

Conference Report

**SETTING RESEARCH DIRECTIONS FOR MEDIA LITERACY
AND HEALTH EDUCATION**

A Research Conference held

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**Center for Media Studies
Rutgers, the State University of New Jersey
4 Huntington Street
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**Johnson & Johnson
Center for Substance Abuse Prevention
(HHS Secretary's Initiative on Youth Substance Abuse Prevention)
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Centers for Disease Control and Prevention
American Academy of Pediatrics
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Journalism Resources Institute**

**Visit the Conference's website. The full text of this document can be downloaded
or sent to others, and photos of the conference can be viewed on the site.**

http://www.mediastudies.rutgers.edu/mh_conference/index.html

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Overview

A two-day working conference was held in April of 2000 with leading media education and public health researchers charged with the task of charting future directions for research in media education. The goal of the conference was to identify approaches that should be undertaken to measure the impact of media literacy interventions aimed at health threats to youth, to stimulate descriptive evidence about the growth and nature of media literacy education in the United States and around the world, and to begin to more fully appreciate the complex, interdisciplinary connections between the fields of media studies, education and public health that research about the practice of media literacy demands and inspires.

Background and Context

Health professionals throughout the United States have increasingly adopted media interventions as a way to address a broad variety of health threats to children and adolescents. These approaches take a number of different, but related forms. Social marketing approaches have emphasized the value of using mass media to change perceptions and attitudes around lifestyle choices, including aggressive behavior, alcohol and tobacco use, nutrition, illegal drug use, seat belt use, dental and medical care, and more (DeJong et al. 1992). Exposure to messages that promote healthful lifestyle choices is acknowledged to be a valuable component of substance abuse prevention for children and youth. These approaches gained prominence when in July of 1998, President Clinton unveiled a one-billion dollar plan involving a massive advertising campaign designed to reduce drug use among the nation's youth (White House Office of National Drug Control Policy, 1998).

Because media exposure is widely acknowledged to shape the attitudes, perceptions and behavior of children and youth, a number of educators have used another approach that helps young people to critically analyze the media messages that promote unhealthy lifestyle choices and to also create their own messages using media and technology. Rising in prominence during the 1990s, this approach has been identified with various labels including 'critical viewing,' 'media literacy' or 'youth media production' or 'media education.'

The basic idea is to help young people from unwittingly being enculturated to substance abuse, aggressive behavior, developmentally inappropriate sexuality, or poor nutrition habits that might partly be the result of, or reinforced by, media exposure via television, film, music,

newspapers, magazines, videogames, or the Internet. To carry out media literacy programs, prevention planners must be aware of current media messages, understand the nuances of how these messages may be interpreted, and know how to develop or obtain appropriate curricula. Usually, media literacy programs are delivered locally to a specific group of children or young people in a school, after-school, or community-based setting.

Media literacy initiatives have been generated by a wide variety of educators, scholars and leaders in community-based organizations. Substance abuse prevention professionals and educators, for example, have begun to see the value in promoting critical thinking about media messages, especially through examining the voluminous messages about alcohol and tobacco that directly target young people. In the area of violence prevention, increased funding for staff development through programs like the Safe and Drug Free Schools Act, has led to a considerable increase in the number of health teachers in grades K-12 who have incorporated media literacy into violence prevention education.

In K-12 education, teachers in health education have been joined by colleagues from English language arts, social studies, and the visual and performing arts in including media literacy into the curriculum. Health educators have been substantial leaders in media literacy, especially in the United States, and particularly in the development and implementation of programs targeted to students aged 11 to 13. In addition, the movement towards standards-based education has resulted in a dramatic increase in the inclusion of media literacy into health education curriculum frameworks. More than 35 U.S. states now include media education as part of health education, and addressing such issues as violence, sexuality and body image, nutrition, and substance abuse prevention (Kubey & Baker, 1999) (see reference list for article and for [www](#) links to state standards). West Virginia, for example, calls on students to "analyze media influence on tobacco and alcohol [use] and develop counter-advertisements for peer education." Missouri's health maintenance and enhancement frameworks call on students from grades 9-12 to "evaluate the idealized body image and elite performance levels portrayed by the media and determine the influence on a young adult's self-concept, goal setting, and health decisions."

There has also been a parallel rise in interest in the issue from the academic, public policy and research communities. In 1996, the White House Office of National Drug Control Policy (ONDCP) brought together 75 substance abuse leaders with leading media educators for a day-long briefing about the potential of media literacy as a tool for substance abuse prevention. In 1997, the Center for Substance Abuse Prevention (CSAP) awarded grants to several pilot projects that used analysis of media messages and media production activities in prevention work with young people in schools and communities. In 1998, the Centers for Disease Control and

Prevention Office of Smoking and Health created MediaSharp, a curriculum for analyzing the marketing of tobacco with teens. The U.S. Department of Health and Human Services published curriculum materials advocating critical analysis of advertisements and other media presentations that promote the use and abuse of tobacco, alcohol, and drugs, which was widely distributed to teachers and schoolchildren with support from *Weekly Reader*. A conference of 400 media practitioners, educators, and public health officials convened in 1998 in Colorado Springs at the National Media Education Conference under the banner "Media Education: A Paradigm for Public Health," with support from the Robert Wood Johnson Foundation and the Center for Substance Abuse Prevention among others. In 2000, the U.S. Department of Education, in consultation with the National Endowment for the Arts, began funding pilot projects using arts and media literacy to address violence issues in impoverished communities. Most recently, in June of 2001, the White House Office of National Drug Control Policy (2001) convened a group of leading health educators and media literacy experts, many of whom also attended the Rutgers conference, to identify content and format guidelines for developing and implementing media literacy initiatives in drug abuse prevention (www.mediacampaign.org and click on Teachers Guide).

Media literacy approaches to health prevention are perceived as valuable for a number of reasons. First, health educators recognize the nearly impossible challenge of ever balancing the number of pro-health messages in relation to the sheer volume of potentially negative, unhealthful messages about violence, sexuality, and substance abuse that so dominate the cultural landscape. Second, health educators emphasize the need for young people to "take control" of important decisions in their life by emphasizing communication and problem solving skills, with research documenting that just having knowledge about unhealthful lifestyle choices is not enough to significantly impact behavior (Collins & Cellucci, 1991). This is a primary reason that health educators have emphasized media production experiences as an opportunity for students to construct their own messages. Most significantly, health educators believe that media literacy—as a basic critical thinking skill for life in an information age— can often help transform passive spectators into active citizens who recognize their role in a self-governing democracy.

