A Bridge between Communities: Video-Making Using Principles of Community-Based Participatory Research

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Health educators can play a critical role in bringing together the partners and resources to successfully make videos using principles of community-based participatory research (CBPR). This article is a "how-to" guide for making videos using community-based participatory research principles. The authors describe video-making and CBPR, then outline six steps on how to make a video using principles of CBPR: (a) engaging stakeholders, (b) soliciting funding and informed consent, (c) creation of shared ownership, (d) building cross-cultural collaborations, (e) writing the script together, and (f) pulling it all together: editing and music selection. Still photographs and key themes from the video A Bridge Between Communities *are presented as a running case study to illustrate these steps. The article concludes with implications for health promotion research and practice.*

Keywords: *video; community-based participatory research; media*

The saying that a picture speaks a thousand words is well worn, however it takes on a whole new meaning when applied to video. Thousands of images are woven together to show and tell a story, and the blending of music, images, and text in video can vividly portray the culture of a community. Video production guided by community-based participatory research (CBPR) principles can be a means of engaging community members, building partnerships, and strengthening community ownership, while also disseminating health promotion information in ways that appeal to a broad community audience. Thus, participatory video-making acts as a bridge between multiple communities, invigorating partnerships and implementing creative collaborations. This article chronicles the making of a video, a useful health promotion skill, applying principles of CBPR, an emerging approach to research and practice in public health. After a description of CBPR and video-making more generally, the article outlines six steps on how to make videos using principles of CBPR: (a) engaging stakeholders, (b) soliciting funding and informed consent, (c) creation of shared ownership, (d) building cross-cultural collaborations, (e) writing the script together, and (f) pulling it all together—editing and music selection. Quotes, still photographs,

Authors' Note: *We wish to thank the Detroit Community-Academic Urban Research Center (URC), The Community Health Scholar's Program, and The W. K. Kellogg Foundation for making this project possible. The URC was established in 1995 as part of the Centers for Disease Control and Prevention's (CDC) Urban Research Centers Initiative. The Detroit URC develops, implements, and evaluates interdisciplinary, collaborative, community-based participatory research and intervention projects that aim to improve health and quality of life for residents of the southwest and eastside Detroit. The Detroit URC involves collaboration among the University of Michigan Schools of Public Health and Nursing, Detroit Health Department, eight community-based organizations in Detroit (Butzel Family Center, Community Health and Social Services Center, Detroit Hispanic Development Corporation, Friends of Parkside, Kettering/Butzel Health Initiative, Latino Family Services, Southwest Counseling and Development Services, and Warren/Conner Development Coalition), Henry Ford Health System, and the CDC.* **For a free copy of the video, A Bridge Between Communities, please contact:** *Robert J. McGranaghan, Project Manager, Detroit Community-Academic Urban Research Center, University of Michigan, School of Public Health, 1420 Washington Heights, Ann Arbor, MI 48109-2029; e-mail rojomcg@umich.edu*

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STILL PHOTO 1: DETROIT BRIDGE
A Bridge Between Communities: Video-Making Using Principles of Community-Based Participatory Research

and key themes from the video *A Bridge Between Communities* are presented as a running case study to illustrate various stages of production.

CBPR AND VIDEO-MAKING

CBPR is a collaborative approach to research that equitably involves community members, organizational representatives, and researchers as partners in all aspects of the research process (Israel, Schulz, Parker, & Becker, 1998). Partners contribute unique strengths and shared responsibilities to enhance understanding of a given phenomenon and integrate the knowledge gained with action to improve the health and well-being of community members (Israel et al., 1998). CBPR meets the challenge of genuinely involving community participation in every step of the research process. CBPR addresses locally identified issues, is community owned, and is used to promote health and social change (Brown & Vega, 1996; Bruce & Uranga McKane, 2000; De Koning & Martin, 1996; Green et al., 1995; Israel et al., 1998; Wallerstein, 1999). The principles of CBPR emphasize direct benefits to the community involved (Schulz, Israel, Selig, & Bayer, 1998). In summary, key CBPR principles consistent with the literature include having partners involved in major phases of the research process, doing research that strengthens collaboration among partners, having joint agreement on access and location of data, ensuring participants are consulted about submission of materials and invited to collaborate as coauthors, and ensuring that research be produced and disseminated for multiple audiences in clear, useful and respectful language (see Figure 1).

