

BE AFRAID TO GO TO THE DOCTOR*

A THEMATIC ANALYSIS OF SYSTEMIC BARRIERS
TO HEALTH IN FILM AND TELEVISION

THEMATIC ANALYSIS

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*This title is a quote from the NBC series *Chicago Med*.

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INTRODUCTION

America is an individualistic country, insofar as its culture emphasizes personal hard work more than collective generosity, reciprocity, or public welfare (Grossman & Santos, 2016; Baran et al., 2013; Lundell et al., 2013). As a result, Americans tend to think about health in terms of personal choices and responsibility (Metzl, 2010). In contrast to this dominant culture of personal responsibility, a culture of health is defined by the Robert Wood Johnson Foundation as one in which everyone has “access to the care they need and a fair and just opportunity to make healthier choices” (Robert Wood Johnson Foundation, 2020).

Cultivating a culture of health that promotes health and well being for all requires a deep understanding of *social determinants of health* — systemic factors embedded in broader social forces like economic inequality and racial discrimination — that affect individual and community well being. These social determinants produce disparities in health outcomes (e.g., chronic illness) directly, as well as disparities in access to health care, which amplify and perpetuate the initial disparities. Achieving a culture of health requires implementing solutions that address the root causes of health inequity, not just the disparate outcomes themselves.

Toward its goal of replacing the dominant culture of individualism with a culture of health, the Robert Wood Johnson Foundation commissioned the Norman Lear Center to analyze culture of health-oriented narratives in entertainment and news, and the audiences who consume these narratives, and ultimately, their impact on attitudes and behavior. As part of this larger initiative, we conducted a qualitative thematic analysis of American films and TV shows that directly or indirectly address social determinants of health, the findings of which are reported here. This involved conducting a qualitative analysis of the health-related challenges, actions, and outcomes experienced by characters in popular TV episodes and films.¹

Although individualistic and personal responsibility narratives are dominant in popular media (Nagler et al., 2016; Redden, 2017; Gollust et al., 2019; Weinstein et al., 2020), we specifically sought out films and TV shows from the last five years that illustrate how systemic forces affect health outcomes.² Because relatively little entertainment content explicitly addresses social determinants such as housing, food insecurity, and transportation access, we focused on the broader categories of class, race, and gender (including sexual orientation and gender identity).

¹ See Appendix for a detailed methodology.

² We also included notable films and TV shows outside of this scope that were specifically recommended by entertainment experts (see appendix).

Key Findings

We analyzed 66 episodes from 24 television shows, along with 14 films, using a qualitative method known as critical discourse analysis (Wodak & Meyer, 2015). When stories address systemic factors, they tend not to focus exclusively on the system but rather situate the decisions of individual characters within a broader social context. We characterize these stories, which combine both individual and systemic elements, as *hybrid*³ narratives (Churchill, 2019; Weinstein et al., 2020). Research suggests such narratives can inspire compassion and empathy by revealing the hidden barriers to health and health care that lie outside of individual actors' control (Churchill, 2019). In the stories we examined, systemic factors could affect the *causes* of health problems, their *treatment*, or both.

While some content involves health problems with no depicted solution, the vast majority of systemic storylines on medical dramas involved individuals — health professionals or patients themselves — who devise creative strategies to overcome these barriers. Often, these clever workarounds violate ethical, legal, or bureaucratic rules. Even when these strategies are successful, however, they do little to address the larger structural problems. Other stories show characters who, rather than *break* the rules, work to *change* them through collective action. Such stories can model successful interventions that achieve partial victories in the face of systemic barriers to health and well being.

The findings are structured according to five key themes that emerged from our analysis:

- Stories about **health insurance and access to health care** often address the barriers posed by financial constraints and immigration status.
- Stories about **corporate greed** illustrate how a lack of concern for working-class lives creates and perpetuates inequity in health outcomes.
- Stories involving race often focus on **medical racism** or **gun violence**.
- Gender-related stories frequently address **health issues that disproportionately affect women** — such as sexual assault and domestic violence. Some of these stories address the unique health care **challenges faced by gender nonconforming and LGBTQ communities**.
- While most stories portray creative individual-level solutions to health problems, some stories favorably depict **collective actions** — such as **boycotting, marching, protesting, striking, or picketing**.

³ Our conceptualization of “hybrid framing” is drawn from Churchill (2019), who uses the term to summarize a thread of health communication research suggesting the effectiveness of introducing the element of personal responsibility into social determinants messaging (see Carger & Westen, 2010; Gollust & Capella, 2014; Niederdeppe et al., 2015). However, we use the term more broadly to refer to messages that combine elements of episodic framing (individual choices/responsibility) and thematic framing (structural context). This use of hybrid frames is conceptually different from Brüggemann & D’Angelo’s (2018) conception involving a combination of generic and issue-specific news frames.

HEALTH INSURANCE AND ACCESS TO CARE

Financial Barriers

Numerous films and TV shows illustrate how economic systems and the financial hardships they create can negatively affect individual health outcomes. In many instances, these stories show how financial problems further hinder access to medical treatment, leading to additional health complications.

Unaffordable medical expenses frequently function as character motivation in dramatic TV and film. Lacking a strong social safety net, characters often turn to crime or take dangerous risks in order to pay for medical treatment. This “health care motivation” trend is so prevalent that it has its own entry in the “TV Tropes” wiki.⁴ Frequently, these crimes lead to additional illnesses, injuries, and hospitalizations. Though it was not analyzed as part of this study, perhaps the best known example of this trope is in the iconic drama *Breaking Bad*, in which chemistry teacher Walter White, after receiving a terminal cancer diagnosis, begins making and selling crystal meth in an effort to secure financial stability for his family. This decision sets into motion a series of violent and tragic events that include multiple murders and other preventable deaths. In the 2019 *Breaking Bad* epilogue film *El Camino*, White’s former assistant Jesse revisits some of these violent consequences, including his girlfriend’s preventable death from a drug overdose.

The 2019 film *Joker* documents the downward spiral of a man who is unable to afford treatment for his mental health problems. We meet Arthur Fleck at an appointment with a social worker in which he reveals the extent of his mental illnesses: **“all I have are negative thoughts.”** As the film proceeds, he is abandoned by an increasingly privatized health care system. As such, the film can be read as a commentary on *neoliberalism* — the political and economic ideology that includes dismantling of public services and promotion of global free trade and free markets (Harvey, 2007; McGregor, 2001). The film suggests that the erosion of public services can exacerbate mental health issues for people like Fleck. The audience may come to empathize with his circumstances, without condoning his violent actions. However, the film offers little in terms of systemic solutions like comprehensive mental health coverage, and arguably stigmatizes those with mental illness.

⁴ TV Tropes: https://tvtropes.org/pmwiki/pmwiki.php/Main/health_careMotivation. One example we identified from this wiki is a *Criminal Minds* episode about a man who beats up people and enters dangerous boxing matches in an attempt to pay for his son’s cancer treatment.

