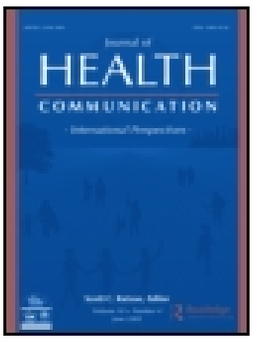

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Beyond the Page: A Process Review of Using Ethnodrama to Disseminate Research Findings

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Public health researchers are charged with communicating study findings to appropriate audiences. Dissemination activities typically target the academic research community. However, as participatory research grows, researchers are increasingly exploring innovative dissemination techniques to reach broader audiences, particularly research participants and their communities. One technique is ethnodrama/ethnotheatre, a written or live performance based on study findings. Though used effectively in social change programs, dramas are seldom used to distribute research findings exclusively. Therefore, little information is available about planning and implementing an ethnodrama for this purpose. We present a case study describing the process of planning and implementing an ethnodrama in the context of the Durham Focus Group Study, which explored men's health-seeking behaviors and experiences with health and healthcare services in Durham, North Carolina. Here, we highlight lessons learned throughout the production of the ethnodrama, and how we addressed challenges associated with transforming research data into educational entertainment. Additionally, we provide discussion of audience feedback, which indicated that our ethnodrama evoked an urgency to change health behaviors among lay persons (67%) and delivery of health services among those identifying as providers (84%), pointing to the success of the performance in both entertaining and educating the audience.

Beyond collecting relevant and timely data, health researchers are charged with effectively disseminating findings. Successful knowledge transfer depends on selecting a medium that appropriately reflects the data, audience, and purpose of dissemination (Gagnon, 2009). Traditionally, researchers have aimed to contribute to the knowledge base through peer-reviewed journals, reports, or conference presentations (Gagnon, 2009; Keen & Todres, 2007). Though these conventional approaches allow research peers to build on and apply findings (Davis & Davis, 2010), they often exclude other important audiences, particularly the study population(s) and the practitioners who work with these populations. Such exclusion runs counter to current participatory research movements and can forestall deeper levels of engagement with and uptake of research findings (Gagnon, 2009; Keen & Todres, 2007).

Some researchers do attempt to share findings more broadly by employing posters, pamphlets, flyers, or similar techniques. These approaches are often designed as health behavior change communications to mitigate undesirable behaviors and encourage new, healthy ones. Such approaches—through the use of key words or phrases, limited text, and visual displays—have proven effective in a few behavior change contexts (Connelly & Knuth, 1998; Wensing, Bosch, & Grol, 2009).

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Limitations of such techniques, however, may include inadequacies in message framing, audience literacy, and audience competency in the subject matter (Connelly & Knuth, 1998; Meyerowitz & Chaiken, 1987; Rothman, Salovey, Antone, Keough, & Martin, 1993). Study communities may therefore perceive some dissemination approaches as too "academic" or intellectually inaccessible, thereby impeding comprehension or engagement for some. Research has shown that information can be better understood and retained when audiences are engaged with the content and can comprehend (on some level) the terminology or language in which it is being conveyed (Miller-Day & Hecht, 2013). Taking this into account, other innovative forms of dissemination have been used, including digital and social media, technological integration (e.g., mobile devices), and various art forms (Boydell, Gladstone, Volpe, Allemang, & Stasiulis, 2012; Keen & Todres, 2007). One such technique is an ethnodrama—a scripted dramatization of research data performed for an audience (Saldaña, 2011).

Ethnodramas have been applied across a variety of disciplines, are usually audience specific, and are intended as vehicles for behavior change (Keen & Todres, 2007; Khalil & Rintamaki, 2014; Neumark-Sztainer and colleagues, 2009). According to the narrative engagement framework, messages communicated in "narrative form," like through an ethnodrama, must be simplified and refined, and thus are capable of demystifying complex research findings. Additionally, by drawing on local narratives and culture, such forms capture and endear audiences by heightening the saliency of their personal connections to a series of related events chronicled through sympathetic

and "familiar" characters, rather than as a set of "dos and don'ts" (Miller-Day & Hecht, 2013). Ethnodramas can also be an effective knowledge transfer tool among population subgroups that traditionally employ storytelling to influence behavior (Hinyard & Kreuter, 2007). However, ethnodrama has rarely been employed solely to communicate research findings. Reflective of this, little guidance exists in the literature describing activities and challenges involved in planning and implementing an effective ethnodrama with knowledge transfer as a primary objective (Miller-Day, 2008; Schneider and colleagues, 2014).

In this paper, we present a case study describing the development and implementation of an ethnodrama based on qualitative public health research. We describe the process of planning, producing, and evaluating the event, as well as the lessons learned throughout the process. We hope both to encourage other researchers to think about nontraditional approaches to knowledge transfer and to provide some guidance, based on our experiences, on ways to use ethnodrama to disseminate research findings.

