

## Leadership Letter for Global MIL

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*The stakes couldn't be higher – life or death, in some cases – and understanding the landscape around media literacy and public health is more urgent than ever, with misinformation around vaccinations and herd immunity, STD's and fertility, smoking and vaping and cancer risks among just a few current and ongoing public health issues at the forefront of public consciousness. Media literacy has an important role to play in public health...*

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## Public Health and Media Literacy

The stakes couldn't be higher – life or death, in some cases – and understanding the landscape around media literacy and public health is more urgent than ever, with misinformation around vaccinations and herd immunity, STD's and fertility, smoking and vaping and cancer risks among just a few current and ongoing public health issues at the forefront of public consciousness. Today, people often turn to the internet for answers to their health-related questions and concerns – but they often have few reliable filters through which to deconstruct and understand the information they are getting or sharing. Media literacy has an important role to play in public health.

There is no question that the Core Concepts of media literacy – such as the idea that “different people understand the same media message differently” – or the idea that “media have embedded values and points of view” or that “media messages are created for profit purposes” – apply to health messages that affect people from cradle to grave. Whether we are seeking a painless society that encourages scourges such as opioid addiction, or a society in which pain and suffering are an accepted part of challenging lives, our approach to health and health messaging is informed by a daily onslaught of media messages.

In some cases, it is individual health decisions that must be made; in other cases, it is community decisions that must be made to promote and preserve health. Regardless, it is imperative for all citizens' health that people – and public health practitioners – have a fundamental understanding of how to understand media messages that are in their own best interests and in that of their communities, as well as how to responsibly create and share media messages in the most effective ways.

Various solutions are being tested to address public health concerns regarding health communications. Fact-checking and censorship are two ways to address the content of health-related information. For example, as of this month, March 2019, Facebook has announced that it will crack down on anti-vaccine content, “and no longer allow it to be promoted through ads or recommendations, and will make it less prominent in search results.” The social network will not take down anti-vaccine posts entirely, however. The company also said it was exploring ways to give users more context about vaccines from “expert organizations,” according to Wired ([https://www.wired.com/story/facebook-anti-vaccine-crack-down/?CNDID=23557294&CNDID=23557294&bxid=MzQxNjM3NTE2MjU5S0&hasha=7085b2f617fdb62d5a679dd76518f37&hashb=3e3854b6afdc480248297091ee18293d4aea6f05&mbid=nl\\_030819\\_daily\\_list1\\_p1&source=DAILY\\_NEWSLETTER&utm\\_brand=wired&utm\\_mailing=WIRED%20NL%20030819%20\(1\)&utm\\_medium=email&utm\\_source=nl](https://www.wired.com/story/facebook-anti-vaccine-crack-down/?CNDID=23557294&CNDID=23557294&bxid=MzQxNjM3NTE2MjU5S0&hasha=7085b2f617fdb62d5a679dd76518f37&hashb=3e3854b6afdc480248297091ee18293d4aea6f05&mbid=nl_030819_daily_list1_p1&source=DAILY_NEWSLETTER&utm_brand=wired&utm_mailing=WIRED%20NL%20030819%20(1)&utm_medium=email&utm_source=nl)) Another way to address media content and to also widely disseminate health-related messages is through education of storytellers about topical health issues, which is a prime goal of the Hollywood, Health & Society program at the USC Annenberg Norman Lear Center (interviewed in this issue of Connections). Another strategy is to provide expert-based content through trusted websites, such as Ctrl+S, targeting a specific health issue for a specific audience.

Although media literacy education provides a highly promising and important role to play in public health, these strategies must all work together to strengthen the public's ability to address individual and community health.

The experience and expertise of public health practitioners and researchers – using more media literacy interventions and evaluations – can combine to help provide powerful, effective public health programs in which media literacy's role is recognized and valued. Although public health has long been a focus for media literacy education, this work has truly just begun.



### Interview with Erica Rosenthal

**Erica Rosenthal**, Senior Research Associate, Hollywood, Health & Society, leads research for the Hollywood, Health & Society program at the USC Annenberg Norman Lear Center. Her research examines the prevalence of health and social issues in entertainment, as well as the impact of entertainment narratives on viewers' knowledge, attitudes, and behavior. More broadly, her expertise pertains to the processes through which emotion-inducing media messages impact individuals and society, and the factors that make such messages more or less influential. She has a PhD in social psychology from Claremont Graduate

University and more than fifteen years of experience developing, implementing, and evaluating innovative communication programs in the areas of health, education, and social change.