But despite the increased interest in media literacy in health education and the growth of field-based work in schools and communities, there are only the very beginnings of systematic research and scholarship concerning the impact and effectiveness of media literacy education. There is evidence to suggest that school-based media literacy programs that address alcohol and tobacco industry advertising and promotion can help students engage in skilled, critical evaluations of these messages, increase critical attitudes towards alcohol and tobacco use,

develop more accurate understanding about the actual prevalence of adult drinking and reduce their alcohol use expectancies (Austin & Johnson, 1997). Among the challenges for the future is to find ways that research can support and increase the scope and reach of such interventions so that more youth have the opportunity to develop media literacy skills.

The Structure, Purpose and Goals of the Conference

The conference brought together leading experts in the fields of prevention, public health, and media education with the challenge of identifying the broad conceptual, theoretical, and methodological issues relevant to this emerging field. Laying the groundwork is a critical step towards advancing basic and applied research in the application of media and media education to general educational goals as well as to health threats to youth. The group identified what they believed to be the most critical research questions that need to be answered in the years ahead. A key target audience includes scholars and graduate students in three different fields: health communication (public health), media effects (psychology and communication), and curriculum and instruction (education). These researchers have the capacity to advance knowledge in the field by exploring the range of issues described in this report and contributing new knowledge as the field advances.

The diversity of the conference participants functioned to keep focus on the “big picture” issues. Scholars with expertise in medicine, epidemiology, public health, social psychology, cognitive and developmental psychology, education, health communication, and media studies came together to identify the broad theoretical and methodological issues that must drive any inquiry into the design, implementation and effectiveness of media literacy in health prevention. As a result of the diversity of participants, such research questions included a broad spectrum of concerns, from whether media literacy impacts students’ substance abuse behavior to whether the intellectual skills developed as a result of media education instruction transfer to both general and health education goals.

Before the conference, a packet of readings was made available to help our participants review some of seminal literature. Among the readings that cover issues in the field most broadly were those by Donna Alvermann and Margaret Hagood (2000), the American Academy of Pediatrics (1999), Erica Austin (1995), Gary Kreps (2001), Victor Strasburger and Ed Donnerstein (2000), and UNESCO (1999).

Through structured discussions and breakout sessions, the participants generated research questions, and also considered conceptual and methodological approaches to specific unresolved

questions in the existing research literature on media education, prevention, and health promotion via media. Breakout groups reported back to the full conference on their preliminary conclusions, catalyzing further discussion, and where possible, consensus.

After the conference, Renee Cherow O’Leary, Cynthia Schiebe, and Maire Messenger Davies served as rapporteurs and prepared the preliminary reports on which this final report is based. Participants’ high level of satisfaction was measured through an evaluation tool administered at the conclusion of the conference, where the most frequently mentioned comments concerned their appreciation for the conference as a learning experience. Participants valued the intellectual vitality that results from bringing together people working from different disciplinary traditions for a discussion that is challenging yet respectful. Participants also appreciated the opportunity to break new ground in an emerging field and had high expectations that this area of inquiry would continue to develop over the coming years.

We hope that this report serves to inspire a wide range of inquiry on the efficacy of media literacy as a tool in the health promotion/prevention toolkit and stimulate opportunities for practitioners and scholars to share information and learn from each other. It is hoped that this report may stimulate the design and implementation of more high-quality programs and services that help educators and practitioners reach greater numbers of children and youth.

Conference Themes and Issues

The primary aim of the conference was to identify the needs and appropriate foci for setting a research agenda for media literacy education in health prevention contexts.

We focused on two questions: What do we need to know? How do we get the answers to what we need to know?

The group met over two days, spending much of the second day in one of three small breakout groups, each charged with the task of generating research questions and considering problems and limitations of the existing research literature around three broad areas of focus. The groups were also charged with considering the consistent problems that researchers experience in designing and implementing evaluation research in media literacy and health.

During the first day of the conference, a number of common ground concepts were evident. First, all participants acknowledged that television and other forms of mass media have a pervasive impact on what many individuals think, believe, feel, value and desire. Participants shared specific details about their contributions to the study of media effects on children and youth; it was clear that participants had diverse professional experiences in direct investigation of

the impact of media exposure on the behavior and attitudes of children, adolescents and adults. Conference participants acknowledged that while media influences are difficult to measure, the preponderance of evidence gathered over nearly 50 years is compelling.

Another area of common ground was in recognizing the importance of interventions that limit or reduce the impact of media on youth, particularly in the area of risky lifestyle choices including violence, sexuality, nutrition and substance abuse. We discussed the existing research and case study literature that demonstrate that it is possible to implement programs where youth conceptualize, develop and create substance abuse prevention messages and mass media campaigns. Such evidence, while largely limited to small-scale, experimental investigations in the area of substance abuse prevention, does point to the value of media literacy programs in: 1) developing skills of critical evaluation of media messages; 2) changing attitudes about alcohol and tobacco use; 3) developing more accurate understanding of the prevalence of adult drinking and smoking; and 4) reducing young people's expectation that they will engage in alcohol or tobacco use (Austin & Johnson, 1997; Graham & Hernandez, 1993; Goldberg & Bechtel, 1995). Participants emphasized the need to continue building our knowledge base about the effectiveness of media literacy interventions in a wider range of real-world instructional contexts.

A final area of common ground was realized as we discussed the definitions and conceptual framework of media literacy instruction, with its emphasis on both analyzing media messages and creating one's own messages. Participants were especially interested in learning about the experiences where participants had worked to create opportunities for children and youth to engage in various forms of media production. These included a wide range of experiences, from having adolescent asthma patients create their own videos (Rich & Chalfen, 1999) to working with high school students to create an anti-smoking PSA campaign for their local community.

Areas of debate and lack of consensus among conference participants were also identified during the first day. Two sources of debate emerged and are listed below.