Basis for the Ethnodrama

Our ethnodrama was implemented as a tool to disseminate the findings from our research study—The Durham Focus Group Project (DFGP)—which explored the health-seeking behavior and healthcare experiences of African-American men. A total of 310 African-American men in Durham, North Carolina, participated in the DFGP across 40 focus groups. Aside from being African-American and male, eligibility criteria included being between 25 and 65 years of age and residing within the city of Durham. The focus-group instrument consisted of 13 open-ended questions. The instrument was pretested for comprehensibility and clarity among a group of five men from the target population and revised based on their responses. Oral informed consent was obtained from all participants, individually, before initiation of data collection. All focus groups were digitally audio-recorded and transcribed verbatim (McLellan, MacQueen, & Neidig, 2003).

Our research team conducted an inductive thematic analysis (Guest, MacQueen, & Namey, 2011; Guest, Namey, & Mitchell, 2012) on the data generated: The themes and coding framework were derived directly from the data by reviewing each transcript for emerging topics and themes and developing and defining unique codes. An initial codebook was agreed upon by the study team after reviewing the first transcript. Two coders then independently applied codes and compared code application after each transcript to reach consensus coding. New codes were added as needed and agreed upon before inclusion in the codebook. The final codebook contained 94 codes that captured themes related to participants' experiences with health care, factors affecting their health-seeking behavior, and social and cultural norms pertaining to health and health care. Primary themes addressed in the analysis and thus presented in the ethnodrama, included cultural influences on diet and nutrition, inaccessibility or unaffordability of health insurance and health care, the emergency room as the primary interface with the medical establishment, hyper-masculine gender roles and expectations, upbringing on home remedies and traditional medicine, experiences of poor service related to race or insurance status, and distrust of the medical establishment.

Planning, Implementation, and Evaluation

Originally, we planned to disseminate our findings through traditional approaches only—peer-reviewed manuscripts and a community report (Eley, Namey, McKenna, Johnson, & Guest, in progress)—but felt the depth and richness of the data could not be conveyed through written text alone. The candor, humor, and insights of the DFGP participants filled the pages of every transcript we read. We wanted to present our findings to the community in a meaningful way that was as informative, engaging, and entertaining as the discussions themselves and that also gave voice to the study community.

Our considerations for alternative approaches led us to the ethnodrama (Miller-Day, 2008; Saldaña, 2011). Our search and deliberation began and ended with a chance experience. A member of the research team participated in a course led by Johnny Saldaña that introduced the concept of utilizing dramatic methods to convey qualitative findings. During the course, Saldaña shared a video of a play about receiving cancer diagnoses, developed from interviews with breast cancer survivors retelling their experiences of hearing their diagnoses for the first time. The gravity of their experiences was made much more salient through that performance than it would have been through a study report or even a case study. Subsequently, we completed a simple review of a few publications to confirm our understanding of ethnodrama and its basic requisites for format (e.g., characters, dialogue, plot, scene) and "quality" (Hare, 2008; Miller-Day, 2008; Saldaña, 2011). Particularly, we were encouraged by the indication that ethnodrama is best employed if it is a medium that will "credibly, vividly, and persuasively" convey a story to an audience (Hare, 2008).

This exposure to ethnodrama and a subsequent survey of the literature led to consensus within the study team that an ethnodrama could effectively convey DFGP data while capitalizing on performance elements to share findings with the community. The question then focused on how to best develop research data into a performance narrative. Before we could move forward, we had to plan which type and format of ethnodrama might be most effective, while considering the ethical implications of sharing data-based findings publicly. Planning then turned to key factors affecting the ethnodrama's budget and time line, talent selection and communication, script development, logistics, and marketing and promotion. Here, we detail the considerations involved in each of these and present our experiences as a case study, using tables to delineate the issues, the implications, and our chosen solutions, along with suggestions for future approaches.

Choosing the Type of Performance

Once we determined that DFGP data would "fit" with an ethnodrama (Saldaña, 2011), we began to consider what type of performance would be most suitable for our context. For example, we discussed how an ensemble cast might compare with a solo performer, whether a comedic or dramatic adaptation might

be more effective or engaging, and what size audience we might aim to reach (Table 1). Since the humor and candor of the focus group participants were a driving force for the use of ethnodrama, we wanted to preserve that tone and voice. Yet we also wanted to preserve the scientific integrity of the study findings and ensure that performance comedy would not distract from the conveyance of study results. This was an ongoing discussion, since much of this balancing would be the responsibility of the scriptwriter and performer, which led us on our search for an artistic partner (see the section on *Sourcing the Talent*). Also at this stage, we considered how we might use supplemental content, resources, or activities to both support audience engagement and highlight the community's relationships to the findings. We began arranging a health fair-type exhibit around the performance. This exhibit would provide relevant resources from community partners specializing in the types of health issues and concerns raised in the DFGP and would be highlighted in the ethnodrama.

