

PILOT PROJECT: A SCRIPT ABOUT HEALTH  
AND THE PEOPLE OF JUNEAU, ALASKA

A  
PROJECT

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By

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### **Abstract**

This paper contains a comprehensive report for the Masters of Public Health Project Practicum, Pilot Project: A Script about Health and the People of Juneau, Alaska. The goal of the project was to use health theory, health research methods, and television writing elements to explore how people living in Juneau, Alaska practice healthy behaviors. The aim of this project was to create a sample script of the first episode and a brief synopsis (i.e., treatment) of a show entitled *Health Around the World*. Using qualitative research methods of purposive sampling and key informant interviews, the expected outcomes were increased knowledge of the health behaviors of people living in Juneau, Alaska. Findings suggest that outdoor activity, a sense of community, access to nature and natural beauty are the top reasons why people live in Juneau; and involving one's self within the community and taking advantage of the natural resources, such as engaging in outdoor activity, are factors directly related to the health and wellbeing of Juneau residents. The completed script and treatment will be sent to television networks and producers until purchase.

## Table of Contents

	Page
Signature Page.....	i
Title Page.....	ii
Abstract.....	iii
Table of Contents.....	iv
Chapter 1 Introduction.....	1
Chapter 2 Background and Problem Statement.....	2
2.1 Background.....	2
2.2 Problem Statement.....	3
Chapter 3 Goals and Objectives.....	4
3.1 Goals.....	4
3.2 Objectives.....	4
Chapter 4 Theory and Ethics.....	7
4.1 Theory.....	7
4.2 Project Ethics.....	8
4.3 Protection of Human Subjects.....	9
Chapter 5 Methods.....	11
5.1 Format.....	11
5.2 Intended Audience.....	12
5.3 Location: Juneau.....	12
5.4 Content.....	13
5.5 Qualitative Data Collection and Recruitment of Participants.....	15
5.6 Interviews.....	17
Chapter 6 Results.....	20
Chapter 7 Discussion.....	25
Chapter 8 Strengths & Limitations.....	28
Chapter 9 Recommendations & Conclusions.....	31

## Appendices

Appendix A: Community Population vs. Sample Population.....	34
Appendix B: Pilot Project Participant Recruitment Script.....	35
Appendix C: Human Subjects Protection Consent Form.....	36
Appendix D: Interview Questions.....	38
Appendix E: Themes Most Referenced.....	39
Appendix F: References Cited.....	40

## Chapter 1 Introduction

This project serves as a starting point for a television series that explores health-promoting habits of people across the globe, from a holistic and regional perspective. This starting point is known as a sample script for the first (i.e., Pilot) episode. The Pilot episode is set in Juneau, Alaska and the intent is for further episodes to take place throughout the world in remote locations. Under the genre of travel/biography/dock-style (i.e. “reality”) television, the series is designed to both entertain the audience and promote health. The purpose of writing a television sample script is to sell the script and series, achieved through “pitching” the idea to major television executives and producers. In developing the series components, both the health perspective and artistic perspective are explored. The topic of each episode will change depending on the health and recreational activities being covered, yet the theme of exploring health remains constant.

Fieldwork for this project included a forty-hour non-paid internship with *Piksik*, a production company in Anchorage, Alaska. The goals of the internship were to (1) acquire knowledge and skills involved in the production of print, television series and motion pictures while providing *Piksik* support for their current projects and offering knowledge of live television production, and (2) apply a subset of the *10 Essential Public Health Services* in the context of multimedia production. Tasks varied from fact-gathering and preliminary show research to networking with the Alaska Film Group and assisting with Alaska New Media projects and community classes.

The health messages of the show (i.e., show content) were developed through the creative application of health communication theory, qualitative research methods, (including interviews), standard journalism practices and literature review. The channels of communication through which mass media health messaging occurs include television, radio, magazines, newspapers and advertising (Institute of Medicine, 2012, p. 56). The Institute of Medicine recognizes the potential of verbal and nonverbal messages to modify beliefs and behavior of individuals across diverse cultural backgrounds. Behavioral scientists have developed communication strategies and mass media campaigns to change health behavior, finding that many of the benefits of communication strategies may be obtained across diverse cultural groups through a generic strategy that capitalizes on their similar beliefs (Institute of Medicine, 2012, p. 22).

## Chapter 2 Background and Problem Statement

### 2.1 Background

The United States has the largest inequality gap between rich and poor in the world, and people in the United States suffer from some of the poorest health in the industrialized world (Anup, 2011). The determinants of health fall under the broad categories of policymaking, social factors, health services, individual factors, biology and genetics, and interventions that target multiple determinants of health are most likely to be effective (Healthypeople.gov, 2014). While exploring healthy behaviors across the world, beginning in Alaska, the television show will aim to provide insight and ideas about how people can improve their health, paying special attention to factors such as individual behavior, social support, and the natural environment.

This project is unique in that this type of television series does not currently exist in the U.S. market. The weight loss industry topped \$61 billion in 2013 (Market Data Enterprises, 2013), 2.8% of the country's gross domestic product is attributed to travel and tourism, and travel spending abroad by Americans totaled \$83.7 billion in 2012 (US Travel Association, 2013); and yet, the U.S. television sector still lacks a show that combines the American obsession with health and weight loss with interest in exploring remote or exotic locations. The most popular television shows for health and lifestyle include: *House Hunters* and *House Hunters International*, which follow people looking to buy homes; *The Chew*, which focuses solely on food as a source of health, happiness, family, friendship, fitness, romance, weight loss, travel and adventure; *The Dr. Oz Show*, hosted by Dr. Mehmet Oz, Vice Chair of Surgery at Columbia University and Director of the Cardiovascular Institute and Complementary Medicine Program at New York Presbyterian Hospital, which focuses primarily on weight loss and supplements; and *The Doctors*, which features a panel of doctors discussing a variety of health topics (TV.com, 2014). Other popular health shows include: *The Biggest Loser* and *Extreme Makeover Weight Loss*, both which focus solely on fitness and weight loss.

Rogers (1995) found that people often rely on mass media such as television when they are first learning about an idea (Institute of Medicine, 2014). Most health communication messages are designed to be interventions. In contrast, the television series proposed (herein entitled *Health Around the World*) is designed to be both

preventative and interventional in nature. Recognizing that those already interested in improving their health are most likely to become regular viewers, health will be approached physically (vitality, endurance, weight loss, etc.), mentally, emotionally, spiritually and socially.

## 2.2 Problem Statement

Health is defined as, "a state of complete physical, mental, and social well-being" (WHO, 2014). According to the Centers for Disease Control and Prevention, 69% of all adults in the United States are overweight or obese (CDC, 2014a). Obesity is a major health problem because it is a risk factor for several chronic diseases such as hypertension, heart disease, diabetes, and some types of cancer (CDC, 2014a). This topic of weight loss and health is important because statistics show that overweight and obesity affect a large proportion of the U.S. population, including, Alaska. According to the Department of Health & Social Services, between 1991 and 2007, the percentage of Alaska adults either overweight or obese went from about half (49%) to nearly two thirds (66%) of the adult population, with Alaska Natives more likely than other Alaskans to be obese (Healthy Alaskans, 2010). Approximately 70% of Alaskans die from chronic disease (Alaska Federal Healthcare Partnership, 2013) and Alaska's medical costs are substantially above the U.S. average. In 2010, Alaska spent close to \$7.5 billion on healthcare as average hospital costs per day are 56% higher in Alaska than the U.S. average, prescriptions are 50% more, and doctor's fees, on average, are 35% higher (Goldsmith and Foster, 2011). With a population of about 710,000 people, Alaska ranks near to last in the nation in terms of the number of providers compared to the number of patients. Alaska has to compete for doctors and other health-care professionals while also suffering from high turnover rates (Goldsmith and Foster, 2011). The conditions unique to this state present a challenge to provide much needed long-term care, chronic disease management, and preventative services. If a Pilot episode in such a challenging environment as Alaska can highlight successful health behaviors, then subsequent episodes around the world can surely do the same.

