



Finding What Works:
**Developing a Research Agenda
to Measure the Impact of
Entertainment Education on
Policy Behavior to Advance
Global Health**

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U.S.-produced TV shows have a substantial, and growing, global reach. For example, the long-running CBS soap opera, *The Bold and The Beautiful*, is viewed on a daily basis by an estimated 350 million viewers in some 110 countries (Kenney, 2009). A recent survey reveals that *The Bold and The Beautiful* is the most watched soap opera among the 66 countries sampled. The same survey found that *House* was the most watched dramatic series on TV in these countries (Médiamétrie, 2009). These data lend credence to Hollywood's nickname of "Planet Hollywood" (Olson, 1999). Given the popularity and wide reach of U.S. produced shows, it is clear they hold great potential for providing compelling and educational global health stories that can impact people's lives.

Despite the widespread reach and appeal of U.S.-produced entertainment programs, there is surprisingly very little research on the effects of these shows on overseas audiences and even less on their effect on U.S. policymakers. In an extensive review of literature, Huang et al. (2010) identified a meager 14 studies which addressed the impact of global health topics portrayed in U.S. television on American audiences, and only six studies that examined the impact of U.S.-produced television programs with health storylines on overseas audiences. Furthermore, all the reviewed studies examined the influence of health storylines on changes in individual knowledge, attitudes, and behaviors. Not one of them analyzed the impact of U.S. health storylines on policy change, although there is evidence to suggest that this is possible.

Making an impact in government: Law & Order: SVU¹

Hollywood, Health & Society facilitated a consultation between CDC and EPA experts and the writers of *Law & Order: SVU* for an episode called "Loophole" which aired on February 6, 2007. The episode began with investigators receiving photographs of a little boy in his underwear which they assumed to be child pornography. The photographs turned out to be data from a chemical company's test of the effects of an unregistered pesticide the company was spraying in an apartment building. As a result of repeated exposure to the pesticide, the young



boy developed "cancer in his blood." According to the storyline, there was a loophole in federal regulations that protected the company from prosecution and damage awards, but the detectives bluffed their way through a confrontation with the head of the company who agreed to pay the child's medical bills. Soon after the episode aired, the Environmental Protection Agency (EPA) responded to the show's storyline by publicly posting their reactions on their Web site. The storyline also spurred environmental advocacy organizations to circulate an email promoting the show, and to organize viewing groups comprised of individuals and families of children who had been exposed to pesticides.

Our Purpose

On February 18-19, 2010, HH&S held a workshop entitled: “Developing a Research Agenda to Measure the Impact of Entertainment Education on Policy Behavior to Advance Global Health.” The goal of the workshop was to address the paucity of scholarship on the impact of U.S. entertainment television’s health storylines on audience members and policymakers, both within and outside the U.S. This report to the Bill & Melinda Gates Foundation by Hollywood, Health & Society (HH&S), a program of the USC Annenberg Norman Lear Center, proposes a research agenda to assess the impact of Entertainment Education (EE) globalⁱⁱ health television storylines on policymakers with the explicit purpose of sustaining or increasing U.S. funding for global health programs. The mandate provided to HH&S is closely aligned with HH&S’ mission: to harness the power of entertainment education narratives by working with Hollywood television writers to ensure accurate portrayals of critical global health topics such as HIV/AIDS, tuberculosis, and malaria, and to help increase the frequency with which these sorts of topics appear in television, film, and new media.

Mass Media and Global Health Policy

The central questions to ask for our purpose are: *How is policy behavior influenced?* and *What motivates public officials to make policies, allocate funding, and pass legislation?* Within these core questions, several more targeted and specific questions were identified: What kind of evidence — real-world indicators, statistics, graphs, polls, and numbers — do policymakers find compelling? Who do policymakers respond to — the mass media, the voting public, campaign supporters, influential peers, or others? What moves a policymaker to take action — an emotionally-compelling story, a just cause, a catastrophic event, an issue that is up-close and personal, or perhaps something else?

Our interest lies in how the portrayal of global health issues in U.S. entertainment media can influence public policy and provoke action to prevent disease and fight poverty in developing countries. Evidence exists that the news media influences viewer opinion and actions. For example, a study by Kenny (2009) suggested that each additional minute of nightly news coverage of the Asian Tsunami on U.S. television networks increased on-line viewer donations by a whopping 13 percent (Kenney, 2009). The American people and the U.S. government contributed over \$2 billion for relief for the Asian Tsunami which in late 2004 claimed the lives of 226,000 people and left millions homeless. According to Reuters, the American response to the 2010 earthquake in Haiti will surpass the Asian tsunami relief, despite a struggling economy, unprecedented government deficits, and millions of unemployed Americans.ⁱⁱⁱ The response to these disasters is a prime example of how the media's agenda setting process works. By choosing to cover certain issues, by telling the people what issues they should be thinking about, the media shapes public opinion and the nation's policy agenda (Singhal & Rogers, 2003). However, policy can also be influenced in unplanned and unexpected ways, as illustrated when Fred Rogers was invited to testify in front of the U.S. Congress.