Financial barriers to health care frequently appear in storylines involving inadequate or lack of health insurance coverage. In the pilot episode of the NBC dramedy *Good Girls*, a single, uninsured waitress participates in an armed robbery to pay for her daughter's expensive



ROSEANNE CONNER DEVELOPS AN OPIOID HABIT TO COPE WITH HER KNEE PAIN.

medication. This decision indirectly leads to violence and other poor health outcomes. Health insurance barriers also compound medical problems in the ABC *Roseanne* reboot. In a multiple-episode storyline of *Roseanne*, an unaffordable deductible prevents Roseanne from getting knee surgery. She then develops an unhealthy opioid habit to cope with her knee pain. This pain is exacerbated by her unpaid domestic labor: ***“You know what happens when my knee***

hurts? I do the cleaning, the shopping, the cooking...” Although they consider traveling to Mexico for less-expensive surgery, the Conner family ultimately resolves Roseanne's medical issue after they receive federal assistance during a FEMA-designated state of emergency. Dan makes a toast to celebrate: ***“here's to crap finally going our way.”***

Creative Solutions

Stories addressing the limitations of America's privatized health insurance system are common in medical dramas, often focusing on doctors who find creative workarounds or break rules to circumvent bureaucratic constraints. In an episode of NBC's *New Amsterdam*, we learn that a boy's insurance paid for a heart transplant, but not for the unaffordable postoperative medication. His doctors find a legal loophole: if the boy's parents get a divorce, they will qualify for Medicaid coverage that will pay for their son's medication. In another episode, a patient acquires a botulism infection while “dumpster diving” for discarded food. The patient admits that he did not seek treatment because he was uninsured. Shocked by this admission, his doctor decides to widely advertise the free health care services the hospital already offers, but faces pushback from cost-cutting administrators.

On FOX's *The Resident*, a doctor circumvents the health care system entirely by treating uninsured patients out of her apartment, while yet another *New Amsterdam* episode shows a doctor who cuts through red tape by sending a patient to Mexico for surgery. On TV, patients frequently travel to foreign countries for medical treatment. In the past five years alone, there have been three



IN NEW AMSTERDAM, AN UNINSURED PATIENT DEVELOPS HEALTH COMPLICATIONS BECAUSE HE AVOIDED SEEKING TREATMENT.

separate storylines of FOX's *The Simpsons* in which the family avoids the American health care system by traveling to a foreign country for free treatment.

An episode of ABC's *The Good Doctor* includes a storyline about a young woman whose insurance initially refuses to pay for her facial surgery. A proactive doctor persuades

an insurance executive to cover the surgery by arguing that facial dysfunction is not merely a cosmetic issue, but can lead to depression or suicide. Here, a doctor works within the currently existing health care system to find a positive outcome for a patient.

Desperate Choices

Several medical dramas evoke the desperation that uninsured people feel when facing life-threatening illness, and how this might lead to extreme choices. In one episode of *Chicago Med*, a formerly incarcerated, uninsured individual is admitted to a Chicago hospital after being injured in a car accident. We learn that he deliberately crashed his car in an effort to return to prison where free treatment for his illness will be available.

An episode of CBS's *Blue Bloods* tells a similar story of a single mother without health insurance who buys defective black-market insulin for her son, which turns out to be defective. After her son goes into diabetic shock, she directs the police to the location where she purchased the faulty medicine. The police arrest the criminal drug dealers, and donate money to the woman so that she can afford proper insulin for a full year. While this individual act of generosity temporarily addresses the woman's immediate problem, it does little to address the systemic issues that led to her dangerous decision.

In an episode of ABC's *Grey's Anatomy*, inadequate insurance coverage leads to dangerous mental health outcomes. A veteran describes the challenges he faces trying to treat his PTSD, leading him



to stop taking his medication: ***“I was on an SSRI for a while. Helped a bit, but then my insurance changed, and it got too expensive.”*** On the *Grey's Anatomy* spin-off *Station 19* (ABC), we learn that he has attacked others during an acute mental health crisis.

ON STATION 19, A VETERAN THREATENS TO USE A HAND GRENADE DURING A MENTAL HEALTH CRISIS.

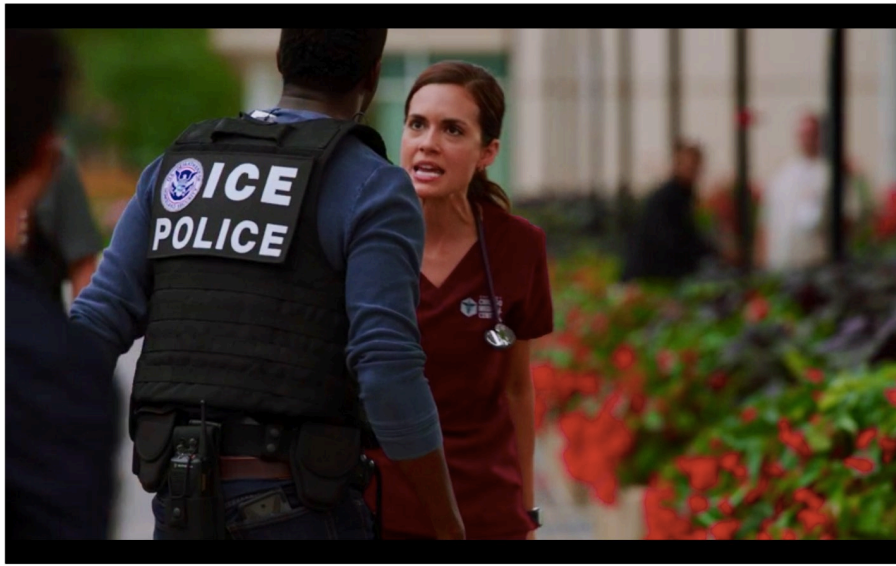
Some medical stories show both patients and health

professionals making difficult decisions under extreme circumstances. An episode of *The Good Doctor* presents a series of clever and illegal solutions to insurance-related problems. In one storyline, a working-class woman lets her health insurance lapse in order to pay for her son's college education: ***“I had to choose between premiums and tuition.”*** When the woman suffers from a postoperative infection, she commits identity theft in order to steal antibiotics from Lucy, another patient. Meanwhile, in treating Lucy, the doctors have to creatively work around the hospital's bureaucracy: ***“So we treat her, just be clever about it.”*** They admit Lucy as a “Jane Doe” in an effort to provide her with free medicine. However, in a plot twist, we learn that Lucy herself is addicted to opioids and lies in order to get prescription refills. While Lucy goes to rehab, the identity thief ultimately dies from complications that could have been avoided if her insurance had been more affordable.

Immigration and Access to Care

Portrayals of barriers to health care frequently intersect with issues of immigration. In an episode of NBC's *Chicago Med*, an undocumented Mexican immigrant is admitted into the hospital for hypothermia and other cold-related health issues. We learn that she stowed away in an airplane wheel-well to escape her abusive, drug-dealer father. Because her lack of insurance would mean

significant costs to the hospital, the hospital administrators alert the Department of Homeland Security about her whereabouts. Even a well-meaning doctor is unable to provide her with the



ON CHICAGO MED, A DOCTOR CONFRONTS AN ICE AGENT WHO IS DETAINING A STEM-CELL DONOR.

health care she needs in the face of these systemic financial, legal, and bureaucratic constraints: ***“I wish I could wave a magic wand and fix it. But I can’t.”*** The episode offers neither a meaningful solution nor a happy ending.

