



Picture This:

WOMEN'S HEALTH



Picture This: Women's Health

Picture This: A resource for entertainment creators and news media. . .

Picture This: Women's Health is a guide to the key issues within the realm of women's health, including domestic violence, cancer, reproductive health and aging, as identified by experts, advocates, policy-makers, and others working to improve public awareness about factors that impact women's health.



Entertainment Industries Council, Inc.

www.eiconline.org

Picture This: Women's Health

Table of Contents

Foreword: Special Message from Betsy Clark, Executive Director, National Association of Social Workers (NASW) and Brian Dyak, President and CEO, Entertainment Industries Council, Inc. (EIC)	4
Portraying a Clear Picture of Women's Health through Depiction Priorities and Facts for the following topics:	
Domestic Violence	6
Cancer	8
Reproductive Health	10
Aging	12
Overarching Women's Health Issues	14
Creative Process Parallels Healthcare Policy	16
Helpful Terminology and Definitions	17
Sample Healthcare Roles	20
National Women's Health Resources	22
Picture This: Women's Health Speakers Help Raise Women's Voices	
Key Speaker, Betsy Clark, NASW	24
What our Entertainment Industry Panelists Said	
Suzan Olson Davis, Writer, <i>Saving Grace</i>	24
Shannon Goss, Writer & Story Editor, <i>ER</i>	25
Erika Green, Writer, <i>The Mentalist</i>	25
Sonya Lockett, Vice President for Public Affairs, BET	26
Kim Stolz, News Correspondent, MTV News	26
Facilitators Report on Participant Discussions	
Jo Parrish, VP of Scientific Affairs, Society for Women's Health Research ..	27
Lynn Parrish, Former VP of Communications; Rape, Abuse and Incest National Network	27
Martha Nolan, VP of Public Affairs, Society for Women's Health Research	27
Diane Quest, Director, Health Services Media Relations at Planned Parenthood Federation of America	28
James Huysman, PsyD, LCSW & Executive Director/Co-Founder, The Leeza Gibbons Memorial Foundation	28
Acknowledgements	29
End Notes	31





Betsy Clark



Brian Dyak

Foreword

Special Message to the Creative Community

Women's Health is on the agenda of many organizations. Yet across the U.S. and around the globe there is progress to be made in redressing inequities in research, services, education and awareness. Women's health is a complex issue ingrained in the institution of the "family" and covers a broad spectrum of illnesses and social trends. An integrated approach, using the media, is needed to improve health literacy, treatment outcomes and service access for women of all ages.

Entertainment often has the ability to influence and interact with individuals, societies and institutions to affect social change. How? By raising the public's attention to important issues and providing accurate information, realistic depictions and positive messages about health and social issues.

In a step toward depicting women's health issues in an accurate and entertaining manner, EIC, in collaboration with the National Association of Social Workers Foundation, the National Association of Chain Drug Stores Foundation, and the National Association of Broadcasters hosted *Picture This: Women's Health*, a forum for health experts and advocates, to recommend priorities for writers, directors, producers and other creative talent.

A panel of entertainment writers explained challenges and opportunities for depicting these issues onscreen and took part in a dialogue with experts and people with firsthand experience. This publication is intended to encourage the creative process, not inhibit it. Within these pages you will find factual information and depiction suggestions about women's health to stir your creative thinking about ways you can inspire, move and possibly even help your audience.

Thank you for your continued commitment to making a difference through art.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth J. Clark".

Elizabeth J. Clark
Executive Director
National Association of Social Workers
and President, NASW Foundation

A handwritten signature in black ink that reads "Brian Dyak".

Brian Dyak
President and CEO
Entertainment Industries Council, Inc.

What is the ultimate mission/purpose of the *Picture This* meetings:

EIC's *Picture This* program creates the opportunity for members of the health and social fields to condense and contextualize the key issues in their areas of expertise. The program channels the experts' information and transports it to the entertainment industry in an effort to inspire stories that could lead to social change.

What makes EIC uniquely qualified to host this type of meeting model:

For 26 years, EIC has been a pioneer in connecting the leading figures in the entertainment industry to those in the health field. Thus, the *Picture This* program can reframe the presentation of a complex topic and transform it into one that is innovative, accessible, and comprehensible to the entertainment and news media.

Through the convening power of the entertainment industry, all of the associations and individuals listed within this publication came together for a common purpose: to determine the most pressing concerns related to women's health. The group identified the television and feature films depictions of domestic violence, cancer, reproductive health and aging as core priorities. Overlapping issues such as mental health, health disparities and substance abuse were also an important part of this discussion, underscoring the critical role social workers and other health advocates have in helping people understand how these interrelated issues affect families and communities.



Group discussions

Domestic Violence: Did You Know...?

- Abuse is a pattern of coercive controls that one person exercises over another, including physical, sexual, emotional, economic or psychological actions or threats that influence another person.
- According to the CDC, each year, women experience about 4.8 million intimate partner related physical assaults and rapes. ¹
- 1 in 4 women and 1 in 9 men in U.S. are victims of domestic violence at some point in their lives. ²
- 23.6% of women and 11.5% of men aged 18 years or more have a lifetime history of intimate partner violence victimization. The highest percentage for women is adults aged 45-54 (31.2%). ³

Domestic Violence Depiction Priorities and Facts

Domestic violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner.

The following reflect the top priorities as identified by our expert attendees:

i) Domestic Violence

Depiction Priorities:

- I. Portray the importance of **SELF ESTEEM** when addressing domestic violence and partner abuse.
 - Consider portraying the negative effects of a victim's self-esteem such as depression, anxiety, inability to sleep, changes in appetite and emotional numbing.
 - Attempt to portray the effects of self esteem on both the abused victim as well as children who might also be part of the setting.
 - The destructive impact that domestic violence can have on a person's self-esteem is enormous. Since people typically cannot force someone to get out of a violent situation, consider portraying characters offering assistance to victims and providing the help they need when they're ready for it.
 - Portray female empowerment as an important tool in healthcare to strengthen negotiation skills; communication skills; informed decision making; woman to woman connections; and increased energy and self-esteem.
 - Consider the important portrayal of direct cues to action to help victims and loved ones know where to turn and how to get help (See the National Women's Health Resources section of this publication).
- II. Consider varying angles when choosing **VICTIMS** in electronic, print and broadcast scripted fiction and nonfiction media.
 - There is horrendous violence seen on TV against women. Consider changing up who the victims are in crime shows, etc. as to not reinforce this perception of women as common, helpless victims.
 - Consider portraying same gender violence where women assault their female partners as this is a real problem that is not often portrayed in media.
- III. Portray **FAMILY** and relationship settings that may influence abusive relationships.
 - For balanced portrayals, consider depictions of women's sexuality including older women and lesbian relationships when developing characters and storylines.

- When portraying sexual assaults, consider that marital rape may also tie into religious beliefs (ex: the notion that man is superior/head of the home and wife is to submit to husband).
- Consider portraying the hardships faced when individuals/abuse victims and loved ones keep family secrets such as abuse, domestic violence, alcohol, drug abuse and incest in addition to the consistent screening for domestic violence by social workers within the form of a continuum of services provided.

Violence & Women

- The strongest risk factor for being a victim of intimate partner violence is being female.
- One of every six women has been forcibly raped at some time in her life, and women are as likely to be raped as adults as they are as minors.
- While women are at a significantly greater risk in comparison to men of being raped by all types of offenders, 43 percent of all female victims were raped by either a current or former intimate partner.
- Between 25 and 50 percent of women will be abused by male partners during their lifetime.
- Women with fewer resources or greater perceived vulnerability - girls and those experiencing physical or psychiatric disabilities or living below the poverty line - are at even greater risk for domestic violence and lifetime abuse.
- A history of intrafamilial violence may be the most influential risk factor for a woman's abuse of substances.