**Erica Rosenthal, (ER):** I've been working in the health communication field for more than 15 years, developing programs and studying their impact. My interest is in media messages, how they persuade people, what effects they have on audiences and through what processes. These tools can be used for good. Prosocial or positive messages can be persuasive, and we can foster resistance to harmful or misleading messages.

Currently, I lead research for Hollywood, Health and Society, which is part of the Norman Lear Center at USC Annenberg. We work with television writers and producers to help them make storylines about health issues as accurate as possible. We've been around since 2001, and we've been working primarily in health since we started. But in the last several years, we've been branching out to address other issues, such as climate change and nuclear threats. We also work on representation of marginalized groups or underrepresented populations – for example, how older adults are depicted on TV, and how we can improve those depictions.

So, a writer may come to us and say: "I'm developing a story about cervical cancer." The writer might have a specific question about what a doctor would say to a patient in this situation, or what sort of test the patient might be sent for. Sometimes, they'll actually send us a script that says, "Insert medical jargon here." We maintain a database of hundreds of experts with very specialized skills and experience. We can usually connect them with the ideal expert to answer their questions. We're primarily grant-funded and our experts are volunteers; they do not get paid or receive credit on the show.

**Center for Media Literacy (CML):** After last year's issues with the show "13 Reasons Why," and how its content could be triggering for those who are at risk for suicide, we can see how an organization like yours could be critical to public health.

**ER:** We were not involved with the show that first season. But yes, there has been a lot of criticism. One study in particular showed that Google searches for "how to commit suicide" rose considerably following the airing of the show.

**CML:** It really shows how media messaging impacts public health, and the great responsibility content producers have when they portray sensitive topics on TV and film.

**ER:** Yes, and it's complex, because there were most likely positive and negative effects from "13 Reasons Why" heightening awareness of teen suicide. To the show producers' credit, the backlash did motivate them to act. They began promoting resources for parents on how to discuss the show and suicide prevention with their kids, and resources for school counselors, as well. But of course, it would have been helpful to have those things available from the start.

**CML:** One of the core concepts from the Center of Media Literacy is that "different people interpret media messages differently." "13 Reasons Why" could be triggering for a young person at risk of suicide. But, it could open up an important conversation about prevention between a different young person and his or her parent. It could be an opportunity for parents to have conversations with their kids about an important topic that they hadn't discussed before.

**ER:** Right, and a lot depends on parental mediation and parents' ability to know the needs of their individual children. Parents have to be aware that their kids are even watching "13 Reasons Why," and what the content is like. It's important for parents to stay aware of their kids' media consumption.

**CML:** It's a wonderful resource that you're offering to the entertainment community. But, it's really more than that. You are helping to shape messaging that promotes public health, versus perpetuating unhealthy stereotypes or misrepresentations that can, in some cases, be dangerous.

**ER:** That's the mission of our organization. I work on the research side, studying the content and impact of entertainment. I do content analysis on how frequently social issues are depicted in entertainment, how prominently, and the nature of the depiction, for example, whether it includes prevention messages. I also do impact research on how these storylines are actually affecting viewers.

**CML:** What are you finding?

**ER:** Media messages have profound effects on attitudes and behaviors. For example, we worked with the show, "Royal Pains." They ran a brief storyline featuring a

transgender character – a one-time character – in 2015. That was about the time Caitlyn Jenner’s transition took place, and it was sort of a tipping point in terms of media representation of transgender people.

In “Royal Pains,” the transgender story was secondary to the main plot. The entirety of it was about 11 minutes. We actually found that exposure to that storyline had a measurable effect on attitudes towards transgender people, and towards policy issues like bathroom use, particularly among conservatives.

