



ESCAPE FIRE

THE FIGHT TO RESCUE AMERICAN HEALTHCARE

IMPACT REPORT

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Researched, written, and published by
Third Plateau Social Impact Strategies

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SOCIAL IMPACT STRATEGIES

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Introduction

ESCAPE FIRE: *The Fight to Rescue American Healthcare* tackles one of the most pressing issues of our time: what can be done to save our broken medical system? This award-winning film examines the powerful forces trying to maintain the status quo in a medical industry designed for quick fixes rather than prevention, for profit-driven care rather than patient-driven care. After decades of resistance, a movement to bring innovative high-touch, low-cost methods of prevention and healing into our high-tech, costly system is finally gaining ground. ESCAPE FIRE follows dramatic human stories as well as leaders fighting to transform healthcare at the highest levels of medicine, industry, government, and even the U.S. military. The film is about finding a way out and saving the health of a nation.

After premiering at the Sundance Film Festival in January 2012, ESCAPE FIRE won numerous awards, played in more than 15 markets theatrically, premiered on CNN to a viewership of over 2 million people, garnered support from prestigious grantors and organizations, and engaged thousands on its interactive website and through social media.

From 2012 to the publishing of this report (June 2014), ESCAPE FIRE used multiple platforms to launch a successful and ever-growing two-year Outreach and Engagement Campaign. Targeted at using ESCAPE FIRE as a catalyst to change the conversation around healthcare in America, the campaign has focused on seeking innovative ways to spur this vital national discussion. Through strategic partnerships, large-scale screening

events, and targeted policy work, the campaign created real movement in the way Americans view health and healing.

ESCAPE FIRE has been used to launch a variety of programs in the public and private sectors, and has been utilized as a learning tool for the Robert Wood Johnson Foundation's key communities across the country. ESCAPE FIRE has screened at hundreds of sites across America, including yoga studios, community centers, medical schools, universities, high schools, and corporations, and in Washington, D.C. for the U.S. Senate.

For two years, ESCAPE FIRE's Outreach and Engagement Campaign has worked to spark change in the way our country views health and healing. What follows is an evaluation of that work.



Executive Summary

The ESCAPE FIRE outreach campaign set out with two overarching goals:

1. Change the national healthcare conversation by informing audiences about the problems of a piecemeal, disease-care system, as well as the low-cost solutions that help prevent disease and promote better health; and
2. Drive individuals and organizations in the public and private sectors to take actions to improve health and to build a better healthcare system.

Over the past six months, these goals have been more fully fleshed out, broken into specific metrics, and researched, measured, and analyzed. This Impact Report is the result of that analysis.

The Impact Report effort was facilitated by Third Plateau Social Impact Strategies, LLC, in close partnership with the core ESCAPE FIRE outreach team. Third Plateau conducted interviews of the key stakeholders, analyzed viewership data, researched best practices from films comparable to ESCAPE FIRE, examined the campaign's media and political footprint, and solicited community feedback through an online survey. The findings were categorized into three subsections of metrics—inputs, outputs, and outcomes—and evaluated within the context of ESCAPE FIRE's Theory of Change. ESCAPE FIRE's Theory of Change is a three-pronged approach that focuses on military healthcare, healthcare professionals and practices, and national healthcare policy, in order to help change the way that healthcare is delivered nationwide.

ESCAPE FIRE's inputs (the factors needed to drive the campaign's efforts) were relatively straightforward. **The campaign, run by a team of nine individuals, raised \$487,500 and held more than 700 screenings with**

like-minded partners, including nearly every major university in the country. ESCAPE FIRE also built an action-oriented, user-friendly website and populated it with themed interactive tools.

The campaign's outputs measured the direct and short-term results of the inputs. The most telling outputs were the viewership totals, the low-barrier engagements, and the campaign's media footprint. Through its film festival and theatrical releases, community screenings, CNN broadcast, and iTunes, Video on Demand, and DVD sales, **ESCAPE FIRE was seen by an estimated 2.2 million individuals**. After seeing the film, many of these individuals pursued low-barrier engagement opportunities through Facebook (18,062 fans), Twitter (3,928 followers), and ESCAPE FIRE's e-newsletter (7,395 subscribers) and interactive website.¹ ESCAPE FIRE's media footprint saw 212,076 traditional and online mentions (including major news outlets and thousands of niche blogs) and the campaign used its website to disseminate information to and engage with 356,437 unique visitors.

Most importantly, ESCAPE FIRE's outcomes represent the long-term impact of the campaign. **The campaign's outcomes focused on education, a shift in the national conversation, policy influence, and behavioral changes**. On the education front, the campaign successfully integrated the film into formalized education by building strong partnerships with healthcare groups, medical professionals, organizations, schools, and community wellness organizations. Most notably, ESCAPE FIRE was accredited for continuing medical and nursing education credits, indicating that the film will continue to influence medical professionals into the future. ESCAPE FIRE's success as an education tool was reaffirmed when 92% of survey respondents (almost all of whom were medical professionals or medical students)

¹ Numbers accurate as of May 8, 2014

reported that they are more educated about healthcare issues as a result of watching the documentary.

Evidence of the campaign's ability to shift the national conversation was found in ESCAPE FIRE's large media footprint, its ability to effectively and actively engage its community through social media, and the frequency with which ESCAPE FIRE viewers voluntarily became proponents of the movement to change healthcare and shared what they had learned with others in their networks. ESCAPE FIRE's efforts to inform and influence policy are most identifiable in the bipartisan work of U.S. Senators Blumenthal (D-CT), McCain (R-AZ), Mikulski (D-MD), and Sanders (I-VT), all of whom saw the film and shortly thereafter either introduced related legislation and/or actively worked to educate their colleagues about the film's issues. The outreach campaign was also able to build momentum in influencing healthcare policy in the military, screening a shortened, military-focused version for medical leaders at all 152 Veterans Administration centers around the country and to key leaders at the Pentagon. Finally, ESCAPE FIRE's ultimate desired outcome is to see positive medical practice and behavioral changes. Though this will take years to fully take root, early indicators (the incorporation of the film into formalized education, the proposed legislation, the large and motivated audience, the partnership with the military, etc.) are encouraging.

Through ESCAPE FIRE's inputs, outputs, and outcomes, the campaign's four greatest successes were 1) the film's critical acclaim; 2) the partnerships the campaign cultivated in order to spread information about the film's themes to targeted and influential groups; 3) the film's remarkably large audience, fueled mostly by a series of CNN broadcasts and a massive grassroots campaign; and 4) the campaign's ability to frame the documentary as a fixture in formalized medical education.

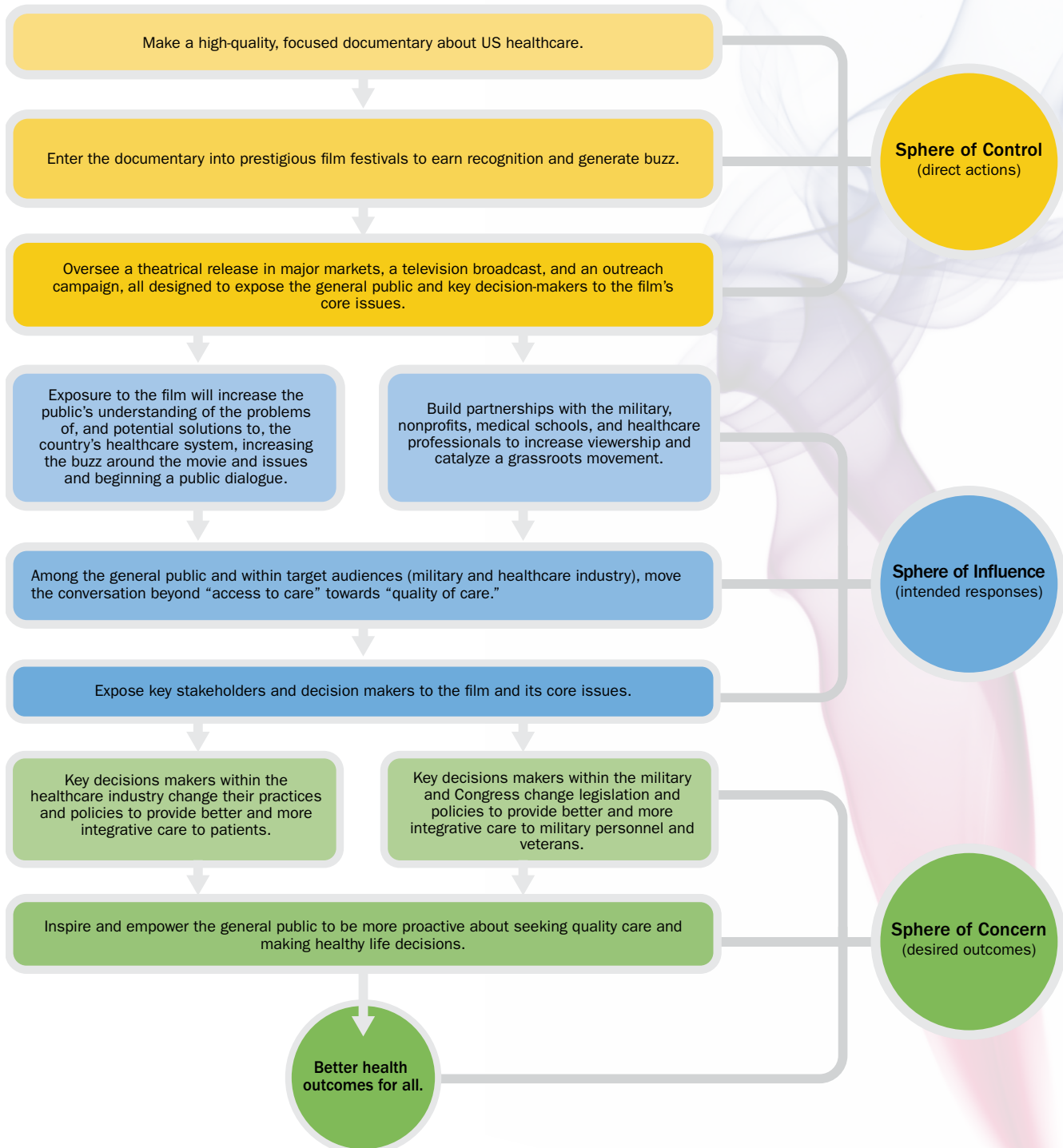
The greatest hurdle ESCAPE FIRE faces in its continued impact is the partial disconnect for the general public between learning about the healthcare issues raised in the film and knowing how to take action to address those issues. After watching ESCAPE FIRE, many individuals felt inspired to do something but did not know how or where to start. The First Aid Kit hosted on the ESCAPE FIRE website attempted to address this exact disconnect, but viewers' comments (on iTunes, Nurse.com, Amazon, etc.) suggest that the First Aid Kit was either underutilized or missed altogether. While the film and campaign's influence on medical professionals and policy makers was (and continues to be) substantial, the impact on the overall healthcare system will be limited until individual consumers feel empowered to take ownership over their own health.