Sources: American Psychological Association 1996; Brownridge 2006; Tjaden and Thoennes 2006

Childhood sexual and physical abuse

- A history of childhood sexual or physical abuse (or both) is a significant risk factor for the development of a substance use disorder (Evans and Sullivan 1995). ⁴
- A study of 1,411 women born between 1934 and 1974 found that women who experience any type of sexual abuse in childhood were more likely than those who were not abused to report drug or alcohol dependence as adults (Kendler et al. 2000). ⁵



Major Attending Groups Related to Domestic Violence

RAINN (Rape, Abuse and Incest
National Network)
<http://www.rainn.org/>
202.544.3064

Legal Action Center (LAC)
www.lac.org/
1-800-223-4044

The Office of Women's Health,
Health and Human Services
www.womenshealth.gov/owh/
202-690-7650

Cancer: Did You Know...?

- An estimated 662,870 women will be diagnosed with cancer in 2005, and cancer is projected to lead to death for 275,000 women.⁶
- An estimated 211,240 women will be diagnosed with breast cancer and 10,370 with cervical cancer; 40,410 and 3,710 women are projected to die of breast and cervical cancer, respectively.⁷
- The cancers that most often affect women are breast, lung, colon, endometrial, ovarian, cervical and skin cancer.⁸
- Women are under-represented in major clinical trials for cancers that affect both sexes.⁹
- Significant gaps exist between the care received by men and women in the United States. For example, women receive better care than men for 18 percent of measures, worse care for 22 percent, and comparable care for 59 percent.¹⁰
- A common myth among women is that if a person doesn't have a family history of breast cancer, they don't need to have a mammogram.
- Breast cancer is common enough (affecting one in eight or 12% of all American women over their lifetimes) that several cases could occur within a family merely by chance alone.¹¹

ii) Cancer

Depiction Priorities:

- I. Portray the underrepresentation of women in **CLINICAL TRIALS** for cancers that affect both sexes
 - Consider portraying the effects of an uneven balance of enrollment between men and women in clinical studies such as ineffective treatment outcomes and lack of data for long-term effects.
 - Attempt to portray some of the possible reasons for why fewer women are enrolled in studies, such as barriers that include a lack of information, fear and perceived interference with personal responsibilities (e.g., care giving). Then consider portraying solutions to these barriers.
- II. Portray the social norms and **BEHAVIORS** that put women at risk for developing cancers.
 - Consider portraying the negative effects of tanning for women that may lead to skin cancer. Social beauty norms seem to portray tanned skin as beautiful; however, there is nothing beautiful about scars from skin cancer, sun spots and wrinkles.
 - As a form of role modeling, consider portraying the importance of getting annual checkups, including mammograms and pap-smears to detect early signs of breast and cervical cancers.
 - Participating in risky behaviors such as unsafe sex can lead to major health issues including cancer in women. Consider portraying the importance of practicing safe sex and early detection to prevent HPV and cervical cancer.
- III. Portray the **CANCER CONTINUUM** including prevention, detection, diagnosis and treatment.
 - Consider developing social worker characters in your storylines that address cancer throughout all aspects of the cancer continuum. They are trained to assess the physical, psychological, social and financial impact of the disease on individuals and families.
 - Consider portraying not only the physical effects of cancer on women but also the psychological effects, including emotions that come with all of the side-effects of cancer.
 - Consider portraying the healthcare disparities for women of color.
 - Attempt to portray women of low socioeconomic status with poor access to healthcare and delayed diagnoses of cancer.
 - Depictions of people getting screened, even as the result of another character's death, could help people understand that they have more control than they may believe in preventing cancer.

Table 1: Familial Breast Cancer Risk Depends on Both the Age of the Potentially Affected Woman and the Number of First-Degree Relatives Diagnosed With Genetically Undefined Breast Cancer

Woman's Current Age	Percentage Of Women Developing Breast Cancer <i>By Age 80</i>		
	Number of First-Degree * Relatives Affected		
	None	One	Two
20 years	7.8%	13.3%	21.1%
30 years	7.7%	13.0%	20.7%
40 years	7.3%	12.0%	18.9%
50 years	6.1%	9.8%	14.7%
60 years	4.5%	7.1%	10.4%
70 years	32.5%	4.2%	5.7%

*First-Degree relatives include mothers, sisters and daughters. Lancet ISSN 0140-6736
CODEN LANCAO Source / Source: 2001, vol. 358, no9291, pp. 1389-1399 (55 ref.).

Why Should I Care?

Cancer is the second leading cause of death among women and it can affect men and women differently.

Here are a few facts you should know:

- **Lung cancer** is the leading cause of cancer death in the United States. More women die from lung cancer each year than from breast cancer. Most lung cancers are caused by cigarette smoke, but about one in five cases is caused by something else, such as asbestos, radon and other cancer-causing agents.
- **More women die from breast cancer than men die from prostate cancer**, but the death rates have been going down since 1990, probably due to mammography and better treatment options.
- **Colon cancer is not a man's disease.** It is the third most common cancer in women behind lung and breast. Many deaths from colorectal cancer can be prevented with proper screening.
- **Almost all cervical cancer cases are caused by a virus.** Thanks to improved screening methods, cervical cancer is largely preventable.
- Bladder cancer is more common in men than women, but **women who smoke** are at greater risk for the disease.
- Melanoma, the most dangerous form of skin cancer, is the most common cancer among **women between the ages of 25 and 29.**
- The risk for non-Hodgkin lymphoma, a blood and lymph system cancer, **is higher among women smokers than men smokers.**

Source: http://www.womenshealthresearch.org/site/PageServer?pagename=hs_main



Major Attending Groups Related to Cancer

Cancer Schmancer, Inc.
www.cancerschmancer.org/
888-621-2001

American Academy of Nursing
www.aannet.org
(202) 777-1170

Norris Comprehensive
Cancer Center
<http://ccnt.hsc.usc.edu/>
800-USC-CARE

National Association of
Social Workers
www.socialworkers.org/

Reproductive Health: Did You Know...?

- Multiple births are associated with increased risk for mothers and infants (e.g. pregnancy complications, premature delivery, low-birth weight infants, and long-term disability among infants).¹²
- Approximately 600,000 hysterectomies are performed each year in the United States. Hysterectomy, the removal of a woman's uterus, is the second most frequent major surgical procedure among reproductive-aged women.¹³
- Percent of women aged 15-44 currently using female sterilization: 17%
Source: <http://www.cdc.gov/nchs/fastats/usecontr.htm>
- Percent of women aged 15-44 currently using male sterilization: 6%
Source: <http://www.cdc.gov/nchs/fastats/usecontr.htm>
- About 12 percent of women (7.3 million) in the United States aged 15-44 had difficulty getting pregnant or carrying a baby to term in 2002. Problems with ovulation account for most cases of infertility in women.¹⁵
- An existing myth is that once menses ceases, menopause ceases. The reality is that menopause begins before menses stops and it does not really end ever. Hot flashes, vaginal dryness, thinning hair, are only a few of the changes that occur once those 'female' hormones diminish.

iii) Reproductive Health

Depiction Priorities:

