

COMMITTEE C

List of Diseases. Dengue, encephalitis, malaria, plague, Rocky Mountain spotted fever, typhus, yellow fever, and tularemia.

Committee

Dr. Albert S. McCown, Virginia, chairman
Dr. M. Leo Furcolow, CDC, recorder
Mrs. Sylvia O'Rear, CDC, secretary
Dr. E. A. Belden, Missouri
Miss Phyllis Deusinger, Oklahoma
Dr. James C. Hart, Connecticut
Dr. Abel de Juan, Puerto Rico
Mr. Carl C. Kuehn, Louisiana
Dr. J. E. McCroan, Jr., Georgia
Dr. Harry A. Nevel, Florida
Mr. Paul Shipley, California
Dr. C. P. Stevick, North Carolina
Dr. A. R. Zintek, Wisconsin
Dr. John M. Chapman, Los Angeles, Calif.
Dr. Terrell Carver, Idaho

Consultants.

Dr. Justin M. Andrews, CDC
Dr. Karl Habel, National Institutes of Health
Dr. Thomas P. Hughes, CDC
Dr. Kirk T. Mosley, University of Oklahoma
Dr. Griffith E. Quinby, CDC
Dr. Joseph H. Schubert, CDC
Dr. Wilson G. Smillie, Cornell University

COMMITTEE D

List of Diseases. Diphtheria, influenza, measles, meningitis, ophthalmia neonatorum, pertussis, pneumonia, smallpox, and streptococcal infections.

Committee.

Dr. A. L. Gray, Mississippi, chairman
Dr. Ralph Paffenbarger, CDC, recorder
Mrs. Peggy Wylie, CDC, secretary
Dr. Wendell R. Ames, Erie County, N. Y.
Dr. Alcor Browne, California
Dr. D. S. Fleming, Minnesota
Mr. Jack Hardin, Missouri
Miss Vivian Holland, Wisconsin
Dr. Emil Kotcher, Kentucky
Dr. James R. McDowell, Colorado
Dr. Dean Roberts, Maryland
Dr. William D. Schrack, Jr., Pennsylvania
Dr. Leonard Schuman, Illinois
Mr. D. E. Waggoner, Kansas
Dr. Morris Greenberg, New York City

Consultants.

Dr. Roger M. Cole, National Institutes of Health
Dr. Martin Frobisher, Jr., CDC
Dr. John E. Gordon, Harvard University
Dr. David D. Rutstein, Harvard University
Dr. Myron E. Wegman, Louisiana State University
Dr. Frederick C. Kluth, Leonard Wood Memorial, Corpus Christi, Tex.

On the last afternoon of the conference, a tentative report of the recommendations was discussed and modified by the whole group of delegates. The subcommittee of the Association of State and Territorial Health Officers was directed to consolidate the decisions reached in the form of a report to be disseminated to all State health offices prior to submission at the Annual Conference in October 1951.

Film Evaluation: How it Works at CDC

MERLE WIMMER*

(The purpose of this article is to explain in the briefest and simplest form the procedure which is being used to evaluate CDC films. An article in a later issue of the CDC Bulletin will show a summary of all data accumulated, their analyses, and the specific results obtained from collection of the data.)

*Audio-Visual Production Services, CDC.

Film evaluation, like all other evaluation, consists of weighing values, quality, and efficiency as related to intended purposes.

The very characteristics of films which make them powerful tools of instruction also make them dangerous tools if they impart wrong ideas. Wrong ideas may creep into films either through error, lack of technical information, or confusing

visualization. Prerelease evaluation reduces the margin of error to the minimum, while postrelease evaluation leads to discovery of defects which can be corrected by revision. The findings of errors or other defects in both cases lead to caution and avoidance of such pitfalls in future productions.

CDC is fortunate that it has facilities for evaluation as well as for production and distribution. The average producers have only indirect contact with films after they are released. Therefore, they do not have the advantage of having evaluation information fed back into production for future improvement. The primary objective of CDC evaluation is to improve future production by discovering undesirable practices of the past.

Inasmuch as the audio-visual method has been proved and widely accepted as a way of instructing, no effort is being wasted to reconfirm this. The training situations in public health consisting of somewhat irregular short courses preclude any possibility of carefully controlled experiments with films. The evaluation discussed here consists of postrelease evaluation and is broken down into four elements as follows:

Opinion poll (personal film rating), free voluntary response (criticism and praise), controlled response (specific questionnaire on individual subjects), and program evaluation (accumulation and analysis of all data relative to distribution, utilization, and evaluation).