Overall, both the qualitative and quantitative data indicate that ESCAPE FIRE has had substantial impact to date, but as is the case in all advocacy and policy work, it will take more time to see the long-term outcomes of the campaign.



Defining Impact

ESCAPE FIRE: THEORY OF CHANGE



INPUTS, OUTPUTS, AND OUTCOMES

ESCAPE FIRE's impact can be best measured and articulated in three distinct categories of impact metrics: inputs; outputs; and outcomes.

- » **INPUTS:** The key factors necessary to produce the documentary as well as launch and manage the outreach campaign, laying the groundwork for ESCAPE FIRE's output and outcome impact. As is the case with most mission-driven documentaries and campaigns, the primary inputs were: financing; staffing; partnerships; and programming infrastructure (e.g., website, Screening Kit, Discussion Guide, First Aid Kit, etc.).
- » **OUTPUTS:** The direct and short-term results of the inputs. For ESCAPE FIRE, the primary outputs were viewership; low-barrier engagements (e.g., e-newsletter subscribers, social media supporters, website activity); and media footprint.
- » **OUTCOMES:** The long-term and lasting results of the inputs and outputs. Given ESCAPE FIRE's Theory of Change (as outlined on the previous page), the target

outcomes were: increased awareness of problems in today's healthcare system and some potential solutions to those problems; a shift in the national healthcare conversation, beyond "access to care" and towards "quality of care;" positive changes in healthcare policy; and, ultimately, better and more patient-centered healthcare practices and behaviors to prevent disease and increase overall health and wellness. If successful, ESCAPE FIRE should see these outcomes in its four target audiences: healthcare students and professionals; the military; policy makers; and the general public. It is critical to note, however, that many of these outcomes fall under ESCAPE FIRE's "Sphere of Concern" (see *previous page*), meaning they are desired outcomes that ESCAPE FIRE cannot directly execute. For example, ESCAPE FIRE's team cannot propose federal or military legislation; all it can do is craft a message ("Sphere of Control"), target it to key decision makers ("Sphere of Influence"), and then hope that those decision makers will then take action ("Sphere of Concern").



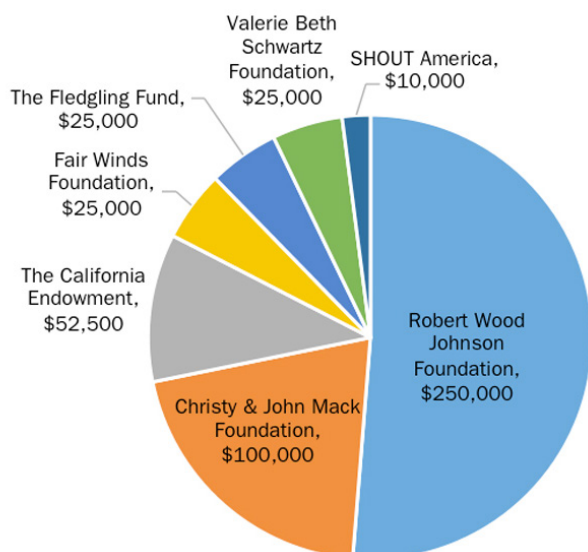
Inputs

ESCAPE FIRE required three sequential categories of inputs: **1)** financing; **2)** staffing and partnerships; and **3)** programmatic infrastructure. Together, these three groups of inputs create the foundation for ESCAPE FIRE's impact.

FINANCING

Without funding, ESCAPE FIRE's outreach campaign could not exist. In total, **ESCAPE FIRE raised \$487,500 from seven different funders:**

Funding Sources



STAFFING & PARTNERSHIPS

With funding secured, ESCAPE FIRE was able to build its campaign team: two Film Directors; a Campaign Strategist; a Digital Media Manager; a Campaign Associate; an Engagement Manager; two coordinators for Grassroots Engagement; and an Education Program Manager. From the outset, the campaign staff knew the critical role partnerships would need to play if ESCAPE FIRE was going to realize its Theory of Change (see page 6), and proceeded to cultivate more than 700 partnerships.

ESCAPE FIRE's key partners were (and are):

- » American Association of Colleges of Nursing
- » American Medical Student Association
- » American Public Health Association
- » CNN Films
- » Defense Health Agency
- » Doctors for America
- » Institute for Healthcare Improvement Open School
- » MomsRising
- » National Physicians Alliance
- » National Student Nurses Association
- » Nurse.com
- » Nurses Organization of Veterans Affairs
- » Ogilvy & Mather
- » Patient Promise
- » React to Film
- » Roadside Attractions and LionsGate
- » Senator Blumenthal's office
- » Technology Underwriting Greater Good (TUGG)
- » University of Arizona Integrative Medicine Fellowship
- » U.S. Department of Health and Human Services
- » Veterans Affairs
- » Visiting Nurse Service of New York

A more complete list of partners is included in the Appendix on page 26.

PROGRAMMATIC INFRASTRUCTURE

ESCAPE FIRE's outreach campaign required online infrastructure as well as offline infrastructure. Online, the campaign designed a user-friendly website (www.escapefiremovie.com) that featured additional information about the issues addressed in the film, community organizing tools to build a movement, and a free, interactive tool known as the First Aid Kit. The First Aid Kit allowed visitors to learn more about the documentary's themes and translate those themes into personalized, actionable goals. The First Aid Kit offered suggestions on how to lead healthier lives in seven key categories:

1. **YOURSELF:** Tips on smoking cessation, meditation, healthy eating, fitness, etc.
2. **DOCTOR'S VISITS:** Advice on what types of questions to ask your doctor, how to prepare for hospital stays, information on the pharmaceutical industry's influence, details on the Affordable Care Act (ACA), etc.
3. **WORKPLACE:** Tips for starting exercise groups among coworkers, ways to exercise and meditate at your desk, ways for HR offices to encourage healthier lifestyles, etc.
4. **COMMUNITY:** Petitions, letters to the editor, sign-up forms for Michelle Obama's "Chefs Move to Schools" program, etc.
5. **MEDICAL PRACTICE:** How to become a certified provider of the Ornish Program, suggestions for healthy living magazines for the waiting room, information about the Patient Promise, etc.
6. **MILITARY CARE:** How to support active military and veterans, support for PTSD, etc.
7. **MEDICAL TRAINING:** How to become an ACA educator through Doctors for America, meditation challenges, continuing medical education, etc.

Offline, the outreach campaign created the Screening Kit, which was used by every community screening partner across the country. **The Screening Kit included general promotional materials, press information, quick facts about the film, and a screening guide with a myriad of suggestions for fostering informed and action-oriented discussions and activities in conjunction with screening the film.**

The heart of the Screening Kit was a robust Discussion Guide that enabled small and large audiences to dissect the film's main themes and engage in a personal and meaningful way.

The Discussion Guide provided resources needed by screening organizers to facilitate an action-oriented discussion after the film, including:

1. Event how-tos;
2. Screening activities, including opinion statements for after the film, and an interactive discussion jumpstart designed for classroom settings;
3. Questions for each target audience group;
4. A "take action" section which featured many of the actions in the First Aid Kit;
5. Key statistics to aid discussion;
6. Infographics; and
7. Background information on each main ESCAPE FIRE theme.

Outputs

ESCAPE FIRE's outputs are observed in three arenas: 1) viewership; 2) low-barrier engagement; and 3) media footprint. These outputs set the stage to move the national healthcare conversation beyond "access to healthcare" and towards "quality of care." The following section addresses each of these aspects in detail, collectively providing a comprehensive perspective of the direct and short-term results of the documentary and campaign's inputs. It is important to note, however, that outputs by themselves can be very misleading. For example, just because someone watched ESCAPE FIRE does not mean he/she actually did anything with the information in the film. It is necessary to track these outputs, though, in order to provide context for the outcomes, which are evaluated in the next section (see page 17).