## Chapter 3 Goals and Objectives

### 3.1 Goals

The television series, *Health Around the World*, will both entertain viewers and demonstrate healthy behaviors with two specific purposes. The first purpose is to inspire people who are overweight/obese to lose weight; to inspire people suffering from loneliness to seek social connections; and to inspire people to explore their own methods to improve their health. The second purpose is to promote healthy behaviors in those people who are already at a healthy body mass index of 18.5 - 24.9 kg/m<sup>2</sup> and already in good general health (National Institutes of Health, 2015). The series will explore health-promoting behaviors of individuals and communities across the globe while providing viewers with insight and ideas of how to improve their own health status. Of the *10 Essential Public Health Services*, those relevant to the Pilot (and the series) are to: 1. “Inform, educate, empower and inspire people about health issues” (CDC, 2014b), which is accomplished by visually demonstrating through mass media how individuals and communities in Juneau make daily choices to better themselves, and influence policy makers, researchers, advocacy organizations, doctors and others who are responsible for influencing the health of the individual and the community to make decisions to improve public health; 2. “Mobilize community partnerships to identify and solve health problems” (CDC, 2014b), which is achieved by working with communities and individuals prior to filming to identify healthy behaviors and challenges of making healthy choices in Juneau; 3. “Research for new insights and innovative solutions to health problems” (CDC, 2014b), which is achieved through gathering data on the barriers to health, and 5. “Develop policies and plans that support individual and community health efforts” (CDC, 2014b), which is achieved by completing the first steps in developing and producing a health-interest television series.

### 3.2 Objectives

The project objectives are to create a sample Pilot episode, a treatment, and a pitch, while also creating a format of qualitative research strategies for a series to follow. In developing the series components, both the health perspective and the television perspective are utilized. Elements central to the creation of a television show include a



treatment, a pitch, and a sample script of the Pilot episode. A pitch is a human commercial of the show and a summary of the treatment; a treatment is defined as a summary of a story, format, or concept for the purposes of selling to entertainment industry executives and includes elements and actions involved in show (TV Film Rights, 2014). Elements of a treatment include a title, logline and synopsis of the project with an explanation or definition of the title, further explanation of the concept, themes, main characters and an overview for the additional episodes (Grissini, 2013). During the pitch, there should be a very clear impact immediately communicating how the business, subject, family or person is unique and would be entertaining to watch (comedic, dramatic, informative, suspenseful, inspiring qualities, etc.) as well as specific people or a central character involved and the unique situations or challenges they face in day to day life (The TV Writers Vault, 2014). During the pitch for the *Health Around the World*, first the health aspect then the travel aspect will be emphasized.

A logline is about 40 words in length, is the first thing the audience will see or hear in a pitch and gives necessary information in an intriguing way while highlighting the best elements of the story, character and conflict. The logline is the “who, what, where, when, and how” or dilemma, action, or goal (Manus, 2013). An example of a logline can be found for the travel show *Globe Trekker* – “Globe Trekker transports viewers to unforgettable destinations through its stunning photography, rhythmic indigenous music and spirit of adventure” (KCET, 2014).

A synopsis is a one to three page document that describes what the viewers will potentially be viewing and sets the circumstances for the series describing how it progresses, who is involved, and specific examples of outcomes, and always with the specific goal or ultimatum involved. While dock-style television is lightly scripted, there should be scenarios and circumstances that create potential for drama, humor, or other entertaining content (TV Film Rights, 2014). Dr. Mapaye, Department of Communication and Journalism at the University of Alaska Anchorage states, “Keep in mind some reality scripts are fluid in that your characters, and settings for that matter, can do something you didn't plan” (J. Mapaye, personal communication, March 15, 20014).

A Pilot episode is the first episode of a series. Pilots exist to establish central show elements such as the characters, situations, and conflicts that are going to drive the

show (Rabin, 2011). Elements to consider when creating the Pilot include: the franchise, the location and setting the cast (lead, supporting and guest characters), the conflicts, climax and resolutions, the genre, setting and tone, structure of each episode, dialogue, character point of view, and three acts consisting of a beginning, middle, and end, as well as future episode descriptions (Rabin, 2011). In terms of length, a half hour story runs about twenty-two minutes and a one hour story runs about forty-five minutes of screen time and both have commercial breaks dispersed strategically (House, 2014).

## Chapter 4 Theory and Project Ethics

### 4.1 Theory

As a whole, television viewing is associated with decreased physical activity and numerous studies have identified a positive association between the number of hours spent watching television and overweight or obesity status (Bowman, 2006). However, television can also be an effective tool in disseminating health messages to the target population of overweight or obese individuals. Saksvig (2005) states television can be an effective media channel for promoting healthy behaviors.

Social Learning Theory, proposed by Albert Bandura, asserts that people learn through observation (observational learning) and that internal mental states are an essential part of the process (Cherry, 2014). Albert Bandura identified three basic models of observational learning: a live model, which is an actual individual demonstrating or acting out a behavior; a verbal instruction model, which involves descriptions and explanations of a behavior; and a symbolic model, which involves real or fictional characters displaying behaviors in books, films, television programs, or online media, such as those in *Health Around The World* (Cherry, 2014). Bandura believed that factors involving the viewer and the model play an essential role in whether social learning is successful. To be successful, certain steps must be followed: attention, retention, reproduction, and motivation (Cherry, 2014). The theory holds that in order to learn, the viewer must be paying attention and anything that detracts attention is going to have a negative effect on observational learning. For this reason, *Health Around The World* must be entertaining (to the target market of 18-29 year olds in particular) and the models (show host and characters) must be interesting so that viewers are more likely to pay full attention. Retention, reproduction and motivation can be affected by a number of factors in the environment and within the individual such as individual learning style and family influence. In order for learning to be successful, the learner has to be motivated to imitate the behavior that has been modeled. Reinforcement and punishment play an important role in motivation. While viewers of *Health Around The World* will not personally experience reinforcement or punishment, observing others' experience of reinforcement or punishment can be highly effective (Cherry, 2014).

Identification refers to a process in which a person models their thoughts feelings

or actions after another person who serves as a model, and people tend to prefer to watch, and learn best, from others in their similar age range (Goslin, 1969). For this reason, characters need to be likeable, personable, and as “real” as possible to ensure that the audience does identify with them.

Behavioral Autonomy recognizes that autonomy is the growth of independence from one’s family and peers in terms of thoughts, feelings, and actions and usually occurs between the ages of 15 and 18 (Russell, 2002). A more recent report by the Pew Research Center found that of U.S. adults ages 18 to 31, 36% were living in their parents’ home (Fry, 2012). Based on this, and extent of the obesity/overweight epidemic in the U.S., the target audience age range was selected to be between the ages of eighteen and sixty years old.

#### 4.2 Theory

In developing health communication for diverse populations, several ethical principles were taken into consideration prior to the development of the show. These include avoidance of harm, providing benefit, respecting an individual’s autonomy to make a rational choice and treating groups and individuals justly and equitably (Institute of Medicine, 2012). Cultural competence, cultural knowledge, and cultural sensitivity are essential to the success of the research and the series. Cultural competence is based on the underlying belief that disparities in health outcomes are the result of a spectrum of factors ranging from age, race/ethnicity, gender, education, socioeconomic status and sexual orientation (Institute of Medicine, 2012). A cultural competence model incorporates how individuals and society influence, and is influenced by, language, beliefs, and practices (Institute of Medicine, 2012). Honoring cultural competence will help developers of the Pilot and the series communicate with people from diverse backgrounds effectively and respectfully. Among the United States population, approximately 29% of people are members of minorities; a demographic expected to increase to 50% by the year 2050 (Siebert, 2002). This creates a highly mobile and constantly changing environment, revealing the need for new levels of cultural awareness and sensitivity. According to Siebert (2002), “These issues are particularly critical in the medical community where medical professionals must understand the impact cultural differences and barriers can

have on evaluation, treatment, and rehabilitation. Cultural sensitivity for those working in healthcare can be viewed as being sensitive to the ways in which community members' values and perceptions about healthcare differ from his or her own" (p. 143). By honoring cultural sensitivity, those involved in series development can interface with people in a manner that is respectful of their unique cultural mannerisms and that is appropriate for their culture.

The Institute of Medicine (2012) recognizes cultural knowledge as the process of actively seeking information about different cultural and ethnic groups, specifically topics such as health and illness, the use of medicines, dietary habits and food preferences, and types of healthcare used. Considering follow-up episodes of *Health Around The World* are to take place in cities and towns worldwide, it will be essential that episodes maintain open, objective, and non-judgmental while interacting with both locals and non-locals. It is imperative that cultural characteristics, norms, values, beliefs and health habits be incorporated into the design and delivery of health communication messages. For example, the Navajo people value living in harmony with nature and others, and perceive illness as being out of balance and harmony (Institute of Medicine, 2012). If a show segment were to focus on Navajo people, it would not only need to honor this belief but demonstrate it in a respectful manner.