Individual or Environmental Change

- ✓ Some participants questioned the relative emphasis on individual change that media literacy emphasizes as opposed to broader environmental or policy change;
- ✓ Others questioned the relative value of three approaches to media and health prevention: 1) using the mass media to deliver health messages, 2) teaching media literacy, and 3) mobilizing media to change policy and practice, which includes: a) media advocacy, which makes use of public relations to promote social policies or influence industry

practices and b) cooperative consultation, which establishes collegial relationship with decision-makers in the media industry regarding the depiction of health behaviors.

What Outcomes Matter Most?

- ✓ Participants debated whether a focus on behavioral health outcomes was as appropriate as an emphasis on communication skill development outcomes as a measure of the effectiveness of a media literacy intervention.
- ✓ Some participants questioned the relative value of quantitative or qualitative research methods and the emphasis on administrative research for policy development as opposed to program development purposes.
- ✓ Some identified an apparent paradox between teaching young people to “ask critical questions about the media” and an approach to health education which emphasizes the use of social marketing and the delivery of government-sponsored messages to persuade young people not to engage in risky behaviors.

As a result of our first day of discussion, we identified three important themes in our discussion that needed further elaboration and development. We created three small-group breakout groups to explore the following issues:

Contexts: What are the critical contexts where media and health education take place and that need to be better understood? Basic questions included: Where does it happen? Who does it? Who supports it? How is it sustained? Participants felt the need to understand in more detail about how environmental contexts shape the instructional content, as well as how different contexts may influence learning and behavioral outcomes.

Processes: What are the instructional processes in media and health education that need to be better understood? Discussions often emphasized health issues in media literacy education, but the discussions also centered on basic research issues relating to media literacy processes generally. Basic questions included: What is being taught about the mass media? What is being taught about critical thinking and health? How is it being taught? and What are the costs and benefits to different methods of instruction? Participants acknowledged the importance of building a base of research evidence that would help practitioners select among the various instructional methods in order to select and implement the most effective forms of instruction.

Outcomes: What are the critical research problems and questions relating to the measurement of outcomes for media literacy education and for health education that occur via the media?

Discussion emphasized the need to focus on specific outcomes that are most relevant to the goal of helping children and young people develop resistance to unhealthful lifestyle messages represented in various forms of media. Additional questions concerned the measurement and design challenges in developing research that provides useful evidence to practitioners, scholars and public policy experts. Basic questions included: What skills, behaviors or attitudes should be measured? What skills and knowledge do children and young people already have? What is the relationship between knowledge and attitude outcomes and behavioral outcomes? What are the key validity issues in research design for media literacy and health education?

In the final part of the conference, we reviewed the theoretical frameworks that different participants found most relevant to the issues developed in the small group discussions. Finally, we made recommendations about the future of field and the needed next steps to continue momentum and growth.

PART I.

UNDERSTANDING THEORETICAL, HISTORICAL AND ENVIRONMENTAL CONTEXTS

The first set of questions and issues identified were the broadest and most diverse, framing issues of media and health promotion/prevention within an historical, political and socio-cultural context. Participants explored the contexts in which media and health education occur, and identified the multidisciplinary research frameworks that were most relevant to understanding the role of macro-level influences on programs designed to affect parents, teachers, children and youth.

Citizenship and Public Health

Participants acknowledged the relationship between media literacy, health education, and citizenship, recognizing the essential conclusion that media literacy serves the public interest. Critical thinking and analysis of information and issues are at the heart of a representative democracy. Put another way, critical thinking and analysis of the media promote civic health as well as public health. Media literacy is therefore both a civics issue as well as a public health issue. One participant reasoned that, if certain populations are vulnerable to manipulation, to messages emphasizing negative health practices, to media that perpetuate violence and other social abuses, then gaining greater control over one's interpretations via critical thinking is a valuable citizenship skill.

Since the deregulation of the pharmaceutical industry, the tremendous rise in medical advertising has changed communication patterns between physician and patient. With more than \$1.7 billion spent on TV advertising in 2000, (a more than 100% increase since 1998) the industry's "direct to consumer" marketing strategy has been profitable. But according to Lisa Belkin, because of the potential risks inherent in the use of prescription drugs, "viewers should bring a higher level of skepticism to pharmaceutical ads. Instead, there is reason to believe they are bringing less." A study in the *Journal of General Internal Medicine* found that nearly half of respondents believed that drug ads are prescreened and somehow sanctioned by the FDA (Belkin, 2001, 35). With more of the burden of choice of treatments thrown back to the consumer, media literacy approaches can help citizens participate in personal health decisions in a more informed way. Not only should emphasis be placed on the development of individuals' critical thinking

about advertising, but advocacy on behalf of citizen rights in these areas is a desired community response. The continuing education of educators and health care practitioners to enable them to more productively discuss the role of advertising in relation to public health issues with patients is a desired goal, given their essential roles in advancing the health and well-being of individuals.

The Appropriate Locus of Control

Participants discussed the appropriate level at which new approaches gain the most ground. Is it better to build awareness of media literacy through a mass media visibility campaign? Or, as the American Academy of Pediatrics (1999) recommends, will parents be most persuaded by a physician who personally discusses a child's "media history" at the annual check-up (see Rich & Bar-on, 2001 for a discussion of how media education can be done with pediatricians)? What is the best balance between "top-down" and "bottom-up" grassroots strategies for media literacy and health initiatives? A number of participants questioned the dominance of "individual" level emphasis and discussed strategies designed to promote institutional change, especially the use of media advocacy techniques as applied to a range of public health prevention and media regulation issues.

Economic Contexts

Because the predominant model for mass media in the U.S. and many other nations is a commercial one, and since concentration of ownership is more and more the norm, participants discussed questions about the economic relationship between people who create messages and those who consume them. How to study the economic layers in society, looking especially for the roles of wealth and education with regard to the types of messages received and the ability of citizens to respond to those messages?

For example, commercial branding permeates much contemporary media in many parts of the world. Who is the branding for? Does it create an image, for example, for both prescription and over-the-counter brands of medication? How does branding pharmaceuticals affect health care quality and health care choices? Several participants identified the need for new research that would compare and contrast the commercialized models of health communication now in place in the U.S. with non-commercial health information being disseminated in other parts of the world.

