SCHOOL AS TV PRODUCTION
Rough Draft -- Larry Johnson, January 1994

A. Most educational reform ignores television, except sometimes to complain about the negative effects of popular television, which is purposely designed to create endless watching and perpetual buying. Most children watch a lot of TV, and poor students tend to watch more. They do learn a lot from it; its just that what they learn might not always be what concerned parents and educators would deem most valuable. The fact is that there is now more quality educational programming on TV than ever before, thanks to the proliferation of cable channels. The problem is knowledge of and access to. Also thanks tomultilple cable TV channels, there is more need than ever for children to have visual literacy and critical viewing skills training. A movement is beginning, but its still often used only where individual teachers believe in it.

B. Before I went to work for the Mpls schools in 1982 (1st as Cable TV Coordinator, and the last several years as a usually half-time prep teacher of storytelling and video, I started a participatory TV channel at Mpls Children's Health Center. It emerged in the 70's concern for TV violence and passivity, and it has since been duplicated on low or no budgets around the country. A research study shows that even though our yearly budget to run all day, with one or two specially designed live shows daily, was only $50,000 (enough to produce a fraction of one Sesame Street show) children watched our live Electronic Get Well Card and then stayed tuned for taped health information because it allowed them to participate by calling in, designing segments of programming, being on themselves etc. Part of my agenda was the visual literacy that comes from making TV, not just watching it, but the hospital is not a prime place to get that across. The programming had to bend more to the benefit of taking one's mind off the pain while the doctors and nurses do what's needed to get you well. I'm proud of being a part of this, but I really wanted to be in the schools to teach storytelling, videomaking, and visual literacy to a population that was there for education and the duration, not just for a few days of getting well.

C. To date I have to say that though a visual literacy movement is beginning to emerge, along with a separated storytelling movement (which I think is often pre-empting itself to the style of popular television), I and others have only been able to dabble at this. What I want to propose here is a MAGNET SCHOOL BUILT AROUND THE IDEA OF MAKING TV AND OPERATING THE CLOSED CIRCUIT TV CHANNEL. I know not every school has one, but they are out there, and in Minneapolis where I am, every school does have CCTV. I'm not talking about just playing tapes or piping the cable around (that's basically why all Mpls schools have CCTV). I'm talking about children (I'm thinking elementary, only because that's where I teach, and because there's more possibility for teacher and curriculim integration) totally operating a TV channel as an educational experience. Much of school would operate as it does now, but along with and as part of regular lessons, children would be given opportunity to:

1. a. Help select programs from CABLE IN THE CLASSROOM (a wonderful new collaboration of cable companies and channels to clear copyright on educational programs and to provide access to them for use in the various curriculim areas) and build a written weekly log that would allow them to play these tapes, along with those they create themselves, onto the channel and into the classroom.

2. Create a TV Guide with student written articles, stories, and artwork along with listings of how and why to use CCTV programing in the class.

3. Take turns working in small production groups to create programming live and taped that of the reading, writing, research going on in all curriculim areas in the regular classroom. Students would have opportunity to work cooperatively to plan, create, write, produce, edit, and actually play onto the channel their programs, and it would be operating continuously so all students could rotate through.

4. Utilize computers to write scripts, create graphics and titles for programs, and to program print messages right onto the screen to run when video programs are not.

5. Work in the multidisciplinary area of creating video "ads" for the many useful products and services (purchaseable or make it yourself) that never or rarely find their way onto commercial TV because no one has the regular several hundreds of thousand dollars for each minute of advertising time.

6. Showcase their storytelling abilities and teach others to do it by telling regularly on CCTV. Because of the live capability, one kind of call-in and teaching possibility might be to tell part of a story and allow listeners to call in and finish (I have done this a bit on school CCTV and by bringing student storytellers to the Children's Hospital channel as guests.)

D. One mechanism for doing this might be to have a media/video type do preps not by seeing different classes all day, but by teaming with classroom teachers once a day as a live, call-in teacher TV host. If there were eight 1/2 classes, half of those teachers would have prep on Monday, while their students double up in another classroom and are taught by the in-person classroom teacher working with the live, call-in TV teacher who would demonstrate things that can be done in the class (using the Closeup capabilities of TV) and/or initiate call-in "games" that are curriculim related. A schedule could be worked out that would have students doubling up in a given classroom no more than once a week, and the media/TV person would be freed up from teaching large groups all but one hour a day. This would allow for facilitating small groups of students operating the channel totally and producing programs on their own. Creative scheduling could also allow for music and art teachers to become a part of this in the vein of how much music and art are a part of television as we know it.