#### 4.3 Protection of Human Subjects

Recruitment of interviewees and actual interviews were conducted in accordance with standard journalism practices of seeking truth and reporting it, minimizing harm, acting independently, and being accountable and transparent (Society of Professional Journalists, 2015). In avoidance of harm, participants were asked if they would like to take part in this project no more than twice. If a potential participant responded and agreed, a time and date was set for the interview. If the participant did not respond after the second attempt, new participants were selected and interviews were conducted until saturation was reached. At the beginning of each interview, participants were given consent forms to sign describing their rights as voluntary participants and the right to drop out at any time without any consequences. Consent forms also clearly stated (in conformance with television writing practices) that participants agree to give Audra

Henderson all rights to the interview and to use in whatever educational, commercial or reproduction purposes she shall determine. Potential benefits were that by participating it could help interviewees to reflect on and reinforce positive health habits. There were no known potential harms to participating in the project.

## Chapter 5 Methods

Methods to develop the Pilot episode consisted of the following steps: Development of the general research question, “How do people in Juneau, Alaska promote personal health and wellbeing?”; selection of subjects; recruitment of subjects; data collection; data analysis using Nvivo data software; write-up of the first draft of script and first draft of findings; creation of a treatment; editing; and completion of the final script, treatment and report.

Content for the Pilot episode was created from literature review and primary data collection (via personal interviews) and by identifying and creating a series format, identifying an intended audience for the series, and establishing a location for the Pilot episode. Participants were recruited through purposive sampling based on their work in the health sector, their participation in sports and/or outdoor activities, their community involvement, and/or their personal desire for health, and included public health workers, fitness experts and active community members.

### 5.1 Format

The genre of the show is health and travel. The theme answers the question of “What is my show about?” (Rabkin, 2011, p. 23). Following the lead character named Joy, the theme of *Health Around the World* is health-promoting behaviors and activities people do in “exotic” places, either individually or collectively, to maintain or acquire health, happiness and wellness. The intended format is sixty-minute episodes, the setting is on location, and character point of view is first person.

The series Pilot is a regular episode chosen to stand as a model for future episodes, which follow an ‘arced’ style of storytelling that builds each episode and are designed to be watched consecutively. Themes established in the Pilot will be carried throughout future episodes.

*Health Around the World* is a “docu-style series”, which is a reality-based series that focuses on a specific real world subject, person, profession, lifestyle, family, business or venue (The TV Writers Vault, 2014). This style was chosen because the most loyal viewers are those engaged in following docu-series (The TV Writers Vault, 2014).

## 5.2 Intended Audience

According to Rabin (2011), the networks can only succeed if they capture a large proportion of the 18 to 29-year-old audience, thus networks must find a way to appeal to the new generation of viewers without losing the demographic that sustains them. It is not unusual for an intended audience to vary as the series progresses and a show must continually be original and responsive to adapt to the changing audience. The intended audience of the series (between the ages of eighteen and sixty years old) was determined based on the need to capture an audience that television networks need to succeed, coupled with the fact that 36% of U.S. adults are living in their parents' home (Fry, 2012).

According to Academy of Motion Pictures producer Lawrence David Foldes, "Every movie is targeted for a specific audience" (L. Foldes, personal communication, April 16, 2014). Similarly, according to the Institute of Medicine (2012), "To develop effective health communication interventions, a precise description of the intended audience is needed first" (p. 46). The cultural landscape of the United States population is changing to become older, more educated and more ethnically diverse. According to the Institute of Medicine, "Increased diversity and changing demographics in the United States have driven the demand for culturally sensitive public health messages" (2012).

## 5.3 Location: Juneau

The first episode, set in Juneau, Alaska, is a popular travel destination (Citydata.com, 2014). This location was chosen based on the researcher's existing knowledge of the city, for the location's natural beauty and appeal, and community resources available. According to the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, Juneau is the healthiest community in Alaska (County Health Rankings & Roadmaps, 2014). In addition to ranking first overall, Juneau also ranked highest in the sub-categories of Health Behavior, Clinical Care, and Social & Economic Factors. Factors examined included adult tobacco use, adult obesity rate, excessive drinking, motor vehicle crash death rate, teen birth rate, adult uninsured rate, high school graduation rate, adults with college degrees, unemployment rate, children in poverty, single-parent households, and community safety (County Health Rankings &



Roadmaps, 2014). Juneau is a city of approximately 32,660 people, of whom approximately 70% identify as Caucasian, 11% as Alaska Native/American Indian, 9% as two or more races, and 6% as Asian (U.S. Department of Commerce, 2014 Appendix A). The median household income in Juneau is approximately \$78,950; over 95% of the population has a high school diploma or General Education Development; and 36% have a Bachelor's degree or higher (U.S. Department of Commerce, 2014). Juneau tourism, which brings in over 1,000,000 visitors each year, is Juneau's largest private employer (State of Alaska, 2014a). Government workers occupy the second largest sector in Juneau; over 30% of Juneau's workforce is employed by State and Federal government, and those with the largest number of workers are the U.S. Forest Service, National Park Service, National Marine Fisheries Service, Bureau of Indian Affairs, U.S. Fish and Wildlife Service, U.S. Postal Service, and the U.S. Coast Guard (State of Alaska, 2014a). Commercial fishing contributes over 78,500 jobs to the Alaskan economy and an estimated \$5.8 billion dollars annually, and Juneau is home to many commercial and private fishing operations (McDowell Group, 2013). As such, one in seven Alaskans is employed by the Alaska seafood industry. Mining, which has a rich history in Juneau, is also still an active job sector. The Greens Creek Mine on Admiralty Island was established in 1987 and is still in operation. The Kensington Mine, located 45 miles north of Juneau and 35 miles south of Haines, employs 306 local residents (State of Alaska, 2014 b.).

#### 5.4 Content

Content for the Pilot episode from the health perspective was developed through the use of literature review and primary data collection. With the overarching theme to explore healthy behaviors within the selected determinants of health, social factors, and individual factors, *Health Around the World* can be captured in four main concepts: health, happiness, travel, and cultural diversity.

With each episode, the aim is to capture the culture of locals. Happiness is a key theme in the series. A common misconception about happiness is that our genetics, our physical environment, or a combination of the two determines how happy we are. While these two factors have an impact, studies have found that one's general sense of

wellbeing is malleable (Anchor, 2010). The habits people cultivate, the way people interact with others, and even how people think about stress can all increase individual happiness (Anchor, 2010). Evidence shows an association of positive thinking with lower morbidity and decreased symptoms/pain (Cohen, 2006). County Health Rankings measures four types of health factors as factors that influence the health of a county: health behaviors, clinical care, social and economic, and physical environment factors (County Health Rankings, 2012). Studies have found that “individual social support and cohesive, capital-rich communities help to protect physical and mental health and facilitate healthy behaviors and choices” and that individuals who lack adequate social support are particularly vulnerable to the effects of stress, which have been linked to cardiovascular disease and unhealthy behaviors such as overeating, smoking and obesity (Egerter, Braveman and Barclay, 2011). For these reasons, the Pilot episode pays special attention to social networks.

Content for the Pilot episode from the television perspective was developed through the use of literature review and creativity. *Health Around the World* chronicles a live host, captures real people and culturally relevant topics, creates a platform for an unheard voice, and explores conflicts related to achieving health and well being.

According to Rabkin (2011), regardless of the genre of a series, a show has “got to have something to say about some aspect of the world, it’s got to resonate with the issues that people are obsessing over” (p.11). Similarly, “TV is about entertainment, not theme and symbolism and you don’t need to be lecturing about the Big Problems That Confront Our Society Today” (Rabkin, 2011, p. 81). This is to say that while Americans may obsess over health and weight loss, this series demonstrates health-promoting habits without explicitly listing the many health problems Americans face. Rabkin (2011) also states “There’s a desperate hunger for a new vision and unheard voice” (p.10). The unheard voice in our series comes from local people expressing their views and opinions in a candid manner with unique content. The aim is to provide insight, inspiration, connections and synchronicity in a complicated world with many clashing worldviews.

Modeling a successful reality television show called *The Bachelor*, the use of headshot narration gives the characters a voice in the first person and provides a platform where he/she can express his/her feelings directly. This creates a feeling of intimacy with

the character; it is as if your friend is sitting across from you telling you about his/her life.

