

Eurasian Experiment Journal of Arts and Management (EEJAM)	ISSN: 2992-412X
©EEJAM Publications	Volume 6 Issue 3 2024

Exploring the Intersection of Community Art and Health Justice

Asiimwe Kyomugisha T.

Faculty of Business, Kampala International University, Uganda

ABSTRACT

This paper examines the role of community art in promoting health justice, analyzing its potential to address health disparities within diverse populations. Community art—collaborative art created by, with, and for community members is recognized as an impactful tool for raising awareness of social health issues, challenging stigmas, and mobilizing communities to act. By grounding community art projects in social justice, participatory methods, and intersectionality, artists and public health practitioners can collaboratively explore and document community-specific health challenges, advocate for resources, and influence public discourse. Through theoretical frameworks and case studies of murals, performance pieces, and co-creation workshops, this paper reveals how community art can influence health outcomes and empower marginalized communities to pursue equitable health conditions. This paper concludes with an evaluation of project impacts and the challenges faced in integrating community art within the public health sector, ultimately advocating for innovative cross-sector partnerships that adapt to community health crises.

Keywords: Community art, health justice, public health, social justice, participatory art.

INTRODUCTION

Activist art created within communities is recognized as a potentially powerful conduit for raising awareness of health issues, advocating for better resources, shifting attitudes, and creating a conduit for community members to take action on issues impacting health and well-being. 'Community' is defined and organized broadly to include identity-based connections across geographic, demographic, and interest-based dividing lines. Art offers a type of challenge for public health messaging, mobilizing communities to engage in building health justice, a conceptualization that moves from a narrow focus on health care to foreground conditions of health across communities. Specifically, art can be seen as fostering what is described as an "aestheticized politics," in which the process of its making and observation is linked to forms of increasing consciousness and mobilization. Accordingly, community art is rarely set out to create a static product but to create transformation of some kind. From arts-in-medicine programs to socially engaged art, public health leaders and professionals have begun to accept arts and cultural strategies as potentially transformative platforms. Engagement in the arts is a tool for strengthening the protective factors that shape the emotional and physical environments in which people live. For our purpose, 'community art' includes many arts-generating projects that are inherently socially just, political, or health-related or that come to take on a health justice focus [1, 2, 3].

Theoretical Frameworks and Concepts in Community Art Projects

Theory and Concepts in Community Art Projects Scholarship in community art projects, particularly those related to health justice, draws on several theoretical frameworks. In this paper, we focus on three of these theories. To begin, participatory art combines the long-established goals of public health and medicine with activist and community art traditions. Participatory art, whether it be a photo voice, soundscapes, murals, or more traditional painting or other work, enables individuals and communities that are often silenced to bring forth their own experiences. Second, research in art and public health is

attentive to and incorporates the dimension of intersectionality. Intersectionality applies to art and art-making, as artists represent the diversity of the community and yet speak to a common human experience. Finally, public health scholars and artists view community art through the lens of a social justice framework using the theoretical and practical tools of critical pedagogy, particularly the importance of dialogue and aesthetic experiential learning that connects the "head, heart, and gut." Community art practices are themselves nested with several principles, beginning with the idea that collaboration and inclusivity should be as much a part of the process as what is created. "Community-based provocations," those that seek to challenge the norms of the dominant culture and the "ethic of care" guide the theoretical framework of our paper. Such practices require a critical awareness of the nature of collaboration and suggest the importance of a level of conflict as well as shared goals. We discuss in some detail the concept of collaboration in particular and the inherent tension between social justice and the making of a collaborative art project. Strategic alliances in any community or public art or public health project should begin with a thorough understanding of the community impacted. This requirement aligns itself with principles of social justice, both within art and public health. These practices also frame our intentions and methodologies in this paper, linking real-life outcomes with theory. In the case studies of community art projects grounded in health justice, focusing on tobacco control and occupational health disparities, our charge has been to explore the connections between the theoretical foundations and the experiences of co-creating the art. This exploration has been a reflective dialogue to develop praxis that culminates in the analysis of real responses. We conclude by assessing the implications of the experiences and leveraging the assets and resources available to social and community policies to address the above topics [4, 5, 6].

