

* **Researches in Progress**

A Workshop for audiovisual on health: a report of an experience

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Abstract

This paper details the emergence of the "VideoHealth Workshop - From Idea to Argument" promoted by VideoSaúde – a Fiocruz Distributor, in which is addressed the process of making audiovisual on health, focusing on the conception moment of the production thematic proposals. As the videos about health, the Workshop brings the institutional location mark of "where is talking". Thus, it begins with a presentation of VideoSaúde Distributor: its history from its creation in 1988, principles of action and structure; the space where the workshop emerges. In terms of an audiovisual production proposal, this has attracted a diverse range of professionals from health and communication areas. There is a search for understanding the logic of building an audiovisual document and transform an idea into a moving image production proposal. In its six full issues and in other modalities, VideoHealth Workshop has trained about 150 professionals from different Brazilian regions and social groups, mostly placed in the Unified Health System, which elected the audiovisual as a communication practice for the dissemination of information on health.

Keywords: Audiovisual; Communication and Health; Videos Production; VideoHealth

History and Modalities

The "VideoHealth Workshop - From Idea to Argument" appeared in 1996 to curb the indiscriminate demand for institutional activities videotaping, particularly based on teaching and research, which resulted in tapes accumulation on the shelves in the collection of VideoSaúde – a Fiocruz Distributor¹. Built in 1988 during Sergio Arouca's tenure as president of the Foundation, originally known as Núcleo de Vídeo². In 1992, the brand VideoSaúde – a Fiocruz Distributor is registered in the INPI and also in the Ministry of Culture.

Fiocruz Distributor (*Distribuidora Fiocruz*) emerges as a space of capturing, keeping and storage, distribution/circulation of audiovisual materials on health produced by Fiocruz, other institutions and independent producers. With its projects and partnerships, VideoSaúde aims to expand and strengthen - within the Unified Health System (SUS) – the communication practices that enable the dialogue and the knowledge exchange.

Assuming these purposes, VideoSaúde strives to contribute to the promotion and distribution/circulation of audiovisual production on health. A valuable strategy refers to the National Exhibition of Videos on Health, which had its last edition in 2008 and circulates through health, education and cultural events in different Brazilian states, extending itself issue by issue. In this context, it stands out the incorporation and the management of the Fiocruz hallmark to VideoSaúde. The hallmark was created in 2008 and aims to encourage the work of independent producers from either financing or acquisition edicts. In late 2009, seven titles were released funded by the 1st Edict which 2,500 copies have been distributed by Fiocruz Publisher.

Among the studies, research and reflection on audiovisual production and communication on health, VideoSaúde rely on the Center for Audiovisual Studies on Health - NEAVS, which promotes regular meetings, seminars and workshops with researchers and/or professionals from production and communication areas, where today, is incorporated the workshop of audiovisual production: "VideoHealth Workshop - from Idea to Argument".

To ensure a minimum quality, the service involved the mobilization of logistics production such as transportation, technical staff and equipment (camera, light and sound). This batch of tapes was not seen even by those who demanded the tapes. This type of institutional requirement ended up bringing about the impossibility of simultaneous service in the demand for video production that were presented as implementation proposals, as well as proposals with source funds previously set.

The team found that this type of random demand for video recordings indicated a requirement: the prior establishment of a production proposal. And the need to provide subsidies for health professionals focused on formatting production proposals, considering the trajectory of VideoSaúde, which since its inception in 1988 develops production and distribution activities, became plausible the task of providing subsidies for professionals health, aimed at formulating production proposals. Anyway, the Workshop proposal does not present the production of canonical models, despite its quite varied institutional experience, including publicity videos embedded in the institutional marketing strategies.