Ethical Considerations

A key discussion at this stage surrounded the ethics of presenting research data in a public performance, since the ethnodrama was not mentioned in the informed consent process. Specifically, we wanted to explore whether or how we could utilize the narratives and voices of the men without their express consent and without compromising their confidentiality. And, subsequently, we wanted to learn whether or how we might engage former participants in the dissemination process without having consent to recontact them. After conferring with our institutional review board, we determined that we could use our data in a public performance as long as no identifying information or verbatim anecdotes were included (i.e., no participants could be identified in our characters). Instead, each character would be a composite "type" representative of many men in our study sample. And while we were unable to directly recontact the men who participated in the study to publicize the ethnodrama, we reached back to their communities—particularly those locations referenced within the focus groups along with recruitment sites—to inform African-American men and the general population of our plans for the ethnodrama (Table 2).

Reviewing Budget and Time Line

We next assessed our capabilities as a research team to develop an ethnodrama with the resources available for our project. Since the ethnodrama was not planned during the proposal or initial study implementation, we needed to determine how we would fund this effort and at what scale we could afford to do so. We were able to allocate US$15,000 from the project budget toward the ethnodrama, including the talent, venue, videography, marketing and promotional materials, and audience refreshments. The research team's time and efforts dedicated to the ethnodrama were already covered in the overall budget. The project end date and the availability of the potential venue were used to determine the target date for the dissemination activity. Table 3 summarizes our budget and timeline considerations, as well as our responses to those considerations.

Sourcing the Talent

The research team considered three main options for script writing and performance: co-write the script ourselves and use participants as the performers; solicit the theatre department of a local university for both; or hire a scriptwriter and performers. For the first option, we considered inviting former participants to read or reenact select, representative quotes similar to the structure of *The Vagina Monologues* (Ensler & Steinem, 2001). Unfortunately, as described in Table 2, we were unable to use direct quotes or to recontact study participants because of ethical limitations; this option was dismissed in our case, but could be a viable participatory research activity if planned from the outset. For the second option, we hoped that students from local university theatre or communications departments might develop vignettes and portray composite characters based on the study data. This proved unfeasible given that the performance needed to be developed during the summer months, when student availability was limited.

Once again, a chance encounter led to a local African-American health education performer and writer—Anita Woodley—known for her one-woman performances addressing health concerns within the African-American community. An initial concern with selecting Ms. Woodley as our talent was her gender: would having a woman portray data from and about men be effective? This concern, however, was mitigated by Ms. Woodley's prior success in portraying the voices of several men in her performance *The Men in Me* (Woodley, 2012). In that performance, Ms. Woodley portrayed 12 distinct male characters addressing issues relevant to urban, African-American men, even drawing on characterizations of the men from her own life within her portrayal. From reviews of this performance, patrons praised Ms. Woodley's ability to accurately capture and portray the characterizations of Black men, endearing audiences not only to the play's plot but also to the plight of the men as conveyed through the performance (Ashley, 2013, September 15). The research team also observed an impromptu performance of a scene from *The Men in Me*, and Ms. Woodley's embodiment of those male characters—in voice, gestures, carriage, and tone—resonated with the research team as reflective of the DFGP study population. Additionally, women tended to be viewed as the "presenters" of health information for the men in the DFGP or the motivation for them to seek health care. This meant that a female lead for the ethnodrama would likely be viewed by the intended audiences as nonthreatening and in line with sociocultural norms.

Given all of this and Ms. Woodley's other experiences in the fields of art, health, and communications, as well as her availability and ability to complete the work within our budget and time line, we began considering her for a dual writer/performer role. The ensuing contract negotiations included agreements on milestones, deliverables, and communication with the team; the level of "artistic license" for script development; the script review process; and ownership of the finished product, including copyright issues (Table 4).

Developing the Script

Reflective of the nature of the performance, the script development process for the ethnodrama drew on both art and science.

Table 1. Ethnodrama style considerations and suggested future approaches.

Turning Point	Category	Description	Implications for Dissemination	Implemented Solutions	Suggested Future Approach
Determining ethnodrama style	Performance format	The performance needed to strike a balance between its informative and entertaining/ engaging value, while remaining faithful to the focus group data.	1. Too comical may distract from the information presented. 2. Too dramatic may deviate from the voice of the participants. 3. Too much information could feel like an oral report.	Allowed the findings and voice of participants to guide the overall tone of the performance. *(see **Developing the Script**)*	1. Allow the data and findings to speak for themselves. The voice and tone of the participants should be reflected in the script and final performance. 2. Choose a format that suits the engagement style of the intended audience.
Determining "cast" format	Performance format	Needed to decide on an ensemble cast or solitary performer; also, relatedly, considered whether a constructed storyline or dramatized monologues would best convey the findings in an engaging manner.	These decisions needed to align and support one another to keep the balance between performance and knowledge sharing.	1. Decided to utilize a solo performer given time and budget. *(see **Sourcing the Talent**)* 1. Chose to maintain the organic nature of the focus groups, employing a performed storyline.	Consider the nature and source of the data to determine how and by whom the findings will be represented and performed.
Including supplemental activities	Performance format	Needed to be able to address questions or concerns about community resources that arose from research findings.	Considered how best to create an environment where the community and service providers could interact.	Invited several local healthcare organizations to a health fair-style exhibition in the lobby of the performance site before and after the performance.	Brainstorm ideas for connecting the community to the resources, information, or people that are relevant to the research findings and the community.