Another mechanism for doing this might be to tie teacher prep time to an extended lunch hour. When I was in jr high in Bloomington, we ate lunch and then were herded into an auditorium to watch Flash Gordon serials till it was time for class again. Since we now have "digestion rupturing" short lunches tended by paras, might we extend lunch (and give teachers prep time) by moving paras and students back to class to view specially selected educational fare from Cable in the Classroom. The media/TV person would be responsible to work with teachers to find the programming and get it on, and the teacher would know what is being used so could do the "Here's what to look for" even though he or she is not there. Later that day he or she could do the follow-up discussion or journal-writing or other learning drawn from the video. This may or maynot ever need to have a live component, and would in either case, allow for live, call-in educational shows to be also regularly hosted by students at other times. (The assumption in both of these is that if the content of the program is a professionally produced video or a live teacher host, the content is for learning; if the hosts of a show are students, the process itself is the most important learning).

Live Broadcasting on CC-TV and its Effect on Television Viewing Patterns of Hospitalized Children

CHARLES N. OBERG, M.D.*, and LARRY JOHNSON, M.A.†

The study demonstrated that in the afternoon, hospitalized children watch more television than their non-hospitalized counterparts. In addition, when only pre-taped programs were broadcasted on closed circuit television (CC-TV), a small percentage of children selected it as a viewing alternative. However, with one hour of live programming in the early afternoon, a time usually devoid of children's programming, CC-TV cut dramatically into the adult-oriented programs being viewed.

TELEVISION HAS enjoyed tremendous growth since the 1950s. Information from the U.S. Bureau of Census shows that by the year 1974, greater than 95 percent of all U.S. households had a television.[1] Accompanying this rapid growth, an enormous amount of literature regarding the effects of television on children has been generated. By far the greatest amount of research has been in the realm of television violence. The Banduras, with their clarification of observational learning, have shown that children who view aggressive models increase their aggressive behavior.[2] Gebner[3] and his associates undertook a content analysis and demonstrated the extent of violence in commercial programming. Programs directed at young children were particularly violent, with cartoons having the highest frequency documented. In another realm, Friedrick and Stein[4] have attempted to evaluate television as a tool for transmitting prosocial behavior such as cooperation, sharing and a concern for others. Their consensus is that children can learn prosocial skills from carefully designed programs.

The field of pediatrics has shown an increasing interest in television over the past decade. Dr. H. M. Frankel,[5] in an editorial correspondence in 1976, addressed the issue with regard to television and its effects on the health of hospitalized children. The Academy of Pediatrics at their annual meeting in 1978 issued a policy statement recommending a ban on television advertising during children programming hours. In 1980, the Academy issued a publication entitled, *Television and the Family*,[6] which emphasized the need for more parental awareness and parental monitoring of children's viewing patterns.

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The question then becomes: what are the viewing patterns of hospitalized children? Guttentag[7] undertook an extensive project at the Children's Hospital of Winnipeg. The recently published article revealed that, " . . . daytime viewing is substantially higher for hospitalized than non-hospitalized children and includes more programming which is directed towards adults." In addition, viewing was characterized as excessive and indiscriminate, with the pediatric population literally a captive audience.

The CC-TV channel at Minneapolis Children's Health Center and its live programming offers an innovative and refreshing alternative to commercial broadcasting. Therefore, the following study was undertaken to see what effects a CC-TV channel had on viewing patterns. Several objectives were addressed; First, to see if the amount of hospital television viewing was similar to Winnipeg Children's Hospital. Second, to determine if the CC-TV channel affected program selection. Finally to see if limited live broadcasting could increase the viewing of the closed circuit channel.

Material and Methods

Minneapolis Children's Health Center is a private, nonprofit hospital with a 107-bed inpatient facility.