The program consists of minimum visual language elements and guidelines for the production organization (stage, staff and schedule). Participants receive forms for a critical reading of videos collection that address the topic they intend to propose, in addition to a scheme designed to develop production proposals. In the end, it is intended that participants have developed a process of sensitization of the look, moving from a position of passive consumers of audiovisual production in everyday life to that of proposing new initiatives for production. Your understanding of production as a collaborative process, which is part of the development stage, is indispensable. We believe that the motivation of the team will depend on this joint coveted by the workshop, partly because the team's work may be compromised with other productions.

The Workshop had its premiere in 1996, as a discipline of the Specialization Course in Information and Health at Escola Nacional de Saúde Pública Sergio Arouca (ENSP-Fiocruz). Since 1998, it began to be performed in VideoSaúde with a workload of forty hours (10 days x 4 hours) in the form of a refresher *lato-senso* course, free, having been held regularly since then. Likewise, the Workshop was held in Recife, in Fiocruz unit (CPqAM – Centro de Pesquisa Aggeu Magalhães) in 2005. In 2011, the Workshop will have its sixth edition.

The workshop VideoHealth is also held concisely as part of the production of videos on health topics in which the Distributor is the co-producer. In these cases, before the production process, the Workshop is an opportunity for health technicians provide, along with the production and direction team, thematic approach proposals. Workshops were carried out for the production of videos about leprosy, health surveillance, occupational health and, in 2010, in collaboration with the Secretariat of Health Surveillance (SVS) and the Ministry of Health, were conducted thematic videos on Chagas Disease, Visceral Leishmaniasis, Schistosomiasis, Diarrhea and Natural Disasters.

Another form of initiation in audiovisual production, providing audiovisual language elements and technical guidance (camera, lighting, sound and editing), enables participants to operate the equipment for the implementation of institutional initiatives, which may include the recording of their own videos. Such Workshops were held in the City Department of Health (Project 'Health Observatories') and at the Medicine College - UFRJ (Department of Clinical Medicine - Occupational Therapy Course) - to Fiojovem members and undergraduates of the project *VER SUS* from UFRGS, in Rio.

Moreover, it also appears as a discipline in other courses in health area, as the Refresher Course on Ethnographic Cinema, Image and Qualitative Health Research from the Institute of Scientific and Technological Information by Oswaldo Cruz Foundation (ICT / Fiocruz).

The goal is to provide, from an idea taken from each participant (communication and/or health professional), tools for its transformation into subject and argument, transmitting proposals to the audiovisual professional for the realization of themed videos on public health.

Thus, it provides grants to participants to develop proposals for production, technical supervision and its implementation monitoring, considering the needs and resources from the sectors/partner institutions, in case of VideoSaúde, a Fiocruz Distributor participation as a co-producer. The built proposals also may be submitted to companies and/or producer entities, regardless of VideoSaúde participation as a co-producer. Each proposal will require a specific formatting of achievement, such as approach, genre (documentary, fiction, drama-doc or animation), staff, technical infrastructure, budget and schedule.

Giacomantonio (1981) distinguishes the levels of care caused by the image: (1) instinctive (what is seen at the same instant that the image appears), (2) descriptive (analysis of the image elements),

(3) symbolic (abstraction of the elements contained in the image). The VideoHealth Workshop restricts itself to the descriptive level of attention.

Assumptions

The Workshop considers the audience as a starting point for the development of audiovisual production proposals. Therefore, it moves away a linear model of communication, which only transmits information from one transmitter pole, holder of all knowledge, to a receptive field, the audience, who knows nothing, neutral, in blank. It is not about the clear target audience definition only. The audiovisual may be intended for different audiences at different tracks and at different times. The enjoyment of audiovisual can happen in different spaces, also simultaneously with an also diverse audience: from the priority audience to the general one. Therefore, it is necessary to define an initial strategy for video distribution, which involves setting a schedule and a budget for the step after the completion of a video - the distribution.