Visual arts and music offer tools for research, teaching, and practice in the field of health promotion and health education (McDonald, Antunez, & Gottemoeller, 1999). The cultural diversity, personal sensitivity, and passion that characterizes some of the arts resonate with some key principles and commitments of health promotion, such as the need to foster a high level of community participation by involving participants in all aspects of community assessment, planning, implementation, and evaluation (Freudenberg, 1998; Freudenberg et al., 1995; Wallerstein, 1999), and the emphasis on humor and fun as essential healthy components of our work (Minkler, 1994). The use of video as a visual art has been especially emphasized as a viable strategy in health promotion practice and medical education (Barber, McEvan, & Yates, 1995; Westberg & Hillard, 1994). Video-making can enhance CBPR in numerous ways. For instance, communities can participate in cocreating videos with their stories and solutions repre-

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1. Local relevance and attention to the social, economic, and cultural conditions that influence health status
2. Developing, implementing, and evaluating plans of action that benefit the community
3. Enhancing community capacity
4. Having partners involved in major phases of the research process. Doing research that strengthens collaboration among partners.
5. Projects are conducted via open communication.
6. Research is produced, interpreted, and disseminated to community members in clear, useful, and respectful language.
7. Joint agreement on access and location of data. Participants are consulted about submission of materials and invited to collaborate as coauthors.
8. Research adheres to human participants review process, rules, and regulations.

FIGURE 1 Principles of Community-Based Participatory Research—Adopted by Detroit Community-Academic Urban Research Center
SOURCE: Adapted from Schulz, Israel, Selig, & Bayer, 1998.

sented, their feedback integrated, and their involvement and control of the process honored (Barbash & Taylor, 1997; Juhasz, 1995). Using CBPR in video-making offers an opportunity for multiple authorship and the inclusion of diverse images and voices. Video can document and represent people, places, and health issues in innovative ways that strive to balance power differentials between, for example, researchers, institutions, and community perspectives. Video can be a way of documenting findings and disseminating results for educational purposes and to influence policy. Furthermore, through the creation of video participants who have not been involved historically in the research and intervention process have the opportunity to literally be "in the picture" expressing their contributions and assets as well as their concerns.

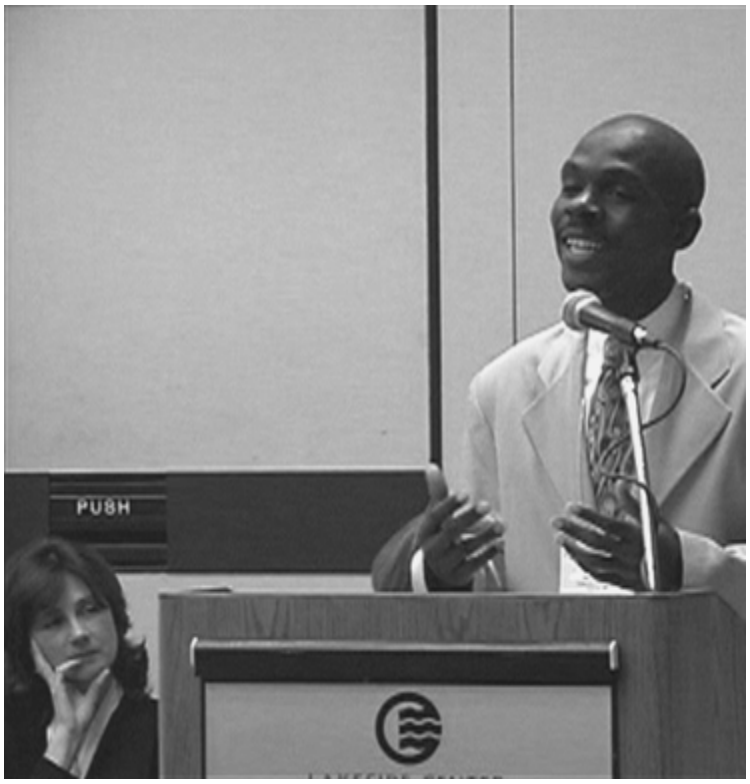
Video-making can enhance a research process by bringing credibility to the content of what is said, enabling community members to speak out and have their message heard. For instance, in northeastern Minnesota, a community-based research project used video-making with high school students as part of their youth development strategy (Bernstein, Komro, Veblen-Mortenson, Perry, & Williams, 1999). Youth actively participated in and contributed to efforts to understand and reduce alcohol use in their community. The video project generated youth-based solutions to alcohol problems and promoted ongoing dialogue between students and adults. The video project component was integral to the research, representing youth concerns and documenting youth advocacy in the community in a way that print media does not capture.