A Pilot episode is not about one story, it is about conflicts, and the series is designed to explore a set of conflicts that have been established in the Pilot (Rabkin, 2011). Every episode of this series has two stories; the primary conflict of the series is the balance to be healthy; the secondary conflict is how the lead character Joy Sterling learns to apply healthy habits and concepts learned in each episode. In every episode, Joy will directly discuss her frustrations, feelings, high and lows with the viewers. The unique element to this show is that Joy will never know where her next adventure is. The “hook” is, “how will Joy deal with the next unknown adventure”? For example, in Episode 1, the Pilot (and the primary focus of this paper), Joy visits Juneau, Alaska where one of the themes is the importance of social interactions for health and wellbeing; in Episode 2, set in Paris, France, Joy faces the reality of traveling alone and the loneliness she encounters. A second example of the secondary conflict might be: Episode 3, set in Thailand, Joy learns and practices the health-promoting habit of meditation; Episode 4, set in Tokyo, Joy struggles to find inner-peace and calm in a city filled with millions people and never a quiet moment to herself.

According to Rabkin (2011), the characters are the most important part of show. Joy must be likeable and relatable, kind, intelligent, tolerant, open-minded, curious, grounded, upbeat, and unpredictable. Physically, Joy is healthy and fit, her wardrobe is current yet comfortable and appropriate for the occasion, and natural looking. Most important is who Joy is and how she relates to others and in her surroundings. As the host and central character, Joy’s character is extremely important to the success of the show. Essential are effective communication skills and knowledge of health issues in the United States and globally, as well as personality traits such as being able to improvise, being comfortable and confident, a strong ability to connect with others, and vulnerability. These traits will not only create a likeable host, but a relatable host.

## 5.5 Qualitative Data Collection and Recruitment of Participants

The research-specific goal was to use health theory, health research methods, and television writing elements to explore how people living in Juneau, Alaska practice healthy behaviors. The aim of this project was to create a sample script of the first

episode and a brief synopsis (i.e., treatment) of the show. With the research question, “How do people in Juneau, Alaska promote personal health and wellbeing?”, data collection for the Pilot episode consisted of interviews of 22 locals living in Juneau, Alaska. Following Lupton’s 1994 study that investigated people’s food preferences using 33 semi-structured interviews conducted by 4 different interviewers, interview questions for this project sought to identify healthy food behaviors and healthy habits.

According to Bryman, purposive sampling is a method of sampling typical cases or individuals within subgroups of interest (2012), and “the goal of purposive sampling is to sample participants in a strategic way, so that those sampled are relevant to the research questions that are being posed” (p.418). The Principal Investigator (PI) sought to ensure variety in age groups among subjects, variety in professions among subjects, and an equal ratio of female to male subjects. Interviewees were all located in Juneau and occurred in person. Not all subjects were health workers, but all subjects selected were on the spectrum of health/fitness experts within the community and selected to highlight potential new areas of interest and to open the doors to other participants (i.e., snowball sampling).

The recruitment process consisted of the following steps: The PI made a list of all people in Juneau, Alaska that she had knowledge of practicing or seeking health physically, mentally, emotionally, spiritually or socially. The subjects sought included outdoor enthusiasts, recreational exercisers, athletes, health business owners, public health workers, educators, coaches, and active community members. The PI made a list of thirty potential subjects and their contact information and contacted each person on the list by phone or email. If the participant was reached, the PI used a recruitment script (Appendix B) and if the participant was not reached, the PI left a message requesting return contact if interested in the project. The PI made first attempts to contact those on the list and scheduled appointments to interview those who responded. The PI sought additional subjects via snowball sampling through recommendation by subjects. As such, to snowball sample, the PI made a list of additional suggested people, sought contact information for such persons, and pursued recruiting and interviewing those on the list using the recruitment script. All interviewees were contacted by email and phone, and consent was obtained both verbally and in writing (Appendix C). Data were stored on

password protected personal files, available only to the PI. Saturation was reached at 22 participants when the PI was not able to identify any new answers to interview questions or potential new themes.

Data collection instruments included semi-structured interviews designed to provide knowledge and insight into healthy behavior and as show content (Appendix D). The semi-structured interview was selected so that the researcher could ask new questions that follow up interviewees' replies and can vary the order and even the wording of questions (Bryman, 2012).

## 5.6 Interviews

Research consisted of qualitative interviews because they are flexible and able to respond to the direction in which interviewees take the interview while also adjusting the emphases in the research as a result of significant issues that emerge in the course of interviews (Bryman, 2012). In the search for healthy behaviors of individuals and communities across Juneau (and further episodes across the globe) qualitative interviews are a tool to gain insight into people's attitudes, norms, beliefs, values and behaviors. The semi-structured interview style was chosen in order to ensure a structured, yet flexible interview designed to elicit the interviewee's own behavior or that of others; attitudes; norms; beliefs; and values (Bryman, 2012). With the PI following an interview guide, the interviewees had a great deal of leeway in how to reply; questions that were not included in the original guide were asked when appropriate to obtain the most interesting answers. For example, if an interviewee discussed using marijuana legally and in recreational amounts as part of his relaxation methods, the researcher would be able to ask follow-up questions specifically related to marijuana use.

Interview questions and order were adapted from the 2012 New York City Community Health Survey and by review and edits from media professionals Stacy Boles and Deborah Schildt. According to Stacy Boles, Segment Producer at *Park Slope Production*, "The goal is to get the most creative answer possible. It's not what they say, but how they say it that makes it a good interview. Make them laugh at the front end and ask serious questions as the back end. Always get the full sound bite, and do this by open ended questions that start with phrases like, 'tell me about', 'describe', 'talk about', etc."

(S. Boles, personal communication, May 7, 2014). Deborah Schildt, Production Manager at *Piksik*, states, “I always try to ‘stack’ my questions with ‘newbies’. The easy ones first, that they won’t find difficult or too personal, then lead towards the ones I really want and end with the most personal. I also always meander in whatever direction they naturally drift - at least at first to get them comfortable. Then I use my list to bring them back on track” (D. Schildt, personal communication, May 9, 2014). Similarly, Bryman (2012) suggests creating a structured order of questions so they flow reasonably well, using language that is comprehensible and relevant to the people being interviewed (p.473).

In gathering interesting subjects, Stacy Boles advises, “For this project, go to a raw food group and outdoor activity groups and ask, ‘Why do you do this? Do you know these people?’ Questions to ask yourself, as the interviewer are, ‘Was that a full sound bite?’ For example, what we don’t want is an answer that is not a complete sentence and is something like ‘really happy’. What we want them to say is, ‘I consider myself to be really happy’ and we want the answers to always be in a their own words; always let them complete their thought and finish their sentence. Interrupting them will make them uncomfortable’ (S. Boles, personal communication, May 1, 2014). It is standard practice to conduct the actual interview on camera and later edit with voiceover so when the script reads it will show something like two sentences, a visual, another two sentences, a visual, then voice-over with visual, etc. (S. Boles, personal communication, May 7, 2014).

The target age of interviewees was selected to be over eighteen and less than sixty years old, which mimics the intended audience age range. The individual interviews served three purposes; first, to answer the research question and develop content; second, as material for the script; and third, some participants will (ideally) be selected to recreate their interview on screen at a later date. All interviews were used to create show content, but only those interviewees with an appealing stage presence will be asked to recreate their interviews during filming. Interview questions were designed to capture relevant and useful data discerning health values, health beliefs, and health practices.

The specific interview questions were designed to elicit open-ended answers and allow for flexibility in the interview. Strategically placed to create a natural flow, question one was used to gather information about why the subject lives in Alaska, to set the stage for the last question of the guide, and to allow the participant to become

accustomed to talking on camera about something factual and historical. Question two was used to gather information about barriers to being healthy in Juneau and placed second so that the remaining ten interview questions focused on the positive health habits subjects use to overcome the identified challenges. Questions three and four were lifestyle questions designed to prepare the interviewee for more specific questions later on with regard to lifestyle choices such as food choices. Question five was designed and placed mid-way through the interview to keep the focus on being healthy specifically in Juneau, Alaska. Question six was designed to elicit emotional responses with respect to health. Questions eight and nine were designed to speak to the topic of nutrition and physical fitness, and tied to weight status. Questions ten through thirteen were more sensitive in nature, thus they were placed at the end of the interview after the participant felt comfortable on camera/tape recorder. Of these last questions, question ten was designed to target happiness, question eleven to target social bonds, and question twelve was designed to allow participants to include any answers relevant to their health that was not previously answered. The last question of the interview guide (“What is so special about Juneau?”) was designed to end on a television ‘high note’.