- I. Consider portraying complications and issues related to pregnancy, childbirth and pregnancy termination.
 - There is current research showing an increase in unwed mothers who choose their circumstances in having a baby without being married or in relationships at all in some cases. On the flip side, there is also a high rate of unwanted teen pregnancies. Portraying both sides of this spectrum can be engaging as well as educational.
 - Teen pregnancy is not glamorous and neither is a grandparent raising grandchildren because of unexpected teen pregnancies. There are many hardships involved that are not always depicted within the media.
 - Portray the diminishing chances of becoming pregnant due to a woman's age.
 - Menopause can affect a woman's sense of self and her relationships, including same-sex relationships. Couples must learn to handle night sweats, mood shifts, hot flashes that can be like putting one's head in a 400 degree oven. Menopause also means different things culturally to different women. Exploring this part of a female character could add complexity, and possible humor, to her story.
 - Consider portraying the additional complications that may occur due to postponing childbirth until later ages, including the diminishing chances of becoming pregnant due to a woman's age.¹⁴
 - Consider portraying the stress on women's families, their health and society from women having multiple births. Try to include services offered by social workers in portrayals dealing with multiple births.
- II. Consider depicting that reproductive healthcare IS in fact basic healthcare for women since typically the only annual checkups women attend are the OBGYN where they either catch or do not catch other health concerns.
 - Consider portraying the multitude of women's reproductive health issues including infertility, HIV/AIDs, sexual violence and pregnancy as well as the role of professionals in aiding with these issues.
 - Attempt to portray women to women support groups in helping one another get through tough issues.
 - Consider portraying the lack of access and quality of healthcare services including challenging access for new Medicare patients, insurance issues, workplaces not allowing for flex time or accommodations for care.

From puberty to menopause: word origins

pu*ber*ty (py b r-t) KEYn.

1. The stage of adolescence in which an individual becomes physiologically capable of sexual reproduction.

ETYMOLOGY:

Middle English puberte, from Old French, from Latin p bert s, from p b s, p ber-, adult

OTHER FORMS:

pu ber*tal or pu ber*al (-b r-l) KEY (Adjective)

men*o*pause (mûn'z-pôz') n.

1. The permanent cessation of menstruation, occurring usually between the ages of 45 and 55.

2. The period during which such cessation occurs.

[New Latin mīnopausis : meno- + Greek pausis, pause; see pause.]

men'o*paus'al adj.

Preventing Birth Defects: What's the Issue?

Any health problem that is present at birth is called a birth defect. The problem can be physical, mental or both and is usually something that happens to a baby while it is forming inside the mother.

One out of every 28 babies born in the United States will have some sort of birth defect. There are many different types of birth defects. Some of the more common ones include:

- spina bifida (when the backbone doesn't fully close)
- heart defects
- hypospadias (the opening for urine in boys is not in the right place)
- phenylketouria or PKU (when babies can't use a protein, it builds up in the blood and can cause brain damage)
- fetal alcohol syndrome (babies are born with defects caused by the mom's alcohol use during pregnancy)

Birth defects are the leading cause of death for children in their first year of life.

Source: Society for Women's Health Research. Link: <http://www.womenshealthresearch.org/site/PageServer?pagename=hs_healthfacts_birthdefectscf>http://www.womenshealthresearch.org/site/PageServer?pagename=hs_healthfacts_birthdefectscf.



Major Attending Groups Related to Reproductive Health

Planned Parenthood
<http://www.plannedparenthood.org/>
1-800-230-PLAN

Black Women's Health Imperative
www.blackwomenshealth.org
(202) 548-4000

Society for Women's Health Research
www.womenshealthresearch.org
(202) 223-8224

The Reproductive Health Technologies Project
www.rhtp.org/
202.530.4401

Administration Maternal and Child Health Bureau
<http://mchb.hrsa.gov/>
301-443-2170

Aging: Did You Know...?

- Older women outnumber older men at 21.9 million older women to 16.0 million older men.¹⁶
- Over fifty percent of the women surveyed say the experience of aging is better than they expected it would be - this holds true even among a majority (53%) of women aged 80+.¹⁷
- Women 80+ are significantly more likely to report that they are in good health than are younger women. Overwhelmingly, they report that their mental health is good.¹⁸
- Health issues older women face include heart disease, cancer, stroke, and injuries from falls. Heart disease is a serious concern for older women. Many people think that heart disease mostly affects men; it's the number one killer of both men and women in the U.S.¹⁹
- Older women have higher disability rates than men of the same age. This is not because more women develop disabilities, but because women with disabilities survive longer than men.²⁰
- Additional health disparities exist for older minority women. These women have many of the same health problems as older white women. Yet, they are often in poorer health and use fewer health services.²¹

iv. Aging

Depiction Priorities:

- I. Consider depicting aging and mental health issues.
 - Consider portraying "healthy" aging, or aging with a positive spin rather than the tendency to focus on deficits.
 - Consider portraying the effects of multigenerational health and mental illness. Multigenerational families may also have health issues. Many times adult caregivers feel overwhelmed with the stress of their own health issues along with stress of caring for young children and aging parents, which can result in a variety of mental health-related illnesses.
- II. Consider depicting palliative care, hospice and quality of life in storylines.
 - When facing a serious illness, characters need relief from pain and from other symptoms, such as fatigue, nausea, loss of appetite, shortness of breath and stress. Consider portraying palliative care to relieve the pain of a character's serious illness and the role that social workers can play in providing services and support.
 - Consider depicting the role of social workers along with healthcare providers in helping characters understand their conditions and choices for care/medical treatments.
 - Many women with disabilities become heroines in spite of their increasing physical challenges, managing their careers and families, and fighting for physical access to their communities. Adding the onset of disabilities in older adults to a character's story offers many new options for story threads and conflict resolution.
- III. Healthcare costs
 - Consider portraying the influence of rising healthcare costs on women's health. Consider depicting that many women fail to seek health care for themselves or their families to save money. Depict the effects of finances on healthcare since many women may be emotionally prepared for aging issues; but not financially.
- IV. Age disparities in clinical trials
 - Both gender and age disparities when it comes to clinical trials affect women's health. Consider portraying the influence clinical trial disparities have on a character's illness and treatment options, such as age disparities in cancer-related clinical trials including surgical oncology, heart disease and geriatric pharmacotherapy.

KEY POINTS AS WE AGE

CONVERSATIONS TO HAVE WITH YOUR DOCTOR:

@20 Test for sexually transmitted diseases and schedule your first Pap test within 3 years of being sexually active or by age 21. See an optometrist for a vision test and schedule blood pressure screenings at least every 2 years. Also screen for baseline cholesterol and conduct monthly breast examinations.

@30 If you have had 3 normal, consecutive Pap test results and aren't at high risk for cervical cancer, schedule your Pap smears 2 to 3 years apart instead of annually. Continue to conduct monthly breast exams and check for moles or abnormal skin markings every 3 years. See an optometrist at least twice.

@40 Have your first mammogram, consult with doctor for regularity and up your skin exam to once a year starting in your 40s. At 45 start checking for diabetes with fasting blood sugar test, get a flu shot and check your vision every 2 to 4 years.

@50 Have regular mammograms every 1 to 2 years. Schedule a colonoscopy to test for colon and rectal cancer every 10 years starting at age 50.

@60 Test for osteoporosis and bone density. Pelvic and Pap Smear exams should be done more regularly from age 65 to 70. Test for Glaucoma and eye diseases as they are more common after 65. Getting a Pneumococcal vaccine will help protect against pneumonia.

@70 Q: Will my joints ache less if I move to a warmer climate?

A: Medical science has been unable to establish a link between weather and pain. In a recent study published in *Rheumatology*, research examined the effects of barometric pressure, precipitation, and temperature on joint pain and found only one correlation: Women experienced worsening hand pain as barometric pressure rose. It's true that many people with osteoarthritis seem to feel more comfortable in warmer climates but osteoarthritis is more affected by overuse.