Environmental and Ecological Contexts

Participants discussed the relative impact of the specific geographic environment on the value of media literacy as a health intervention. Since the media terrain that people experience in their daily lives is obviously dependent upon their day-to day “real world” culture, participants could imagine how different children would be effected differently by the same media messages or the same media literacy intervention. Participants discussed how it would be possible to compare and contrast, for example, the media environment of an inner city child in New York, a child in rural Massachusetts, or a villager in Mozambique. While media literacy programs and health education initiatives have some commonalities, more comparative work must be conducted to understand how different societies organize, disseminate, and create their media environments (e.g., Alvarado & Boyd-Barrett, 1992; Bazalgette, Bevort, & Savino, 1992; Kubey, 1997; Prinsloo & Criticos, 1991). Questions that deserve further study include: Is it always necessary to customize media messages about health or media literacy approaches to be most effective in given cultural communities? Relatedly, what types of educational approach are effective in bridging groups?

PART II.

UNDERSTANDING INSTRUCTIONAL PROCESSES

While there is a small but growing body of research on the qualities of classroom practice in media education that make it valuable in the development of students' growth and learning (Bazalgette, Bevort, & Savino, 1992; Brunner & Tally, 1999; Buckingham, 1990; Hart, 1998), participants concluded that much was still unknown about the two target audiences of most interest. First, it is important to examine the educators, social service staff, health professionals and others who receive instruction or materials and begin to offer programs of instruction. Secondly, it is important to examine the children, youth, parents and other audiences who receive the program, treatment, or implementation provided by members of the first group. The processes used to build knowledge and skills in work with these two different groups must be recognized in the context of different learning environments. Most importantly, there is a need to document and examine the effectiveness of the many different approaches to instruction used with these populations.

While discussions frequently centered on K-12 education, participants acknowledged that media literacy education occurs in many other contexts (in community and religious settings, by health providers in community-based organization, for example). Participants emphasized the need to generalize the concept of "teachers" and "classrooms" to include a broad spectrum of people who work with learners in many different school and non-school settings.

Likewise, participants emphasized the importance of broadening the conceptualization of media to include all "texts" that carry communicative meaning. Public service announcements, textbooks, billboards and packaging, the Internet, situation comedies, informational brochures, and direct mailings are all forms of mass media that should be part of the instructional context in media education but are often ignored.

While the discussion emphasized health issues in media literacy education, some participants believed that the basic research issues related to media literacy are the same regardless of the content area. Furthermore, a number of participants emphasized that health issues such as violence prevention, sexuality, substance abuse and nutrition may also be approached in language arts, social studies and the fine and performing arts curricula, not only in health.

Definitions of Media Literacy

The first important question that participants recognized as a central need was in narrowing a definition of media literacy within the larger context of the use of media and technology in education. Media literacy instruction is understood in different ways by various practitioners, with some emphasizing “access” issues, such as how to obtain needed information or to “read” the symbolic codes of messages, and others emphasizing “analysis” issues, like identifying point-of-view or subtext. Still others emphasize “creating” messages by emphasizing media production skills. Since all these approaches are part of the concept of media literacy, it is likely that there is misunderstanding about the concept among educators (Hobbs, 1997). Generally speaking, a media literacy approach is likely to involve one or more of the following: critically analyzing media messages; evaluating the source of the information; discussing issues of bias and credibility; raising awareness about how media messages influence people’s beliefs, attitudes and behaviors; and producing messages using different forms of media (Project Look Sharp, 1999).

There is a significant need to identify and describe the content, topics and scope of different curricula, including what materials are being used, and what different theoretical perspectives and approaches are stressed. Based on anecdotal evidence, participants hypothesized that there have been important changes in the definitions and understandings of media literacy instruction over the past 15 years. Understanding the forces shaping this change would be an important contribution to the field of historical scholarship.

Participants shared their experience of meeting people in the fields of education, media, and health who held misconceptions of media literacy. A number of people believe that media literacy means “using media in an educational setting.” When health teachers say they are engaged in media literacy by showing health films, it’s important to examine how this misunderstanding has come to exist. Simply using videos, films, newspaper or magazine articles to deliver information in an educational setting is *not* media literacy, unless there is a corresponding evaluation of the source itself. For example, showing a video about puberty in a health class is not an example of media literacy per se, but including in the discussion an analysis of the video itself — who produced it and their purpose, how that might narrow, bias, or legitimate the information that is presented, whether there are any product placements or promotional messages that reflect who produced it — that *would* be building media analysis skills, which is an important part of media literacy.

In a similar vein, simple subjective evaluations of media messages, asking learners,

“How much do you like or dislike a particular source or message?” does not, by itself, develop media literacy skills. But when discussion includes reflection and analysis of the techniques used to attract attention, how messages are designed to appeal to specific audiences, the reasons that different individuals or groups respond positively or negatively to certain messages, and so forth - that *would* be media literacy.

The same media literacy strategies that are applied to television and film content can be used to evaluate information presented in other forms. From a media literacy standpoint, the effective use of textbooks in a health class or pamphlets in a health care setting should include a critical analysis of who produced or wrote them, when they were written, what illustrations were chosen to be included and why, and what information might have been left out.

As one member of the group put it, as within any discipline or approach, scholars and public policy analysts both need to start by looking at “the way the questions have been phrased.” A variety of useful theoretical perspectives guided discussion at the conference, including theories of agenda setting, critical pedagogy, cognitive development, constructivism, information exposure, social learning, as well as educational theories including Bloom’s taxonomy.

We also discussed recent perspectives that have been incorporated into some media literacy curricula, including positive norms and conflict resolution approaches. Positive norms approaches emphasize the differences between the world as depicted in the mass media and the actual documented evidence about the frequency of various risky behaviors in the real world. Conflict resolution approaches are particularly likely to help avoid violence by teaching interpersonal communication skills and situational problem solving in the context of common relationship difficulties experienced by children and youth. The movement toward “social and emotional” learning and “emotional intelligence” has great potential for integration with media education goals. Indeed, Maurice Elias has employed media literacy approaches in schools where he focuses on social and emotional learning (Elias, et al. 1997).