In another episode, a leukemia patient named Linda is an undocumented and uninsured

Guatemalan immigrant. She will not be able to easily find the stem cells she needs because patients cannot access the donor list without stable insurance to cover the procedure. A doctor expresses frustration at the cumbersome rules and regulations: ***“So despite the abundance of stem cell donors out there, Linda can’t get to any of them because of red tape?”***

Linda’s brother Manny is an eligible donor, but he too is undocumented. He initially refuses to donate stem cells to his sister because he fears getting deported. His fears prove to be warranted, as his eventual change of heart leaves him in the custody of ICE agents who separate him from his dependent family members. Linda, meanwhile, is still denied the medical treatment she needs.⁵ A doctor expresses exasperation at her helplessness to treat patients in the face of systemic immigration-related constraints: ***“There are millions of people out there like Manny. What happens if they get sick? This is telling them, ‘Be afraid to go to the doctor.’”***

Other doctors are portrayed breaking rules in order to provide health care to undocumented and uninsured patients. In an episode of *Grey’s Anatomy*, Dr. Meredith Grey commits insurance fraud by signing her daughter’s name on the patient’s paperwork. As an indirect result, Meredith spends time in prison. These experiences motivate her to write about the flaws of the American health

⁵ This outcome is reproduced in a “bonus” scene from the Hulu series *East Los High*, showing an undocumented character who is unable to receive treatment for his asthma. This scene ends in tragedy, as the character dies from asthma-related complications.

care system: **“health care became a commodity, sold to those who can afford it. Rather than a physician’s dutiful service to the public.”** She then starts a monthly pro-bono surgery day for uninsured patients, which she finances with bribe money from an ethically-questionable billionaire. She sarcastically comments: **“Yeah, I single-handedly saved American medicine.”** This statement highlights the fact that clever individual-level solutions ultimately do little to address the root causes of systemic health inequity.

HEALTH INJUSTICE

The stories described above show how the privatized American health care system hinders access to care for vulnerable populations. Others demonstrate the ways in which corporate negligence or malfeasance can create large-scale health problems.



IN DARK WATERS, WE LEARN THAT THE DUPONT CORPORATION DUMPED TOXIC CHEMICALS NEAR A CATTLE FARM, KILLING A FARMER’S LIVESTOCK.

The film *Dark Waters* tells the true story of the DuPont corporation’s disposal of highly toxic chemicals in a working-class town. We learn that C-8, a chemical found in Teflon and other popular DuPont products, causes cancer, liver disease, infertility, leukemia, birth defects, and other health problems. This story is told from the perspective of an intrepid lawyer who accuses the DuPont corporation of willful

negligence:⁶ **“For 40 years, you knew C-8 was poison...And knowing all of this, still you did nothing [because] You were making too much money...And so you pumped millions more pounds of toxic C-8 into the air, into the water...”** In its pursuit of profit, the DuPont corporation ignored the impact of its discarded chemicals on the health outcomes of a rural community. These practices were enabled by a lack of accountability and regulation (in the film,

⁶ Intrepid individual heroes taking on giant corporations in the interest of public health is a common theme that can be found in films like *Erin Brockovich* and *The Rainmaker*.

we learn that DuPont was responsible for regulating its own environmental impacts). The protagonist almost single-handedly wins a billion-dollar settlement from DuPont, but the film also identifies how hard it is for one individual to fight health injustice within a flawed legal system:

“The system is rigged. They want us to think it will protect us, but that’s a lie. We protect us. We do. Nobody else. Not the companies, not the scientists, not the government. Us.”

While this film illustrates an extreme example of health injustice, less dramatic examples abound in real life. For example, low-income housing projects are disproportionately located near polluting freeways and factories (Bullard, 2008).

A more lighthearted take on corporate greed and public health appears in the NBC sitcom *Parks and Recreation*. The series follows government employees in Pawnee, a small working-class city in Indiana, where many residents are employed by Sweetums, a local candy company. Multiple storylines feature Sweetums attempting to influence local policies to benefit its own interests, at the expense of community members’ health. In one episode, the company tries to sell its candy bars, deceptively advertised as “NutriYum” health bars, at concession stands in Pawnee’s public parks. In another episode, the company attempts to introduce sugar into the town’s water supply instead of flouride. Protagonist Leslie Knope criticizes the company:

“Sweetums is an evil, profit-hungry corporation that is ruining our health. Ever since Sweetums opened its doors, obesity is up 100%. It’s unacceptable. Down with that poison-peddling corporate monster.”

The series makes frequent jokes at the expense of Pawnee’s obese residents. However, rather than focusing solely on individual dietary decisions, it attributes some responsibility to corporations like Sweetums for introducing unhealthy foods into the community.

RACE AND HEALTH

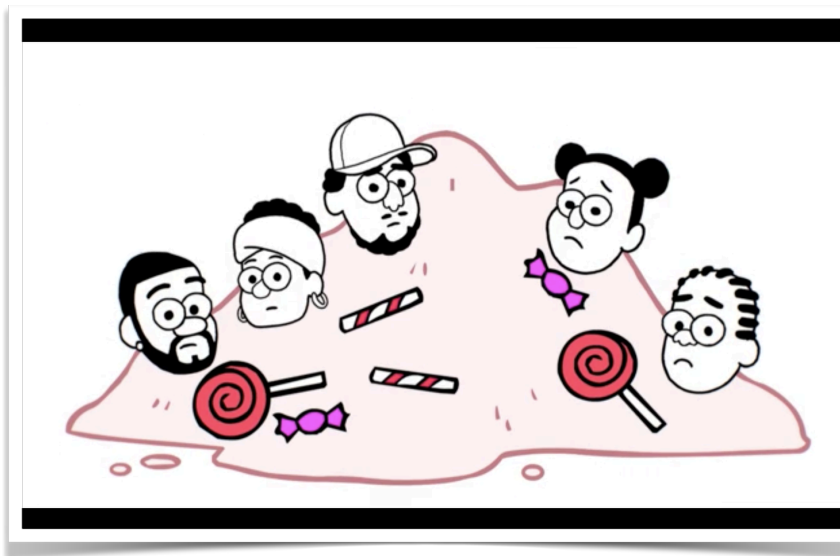
Chronic Illness

Many films and TV episodes illustrate how racial discrimination contributes to poor health outcomes for people of color. Disproportionate access to healthy foods, along with racial disparities in treatment and health outcomes, are discussed as far back as the classic sitcom *Good Times* (1974-1980). In one episode, Black father James Evans is experiencing symptoms of

hypertension, which his family attributes to the problems of **“ghetto life,”** such as **“being overworked and underpaid.”** They also note that together, hypertension, high blood pressure, and heart disease amount to **“the number one killer of black people.”**

These observations situate the Black community’s high rates of chronic illness within the context of racially concentrated poverty. The live audience cheers at the observation that **“Most Black people can’t afford to pay for physical examinations.”** The episode further attributes James’s symptoms to eating greasy foods that are common in Black communities: **“Soul food is one of**

the big causes of hypertension.” By demonstrating the confluence of individual and systemic factors in influencing health outcomes, it represents an example of what we term a *hybrid narrative* (Weinstein et al., 2020).