Q: Why did my doctor focus solely on counseling me to stop smoking and improve my diet, instead of conducting my physical exam at my last check-up?

A: It's a common misconception that people in generally good health, without symptoms of illness, need to see a doctor every year for a physical exam. Lifestyle factors account for an estimated 2/3 of chronic illnesses associated with aging and spending time discussing how to modify these factors may be more beneficial than a complete physical exam.

@80+ There is new scientific evidence indicating that the use of hormone therapy by postmenopausal women can increase your risk of developing disease, such as heart disease and breast cancer. It is important to discuss this with your doctor as well as these other important questions: What changes can I expect over time in behavior and mental capabilities? How quickly will these changes occur? What is my overall risk for heart disease? Can we review my risk factors?

Sources:

http://www.johnshopkinshealthalerts.com/health_after_50/HA50-mag8.html

<http://www.pfizer.co.za/runtime/popcontentrun.aspx?pageidref=2403>

Their Parents' Keepers, *Washington Post*, By: Paula Span, Date: 06/16/09

Link: <<http://www.washingtonpost.com/wp-dyn/content/article/2009/06/12/AR2009061203251.html>><http://www.washingtonpost.com/wp-dyn/content/article/2009/06/12/AR2009061203251.html>

<http://www.washingtonpost.com/wp-dyn/content/article/2009/06/12/AR2009061203251.html>

- Fewer than five percent of the elderly live in institutions. Nursing home use has been falling for 20 years. Overwhelmingly, the people taking care of seniors are the people who always have: their families.
- Caring for older adults costs more than \$5,500 annually out of pocket on average.



Major Attending Groups Related to Aging

AARP

www.arp.org

1-888-OUR-AARP

American Society on Aging

www.asaging.org/index.cfm

(415) 974-9600

Visiting Nurses Association

<http://vnaa.org>

202-384-1420

Leeza Gibbons Foundation

www.leezasplace.org/

1-888-655-3392

v. Overarching Women's Health Issues

Depiction Suggestions:

I. Gender differences

- Consider portraying that both gender differences and gender inequalities can give rise to inequities between men and women in health status and access to health care. For example consider the depiction that a woman cannot receive needed health services because safety issues in her community prevent her from travelling alone to a clinic, or consider depicting a married woman that contracts HIV because societal standards encourage her husband's promiscuity while simultaneously preventing her from insisting on condom use.

II. Care giving

- Within the U.S.'s complex system of long-term healthcare, women's care giving is essential in providing a backbone of support. Women provide the majority of informal care to spouses, parents, parents-in-law, friends and neighbors. Consider portraying the many roles women play while care giving, including hands-on health provider, care manager, friend, companion, surrogate decision-maker and advocate.
- Consider depicting the toll that care giving takes on women. Not only does this include finances, but also health-related concerns. Care giving can lead to higher levels of depression, anxiety and other mental health challenges.
- "Her-Care"²² or women taking care of themselves, tends to be the last priority. Consider portraying a woman who looks after her own health as a top concern.



Gender Difference

Caregiver

- Women provide the majority of informal care to spouses, parents, parents-in-law, friends and neighbors...the many roles women play while care giving, including hands-on health provider, care manager, friend, companion, surrogate decision-maker and advocate.
- Consider the toll that care giving takes on women. Not only does this include finances, but also health-related concerns. Care giving can lead to higher levels of depression, anxiety, and other mental health challenges.
- "Her-Care" or women taking care of themselves, tends to be the last priority.

Clinical Trials with both genders

- Participation of men and women in clinical trials is critical to the whole picture. Without it, diagnosis and treatment risk factors can increase due to lack of information.

Gender responses to treatments

- Promote cultural competence specific to women...treatment providers and staff must understand cultural views, beliefs, and experiences.
- Consider the caregiver role that women serve and the impact it has when the caregiver requires care.

Many screening instruments require little or no specific training to administer. Screening and assessment differ in the following way:

- Screening: is the process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no.
- Assessment: is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

"Women's mental health is critical to their overall health and to the health of our nation."

—Wanda K. Jones, Dr.P.H.
Deputy Assistant Secretary for Health (Women's Health)
U.S. Department of Health and Human Services



Wanda K. Jones, Dr.P.H., Deputy Assistant Secretary for Health (Women's Health), U.S. Department of Health and Human Services

Creative Process Parallels Healthcare Policy Process

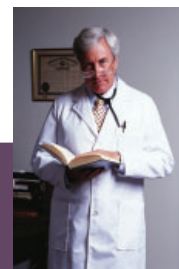
Thousands of details and countless people come together throughout the process of healthcare to secure a desired outcome.

Similarly, a complex system exists with numerous details and people throughout the process of creating an entertainment program.

To assist with the development of characters and storylines that address women's health, the following information is provided:

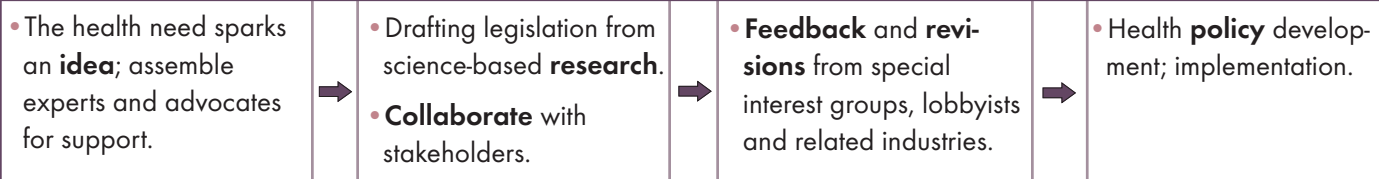
- Terminology and definitions,
- Health care roles,
- List of participating national organizations.

And of course the health priorities and depiction suggestions developed through the collaboration and consensus of the leadership from the national organizations.

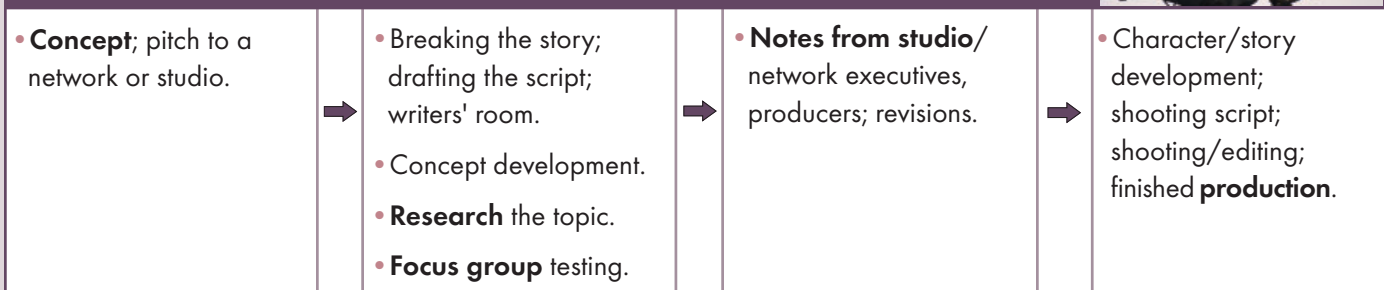


Health Policy Process:

Idea/Need



Creative Process:



Helpful Terminology and Definitions

Addiction—A compulsive physiological need for and use of a habit-forming substance (as heroin, nicotine, or alcohol) characterized by tolerance and by well-defined physiological symptoms upon withdrawal.

Alzheimer's disease—An organic mental disorder occurring most often in older people, characterized by confusion, forgetfulness, mood swings, impaired cognition to learn, disorientation, and dementia.