VIEWERSHIP

As identified in the Theory of Change (see page 6), ESCAPE FIRE's ability to build an audience at the national level hinged greatly on the documentary being accepted into, and faring well in, marquee film festivals. In this respect, ESCAPE FIRE was undoubtedly successful. In total, ESCAPE FIRE was screened at 32 film festivals (for an estimated audience of 12,800)² and earned significant recognition at 12 major film festivals in 2012:

- » Sundance Film Festival: Grand Jury Prize (**NOMINEE**)
- » Sundance Film Festival: Candescent Award Given to One Outstanding Socially Conscious Documentary (**WINNER**)
- » Full Frame Film Festival: Human Rights Award (**WINNER**)
- » Silverdocs Film Festival: Social Issue Award (**WINNER**)
- » Newport Beach Film Festival: Outstanding Achievement in Directing (**WINNER**)
- » Newport Beach Film Festival: Outstanding Achievement in Documentary Filmmaking (**WINNER**)
- » Heartland Film Festival: Truly Moving Picture's Crystal Heart Award (**WINNER**)
- » Berkshire Film Festival: Best Documentary (**WINNER**)
- » New Hampshire Film Festival: Best Documentary (**WINNER**)
- » Virginia Film Festival: Top Documentary (**WINNER**)
- » Ojai Film Festival: Best Documentary Feature (**WINNER**)
- » Flagstaff Mountain Film Festival: Best Human/Cultural Film (**WINNER**)

Using the momentum of its January 2012 Sundance Film Festival premiere (as well as its awards at eleven other festivals), ESCAPE FIRE saw a theatrical



release in 18 markets and ran from October 5, 2012 through March 28, 2013. The documentary's opening weekend saw a box office gross of \$30,953, estimating

"The film is surprising optimistic, arguing that there are genuine, practical answers to many of the problems afflicting the system, and some are already being adopted."

- Walter Addiego (*San Francisco Chronicle*)

² Estimating 400 people per festival screening.

an audience of 3,869, and eventually totaled \$126,238 in box office revenue, estimating a total theatrical audience of 15,780.³

During the theatrical run, ESCAPE FIRE also supported 152 community and festival screenings, tallying an additional 11,120 viewers.⁴ These community screenings were just the beginning, as **ESCAPE FIRE's outreach campaign facilitated a massive grassroots screening initiative, empowering supporters to use a well-curated Screening Kit and Discussion Guide to host screenings for their colleagues, classmates, and friends.** In total, the outreach campaign supported an additional 600 screening events across the country, with an estimated total audience of 18,800.⁵ (Between the grassroots campaign and the theatrical release outreach, ESCAPE FIRE was screened at more than 750 community events.) Of particular note among these screenings:

- » **AURORA SINAI MEDICAL CENTER (ASMC):** Dr. Kristen Reynolds, a doctor at ASMC, hosted a sold-out screening of ESCAPE FIRE and community discussion at the Oriental Theatre in Milwaukee on August 23, 2012. As of the publishing of this report, Dr. Reynolds was gathering survey data from attendees to present to the hospital's senior leadership to "help inform [ASMC's] next steps."
- » **VETERANS AFFAIRS' OFFICE OF PATIENT CENTERED CARE & CULTURE TRANSFORMATION:** On November 27, 2012, ESCAPE FIRE partnered with Veterans Affairs to screen the documentary to more than 1,000 leaders of the U.S. Veterans Health Administration at all 152 VA medical centers across the country. The screening event focused on the future of military healthcare, using a 30-minute

version of the film focused on the military storyline to inspire discussion about drug dependency and suicide rates among active military personnel and veterans.

- » **MAINE QUALITY COUNTS:** On March 4, 2013, Maine Quality Counts hosted a screening and discussion of ESCAPE FIRE simultaneously at six sites around the state, drawing a collective audience of more than 350 people. After the event, Executive Director Lisa M. Letourneau stated, "[We] positioned the event as an opportunity to host community discussions between healthcare providers and healthcare consumers on

As a person working in health care education, I think ESCAPE FIRE . . . shines a strong steady light on the powerful dark matter of medicine."

- J.J. Brown (IMDB commentator)

how we can increase the quality and reduce the cost of healthcare in Maine. Attendees were very engaged and really seemed to appreciate the opportunity to take part in the conversation."

- » **AMERICAN PUBLIC HEALTH ASSOCIATION (APHA):** APHA was ESCAPE FIRE's primary partner during National Public Health Week, which ran from April 1 – 7, 2013. APHA screened the documentary at 46 locations across the country, facilitating a national conversation around the state of public health in America. Each screening was followed by a panel discussion anchored by the question, "What is one issue you would ask your legislator to fix to rescue American healthcare right now and why?"

³ According to <http://www.boxofficemojo.com/movies/?id=escapefire.htm>. Audience totals were estimated assuming an average ticket of \$8.00.

⁴ Accounts for all screenings between 10/5/2012 and 3/28/2013, and estimates 400 people at each of the 14 festival screenings and 40 people per screening at the 138 community screenings during this time period.

⁵ Estimating 40 people per non-festival screening.

The partnership with APHA greatly broadened and diversified ESCAPE FIRE's reach.

- » **INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI):** ESCAPE FIRE partnered with IHI to facilitate a one-day screening event at 96 universities on September 17, 2013. Each of the screenings was paired with a panel discussion centered on the question, "What can YOU do by next Tuesday?" These action-oriented discussions featured prominent faculty and professors, as well as student-led dialogues. **Each participating school was gifted an ESCAPE FIRE Educational DVD, allowing the universities to further engage with the film and issues.** This event built upon a similar screenings campaign completed the year before and provided organizers with the tools to host annual screenings in the future.
- » **THE PENTAGON:** Hosted by the Surgeon General of the Army, Lt. Gen. Patricia Horoho, ESCAPE FIRE was screened at the Pentagon for senior military leadership in Fall 2013. Matthew Heineman and Susan Froemke, the film's directors, attended and spoke at the screening, along with Army Surgeon General Horoho. Following the event, the Surgeon General wrote, "I look forward to carrying the 'conversation' forward in Army Medicine and across our Nation. **I believe [ESCAPE FIRE] will propel the wave of change that is occurring.** Exciting times ahead. [ESCAPE FIRE will] be a valued partner in this endeavor and I look forward to continuing [the] partnership."



- » **ALIGNING FORCES FOR QUALITY (AF4Q):** ESCAPE FIRE partnered with AF4Q communities, a signature effort of the Robert Wood Johnson Foundation, to host four screenings of the documentary. The first three were through a partnership with Family First Health and occurred simultaneously at three locations in Pennsylvania on November 13, 2013. The events were so well-received that the communities

"I believe that everyone who deals in any matter with health care should see this film."

- Irene G. (Nurse.com commenter)

encouraged Family First Health to continue showing the film at local hospitals across the state. The fourth screening was with Alliance for Health in Western Michigan on December 6, 2013. More than 200 people attended, and requests were made for additional showings in Western Michigan. A fifth AF4Q screening was scheduled in California on May 29, 2014, in partnership with Aligning Forces Humboldt, but data from that screening was not available by the publishing of this report.

- » **HARVARD BUSINESS SCHOOL:** In partnership with the Harvard Healthcare Club, the business school hosted two screenings of ESCAPE FIRE, one in late 2013 and another in 2014. ESCAPE FIRE director Matthew Heineman attended both events and helped lead a dynamic Q&A around the role of a community to create better health practices for students and community members alike.

» **CAPITOL HILL:** On February 11, 2014, **Senators Blumenthal and McCain hosted a bipartisan screening event** at the U.S. Capitol Visitors Center in Washington, D.C. In attendance were top military officials, policy leaders, medical and policy students, and nonprofit partners. Following the event, director Matthew Heineman moderated a panel discussion focused on addressing overmedication in the military. Panelists included: Lieutenant General Eric B. Schoomaker, former U.S. Army Surgeon General and Commanding General of the U.S. Army Medical Command; Wayne Jonas, President & CEO of the Samueli Institute and a retired U.S. Army Lt. Colonel; and Dr. Kennita Carter, a board certified Internist and lead clinical champion for the Office of Patient Centered Care & Cultural Transformation in the VHA.

» **DEPARTMENT OF DEFENSE:** On February 12, 2014 (the day after the Capitol Hill screening), the Defense Health Agency and Operation Live Well co-hosted a screening of the film at the Department of Defense. The screening and the Q&A with director Matthew Heineman and Dr. Jonathan Woodson, the Assistant Secretary of Defense for Health Affairs, was simulcast to strategic domestic and international partners.

ESCAPE FIRE was also released on Video on Demand (VOD) and Electronic Sell Through (EST) channels (e.g. iTunes, Amazon.com, etc.) simultaneously with the theatrical release, and then later on DVD. The VOD release drew an audience of 27,372, while EST drew an audience of 24,680. It is of particular note that **ESCAPE FIRE became the #2 documentary on iTunes while in theaters and the #1 documentary in September 2013**. DVD sales reached an additional 27,741.⁶

In March 2013, ESCAPE FIRE's audience grew dramatically when an 85-minute version of the documentary had its world television premiere on CNN. The two national broadcasts drew an estimated total audience of 2,000,000, providing a larger and far more public platform for the outreach campaign. Furthermore, the Twitter hashtag #rescuehealthcare trended in New York during the premiere primetime broadcast.

ESCAPE FIRE's viewership was, at least in part, aided by the film's critical acclaim (beyond its film festival success mentioned above). On RottenTomatoes.com, ESCAPE FIRE received an 81% from critics and an impressive 92% from audience. On Amazon.com, the documentary received 4.6 stars on more than 300 reviews.⁷ The documentary was also named a New York Times Critics Pick and received positive reviews in major national publications, including:

"A surprisingly thorough, touching look at a tough subject."