**CML:** It changed their minds?

**ER:** It shifted. It’s not magic. But it had a significant positive effect, mainly among people who were on the conservative end of the political spectrum. It’s an interesting case study because most of the shows that featured transgender characters around that time were niche shows like “Transparent” or “Orange is the New Black.” Those shows appeal mostly to liberal, educated audiences. So, they were largely “preaching to the choir.” Hardly anyone chooses to watch “Transparent,” unless they already have fairly supportive attitudes towards transgender people. But “Royal Pains” was a very middle-of-the-road, middle-America show. It didn’t have a huge audience, but its viewers were very ideologically diverse – the typical viewer was a woman in her 50s. The show presented a unique opportunity to integrate nuanced messages about transgender people and reach a mass audience that wouldn’t normally be exposed to transgender people and issues. The episode didn’t overtly promote a message of transgender rights. It simply included a transgender character who was relatable.

There’s a lot of research about parasocial relationships – essentially when people develop a relationship with a fictional character or even an actor. It’s a type of identification where people feel like they are friends with a character. There’s a lot of evidence that people change their attitudes through exposure to diverse characters who have traits they wouldn’t necessarily come in contact with in real life. So, somebody who’s never met a transgender person (or met somebody from any sort of marginalized or underrepresented group) might have prejudiced attitudes or unfounded beliefs. But, exposure to members of these groups through TV characters can really chip away at prejudice.

**CML:** It’s really about representation. And, representation of marginalized groups can make a huge difference in how they are perceived by the public. That, ultimately, can affect how they are treated in society in many ways, including their health. Violence against marginalized groups of people impacts public health. So, does poverty, lack of opportunities and insufficient social support circles.

**ER:** Yes, exactly.

**CML:** Media literacy encourages people to think critically about messages they receive. You did research on media literacy, as well. How did that research fit in with the work you do now?

**ER:** I did media literacy research while I was studying for my PhD in social psychology. The underlying mechanisms through which messages influence people are the same

through both a media literacy lens and the lens I look through to do the work I do now. Hollywood, Health and Society takes advantage of these mechanisms to make positive health messages more impactful. My research drew from dual process theories in psychology which suggest that there are two necessary conditions for someone to thoroughly process a persuasive message – motivation and ability. We sometimes lack the motivation to critically analyze a message – for example when it contradicts our existing belief system. Sometimes, we lack the ability to analyze a message – like when we’re distracted, or when our cognitive resources are otherwise compromised. When motivation or ability is lacking, messages can persuade us surreptitiously, sometimes even without our conscious awareness. I relied on the message interpretation process model, which was developed by Professor Erica Austin at Washington State University. It mirrors what I was talking about in terms of dual process theories. Media messages can be processed through a cognitive or rational route, an affective or emotional route, or sometimes both in tandem. I used this framework to do an experiment comparing responses to emotional versus informational ads, under high versus low distraction conditions. I found that emotional ads were more persuasive via the affective route, specifically by increasing trust.

Ads became more persuasive when we reduced people’s ability to counterargue a message they were receiving. It’s too much of a burden on their cognitive resources, so they were unable to critically examine messages. Essentially, distraction made people more persuadable. This poses a challenge for media literacy education. Just because someone has learned media literacy skills, doesn’t mean they’re media literate. They need to actually apply those skills.

Sometimes, media literacy is viewed as a “silver bullet” that is going to save us from this “crisis of truth” we are experiencing these days. But, as with all complex problems, the solution is going to be complex, as well. Media literacy has a place in that solution. But, it’s not the whole answer. We need new strategies that take into consideration how much media has changed. It’s not just traditional commercials anymore. With today’s marketing techniques, people don’t even realize they’re being marketed to. They are simply following influencers – celebrities and others – on social media, and receiving branded information at the same time. Marketers are very savvy about this. They are aware of the latest developments in neuroscience and use it to be as influential as possible. Consumers usually do not have that advantage when they are analyzing messaging. We need tools to fight back against “undercover” marketing and advertising.

**CML:** Today’s ads are micro-targeted to appeal to people’s unique psycho-social vulnerabilities.

**ER:** Yes, exactly. Marketers have that science.

**CML:** We are in a new media world. But, media literacy is at the foundation of message deconstruction. If you don’t have that, we can’t even begin to talk about new strategies.

**ER:** Right. Media literacy is the foundation of what is necessary. But, we need more strategies, too.

**CML:** Do you find the media literacy research you did crossing over with the work you're doing now?

**ER:** I see them as flip sides of the same coin. They are both about how media messages influence us. Media literacy gives people the tools to resist negative or harmful messages. At Hollywood, Health & Society, we take advantage of the mechanisms of influence to make positive health messages more persuasive.