Instructional Methods Used to Strengthen Media Literacy Skills

As the field grows to include a larger diversity of education practitioners, conference participants asked: What is being taught about media literacy and what methods of instruction are used? This question includes a focus on the variety of environments (back to contexts) where media literacy instruction occurs, as well as who is teaching and how they were trained, and by whom. Participants expressed the need to identify different instructional methods (including role

playing, simulation, lecture, small group discussion, critical viewing, cross-media comparison, reading, media production, and more) as well as whether media literacy is being taught primarily as part of a particular educational discipline or whether it is being taught in many disciplines.

Need for Demographic Information. Participants shared the perception that there has been a substantial increase in recent years in the number and range of media literacy materials available. Most participants had direct experience with a number of different settings in which programs were emerging or established. Still, a key priority for research and one in line with goals set forth in the *context* section — should be to conduct a “survey of the landscape,” a geographic survey that incorporates historical context. For example, while Kubey and Baker (1999) document the number of U.S. states that include media education within current state learning standards, this tells us little about the actual levels of implementation. As one participant put it, “Just because it is in the standards, doesn’t mean that it’s actually being taught.” Such research might begin with documentation of what curriculum materials are being used, including: 1) specific materials designed to teach media literacy, and 2) general curriculum materials (textbooks, videos, etc.) that include activities or information that reflect a media literacy approach to health education.

Participants also recognized the need to be aware of the other information that learners receive from the media itself, or from home and school environments, that may support or counteract the aims of media literacy. One member noted that environmental scans can be helpful in evaluating the context in which media literacy information is presented. “If a kid sees 14 billboards for alcohol and tobacco on the way to school and there’s cheap alcohol available, and there’s smoking going on in the parking lot, and then there’s a poster up there for the ed board promoting media literacy, what degree of influence can we really expect it to have?”

Instructional Materials Survey. Participants acknowledged the work of James Brown (1991), whose survey of instructional materials from the 1970s was instrumental in identifying the early growth of the field. Unfortunately, this work does not capture the contemporary landscape of resources or materials available through more than 200 published curriculum materials available through the Center for Media Literacy in Los Angeles. Participants recognized an ongoing need to identify not only the media literacy materials that are recommended by or made available through media literacy organizations, but also materials and activities generated by teachers themselves. This information may be gathered through survey techniques, such as questionnaires sent to media literacy organizations, teachers, health providers, and textbook publishers.

There is also the need for detailed content analyses of these curriculum materials. This

should include not only the material itself, but also the instructions for their use by the teacher and how these materials were created. This will help to identify what is available for teachers on specific topics, and can also help to identify the gaps and weaknesses in the curriculum.

Also, by looking at general curriculum materials within a specific field or discipline to see if there is any inclusion of media literacy, it would be important to identify *potential* areas of inclusion (i.e., not just what *is* being taught, but what *could* be taught). Participants believed, in particular, that there was a need to better incorporate media literacy concepts into the drug prevention curricula.

Such an analysis should also include an assessment of the theoretical perspectives and pedagogies reflected in the materials and activities. Are certain theoretical concepts included more often than others? Do the materials promote active involvement by the learners? Are they couched within a curricular framework, or treated as special activities that are only marginally tied to a particular curriculum area?

Is media literacy tied to other types of literacy, both traditional reading and writing as well as computer literacy or foreign language instruction? What forms of media are most commonly included in the discussions and activities? Is there a strong emphasis on media literacy applied to television, film, and advertising, but less so on textbooks of other print material? What, if any, media literacy instruction is applied to use of the Internet?

Content analysis research also needs to take into account an evaluation or review of the materials. Which materials are the most highly recommended by media literacy organizations and trainers, or by teachers themselves? While participants expected that there would be difficulty getting experts to agree on what constitutes a “good” curriculum, an attempt should be made to minimally identify the most widely used and successful curricula.

Documenting Classroom Practice. Content analysis of materials only provides information about what is available for use, not whether it *is* being used or *how* it is being used in terms of actual classroom practice. Therefore, we need much better information on the extent to which these materials are actually being used. This may involve observations of actual classroom practice, as well as questionnaires and interviews with teachers. For example, the close descriptions of teachers and their classroom practice presented in Hart (1998) provide important evidence about how a teacher’s attitudes and values about the media shape their decision-making and instructional strategy in the classroom.

Approaches to Teacher Education

Participants acknowledged that there is no scholarly evidence on the practices now in place for teacher education in pre-service, in-service or non-school settings. In order to proceed in the investigation of pedagogical techniques, it is important to understand *who* is actually teaching the teachers. There is also only anecdotal evidence about *where* this teaching occurs — with teachers in the classroom, through brochures and booklets, at special conferences, via the internet, at intensive media literacy courses, at one-hour in-service workshops. More substantial descriptive evidence about the contexts in which teacher education occur is important.

There is a real need for research that compares situations where teachers merely receive access to media literacy materials to those situations when teachers receive face-to-face staff development training in addition to materials. In K-12 education, it is also important to look at the extent to which media literacy is taught within specific curricular areas (e.g., health teachers, English/language arts teachers, social studies teachers). Most importantly, it is necessary to examine to what extent media literacy is (or is not) being infused across many curricular areas as a basic pedagogical approach.

Beyond these initial questions, of course, lies the question of the pedagogy itself. How is media literacy information actually organized and delivered? What types of activities are used with students? Is critical analysis of media messages the most frequent form of media literacy, and if so, what types of media messages are most often presented for analysis? To what extent are learners taught how to produce their own media messages? How are computers used in the process of media literacy instruction?

As with the study of curriculum materials, there must also be an evaluative component to this research. What are the “best practices” of media literacy education? What does the feedback and evaluation loop look like? How do educators and other professionals know if one approach or another is working and what kinds of evidence would they be looking for?

In all of this research, participants emphasized the need to respect the diversity of approaches that are assumed to be present when examining the practice of media literacy. As one participant put it, it will be important “not to assume that ‘one size fits all.’” Media literacy may be effectively used with different types of audiences — at different grade levels, in K-12 education vs. outside of school contexts, in large vs. small classes, in public schools vs. private schools, with poor populations vs. middle or upper class ones, in different countries and for different cultures.

All of these questions need to be explored using a variety of research methodologies.

Surveys of media literacy trainers and organizations should be followed up with interviews, questionnaires, and direct observations of classroom practice. Case studies of specific pedagogies are important, along with empirical research comparing different teachers using the same materials in different ways. Cross-cultural and ethnographic studies could contribute much to our understanding of the field.