Mr. Rogers Goes to Washington

In 1969, Fred Rogers of "Mister Rogers' Neighborhood" appeared before the U.S. Senate Subcommittee on Communications. He spoke to Senator John Pastore about funding for PBS and the Corporation for Public Broadcasting. The following is an excerpt from their conversation:

Rogers: We made a hundred programs for the EEN—the Eastern Educational Network—and then when the money ran out, people in Boston and Pittsburgh and Chicago all came to the fore and said, we've got to have more of this neighborhood expression of care. And this is what, this is what I give. I give an expression of care every day to each child, to help him realize that he is unique. I end the program by saying, you've made this day a special day by just your being you. There's no person in the whole world like you and I like you just the way you are. And I feel that if we in public television can only make it clear that feelings are mentionable and manageable we will have done a great service for mental health [...]

Pastore: Well I'm supposed to be a pretty tough guy and this is the first time I've had goosebumps for the last two days.

Rogers: Well I'm grateful, not only for your goosebumps, but for your interest in our kind of communication. Could I tell you the words of one of the songs which I feel is very important?

Pastore: Yes.

Rogers: This has to do with that good feeling of control, which I feel that children need to know is there. And it starts out--

What do you do with the mad that you feel? And that first line came straight from a child. I work with children doing puppets and very personal communication with small groups.

What do you do with the mad that you feel? When you feel so mad that you could bite. When the whole wide world feels oh, so wrong... And nothing you do seems very right?

What do you do? Do you punch a bag? Do you pound some clay or some dough? Do you round up friends for a game of tag? Or see how fast you go?

It's great to be able to stop. When you've planned a thing that's wrong, And be able to do something else instead.

And think this song.

I can stop when I want to. Can stop when I wish. I can stop, stop, stop any time. And what a good feeling to feel like this. And know that the feeling is really mine. Know that the feeling is deep inside. That helps us become what we can. For a girl can be someday a lady, And a boy can be someday a man.

Pastore: I think it's wonderful. I think it's wonderful. Looks like you just earned the 20 million dollars.

[laughter and applause in the room]

The Research Agenda-Setting Process

The February 18-19 workshop in Santa Monica was attended by 26 carefully-selected participants including representatives from MTV Networks International; creative talent from Telemundo; academics, scholars, and practitioners of Entertainment Education from the U.S., Colombia, India, South Africa, and Nicaragua; research methodologists and social marketers; officials from the World Bank, the White House Drug Czar's Office, UNFPA, the CDC, and HH&S (See Appendix A for a list of participants).

Three weeks prior to the workshop, 13 participants with past experience in the evaluation of EE programs were asked by HH&S to respond to the following two questions:

- (1) What are some key dilemmas and challenges you have faced in your implementation and assessment of Entertainment Education programs, and what are the top three challenges or dilemmas that you would like to see discussed in this workshop? We invite you to articulate the challenge or dilemma in a sentence or two.*
- (2) What, in your opinion, are the three most promising directions, practices, and methods in program assessment to gauge the influence of Entertainment Education health programs on policy-making and resource allocations?*

The written responses of these participants were collated and organized by theme. Issues identified as being especially salient or pressing to the workshop's mandate were included in the workshop agenda (See Appendix B).

The workshop co-facilitators (Arvind Singhal and Sandra de Castro Buffington) challenged the workshop participants and themselves, to align, where possible, the form of the workshop with its substantive content. They emphasized, "As believers and advocates for accurate and engaging global health storylines, let us attempt to cast our research agenda for entertainment education's impact on global health policy in engaging ways."

The workshop format consisted of a combination of short lectures and presentations, facilitated conversations with Hollywood producers and scriptwriters, storytelling for insight and provocation, and iterative group work focusing on understanding what influences policymakers, what counts as compelling evidence, what are the challenges and opportunities posed by studying the intersection of EE and global health policy, and what might be some unconventional, out-of-the-box ways of addressing them. Participants were also asked to address the growing trends of watching TV online and utilizing transmedia platforms, and consider how EE practitioners and researchers might design research to better capture these emerging phenomena.

