

The Role of Art in Addressing Health Inequities

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ABSTRACT

This paper examines the intersection of art and public health, focusing on the role of art in addressing health inequities driven by social determinants of health. Health disparities—disproportionate health outcomes influenced by socioeconomic, racial, geographic, and other systemic factors—are pervasive in many communities. Art, as both a therapeutic tool and a platform for social critique, holds unique potential to bridge these gaps. Through case studies of art initiatives, this paper investigates how collaborative art projects can foster community engagement, raise awareness, and influence policy changes to promote health equity. The paper also examines the challenges faced by art-health initiatives, offering practical strategies to overcome them. Ultimately, the integration of art into health interventions can foster emotional connections and inspire collective action toward more equitable health outcomes.

Keywords: Health inequities, social determinants of health, art as social critique, public health, community.

INTRODUCTION

Much public health research demonstrates that social determinants of health account for vast disparities in health outcomes. Viewing the intersection of art and health as a part of the larger conversation on health in relation to systemic forces, our team has sought to examine the way art can help to address and improve public health. We provide a platform for artists living with and affected by homelessness or disabilities to sell their wares exploring the theme of home. As part of our model, social workers buy art for their offices as a source of inspiration, motivation, and beauty. Regardless of whether this is the conscious or unconscious intent, art affects social workers, interacting with them on an emotional level and potentially affecting the care they give [1, 2]. Informed by our work, this review aims to examine challenging questions about the art-health inequity relationship as it has been, and is currently, discussed and engaged with. The first half of this review seeks to ground readers of a range of artistic and health backgrounds. This includes articulated definitions of this domain and its themes. To those experts in either health or art (or both!), we argue: Read on to see how this seemingly alternate world might align with, challenge, and enrich your current practice. In the second half of the review, we unpack some of the complexities and challenges currently facing research at the intersection between art and health and, for the majority of this section, offer suggestions for bridging these gaps. Throughout the review, our central argument is twofold: first, that art can and does address and improve public health by meeting individuals where they are in their transformational process, and by connecting individuals and communities who, by dominant social and health systems design, are segregated. Thus, in the text that follows, we break down and build up definitions, clarify positions, and share some hot tips for those of you already designing for health and equity through the arts or indeed considering leveraging the arts to do so. Because while some health professionals and artists are doing or considering just that, all of us as consumers and potential beneficiaries deserve to dig in on the questions at play [3, 4].

Understanding Health Inequities

Addressing health inequities involves addressing the conditions in which people are born, grow, live, work, learn, worship, and age that influence their health outcomes throughout their lives. These conditions of life are referred to as the social determinants of health and include the neighborhoods people live in, their educational attainment, rates of imprisonment, years of safe housing, healthcare access, and myriad other social services and determinants. Across the U.S., communities experience vastly different conditions of life, leading to health disparities based on where people live. Health inequities manifest in many ways—care for treatment of significant occurrences like illness or emergencies, health outcomes, and even risk of disease can differ based on ethnic, racial, gender, and other identities. Gender identity, race, ethnicity, disability, sexual orientation, socioeconomic status, and geographic indicators are a few of the complex and interrelated identities that people use to identify themselves and experience health [5, 6]. Based on social determinants of health, people who experience a variety of identity factors at the individual or community level experience a variety of outcomes and access to resources. People who experience multiple marginalized identities are exponentially burdened by inequities. The demonstration of health inequity can manifest in many ways, from statistical evidence such as a significant variation in mortality rates between geographic areas in the U.S. due to social determinants of health to community stories like African American women dying from pregnancy-related causes at higher rates than white women in the U.S. Socioeconomic status, adverse childhood experiences, crime, drugs, and alcohol are all common factors that discriminate within a health inequity. For example, the incidence of HIV/AIDS in a specific area is significantly higher than in other parts of the city. In this area, a substantial number of African American men will be diagnosed with the disease in their lifetime. As a systematic cause of health inequity, income is one example [7, 8].

Art as a Tool for Social Change

Art is often considered to be therapy; it has the power to communicate what words cannot. For this reason, art is often employed as a therapeutic tool and is being recognized in the field of art therapy for its health benefits. Indeed, the reparative nature of art, or its ability to provide solace and soothe us, is well known. Art, however, is also a tool through which we can delve and critique; it can help us question the status quo, influence political and social change, and is another way the community can develop their voice. Among those arts with the potential to protest and challenge, in this context, are the visual arts and performance. It is here that the anger, sadness, confusion, fear, and desperation produced by our unequal world, so prevalent in marginalized populations and within public health, can come into focus. Street art, low art, and community-based initiatives have also resonated with public health issues. Accordingly, I was drawn to some of the initiatives framed as art, interaction in the public space, or performance that speak to this experience. Theoretical frameworks inform us that at least on some level these initiatives indeed resonate with the public as they develop awareness of health and human rights within communities or raise awareness and interest of wider populations to health issues, particularly within social media spheres, eliciting emotions, contributions, and the celebrity status of the underlying issues. The intersection between science and art is rich with potential; both are human pursuits, and both seek to connect us. Yet art goes still further, connecting us at the level of social, emotional, and lived experience. Collaborations between artists and health advocates are numerous and vital tools for raising awareness of health, health inequity, and action to address the social determinants of health. Here, art can move us to action, being a vehicle for expressing a level of outrage or caring that mere written data and theory cannot muster alone. Art can provide an emotional viewpoint through which advocates and policy stakeholders can make a more meaningful connection on these important issues. In our work, we have tried to demonstrate that innumeracy—the willful rejection of evidence because "it doesn't feel right," or "it doesn't fit the evidence"—and the uncaring represent two dangerous steps in the road to social decay. The compassion that is evident in all of our narratives—and the overwhelming compassion that it has generated—speaks to a longing in society for denunciation and change. Through her stories, Sandra drives onward to build a community of the same mind, bent on the action of health disparities. Through visual graphs, she connects her story to a universal story that embodies the pain and the potential action fought for health equity. If the sound of Jenna and Sandra's story seems familiar to you, it should be. There is nothing that makes Jenna and Sandra, our subjects, "other," save one thing: the neighborhoods where they live, work, and play. Along with their stories, thousands of others remain untold [9, 10].