Table 2. Ethical considerations and suggested future approaches.

Turning point	Category	Description	Implications for Dissemination	Implemented Solutions	Suggested Future Approach
Participant recontact	Ethical concern	We did not have explicit permission from participants to recontact them after data collection.	*Research team could not*: 1. Inform former participants about ethnodrama directly. 2. Involve participants directly in performance development or production.	1. Participants indirectly informed through relevant organizations. 2. Utilized participants' suggestions/data from focus groups.	1. Include recontact as part of study protocol to solicit input and feedback. 2. Solicit input and feedback from other representative members of participants' community.
Participant confidentiality	Ethical concern	We did not have explicit permission from participants to use their data/experiences for performance.	Actual experiences reported in the data may be identifiable to others in the community, posing a risk to confidentiality.	1. Excluded direct quotes from written script and performance. 2. Created composite characters and stories based on focus groups; excluded identifiable characteristics. 3. Emphasized the composite nature of characters in the introduction to the performance.	Explicitly discuss in informed consent that data may be presented in written and public performance formats.

Table 3. Budget and timeline considerations and suggested future approaches.

Turning Point	Category	Description	Implications for Dissemination	Implemented Solutions	Suggested Future Approach
Limited timeline	Resource concern	Ethnodrama not accounted for in original study timeline.	Study team would have to complete other study deliverables while simultaneously learning about and developing an ethnodrama.	1. Study team redistributed and balanced time across planned study deliverables and the ethnodrama. 2. Additional funds and time were requested to complete original study deliverables.	Research and budget time for unconventional knowledge-sharing activities during proposal phase.
Limited budget	Resource concern	Project budget did not include ethnodrama.	Study team would have to redistribute funds to accommodate ethnodrama.	Submitted budget modification and redistributed funds.	Research and budget funds for potential dissemination activities during proposal phase

Table 4. Talent considerations and suggested future approaches.

Turning Point	Category	Description	Implications for Dissemination	Implemented Solutions	Suggested Future Approach
Suitable talent	Resource and data integrity concern	Needed talent capable of composing and performing the drama within the study budget and timeline without undermining the data.	Talent would have limited timeline and budget to compose and "learn" the play before performance while adhering to thematic findings. Performer would need to be relatable to audience.	1. Study team selected a solo performer with writing and health education experience (reducing cost and time barriers). 2. Though female, talent had proven relatable to general audiences.	Consider audience, budget, and timeline in advance. Generate a list of desired performer characteristics. Research talent with desired capabilities and experiences needed for audience. Allow enough time for script development and rehearsal
How to share data	Data security and relevance	Needed to share data (digital/hard copy) with talent without compromising data security or participant confidentiality.	Talent would need data that could inform the story and voice of participants while adhering to thematic outcomes of data analysis.	1. Study team randomly selected a representative sample of focus groups that presented coding of major themes; formats included audio and hard copy transcripts. 2. Audio files were presented on a protected flash drive. 3. Talent agreed to sign a confidentiality agreement and return all materials upon completion of performance.	Discuss with talent to determine optimal data source and delivery method and agree on terms to track and protect data, including their return upon the close of the event.
Responsibility for script development	Final product and time concern	Needed to ensure the final script would be representative of the data, entertaining and engaging, and completed in enough time for rehearsal and performance.	1. Research team would not have substantial time to commit to developing a script. 2. Writer would be responsible for ensuring the script adhered to findings while making the final outcome entertaining and engaging.	1. Talent assumed responsibility for script development with regular input and guidance from study team to ensure research credibility. 2. Talent's skills and experience with script writing ensured entertaining and engaging aspects of final script/performance.	Allocate adequate time for script development when deciding on an ethnodrama for dissemination.
Ownership: Intersection of art and science	Ethical/ contractual concern	Needed to determine who would own the completed product: participants, researchers, or talent?	Accurately credit the substantial yet distinct contributions of several parties to completed work.	1. We negotiated that script and performance rights would remain with the talent, while ultimate ownership of the specific production we sponsored belonged to the community. 2. Original performance and digital reproductions were made readily available and free to public.	Discuss openly with all parties involved and negotiate copyright, performance, and distribution rights.