Last, visual images, such as photographs, provide an opportunity to garner the participation of community members in gathering data, assessing needs, and advocating for policy change. This innovation, known as "photovoice," (Wang & Burris, 1997) is a strategy that goes beyond a conventional needs assessment by inviting people to become advocates for their own issues and their community's concerns. It is a process by which people can organize themselves to identify, represent, and enhance their community through photographs. This method has also been applied to evaluation and research projects (Wang, 1999; Wang, Yuan, & Feng, 1996) where community concerns identified through the use of photographs are then effectively communicated to policy makers.

The following six-step description provides guidelines for video-making following a CBPR approach in all aspects of production (see Figure 2). The goal is to present readers with the basic steps involved in video-making, as an aid to others that may wish to conduct a similar process with local communities. Quotes from *A Bridge Between Communities*, a 32-min video documentary produced following principles of CBPR are used throughout as a case study to operationalize various stages of production. *A Bridge Between Communities* highlights the story of the Detroit Community-Academic Urban Research Center (URC), its partner organizations, the cultural milieu of the city of Detroit, and the emerging movement of community-based public health research and practice in that context. The individuals that constitute this partnership are reflective of the ethnic/racial diversity of the communities served. (For a discussion of sociohistorical, economic, and other contextual factors see Schulz et al., 2002; for more details on the URC see Israel et al., 2001; Parker, Schulz, Israel, & Hollis, 1998.) *A Bridge Between Communities* was made over a 9-month period and targets diverse audiences such as health promotion researchers and practitioners, students, policy makers, community members, and funding institutions. The video examines the complexity of the concept of community, reviews principles of CBPR, and documents the emergence of a partnership whose members work together to solve problems and develop solutions to health issues in their communities.

Step 1: Engaging Stakeholders

The very first step in video-making reflects the basic principle of CBPR: Projects must enhance community capacity: They must benefit the community and have partners involved in major phases of the research process. In other words, the first step begins with two simple questions: (a) Is the video something members of the community support? (b) Are there community members interested in working actively on video production or in an advisory capacity? A video production team needs the commitment of community members who actually work together to produce the video, or who may work with the person with primary responsibility for video-



STILL/PHOTO 2: OPENING SHOT OF URC VIDEO
CBPR Video-Making Step-by-Step

making. In a CBPR process, community members are engaged in a group process to decide on project goals, audience, storyline, and where relevant, subsequent writing of articles about the video process. A strength and challenge of this group decision-making process is the level of accountability and time commitment required.

Building a team to produce a video is important, particularly for health practitioners from outside the community who must gain familiarity with the place, people, history, culture, and geography of a community. It takes time to build the rapport, confidence, and clarity about what needs to be included in the video. However, the full participation of community and academic partners in video production is what leads to community ownership. For instance, in the URC video project, URC board members emphasized the need to keep *A Bridge Between Communities* positive, without adding to the negative images that have been bestowed on the city of Detroit. Thus, working in partnership with various community members guaranteed that Detroit's strengths, its neighborhoods, and its humanity would be key elements in the video. As such, *A Bridge Between Communities* has served to map community assets, mobilize resources (Kretzmann & McKnight, 1993), and avoid placing individuals or the community in a negative light while still grappling realistically with the challenges faced by many city residents.

It is important to note that initially when engaging CBPR partners in a video project the emphasis should not be the video but the issues the video intends to document. For this reason, a video-maker must participate in various meetings, community events, workshops, and other activities related to the topic that will be documented. Community partners are "at the table" not only to provide the video-maker with historical perspectives and their own interpretive frameworks to understand community life but to make decisions about the video as a feasible and desirable joint project they want to embark on. Only after reviewing written documents and presentations at professional meetings; observing specific projects; and gaining familiarity with the history, philosophy, and program activities should the video-maker request consent to videotape.

