

The Use of Art in Addressing Health Disparities in Communities

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ABSTRACT

Health disparities remain a pervasive issue across marginalized communities in the United States. These disparities are rooted in complex social, economic, and environmental factors, often exacerbated by systemic inequities. This paper examines how art-based interventions can contribute to addressing these disparities by fostering community engagement, promoting mental health, and advocating for health equity. The intersection of art and health is examined, focusing on how creative expressions like visual art, music, dance, and theater serve as therapeutic tools, raise awareness, and empower communities to advocate for equitable health outcomes. Drawing from case studies of art-based public health initiatives, this paper demonstrates the positive impact of art on community health, social connectedness, and the reduction of health inequities, especially in the face of historical and ongoing systemic discrimination.

Keywords: Health disparities, art therapy, public health, community engagement, health equity.

INTRODUCTION

In 1979, a report identified the term "health disparities" as "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." In 1980, an initiative more specifically identified health disparities related to specific demographic groups and their "access to health care and communities safe for living, working, and playing." Today, scholars and practitioners are calling attention to the presence of these negative externalities of social systems called "social determinants of health." It is imperative that we begin examining health disparities specifically in socially determined marginalized and oppressed population groups. To that end, this paper makes the case that art can be very much used as part of the solution to these issues. This paper addresses the question, "How are artists facilitating and leading art-based community engagement and advocacy initiatives that work to achieve and maintain equitable community health outcomes?" [1, 2]. A book outlines several important insights on how art education, art therapy, and art therapy in healthcare can work to facilitate and advocate for positive health outcomes. A dissertation provides an in-depth study of how cultivating art can positively impact social and mental health. As such, it is critical that studies also use an antiracist lens based in Florida, whose government historically and contemporaneously disinvests in health and access to care, to examine systemic and structural approaches for addressing health disparities using the simple, unifying, creative, and inspirational bastions of society, i.e., the infrastructures that are already in place in local communities throughout the U.S. and its territories [3, 4].

Understanding Health Disparities

What are health disparities? Health disparities are closely related to social, economic, and environmental disadvantages that give some individuals or communities more health adversities than others. Disparities have many causative factors: socioeconomic status, trade, urbanization, economic development, healthcare services, geography, social norms, and the policies resulting from these factors. Disparities are a mark of systemic problems and drive differences in who becomes ill and who can access care. The standard justification between and across population groups is made by race, and numerous studies have focused on racial-ethnic groups. However, studies often use a worldview of being marginalized among minorities in

the common view of the word. The findings from all these studies describe the extent of health equality among individual groups [5, 6]. What do disparities look like in the United States? The United States has made progress in understanding health disparities for decades. In 2013, the life expectancy for White Americans was 83 years, while the life expectancy for African Americans was 75 years. One measure of disparities faced by many other communities is also important to highlight death by coronavirus as a major problem that can show evidence of equity in health among different races. More than half of communities in just 10 states experience higher morbidity rates as they have increased charitable resources. At the core of health disparities is who has robust health and who has challenging health conditions, with treatment and continuous care. The results control for the effects of income and health from the birth of the patient, so the results may reveal other significant issues faced by marginalized communities. Preventing and managing chronic diseases is a subject that is more well-planned than health in developing countries, where patients do not have access to adequate healthcare [7, 8].

The Intersection of Art and Health

Although under-recognized in most Western medical systems, there is a growing body of evidence that suggests that art and health are very much interconnected. For centuries, we have noted the power of the arts – music, drawing, journaling, poetry making, dancing, and more – to reflect and express thoughts and feelings, to allow for individual and collective healing and hope, and to communicate silently and across distances. In our healthcare environment, this power to communicate has translated into using art to learn about our community. We may not all feel comfortable openly sharing our deepest thoughts and feelings about health, but often through expressive arts like drawing, painting, or poetry, individuals are able and willing to communicate something about their community's wellness that guides our public health work. For similar reasons, individuals and communities are harnessing the power of art to educate and promote healing around an array of public health issues pertinent to their local environments. Art, in many ways and many settings, is also being used to help health therapeutically. Many traditional definitions of "art therapy" involve the use of art making as a form of personal development and healing, using the thinking processes and emotional processes of the art for increased awareness, healing, and wholeness. These interventions can take any number of forms, including music therapy, yoga therapy, dance and movement therapy, and drama therapy, in addition to the more widely recognized visual arts therapies. Research has shown that people participating in expressive art therapy have increased emotional well-being and social connectedness. This practice is in line with the growing awareness in public health of the power of supportive environments and community connectedness in disease prevention. Celebrated throughout medicine and history, we believe that art therapy is greatly significant right now as our communities are facing a mental health crisis [9, 10].