Ms. Woodley led the creative process, while the study team provided general guidance on the types of characters and messages to be included, based on the study findings. The study team identified the themes that were most prevalent and cross-cutting and generated coding reports from focus group data related to each of these themes. These, along with selected focus group audio files, were made available to Ms. Woodley. This not only allowed her to grasp the pertinent outcomes of the data, but also allowed her to get a feel for the voice of the men and the "rhythm" of the focus group discussions. Through discussions, Ms. Woodley and the team reached a mutual understanding of what was needed—scientifically and artistically—to maximize the impact of the ethnodrama, including agreeing on which data, key messages, and participant voices were essential to include. We worked to strike a balance between science (accurately portraying the data) and art (keeping the performance emotive and engaging).

From the sample of focus group data provided, Ms. Woodley created a treatment—a general outline of the show—that included brief summaries of characters, settings, and story lines framed around main emergent themes (Saldaña, 2011). The story and overall plotlines were left largely to the talent, given her expertise with storytelling and health-related performances; however, we provided regular review and feedback to ensure fidelity to the data. The script underwent 10 revisions between the talent and the research team. The final version of the script was comprised of character summaries, a list of scenes, an overview of the settings, scene, and stage directions for the technical crew, and of course the script for all characters. Ultimately, the story line of the ethnodrama centered on four African-American men sharing their healthcare practices and experiences, in accordance with cross-cutting themes derived from analysis, while participating in a focus group. This was done both to keep the plot organic and loyal to the qualitative data and to give those audience members unfamiliar with qualitative research a peek into the experience from the perspective of both researchers and participants. Characters, or "focus group participants," identified by musical monikers resembling their characteristics, were developed from a blend of common traits and discussion styles from actual focus group participants from the DFGP. Though they were distinct, these four characters drew on shared issues, grievances, and general experiences to convey the (qualitative data-based) fears, frustrations, and comical tribulations experienced by African-American men navigating their health journey and the Durham healthcare system. The title—*Bucking the Medical and Mental Bull*—was chosen by Ms. Woodley to reflect the topical area of the performance (medical and mental health care), the vernacular featured in the actual focus groups and script (e.g., "bullsh-t"), and the relationship to many aspects of Durham, North Carolina (the "*City of Medicine*" and the "*Bull City*").

Selecting the Venue and Date

Selecting the Venue and Date As Ms. Woodley worked on the script, we researched potential venues for the performance. Our budget was a key consideration in the selection of a venue, as were the needs, resources, and limitations of our participant

Table 5. Venue considerations and future approaches.

Turning Point	Category	Description	Implications for Dissemination	Implemented Solutions	Suggested Future Approach
Suitable venue	Resource and budget concern	Needed relatively large, local venue in proximity to study population that fit budget and time constraints.	Venue would need to be welcoming and near all audiences. Cost and availability of venue would determine venue selection and the performance date.	1. A venue within the study budget was selected. 2. Venue availability determined the performance date. 3. Proximity and long-standing history assured community acceptance.	Consider performance timeline in advance. Research venues with enough time to have flexibility in performance date and costing.

Fig. 1. The Carolina Theatre of Durham (daytime).

Fig. 2. The Carolina Theatre of Durham (event night).

community. We wanted a location close to where most of our participants resided, and we decided that the event should be free of charge, open to the public, and occur in the late evening to make it feasible for more people to attend. We also needed to accommodate a relatively large number of people, reflecting our range of target audiences: African-American men, their social networks, healthcare providers, health advocates, and other public health partners as outlined in Table 5.

We brainstormed potential venues and contacted representatives for additional details. The contenders included local university performance halls, public spaces and libraries, and community centers. After weighing our options, the DFGP team agreed the Carolina Theatre of Durham (Figures 1 and 2) provided the best fit for our needs, given its location, size, cost, history of educational performances, and long-standing relationship with the Durham community. The date for the event was selected and reserved based on the theatre's available dates and our anticipated time line. Once the venue was selected, the venue staff and the DFGP team worked to finalize logistics such as refreshments, ticketing, and performance day needs.

Selecting Supplementary Activities and Resources

One of the aims of presenting our study findings through ethnodrama was to engage our audiences and generate discussion; we also realized that this unique dissemination technique was likely to elicit health-related questions. To supplement the performance and address anticipated questions, we worked with our project's community stakeholder to generate a list of health- and healthcare-related organizations, particularly those serving African-American men in Durham, to invite as exhibitors at a "health fair" to be held just prior to the performance. Our stakeholder also assisted us with inviting leaders from local public health offices and university medical centers to serve as postperformance discussants. We provided our invitees with a general summary of our research findings as background for their participation in these activities.

We also wanted to have the ethnodrama video-recorded and formatted for DVD and digital distribution to enhance dissemination potential and to reach audiences beyond the live event. We sourced a videographer who could record, edit, and format the recording of the performance within the planned budget and time line. Through search tools and social and professional networks, we identified candidates, reviewed samples of their work, and compared cost estimates before selecting a local videographer with experience recording educational theatrical performances.