The audience as a starting point of a project can also mean to include it in the proposed audiovisual production. It is, in addition to information generator, also a potentially receiver, pointing to patterns of communication that takes it, through the dialogue, as part of the communicative process, requiring an understanding of its context: history (experience) of life, socio-economic, environmental and educational situation, housing and places of work, age, cultural expression, political struggle, religious and community life, living with injuries, relation to public health system and its place of speech. It is essential to give visibility to objective information and to subjectivity, your expression in everyday life (Ali, 2009). The access to the quantitative and qualitative data requires the use of techniques of data collection and field research, as in all communicative processes.

However, the reality knowledge and the relationship between professionals and the population should be understood in an "uneven construction of knowledge". Vitor Valla (1998) draws attention to the difference in knowledge:

"Perhaps the concept of equality between professionals and population contains the idea that popular knowledge copies the professionals. If the reference of knowledge is the professional, this complicates the other's knowledge arrival. The knowledge of the population is drawn on the concrete experience, on existence, distinct from those of professionals. The professional offers its knowledge because he judges the population wisdom poor and, therefore, inferior, when in reality it's just different". (p.14)

Population is very close to the health professional: it is part of the Unified Health System constitution. This is not about to include it in the proposals for video production on health: it already integrates them. Proposals of communicative processes, which assume the dialogue, identify the parameters of a reference frame in SUS (Araújo and Cardoso, 2007):

1. Universality: health as everyone's right (like communication)
2. Equity: a differentiated approach for unequal (contexts)
3. Completeness: levels of complexity in health care (spaces for dialogue)
4. Decentralization: assignments distribution (deconcentrated communication)
5. Hierarchy: management at different levels of government (federal, state and municipal) - (differences in legitimacy (competence) of speech)
6. Participation: daily and public control of services (social visibility)

These items and the reporting practices related to them result from moments of transformation on public health in the late '80s and early '90s, marked by intense mobilization of Brazilian society (population, health professionals and managers). During the history of this society formation, it must be highlighted the VIII National Health Conference (1986), the Constituent Assembly (1988), the Organic Law of Health (Law No. 8080/90) and the Law of the Boards of Health (Law No. 8142/90) (Pitta, 1995).

In this sense, it is proposed the inclusion of these SUS parameters, related to communication models, for making videos on health:

1. Contextualize the video proposal in the project/program performance on health;
2. Communication as a social practice of production, expressing the intention of the applicant;
3. Communication products carry the hallmark of social and institutional context in which they were generated;
4. The videos on health compete with other texts present in the reception

field, like the means of mass communication.

It is also tried to point to the limits and the possibilities of these videos on health. The video on health should not be an end in itself, that is, it does not substitute the substantive activities (actions, programs, etc.), but are integrated into those during its production and *use*; so that it should not be understood only as a means of information transmission, because there is an owner/generator core of information opposed to a completely neutral receptive field. The construction of knowledge can emerge from the encounter of technical information from health professionals along with the public/reception field experience of life/everyday, which should be as much as possible, the starting point for the development of video projects on health.

An Introduction to Film Language

Aiming to raise the look awareness at audiovisual appraisal, the VideoHealth Workshop has elements of film language, assisting participants to identify, in the existing production of the subject, and during the workshop, in the transformation of their initial ideas into proposals for videos on health, the tricks that can camouflage communicative intentions.

Once it all began with the photographic film (Niemeyer Filho, 1997), a film history is briefly presented, highlighting the existence of the audiovisual on health history and the permanence of the language film even in popularizing the use of new audiovisual technologies (digital cameras and other micro-devices, Internet ...). By the way, says Gerbase (2003), "the latest digital experience is nothing more than an obvious offshoot of that train arriving at the station" (p. 54), referring to the theater's founder movie, in 1895, "The arrival of the train at the Station" ("L'Arrive d'un train en gare de la Ciotat"), by Lumière brothers.

