Video & Animation Health Content for Citizens: The Challenges for Content Producers

Notes of meeting, 14 July 2016, 4-5pm (UK time) by Skype

Participants: This was an internal meeting for respondents to the mHIFA survey and mHIFA working group members. 4 out of 5 respondents and 10 working group members participated. (see full list below)

Dennis McMahon opened the meeting, welcomed participants and gave a brief introduction to the survey and draft report. The draft report is available separately and is currently being worked on for publication.

Laura then gave a 20-minute Powerpoint presentation of the findings. The PPT is available separately.

Dennis then introduced the discussion, which was facilitated by Neil Pakenham-Walsh with Chris Hagar taking notes. The main points emerging from the discussion are summarised below.

The three key issues are:
1. Content development and distribution
2. Evaluation
3. Funding

1. Content development and distribution

Content development
Translation is a challenge. Currently translating videos in India – study to test effectiveness.

Subjects not covered
Lots of gaps. There appears to be little if any content on:
NCDs
HIV/AIDS and STDs
Family Planning
Mental health
Adolescent health
First aid.

The gap in First Aid is being addressed by the Red Cross.

Is there one coherent library that maps out what areas have been covered and what are the gaps? HealthPhone aggregates/distributes many videos but is not comprehensive.

Distribution
Anecdotal evidence suggests that content dissemination can be massively greater than numbers suggested by web downloads.

Diffusion can be remarkable. Videos can be placed on YouTube, where they can be watched by as many as 232 countries and territories. 200 countries viewing every week.

Videos go where the need is, people find them and process carries forward.

Videos can and are distributed widely by large NGOs such as Save Children, Doctors Without Borders.

One project reached 500,000 health workers.

Preloading content
Preloading of content onto phones before sale has been proposed by Neil and others. However, it is unknown whether preloading would lead to an increase in the use of content.

Updating content
Updates are expensive and time-consuming. Edits have been made and latest versions sent out to networks e.g. HIFA.

Can update videos on YouTube. Good to have tight control on who loads videos so can inform about updates.

Ben - It is less expensive to update animations. Have made variant versions specific to different countries e.g. malaria procedures may change.

Open access
Giving open access helps and hurts! Open access is key.

2. Evaluation

It was noted there are several aspects, eg:

1. Evaluation of the potential usefulness of content / apps (eg Geoff Royston's traffic light system)
2. Evaluation of process (eg number of downloads)
3. Evaluation of impact on knowledge and practice/behavior
4. Evaluation of impact on health outcomes (eg lives saved)

Funding for evaluation: value for money is a key issue.

There is perhaps a conflict between the imperative to distribute as widely as possible and the need to evaluate impact.

Videos may be narrated in 15 languages and go to multiple different users. This presents big challenges in measuring impact.

Evaluation of diffusion/dissemination is challenging: How to track people using and to trace dissemination? How many people are reached by a single download?

The ideal is to measure impact in terms of health outcomes/lives saved. In practice this is very difficult. It is often not even possible to measure the proximal indicators of knowledge improvement and changes in practice/behavior.

It is important to connect with and have a conversation with users to see how the information has been used and how it has made a difference.

However, this can be achieved through when the producer partners with a training body – you can then know if you have an impact with specific healthcare groups. And you can have direct access to healthcare groups.

Funders request: Dissemination numbers and impact on changes in health outcomes. Outcomes applied by funders – very specific in a biomedical model. Working on aggregating qualitative data: quotes, experiences and anecdotes using Outcomes Mapping.

The Red Cross App has analytics built in, can tell if people are clicking through and watching the videos and engaging in other content. Useful for determining what works and what does not.

3. Funding
Funding for content development (and for evaluation) was recognized as a major issue. Funders demand evidence of impact, especially on health outcomes, and value for money.

Conclusion
It was noted that it was useful for content producers to exchange experience in this way as there is no other forum for this purpose.

Actions
1. Chris, Neil, Dennis and Laura to write up and distribute notes (above).
2. Laura and Chris to consider potential for publication in a peer-reviewed open-access journal
3. Neil & Dennis to explore potential with Omar for a second webinar with a lead presentation by Omar/Red Cross.

Some unanswered questions
What more can HIFA do to raise awareness of the challenge of content producers?

What more can HIFA do to advocate to funders and mobile handset manufacturers to invest in health video content for producers?
Do we have any quantitative data on downloads/distribution?
Do the respondents have any formal or informal evaluation materials that they could share?
What are the main gaps in terms of language?
It was noted that choice of subject area is often driven by donor, rather than by need. What can be done to ensure that topics meet actual needs rather than donor priorities?

An additional question from Neil
What is the evidence for and against preloading all mobile phones with essential health information? Would people use it if it came preloaded? If saturation can be achieved through self-uploading, then preloading might be unnecessary. But what is the likelihood of achieving saturation through self-downloads (one suspects this is very remote): for example, what percentage of individual countries populations has actually proactively downloaded the Red Cross First Aid? Or, put another way, if one were to look at 100 random mobile phones in (say) Nairobi, how many of them would include the First Aid app? (one suspects less than 1%)

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