BLACK-ISH EXPLAINS THAT HIGH RATES OF DIABETES IN THE BLACK COMMUNITY ARE NOT JUST ATTRIBUTABLE TO DIETARY CHOICES, BUT ALSO FOOD DESERTS AND LACK OF RESOURCES.

The “Sugar Daddy” episode of ABC’s *Black-ish* similarly addresses the chronic complications that are partly associated with diets common in Black communities, but embeds dietary choices in a broader

systemic context. In an opening educational vignette (a common device on *Black-ish*), protagonist Dre notes that that Black people are:

“Twice as likely to get diagnosed with diabetes. While genetics are a factor, diabetes has also been linked to obesity, poor diet, and inactivity. But don’t get it twisted. It’s not all our fault. For a lot of us, it’s hard to be fit living in a food desert with no decent health care or gyms. And let’s be honest: Who has time to exercise when you’re working two jobs to make ends meet?”

In this vignette, Dre explicitly connects poor health outcomes in the Black community to the social determinants of food insecurity and housing. He calls out both food deserts — a term for an area

with limited access to healthy foods and the segregation of Black communities into poor neighborhoods (Desmond, 2012; Sampson & Sharkey, 2008).

In our analysis, we found other examples of the ways in which *racial bias* can negatively affect health outcomes. An episode of *New Amsterdam* tells the story of a young Black patient whose stomach tumor is believed to be caused by stress. A hospital psychologist attributes this stress to racial microaggressions at the patient's supposedly tolerant school: ***“He’s disenfranchised. But because his life is seemingly free from all this, because he can’t name it, he’s internalizing it...I think your son’s tumor was caused by racism.”*** The episode implies that by gaining conceptual tools to name implicit bias and systemic racism, the patient will begin to redirect unhealthy criticism away from himself and onto racist systems and practices. While in reality it may not be possible to explicitly attribute a tumor to racial stress, there is evidence that chronic stress is associated with racial disparities in health outcomes (Neblett, 2019).

Race and Policing

Scholars increasingly understand police shootings of Black men as a public health crisis (Pratt-Harris et al., 2016). The *Grey’s Anatomy* episode “Personal Jesus” highlights how Black communities are disproportionately impacted by police shootings. Despite the best efforts of his doctors, a young Black patient dies after a police officer shoots him on his own property. A distraught doctor educates a police officer about how implicit bias contributes to violence:

“You see skin color. We all do. But the reaction that you give to a white kid versus a Brown kid in that split second? That’s the measurable, fixable difference. Bias is human. You have guns. You’re using guns. So yours is lethal...And lucky for us, bias is fixable. You have protocols in place. Those can be adjusted. You can fix it.”

This encounter informs the audience about racial disparities in police shootings, but offers little in the way of meaningful solutions beyond educating people about implicit bias. The episode further emphasizes individual-level solutions by having two Black characters give their child “the talk” about how to act around police officers:

“If your white friends are saying things or mouthing off, know that you cannot. You can’t go climbing through windows, play with toy guns, or throw rocks. And you cannot ever run away from [police], no matter how afraid you are. Never never never run.”



ON AN EPISODE OF GREY'S ANATOMY, A BLACK CHILD IS TAUGHT HOW TO AVOID BEING TARGETED BY POLICE OFFICERS.

This scene provides a compassionate counter-narrative, showing the precautions Black men and boys must take to avoid being targeted by police. While a necessary reality in families with Black children, this type of conversation ultimately places the onus on the individual to avoid being targeted, rather than on the system to hold police officers accountable for their actions. The vast majority of officer-involved shootings do not lead to criminal charges for police officers, and when they do, they

seldom result in conviction.⁷

The film *Queen and Slim* likewise addresses police violence against Black individuals and communities. The film begins by showing a volatile police officer with a short temper who stops a Black man and woman for a minor traffic violation. The situation quickly escalates, and the police officer shoots the woman in the leg.⁸ In an ensuing altercation, the man ends up killing the police officer in self-defense. The couple flee the scene and travel across the country as fugitives. On their subsequent journey, they hear many stories about police officers shooting Black people, reminding the audience that their individual story is a small part of a larger systemic problem.

The Showtime series *The Chi* also discusses the epidemic of police violence against Black men, attributing it not to a handful of “bad apples,” but rather a culture of silence within police departments. Armando Cruz, a Latinx police officer, feels pressure to lie to the public in order to protect a colleague who shot an unarmed Black man. The colleague convinces Cruz that it’s in everyone’s best interests to make false claims about the victim: **“The big-wigs have taken over. They sat me down with the department's media officer. My union rep told me my address was leaked to the press, that my family's in danger...don't you be this kind of cop. Now sign the f*cking report.”** Ultimately, Cruz chooses to protect his fellow police officers, even if it means signing off on a misleading report.

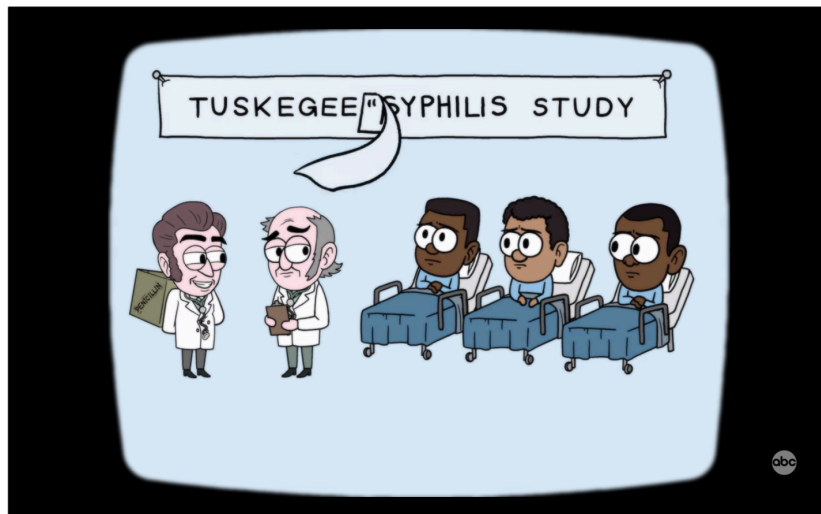
⁷ Each year, there are around 1,000 fatal officer-involved shootings in the United States (Tate et al., 2020). Between 2005 and 2019, only 104 law enforcement officers have been charged with murder or manslaughter related to an on-duty shooting and only 35 have been convicted, typically for a lesser offense (Stinson & Wentzlof, 2019).

⁸ A similar escalation between white police officers and Black men takes place in the film *Detroit*.