Setting the Stage

Though contracts were completed during the planning phase, the research team and the talent needed to organize and prepare particulars related to the venue for the performance. This included set design, lighting and sound, accommodation of the videographer, and logistical needs for the preperformance health fair. Our team, the talent, and venue staff drew up a technical rider and an ancillary scope of work to address the technical specifications required for these accommodations.

Given the planned structure of the performance (i.e., one performer, multiple characters), all parties agreed on a simple setting for the stage: one seat center stage for the performer to "transition" from character to character, a "kitchen" table upstage left for a theme on the interaction of home-based diet practices and health outcomes, a bench upstage right for a theme on childhood experiences and future health behaviors, and a microphone downstage left for another theme on the influence of women in the men's lives. To make character transitions recognizable to the audience, specific lighting was used for each character when he "spoke," coordinated with the lighting team using the script as their guide. Additionally, to facilitate Ms. Woodley's performance, she was fitted with a headset microphone to ensure that even her most nuanced utterances would be heard from all vantage points in the theatre.

We made several visits with the talent to the Carolina Theatre of Durham to visualize the settings and collaborate with theatre staff on solutions. For instance, it was through discussions with theatre staff that we were advised to alert all attendees that the performance would be video-recorded—both to ensure we had their agreement to do so and to limit extraneous noise for the performance and subsequent video recording. During this time,

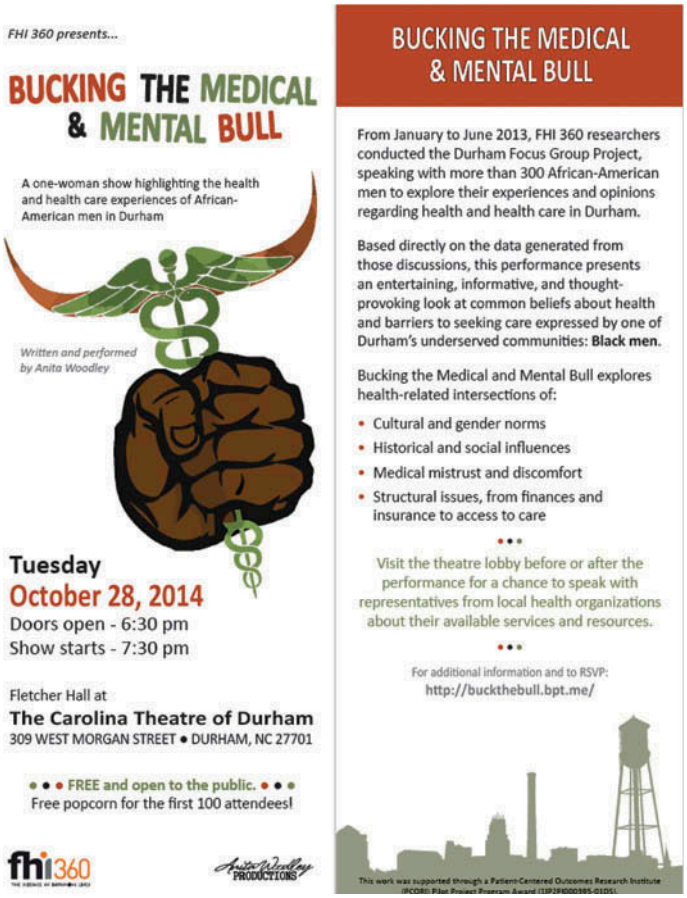

Fig. 3. Ethnodrama promotional flyer (left, front view) with background on research project and findings (right, back view).

we also introduced the commissioned videographer to both the theatre staff and the talent to ensure technical arrangements were appropriate and feasible for all parties.

Marketing and Promotion

As script development neared completion, the DFGP team simultaneously developed a loose marketing plan and promotional materials. We considered three main marketing approaches for our audience: web-based marketing, direct campaigns, and word of mouth. Using the talent's graphic design from the script treatment, thematic summaries from the data, and background information on the project, we met with our organization's graphic and technology teams to design print materials and matching digital formats. We also contacted representatives within our organization, as well as our funder, to procure proper permissions to use their names and logos. Web-based marketing and promotion were mainly targeted toward professional colleagues through e-mail and announcements via our project's web page.

To reach members of the local Durham community, specifically African-American men, we posted hard-copy flyers (Figure 3) and take-away cards around the city where we had conducted study recruitment. Though social media were not one of our primary marketing tools, colleagues and Ms. Woodley used social media platforms (Facebook and Twitter) to further advertise and promote the event. The Carolina Theatre of Durham also promoted the event through its website. In addition, a member of the research team and the talent jointly participated in a public radio interview to publicize the performance.

Table 6. Postperformance feedback: Audience demographics and composition.