Assessment—Process by which patients and their families are assessed for social supports, level of education about the disease, and ability to manage the demands imposed by the illness or accident.

Biopsychosocial approach—Specific to the hospital social worker. The approach takes into account the entire person in his or her environment: biological, psychological and social well-being.

Cancer—A malignant tumor; uncontrolled growth of abnormal cells.

Cognitive dysfunction—Any temporary or permanent decrease in the ability to think, remember, comprehend, or process information.

Collaboration—The procedure in which two or more professionals work together to serve a given client (individual, family, group, community, or population).

Community support—Support provided to an individual through his/her community.

Crisis intervention—The therapeutic practice used in helping clients in crisis change by acknowledging the problem, recognizing its impact, and learning new or more effective behaviors for coping with similar predictable experiences.

Dementia—Deterioration of the mental processes, usually characterized by memory loss, personality change, and impaired judgment and ability to think abstractly or systematically.

Depression—An emotional reaction frequently characterized by sadness, discouragement, despair, pessimism about the future, reduced activity and productivity, sleep disturbance or excessive fatigue, and feelings of inadequacy, self-effacement, and hopelessness.

Diagnostic-related groups (DRGs)—The name applied to a federally mandated prospective payment mechanism designed to control the cost of medical and hospital care for Medicare recipients.

Dialysis—Treatment for kidney disease.

Disability—Temporary or permanent reduction in function and the inability to perform some activities that most others can as a result of a physical or mental condition.



Table Discussions



Table Discussions

Discharge planning—Social service in hospitals and other institutions designed to help patients or clients make timely and healthy adjustments from care in a facility to alternative sources of care or self-care.

Emergency room—A hospital or primary care department that provides initial treatment to patients with a broad spectrum of illnesses and injuries, some of which may be life-threatening and requiring immediate attention.

Family/caregiver experience—A patient's recovery/treatment process as experienced by caregivers/family members.

Geriatrics—Treatment of diseases associated with old age.

Gerontology—Study of aging.

Heart disease—Disorders affecting the heart muscle, adjacent tissue and the circulatory system.

Heart attack—Partial failure of the pumping action of the heart.

HIV/AIDS—Virus and disease which compromise the human immune system and makes one's body unable to fight infections. The highest number of new HIV/AIDS cases is now among heterosexual women.

Hospice care—Philosophy of care for terminally ill people and their families.

Interdisciplinary team—Formal collaboration among physicians, nurses, social workers, physical therapists, psychiatrists, pharmacists, nutritionists.

Managed care—Participation of third parties (beyond physician and patient) in the delivery of health care services and procedures for monitoring the delivery of health care and health care benefit plans.

Medicaid—Health program established to pay for hospital and medical services to people who cannot afford them. Eligibility is based on income.

Medicare—U.S. National social insurance health care program for all people older than age 65, plus some other defined populations. Benefits include hospital insurance and voluntary medical insurance.

Menopause—Biological process that occurs in middle-age women as menstruation ceases. Hormonal changes can be accompanied by physiological and psychological symptoms.

Menses—The monthly discharge of blood from the uterus of non-pregnant women from puberty to menopause.

Mental disorder—Impaired psychological or cognitive functioning due to disturbances in biological, chemical, physiological, genetic, psychological or social processes.

Multidisciplinary team—Treatment team composed of persons from a variety of professional backgrounds, e.g., medical doctor, nurse, social worker, physical therapist, etc.

Nursing home—Residential facility that provides extended health care, skilled nursing care and intermediate care for people who are ill or unable to take care of themselves.

Obstetrics/gynecology—Obstetrics and gynecology (often abbreviated to OB/GYN, O&G or Obs & Gynae) are the two surgical specialties dealing with the female reproductive organs.

Oncology—The medical specialty that studies and treats cancer and tumors.

Organ donor—One who bequeaths a vital body part for transplantation into another human being.

Outreach—Extending support and services to individuals, groups, and communities while they remain in their own settings.

Palliative care—A comprehensive approach to treating serious illness that focuses on the physical, psychological and spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering and controlling pain and symptoms. (Source: www.caringinfo.org)

Pain management—The medical discipline concerned with the relief of pain.

Patient experience—The overall experience of a patient in receiving care and treatment from providers.

Phases of recovery—Classifiable stages in recovering from a disease or addiction, or in becoming acclimated to a disability.

Patient—Those who are receiving care and treatment from physicians and health care personnel.

Post-traumatic stress disorder (PTSD)—Delayed psychological reaction to experiencing a high stress event that is outside the range of usual human experience.

Psychosocial assessment—Evaluation of a patient's emotional status and support system with a view to predicting his or her ability to cope with medical treatment and subsequent lifestyle adjustments.

Rehabilitation—Restoring to a healthy condition or useful capacity to the extent possible.

Sandwich Generation—Middle aged individuals, typically female, who are caretaking for children and aging parents simultaneously.

Social services—Activities of human services personnel in promoting the health and well-being of people and in helping people become more self-sufficient. Goal is to meet financial, psychological, and medical needs.

Social support network—Family, friends and neighbors who contribute to the quality of life of the individual.

Substance abuse—Maladaptive pattern of using certain drugs, alcohol, medications, and toxins despite their adverse consequences.

Traumatic brain injury—Traumatic brain injury (TBI) is a complex injury with a broad spectrum of symptoms and disabilities.

Veterans' services—Services provided to veterans of the armed services.



Erika Green

Health Care Roles

Consider portraying these roles in your stories.

Nurse Midwife: A professional nurse who assists a mother through the process of childbirth.

Occupational Therapist: Occupational therapists help people of all ages improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, socially or emotionally disabling.

Patient Navigator: A patient navigator is a specially trained, culturally sensitive healthcare worker who acts as a medical advocate to help patients and their families access a variety of healthcare professionals and support services they need.



Robert Carter Arnold (NASW Foundation), Gail Woods Waller (NASW), James Huysman (Leeza Gibbons Foundation), Suzanne Dworak-Peck (NASW Past President and Co-Chair of the National Social Work Public Education Campaign), Jennifer Watt (NASW Foundation), Brian Dyak (EIC), Phyllis Greenberger (Society for Women's Health Research), Betsy Clark (NASW), Martha Nolan (Society for Women's Health Research), Marcellus Alexander (NAB Education Foundation), Jo Parrish (Society for Women's Health Research), Lynn Parish (RAINN)

Physical Therapist: Physical therapists provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. They restore, maintain, and promote overall fitness and health. Their patients include accident victims and individuals with disabling conditions such as low-back pain, arthritis, heart disease, fractures, head injuries, and cerebral palsy.

Physician and Surgeon: Physicians and surgeons diagnose illnesses and prescribe and administer treatment for people suffering from injury or disease. Physicians examine patients, obtain medical histories, and order, perform, and interpret diagnostic tests. They counsel patients on diet, hygiene, and preventive health care.

Psychiatrist: Psychiatrists are medical doctors who serve as key caregivers in the area of mental health. They assess and treat mental illnesses through a combination of psychotherapy, psychoanalysis, hospitalization, and medication.

Psychologist: Psychologists in health service fields provide mental health care in hospitals, clinics, schools, or private settings.

Registered Nurse: Registered nurses (RNs), regardless of specialty or work setting, treat and educate patients as well as the public about various medical conditions, furthermore, they provide advice and emotional support to patients' family members. RNs record patients' medical histories and symptoms, help perform diagnostic tests and analyze results, operate medical machinery, administer treatment and medications, and help with patient follow-up and rehabilitation.