- Jada Yuan and Bilge Ebiri, New York Magazine

Escape Fire gets it right on every level. This movie is the most accurate summation of what is wrong with our health "system" in America; and more importantly what we can begin to do about it. There are no easy answers but clearly we need to change the fundamentals of the health care system. We need to reverse the incentives of the system to stop rewarding sick-care and start rewarding well-care. The path we are on is unsustainable, it is time for change

- acraigie (Amazon.com commenter)

⁶ All totals accurate as of June 12, 2014.

⁷ All numbers accurate as of June 23, 2014.

“Cogent, convincing, determinedly non-ideological, ESCAPE FIRE tells us that everything we think we know about that incendiary topic might be wrong.”

– Kenneth Turan, Los Angeles Times

“Turns an unwieldy, Medusa-headed topic into a convincingly humane argument for change . . . This hard-hitting film leaves us finally more hopeful than despairing.”

– Jeannette Catsoulis, The New York Times

ESCAPE FIRE’s critical acclaim and substantial national exposure—from its film festival success, theatrical release, VOD and EST sales, grassroots screenings, CNN broadcast, and DVD release—created enough buzz to get on the radar of key decision makers in the healthcare industry, military, and federal government. In line with its Theory of Change (see page 6), the outreach campaign was able to leverage this buzz into targeted screenings for industry leaders, Pentagon officials and staffers, and Capitol Hill.

All told, and as of the publishing of this report, the total audience for ESCAPE FIRE is estimated at 2.2 million. Given

the total cost of the outreach campaign (\$487,500), the estimated average cost-per-viewer was \$0.22. (Note that this does not account for production costs.)

LOW-BARRIER ENGAGEMENT

“Low-barrier engagement” refers to pledged actions—actions that are positive and in support of the overall cause, but require a substantial next step and commitment to generate the intended change. For ESCAPE FIRE, the most common low-barrier engagement opportunities were to subscribe to the e-newsletter (note that click-through rates are addressed in the *Outcomes* section), to show support on social media outlets, and to engage on the ESCAPE FIRE website. ESCAPE FIRE helped to facilitate these low-barrier engagements by creating content that was clear, visually appealing (e.g. infographics, comics, etc.), easily shareable, and customizable.

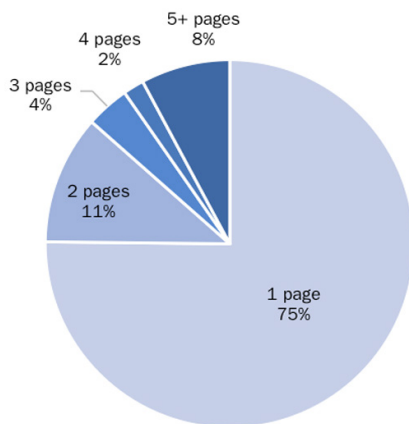
ESCAPE FIRE’s outreach campaign used an action-oriented e-newsletter to build a community of supporters. The e-newsletter, which produced and sent new content 31 times between May 2012 and February 2014, provided information about screenings, relevant news stories, and campaign updates. As of the publishing of this report, ESCAPE FIRE had 7,395 e-newsletter subscribers.

ESCAPE FIRE was (and remains) active on Facebook and Twitter. Facebook “Likes” provide a way for supporters to simply raise their hands in support of a general cause without having to take any sort of follow-up action, thus serving as a great example of low-barrier engagement. As of May 8, 2014, ESCAPE FIRE had 18,062 “Likes,” representing a 0.8% engagement rate across the estimated 2.2 million viewers. On Twitter as of the same date, ESCAPE FIRE had 3,928 Twitter followers (representing a 0.2% engagement rate).



Other than through its social media channels and e-newsletter, the primary tool for ESCAPE FIRE to disseminate information to the public was its website, www.escapefiremovie.com. ESCAPE FIRE's website is a robust community engagement tool, offering visitors the opportunity to learn more about the issues, share their thoughts, and begin to plan a course for personalized action. From the initial launch of the website in September 2012 until the publishing of this report, **the site received 356,437 unique visitors**. The average visitor spent 00:02:12 on the site, which is roughly 2.5x longer than the Internet's overall average.⁸ It is important to note, however, that the ESCAPE FIRE website auto-launches a 00:02:30 preview of the documentary, suggesting that the average visitor spends a significant portion (if not all) of their 00:02:12 consuming the preview's high-level overview of the problem rather than the solution-oriented content on the rest of the site. The average visitor views 2.5 pages per visit,⁹ indicating a general interest in the information (2–3 pages per visit) for 15% of visitors and a deeper engagement (4+ pages per visit) for 10% of visitors.¹⁰

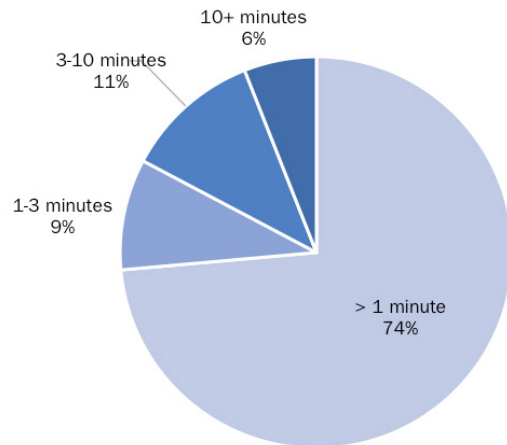
Breakdown of Website Visitors by Number of Pages



⁸ Nielsen, Jakob. "How Long Do Users Stay on Web Pages?" Nielsen Norman Group, September 12, 2011, as found online at <http://www.nngroup.com/articles/how-long-do-users-stay-on-web-pages/>.

⁹ Data collected from Google Analytics.

Breakdown of Website Visitors by Number of Pages



Less than 25% of visitors ever returned to the site,¹¹ suggesting that the online tools (such as the First Aid Kit) were most likely underutilized.

MEDIA FOOTPRINT

If ESCAPE FIRE aims to educate its target audience and influence policy, it first must succeed in moving the national healthcare conversation beyond "access to healthcare" and towards "quality of care." One of the most telling measures for this type of social movement effort is media traction.

Media traction can be measured by examining traditional press and blog mentions. Since its premiere at Sundance, ESCAPE FIRE has had 212,076 press and blog mentions.¹² The vast majority of these mentions are on niche blogs with low readership, but also include major news sources such as **NBC, MSNBC, C-Span, PBS, NPR, Sirius XM, Forbes, Huffington Post, Yahoo, TakePart, Washington Post, Chicago Sun-Times, New York Magazine, LA Times, The New York Times, and Variety**, among others. These mentions have

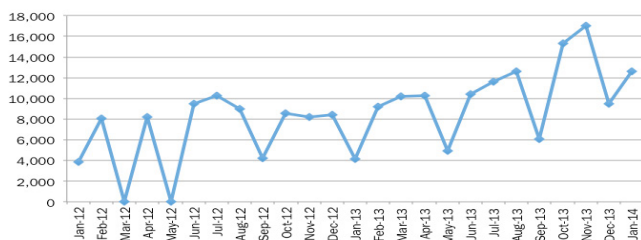
¹⁰ Ibid.

¹¹ Ibid.

¹² Data collected from Google Trends and Google Public Data Explorer.

grown steadily, peaking in October and November 2013, likely partially due to the outreach team's ability to leverage the large September 2013 screening event and partially due to the Affordable Care Act launch, which cemented healthcare as a major national discussion:

Press and Blog Mentions of ESCAPE FIRE



Though these numbers and trend lines suggest that the conversation ESCAPE FIRE intended to fuel gained momentum, the true test of impact is what happened as a result of these outputs: the outcomes.

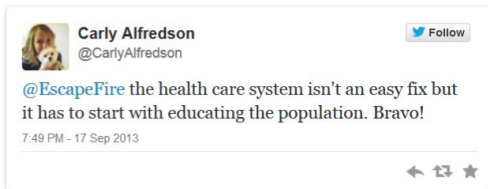
"I have not found any vehicle more powerful than Escape Fire to communicate what is not working in our health care system, and begin the dialog of how to fix it. I have screened the film over 20 times, and every audience has left inspired to do their part in transforming our health care system into something that works for everyone. Health reform has unfortunately become a very partisan issue, but Escape Fire cuts right through and connects with audience members of any political persuasion."

- Chris Lillis (Doctors for America)



Outcomes

ESCAPE FIRE's outcomes are the litmus test for the accuracy of the Theory of Change (see page 6) and the measure of how well the documentary and outreach campaign were able to execute on it. The four long-term goals are: 1) to educate target groups and the general public about some



of the problems of and potential solutions to the country's current h e a l t h c a r e approach; 2)

to move the national conversation beyond “access to healthcare” and towards “quality of care;” 3) to influence policy changes in the military and federal government; and 4) to influence practitioner and patient behavior to seek out and pursue a higher quality of care.

EDUCATION

ESCAPE FIRE has found success in educating its target audiences and the general public. Its grassroots campaign to host screenings for medical professionals and students was successful at getting the message out, as were the targeted screenings at the Pentagon, Capitol Hill, and VA's across the country (see page 11).