**CML:** What comprises a "positive" message is another thing that different audiences interpret differently. Some people wouldn't consider inclusive messages about transgender people to be "positive."

**ER:** Yes, we have had that kind of backlash. And, people will always have differing points of view. Ultimately, we cannot reach people on the extremes, but we can reach people who are more ambivalent on these topics. Some people may have light prejudice against transgender people, or against Muslims, or against undocumented immigrants mainly because they just don't know any. You can move the needle just a little bit for these people.

**CML:** Perhaps there are empirical ways to measure, too. For example, transgender people are disproportionately at risk for suicide. Over time, can we measure how those rates drop as positive media messages increase?

**ER:** That'd be a really interesting thing to look at with LGBTQ people in general. Historically, we can look at shows like "Will and Grace." There's been lots of research on the "Will & Grace Effect," and it's well-established that the show was a major factor in the shift in public attitude over the last 10 or 15 years to more support for gay marriage and LGBTQ rights in general. It would be really interesting to look at whether there's been a corresponding decrease in rates of mental illness or suicide among LGBTQ individuals. That's a great question.

**CML:** It would be great to have an answer. We can have discussions about what is or isn't a "positive health message," but when you're able to show empirically that mental health outcomes have improved, it's easier to critically analyze which messages are "positive." Especially when it comes to health.

**ER:** Yes, and messages about health have to be carefully crafted and customized for different audiences. At Hollywood, Health & Society, we began working internationally in the past few years. Recently, we received funding to address an opioid use issue that is very different than the opioid issue we have in the US. Here, our problem is overprescribing of opioids. In parts of the developing world, the problem is underprescribing opioids. This is especially true in areas with histories in the illegal drug trade, where it is extremely difficult to access opioid medications for legitimate uses. We are working in India and Colombia, with a focus on palliative care and secondarily addressing the stigma against opioid prescribing, specifically morphine.

A lot of our work is educating people in those countries about palliative care, which is not just end-of-life care. It can also be care that makes it possible to live with serious illness or disability relatively pain-free. It's not just about death and dying, but highlighting the option and importance of palliative care, and reducing the stigma around prescribing morphine or taking morphine for pain management.

Most people don't realize that 80% of the world's population has little or no access to morphine for pain relief. The US, Canada, Australia, New Zealand, and parts of Western Europe consume 92% of all morphine but account for just 17% of the world's population.

**CML:** What kind of messaging can help balance that?

**ER:** In India, we're working on a social media campaign around essentially what palliative care is, legitimate uses for morphine, reducing stigma. We are creating videos that will air on India TV, which is like CNN, as well as other channels. India's national elections are coming up in April. We're working to get these videos aired during that time – kind of like PSAs about palliative care.

**CML:** In thinking critically about the words "palliative care," I realize there is a stereotype of what those words mean.

**ER:** Yes, in the past when I thought of palliative care, I assumed it referred to hospice. That's what we aim to change. Our team went to Colombia in October and conducted storytelling workshops. They were attended by some of the top Colombian TV writers and screenwriters. We're working with one of the top networks there on a storyline about palliative care and cancer that, once it airs, we can do a pre-test/post-test study of the storyline to quantify the impact of the messages.

**CML:** So, for a Colombian audience, you are using different messaging about opioid use than you would in a country like the U.S

**ER:** Very different. Because the context in which those messages will be received is completely distinct.

**CML:** How you use communication through entertainment effectively sends positive health and social messages.

**ER:** The tradition of education through entertainment is at the foundation of the work we do at the Norman Lear Center.



## Interview with Narges Dorratoltaj

**Narges Dorratoltaj** co-founded Ctrl+S during her studies at Virginia Tech as a framework to increase awareness about sexually transmitted diseases, sexual health and child sexual abuse in the Middle East. Narges got a PhD in Biomedical and Veterinary Sciences and Master of Public Health from Virginia Tech, and a Master of Science in Industrial and Systems Engineering from the University of Southern California. Her work focuses on modeling of infectious diseases from immunological, epidemiological and economic perspectives, and mathematical modeling of longevity/mortality in different populations. Currently,

she is a Senior Scientist at AIR Worldwide and leads the life and health modeling effort in their research department.