Characteristic	Mean	%
Demographics (n = 132)		
Mean age (years)	48.4	
Sex		
Male		21
Female		79
Race/ethnicity		
Black/African-American		62
White		33
Hispanic		2
Asian		2
Other		1
Audience type[a] (n = 134)		
Durham AA male		13
Area HCP		23
Representative of nonprofit for AA		17
Health policy representative		5
Nonspecific/general audience		49

Note. Overall N = 134. AA = African-American; HCP = healthcare provider.
[a]Multiple responses possible.

Conducting the Performance

The day before the performance, we coordinated with the talent and Carolina Theatre staff to conduct a technical rehearsal, ensuring that the lighting was timed to performance cues and that the microphones and sound were set for audibility and the videographers' recording equipment. After the rehearsal, we coordinated with theatre staff to confirm the placement of tables for health-fair exhibitors and reserved seating for our panelists, special invited guests, and media.

On performance day—October 28, 2014—we welcomed more than 400 attendees from Durham and surrounding areas. Attendees comprised all anticipated target audiences, including members from the African-American community (male and female), public health sector, relevant local organizations and institutions, and members from the general Durham community, as ascertained through postperformance feedback forms (Table 6). We allotted approximately 30 minutes for attendees to view and visit exhibitors during the preperformance health fair (Figure 4). All attendees were given programs that featured

Fig. 4. Vendors from the *Bucking the Medical & Mental Bull* preperformance health fair.

Fig. 5. *Bucking the Medical & Mental Bull* postperformance discussion panelists. Shown from left to right: Anita Woodley (Writer/Performer/Producer), Dr. Nadine Barrett (Director, Office of Health Equity and Disparities at Duke Cancer Institute), Eric Ireland (Deputy Public Health Director, Durham County Department of Public Health).

an overview of the DFGP; our findings; themes to look for in the ethnodrama; a brief bio of the talent; and acknowledgments of the study participants, noted study staff, and event contributors.

The performance itself began with an introduction from the DFGP's data collector, orienting the audience to the research activities that had been conducted and the general purpose of the performance. Ms. Woodley then took the stage as six different characters: the focus group moderator, four distinct focus group participants, and a "lady friend" of one of the group participants. She transitioned between each of the four men—"Conscious Rap," "Miles Jazz," "BB King Blues," and "Luther R&B"—to introduce them, share their experiences, and respond to the moderator's questions and prompts. Interwoven with the group discussion, Ms. Woodley also performed "flashbacks" and side stories to provide more depth and a general "life story" for many African-American men in the Durham community. As "Lady Bug," the supporting character, Ms. Woodley performed a blues song demonstrating the role of women in African-American men's lives and health behaviors.

Throughout the performance, Ms. Woodley engaged directly with the audience, breaking the *fourth wall*, eliciting responses and participation, and in a few instances forcing audience members to think critically about the themes conveyed within the performance. This type of engagement added to both the comedic content and the educational and entertainment value of the performance. Immediately following the performance, which lasted 75 minutes, our panelists shared their comments and feedback on the performance and the themes presented (Figure 5).

Assessing the Event

We wanted to solicit feedback from audience members on whether they judged the ethnodrama to be an effective means of knowledge transfer. Each attendee was asked to complete a brief feedback form after the performance. Of more than 400 attendees, 134 completed

Table 7. Postperformance feedback: Behavior change and open comments.

	% Yes	% No	% Positive	% Critiques	% Suggestions	% Requests
Behavior change[a] (n = 134)						
Will the event change future health behavior? (n = 118)	67	33				
[For HCP only] Will the event change how you provide health services? (n = 62)	84	16				
Written responses[a]						
Open comments (n = 64)			95	9	14	14

Note. Overall N = 134. HCP = healthcare provider.
[a]Multiple responses possible.

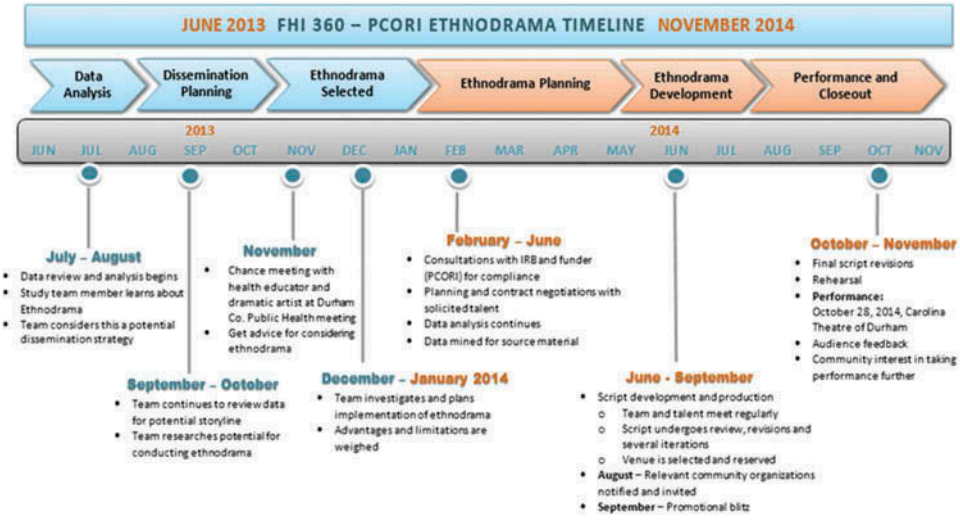

Fig. 6. Actual timeline for developing the ethnodrama.