Toward a Research Agenda

Most past research in the field of Entertainment Education and health topics has overwhelmingly privileged "impact evaluations" – that is, measuring individual-level change in knowledge, attitudes and practices (KAP) among a target audience. Our purpose was to propose systemic frameworks to assess the influence of global health storylines on policy-making and on resource allocations.

Accordingly, our deliberations before-during-and after the Santa Monica workshop have been distilled in the form of several sets of topical research propositions to study the direct and indirect^{iv} influence of global health content in entertainment programs on policymakers. Some of our propositions are exploratory; others are more concrete. Some are calls to research;

others are calls to action. We have organized our propositions to assess the programmatic influence of global health storylines on policy change around five thematic sets:

Research Proposition Set #1:	Charting and Engaging the Policymaker With Performance
Research Proposition Set #2:	Connecting, Leveraging, Bridging, and Glamorizing
Research Proposition Set #3:	Expanding, Scaling, and Transmediating
Research Proposition Set #4:	Engendering Mediated Participatory Democracy
Research Proposition Set #5:	Acknowledging the Imperative of Humility

Research Proposition Set #1: Charting and Engaging the Policymaker With Performance

Several propositions for research and action were identified to chart the terrain of U.S. policymaking, and to engage policymakers through research-based, and performance-based strategies.

Charting the Policymaking Terrain

Guiding questions included the following:

- (1) Who are key decision-makers at the national and state level with interests in global health? Where do they stand on global health issues? What legislation, health initiatives, and ideas have they championed or opposed?
- (2) What does the policymaking network look like? Who is connected to whom? Who are the connectors?
- (3) Among members of Congress who holds the most influence? Who are the key influencers of these decision-makers -- spouses, donors, interest groups, NGOs, corporations, military, and others?
- (4) What TV shows are policymakers watching?
- (5) What are they saying on the floor with respect to issues of health in global, national, and local contexts? What are the patterns reflected in their stories and discourses?
- (6) What are policymakers doing right with respect to global health policy? How might these individuals be recognized? Should an award be established for Outstanding Policymaking Contributions to Global Health?

Data Sources and Indicators

- (1) What might be some *data sources* for the above mapping: Key informants on the Hill, Congressional records, Visitor Logs, the *Roll Call* newspaper, CSPAN coverage, *Congressional Quarterly*, Google Analytics, and other relevant resources.
- (2) What might be tracked and/or searched? TV show mentions, championed causes, personal (or near family) connections to health issues; topics being tweeted from the Offices of Members of Congress, how their constituencies are responding to those tweets.
- (3) What might be some *process indicators* of policy change? Bills co-sponsored, hearings conducted, speeches from the floor; and degree of media buzz.

- (4) What might be some *impact or outcome indicators* of policy change? Votes cast on an issue; amount of funding allocated; unhooking of 'bad' [from the perspective of public health] requirements such as funding of abstinence-only programs; implementation of programs, and delivery of aid.

Engaging the Policymaker With Performance

As the example of Mr. Rogers' testimony in Congress demonstrated, how one engages the policymaker, whether in real (face-to-face) or reel (mediated and virtual) formats, can make for a goosebump-inducing experience. Doe Mayer, a USC Film School Professor and Writer, emphasized in our workshop after the film on Mr. Rogers' testimony in the U.S. Congress, "What Mr. Rogers shows us is that performance not only counts to influence a policymaker, performance is it. If the argument is that entertainment works, we have to show it."

The strategy of using performance to engage policymakers is illustrated in the following case study of Jim Grant, the charismatic Executive Director of UNICEF from 1980 to 1995.

"Madam Prime Minister, does Priyanka have a Growth Card?"

How to enlist the personal and political support of key policymakers for global issues concerning the health of children

In the early-1980s, under Jim Grant's leadership UNICEF launched the Child Survival and Development Revolution (CSDR), riding on four available, simple, and low-cost technologies (acronym GOBI): G for growth monitoring to detect under-nutrition in children; O for oral rehydration therapy to treat childhood diarrhea; B for breast feeding; and I for immunization against the six childhood diseases (tuberculosis, polio, diphtheria, tetanus, whooping cough, and measles).

As part of his global advocacy for CSDR, Grant personally met with more than 100 Heads of State in the 1980s to enlist their personal and political support. His meetings were "scripted performances," backed with painstaking research on the policymaker and the state of children's affairs in their country. Sitting with a prime minister, a president, or a king, Grant would keep his message simple and pockets full. While tea was served, he would pull out a packet of oral rehydration salts and say: "Do you know Madam Prime Minister that this costs less than a cup of tea and can save hundreds of thousands of children's lives in your country." He would make things personal. How many of your 14 grandchildren are immunized? Does your granddaughter, Priyanka, have a growth card? In 1984, he persuaded Belisario Betancur, President of Colombia, to back a national vaccination campaign by knowing that Betancur grew up in a large family in which several of his siblings died young.