Social Worker: Social workers assist people by helping them cope with issues in their everyday lives, deal with their relationships, and solve personal and family problems. Some social workers help clients who face a disability or a life-threatening disease or a social problem, such as inadequate housing, unemployment, or substance abuse. Social workers also assist families that have serious domestic conflicts, sometimes involving child or spousal abuse. Some social workers conduct research, advocate for improved services, engage in systems design or are involved in planning or policy development. Many social workers specialize in serving a particular population or working in a specific setting.

Speech-language Pathologist: Speech-language pathologists, sometimes called speech therapists, assess, diagnose, treat, and help to prevent disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency.

Nursing, Psychiatric, and Home Health Aide: Nursing and psychiatric aides help care for physically or mentally ill, injured, disabled, or infirm individuals in hospitals, nursing care facilities, mental health settings, and private homes.

For a complete list please see www.bls.gov.OCO.



Kana Enomoto, Acting Deputy Administrator,
SAMHSA

National Women's Health Resources

AARP

www.arp.org

1-888-OUR-AARP

Administration Maternal and

Child Health Bureau

<http://mchb.hrsa.gov/>

301-443-2170

Al-Anon Family Group

Headquarters, Inc.

www.al-anon.alateen.org/

(757) 563-1600

American Academy of Nursing

www.aannet.org

(202) 777-1170

American College of Nurse-Midwives

www.midwife.org/

240-485-1800

American Society on Aging

www.asaging.org/index.cfm

(415) 974-9600

Black Women's Health Imperative

www.blackwomenshealth.org

(202) 548-4000

Cancer Schmancer, Inc.

www.cancerschmancer.org/

888-621-2001

Communications Consortium Media
Center

<http://www.ccmc.org/>

202.326.8700

U.S. Health Resources and

Services Administration

www.hrsa.gov

Leeza Gibbons Foundation

www.leezasplace.org/

1-888-655-3392

Legal Action Center (LAC)

www.lac.org/

1-800-223-4044

MANA, A National Latina
Organization

www.hermana.org/

(202) 833-0060

National Association for

Children of Alcoholics

www.nacoa.net/

888-55-4COAS

National Association of

Social Workers

www.socialworkers.org/

National Cancer Institute

www.cancer.gov

1-800-4-CANCER

National Council for Community
Behavioral Healthcare

www.thenationalcouncil.org/

202.684.7457



Table Discussion

Norris Comprehensive Cancer Center
<http://ccnt.hsc.usc.edu/>
 800-USC-CARE

National Heart, Lung, and
 Blood Institute
www.nhlbi.nih.gov/
 301 592 8573

NHLBI Office of Communications
 and Legislative Activities
www.nhlbi.nih.gov/about/ocla/index.htm
 301 592 8573

Oxford House
www.oxfordhouse.org/userfiles/file/
 (301) 587-2916

Planned Parenthood
<http://www.plannedparenthood.org/>
 1-800-230-PLAN

RAINN
 (Rape, Abuse and Incest
 National Network)
<http://www.rainn.org/>
 202.544.3064

SAMHSA
www.samhsa.gov
 1-877-SAMHSA-7

SisterMentors
www.sistermentors.org/
 202-778-6424

Society for Women's Health Research
www.womenshealthresearch.org
 (202)223-8224

The Centre for Development and
 Population Activities (CEDPA)
www.cedpa.org/
 202-667-1142

The National Association of Nurse
 Practitioners in Women's Health
www.npwh.org
 202.543.9693

The Office of Women's Health,
 Health and Human Services
www.womenshealth.gov/owh/
 202-690-7650

The Reproductive Health
 Technologies Project
www.rhtp.org/
 202.530.4401

U.S. Public Health Service
www.usphs.gov/
 800-279-1605

Visiting Nurses Association
<http://vnua.org>
 202-384-1420

WomenHeart: The National Coalition
 for Women with Heart Disease
www.womenheart.org
 202-728-7199



Table Discussion

Picture This: Women's Health Speakers Help Raise Women's Voices

Key Speaker:

Betsy Clark, Executive Director National Association of Social Workers



Betsy Clark

"Women are instrumental in health care decisions. It doesn't matter what the issue seems to be—whether it's with your spouse or partner, your children, your in-laws, your aunts, uncles, and others. We are frequently at the center of those conversations. Women handle health care decisions in our families, in our communities, and often as professionals, such as social workers and nurses.

We have had several discussions today about being a 'Sandwich Generation' woman trying to take care of both our immediate and extended families. You may have children, but you're also taking care of your elderly parents, grandparents, or an elderly aunt who lives across the country. Many of us feel those stresses, and our caregiving role has become a defining aspect of our lives.

The entertainment industry can help the public understand these real-life challenges in compelling ways—and also help move society to better support caregivers in every community."

What our Entertainment Industry Panelists Said:

Suzan Olson Davis, Writer, *Saving Grace*



Suzan Olson Davis

"I want to walk you through our writer's room at *Saving Grace*, and how that worked. It all begins with the writer pitching an idea in a room full of writers, and the show runner. A challenge that we face as writers is having something that is really fresh. Another challenge we face is that if you give that to one of the main characters then that is a burden that that character has to carry throughout the series. So, oftentimes with *Saving Grace*, what we would do is give that to a guest character so that it could just be in one episode and doesn't necessarily have to carry out throughout the entire series.

But hearing personal stories is what is so important, because the personal stories are what people connect with in non-fiction and fiction. Being able to provide the entertainment industry, or writing staff, with someone who has gone through an illness is critical. The creative process is a true collaboration between the writers, and the studio executives, the network executives, everyone is on board. You have to remember that we do want to inform people, but we also have to be entertaining, so you really have to balance those."

Shannon Goss, Writer & Story Editor, *ER*

"ER is a TV show, and even though it is a medical show the first priority is to entertain. What this show did very well over the course of its 15 year run is entertaining the audience, while also being medically accurate. We were lucky enough to have writers on our staff who were also doctors.

Most of the time those stories would start with the medicine. We could show gory scenes, but for any sort of longevity, then it really had to be about the characters and the stories that we were telling. Then we would find the medicine to fit the characters' story.

For example, Angela Bassett was in the last season and we did a storyline with her about fertility. Because we knew that was a character story we wanted to tell, we could go to EIC and ask to talk to experts in the field. We know that the information is getting out to the audience, and we want to be accurate and be realistic.

Ultimately we want to entertain, but I think a lot of the writers on the show would say there's always an instance of a story that someone will watch on TV that will raise their awareness. That's why we tried, as best we could, to be accurate, and to talk to experts in the field when we are doing a specific story."

Erika Green, Writer, *The Mentalist*

"I straddle both worlds, coming from the business area at Oxygen, and also the creative side. We have about 43 minutes to tell a story on a show, even though a show may be an hour long drama. Remember, stories have formats. There are a lot of things that have to be serviced within a particular show based on that particular show. *The Mentalist* is about a mentalist, so we need to talk about his mental acuity, his ability to see the abnormal in things, and his ability to create situations so that he can make the murderers reveal themselves in some interesting and clever way.

We come up with an idea, sell it to our show runner and then we have to go to Warner Brothers, and pitch it to them. Think of a watercolor - you have this beautiful painting and then suddenly they're taking out their jug of water, and wiping down things that were similar perhaps on another show. We always have to have come up on the fly with new stuff.

Because I've been on both sides I can also talk about episodic versus series. Certain series like *ER* have long arching story lines that happen throughout each episode. That is beautiful storytelling, because you are able to really get into the depth of the character and those issues. We are on something called episodic, meaning it has to happen within that episode, and then it disappears. So, your storytelling has to be truncated and really specific for that particular episode. When you want to have your issues sort of brought to a particular show you have to ask, 'what are the most important things? What are telltale signs that might not necessarily be available, or at the top of everyone's brains when they're looking at something?' Think about the way we do our storytelling."