Case Studies of Art-Based Interventions

The research compiled here has shown the clear effectiveness of art-based interventions in impacting health disparities. This is discussed more in Volume 1 for each case study, but in summary, they indicate increases in awareness, knowledge, and resources for improving communities' health. The comic book has had an impressive global reach, with comic book orders from over 30 countries. Approximately 20,000 copies of the comic book have been printed and distributed, enabling international audiences to learn about anti-malaria efforts and inspire lessons learned sharing across borders. Three years after the performance of "Empower Youth! End the Cycle," pre- and post-surveys with the coalition indicated a 40% improvement in the coalition's understanding of the empowerment model, an increase in their weekly work time with youth by 22%, and an improvement in the ways they engage other youth by 30%. However, 60% of the coalition still felt that youth opinions were only sometimes or rarely/never taken into consideration [11, 12]. One of the major efforts was the creation of the "How To" Manual for including the arts in your public health project. "This Land Speaks" has increased participation among some groups, including Latinos, African Americans, and visual artists. It has also helped to create a platform for more dialogue about land use and to educate the public about the role of the district in relation to these issues. However, it has been difficult to expand to engage more communities. There are multiple reasons for this, including funding limitations and a lack of initial buy-in from the communities that were difficult to overcome. Some lessons learned include the importance of having artists engage in the idea from the start, and the importance of allowing the communities to determine the artistic milieu(s) that would best support the registration of their voice and position [13, 14].

Evaluating The Impact of Art Programs on Health Outcomes

Developing an evidence base for art programs addressing health disparities in the community requires clear conceptualization, identification of health goals, a creative approach to implementation, clear goals, and a relevant methodology and toolset, or evaluations that address the social determinants of health.

Many assessment tools and methodologies are already in existence that attempt to measure the impact of the arts on communities. Quantitative instruments have been used to elicit clinical data at the commencement and end of the program. Observational tools can provide qualitative data that expresses the outcomes of the art therapy program [15, 16]. To make sense of an initiative that operates within health determinants, a multi-faceted methodology is required. This bi-directional approach to the evaluation of an arts-health program is reinforced in the case examples: in one example, parents are approached for feedback on the cultural relevance and thus suitability of the program for their families, and a participant is also employed to work as part of the creative team; in another example, families undertake a week-long art therapy and physical therapy retreat and upon follow-up are asked to fill in a survey to earn the national survey data about anxiety and depression. Both these examples propose that asking the individuals involved in the program what was helpful to them is a form of collecting the data that the broader community can understand and acknowledge as evidence. It is understood in both the field of public health promotion and community development that the intended impact of initiatives may not be seen immediately and that those impacts can extend long after funding has finished. A one-time evaluation of an arts-health program can only ever serve to partially illuminate the return on investment for health outcomes and delivery of relevant health goals because the most telling evidence of the program will often be seen for many months or years afterward. It is also recommended that those seeking to evaluate arts-health interventions use the feedback they receive to inform their program and continually adapt their programming to meet the expressed needs of those they long to work with. This ensures that the program is continually responsive to emerging needs and enthusiastic to provide a chance for everyone's voice to be heard [17, 18]. Evaluating whether an art intervention had an impact on health outcomes requires that we have a solid theoretical understanding of what the likely range of interventions would need to be implemented to address the multitude of pathways and determinants impacting health and that it be justifiable for an art intervention to be attempted. Stakeholders for any future art intervention can use the concepts and frameworks identified to ascertain the likelihood that their implemented art intervention will have an impact on the level of illness or injury, the level of functional limitations and disability, the degree of recovery, and the factors influencing a person's health and therefore access in society and community. An evaluation of an art-based health promotion campaign using these concepts will involve baseline data and a comparison with post-intervention measures at a later stage. The measures of effectiveness at each of the levels need to be routinely collected outcomes [19, 20].

CONCLUSION

Art plays a critical role in addressing health disparities by acting as a vehicle for community engagement, healing, and advocacy. Through various forms of creative expression, art not only promotes individual and collective well-being but also serves as a powerful tool for advocating systemic change in public health. Case studies and research show that art-based interventions can lead to improved health outcomes, increased awareness of health issues, and greater community resilience. However, challenges such as funding limitations, lack of initial community buy-in, and the need for sustained evaluation require ongoing attention. Moving forward, integrating art into public health strategies can help bridge gaps in health equity and create supportive environments for marginalized populations to thrive.

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