Step 2: Soliciting Funding and Informed Consent

Every video project costs something. Thus, it is important to make a budget and timeline that includes paid and volunteer time of all the people involved in the project. Basic costs include (a) equipment to produce the video (e.g., a mini-digital video (DV) camera, television with VCR, tripod); (b) mini DV and VHS cassette tapes, (c) extension cords, lighting, and microphones (these can often be obtained on loan from local university film & video departments; (d) time and technical expertise in editing (may also be provided by local universities, arts academies, schools, private businesses, and/or community partners); (e) professional editing to be negotiated at an hourly rate (U.S.$25 to $30 per hour) for final editing of the project.

Another vital consideration is obtaining informed consent from any person interviewed oncamera. Similar to conducting a research project, video-making has ethical dilemmas to address up front. In another visual arts project, Wang and Redwood Jones (2001) pointed out the ethical dilemmas that arise with the use of photovoice, a participatory health promotion strategy, to document community health. "If a participant were to take a picture of someone without permission, even though the person did not appear to have any objection, his or her privacy would be violated, raising the possibility of retaliation, which might compromise participant safety" (Wang & Redwood Jones, 2001, p. 565).

Projects using video as part of the research process itself need to follow the guidelines set by the internal review board of the institution sponsoring the project. *A Bridge Between Communities* used footage from events

September 1999	Jan.	Feb.	March	April	May	June 2000	July	Present
Preproduction →	Production →			Postproduction →		X Video Release and Distribution		

- **Preproduction: (1)** Engaging stakeholders: URC video subcommittee named as coproducers of project work together to brainstorm ideas for feasibility, goals, audience, and locations. Production team visualizes the story to tell. **(2)** soliciting funding and informed consent: First author obtains equipment, gathers sources of footage, obtains necessary clearances and permissions, creates shot list, and schedules individual and focus group interviews.
- **Production: (3)** Creating shared ownership: shoot video, label and log tapes. Conduct on- and off-camera individual and focus group interviews with guidance of video production team. **(4)** building cross-cultural collaborations: shows raw footage to URC board. **(5)** writing the script together: review all tapes several times to identify themes, begin writing process with video production team feedback, prepare "paper edit," write and rewrite script based on feedback from video production team.
- **Postproduction: (6)** Pulling it all together—editing and music selection: schedule editing time with technical adviser, address music copyright issues, conduct additional interviews as needed, film additional visuals as needed; prepare rough cut for feedback, work side by side with professional editor to fine tune for master tape. The URC board approves final video draft May 2000. The video *A Bridge Between Communities* was released June 2, 2000, Raleigh, North Carolina, at the Community Health Scholar's Program Annual Conference.
- **Distribution**: Copies distributed to URC board members and policy makers within the city of Detroit. Video shown at professional conferences and community meetings across the country. Free copies sent upon request to all interested viewers. Manuscript about *Video-Making Using Principles of CBPR* is drafted with production team as coauthors.

FIGURE 2 ***A Bridge Between Communities*** **Video Production Timeline**

where the video camera was invited in, and included photographs from prior community gatherings. Every participant who was interviewed oncamera signed an informed consent form agreeing to be videotaped.

Step 3: Creation of Shared Ownership

Lack of clarity of authorship and credit for a video, publication, or other creative work may hinder a video-making partnership following the principles of CBPR. A video made following CBPR principles aspires to build community capacity and has clear communication and guidelines about ownership. As partners in the production process, community members should be involved in decisions about submission of papers and invited to collaborate as coauthors. Furthermore, a video made following CBPR principles is one in which there is joint agreement on access and location of video footage and other materials. Ultimately, the video belongs to the community of engaged partners that produced it. *A Bridge Between Communities* was produced in collaboration with URC board members who were coproducers of the video project and coauthors of this article. The URC production team wanted to create a video that made apparent the full spirit, politics, and passion behind their work. However, there were differences of opinion over how the URC story could best be told, for example, whether to bring an outside professional spokesperson to narrate the story of CBPR efforts in Detroit. After some discussion, the production team reached a consensus that, to deliver a clear message about the strengths and challenges of CBPR, the video would present the story with a narrator from the com-