Barriers and Benefits to Implementation

There have been many eloquent arguments concerning how media literacy can effectively address the needs of education—especially with respect to critical thinking skills and values education—but there needs to be more research done on the extent to which this can actually work in the context of existing educational practices. The bottom line may be not whether specific media literacy curricula and pedagogy work effectively to teach media literacy, but whether that can be done without sacrificing effective learning of the basic, traditional curriculum. As one member put it, “The kids might be wonderfully media literate, but if they’re not learning as much math or English as they used to, then is it worth it?”

Participants emphasized the importance of asking the question: What are the costs and benefits? Are there negative consequences of incorporating media literacy into a particular field of education? Some school districts may reject media literacy instruction if students read fewer books in English class, for example, or if a nutrition lesson is sacrificed in order to complete the editing of student-produced anti-smoking PSAs. Little is known about teachers’ and administrators’ perceptions of the trade-offs that necessarily result in incorporating media literacy within the limitations of the six-hour classroom day. In order to demonstrate the benefits of media literacy education, participants recognized the need for outcomes research showing that media literacy does not compromise or undermine the other worthy curriculum objectives.

A better understanding of the barriers to implementing media literacy would also be valuable in enhancing the design and development of more effective and practical teacher education programs. These barriers were identified as worthy of investigation:

- ✓ limitations in time and money, not just for teacher training, equipment, and materials, but also in terms of adding media literacy to an already packed curriculum that is mandated by state and local districts;
- ✓ concerns about “teaching to the test” and state learning standards, with uncertainty about the extent to which media literacy will be able to aid in meeting these goals;

- ✓ teachers' and administrators' discomfort with shifts in the power relationship between teacher and learner;
- ✓ concerns about continuously changing technologies, necessitating the continual updating of equipment and ongoing staff training;
- ✓ lack of agreement in the media literacy community regarding certification/regulation of what constitutes good media literacy education;
- ✓ discomfort or difficulty covering certain topics that are frequently emphasized in media literacy curricula (e.g., sexual content in the media, drug and alcohol issues, racial discrimination, sex role stereotyping);
- ✓ fear of unanticipated consequences that might result from providing a platform for students to voice their criticisms and opinions (e.g., students' use of violence, racism, or homophobia when given the opportunity to use media tools for self-expression)

From a research standpoint, these issues may need to be explored with different target audiences than those identified in the previous two sections such as school boards and superintendents, parents, or community members. Again, a variety of research methods should be encouraged, including surveys, interviews, in-depth case studies, and focus groups. There might also be content analyses of student-produced media (e.g., student newspapers and television programs, PSAs). Cross-cultural studies could be effective in investigating how such barriers have been overcome in countries where media literacy has a longer history of inclusion in school curricula.

But it is crucial to more fully understand the benefits that teachers perceive when adopting media literacy activities into the classroom. What are the “hooks” for attracting teachers and other professionals to media literacy, and how can media literacy be used to address the needs that teachers already have? For teachers and school districts that have incorporated a strong media literacy approach, what were their reasons? How have they justified the expenses of time and money involved? Besides empirical evidence of effectiveness, what other kinds of issues are raised that might support the inclusion of media literacy?

Again, the benefits need to be addressed in terms of specific types of learners and populations. Two issues, in particular, need to be researched more thoroughly: 1) the extent to which media literacy may be especially effective with non-traditional learners and children at risk; and 2) the extent to which media literacy can enhance the integration of technology in the classroom, especially by adopting media literacy activities related to production of media messages and evaluation of Internet sites. Anecdotal evidence from teachers suggests both these

benefits may be genuine, replicable and meaningful for improving the climate of the school community and the lives of individual students, but clearly, more research is needed.

PART III

MEASURING OUTCOMES IN MEDIA EDUCATION

The measurement of outcomes has been among the most complex of challenges, given the diversity of goals, contexts, classroom practices and other variables that make it difficult to design and implement research. Participants emphasized the need to explore questions relating to the identification and measurement of outcomes for media literacy education. Participants acknowledged the contributions made towards understanding the impact of media campaigns in the context of school-based health education programs (Bauman, K., Padgett, C., & Koch, G., 1989; Collins and Cellucci, 1991; Flay et al. 1987; Flynn et al. 1992) and those exploring the impact of media literacy education on youth (Austin & Johnson, 1997; Criticos, 1997; Hobbs & Frost, 1999).

Participants first noted how different disciplinary frameworks encourage radically different perspectives on the very definition of *research*, with public health professionals preferring quantitative, large-scale experimental studies and education scholars recognizing the value of close analysis of individual case studies to understand specific processes in teaching and learning. However, participants recognized the importance of using both quantitative and qualitative research methods to measure changes that may result from media literacy education in health prevention contexts.

For the purposes of discussion, the problem of how to encourage abstinence or cessation of smoking was used as the model example, even though participants recognized the importance of considering other behaviors with negative health consequences, from alcohol and drug abuse to violence and unprotected sex.

Avoiding Overgeneralization

Participants recognized the downside of overgeneralizations based on quantitative, qualitative, or even anecdotal evidence of noteworthy outcomes. We need to know better whether the effectiveness of media literacy education holds true over larger or different populations. One participant pointed out that there are very small, discrete studies that do show

change, with good rigor — pre- and post-test attitudes towards cigarettes, for example, with an inoculated or a non-inoculated group. As one participant put it, “What we don’t have is a sort of global approach toward causality. Are there factors that make for change consistently? That’s what we need to know.”

Clearly, much more evidence is needed. For example, scholars know more a good deal about the impact of mediated violence on people as a result of many hundreds of studies, just as much is known about the relationship between smoking and health as a result of thousands of small and large research studies. In studying the efficacy of media and media literacy interventions in the areas of health and behavior change, no single study is ever likely to substantially define our understanding of an area.

There was caution among some participants about the scope and extent of behavioral change that was reasonable to expect. One participant put it this way: “We’re not proposing that if we make everybody media literate they’re going to instantly stop smoking. What we’re saying is that maybe a small percentage of individuals could be affected by operating with media literacy skills as a type of filter on attitudes and knowledge. We don’t want to make great claims that we’re going to solve the problem completely. Media literacy is not a magic bullet.”