Case Studies of Art Initiatives in Addressing Health Inequities

In 2017, a report examined how art is currently being used in initiatives to address health equity. The empirical evidence base is not yet well-formed, although individual reports and stories are bountiful. A compelling characteristic of successful art initiatives is the result of a coming together of artists and communities, and often their partners or supporters, to design, develop, and resolve art installations as vehicles for social critique and social change. These installations come in all shapes and forms: multimedia, photography, painting, and other various art forms, but they are unified in being the result of a common goal held by all parties to make a case about an issue that is of importance to that community. This paper includes a collection of some of these initiatives and their background stories, focusing on their proud achievements and demonstrating their vitality [11, 12]. The examples from prior studies provided in this paper support another viewpoint, as they reveal that art-designed public realm installations can make important efforts in achieving public appeal and generate interest and the desired impetus for ongoing analysis and stronger future access for research. The arts are powerful tools for educating the public, policymakers, and other researchers about local knowledge and practice, and for drawing attention to issues that otherwise warrant future investigation. In all of these examples, we can identify features that have been successful in their creation and impacts. We can also see that underlying these initiatives are clear and consistent messages, which were co-produced with a wide range of contributors. Many use ethnographic and participatory methods. Each is multifaceted, interdisciplinary, and lacks suggested clear measurements. They argue based on their findings [13, 14].

Challenges and Opportunities in Using Art to Address Health Inequities

There are several challenges to using art as a medium to address health inequities. Arts funding has experienced severe cuts in the last several years, making it hard to create and sustain community engagement activities. In addition, having a variety of understandings of the place of "art" in the arts can make it a challenging vehicle for any given issue. Conversely, it is often hard to gauge the effect of an artistic event and demonstrate its effects on health. There is also still significant resistance to the idea of "art" in relation to health, and many people in the health sector resist funding and understanding artistic endeavors in this domain. Another critique can be that many of the strategies are not particularly effective or beneficial for the people engaged. While these can be true, it is nevertheless clear that for a community to want to engage with an issue or a place, a useful starting point is to consider using a medium that is both contextually appropriate and culturally acceptable. Where art fits into the picture of creating healthier communities is as a discourse. Its location is as flexible as reality will allow: art can address topics directly or indirectly and engage in a critique of political and economic structures. It also explores the complicated reactions to the social and political frame in which it is located. In short, art can help society see itself. Where art is used to address health inequity, its most appropriate location is the problem area itself. There is great potential for growth in the number of innovative projects between the arts and health that could be of any medium. However, in planning methodologies that are likely to be successful, many factors should be considered. Strategies that avoid primary health care that is more severe than current resources include the creation of assessment through the arts and making the arts contribute to established health promotion or education activities. Our work suggests the following principles to avoid the barriers that are currently in the area. Most clearly, a project needs to show that there is local support and continuing involvement and that at some level it has to offer something that is, or is perceived to be, beneficial to those who wish to engage with it. Importantly, successful schemes are likely to have the backing of those who initiate health improvement policy as a form of evidence-based practice and treat it as a real activity rather than a peripheral promotional activity. They are likely to look for the long-term support that will underpin such an initiative, rather than be used to "evaluate" what their current staff are doing or have already planned. A final principle for fruitful activity in this area is to strive to ensure that all the benefits are sustainable or capable of sustainability. The exploration must continue, and practitioners, scholars, and funders are urged to continue to see health and equity solutions as not only scientific research or capitalist industry but also products of art and media that engender novel meaning. This exploration must of necessity be multidisciplinary, given the cross-cutting nature of health and the role of the professional arts in health creation. Recent decades have seen the growth of art and health partnerships to address a growing awareness of how health outcomes are determined by the inequitable distribution of resources and policies across socio-political systems. These collaborations have involved the biomedical sciences [15, 11].

CONCLUSION

Art provides a revolutionary option for addressing health disparities by moving beyond established medical frameworks and connecting with the emotional and social elements of health. Integrating art into public health programs allows communities to find new ways to express their concerns, confront systematic inequities, and advocate for change. Art not only provides therapeutic benefits, but it also serves as a platform for advocacy, raising awareness about health inequities, and supporting legislative adjustments towards equity. The obstacles of finance, resistance, and assessment must be handled with novel techniques that ensure long-term, community-driven art-health collaborations. Through such efforts, art may play a critical role in achieving health equity among diverse groups.

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