Amazingly, the 1990 CSDR goal of immunizing 80 percent of the world's under one-year olds with vaccines against the six major child-killing and crippling diseases was realized, up from a meager 20 percent a decade before. An estimated 50 million children's lives were saved during the decade of the 1990s; and an estimated 20 to 25 million during the decade of the 1980s, when the Child Survival and Development Revolution was launched^{vi}. What lessons can one learn from Jim Grant's strategic, research-driven, personalized, and performative approach to enlisting the support of policy-makers?

Research prospects

This strategy offers real research possibilities. For instance: What are the best practices in charting, messaging, and using performance to engage policymakers in global, national, and local contexts?

Research Proposition Set #2: Connecting, Leveraging, Bridging, and Glamorizing

Several propositions for research and action were identified to connect, leverage, and bridge individuals, institutions, and interests between Hollywood and Capitol Hill, and to identify opportunities for alliance and movement building on global health topics. The role of celebrities and their popular appeal was broached to bring social causes, entertainment, and policymaking together.

Connecting, Leveraging, and Bridging

- (1) Given that global health is a multi-dimensional issue with multiple agencies and partners involved, which organizations are key for HH&S to make strategic alliances with in the spirit of synergy and movement building? Which existing alliances can be tapped for bridge-building and greater leverage?



Surgical Safety Checklist Reaches Millions Through *ER*ⁱ

In July 2008, Hollywood, Health & Society brought renowned surgeon and writer Dr. Atul Gawande to meet with the writers and producers of the show *ER* to discuss the World Health Organization (WHO) Safer Surgical Care initiative. We asked Gawande, "If you could reach millions of viewers in an hour with three key health messages, what would they be?" Gawande recounted a dramatic story of a girl falling into a frozen lake to convey how something as simple as a checklist—in the complicated world of medical care—can help save lives. According to the WHO, the checklist can reduce surgery complications by half. What resulted was an hour long episode featuring the long-awaited return of former cast member George Clooney as Dr. Doug Ross, along with fellow series originals Julianna Margulies (as Ross's wife, Carol Hathaway), Eriq La Salle as Dr. Peter Benton, and Noah Wyle as Dr. John Carter.

Adding to the star power of the show was Oscar-winner Susan Sarandon as a guest star. In a dramatic scene, Dr. Benton uses the surgical safety checklist to save the life of Dr. Carter during his kidney transplant procedure. The episode aired on March 12, 2009 and was viewed by 10.8 million viewers.

- The day after the episode aired, 150 surgeons at a major medical center in Brooklyn, NY gathered to watch the episode and discussed adoption of the surgical safety checklist at their hospital.
- HH&S Director, Sandra de Castro Buffington, received a request from the National Health Quality Control Program for the country of France (Haute Autorité de Santé (HAS)), who planned to use the clip for their annual stakeholders meeting on hospital accreditation and surgical safety.
- The Quality/Performance Improvement department of the Cedars-Sinai Health System in Los Angeles called HH&S to ask for permission to use the video clip to educate their surgeons.
- Shortly after, Dr. Gawande presented the *ER* clip at the World Health Assembly in Geneva to Ministers of Health from around the world to encourage adoption of the checklist.

- (2) How can one involve policymakers in the work of Hollywood or of HH&S? How can the HH&S web-site, resources, and services become a resource for policymakers?
- (3) How might HH&S bridge the distance between the Hill and Hollywood? What happens when Hollywood comes to the Hill for "Global Health in Lights," an event that HH&S held in Washington D.C. on March 24, 2010? What happens when the Hill comes to Hollywood? Can the distance be bridged virtually? Would sending web links of excerpted Hollywood shows (e.g. an excerpt of mother-to-child HIV transmission on *Grey's Anatomy*) to the Chief of Staff of Members of Congress, when a health topic or bill is under discussion have an impact on the outcome?

ER Informs Discussion of the Patient Navigator Act¹

Entertainment Education approaches have been shown to influence policymakers while reinforcing key messages in national communication campaigns. For example, Hollywood, Health & Society connected *ER* writers with Dr. Harold Freeman, Director of the Ralph Lauren Center for Cancer Care and Prevention. The episode, "Refusal of Care," aired in April 2005 on NBC. The resulting storyline featured an elderly African American woman who was reluctant to receive treatment for an advanced stage of cancer. Although initially hesitant in conversations with doctors, the patient, Mrs. Graham, chooses to open up to a cancer survivor who is her "patient navigator."