Table 8. Key capability questions.

Capabilities and Key Questions
Ethics
Does the informed consent provided by the participants include and/or cover the presentation of findings in this way?
How can/should former participants be involved in the development of the performance?
How will the research team address any concerns or conflicts that may arise from how certain groups or entities are presented based on findings?
Cost and funding
Are there sufficient funds available to produce an ethnodrama? At what scale?
Are there any financial or contractual regulations on designated funds that may limit which costs may be covered? (e.g., conflict of interests, unverified vendors)
Is the cost of producing the ethnodrama commensurate with the benefits of this form of data dissemination? (Is it worth it?)
Time
Is there sufficient time available to produce an ethnodrama and still meet other study deliverables?
Will the final product be available in a timely manner?
Staffing
Are there enough team members available to assist with planning, development, and production?
What skills do available team members have to facilitate the development of an ethnodrama?
Ownership
Where will ownership of the final product reside (i.e., with the contributing community, research team/organization, funding agency, commissioned talent/artist)?

the feedback form (Tables 6 and 7). Most were African-American, female, and from the general community (Table 6). Though behavior change was not the primary goal of the performance, responses indicated that most attendees (67%) would change their future health behavior based on what they experienced during the event. And, of attendees who indicated that they provide some type of health service, 84% stated that the performance would affect how they provide those services (Table 7).

Responses to the open-ended questions were overwhelmingly positive, lauding the event as informative and engaging for research dissemination. One common critique, however, was that we needed more time for questions and answers. Other comments inquired about future performances and the availability of results and subsequent publications. Though no concerns were raised postperformance about the notion of having a woman as the sole performer in the portrayal of several distinct male characters, while promoting the event the study team did field at least one question from a public health student regarding the decision-making behind this portrayal. Our explanation of our decision process, as described in the section on *Sourcing the Talent*, was sufficient to assuage this student's concern. Additionally, no one raised the gender of the performer in the feedback solicited after the show, though most respondents were themselves female.

Closeout and Follow-up

Following the performance, we convened with the talent—Ms. Woodley—to debrief on the outcome of the performance, retrieve raw study data, and close out contractual obligations. The research team continued to work with the videographer to finish editing the performance recording for time and content, create a trailer, and include relevant logos, acknowledgments, and screen captions. The full performance (https://youtu.be/jg3jrb2g97w) and the trailer (https://youtu.be/9I3Ojy7Eafc) can be viewed online.

Discussion

Researchers are increasingly looking to use nontraditional techniques to communicate research findings, both to address a broader range of audiences and to engage those audiences

amid the "noise" of 24/7 access to information. Though ethnodrama is not new to the scientific community, its integration of the arts and sciences provides opportunities to innovate in non-digital ways—not only as a vehicle for behavior change but also as a means to transfer research knowledge to various communities to expand awareness and encourage inter-audience discussion. This, in turn, may lead to more well-defined mechanisms for change, as the DFGP team found through this experience.

We hope that our experience of producing an ethnodrama for the purpose of disseminating findings from the DFGP can both inform and inspire others to attempt similar strategies. We have raised issues throughout this case study that should be considered as part of the planning process, and we have summarized our lessons learned. In Table 8, we present key questions researchers who should ask when considering preparing an ethnodrama as a means of knowledge transfer. Additionally, in Figure 6, we have illustrated a snapshot of the DFGP team's actual time line and major milestones along the way. In terms of planning, we recommend researchers allow 2–4 months for planning (e.g., sourcing talent and venue, contracting). And, depending on the desired scope, researchers should allow 2–4 months for development (e.g., script drafting and revision, creation of promotional materials).

Conclusion

Much of the process of developing an ethnodrama event for the DFGP was iteratively and experientially created. As researchers, we had little experience with performance art, but by working with talented individuals with expertise in relevant areas, we produced a successful performance that effectively disseminated study findings, gave voice to our study participants, and did so in an engaging and entertaining way. Though some of the experiences and processes described in this case study were specific to the needs and limitations of this project, most of these steps can be generalized and subsequently tailored to suit the needs and parameters of other research studies for the dissemination of research findings. We hope that as more researchers use ethnodrama to communicate findings, they will record and share their experiences, offering the research community an opportunity to refine the process and apply this technique in increasingly broad and meaningful ways.

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