**Center for Media Literacy (CML):** Your work has everything to do with the way messages about sexual health flow within different cultural contexts. Your organization, CTRL+S, is the first ever online resource about sexually transmitted diseases (STDs) in the Persian language, and you are reaching an audience that has vastly different access to this information than Western audiences.

**Narges Dorratoltaj (ND):** Yes, and the CML educates people on how to wisely consume media and produce contents. Our organizations do have an interesting convergence.

**CML:** Would you please tell me about your background and what prompted you to become a co-founder of your organization?

**ND:** I was raised in Iran and came to the US for grad school. I received both my bachelor's and master's degrees in industrial and systems engineering. For my PhD, I changed my field to include more learning about modeling the transmission of infectious diseases. I was 27 years old when I took a course called "Infectious Diseases." In that class, I learned for the first time STDs other than HIV existed. When I started the class, I thought, "Okay, HIV. Everyone knows HIV gets transmitted sexually." But I heard the instructor talk about HPV, gonorrhea, chlamydia, herpes and all these other STDs. It was shocking to me. I'm an educated woman. But, this was simply information that I had never received before.

**CML:** You were educated in Iran, and you were never taught about STDs there?

**ND:** Exactly. I thought I knew everything I was supposed to know about taking care of my own health – what is good nutrition, how physically active I should be. But, learning about STDs was new for me. These diseases are common, and I'd never heard their names.

I talked to my Iranian friends and tried to educate them about these diseases. We figured out this lack of information was not just about us. People in Iran and some other Middle Eastern nations simply don't get any formal education about these STDs. We wanted people in the Middle East to have access to information. We were thousands of miles away, but the internet seemed to be a useful tool to get that information to them.

First, we considered that, maybe, information about STDs is available in Iran and the Middle East, and we just didn't know about it. We just weren't curious enough. We started to Google these diseases in Persian, the language that we speak in Iran, and what we found was just a few blogs that talked about STDs. Interestingly, everything that we saw was the same sentence, with the same formatting. What we figured out was that someone at some point wrote something about STDs. Everyone else just copied and pasted it. The blogs included a lot of inaccurate information.

We knew we wanted to do something to change that. So, first we developed a database of information about STDs in Persian. Then, we gathered information from trusted organizations like Mayo Clinic and CDC. They have information on STDs that is easy for people to absorb. Then, we translated them. We also asked some contacts to help us make the information culturally appropriate for a Middle Eastern audience. To give you a simple example, five years ago when we started our work, we knew that we were not supposed to use the word "sex." Other words were also taboo, like "condoms." Instead of saying "sexual partners," we said, "your spouse." Culturally, our audience was more comfortable with this language, so we edited our materials. We didn't want people feeling like, "This information is coming from overseas, and they don't understand my culture." We wanted them to know the information was meant for them.

**CML:** One of the core concepts in media literacy is that different people interpret messages differently. So, when you are content creator, you must take your audience's "listening" into consideration.

**ND:** Exactly. In an Iranian society, there are lots of taboos. So, when you are not allowed to talk about something openly, you build a meaning or a concept around a word. That meaning may not be clear to everyone, but it's clear to those who are embedded in a particular culture. For example, when a woman visits an OB/GYN in Iran, the doctor may ask, "Are you married?" But the fact is, they aren't really interested in whether or not that woman is married. They want to know if she is sexually active so they can provide the best healthcare, without judgement. So, when communicating with intercultural audiences about sensitive topics, it's important to remember that not everything is straightforward.

**CML:** Exactly.

**ND:** When creating our materials, we also paid attention to making them visually appealing so that people did not get bored and overlook important information. So, we included graphs of people who looked like those in our target audience. Using an image of a blonde person wouldn't have been the best choice. So, to be more culturally appropriate, we would use a dark-haired person or a woman with a headscarf. This gives our audience the sense that this information is for THEM. We worked with an

illustrator from Iran for just that reason. We picked someone who lives in Iran with good understanding what a “cool girl or boy” looks like in Iran. That is what is on our website. We called the site CTRL+S (<https://ctrlstd.com/en/>) because those are the keys to save something on a computer. So, CTRL+S: Save your life. We also use social media to get our message out – Instagram is very popular in Iran. Nearly everyone has an Instagram account there, even if they do not know how to use a web browser. That’s another interesting thing, in terms of media literacy. It is easy to use Instagram. People just sign up for an account on their phones. They don’t even need to know how to do a Google search. This really shows how vulnerable people are to get the wrong information.

