

Behind the Screen: Hollywood and Public Health
Online Discussion Forum Week 2: April 2-6, 2007
Facilitator: Vicki Beck, Hollywood, Health and Society
Guest Facilitator: Neal Baer, Co-Executive Producer, Law & Order: SVU

Wednesday, April 4, 2007

I want to offer a big round of global applause for Zoanne Clack's incredibly detailed and thoughtful responses to the questions posed by colleagues. We are all learning at the same time what it takes to make a weekly, top-rated TV medical show and primetime soap that consistently tops the ratings charts in the United States. So they stretch some of the truths, and we have to ask, is that wrong? This is the question we get from judges who review Sentinel for Health Awards entries. The answer we give is another question: Could it be harmful to the viewing audience? If the answer is no, we don't penalize the show. In most cases, the answer is no. When the answer is yes, then it's a different matter and the score reflects the penalty. You won't see that show on any finalist lists.

Before I leave *Grey's Anatomy*, I'd like to let Zoanne and you know that it is indeed having an effect on its audience members. We worked with USC faculty and PhD students this past year to evaluate two different storylines from *Grey's Anatomy*. Some preliminary findings are noted here:

Viewers who saw the **breast cancer gene (BRCA) storyline**:

- Were nearly twice as likely as non-viewers to know about BRCA
- Had a significant increase in knowledge of BRCA
- Were much more likely than non-viewers to have scheduled a breast cancer screening as a result of seeing the episode

Among viewers who saw the **heart transplant storyline**:

- Two-thirds of non-donors (never signed up as organ donors) identified that "computer registry/DMV" was one way to sign up as a donor
- Nearly half who saw multiple episodes talked to someone about it
- There was more emotional involvement than among viewers of five other transplant storylines on other TV shows

On that high note, I want to respond to some excellent comments from participants today. Thanks to whomever it was that pointed out the importance of including diverse audiences in the development process of

storylines. If you were to see the writers sitting around the tables at Hollywood studios, you might think you landed at a cross-cultural gathering, in many cases. Most of the shows that we visit include writers from diverse backgrounds who bring their own unique experiences into the writer's room. It makes sense that the shows that appeal to diverse audiences are being written by diverse writers as well. When we take experts and "real people" to meet with shows or ask them to appear on panels at the Writers Guild, we look for diversity too – we want to tell the stories that writers want to hear, so it's important to mix it up with unique perspectives and experiences. As for offering your experts and "real people" to TV shows, you might want to let writers know when you are holding focus groups that they could attend, or share case examples from your agency's files, to illustrate the messages that you're trying to communicate. At the CDC, TV, film and documentary writers/producers are invited to sit at the table with the young disease investigators who tell endless tales of their adventures on the front lines of public health outbreaks. It's pretty compelling storytelling. And then there's the power of the press. Writers love to see press clips of human interest stories which you may already generate by working with your local news media. Ripped from the headlines is true.

Another topic raised today is capacity building -- no small issue when it comes to working with entertainment media. First, it takes a sustained effort to establish and maintain relationships with writers that come and go on shows that come and go, and most organizations won't be able to support that type of activity. Second, it's a marked advantage to have staff who previously worked in some type of media or entertainment organization, since they are likely more familiar with the systems, the gatekeepers and the opportunities for accessing TV writers and producers. And third, it makes a lot of sense to join forces with existing programs rather than recreate the wheel. The writers like it when they have one-stop shopping, as long as they get what they need. When Hollywood, Health & Society launched in April, 2002, the Centers for Disease Control and Prevention was the only funding agency. In year three, the National Cancer Institute joined the grant rather than create their own outreach efforts, and in year five two more federal agencies joined the cooperative agreement for the same reason. In most cases, it's necessary to have multiple funding agencies because those funding you initially can suffer from shrinking budget syndrome.

Besides challenges funding such efforts, someone else reminded us that developing countries are frequently isolated from the major media machines.

But their citizens are nevertheless avid consumers of entertainment TV programs being disseminated in their countries -- for better or worse. In the absence of any locally produced entertainment programming, I would offer a couple of ideas, but I hope those who are more familiar with these situations will please step in here. One idea might be to work with groups that can lead discussions or develop curricula to address health topics in TV shows. Another idea would be to encourage international partners with access to media makers to tell your stories and the challenges you face, so that the media that ends up in your country might reflect your public health issues. And a third idea would be to encourage youth, students and others to tell their stories through video, photography, and other media that can carry the message. In fact, we'll ask Neal Baer to address this question since he has a personal interest in the topic.

You're in for a real treat today. You probably know Neal Baer from ER, from Law & Order: SVU, and from his work, including international efforts, with the Kaiser Family Foundation and other groups. When he agreed to be the other co-chair of Hollywood, Health & Society's advisory board, we knew we would be okay. Neal understands the power of TV and he brings his own unique perspective to youth issues in particular. He was a school teacher before he became a writer, before he became a medical student, before he teamed up with his buddy John Wells to eventually become co-executive producer of ER and complete his pediatric residency somewhere during breaks from the show. When he took on SVU, he knew he could take the show to places it had never been before. In fact, the first year that the Sentinel for Health Awards recognized prime time dramas, SVU took first and third place for storylines on fetal alcohol syndrome and shaken baby syndrome. The storylines speak for themselves, along with dozens more on HIV, AIDS, rape, toxic exposure, diabetes, and more – all in a top-rated police drama. Here's your big chance to ask him how he does it ALL.

Discussion questions for participants:

- What are the pros and cons of working with existing TV shows versus campaign-funded serial dramas like those funded by USAID, Population Communications International and Population Media Center?
- Do you have experience or see opportunities for using existing TV storylines to reinforce campaign messages through discussion groups, patient education and other campaign-supported activities?