Medical Racism

The “Doctor! Doctor!” episode of ABC’s *Mixed-ish* — a spinoff of *Black-ish* — presents Black people’s reluctance to seek medical treatment as an understandable response to medical racism, defined as “prejudice and discrimination in medicine and the medical/health care system based on perceived race” (Ramšak, 2020, p. 13). The episode provides context about how Black people have historically been victimized by medical science, and connects this history to contemporary choices:

“Doctors in Tuskegee failed to treat Black men with syphilis, just so they could study the disease. Even today, Black patients have longer ER wait times than white people with the exact same symptoms. This history, plus limited access to affordable health care, has led many Black people to stop going to doctors all together.”



MIXED-ISH EDUCATES THE AUDIENCE ABOUT MEDICAL RACISM.

system.” The daughter is Bow, who ultimately becomes a doctor on *Black-ish*. An episode of *Black-ish* also discusses America’s history of medical racism in its opening sequence:

“There’s a long tradition of Black folks having an aversion to doctors and health care. And to be fair, deservedly so from overcrowded hospitals, where black patients were ignored by disinterested doctors, to the Tuskegee

The episode situates a Black mother’s reluctance to get flu shot — a key preventive action — within this historic context of medical racism, making what might otherwise be viewed as an unhealthy choice understandable. The mother’s hesitancy reveals to her daughter a ***“real need for people who look like [her] to work in medicine to assuage the fears of patients who otherwise don’t trust the***

experiments, where white doctors took way too much interest in Black patients, treating them like lab rats. Lab rats with syphilis.”

The Netflix series *Dear White People* also discusses distrust of white medicine within Black communities, as one Black character states: **“Therapy is for white people.”**⁹ Some characters openly discuss marijuana as a form of self-medication in response to systemic racism: **“[James] Baldwin said, to be a Negro and relatively conscious is to be in a rage almost all the time. [Marijuana] is medicinal...hashtag self care.”**

Other content illustrates contemporary forms of medical racism. An episode of *The Resident* shows how implicit bias leads to higher rates of maternal mortality among Black women. This episode was based on a real life instance in which a young Black mother died after giving birth, when doctors treated her with less urgency than white patients (Helm, 2019). The episode concludes with a plan and a plea for investigation of racial disparities in maternal complications: **“People can have unconscious bias...we are gonna create a review board to examine every maternal death or near death in this hospital over the past few years...We need communication and teamwork to prevent all forms of bias, racial or otherwise.”**

Another episode of *The Resident* shows a Black man whose heart transplant is delayed several times. At the beginning of the episode, heroic doctors are excited when a matching heart becomes available. However, complications arise when a wealthy white patient turns out to be a match for the heart, and pulls strings to claim it for himself. The rule-breaking doctors devise various solutions to work around this perceived injustice. One doctor even switches labels on vials of blood in an attempt to return the heart to the Black patient. While the series does not explicitly tie this storyline to racial inequality, it is nevertheless significant that the patient whose life matters more to the hospital is a wealthy white man, and the patient whose treatment is delayed repeatedly is Black.

⁹ A similar cultural distrust is evident in an episode of *One Day at a Time*, in which Cuban immigrants are reluctant to discuss and address mental health issues (see BOX: *One Day at a Time*: A Case Study).

[BOX] *One Day at a Time*: A Case Study

The recent reboot of the Norman-Lear created series *One Day at a Time* demonstrates the complex relationships between cultural norms, immigration challenges, and stigma around mental illness. Penelope, a Latina veteran and single mother who is studying to become a nurse practitioner, copes with OCD, anxiety, depression, and PTSD related to her military service. When Penelope describes her health problems, she educates the audience about the symptoms of anxiety: ***“intense feelings of fear accompanied by palpitations and troubled breathing.”***

One episode traces the subtle ways in which mental health issues can be influenced by social factors like cultural practices and immigration. In her group therapy session, Penelope reveals that her anxiety is influenced by her mother Lydia’s strict standards, which we learn are in turn influenced by fears and struggles associated with coming to America from Cuba. Lydia associates her work ethic with her experiences as an immigrant:

“You know that Berto and I came to this country in search of freedom and for our children to pursue their dreams. And [Penelope] is doing this. I am so proud of her. Obviously, I cannot tell her. Otherwise, she will get lazy.”

In this case, a set of mental habits that may have initially helped an immigrant family make ends meet is outliving its usefulness and contributing to health problems for Lydia’s grown daughter. We



PENELOPE FINDS SOCIAL SUPPORT FOR HER MENTAL HEALTH CHALLENGES IN HER VETERANS’ GROUP THERAPY MEETING.

see how a culture of resilience can backfire if it is misapplied, and produce negative health outcomes. In this case, tough-minded resilience can help people survive under harsh circumstances, but can also cause unnecessary mental stress after those circumstances improve.

The series also warns us about unnecessary cultural stigmas associated with medication and therapy. Lydia’s strictness and her brand of Cuban Catholicism make her suspicious of meditation, therapy, medication, and other mental health treatments. In one episode, Penelope stops taking her antidepressant medicine because she is afraid that her boyfriend will judge her harshly. This decision proves unwise, as her symptoms return with a vengeance; she lashes out at her friends and becomes bedridden during a depressive episode. Penelope’s fear of social rejection and reluctance to open up about mental health issues is partly informed by her mother’s Cuban individualism and skepticism towards medication.

Due to this upbringing, part of Penelope believes that her **“Cuban brain should be able to fight off the crazy like a matador in a bullfight or whatever.”** At the end of the episode, however, Penelope realizes that this belief is unhealthy, and she decides to go back on her meds.

In another episode, Penelope is reluctant to talk to her children about her mental health issues because she is worried that she will cause them more stress: **“I’m their mom. And I don’t want them worrying about things they don’t need to worry about. That’s my job, right? I don’t**

bring stress. I take away stress.” However, as her therapist points out, if her children **“are exhibiting signs of anxiety or depression, they might not want to open up to you about it.”**

Following her therapist’s advice, Penelope educates her daughter about anxiety when her daughter starts showing symptoms. Penelope and her daughter then decide to meditate together to manage their anxiety. This series shows individual characters making difficult health-related decisions under social and cultural circumstances that are not entirely under their control.



ONE DAY AT A TIME USES A BLACK-AND-WHITE FILTER TO SYMBOLIZE PENELOPE’S WORKPLACE ANXIETY.



PENELOPE ATTEMPTS TO MEDITATE WITH HER DAUGHTER WHILE HER CATHOLIC MOTHER LYDIA PRAYS.

GENDER AND HEALTH

Many films and TV shows address health issues that disproportionately affect people of a particular gender, sexual orientation, or gender identity, including access to abortion, transgender health issues, and HIV/AIDS.

Abortion Access

Some content illustrates how women’s reproductive health issues, particularly access to abortion, are neglected by an individualist culture that blames women for their health outcomes. Abortion

access varies substantially by geographical region, as many state governments have enacted and continue to push for restrictive abortion laws.