All interviews were audio or video recorded, and notes about the interview were taken along with a factsheet information page with name, age, and gender (Bryman, 2012, p. 473). As the interviewer, the PI would state, “Please state your name, age, and where you are from. The recorder’s on, whenever you are ready.”

## **Chapter 6 Results**

Interviewees consisted of 22 adults (11 females and 11 males) living in Juneau, Alaska between the ages of twenty-three and seventy years old. The sample population consisted of 77% Caucasian; 4.5% Alaska Native/American Indian; 9% two or more races; and 4.5% Asian (Appendix A). Roughly approximating distributions in the Juneau population, all of the interviewees reported engaging in physical activity and eleven respondents reported participating in athletic performance competitions, events and/or races such as outdoor competitions (Klondike Run, Olympics, etc.) or body building competitions. All of the respondents reported working; seven of the respondents are public health workers (one nurse, one physical therapist, one dentist, three massage therapists); two are commercial fisherman; two are educators; one is a marine biologist; one is an engineer; and one is an attorney. Only one respondent was retired.

Using the computer program Nvivo, qualitative thematic analysis was conducted and coded by themes identified by the researcher. Bryman (2012) describes a theme as: a category identified by the analyst through his/her data, that relates to his/her research focus and that provides the researcher with the basis for a theoretical understanding of his/her data (p.580). Steps included: 1. Transcription of interviews into Microsoft Word; 2. Uploading of transcribed interviews into Nvivo; 3. Review of interviews and identification of potential themes; 4. Coding of nodes by the most obvious themes; 5. Refining themes and nodes using text search and word frequency queries; and 6. Further refinement and categorization of nodes. Nodes initially inputted included the following: Weather; Socializing; Nature; Outdoor Activity; Food; Travel; Darkness & Light; and Community. By conclusion of data input, two additional nodes were added (“Indoor Activity” and “Mental State”) and “Alcohol” was eliminated.

Themes were created based on similarity of answers and/or word similarity. For example, “Weather” was one of the most common answers to the question about the challenges of living in Juneau. Answers such as sun, precipitation, and temperature conditions were all indexed under weather. Participants often reported friends and family as reasons they live in and like Juneau, thus the theme “Socializing” was used to categorize those activities that participants do directly with other people. Separate from socializing, participants often used the word “Community” in reference to the benefits of living in Juneau and though community does imply social activities, “Community” was a



separate theme because community activities like attending community events or public locations (such as parades or coffee shops) do not always involve socializing. The theme “Nature” was created to encompass references to organisms and structures in their natural environment such as the ocean, mountains, and forest. The theme “Outdoor Activity” included physical activity exercises people do outside either individually or in groups, while “Indoor Activity” included physical activity exercises people do indoors either individually or in groups. Participants often reported “Travel” as a key factor to positive mental health, especially during the winter, thus this theme was created to encompass all travel outside of Juneau regardless of distance from Juneau. The theme “Darkness & Light”, though related to both weather and seasons, was given its own theme due to the frequency of use with regard to challenges of living in Juneau. Lastly, the theme “Mental State” was created to differentiate between weather-related attitudes and behaviors and inherent mental outlook regardless of weather.

Some statements clearly fell under one theme while other statements fell under several themes. Examples of statements themed under “Mental Health” and a second theme included, “In terms of happiness, on a scale of 1 to 10, I’m a 12. I’m the happiest, luckiest guy I know- definitely my social connections and interactions” (36 year-old male dentist) as well as the quote, “My family is integral to my overall health. They help keep me sane. They are my primary support system” (32 year-old male educator and soccer coach). In these two examples, one subject states how social connections are important to his mental health and well-being, and the other discusses how family socializing is his primary support system for mental health.

An example of a quote themed under both “Food” and “Socializing” came from a 27 year-old male hunter and biologist: “I think it’s always been a habit to have a large gathering or a feast to celebrate a successful harvest or something like that because often times you just realize, wow I have all this food and you start calling around to see who can come over to help share it with”. Under “Food”, one subject (50 year-old female educator) reported, “Harry, my husband, kills most of our meat, so we have venison or moose or fish of course, but 2 years ago we wanted to start a garden and we were really successful with carrots and beets and potatoes, but in the summer we eat a lot of kale or arugula that comes out of the garden”. Another subject (31 year-old male nurse) stated, “I

don't think it's lack of quality food. People make quality food here. I think it's probably lack of quality ingredients and affordable ingredients is the even larger limiting factor largely because of shipping costs and lack of available land and lack of awareness and the culture that demands it."

Examples of quotes themed under "Community", the most common theme, included: "This is my community, my tribe, the people I relate to the most, and the people I want to be around the most" (32 year-old male educator and fisherman); and, "I think the biggest difference since I lived here as a twenty something versus a thirty something is I am so much more engaged in the community because I've realized that not only being somewhat of a public servant is that volunteer work is important but it really makes me feel so good" (30 year-old female runner).

An example of a quote themed under "Mental State" was, "It goes back to that attitude of gratitude and just being so thankful. I try to do that throughout the day" (30 year-old female state of Alaska worker and runner). A quote themed under both "Community" and "Mental State" was from a 46 year-old, male youth coach: "The reason I coach is so I can go out and show the kids, look I've done it, you can do it. And what made me go to the US team at such an older age is because I wanted to show my son and my nieces and nephews what you can do with life when life gives you lemons. Just don't ever give up. That's key for me to give these kids". In this example, the subject is discussing his role as a community coach and his own positive outlook as keys to being healthy in Juneau.

"Weather" and "Darkness/Light" were prominent themes of challenges to being healthy in Juneau with "Weather" often linked to other themes. As one participant (a 44 year-old female massage therapist) said, "I find the darkness here in the winter the most challenging thing. I don't mind the cold, and I don't mind that it's so rainy. I find the very very short daylight hours ridiculous, I get depressed". This quote was themed under both "Weather" (as it relates to winter) and "Darkness/Light". An example of a statement under several themes (from a 36 year-old male public health worker) was, "The biggest health challenge to living in Juneau is seasonal affective disorder. The weather in the fall can get pretty gloomy. There have been stretches where we haven't seen the sun for dozens of days, dozens. But I get out of town. I haven't spent an October here in 7 years."

This quote was themed under “Weather”, “Seasons” and “Travel”: Similarly, the statement, “I think for both of us, the gym is number one just because the weather can make it challenging” (42 year-old female fitness expert) was themed under “Indoor Activity” and “Weather”.

Several participants discussed the importance of arts and community. As one subject (60 year-old female body builder) stated, “Another aspect of Juneau that helps Juneau all around is the arts; going to the theatre last night, going to Wearable Arts and seeing how creative others are in the community. The Folk Festival, First Fridays. I think all of those really contribute to our health.” In this example, the subject discussed the importance of community events as being integral to her mental and emotional health.

The theme “Nature”, separate from “Outdoor Activity”, was listed as one of the top reasons people live in Juneau, Alaska. A 33 year-old female fitness competitor said, “Alaska is so unique. You can go out on the water, and you just feel healthy staring at the mountains. It’s seriously the golden town.”

An example of a quote coded under several themes came from one woman (42 year-old female, attorney): “I am a dog in uniform, so for me it’s walking, hiking, biking, snowboarding, kayaking, going to Group Power, hanging out with friends, going to church (weird but true), time with friends, and my husband makes me laugh super hard which is awesome, and my job which I find is the right combination of mentally taxing and chill. There are lot of opportunities to enjoy alcoholic drinks inside on rainy days, and there not as many opportunities to enjoy pre-made restaurant-style, kick-ass vegan restaurants or things like that that I’ve had at other places”. This was themed under “Outdoor Activity”, “Indoor Activity”, “Socializing”, “Spiritual Practices”, “Food”, and “Weather”.

Themes used to write the script were selected based on frequency of times referenced in interviews by individuals and included: Outdoor Activity (51); Community (42); Mental State (33); Nature (30); Weather/Seasons (29), Socializing (i.e. family and friends) (28); and Food (26); Indoor Activity (21); Darkness & Light (14); Spiritual practices (9); Travel (8) (Appendix E). A word frequency query showed similar results. The word frequency query was used to check for similarity to common themes identified by the PI. Aside from common words (e.g., “and” and “the”) the most frequent words

used in all interviews from most to least used included: People (125); Healthy and health (73); Love (39); Work (34); Friends (33); Community (32); Pretty (25); Active (24); Food (24); Summer (24); Weather (24); Family (19); Outside (19); Winter (17); and Gym (17). Note, though “work” was a common word, work was not something people talked about as a source of health and happiness, thus was not included as a node.