In the Workshop, the film language gathers technical terms for communication uniformity among audiovisual professionals. In the 20s arose the idea that if the film "says" something, the film is a means of communication, a language (Aumont, 2003), which supposedly took shape in 1929 with the sound film ("talking pictures"). Combining technical and language, the Workshop offers equipment (camera and sound) for participants to exercise, together with technicians, elements of the film language. Some of these elements are: **decoupage; plan; taken, sequence, sequence-shot; movements from/in camera.**

The **argument**, in other words, a story summary and some specific details about the events, scenarios, locations and characters, is the last element to be developed by participants from the initial idea presented by them. In the Workshop it is defined: (a) subject (what?), (b) objective/justification and audience (why and to whom?), and (c) argument (how?).

From the argument, the script is developed - a literary and descriptive text - a professional audio-visual activity that could meet the production proposal of health professionals, which should be quite clear in its arguments. Being an activity of the audiovisual professional, the script is not developed during the VideoHealth Workshop but later, as the next step after proposals preparation, searching to translate the proposals in full for video production on health.

Videos Reading Guide³

Workshop participants receive a plan for a critical reading of videos on health. The videos are selected from the collection of VideoSaúde - Fiocruz Distributor, prioritizing titles about production ideas presented by them at registration stage. Organized in groups, after the viewing and discussion, they present their analysis to other participants, according to the following items:

. *Who says: who made ??the video (author) and characters*
Filmmakers and producers (credits)
- *Is the video part of some health program/action or research project?*
- *If the production is independent, can the video be used in any health program/ action?*
- *Through whom does the video "speak"? (characters, narrator, public figures, authorities, health professionals etc.).*

2. *What does it say: theme/content*
- *Which subject?*
- *What is the information concept?*

3. *Why does it speak: proposal/objectives*
What characterize the video as part of a health program/??action?
Communication objectives: to transmit or share information, change or introduce new behaviors,

raise awareness, stimulate debate, diagnose, etc.

4. *To whom is it speaking: proposed relationship to the audience*

Who is the audience and its expected/imaginary reaction

- Proposed relationship: positions and distances

5. *(From) where does it speak: physical/institutional/social space*

Is there any interest in geographically and socially location?

Is given emphasis to specific environments? (home, school, office, work, etc.)

6. *How does it speak: duration, genres, expressive features etc.*

7. *Other commentaries: (for example, it does what was intended to)*

8. *Possibilities for video use*

The Process of Making Documentaries on Health

During the course it is presented the steps that a video implementation proposal would have to pass, from its creation to the audience contact: (1) project (theme, purpose/audience and argument); (2) pre production; (3) production (capturing images and sound; (4) post production (editing); (5) distribution (strategies). The Workshop adapts to the video production the division of production stages presented by Rodrigues (2002), referring to the film production.

It is worth mentioning that the VideoHealth workshop is geared to the first stage (project), which also has exercises in budgeting and scheduling planning, which could influence the definition of purpose/audience and argument.

Each production step count on the involvement of different professionals: (1) project: proponents, production coordinator, health professionals (technicians, teachers and researchers), screenwriter and director; (2) pre production: director, production coordinator, executive producer and assistant (production and direction); (3) production: director, production coordinator, executive producer, assistant e technicians (camera, light and sound); (4) post production: director, production coordinator, editor, assistant and other hired professionals (soundtrack, translation/locution and computer graphics/ animation); (5) distribution: proponents, production and distribution coordinators.

Considering the calendar and the institutional activities, for the schedule of production proposals for videos on health it is applied the plan like any other schedule: activities planning at different stages (pre, production and post) in weeks (production) or months (projects), distributed in items (argument, resources releasing, script, preparation, recording, editing, monitoring and approval, distribution ...)

It is also proposed the preparation of two budget types allocated to different profiles (staff and sponsor). For the staff, and inside it the executive producer, managing the production, it could be prepared an analytical budget provision, detailing the cost of all items: research, script, direction, executive production, assistant (production and direction) , camera operator, illuminator, sound operator, editor, editing room, airfare, accommodation, equipment transportation, musician (track), computer graphics/animation, etc... The budget summary brings together the analytical budget items, demonstrating the financial resources necessary to enable the production: production costs (staff, equipment and other expenses), travel/lodging, location transportation, third party services (soundtrack and computer graphics), etc.