The film *Never Rarely Sometimes Always* shows how such restrictions combine with financial



IN NEVER RARELY SOMETIMES ALWAYS, A PREGNANT TEENAGER REVEALS SENSITIVE INFORMATION TO A SOCIAL WORKER.

barriers to limit women's access to health care. The film follows Autumn, a seventeen-year-old who journeys to New York with very little money to access a safe abortion. She was raped, and her pregnancy may be a result. Toxic masculinity, patriarchy, legal barriers, and financial constraints affect her choices at every turn. For instance, her sexually harassing shift manager refuses to give her time off, claiming ***"I'd get lonely."*** A woman at a crisis pregnancy center¹⁰ deliberately misinforms her about abortion practices,

hindering her ability to receive health care. Autumn swallows pills and punches herself in the abdomen in a botched attempt to terminate her pregnancy, though she eventually succeeds in securing a safe abortion.

The film *Little Woods* likewise shows how poverty and geographic barriers limit a pregnant woman's access to abortion. Oleander "Ollie" King lives in a poor North Dakota town. She makes ends meet by selling coffee to laborers who sleep in the cars, and who self-medicate with opioids because they can't afford to miss work to see a doctor about their injuries. Ollie's sister Deb learns that she is pregnant, and that giving birth will be prohibitively expensive without insurance. She decides to get an abortion, but is stymied by restrictive local laws. Like the characters in *Never Rarely Sometimes Always*, Ollie and Deb must navigate a series of dangerous and risky situations — including getting a fake ID and fending off a would-be assailant — all in an effort to obtain an abortion.

¹⁰ Crisis pregnancy centers are organizations that advertise maternal health care and family planning services but generally dissuade women from getting abortions (North, 2020).

Transgender Health

Increasingly, TV medical dramas tell stories about transgender and gender nonconforming characters' interactions with the health care system. Some of these stories demonstrate how understandable distrust and fear of discrimination may make transgender individuals reluctant to seeking medical care.

In an episode of *Chicago Med*, a transgender woman is accustomed to facing discrimination within her family, and expects to feel unwelcome in cisgender-dominated spaces like hospitals.¹¹ She is reluctant to reveal her transgender identity to her doctor, thereby delaying her prostate cancer diagnosis. Her doctor seems to confirm her suspicions when he uses awkward and outdated language. He reveals to another doctor that he used problematic terminology: **"Did you know it was offensive to use the word 'transgender' as a noun?"** The patient's discomfort is made worse by the fact that one of her doctors is her sister, who has had a hard time accepting her transition: **"I miss my brother. Is that such a bad thing?"**

The USA network's medical drama *Royal Pains* likewise demonstrates the importance of proper medical care for transgender patients. A transgender teenager has been self-administering estrogen in secret, without medical supervision, because she fears reprisal from her parents. She begins experiencing dangerous blood clots because the estrogen compounds a previously undetected condition. Although her doctor is initially reluctant to allow her to continue taking estrogen, he ultimately agrees to find a tolerable dose in the interest of her mental health.¹²

In an episode of *The Good Doctor*, cultural discomfort about transgender health issues makes its way into the doctor's office. A doctor's lack of transgender-related medical education leads him to use problematic language: he calls a transwoman by the wrong pronouns and insists that one's biological sex at birth should determine one's gender. While this doctor ultimately learns to be more accepting of transgender patients' identities, we see how an absence of relevant medical education can result in mistreatment of vulnerable patients. Like *Chicago Med* and *Royal Pains*, this series implicitly asks the medical community to devote additional resources, attention, and education to the particular social and health care needs of transgender individuals.

¹¹ Cisgender refers to individuals whose gender identity aligns with their sex assigned at birth. Transgender refers to those whose gender identity conflicts with their sex assigned at birth.

¹² A study of the impact of this storyline, in which the Lear Center participated, found it had a significant impact on attitudes toward both transgender people and related policies (Gillig et al., 2018).

HIV/AIDS

Other series focus on HIV/AIDS and its disproportionate impact on queer people of color. Season two of FX's *Pose* begins in 1990 when two HIV-positive characters — Pray Tell, a queer Black man, and Blanca, a transgender Dominican woman — visit a mass grave where casualties of the AIDS crisis have been abandoned, rendering the disease **“out of sight, out of mind.”** The public's ignorance of these bodies illustrates and symbolizes the American government's lack of response to the AIDS crisis. Later, Pray Tell explains to his community the government's failure to address their health:

Our government [is] spreading lies about us in an effort to kill us! And you want to know why they want us dead? Because we're Black and we're Brown and we're queer. They don't give a shit about us, so we better start caring about ourselves. Show up for your lives! Wake up!

While *Pose* discusses the history of the AIDS crisis, the ABC drama *How to Get Away with Murder* includes a contemporary storyline about living with HIV. At the end of the first season, new couple



IN HOW TO GET AWAY WITH MURDER, CONNOR LEARNS ABOUT SAFER SEX PRACTICES.

Connor and Oliver agree to get tested for HIV before taking their relationship to the next level. The nurse asks Connor, the more promiscuous of the two, about his sexual health practices, and disabuses him of the notion that wearing a condom is ineffective or redundant. The scene reveals modern social obstacles to wearing condoms in the gay community: **“Some guys ask me not to.”** The nurse also addresses the misconception that it's harder to contract HIV **“On the top bunk,”** noting **“You can contract HIV giving and receiving.”**

When Connor sees Oliver in the hospital hallway after being tested, he sarcastically comments: **“You were right, this is so romantic.”** This exchange evokes the prevalence of implicit cultural

norms that may discourage LGBTQ people from learning about and implementing safe sex practices. In a surprising turn, Oliver is the one who tests positive. The next season begins with a storyline about Connor and Oliver using the HIV prevention drug PrEP.

COLLECTIVE RESPONSES TO HEALTH INJUSTICE



EMPLOYEES STAGE A WALKOUT IN SUPERSTORE.

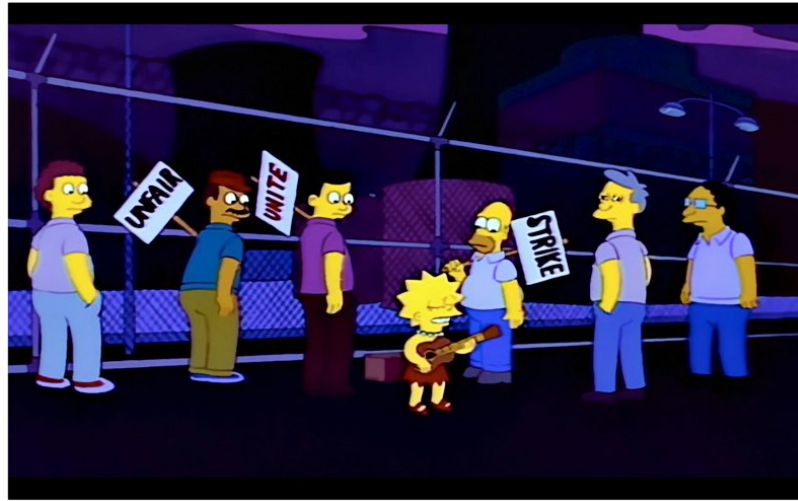


AN ASTHMATIC WORKER TRIES NOT TO INHALE SAWDUST IN BOB'S BURGERS.