STILL PHOTO 3: MAGGIE FLOYD
"Community often gets said without having any real meaning attached. . . . It's important to bridge the gap between communities and universities to find that shared trust, vision, communication, and most of all what everybody really wants: respect." (Maggie Floyd DeCarlo, former Village Health worker and deputy director, Butzel Family Center)

STILL PHOTO 4: RICARDO GUZMAN
"If you want to come in to work in this community you are going to have to agree that you will participate with us. We are going to know what you are doing, how you are doing it, who you are doing it to, where the data is going to be kept, and that we have access to the information and outcomes that will be created out of the information you gather in our communities." (Ricardo Guzman, executive director, Community Health and Social Services Center)

munity itself. This community-based narrator had inside knowledge of the issues involved in CBPR projects and could give the "real flavor" of Detroit. Discussion and collaborative decision making about how to best portray the key ideas within the video, as illustrated by this example, help build the sense of shared ownership that is central to CBPR.

Step 4: Building Cross-Cultural Collaborations

The United States is, perhaps more than any other industrialized country in the world, distinguished by the size and diversity of its racial/ethnic populations (Smelser, William, & Mitchell, 2000). The complexity of video-making using principles of CBPR emphasize local relevance, and attention is paid to the social, economic, and cultural conditions that influence health (Schulz et al., 1998). Thus, in communities where cultural diversity is a reality, the video-making process will acquire a multicultural characteristic as it follows the principles of CBPR. For professionally trained researchers, White or otherwise advantaged, privilege is one of the most important and difficult arenas in CBPR to address, as it, in part, defines who we understand ourselves to be (Chavez, Duran, Baker, Avila, & Wallerstein, 2003). To look internally at privilege conferred due to race, income, education, sexual orientation, gender, or institutional affiliation forces all partners involved in the video production process to consider how privilege permeates how they approach everything they do.

The commitment to cross-cultural collaboration and the achievement of a multicultural partnership was considered to be a major indicator of success by members of the URC. *A Bridge Between Communities* illustrates a variety of interests and tensions present in multicultural settings. For example, the video represents enhanced cross-cultural ties between African American and Latino communities as an important product of the partners' collaboration on CBPR projects. Board members note that historical relationships between organizations—for example, conflicts based on competition over scarce resources or in cultural differences—can act as barriers to change. Furthermore, the insularity of different areas of the city can also be a challenge for organizations interested in networking or building coalitions. Collaborative efforts, such as creating a joint video, can offer a mechanism for building multicultural networks.

Step 5: Writing the Script Together

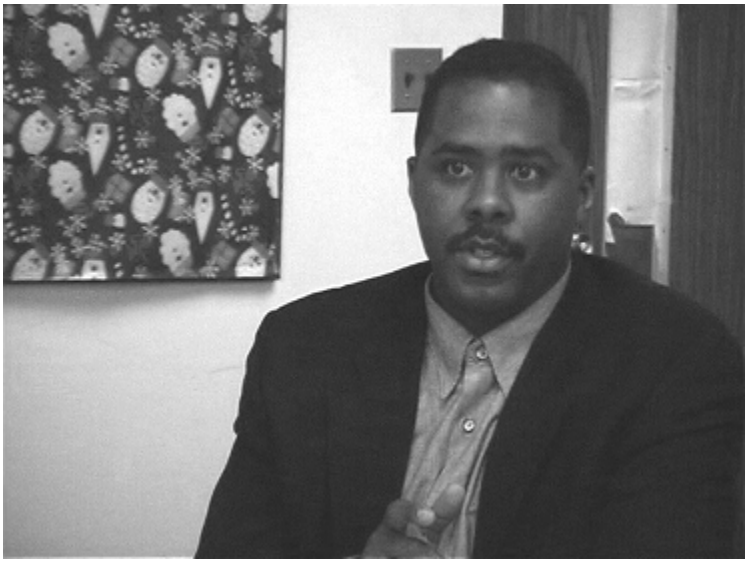
The use of video as a tool in CBPR raises concerns common to all participatory projects. Issues about credit and ownership, editing decisions, and shared artistic control are likely to be raised throughout the process. Such issues are present in all collaborative efforts, and the challenges are no less when the product is a video. Although many community members may not have expertise in the technical/artistic aspects of making a video, they are experts in community life, and this knowledge is critical to the participatory process. For example, during the production of *A Bridge Between Communities*, there was a portion of raw footage that, artistically speaking, was quite engaging. However, the video production team noted that even though the scene appeared entertaining, the person videotaped was not representative of the community of URC-affiliated projects. After some discussion, the production team made a decision that this footage not be used in the final video. Although a difficult editing decision, the team's commitment to the principle of CBPR that emphasizes partnership equity, empowerment, and involvement of community members in all major phases of the research process (Schulz et al., 1998) helped the group honor the different perspectives they each brought to the discussion. Willingness to be flexible, to listen, and to respect each other in the process of making difficult decisions is central to the CBPR process.