This storyline had a positive influence on committee members who had seen the storyline and told their colleagues about it. One congressional staffer noted that "members of Congress are besieged by pleas for action...so anything that can cut through the clutter is useful. They are real people, too. They watch these programs. I think they do have an impact." While no direct link can be made from the episode to the passage of U.S. law HR 1812, the Patient Navigator Outreach and Chronic Disease Prevention Act, congressional staffers used clips of the episode to raise awareness and a storyline discussion occurred in a Congressional committee meeting before the Act was signed into law.

- (4) What might be the benefits of HH&S arranging to take a small group of self-selected Hollywood producers and scriptwriters of shows with high global reach on field trips to developing countries so that they can first-hand experience the locale, the health problems in a real context, the real stories of real people and come back better-equipped to more sensitively handle such health topics.
- (5) How can Hollywood-produced TV shows, which have HH&S input and incorporate a health storyline, be synergistically connected with existing, on-the-ground social change networks? Workshop participant, Srdjan Stakic, a consultant with UNFPA, emphasized, "How can we put into place a system that can provide information

about the broadcast schedule of Hollywood programs with global health storylines in countries where they are syndicated for broadcast? Such an accessible database, perhaps developed in cooperation with local broadcasters, could allow thousands of Youth Peer Network members and over 500 partner NGOs in over 40 countries to promote the viewing of the program, including discussions on the relevance, salience, and efficacy of the global storyline in local contexts of understanding.”

Glamorizing: Where Causes, Entertainment, and Policy Meet

Hollywood celebrities and performers bring glamour and attention to social causes, and represent the potential to influence policy. Research prospects in this realm may include:

- (1) What best practices exist among entertainment celebrities at the global, national, and local levels? To find out, draw from examples such as Bono and Angelina Jolie, who are staunch advocates of global health and well-being, who champion causes in public appearances and performances, who serve as goodwill ambassadors for important causes, and who have the means to enlist the support of politicians and civil society leaders to promote global health.
- (2) What are the relative merits and potential pitfalls of using local celebrities to advance national and/or local health issues? For instance, the Youth Peer Network in its work in over 40 countries purposely promotes local music celebrities, involving them as facilitators of peer education sessions. Celebrity involvement significantly boosts attendance in peer-education sessions. In fact, it is not uncommon to witness several hundreds of youth waiting in line for a peer education session when local celebrities are featured.

Research Proposition Set #3: Expanding, Scaling, and Transmediating

Several propositions for research and action were identified to expand, scale, and strategize for the use of transmedia storytelling platforms. Guiding questions include the following:

- (1) How does one take a core entertainment product, for instance a scripted show, and spin it in numerous ways in different media, different genres, to create a magnifier effect? The premise here is that transmedia storytelling, by bringing in fresh media content on different platforms, can help multiply the effects of EE health storylines for viewers, users, players, or any combination thereof, creating greater public awareness and policy buzz.
- (2) How might one strategically expand outreach to writers and producers of new media programming to cross-promote key TV storylines across a wide range of genres, programs and media channels for comprehensive and integrated multi-platform messaging on global health?
- (3) What might HH&S do to stimulate richer and deeper interactions between viewer segments and the available transmedia platforms (e.g. website links, webisodes, on-line PSAs, call-in hotlines, and fan communities)?

- (4) How can global health issues and topics be cross-promoted strategically in the genres of news, entertainment, and reality programming? For instance, an HIV/AIDS clip on a television show can be provided to a local news channel in advance, allowing for tie-ins with the commendable work of a local HIV/AIDS charity.
- (5) What might be the value of packaging compelling and gripping global health storylines as short video clips, so as to trigger classroom discussions in medical schools, public health programs, and courses in social work, community development, and health communication?