Case Studies of Successful Community Art Projects in Health Justice

In this section, we present five case studies (two murals, a performance art piece, and two so-called co-creation workshops) reflecting the different strategies and methodologies that are used to approach community-based collaborations. Common among these projects are cooperative relationships among artists, local community organizations or leaders, and state and local health advocates. Together, their collective energies and strengths have been used to engage communities in collective discourse and action [7, 8]. The items presented in the essays represent a range of projects that illustrate interdisciplinary and multimodal community-based arts and health partnerships in action. They include:

- A post-disaster mural project in Rita, WV, which was one of the original meetings to help shape this book. - A mural project with youth to discuss and raise awareness and change around nutrition and tobacco issues. - A performance art piece – a sequel to *Songs of Unsung Americans*, which is an ensemble performance piece about African American stories and struggles in rural Lincoln County, WV. - A Making Connections Kentucky artist-wellness co-creation workshop in Jefferson and Knott counties in Kentucky, which is the first of the Making Connections workshops aimed to link artists with health advocacy work in the state [9, 10]. The case studies illustrate the relationship between community art and health justice and the necessity in contemporary communities of using multimedia to make the arts, health disparities, and art-making accessible and relevant to their goals. As with all of the case studies, the present contributions, representing over 20% of the collection, are of the utmost quality and informative and have the potential to transform educational practice [11, 12].

Impact and Evaluation of Community Art Projects on Health Justice

The impact of community art projects on health justice is the subject of increasing attention. Many strategies are offered to document and describe the impact of community art projects on participants, audiences, patients, communities, and artists. We believe that evaluation and documentation of the efficacy of community art for health justice is essential to more clearly situate it in the discussion of health promotion and to shape discourses around social and structural determinants of good health. In this section, we present a few methods and examples of evaluating community art as a potential health justice intervention. We note several of the barriers to scaling up qualitative and/or innovative evaluation strategies, as well as some possible strategies for addressing these barriers [13, 14]. Evaluating community art can involve both quantitative and qualitative, short and long-term assessment. From a quantitative perspective, questionnaires before and after programs have been widely used by both healthcare professionals and academic researchers. From a qualitative perspective, methods to evaluate impact have included focus groups, observations, and interviews conducted with participants, staff, and volunteers. Community art programs can be further evaluated through secondary data, including consultation databases, with key stakeholders, and the gathering of related health or social data for

comparison, such as reduced number of GP visits, increased confidence, and economic benefits. All of these techniques can be used to help paint a picture of the impact of an art program. However, as meaningful as such a depth of exploration is, it is also resource-heavy and does not tend to be used in isolation or non-academic settings. Review guides have called for those running and evaluating arts projects to gather evidence in all of the above areas and assess qualitative and quantitative indicators. This is above the basic level of health and safety and child protection checks that organizations are expected to make to evidence that their projects are effective and are helping to achieve their grants and funding. Moreover, the shared learning drawn from joint evaluation has, in many cases, led to a greater understanding of what makes a good quality program, improved practices, and project sustainability, and provided the beneficiaries with a voice in changing the way an organization delivers services. It has also proven difficult to convince large stakeholders that their way of working is not effective unless there is evidence and documentation available. It is a learning process, even if there is no grand need to convince top decision-makers that arts projects are an effective intervention [15, 16].

Challenges and Future Directions in Community Art Projects for Health Justice

Affected communities, such as those in Flint, Michigan, have been made ill and have had poor health compounded by institutional forces. Funding is often limited for community art projects; few funding agencies are interested in supporting cross-sector projects. Measuring and quantifying the effect of these projects is appealing to institutional review boards that prefer intensified data collection. On the other hand, participants and contributors to community art-based projects in health justice initiatives are people in the community, sometimes by necessity, who may not have time or resources to provide data collection measures. Consequently, understanding the impact of community art in the health field in terms of sustainability and transformation is complex, and the calculation of benefits is outlined more thoroughly [17, 18]. Strategies and practices are constantly innovating. Collaboration has proven beneficial in these projects. Since the primary audience of these works is originally intended for the participants' community, many people are directly approached to gain access to results and dissemination strategies and practices. Ideas for the future of community art in programs that address health justice issues include the need to demonstrate adaptations. As the health and community crises change, so must the projects be investigating them. Working with communities to create art addresses the power of these crises. It has the potential to change the status quo. As the political, scientific, and media narrative often frames an essentialist view of international health and race-based health disparities, researchers should be responsive to community relevance and effective in creating relevant project knowledge demonstrating the effect and relevance of collaborative, multi-faceted programs and initiatives [19, 20].

CONCLUSION

Community art stands as a transformative medium within the pursuit of health justice, offering a compelling method to address and visualize social health disparities through the lived experiences of affected populations. By engaging communities through participatory and collaborative art forms, these projects can serve as catalysts for both individual empowerment and collective action. However, challenges in funding, measuring impact, and achieving long-term sustainability require continued innovation in approach and advocacy. Future efforts in community art for health justice should prioritize adaptability to evolving health needs, build partnerships across sectors, and center community voices in the co-creation process. This commitment to dynamic and inclusive community art projects can foster sustainable changes that challenge the status quo, making art a pivotal agent of health justice and community resilience.