An audience viewing survey was conducted between November and December of 1981. During this period, 318 patients were observed with regard to their viewing patterns. Every child was observed on half-hour intervals between 1:30 and 4:00 p.m. This time period was selected because it is a time devoid of children's programming, and also because it corresponded to the time the CC-TV channel was available to the patient population. Six weekdays were recorded, including three days during which the channel broadcasted only pre-taped programs

throughout the afternoon. The other three days were days when one hour of live broadcasting was scheduled between 1:30 and 2:30 p.m. The live program is entitled, "The Electronic Get Well Card." During this program children can play interactive games via television, designed to familiarize them with the hospital. Incorporated into the live show are short 30-60 second taped segments aimed at describing the hospital, the health care team and procedures to be encountered. The overall goal of the live show is to reduce the stress and alienation of the hospital experience and to give words of encouragement to patients with special needs. Following the live broadcast, the remainder of the afternoon is devoted to pre-taped educational programs produced for children. These include video tapes from the Educational Foundation of the American Women in Radio and Television, Inc.[8] The range is varied from entertainment programs such as the "Big Blue Marble" to more educational programs such as "Mr. Rogers talks about Going to the Hospital."

The observer recorded whether the child was present in the room, whether the TV was on or off, and the program selection. In addition, the observer recorded whether or not the child was visually oriented to the television. A z test of proportional differences was utilized for statistical analysis.

Results

In this study, 318 pediatric patients were observed with regard to their weekday afternoon viewing patterns. The age range was from four days to 20 years, with the mean age of four years, two months. In the initial analysis, those patients less than 18 months of age were excluded from the sample. It was felt that the television was provided more for parental convenience than for children in this age group. The subgroup of children and adolescents greater than or equal to 18 months of age totalled 188, with a mean age of six years, nine months. The results will reflect this older age group.

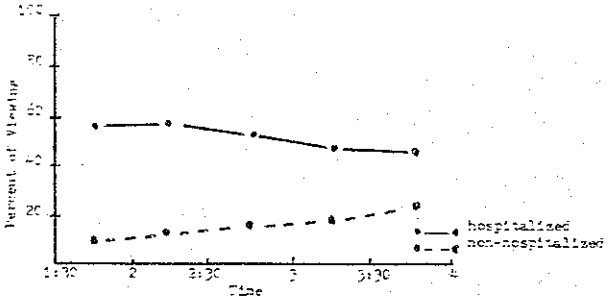

Fig. 1 — The percent of television viewing of hospitalized versus non-hospitalized children.

Viewing was defined as the child in the room with the television on. Figure 1 is a graph of the percent of viewing as a function of time for hospitalized versus non-hospitalized children. The non-hospitalized information is drawn from the Winnipeg study, who published it with permission from the A. Nielson Company. As can be seen from the graph, the total amount of viewing for hospitalized children is greater than non-hospitalized children.

This older age group then was subdivided into those children who viewed on days when only pre-taped programs were aired as compared to those who viewed on days with one hour of live programming on the CC-TV channel. As can be seen from Figure 2, the total percent of viewing was essentially identical for these two subgroups. Therefore, it is evident that the one hour of live programming did not increase the amount of television being watched.

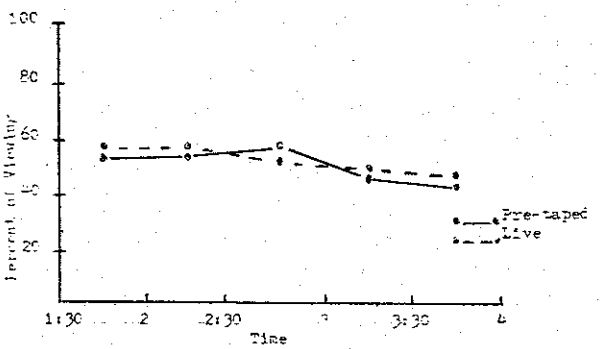

Fig. 2 — The percent of television viewing for hospitalized children on pre-taped versus live programming days.