**CML:** Vulnerability has consequences. What is the rate of STD infection in Iran?

**ND:** We don’t exactly know the incidence or prevalence of STDs in Iran. These statistics don’t get published. However, Iran has done a really good job at controlling HIV transmission through needles and drug addiction. But since sex is rarely discussed, there is less empirical information about STDs in general. Recently, the Center for HIV Research in Iran published a report saying that sexual transmission of HIV is increasing. They cited ignorance about how that disease is transmitted as one of the reasons why.

Iran also has a lot of transmission of HPV. No one talks about that, although there are dangerous strains of HPV that can cause cervical cancer, and it’s very preventable through the HPV vaccine. That vaccine is available in Iran, but it hasn’t been promoted. One good thing – one of our co-founders recently was on national TV in Iran and talked about HPV and HPV vaccine. Because of that, putting HPV vaccine in the national vaccine program is being discussed and there has been some progress on that.

**CML:** That’s wonderful, and it shows the importance of media in health messaging.

**ND:** Yes, and other media that we use, our website and social media, has been doing really well. That shows how much this information is needed and wanted in that region of the world.

**CML:** It shows that, if you message about an important issue in an accurate and culturally appropriate way, you can reach your audience and make a positive impact. Another core concept in media literacy is “authorship,” asking: who is this information coming from? You said the foundation of your information was from sites like the CDC and Mayo Clinic. Do you think that CTRL+S is becoming a reliable “author” of STD information in Iran?

**ND:** Yes, and it’s amazing. We were PhD students. We knew about reliable sourcing. We decided that we would not publish a single sentence that we could not verify with multiple references. We work with a physician who is head of our medical team, and he’s very sensitive about the accuracy of our messages, and ensuring that people can trust us. If we say something that is inaccurate, we are responsible. We have gained people’s trust, and we honor that. Not all internet-based health resources do. Here in

the United States, whenever we're diagnosed with an illness, it seems natural to search the internet for more information on the condition. With so much false or exaggerated information online, there's no better way to scare yourself.

**CML:** That is true. And, CTRL+S is more than just information. You actually offer Farsi-speaking people an opportunity to communicate with physicians and get confidential answers within 24 hours. That could be life-saving.

**ND:** We started out just providing information, and when people started to educate themselves, they had questions. So, we recruited volunteer physicians to answer them. People always have the opportunity to ask us questions anonymously. We don't ask for their email or anything. They ask a question, and we publish the answer on our website. They do have the option of including their email, so we can get in touch with them directly. Same thing for the direct messaging on Instagram. We let people direct message us, and then our physicians answer them. We want people in the Middle East to know they have a right to ask their partner about their sexual health, and whether or not they have been tested for STDs. They need to know they have a right to approach their physician and to get the help they need.

**CML:** Safely and anonymously.

**ND:** Yes, but what was interesting for us to see was, even though we give people the option of remaining anonymous, only about 19% of people choose to do so. More than 80% of the people have no problem with sharing their email addresses with us. We build trust with them. They figure out that we are here to help them and offer reliable information.

**CML:** It goes back to authorship. You've established yourself as a credible author of information, and that's what builds trust.

**ND:** Yes, that's true.

**CML:** Regarding your physicians – they do this completely on a volunteer basis and they're Farsi-speaking. Are they mostly physicians in Iran?

**ND:** The head of our medical team is in the US, and he got his MD in Iran. He is currently doing his residency here. We also have volunteer physicians in Iran. What's important for us is that they provide the real, accurate information. Our medical team has an exam they give to potential volunteer doctors, to make sure they are qualified to offer answers, and that they write clearly and use an appropriate tone with people who inquire.

**CML:** You've accomplished a lot in really very little time. When did your organization start?

**ND:** In December of 2013. Our website was up in 2014, We started our social media channel in March 2015.

**CML:** How many people have you served so far?

**ND:** By last April, we had answered more than 18,000 questions. Our Instagram account has more than 100,000 followers. We offer information in both Farsi and English.