Both sexes equally reported nature, beauty and outdoor activities as reasons they live in Juneau, and both sexes discussed hunting, yet only males discussed personally hunting as outdoor activity. Racial differences (i.e. differences between whites vs. non-whites) were not identified.

## **Chapter 7 Discussion**

The research question was, “How do people in Juneau, Alaska promote personal health and wellbeing?” This was addressed through the use of semi-structured interviews of key informants. Key findings from conducting the interviews led to increased knowledge of the challenges to being healthy in Juneau, the factors most important to Juneau residents to achieve or maintain health, barriers to being healthy in Juneau, and the importance of social interactions, nature, food, and physical activity to maintaining health. The interview results were also used as dialogue and content for the script and treatment of the Pilot episode. Through thematic data analysis, it was found that outdoor activity, the Juneau community as a whole, nature, and friends and family are the top sources of health-promoting things and activities for Juneau residents. It was also found that rainy weather, long periods of darkness, and lack of affordable health food options are the top barriers to being healthy in Juneau.

A 2014 report issued by McDowell Group for the City and Bureau of Juneau entitled, *Juneau Economic Plan Survey* used household surveys to examine Juneau’s economy and showed similar results: 27% of those surveyed reported family as the reason they live in Juneau, 10% reported community, 9% reported outdoor recreation, and 5% reported scenic beauty as the main reason they live in Juneau.. While this survey was specifically designed to provide a strategic action plan for economic development rather than health development, the themes of social connections, community, outdoor activity, and nature/beauty are congruent with the findings of this project.

Cherry (2014) states that in order for learning to be successful, the learner has to be motivated to imitate the behavior that has been modeled. Subjects in this study reported intrinsic forms of motivation as well as motivation from outside sources. For example, one participant (female, 33 year-old health business owner and fitness competitor) stated, “I’m motivated because it’s a burning passion that’s inside my body. After eating a hoagie roll my body doesn’t respond well, and it’s a mental game we all play with ourselves and I’m so sick of feeling that. You have take that first step, that first step is the hardest step. But once you do, and you surround yourself with books that talk about how you want to be. I love the gym, I workout because I love the way it makes me feel.” Another subject (male, 27 year-old outdoors enthusiast) stated, “I think another way that I stay healthy is whenever I run out of motivation I still have a friend that is

going strong and doing something cool and it's sometimes possible for me to invite myself along."

In addition to uncovering phenomena relevant to the research question, successes of the project are that the PI was able to directly interact with the community (providing insights for interacting with other communities in future episodes), learned how to approach and interact with people to elicit the most meaty and insightful answers, and build a beginning structure of a model for future episodic research and content. It was found that participants in this project were willing, supportive, and often excited about the potential of this project and their participation. In addition, many subjects contacted the PI after the interview to express their appreciation for being included in the research and for the enjoyment they experienced in interviewing.

All of the subjects reported their challenges to being healthy in Juneau, the top reasons people live here, and what they enjoy about living here, yet only some subjects were able to express what motivates them and how they keep up that motivation through the darkness. This was not a limitation per se, as the initial research question looks at the "what" people do to be healthy rather than the "why", yet a follow-up research question for this project might be, "What motivates people to be healthy". While this question was asked of subjects, uncovering more interior motives for living a healthy lifestyle may provide additional insight to health promoting activities.

Some participant quotes were used to develop Pilot content. The process for deciding which quotes and characters to use in the Pilot was to first identify which subjects gave the most animated and/or powerful interviews either in physical expressions or emotional language. After this list was compiled the next step was to create a flow of character appearances. According to Trotter (2005), conflict is demonstrated through drama, outlined in six key turning points including: the catalyst, the big event, the pinch, the crisis, the showdown, and the realization. Characters (participants) were outlined in such a way to follow the "drama" genre pattern of excitement and action followed by reflection and reaction, with each major turning point to create more anticipation for the next so that the high points get higher and higher until the resolution.

*Health Around the World's* six key turning points include: characters discuss and

disagree about being Healthy in Juneau (catalyst/conflict), Joy messes up (big event), Joy remembers her goal through meeting with various locals (pinch), Joy meets a new character and is pushed to limits (crisis and showdown), and finally, Joy shares her ah-ha moments and has clarity (realization). The final step in selecting specific quotes to use was to review each character's interview, pulling out specific quotes. For example, one participant (female, age 34) was chosen to stand in the Pilot for her high energy and passion for health. The quotes selected for her section exemplify these qualities including the statement, "I'm motivated because it's a burning passion that's inside my body!"

Note that due to the concern over others appropriating the PI's creative products without permission, the resulting script and treatment are not published as part of the Practicum Project documentation.

### **Chapter 8 Strengths & Limitations**

Strengths of the research and project were largely based on the fact that the

researcher has in-depth insider knowledge of both the land of Juneau and the inhabitants due to being a long-time resident. This allowed for a variety of topics to be explored from a variety of people in the different areas of the workforce. This project was successful in selecting fitness experts in the community through the use snowball sampling to glean insight to address the research question. Snowball sampling in conjunction with semi-structured interviews allowed the researcher to identify and reach new participants within the subgroup of interest and explore potentially unknown characteristics. While interview questions were the same for all subjects, open-ended interviews drift away from the intended outline which allowed interviewees to spend more time discussing a specific element of Juneau (i.e. theme) than other themes. For example, when one participant discussed hiking in Juneau as a means of outdoor activity, he elaborated by discussing hiking in other parts of the world, which strengthened and clarified why he viewed outdoor activity as integral to his overall health.

Semi-structured interviews were also a strength because they allow for participants to be interviewed on more than one occasion and are preferred to ensure a comparability of interviewing style (Bryman, 2012). The ability to conduct second and third interviews as needed will be extremely important in each episode's research, especially when there are language barriers and further clarification is needed. Considering that the follow-up episodes are to take place in cities and towns worldwide, where cultural characteristics, norms, values, and beliefs vary widely, it is recommended that researchers honor cultural sensitivity, employ translators when appropriate, and always maintain ethics to both accurately and sensitively record health habits. Recommendations for interview conduct for future shows are to follow ethical principles such as avoidance of harm, providing benefit, respecting an individual's autonomy, and treating groups and individuals justly and equitably while utilizing cultural competence, cultural knowledge, and cultural sensitivity (Institute of Medicine, 2012). It is further recommended to employ key informants such as health experts, cultural experts specific to each region and language translators before, during, and after key informant interviews.

Interview questions were designed with semi-structured interview style, which allowed interviews to drift away from the interview guide. Although questions often were



answered out of sequence, questions eight and nine relating directly to diet and physical activity could have been placed much earlier in the interview and were often covered by this point in the interview.

The largest limitation to this project was the use of only voice recorders rather than video to record interviews. To create the content for the Pilot episode, only interviewees with the most interesting answers and charisma were chosen to be included as cast for the Pilot episode. However, without the use of a camera to visually assess performance, camera presence was speculated. After further research and development it was uncovered that video footage would be tremendously helpful in creating a pitch. Also challenging was the creative blend of data with entertainment. For example, subjects often discussed the importance of social connections as integral to their overall health, yet the task was to creatively write a scene that visually demonstrated social connections *and* healthy activities, thereby essentially moving the interview to a visually entertaining location required a great deal of forecasting. Considering most interviews were conducted inside closed doors for sound quality, adding new elements to the interviews may take away or strengthen the interviews, though this will not be known until the interview is created on camera at the selected location. In the future it is absolutely necessary to conduct all interviews on camera as to directly see camera presence rather than try to interpret it.

Trustworthiness of research is based on credibility (i.e., internal validity), external validity, reliability and objectivity (Shenton, 2004). Through conducting interviews with subjects in real settings, where the researcher went to the subject rather than the subject to the researcher, we can conclude that answers provided are congruent with reality, within the subgroup of interest and verified by the themes that were uncovered. Certain steps were taken to help ensure that the work's findings were the result of the experiences and ideas of the subjects rather than the characteristics and preferences of the researcher, such as following an interview guide to ask the same questions in the same order, asking only follow-up questions, and avoiding excessive probing.

As mentioned, participants were purposively chosen based on their work in the health sector, their participation in sports and/or outdoor activities, their community involvement, and/or their personal desire for health. This is a strength because subjects

were more or less “experts” and were able to help uncover hidden aspects and/or challenges to being healthy in Juneau. However, this is also a weakness because subjects were more likely to be of the same economic status and likely to report similarly. Another limitation to this project is that it did not look at differences such as gender, race, nor cultural differences between subjects, thus can not be used to make generalizations about the Juneau population at large.