Research Proposition Set #4 Engendering Mediated Participatory Democracy

Several research and action propositions were identified to promote wider public participation in, and support for, global health topics, and to make elected representatives more accountable to their constituents on matters of global, national, and local concern. To illustrate the possibilities of mediated civic engagement and unleashing participating democracy, we turn to the case of Citizen Juanita in Colombia. In 1988, when Mayoral elections were being held in Colombia's 1018 municipalities, each candidate received a letter from a young fictional school girl named Juanita. On a page torn from her notebook, Juanita wrote, "I am Juanita, you do not know me, but ...My mother says that you are going to do a lot for us... and children like me... We are lacking schools, clean water, food, and health. Our problems are many but there are easy solutions that don't need much money, only that you want to do them. I cannot give you my support yet, but you can give me yours." Juanita had laid out a public challenge to the thousands of mayoral candidates, asking what they would do for her locally, and how their plan was better than their local competitors.^{vii} *"I cannot give you my support yet, but you, yes, you can give me yours"* became the slogan for this campaign and was reproduced and repeated in all the communication media -- the main newspapers, all radio networks, private and public television stations. Radio and television spots, featuring Juanita, were crafted to orchestrate public consciousness so that voters would choose the mayoral candidate who would best serve children in their municipality. The Juanita campaign was instrumental in mobilizing the public, policy, and media agenda for the causes of Colombian children. Not surprisingly, Colombia was one of the first few developing countries which in the 1980s met its immunization target of 80 percent coverage for children under the age of five, up from 20 percent a decade earlier. Although this campaign took place in Colombia, the case study served as an important discussion point during the conference because it illustrated how compelling narratives, even when based around a fictional character, can mobilize real change at the policy level.

Research and action prospects

What research and practice implications does the Juanita experience in Colombia hold for influencing global health policy?

- (1) Can mass media interventions such as the Juanita case make democracy deliver on its promises by holding elected officials accountable for citizen's rights, environmental sustainability, the well-being of the planet and its people?

- (2) What might be some mass-media best practices in making global and national level issues meaningful in local electoral platforms?
- (3) When policymakers are publicly challenged by children, do they tend to respond with a higher degree of accountability and responsibility? What strategic implications might such a child-driven messaging have to obtain the ears of policymakers, and for them to respond to a publicly-issued challenge?
- (4) What benefits accrue when a Juanita-type experience is strategically tied to an upcoming event or opportunity?

Research Proposition #5: Acknowledging the Imperative of Humility

In the workshop discussions, the notion of researcher humility was repeatedly emphasized, given the scarcity of foundational literature on the topic of global health storylines and policy change. Additionally, humility was called for in acknowledging the many gaps that exist in our current understanding of the topic, so that one could strategically fill those gaps in the literature.

Gaps to Map

- (1) Given the limited number of storylines on U.S.-produced television about global health and global health policy, how could we map these gaps, and address them with emerging and innovative EE research methodologies?
- (2) How could one design and carry out a comparative research project to study the differences in the impact of the same show and/or storyline on the policymakers or constituents of two different countries?

What Counts? How to Count Better?

Workshop participants invoked Albert Einstein's famous refrain several times: "Not everything that can be counted counts, and not everything that counts can be counted." There was consensus that research methods employed should be both culturally sensitive and should involve triangulation of data, research paradigms, and perspectives.

A need was identified to develop new measures of exposure to entertainment programming that account for various transmedia storytelling channels (e.g., television, online web exposure, mobile updates, and other emerging forms of media). For instance, participants stressed the need for more robust measures to assess how actions like "contacting someone about global health" or "seeking more information" might be tracked by clicks, time on a web-site, and point-of-referral monitoring as opposed to simply relying on self-reports. A need was identified to be sensitive to, and to develop where possible, "cultural scorecards" – metrics that have meaning for local constituencies as opposed to pre-determined, close-ended questionnaires that lack local contexts of understanding and meaning-making.

A Reverence for Non-Linearity

Workshop participants when bogged down by reductionist analytic frames of conducting research openly acknowledged the non-linearity associated with dynamic social change processes. They noted that even small, organic events can have unplanned yet sizeable and far-reaching policy consequences, as the following case illustrates.

On September 16, 1978, the thirteenth day of the Begin-Sadat-Carter negotiations were taking place at Camp David. The long, arduous negotiations for peace in the Middle East had all but broken down. Host and peace broker, U.S. President Jimmy Carter, saw the writing on the wall: Israeli Prime Minister Menachem Begin and Egyptian President Anwar Sadat return home empty-handed. Years later, in *Keeping Faith: Memoirs of a President*, Carter (1995, p. 408) recalled the events of that fateful day:

Earlier, my secretary, Susan Clough, had brought me some photographs of Begin, Sadat, and me. They had already been signed by President Sadat, and Prime Minister Begin had requested that I autograph them for his grandchildren. Knowing the trouble we were in with the Israelis, Susan suggested that she go and get the actual names of the grandchildren, so that I could personalize each picture. I did this, and walked over to Begin's cabin with them. He was sitting on the front porch, very distraught and nervous because the talks had finally broken down at the last minute. I handed him the photographs. He took them and thanked me. Then he happened to look down and saw that his granddaughter's name was on the top one. He spoke it aloud, and then looked at each photograph individually, repeating the name of the grandchild I had written on it. His lips trembled, and tears welled up in his eyes. He told me a little about each child, and especially about the one who seemed to be his favorite. We were both emotional as we talked quietly for a few minutes about grandchildren and about war.