Shannon Goss



Erika Green



Sonya Lockett

Sonya Lockett, Vice President for Public Affairs, BET

"At BET in our pro-social realm, most of our work has been around health issues. The BET Foundation has a specific focus on women's health around obesity for women and young girls. We have people come in to inform us about the latest data so that we are not telling inaccurate information.

The work that all of the people in this room do is extremely important for us, because we need to hear what's going on in the field right now to help formulate our messages. What we do is try to be a support for the people who are in the trenches every day, and to help to get those messages and health information out to our audience.

Talking to young people about HIV and AIDS and health issues within our shows is a way to try and have those incidents come up where it is not like the preachy After School Special. I think what we've also found is not only having the audiences watch on air, but making sure that whatever we are doing on air in our health messages, is always also on our digital platform.

If audiences see something on air, they can find a little bit more information about it online. We can give them resources to go and find out more, so a lot of the organizations you represent today have been resources for us that we've steered our viewers to in the past.

As much as media does good in the health conversation, there is a lot more that we can do. We need to hear from the experts and the advocates as to what is important to cover. What do we need to be talking about? We welcome your collaboration and work with us."



Kim Stolz

Kim Stolz, News Correspondent, MTV News

"MTV has a chance to bridge pro-social and activist networks with an audience that doesn't know a lot about that. For example, this past year I covered the Chris Brown and Rihanna story extensively. We had commenters asking, 'what did she do to deserve it?' At MTV we brought in about 50 kids from Times Square and put them all in a room with a domestic abuse specialist for women and a domestic abuse specialist for men. We had about a two hour conversation with these kids about domestic abuse. We struggle every day with trying to get out positive messages about these issues to society. In the age of Twitter and Facebook, we live in a very ADD nation, and it takes a lot more for someone to turn on the television than it used to.

It is also important to recognize that reality TV shows are very popular. What does that tell us? What people want to see are real stories. People have to be vulnerable on air. Another way to get messages across is having celebrities come out and talk about issues to get people listening.

It really does make a difference to use the television as an avenue to get your message across, but you have to do it the right way. If you can take the celebrity gossip story and find something pro-social about it, that is where you can really win out, both in viewership, and in getting your message across."

Facilitators Report on Participant Discussions

"We know that for many health conditions and diseases, prevention, diagnosis, symptoms and treatment options are different for women. But since practice in the clinical setting lags many years behind new research findings, health care providers may not know about these differences, and women themselves are unaware as well.

In a number of surveys asking women where they get their health information, television is always prominently listed. When programs incorporate disease and health conditions that are different or unique to women in the story line, everyone watching gets an education about the health issue. This often leads to women asking more informed questions of their health care providers and seeking better care for themselves and their families."

—L. Jo Parrish, Vice President, Institutional Advancement,
Society for Women's Health Research

"Women's health is based on overall well-being, in addition to the effects of work load, nutrition and stress, and not solely on biological factors and reproduction. Unfortunately, many gender-based health disparities still exist in the U.S. and globally, despite modest gains in women's health programs and policies. Women play a critical role in the health and well-being of their families and communities - therefore, it is important for women's health issues in particular to be addressed within the national media space."

—Lynn Parrish, Former Vice President of the Rape,
Abuse & Incest National Network (RAINN)

"Working with the entertainment industry and the news media are critical in addressing women's health and health needs. In order to overcome barriers to quality of care and improve the health of all women, new research and information needs to be communicated to inform the public. There are sex differences between women and men that affect the prevention, diagnosis and treatment of disease; therefore, messages through entertainment programming should be tailored to address those differences."

—Martha R. Nolan, Vice President, Public Policy,
Society for Women's Health Research



L. Jo Parrish



Lynn Parrish



Martha R. Nolan



Diane Quest

"Planned Parenthood sees about three million women every year. For many of them, their trip to Planned Parenthood is the only time they will see a health care provider that year. The same can be said for scores of women who see OBGYNs in private practices each year. Women's health care is basic health care. That's why it is critical that women's health issues be represented accurately in the media - in print, online, in television and film."

*—Diane Quest, Director, Media Relations, Healthcare,
Planned Parenthood Federation of America*



James Huysman

"Addressing women's health accurately in the TV, radio and print media industry is not an option in 2009; it is ethical and imperative. Women disproportionately are the healthcare decision makers in our society. They often have the responsibility to take care of themselves, their children and even their aging parents in the United States. Accuracy in the media is vital since there is no more powerful educator than television."

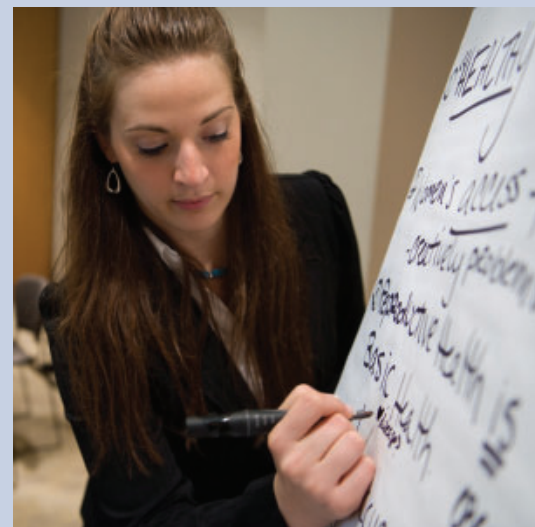
*—James Huysman, Executive Director/CEO,
The Leeza Gibbons Memory Foundation*

Acknowledgements

Researching health issues can be as basic as finding research papers on the Internet or as complex as delving into public policy and the philosophical positions of interest groups. Most important is the perspective of people who, for one reason or another, make a deeper commitment by dedicating their time to a cause.

This document is a publication resulting from a formal meeting of experts in the field of women's health as well as representatives of the entertainment industry. Numerous individuals and organizations provided insight into the complex issues surrounding women's health and related concerns as we created Picture This: Women's Health.

AARP	Norris Comprehensive Cancer Center
Administration Maternal & Child Health Bureau	National Heart, Lung, and Blood Institute
Al-Anon Family Group Headquarters, Inc.	Oxford House
American Academy of Nursing	Planned Parenthood
American College of Nurse-Midwives	Rape, Abuse & Incest National Network
American Society on Aging	Substance Abuse and Mental Health Services Administration
Black Women's Health Imperative	SisterMentors
Cancer Schmancer, Inc.	Society for Women's Health Research
Communications Consortium Media Center	The Centre for Development and Population Activities
U.S. Health Resources and Services Institute for the Advancement of Social Work Research	The National Association of Nurse Practitioners in Women's Health
Leeza Gibbons Memory Foundation	The Office of Women's Health, Department of Health and Human Services
Legal Action Center	The Reproductive Health Technologies Project
MANA, A National Latina Organization	U.S. Public Health Service
National Association for Children of Alcoholics	Visiting Nurses Association
National Association of Social Workers	WomenHeart: The National Coalition for Women with Heart Disease
National Cancer Institute	
National Council for Community Behavioral Healthcare	



Alissa D'Amelio



President of the National Association of Broadcasters Education Foundation, Marcellus Alexander

Special Thanks to:

Extra special thanks to the National Association of Broadcasters for hosting *Picture This: Women's Health*, including Marcellus Alexander, Executive Vice President of Television, NAB; and Robert De Leon, Conference Services Coordinator, Meetings and Conferences. Special thanks also to the National Association of Social Workers team who helped make this event possible, including Betsy Clark, Executive Director; Gail Woods Waller, Communications Director; Jennifer Watt, Assistant Director of Development, NASW Foundation; Robert Arnold, Development Director, NASW Foundation. Thank you to our *Picture This* table facilitators, Jo Parrish, VP of Scientific Affairs, Society of Women's Health Research; Lynn Parrish, Former VP of Communications, Rape, Abuse and Incest National Network; Martha Nolan, VP of Public Affairs, Society of Women's Health Research; Diane Quest, Director, Health Services Media Relations at Planned Parenthood Federation of America; and Dr. James Huysman, The Leeza Gibbons Memory Foundation. Thank you to our *Picture This* entertainment industry panel, Suzan Olson Davis, Writer, *Saving Grace*; Shannon Goss, Writer & Story Editor, *ER*; Erika Green, Writer, *The Mentalist*; Sonya Lockett, Vice President for Public Affairs, BET; and Kim Stolz, News Correspondent, MTV News.