What Do Students Already Know?

We need to know more about what students already know before we assume we can intervene with particular health or media literacy campaigns. This simple, fundamental idea is often neglected in the development of campaigns and curricula (Davies, 1997).

Operational Definitions and Measurement Validity

Two significant challenges were identified as critical to the development of research in media literacy. The first challenge faced by both quantitative and qualitative research in media education is the problem of method reaction effects, i.e., the difficulty of measuring processes in ways that do not interfere with the phenomena under study. The second challenge identified was the question of how to operationally define component skills of media literacy, like “accessing,” “evaluating,” “analyzing” and “communicating” messages using a variety of forms. As one participant said, “Just because someone’s ticked a lot of boxes and shown that they know the difference between reality and fantasy, does that prove that that carries over, that that means that they have a real grasp?”

Both these problems are substantial for those interested in measuring outcomes. The researcher has to have confidence that the measures used are isometric, that what we claim to be measuring is actually what we are measuring. The research instrument employed needs to be demonstrably a measure of analysis skills, knowledge gain, attitude change, or behavior change.

Certain approaches to measurement of media analysis skills are becoming more established with methodologies that give students a specific media “text” such as an ad or a news article, and asks them to answer specific open-ended questions that require analysis skills (Quin & McMahon, 1993; Quin & Quin, 1994). The development of a variety of measurement tools is expected to strengthen the ability of research to use the most sensitive and appropriate tools for specific target populations. Of particular concern is the need to create tools for younger children that measure component skills of media analysis, including the ability to identify target audience, purpose, and point of view.

Timing and Transfer: Measurement Issues

One of the most significant challenges in research design is to identify the ideal point(s) during a health education or media literacy program at which measurements should be taken. The group distinguished between long-term and short-term outcomes and variables. Researchers rarely have the opportunity to measure both, but participants agreed that many media literacy/health prevention programs could only be meaningfully understood through exploring both immediate and longer-term outcomes. For example, an immediate outcome that could be measured in a media literacy/smoking prevention curriculum might include measurement of the following short-term outcomes: learning skills of media analysis, developing attitudes of distrust toward tobacco companies, lowering estimates of smoking prevalence, lowering smoking expectancies, and declines in rate of smoking trials. A longer-term outcome would be the development of attitudes, behaviors and cognitive skills including the following: not smoking or cessation of smoking, skepticism about advertising in general, sense of responsibility towards maintaining personal health, curiosity and interest in health information. Since short-term outcomes are more easily measured and more controllable, participants recognized the importance of emphasizing these; however, long term outcomes are especially important, both in terms of retention of these skills and behaviors over time and for the important question of transfer of learning.

Transfer of learning is among the most fundamental questions in the field of education (Perkins et al. 1995). Participants identified three important questions related to transfer and media literacy. First, when students demonstrate critical thinking about television messages, does this skill transfer so that critical thinking about print media or interpersonal communication also increases? Second, does learning of analysis skills in one setting (a structured school setting) transfer to experiences in other settings, like in the home? Third, does critical thinking about one health risk transfer to other health risks?

Participants explored the ways in which media literacy education experiences might serve as a trigger to promote significant behavioral change. For example, participants discussed how often it is the case that the death or severe illness of a loved one can be a significant trigger, or “tipping point” for behavioral change. Often there are multiple triggers working simultaneously. This led to a discussion of how people can learn from the experiences of others who are presented via the media. People in the media may be perceived by some audience members as “super-peers,” or members of one’s reference group. In the area of health education, mass media messages may serve as vehicles by which people can learn from the unfortunate experiences of others. Participants agreed that theoretical formulations of how the media trigger behavior change via presentations of unfortunate others was an area of health communication that needed further study.

Tension Between Learning Processes and Behavioral Outcomes

Participants’ varied training and professional background was particularly evident in discussions about the concept of the learning process in education. Educators recognize that the learning process can be an outcome in itself, as the experiences gained in managing a complex learning process often provide children and young people with self-insight, affective learning, and cognitive and metacognitive skills that are inherently useful apart from any other outcome. As one participant pointed out, “In education, the process is also the outcome.” Health practitioners and some educators, on the other hand, are understandably most focused on objective behavioral outcome measures. A public health participant reflected the difference in point of view this way: “It’s all very well and good for kids to understand the message that the tobacco companies push tobacco in clever ways through advertising and promotion, but if they still go out and light up a cigarette, and twenty years later die of lung cancer, then this is not an outcome that we are looking for.”

In education, most measurable outcomes are likely to be part of continuing developmental processes, with people gradually strengthening skills, adopting beliefs and knowledge, and managing complexity that shapes the way they see themselves and their society. Learning is situated in a context, which involves the shared symbols of a community, and which in contemporary society are heavily transmitted via the mass media. Any measurement of learning processes must take into account the important developmental processes which underlie change. For example, research shows that by age 7 or 8, there is a metalinguistic transformation, with children much more capable of understanding reality/fantasy distinctions, irony, and intertextual references (Davies, 1997). It will be important for health communication specialists and media literacy educators to better understand how children process symbolic information which will prove quite useful and relevant in evaluating their responses to health messages and social models.

For those educators for whom process is an important measurable outcome, the value of employing “authentic assessment” was discussed. New approaches to measuring student performance emphasize the identification of clear and descriptive objectives using a rubric that identifies specific qualities of performance that are valued and which look very much like the learning process itself (Worsnop, 1996).

Media & Health Advocacy

Media and health advocacy were discussed not only as inherently important issues at the intersection of media and health communication, but also for their value in serving as unusual behavioral outcomes, ones that demonstrate individuals’ wider cultural and socio-economic awareness as well as their self-efficacy and citizenship skills. Media advocacy specialists reframe issues and shape public discussion by altering the way that health issues are presented to the public through advertising, news, and other communication channels. The primary strategies involve advocacy—lobbying, coalition building, and community building—helping individuals to become advocates to change institutional threats to health (Casswell & Gilmore, 1989).

Media or health advocacy may become a measure of media literacy or health learning when people’s interest in civic and community action results. For example, a media literacy curriculum that explored the extent of tobacco companies’ involvement in shaping public opinion about tobacco regulation through public relations and issue management might provoke some individuals to public action. The knowledge that “Philip Morris was paying for public opinion,”

could make a difference in promoting community support of wider no-smoking laws and enforcement of existing regulations.