Step 6: Pulling It All Together—Editing and Music Selection

A total of 12½ hr of raw footage from the city of Detroit, URC board meetings, presentations at professional meetings, and community events were videotaped. In addition, field notes from participant observations and written documents from the URC were collected and analyzed to identify emerging themes regarding the CBPR process. The process of identifying themes was detailed and lengthy, involving close review of all taped footage and listening for repeated topics. Some themes identified through participant observation and document review were not initially videotaped. Therefore, additional scenes were shot purposely to capture these themes and ensure the balance of gender, race, and organizational affiliation reflected in the community. As a result of this process, the 12½ hours were first reduced to 1 hr of footage necessary to develop a script and then further edited to 30 min. Final editing was done in partnership with an external consultant, a local professional visual artist with experience in various editing systems and able to reshoot video as necessary. This interdisciplinary partnership provided opportunities for people from different disciplines to come together, create common agendas, and bring new resources into the CBPR process.

Given that videotaped images have a propensity to "go out of style," it is important to select music with a timeless quality that could potentially maintain the relevancy and contemporary character of the subject. Furthermore, copyright laws must be reviewed to determine the necessity of obtaining copyright clearance for the music selected. Under Article 107 of the U.S. copyright laws, use of copyrighted material is permitted under the following conditions: (a) the use of copyrighted material is for nonprofit and educational purposes only; (b) only limited portions of entire copyrighted works are used; and (c) the video is intended for educational exhibition only.

The soundtrack for *A Bridge Between Communities* was chosen to adhere to these conditions and to reflect the rich multicultural musical traditions of Detroit. A fusion of short excerpts from music that reflects the Motown sound associated with Detroit, and parts of the song "Maria Maria" from the award-winning Santana (1999) album were chosen to reflect the cross-cultural relationships, high energy, and enthusiasm Motown music represents in the American psyche. The selection of music that highlights the key themes of respect, collaboration, and sense of community that are central to CBPR is a critical component of the video-making process.



STILL PHOTO 5: ALEX ALLEN
"Now it is coming unconsciously to me as I make decisions to think about how its going to affect the African American community and also how its going to affect the Latino community. We should not assume that we are the same just because we are African Americans and Latinos, and allegedly we are 'minorities.' " (Alex Allen, former director, Butzel Family Center)

LESSONS LEARNED: IMPLICATIONS FOR HEALTH PROMOTION PRACTICE AND RESEARCH

The use of video as a tool in CBPR can expand health promotion efforts with culturally appropriate methodology that may be especially relevant for visual learners. Music and pictures are filled with meaning and as such can easily cross bridges between communities with action, faces, people, and places. Video has the potential to open communication and promote dialogue. Its images, sounds, and music can motivate and inspire. New partners from the visual arts fields can provide the artistic and technical skills that appeal to multiple audiences such as government agencies, foundations, researchers, health practitioners, community coalitions, and youth culture. Working with new partners means mutual learning and sharing resources, all essential aspects of CBPR. Video editors, for example, are experts in design and form. Their skills can enhance the capacity of health educators, who have content knowledge, and community members who are experts in their own communities. In addition, the organizations that participate in video production can further disseminate their work and enhance their capacity by placing video clips on their Web sites as a way to share information about their activities (see www.sph.umich.edu/urc).