However, live broadcasting had a dramatic effect on program selection. The next two figures are a graphic comparison of program selection as a function of pre-taped versus live programming on CC-TV. Programs depicted include closed circuit (CC-TV), soap operas (S.O.) and others (O) which include talk shows, game shows, re-runs and the public broadcasting station. Figure 3 represents program selection on the pre-taped days between 1:30 and 2:30 p.m. The proportion viewing soaps is 58 percent with 18 percent for other commercial programs and only 24 percent for CC-TV. Though the pre-taped programming offers an alternative, they have marginal impact with regard to commercial programs. In marked contrast, Figure 4 demonstrates how one hour of live broadcasting can change program selection. The CC-TV channel attracted 60 percent of the viewing audience, cutting significantly ($P < 0.001$) into those previously watching the daily soap operas. It was also shown that after the live program went off the air, a greater percentage of children continued to

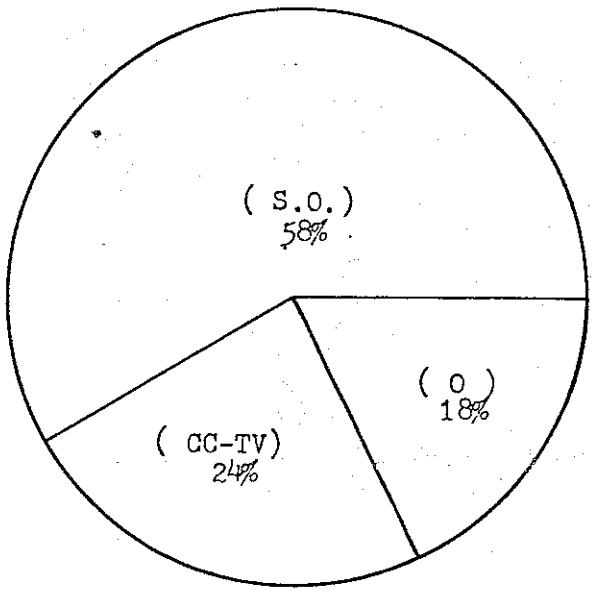

Fig. 3 — Program selection with pre-taped CC-TV.

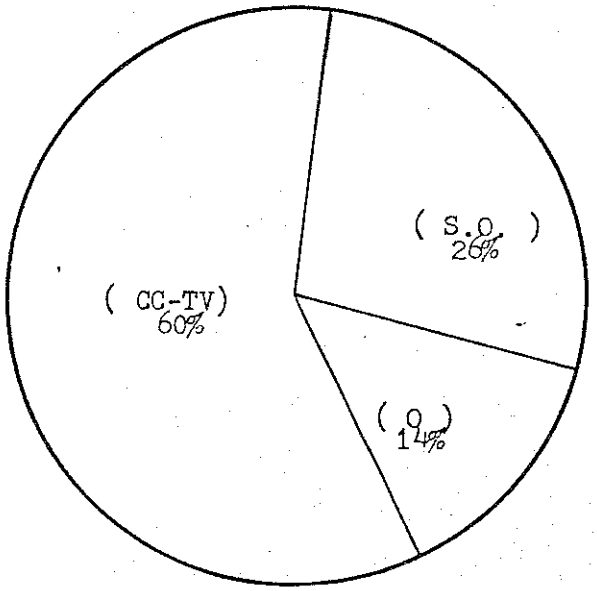

Fig. 4 — Program selection with live CC-TV.

view the educational programs on the CC-TV channel throughout the afternoon.

Children's attention also was recorded and was defined as the child visually oriented to the television set. Figure 5 represents an accumulation of all the 30-minute intervals in each of their respective program type, and the percent attending was calculated for each.

An impressive 83 percent of children viewing live CC-TV were oriented and attending to the set when the observer was in the room. This is significantly different ($P < 0.001$) than the 30 percent for the soaps.

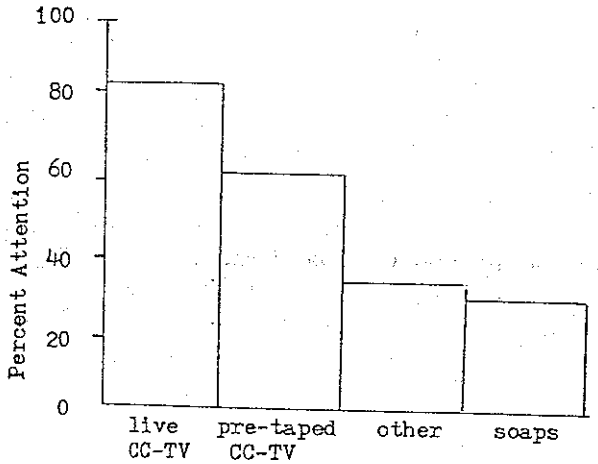

Fig. 5 — Percent attention as a function of program selection.