One of ESCAPE FIRE's greatest victories was getting the film accredited for Continuing Medical Education (CME) through the American Academy of Family Physicians and Continuing Nursing Education (CNE) for nurses, dietitians, occupational therapists, and health educators through Nurse.com. In just the first two weeks of the CNE partnership, which was timed with the CNN broadcasts, more than 1,000 nurses

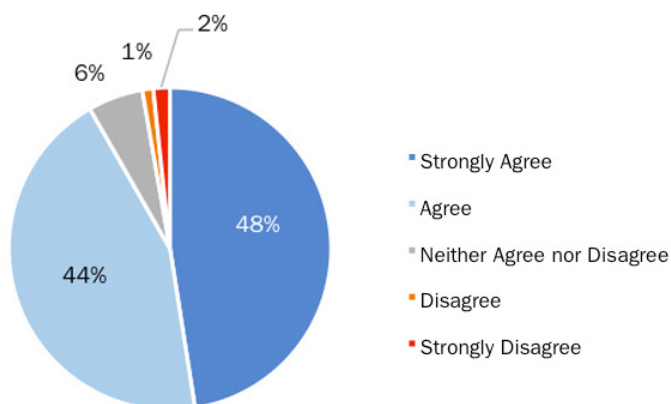
watched ESCAPE FIRE for program credit. Since then, interest in the partnership has continued to grow: as of the publishing of this report, **4,038 nurses have used the film for CNE credit, along with 99 dietitians, 878 occupational therapists, and 109 health educators.** Similarly, more than 854 physicians have watched the documentary to earn CME credit. Furthermore, many campuses and companies across the country are now using ESCAPE FIRE for their own continuing education programs, indicating that using the film as an education tool for healthcare professionals is even more widespread than the CME and CNE numbers suggest. **The more ingrained the documentary becomes in the training of physicians and nurses, the more likely it is that “quality of care” becomes the focal point of the healthcare conversation and effort.**

Though subscribing to ESCAPE FIRE's e-newsletter is a low-barrier engagement output (see page 14), actively consuming the information and action items within the e-newsletter contributes to ESCAPE FIRE's education outcome goal. Throughout the duration of the outreach campaign, ESCAPE FIRE's e-newsletters saw an open rate of 34.3%, which is above the industry median for both nonprofits (17.1%) and healthcare (14.7%). Similarly, ESCAPE FIRE's click-through-rate (the measure of how frequently links within the e-newsletters were pursued) of 5.4% was well above the nonprofit industry's median (3.2%) and more than double that of the healthcare industry (2.5%).¹³ Clearly, **ESCAPE FIRE's e-newsletters were effective education and action tools for the 7,395 subscribers.**

¹³ Silverpop, 2012 Email Marketing Metrics Benchmark Study. Summary of findings can be found at <http://www.marketingprofs.com/charts/2012/8560/email-open-and-click-rates-benchmarks-trends>.

To further capture the educational impact ESCAPE FIRE has had, the campaign solicited almost 200 responses to an online survey. The results of that survey demonstrated the educational value ESCAPE FIRE has had for those who have seen the film:

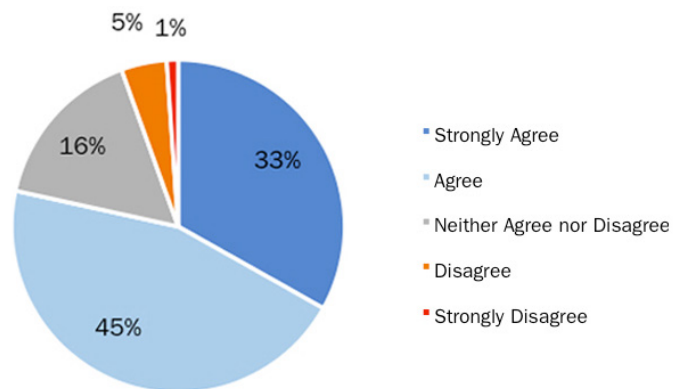
ESCAPE FIRE increased my knowledge of the problems with the healthcare system



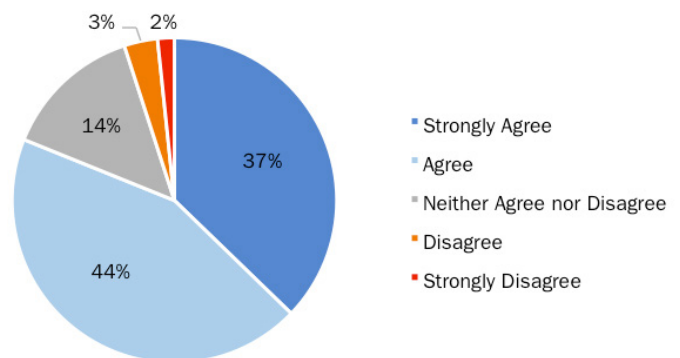
“We have to change the language to stop talking about “healthcare” – and talk about “health.” That involves sectors that are much more embedded in our total health picture than the healthcare industry. We have to start talking about how much – or how little we’re investing in education, in housing, in food access.”

- Michael Anton Sciortino
(NPHA Week Audience Member April 2013)

ESCAPE FIRE increased my knowledge of solutions for the healthcare system



ESCAPE FIRE increased my knowledge of integrative medicine



CONVERSATION SHIFT

The media footprint (discussed in the Outputs section on page 10) paints a partial picture of ESCAPE FIRE's ability to move the national conversation beyond "access to healthcare" and towards "quality of care." The true test of whether or not ESCAPE FIRE was successful on this front, however, is seeing how the film and outreach campaign were able to rally the community around the film's messages and help drive the movement. A change in conversation requires not only that people become informed, but that they engage in a dialogue about the issues and solutions, and act on that information to educate others.

The primary way ESCAPE FIRE was able to facilitate an on-going conversation was through its social media channels.

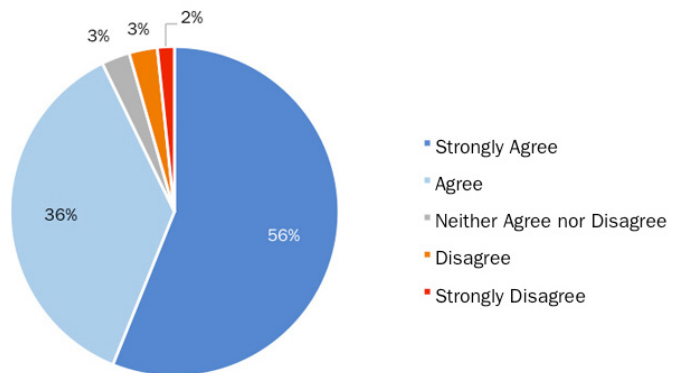
Unlike the low-barrier engagement discussed in the previous section, active engagement in social media requires a user to contribute (by sharing or posting, for example), rather

than simply self-identifying (by liking or following). On Facebook, ESCAPE FIRE's 18,062 fans generated 11,223

content shares, equating to a 62% share-rate. Of these shares, CNN-related posts constituted the vast majority, though ESCAPE FIRE's infographics were a commonly shared item as well. On Twitter, since October 2012, @escapefire has had 1,636 mentions, and 1,384 retweets.¹⁴ Given @escapefire's 4,205 tweets, that's an average retweet rate of 33%, indicating an active and engaged (though small) Twitter following.¹⁵

Perhaps more telling than social media numbers, the survey results indicated that **more than 90% of viewers became proponents for the ESCAPE FIRE cause:**

I have shared the knowledge I gained from ESCAPE FIRE with others



POLICY INFLUENCE

In order to affect policy, ESCAPE FIRE's buzz and momentum had to grab the attention of key influencers and empower them to champion the message for their networks and colleagues. On this front, ESCAPE FIRE's outreach campaign was most successful in reaching U.S. Senators Blumenthal and McCain (directly), and Mikulski and Sanders (indirectly).

Senator Richard Blumenthal (D-CT) has been ESCAPE FIRE's greatest legislative champion to date. Senator Blumenthal sent a letter to Tracy Gaudet, M.D., Director of the Office of Patient Centered Care at the Veterans Health Administration, to thank her for screening the 30-minute, military-focused version of ESCAPE FIRE at VA medical centers in November 2012. Senator Blumenthal noted that he was "struck by the need to provide better outcomes for veterans struggling with the unsettlingly high



¹⁴ Data prior to October 3, 2012 was unavailable.

¹⁵ All social media numbers are as of May 8, 2014.

rate of drug dependency.”¹⁶ He also requested Dr. Gaudet’s feedback on “how Congress can assist the Veterans Health Administration in its ongoing mission to improve the treatment of veterans.”¹⁷ The VA’s Office of Patient Centered Care has used the abbreviated, military-focused version of ESCAPE FIRE as a tool to push cultural change in the entire administration, and Senator Blumenthal has gone on to craft a bill regarding veterans’ medical care.

Senator Blumenthal authored the Drug Take-Back Bill to address the high level of prescription drug abuse and suicides among veterans and active military by collecting unused prescription medications. After passing in the Senate but failing in the House in 2012, Senator Blumenthal partnered with Senator Susan Collins (R-ME) to introduce the bill as a bipartisan measure in June of 2013.¹⁸ Though the second version of the military-focused bill has not yet passed (as of the publishing of this report), a number of counties (especially in Washington, Oregon, Maine, and Pennsylvania) are using a similar strategy for civilians by passing drug take-back laws. Similarly, the D.E.A. now sponsors a National Drug Take-Back Day to collect unwanted and unused prescription drugs in a safe and legal way.¹⁹

Senator Blumenthal co-hosted a screening of ESCAPE FIRE on Capitol Hill with Senator John McCain (R-AZ) in February 2014, engaging more policy leaders in the conversations surrounding the film’s issues, with a particular focus on military healthcare. The film was followed by a lively panel discussion featuring several high-ranking officials.

Another way that Senator Blumenthal championed the ESCAPE FIRE message was to introduce the Chiropractic Care Available to All Veterans Act of 2013 in February 2013. The Bill is an amendment to the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and requires that chiropractic care be provided to veterans through all VA medical centers by the end of 2016.²⁰

On March 10, 2013, ESCAPE FIRE aired on CNN. Just three days later, Senator Barbara Mikulski (D-MD) delivered a speech on the U.S. Senate floor in opposition to the Cruz Amendment that would defund the Affordable Care Act. Senator Mikulski mentioned ESCAPE FIRE in her speech, describing the film as “a CNN documentary on the cost of health care and how the system we now have increases costs but does not increase or improve health outcomes.”²¹ Translating the documentary’s message into legislative policy, she argued that in order to lower the cost of healthcare, the Affordable Care Act is a necessity—improving access, ending punitive insurance company practices and denials due to preexisting conditions, and stressing preventative care.