Encouraging Collaboration Between Researchers and Curriculum Designers

Understandably, many media educators are reluctant to have social scientists come in and possibly disconfirm their theories and claims, perhaps improperly due to the misapplication of methodology or measures (Kubey, 1998). Throughout education, curriculum designers and teachers are often concerned that evaluation reports might undermine their substantial work and progress. Innovative media educators who have spent many months, and often years, developing and honing a curriculum may well not want their work appraised by an independent evaluation team that isn't experienced in the area or prepared to conduct the evaluation sensitively. There needs to be more rapprochement and trust built between curriculum designers and researchers so that they can work as partners without sacrificing the independence of the research team.

Conclusion

Participants identified one theme that connected all three areas of discussion to the experience of the conference overall: the role of power relationships in shaping the future of the field. Discussions with participants explored many different kinds of questions that related to the relative power inequities between people and institutions, including media industries, state and federal government, health institutions, K-12 schools, universities, scholars, teachers, students and individuals in the community.

A number of issues arose that related to important questions about who and how decision-making occurs, whose definitions of effectiveness are valued, and what kinds of evidence are used in evaluating and funding program initiatives. In addition, participants explored the strategies that shape adoption and implementation decisions for curriculum (e.g., in the school district or health organization); the power dynamic within the classroom, between student and teacher; the relative power of different influences on the learner (peers, mass media, teacher, health professional, parents); and the empowerment of learners through the process of media literacy.

Financial issues represent yet another form of power dynamic at work. Media literacy materials can be costly, both for use by the teacher in their own training, and those designed for use by students in the classroom. Teachers' own learning represents an out-of-pocket expense for them; how many more teachers might be interested in learning media literacy if they did not have to pay for it themselves? Opportunities for federal and state funding must be examined in terms of the role of government in leading practitioners towards innovation — one of the most important forms of power that is exercised in the diffusion of innovation. Finally, differences between media and technology use in poor urban schools and middle-class schools can be understood best by examining financial issues through the lens of power.

Decisions about the uses of time in the classroom represent another manifestation of power issues. At the individual level, teachers must invest an adequate amount of time necessary for effective training, and must use the limited resource of time in the classroom to include media literacy into the curriculum. The most time-consuming aspect of media literacy, student hands-on media production, is a substantial challenge for teachers in terms of the demands placed on teachers' skills, limited time, and limited financial resources for technology, equipment, and support. Strategies for managing these limited resources represent a form of creativity that is most needed for the field to develop in the future.

Because substance abuse prevention and violence prevention have been supported at the federal level, health teachers and those responsible for substance abuse prevention education have received more staff development opportunities than teachers in the disciplines and subject areas of the arts and humanities. Opportunities for cross-disciplinary work between health prevention and other fields represents an important way not only to build deep roots into the daily life of the classroom, but to balance the differential access to resources available for K-12 teachers.

Setting the research agenda for media literacy education and health prevention represents a complex balance of interests among practitioners, scholars and members of the public health and education communities. Because media literacy and health prevention represents a promising practice for the 21st century, this area is a fertile and complex one for continued scholarly inquiry.

Next Steps

The following recommendations for next steps were generated as a result of the conference:

- 1. Increase the number of scholars, practitioners and educators who are familiar with media literacy in health prevention. Partner with media professionals.**
 - A. Create materials to facilitate wider introduction of media literacy as a component of health communication and health education. An undergraduate level and graduate level teaching module (three to five classes) on media literacy and health prevention could help health communication faculty incorporate instruction on media literacy into the field. Widespread distribution of a “teaching packet” via the internet would help disseminate knowledge about this emerging field.
 - B. Develop an annual national summer institute at a major school of public health. This program could bring together practitioners with experience implementing media literacy and health prevention programs to expand and cultivate leadership and capacity building. Over time, this program could be an important forum for the dissemination of knowledge and information sharing among scholars and practitioners with interests in media, education and health prevention.
 - C. Involve media professionals in forums and debates. A great deal of self-referential, often tongue-in-cheek “poached” material now appears in the media (Jenkins, 1992). Research suggests that the media themselves are the primary source of young children's acquisition of media literacy (Davies, 1997).

- 2. Increase financial support for research by improving communication with philanthropic organizations, charitable foundations and state and federal agencies with interests in children and youth, education and health prevention.**
 - A. Develop a series of information sessions featuring conference participants and others discussing the conference report. These conferences would be those events most likely to be attended by private grantmakers and leaders of state and federal agencies.
 - B. Meet with private grantmakers individually to provide a briefing on the conference report and recommendations and address questions about the relationship between media literacy education and health prevention issues.
 - C. Mobilize existing health communication publicity networks to promote the visibility of creative programs that integrate media literacy into health prevention programs featuring children or youth.

- 3. Help specialists with interests in media literacy and health to formally organize themselves to develop and implement specific strategies for establishing peer communication forums for the sharing of ideas and information.**
 - A. Establish health caucuses or special interest groups within existing media literacy organizations. Likewise, establish media and media literacy caucuses within existing health organizations.
 - B. Investigate opportunities to develop a peer-reviewed journal as a new online enterprise or within the context of an existing enterprise.
 - C. Invite conference participants and others to summarize the report at health prevention conferences to promote relationships that can help media literacy and health prevention be better understood within the larger enterprise of health prevention.

4. Prioritize support for obtaining research results on each of these critical questions:

- A. Do media literacy and critical thinking skills learned with one genre or one medium transfer to the analysis and understanding of other genres and media?
- B. Do media literacy and critical thinking skills learned with media transfer to and increase critical thinking in other areas of school and life?
- C. Do students who create their own media health messages (individually or collaboratively) learn more a given specific health topic than students who only write a report for the teacher? Are there documentable health behavior changes, short or long term?
- D. Do students who view, read, or listen to student-created health media messages believe and retain the message more than when they are exposed to adult-created PSAs and other health promotion or prevention messages? Are there documentable health behavior changes, short or long term?
- E. Is it true, as is often reported anecdotally, that some young people who feel marginalized in education settings, sometimes have one of their very few positive educational experience when involved in a media literacy or media production project?

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