REFERENCES

1. de-Graft Aikins A. 'Colonial virus'? Creative arts and public understanding of COVID-19 in Ghana. *Journal of the British Academy*. 2020. ucl.ac.uk
2. De Mul S. Beyond burnout culture? Artistic imaginations of care (crisis) in Barbara Raes' Zondag kind and Els Dietvorst's Field Guide. *DiGeSt-Journal of Diversity and Gender Studies*. 2022 Jun 7;9(1).
3. Giusti S, Lamonica AG. The geopolitics of culture: Museum proliferation in Qatar and Abu Dhabi. *The International Spectator*. 2023 Apr 3;58(2):123-39.
4. Slingerland G, Murray M, Lukosch S, McCarthy J, Brazier F. Participatory design going digital: challenges and opportunities for distributed place-making. *Computer Supported Cooperative Work (CSCW)*. 2022 Dec;31(4):669-700.

5. Ellen Selman L, Fox F, Aabe N, Turner K, Rai D, Redwood S. 'You are labelled by your children's disability'—A community-based, participatory study of stigma among Somali parents of children with autism living in the United Kingdom. *Ethnicity & health*. 2018 Oct 3;23(7):781-96.
6. Cornish F, Breton N, Moreno-Tabarez U, Delgado J, Rua M, de-Graft Aikins A, Hodgetts D. Participatory action research. *Nature Reviews Methods Primers*. 2023 Apr 27;3(1):34. [nature.com](https://www.nature.com)
7. Mendoza-Moheno J, Cruz-Coria E, González-Cruz TF. Socio-technical innovation in community-based tourism organizations: A proposal for local development. *Technological Forecasting and Social Change*. 2021 Oct 1;171:120949. [sciencedirect.com](https://www.sciencedirect.com)
8. Jang S, Jeon J. Sustainable development of fair trade towns in Korea: Collaborative governance of social innovation. *Sustainability and Climate Change*. 2022 Aug 1;15(4):256-71.
9. Piispa, Mikko & Kiilakoski, Tomi & Ojajarvi, Anni. (2023). Young people's climate activism on the move. 10.4324/9781003345114-10.
10. Mathikithela M, Wood L. Youth Participatory Action Research as a Catalyst for Health Promotion in a Rural South African School. *Qualitative Research in Education*. 2021 Jun;10(2):144-71.
11. Harari L, Lee C. Intersectionality in quantitative health disparities research: A systematic review of challenges and limitations in empirical studies. *Social science & medicine*. 2021 May 1;277:113876.
12. Jilani MH, Javed Z, Yahya T, Valero-Elizondo J, Khan SU, Kash B, Blankstein R, Virani SS, Blaha MJ, Dubey P, Hyder AA. Social determinants of health and cardiovascular disease: current state and future directions towards healthcare equity. *Current atherosclerosis reports*. 2021 Sep;23:1-1. [HTML]
13. Gréaux M, Moro MF, Kamenov K, Russell AM, Barrett D, Cieza A. Health equity for persons with disabilities: a global scoping review on barriers and interventions in healthcare services. *International Journal for Equity in Health*. 2023 Nov 13;22(1):236.
14. Meyer DK, Schutz PA. Why talk about qualitative and mixed methods in educational psychology? Introduction to special issue. *Educational Psychologist*. 2020 Oct 1;55(4):193-6.
15. Afzal S, Mokhlis H, Illias HA, Mansor NN, Shareef H. State-of-the-art review on power system resilience and assessment techniques. *IET Generation, Transmission & Distribution*. 2020 Dec;14(25):6107-21. [wiley.com](https://www.wiley.com)
16. Kohrt BA, Carruth L. Syndemic effects in complex humanitarian emergencies: A framework for understanding political violence and improving multi-morbidity health outcomes. *Social Science & Medicine*. 2022 Feb 1;295:113378.
17. Stogner J, Miller BL, McLean K. Police stress, mental health, and resiliency during the COVID-19 pandemic. *American journal of criminal justice*. 2020 Aug;45:718-30.
18. Nundy S, Cooper LA, Mate KS. The quintuple aim for health care improvement: a new imperative to advance health equity. *Jama*. 2022 Feb 8;327(6):521-2.
19. Schweingruber H, Dibner K, Bond EC, National Academies of Sciences, Engineering, and Medicine. COVID-19: What Is and Is Not Known. In *Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities* 2020 Jul 15. National Academies Press (US).
20. Beesley R. The role of school reopening in the spread of COVID-19. *medRxiv*. 2020 Sep 5:2020-09.

CITE AS: Asiimwe Kyomugisha T. (2024). Exploring the Intersection of Community Art and Health Justice. *Eurasian Experiment Journal of Arts and Management*, 6 (3): 39-42.