Later in 2013, Senator Mikulski again promoted integrative medicine by introducing Resolution 221 to the Senate, designating the week of October 7th – October 13th, 2013 as “Naturopathic Medicine Week” to “recognize the value of naturopathic medicine in providing safe, effective, and affordable health care.” The resolution passed in the Senate without amendment.²² Though she did not overtly

¹⁶ As found online at <https://www.facebook.com/photo.php?fbid=576385459041794&set=a.328079780539031.94860.327958743884468&type=1&theater>.

¹⁷ *Ibid.*

¹⁸ Senator Susan Collins press release: *Senators Introduce Bipartisan Legislation to Create Prescription Drug Take-Back System for Vets*; June 4, 2013. As found online at <http://www.collins.senate.gov/public/index.cfm/press-releases?ID=015ed1af-c128-477c-a534-0fb2cd9e808a>.

¹⁹ As found online at <http://www.takebackyourmeds.org>.

²⁰ 113th Congress (2013-2014). As found online at <http://beta.congress.gov/bill/113th-congress/senate-bill/422?q=%7B%22search%22%3A%5B%22Chiropractic+Care+for+Veterans%22%5D%7D>.

²¹ Senator Barbara Mikulski, Senate floor speech; March 13, 2013. As found online at https://votesmart.org/public-statement/770179/department-of-defense-military-construction-and-veterans-affairs-and-full-year#.Utm3_Citsy5.

²² 113th Congress (2013-2014).

credit ESCAPE FIRE with this effort, the resolution falls directly in-line with the documentary's message and serves as a great data point in the outreach campaign's attempt to move the conversation beyond "access to healthcare" and towards "quality of care."

Senator Bernard Sanders (I-VT), chairman of the U.S. Senate Committee on Veterans Affairs, was also likely influenced by ESCAPE FIRE. After viewing the film, Senator Sanders sponsored the Veterans' Health Promotion Act of 2013, "a bill to improve health care furnished by the Department of Veterans Affairs by increasing access to complementary and alternative medicine and other approaches to wellness and preventative care."²³ The bill requires that each Veterans Integrated Service Network have at least one center of innovation for complementary and alternative medicine in health research, education, and clinical activities. The bill was referred to the U.S. Senate Committee on Veterans Affairs. Senator Sanders asked Wayne B. Jonas, MD, the President and CEO of the Samueli Institute (and featured in ESCAPE FIRE), to testify at a hearing before the Veterans Affairs committee on May 3, 2013. Dr. Jonas focused his testimony on the use of alternative and complementary medicine in the military, stating support for the integration of chiropractic care, acupuncture, and meditation into healthcare for veterans. Dr. Jonas urged members of the committee to watch ESCAPE FIRE and used the film's narrative of Sergeant Robert Yates as an example of the large overmedication problem in the military and the U.S. as a whole.²⁴

Though ESCAPE FIRE-inspired legislation has yet to be written into law, the film has clearly been utilized as a tool to educate policy makers and validate issues surrounding healthcare in the military. **The film has created a shared platform for policy makers** to discuss issues and move

forward to introduce bills that embody ESCAPE FIRE's call for higher quality and integrative healthcare.

BEHAVIORAL CHANGES

ESCAPE FIRE's ultimate goal is to change healthcare practices and behaviors at the individual, institutional, and community level. **This is a process that takes years—if not generations—to truly take root, but there are initial signs of positive change on this front.**

Healthcare professionals and students were two of the major target audiences of the outreach campaign. As described earlier in this report, the film is now ingrained into many facets of healthcare education, most notably through CNE and CME accreditation, the annual September college screenings, and the Educational DVDs made available to teachers and educators at more than 90 universities for use in their classrooms. The more the film and its messages are taught to future healthcare leaders and practitioners, the more likely it is that the healthcare industry will move beyond "access to healthcare" and towards improved "quality of care." Still, it is far too early for a comprehensive evaluation on the effectiveness of this particular effort. Early qualitative data, however, shows promise:

I am a Nursing Student at the University of San Francisco. I recently watched "Escape Fire" and was extremely moved and motivated to share it with my fellow classmates. I think it is a film that is important for health care workers, especially future professionals, to become informed and aware of the issues going on in the health care system today and what we can do to improve it!

— Sophie Curl (University of San Francisco nursing student)

²³ As found online at <https://www.govtrack.us/congress/bills/113/s852>.

²⁴ As found online at <https://www.samueliinstitute.org/ViewEmail.aspx?SendId=1db84a00-e060-4072-9b34-6879c7713d2a>.

[ESCAPE FIRE] gave me the encouragement I needed to be a better patient advocate and voice for change.

— Nurse case manager (anonymous survey respondent)

Every practicing nurse, physician and patient in this country should watch this movie.

— Ann B (nurse.com commenter)

As a Nursing student I am now a bigger advocate of teaching my patient preventative measures to stop and/or reverse their disease process. I never knew doctors were under so much pressure to spend so little time with their patients, and this revelation provided me the fuel necessary to use my time with the patient more effective [sic]. I am now more knowledgeable [sic] of alternative pain relief measures. In nursing school, we are taught these alternative measure [sic], but we joke about calming music, meditation, and acupuncture, because there is never access within the hospital setting. However, I will now encourage my patients to seek alternative methods and research practitioners within my area that may make hospital visits.

— Nursing student (anonymous survey respondent)

As a practicing physician, I live “health care” day to day—as do all of my families in my practice. We all know the system is broken but there have been few cost-effective solutions proposed that would create a healthier America. ESCAPE FIRE is a must see—it may be the single most important film in the fight to save healthcare, ever.”

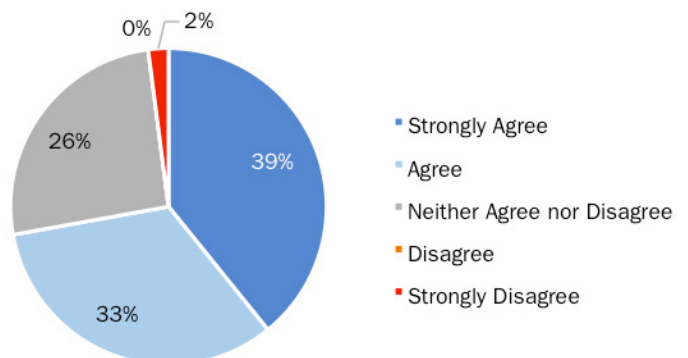
— Lawrence Rosen, MD (iTunes commenter)

Your documentary has become another tool for our practice to help guide our clients towards better health.

— OB/GYN (anonymous survey respondent)

Of the healthcare professionals who watched the documentary and participated in the ESCAPE FIRE survey, more than 70% responded that ESCAPE FIRE has had a direct impact on their practice:

ESCAPE FIRE has enriched my ability to help my patients



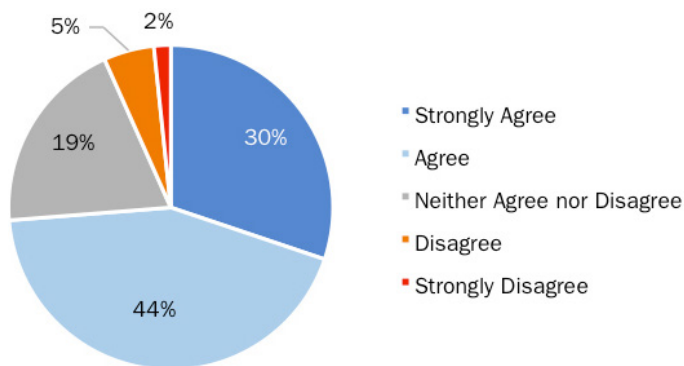
Behavioral changes for the general public are exceptionally difficult to track so soon after the campaign. In lieu of longitudinal studies, pledges for behavioral changes can serve as a temporary measuring stick. For example, ESCAPE FIRE’s website solicited visitors to submit their own “escape fires,” detailing how they personally were going to



positively change their behavior as a result of seeing the film. To date, more than 3,000 such “escape fires” have been submitted, though it is unknown how many of these 3,000 pledges have been implemented.

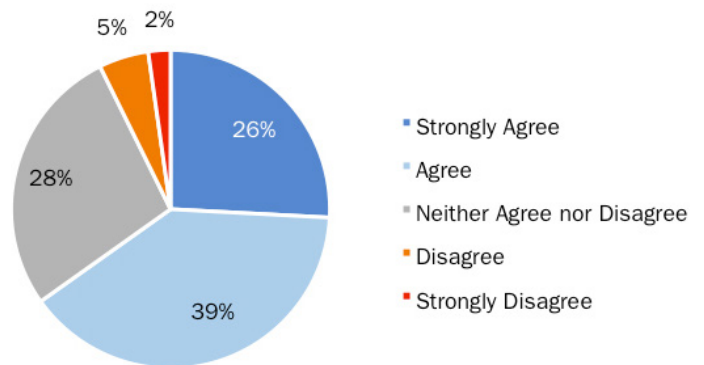
ESCAPE FIRE’s survey responses provide more context around these behavioral changes. Most notably, 74% of respondents claimed that the film empowered them to become more proactive with their own healthcare:

ESCAPE FIRE empowered me to be more proactive with my healthcare



On ESCAPE FIRE’s message of preventative care and behaviors, 65% of respondents reported that the documentary directly empowered them to lead healthier lives:

ESCAPE FIRE empowered me to lead a healthier life.