As we have seen, many characters, both patients and health care professionals, take on systemic barriers to health care through clever (and sometimes illegal) individual workarounds. However, such individual-level solutions do little to address the underlying structural problems. We also found numerous examples of individuals engaging in collective action — such as boycotting, marching, protesting, striking, or picketing — to address these systemic issues directly.

On TV, such collective actions frequently occur in the workplace context. In the NBC sitcom *Superstore*, the employees of a big box store stage a walkout after their manager is fired for trying to give an employee paid maternity leave. While the walkout fails in securing leave, they do succeed in saving the manager's job. A similar

narrative appears in an episode of FOX's *Bob's Burgers*, in which middle school students start a small business as a class project. One of the student laborers suffers from manufacturing-related health problems, as sawdust from the workshop exacerbates his asthma. After the student



“THEY HAVE THE PLANT BUT WE HAVE THE POWER.”

managers refuse to provide dust masks, the workers strike. Through these actions, they turn their business into a worker-controlled co-operative.

This narrative echoes a 1993 episode of FOX's *The Simpsons* in which Homer Simpson organizes a strike at a nuclear power plant in order to secure a dental plan from his boss, Mr. Burns. When Burns's retaliatory tactics fail to break the

strike, he agrees to provide the workers with full dental benefits. Such narratives teach audiences that health-related victories can be achieved through systemic solutions action. As Lisa Simpson sings in the episode: **“So we march day and night by the big cooling tower / They have the plant but we have the power.”**

A similar workplace conflict appears in the film *Sorry to Bother You*. Protagonist Cassius “Cash” Green learns about his employer's labor abuses and violent practices. In a bizarre and fantastical twist, we learn that management is poisoning workers with drugs that alter their DNA. As Cash joins a protest, the demonstrators humorously connect their exploitation to food insecurity and access to health care:

“We want enough money to not eat Cup 'O Noodles every night!...We want to be able to go see our doctor if we get drunk one night!...When we hook up with someone without using any protection!...And we think we might have contracted chlamydia or gonorrhea!”

Collective action beyond the workplace context is rare, but appears prominently in *Pose*. When Pray Tell's grief about the AIDS crisis begins to take a toll on his mental health, his friend Judy advises him to get active: **“Pray, you've got to put your pain to good use, or I swear to God, it will eat you alive.”** Judy and Pray Tell attend a meeting for ACT UP, a real-life activist

organization that famously highlighted the deep connections between health justice, poverty, homophobia, and racism. At the meeting, an activist calls out an influential, abstinence-promoting priest: ***“We will not allow his racist, sexist, homophobic ideologies to affect the health of every single person on this planet!”*** Inspired by these words, Pray Tell brings Blanca to a protest at the priest’s church, where they are arrested. This scene is based on true events, an iconic direct action at St. Patrick’s Cathedral in New York that resulted in 111 arrests and helped spark a social movement around the AIDS crisis. The actions and sacrifices of these activists amplified the voices of a previously ignored community and helped change the public narrative about AIDS.

Pose also shows how health-related collective actions can lead to other intersectional actions. When some of her mentees become discouraged about the overwhelming number of AIDS casualties, Blanca and Pray Tell organize an action to lift their spirits: ***“Y’all stories don’t just***

have to be about failure. It needs to be about resilience.” Inspired by the tactics of ACT UP, they wrap a racist landlord’s house in a giant condom to both ***“highlight her bigotry and get the message out about condom use.”***



POSE EXEMPLIFIES CREATIVE DIRECT ACTION THAT PROMOTES SAFE-SEX PRACTICES AND A CULTURE OF HEALTH.

By using a symbol of safer sex practices to reveal a landlord’s exploitative practices, these characters invite the audience to create a mental association between sexual health and housing insecurity, thereby encouraging critical thinking

about intersectionality. Additionally, Blanca’s activism and organizing leads to improved mental health for at least one of her mentees, who expresses gratitude: ***“Thank you for inspiring me. And for pulling me out of the dark.”***

When the characters from *Pose* encounter systemic barriers to health and well being, they are portrayed as having agency to effect change. They creatively and collectively draw from various resources to challenge health injustice as it intersects with widespread poverty, structural racism, and LGBTQ-based discrimination.

CONCLUSION AND RECOMMENDATIONS

While personal responsibility narratives of health are common in TV and film (Weinstein et al., 2020), these are substantially challenged by *hybrid* narratives — frequently in medical dramas — that situate individual health decisions within a broader systemic context. Some of these narratives emphasize the structural forces that perpetuate disparities in health outcomes, but do not offer a solution or a happy ending. Others focus on intrepid characters — either patients or health professionals — who devise creative solutions and workarounds to overcome these systemic barriers. We also see narratives about individuals who attempt to address these barriers head-on through collective action.

Content creators can generate empathy for characters who make what seem like unhealthy or dangerous choices by showing how structural barriers to care and systemic injustice limit their options. To successfully inspire a culture of health, however, writers should seek to balance this structural context with stories of individual agency and collective action. Drawing from our discourse analysis, we have developed the following recommendations for content creators and storytellers:

1. **GENERATE** empathy by creating stories that show unhealthy choices being made under difficult circumstances. In *New Amsterdam*, a patient sustains an infection while dumpster diving due to food insecurity, and then delays medical treatment because he is uninsured.
2. **REVEAL** how financial barriers can restrict access to care and exacerbate existing health problems. In *Roseanne*, Roseanne Conner develops an opioid addiction to cope with her knee pain because the necessary surgery is unaffordable.
3. **HIGHLIGHT** the ways in which racism reproduces poor health outcomes for people of color, generation after generation. *New Amsterdam* shows how racism can produce stress-related health conditions for Black people, while *The Chi* and *Queen and Slim* show how police violence disproportionately impacts Black communities.
4. **CONNECT** historic and contemporary medical racism to Black people's reluctance to seek health care from Western doctors. *Mixed-ish* demonstrates the internal struggles that Black characters face when confronted with health problems and a legacy of violent medical racism.

5. EXPLAIN how bias towards transgender and gender nonconforming individuals leads to medical complications and public ignorance. *Pose* uncovers the U.S. government's historic ignorance of HIV, while medical dramas like *Chicago Med* and *Royal Pains* show the social barriers to healthcare that trans people may face.

6. MODEL collective actions that modify systems and work towards a culture of health. TV series like *Superstore* and *Bob's Burgers* show workers who organize in order to secure important health-related victories.

Next Steps

In collaboration with the Behavioral Insights Team (BIT), we are conducting an experimental study to test the effectiveness of several different narrative frames on different audience segments. The narratives are based upon the framework identified through this thematic qualitative analysis, but specific to a COVID-19 scenario involving essential service workers:

- Personal responsibility narrative (control condition)
- Hybrid narrative balancing personal responsibility and social determinants
- Hybrid narrative with an individual-level solution (workaround)
- Hybrid narrative with a systemic solution that directly addresses the underlying social determinants

The effectiveness of these narratives is being tested on three different audience segments, defined by the extent to which they believe:

- Social determinants of health (particularly access to health care) are a serious issue.
- The government should be responsible for ensuring everyone can achieve the American Dream.
- The world is a fair place where people generally earn the rewards and punishments they get.