A Leader, a Grandfather!

In his memoir, Carter outlines, how within an hour or two of his emotional conversation with Begin, the Israeli camp broached a conciliatory gesture and the negotiating teams returned to the table. The next day, on September 17, 1978, the Camp David Peace Accord was signed for which Sadat and Begin later received the Nobel Peace Prize.

Who knows whether or not the Camp David Peace Accord would have been signed if Carter had not personalized photographs for Begin's grandchildren? And, who knows whether or not Begin's negotiation frame experienced a shift as his moist eyes stared into the future of his own grandchildren?

However, what might be surmised from Carter's narrative is that *when an issue becomes up-close and personal, or when it really hits home, a policymaker can become increasingly mindful about the consequences of their actions, tilting the frame of contention into one of resolution.* Narratives have the power to dramatize and underscore what is at stake.



Conclusion

Scholarship on the impact of U.S. entertainment television's health storylines on individual audience members and policymakers, both within and outside the U.S., is scarce. Moreover, existing research in the field of EE and global health has overwhelmingly privileged "impact evaluations" – that is, measuring individual-level changes in knowledge, attitudes, practices (KAP) among members of the target audience. Responding to these gaps in the literature, the present report crafts a research agenda to assess the impact of global health storylines on policymakers so that U.S. funding for global health programs can be sustained or increased.

Addressing the gaps in research requires scholars to continue building on effective traditional approaches while also conceptualizing theory, methodology, and practice in new and innovative ways. The setting of a research agenda to measure the impact of EE on policy behavior does not mean abandoning evaluations that study the influential effects of global health portrayals in the media on individual-level changes. Rather, it calls for a broadening of scope – to include a systematic mapping of the policy terrain and the various ebbs and flows that shape it. This terrain is constantly shifting, shaped by individual constituents as well as connectors in the policymaking networks of Washington and beyond. Influential connectors can be found in a policymaker's staff, or "off the clock" as policymakers are informed about what's relevant on television or in popular culture through their friends or family members. (And even policymakers themselves must watch entertainment television on occasion!) Connectors can also include civic leaders and members of nongovernmental organizations. Whether through indirect or direct exposure to television storylines, the media landscape and the cascade of discussions evoked and provoked by dramatic narratives have the powerful potential to shape policy.

The convening of leading scholars and practitioners in the fields of EE and global health at workshops in Santa Monica led to collaborative and generative discussions. The groups began by first reflecting on the lessons learned through past projects dealing with global health. Although it was clear from an extensive review of the literature that there were many gaps, the information found in peer-reviewed publications as well as shared through anecdotal stories provided important groundwork for understanding what has been done and what remains to be done. Reviewing past successes and gleaning lessons from previous work allowed scholars to bridge the gaps, aiming to go beyond boundaries but in a way that is built on careful consideration of feasibility, resources, and relevance.

Our deliberations yielded five sets of topical research propositions to analyze the direct and indirect^{viii} influence of televised global health storylines on U.S. policymakers: (1) Charting and Engaging the Policymaker With Performance; (2) Connecting, Leveraging, Bridging and Glamorizing; (3) Expanding, Scaling, and Transmediating; (4) Engendering Mediated Participatory Democracy; and (5) Acknowledging an Imperative with Humility. Some of these propositions are calls to research whereas others are calls to action. They have been further delineated with guiding questions in this report.

Because the terms “global” and “policy change” were construed broadly, participants emphasized that the terms were subject to diverse interpretations depending on socio-cultural context. This underscored the importance of defining operational terms and using the five research propositions as directives for systematically advancing research. Within each proposition, specific questions were crafted to guide future research and anchor projects with relevant conceptual frameworks and methodological considerations. Moving forward, this multi-pronged strategy will provide a comprehensive approach to formative and evaluative research studying the relationship between EE, policy behavior, and the advancement of global health.

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ⁱ This case draws upon Buffington (2010).

ⁱⁱ Workshop participants repeatedly problematized the notion of how the “global” is construed and defined. For instance, akin to Hollywood but on a smaller scale, Latin American soap operas are watched all over the world, and there are many regional centers of “global” media production. Further, programs such as *American Idol* have a uniquely hybrid identity (incorporating both global and local sensibilities) in many parts of the world. Further, the expansion of Diaspora communities has led to a rise in the production of Geo-ethnic media: media produced and available globally but adapted to the local.