Discussion

To summarize, it is evident that hospitalized children are indeed viewing more television than non-hospitalized children. In addition, it was clearly shown that live broadcasting on CC-TV does not increase the amount of television being watched. However, the limited use of live programming had a tremendous effect on program selection. This information is relevant to those hospitals with CC-TV capacity who plan or are presently broadcasting only pre-taped programs. The results indicate that pre-taped shows alone have difficulty competing with the commercial station. However, the selective use of live broadcasting, followed by the pre-taped programs, dramatically increased viewing of the CC-TV channel with carry over into the later afternoon. This is a remarkable accomplishment considering the immense popularity of the commercial programs.

Hopefully, this study demonstrates that CC-TV and the implementation of limited live broadcasting is a viable alternative to commercial programming.

Acknowledgement

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TV As Therapy For Ailing Kids

Medicos Test Theory

By BOB REES

Minneapolis, Feb. 5.

Physicians at Minneapolis Children's Health Center, a pediatric hospital and research facility, believe television can be employed to help ailing smallfry relax and increase their tolerance for pain. Doctors here have been experimenting to test the theory that children, under tv's spell, are less susceptible to physical discomfort than they otherwise would be.

Medicos are studying patients' brainwaves to see if children's thought patterns change perceptibly while they're watching tv. Dr. Karen Olness, the center's medical education director, is pioneering the research.

"One of the things we've learned is that one of the easiest ways to get children into relaxation exercises is to get them to imagine they're watching their favorite television show," Dr. Olness said. "This led us to believe that children might be in an altered state of consciousness while they're watching tv which, in turn, means they could be more suggestible."

Theory to date is strictly speculative, Dr. Olness pointed out, adding that the brainwave studies might provide some significant clues on ways to upgrade treatment of sick youngsters.

Live To Bedside

Television is also being used in other innovative ways at CHC. It is believed to be the only hospital in the U.S. beaming live, closed circuit telecasts to patients five days a week. CHC's Channel 13 airs two live shows weekdays between 10:30 a.m. and 3 p.m. Original programming alternates with instructive videotapes on health education and hospital info.

Heading the project is tv coordinator Larry Johnson. He unveiled the telecasts two years ago, plugging a black & white security camera into the closed circuit system, which feeds transmissions to tv sets in patients' rooms. Operation initially consisted of putting patients' names on the screen and having Johnson chatting with the hospitalized youngsters by telephone.

Subsequently the hospital acquired an audiotape deck, videotape cassette recorder/player and a color camera. Johnson added puppet and gameshows to the hospital fare to cheer up patients. While the telecasts have served that purpose, they've also been credited with getting smallfry to take medicines, eat meals and drink liquids. TV has lessened fears about hypodermic needles, intravenous feeding and surgery.

Johnson has drawn older teenage patients into the program by teaching them to operate cameras and other gear and by getting them to participate in the telecasts. "The idea," says Johnson, "was interactive television, convincing our audience this wasn't just another thing to watch."

Project has had two goals, according to Dr. Charles Van der Heide, CHC child phychiatry director and chairman of the hospital's tv committee. "From the beginning our philosophy was that we didn't want to get into an adversary position," Dr. Van der Heide explained. "We wanted to take a positive approach, sensitizing parents and families to both good and damaging aspects of television. The second objective was to see how television in a medical setting could make the hospital experience less traumatic."

Telecasts are likely to be extended to an adult hospital in the near future. CHC's tv system is actually owned by nearby Northwestern-Abbott Hospital. Two-way transmissions, enabling parents and grandparents hospitalized at Northwestern to talk with and see family members too young to visit thier rooms, have already been tried.

things we had been observing and discussing.

Instead, the classroom became strangely quiet. The students looked at us and at each other, and we realized they didn't know how to even list what they

TV improves instruction, says educator survey

If you think educational television can enhance learning but have been afraid to admit it, relax; apparently most of your colleagues agree. In a recent survey of public school educators, 96 percent of teachers and 90 percent of school media specialists endorsed the use of television in the classroom and described TV programming as helpful in meeting their curriculum objectives. About three out of four of the respondents said they believed more use of educational television would improve instruction and plan to increase its use next year.