**CML:** What about people who do not have access to the internet or social media?

**ND:** That gap is there, and we aim to fill it. You could say, they are the most vulnerable population with the highest need for this information. One of our founders decided to move back to Iran and provide face-to-face, onsite workshops. We developed presentations that are age-appropriate for young people and adults. We started with sexual health and STD workshops. During those, we were approached many times by workshop attendees about sexual abuse they or their children were experiencing. We figured that people need information on that topic, too. Unfortunately, child sexual abuse happens, and no one talks about it in our culture. So, we got very big sheets of paper and we ask kids to draw the form of their body from head, to the hands, to toes. Then, we ask them to show where their private parts are, so they could learn what parts of their body they should not allow other people to touch. These are the games, but they are educational, and can prevent abuse. To a child, it's all very natural.

**CML:** As a content creator, you found a method to reach that young audience, keeping their needs and their level of communication ability in mind.

**ND:** Exactly. It's about having knowledge and understanding of the people who are receiving your messages.

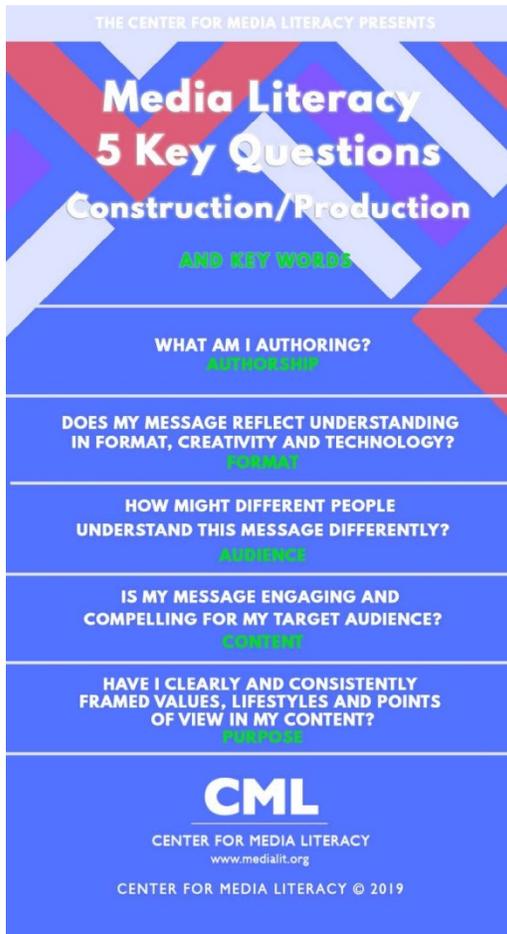
**CML:** Media literacy gives people a lens of critical thinking. How would increased media literacy education help further your organization's mission?

**ND:** We did not learn media literacy in Iran, at least not when I was in school. But, I think it would give people more power to think for themselves. That's what our organization works to promote in terms of health.



**The Career Development and Training Association, Sofia, Bulgaria**, organized a two-week March 2019 professional development and speaker program. This work follows CML's cooperation in designing an online media literacy training program for Bulgarian audiences.

**Lilyana Sapunova, Career Development and Training Association and CML's Tessa Jolls**



### Infographics

The Five Core Concepts of media literacy (see <http://www.medialit.org/sites/default/files/Media%20Literacy%20Concepts.png>) inform a process of inquiry that can be applied to any media content – whether you are producing or consuming media messages. This new CML Infographic features CML's Five Key Questions for Construction/Production (<https://www.medialit.org/sites/default/files/5%20Key%20Questions%20For%20Construction.jpg>) – each associated with a Concept – to ask when constructing, or producing, media messages, regardless of whether those messages are disseminated on social media, video, billboards or logos. These questions are just a starting point for exploration – but they are a reliable starting point that provide a handy way to collaborate with others and zero in on key concerns for effective production.

More Media Literacy Infographics are available on the [CML website](http://www.medialit.org).

## About Us...

The Consortium for Media Literacy addresses the role of global media through the advocacy, research and design of media literacy education for youth, educators and parents. The Consortium focuses on K-12 grade youth and their parents and communities. The research efforts include health education, body image/sexuality, safety and responsibility in media by consumers and creators of products. The Consortium is building a body of research, interventions and communications that demonstrate scientifically that media literacy is an effective intervention strategy in addressing critical issues for democracy: <http://www.consortiumformedia literacy.org>

**CONSORTIUM**  
for **MEDIA LITERACY**

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*Uniting for Development*

## Media Literacy Resources

### Public Health and Media Literacy

The Public Health field has long been a major funder of media literacy initiatives addressing a host of topics – violence prevention, nutrition, smoking cessation, sexuality, and virtually every health-related topic imaginable. On Nov. 11-13, 2018, the American Public Health Association (APHA) held its annual APHA Global Public Health Film Festival, a popular annual feature organized for the APHA's Annual meeting.