A sampling of qualitative data points further underscores the film’s influence:

It was the extra push I needed to quit smoking.

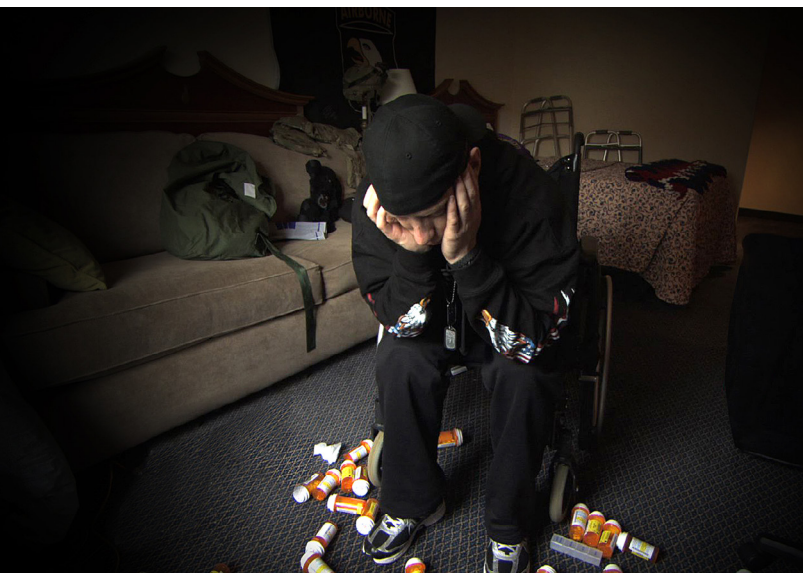
– [Anonymous survey respondent]

Watch this film for an insight that will change your way of life. I know it did mine.

– TWIXIE952 (amazon.com commenter)

A must watch for every person in the USA . . . This documentary provides the information needed to take control of your own health care.

– Timothy O. Buchanan (amazon.com commenter)



Conclusion

The ESCAPE FIRE outreach campaign had successes and shortcomings over the past two years. This section offers an objective, third-party perspective (from Third Plateau) on ESCAPE FIRE's impact-to-date.

SUCCESSSES

Third Plateau identified many successes of ESCAPE FIRE and its campaign, but four stood out as the most significant and substantial:

- 1. CRITICAL ACCLAIM:** ESCAPE FIRE's success as a film (temporarily setting aside the outreach effort) is undeniable. Premiering at Sundance and winning the Candescent Award are two phenomenal achievements, immediately providing the platform and momentum to do everything that came after. ESCAPE FIRE's impressive ratings on Amazon.com and RottenTomatoes.com further validate the quality of the film, as did holding the #1 spot on iTunes Documentary downloads in September 2013.
- 2. PARTNERSHIPS:** With less than \$500,000 of funding for the two-year outreach campaign, ESCAPE FIRE required strong partnerships to extend the documentary's reach. The team successfully cultivated relationships with more than 700 partners, including medical institutions, government, nonprofits, businesses, and universities, as well as with key individual stakeholders in the campaign's target audience (military, legislators, and medical professionals).
- 3. EXPOSURE:** ESCAPE FIRE was seen by an estimated 2.2 million viewers, fueled primarily by the CNN broadcasts, the campaign's community screening strategy, and the VA partnership. This exposure helped generate the buzz necessary to attract the attention of key stakeholders, which led to targeted screenings

at the Pentagon and Capitol Hill. Obtaining this level of exposure was perhaps the most pivotal component in executing the Theory of Change (see page 6).

- 4. FORMALIZED EDUCATION:** ESCAPE FIRE's CNE and CME accreditation is significant, as it validates the film's message and embeds it into the training of thousands of medical professionals. ESCAPE FIRE is also being used in primary medical education at numerous universities and training centers, as well as through annual campus screening events. For a film attempting to change the way healthcare is practiced in the United States, having access to and influence on practitioners (and future practitioners) is critical and a clear success for ESCAPE FIRE.

SHORTCOMINGS

One shortcoming that has the potential to significantly limit ESCAPE FIRE's impact is that there appears to be a disconnect in the general public between what is learned in the film and its outreach efforts, and what actions one can and should take as a result. This is a somewhat surprising shortcoming, in that much of the website and outreach effort was focused on being action-oriented. As evidenced by the survey responses and hundreds of online reviews, the ESCAPE FIRE audience learned a substantial amount about the problems of the country's current approach to healthcare, but less about how to solve these problems. In the survey, 92% of respondents reported feeling more educated about the problems, while only 78% reported feeling more educated about the possible solutions. True, 78% is significant and a move in the right direction, but the drop-off indicates that the ESCAPE FIRE message (attempting to explain the problems and offer solutions) is not as clear as the directors and campaign staff intended. This disconnect is likely what led to a large segment of the audience (judging by the Amazon.com and iTunes

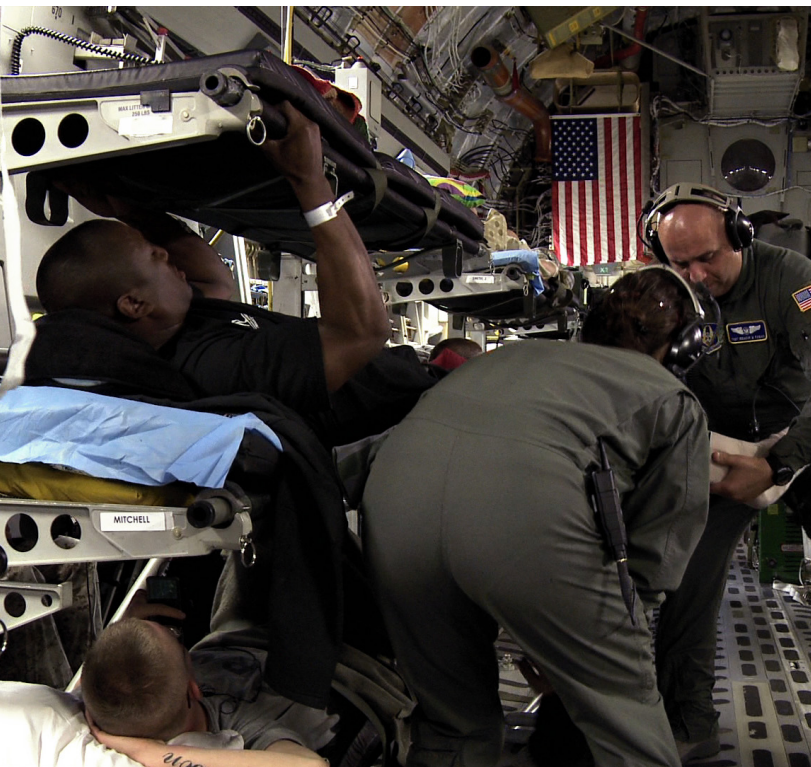
comments) feeling passionate about the need for action, but being unsure about where or how to start.

For ESCAPE FIRE to fully execute on its Theory of Change (see page 6), it must inspire both a pull and push strategy. The push strategy—a top-down approach to addressing quality of care—appears to be developing well, with Senators proposing new legislation, and medical schools incorporating ESCAPE FIRE into their curricula and professional health organizations offering the film for continuing medical education. However, the pull strategy—a bottom-up grassroots approach led by the end consumers—lacks clarity and structure. Patients who have seen the movie are well informed of the issues, but are not as empowered to act on that information as the ESCAPE FIRE team intended.

PARTING THOUGHTS

Measuring advocacy impact requires a very long-term mindset. The changes ESCAPE FIRE seeks to inspire will not happen overnight; they will take years and years to be fully realized. Similarly, societal health improvements and behavior changes take time (sometimes generations) to take root. Such change requires a multi-faceted effort, and it is important to note that the ESCAPE FIRE campaign is not alone in seeking to improve America's healthcare system. ESCAPE FIRE's outreach campaign has provided one way to reach experts and the public—using the power of film to address issues in the healthcare crisis in America.

This Impact Report comes at a very early stage in the impact arc and its findings should be read with that context in mind. The full extent of ESCAPE FIRE's impact likely won't be seen for another two, five, 10, or even 25 years. At this early juncture, however, it is clear that ESCAPE FIRE—through its two-year campaign, extensive grassroots screening strategy, multi-pronged distribution strategy, action-oriented website, social media and traditional media presence, and targeted political, military, medical, nonprofit, and business partnerships—has been successful in beginning a long domino progression, moving the conversation beyond “access to care” and towards “quality of care.”