Picture This Team

Larry Deutchman, EIC Executive VP, Marketing and Entertainment Industry Relations; Marie Gallo Dyak, EIC Executive VP, Program Services and Government Relations; Kimberly Rymsha, EIC Program Manager; Alissa D'Amelio, EIC Program Manager, *Picture This* Writer/Editor; Shawn King, EIC Executive Administrative Assistant; Molly Peltzman and Christine Carneal, Interns/Program Assistants, George Mason University. Design by Ann Bauckman, Output Printing & Graphics.

EIC would like to thank the National Association of Social Workers Foundation and the National Association of Broadcasters Foundation for supporting *Picture This: Women's Health*.



End Notes

- ¹. Centers for Disease Control and Prevention. (2006). *Understanding Intimate Partner Violence*. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/IPV-FactSheet.pdf>
- ². National Domestic Violence Hotline. (2005). *CDC Behavioral Risk Factor Surveillance System Survey*. Retrieved from <http://www.ndvh.org/get-educated/abuse-in-america/>
- ³. National Domestic Violence Hotline. (2005). *Abuse in America*. Retrieved from <http://www.ndvh.org/get-educated/abuse-in-america/>
- ⁴. Evans, K., and Sullivan, J.M. *Treating Addicted Survivors of Trauma*. New York: Guilford Press, 1995.
- ⁵. Kendler, K.S., Bulik, C.M., Silberg, J., Hettema, J.M., Myers, J., and Prescott, C.A. Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and co twin control analysis. *Archives of General Psychiatry* 57(10): 953-959, 2000.
- ⁶. Agency for Healthcare Research and Quality. (2004). *Women's Health Care in the United States*. Retrieved from <http://www.ahrq.gov/QUAL/nhqrwomen/nhqrwomen.htm>
- ⁷. Agency for Healthcare Research and Quality. (2004). *Fact Sheet: Women's Health Care in the United States*. Retrieved from <http://www.ahrq.gov/QUAL/nhqrwomen/nhqrwomen.pdf>
- ⁸. American Cancer Society. (2006). *Cancer Facts for Women*. Retrieved from http://www.cancer.org/downloads/asn/CanFactsWom_Eng.pdf
- ⁹. Jagsmi et al. (2009). Women Poorly Represented in Cancer Studies. *Cancer*, July 15, 2009.
- ¹⁰. Agency for Healthcare Research and Quality. (2004). *Fact Sheet: Women's Health Care in the United States*. Retrieved from <http://www.ahrq.gov/QUAL/nhqrwomen/nhqrwomen.pdf>
- ¹¹. Cornell Study on Breast Cancer: <http://envirocancer.cornell.edu/FactSheet/General/fs48.inheritance.cfm>
- ¹². Centers for Disease Control and Prevention. (2009). *Assisted Reproductive Technology Surveillance*. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5805a1.htm?s_cid=ss5805a1_e
- ¹³. Centers for Disease Control and Prevention. (2004). *Women's Reproductive Health: Hysterectomy Fact Sheet*. Retrieved from http://www.cdc.gov/reproductivehealth/WomensRH/00-04-FS_Hysterectomy.htm
- ¹⁴. Centers for Disease Control and Prevention. (2009). *Contraceptive Use*. Retrieved from <http://www.cdc.gov/nchs/fastats/usecontr.htm>



Table Discussion

¹⁵. U.S. Department of Health and Human Services, Office on Women's Health. (2009). *Infertility*. Retrieved from <http://www.womenshealth.gov/FAQ/infertility.cfm#a>

¹⁶. Administration on Aging. (2009). *Profile of Older Americans*. Retrieved from http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2008/2.aspx

¹⁷. The National Center on Women & Aging. (2002). *2002 National Poll Women 50+*. Retrieved from http://iasp.brandeis.edu/womenandaging/poll_exsum.pdf

¹⁸. The National Center on Women & Aging. (2002). *2002 National Poll Women 50+*. Retrieved from http://iasp.brandeis.edu/womenandaging/poll_exsum.pdf

¹⁹⁻²¹. U.S. Department of Health and Human Services, Office on Women's Health. (2009). *Healthy Aging*. Retrieved from <http://www.womenshealth.gov/aging/>

²². NASW Sandwich Generation Survey. Found at HelpStartsHere.org. *Sandwich Generation Study Executive Summary: Not Ready for Prime Time: The Needs of Sandwich Generation Women, A National Survey of Social Workers* (March 2008)

²³. Evercare in collaboration with National Alliance for Caregiving (2007). *Evercare study of family caregivers - what they spend, what they sacrifice. Findings from a National Survey.*



(Left to right) Shannon Goss, Brian Dyak, Suzan Olson Davis, Erika Green, Betsy Clark, Marcellus Alexander, Sonya Lockett, Kim Stolz

Mental health. Adoption.
Child development. Substance use.
Disability. Geriatrics.
Military. Disaster relief.
Marriage counseling. Hospice.
Criminal justice. Oncology.
We help.

Anytime.

Anywhere.



*Sponsored by the National Association
of Social Workers Foundation*
www.NASWFoundation.org



Social Workers
Help starts here.™

www.HelpStartsHere.org

First Draft® —Your best source for immediate answers to your questions about depicting health issues and social trends.



the source to turn to for free research-based, fact-based, or anecdotal information on a myriad of health or social issues—when you need it, where you need it, how you need it.



A Division of the Entertainment Industries Council, Inc.

818-840-2016 (West Coast)

703-481-1414 (East Coast)

firstdraft@eiconline.org

Distinguished Experts

Personal Stories

Script Feedback

Set Design

Research Assistance

Tailored Briefings

Phone or Face-to-Face Consultation

Some of the issues EIC's *First Draft* service regularly helps top television shows and feature films research:

Aging ♦ Addiction ♦ Alcohol ♦ At-Risk Youth ♦ Bipolar Disorder ♦ Conflict Resolution
Depression ♦ Diabetes ♦ Disaster Preparedness ♦ Drug Abuse ♦ Eating Disorders ♦ Firearm Safety
Foster Care ♦ Gun Violence ♦ HIV/AIDS ♦ Homeland Security ♦ Human Trafficking ♦ Humor & Healing
Injury Prevention ♦ Intellectual Disabilities ♦ Mental Health and Mental Illness ♦ Obesity ♦ Seat Belt Use
Skin Cancer & Sun Safety ♦ Smoking/Tobacco Use ♦ Substance Abuse Prevention, Treatment & Recovery
Suicide ♦ Terrorism ♦ Traffic Safety ♦ Women's Health

For more information, go to www.eiconline.org

Be a player in the "art of making a difference." Join EIC's Creative Professional Network.