

Expected results
Three films will be made:
1. Documentary film (60-90 min) on rural health insurance;
2. Short film (20 min) for education;
3. Instructional film (20 min) and guide on community-directed filmmaking.

The films can be replayed at a low cost, which will allow for sustained impact beyond the funding period. Films will be shared through independent film channels, Extension and rural networks, and the internet. Results will also be shared through conferences, articles and presentations.

Audience
The main audience is Montgomery County citizens. Films will be shown locally and kept at local libraries, Extension, and the health department. Montgomery partners want to use the films to educate local/state leaders; this is the second audience. Other rural areas are a third audience; they can use films to improve their understanding of insurance and start local dialogues. The low cost and relative ease of digital film distribution and the researchers’ links to rural and Extension networks will facilitate distribution.

Success
These benchmarks will demonstrate success:
1. Films that document historical and economic factors affecting coverage in a rural county are produced;
2. Montgomery County’s understanding of insurance is enhanced such that community members can improve use of resources and educate leaders
3. Chasm between rural economic development and health dialogues is bridged in Montgomery County
4. Films are broadly available after project ends
5. Community-directed filmmaking is demonstrated as a viable participatory research method.

Some preliminary results and next steps

The process of making the film in Montgomery County has already engaged citizens from many parts of the community in a dialogue about what changes in the health care system mean for their future locally. Each iteration of the film has stimulated wide ranging discussions around the following types of issues: the history of health care and the evolution of the current system; the impact of health care changes on families and business in the community; the changing nature of the local economic system; and the resulting gap in health care services.

Future discussions will be focus on next steps or where we go from here. The stories have enabled the community to focus on what has happened and what is currently happening and will provide a context for a discussion about the local response and recomendations for policymakers. What can we as a community do to begin to meet some of our own local health care needs? What message do we want to share with policymakers?

REFERENCES