ⁱⁱⁱ <http://www.reuters.com/article/idUSTRE60Q6QK20100127>

^{iv} We conceptualized the influence of global health storylines on policymakers in two ways: direct influence as a result of the storyline; and/or indirect influence, that is, how individual viewers are influenced by global health TV storylines, who then in their role as activists support policy change.

^v This case draws upon Singhal (2008).

^{vi} See Singhal (2008).

^{vii} This case draws upon Singhal (2008).

^{viii} We conceptualized the influence of global health storylines on policymakers in two ways: direct influence as a result of the storyline; and/or indirect influence, that is, how individual viewers are influenced by global health TV storylines, who then in their role as activists support policy change.

DEVELOPING A RESEARCH AGENDA TO MEASURE THE IMPACT OF ENTERTAINMENT EDUCATION ON POLICY BEHAVIOR TO ADVANCE GLOBAL HEALTH

Santa Monica, CA • February 18-19, 2010

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*Developing A Research Agenda To Measure
The Impact Of Entertainment Education On
Policy Behavior To Advance Global Health*

Doubletree Guest Suites Santa Monica
1707 Fourth Street • Santa Monica, CA • 90401
Phone (310) 395-3322

DAY ONE — FEBRUARY 18, 2010

- 8:00 a.m. Check-in and Continental Breakfast
- 8:30 a.m. Welcome
Martin Kaplan, PhD
Director
USC Annenberg Norman Lear Center
- 8:35 a.m. Introduction
Sandra de Castro Buffington, MPH
Director, Hollywood, Health & Society
USC Annenberg Norman Lear Center
- 9:00 a.m. Keynote Address
Thomas W. Valente, PhD
Professor
Director, Master of Public Health Program
Department of Preventive Medicine
Keck School of Medicine
University of Southern California
- 9:30 a.m. HH&S: Connecting with Hollywood's Creative
Community to Improve Global Public Health
Sandra de Castro Buffington
- 10:30 a.m. Break
- 10:45 a.m. Lessons Learned: Summation of the Literature on
Entertainment Education Approaches for Global Health
Sheila Murphy, PhD
Associate Professor
Annenberg School for Communication & Journalism
University of Southern California
- 11:30 a.m. Discussion
- 12:00 p.m. Lunch on Garden Terrace

- 1:15 p.m.** Perspectives from the Entertainment Industry:
Hollywood & Beyond
Moderator: **Sandra de Castro Buffington**
- Jonathan Greene**
Writer & Co-Executive Producer
Law & Order: SVU (NBC)
- Dawn DeNoon**
Writer & Co-Executive Producer
Law & Order: SVU (NBC)
- Dr. Zoanne Clack, MD, MPH**
Supervising Producer & Medical Consultant
Grey's Anatomy (ABC)
- Cathy Phiri**
Vice President, Social Responsibility
MTV Networks International
- Anjanette Delgado**
Strategic Content & Media Consultant
Former Director of "Community Connections"
Former Writer/Producer for Telemundo
- 2:30 p.m.** Q&A
- 3:00 p.m.** Break
- 3:15 p.m.** Group Discussion: Re-Thinking Research
in Terms of the Impact of Entertainment Education on
Global Health Policy
- Introduction & Story Space
Dr. Arvind Singhal
Samuel and Edna Marston Endowed Professor
University of Texas at El Paso
- 3:25 p.m.** Introduction of *HOUSE: "TB or Not TB"*
Sandra de Castro Buffington
- 3:30 p.m.** Screening – *HOUSE: "TB or Not TB"*
- 4:20 p.m.** Discussion
- 4:30 p.m.** Introduction of four groups concept:
Charting the Uncharted; Milestones & Markers;
Compass & Convergence; Crazy & Creative.
Responses/Safe Space
- 5:30 p.m.** End
- 6:15 p.m.** Meet in Doubletree lobby to walk to dinner

6:30 p.m. Dinner at *Il Fornaio*
1551 Ocean Avenue
(at Colorado, across from the Santa Monica Pier)
Santa Monica, CA 90401

DAY TWO — FEBRUARY 19, 2010

8:30 a.m. Continental Breakfast

9:00 a.m. Day 2 Opening Remarks
Summary and Overview of Agenda Setting Process
Dr. Arvind Singhal
Story Space

9:45 a.m. Breakout Session 1: *Charting the Uncharted;
Milestones & Markers; Compass & Convergence;
Crazy & Creative*

12:00 p.m. Lunch on Garden Terrace

1:00 p.m. Breakout Session 2: Continuation of Breakout Session 1

2:30 p.m. Break

2:45 p.m. Research Agenda Presentations

3:45 p.m. Response Space/Safe Space

4:30 p.m. Closing Remarks and Next Steps

5:00 p.m. End