Opinion Poll. An opinion poll as to the quality of films is valid only when it represents widespread opinion and is based on quantity. The information for this poll is obtained by sending a rating sheet with each print shipment. The user is asked to rate the film as excellent, good, fair, or poor (Ex, G, F, or P). These reports are tabulated and the average opinion of all types of users is established for each film. The same reports are used to determine the average rating for all motion pictures combined and all filmstrips combined. The accompanying table shows the result of combined ratings:

Motion Pictures				Filmstrip			
Ex	G	F	P	Ex	G	F	P
56%	38%	5.5%	0.5%	56%	35%	8.4%	0.6%

No definite conclusions can be based on these reports except that users have an opinion of the quality of our films averaging between "Good" and "Excellent." Since all classes of users are

represented in this type of report, a film is not necessarily considered to be excellent simply because it is consistently rated as such. By the same standard, one is not considered as an inferior film simply because it is rated less than good. The greatest weight is placed on evaluations by users for whom the film was prepared. If they say it is poor, the film is marked for further scrutiny and study, sometimes in the form of a special evaluation or examination by established technical review committees. These committees have been appointed in all the Services of CDC. When they hold their meetings, all available evaluation data which have been accumulated and analyzed for the film under discussion are placed at their disposal. After the meeting, this committee makes recommendations as to what action is to be taken, if any, relative to technical changes in the film. These recommendations may or may not lead to revision or withdrawal of the film. Production cost and scope of utilization help to determine what action is taken.

Free Voluntary Response. This phase of evaluation is conducted for the purpose of obtaining open, frank criticisms primarily on the technical aspects of the film, but is not restricted to this. Users are requested to use the back of the rating sheets for these reports. Any type of criticism is invited, assuming that each person will criticize those elements which he is qualified to judge. This type of evaluation results in accumulation of vast quantities of criticisms. Some prove to be valid and some invalid. A composite of the criticisms is typed for each film. Criticisms which are reported repeatedly suggest validity. All worth while criticisms are submitted to technical review committees when they are called upon to re-examine the film.

Controlled Response. This phase of evaluation is more specific than any of the other procedures. The purpose of this evaluation is: (a) to get responses on specific items about which there may be some doubt or controversy; (b) to determine whether, or to what degree, the film helps to meet the objective; (c) to discover technical errors; (d) to discover types of presentation which are ineffective; and (e) to discover better techniques.

The method used for this evaluation is to prepare a special evaluation sheet for the subject under study. The sheet is in the nature of a questionnaire. Many of the questions require a definite "yes" or "no" response, while others allow for free response. These report forms are sent only

to the types of users for which the films were prepared.

These evaluations result in a quantity of high caliber responses from persons who should have the best answers. These reports are more likely to result in revision or withdrawal of a film than the other types of evaluation. The data from these reports are made available to technical review committees as is the case with all other information.

Program Evaluation. Program evaluation consists of all information collected, recorded, and analyzed as previously discussed, and in addition provides reliable records on distribution and utilization scope and trends. The method is simply one of accurate recording, tabulating, analyzing, and reporting of all accomplishments. These include distribution data, production and distribution of utilization materials, and monthly, semiannual, and annual reports. The information assembled is then visualized in graphic form. From the resulting charts, graphs, and other media, the scope and trends in any aspect of the program can be observed through comparison. Weak and strong points of the program are readily discovered.

Results of Combined Evaluation Efforts. Some of the results of the evaluations are intangible, and are obvious but not measurable. Others are tangible. The intangible results are:

1. All persons concerned with production are becoming more conscious of what makes a good film. They are learning what types of films are acceptable by users.

2. Technical advisers are becoming more conscious of their responsibilities to the audiences.

3. Users are learning how to present constructive criticisms of films.

4. Utilization materials have improved the attitude toward films and have obviously stimulated better use.

The tangible results are:

1. Films are constantly receiving higher ratings.

2. Certain types of footage and visual presentation have been shown to be unacceptable by the audiences. Such types of footage have been practically eliminated from recent productions.

3. A number of films have been withdrawn from circulation due to evaluation data.

4. A number of films have been recommended for revision due to evaluation data. Some are being revised and some are on schedule for revision.

5. Many other films have been spotted for re-examination as rapidly as technical review committees can get to them.

6. An accumulated audience of over 6 million professional people had seen CDC films up to January 1951.

7. There is a constant increase in distribution as indicated by chart 1.

8. There is a constant increase in new users.

9. Many previous users are increasing their use of CDC films.

10. Film reviews in professional journals have materially increased distribution.

Conclusion. Sufficient evaluation data have been accumulated, analyzed, and put to work to show results in present productions and will no doubt reflect in all future productions.