## **Chapter 9 Recommendations & Conclusions**

Considering the series is designed for mass audiences, substantial public health impacts as a result of the show may not be apparent until several years after season one. However, viewer status based on ratings will immediately demonstrate the success of the show in terms of audience interest. In addition, social media and social data have been named the key to measuring television success and are vital to the success of a show. A 2010 study showed a consistent relationship between reality television consumption and the length of time spent on social media sites (Stefanone, 2010). The results of the study suggest that social behaviors commonly associated with celebrities and television personalities are now enacted by non-celebrities in an increasingly mediated social environment while development of social media platforms, such as Twitter, enables average viewers to participate in the media environment not just as an audience member but as multimedia producers (Stefanone, 2010). A recent tool for measuring social data is the Seevibes Brand Affinity tool, which aims to help marketers identify television watching audiences to target on social media allowing them to better optimize their TV and social media buys. It is estimated that between 75% and 80% of television viewers are using other devices while watching, and over half are engaging directly around the content (Seevibes, 2015). Seevibes measures social audience by creating an indicator of overall performance of television programs, known as the Seevibes Score, which is comprised of six key performance indicators including market share, social impressions, loyalty levels, engagement rate, frequency, and level of response (Seevibes, 2015). This scores helps to provide a global view of the market, comparisons of the global social performance of television shows and assessment of a show's impact related to commitment, visibility and loyalty (Seevibes, 2015). Based on these markers and show ratings, it is possible to have an immediate snapshot of the impact of the show on which to develop content and measure impact.

As a result of this project, the researcher was able to gain knowledge of, and/or experience, firsthand, effective strategies of health education, writing for health television, and practice public health concepts and theories in the field. With the ultimate goal of creating an entire health series, the researcher utilized problem solving skills to assess and analyze public health issues, and propose effective dissemination of knowledge gained about healthy habits of Juneau residents to mass audiences. In

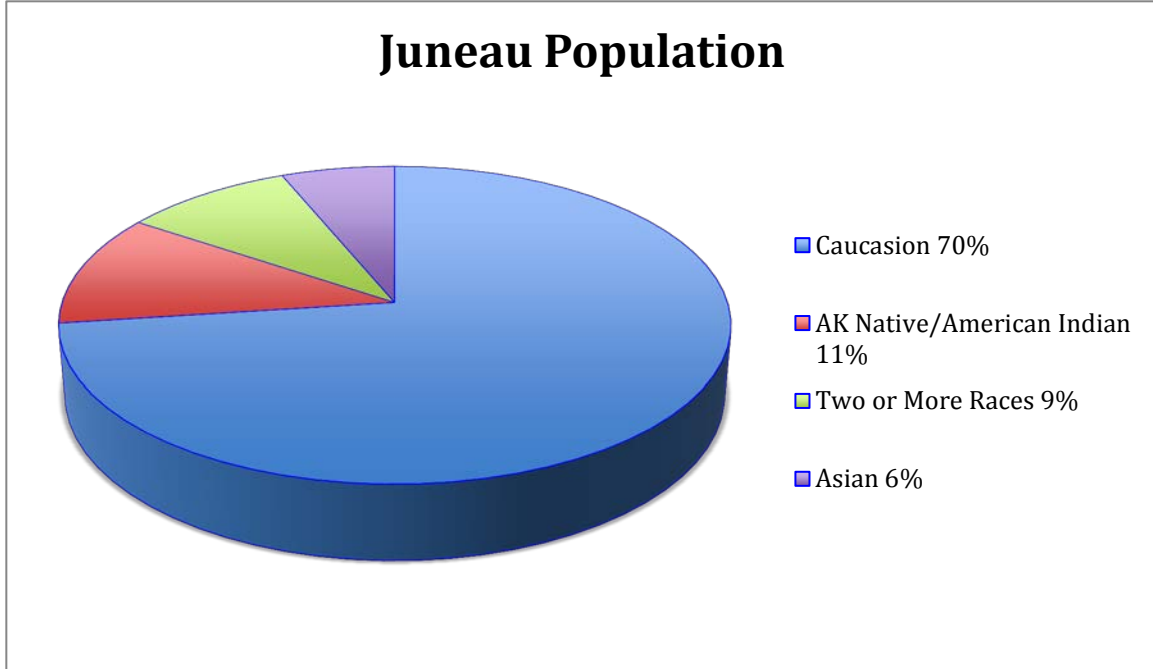
addition, the researcher was able to produce a written analytical documentation and evaluation of the experience, interact with the community and public health professionals, and create a sample script and treatment. The end result of this project is a completed script and treatment for *Health Around the World*, which will be used to pitch the show idea to producers, television networks and other multi-media heads until the show is purchased and the show goes into pre-production.

The next steps of production before financing and pre-production are to first register the final script and treatment with Writers Guild of America and create a “Non-Disclosure” agreement to protect the works from replication. The next step is to hire a script editor or seek outside free editors/friends for both formatting and content while networking with and contacting people in the show business industry including friends, friends of friends, previous co-workers, and previous employers in search of a producer or network to pick up the show. According to Christopher Moloney, Senior Writer at HLN (formerly known as CNN Headline News), “You can't really pitch to networks anymore. You have to pitch to production companies. My recommendation is put-together some sort of 5-10 minute demo segment you can film; take the script/treatment you have and pare it down to a single block/segment of programming and produce it as close to broadcast quality as you can. If it looks really good, and isn't too expensive, I'd shoot a 3 or 6-part series yourself.” (C. Moloney, personal communication, January 19, 2015). Similarly, Producer Deborah Schildt of *Piksik* suggests looking at both production companies and networks, keeping in mind that networks will want to command total creative control (D. Schildtz, personal communication, January 20, 2015). Initial networks and people to be approached include *National Geographic*, *The Travel Channel*, and *HGTV* along with contacts at *Discovery*, *Polsky Films*, *CNN*, and former associates at *The Late Show with David Letterman*. During all phases of production up until theatrical release it is important to go through trustworthy individuals and always use discretion when discussing the project along with signed Non-Disclosure Agreements (NDAs). Ideally, all pitching will be done in person and all content and documents will remain with the writer, leaving nothing behind until legal contracts are written and signed. Though there are many ways to approach networks, an accompanying video and

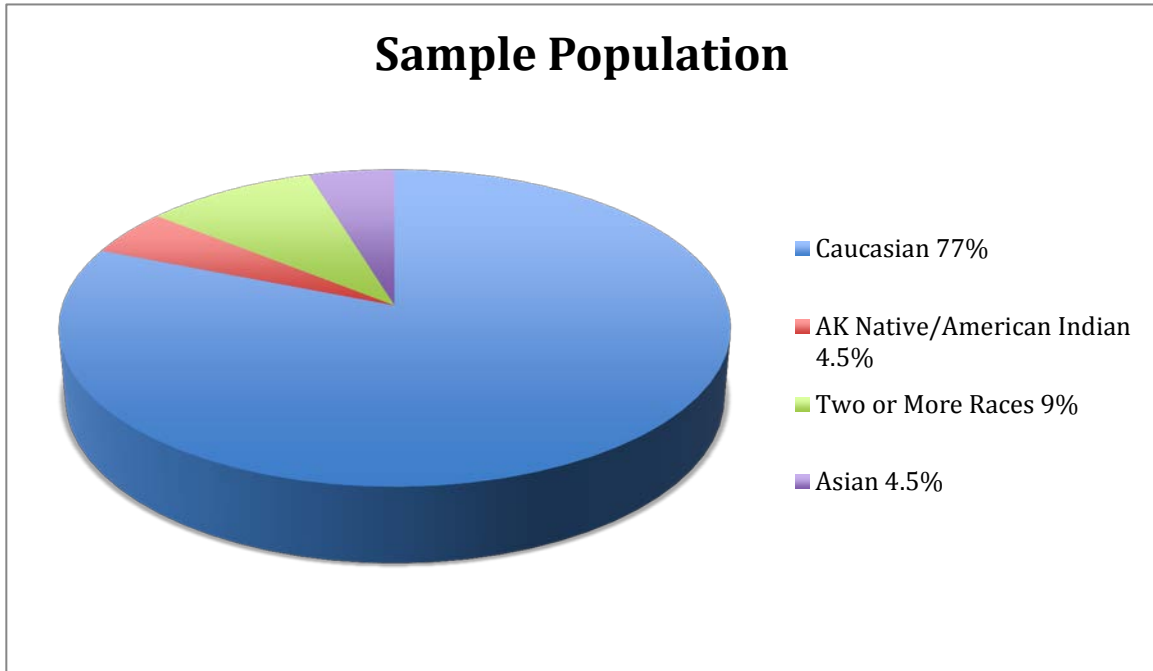
identification of potential revenue streams would greatly support the efforts and are being considered with the support of grants.