Over the next several months, we will supplement this qualitative work with systematic, quantitative content analyses of social determinants of health and health equity messages in TV (news and entertainment), with a focus on scripted TV and film.

APPENDIX: METHODOLOGY

TV series selection

We limited our sample to scripted TV series rather than documentaries or reality shows. Because we were interested in shows that portrayed contemporary American health issues in an ostensibly realistic manner, we excluded series that are set outside of the U.S., before 1950, or that had significant science fiction or supernatural elements. Using three sampling methods, we identified 24 relevant TV series (Table 1):

1. **Medical dramas:** We identified five medical dramas that are currently producing new episodes in the U.S.: *Chicago Med*, *The Resident*, *The Good Doctor*, *Grey's Anatomy*, *New Amsterdam*. We also watched an episode of *Station 19* — a spinoff of *Grey's Anatomy* about firefighters — in order to better understand a plotline that took place in a relevant episode of *Grey's Anatomy*. For our purposes, *Station 19* and *Grey's Anatomy* are considered the same series.
2. **Poverty analysis:** We also included a number series that were part of a qualitative thematic analysis of poverty-related narratives (Van Valkenburgh, 2020). That study examined how representations of poverty intersect with race, class, gender/sexuality, and health justice. From the poverty analysis, we identified eight series with episodes produced within the past five years that addressed health-related issues: *Roseanne*, *Pose*, *Bob's Burgers*, *Superstore*, *Orange is the New Black*, *The Chi*, *Black-ish*, and *One Day at a Time*.
3. **Expert input:** Finally, we consulted with industry experts to identify eleven additional series that address social determinants of health: *Good Girls*, *Parks and Recreation*, *Blue Bloods*, *How to Get Away with Murder*, *Mixed-ish*, *Good Times*, *Dear White People*, *The Simpsons*, *Doc McStuffins*, *East Los High*, and *Royal Pains*. Some of these series included episodes that were outside of our five-year timeframe, and were included to provide historical context.

TV episode selection

After selecting relevant series, we reviewed individual episode descriptions from 2015 or later on International Movie Database (IMDB) and Wikipedia. We looked for episodes with storylines that addressed social determinants of health or the broader forces of class, race, and gender in which these social determinants are embedded (based on Mikkonen & Raphael, 2010; see coding procedure below). For each series, we selected the three episodes that were most representative of systemic influences on health care access and outcomes. For example, a storyline about a

Black patient who is admitted to a hospital after being shot by a police officer would be considered for inclusion in our sample. A storyline about a patient with unknown demographics and an unspecified gunshot wound would not qualify for inclusion. For a few series (*Doc McStuffins*, *East Los High*, and *Royal Pains*), we analyzed a single episode that was specifically recommended by experts. Ultimately, we analyzed 66 TV episodes.

Table 1: List of Sampled TV Shows

TV SHOWS	YEARS ON AIR	MEDICAL DRAMA	POVERTY ANALYSIS	EXPERT INPUT
Black-ish	2014-present		X	
Blue Bloods	2020-present			X
Bob's Burgers	2011-present		X	
Chicago Med	2015-present	X		
Dear White People	2017-present			X
Doc McStuffins	2012-2018			X
East Los High	2013-2017			X
Good Girls	2018-present			X
Good Times	1974-1979			X
Grey's Anatomy	2005-present	X		
How to Get Away with Murder	2014-2020			X
Mixed-ish	2019-present			X
New Amsterdam	2018-present	X		
One Day at a Time	2017-present		X	
Orange is the New Black	2013-2019		X	
Parks and Recreation	2009-2015			X
Pose	2018-present		X	
Roseanne	2018-present		X	
Royal Pains	2009-2016			X
Superstore	2015-present		X	
The Chi	2018-present		X	
The Good Doctor	2017-present	X		
The Resident	2018-present	X		
The Simpsons	1989-present		X	

Film selection

Using similar methods, we identified fourteen feature films that take place in the U.S. after 1950 and were released during or after 2015 (Table 2). Five films were identified in consultation with industry experts (*Dark Waters*, *El Camino*, *Queen and Slim*, *Never Rarely Sometimes Always*, *Wind River*).

We also included nine films from our poverty analysis that had content that intersected with health issues (*Barbershop: The Next Cut*, *Detroit*, *Hell or High Water*, *I, Tonya*, *Joker*, *Little Woods*, *Logan Lucky*, *Moonlight*, and *Sorry to Bother You*). Each of these nine films included a significant theme, story, or motif that connected a health issue to systemic factors or the broader social forces of class, race, or gender. For example, *Sorry to Bother You* primarily addresses issues of race and class; we see how the exploitation of labor creates food insecurity for some characters. Films from the poverty analysis that did not have significant health-related content were excluded from our analysis.

Table 2: List of sampled films

FILMS	YEAR	EXPERT INPUT	POVERTY ANALYSIS
Barbershop: The Next Cut	2016		X
Dark Waters	2019	X	
Detroit	2016		X
El Camino	2019	X	
Hell or High Water	2016		X
I, Tonya	2017		X
Joker	2019		X
Little Woods	2018		X
Logan Lucky	2017		X
Moonlight	2016		X
Never, Rarely, Sometimes, Always	2020	X	
Sorry to Bother You	2018		X
Queen and Slim	2019	X	
Wind River	2017	X	

Coding Procedure

Given the overlap in both themes and actual content, the methodology of the current study was based closely on that of our analysis of poverty narratives in scripted film and TV (Van Valkenburgh et al., 2020; see also Pimpire, 2017).

The study employed a *comparative* procedure known as critical discourse analysis (CDA). CDA is a qualitative method that involves coding content and then relating it to real-world social problems (Wodak & Meyer, 2015). Applying a critical analysis of dialogue, content, or discourse means exploring the ways in which an individual story relates to a broader social context. It means asking what a particular story reveals or hides about the society in which it is produced. To conduct this CDA, we used *abductive* reasoning. Abductive reasoning takes place when we “recontextualize and reinterpret something as something else, understanding it within the frame of a totally different context” (Danermark et al., 2002, p. 96). The logic of abductive reasoning assumes that the coder starts with a set of previously existing stories and categories that can be used as an interpretive anchor for coding new stories.

In closely examining each episode and film in our sample, we noted important challenges or conflicts, plot points, character decisions, outcomes, dialogue, lessons, messages, and morals that were most relevant to social determinants of health. Consistent with this abductive approach, we then compared the elements of these stories against the real-world social determinants of health as outlined by Mikkonen & Raphael (2010). In our analysis, we emphasized the health-related *challenges* characters face, their *strategies* for addressing these challenges, and the *outcomes* associated with these strategies. For example, in medical dramas, these challenges are often health problems faced by a patient in a given episode. Thus, a story involving a doctor who commits insurance fraud in order to treat an uninsured patient would be identified as an individual-level strategy for addressing class-related barriers to care, which either ends in success or failure, or a combination of both.

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