These findings came out of a national survey conducted this past fall by Dale Mann, a professor of education at Columbia University's Teachers College and founding chair of the International Congress for School Effectiveness. The study was commissioned by the Arts & Entertainment cable TV network. Out of 1,750 urban, suburban, and rural teachers and media specialists who received the survey, 247 (14 percent) responded.

According to Mann, the survey indicates that "teachers do not view ETV [educational television] as a baby-sitter; they see it as an important tool to enhance the curriculum."

Teachers said educational TV was best at motivating students (83 percent) and reinforcing a lesson (67 percent). Enrichment and remediation uses w endorsed by 60 percent. In terms of subject m teachers said educational TV was most pow current affairs (56 percent), followed by li (38 percent), performing arts (37 percent), l (33 percent), and math and science (20 perce

The educational programs teachers most ofte tuned into were those aired by PBS (55 percen followed by the cable programs CNN Newsroo percent), A&E Classroom (11 percent), Assign Discovery (5 percent), and C-Span coverage (4 cent). Advertiser-supported Channel One trail percent.

Teachers' ratings of the quality of these progra did not parallel usage as closely as might be ex pected. PBS again came out ahead, with a top rating from 50 percent of respondents. A&E Classroom was next with 23 percent. Assignment Discovery (9 percent), CNN Newsroom (5 percent), and Channel One (2 percent) followed. The importance of subject matter in determining usage probably accounts for the discrepancy.

The greatest improvement these educators envisioned for educational television was the addition of more written materials to bridge the visual experience to regular classroom instruction.

TV may add to learning disabilities

workshops

By John Rosemond
Knight-Ridder News Service

PARENTING

Q. Our 8-year-old son has a learning disability that handicaps his ability to pay attention, follow directions and correctly decipher the printed word. He's already more than a year behind in reading skills. We recently watched a talk show featuring a learning disabilities specialist who said most, if not all, learning disabilities were inherited. Is there a way of finding out for sure whether Billy's disability is inherited?

A. The fact is that learning disabilities come in many varieties. No one knows for certain what causes any given one.

Some may be inherited, or at least related in some way to genetic factors. I happen to think this accounts for only a small minority. It boils down to this: The specialist you heard wouldn't be able to prove that it isn't.

Since the early 1950s, learning disabilities have become epidemic among school-age children in America. Many say the sharp increase is due to better identification procedures. I, on the other hand, think we've had to put more effort into research and identification because of the increase. Better identification procedures don't cause epidemics; they come about as a result of them.

It's interesting to note that learning disabilities are not nearly as much a problem in European school-age populations as they are in the United States.

Since we share much of the same gene pool, this would seem to minimize a genetic explanation and suggest that the reason for this country's epidemic may be largely environmental.

The question then becomes: "What are the most typical differences in upbringing between European and American children?"

To be sure, there are many, but one of the most striking has to do with television. By and large, European children watch less than five hours of television a week, and American children watch between 25 and 30. Can large amounts of television cause learning disabilities? Developmental theory strongly suggests it can.

A vast array of skills and talents is contained within the human genetic code. In order to activate this program, the preschool child must be exposed to environments and experiences that promote the exercise of those talents.

In other words, the more creatively active the child is during his or her preschool — or formative — years, the more talented he or she will eventually be.

Watching television is a passivity, not an activity. It does not properly engage any human potential — motor, intellectual, creative, social, sensory, verbal or emotional. Therefore, by its very nature, and regardless of the program, television is a deprivational experience for the preschool child.

Reading is not one skill, but a collection of skills. In order to learn to read well, a child must come to the task with a complete set. If pieces of the puzzle are missing or damaged, learning to read will be that much more frustrating for the child.

The average American child has watched 6,000 hours of television before he enters first grade. Think of it! Can we truly expect that the puzzle can endure that amount of developmental deprivation and survive intact?

And let us not forget that learning-disabled children are only the tip of the "Why-Can't-Johnny-Read?" iceberg.

Since the early '50s, scholastic achievement measures have slipped steadily downhill, and illiteracy among 17-year-olds has risen to 20 percent.

Could our love affair with television be lurking behind our national reading crisis? We may never know for sure. The question is, is it worth the risk?

John Rosemond is a psychologist, columnist and author of "Parent Power: A Common Sense Approach to Raising Your Children in the '80s" (Eastwood Press, $12.95).

Skonira — concentration attention span illiteracy

Problem