Health educators and the communities in which they work can benefit greatly from training in the theory and

practice of using visual arts (photography and video) as tools for research and communication. One of the challenges of our field is to recognize the innovation of video as a tool in CBPR and to understand that visual arts and music can be essential competency areas of well-rounded programs in health education and health promotion. Infusing visual arts into health promotion research and practice will contribute to powerful and compelling programs aimed at improving family and community health.

The fusion of CBPR with the arts and technology can be a creative asset for inquiry, as well as an exciting tool to publish results and disseminate research findings. As a tool for research and evaluation, the process of video-making can provide data to increase knowledge and understanding about a given phenomenon. Video has the capacity to document outcomes and processes, lessons learned, and challenges faced with images from real-life scenarios. Similar to working with a tape recorder in qualitative research, video can be helpful to document and share key themes in an iterative process. In addition, a CBPR video can be an excellent complement to written evaluation reports and publications. Finally, video can provide a mechanism for disseminating results in a way that is accessible and engaging to participants and to multiple audiences. Racial and ethnic groups that are often underrepresented in the media, as well as in academia and health promotion practice, can be seen functioning in a leadership capacity. This in itself can serve as an important teaching tool regarding community participation and empowerment.

VIDEO STILL 6: SCHULZ & ISRAEL

"I hope we can also continue to learn what CBPR principles really mean and understand them in different ways as we work together." (Amy Schulz, assistant research scientist, University of Michigan)

"You have to be willing to be flexible. You have to be willing to minimize your control needs. You have to be willing to listen, and in a lot of instances, you have to be able to unlearn how you were taught. . . . (We) have been trained in ways to operate that are really contrary to what CBPR is all about." (Barbara Israel, professor, University of Michigan)

Limitations

Video as a tool for CBPR has its limitations and poses various ethical dilemmas such as those outlined by Wang and Redwood-Jones (2001) in reference to similar visual assessment projects. For instance, video-making may lead to invasions of privacy; as a result, participants may be hesitant to be frank in front of the camera, or shy and self-conscious when they see their image played back before their peers or a larger audience. Therefore, taking the time to go beyond obtaining informed consent is crucial. Building trust and making project goals transparent from the beginning is fundamental. It takes time to build the trust and respect necessary for community-owned, truly collaborative, respectful partnerships that promote health and social change. At the time of the video production described here the URC had been working together for 5 years.

Video has the ability to make a point with sounds, images, and stories that may be more dynamic than written words. Video producers should guard against the potential for video to be shallow and superficial because of the amount of information condensed in the product. Every minute of video seen may represent hours of video footage and production unseen. Every minute of video costs in terms of time and effort. This raises further concerns of cost and time challenges of a group editing process. Nevertheless, editing decisions about what to present and what to omit and who has the power to be part of these decisions, is part of CBPR—no matter what the medium.

Although digital technology has become more accessible to low-income communities, there continues to be a digital divide between low- and high-income communities that remains to be overcome. Without access to media resources, generous visual artists who want to work with a group, and accessible editing equipment, a video project of good quality may remain a dream to community groups in low-income areas. In addition, even low-cost video production is not completely accessible to all community members, specifically those who are vision or hearing impaired. Last, given that video copies do not yet experience the same extensive distribution as written products, this lack of access may be another limitation of the use of videos.

CONCLUSION: SUGGESTIONS FOR FUTURE DIRECTIONS

Health educators can play a critical role in bringing together the necessary partners and resources to successfully produce a video following a participatory process in video production. Such video-making within the context of a CBPR project can document and present the places, people, and community issues face-to-face and close-up. Through filming, collaborative planning, and editing processes health educators can record and reflect on the assets and concerns of the communities in which they work. Video-making can promote critical dialogue and produce shared knowledge that can be disseminated to policy makers, funders, public health practitioners, researchers, students, community leaders, and other critical audiences. Video combines music with visual images to communicate a mood and synthesize complex information. By adding visual culture, rhythm, and emotions, CBPR can be represented in all its richness and complexity in a way that is more inclusive than written documents. Images allow our field to make statements that cannot be made with words alone. A combination of words, images, and music enlarges our consciousness and the possibilities for health promotion research and practice.

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