The 2018 Film Festival, held in San Diego, CA, offered a prominent role for media literacy, with a special presentation entitled "Facts Matter: Truth, Media and Public Health," during which CML's Tessa Jolls presented, along with Rachel Schnalzer (Buzzfeed), Alan Miller (News Literacy Project) and Paul Sission (San Diego Tribune). See article on APHA 2018

Film FestiFestival: <https://apha.confex.com/apha/2018/ff2.htm>

Next year's Film Festival will be held in Philadelphia November 3-6, 2019, and there will be a call for entries later in the year.

### Additional Resources: Public Health Research and Media Literacy

Rosenthal, E. & Gillig, Traci, *Can transgender TV characters help bridge an ideological divide?*

The Conversation, Aug. 29, 2017:

<https://theconversation.com/can-transgender-tv-characters-help-bridge-an-ideological-divide-81914>

### CML's Peer-Reviewed Journal Articles on Violence and Media:

Fingar, K. & Jolls, T. *Evaluation of a School-based Violence Prevention Curriculum*. Injury Prevention, Aug. 20, 2013: <http://www.medialit.org/sites/default/files/Injury%20Prevention%20Journal%202013.pdf>

Webb, T. & Martin, K. *Evaluation of a US School-Based Media Literacy Violence Prevention Curriculum on Changes in Knowledge and Critical Thinking Among Adolescents*. Journal of Children and Media, p. 430-449, Sept. 14, 2012 : <https://www.tandfonline.com/doi/abs/10.1080/17482798.2012.724591>

### How do Logos Look – and Why?

Brands play a key role in the representations of organizations, as well as their products and services. Although branding strategies go beyond the visual representations that logos offer, the logos themselves are worthy of observation and study, since they provide the symbolism that represents the organizations and their structures, as well as the products and services offered. Logos provide a “seal,” a trusted and quick way to identify the origins or the integrity of a company and its offerings. Although logos are ubiquitous and often overlooked, what might be the consequences when logos are faked, or subtly changed? What happens to the value of the company brand, or to the trust that we may have for an organization?

**AHA!** There’s more to logos than the image itself.

**Grade Level:** 6-9

**Materials:** Article: *Can you spot the real brand from the fake? We’ve slightly altered 16 well known labels to test your brain* (The Sun, Aug. 30, 2017): <https://www.thesun.co.uk/living/4350996/can-you-spot-the-real-brand-from-the-fake-weve-slightly-altered-16-well-known-labels-to-test-your-brain/>

Key Question #2/Consumer: What creative techniques are used to attract my attention?

Key Word: Format

Core Concept #2: Media messages are constructed using a creative language with its own rules.

Key Question #5/Producer: Have I communicated my purpose effectively?

Key Word: Purpose

Core Concept #5: Most media messages are organized for profit and/or power.

**Activity:** Explain to students that logos are visual symbols that represent – or re-present – organizations, and their products and services. Ask students to give examples of logos that they have seen, and why they think that having logos is important. Then, tell students that sometimes, logos are sometimes “faked,” so that people can become confused about what is a product actually manufactured by a company – or not. Then, tell them that they are going to take a quiz that has some “real” logos and some “fake” logos – and they can see how many logos they recognize. After taking the quiz and seeing how many answers they got correct, divide the students into pairs, and ask them to discuss with each other:

1. What kinds of mistakes did you make in recognizing the logo?
2. Was this quiz easy for you, or hard? Why?

3. What do you think might happen if a company's logo is "faked" and shown on products or advertised with services? List at least two ideas of these consequences.
4. Do you think that companies care about their logos and how they are used? Why or why not?
5. What can consumers do to make sure that the products or services they are using are really being provided by the company whose logo appears?
6. If a logo is being misused, what can a consumer do?  
(Report to the company; report to the store where the product is purchased; in the U.S., report to the Federal Trade Commission).

After students have a chance to discuss, ask each pair to report to the class what they learned in their discussion with their partner.