To share responsibility and ensure the correctness of any possible technical information, the Workshop proposes the establishment of groups of professionals responsible for the approval of thematic videos (on health) and which participate in the stages of production, namely: **Monitoring Team**, present in the final version of the proposal, script (if any) and 1st edition and which comprises the proponents, health technicians, content advisory, production coordination (VideoSaúde- ICICT/Fiocruz); **Approval Team**, active in the final editing and distribution, composed of health professionals and VideoSaúdeFiocruz/ICICT; and the **Content Advisor**, which advises the production, ensuring the technical correctness and may participate in field recordings, working with the director, during interviews orientation. The health professional in this area must be included in the Monitoring Team.

Final Considerations

The moving image occupies in contemporary society an important place in the production of knowledge in which through the adoption of technological resources, permits to nullify the distances, and the inequalities of access. A new information society is being structured and demanding a new policy of access and rights. However, it is undeniable that the expansion and the easiness for placement strategies, the advancement of information technology and communication, the immediate access and rapid obsolescence of equipment require a constant renewal of the technical procedures in place in storage spaces, action policies and investment of resources. The changing landscape of technologies for the moving image, especially digital, causes continual adaptation of services and programs. In fact, the collections of moving image made the places of custody and manipulation much more fragile, expensive and difficult to maintain.

The audiovisual memory preservation on health, the expansion of access modes and the diversity of audiovisual production proposals on health are the primary actions of VideoSaúde.

As an audiovisual production proposal, the workshop has attracted a diverse range of professionals from health and communication areas. There is a search for understanding the logic of building an audiovisual document and transform an idea into a moving image production proposal.

In its six full issues and in other forms, the VideoHealth Workshop trained about 150 professionals from different Brazilian regions and social groups, mostly placed in the National Health System, which elected the audiovisual communication as a practice for the dissemination of information on health.

The Workshop generated proposals for production that have materialized in videos made ??with the involvement either of VideoSaúde or other commercial producers: Life Doesn't Stop (leprosy), co-production with SMS-RJ; Poisoning the Life (pesticides), with CESTEHE / ENSP-Fiocruz; a video fiction series Health Surveillance (fiction videos: It's Enough!, While The Cat Sleeps, John - The Painter) with the Department of Health Planning-DAPS/ENSP-Fiocruz and the production for local use towards to with young people about violence, held by CLAVES / ENSP-Fiocruz (Jorge Careli Latin American Centre for the Study of Violence), as a commercial producer.

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Notes

1 Among the modalities of Videosaúde distribution are the decentralized of video libraries implantation (9 video libraries and others in implementation phase) and the broadcast of VideoSaúde programs created for University of Rio de Janeiro TV - UTV, which are then displayed on Feevale / RS TV, on Minas Saúde Channel (covering over 800 municipalities), Channel Saúde TV / OI TV, Florianópolis TV / SC, UFPR TV, and for productions undertaken by the partnerships e.g. SVS / MS, Casa de Oswaldo Cruz, City Health Department and Civil Defense of Rio de Janeiro, Cebes, UnB, among others.

2 Throughout its 23 years, VideoSaúde received three names: Núcleo do Vídeo (1988-1996), Departamento de Comunicação e Saúde (1996 - ???), Serviço de Produção e Distribuição de Audiovisuais em Saúde-SPDAV (2007 - 2009) and finally, the brand VideoSaúde - a Fiocruz Distributor in 2009.

3 The forms of the VideoHealth Workshop were developed by Homero Teixeira de Carvalho and Janine Cardoso Miranda (Videos Reading Guide and Preparation of Proposals for Video Production in Health).