Appendix: Partners

DISTRIBUTION PARTNERS

- » 1 Trick Pony
- » 360 Degree Communications
- » CNN Films
- » LionsGate
- » Long Shot Factory
- » Ogilvy & Mather
- » PR Collaborative
- » React to Film
- » Ro*co Educational
- » Rubenstein Associates
- » SONY Pictures
- » Technology Underwriting Greater Good (TUGG)

GOVERNMENT

- » County Health Departments (numerous)
- » Defense Health Agency
- » Department of Health & Social Services, State of Alaska
- » U.S. Army Surgeon General
- » U.S. Department of Defense
- » U.S. Department of Health and Human Services
- » U.S. Senator Richard Blumenthal (D-CT)
- » U.S. Senator John McCain (R-AZ)
- » Veterans Affairs

HEALTH INSTITUTIONS AND ORGANIZATIONS

- » Accordo Health Institute
- » Adio Chiropractic
- » Alternative Health
- » American Academy of Family Physicians
- » American Academy of Private Physicians
- » American Association of Colleges of Nursing
- » American Medical Student Association
- » American Public Health Association
- » Aurora Healthcare
- » Baldwinville Chiropractic
- » Beaverton Family Chiropractic
- » Blue Cross & Blue Shield of Rhode Island
- » Blue Cross & Blue Shield of South Carolina
- » California Association of Physician Groups
- » Care of Life
- » Cascade Family Chiropractic
- » Champion Family Chiropractic
- » Children's National
- » Ciccone Family Chiropractic
- » Cleveland Clinic
- » Dakota Life Chiropractic
- » Dees Family Chiropractic
- » Danbury Hospital
- » Doctors for America
- » Elite Spinal Rehab
- » Essential Chiropractic
- » Family First Health
- » FastForward Health
- » Forest Hills Yoga
- » Freedom Chiropractic
- » Grand Forks Public Health Department
- » Great River Family Chiropractic
- » Greenlawn Family Chiropractic
- » Greenwood Family Chiropractic
- » Group Health Cooperative
- » Haillie Chiropractic
- » Health 1st Center
- » Health from Within
- » Heritage Family Chiropractic
- » Hill Family Chiropractic
- » Idaho Public Health Association
- » Innate Wellness Center
- » Inspired Chiropractic
- » Institute for Health Technology Transformation
- » Institute for Healthcare Improvement
- » Johnson Family Chiropractic
- » Juneau Public Health Center
- » Kansas Public Health Association
- » Kayenta Public Health Nursing
- » KC Wellness Institute
- » Keen Family Chiropractic
- » Kestner Family Chiropractic
- » Legacy Family Chiropractic
- » Lopez Family Chiropractic
- » Louisiana Public Health Association
- » Loyola Retreat Center
- » Maine Quality Counts
- » Marathon Chiropractic
- » Marshall Family Chiropractic
- » Maryland Public Health Association
- » Maximized Life Chiropractic
- » Maximized Living
- » Meadows Family Chiropractic

- » Medical Brigades
- » Medical Fitness Association
- » Meditology Services
- » Middlemore Hospital
- » MidMichigan Health
- » Mississippi Public Health Association
- » Monterey Park Medical Clinic
- » Oklahoma Public Health Association
- » National Association of Community Health Centers
- » National Healthcare for the Homeless Council
- » National League of Nurses
- » National Physicians Alliance
- » National Student Nurses Alliance
- » Nevada Public Health Association
- » New Heights Chiropractic
- » New Mexico Academy of Family Physicians
- » North Hills Family Chiropractic
- » Nurse.com
- » Nurses Organization of Veterans Affairs
- » Ogilvy CommonHealth Worldwide
- » Oregon Public Health Association
- » Palo Alto Medical Foundation
- » Park City Hospital
- » Parkview Whitley Hospital
- » Patient Promise
- » Planet Chiropractic
- » Primary Care Progress
- » Pure Chiropractic Wellness
- » Quakertown Wellness Integrative Healthcare Center
- » Remote Area Medical

- » Rice Chiropractic Care
- » Samueli Institute
- » Sanford Children's Hospital
- » Seton Healthcare Family
- » South Dakota Public Health Association
- » Sowing Wellness
- » St. Francis Medical Center
- » St. Jude Medical Center
- » Stamford Hospital
- » Student National Medical Association
- » Students for Quality Healthcare
- » Summit Family Chiropractic
- » Team Chiropractic
- » The Colorado Health Foundation
- » The Doctors Company
- » Therapeutic Yoga of Greater Washington
- » Thompson Chiropractic Clinic
- » Three Rivers Chiropractic
- » True Chiropractic Center
- » Twin City Chiropractic
- » University of Arizona Integrative Medicine Fellowship
- » Venice Family Clinic
- » Virginia Association of Free Clinics
- » Visiting Nurses Services of New York
- » Wells Family Chiropractic
- » West Cobb Chiropractic
- » Westchase Chiropractic
- » Yoga Yoga

NON HEALTH-FOCUSED NONPROFITS

- » Brattleboro Museum & Art Center

- » California Endowment
- » Carnegie Foundation for the Advancement of Teaching
- » Catholic Charities of Fort Worth
- » Church of the Advent Hope
- » Community Church New York
- » Crow Collection of Asian Art
- » GLADD
- » Human Rights Watch
- » Jewish Community Center
- » League of Women Voters
- » Louisville Center for the Arts
- » MOMA – New York
- » MomsRising
- » New America Foundation
- » New York Presbyterian Board
- » SoHo House
- » Voices in Action
- » World Learning Center
- » YMCA

SCHOOLS

- » Armstrong Atlantic State University
- » Bard College
- » Baylor University
- » Beloit College
- » Boise State University
- » Boston College
- » Boston University
- » Brenau University
- » Brown University
- » Case Western Reserve University
- » Central Connecticut University
- » Claremont University
- » Clemson University
- » College of Western Idaho
- » Columbia University

- » Concordia College
- » Creighton University
- » CSU Chico
- » CSU Northridge
- » CSU Sacramento
- » D'Youville College
- » Dartmouth University
- » Des Moines University
- » Duke University
- » Eastern Virginia Medical School
- » Emory University
- » Farmingdale State College
- » Fresno State University
- » Gardner-Webb University
- » Georgetown University
- » Harvard University
- » Hendrix College
- » Hofstra University
- » Illinois Wesleyan University
- » Johns Hopkins University
- » LaSalle University
- » Loma Linda University
- » Marymount University
- » Mid-Michigan Community College
- » Midwestern University
- » Millikin University
- » Mohave Community College
- » Montana State University
- » Nevada State University
- » New York University
- » North Carolina State University
- » Northern Illinois University
- » Ohio State University
- » Ohio University
- » Old Dominion University
- » Paul D. Camp Community College
- » Portland State University
- » Princeton University
- » Purdue University
- » Rice University
- » Robert Wood Johnson Medical School
- » Rockefeller University
- » Rush University
- » San Jose State University
- » Southern Connecticut University
- » St. John Fisher College
- » St. Lawrence University
- » St. Louis University
- » Stanford University
- » SUNY New Paltz
- » SUNY Plattsburgh
- » Syracuse University
- » Temple University
- » Texas A&M
- » Texas State San Marcos
- » Thomas Jefferson University
- » Trinity University
- » Truman State University
- » Tufts University
- » UC Berkeley
- » UC Davis
- » UC San Diego
- » UC San Francisco
- » Université de Montréal
- » University of Alabama
- » University of Alaska
- » University of Alberta
- » University of Bridgeport
- » University of Buffalo
- » University of Calgary
- » University of Charleston
- » University of Chicago
- » University of Colorado
- » University of Connecticut
- » University of Findlay
- » University of Florida
- » University of Georgia
- » University of Illinois
- » University of Iowa
- » University of Kansas
- » University of Kentucky
- » University of Maryland
- » University of Massachusetts
- » University of Michigan
- » University of Missouri
- » University of Mount Union
- » University of New Mexico
- » University of North Carolina
- » University of North Dakota
- » University of Oklahoma
- » University of the Pacific
- » University of Pittsburgh
- » University of Rochester
- » University of South Carolina
- » University of South Dakota
- » University of Southern Indiana
- » University of Southern Mississippi
- » University of Tennessee
- » University of Utah
- » University of Vermont
- » University of Wisconsin
- » Vanderbilt University
- » Vassar College
- » Washington University in St. Louis
- » Wayne State University
- » Westminster College
- » William Jewell College
- » Worcester State University
- » Wright University
- » Yale University

Appendix: Methodology

The researching, writing, and publishing of the ESCAPE FIRE Impact Report was led by Third Plateau Social Impact Strategies, in close partnership with the ESCAPE FIRE directors and outreach team. The six-month project consisted of nine distinct phases:

- 1. DOCUMENT AND DATA REVIEW:** A detailed read and analysis of all existing documentation and data regarding the documentary's goals, reach, and partnerships.
- 2. TEAM INTERVIEWS:** One-on-one phone interviews with the two directors, the Outreach Coordinator, Campaign Strategist, Policy Director, and Social Media Coordinator
- 3. COMPARABLE RESEARCH:** An in-depth analysis of best practices and comparables to examine how past documentaries and outreach efforts fared and why.
- 4. THEORY OF CHANGE:** An articulation of the core goals of ESCAPE FIRE and the means by which the ESCAPE FIRE team was attempting to drive impact. The Theory of Change provides the framework by which the documentary and outreach campaign's impact can and should be measured.
- 5. INPUTS, OUTPUTS, AND OUTCOMES IDENTIFICATION:** The comprehensive list of all inputs, outputs, and outcomes necessary to track, measure, and analyze how effectively ESCAPE FIRE was able to execute its Theory of Change (see page 6).
- 6. POLICY RESEARCH:** A qualitative examination of the key political figures who were influenced (or likely influenced) by ESCAPE FIRE and the related efforts they pursued as a result.
- 7. MEDIA IMPRINT RESEARCH:** A quantitative and qualitative analysis of ESCAPE FIRE's traditional media and social media footprint, paying particular attention to the outreach campaign's ability to use media to drive engagement and education.
- 8. AUDIENCE SURVEY:** An online survey sent out across the ESCAPE FIRE network through social media and the e-newsletter, resulting in 181 total respondents: 116 individuals in healthcare (professionals and students); 12 individuals from the military (active military and veterans); one elected official; and 64 others. The survey collected responses over an eight-week period, from the middle of December 2013 through the middle of February 2014.
- 9. WRITING, EDITING, AND PUBLISHING:** The synthesis of the above findings into an initial draft, which was then edited by the ESCAPE FIRE team and finalized and published by Third Plateau.