### Appendix A

### Community Population vs. Sample Population



(U.S. Department of Commerce, 2014)



## Appendix B

### Pilot Project Participant Recruitment Script

1. If email addresses are available, send the following verbiage to each participant with a maximum of 2 times, with 3 days between emails. If there is no response after 3 days following the second email, proceed to Step 2.

Dear Ms./Mr./Dr. \_\_\_\_\_

My name is Audra Henderson. I am a Master of Public Health (MPH) student at the University of Alaska Anchorage (UAA) completing my Project-Practicum (i.e. culminating project for the MPH degree) and am examining the health habits of Juneau residents. I will use the information I collect to inform development of a reality television show on healthy living.

Given your residence in Juneau, I am asking you to participate in an interview regarding your personal health habits. Interviews last approximately 30-45 minutes and are conducted in person and data collected during the interviews will be used to assist me in developing my Project-Practicum. There are no direct benefits or risks, your participation is voluntary, and you can stop at any time. Your participation will be anonymous. I would be happy to share the findings of my work with you after the conclusion of my project in Spring 2015.

Are you willing to participate in an interview? If so, when might be a convenient time for us to talk in person?

Thank you for your consideration. I hope to speak with you soon.

2. If I do not receive a response via email, I will attempt to contact the key informant by phone.

**IF I GET AN ANSWER ON FIRST CALL:** Will utilize the email script above and attempt to schedule a time for the interview.

**IF I HIT VOICEMAIL ON FIRST CALL:** I will leave a message utilizing the email script above. If I do not hear back in 2 days, I will continue to attempt contact 1 time each day until I get an answer (leaving no additional voicemail), and will stop attempting contact if I don't succeed after 2 weeks. If I DO make contact, I will summarize my original message as necessary and attempt to schedule a time for the interview.

**Appendix C**  
**Consent Form**

HEALTH IMPROVING BEHAVIORS OF PEOPLE IN JUNEAU, ALASKA  
CONSENT FORM

**PRINCIPAL INVESTIGATOR:**

Audra Henderson, Student, School of Public Health, University of Alaska Anchorage,  
(907) 209-1695

**DESCRIPTION:**

I am interested in the healthy habits of people living in Juneau, Alaska. I will be asking you about the things you do in your daily life to promote health mentally, physically, spiritually, emotionally and socially. This research study will involve one interview with you, lasting approximately 30 minutes. With your permission, the interviews will be recorded using a camera.

**VOLUNTARY NATURE OF PARTICIPATION:**

Your participation in this study is voluntary. If you don't wish to participate, or would like to end your participation, there will be no penalty or loss of benefits to you to which you are otherwise entitled. You are free to make your own choice about being in this study or not, and may quit at any time without penalty. If you choose to quit at any time, the tapes and transcripts will be destroyed immediately.

**CONFIDENTIALITY:**

The tapes of both you and your property and transcripts of the interviews will be maintained and made available indefinitely by Audra Henderson for such research, production, and educational purposes she shall determine. By participating in this study you give consent to the recording of statements and grant to Audra Henderson and her assigns, licensees, and successors the right to copy, reproduce, and use all or a portion of the statements (the "Interview") for all purposes, including advertising, trade, or any commercial purpose throughout the world and in perpetuity. You grant the right to use your image and name in connection with all uses of the Interview and waive the right to inspect or approve any use of the Interview while also granting and transferring Audra Henderson all rights, title, and interest in the Interview including without limitation literary rights and copyright and hereby release Audra Henderson, her representatives and assigns, from all claims and liability relating to Interview. Audra Henderson agrees to retain the integrity of the interviewee's image and voice. A copy of this consent form is available for you to keep.

**RISKS & BENEFITS**

There will be no direct benefit to you from participating in this study. The results of this study may benefit other people by positively demonstrating the healthy-habits people in Juneau, Alaska. There may be a risk that you do not like how you look or sound on the video. There may be a risk that you do not like any potential resulting audiovisual



product utilizing the video or transcript.

**CONTACT PEOPLE:**

If you have any questions about this study, please contact Research Supervisor Dr. Elizabeth Snyder at (907) 786-6541. If you have any questions or concerns about your rights as a research participant, please contact Research Compliance Officer, Sharilyn Mumaw at (907) 786-1099.

**SIGNATURE:**

Your signature on this consent form indicates that you fully understand the above study, what is being asked of you in this study, and that you are signing this voluntarily. If you have any questions about this study, please feel free to ask them now or at any time throughout the study.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

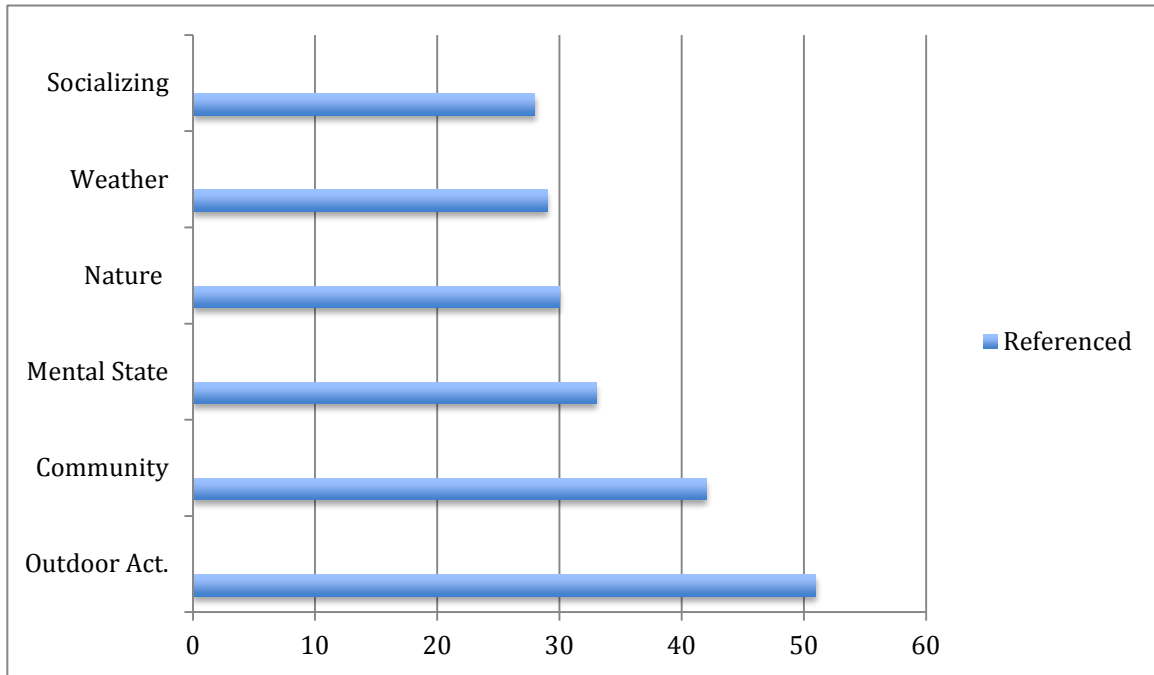
## **Appendix D**

### **Interview Questions**

1. So how did you get to Alaska?
2. What's the biggest health challenge to living in Juneau?
3. So can you tell me, do you live a healthy lifestyle?
4. Take me through your daily and weekly activities that help you stay healthy.
5. Alaska is a place of extremes. Tell me about your life in the winter versus the summer in terms of keeping healthy.
6. What motivates you?
7. Are there things you do differently here that you do not do in other places?
8. Let's talk a little more about food, describe your typical diet.
9. Now fitness, talk to me about your when and how you get your body moving.
10. Tell me about your happiness. (Describe how you care for your mental and emotional health).
11. Describe your social life here in Juneau.
12. Is there anything else you would like to mention about how you maintain your health here in Alaska physically, mentally, emotionally, spiritually or socially?
13. What's so special about Juneau?

### Appendix E

#### Themes Most Referenced



# Of Times Referenced

## Appendix F

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